



Approval of Early Head Start & Early Head Start-Child Care Partnership Program Policy Updates with minor edits





2025-2026 Early Head Start Policy Index

		Change Required?	Description of Change made to current Policy
Disabilities			
1	Individualized Family Service Plan (IFSP) for Children with Delays/Disabilities	Yes	updated language for supporting pattern and development and language from receiving documents
Education and Early Childhood Development			
3	Individualization	Yes	Grammar changes - capitalizing , replaced use of word instruction, reworded policy
6	Curriculum/Daily Schedule	Yes	Removed Curriculum from policy (moved to Policy 10). Revised Name of Policy.
10	Lesson Plans	Yes	Added Curriculum to policy. Revised policy name. Reworded policy - instruction and modifications
11	Discipline and Guidance	Yes	Reworded self control and added co regulation. Removed brief supervised separation.
14	Learning During Mealtimes	Yes	Added light-weight, plastic water bottles. Revised guidance for teachers engaging with children.
Environmental Health and Safety			
1	Safe Environment	Yes	Language regarding lead testing was removed and a new Environmental Health and Safety Policy 9 regarding lead was developed
3	Hygiene & Cleaning Practices	Yes	Language was added to better align with HSPS. Language was removed from the policy and will be used to develop procedures regarding hand washing, hygiene and sanitation
5	Emergency Preparedness	Yes	Minor edit - mental health emergencies and safety concerns added to the policy
7	Diapering and Toilet Training	Yes	Minor edit - extra clothing and communication with parents was added to the policy
8	Staffing and Supervision	Yes	Minor edit - wording added to one sentence for clarification regarding staffing
9	Lead Testing	Yes	New Policy - Removed lead testing information from policy 1 and created new policy 9
ERSEA			
10	Suspension and Expulsion	Yes	Policy title edited and updated language for clarification to align with Head Start
Family and Community			
5	Research-Based Parent Curriculum	Yes	Minor edit - Updated to align with Head Start policy, removed language around modifying the research based parent curriculum
Health Services			
2	Lead Screening	Yes	Language updated to align with Head Start policy
3	Preventative Health Visit Requirements and Documentation	Yes	Language updated to align with Head Start policy and incorporated mental health into the policy
4	Parent Refusal of Health Services	Yes	Language updated to align with Head Start policy
6	Critical Health Concerns	Yes	Language updated to align with Head Start policy and incorporated mental health into the policy
Program Design and Management (PDM)			
2	Standards of Conduct	Yes	Language updated
4	Training and Professional Development	Yes	Language updated to include guidance related to training requirements for staff
6	Staff Qualifications and Competency Requirements	Yes	Language added to align with Head Start Policy regarding PreK teacher qualifications
10	Personnel	Yes	Minor edit - sentence restructured to provide clarification
11	Program Governance	Yes	Language updated to align with Head Start policy regarding training for PC
16	Staff Safety Training	Yes	Language added to provide clarification regarding training requirement
Wellness Support Services (Mental Health)			
1	Identification of Mental Wellness Needs and Provision of Intervention through Mental Wellness Support Services	Yes	Language revised.

	DHS Early Head Start Program Policy		
DISABILITIES 1			
SUBJECT	Individualized Family Service Plan (IFSP) _for Children with Delays/Disabilities		
REFERENCE	Disabilities Services		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: 4/23/24	Governing Body Approval: 9/19/16	Governing Body Revision: pending
PAGE: 1 of 1			

Policy:

The Individualization policy guidelines in Education 3 Policy and the information provided in the child's IFSP will be used when planning individualized strategies and activities for children with delays/disabilities. Every effort must be made to include children with delays/disabilities in all program activities.



Early Head Start (EHS), Service Providers and City of San Antonio staff will coordinate to receive ~~and review~~ the IFSP-as soon as possible after the Initial Assessment or Assessment meetings. If a child enters the EHS Program with a current IFSP, City of San Antonio staff will coordinate with Service Providers to review the IFSP within 15 business days of receiving the IFSP ~~a child's first day of attendance or first home visit for children enrolled in the home-based program.~~

Service Providers must initiate the implementation of the IFSP immediately after the review by modifying the child's daily activities in accordance with the IFSP-and arranging for the provision of related services to accommodate the unique strengths, needs, interests, learning style, and to support their pattern of development and learning. ~~cultural and linguistic background of the child.~~

Copies of the IFSP will be maintained in the Child File. Confidentiality of information will be maintained at all times. Individual child disability information and copies of additional required documents will be entered into ChildPlus according to the City of San Antonio Benchmark Due Date Guide and the EHS Child File Scan Order and Attachment Guide.

Performance Standard(s):

1302.61; 1302.62; 1302.63; 1303.75

	DHS Early Head Start Program Policy		
DISABILITIES 1			
SUBJECT	Individualized Family Service Plan (IFSP) for Children with Delays/Disabilities		
REFERENCE	Disabilities Services		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: pending	Governing Body Approval: 9/19/16	Governing Body Revision: pending
PAGE: 1 of 1			

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Service Providers must initiate the implementation of the IFSP immediately after the review by modifying the child's daily activities in accordance with the IFSP and arranging for the provision of related services to accommodate the unique strengths, needs, interests, learning style, and to support their pattern of development and learning.

Copies of the IFSP will be maintained in the Child File. Confidentiality of information will be maintained at all times. Individual child disability information and copies of additional required documents will be entered into ChildPlus according to the City of San Antonio Benchmark Due Date Guide and the EHS Child File Scan Order and Attachment Guide.

Performance Standard(s):

1302.61; 1302.62; 1302.63; 1303.75

	DHS Early Head Start Program Policy		
EDUCATION_3			
SUBJECT	Individualization		
REFERENCE	Education and Early Childhood Development		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: 5/23/23	Governing Body Approval: 9/19/16	Governing Body Revision: 6/15/23
PAGE: 1 of 1			

Policy:

The program will provide individualized and responsive caregiving ~~and instruction~~ to meet each child's unique characteristics, strengths, and needs, ~~taking into consideration the child's gender, family composition, the cultural and linguistic background, to support their~~ pattern of development and learning.

Classroom teachers must document individualized caregiving, instruction learning experiences, and activities as well as large group, small group and one on one activities into lesson plans.

Home Visitors must document individualized learning experiences and activities into the ~~H~~Home ~~V~~isit ~~P~~lanning ~~F~~orm.

The Early Head Start (EHS) Program and Service Providers will work together to develop a system to ensure that the plan for individualized and responsive caregiving ~~and/or instruction~~ for each child is reviewed and updated on a regular basis.

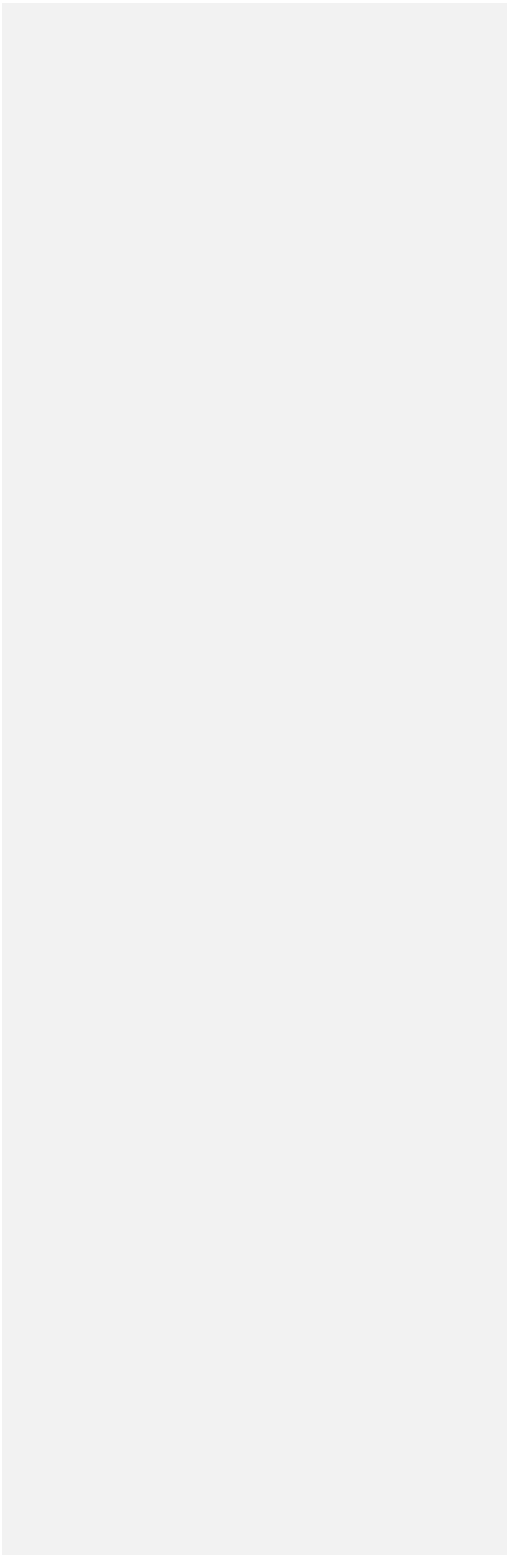
Information from the following will be used to plan individualized instruction learning experiences and activities:



- Formal and informal child assessments
- Input from parents regarding each child's individual characteristics, interests, strengths and needs
- Developmental (ASQ-3), Behavioral (ASQ:SE-2) and Sensory (hearing and vision) screenings
- Medical/dental evaluations/treatments
- Wellness Contact Logs for ongoing wellness support (if applicable)
- An Individualized Family Service Plan (IFSP) for children with delays/disabilities (if applicable)
- Outside Agency Documentation (if applicable)
- Home Language Survey

Performance Standard(s): 1302.31 (c) (1); 1302.33; 1302.61

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| ~~1302.31 (c) (1); 1302.33; 1302.61~~



	DHS Early Head Start Program Policy		
EDUCATION 3			
SUBJECT	Individualization		
REFERENCE	Education and Early Childhood Development		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: pending	Governing Body Approval: 9/19/16	Governing Body Revision: pending
PAGE: 1 of 1			

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Classroom teachers must document individualized caregiving, learning experiences, and activities as well as large group, small group, and one on one activities onto lesson plans.



Home Visitors must document individualized learning experiences and activities onto the Home Visit Planning Form.

The Early Head Start (EHS) Program and Service Providers will work together to develop a system to ensure that the plan for individualized and responsive caregiving for each child is reviewed and updated on a regular basis.

Information from the following will be used to plan individualized learning experiences and activities:

- Formal and informal child assessments
- Input from parents regarding each child's individual characteristics, interests, strengths and needs
- Developmental (ASQ-3), Behavioral (ASQ:SE-2) and Sensory (hearing and vision) screenings
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- Wellness Contact Logs for ongoing wellness support (if applicable)
- An Individualized Family Service Plan (IFSP) for children with delays/disabilities (if applicable)
- Outside Agency Documentation (if applicable)
- Home Language Survey

Performance Standard(s): 1302.31 (c) (1); 1302.33; 1302.61

	DHS Early Head Start Program Policy		
EDUCATION 6			
SUBJECT	Curriculum /Daily Schedule		
REFERENCE	Education and Early Childhood Development		
EFFECTIVE	08/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: 7/28/20	Governing Body Approval: 9/19/16	Governing Body Revision: 8/13/20
PAGE: 1 of 1			

Policy:

~~The Head Start definition of curriculum is a planned management of time, materials, and activities to guide children's individual pattern of learning and development. The curriculum helps children gain skills and confidence and should integrate Early Head Start (EHS) components which form a foundation for school readiness. Service Providers will involve parents in the implementation of the program's curriculum and approaches to child development and education.~~



~~The curriculum must be research based and align with the Head Start Early Learning Outcomes Framework (HSELOF). The curriculum will address the five Central Domains from the HSELOF in an integrated approach, using intentional and individualized instruction to support children's learning and development.~~

The Service Providers will establish a daily schedule that meets the individual needs of children, provides a balance of teacher-directed and child-initiated lessons and activities, and offers a variety of activities including large-group, small-group, individual, indoor, and outdoor free play. The current daily schedule will be posted for parents/guardians and other staff to review and must include the following for center-based services:

- Child Care Center
- Teacher Name
- Room Number
- Designated Times

Performance Standard(s):

1302.34; 1302.31; ~~1302.32~~

	DHS Early Head Start Program Policy		
EDUCATION 6			
SUBJECT	Daily Schedule		
REFERENCE	Education and Early Childhood Development		
EFFECTIVE	08/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: pending	Governing Body Approval: 9/19/16	Governing Body Revision: pending
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- Child Care Center
- Teacher Name
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Performance Standard(s):

1302.34; 1302.31

	DHS Early Head Start Program Policy		
EDUCATION 10			
SUBJECT	<u>Curriculum and</u> Lesson Plans		
REFERENCE	Education and Early Childhood Development		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: 5/23/23	Governing Body Approval: 9/19/16	Governing Body Revision: 6/15/23
PAGE: 1 of 1			

Policy:

~~Service Providers will develop lesson plan guidance and procedures for classroom teachers utilizing Early Head Start (EHS) Program's designated curriculum.~~

The Head Start definition of curriculum is a planned management of time, materials, and activities to guide children's individual pattern of learning and development. The curriculum helps children gain skills and confidence and should integrate Early Head Start (EHS) components which form a foundation for school readiness. Service Providers will involve parents in the implementation of the program's curriculum and approaches to child development and education.

The curriculum must be research-based and align with the Head Start Early Learning Outcomes Framework (HSELOF). The curriculum will address the five Central Domains from the HSELOF in an integrated approach, using intentional and individualized instruction to support children's learning and development.

Curriculum activities will be documented on lesson plans for center-based and home-based services. Service Providers will develop lesson plan guidance and procedures for classroom teachers utilizing Early Head Start (EHS) Program's designated curriculum.

Lesson plans for center-based services should include teacher directed and child initiated, large group, small group, and individual lessons and activities that support social emotional, cognitive, physical development, and language skills. Lesson plans should include alignment with the five Central Domains of the Head Start Early Learning Outcomes Framework and Little Texans Big Futures and documentation of individualized learning experiences, activities, and accommodations ~~instruction, modifications, and accommodations supports~~ for all children, including children with an IFSP/IEP. Current lesson plans must be posted for parents and other staff to review.

Lesson plans for home-based services should include structured child-focused lessons and activities that promote a parents' ability to support the child's cognitive, social emotional, language, literacy,



and physical development. Lesson plans should include alignment with the five Central Domains of the Head Start Early Learning Outcomes Framework and Little Texans Big Futures and documentation of individualized learning experiences, activities, and accommodations ~~activities, modifications, and accommodations~~ supports for all children, including children with an IFSP/IEP. Current lesson plans must be available for parents and other staff to review.

Performance Standard(s):

1302.31: 1302.32

Head Start Act:

Sec.641A. (a) (1)(B)

	DHS Early Head Start Program Policy		
EDUCATION 10			
SUBJECT	Curriculum and Lesson Plans		
REFERENCE	Education and Early Childhood Development		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: pending	Governing Body Approval: 9/19/16	Governing Body Revision: pending
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Performance Standard(s):

1302.31: 1302.32

Head Start Act:

Sec.641A. (a) (1)(B)

	DHS Early Head Start Program Policy		
EDUCATION 11			
SUBJECT	Discipline and Guidance		
REFERENCE	Education and Early Childhood Development		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: 4/23/24	Governing Body Approval: 9/19/16	Governing Body Revision: pending
PAGE: 1 of 2			

Policy:

Service Providers must establish discipline and guidance policies and procedures appropriate for infants and toddlers. A copy must be provided to all parents/guardians, staff, volunteers, substitute floaters, teachers, and contractors. Documentation must be maintained showing receipt of the written discipline and guidance policies. Service Providers must ensure a signed copy of the Education 11 Discipline and Guidance policy is maintained in all employees, volunteers, home visitors, ~~and~~ substitutes, floaters, and teacher's files.

The policies and procedures must include positive methods of discipline and guidance that build self-esteem, encourage and support self-~~control~~ awareness, and implement co-regulation to support a child's self-regulation such as:

- Praise and encouragement of developmentally appropriate behavior instead of focusing only on the unacceptable behavior
- Frequent reminders of behavior expectations using clear and positive statements
- Redirection of behavior using positive statements

Discipline must be constructive, individualized, and consistent for each child, appropriate to the child's level of understanding, and directed toward teaching the child appropriate behavior. Service Provider must prohibit or severely limit the use of suspension due to a child's behavior. Service Provider must not expel or un-enroll a child from Head Start due to a child's behavior, unless approved by the Head Start Administrator.

The policies and procedures must also include guidance on appropriate communication with parents/guardians regarding a child's behavior.

~~When appropriate for the child's age and development, a brief supervised separation or time away from the group may be necessary and should be limited to no more than one minute per year of the child's age.~~ There must be no harsh, cruel or unusual treatment of any child. The following examples are prohibited:

- ~~Corporal punishment or threats of corporal punishment~~

● Punishment associated with food, naps, toilet training

- Pinching, shaking, or biting a child
- Hitting a child with hand or an object
- Putting anything in or on a child's mouth
- Humiliating, ridiculing, rejecting, or yelling at a child
- Pointing a finger in a child's face
- Snapping fingers at a child
- Use of isolation to discipline a child
- Binding or tying a child to restrict movement
- Threatening phrases/tone or sarcastic language/tone
- Threatening to call a child's parent/guardian related to behavior
- Subjecting a child to harsh, abusive, or profane language
- Placing a child in a locked or dark room, bathroom, or closet with the door closed
- Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age including requiring a child to remain in a restrictive device
- Child restraint performed by staff not certified in proper restraint procedures
- Withholding outdoor free play
- Requiring a parent/guardian to pick up a child due to misbehavior

Corporal punishment or physically abusive behavior, defined as intentional use of physical force that results in, or has the potential to result in, physical injury. Examples include, but are not limited to, hitting, kicking, shaking, biting, pushing, restraining, pinching, force feeding, placing anything in or on a child's mouth, binding or tying a child to restrict movement, or dragging.

Sexually abusive behavior, defined as any completed or attempted sexual act, sexual contact, or exploitation. Examples include, but are not limited to, behaviors such as inappropriate touching, inappropriate filming, or exposing a child to other sexual activities.

Emotionally harmful or abusive behavior, defined as behaviors that harm a child's self-worth or emotional well-being. Examples include, but are not limited to, using seclusion, such as, but not limited to placing a child in a locked or dark room, bathroom, or closet., using isolation, using, or exposing a child to public or private humiliation, yelling, or name calling, shaming, intimidating, or threatening a child, or pointing a finger in a child's face, or snapping fingers at a child, or punishments associated with food, naps, toileting. :

Neglectful behavior, defined as the failure to meet a child's basic physical and emotional needs including access to food, education, medical care, appropriate supervision by an adequate caregiver, and safe physical and emotional environments. Examples include, but are not limited to, leaving a child unattended on a bus, withholding food or water as punishment, or refusing to change soiled diapers as punishment.

Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Subjecting a child to harsh, abusive, or profane language and/or tone.

Child restraint performed by staff not certified in proper restraint procedures.

Withholding outdoor free play.



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- Threatening to call a child's parent/guardian or other authorities related to behavior.
- Requiring a parent/guardian to pick up a child due to misbehavior.
- Use kind, respectful, and encouraging language at all times, avoiding any words that are harsh, unkind,

insulting, demeaning, threatening, or intimidating. Speak to children in a calm, supportive, and patient manner that fosters trust, confidence, and a sense of security.

Performance Standard(s):

1302.17; 1302.90 (c); 1302.31 (e) (2-4)

	DHS Early Head Start Program Policy		
EDUCATION 11			
SUBJECT	Discipline and Guidance		
REFERENCE	Education and Early Childhood Development		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: pending	Governing Body Approval: 9/19/16	Governing Body Revision: pending
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The policies and procedures must include positive methods of discipline and guidance that build self-esteem, encourage self-awareness, and implement co-regulation to support a child's self-regulation such as:

- Praise and encouragement of developmentally appropriate behavior instead of focusing only on the unacceptable behavior
- Frequent reminders of behavior expectations using clear and positive statements
- Redirection of behavior using positive statements

Discipline must be constructive, individualized, and consistent for each child, appropriate to the child's level of understanding, and directed toward teaching the child appropriate behavior. Service Provider must prohibit or severely limit the use of suspension due to a child's behavior. Service Provider must not expel or un-enroll a child from Head Start due to a child's behavior, unless approved by the Head Start Administrator.

The policies and procedures must also include guidance on appropriate communication with parents/guardians regarding a child's behavior.



There must be no harsh, cruel or unusual treatment of any child. The following examples are prohibited:

- Corporal punishment or physically abusive behavior, defined as intentional use of physical force that results in, or has the potential to result in, physical injury. Examples include, but are not limited to, hitting, kicking, shaking, biting, pushing, restraining, pinching, force feeding, placing anything in or on a child's mouth, binding or tying a child to restrict movement, or dragging.
- Sexually abusive behavior, defined as any completed or attempted sexual act, sexual contact, or exploitation. Examples include, but are not limited to, behaviors such as inappropriate touching, inappropriate filming, or exposing a child to other sexual activities.
- Emotionally harmful or abusive behavior, defined as behaviors that harm a child's self-worth or emotional well-being. Examples include, but are not limited to, using seclusion, such as, but not limited to placing a child in a locked or dark room, bathroom, or closet., using isolation, using, or exposing a child to public or private humiliation, yelling, or name calling, shaming, intimidating, or threatening a child, or pointing a finger in a child's face, or snapping fingers at a child, or punishments associated with food, naps, toileting. -
- Neglectful behavior, defined as the failure to meet a child's basic physical and emotional needs including access to food, education, medical care, appropriate supervision by an adequate caregiver, and safe physical and emotional environments. Examples include, but are not limited to, leaving a child unattended on a bus, withholding food or water as punishment, or refusing to change soiled diapers as punishment.
- Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.
- Subjecting a child to harsh, abusive, or profane language and/or tone.
- Child restraint performed by staff not certified in proper restraint procedures.
- Withholding outdoor free play.
- Threatening to call a child's parent/guardian or other authorities related to behavior.
- Requiring a parent/guardian to pick up a child due to misbehavior.

Use kind, respectful, and encouraging language at all times, avoiding any words that are harsh, unkind, insulting, demeaning, threatening, or intimidating. Speak to children in a calm, supportive, and patient manner that fosters trust, confidence, and a sense of security.

Performance Standard(s):

1302.17; 1302.90 (c); 1302.31 (e) (2-4)

	DHS Early Head Start Program Policy		
EDUCATION 14			
SUBJECT	Learning During Mealtime		
REFERENCE	Education and Early Childhood Development		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: 4/23/19	Governing Body Approval: 9/16/16	Governing Body Revision: 5/23/19
PAGE: 1 of 1			

Policy:

The Early Head Start (EHS) Program recognizes the importance of Family Style Meals, for age appropriate children, during breakfast and lunch in supporting social emotional, language, gross, and fine motor learning, and development.

Food must be available to any adult participating in Family Style Meals for center-based services. Any adults actively participating with the class during Family Style Meals should receive share the same food as the children, free of charge, including during field trips and other EHS Program related activities. Any adult receiving food, paid for by the Program, must be involved in the meal and engage with the students at some point during children during the majority of the scheduled meal service.

Staff and volunteers will only drink what is available for the children by utilizing the same type and size of cups during mealtimes and/or translucent light-weight plastic water bottles throughout the day.



Ratio must be maintained during Family Style Meals and at a minimum; one adult should sit with the children during the majority of the meal service.

Children are not required to sit at one table or all at the same table. However, children must not be isolated or sit alone during Family Style Meals.

The current daily menu must be posted and made available to parents.

Performance Standard:

1302.31 (e) (2); 1302.44

	DHS Early Head Start Program Policy		
EDUCATION 14			
SUBJECT	Learning During Mealtime		
REFERENCE	Education and Early Childhood Development		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: pending	Governing Body Approval: 9/16/16	Governing Body Revision: pending
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Performance Standard:

1302.31 (e) (2); 1302.44

	DHS Early Head Start Program Policy		
ENVIRONMENTAL HEALTH AND SAFETY 1			
SUBJECT	Safe Environments		
REFERENCE	Environmental Health and Safety		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: 5/23/23	Governing Body Approval: 9/19/16	Governing Body Revision: 6/15/23
PAGE: 1 of 1			

Policy:

Early Head Start (EHS) Program, Service Providers will maintain indoor/outdoor environments and facilities to ensure they are safe, clean and in quality condition so as to prevent injury to a child. Service Providers will develop a system to maintain safe environments free from pollutants, pests, hazards, and toxins, including lead, that are accessible to children and could endanger children's safety, and to correct issues identified as unsafe and/or hazardous through the monitoring process.

~~Service Providers will develop and implement procedures to ensure state-certified lead testing of water, soil, and paint once every three years. If lead results are positive, the Service Provider must inform the Head Start Grant Recipient and provide a plan for abatement within 24 hours of notice.~~



Service Providers will maintain Head Start group sizes and ratios. Service Providers will also be responsible for safety drills, maintenance of first aid kits, training of staff, and accommodation of children with disabilities, food safety, and sanitation. In addition, Service Providers will maintain compliance with Texas Health and Human Services Commission Child Care Regulations requirements.

Service Providers will ensure the maintenance log is current and safety concerns are addressed.

Performance Standard(s):

1302.47b(1)(2); 1302.21 (b); ~~1302.102(d)(ii)~~

Information Memorandum:
ACF IM HS 23-01

	DHS Early Head Start Program Policy		
ENVIRONMENTAL HEALTH AND SAFETY 1			
SUBJECT	Safe Environments		
REFERENCE	Environmental Health and Safety		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: pending	Governing Body Approval: 9/19/16	Governing Body Revision: pending
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Policy:



Early Head Start (EHS) Program, Service Providers will maintain indoor/outdoor environments and facilities to ensure they are safe, clean and in quality condition so as to prevent injury to a child. Service Providers will develop a system to maintain safe environments free from pollutants, pests, hazards, and toxins, including lead, that are accessible to children and could endanger children's safety, and to correct issues identified as unsafe and/or hazardous through the monitoring process.

Service Providers will maintain Head Start group sizes and ratios. Service Providers will also be responsible for safety drills, maintenance of first aid kits, training of staff, and accommodation of children with disabilities, food safety, and sanitation. In addition, Service Providers will maintain compliance with Texas Health and Human Services Commission Child Care Regulations requirements.

Service Providers will ensure the maintenance log is current and safety concerns are addressed.

Performance Standard(s):

1302.47b(1)(2); 1302.21 (b)

	DHS Early Head Start Program Policy			
ENVIRONMENTAL HEALTH AND SAFETY 3				
SUBJECT	Hygiene & Cleaning Practices			
REFERENCE	Environmental Health and Safety			
EFFECTIVE	8/1/2016			
Policy Council Approval: 7/26/16	Policy Council Revision: 5/23/23	Governing Body Approval: 9/19/16	Governing Body Revision: 6/15/23	
PAGE: 1 of 2				

Policy:

Early Head Start (EHS) Program Service Providers will develop and implement hygiene and cleaning procedure systems that address the following: ~~promote~~

- Safe food preparation
- Appropriate hand washing, hygiene,
- Appropriate toileting and diapering
- Exposure to blood and bodily fluids are handled consistently with standards of the Occupational Safety Health Administration and
- Standard health and hygiene precautions
- Sanitation and disinfecting of the classroom including equipment and materials. ~~Providers must ensure s~~

Staff must be trained on ~~the~~ procedures and documentation of that training is must be maintained.

Service Providers will follow guidance from the Office of Head Start (OHS), or recommendations made by the Centers for Disease Control and Prevention, Child-Care Regulation, the City of San Antonio Metro Health Department, and/or Caring for Our Children National Health and Safety Standards Guidelines for Early Care and Education Programs when establishing procedures for hygiene, cleaning, disinfecting, and sanitation practices.

Hand washing

- ~~Staff, volunteers, and children must wash their hands with soap and running water at a minimum during the following times:~~
- ~~Upon arrival,~~
- ~~Before and after diapering or toilet use~~

- ~~Before food preparation, handling, or any other food-related activity~~
- ~~Before and after eating~~
- ~~Whenever hands are contaminated with blood or other bodily fluids~~
- ~~After handling pets or other animals~~
- ~~After outdoor activities~~
- ~~Before and after playing in a water/sand play table~~
- ~~Any other time there is reason to believe the child has come in contact with substances that could be harmful to the child~~

- Staff and volunteers must also wash their hands with soap and running water:

- Before and after giving medication
- Treating or bandaging a wound
- After assisting a child with toilet use
- After using any cleaners or toxic chemicals; and
- After removing gloves

Hygiene

- Easily accessible nonporous, on-latex, disposable gloves are to be worn by all staff when they are in contact with blood or bodily fluids.
- Bodily fluids should be cleaned and disinfected immediately in keeping with Head Start Performance Standards and Texas Health and Human Services Commission Child Care Regulations.
- Any tools and equipment used to clean bodily fluids should be cleaned, disinfected immediately, and blood-contaminated materials must be disposed of properly.
- Hand sanitizers, pre-moistened towelettes, and waterless hand cleaners are not allowed to replace handwashing and should not be accessible or used on children.

Sanitation



- Toys and equipment that are placed in a child's mouth, or otherwise contaminated by body secretion or excrement, must be sanitized before handling by another child.
- Cloth toys must be washed at least weekly and when contaminated.
- All linens must be washed at least weekly and when soiled or before another child uses them.
- All sleeping equipment must be sanitized before a different child uses it and when soiled.
- Water play tables must be empty, and toys used in water tables must be sanitized daily; children and caregivers must wash their hands before using the water table.
- Sand boxes and tables must be maintained in a sanitary manner.
- All garbage must be inaccessible to children, and it is necessary to keep the child care center inside and outside free of insects, rodents, and offensive odors and disposing of those in accordance with local and state requirements.
- All floors, ceilings and walls must be kept in good repair and clean. Paint used at the center must be lead free.
- All areas in the center used by children will be kept heated, lighted, and ventilated.
- All tabletops, furniture, and other similar equipment used by children will be sanitized when soiled or contaminated with matter such as food, body secretions, or excrement.
- All cleaning supplies and other toxic materials will be marked and kept separate from food and be inaccessible to children.
- Hazardous materials will be stored and disposed of as recommended by the manufacturer.

Performance Standard:

1302.47(b)(6)(i)(ii)(iii)

Caring for Our Children: National Health and Safety Performance Standards Ch3.3, App. J

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	DHS Early Head Start Program Policy		
ENVIRONMENTAL HEALTH AND SAFETY 3			
SUBJECT	Hygiene & Cleaning Practices		
REFERENCE	Environmental Health and Safety		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: pending	Governing Body Approval: 9/19/16	Governing Body Revision: pending
PAGE: 1 of 1			

Policy:

Early Head Start (EHS) Program Service Providers will develop and implement hygiene and cleaning procedure that address the following:

- Safe food preparation
- Appropriate hand washing hygiene
- Appropriate toileting and diapering
- Exposure to blood and bodily fluids are handled consistently with standards of the Occupational Safety Health Administration
- Standard health and hygiene precautions
- Sanitation and disinfecting of the classroom including equipment and materials



Staff must be trained on procedures and documentation of that training must be maintained

Service Providers will follow guidance from the Office of Head Start (OHS), or recommendations made by the Centers for Disease Control and Prevention, Child-Care Regulation, the City of San Antonio Metro Health Department, and/or Caring for Our Children National Health and Safety Standards Guidelines for Early Care and Education Programs when establishing procedures for hygiene, cleaning, disinfecting, and sanitation practices.

Performance Standard:

1302.47(b)(6)(i)(ii)(iii)

Caring for Our Children: National Health and Safety Performance Standards Ch3.3, App. J

	DHS Early Head Start Program Policy		
ENVIRONMENTAL HEALTH AND SAFETY 5			
SUBJECT	Emergency Preparedness / Emergency Procedures		
REFERENCE	Environmental Health and Safety		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: 7/28/20	Governing Body Approval: 9/19/16	Governing Body Revision: 8/13/20
PAGE: 1 of 2			

Policy:

The Early Head Start (EHS) Program, including the EHS Grant Recipient and Service Providers program will develop and implement procedures that address emergencies including, but not limited to health/mental health emergencies, safety concerns, fire, food allergies, natural disasters, and the control of infectious/contagious diseases. Staff must be trained in emergency preparedness and the Service Provider will maintain documentation of such training.

Locations and telephone numbers and emergency response procedures must be posted in each room used by children, including the main office and central locations, and made available to all staff.

All emergency numbers including police, fire, ambulance, poison control, Child Abuse Hotline, and the Center for Disease Control, must be immediately accessible to staff at all times. Up-to-date family contact information and authorization for emergency care for each child, including emergency transportation authorization must be readily available.

Service Providers must post evacuation routes in each classroom, as well as every room used by children and staff, including the main office and central locations, and made available to all staff

Emergency evacuation routes and other safety procedures for emergencies are practiced regularly, in keeping with Head Start Performance Standards and Texas Health and Human Services Commission Child Care Regulation. Service Providers must retain documentation of these events and activities.

Each classroom must have a first aid kit, available at all times, including outdoor play time. The Early Head Start (EHS) Program will develop and implement procedures related to the location and contents of each first aid kit. Procedures will include Caring for our Children: National Health and Safety Performance Standards and ensure the following for each first aid kit:



- Kept in clean and sanitary condition
- Easily accessible and available to all employees at all times
- Antiseptics should be in original packaging
- Stored in a designated location known to all employees
- Kept out of reach of children
- Maintained and restocked
- Schedule of ongoing and regular inventory
- Contain no items that are expired

Performance Standard:

1302.41(b)(2); 1302.47(b)(1,4,7-8)

Additional Guidance:

Caring for our Children: National Health and Safety Performance Standards 5.6.0.1

	DHS Early Head Start Program Policy		
ENVIRONMENTAL HEALTH AND SAFETY 5			
SUBJECT	Emergency Preparedness / Emergency Procedures		
REFERENCE	Environmental Health and Safety		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: pending	Governing Body Approval: 9/19/16	Governing Body Revision: pending
PAGE: 1 of 2			

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Performance Standard:

1302.41(b)(2); 1302.47(b)(1,4,7-8)

Additional Guidance:

Caring for our Children: National Health and Safety Performance Standards 5.6.0.1

	DHS Early Head Start Program Policy		
ENVIRONMENTAL HEALTH AND SAFETY 7			
SUBJECT	Diapering and Toilet Training		
REFERENCE	Environmental Health and Safety		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: 5/23/23	Governing Body Approval: 9/19/16	Governing Body Revision: 6/15/23
PAGE: 1 of 1			

Policy:

A child cannot be denied enrollment or removed from the program based on toileting needs or the use of diapers and/or pull-ups. Early Head Start Program (EHS), Service Providers must develop and implement a procedure to address diapering and toilet training. Procedures must be provided to all EHS staff/volunteers and posted in areas used for diapering and toileting.



At a minimum the system will include the following:

- Process to ensure the respect and dignity for children.
- How to assist a child when toileting needs occur.
- Provision of extra clothing, diapers and wipes.
- Sanitation and hygiene procedures for hand washing, diapering, and toilet training for children and staff.
- Cleaning and storage of soiled clothing.
- Disposal and removal of soiled diapers.
- Cleaning and storage of toilet training assistive equipment.
- Communication with parents/guardians
- Posted procedures in areas used for diapering and toileting.
- Regular internal monitoring of the system.

Staff and families will work together according to developmentally appropriate practices regarding toilet training.

Performance Standard:

1302.42 (e)(1), 1302.47 (b)(1),(6)(i)

	DHS Early Head Start Program Policy		
ENVIRONMENTAL HEALTH AND SAFETY 7			
SUBJECT	Diapering and Toilet Training		
REFERENCE	Environmental Health and Safety		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: pending	Governing Body Approval: 9/19/16	Governing Body Revision: pending
PAGE: 1 of 1			

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Performance Standard:

1302.42 (e)(1), 1302.47 (b)(1),(6)(i)

	DHS Early Head Start Program Policy		
ENVIRONMENTAL HEALTH AND SAFETY 8			
SUBJECT	Staffing and Supervision		
REFERENCE	Environmental Health and Safety		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: 4/23/24	Governing Body Approval: 9/19/16	Governing Body Revision: pending
PAGE: 1 of 2			

Policy:

Early Head Start (EHS) Program, Service Providers will ensure that EHS classes are designed with no more than eight children and staffed by two paid teachers. It is recommended, whenever possible, that a third person be in the classroom, such as a volunteer.

Classroom management entails both teachers meeting the needs of all children. However, Service Providers must ensure that each teacher working exclusively with infants and toddlers has the responsibility for no more than four infants and toddlers when meeting home visits, parent/teacher conference expectations and developmental needs of the children. All EHS sites must comply with the above stated staffing, group and class size requirements.

Ratios must be maintained during EHS hours. Program hours vary by site and are set and approved at the beginning of the program year as part of the EHS Program Design.

In extreme emergencies, should a center become short staffed and unable to meet the EHS ratios and group size, they must follow the Texas Child Care Regulation Minimum Standards and seek approval from DHS EHS Senior Management to ensure that no children are refused services upon arrival. This practice is the exception and not the norm. Centers must report when being understaffed.

Service Providers will develop and implement active supervision procedures. No child will be left alone or unsupervised for any period of time. **Volunteers being counted in classroom ratios**

A volunteer may be used to supplement the required adult/child ratio only for short periods of time, 10-15 minutes to accommodate for unscheduled interruptions/emergencies. Volunteers may be used to supplement for restroom breaks, children's needs, and to cover lunch hours as long as a qualified EHS teacher is in the classroom. **A volunteer must never be left alone with a child or group of children and must always remain with a qualified EHS teacher.** All volunteers must sign the Head Start Standards of Conduct, pass a background check, and receive volunteer training. Providers must keep documentation of volunteer training and comply with the Texas Health and

Human

Services



Commission

Child-Care

Regulations.

Performance Standard(s):

1302.21(b)(1)(2); 1302.90, 1302.94(a)(b); 1302.47 (b)(2)(iii); 1302.47(b)(5S)(i); ~~1302.47(b)(S)(iii(iii))~~; ~~1302.9~~,
1302.93(c)(1)

	DHS Early Head Start Program Policy		
ENVIRONMENTAL HEALTH AND SAFETY 8			
SUBJECT	Staffing and Supervision		
REFERENCE	Environmental Health and Safety		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: pending	Governing Body Approval: 9/19/16	Governing Body Revision: pending
PAGE: 1 of 2			

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Performance Standard(s):

1302.21(b)(1)(2); 1302.90, 1302.94; 1302.47 (b)(2)(iii); 1302.47(b)(5)(i)(iii); , 1302.93(c)(1)

	DHS EarlyHead Start Program Policy		
EnvHS 9			
SUBJECT	Testing for Lead in Water and Paint		
REFERENCE	Environmental Health and Safety		
EFFECTIVE			
Policy Council Approval:	Policy Council Revision:	Governing Body Approval:	Governing Body Revision:
PAGE: 1 of 2			



Policy:

Early Head Start (EHS) Program, Service Providers must develop and implement a plan to complete testing for lead in water, soil, and in paint by a trained professional at all facilities used for the EHS Program and include, at a minimum, the following:

- Initial testing for lead in water, paint, and soil must be conducted for any facility utilized for the EHS Program by children.
- For any facility, testing must occur within 45 days of the start of usage of the building or provide evidence that testing occurred within the last two (2) years.
 - For water: Testing at least every two (2) years
 - Any faucet or fixtures
 - Any faucet or fixture that has been replaced
 - For soil and paint: Testing at least every two (2) years for any facility
 - that previously tested positive for lead in paint or soil; or
 - that has been through the abatement process for lead in paint or soil; or
 - built prior to 1978;
 - If testing results for lead in paint or soil are negative for any facility built prior to 1978, additional testing is not required.
- Dates of planned testing
- Dates of completed testing
- Lead testing results and a plan to immediately address any site with above normal results within 7 business days of receiving the lead testing results.
- Plan for abatement for any site with above normal results within 30 days
- Support from a trained professional to address elevated lead results
- Communication with staff and families

Performance Standard:
1302.47b(10)

Information Memorandum:
ACF-IM-HS-23-01

	DHS Early Head Start Program Policy		
EnvHS 9			
SUBJECT	Testing for Lead in Water and Paint		
REFERENCE	Environmental Health and Safety		
EFFECTIVE			
Policy Council Approval: pending	Policy Council Revision:	Governing Body Approval: pending	Governing Body Revision:
PAGE: 1 of 1			



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- Plan for abatement for any site with above normal results within 30 days
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- Communication with staff and families

Performance Standard: 1302.47b(10)

Information Memorandum: ACF-IM-HS-23-01

	DHS Early Head Start Program Policy		
ERSEA 10			
SUBJECT	Suspension and Expulsion Due to Behavior		
REFERENCE	Eligibility, Recruitment, Selection, Enrollment, and Attendance		
EFFECTIVE	02/01/2025		
Policy Council Approval: 1/24/17	Policy Council Revision: 1/28/25	Governing Body Approval: 2/20/17	Governing Body Revision: 2/25/25
PAGE: 1 of 1			

Policy:

The Early Head Start (EHS) Program, to include both the Early Head Start and the Early Head Start– Child Care Partnership (EHS-CCP) programs, limits the use of suspension due to a child's behavior. Suspensions may only be temporary and used as a last resort in extraordinary circumstances where there is a serious safety threat. The EHS program must consult with the recipient's Mental Health and Education coordinator, and collaborate with parents to ensure all other resources, including behavior support, psychologists, or other specialists, have been engaged prior to implementing a temporary suspension. If a temporary suspension is deemed necessary, the EHS program must help the child return to full participation in all program activities as quickly as possible while ensuring child safety engaging with the parents, Mental Health Coordinator, and other appropriate staff to facilitate continued participation the program. prohibits Child Care Service Providers from suspending, expelling, or un-enrolling a child from an EHS program due to a child's behavior.

Child Care Service Providers cannot expel or unenroll a child due to behavior. If a child exhibits persistent and serious behavioral concerns, Child Care Service Providers must explore all possible steps and document all steps taken to address such problems, and facilitate the child's safe participation in the program. If, after the Child Care Service Provider has explored all possible steps, in consultation with the parents, the child's teacher, Education Coordinator, and the City of San Antonio Mental Health Coordinator, and City of San Antonio Head Start Program Administrator, determines that the child's continued enrollment presents a serious safety threat to the child or other enrolled children and determines the program is not the most appropriate placement for the child, the Child Care Service Provider must facilitate the transition of the child to a more appropriate placement.



Information related to the suspension or expulsion of a child must be documented in ChildPlus

~~Consultation with the Recipient's Mental Health Coordinator, Education Coordinator, in collaboration with the parents, must be conducted to determine if the child's enrollment presents a safety threat to the child or other enrolled children. Other community resources should be considered if appropriate.~~

~~Exceptions to this policy may be considered on a case-by-case basis or where there is a serious safety threat. Any exceptions must be submitted to the Head Start Administrator and approved prior to any action.~~

Performance Standard:

1302.17 (a) (b)

	DHS Early Head Start Program Policy		
ERSEA 10			
SUBJECT	Suspension and Expulsion Due to Behavior		
REFERENCE	Eligibility, Recruitment, Selection, Enrollment, and Attendance		
EFFECTIVE	02/01/2025		
Policy Council Approval: 1/24/17	Policy Council Revision: pending	Governing Body Approval: 2/20/17	Governing Body Revision: pending
PAGE: 1 of 1			

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Performance Standard:

1302.17 (a) (b)

	DHS Early Head Start Program Policy		
FAMILY 5			
SUBJECT	Research Based Parent Curriculum		
REFERENCE	Family and Community Support		
EFFECTIVE	8/1/2020		
Policy Council Approval: 7/28/20	Policy Council Revision: 5/24/22	Governing Body Approval: 8/13/20	Governing Body Revision: 8/4/22
PAGE: 1 of 1			



Policy:

The Head Start Program, including Early Head Start and Service Providers collaborate to offer opportunities for parents/guardians to participate in a research-based parenting curriculum that builds on parents'/guardians' knowledge and offers parents/guardians the opportunity to practice parenting skills to promote children's learning and development. ~~If the Head Start Grant Recipient chooses to make significant adaptations to the parenting curriculum to better meet the needs of one or more specific populations, the program will work with an expert or experts to develop such adaptations.~~

The Head Start Recipient and Service Providers will collaborate to develop and implement procedures, including training for staff, to ensure all families are offered the opportunity to participate in the research-based parenting curriculum.

Performance Standard(s):

1302.51(b)

	DHS Early Head Start Program Policy		
FAMILY 5			
SUBJECT	Research Based Parent Curriculum		
REFERENCE	Family and Community Support		
EFFECTIVE	8/1/2020		
Policy Council Approval: 7/28/20	Policy Council Revision: pending	Governing Body Approval: 8/13/20	Governing Body Revision: pending
PAGE: 1 of 1			



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The Head Start Recipient and Service Providers will collaborate to develop and implement procedures, including training for staff, to ensure all families are offered the opportunity to participate in the research-based parenting curriculum.

Performance Standard(s):

1302.51(b)

	DHS Early Head Start Program Policy		
HEALTH 2			
SUBJECT	Hemoglobin and Lead Screenings		
REFERENCE	Comprehensive Health Services		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: 5/24/22	Governing Body Approval: 9/19/16	Governing Body Revision: 8/4/22
PAGE: 1 of 1			

Policy:

Early Head Start Program (EHS) Staff will ensure that children are up to date with the requirements of the Texas Health Steps Medical Checkup Periodicity Schedule: Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule.

~~Medicaid and the Children's Health Insurance Programs (CHIP)~~ The State of Texas Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule requires that all children receive a lead toxicity screening at 12 months and 24 months of age. If a lead toxicity screening has not been previously conducted EHS Staff will work with the family to bring the child up to date.

The State of Texas EPSDT ~~schedule~~, ~~Medicaid and the Children's Health Insurance Programs~~ also requires that all children receive a hemoglobin screening at 12 months. If a hemoglobin screening has not been conducted EHS Staff will work with the family to bring the child up to date by 15 months of age. Children over 15 months will not be screened based on EPSDT requirements.

EHS Program will provide onsite screenings for children with missing, unobtainable, or previous elevated blood lead level results. Each child must have with a signed consent form by the parent for screening./guardian before screenings occur.

Hemoglobin and lead toxicity screenings and follow up must be documented in ChildPlus according to the *Early Head Start ChildPlus Scan Order and Process Guide*, and *ChildPlus Data Entry Guide*.



The EHS Program will ensure that lead and hemoglobin results are shared with and understood by parents/ guardians. Referral forms to the child's primary care physician will be given to all children with low hemoglobin and/or elevated ~~lead~~ blood lead levels. With consent children with elevated blood lead levels will be referred to A San Antonio Green and Healthy Homes. interest form will be given to families of children with elevated lead blood levels.

Performance Standard(s):

1302.41(a,b)(1); 1302.42 (b)(1)(i-ii), (d)(1-2)

References:

[Texas Health Steps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents](#)

	DHS Early Head Start Program Policy		
HEALTH 2			
SUBJECT	Hemoglobin and Lead Screenings		
REFERENCE	Comprehensive Health Services		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: pending	Governing Body Approval: 9/19/16	Governing Body Revision: pending
PAGE: 1 of 1			

Policy:

Early Head Start Program (EHS) Staff will ensure that children are up to date with the requirements of the Texas Health Steps Medical Checkup Periodicity Schedule: Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule.

The State of Texas Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule requires that all children receive a lead toxicity screening at 12 months and 24 months of age. If a lead toxicity screening has not been previously conducted EHS Staff will work with the family to bring the child up to date.

The State of Texas EPSDT schedule also requires that all children receive a hemoglobin screening at 12 months. If a hemoglobin screening has not been conducted EHS Staff will work with the family to bring the child up to date by 15 months of age. Children over 15 months will not be screened based on EPSDT requirements.



EHS Program will provide onsite screenings for children with missing, unobtainable, or previous elevated blood lead level results. Each child must have a signed consent form by the parent/guardian before screenings occur.

Hemoglobin and lead toxicity screenings and follow up must be documented in ChildPlus according to the *Early Head Start ChildPlus Scan Order and Process Guide*, and *ChildPlus Data Entry Guide*.

The EHS Program will ensure that lead and hemoglobin results are shared with and understood by parents/ guardians. Referral forms to the child's primary care physician will be given to all children with low hemoglobin and/or elevated blood lead levels. With consent children with elevated blood lead levels will be referred to San Antonio Green and Healthy Homes.

Performance Standard(s): 1302.41(a,b)(1); 1302.42 (b)(1)(i-ii), (d)(1-2)

References: [Texas Health Steps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents](#)

	DHS Early Head Start Program Policy		
HEALTH 3			
SUBJECT	Preventative Health Visit Requirements and Documentation		
REFERENCE	Comprehensive Health Services		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: 4/23/19	Governing Body Approval: 9/19/16	Governing Body Revision: 5/23/19
PAGE: 1 of 2			

Policy:

Early Head Start Program staff will ensure ~~that all children are up to date on a schedule of age-appropriate preventative and primary health care that meets the Texas Health Steps Medical Checkup Periodicity Schedule: Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule.~~ high-quality health, oral health, mental health and nutrition services are developmentally, culturally, and linguistically appropriate and support each child's growth and school readiness.

~~A system must be in place to meet the requirements of the City of San Antonio Benchmark Due Date Guide.~~ Procedures must include a system to meet the following:

30-Day Requirement:

Within 30 calendar days after the child first attends the program, ~~or~~ and for the home – based program option, receives a home visit, staff must consult with parent/guardian to determine whether the child has ongoing sources of continuous, accessible, ~~health care and health insurance coverage.~~

45-Day Requirement:

Within 45 calendar days after the child first attends the program, ~~or~~ and for the home – based program option, receives a home visit, a program must either obtain or perform evidence-based vision and hearing screenings. The screenings should be in the child's home language as appropriate.

90-Day Requirement:

Within 90 calendar days after the child first attends the program, ~~or~~ and for the home – based program option, receives a home visit, documentation of a current well child exam and oral health determination must be ~~received based on the EPSDT requirements obtained.~~

EPSDT

By the end of the program year, all children are up to date on a schedule of age-appropriate preventative and primary health care, including mental health, and oral health care that meets the

State of Texas Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) requirements schedule as indicated through the receipt of an up to date well child exam.

Child Health Information

- Prior to the beginning of the school year, collect and document the TB Questionnaire, Child Health History, and Nutrition Assessment.
- Follow up for any concerns related to the TB Questionnaire, Child Health History, Nutrition Assessment, and Growth Assessment.,~~and Blood Pressure.~~

Follow up, Tracking and Data Documentation

- Staff will follow procedures for follow-up on medical, ~~and dental,~~ and nutrition related concerns as indicated on screenings, health assessments, well child exams, and other health related concerns, including health insurance coverage, medical/ dental home.
-

- All health and mental health -related contacts and follow-ups will be documented in ChildPlus according to EHS procedures and the Health Services Handbook. When applicable, staff will also utilize the City of San Antonio Benchmark Due Date Guide, Early Head Start Program ChildPlus Scan Order and Process Guide and the applicable ChildPlus Data Entry Guide for additional guidance.

Parent/Guardian Collaboration and Communication

~~The EHS Program including the Service Provider will:~~

- Develop a system to inform parents/guardians about their child's health and mental health needs in a timely manner.
- Provide health and mental health information and community ~~health~~ resources to families.
- Provide resources to families in need of assistance with prescribed medications, aids, or equipment for medical, dental, or mental health conditions.
- Provide results of medical and/or dental exam/screening administered through the program and discuss the results.
- Obtain advance authorization from the parent/guardian to perform intrusive medical or dental services ~~from the parent/guardian~~, such as unclothed physical exams, immunizations, and venous blood draws.
- Obtain advanced authorization to provide mental health services.



Head Start funds may be used for children's professional medical, mental health and/or dental services when other sources of funding are not available. In such cases, documentation of efforts to access other available sources of funding must be documented in Child Plus.

Performance Standard(s):

1302.41; 1302.42;~~1302.45~~

Reference:

THSteps Medical Checkup Periodicity Schedule,
Caring for Our Children

	DHS Early Head Start Program Policy		
HEALTH 3			
SUBJECT	Preventative Health Visit Requirements and Documentation		
REFERENCE	Comprehensive Health Services		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: pending	Governing Body Approval: 9/19/16	Governing Body Revision: pending
PAGE: 1 of 2			

Policy:

Early Head Start Program staff will ensure that high-quality health, oral health, mental health and nutrition services are developmentally, culturally, and linguistically appropriate and support each child's growth and school readiness.

Procedures must include a system to meet the following:

30-Day Requirement:

Within 30 calendar days after the child first attends the program or, for the home – based program option, receives a home visit, staff must consult with parent/guardian to determine whether the child has ongoing sources of continuous, accessible health care and health insurance coverage.

45-Day Requirement:

Within 45 calendar days after the child first attends the program or, for the home – based program option, receives a home visit, a program must either obtain or perform evidence-based vision and hearing screenings. The screenings should be in the child's home language as appropriate.

90-Day Requirement:

Within 90 calendar days after the child first attends the program or, for the home – based program option, receives a home visit, documentation of a current well child exam and oral health determination must be obtained.

EPSDT

By the end of the program year, all children are up to date on a schedule of age-appropriate preventative and primary health care, including mental health, and oral health care that meets the State of Texas Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) requirements schedule as indicated through the receipt of an up to date well child exam.

Child Health Information

- Prior to the beginning of the school year, collect and document the TB Questionnaire, Child Health History, and Nutrition Assessment.
- Follow up for any concerns related to the TB Questionnaire, Child Health History, Nutrition Assessment, and Growth Assessment.

Follow up, Tracking and Data Documentation

- Staff will follow procedures for follow-up on medical, dental, and nutrition related concerns as indicated on screenings, health assessments, well child exams, and other health related concerns, including health insurance coverage, medical/ dental home.
- All health and mental health related contacts and follow-ups will be documented in ChildPlus according to EHS procedures and the Health Services Handbook. When applicable, staff will also utilize the *City of San Antonio Benchmark Due Date Guide*, *Early Head Start Program ChildPlus Scan Order and Process Guide* and the applicable *ChildPlus Data Entry Guide* for additional guidance.

Parent/Guardian Collaboration and Communication

- Develop a system to inform parents/guardians about their child's health and mental health needs in a timely manner.
- Provide health and mental health information and community resources to families.
- Provide resources to families in need of assistance with prescribed medications, aids, or equipment for medical, dental, or mental health conditions.
- Provide results of medical and/or dental exam/screening administered through the program and discuss the results.
- Obtain advance authorization from the parent/guardian to perform intrusive medical or dental services f, such as unclothed physical exams, immunizations, and venous blood draws.
- Obtain advanced authorization to provide mental health services.



Head Start funds may be used for children's professional medical, mental health and/or dental services when other sources of funding are not available. In such cases, documentation of efforts to access other available sources of funding must be documented in Child Plus.

Performance Standard(s):

1302.41; 1302.42;

Reference:

[THSteps Medical Checkup Periodicity Schedule](#),
Caring for Our Children

	DHS Early Head Start Program Policy		
HEALTH 4			
SUBJECT	Parent/ Guardian Refusal of Health Services		
REFERENCE	Comprehensive Health Services		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: 5/24/22	Governing Body Approval: 9/16/16	Governing Body Revision: 8/4/22
PAGE: 1 of 1			

Policy:

The Early Head Start program will develop a procedure to ensure a written refusal is required obtained when a parent/guardian refuses to allow their child to participate in or receive health services required or provided by the Early Head Start (EHS) Program and/or outside health service providers.



At a minimum, procedures must include:

- Expectation for obtaining prior approval before using the Refusal of Health Services form.
- Staff must document in ChildPlus efforts made and parent/guardian responses in obtaining health services requirements.
- A completed Refusal of Health Services form must be scanned into Child Plus; the form must include parent/guardian and staff signatures.

In place of the Refusal of Health Services form, a parent/guardian may submit a written statement, including signature and date, indicating which health service(s) they decline. The refusal on a consent form does not require any other statement from the parent or guardian. ~~Staff will document in Child Plus efforts made and parent/guardian responses in obtaining health services requirements.~~

Performance Standard(s):

1302.41 ~~(b)(1)~~; 1302.42 (d)(2)

	DHS Early Head Start Program Policy		
HEALTH 4			
SUBJECT	Parent/ Guardian Refusal of Health Services		
REFERENCE	Comprehensive Health Services		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: pending	Governing Body Approval: 9/16/16	Governing Body Revision: pending
PAGE: 1 of 1			

Policy:

The Early Head Start program will develop a procedure to ensure a written refusal is obtained when a parent/guardian refuses to allow their child to participate in or receive health services required or provided by the Early Head Start (EHS) Program and/or outside health service providers.



At a minimum, procedures must include:

- Expectation for obtaining prior approval before using the Refusal of Health Services form.
- Staff must document in ChildPlus efforts made and parent/guardian responses in obtaining health services requirements.
- A completed Refusal of Health Services form must be scanned into Child Plus; the form must include parent/guardian and staff signatures.

In place of the Refusal of Health Services form, a parent/guardian may submit a written statement, including signature and date, indicating which health service(s) they decline. The refusal on a consent form does not require any other statement from the parent or guardian.

Performance Standard(s):

1302.41; 1302.42 (d)(2)

	DHS Early Head Start Program Policy		
HEALTH 6			
SUBJECT	Critical Health Concerns		
REFERENCE	Comprehensive Health Services		
EFFECTIVE	8/1/2019		
Policy Council Approval: 4/23/19	Policy Council Revision: 5/24/22	Governing Body Approval: 5/23/19	Governing Body Revision: 8/4/22
PAGE: 1 of 1			

Policy:

A critical health concern is a ~~ny-medically~~ identified health or mental health condition that affects the child while in the care of the Early Head Start (EHS) Service Provider ~~and-that~~ may require medication, monitoring, or emergency care. ~~EHS will use the Child Health History form and Well Child Exams to identify any health needs relative to a Critical Health Concern. EHS will develop and implement procedures that address the following:~~

Critical health concerns that need an accommodations while ~~the-a~~ child is in the care of an EHS provider must be diagnosed by a healthcare professional ~~and documented on a signed statement/ form~~ before child attends the center.

EHS staff in collaboration with the Service Providers will develop and implement procedures system to:

- Identify and provide necessary care for the child once the health care professionals note/ action plan has been provided.
- Accommodate unconfirmed critical health concerns, that are not life threatening, when medical documentation is pending and the child is already enrolled,
- Share relevant individual child health and mental health information with appropriate center staff.
- Address health and mental health emergencies.
- ~~• Identify and address major community health issues, as indicated in the Community Assessment and parent survey, and shared at the Health Advisory Committee or by the local health department.~~
- ~~• Identify and address any relevant critical health concern data related to child assessment data, including health problems such as failure to thrive, diabetes, asthma, anaphylaxis, epinephrine injection, and any other condition requiring special health care considerations. Provide resources/ information when needed.~~
- ~~• Identify appropriate professionals, such as physical therapists, speech therapists, occupational therapists, doctors, and dentist for consultations on ways to assist staff and families, working with children with disabilities or health related concerns.~~

Follow-up and documentation related to critical health concerns will be conducted according to the *Early Head Start ChildPlus Scan Order and Process Guide*, and *ChildPlus Data Entry Guide*.



Performance Standard:

1302.42

Other References:

Caring for Our Children;

Child Care Regulations 746.605 ([132](#))

	DHS Early Head Start Program Policy		
HEALTH 6			
SUBJECT	Critical Health Concerns		
REFERENCE	Comprehensive Health Services		
EFFECTIVE	8/1/2019		
Policy Council Approval: 4/23/19	Policy Council Revision: pending	Governing Body Approval: 5/23/19	Governing Body Revision: pending
PAGE: 1 of 1			

Policy:

A critical health concern is any identified health or mental health condition that affects the child while in the care of the Early Head Start (EHS) Service Provider that may require medication, monitoring, or emergency care. Critical health concerns that need an accommodation while a child is in the care of an EHS provider must be diagnosed by a healthcare professional before child attends the center.

EHS staff in collaboration with the Service Providers will develop and implement procedures to:

- Identify and provide necessary care for the child once the health care professionals note/ action plan has been provided.
- Accommodate unconfirmed critical health concerns, that are not life threatening, when medical documentation is pending and the child is already enrolled.
- Share relevant individual child health and mental health information with appropriate center staff.
- Address health and mental health emergencies.



Follow-up and documentation related to critical health concerns will be conducted according to the *Early Head Start ChildPlus Scan Order and Process Guide*, and *ChildPlus Data Entry Guide*.

Performance Standard:

1302.42

Other References:

Caring for Our Children;
Child Care Regulations 746.605 (12)

	DHS Early Head Start Program Policy		
PDM 2			
SUBJECT	Standards of Conduct		
REFERENCE	Program Design and Management		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: 4/23/24	Governing Body Approval: 9/19/16	Governing Body Revision: pending
PAGE: 1 of 2			

Policy:

In accordance with Federal Register Title 45, Subpart I – Human Resources Management, Section 1302.90(c)(1)(2), all Head Start staff (including substitutes), consultants, contractors, and volunteers must abide by the following:

- Implement positive strategies to support children’s well-being and prevent and address challenging behavior;
- Do not engage in behaviors that maltreat or endanger the health or safety of children, including, at a minimum:
 - o Corporal punishment; or physically abusive behavior, defined as intentional use of physical force that results in, or has the potential to result in, physical injury. Examples include, but are not limited to, hitting, kicking, shaking, biting, pushing, restraining, force feeding, or dragging;
 - o Sexually abusive behavior, defined as any completed or attempted sexual act, sexual contact, or exploitation. Examples include, but are not limited to, behaviors such as inappropriate touching, inappropriate filming, or exposing a child to other sexual activities;
 - o Emotionally harmful or abusive behavior, defined as behaviors that harm a child’s self worth or emotional well-being. Examples include, but are not limited to, using seclusion, using or exposing a child to public or private humiliation, or name calling, shaming, intimidating, or threatening a child; and
 - o Neglectful behavior, defined as the failure to meet a child’s basic physical and emotional needs including access to food, education, medical care, appropriate supervision by an adequate caregiver, and safe physical and emotional environments. Examples include, but are not limited to, leaving a child unattended on a bus, withholding food as punishment or refusing to change soiled diapers as punishment;
- Report reasonably suspected or known incidents of child abuse and neglect;
- Respect and promote the unique identity of each individual and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition;
- Comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members;

- Ensure no child is left alone or unsupervised.

In addition to the Standards of Conduct, Head Start staff (including substitutes), consultants, contractors, and volunteers must adhere to their agency's personnel and confidentiality policies.

Failure to comply with the City of San Antonio Department of Human Services Head Start Program Standards of Conduct may lead to disciplinary actions and up to termination.

~~The Head Start Program staff, including Early Head Start, substitutes, consultants, contractors, and volunteers must abide by the program's Standards of Conduct that:~~

- ~~a. Ensure staff, consultants, contractors, and volunteers implement positive strategies to support children's well-being and prevent and address challenging behavior;~~
- ~~b. Ensure staff, including substitutes, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not:
 - ~~i. Use corporal punishment;~~
 - ~~ii. Use isolation to discipline a child;~~
 - ~~iii. Bind or tie a child to restrict movement or tape a child's mouth;~~
 - ~~iv. Use or withhold food as a punishment or reward;~~
 - ~~v. Use toilet learning/training methods that punish, demean, or humiliate a child;~~
 - ~~vi. Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;~~
 - ~~vii. Physically abuse a child;~~
 - ~~viii. Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family; or,~~
 - ~~ix. Use physical activity or outdoor time as a punishment or reward;~~~~
- ~~c. Ensure staff, including substitutes, consultants, contractors, and volunteers respect and promote the unique identity of each child and family and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition;~~
- ~~d. Ensure the program's Standards of Conduct are reviewed and signed by staff, including substitutes, consultant, contractors, and volunteers annually. Documentation must be maintained in all staff files.~~



~~e. Require staff, including substitutes, consultants, contractors, and volunteers to comply with program confidentiality policies concerning personally identifiable information (PII) about children, families, and other staff members in accordance with subpart C of part 1303 and applicable federal, state, local, and tribal laws; and~~

~~f. Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care.~~

~~Furthermore, all staff, consultants, contractors, volunteers, Head Start Policy Council members, and Advisory Committee members are required to sign a Standards of Conduct form. The Head Start Program will implement appropriate penalties including termination of staff, consultants, and volunteers who violate the Standards of Conduct.~~

Performance Standard(s):

1302.90(c)(1); 1303(C)

	DHS Early Head Start Program Policy		
PDM 2			
SUBJECT	Standards of Conduct		
REFERENCE	Program Design and Management		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: pending	Governing Body Approval: 9/19/16	Governing Body Revision: pending
PAGE: 1 of 2			

Policy:

In accordance with Federal Register Title 45, Subpart I – Human Resources Management, Section 1302.90(c)(1)(2), all Head Start staff (including substitutes), consultants, contractors, and volunteers must abide by the following:

- Implement positive strategies to support children’s well-being and prevent and address challenging behavior;
- Do not engage in behaviors that maltreat or endanger the health or safety of children, including, at a minimum:
 - Corporal punishment; or physically abusive behavior, defined as intentional use of physical force that results in, or has the potential to result in, physical injury. Examples include, but are not limited to, hitting, kicking, shaking, biting, pushing, restraining, force feeding, or dragging;
 - Sexually abusive behavior, defined as any completed or attempted sexual act, sexual contact, or exploitation. Examples include, but are not limited to, behaviors such as inappropriate touching, inappropriate filming, or exposing a child to other sexual activities;
 - Emotionally harmful or abusive behavior, defined as behaviors that harm a child’s self worth or emotional well-being. Examples include, but are not limited to, using seclusion, using or exposing a child to public or private humiliation, or name calling, shaming, intimidating, or threatening a child; and
 - Neglectful behavior, defined as the failure to meet a child’s basic physical and emotional needs including access to food, education, medical care, appropriate supervision by an adequate caregiver, and safe physical and emotional environments. Examples include, but are not limited to, leaving a child unattended on a bus, withholding food as punishment or refusing to change soiled diapers as punishment;
- Report reasonably suspected or known incidents of child abuse and neglect;
- Respect and promote the unique identity of each individual and do not stereotype on any basis,

including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition;



- Comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members;
- Ensure no child is left alone or unsupervised.

In addition to the Standards of Conduct, Head Start staff (including substitutes), consultants, contractors, and volunteers must adhere to their agency's personnel and confidentiality policies.

Failure to comply with the City of San Antonio Department of Human Services Head Start Program Standards of Conduct may lead to disciplinary actions and up to termination.

Performance Standard(s):

1302.90(c)(1); 1303(C)

	DHS Early Head Start Program Policy		
PDM 4			
SUBJECT	Training and Professional Development		
REFERENCE	Program Design and Management		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: 7/28/20	Governing Body Approval: 9/19/16	Governing Body Revision: 8/13/20
PAGE: 1 of 2			

Policy:

The Head Start Program, including Early Head Start (EHS), will ensure all new staff, consultants and volunteers receive, at a minimum, an orientation that includes the goals and underlying philosophy of Head Start including the Head Start Program Performance Standards, regulations, policies and procedures.

~~The Head Start Program must provide appropriate training and technical assistance to include orientation to the governing body, advisory committee, and policy council. The training must include review of program governance and eligibility verification indicated in 1302.12(m). This is to ensure the staff and governing body members understand the information and can effectively oversee the direction of the Head Start Program.~~

Additionally, the Head Start Program, including the Head Start Grant Recipient and Service Providers will develop and implement a procedure for staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services. At a minimum, the procedures must include:

- a. Staff completing a minimum of 15 clock hours of professional development per year. For teaching staff, such professional development must meet the requirements described in section 648A(a)(5) of the Act; and includes creating individual professional development plans for all full-time Head Start employees who provide direct services to children and families.
- b. Annual ~~Training~~ on mandatory reporting of ~~methods to handle~~ suspected or known child abuse and neglect ~~cases~~, that complies with applicable ~~f~~Federal, ~~s~~State, local, and Tribal laws;

For any teaching staff including, floaters, paraprofessionals/instructional assistants, and lead-classroom teachers, and long-term substitutes, that do not meet the minimum staff qualifications,— must have an Individualized Professional Development Staff

~~Qualification Plan~~ for staff who need to obtain a CDA ~~as well as a Communication system to ensure any changes to staff qualifications or employment are shared with the City of San Antonio completed according to the City of San Antonio Benchmark Due Date Guide on a regular basis per the City of San Antonio DHS Head Start Benchmarks.~~ changes to staff qualifications or employment ~~must be~~ must be shared with the City of San Antonio

~~b.~~_____

c. Annual training on positive strategies to understand and support children's social and emotional development, such as tools for managing children's behavior;

d. Training for child and family services staff on best practices for implementing family engagement strategies in a systemic way

e. Training for child and family services staff, including staff that work on family services, health, and disabilities, that builds their knowledge, experience, and competencies to improve child and family outcomes. All teaching staff assigned to a co-teach classroom

must receive training specific to the co-teach model; and,

ef. Research-based approaches to professional development for education staff, that are focused on effective curricula implementation, knowledge of the content in Head Start Early Learning Outcomes Framework: Ages Birth to Five, partnering with families, supporting children with disabilities and their families, providing effective and nurturing adult-child interactions, supporting dual language learners as appropriate, addressing challenging behaviors, preparing children and families for transitions (as described in subpart G of this part), and use of data to individualize learning experiences to improve outcomes for all children.

g. Mental health and wellness information available to staff regarding health issues that may affect their job performance. The program must provide regularly scheduled opportunities to learn about mental health, wellness, and health education.

h. Training for staff who determine eligibility on applicable federal regulations and program policies and procedures. Training must include the following:



- Methods on how to collect complete and accurate eligibility information from families and third party sources;
- Strategies for treating families with dignity and respect and for dealing with possible issues of domestic violence, stigma, and privacy; and,
- Policies and procedures that describe actions taken against staff, families, or participants who attempt to provide or intentionally provide false information.

Head Start Act

648A(f)

Performance Standard(s):

1301.5; 1302.12(m); 1302.92(a-b); 1302.93(b)

	DHS Early Head Start Program Policy		
PDM 4			
SUBJECT	Training and Professional Development		
REFERENCE	Program Design and Management		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: 7/28/20	Governing Body Approval: 9/19/16	Governing Body Revision: 8/13/20
PAGE: 1 of 2			

Policy:

The Head Start Program, including Early Head Start (EHS), will ensure all new staff, consultants and volunteers receive, at a minimum, an orientation that includes the goals and underlying philosophy of Head Start including the Head Start Program Performance Standards, regulations, policies and procedures.



The Head Start Program, including the Head Start Grant Recipient and Service Providers will develop and implement a procedure for staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services. At a minimum, the procedures must include:

- a. Staff completing a minimum of 15 clock hours of professional development per year. For teaching staff, such professional development must meet the requirements described in section 648A(a)(5) of the Act; and includes creating individual professional development plans for all full-time Head Start employees who provide direct services to children and families.
- b. For any teaching staff including, floaters, paraprofessionals and classroom teachers that do not meet the minimum staff qualifications, must have an Individualized Professional Development Plan for staff who need to obtain a CDA completed according to the *City of San Antonio Benchmark Due Date Guide*. Changes to staff qualifications or employment- must be shared with the City of San Antonio.
- c. Annual training on mandatory reporting of suspected or known child abuse and neglect, that complies with applicable Federal, State, local, and Tribal laws;
- d. Annual training on positive strategies to understand and support children's social and emotional development, such as tools for managing children's behavior;
- e. Training for child and family services staff on best practices for implementing family engagement strategies in a systemic way;

- f. Training for child and family services staff, including staff that work on family services, health, and disabilities, that builds their knowledge, experience, and competencies to improve child and family outcomes. All teaching staff assigned to a co-teach classroom must receive training specific to the co-teach model; and,
- g. Research-based approaches to professional development for education staff, that are focused on effective curricula implementation, knowledge of the content in Head Start Early Learning Outcomes Framework: Ages Birth to Five, partnering with families, supporting children with disabilities and their families, providing effective and nurturing adult-child interactions, supporting dual language learners as appropriate, addressing challenging behaviors, preparing children and families for transitions (as described in subpart G of this part), and use of data to individualize learning experiences to improve outcomes for all children.
- h. Mental health and wellness information available to staff regarding health issues that may affect their job performance. The program must provide regularly scheduled opportunities to learn about mental health, wellness, and health education.
- i. Training for staff who determine eligibility on applicable federal regulations and program policies and procedures. Training must include the following:
 - Methods on how to collect complete and accurate eligibility information from families and third party sources;
 - Strategies for treating families with dignity and respect and for dealing with possible issues of domestic violence, stigma, and privacy; and,
 - Policies and procedures that describe actions taken against staff, families, or participants who attempt to provide or intentionally provide false information.

Head Start Act
648A(f)

Performance Standard(s):
1301.5; 1302.12(m); 1302.92(a-b); 1302.93(b)

	DHS Early Head Start Program Policy			
PDM 6				
SUBJECT	Staff Qualifications and Competency Requirements			
REFERENCE	Program Design and Management			
EFFECTIVE	8/1/2016			
Policy Council Approval: 7/26/16	Policy Council Revision: 5/24/22	Governing Body Approval: 9/19/16	Governing Body Revision: 8/4/22	
PAGE: 1 of 3				

Policy:

The Head Start Program, including Early Head Start (EHS), will ensure all staff, including substitutes consultants, and contractors meet the following criteria and have sufficient knowledge, training, and experience, and must provide ongoing training and professional development to fulfill their roles and responsibilities:

A. ~~Early Head Start or Head Start Director~~ City of San Antonio Department of Human Services (DHS) Head Start Administrator

- ~~i.~~ At a minimum, a baccalaureate degree if hired after November 7, 2016;
- ~~i.~~
- ~~ii.~~ Experience in supervision of staff, fiscal management, and administration.

B. ~~Fiscal Officer~~ City of San Antonio DHS Fiscal Administrator

- ~~i.~~ Certified Public Accountant; or
- ~~ii.~~ At a minimum, a baccalaureate degree in accounting, business, fiscal management, or a related field;
- ~~iii.~~ Certified Public Accountant.

C. Child and Family Services Management Staff

- i. Family, Health, and Disabilities Management**
 - ~~ment~~
 - i. At a minimum, a baccalaureate degree, preferably related to one or more of the disciplines they oversee.
- i. Education Management**
 - ~~ment~~
 - a. A baccalaureate or advanced degree in early childhood education; or
 - ~~a.b.~~ A baccalaureate or advanced degree and equivalent coursework in early childhood education with early education teaching experience

D. Child and Family Services Staff

i. Early Head Start Teacher

- a. Child development associate (CDA) credential for Infant and Toddler; or
- b. Comparable credential and have been trained with a focus on infant and toddler development or;
- c. Equivalent coursework in early childhood development with a focus on infant and toddler development that meets or exceeds the CDA within one year of hire as a teacher of infants and toddler.

i. Head Start Pre-K Teachers

- a. A baccalaureate or advanced degree in child development, early childhood education or equivalent coursework;
- ~~b. A baccalaureate or advanced degree and coursework equivalent to a major relating to early childhood education, with experience teaching early childhood education.~~
 - ~~i. The Head Start Program recognizes licenses or certifications that qualify teachers to teach pre-school aged children within the State of Texas ; or~~
 - ~~c. An associate's or baccalaureate degree in any field area with coursework in early childhood education and actively enrolled in a teacher certification program that leads to a license or certification that qualifies the individual to teach pre-school aged children within the State of Texas.~~

i. _____

ii. _____

iii. ~~Pre-K~~ Head Start ~~PreK~~ Teacher Assistants

- a. Child Development Associate (CDA) credential or enrolled in a program to be completed within two years of hire; or
- b. Technical Certificate in Early Childhood Studies or Early Childhood Development that meets or exceeds the requirements for a CDA Credential; or
- c. Associate or baccalaureate degree (in any area) or be actively enrolled in a program that will lead to a degree ~~within two years of hire.~~

*Infants are defined as children between the ages of birth – 17 months and Toddlers are defined as children between the ages of 18 -36 months

ii. Family Support Workers

- a. Associates or baccalaureate degree, equivalent coursework, or related experience; and ~~Must have~~ within eighteen months of hire, ~~at a minimum, a family service credential or certification in social work, human services, family services, counseling, or a related field.~~

E. Health Professionals

- a. Health procedures must only be performed by a licensed or certified health professional.
- b. All mental health consultants must be licensed or certified mental health professionals. Program must use mental health consultants with knowledge of and experience in serving young children and their families.
- c. Staff or consultants who support nutrition services must be registered dietitians or nutritionists with appropriate qualifications.

F. Instructional Coaches

a. Minimum of a baccalaureate degree in early childhood education or a related field.

G. Early Head Start Peer Coach

a. Minimum of a Child Development Associate (CDA) credential for Infant and Toddler; or comparable credential and have been trained with a focus on infant and toddler development or equivalent coursework in early childhood development with a focus on infant and toddler development that meets or exceeds the CDA within one year of hire as a teacher of infants and toddler.



Performance Standard(s):

1302.91(a-d); 1302.92(c-d)

Head Start Act:

HS Act 645A(h); Sec 648 A (a)(1-3)

Commented [C1]: Can you both please look at this? Head Start has it listed as Instructional Coach. I can add Instructional to the title and put PreK Instructional Coach as I am thinking this is only relevant qualification for Head Start Coaches. @Christina Fitzgerald (DHS) @Rhonda Roach (DHS)

Commented [C(2R1)]: @Rhonda Roach (DHS) @Christina Fitzgerald (DHS)

Commented [R(3R1)]: we have a meeting tomorrow to talk about this policy

Commented [R(4R1)]: @Cassandra Farias (DHS) @Christina Fitzgerald (DHS)

Commented [R(5R1)]: Mica - Audrey - Priscilla - seems like someone else - maybe Christina

Commented [C(6R1)]: @Rhonda Roach (DHS) Updated information for EHS Peer Coach. It's the same qualifications as an EHS teacher as we haven't required anything different.

Commented [R(7R1)]: Doesn't Crystal have a baccalaureate degree? Isn't that required by the way they wrote the job description? Maybe we just leave as Instructional Coaches to cover that position and the added G. will cover the CCPs. Thoughts?

Commented [R(8R1)]: @Cassandra Farias (DHS) @Christina Fitzgerald (DHS)

Commented [C(9R1)]: @Rhonda Roach (DHS) Crystal does have a bachelor's degree but the YWCA also changed their title to Instructional Coach so I think the distinction for PreK is good. I've advised both Stafford and YWCA for our program, we will refer to their title as Peer Coaches.



Commented [R(10R1)]: Stafford's is designed and aligned with their HR and their EHS contract is written with an EHS Instructional Coach whereas the CCP contracts are written with Peer Coach language- Still recommend Prek be removed

Commented [R(11R1)]: @Christina Fitzgerald (DHS) @Cassandra Farias (DHS)

Commented [C(12R1)]: @Rhonda Roach (DHS) Pre K removed. just need to be clear with coaches as they introduce themselves as instructional coaches at the YWCA.

Commented [R(13R1)]: Let's add it to the Directors' agenda

Commented [R(14R1)]: @Christina Fitzgerald (DHS)

	DHS Early Head Start Program Policy		
PDM 6			
SUBJECT	Staff Qualifications and Competency Requirements		
REFERENCE	Program Design and Management		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: pending	Governing Body Approval: 9/19/16	Governing Body Revision: pending
PAGE: 1 of 3			

Policy:

The Head Start Program, including Early Head Start (EHS), will ensure all staff, including substitutes consultants, and contractors meet the following criteria and have sufficient knowledge, training, and experience, and must provide ongoing training and professional development to fulfill their roles and responsibilities:

A. City of San Antonio Department of Human Services (DHS) Head Start Administrator

- i. At a minimum, a baccalaureate degree if hired after November 7, 2016;
- ii. Experience in supervision of staff, fiscal management, and administration.

B. City of San Antonio DHS Fiscal Administrator

- i. Certified Public Accountant; or at a minimum, a baccalaureate degree in accounting, business, fiscal management, or a related field;

C. Child and Family Services Management Staff

i. Family, Health, and Disabilities Manager

- I. At a minimum, a baccalaureate degree, preferably related to one or more of the disciplines they oversee.

II. Education Manager-

- a. A baccalaureate or advanced degree in early childhood education; or
- b. A baccalaureate or advanced degree and equivalent coursework in early childhood education with early education teaching experience

D. Child and Family Services Staff

i. Early Head Start Teacher

- a. Child development associate (CDA) credential for Infant and Toddler; or
- b. Comparable credential and have been trained with a focus on infant and toddler development or;
- c. Equivalent coursework in early childhood development with a focus on infant and toddler development that meets or exceeds the CDA within one year of hire as a teacher of infants and toddler.

ii. Head Start Pre-K Teachers

- a. A baccalaureate or advanced degree in child development, early childhood education or equivalent coursework;
- b. A baccalaureate or advanced degree and coursework equivalent to a major relating to early childhood education, with experience teaching early childhood education.
 - I. The Head Start Program recognizes licenses or certifications that qualify teachers to teach pre-school aged children within the State of Texas ; or
- c. An associate's or baccalaureate degree in any field with coursework in early childhood education and actively enrolled in a teacher certification program that leads to a license or certification that qualifies the individual to teach pre-school aged children within the State of Texas.

iii. Head Start PreK Teacher Assistants

- a. Child Development Associate (CDA) credential or enrolled in a program to be completed within two years of hire; or
- b. Technical Certificate in Early Childhood Studies or Early Childhood Development that meets or exceeds the requirements for a CDA Credential; or
- c. Associate or baccalaureate degree (in any area) or be actively enrolled in a program that will lead to a degree.

*Infants are defined as children between the ages of birth – 17 months and Toddlers are defined as children between the ages of 18 -36 months

iv. Family Support Workers

- a. Associates or baccalaureate degree, equivalent coursework, or related experience; and within eighteen months of hire a family service

E. Health Professionals

- a. Health procedures must only be performed by a licensed or certified health professional.
- b. All mental health consultants must be licensed or certified mental health professionals. Program must use mental health consultants with knowledge of and experience in serving young children and their families.
- c. Staff or consultants who support nutrition services must be registered dietitians or

nutritionists with appropriate qualifications.

F. Instructional Coaches

- a. Minimum of a baccalaureate degree in early childhood education or a related field.

G. Early Head Start Peer Coach



- a. Minimum of a Child Development Associate (CDA) credential for Infant and Toddler; or comparable credential and have been trained with a focus on infant and toddler development or equivalent coursework in early childhood development with a focus on infant and toddler development that meets or exceeds the CDA within one year of hire as a teacher of infants and toddler.

Performance Standard(s):

1302.91(a-d); 1302.92(c-d)

Head Start Act:

HS Act 645A(h); Sec 648 A (a)(1-3)

	DHS Early Head Start Program Policy		
PDM 10			
SUBJECT	Personnel		
REFERENCE	Program Design and Management		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: 4/23/24	Governing Body Approval: 9/19/16	Governing Body Revision: 5/16/24
PAGE: 1 of 2			

Policy:

The Head Start Program, including Early Head Start (EHS), and Education Service Providers will abide by their internal agency personnel policies and procedures which must meet or exceed applicable requirements including Head Start regulations as well as local, state, and federal laws.

The City of San Antonio Head Start Program personnel policies must be approved by the Governing Board, or the designated Advisory Committee, and Policy Council and must be available to all staff. The Head Start Policy Council will approve decisions regarding the hiring, evaluation, compensation, and termination of the Executive Director, Head Start Director, and any other person in an equivalent position within the Head Start Program employment of program staff as stated in paragraph 1(E)(iv)(IX) of the Head Start Act. ~~regarding the hiring, evaluation, compensation, and termination of the Executive Director, Head Start Director, and any other person in an equivalent position within the Head Start Program.~~

The Head Start Program collaborates with the City of San Antonio's Human Resources Department to ensure all newly hired City staff complete the required criminal background checks prior to employment. According to the City of San Antonio's Administrative Directive (AD) 4.55, the City conducts Criminal Background Checks (CBC) as part of the initial employment process and applies to volunteers and interns.

Head Start Program and Education Service Provider Background Check Requirements:

- a. Before a person is hired, directly or through a contract, including transportation staff and contractors, the Head Start Program and Education Service Providers must conduct an interview, verify references, conduct a sex offender registry check and obtain one of the following:
 - i. State or tribal criminal history records, including fingerprint checks; or,
 - ii. Federal Bureau of Investigation criminal history records, including fingerprint checks.

- b. A program has 90 days after an employee is hired to complete the background check process by obtaining:
 - i. Whichever check listed in paragraph (a) of this section was not obtained prior to the date of hire; and,
 - ii. Child abuse and neglect state registry check, if available.
- c. A program must review the information found in each employment application and complete background check to assess the relevancy of any issue uncovered by the complete background check.
- d. A program must ensure a newly hired employee, consultant, or contractor does not have unsupervised access to children until the background check process is complete.
- e. A program must conduct the complete background check for each employee, consultant, or contractor at least once every five years and must include each of the four checks listed above.
- f. A program must provide new hire(s) start date, criminal background check date and teaching credentials to the assigned DHS Early Head Start staff member according to the City of the San Antonio Benchmark Due Date Guide.

Staff who has direct contact with children will abide by Department of Health and Human Services Commission Child Care Regulation requirements, whichever is most stringent.

The Head Start Program will consider current and former program parents for employment vacancies for which such parents apply and are qualified.

Performance Standard(s):



1302.90(a-b)

Head Start Act:

642(c)(1)(E)(iv)(V)(cc); 642(c)(1)(E)(IX); 642(c)(2)(D)(vi)

City of San Antonio Administrative Directive (AD):

4.55 Background Checks/Reporting Arrests, Indictments and Convictions

	DHS Early Head Start Program Policy		
PDM 10			
SUBJECT	Personnel		
REFERENCE	Program Design and Management		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: pending	Governing Body Approval: 9/19/16	Governing Body Revision: pending
PAGE: 1 of 2			

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 - i. State or tribal criminal history records, including fingerprint checks; or,
 - ii. Federal Bureau of Investigation criminal history records, including fingerprint checks.

- b. A program has 90 days after an employee is hired to complete the background check process by obtaining:
 - i. Whichever check listed in paragraph (a) of this section was not obtained prior to the date of hire; and,
 - ii. Child abuse and neglect state registry check, if available.
- c. A program must review the information found in each employment application and complete background check to assess the relevancy of any issue uncovered by the complete background check.
- d. A program must ensure a newly hired employee, consultant, or contractor does not have unsupervised access to children until the background check process is complete.
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Performance Standard(s):



1302.90(a-b)

Head Start Act:

642(c)(1)(E)(iv)(V)(cc); 642(c)(1)(E)(IX); 642(c)(2)(D)(vi)

City of San Antonio Administrative Directive (AD):

4.55 Background Checks/Reporting Arrests, Indictments and Convictions

	DHS Early Head Start Program Policy		
PDM 11			
SUBJECT	Program Governance		
REFERENCE	Program Design and Management		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: 4/23/24	Governing Body Approval: 9/19/16	Governing Body Revision: 5/16/24
PAGE: 1 of 1			

Policy:

The Head Start Program, including Early Head Start (EHS), has established a formal structure for program governance that includes the City of San Antonio City Council as the Governing Body, and the Head Start Policy Council. City Council has the legal and fiscal responsibility to administer and oversee the Head Start and Early Head Start programs and has authorized a subcommittee to oversee key responsibilities related to program governance and improvements of the Head Start programs. The Head Start Policy Council allows for parent participation in policy making and other decisions about the program, as required by the Head Start Program Performance Standards and Section 642 (c) of the Head Start act.

The Head Start Program must provide appropriate training and technical assistance to include orientation to the governing body, advisory committee, and policy council. The training must include review of program performance standards, program governance and eligibility verification indicated in 1302.12(m). This is to ensure the ~~staff and~~ governing body members understand the information and can effectively oversee the direction of the Head Start Program.

The City of San Antonio Head Start Program will develop and implement procedures related to information reported to the Head Start Policy Council (HSPC) and program governance advisory committees.



In addition, the Head Start Program will establish parent committees exclusively of parents of currently enrolled children to advise staff and communicate with the Policy Council.

Performance Standard:

1301

Head Start Act:

Sec. 642(c)(1)(E)(iv)(XI) and Sec. 642 (c) (2)

	DHS Early Head Start Program Policy		
PDM 11			
SUBJECT	Program Governance		
REFERENCE	Program Design and Management		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/26/16	Policy Council Revision: pending	Governing Body Approval: 9/19/16	Governing Body Revision: pending
PAGE: 1 of 1			

Policy:

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The Head Start Program must provide appropriate training and technical assistance to include orientation to the governing body, advisory committee, and policy council. The training must include review of program performance standards, program governance and eligibility verification indicated in 1302.12(m). This is to ensure the governing body members understand the information and can effectively oversee the direction of the Head Start Program.

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In addition, the Head Start Program will establish parent committees exclusively of parents of currently enrolled children to advise staff and communicate with the Policy Council.

Performance Standard:

1301

Head Start Act:

Sec. 642(c)(1)(E)(iv)(XI) and Sec. 642 (c) (2)

	DHS Early Head Start Program Policy		
PDM 16			
SUBJECT	Staff Safety Training		
REFERENCE	Program Design and Management		
EFFECTIVE	8/1/2017		
Policy Council Approval: 7/25/17	Policy Council Revision: 7/25/17	Governing Body Approval: 9/28/17	Governing Body Revision: 9/28/17
PAGE: 1 of 1			

Policy:



All Head Start Program staff, including Early Head Start (EHS), must receive an initial **safety** orientation within three months 90-days of hire, ~~on an annual basis, and annual/ongoing training in all State, local, Tribal, Federal and program developed health and safety requirements to ensure the safety of children, families, and staff. and/or as required by issuing entity.~~ Head Start Program including ~~at the Head Start Grant Recipient, Services Providers, and~~ contractors, will develop and implement procedures to ensure safety training requirements are met and documented as appropriate based on staff roles.

At a minimum, safety training will include:

- The prevention and control of infectious diseases;
- Prevention of sudden infant death syndrome and use of safe sleeping practices;
- Administration of medication, consistent with standards for parental consent;
- Prevention and response to emergencies due to food and allergic reactions;
- Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic;
- Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
- Emergency preparedness and response planning for emergencies;
- Handling and storage of hazardous materials and the appropriate disposal of bio- contaminants;
- Appropriate precautions in transporting children, if applicable;
- First aid and cardiopulmonary resuscitation; and,
- Recognition and reporting of child abuse and neglect.

Performance Standards:

1302.47(4); ~~1302.47(5)(i)~~

	DHS Early Head Start Program Policy		
PDM 16			
SUBJECT	Staff Safety Training		
REFERENCE	Program Design and Management		
EFFECTIVE	8/1/2017		
Policy Council Approval: 7/25/17	Policy Council Revision: pending	Governing Body Approval: 9/28/17	Governing Body Revision: pending
PAGE: 1 of 1			

Policy:



All Head Start Program staff, including Early Head Start (EHS), must receive an initial orientation within three months of hire, and annual/ongoing training in all State, local, Tribal, Federal and program developed health and safety requirements to ensure the safety of children, families, and staff. . Head Start Program including the Head Start Grant Recipient, Services Providers, and contractors, will develop and implement procedures to ensure safety training requirements are met and documented as appropriate based on staff roles.

At a minimum, safety training will include:

- The prevention and control of infectious diseases;
- Prevention of sudden infant death syndrome and use of safe sleeping practices;
- Administration of medication, consistent with standards for parental consent;
- Prevention and response to emergencies due to food and allergic reactions;
- Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic;
- Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
- Emergency preparedness and response planning for emergencies;
- Handling and storage of hazardous materials and the appropriate disposal of bio- contaminants;
- Appropriate precautions in transporting children, if applicable;
- First aid and cardiopulmonary resuscitation; and,
- Recognition and reporting of child abuse and neglect.

Performance Standards:

1302.47(4);)

	DHS Early Head Start Program Policy		
WELLNESS SUPPORT SERVICES 1			
SUBJECT	Identification and Intervention through Wellness Support Services		
REFERENCE	Mental Health		
EFFECTIVE	10/1/2020		
Policy Council Approval: 7/26/16	Policy Council Revision: 5/23/23	Governing Body Approval: 9/19/16	Governing Body Revision: 6/15/23
PAGE: 1 of 2			

Policy:

The Early Head Start Program will develop and implement procedures that a-support a program-wide culture of that promotes promoting mental health, social emotional well-being, and overall health and safety that includes for the identification and the effective-the provision of mental health services to Early Head Start children, their family members, and to Early Head Start staff. in need of wellness supports through the program's Wellness Support Services.

Wellness ServicesSupport Supportservices will be provided by qualified-licensed mental health professionals^{ss} and consultants with experience in early childhood social-emotional development and in the provision of mental health services to young children, their families, and staff.

Wellness Sservices are provided by a licensed mental health professional or by a qualified mental health professional who works under the supervision of a licensed mental health professional, Early Head Start mental health professionals, including consultants, and other designated staff. Wellness Support Sservices may include consultations or individualized wellness-support services promoting the social-emotional development of children, family members and staff by implementing practices from a research based tiered approach at the following levels: -that are provided by a licensed mental health professional or by a qualified mental health professional who works under the supervision of a licensed mental health professional,

Early Head Start licensed mental health professionals, including behavior coaches/consultants, and other designated staff, will support the social-emotional development of children and the wellness of family members and staff by implementing providing education and servicespractices from a research based tiered approach at the following levels:

Foundation – Effective Workforce

The Early Head Start Program will provide training and supports to staff to promote staff well-being so that they are able to cultivate supportive and caring relationships with children and families. services to children, families and staff in need of assistance. Emphasis will be placed on-

~~the provision of training and supports to staff to promote staff well-being so that they are able to cultivate supportive and caring relationships with children and families.~~

Tier I: Promotion - Nurturing and Responsive Relationships and High-Quality Supportive Environments

~~The Early Head Start program will promote the positive social-emotional development of all children by creating and implementing an approach that focuses on positive and nurturing relationships between staff, children, and parents/guardians.~~
The Early Head Start program will promote the social-emotional development of all children by implementing an approach that focuses on nurturing and responsive relationships including relationships between staff, children, and parents/guardians.

The EHS program will provide staff with training and support to create inclusive and supportive classroom environments for learning and development. Opportunities will also be provided to parents/guardians to create supportive home environments for children and families.-

Tier II: Prevention - Targeted Social-Emotional Supports

The Early Head Start program will ~~support~~~~promote~~ the ~~positive~~ social-emotional development of identified children by providing through parent and teacher consultations and individualized wellness support services to prevent behavior concerns.

Consultation and wellness support services will include developmentally appropriate strategies that support self-regulation, expressing and understanding emotions, developing social relationships and problem-solving.

The Early Head Start Program will develop and implement a system to document, report and track referrals, consultations, and observations for targeted wellness supports.

~~-education, classroom observations and teacher consultations to impact effective strategies that promote wellness.~~

Tier III: Individualized Intervention

The Early Head Start program will respond to children, family members and staff in need of individualized interventions by providing consultation and wellness support services that may include, referrals to community providers or direct intervention services.

The Early Head Start Program will develop and implement a system to document, report and track referrals, consultations and observations for intensive interventions. ~~The Early Head Start program will ensure compliance with all confidentiality policies, as required by law, including when documenting services, referrals and follow-up provided in all data management systems utilized by the Head Start program.~~



The Early Head Start Program will develop and implement a system to respond to mental health emergencies.

The Early Head Start program will ensure compliance with all confidentiality policies, as required by law, including when documenting services, referrals and follow-up provided in all data management systems utilized by the Head Start program.

All mental health documentation must be entered according to the *City of San Antonio Data Entry & Benchmark Due Date Guide*.

Performance Standard:

1302.45; 1302.46

	DHS Early Head Start Program Policy		
WELLNESS SUPPORT SERVICES 1			
SUBJECT	Identification and Intervention through Wellness Support Services		
REFERENCE	Mental Health		
EFFECTIVE	10/1/2020		
Policy Council Approval: 7/26/16	Policy Council Revision: pending	Governing Body Approval: 9/19/16	Governing Body Revision: pending
PAGE: 1 of 2			

Policy:

The Early Head Start Program will develop and implement procedures that support a program-wide culture of promoting mental health, social emotional well-being, and overall health and safety that includes identification and the provision of mental health services to Early Head Start children, their family members, and to Early Head Start staff.

Wellness Services will be provided by qualified mental health professionals and consultants with experience in early childhood social-emotional development and in the provision of mental health services to young children, their families, and staff.

Wellness Services may include consultations or individualized support promoting the social-emotional development of children, family members and staff by implementing practices from a research based tiered approach at the following levels:

Foundation – Effective Workforce

The Early Head Start Program will provide training and supports to staff to promote staff well-being so that they are able to cultivate supportive and caring relationships with children and families.

Tier I: Promotion - Nurturing and Responsive Relationships and High-Quality Environments

The Early Head Start program will promote the social-emotional development of all children by implementing an approach that focuses on nurturing and responsive relationships including relationships between staff, children, and parents/guardians.

The EHS program will provide staff with training and support to create inclusive and supportive classroom environments for learning and development. Opportunities will also be provided to parents/guardians to create supportive home environments for children and families.

Tier II: Prevention - Targeted Social-Emotional Supports

The Early Head Start program will support the social-emotional development of identified children by providing parent and teacher consultations and individualized wellness support services to prevent behavior concerns.

Consultation and wellness support services will include developmentally appropriate strategies that support self-regulation, expressing and understanding emotions, developing social relationships and problem-solving.

The Early Head Start Program will develop and implement a system to document, report and track referrals, consultations, and observations for targeted wellness supports.

Tier III: Individualized Intervention

The Early Head Start program will respond to children, family members and staff in need of individualized interventions by providing consultation and wellness support services that may include referrals to community providers or direct intervention services.

The Early Head Start Program will develop and implement a system to document, report and track referrals, consultations, and observations for intensive interventions.

The Early Head Start Program will develop and implement a system to respond to mental health emergencies.

The Early Head Start program will ensure compliance with all confidentiality policies, as required by law, including when documenting services, referrals and follow-up provided in all data management systems utilized by the Head Start program. All mental health documentation must be entered according to the *City of San Antonio Data Entry & Benchmark Due Date Guide*.

Performance Standard:

1302.45; 1302.46