

**HEAD START/EARLY HEAD START
MENTAL WELLNESS POLICIES**

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REGION 16 EDUCATION SERVICE CENTER
Head Start/Early Head Start

Subject: Child Abuse	Section: Mental Wellness
Program: Head Start/Early Head Start	Date Revised: November 30, 2020
Policy Council Approval: January 20, 2021	
Governing Body Approval: March 26, 2021	

Regulation Reference: 45 CFR Part(s): 1302.47(b)(4)(i)(K)(5)(i), 1302.92(b)(2)

Policy:

All staff must follow procedures outlined in Significant Incident Reporting Policy, if applicable.

Staff members will receive annual training in methods for identifying and reporting suspected child abuse and neglect that comply with applicable State and local laws using, so far as possible, a helpful rather than a punitive attitude toward parents and other caretakers.

Any Early Head Start/Head Start staff member who witnesses, or suspects child abuse and/or neglect must report his/her concerns to the proper authority. The definition of child abuse includes neglect, sexual, physical, and emotional abuse. According to Chapter 261 of the Texas Family Code, child abuse is "... an act or omission that endangers a child's physical, mental or emotional health and development," and includes the following categories:

- Physical abuse – physical injury that results in substantial harm to the child.
- Emotional abuse – emotional injury to a child that results in an observable and material impairment in the child's growth, development, or psychological functioning.
- Sexual abuse – sexual conduct harmful to a child's mental, emotional, or physical welfare.
- Neglect – leaving a child exposed to a substantial risk of harm, without arranging necessary care for the child.

Procedure:

1. The law says:

- Anyone "*having cause to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect*" MUST report the case to the Texas Department of Family and Protective Services or a local or state law enforcement agency.
- Oral reports should be made immediately, not to exceed 48 hours.
- Do not delegate or rely on another person to make this report. Failure to report is considered a Class B misdemeanor punishable by fine up to \$2,000 or imprisonment for up to 180 days or both.
- Anyone who files a report in "good faith and without malice" is immune from civil or criminal liability. "Good faith" means the person making the report took reasonable steps to learn facts that were readily available and at hand. "Without malice" means that the person did not intend to injure or violate the rights of another person.

2. Confidentiality is essential. Information given about a child and his/her family should not be shared with friends, other parents, one's own family or Early Head Start/Head Start staff members who do not have a need to know. A staff person has a "need to know" if the information is needed to: properly care for and educate the child, and/or effectively provide support and services to the family.

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3. When there are bruises, cuts, or other visible signs of injury present on a child:
 - Ask the parent, guardian, or caregiver how the child got the bruise, cut, or injury. Be sure to use open-ended questions such as, “Tell me what happened...”
 - Document in your journal exactly what was reported and the facts, such as the location and extent of the bruise, cut, or injury.
 - For center-based children, at a later time during the same school day, ask the child (if appropriate age) how he/she obtained the bruise, cut, or injury. Be sure to use open-ended questions such as, “Tell me what happened...”
 - Document his/her statement in your journal.

If you suspect abuse or neglect, you must make a report. If you are uncertain what to do, please discuss your concern with a Head Start/Early Head Start Health Specialist, Mental Wellness Specialist, and/or your supervisor.

4. The following chart contains warning signs of possible abuse and neglect by type (emotional abuse, physical abuse, sexual abuse, and neglect) and in three categories:
 - Physical Indicators
 - Child’s Behavior; and
 - Caregiver’s Characteristics

Please note that any one or more sign may or may not indicate abuse or neglect for an individual child. For example, a child may have “inconsistent attendance” due to transportation issues rather than possible abuse. Certain other indicators may prompt a more immediate concern about reporting, such as “bizarre, sophisticated or unusual sexual knowledge.” Please do not hesitate to discuss any of these indicators with Head Start/Early Head Start Mental Wellness Specialists, Health Specialists, and/or your supervisor.

PHYSICAL INDICATORS	CHILD’S BEHAVIOR	CAREGIVER’S CHARACTERISTICS
	Types of Abuse - Emotional	
Delays in physical development	Change in behavior	Depressed; low self-esteem
Failure to thrive	Developmental delays	Socially isolated
	Depression	Unrealistic expectations of child
	Regressive behaviors such as sucking/rocking	Threatens child; calls names; belittles
	Talks about self in a negative way	Treats siblings unequally
	Extreme willingness to please	Withholds love
		Seems unconcerned about child
	Types of Abuse – Physical Abuse	
Bruises, welts, head injuries, burns	Lack of expression of anger or pain	Makes excuses for inconsistent attendance
Injuries inconsistent with “the story”	Passive, withdrawn or fearful of adults	Talks to child in a disrespectful/hurtful manner

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Long sleeves/pants in hot weather	Inconsistent attendance	Threatens child
Lack of expression of anger or pain	Significant changes in child's behavior	Depressed
Passive, withdrawn or fearful of adults	Aggressive	
Inconsistent attendance	Manipulative	
	Talks negatively about self	
Types of Abuse – Sexual Abuse		
Bedwetting	Excessive masturbation	Possessive and jealous of victim
Torn, bloody, stained underclothes	Clinging, whining, and many new fears	History of sexual abuse in childhood
Difficulty walking or sitting	Bizarre, sophisticated, or unusual sexual knowledge	Abuses alcohol or drugs
Loss of appetite	Fear of the dark or rest time	Poor relationship with spouse
Symptoms of venereal disease or infection	Frequent absences	Immature
Unexplained gagging	Communication skills are below developmental age	Inappropriate interactions with child
	Low self esteem	
Types of Abuse – Neglect		
Inappropriate clothing	Child not thriving; frail	Apathetic; passive
Poor hygiene; signs of malnutrition	Depressed, dull apathetic appearance	Depressed; low self-esteem
Medical/Dental needs	Begs, steals, hordes or refuses to eat	Socially isolated
Constant fatigue; never energetic	Extremes in attendance; tardiness	Unsafe living conditions
Abandonment by caregiver	Developmental delays: physical, emotional, cognitive	Unrealistic expectations of child
Regressive behavior	Behavior extremes	Threatens child; calls names; belittles
Low self-esteem	Overly mature	Treats siblings unequally
	Acts out sexually	Withholds love
		Seems unconcerned or overly concerned about child

5. Early Head Start/Head Start staff may be in positions where they witness or suspect child abuse or neglect. Here is a list of steps to take when you suspect abuse or neglect:

- The person who observes or suspects abuse or neglect must make the report to the Texas Department of Family and Protective Services hotline in Austin. Have the completed Child Abuse Reporting Form (HS.30) and the child's folder when you call. The phone number is 1-800-252-5400.

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- Ask the hotline intake worker for the ID number assigned to the case and the hotline intake worker's name and write it down on the Child Abuse Reporting Form (HS.30) in the appropriate spaces. They will not know the name of the local worker assigned to the case at this time.
 - After the report has been made, send the completed Child Abuse Reporting Form to the Mental Wellness Specialist in a sealed envelope marked "Confidential." Due to confidentiality, no copy will be retained in the child's folder and the central office copy will be kept in a locked cabinet. Mental Wellness Specialists are the designated child abuse contact persons.
 - Non-urgent reports of suspected child abuse or neglect may also be made via the web at <http://www.txabusehotline.org/Login/Default.aspx>
 - You do not have to get permission or approval from anyone to make a report; however, directors/principals/early childhood principals may need to be notified before or after your report has been made. Each campus must also follow the policy/procedure in that building. If your principal/director/early childhood principal wants to call in the report, ask him/her to let you be included when the call is made. Remind him/her the oral report must be made within 48 hours. Remember, simply making a report to your supervisor does **not** satisfy your obligation to make the report under the law.
 - Do not investigate or confront the suspected abuser or try to prove the validity of the suspicion of abuse or neglect.
 - If a child makes an outcry regarding abuse, do not ask the child to repeat the outcry information to others. The child has already told one person and that is enough to make the necessary report.
 - Methods for identifying and reporting child abuse and neglect should be done in a helpful and respectful way rather than using a punishing attitude toward parents and other caregivers.
6. If a staff member has additional information regarding the initial report that was made to the Austin hotline on an abused or neglected child, call your local Texas Department of Family and Protective Services (TDFPS) Agency to report the additional information. If a case is already open, the assigned caseworker will take your additional information. If a case is not open, the intake worker will direct you to call the Austin hotline. Ask the name of the assigned caseworker and write it down on the Child Abuse Reporting Form (HS.30) in the appropriate space. The local agency phone numbers are as follows:
- Amarillo 806-358-6211
 - Borger 806-274-2233
 - Bovina call Hereford 806-364-1266
 - Canyon call Amarillo 806-358-6211
 - Childress 940-937-6301
 - Clarendon call Pampa 806-669-1888)
 - Dalhart call Dumas 806-935-4375
 - Dimmitt 806-647-1013
 - Dumas 806-935-4375
 - Hart call Dimmitt 806-647-1013
 - Hereford 806-364-1266
 - Memphis call Childress 940-937-6301
 - Pampa 806-669-1888
 - Perryton call Pampa 806-669-1888
 - Wellington call Childress 940-937-6301

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7. TDFPS should respond by letter to the person reporting concerns. This letter will state if TDFPS has determined to intervene at that time. Staff members will send the letter to the Mental Wellness Specialist to be filed with the initial report.
8. If you have any questions or concerns about identifying, treating, reporting, or preventing child abuse or neglect, please contact the Mental Wellness Specialist.

Cleveland and Nelson Street Centers – Additional Requirements for Licensed Child Care Centers

1. Required Annual Training for Employees - Directors and caregivers will annually complete a minimum of one-hour training to include:
 - Factors indicating a child is at risk for abuse or neglect.
 - Warning signs indicating a child may be a victim of abuse or neglect.
 - Internal procedures for reporting child abuse or neglect.
 - Prevention techniques for child abuse and neglect; and
 - Community organizations that have training programs available to staff, children, and parents.
2. Directors and caregivers will ensure that parents are made aware of:
 - Issues regarding child abuse and neglect, including warning signs that a child may be a victim of abuse or neglect.
 - Prevention techniques for child abuse and neglect; and
 - Actions that the parent of a child who is a victim of abuse or neglect should take to obtain assistance and intervention.
3. Directors and caregivers will ensure coordination between the operation and appropriate community organizations.

REGION 16 EDUCATION SERVICE CENTER
Head Start/Early Head Start

Subject: Identifying Mental Wellness Concerns **Section:** Mental Wellness
Program: Head Start/Early Head Start **Date Revised:** October 20, 2020

Policy Council Approval: January 20, 2021

Regulation Reference: 45 CFR Part(s): 1302.33(a)-(d), 1302.40(a)

Policy:

Head Start/Early Head Start staff members will work collaboratively with parents to identify mental wellness concerns for the Head Start/Early Head Start child.

Procedure:

Social emotional concerns can be identified in the following ways:

- Social emotional screener scores
- Completion of the Referral for Support Services form (HS.111) by a teacher or specialist
- Parent concern (teacher complete form HS.111)
- Specialist, Coordinator, Director, Principal concern (teacher complete form HS.111)

Social emotional screener concerns:

1. Social emotional screeners are completed by the teacher within 45 days of enrollment, preferably between the 20th day of enrollment and the 35th day of enrollment.
2. The "Screener" analysis day is held in early October. The team of specialists analyze the screener scores and with teacher input, the next steps for the child are determined.
 - a. Observation from Mental Wellness Specialist, Disability Specialist or R.N.
 - b. Monitor for designated amount of time based on the child's needs
 - c. Rescreen in another language
 - d. Rescreen on another day designated based on the child's needs
 - e. Teacher completes a Devereux Early Childhood Assessment (DECA) for Mental Wellness Staff to review.
 - f. Referral to the Local Education Agency (LEA)
 - g. Referral to the Developmental Pediatric Specialist
3. If a child enters the program later, the scores are analyzed by the Mental Wellness and Disability team during monthly meetings to determine the next steps identified in #2 above.
4. A child can go through any or all of the next steps, depending on the child's needs.

Referral for Support Services form HS.111

1. Generally, after the first 6 weeks of the program, if a teacher, parent, principal, specialist, coordinator, and/or Director of Direct Services is concerned about a child, the teacher will complete form HS.111 and a Release of Information form (HS.09)
2. Staffing's are held weekly with the special team to determine the next steps for the child.

Next Steps:

- a. Observation from Mental Wellness Specialist, Disability Specialist, or R.N.
- b. Monitor for a designated amount of time based on the child's needs
- c. Teacher to complete a DECA for Mental Wellness staff to review
- d. Referral to the LEA
- e. Referral to the Developmental Pediatric Specialist

REGION 16 EDUCATION SERVICE CENTER
Head Start/Early Head Start

Subject: Mental Wellness Observations
Program: Head Start/Early Head Start

Section: Mental Wellness
Date Revised: January 12, 2022

Policy Council Approval: January 19, 2022

Regulation Reference: 45 CFR Part(s): 1302.42(c)(2)(d)(2)

Policy:

Mental wellness observations will be performed in a timely manner according to Head Start performance standards.

Procedure:

Head Start/Early Head Start

The Support Services Coordinator will collaborate with the Mental Wellness Specialist for classroom and home-based.

Mental wellness observations are categorized as one of three types:

1. Classroom Observation Concerns: are related to the classroom set up, classroom processes, classroom management, or CLASS dimensions that relate to child behaviors.
2. Informal/Pre-referral Observations: These observations are for a specific child to address suspected atypical behavior or social-emotional functioning.
This can be prompted by request from the teacher, Head Start Specialist, principal, center director, Head Start Coordinator, Assistant Director, and/or Director of Direct Services.

Based on this observation, the Mental Wellness Specialist will do one of the following:

- Ask the teacher to complete the Referral for Support Services form (HS.111)
 - Give the teacher some strategies to attempt for a designated amount of time
 - Monitor this child for a designated amount of time
 - Wait for screener result to determine next steps
3. Formal Observations: these observations are for a specific child to address suspected atypical behavior. The teacher must complete the Referral for Support Services form (HS.111) and email to the HS.111 Team for a formal observation by a Mental Wellness Specialist.

The following process will be instigated:

- Referral for Support Services (HS.111) team compiled of Specialists from Education, Mental Wellness, Disabilities, Coordinator of Support Services, and Coordinator of Education meet weekly to review HS.111 forms.
- Decisions will be made based on the information. Options include:
 - a. Monitor
 - b. Rescreen or gather additional information
 - c. Observations by Mental Wellness/Disability Specialists and/or Nurse
 - d. Refer to Local Education Agency (LEA)
 - e. Refer to Developmental Pediatric Specialist

REGION 16 EDUCATION SERVICE CENTER
Head Start/Early Head Start

Subject:	Mental Wellness Services	Section:	Mental Wellness
Program:	Head Start/Early Head Start	Date Revised:	March 29, 2018
		Date Reviewed:	May 2, 2019
Policy Council Approval:	May 2, 2018		

Regulation Reference: 45 CFR Part(s): 1302.45(a)-(b), 1302.46(a),
1320.46(b)(1)(iii)-(iv)

Policy:

Mental wellness support will be provided to children, staff and parents as appropriate. Services include mental wellness promotion, mental health education support, access to mental health consultants, and referrals as appropriate.

Procedure:

1. If necessary, for program needs, the Mental Wellness Specialists will contact designated licensed mental health professionals as needed to contract with Head Start to provide mental wellness services throughout the year.
2. If contractors will be serving the program, the Mental Wellness Specialists will conduct a mandatory annual in-service prior to or near the beginning of the school year. Topics discussed, and information provided at the in-service will include:
 - overview of the Head Start program,
 - changes in the Head Start program,
 - procedures for conducting mental wellness services,
 - instructions for completing travel forms and mileage tracking,
 - billing and in-kind remittance,
 - overview of Head Start mental wellness forms,
 - 45-day screening process,
 - listing of classroom staff, phone numbers, addresses, class starting dates,
 - monthly progress reports, and
 - question and answer period.
3. Each contractor will provide the mental wellness office with documentation verifying their current license, liability insurance, Medicaid remittance and status, and copies of their college degrees. All providers are subject to a security background investigation as required by state regulations.
4. The Support Services Coordinator will collaborate with the Mental Wellness Specialist for specific site assignments.
5. Student Support Team meetings, parent/teacher conferences, or specialist/parent conferences may be initiated based on staff or provider recommendations. The signed consent of a child's parent or guardian is required before any mental wellness service is initiated.

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6. With signed parental consent, the Mental Wellness Specialists will refer children for appropriate mental health support services.
7. Parents and families may be referred for counseling services through community agencies at any time throughout the school year.
8. Mental wellness training/consultation for classroom staff and home educators will be provided by the Mental Wellness Specialists or contracted mental wellness providers. Classroom staff and home educators will be provided with additional resources encouraging positive activities, suggestions, tips, and other ideas to enhance mental wellness.

REGION 16 EDUCATION SERVICE CENTER
Head Start/Early Head Start

Subject: Mental Wellness Services for Pregnant Women **Section:** Mental Wellness

Program: Early Head Start **Date Revised:** March 10, 2022

Policy Council Approval: March 23, 2022

Regulation Reference: 45 CFR Part(s): 1302.46(b)(1)(iii), 1302.80(c), 1302.82

Policy:

Early Head Start staff members will offer referrals for mental health services to enrolled pregnant/postpartum women as appropriate.

Procedure:

1. Within 30 days of enrollment, the Registered Nurse (R.N), Home Educator, or designated staff member will assist the pregnant woman in completing the Pregnant Woman Health and Nutrition Assessment form (EHS.20) which includes the EPDS-3 screening instrument. A copy of the completed form EHS.20 will be reviewed by the R.N.
2. If indicated, the R.N. or Mental Wellness Specialist will contact the enrolled pregnant woman to arrange additional mental health screening or referral for services as needed.
3. During the first postpartum visit, the R.N. or designated health services staff member will assist the mother in completing the Postpartum and Newborn Assessment form (EHS.19), which includes the EPDS-3 screening instrument. A copy of the completed form EHS.19 will be reviewed by the R.N.
4. If indicated, the R.N. or the Mental Wellness Specialist will contact the enrolled mother to arrange additional mental health screening or referral for services as needed.

REGION 16 EDUCATION SERVICE CENTER
Head Start/Early Head Start

Subject: Ongoing Parent Communications
Program: Head Start/Early Head Start

Section: Mental Wellness
Date Revised: November 30, 2020

Policy Council Approval: January 20, 2021

Regulation Reference: 45 CFR Part(s): 1302.46(a)(b)(1)(iv)

Policy:

Head Start/Early Head Start parents will be provided opportunities to increase their understanding about mental wellness issues through on-site scheduled visits with licensed professional providers, periodic informational handouts, live or recorded presentations, and other virtual opportunities.

Procedure:

1. Mental health education support services will be provided during the school year.
2. The Mental Wellness Specialists will inform the Health Advisory Committee of planned activities during the initial and subsequent meeting(s).
3. Handouts, trainings, and electronic media about chosen topics will be made available to parents and staff on a periodic basis.
4. A mental health professional will be available to provide on-site or virtual consultation to parents and center staff in Head Start and Early Head Start quarterly.
5. A mental health professional will be available upon request to provide a live or virtual educational training in the fall and/or spring at each site.

REGION 16 EDUCATION SERVICE CENTER
Head Start/Early Head Start

Subject: Scheduled Teacher Communication
Program: Head Start/Early Head Start

Section: Mental Wellness
Date Revised: November 30, 2020

Policy Council Approval: January 20, 2021

Regulation Reference: 45 CFR Part(s): 1302.45(a)(2)

Policy:

The Head Start/Early Head Start program will offer regularly scheduled mental health services to help ensure that day-to-day program practices promote good mental health.

Procedure:

1. A Mental Wellness Specialist or licensed mental wellness contractor will be available upon request to offer a spring and fall educational training at each site for parents and Head Start staff.
2. A Mental Wellness Specialist or licensed mental wellness contractor will be available for on-site or virtual consultation to staff members and parents at least quarterly.

REGION 16 EDUCATION SERVICE CENTER
Head Start/Early Head Start

Subject: Screening - Mental Wellness Concerns **Section:** Mental Wellness
Program: Head Start/Early Head Start **Date Revised:** January 12, 2022

Policy Council Approval: January 19, 2022

Regulation Reference: 45 CFR Part(s): 1302.33(a)-(d), 1302.40(a)

Policy:

Within 45 calendar days of enrollment, Head Start/Early Head Start staff members will work collaboratively with parents to identify mental wellness concerns for the Head Start/Early Head Start child using one or more research-based, standardized screening tools.

Procedure:

Head Start/Early Head Start

1. Head Start classroom teachers or home educators will complete the Brigance Self-Help and Social Emotional Scales based upon their own observations of each child and by soliciting input from individual parents.
2. Early Head Start classroom staff members or home educators will assist each parent/guardian in completing the BPSC – Baby Pediatric Symptom Checklist (0 months – 17 months, 31 days) or PPSC – Preschool Pediatric Symptom Checklist (18 month – 35 months, 31 days).
3. The teacher or home educator will share each child’s individual screening results with the child’s parent or guardian at the next parent conference or home visit.
4. Children whose scores indicate social, emotional, or behavioral concerns may be managed through program strategies or with parental consent, through a referral to the Mental Wellness Specialist or other appropriate provider.