

Self Study Guide



Management Acceleration Program - Webinar

Introduction to Health/Dental/Nutrition

Learning Outcomes

Identify and use....

- Key information to support delivery of health, dental and nutrition services
- Head Start Performance Standards as a source of information to use in design, planning, and delivery of services to children and their families
- Potential community partners and have strategies to develop effective partnerships

Management Accreditation Program (MAP) 2008, Introduction to Health/Dental/Nutrition - Webinar

2

Additional comments on the slide:

Participants:

What questions and/or key points do you have from this slide?

Child Health & Developmental Services

- Ensure each child has a medical and dental home
- Ensure children are up-to-date according to State Early Periodic Screening Diagnosis and Treatment (EPSDT) guidelines
- Establish procedures to track health care services for each child

[Refer to 1304.20]

Management Accreditation Program (MAP) 2008, Introduction to Health/Dental/Nutrition - Webinar

3

Additional comments on the slide:

In accordance with HSPS 1304.20, EHS and HS programs must develop and maintain an effective health services system of supports for enrolled children and their families. Each child should have a medical and a dental home. This means that each child should have a consistent place they can go to for medical and dental prevention, evaluation, diagnosis and treatment. This information can generally be obtained from the parents or guardians at the time of enrollment. However, if the parent cannot name their child's physician or dentist, or at least the name and phone number of the facility, it is the responsibility of the EHS or HS program to help the family establish a medical and a dental home. This is important because children will continue to need care after they have left HS. Insuring a medical home will help insure children are up to date according to the EPSDT screening and exam schedules of their state. A child who sees his/her physician routinely will be much more likely to have the recommended health services in a timely manner.

It is important for program staff to establish procedures to effectively track health services for children enrolled. An effective tracking system will help staff in insuring the children remain current as recommended in the EPSDT and it will help them identify and support those children who need to catch up. Most programs in our region use Child Plus or similar software designed for HS to document and track health services. While these are valuable, time saving tools, it is important to remember that the information in the data base, is only as accurate as it is entered. It is essential that the program have procedures in place to insure information entered is timely and accurate. Therefore, careful and consistent monitoring of the tracking system utilized is imperative. It is also important to remember that computers do crash and systems sometimes fail. Therefore, an alternate form of tracking is definitely encouraged as best practice

Participants:

How does your program track health services for enrolled children?

Does your program have an alternative form of tracking?

Short Term Exclusions

- Exclude children temporarily only if...
 - short-term injury
 - contagious illness
 - plan for re-admittance
- Ensure no child is denied admission or excluded from enrollment due to health care needs or medication requirements
 - Individualized Health Care Plans

[Refer to 1304.22(b)(1)]

Management Admission Program (MAP) 2008, Introduction to Health/Dental/Nutrition - Webinar

4

Additional comments on the slide:

HS and EHS do not exclude children from participation for a medical condition unless the condition is contagious and may be potentially harmful to either the child affected or to others in the classroom. If a child has such a condition, the child may be excluded on a temporary, short-term basis. However, it is important to remember, the child must have either a short-term injury or contagious illness and there must be identified, documented plans to get the child back into the classroom as soon as possible.

A child may not be excluded indefinitely. The program should have health policies in place to insure only short term exclusions are allowed and an effective monitoring system should be in place to insure the policies are followed. No child should be denied admission or excluded from enrollment due to health care needs or medication requirements. Any child who qualifies for EHS/HS and whose family wants him/her in, should receive EHS/HS services. In some cases, EHS/HS may have to think outside the box and create an alternative way to provide children services if they cannot be in the classroom due to a physician's statement or state child care licensing regulations. In some programs, work may need to be done with the Program Specialist to consider alternative funding slots. Unfortunately, state child care licensure will sometimes dictate that a child needs to be excluded, if this occurs, it is important that the parent has documentation stating the exclusion is a result of the state child care licensing regulations and not per HSPS or program policy. And, every effort should, again, be made to insure the child receives alternate forms of EHS/HS services while out and there should be a plan to get them back in as quickly as the law will allow.

Every child participating in EHS/HS with any type of medical condition, should have an Individualized Health Care Plan on file and easily accessible to the classroom staff. An IHCP generally explains the medical condition, discusses symptoms and triggers, lists medications and treatment, explains what to do in an emergency, and is verified with a physician's signature.

A strong monitoring system should be in place to insure this is occurring for all children with a medical diagnosis.

Participants:

Describe an alternative way to provide a child services if they cannot be in the classroom due to a physician's statement.

Does your program have IHCP for every child and do you know where to locate them?

Screenings, Exams and Follow-up

Ensure screenings are completed for developmental, sensory, and behavioral concerns

- Address identified concerns
- Use multiple sources of information
- Communicate identified health needs with parents
- Ensure timely follow-up treatment

Management Accession Program (MAP) 2008, Introduction to Health/Dental/Nutrition - Webinar

5

Additional comments on the slide:

All children enrolled in EHS/HS must have appropriate developmental, sensory, and behavioral screenings done within 45 day of entry into the program. These screenings may be done outside of the program but need to have been done appropriate to the child's age and in their preferred language. Some screenings can be administered by well trained and qualified Head Start staff. All screenings should be sensitive to the cultural background of the child.

Any concerns identified on the screenings must be addressed immediately. Since screenings are only a "snapshot" of the child, EHS/HS agencies must be sure to obtain information related to the child's development and/or behavior from multiple sources to determine accuracy or trends. Family members, teachers, and others familiar with the child's typical behavior should be included in the information gathering process. If there are potential health, developmental, or behavioral health needs identified, the parents/guardians should be notified and they should be involved in both the referral and treatment processes.

A system should be in place to support the parents in obtaining following treatment recommended for their child.

Participants:

What system does your program have in place to assist parents in obtaining recommended treatment for their child?

Dental Services

- Ensure fluoride supplements or topical fluoride treatments as recommended by dental professional
- Ensure other preventive measures or follow-up treatment recommended by dental professional is obtained
- Model and assist children with dental hygiene in conjunction with meals

[Refer to 1304.23(b)(3)]

Management Accreditation Program (MAP) 2008, Introduction to Health/Dental/Nutrition - Webinar

Additional comments on the slide:

In addition to the medical screening, every child in EHS/HS should receive dental services appropriate for his/her age and development. Most EPSDT schedules recommend dental screenings and indicate referral to a dentist for an exam. It is important to understand the difference between a dental screening and an exam.

Basically, a dental screening can be done by anyone trained to look into the mouth and under the lips for dark or white spots and other abnormalities. However, only a licensed dental professional can do a dental exam. Dental hygienists, while very motivated to serve children in EHS/HS, are currently not qualified as licensed dental professionals in our region.

If concerns are noted on a child's dental screening, a referral should be made to a dentist for further examination. If a dentist recommends fluoride supplements or treatments, or any other preventative or follow-up treatment, EHS/HS should support them in obtaining these services. This documentation and associated follow-up documentation should be included in the tracking of health services system. Effective monitoring should be in place to insure these recommendations are followed up.

In accordance with HSPS 1304.23(b)(3), classroom staff must role model and assist children with dental hygiene after meals. In 2007, the OHS mandated that children over the age of one use toothpaste with fluoride when brushing their teeth. The benefit of the fluoride on the teeth far outweighs any risk associated.

Participants:

What partnerships with dental professionals does your program have?

How does your program model and/or assist children with dental hygiene after meals?

Health Emergency Procedures

- Train all staff on emergency procedures
- Post emergency evacuation routes and other safety procedures
- Establish procedure for notifying parents, include plan to update contact information
- Communicate with parents and staff regarding any health or safety needs of children

Management Accreditation Program (MAP) 2003, Introduction to Health/Dental/Nutrition - Welding

7

Additional comments on the slide:

Agencies should have health emergency procedures in place. All staff should be trained on the agencies procedures. Emergency evacuation routes, choking, CPR, First Aid, and dental emergency procedures should be posted and accessible. Each agency should have established procedures for notifying parents or other applicable individuals, in the event of an emergency.

It is imperative that procedures are in place to insure the contact information is updated frequently. During an emergency, is not the time to discover the contact information is no longer valid!

Again, all health and safety needs of the children should be communicated directly with applicable parents and staff members. It would be best practice to insure this communication is verbally communicated and verified with appropriate documentation in the child's file. Notes sent home or even mailed are often ineffective.

Participants:

What forms of communication to parents are used by your program?

Medication Administration

Establish written procedures

- Administration
- Handling
- Storage
- Staff training
- Obtaining consent
- Medication records

Management Accreditation Program (MAP) 2008, Introduction to Health/Dental/Nutrition - Webinar

60

Additional comments on the slide:

Agencies must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child requiring medication of any type. These procedures must include labeling and storing, under lock and key, and refrigerating if necessary. This includes medications required by staff or volunteers as well. There should be a designated, trained staff member or school nurse to administer, handle and store the medications. And, documentation of their training should be on file and easily accessed.

It is very important that the designated staff person feels comfortable giving the medication, if not, they should be re-trained or job description changes should be considered. Physician instructions and written consent of parents/guardians should be obtained for all medications administered by staff. Medication administration records and logs should be maintained for all children requiring medication. These should be updated each time medication is administered and reviewed with parents regularly. Any changes in the child's appearance or behavior that could be associated with a medication side effect, should be documented in the medication log and communicated immediately with the parents/guardians. If necessary, the parent or guardian should be assisted to contact the physician. Medication administration and documentations should be monitored frequently to insure compliance with HSPS

Participants:

Does your program have established written procedures regarding administration, handling and storage of medication for every child?

Accident, Injury, Illness Prevention

- Ensure staff can demonstrate safety practices
- Foster safety awareness among children and parents
- Model and assist children with hand washing
- Wear gloves as needed
- Clean and disinfect bodily spills immediately
- Adopt and post diapering procedures

Management Accreditation Program (MAP) 2008, Introduction to Health/Dental/Nutrition - Webinar

9

Additional comments on the slide:

Agencies should have accident, injury, and illness prevention policies and procedures in place. Training and monitoring should be done to insure staff can demonstrate necessary safety procedures. Staff should be able to talk with and educate children and their families on safety awareness techniques. Prevention is the key!

Staff should role model and assist children with washing their hands with soap and running water. Hands should be washed after diapering or toilet use; before handling or consuming food in any manner, including setting the table; whenever contaminated with blood or bodily fluids; and after handling pets or other animals. It is also recommended that hands be washed when coming in from outside, although this is not currently included in the HSPS.

Staff and volunteers should also wash their hands before or after giving medications, before and after treating or bandaging a wound, and after assisting a child with toilet use. Nonporous gloves must be worn by staff when they are in contact with spills of blood or other visibly bloody body parts. All bodily fluid spills must be cleaned up and disinfected immediately in accordance with OSHA or other applicable professionally established guidelines. In addition, appropriate diapering procedures, protecting the health and safety of children and staff, should be adopted and posted.

Effective monitoring procedures should be in place to insure compliance with all accident, injury, and illness prevention policies and procedures.

First Aid Kits

- Supply accessible first aid kits
 - Classroom
 - Outside play space
 - Busses
 - Other outings
- Restock after use
- Inventory regularly

Management Accreditation Program (MAP) 2008, Introduction to Health/Dental/Nutrition - Webinar

10

Additional comments on the slide:

Fully supplied first aid kits should be accessible to staff in each classroom and should be taken to any outside play space and on field trips or other outings. First aid kits should be kept out of reach of children, restocked after each use and inventoried regularly to insure necessary supplies are available when needed.

Child Nutrition

Administer Nutrition Assessment

- Work with staff and families
- Provide nutrition related screening
- Obtain information about family eating patterns
- Review assessments, follow-up with parents, refer to physician or community agency as needed

[Refer to 1304.23]

Management Accession Program (MAP) 2008, Introduction to Health/Dental/Nutrition - Wadena

11

Additional comments on the slide:

Each participating child must have a nutrition assessment administered upon enrollment. Staff must work with parents to insure completion.

The information considered will include all applicable nutrition related screenings such as height, weight, hemoglobin/hematocrit, etc. Information will be obtained related to the families eating patterns, cultural preference, nutrition related health problems, and feeding requirements of infants/toddlers and children with disabilities. The nutrition assessments must be reviewed by a registered dietician or nutritionist.

Any potential concerns should be discussed with parents and referrals should be made to physicians or other community agency as needed. The nutrition services policies and procedures should include routine monitoring to insure nutrition assessments are appropriately utilized and that follow-up and treatment recommendations are followed.

Nutrition Program

- Design and implement nutrition program
- Use funds from Child Adult Care Food Program (CACFP) as primary source of funds
- Serve meals and snacks meeting proper portion of daily nutritional needs and appropriate schedule (individualized as necessary)
- Serve and offer breakfast to all morning children
- Serve foods appropriate for developmental skills

Management Accreditation Program (MAP) 2008, Introduction to Health/Dental/Nutrition - Webinar

12

Additional comments on the slide:

All EHS/HS agencies must design and implement an appropriate nutrition program. They must use funds from USDA Food and Consumer Services Child Nutrition Programs as the primary source of payment for meal services.

Children in part day center based settings must receive meals and snacks that provide at least 1/3 of the recommended daily nutritional needs of children, according to their age. Children in full day programs must receive meals and snacks equivalent to 1/2-2/3 of the recommended daily nutritional needs. CACFP will reimburse for up to 3 meal/snack combinations per day for full time children. For example...Breakfast, snack, lunch; breakfast, lunch, snack; and snack, lunch, snack. In some instances, they will reimburse for breakfast, lunch, dinner. However, it is important to remember that all children attending in the morning must be served and offered breakfast. So, for those programs, the snack, lunch, snack option would not be applicable. Foods served to children must not only meet the USDA guidelines but they must also be appropriate for their nutritional needs, developmental readiness, and feeding skills. As identified through screenings, assessments, and observations.

Menu Planning

- Conform to United States Department of Agriculture (USDA) recommended serving sizes
- Serve food high in nutrients and low in fat, sugar and salt
- Include appropriately scheduled snacks
- Involve parents in nutrition services
 - Planning, implementing, evaluating

Management Accreditation Program (MAP) 2008, Introduction to Health/Dental/Nutrition - Webinar

13

Additional comments on the slide:

The quantities and kinds of foods served must conform to recommended serving sizes and minimum standards for meal patterns recommended in the USDA meal pattern. In all center based or other Head Start group experiences, food served must be high in nutrients, and low in fat, sugar and salt.

USDA recommends children over 2 have low fat milk. Children should drink juice that is 100% juice and includes vitamin c. As a general rule, the USDA recommends that children have no more than 3 sugar sweetened food items per week. It is also suggested that no additional sugar, salt, butter, or margarine is set on the tables during mealtime.

Appropriately scheduled snacks should be included in the menu planning. Nutritious snacks provide an important part of the child's daily food intake. Hungry children should be allowed to select a nutritious food for snack as needed. Infants and toddlers should be "fed on demand" whenever possible to meet their individual needs. Parents should be actively involved in nutrition services in EHS/HS. They should help plan menus, be invited to assist with nutrition activities in the classroom, assist with toothbrushing, help with food service activities, and review the nutrition program policies and procedures on a regular basis.

Participants:

How does your program involve parents in the nutrition services?

Meal Service

- Ensure contribution to development and socialization of children
- Serve a variety of foods
- Respect and include culture
- Encourage tasting without forcing child
- Allow sufficient time to eat
- Dine family style
- Hold bottle fed infants while feeding/properly store formula or breast milk

Management Accreditation Program (MAP) 2008, Introduction to Health/Dental/Nutrition - Webinar

14

Additional comments on the slide:

Meal time should contribute to the development and socialization of all children. Therefore, children and staff should eat at the same table and share conversation appropriate for meal time. Children can talk about the types of foods they are eating, discuss colors and shapes of foods, and talk about what they ate at home.

Young children should be served a variety of foods because food preferences have not been formed yet and they are often more receptive to new foods than older children or adults. Foods served should be respectful of the various cultures, even if there is not much cultural diversity in the enrolled children, they should be educated on other cultures and have the opportunity to experience all foods. Children should be encouraged to taste all foods served but they should never be forced to eat. Nor should they be disciplined in any way related to food. For example, they should not lose their food for talking at the table.

All children should be allowed sufficient time to eat the food that they want to eat. Often, children in HS are familiar with hunger and therefore, they should be allowed to eat what they need and take as long as they need.

Accommodations should be made to insure the individual needs of all children are met during meal time. Children with special needs may need different foods or they may need assistance with eating. Staff should assist them accordingly. Infants should be held while drinking from the bottle. The bottle should never be propped as the infant needs to feel that attachment to enhance bonding during meal time. Lying a child down while taking a bottle can lead to choking, dental caries and even ear infections. Staff should follow health and safety recommendations for storing formula and breast milk. HSPS guidance suggests that all bottles of breast milk and formula be refrigerated until just before feeding, and any remaining milk or formula is discarded.

Nutrition Education

- Accommodate special diets
- Involve children in food-related activities
- Provide parent education activities
 - Food preparation
 - Nutritional skills
- Comply with all applicable food safety and sanitation laws
 - Storage, preparation, handling

Management Accreditation Program (MAP) 2008, Introduction to Health/Dental/Nutrition - Webinar

15

Additional comments on the slide:

It is important that all medically-based diets and other dietary requirements are accommodated so that a child's health will not be jeopardized and this also insures that individual needs are met. Children should be involved, whenever possible, in food related activities. This helps develop not only a positive attitude about food but also helps develop large and small motor skills.

In addition to educating children about food and nutrition, parents should be educated. Parents should have the opportunity to participate in a variety of food preparation activities as well as enhancement of the nutritional skills. Often times, parents choose foods that are less nutritious because they don't have the money to purchase fresher foods and sometimes they purchase them simply because they don't know how to prepare them. Still others simply purchase what they grew up eating and don't realize there are more nutritious foods or even understand the concept of good nutrition. It is very important to teach the parents so that when children come home with skills they have learned related to nutrition, the parents will be able to effectively share those skills with their children.

And, finally, it is very important that all meals, snacks, and food related activities comply with all applicable food safety and sanitation laws related to storage, preparation, and handling. Agencies who choose to contract with food service vendors need to insure they are licensed in accordance to State, Tribal, or local laws. Such contractors will undergo health and safety inspections to insure they are meeting all applicable food safety and sanitation laws.

NEXT STEPS

- How can you use the information learned today in your work?
- How will this information impact your goals and Extended Learning plan?
- What additional supports are needed?
- Additional questions?

Management Accreditation Program (MAP) 2008, Introduction to Health/Dental/Nutrition - Webinar

18

Participants:

How can you use the information learned today in your work?

How will this information impact your goals and Extend Learning plan?

What additional supports are needed?