

Early Head Start – Child Care Partnerships—Comprehensive Services
Part II: Health, Mental Health, Nutrition, and Disabilities
March 25, 2014

Tricia Haley: Hi, everyone. This is the Administration for Children and Families again. We're here in the Central Office. Thanks again for joining our webinar today.

Just a few quick logistical announcements and then I will pass it onto Sharon Yandian, the Director of the Office of Head Start's Technical Assistance Division.

First of all, you might have noticed that your line is muted. All participant lines are muted throughout the webinar to avoid the distraction of background noise.

If you have questions throughout the course of the webinar, you should feel free to type them into your question box. Please note that we won't actually be addressing questions live on today's webinar, but we will be passing them on to our policy team for review so they know what kinds of questions are coming in from the field.

Our registration for the webinar was higher than the webinar capacity, so there may be some folks who can't get on, although it does look like we're doing okay in terms of registration numbers.

But if there's anyone that you know who couldn't attend or couldn't get onto the webinar, we will be posting the audio, the transcript, and the slides from this webinar on line within 1 week, and we'll make sure that we distribute that link to those and other resources widely.

Finally, I will mention again that the slides are not yet available because it's a question that we always, always get, but we will have them available on line with a week.

And with that, I will hand it over to Sharon Yandian, TA Director for the Office of Head Start.

Sharon Yandian: Thanks so much, Tricia.

Well, I want to welcome everyone to the fourth in a series of webinars that have been organized to give background and context for all stakeholders who may be interested in applying for the upcoming Early Head Start – Child Care Partnerships grant.

As Tricia said, I'm Sharon Yandian, the Director of Technical Assistance at the Office of Head Start. I'm here with my colleague as well, Ginny

Gipp, the TA Division Director at Office of Child Care, who you'll be hearing from a little bit later in the webinar.

Before I introduce the presenters, I want to talk briefly about the Early Head Start – Child Care Partnerships. As you know, this is a new \$500 million competitive grant opportunity to support the partnership between new or existing Early Head Start programs and child care providers.

We at the Office of Child Care and Office of Head Start are excited about the President's initiative for expanding high-quality comprehensive early learning opportunities and services for the most vulnerable young infants and toddlers and their families.

It's going to allow us to reach a lot more young children and their families in communities all around the country. It's also giving us an amazing opportunity to collaborate more fully across our Federal offices, in this case the Office of Head Start and the Office of Child Care.

In the next 1½ hours, you're going to hear just a little bit about health, mental health, nutrition, and disability services. I wanted to first say you'll hear from Marco Beltran, who is our Lead Health Specialist at the Office of Head Start. He's going to be telling you a little bit about how health is the foundation of school readiness and all development and learning. There's a lot to cover, so you're going to have to hold on.

He's anchored his presentation in the performance standards, which is what is required, and it's important as applicants consider what will need to be in place to support all children, including children with disabilities.

We're also going to hear from Tatiana Tucker, who is a Program Specialist at the Office of Child Care, and she's going to highlight CCDF health and safety requirements, the Office of Child Care quality framework, and discuss the role that child care health consultants can play in comprehensive services that are linked to health.

So with that, I want to turn it over to Marco to get us started.

Marco Beltran:

Good afternoon, or good morning for some of you. But first, I want to start off by laying the foundation and providing you with the vision for health services in our programs.

School readiness is defined by the Office of Head Start as children are ready for school, families are ready to support their children's learning, and schools are ready for children. Research shows that what happens in the 1st months and years of life is critical to healthy child development, and a well-developed child is ready and eager to learn.

Head Start believes that health is foundational to school readiness because a child's health status, which includes the child's physical, nutritional, oral, and mental health, affects his or her ability to listen attentively, to be engaged in learning activities, and to focus on acquiring language and motor skills.

As you know, early childhood is a time of rapid growth. Young children develop at different rates, and that is why comprehensive health services are so important to us at Head Start because we know that when children have ongoing care and can access immediate care when needed, they miss fewer days of school and are more likely to return fast, allowing more time to develop relationships and to form attachments.

The objectives of this presentation are to provide you with an overview of the comprehensive health services that Head Start programs deliver to both children and families. Although we will not cover all the performance standards, we will share with you some of the key standards that programs must address in the areas of health, mental health, nutrition, and disability.

In addition, my colleague, Tatiana, will provide you with information related to the Child Care and Development Fund, identify the health and safety requirements of CCDF, and talk about the roles of child care health enforcement.

The Head Start performance standards are the national regulations for Head Start grantees and delegate agencies. These standards require a comprehensive health program that includes the determination of a child's current health status and screening for developmental, sensory, and behavioral concerns; assist families in providing ongoing health care; monitor health and safety issues; provide nutrition services, individualized to each child; provide mental health consultation or disability services if needed; and communication between staff and parents.

This is not an exhaustive list, but I think it highlights many of the major activities within our standards.

In a nutshell, I think the standards allow for our programs to ensure that all children are healthy and ready for school; that children have an ongoing source of continuous successful medical and dental care; and that standards allow for classrooms to integrate physical activity, hygiene, nutrition, and general health practices and, equally as important, to fully engage parents in the classroom and the decisionmaking.

So now, we're going to kind of set the stage for the health services within our program.

This timeline was part of earlier guidance, when the performance standards were first introduced, and was something I used in developing

my health services plans for all of us working in the program. I find the timeline very useful because it highlights the major health-related activities that take place during a program year.

Although I highlighted the 45 days, I also wanted to draw your attention to the application process—the first step of the timeline.

Many Head Start programs conduct what is called an initial health interview during the application process. The initial interview is a time for Head Start staff, primarily the family service worker and/or health aids and/or whatever model they're using, to fully discuss the array of medical, dental, nutrition, and mental health services available to children. It is also the time when parents complete the child's health history and discuss any health-related concerns.

During this interview, staff emphasize the shared responsibility between parents and the Head Start program for maintaining the healthy environment for children to grow and develop.

In the next several slides, I will be addressing the screening requirements, which must take place within 45 days. So as it relates to screenings, all programs must screen for developmental, sensory, and behavioral concerns within 45 days of a child's entry into the program. This means that the program must identify concerns regarding the child's development; sensory, which includes visual and auditory; behavioral; motor; language; social; cognitive; perceptual; and emotional skills.

Programs must perform or obtain linguistically and age appropriate screening procedures. Once children have been screened, programs must obtain direct guidance from a mental health and development professional on how to use these findings to address identified needs.

To get a full picture of a child's development and behavior, programs must also grab their information from multiple sources, such as family members, teachers, and other relevant staff familiar with the child's physical development and/or behavior.

It is important to know that these screening procedures must be accomplished in collaboration with parents and be sensitive to the child's cultural background.

So outside of the fact that we have to screen children because it's in our performance standards, why do we screen? Screening can help us catch problems early so that we can refer children for further assessment and possibly special services, treatment, or other resources that can help children overcome these problems.

A developmental delay, whether it is cognitive, social, behavioral, or physical, can have a serious impact on early learning. If we find out early, we can help start supportive services to help children continue to learn and grow, rather than fall far behind.

Hearing and vision screenings are included because of the strong impact that they have on learning in the first 2 years. One to three children in every one-thousand are born with some level of hearing loss. In addition, children may have conditions that impact their hearing but cannot be treated.

Although the numbers vary from community to community, in some areas, as much as 30 percent of the children have reoccurring ear infections. Chronically occurring ear infections can impact the child's ability to understand and learn language and to interact with other children. It can be so painful that it's difficult to play, pay attention, and learn new things.

As much as 5 percent of our children under age 5 have vision problems that can impact their learning. The longer this goes unidentified, the more details of their life a child will have missed seeing, such as shapes, letters, numbers, and colors, and the further behind she will be. But through screening, we may be able to obtain glasses that could fix her vision, which is a simple fix to help her get the most out of her early learning experiences.

As I mentioned, Head Start programs' approach to screening includes getting information from the people who know the child best—the family, the teacher, the caregiver—or whoever has been working with the child. If a child has not slept well, has health conditions, takes medications that may impact her energy level, or is hungry or in pain, she may not demonstrate her full range of skills, abilities, and knowledge.

For example, Monday morning, when a child arrives after a stressful weekend because of fighting parents, the lack of food, or living in an unstable setting, may not be the best time to get an accurate picture of her ability.

Giving the child a day or two to get back into the Head Start routine may make a difference in the accuracy of the screening. As mentioned earlier, it is important to be sure that each screening instrument you use has been reviewed for its accuracy with the families in your community.

You will notice a link on this slide, or at the bottom of the slide I should say. This link will take you to an initiative between the Departments of Health and Human Services and Education called Birth To 5: Watch Me Thrive!, and it highlights the importance of universal developmental and behavioral screening.

If you follow the link, you will find a compendium of State research screening tools, users' guides for multiple audiences, a toolkit of informational resources, and tip sheets and guidance on finding help at the local level. This particular link will go active on Thursday the 27th at 2:00 p.m. eastern time. You can see that I love this timetable because—or the timeline—because I'm going to be referring to it.

Going back to our timeline, the next several slides are related to the health requirements, which must take place within 90 days of a child's entry into the program. So no later than 90 calendar days from a child's entry, programs must collaborate with the parents to determine if each child has an ongoing source of continuous accessible health care, both medical and dental. If the child doesn't, then the program is to assist the parents in accessing a source of care.

In addition, the program must obtain from a health care professional a determination as to whether the child is up to date on a schedule of age-appropriate preventative and primary health care.

Such as schedule must incorporate the requirements for a well-child care utilized by the early period—EPSDT, to make it easier on myself; the program of the State's Medicaid agency; the latest immunization recommendations issued by the Centers for Disease Control and Prevention; as well as any additional recommendations from the local health service advisory committee that are based on prevalent community health problems.

The health service advisory committee is a committee of health professional staff and parents identified by the Head Start program to better inform health services. For children who are not up to date on an age-appropriate schedule of well-child care, programs must assist parents in making the necessary arrangements to bring the child up to date.

And lastly, for those children who are up to date, programs must ensure that they continue to be up to date on the schedule of well-child care.

On one level, determining the child's health status can seem extremely overwhelming. But for some reason, this is one of the standards that our Head Start programs are doing at about 97 percent. So it's something that our programs do well.

An EPSDT well-child exam may include screening; a comprehensive health and developmental history; a review of height, weight, and other nutrition-related assessments; a physical exam; laboratory tests based on the child's age, such as lead screening and hemoglobin, hematocrit, and blood count; and any age-appropriate immunizations, as mentioned on the previous slide. Immunizations are based on the recommendations from CDC as well as State and local authorities.

So I know this slide is a little hard to see, but I wanted to provide you with the recommendations for preventative pediatric health care, and the link to this chart will be provided in the resource section at the end of the presentation. What I wanted to highlight in this slide is the difference in the number of encounters that must take place for children under age 3.

Many of our programs that serve children under age 3 often underbudget health services because they think that children will be covered by Medicaid and/or their local resources will be available to provide these services to them, and that is not the case necessarily, especially in some areas with great need.

So it's important to really think about the number of encounters that a child under age 3 has to engage in with the provider. Head Start programs are the parents of last resort, so we have to make sure that we budget properly and accommodate some of the services for the children who might not have insurance or might not be able to get the services that we think they should be getting in a timely manner.

Followup and tracking standards [can prove difficult for] our programs because in order to obtain further testing and/or followup with needed treatment, we must engage and/or partner with parents, and this seems to be a struggle for many of our programs.

A lot of our programs engage and/or find it easier to send a note or provide a letter saying please get this particular treatment taken care of and don't engage and build those relationships that are needed, and that is a piece that really gets our programs in health in trouble.

Another piece related to tracking standards that makes it really difficult for a program is oral health services, especially for the 0 to 3 population. It is difficult first to identify a pediatric dentist and then it's also difficult to identify a pediatric dentist who's willing to see a child who's under age 3.

So these particular things kind of coincide and make it difficult for these services and the followup services you're having.

So once a child is screened and has the medical and dental home, Head Start programs continue to provide observations, identify new health concerns, follow up on existing health concerns, and coordinate any necessary treatment.

Programs can assess a child's ongoing health needs based on a number of sources: the initial health assessment interview, as mentioned during the application process; family partnership agreement, which may outline the parents' roles for the child; a daily health check that's conducted by

classroom staff; or any health concern that develops or is identified through our child's enrollment.

A new health concern could be a case of pink eye; a child starting to exhibit disruptive behavior in the classroom; or a child with certain allergies, such as a food allergy that develops.

Through ongoing observation, staff work with parents, primary care providers, and other program staff to develop and revise a sufficient and effective individualized care plan. This tailored approach fosters each individual child's cognitive, social, and emotional development and physical health, preparing the child for school.

Individualization is the key to the philosophy of Head Start. Each child entering is bringing a [ph] unique set of developmental and health needs. Programs must use the information gathered from the developmental sensory behavioral screens, ongoing observations, medical and dental evaluations, treatments provided by licensed health care professionals, and insight from the child's parents to help staff and parents determine how the program can best respond to each child's individual characteristics, strengths, and needs.

So we'll talk more about individualized services for infants and toddlers with disabilities in a bit.

In this particular slide, I just wanted to highlight or wanted to provide you with some demographics related to children with disabilities enrolled in our program. There are over 136,000 children with disabilities enrolled, nearly 12 percent of our Head Start enrollment, and over 21,000 are identified as infants and toddlers who are enrolled in our program.

As far as the performance standards, programs must develop a disability service plan that provides strategies to meet the needs of our enrolled children with disabilities and their parents.

The purpose of this plan is to ensure that all components of Head Start are appropriately involved with the integration of children with disabilities and their parents and that resources are used effectively.

Families with infants and toddlers suspected of having a disability are promptly referred to the local early intervention agency to coordinate any needed evaluations; determine eligibility for services; and coordinate the development of an IFSP, or individualized family service plan.

To support the individualization of services for children with disabilities, programs must ensure that services for infant and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the IFSP, in the individualized family service plan, and that

programs support the parents' participation in the IFSP development and evaluation process.

In addition to what's listed on the slide, the plan must be updated annually and needs to be a working document, which guides all aspects of the program's efforts to serve children with disabilities. The plan must also take into account the needs of the children for small-group activities, any modification of large-group activities, and any individually tailored services.

As part of the Head Start Act, at least 10 percent of our Head Start enrollment is for children to be determined as eligible for services under the Individuals with Disabilities Education Act, IDEA. The children included in the 10 percent are children who have been evaluated and determined eligible for services, not children who have failed the screening or are suspected of having a disability.

From what you saw earlier, Head Start has met that requirement with 12 percent of enrollment for children with disabilities. As mentioned, children's need for early intervention, special education, or related services are identified promptly in coordination with the local early, underage agency responsible for implementing IDEA. These services are included in the child's IFS[P] rating.

Children with disabilities and their families are included in the full range of Head Start program activities, including being engaged as decisionmakers, receiving information, and assisting in addressing the child's special needs and advocating for the children.

So there are a lot more mental health-related performance standards than the ones listed here. In the next several slides, we will be addressing these standards related to mental health services, but I use these as the key mental health services that I'd like to address.

The Head Start performance standards related to mental health support are a comprehensive approach to a child's well-being.

For example, the standards discuss the importance of promoting children's social and emotional development by building trust; fostering independence; encouraging children's self-control; and respecting the home language, culture, and family composition.

Programs must involve parents by talking with parents about their concerns and their child's mental health and establish the relationship of ongoing communication about the child's identified mental health needs. This particular standard causes some confusion for our programs. So I just kind of wanted to address some of the highlighted pieces. As it relates to

the standards, a regular schedule implies that the schedule is predictable and consistent.

Onsite means that the consultant is spending time in the program, i.e., in the classroom, meeting with staff, on home visits, or meeting with family. This regular onsite schedule ensures that consultants are integrated into the program and can be proactive as well as responsive to concerns.

Whether a crisis occurs, the consultant is known by the families and staff, so he or she is not just some stranger who's being invited to come and speak to the children or family. So ideally, you want to find a mental health consultant who has experience in serving young children and families with low incomes and experience in serving the culture and the community of your program.

Consultants should preferably [have] a long-term commitment to your program and in an approach consistent with the Head Start philosophy and knowledge of the best practices in the field.

So however, a lot of our programs really struggle with this, and mental services that are targeted to specific communities can be hard to find. So the link at the bottom of this page—there you are. The link at the bottom of this page will take you to a number of resources and training modules to help you find an appropriate mental health consultant for your program.

In the next several slides, we'll address some of the nutrition standards. Programs must identify the nutritional needs of children while working with families. In turn, that's a common theme, working with families.

In turn, programs must obtain any relevant nutrition-related assessment data—height, weight, hemoglobin, hematocrit—and programs must obtain information about family eating patterns, including cultural preferences, special dietary requirements for each child, any nutrition-related health problems, and the feeding requirements of infants and toddlers and each child with disabilities.

In particular for infants and toddlers, current feeding schedules and the amounts and types of food provided, including whether breast milk or formula and baby food are used, meal patterns for the child, new foods incorporated, food intolerances and preferences, and observations related to developmental changes and feeding and nutrition. This information must be shared with the parents and updated regularly.

In addition, the program must use information about major community nutritional issues, as identified through the community assessment, the Health Service Advisory Committee, and/or the local health department.

Programs must use funds from USDA food and consumer services child nutrition programs as a primary source of payment for meal services. Staff must then promote effective dental hygiene among children in conjunction with meals, and parents and appropriate community agencies must be involved in planning, implementing, and evaluating the agency's nutritional services.

We get a lot of questions around what effective dental hygiene means, and at the end, you'll see a link, or we'll talk about a link that will take you to our Web site that will give you a lot of examples about how to engage and how to do effective dental hygiene during mealtimes.

In addition, at the bottom, you'll also notice the link will take you to the TABLE Project, which is Taking Action to Build Leadership Excellence. This project was a 3-year demonstration effort to improve Head Start and Early Head Start programs, management, and implementation of the Child and Adult Care Food Program.

So in addition, programs must have a variety of foods that take into consideration the diversity of cultural and ethnic preferences of the children and families served.

Staff must promote effective dental hygiene among children in conjunction with meals. For instance, this could mean using a wet cloth to wipe the gums after feeding. Toddlers are assisted in using a pea-sized amount of fluoride toothpaste for tooth brushing. This has been a policy nightmare, describing what a pea-sized amount of fluoride or toothpaste looks like. So we have on our Web site pictures that indicate the difference between the smear and the pea-sized amount of fluoride for your health.

Finally, parents and appropriate community agencies must be involved in planning, implementing, and evaluating the agency's nutritional [inaudible].

So in addition, programs must ensure that nutritional services in center-based settings contribute to the development and socialization of enrolled children by providing that food is not used as punishment or reward, and we find that happens quite a bit; that each child is encouraged, but not forced, to eat or taste his or her food; that sufficient time is allowed for each child to eat; that classroom staff, including volunteers, eat together family-style and share the same menu to the extent possible. There's a lot of misunderstanding around what family-style meals are, but the link that's at the bottom of the page will give you a nice description of family-style meals and how to engage in them.

The other thing that's really interesting, and this is the comprehensive nature of our program, is that mealtime is also an opportunity for staff to engage with children, and it's one of those things that we struggle with

sometimes because we think that it's an opportunity for children to eat, and nobody wants to talk.

And mealtime is not about that, but it gives us an opportunity to really foster individualization, to really look at language, and to help develop some of the socialization skills—you know, it's a really nice, contained time where this can happen and I just think it's a missed opportunity that we don't really take advantage of.

In addition, outside of the meals, the family-style meals, infants need to be held while being fed and are not laid down to sleep with a bottle.

Medically based diets and/or other dietary requirements are accommodated, and as developmentally appropriate, the opportunities are provided for the involvement of children in food-related activities.

And I know that a lot of people are going to struggle with that last piece, largely because from a child development perspective, a lot of people don't think it's appropriate for children to play with food or do anything like that.

So engaging children with food sometimes involves that playing aspect, and so it's really important that people don't forget that there is a standard that relates to giving children that opportunity.

As it relates to food and safety sanitation, programs must post evidence of compliance with all applicable Federal, State, Tribal, and local food safety and sanitation laws, including those related to storage, preparation, the service of food, and the health of food handlers.

In addition, agencies must contract only with food service vendors that are licensed in accordance with State, Tribal, or local law. And for programs serving infants and toddlers, facilities must be available for the proper storage and handling of breast milk and formula.

I think I missed earlier that involving parents is the same, and the next, or the upcoming, comprehensive part III webinar that's going to be held is going to have a big emphasis on engaging parents. So as I mentioned earlier, involving parents in health services is important, not just because it's in our standards, but rather the partnership that we have with families is the foundation of everything that we do right.

So as the programs work hard to ensure that appropriate health services are being provided, they must ensure that they consult with the parents immediately when a child's health or developmental problems are suspected or identified. They familiarize and educate parents on the importance of health and developmental procedures administered through the program.

For procedures provided through the program, such as vision and hearing, programs must obtain advance parent or guardian authorization for these procedures, and they must ensure that the results of the diagnostic and treatment procedures and ongoing care are shared with and understood by the parents.

In addition, they have to assist parents in enrolling and participating in a system of ongoing family health care and to encourage parents to be active partners in their children's health care process. In the next three or four slides, we want to address the health and safety standards.

A primary right of every child in Head Start is to learn in a healthy and safe environment. Health and safety standards mandate that programs establish policies and procedures for preventing injuries on site; notifying parents in case of an emergency, medical or dental emergency; having staff able to provide rapid response, such as to asthma attacks and/or choking; handling suspected cases of child abuse and neglect; dealing with communicable diseases; promoting hygiene and hand-washing; and administering medication.

In addition, because teachers of young children are considered mandated reporters, all Head Start programs must have procedures in place on how to report any suspected case of abuse or neglect—either outside or inside, on site or at home.

In terms of injury prevention, and because children learn by exploring their environment, classroom and playgrounds must be designed to promote exploration and safety, particularly for infants and toddlers who explore by crawling and placing objects and/or their fingers in their mouths, and a safe environment is monitored through active supervision. It's free of clutter. It includes developmentally appropriate toys and equipment that is regularly disinfected for communicable diseases, especially with infants and toddlers, who just love to put that stuff in their mouths. It's always nice to have those procedures in place.

It is also essential that every Head Start staff member and volunteer receive ongoing training on safety policies and procedures to effectively implement day-to-day health and safety practices and that parents are aware that staff are trained to intervene in case of an emergency.

To reduce injury, facilities are inspected to ensure safety, outdated or potentially hazardous equipment is removed, and programs should be up to date on consumer products that have been recalled. And all this information is actually found on our Web site, so it's a valuable resource for you. In addition, classroom teachers should conduct daily inspections of the classrooms to ensure a safe environment.

All programs must develop and continue to practice their emergency preparedness plans. These could include fire drills, emergency weather procedures, or other emergencies related to disease outbreaks or community violence.

The Office of Head Start developed an emergency preparedness manual in 2009 that discussed how programs should plan for an emergency. That manual is currently being updated, and a supplement is being developed that takes it one step further and gives programs hands-on interactive tools to use in developing their plans, giving them the opportunity to customize the plans so that they don't have to reinvent the wheel and they can just print it out and [inaudible].

And I wanted to highlight this resource because I know that, although Head Start performance standards are new to some of you, many of you have used and/or your State use *Caring for Our Children* as the basis for the licensing requirement.

This particular resource is side-by-side of the performance standards in *Caring for Our Children, 3rd Edition*, and it gives you an opportunity to look and see what's different. A lot of you might already be engaged, and you're doing—and if you have a child care program, might be engaged in doing—everything that's already required in the performance standards.

So it gives you an opportunity to kind of see, evaluate, and look at what's different or not. And then we specifically highlight those performance standards that are not in *Caring for Our Children*, such as some of the engaging parents stuff—primarily the engaging parents stuff that a lot of our programs struggle with.

So it's a really good resource, and the feedback that we received is that many of our programs or many of the people who have used it, not just at the program, have found it very useful. So although not all content service area managers or coordinators require specific qualifications, they have separate performance standards and highlight expertise and experience as needed for the following purposes.

As it relates to health, health services must be supported by staff or consultants that have training and experience in public health, nursing, health education, maternal and child health, or health administration.

In addition, when a health procedure must be performed, only a licensed certified health professional—must be performed only by a licensed certified health professional, and the agency must ensure that the requirement is followed.

Nutrition services must be supported by staff or consultants who are registered dietitians or nutritionists. Mental health services must be

supported by staff or consultants who are licensed or certified mental health professionals with expertise in serving young children and their families. And disability services must be supported by staff or consultants who have training and expertise in securing and individualizing needed services for children with disabilities.

Content area experts, including all managers, coordinators, or consultants who work with infant and toddler staff need to have the capacity to assist them in appropriately implementing and adapting the services for children from birth to 36 months of age.

And I will now turn it over to Tatiana.

Tatiana Tucker: Thank you, Marco, and hello, everyone. So first, I wanted to give a brief background on the Child Care and Development Fund, or it's known as the CCDF program.

The CCDF program is a Federal program that provides approximately \$5 billion to States, Territories, and Tribes that help low-income working families obtain quality child care to [im]prove the quality and supply of child care for all families.

The CCDF program is jointly funded by the Administration for Children and Families and State governments and provides flexibility for States, Territories, and Tribes that allow for parent choice of a provider through child care subsidies.

Approximately 1.6 million low-income children and families receive child care subsidies per month through a coordinated system with Head Start, preK, and other early childhood programs.

So this is for the Office of Child Care. It's to have more children in low-income families being able to access high-quality child care. CCDF supports this vision by assisting low-income families in obtaining child care so they can go to work or attend some form of training or education. The program also improves the quality of child care and promotes coordination among early care and education programs as well as afterschool programs.

The CCDF program consists of discretionary funding that was authorized under the Child Care and Development Block Grant of 1990 and entitlement funding provided under Section 418 of the Social Security Act.

The Office of Child Care has developed a quality framework for the CCDF programs. As you look at this figure, some important concepts to grasp are that in this framework, quality improvement system-building is what happens on top of the health and safety foundation.

Health and safety is the foundation of quality, ensuring that basic health and safety needs are met through licensing and health and safety standards. On top of this health and safety foundation, there are two pathways for improving quality to ensure that programs and staff are competent in supporting all areas of child development and school readiness.

So first is the pathways to program quality, which includes program quality improvement activities and pathways to professional development, which includes quality improvement of the workforce through professional development systems, workforce initiatives, and training. Together, these are the components toward building an effective system to support children's healthy development and learning.

States, Territories, and Tribes have a responsibility for ensuring the health and safety of children in child care through licensing and/or the establishment of health and safety standards for providers who care for children receiving CCDF funding.

Currently, health and safety standards must be established by lead agencies for all four categories of care, including child care centers, family child care homes, group child care homes, and in-home care providers.

CCDF regulations require each lead agency to have in place State or local requirements [inaudible] to protect the health and safety of children for all providers receiving CCDF funds. These requirements include the prevention and control of infectious diseases, building and physical premises safety, and minimal health and safety training.

Within the CCDF program, 49 States have licensing standards that address the care of infants and toddlers; 43 States currently address the provisions; 43 States require programs/activities specific to infants and toddlers, including nutrition; 44 States currently require equipment and materials specific to infants and toddlers; 23 require primary caregivers for each infant; and 17 currently require specific qualifications for staff.

States, Territories, and Tribes are required to spend at least 4 percent of their CCDF allocation on quality activities.

In addition, Federal appropriations law has targeted portions of CCDF funding for quality improvement, including services for infants and toddlers, school-age child care, and child care resource and referral agency services.

States, Territories, and Tribes undertake a variety of initiatives to improve the availability and quality of child care, including providing scholarships to providers to obtain accreditation and training; providing grants or loans

to help programs meet quality and health and safety standards; hiring health consultants; working with early care and education programs, which I will talk about in my next set of slides; enforcing health and safety requirements; and also hiring infant and toddler specialists.

As I mentioned previously, States, Territories, and Tribes can use CCDF funding to improve the quality of Head Start and child care programs through the use of child care health consultants.

Child care health consultants are health professionals who have received specialized training in child health, child development, and health and safety in child care settings. In 2012 approximately 30 States reported using child care health consultants in child care settings. Child care health consultants and child care staff work together to promote healthy and safe environments for young children.

A child care health consultant can help improve the health and safety of children in child care and Head Start programs by meeting on site with child care providers about health and safety, reviewing health records of children and child care providers, helping to manage the care of children with special health care needs, and identifying children with developmental delays.

In addition to having child care health consultants, there is a vast amount of resources that are available to providers to meet health and safety requirements.

On this slide, these are just two examples of resources that can provide information to meet health and safety requirements. The first example is from Healthy Child Care America, which provides resources and online trainings to early care and education providers on the health and safety of children in and out of home child care.

The second example is from Let's Move! Child Care, which is the First Lady's initiative to combat childhood obesity. This Web site has providers adopt their practices for physical activity and nutrition through interactive online tools and training. For example, recently, Let's Move! Child Care, in partnership with Penn State, has developed online physical activity and nutrition training modules that providers can use to earn CEU credits. Both of these resources can be used in Head Start and child care settings.

Thank you very much for listening, and now I will turn it over to Ginny Gipp.

Ginny Gipp:

Thank you, Tatiana.

Well, you've heard a lot today from both Marco and Tatiana about the Head Start performance standards around health, nutrition, and disabilities

and also around the Child Care and Development Fund health and safety requirements. And they both share some resources.

Here's a slide, which, if you've been on one of these webinars before, may look familiar to you. And this is a slide that has additional resources. The first one is the child care TA slide. The second one is the ECLKC, which is the Early Childhood Learning and Knowledge Center, in Head Start. You can go to either of these places to find many more resources related to these topics.

And also, you can find some of the resources about the webinars, the webinar series, including, in several days or maybe no more than a week, you should find a transcript of this webinar as well as the PowerPoint slides—audio. Okay. The three things are the transcript, the PowerPoint, and the audio.

This slide is from the ECLKC, or the Early Childhood Learning and Knowledge Center. For those of you who work in Head Start or Early Head Start, or in the early care and education field, hopefully you've been to this site.

This is the health page, and when Marco was talking about the pea-sized amount of fluoride to get on a young child's toothbrush, I believe you could probably look for it here.

Marco Beltran: Yeah.

Ginny Gipp: Okay.

Marco Beltran: And anything related. I know that talking about the performance standards can seem extremely overwhelming with the amount of information that was there, but a lot of the stuff that's on here is developed to address a lot of the performance standards.

So you don't have to reinvent the wheel. A lot of examples, forms and other materials, and existing webinars to train staff—that's already available, and that's here. If you search through it, you'll be able to find it, and it'll facilitate your process in getting some of these help pieces related to the performance standards taken care of.

Ginny Gipp: Okay.

Marco Beltran: And these are just a couple more examples that I put together about information and those types of things. We have daily health checks; we have dental forms that can be used. So once again, a lot of materials will help to address all the performance standards if you search through them.

And I just wanted to give you a list of more resources that are available, or a link, and all the links that I identified earlier during the presentation are also listed here. So I just wanted to put them in a place that would be easy for you to use and find.

Ginny Gipp: Okay. Thanks, Marco.

And so Tatiana had referenced the Let's Move! Child Care and the Healthy Child Care America Web sites. Just a quick note on that. Healthy Child Care America is actually co-funded by the Office of Child Care and the Maternal and Child Health Bureau, which is part of the Health Resources and Services Administration—HRSA, which is an agency of the U.S. Department of Health and Human Services.

And we hope you will check out those resources—Healthy Child Care America and then Let's Move. I hope many of you who are running Head Start programs now or Early Head Start programs or have links to any kind of children's activities in the community are using some of these materials.

Tatiana has worked very closely with folks across the country in our Regional Offices here in ACF, and particularly the Office of Child Care, to make sure that these materials are getting out there, and we've seen some really good results; it is, of course, one of the First Lady's important initiatives around early childhood education.

Okay. Now, you need to ask yourself the question; are you planning to apply? If you are planning to apply, then, if you've never applied for a Federal grant before, you want to go to grants.gov, and you'll see the visit there on the site—link at the bottom, and you can find it on the Web sites that we've listed, the two main ones, where to go for more information and resources.

The key thing that you need to know right away is only the applicant organization needs to register. If you are thinking of being a partner organization, you do not need to register. That is the applicant organization's job. Start early. The registration process can take up to 3 weeks, so please think about getting on there sooner rather than later.

And as you can see on this slide, you'll receive notifications of your funding opportunity number, and then you'll be able to obtain the DUNS number, which is your Data Universal Numbering System number, and then you register in the System for Award Management, SAM, for eligibility requirements. Please go to the Web site at the bottom for where you are thinking of applying because that is all the information you need to know.

Our policy teams here in the Office of Head Start and the Office of Child Care have been collecting questions, and it's helping inform our work as we move along toward posting a funding announcement. So if you have any questions, please e-mail them to this address.

We have another one of these webinars in our Early Head Start – Child Care Partnerships webinar series this Friday, March 28th, at 2:00, and it's the third of the comprehensive services, part III, on family and community engagement.

Marco made a reference earlier to family engagement in health care, I mean, in the health standards, and you'll hear a lot more about the larger role of family engagement and community engagement in Head Start and Early Head Start.

And then, next Monday, March 31st, at 2:00 p.m. eastern again, is what we believe is going to be our last webinar on maximizing resources and the role of governance. We hope we will have you joining us for both of those two webinars.

Sharon Yandian: I wonder, Ginny, before the end, if I might add. Several individuals have e-mailed in to request that they receive a certificate for the webinars, and we're not able to do that. So the webinars weren't designed to provide a certification of training, necessarily. They're really more for awareness-building. So we wanted to share that. Unfortunately, with our audience, we're not able to provide certificates.

Ginny Gipp: Thank you, Sharon, and we thank the person that sent that question in and that we're able to provide that answer to everyone.

Okay. With that, we're going to say thank you very much, and we hope we will have you all joining us back again this coming Friday at 2:00. Bye.