

**HEAD START PROCEDURES FOR:  
CHILD MENTAL HEALTH & SOCIAL AND EMOTIONAL WELL-BEING  
COMPONENT: CENTER FOR YOUNG LEARNERS**

1.0 **Scope:** Reference: Head Start Standards 1302.45 Child Mental Health & Social and Emotional Well-Being

2.0 **Responsibility:**

- 2.1. Head Start Consultants
- 2.2. Teacher
- 2.3. Teacher's Assistant
- 2.4. Family Service Worker
- 2.5. Parents
- 2.6. Grantee/Delegate Staff
- 2.7. ISD Staff
- 2.8. Mental Health Consultants
- 2.9. Contracted Mental Health Consultants

3.0 **Resources:**

- 3.1. Devereux Early Childhood Assessment (DECA)
- 3.2. Devereux Early Childhood Assessment Infant/Toddler (DECA I/T)
- 3.3. Mental Health Observations
- 3.4. Home Visits
- 3.5. Conferences
- 3.6. Family Partnerships
- 3.7. Positive Practices for Behavior Management
- 3.8. Classroom Observations
- 3.9. Devereux DECA/Conscious Discipline Strategies
- 3.10. Parental Consent for Mental Health Consultation Services

4.0 **Procedures:**

- 4.1. Mental Health screenings occur within the first 45 days of enrollment with a mental health screening assessment. During times of pandemic, emergencies, or natural disasters, teachers will not complete the screening due to the fact of not being able to do an observation on the student for at least three weeks. Case notes will be entered into **the web-based data system** to reflect reasons why screening was not completed. A parent Mental Health screening will still be conducted either by sending the form home or via telephone. Once students return to school, screening will be completed.
- 4.2. Grantee/Delegate and ISD staff will request parental information on the child's development, health and other issues related to the child's mental health during home visits, conferences, and family interviews.

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- 4.2.1 Head Start observes an open door policy for parents, encouraging comments and suggestions.
- 4.3. Grantee/Delegate and ISD Staff will share observations with parents regarding their child's development and behavior during scheduled home visits, conferences and as needed.
  - 4.3.1 Parents will be provided information on stages of development and behavior expectations and management, including separation and attachment issues.
  - 4.3.2 Staff will discuss and identify with parents appropriate responses to their child's behavior.
- 4.4. Grantee/Delegate and ISD Staff will conduct on-site visits to provide parents with opportunities to discuss mental health issues with mental health professionals.
- 4.5. Mental Health Classroom observations will be completed two times a year by contracted staff (Licensed Mental Health Professionals.)
  - 4.5.1. Program Staff will obtain parental consent for classroom observations by the time of enrollment.
  - 4.5.2. Outside contracted Licensed Mental Health Professional will conduct classroom observations and provide the Head Start Mental Health Consultant with written recommendations.
  - 4.5.3 Recommendations will be followed up by the Mental Health Consultant.
- 4.6. Grantee/Delegate and ISD Staff will provide child mental wellness information to parents.
- 4.7. When a child is exhibiting behavior concerns, as identified by parent(s), ISD staff, and/or Head Start staff, contact a Head Start Education Consultant about the child. The Education Consultant will observe and make recommendations. This may involve using visuals to help the child with classroom structures and routines or specific Conscious Discipline strategies.
  - 4.7.1 If assistance is still needed, the classroom teacher will complete the following:
    - 1) Behavior Tracking Form - Will track the behavior for 3 days on a form located in the mental health section of the Head Start shared folder in Google.
    - 2) Referral for Services form - which includes obtaining parental consent.

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- 3) After parental consent is obtained, the Mental Health Consultant will conduct a classroom observation and recommendations will be shared with teacher and parent. This may include child participating in the social skills group.
- 4.7.2 If a child has continued behavioral concerns, then the Grantee/Delegate, ISD Staff, and parent will implement Positive Practices for Behavior Management meetings.
- 4.8 Grantee/Delegate Staff will provide training opportunities for staff and parents regarding mental health issues.
- 4.9 Grantee/Delegate and ISD Staff will provide information on atypical behaviors and development to parents, making the appropriate referrals for disabilities or special needs.
- 4.10 Mental Health Consultants will provide resource information to staff and parents regarding mental health professionals in communities, and will also utilize the local mental health centers.
- 4.11 Grantee/Delegate Mental Health Consultant will assist other staff to meet social and emotional well-being needs through strategies that include observations and consultations.
- 4.12 Grantee/Delegate will ensure mental health consultant assist in the implementation of the policies to limit suspension and prohibit expulsion as described in §1302.17
- (a) *Limitations on suspension.*
- (1) A program must prohibit or severely limit the use of suspension due to a child’s behavior. Such suspensions may only be temporary in nature.
- (2) A temporary suspension must be used only as a last resort in extraordinary circumstances where there is a serious safety threat that cannot be reduced or eliminated by the provision of reasonable modifications.
- (3) Before a program determines whether a temporary suspension is necessary, a program must engage with a mental health consultant, collaborate with the parents, and utilize appropriate community resources – such as behavior coaches, psychologists, other appropriate specialists, or other resources – as needed, to determine no other reasonable option is appropriate.

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(4) If a temporary suspension is deemed necessary, a program must help the child return to full participation in all program activities as quickly as possible while ensuring child safety by:

(i) Continuing to engage with the parents and a mental health consultant, and continuing to utilize appropriate community resources;

(ii) Developing a written plan to document the action and supports needed;

(iii) Providing services that include home visits; and,

(iv) Determining whether a referral to a local agency responsible for implementing IDEA is appropriate.

(b) Prohibition on expulsion.

(1) A program cannot expel or unenroll a child from Head Start because of a child's behavior.

(2) When a child exhibits persistent and serious challenging behaviors, a program must explore all possible steps and document all steps taken to address such problems, and facilitate the child's safe participation in the program. Such steps must include, at a minimum, engaging a mental health consultant, considering the appropriateness of providing appropriate services and supports under section 504 of the Rehabilitation Act to ensure that the child who satisfies the definition of disability in 29 U.S.C. §705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability, and consulting with the parents and the child's teacher, and:

(i) If the child has an individualized family service plan (IFSP) or individualized education program (IEP), the program must consult with the agency responsible for the IFSP or IEP to ensure the child receives the needed support services; or,

(ii) If the child does not have an IFSP or IEP, the program must collaborate, with parental consent, with the local agency responsible for implementing IDEA to determine the child's eligibility for services.

(3) If, after a program has explored all possible steps and documented all steps taken as described in paragraph (b)(2) of this section, a program, in consultation with the parents, the child's teacher, the agency responsible for implementing IDEA (if applicable), and the mental health

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consultant, determines that the child’s continued enrollment presents a continued serious safety threat to the child or other enrolled children and determines the program is not the most appropriate placement for the child, the program must work with such entities to directly facilitate the transition of the child to a more appropriate placement.

**5.0 Associated Documents:**

- 5.1. Devereux Early Childhood Assessment (DECA)
- 5.2. Devereux Early Childhood Assessment Infant/Toddler (DECA I/T)
- 5.3. Mental Health Observations
- 5.4. Home Visits
- 5.5. Conferences
- 5.6. Family Partnership Agreements (FPA)
- 5.7. Contracts
- 5.8. Visit Reports
- 5.9. Parent meetings

**6.0 Record Retention Table:**

<b>Identification</b>	<b>Format</b>	<b>Storage</b>	<b>Retention</b>	<b>Disposition</b>	<b>Protection</b>
Parent Meeting Minutes	Print/ Electronic	Locked filing cabinet at ISD	7 years	Shred/ Delete	ISD locked unit/ Password Protected
DECA & DECA I/T Observations Home Visit Form Conference Form Family Partnership Agreement	Print/ Electronic	Locked Filing cabinet at ISD	7 years	Shred/ Delete	ISD locked unit/ Password Protected
Contracts	Print/ Electronic	Locked filing cabinet at ISD	7 years	Shred/ Delete	ISD locked unit/ Password Protected

**7.0 Monitoring:**

- 7.1. Bi-Annual
- 7.2. File review
- 7.3. Meeting Minutes

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**8.0 Revision History:**

Date:	Revision#	Description of Revision
6-2006	1	4.6 Provider
8-2008		Reviewed
5-2012		Reviewed
8-2015		Reviewed
10-2015	2.1; 4.1;4.3-4.6	Added “Grantee/Delegate”
6-2016		Reviewed
5-2017	Revised combine 1304.24, 1304.24(a)(2), 1304.24(a)(3)	New 1302.45
6-2017	4.4	Added bullets under 4.4
5-2018	6.0  7.2	Changed: “Print” to “Print/Electronic”, “Shedded” to “Shred/Delete”, Added: Password Protected Delete “quarterly”
11-2018	4.7.1	Changed 3-5 days to 3 days.
11-2018	4.7.3 and 4.7.4	Change “you” to “Parent” Added, “ The Mental Health Consultant will contact HS/EHS Teacher about doing a classroom/individual observation.”
6-2019	4.7.1 and 4.7.2	Added, “a teacher will complete the following:” Delete”Deliver the behavior log to a Mental Health Consultant and your Education Consultant”
6-2019	2.1 2.3  4.5	Added “Head Start” Changed “Teacher Aide” to Teacher’s Assistant Moved 4.7.2 and 4.7.3 to 4.5.2 and 4.5.3

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	4.7.4	<p>Added -as identified by parent(s), ISD staff, and/or Head Start staff</p> <p>Replaced “Have him/her” with “The Education Consultant will” removed “Usually” and replaced “will” with “may”</p> <p>Added “When all of the above have been tried and child still exhibits behavior concerns the”</p>
6-2019	See next column	<p>The following</p> <p>“4.5.1. Program Staff will obtain parental consent for classroom observations by the time of enrollment.</p> <p>4.5.2. Outside contracted Licensed Mental Health Professional will conduct classroom observations and provide the Head Start Mental Health Consultant with written recommendations.</p> <p>4.5.3 Recommendations will be followed up by the Mental Health Consultant.</p> <p>Grantee/Delegate and ISD Staff will provide child mental wellness information to parents.</p> <p>When a child is exhibiting behavior concerns, as identified by parent(s), ISD staff, and/or Head Start staff, contact an a Head Start Education Consultant about the child. The Education Consultant will Have him/her observe and make recommendations. .</p>

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		<p>Usually tThis will may involve using visuals to help the child with classroom structures and routines or specific cConscious dDiscipline strategies.</p> <p>4.7.1 If help is still needed, at the classroom teacher will complete the following:</p> <ol style="list-style-type: none"> <li>1) Behavior Tracking Form - Will Track the behavior for 3 days by filling out the behavior tracking form found in theon form located in the mental health section of the Head Start shared folder oin Google.</li> <li>2) Referral for Services form - to include Mental Health Consultant assistance which includes obtaining parental consent.</li> <li>3) After parental consent is obtained, the Mental Health Consultant will conduct a classroom observation and recommendations will be shared with teacher and parent.</li> </ol> <p>4.7.2 The Mental Health Consultant will contact HS/EHS teacher about doing classroom observation.</p> <p>4.7.3 The Mental Health Consultant will contact Parent about getting permission to refer for individual counseling or assessment. This may include child participating in the social skills group.</p>
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		<p>4.7.42 If child has continued behavioral concerns, then When all of the above have been tried and child still exhibits behavior concerns the Grantee/Delegate, ISD Staff, and parent will implement Positive Practices for Behavior Management meetings, as needed.”</p> <p>Was changed to “4.5.1. Program Staff will obtain parental consent for classroom observations by the time of enrollment.</p> <p>4.5.2. Outside contracted Licensed Mental Health Professional will conduct classroom observations and provide the Head Start Mental Health Consultant with written recommendations.</p> <p>4.5.3 Recommendations will be followed up by the Mental Health Consultant.</p> <p>Grantee/Delegate and ISD Staff will provide child mental wellness information to parents.</p> <p>When a child is exhibiting behavior concerns,as identified by parent(s), ISD staff, and/or Head Start staff, contact a Head Start Education Consultant about the child. The Education Consultant will observe and make recommendations.</p>
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		<p>This may involve using visuals to help the child with classroom structures and routines or specific Conscious Discipline strategies.</p> <p>4.7.1 If assistance is still needed, the classroom teacher will complete the following:</p> <ol style="list-style-type: none"> <li>1) Behavior Tracking Form - Will track the behavior for 3 days on form located in the mental health section of the Head Start shared folder in Google.</li> <li>2) Referral for Services form - which includes obtaining parental consent.</li> <li>3) After parental consent is obtained, the Mental Health Consultant will conduct a classroom observation and recommendations will be shared with teacher and parent. This may include child participating in the social skills group.</li> </ol> <p>4.7.2 If child has continued behavioral concerns, then the Grantee/Delegate, ISD Staff, and parent will implement Positive Practices for Behavior Management meetings.</p>
12/2/2020	4.1.	<p>Add: During times of pandemic, emergencies, or natural disasters, teachers will not complete the screening due to the fact of not being able to do an</p>

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		<p>observation on the student for at least three weeks. Casenotes will be entered into myHeadStart to reflect reasons why screening was not completed. A parent Mental Health screening will still be conducted either by sending the form home, via telephone or zoom. Once students return to school, screening will be completed.</p>
4/29/2022		Reviewed
12/2022	4.0, 4.1	Remove “myHeadStart” replace with “the web-based data system”