

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

Child Abuse.....	MW-1
Child Abuse Prevention Training.....	MW-6
Identifying Mental Wellness Concerns .....	MW-7
Mental Wellness Observations .....	MW-8
Mental Wellness Services.....	MW-9
Mental Wellness Services for Pregnant Women .....	MW-11
Ongoing Parent Communications .....	MW-12
Referral Process for Mental Wellness Services.....	MW-13
Scheduled Teacher Communication .....	MW-14
Screening Mental Wellness Concerns.....	MW-15
Staffing Procedure.....	MW-16

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

<b>Subject:</b>	<b>Child Abuse</b>	<b>Section:</b>	<b>Mental Wellness</b>
<b>Program:</b>	<b>Head Start/Early Head Start</b>	<b>Date Revised:</b>	<b>April 30, 2019</b>
<b>Policy Council Approval:</b>	<b>May 8, 2019</b>		
<b>Governing Body Approval:</b>	<b>June 28, 2019</b>		

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**Regulation Reference:** 45 CFR Part(s): 1302.47(b)(4)(i)(K); 1302.47(b)(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.

## Child Abuse

### Page 2

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
	<b>Types of Abuse - Emotional</b>	
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
	<b>Types of Abuse – Physical Abuse</b>	
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

## Child Abuse

### Page 3

Long sleeves/pants in hot weather	Inconsistent attendance	Threatens child
Lack of expression of anger or	Significant changes in child's	Depressed
Passive, withdrawn or fearful of adults	Aggressive	
Inconsistent attendance	Manipulative	
	Talks negatively about self	
<b>Types of Abuse – Sexual Abuse</b>		
Bedwetting	Excessive masturbation	Possessive and jealous of victim
Torn, bloody, stained	Clinging, whining, and many new	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	
<b>Types of Abuse – Neglect</b>		
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	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.
- 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.

## Child Abuse

### Page 4

- 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 – 358-6211
  - Borger – 274-2233
  - Bovina – call Hereford (364-1266)
  - Canyon – call Amarillo (358-6211)
  - Childress – call Wellington (447-2209 or 447-5403)
  - Clarendon – call Pampa (669-1887)
  - Dalhart – 249-0472
  - Dimmitt – 647-0225
  - Dumas – 935-4375
  - Hart – call Dimmitt (647-0225)
  - Hereford – 364-1266
  - Memphis – call Wellington (447-2209 or 447-5403)
  - Pampa – 669-1888
  - Perryton – 435-9206
  - Wellington – 447-2209 or 447-5403
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**

<b>Subject:</b>	<b>Child Abuse Prevention Training</b>	<b>Section:</b>	<b>Mental Wellness</b>
<b>Program:</b>	<b>Head Start/Early Head Start</b>	<b>Date Revised:</b>	<b>April 30, 2019</b>
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**Regulation Reference:** 45 CFR Part(s): 1302.47(b)(4)(i)(K);1302.47(b)(5)(i);1302.92(b)(2)

**Policy:**

All Head Start staff will be trained on Child Abuse Prevention annually.

**Procedure:**

1. The Mental Wellness Specialists will plan Child Abuse and Neglect Prevention training annually for Head Start staff.
2. Information will be provided on the following topics:
  - a. Identification of child abuse and neglect
  - b. Reporting procedures for suspected cases of child abuse and neglect
  - c. Current state laws regarding child abuse and neglect
  - d. Using a helpful rather than a punitive attitude toward abusing or neglecting parents and other caregivers
3. Certificates are generated and the training on the participants' staff development record is entered. Attendance at the training will then be reflected on each employee's Record of Training.
4. Sign-in sheets and final roster will be filed in the appropriate administrative assistant area.
5. Copy of training certificates will be filed in the appropriate administrative assistant's office.

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

<b>Subject:</b>	<b>Identifying Mental Wellness Concerns</b>	<b>Section:</b>	<b>Mental Wellness</b>
<b>Program:</b>	<b>Head Start/Early Head Start</b>	<b>Date Revised:</b>	<b>February 18, 2016</b>
<b>Policy Council Approval:</b>	<b>February 24, 2016</b>	<b>Date Reviewed:</b>	<b>March 29, 2018</b>

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**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:**

**Head Start/Early Head Start:**

1. Head Start/Early Head Start classroom teachers or home educators will assist parents in completing the “Social/Emotional/Behavioral Checklist” form (HS.44) at the first home visit or entry into the program. Families enrolled for more than one year will be asked to complete form HS.44 at the beginning of each additional school year.
2. Head Start classroom staff members or home educators will send the yellow copy of the “Social/Emotional/Behavioral Checklist” form (HS.44) to the mental wellness administrative assistant and will place the white original in the child’s classroom folder or notebook.
3. When the “Social/Emotional/Behavioral Checklist” form (HS.44) is completed, and the parent has a mental health concern for the child, the parent will be contacted by the Family Services Specialist. If indicated, a “Referral for Consultation with Mental Wellness Specialist” form (HS.129) will be initiated, including signed parental consent. The Mental Wellness Specialist or licensed contracted provider will observe the child and/or contact the parent/guardian for more information. Staff members will follow the process detailed in the “Referral Process for Mental Wellness Services”.
4. If a concern is not present at the time the “Social/Emotional/Behavioral Checklist” form (HS.44) is completed, no additional action will be needed. If concerns other than mental wellness concerns are identified, a copy of the form will be forwarded to the appropriate Head Start specialist.
5. After the child has been enrolled in Head Start for a minimum of four weeks, the teacher will complete the DECA (Devereux Early Childhood Assessment) teacher rating form. In the home-based program, the parent/guardian will complete the DECA parent rating form. The completed form will be sent to the mental wellness administrative assistant to be stored electronically.
6. The DECA scoring system results will be compiled and returned to the teacher or home educator. The teacher or home educator will share each child’s individual results with the child’s parent/guardian at the next parent conference or home visit.
7. Children whose scores indicate behavioral concerns or concerns in the areas of attachment, initiative or self-control may be managed through DECA program strategies or through a referral to the Mental Wellness Specialist with parental consent.



**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

**Subject: Mental Wellness Observations**

**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**

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

1. The Support Services Coordinator will collaborate with the Mental Wellness Specialist for classroom and home-based sites.
2. Mental wellness observations will be identified as one of two types:
  - A. Classroom Observation – the identified problem or problems are typical for children of this age or developmental level and/or are largely related to the classroom setting or processes; and
  - B. Individual Child Observation – there is a definite concern about a child’s atypical behavior or social-emotional functioning. Signed parental consent on the “Referral for Consultation with Mental Wellness Specialist” form (HS.129) is required for a licensed mental health professional to observe a specific child.
3. The Mental Wellness Specialist on staff will be the point of contact for mental wellness observations. Any classroom teacher, staff member, childcare director, principal, parent or guardian may request an observation for a classroom. A request to observe a specific child must include signed, parental consent on the “Referral for Consultation with Mental Wellness Specialist” form (HS.129).
4. The referral process is available in the policy entitled “Referral Process for Mental Wellness Services.”

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

**Subject: Mental Wellness Services**  
**Program: Head Start/Early Head Start**  
**Policy Council Approval: May 2, 2018**

**Section: Mental Wellness**  
**Date Revised: March 29, 2018**  
**Date Reviewed: May 2, 2019**

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**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.

## **Mental Wellness Services**

### **Page 2**

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**

<b>Subject:</b>	<b>Mental Wellness Services for Pregnant Women</b>	<b>Section:</b>	<b>Mental Wellness</b>
<b>Program:</b>	<b>Early Head Start</b>	<b>Date Revised:</b>	<b>March 19, 2015</b>
<b>Policy Council Approval:</b>	<b>March 25, 2015</b>	<b>Date Reviewed:</b>	<b>May 3, 2019</b>

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**Regulation Reference:** 45 CFR Part(s): 1302.46(b)(1)(iii); 1302.80(c)

**Policy:**

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

**Procedure:**

1. Within 45 days of enrollment, the home educator or designated staff member will assist the pregnant woman in completing the Pregnant Woman Health and Nutrition Assessment form (EHS.20). A copy of the completed EHS.20 form will be submitted immediately to the Mental Wellness Specialist for review.
2. If indicated, the 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, a health services staff member will assist the mother in completing the Postpartum and Newborn Assessment form (EHS.19). A copy of the completed EHS.19 form will be submitted immediately to the Mental Wellness Specialist for review.
4. If indicated, the Mental Wellness Specialist will contact the enrolled mother to arrange additional mental health screening or referral for services as needed.
5. Any time that prenatal and/or postpartum mental health concerns are identified, staff members will follow the "Referral Process for Mental Wellness Services" policy.

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

**Subject: Ongoing Parent Communications**

**Section: Mental Wellness**

**Program: Head Start/Early Head Start**

**Date Revised: February 18, 2016**

**Date Reviewed: May 3, 2019**

**Policy Council Approval: February 24, 2016**

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**Regulation Reference:** 45 CFR Part(s): 1302.46(a); 1302.46(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 web-based opportunities.

**Procedure:**

1. Policy Council representatives and/or Health Advisory Committee members will give input on issues of interest during the first scheduled meeting of the school year.
2. Mental health education support services will be provided during the school year.
3. The Mental Wellness Specialists will inform the committee of planned activities during subsequent meeting(s).
4. Based on the plan developed, handouts, trainings, and electronic media about chosen topics will be made available to parents and staff on a periodic basis.
5. The Policy Council and Health Advisory Committee will be responsible for giving ongoing input on mental wellness needs.
6. A mental health professional will be available to provide on-site consultation to parents and center staff in Head Start and Early Head Start quarterly.
7. A mental health professional will be available upon request to provide a live educational training in the fall and/or spring at each site. Recorded presentations will also be available.

## REGION 16 EDUCATION SERVICE CENTER

### Head Start/Early Head Start

**Subject:** Referral Process for Mental Wellness Services    **Section:** Mental Wellness  
**Program:** Head Start/Early Head Start    **Date Revised:** May 3, 2019  
**Policy Council Approval:** May 8, 2019

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**Regulation Reference:** 45 CFR Part(s): 1302.42(d)(2); 1302.45(a)-(b); 1302.80(c)

#### **Policy:**

An enrolled child or pregnant woman may be referred for mental wellness services which include but are not limited to social skills group, individual/family counseling, or psychological/psychiatric evaluation when the need is indicated. The signed consent of the child's parent or guardian is required before any mental wellness service is initiated.

#### **Procedure:**

##### **Head Start/Early Head Start**

1. Any classroom teacher, Head Start specialist, principal/childcare director or parent/guardian may contact the Mental Wellness Specialist in person, by phone, or in writing. The person making the inquiry will provide as much information about the perceived mental wellness need as possible, including any prior interventions.
2. The signed consent of a child's parent or guardian is required before any mental wellness service, including a specific observation, can be initiated. The "Referral for Consultation with Mental Wellness Specialist" form (HS.129) provides for the signed approval of the parent or guardian.
3. After signed parental consent is obtained, the "Referral for Consultation with Mental Wellness Specialist" (HS.129) will be processed by the Mental Wellness Specialist. The initial service will typically consist of a mental wellness observation/assessment, discussions with staff and parent(s), and recommendations by the Mental Wellness Specialist or a contracted licensed provider.
4. The Mental Wellness Specialist will document services in the data management system. Contractors will complete a summary of services and submit to the Mental Wellness Specialist for review if applicable.
5. The classroom teacher and/or the Mental Wellness Specialist or contracted licensed provider will consult with the parent/guardian to explain the concerns and offer services. Services provided by the consultant may include, but are not limited to: further observation of the child, telephone or written contact with parents to share information, consultation, referral for counseling services, recommending other services (medical physical exam, psychiatric/psychological evaluation), or offering parenting training or strategies.
6. A Student Support Team staffing may be scheduled when the needs of the child and/or family impact student success. This meeting will include the notification of the parent/guardian and relevant staff members. Please refer to "Staffing Procedure" policy for more information.

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

**Subject:** Scheduled Teacher Communication

**Section:** Mental Wellness

**Program:** Head Start/Early Head Start

**Date Revised:** February 18, 2016

**Date Reviewed:** May 3, 2019

**Policy Council Approval:** February 24, 2016

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

**Policy:**

Mental wellness 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 consultation to staff members and parents at least quarterly.

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

<b>Subject:</b>	<b>Screening - Mental Wellness Concerns</b>	<b>Section:</b>	<b>Mental Wellness</b>
<b>Program:</b>	<b>Head Start/Early Head Start</b>	<b>Date Revised:</b>	<b>May 3, 2019</b>
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**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 Ages and Stages Questionnaire: Social-Emotional (ASQ-SE).
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.



**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

<b>Subject:</b>	<b>Staffing Procedure</b>	<b>Section:</b>	<b>Mental Wellness</b>
<b>Program:</b>	<b>Head Start/Early Head Start</b>	<b>Date Revised:</b>	<b>March 30, 2018</b>
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**Regulation Reference:** 45 CFR Part(s): 1302.42(d)(2); 1302.45(a)-(b)

**Policy:**

A Student Support Team (SST) staffing will be held monthly or as needed when the needs of the child and/or family impact student success.

**Procedure:**

1. The Support Specialist Coordinator will schedule the SST staffing based upon child/family concerns identified by parent(s) or staff member(s). The team will consist of relevant Head Start staff members, including Health, Nutrition, Mental Wellness, Education Specialist, Coordinated Services Specialist, Family Services Specialist, and may include parent(s)/guardian(s) or additional family members or supports requested by the parent. The Support Services Coordinator will be designated as the contact specialist for that SST staffing or any follow-up.
2. Minutes will be taken by a team member during the SST staffing. A written summary will be sent to the teacher, staff member(s), and parent(s)/guardian(s) as needed.
3. A follow-up staffing will be scheduled during the SST staffing if necessary.