

East Missouri Action Agency, Inc.
Head Start

**Disabilities Work Service Plan
2011-2012**

Approved by Health Services Advisory Committee

Chairperson signature: _____

Date: _____

Approved by Policy Council

Chairperson signature: _____

Date: _____

TABLE OF CONTENTS

INTRODUCTION

Philosophical Basis for Including Children with Disabilities	3
Demographic Overview	3
Field Staffing Patterns and Functions	4
LEA Agreements and Collaborations	4
Disabilities Enrollment Information	4

PROGRAM IMPLEMENTATION

Identification/Recruitment/Selection/Enrollment

Identification and Recruitment.....	5
Laws That Govern Disabilities Services.....	6
Selection and Enrollment	7

Screening/Assessment/Evaluation

Screening	8
Ongoing Developmental and Health Assessment	10
Evaluation.....	11
Steps to Implement Early Childhood Special Services	12

Individualized Education Program Development/Related Services

Individualized Education Program (IEP) Development	15
Program and Related Services	17

<u>Transitions</u>	19
--------------------------	----

Administrative Procedures

Planning and Evaluation of Disabilities Services Effort	20
Multidisciplinary Team and Its Work	20
Involvement in Budget Process.....	20
Documentation: Record-keeping and Reporting	21
Program Accessibility	21
Confidentiality.....	21
Medication Procedures	22
Transportation	22

<u>Training and Technical Assistance</u>	23
--	----

<u>Interagency Collaboration</u>	24
--	----

<u>Nutrition Services</u>	25
---------------------------------	----

<u>Parent Involvement</u>	25
---------------------------------	----

INTRODUCTION

PHILOSOPHICAL BASIS FOR INCLUDING CHILDREN WITH DISABILITIES

East Missouri Action Agency, Inc. Head Start works with families, staff and communities to help each and every child develop to her or his full potential. Each child has unique strengths and areas in which to be supported to reach this potential. EMAA Head Start aspires to have its population reflect and affirm the broader community, which therefore includes children with various ethnicities, family structures, and physical, mental and emotional abilities. Thus this agency is committed to recruiting, enrolling and welcoming children with disabilities into its program.

When informed staff and/or families feel that, for a child to reach his/her potential, he/she might benefit from disabilities services, their knowledge and feelings are respected, supported and followed-up with this Disabilities Work Service Plan. The needs of such children are met in the most natural environment possible in ways most similar to that of typically developing children. Thus services are integrated through all aspects of EMAA Head Start programmatic functions. In addition, appropriate support services are provided for the child with a disability in the classroom setting or through interagency collaborations.

DEMOGRAPHIC OVERVIEW

EMAA Head Start serves families in eight counties who live in rural areas and small towns. These counties are Bollinger, Cape Girardeau, Iron, Madison, Perry, St. Francois, Ste. Genevieve, and Washington.

In the 2009-2010 program year, there were 80.9% white (590), 11.6% black (81), 3.4% biracial or multi-racial (24), 1.8%, Hispanic or Latino origin (13), and less than 1% Asian (6), American Indian (1) and Native Hawaiian (1) in the EMAA Head Start program.

The home language of four children were Spanish; three children, East Asian language; and one child, Middle Eastern. 60% of the children were pre-kindergartners.

Kids Count 2009 ranks Bollinger County among the 12 neediest counties out of 114 in Missouri in meeting the needs of children.

KIDS COUNT COMPOSITE COUNTY RANKINGS

	2004	2005	2006	2007	2008	2009	2010
Bollinger	82	72	82	74	84	102	71
Cape Girardeau	29	25	30	26	48	56	35
Iron	111	104	84	79	83	90	41
Madison	71	75	62	57	73	81	56
Perry	36	71	34	46	50	45	63
Ste. Genevieve	4	7	11	7	13	26	26
St. Francois	58	61	65	72	70	83	64
Washington	100	110	107	102	109	96	73

FIELD STAFFING PATTERNS AND FUNCTIONS

This year EMAA Head Start encompasses 30 classrooms at ten locations for a total of 585 children, ages three to five years old. The programs are:

	<u>Children</u>	<u>Classrooms</u>	<u>Staff</u>
Population: 2000 v 2010 Census			
BOLLINGER COUNTY (pop. 12,029, 2000; 12,363, 2010)			
Bollinger	40	2	9
CAPE GIRARDEAU COUNTY (pop. 68,693 2000; 75,674, 2010)			
Cape Girardeau	90	5	20
IRON COUNTY (pop. 10,697, 2000; 10,630, 2010)			
Iron	40	2	9
MADISON COUNTY (pop. 11,800, 2000; 12,226, 2010)			
Madison	60	3	11
PERRY COUNTY (pop. 18,132, 2000; 18,971, 2010)			
Perry	20	1	5
STE. GENEVIEVE COUNTY (pop. 17,842, 2000; 18,145, 2010)			
Ste. Genevieve	57	3	13
ST. FRANCOIS COUNTY (pop. 55,641, 2000; 65,359, 2010)			
Bonne Terre	40	2	9
Farmington	20	1	5
Mid St. Francois	100	5	19
WASHINGTON COUNTY (pop. 23,344, 2000; 25,195, 2010)			
Mineral Point	120	6	23
TOTAL	585	30	123+4 Area Support Assistants

LEA AGREEMENTS AND COLLABORATIONS

There are 26 school districts in these eight counties. Of these 13 of them were in the service area for our program’s last year. We meet every year with each of these school districts to develop Local Education Agency (LEA) agreements which reflect the relationship developed between Head Start and these schools. Last year one school would not sign an agreement, but then proceeded to work very well with us with children who had significant disabilities. In the majority of our school districts, ECSE staff, usually the speech pathologist, comes to the Head Start site to provide services. Children with disabilities which involve more than just speech and language usually are dually enrolled in public school programs part of the day.

DISABILITIES ENROLLMENT INFORMATION 2010-2011

In 2010-2011 there were 108 children with diagnosed disabilities including 1 emotional/behavioral disorder, 48 speech or language impairments, 1 learning disability, 2 autism and 56 developmental delays.

PROGRAM IMPLEMENTATION

IDENTIFICATION AND RECRUITMENT

Goal: Outreach and recruitment activities incorporates specific actions to actively locate and recruit children with disabilities, including children with severe disabilities and those who have been previously identified as having disabilities.

Objective: 1308.5a,f Outreach and recruitment activities will:

1. Identify, inform, coordinate and collaborate on recruitment activities with those of other community resources.
2. Establish recruitment procedures, materials and timelines.

Strategies/Activities:

1. **Local Recruitment Committees.** Recruitment Committee meetings are planned in each community in February. Staff receive a packet of planning information for this meeting entitled, "Recruitment." Notes for this meeting include "Ways to enhance recruiting children with disabilities." This meeting is attended by staff who recognize that recruitment is an agency responsibility, parents, members of the community who work with children with disabilities including ECSE and Parents As Teachers programs through LEAs, Part C personnel (First Steps), health departments, DFS, etc. At this meeting specific persons are identified and a timetable is established for contacting local resources familiar with children, including those with special needs.
2. **Recruitment brochure.** The recruitment brochure, "How to Enroll a Child in Head Start," that goes out into the community includes information about disabilities.
3. **Local Interagency Coordinating Councils.** Participate in Local Interagency Coordinating Councils (LICC). Through a clear flow of how disability services are to be provided in each community families know how to best help meet the needs of their children with suspected and diagnosed disabilities.
4. **Health Services Advisory Committee.** Participants on the Health Services Advisory Committee, which include LEA Child Find contact persons, mental health providers, the health and medical community, Part C providers, developmental disabilities organizations, MPACT (Missouri Parents ACT), etc., serve as resources for identifying children with special needs and providing information about other community resources.

Time Frame: February; ongoing; April and August

People Involved: Disabilities Specialist and Social Service Specialist, Area Coordinators, Family Advocates and local Recruitment Committees; LICC; Health Services Advisory Committee

Documentation: Recruitment Committee meeting reports; "How to Enroll a Child in Head Start;" LICC meeting notes; Health Services Advisory Committee meeting reports and database

Objective: 1308.5b Provide training to staff/volunteers engaged in recruitment and enrollment of children regarding regulations, IDEA and ADA emphasizes that the recruitment process is an agency-wide responsibility.

Strategies/Activities:

1. Key to successful recruitment is knowledge that all children are enriched when they are a part of a diverse community of learners. All training includes discussion of this premise.
2. All Head Start staff is involved in recruiting and taking applications. February staff training regarding recruitment includes recruiting children with disabilities.
3. Head Start 101 for all new employees (usually in September and January). This training assure that all staff are knowledgeable about:
 - a) Section 504 of the Rehabilitation Act of 1973
 - b) Americans with Disabilities Act (ADA) of 1990: the provisions of 45 CFR Part 84, Nondiscrimination on the Basis of Disability in Programs and Activities Receiving or Benefiting from Federal Financial Assistance
 - c) Individuals with Disabilities Education Improvement Act (IDEA).Head Start 101 training includes reference to "Laws" as explained in *Training Guides for the Head Start Learning Community: Disabilities*. See the following page.

Time Frame: September/January; February

People Involved: Disabilities Specialist; Training Specialist

Documentation: Meeting Participation form--with overview of training, tracked on ChildPlus computer software.

Laws That Govern Disabilities Services

Section 504 of the Rehabilitation Act of 1973

In September 1973, Congress passed Section 504 of the Rehabilitation Act, which prohibits discrimination on the basis of a physical or mental disability. This legislation applies to every program or activity in the country that receives federal money.

Americans with Disabilities Act (ADA)

The ADA, which was signed on July 26, 1990, provides "comprehensive civil rights protections to individuals with disabilities in the areas of employment, public accommodations, state and local government services, and telecommunications." This legislation extends the requirements of Section 504 to all public and private programs and provides a mandate to end discrimination against individuals with disabilities. In compliance with Section 504, Head Start programs must continue to ensure accessibility to program facilities and services for persons with disabilities, including staff, parents, children, and collaborating agencies. This law does not apply to sovereign nations.

Both Section 504 and ADA are two major laws that protect children and adults from discrimination.

Individuals with Disabilities Education Improvement Act (IDEA)

This law states that all children with disabilities ages 3 through 21 have a right to a free, appropriate, public education (FAPE) in the least restrictive environment (LRE). Children are eligible for services if they are professionally diagnosed as having a disability according to one or more of IDEA's diagnostic categories. Children between the ages of 3 and 5 have the right to receive services without labeling.

Children with disabilities and their families have a right to a coordinated, multi-agency approach to services. Therefore, collaboration between Head Start programs, Local Education Agencies (LEAs), and other community resources is essential. Besides serving as a partner with LEAs in coordinating services for children with disabilities, Head Start programs must also take an active role in helping children with disabilities make the transition into school-age programs.

Provisions of IDEA include the IEP, parents as codecisionmakers, due process, confidentiality, and services in the least restrictive environment.

Adapted with permission from National Network of Resource Access Projects for Head Start. 1995. Child to Child. Maximizing Opportunities for Social Integration. Washington, D.C.: U.S. Department of Health and Human Services, Administration for Children, Youth and Families. Updated as legislation has changed.

Adapted from: *Training Guides for the Head Start Learning Community: Disabilities*, "Setting the Stage"

SELECTION AND ENROLLMENT

Goal: Procedures established for selection and enrollment of children with disabilities.

Objective: 1308.5c,e ACYF-IM-94-16 Develop non-discriminatory written procedures for child selection, in collaboration with other programs, and following state licensing requirements, when:

1. The parents wish to enroll the child.
2. The child meets the Head Start age and income eligibility criteria.
3. Head Start is an appropriate placement according to the child's IEP.
4. The program has space to enroll more children even though the program has 10% disabled children.

Strategies/Activities:

1. **Acceptance policy.** Since EMAA Head Start programs are enriched by the presence of children with a variety of physical, emotional and mental abilities the agency will not deny placement on the basis of a disability or its severity. When computing eligibility for Head Start, children receive an additional 20 points for a concern and 40 additional points for a confirmed disability with an IEP in place.

Over-income slots (up to 10%) are usually be reserved for children who a) have a disability and b) whose family income is not over 85% of Head Start Income Guidelines. Their points for computing eligibility must be greater than, or the same as, that of under-income children.

2. **Appropriate placement.** Head Start works with ECSE programs and Part C providers to identify children with disabilities to ensure that Head Start placement is appropriate. Services and resources are collaborative whenever possible.
3. **State licensing requirements.** State licensing requirements are followed, including immunizations. Immunization records are required for all children prior to enrollment and are reviewed by the Health Specialist
4. **Parental notification.** Parents are notified during the summer about their child's selection. At other times of the year parents are notified when an application is received about the status of their application.

Time Frame: Summer/Ongoing

People Involved: Family Advocates; Area Coordinators; Dept. Head keeps track of over-income slots; Child/Family Health Specialist; Computer Specialist

Documentation: Application, Head Start Eligibility Priority Criteria; Acceptance letters including immunization information

Objective: 1308.5d(1-5) Ensure enrollment not denied due to: severity/type of disability; staff attitudes/ lack of knowledge; facility inaccessibility; need for personalized services/ specialized equipment.

Strategies/Activities: The Disabilities Specialist ensures that the following occurs to meet the needs of children with disabilities:

1. **Staff members are adequately trained.** See "Program and Related Services" section of this document.
2. **Facilities are accessible.** See "Program Accessibility" section of this document.
3. **The necessary equipment and/or services are available.** See "Program and Related Services," "Safety and Medical Procedures" and "Transportation" sections of this document.
4. **LEAs are aware of our desire to serve all children.** See "Interagency Collaboration" section.

Objective: 1308.4i,j Provide continuum of service options for children with disabilities in order to meet the needs and take into consideration the strengths of each child based upon the IEP.

Strategies/Activities:

1. **Options.** Options include but are not limited to: dual enrollment with ECSE; itinerant services provided by ECSE in the HS classroom; collaborative HS/ECSE services provided in the Head Start classroom; Head Start staff providing services in consultation with ECSE; utilization of a center aide; and other strategies to ensure that special needs are met.
2. **Least Restrictive Environment.** The Disabilities Specialist works with LEAs to increase the use of Head Start classrooms as a 'Least Restrictive Environment' for children.
3. **Additional staff.** The Disabilities Specialist and center staff work with LEAs, and formerly with the Bureau of Special Health Care Needs, to procure additional needed staff for children with disabilities. Head Start may provide additional support staff through the use of center aides to meet the special needs of children. With the help of parents, Site Managers are responsible to see that all staff receive training on expectations for their role for working effectively with children with disabilities. Site Managers can contact ECSE programs or the Disabilities Specialist if they are needing additional training resources.

People Involved: Disabilities Sp.; HS Department Head; Site Managers

Documentation: LEA Memorandum of Understanding; Time Frame: Ongoing

SCREENING

Goal: Prompt identification of children in need of evaluation.

Objective: 1308.6a(1) **Coordination of screening services**

Strategies/Activities:

1. Central Office staff, including Specialists and Area Coordinators, meet twice a month to coordinate activities, including screening.
2. Disabilities/Education, Health and Social Service Specialists work informally to coordinate screening services.

Time Frame: Twice a month; ongoing

People Involved: Central Office staff

Documentation: Meeting minutes

Objective: 1304.20b(1,3); 1308.4f(1); 1308.6b(1-3) **In a timely manner, establish procedures to use multiple sources of screening information, and standardized instruments whenever possible, as the first step in the assessment process.**

Strategies/Activities:

1. Health screening:

- a) health history/development (Parents fill out during final enrollment.)
- b) dental screening
- c) height/weight
- d) vision
- e) hearing
- f) blood pressure
- g) Hemoglobin or Hematocrit

Blood pressure and Hemoglobin/Hematocrit are part of a child's physical, required for child's attendance at a center. All of the above are federally mandated.

- h) lead screening

2. Developmental screening: DIAL-3

- a. DIAL-3 is used to screen all children either at the pre-service home visit or shortly after the school year begins. All DIAL-3s are completed within 45 days of enrollment.
- b. Those who have been screened within the past six (6) months do not need to be re-screened.

3. **Parental input:** During the pre-service education home visit (or shortly after the school year begins) parent(s) provide crucial input about their child's well-being. They fill out the DIAL-3 Parent Questionnaire, as well as health information. When the DIAL-3 is completed, which is often during this visit, parents know, much better than staff this early in the year, how accurately the results reflect their experiences of working with their child.

4. Social/emotional/behavioral screen:

- a. Teachers fill out the Social-Emotional Screen during the first Family/Child Staffing. They share their perceptions with parents and obtain additional input about each child during the first parent-teacher conference if not shared before (for children with concerns).
- b. The DIAL-3 includes a Behavioral Observation section.
- c. DIAL-3 Parent Questionnaire regarding self-help and social items
- d. Concerns 1-5 rate classroom staff's subjective reaction to a child's behavior. A '5' (or '4') indicates that they are needing strategies for coping with challenging behaviors.
- e. These scores are recorded on the Mental Health Screening Follow-up form for the Healthy Living Counselor to review.

5. **Observation:** Teachers assess each child on the *Teaching Strategies Gold* objectives, including two related to a child's social-emotional status, within 45 days.

6. **Training staff on screens:** The Site Manager is responsible for training new staff on screening tools.

Time Frame: Within 45 days of enrollment

People Involved: Health/Education/Mental Health/Disabilities Specialists; Classroom Team; Healthy Living Counselors, parents; Site Manager

Documentation: Screening instruments; Family/Child Staffing Meeting; Child Development Plan and Activities for Individualization; Disabilities Alert List, Child Development Plan for Individualization; portfolio with outcomes; Progress Report

Objective: 1304.20e(1)(2); 1308.6c **Develop procedures to notify parents** of types and purposes of screening well in advance and of screening results.

Strategies/Activities:

1. Parents are informed of the types and purposes of screenings during final enrollment using the description in the Parent Handbook.
2. Teachers discuss DIAL-3 results during the first home visit, or shortly after it is given.
3. Parents are informed about the results of all screenings at the time of screening and/or when given Report #3030, "Participant Health Summary Report."

Time Frame: Final enrollment/First Family Advocate home visit

People Involved: Family Advocates

Documentation: Parent Handbook; Progress Report, ChildPlus Report 3030: Participant Health Summary Report

Objective: 1308.6b **Coordinate screening with health services**

Strategies/Activities:

1. The Health Specialist coordinates screening with local health providers.
2. Wherever possible, health and developmental screenings are a collaborative with schools, health providers and Head Start.

Time Frame: Fall; screenings may occur from late spring to within 45 days of enrollment.

People Involved: Health/Disabilities Specialist; local health providers; Classroom Team

Documentation: Health Plan; ChildPlus health reports

Objective: 1308.6b **Coordinate screening with LEAs**

Strategies/Activities:

1. 'Identificaton of Childen with Disabilities' is one section of the LEA Memorandum of Understandings. This section discussed sharing screening results with schools.
2. Secured parent permission during final enrollment to share screening results with schools.
3. When Parents as Teachers parent eductor are able, they participate both in LEA meetings and screenings.

Time Frame: Within 45 days of enrollment.

People Involved: Disabilities Specialist; school personnel including Parents as Teachers; Classroom teams

Documentation: LEA Memorandum of Understanding

ONGOING DEVELOPMENTAL AND HEALTH ASSESSMENT

Goal: Coordination of ongoing developmental, health and mental health assessments

Objective: 1304.20f(1); 1308.6a(2); 1308.6d In coordination with education, health, and social service components an ongoing assessment will determine a child's progress and plan activities on an individual basis.

Strategies/Activities:

During the year, through this process, it may come to the teacher's attention a possible need for further evaluation of a child.

1. Teachers share their concerns during a Family/Child Staffing as they review the family situation with the Family Advocate and look at the ongoing assessment instruments as follows:
 - a. **Look at this child's Teaching Strategies Gold objective outcomes.** Is there growth and development in this child's work this year?
 - b. Does staff and our Healthy Living Counselor have concerns? They may complete **Developing Strategies for Social-Emotional Supports**. Is the child staying on-task for longer periods of time? Has his/her interests evolved? Is (s)he using more advanced concepts? What progress was made on the "Developing Strategies" plan?
 - d. **Discuss parent observations and concerns** about their child from "Social-Emotional Screen as part of home visits and parent-teacher conferences.
 - e. **Review initial screens**, including Social-Emotional Screen, DIAL-3, vision, and hearing. Is there a need for any re-screening?
2. Staff may obtain additional insights from the Disabilities, Health, Nutritionist or Mental Health Specialists about the child.
3. If, in staff's professional judgment they decide that there is a need to refer this child for evaluation, staff notes this on the Child Development Plan for Individualization. Steps to implement early childhood special services will begin.

Time Frame: Ongoing

People Involved: Classroom Team, Disabilities Specialist

Documentation: Child Development Plan for Individualization; Progress Report

Objective: 1308.18a Coordinate with health services an ongoing assessment to determine child progress.

Strategies/Activities: Health and Disabilities Specialists coordinate assessment services to assure that the special needs of each child with disabilities are met. These include:

1. **Audiometer availability.** An audiometer is now available at each site. Staff can easily assess children's ability to be able to hear, and to determine the need for follow-up.
2. **Vision screening kits** have been made for each center program so that staff can re-screen whenever they have concerns about children's vision.
3. **Treatment Tracking Report #3050** Both the Child/Family Health Specialist and Disabilities Specialist utilize ChildPlus Treatment Tracking Report #3050 to assure effective follow-up with children.
4. **Ongoing communication** between the specialists about children's health concerns, such as severe dental needs that interfere with children's speech, helps to meet the needs of children with potential and actual disabilities.

Time Frame: Ongoing

People Involved: Child/Family Health Specialist; Family Advocates; Disabilities Specialist

Documentation: Health Plan; ChildPlus Treatment Tracking Report #3020

Objective: 1308.18b **Coordinate with mental health services** to identify children who show signs of problems.

Strategies/Activities:

1. The Healthy Living Counselor works closely with the Mental Health Specialist.
2. Steps are outlined in "Developing Strategies for Social-Emotional Supports" included in the Education/Mental Health/Transition Work Services Plan.

Time Frame: Ongoing

People Involved: Disabilities and Mental Health Specialists; Healthy Living Counselors

Documentation: Healthy Living Counselor Report

EVALUATION

Goal: A child must be referred for evaluation as soon as the need is evident.

Objectives:

1304.20a(1)(iii); 1308.4f(2); 1308.6a(3); 1308.6e(1) Establish procedures for referring children to LEA for evaluation.

Strategies/Activities:

See “Steps to Implement Early Childhood Special Services” on the following pages.

Time Frame: Within 45 days of enrollment; Ongoing

People Involved: Disabilities/Education and Health Specialists; Classroom Team; ECSE programs

Documentation: What's Normal?; Disabilities Alert List; Contact/Transaction forms; ChildPlus reports

Objectives:

1304.20e(1) Consult with parents immediately when child health or developmental problems are suspected or identified.

1304.20e(5) Maintain written documentation of parental refusal of services.

Strategies/Activities:

1. **Meeting with parents.** The Family Advocates and/or teachers meet with the parents of every child who is screened to discuss screening, and especially screening concerns. This communication can enable parents to bring up concerns that they are observing. Many parents already indicated on their child's Head Start application their concerns, as well as during final enrollment/pre-service teacher home visit. In addition, ongoing assessment is entered in the child's portfolio, which may include parent entries, enabling the teacher to alert parents to any potential problems.
2. **Parent decision not to pursue services.** For a variety of reasons, parents may decide not to pursue services. Family advocates document a continued dialogue on Contact/Transaction forms. Usually obstacles can be overcome and an apparent parent refusal becomes a very effective collaboration. Our close relationship with school personnel has enabled us to utilize many creative resolutions. Parent refusals are thus not entered into ChildPlus until close to the end of the program year.

Time Frame: Ongoing

People Involved: Disabilities Specialist; Classroom team; school personnel

Documentation: Progress Report; Disabilities Alert List; Contact/Transaction form; ChildPlus

STEPS TO IMPLEMENT EARLY CHILDHOOD SPECIAL SERVICES

Step 1: Appraisal of screenings

1. **Family/Child Staffing Team assesses screening information and develops the Child Development Plan for Individualization.** Once screenings and initial Teaching Strategies GOLD objectives are complete, or are near completion, the Classroom Team holds a Family/Child Staffing to determine how to meet individual needs. The Classroom Teams meets first for children with IEPs and then with those for whom there are parent concerns. During this process staff:
 - a. Reviews the following information about each child: a) ChildPlus Report #3035, b) DIAL-3 c) DIAL-3 Parent Questionnaire, c) *Teaching Strategy GOLD* objectives in the child's portfolio, d) health information and e) parent information. Staff use "What's Normal" sheet to determine needed follow-up when a screening is out of the normal range.
 - b. Fill out "Social-Emotional Screen" on child.
 - c. Determine outcome activities, with needed adaptations, to help child grow on the Child Development Plan for Individualization in the portfolio.
 - d. May contact Early Childhood Special Education personnel regarding the child since parents gave permission to share screening information during final enrollment for their input.
 - d. *If the team, based on knowledge of screening information, child development, the family situation and observation of the child decides that an ECSE referral is needed, they decide at the Family/Child Staff who will meet with the parent.*
 - e. Staff may contact the Head Start Disabilities Specialist if there are questions during any of these steps.
 - f. **Re-screens are provided as needed.** See "Ongoing Developmental and Health Assessment."

Step 2: Request an Evaluation

1. **Family advocate (or teacher or site manager) meets with parent.**
 - a. Staff follow the school's referral process as outlined in the LEA Memorandum of Understanding.
 - b. Head Start staff and parents discuss screening results—which is a continuation of the conversations during final enrollment and teacher home visit.
 - c. The Head Start/parent team discusses the next steps, which may include making a referral.
 - d. Head Start staff explain the process and may give/explain Procedural Safeguards. For some parents this is the first of many years of working with school special services program. They are taught the skills needed to be effective advocates for their child. They are given the form, "Parent Follow-Up on Evaluation Process."
2. **Parent makes a referral.**
 - a. With IDEA, parents make the referral, which has been EMAA Head Start's approach. Head Start staff facilitate this process which varies from parent to parent. For instance, this can mean having a parent call during a visit or helping a parent write a referral letter. For a parent who is comfortable working with school personnel, the parent contacts the school on his or her own.
 - b. If the parent writes a letter, the Head Start staff member may mail/take this information to school (after making a copy for the parent and for the Head Start file)--*immediately* that day or the next at the latest, since this starts the clock ticking OR the parent calls the school.
 - c. Head Start sends information that assists in conducting a Review of Existing Data including as vision, hearing, health history, DIAL-3 results, DIAL-3 Parent Questionnaire and Social-Emotional Screen..
 - d. If taken to school, staff and school personnel can coordinate the Review of Existing Data meeting or getting the "Notice and Consent for Evaluation" form returned to the school.
 - e. The Head Start staff member may facilitate communication between the school and parent.

Step 3: Review of Existing Data Meeting

- a. **The IEP Team** is formed to review existing data and determines 1) if there is a reason to suspect a disability and 2) what addition data needs to be gathered.
- b. School sends/gives "Notice and Consent for Evaluation" to the parent. (Must be *within 30 days* of receipt of parent letter.)
- c. **Procedures completed.**

Step 4: Conduct a Meeting a Determine Eligibility

This should occur within 60 days of receipt of "Notice and Consent for Evaluation" from the parent.

Step 5: Individualized Education Program (IEP) Development

[See "Individualized Education Program (IEP) Development" section below.]

Step 6: Family signs "Notice and Consent for Placement." Program and related services begin.

[See "Program and Related Services" section below.]

Objective: 1308.6e(2) If the LEA does not evaluate the child, Head Start is responsible for arranging or providing for an evaluation, using its own resources and accessing others. Head Start would:

1. Communicate with school regarding doing an evaluation.
2. Form a Multidisciplinary Team.
3. Establish referral procedures for evaluators.
4. Orient evaluators to Head Start criteria, including the requirement to conduct evaluation and therapy sessions at Head Start centers unless it is impossible to do so.
5. Establish procedures for documentation/ tracking.

Strategies/Activities:

1. If Head Start parent has not heard from the school within 30 days:
 - a. Head Start staff contacts the the school. This communication resolves difficulties in furthering the process.
 - b. The Head Start Disabilities Specialist and/or local staff talk with the Special Services Processor or Director of Special Services to develop ways to remove roadblocks to compliance. They may determine that it is appropriate to contact the DESE Early Childhood Special Education Supervisor or Missouri Protection and Advocacy.
2. If the public school for some reason was unable to follow IDEIA legislation, the Head Start Disabilities Specialist would find alternative means to evaluate children to determine if they meet disability criteria.
 - a. The steps outlined in "Show-Me How II" and Steps to Implement Early Childhood Special Services would be followed.
 - b. Public school personnel would be invited to participate.
 - c. A Multidisciplinary Team would be formed including parents, members of the Classroom Team, relevant specialists and evaluator(s). ECSE personnel would be invited. At this meeting:
 1. Screening information would be reviewed.
 2. The Disabilities Specialist would provide evaluators thorough written materials and/or ongoing training regarding Head Start criteria (which is very similar to the schools' criteria).
 3. Evaluation instruments will be determined based on the professional judgment of the evaluator(s) and the rest of the team.
 4. Parents sign the Notice and Consent for Evaluation form.
 - d. Upon completion of the evaluation, the Multidisciplinary Team would reconvene and the Disabilities Specialist would submit the following: a) evaluator(s)' reports, b) Evaluation Report.
 - e. If a child meets disability criteria, results would be given to the school. Head Start staff and school personnel would determine who would be responsible for holding the IEP meeting.

Time Frame: Within 60 days of receipt of "Notice and Consent for Evaluation" from the parent

People Involved: Disabilities Specialist; Multidisciplinary Team

Documentation: Upon completion of evaluation: a) Evaluator(s) reports, b) Evaluation Report; "Disabilities Alert List"

Objective: 1308.6e(2)i-viii Head Start conducted evaluations must:

- i. Not discriminate racially or culturally.
- ii. Identify state certified/licensed personnel to evaluate.
- iii & vii. Use more than one measure or information source, and must assess all areas related to suspected disability.
- iv. Utilize a multidisciplinary team approach.
- v. & vi. Not place disabled child at unfair disadvantage.
- viii. Assure that speech/language evaluations must be comprehensive enough to determine that the impairment is not secondary to any disability.

Strategies/Activities:

- i. Evaluators will be required to utilize assessment instruments that do not discriminate racially or culturally.
- ii. All therapists under contract to perform evaluations will be state certified or licensed.
- iii & vii. Evaluators will be required to utilize assessment instruments that cover all aspects of the indicated disabilities.
- iv. The multidisciplinary team will receive input from: family member, Family Advocate, classroom staff, child's doctor, area/component coordinators and/or anyone else familiar with the child's development.

Revised September 2011

v. & vi. Evaluators will be required to utilize assessment instruments that do not place children with disabilities at an unfair disadvantage.

viii. Speech/language evaluator will be required to utilize comprehensive evaluation instruments to ensure that the impairment is not secondary to any other disability.

Time Frame: Ongoing

People Involved: Disabilities Specialist; Subcontractors

Documentation: a) Evaluator's reports, b) Evaluation Report

Objectives:

1308.6e(3)(4) Establish procedures for parent consent/confidentiality.

Strategies/Activities:

1. Families sign a "Notice and Consent for Evaluation" form prior to evaluation. Head Start staff helps teach families about what to expect when working with the school. This includes information about "Procedural Safeguards" which among other safeguards, assures confidentiality.
2. At the LEA Agreement meetings the school is encouraged to let us know the day that they mail the "Notice and Consent for Evaluation" form. Head Start staff can then communicate with the family about the importance of returning the form right away, and answer questions parents may have about the process.
3. The Parent Handbook given at final enrollment informs parents about their rights to access information in their child's folder.

Time Frame: Ongoing

People Involved: Disabilities Specialist; Family Advocates; Classroom Staff

Documentation: Procedural Safeguards; Notice and Consent for Evaluation form (if Head Start does the evaluation)

Objective: 1308.6e(5); 1308.7-17 To be counted as disabled in Head Start, children must meet one of the diagnostic criteria for reporting children with disabilities in Head Start (1308.7-17) as determined by professional diagnosis *and* Multidisciplinary Team decision.

Strategies/Activities:

1. The Multidisciplinary Team reviews the evaluation results to determine eligibility.
2. The Evaluation Summary states where the child meets the statutory requirements. The schools use, 2.0 standard deviations from the normal in one area or 1.5 standard deviations in two areas, and can use professional judgment to enter into this determination. Head Start emphasizes professional judgment along with the school criteria.
3. While criteria for disabling conditions must be met, usually we would use the non-categorical diagnosis "youth child with a developmental disability" (YCDD).

Time Frame: Ongoing

People Involved: Disabilities Specialist; Multidisciplinary Team

Documentation: "Evaluation Report"

INDIVIDUALIZED EDUCATION PROGRAM (IEP) DEVELOPMENT

Goal: Use comprehensive information in developing individualized program to meet the needs of any child with disabilities and enable them to be integrated in the classroom.

Objectives:

1304.20f(2)(iv); 1308.19a,b **Develop a written IEP for each child with identified disability.**

1308.19d,e IEP document inclusion take into account the child's unique needs, strengths, developmental potential and the family strengths and circumstances as well as the child's disabilities.

Strategies/Activities:

1. **The Multidisciplinary Team**, which includes parents and Head Start teacher if requested by the parents, **determines eligibility.**
2. **An IEP is developed** once a child has been determined eligible.

Team participants:

- Parents
- Head Start teacher, if requested by the parents
- A representative from the public agency (building principal, director of special education)
- An early childhood special education teacher
- Other individuals, such as the Family Advocate, at the discretion of the parent
- For sensory impairments, a professional in the specific area of sensory impairment

The team determines:

- present level of functioning/performance
- goals and objectives
- evaluation procedures and criteria for measuring achievement of objectives
- services to be provided specifying the extent of participation in regular education and the amount of special services
- dates of initiation and duration of services
- documentation of IEP team participants

3. **If the school does the IEP:** If the parent would like the family advocate and/or teacher to be present, the school must allow that person, and anyone else that the parents would like to have present, to attend. Head Start staff request a copy of the IEP at the conclusion of the meeting making sure necessary paperwork is signed by the parent in order to release this information.
4. **If Head Start does the IEP:**
 - a. The steps outlined in "Show-Me How II" would be followed.
 - b. Public school personnel would be invited to participate.
 - c. Head Start would use "Show Me IEP," unless the school prefers that we use their IEP format.
5. IEP Document Inclusion
 - a. A statement of the child's present level of functioning in the social-emotional, motor, communication, self-help, and cognitive areas of development, and the identification of needs in those areas requiring specific programming.
 - b. A statement of annual goals, including short term objectives for meeting these goals.
 - c. A statement of services to be provided by each Head Start component, in addition to those services provided for all Head Start children, including transition services.
 - d. A statement of the specific special education services to be provided to the child and those related services necessary for the child to participate in a Head Start program. This would include services provided by other agencies and non-Head Start professionals.
 - e. The identification of the personnel responsible for the planning and supervision of services and for the delivery of services.
 - f. The projected dates for initiation of services and the anticipated duration of services.
 - g. A statement of objective criteria and evaluation procedures for determining at least annually whether the short-term objectives are being achieved or need to be revised.
 - h. Family goals and objectives related to the child's disabilities when they are essential to the child's progress.
6. The Disabilities Specialist would receive training from the Head Start Regional VII Office trainers and/or an ECSE program as an IEP team meeting approaches on IEP document inclusion.

Time Frame: Within 30 days after the child is determined eligible for ECSE services.

People Involved: Disabilities Specialist; IEP team; Head Start Region VII Office disability trainers/ECSE

Documentation: Individualized Education Program (IEP)

Objective: 1308.19c Develop procedures to ensure Head Start participation at LEA IEPs.

Strategies/Activities: Head Start Family Advocates and teachers keep in contact with the local schools' ECSE program, and the family, to continually remind them to invite Head Start staff to IEP meetings. Our local LEA Memorandum of Understanding also provides that ECSE invite Head Start staff to all meetings concerning the child. The LEA meeting is a good opportunity to remind ECSE that IDEA mandates that a child's teacher be present.

Time Frame: Ongoing

People Involved: Disabilities Specialist; Classroom team members; ECSE program

Documentation: LEA Memorandum of Understanding

Objective: 1308.19f,g,h **Designate an IEP (Individualized Education Program) team.**

Strategies/Activities: The Head Start IEP team would include but not be limited to the following: one or both of the child's parents or guardians, Family Advocate if the child is in a classroom setting, child's teacher, the Disabilities Specialist or Area Coordinator and at least one of the professional members of the multidisciplinary team which evaluated the child, other individuals requested by the family and component staff particularly those involved due to the nature of the child's disability. An LEA representative would be invited by phone and in writing to participate.

Time Frame: Following the determination of eligibility and within 60 days of receipt of the "Notice and Consent for Evaluation."

People Involved: IEP Team

Documentation: IEP

Objective: 1308.19i **Hold IEP following the determination of eligibility.**

Strategies/Activities: A Head Start IEP conference would be held following the determination of eligibility and at a time convenient for parents and staff, for each child who has been identified to have a disability and does not have an IEP from the LEA.

Time Frame: Following the determination of eligibility and within 60 days of receipt of the "Notice and Consent for Evaluation".

People Involved: IEP Team; Disabilities Specialist schedules

Documentation: IEP

Objective: 1308.19j **Develop procedures to ensure parents participate.**

Strategies/Activities: Except in an emergency and only when families have been actively involved in entire implementation process will the IEP meeting proceed without family participation. The reason for the lack of family participation will be documented. If needed, interpreters will be provided and parents will be offered a copy of the IEP in the parents' language of understanding.

Time Frame: Ongoing

People Involved: Disabilities Specialist; Family/Family Advocate

Documentation: IEP; Contact/Transaction form

PROGRAM AND RELATED SERVICES

Goal: Children with disabilities are included in the full range of activities and services.

Objectives:

1308.19k Ensure that the IEP be implemented within two weeks of attendance or completion of IEP.

1308.4g Preparation of staff and parents for the entry of children with severe disabilities into the Head Start program.

1304.20c(4) Assist with the provision of related services addressing health concerns in accordance with IEP.

Strategies/Activities:

Depending on when a child receives an IEP and the nature of the disability, the first Family/Child Staffing occurs as follows:

1. **For a child with a severe disability:** The Classroom Team sets up a meeting before a child's first day of class with the parent and specialists that the parent recommends, to train the staff on working with the child to ensure that health and safety needs and optimal development of the child occurs. The training is recorded on either a Contact/Transaction form or the Meeting Report form. Ways to implement IEP objectives are recorded on the Child Development Plan for Individualization in the Portfolio.
2. **For the remainder of the children with IEPs at the beginning of the year:** The Classroom Team staff children with IEPs first discuss ways to implement the IEP goals. These are recorded on the Child Development Plan for Individualization in the portfolio. If they have questions regarding IEP implementation, staff communicates with ECSE to receive training from them. Staff adheres to the regular follow-up for non-IEP screenings, such as dental care.
3. **Upon receiving an IEP developed during the year** (which hopefully the staff participated in), or for children with non-severe disabilities who have IEPs who enroll after the school year has begun: Objectives begin to be implemented within two weeks and recorded on the Child Development Plan for Individualization in the Portfolio. If they have questions on IEP implementation, staff communicates with ECSE to receive training from them.

Time Frame: Before a child's first day of class; shortly after school begins; within two weeks

People Involved: Parents; Classroom Team; Therapists

Documentation: Meeting Report or Contact/Transaction form; IEP; Child Development Plan for Individualization

Objective: Provide process for tracking child's IEP progress.

Strategies/Activities: **"Parent/Head Start/LEA or Therapist Ongoing Communication."** Classroom Team, parents and therapists/ LEA working with the child track the child's progress on all IEP goals and objectives through shared anecdotal records on the "Parent/Head Start/LEA or Therapist Ongoing Communication" form. The Family Advocate is responsible for seeing that information on this form is completed regularly.

Time Frame: Monthly/quarterly

People Involved: Classroom Team, Therapist(s)/LEA, Parents

Documentation: "Parent/Head Start/School Ongoing Communication" form

Objective: 1308.4(f)(4); 1304.53b(1)(iii); 1304.53a(10)(xvii) Provide needed special equipment and materials for use in the classroom to ensure the safety, comfort, and participation of children with disabilities.

Strategies/Activities:

1. **Need for necessary modifications.** Classroom Teams discuss the need for necessary modifications, including appropriate special furniture, equipment and materials at Family/Child Staffings or on home visits. As needed, they receive input from the appropriate therapist, ECSE personnel, parent or Disabilities Specialist or Area Coordinator. The Head Start budgets specific money to be used for this purpose.
2. **EMAA Head Start provides for children with disabilities in many ways.**
 - a. **Facilities** are accessible. See "Program Accessibility" section.
 - b. **Special diets** or feeding needs are accommodated. See "Nutrition Services" section.
 - c. **Emergency evacuation procedures** ensures the safety of children with disabilities, making any necessary accommodations to the evacuation procedures. See Health Plan, reference to 1304.22(a)(3) regarding evacuation procedures.
3. **Space.** If ECSE staff or other therapists need appropriate space for children who may require individual therapy or activities, they work this out with the site manager.

Time Frame: Ongoing

People Involved: Disabilities Specialist; ECSE; classroom team; parents; site manager

Documentation: Head Start budget; Health Plan

Objectives:

1. 1308.4c; 1304.21(a)(1)(ii) Modify the environment as needed, being inclusive of children with disabilities, consistent with their IEP.
2. 1308.4(d) Take into account the needs of the children for small group activities, for modifications of large group activities and for any individual special help.
3. 1304.52(h)(1)(i) Refrain from stereotyping on the basis of disability.
4. 1304.21(a)(5)(iii) Provide an appropriate environment and adult guidance for the participation of children with special needs.

Strategies/Activities:

1. **Child Development Plan for Individualization in the portfolio.** Staff formulates a plan for each child during Family/Child Staffings. Services for children with disabilities, based in part on their IEP, are incorporated into their Child Development Plan. These activities are then included on Weekly Plan, as with all children, and do not result in undue attention to the child's disabilities. See Education Plan, "Helping Children Gain Skills and Confidence."
2. **Learning environments aid in IEP goal implementation.** For discussion on responding to the individual needs of children, see Education Plan, "Helping Children Gain Skills and Confidence" and "Curriculum." The Education Plan provides for learning environments that are varied and interesting, and consistent routines with small group activities, modifications of large group activities and working individually with children which can aid in IEP goal implementation. The *Conscious Discipline* approach to guidance and the development of social and emotional competence dovetails with *Creative Curriculum*. This approach is very effective for children whose disabilities include a social-emotional dimension.
3. **Staff incorporate materials about people with disabilities** into the classroom with guidance from the Disabilities Specialist.
4. **Staff adapt activities, make accommodations, and use other strategies** that integrate children socially and enable them to participate in all activities, including field trips, regardless of abilities. *Services for children with disabilities are incorporated into their objectives and activities, into the daily classroom routines and environment, and do not result in undue attention to the child's disabilities.*

Time Frame: Ongoing

People Involved: Disabilities/Education Specialist; Classroom Team

Documentation: Child Development Plan for Individualization; Education Plan; Disabilities/Mental Health/ Education Specialist monitoring

Objective: 1308.4h(1-7) Identify resources for related services such as including audiology, PT, OT, speech and language, psychological services, transportation and assistive technology services and devices in Head Start and community.

Strategies/Activities: A wide range of therapy services and special educators are available through ECSE programs. If other resources are needed, the Classroom Team, in conjunction with the Disabilities Specialist, will ascertain appropriate services.

Time Frame: Ongoing

People Involved: Disabilities Specialist; ECSE programs; Classroom Team

Documentation: IEP

Objective: 1308.4k Personnel meet state standards

Strategies/Activities:

1. All therapists under contract to Head Start or ECSE programs must be state certified or licensed.
2. When utilizing other resources than the schools, Head Start would explore all other funding sources including using Medicaid providers whenever possible especially those provided by the Bureau of Special Health Care Services.

Time Frame: Ongoing

People Involved: Disabilities Specialist; Agencies providing services

Documentation: Contact/Transaction forms with agencies providing services

TRANSITIONS

Goal: Smooth transition of children with disabilities into Head Start and from Head Start to the next placement.

Objectives:

1308.4g; 1308.21b Establish transition procedures to assist parents in ensuring a smooth transition of children with disabilities into Head Start and from Head Start to the next placement.

1304.20f(2)(iii) Establish smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities.

Strategies/Activities:

1. The **Education, Mental Health and Transition Plan** outlines a number of activities designed to assist in transitioning children to and from Head Start, including those with disabilities.
2. **LEA Agreement meetings.** Since our IEPs are done in conjunction with the local schools, the local Head Start staff is increasingly involved in transition decisions. During our LEA agreement meetings, we are encouraging this collaboration.
3. **Coordination of services** with other agencies is crucial to successful transitions. First Steps coordinators are being integrated into the early childhood community. They are invited to meet with the center staff and other agencies for the Recruitment Committee meeting and the Health Services Advisory Committee meetings. A few of the counties have Local Interagency Coordinating Committees. Through these and other contacts made, First Steps coordinators and other agencies have a better sense of how to incorporate Head Start into their transition plans for children.
4. **Transitioning to kindergarten.** Head Start staff is involved in IEP transitioning meetings if a parent does not feel confident in their role as advocate for their child. Often by this time parents "know the ropes." Also as part of communicating about services, school staff and Head Start will discuss transition decisions. All children and families are involved in a number of transition activities as described in the Education/Mental Health/Transition Work Service Plan.
5. **Criteria for allowing kindergarten-age child to remain in HS program.** The public schools are responsible for the education of kindergarten-age children. A child may remain in Head Start an additional year, if, as part of the school-initiated IEP process, and with the involvement of the Head Start staff and parents, it is determined to be in the child's best interest. Each such determination must be approved by the Head Start Department Head.

Time Frame: Ongoing

People Involved: Education/Disabilities/Mental Health/Transition Specialist.; Local LEAs; Child/Family Health Specialist; Family Advocate; LICC

Documentation: LEA Memorandum of Understandings; Recruitment Committee Meeting Participation forms; LICC minutes

Objective: 1308.21c Notify the school of children's planned enrollment prior to the date of enrollment, in cooperation with the child's parents.

Strategies/Activities:

1. **Parents are encouraged to take their children to kindergarten registration.**
2. Parents sign a "Transition" form giving permission to release information to the school where their child will be attending. The schools are sent the "Participant Health Summary" on each child, and thus are aware of potential children who will be attending, unless the family moves.

Time Frame: Spring; April/May

People Involved: Center staff; Child/Family Health Specialist

Documentation: LEA Memorandum of Understanding; Center newsletters; Report #3030 "Participant Health Summary"

Objective: 1308.4l(4) LEA agreements include transition: Review transition process and revise as needed.

Strategies/Activities: Transition procedures into kindergarten are identified in the Memorandum of Understanding with each local school and are updated annually. Including discussion of the role of Parents As Teachers during the development of the LEA Memorandum of Understandings adds a key component for transitioning children into Head Start.

Time Frame: Updated annually

People Involved: LEA; Disabilities Specialist.; Local staff

Documentation: LEA Memorandum of Understandings

ADMINISTRATIVE PROCEDURES

Goal: Procedures are established for program accessibility, record-keeping and reporting, confidentiality, medication procedures, transportation, involvement in the budget process, and evaluation of the disabilities services.

Planning and Evaluation of Disabilities Services Effort

Objectives: 1308.4a,b The Disabilities Work Service Plan, updated annually, assures that all components of Head Start are appropriately involved in the integration of children with disabilities and their parents, and that resources are used efficiently.

Strategies/Activities:

1. The Disabilities Work Service Plan, developed by the Disabilities Specialist, is utilized as the guide for providing services to children with disabilities.
2. Evaluation of the plan involves talking with family advocates, who work closely with parents, during on ongoing monitoring of the disabilities program. They are very aware of local needs and resources. In addition the LEA agreement meetings afford opportunities to discuss how to strengthen services. Changes in the law also affect the development of the plan.
3. Management staff utilizing ChildPlus reports also have input into needed directions.
4. A first draft of the Disabilities Work Service Plan is shared with the Health Services Advisory Committee (HSAC) in April. Membership of this committee includes interested parents, all Policy Council members, as well members from the school's Special Services Department and Part C providers. Input is gained during this meeting. The second draft is approved by the Committee in August with additional suggestions.
5. Policy Council approves the plan.

Time Frame: Annually; meeting in spring and approved late summer

People Involved: Disabilities Specialist; Family Advocates, Management staff; Health Services Advisory Committee; Policy Council

Documentation: Monitoring; LEA Agreements; Disabilities Work Service Plan; Meeting Participation form

Multidisciplinary Team and Its Work

Objective: 1308.4h

1. Ensure intercomponent collaboration in services delivery.
2. Provide job descriptions for each position in the disabilities services program.
3. Supervise disabilities services.
4. Work collaboratively, wherever possible, with ECSE programs.

Strategies/Activities:

1. Central Office staff, including Specialists and Area Coordinators meet twice a month to coordinate activities.
2. This plan integrates disabilities services into all aspects of Head Start programming.
3. A job description has been developed for the Disabilities Specialist.
4. The Disabilities Specialist meets regularly with staff working with children with disabilities and their families.
5. All non-Head Start disabilities staff are given relevant Performance Standards information in a booklet entitled, "Head Start Orientation: For those working with children with special needs"
6. As Head Start works collaboratively with ECSE programs relevant Head Start information is given.

Time Frame: Twice a month; updated annually; monthly/ ongoing

People Involved: HS Management Team; HS Department Head or Deputy Department Head; Disabilities Specialist

Documentation: Staff meeting minutes; job description; Education/Disabilities/Mental Health Monitoring Visit Checklist; "Head Start Orientation: For those working with children with special needs"

Involvement in Budget Process

Objective: 1308.4e,m,n,o(1-7)

The disabilities coordinator must work with the director in planning and budgeting of Head Start funds to:

1. Ensure level of fiscal support to serve mandated 10% of children with disabilities.
2. Ensure agency budget requests address implementation of activities delineated in the disabilities services plan.

Strategies/Activities:

EMAA Head Start Disabilities Specialist works with the Head Start Department Head or Deputy Department Head in planning and budgeting of EMAA Head Start funds to assure that the special needs identified in the IEP are fully met; that children most in need of an integrated placement and of special assistance are served; and that EMAA Head Start maintains the level of fiscal support to children with disabilities consistent with the Congressional mandate to meet their

special needs. Budget requests included with the application for funding address the implementation of this Disabilities Work Service Plan. Expenditures may include:

- 1) Salaries
- 2) Evaluation of children.
- 3) Services
- 4) Making services accessible.
- 5) Special equipment and materials
- 6) Training and technical assistance

The Disabilities Specialist ensures that the disability budget contains sufficient funds to purchase needed equipment and related subcontractor services.

Time Frame: During budget planning

People Involved: Disabilities Specialist; Head Start Department Head or Deputy Department Head

Documentation: Budget

Documentation: Record-keeping and Reporting

Objective: 1308.4h

1. Track service delivery process for each child.
2. Provide required information for PIR, agency self-assessment, etc.

Strategies/Activities:

1. The 'Disabilities Alert List' tracks all screening, referrals, IEP meeting dates and ongoing communication for each child at each center program with disabilities or suspected disabilities.
2. Area Support Assistants enter information on ChildPlus. ChildPlus computer software tracks disability category, IEP date and if it was signed by the LEA.
3. The Disabilities Specialist reviews reports regarding all screening and disability information on ChildPlus.

Time Frame: Ongoing; Upon completion of IEP

People Involved: Disabilities Specialist; Computer Specialist; Area Support Assistants

Documentation: Disabilities Alert List, ChildPlus Reports

Program Accessibility

Objectives:1308.4f(3); 1308.4o4; 1308.5d(2)

1. Ensure compliance with ADA and Section 504.
2. Complete and file self-evaluation on ADA.
3. Plan for removal of physical barriers not involving excessive cost.
4. Establish alternative ways to provide services when facility accessibility is not possible.

Strategies/Activities:

1. **EMAA Head Start strives to accommodate all children, staff, parents and community members.**
 - a. Modifications are made when the program procures new centers to meet ADA standards. All physical barriers are removed or eliminated whenever excessive cost is not involved.
 - b. If a staff member, child, parent or community person needs additional accommodations, the Site Manager makes these available. If necessary, the Disabilities Specialist assists in procuring necessary accommodations.
2. The **ADA Checklist for Existing Facilities** is completed each winter and follow-up steps are taken to strengthen ADA compliance.
3. **Additional accommodations.** Once a diagnosis of a disability has been made, additional accommodations are made within a reasonable time to comply with the Americans with Disabilities Act standards. The Classroom Team inform the Disabilities Specialist of such needs as they arise.
4. **Inaccessibility.** If program accessibility is not possible, a continuum of services will be made available. However, it is a source of pride that EMAA Head Start can find a way to make every program accessible.

Time Frame: Winter; as needed

People Involved: Disabilities Specialist; Department Head; Classroom Team; Area Coordinator

Documentation: "ADA Checklist for Existing Facilities" for each center

Confidentiality

Objective: 1308.5b

1. Establish procedures to ensure child/family confidentiality.
2. Provide information and training to staff regarding policies and procedures for confidentiality.
3. Identify what information is to be included in the disability file.

Revised September 2011

Strategies/Activities:

1. Confidentiality is maintained in accordance with performance standards, state regulations and EMAA policy requirements.
 - a. Consent forms must be signed before any information is released.
 - b. Only staff working directly with the child and family view records.
 - c. Parents may view information at any time.
2. All Head Start staff are trained on the policies and procedures for confidentiality through Head Start 101. This information is reinforced at other trainings.
3. Each purple disability file folder contains the followingThe following information is contained in each child's disability file folder, along with this statement: *The folloing infomraiton is CONFIDENTIAL and is to be shared only with staff who work directly with the child and family, and those listed on consent forms. Parents, o course, may view this informatin any time.*

Time Frame: Ongoing

People Involved: Disabilities Specialist; All staff; Training Specialist

Documentation: Head Start 101 Meeting/Training Participation form; purple disability file folder with the above information; Consent for Release of Information

Medication Procedures

Objective: 1308.18c, d Establish appropriate safety procedures for personalized services.

Strategies/Activities:

Procedures for the administration of medication has been developed by the Child/Family Health Specialist.

Time Frame: Ongoing

People Involved: Child/Family Health Specialist; Site Manager or designated staff

Documentation: "Medication Policy for EMAA Head Start Children and Staff," Health Plan

Transportation

Objective: 1308.4(h)(6); 1308.4(o)(5) Provide handicapped-accessible transportation as needed.

Strategies/Activities:

If the IEP states the need for center-based services, the school is responsible for the provision of those services. Head Start facilitates this process, assuring that someone is watching for th bus when it comes and that the children are ready to go.

Time Frame: Ongoing

People Involved: Disabilities Specialist; Site Manager; LEA

Documentation: IEP

TRAINING AND TECHNICAL ASSISTANCE

Goal: Establish process for identifying and meeting training and technical assistance needs.

Objectives: 1308.4o(7); 1308.4l(2)

1. The Training Specialist:
 - a. Develops a system to assess staff/parent training needs.
 - b. Identifies Head Start and community training resources.
 - c. Develops calendar for pre/in-service.
2. Develops orientation training for consultants/ agencies providing services to Head Start.
3. Allowable expenditures for training for staff and parents include travel, per diem expenses, provision of substitute teaching staff, fees for courses specifically related to disabilities services, and fees and expenses for training/technical assistance consultants if such help is not available from another provider at no cost.
4. Coordinate training with LEAs.

Strategies/Activities:

Training issues are incorporated throughout this plan:

Recruitment 1308.5b

Selection and Enrollment 1308.4i,j

Screening 1308.6b(3)

Evaluation 1308.6e(2)

IEP Development 1308.19d,e

Program and Related Services 1308.19k

Confidentiality 1308.5b

Nutrition 1308.20d

Parent Involvement 1308.21a

Staff trainings in February

With the help of parents, site managers are responsible to see that all staff receive training on expectations for their role for working effectively with children with disabilities. Site managers can contact ECSE programs or the Disabilities Specialist if they are needing additional training resources.

DIAL-3: Site managers are responsible for training new staff on screenings.

Disabilities Specialist will train outside evaluators.

QIC-DS trained Disabilities Specialist.

Site Manager/Disabilities Specialist responsible for locating training for staff regarding severe disabilities

HS 101 for new employees, and ongoing training

Parent nutrition training occurs at beginning of year, at a parent meeting, and during parent contacts facilitated by the Nutrition Specialist

Parent meeting training topics can include topics that can assist parents who have children with disabilities

1. The Training Specialist:
 - a. Utilizes the "Individual Staff Development Needs Assessment" survey to help ascertain the training for the following year.
 - b. Develops a calendar for pre/in-service training with assistance from all Head Start staff including the Disabilities Specialist. Suggestions for parent meeting training topics include topics of interest to families who have children with disabilities.
2. The Site Manager orients collaborative partners using "Head Start Orientation: For those working with children with special needs."
3. Staff fill out mileage form and parents fill out a "Request and Authorization of Official Travel" form when attending training.
4. The coordination of training efforts is covered in the LEA Memorandum of Understanding.

Time Frame: Late summer and fall; Ongoing

People Involved: All Specialists especially Training and Disabilities Specialists; Anyone involved in traveling for training; LEA meeting team

Documentation: "Individual Staff Development Needs Assessment" survey; EMAA Head Start Timeline; "Request and Authorization of Official Travel" form; LEA Memorandum of Understandings; Meeting Participation form; Tracked through ChildPlus

INTERAGENCY COLLABORATION

Goal: 1304.41a(2)(iv); 1304.41a(4); 1308.4.l(1-7) Procedures established for coordination with other agencies as well as the process for developing local agreements with other agencies.

Memorandum of Understandings with LEAs include:

- 1) Head Start participation in Child Find.
- 2) Joint training of staff and parents.
- 3) Procedures for referral for evaluations, IEP meetings and placement decisions
- 4) Transition
- 5) Resource sharing
- 6) Any other items agreed to by both parties

Objectives:

1. Develop written interagency agreements with LEAs and other agencies and update agreements annually.
2. Maintain communication with agencies serving children with disabilities for recruitment, resources and training.

Strategies/Activities:

1. Interagency collaborations are incorporated throughout this plan.
 - Identification and Recruitment 1308.5a,f
 - Selection and Enrollment 1308.4i,j
 - Screening 1308.6b
 - Evaluation 1308.4e(2); 1308.6e(1)
 - IEP Development 1308.19c
 - Program and Related Services 1308.c, h
 - Transitions 1308.4l(4)
 - Confidentiality 1308.5b
 - Training 1308.4l(2)
2. **Memorandum of Understandings** have been developed with each local school district and are updated annually.
 - a. EMAA Head Start personnel meet each fall with appropriate staff of each local school. The Head Start team is comprised of the Disabilities Specialist, who serves as a facilitator, and those persons with whom the school has developed or who would like to develop a relationship will serve on the team. These may include the area coordinator, site manager, teacher and/or family advocate. Schools are encouraged to include an administrator, ECSE personnel and Parents As Teachers personnel. Staff from local Head Start programs serve as the ongoing contact person with the local school districts.
 - b. Head Start and the LEAs use the Missouri document "Memorandum of Understanding Involving the Missouri Department of Elementary and Secondary Education and Region VII Department of Health and Human Services Administration for Children and Families Office of Community Operations and the Missouri Head Start Association and Region VII Quality Improvement Center for Disabilities" as a guide to create local collaborative agreements responsive to the needs of each community. This guide incorporates performance standard requirements and serves as a tool for Head Start to educate schools and the schools to educate Head Start about our respective roles.
3. **Mental Health Agreement for Services.** EMAA Head Start has an written agreement for the provision of mental health services for our program with a licensed mental health professional.
4. **Local Collaborative Efforts.** There are many local collaborative efforts, many of which are verbal agreements for the provision of services, such as with Health Departments for screening, and others, such as Recruitment Committee meetings, have written minutes.
5. **Health Services Advisory Committee.** In order to keep them abreast of the Head Start disabilities efforts the following categories of people are invited to the Health Services Advisory Committee meetings and are sent the Disabilities Services Plan: Directors of Special Education and other interested school personnel, such as ECSE teachers, major mental health care providers as well as individual counselors who have expressed an interest in Head Start, agencies which work with people with disabilities including all First Steps coordinators, health care providers, nutritionists, Policy Council members and interested parents.

Time Frame: Updated annually; twice each year

People Involved: Disabilities/Health/Nutrition Sp, center staff, Area Coordinators, parents, LEAs, other agencies

Documentation: LEA Memorandum of Understandings; mental health agreement; minutes of meetings at local centers; Health Services Advisory Committee minutes

NUTRITION SERVICES

Goal: Assure coordination of needed nutrition services.

Objectives:

1. 1304.23a(2); 1304.23b(1); 1308.20a,b,c Staff must assure the identification, design and implementation of special dietary and feeding requirements for children with disabilities are met in a way that enables children share in food experiences with their typical peers to the fullest extent possible.
2. 1308.20d The prevention of disabilities with a nutrition basis is addressed.

Strategies/Activities:

1. Identification/assessment

- a. Family Advocates asks parents nutrition questions during final enrollment.
- b. Every child must have a medical check-up which includes Hematocrit and height/weight.

2. Diet Prescription Form. Based on the identification/assessment, a proper diet, including allergies, is planned. Diet modifications are recorded on the Diet Prescription Form.

- a. This plan is done in consultation with the child's primary health care provider and/or with the assistance of the Nutrition Specialist or other qualified nutritionist or registered dietitian.
- b. Therapists are consulted as needed regarding chewing, swallowing and feeding for children with feeding problems. They recommend adaptations or accommodations. Adaptations are recorded on the Contact/Transaction form. The Disabilities Specialist is contacted to procure needed items.

3. Nutritional activities inclusive. All classroom nutritional activities are designed and implemented to help children with disabilities participate with classmates to the fullest extent possible.

4. Prevention of disabilities with a nutrition basis

- a. Staff contact parents regarding failed screenings, such as Hematocrit or weight concerns, to plan needed follow-up with consultation from the Nutrition Specialist.
- b. At least one parent meeting each year contains a nutritional component.
- c. At least one parent contact each year contains a nutritional component.

Time Frame: Final enrollment; within 45 days; Ongoing

People Involved: Disabilities Specialist; Nutrition Specialist; Cooks; Classroom staff

Documentation: Nutrition Plan; Diet Prescription Form; Family Contact/Transaction form

PARENT INVOLVEMENT

Goal: Parents are involved throughout the disability effort.

Parent involvement is incorporated throughout this plan:

Identification and Recruitment 1308.5a,f
Selection and Enrollment 1308.5c,e
Screening 1308.6c
Developmental and Health Assessment 1308.6d
Evaluation 1308.6e(2)
IEP Development 1308.18j
Program and Related Services 1308.4c,d,f(4)
Transitions 1308.4g; 1308.21b
Confidentiality 1308.5b
Safety and Medical Procedures 1308.18c,d
Training 1308.4o(7)(i)
Nutrition 1308.20d

Objective: 1308.21a Parents are involved throughout the disability effort by:

- 1) Providing support to families entering from infant/toddler programs.
- 2) Providing information to encourage parents to foster their child's development.
- 3&4) Providing opportunities to observe activities in the classroom and suggestions for home follow-up activities.
- 5&6) Providing information on parents rights and peer support.
- 7) Providing information on other community programs and resources.
- 8) Identifying needs (caused by the disability) of other family members.
- 9) Providing information in order to prevent disabilities among younger siblings.
- 10) Building their confidence, skill and knowledge in accessing resources.

Strategies/Activities:

1. **Families from infant/toddler programs.** Family Advocates meet with families entering Head Start from infant/toddler programs, which in our area is primarily from First Steps, during final enrollment to ascertain how to best meet the needs of that child.
2. **Child development information.** At the beginning of the year each parent is given "Developmental Benchmarks." This information initially gives parents a realistic basis for looking at their own child's growth and development, especially in light of their child's disability. During the year teachers share the child's portfolio with parents which includes observations and work samples from the *Creative Curriculum Continuum*. Parents can see areas where their child is 'normal' and the fact that we plan to help *all* children grow.
- 3&4. **Parent involvement.** Center staff are responsible for keeping families informed regarding opportunities for classroom visits, including sharing their areas of expertise, e.g. about their child's disability, home visits, parent meetings and follow-up activities. Each week parents are given a book and a "Reading Homework" form increasing the collaborative efforts made to educate each child.
- 5&6. **Procedural Safeguards/Support services.** DESE's "Procedural Safeguards" handout are explained and provided to families as appropriate. Family Advocates each have a brochure about MPACT, a Parent-to-Parent support service which includes training, parent study groups, individual assistance, a newsletter and information.
7. **Family Advocates have community resource information**, such as about SSI, and assist families with initial efforts to access resources.
8. **Training and the needs of family members** who have children with disabilities may be twofold.
 - a. Learning how to work effectively with the child. The "Parent/Head Start/School Ongoing Communication Form" can provide family members with guidance on how to assist with and support, for example, speech challenges, while at the same time supporting the knowledge that parents have a great deal of knowledge about their their child.
 - b. Handling the stress of living with a child with a disability. Parent meeting topics include those which benefit families who have children with disabilities. Our Healthy Living Counselor is available to work either directly with parents or with Family Advocates who then work with parents on handling stress. The Parent Partnership Agreement can incorporate stress reduction as one goal.
9. **Disability prevention** among younger siblings occurs in many ways.
 - a. The Classroom Team encourages parents to provide a stimulating environment for their children. Speech/language and developmental disabilities can thus be lessened.
 - b. Family Advocates give parents nutrition information (see Nutrition Services section) to prevent disabilities with a nutritional basis.
 - c. Staff encourages parents to participate in Parents as Teachers with their younger siblings. PAT screening includes early detection of potential health problems which decreases the disabling effects of these conditions.
10. **Involving parents throughout the IEP development and implementation** is designed to build confidence, skill, and knowledge.

Time Frame: Ongoing

People Involved: Disabilities/Education and Social Service/Training Specialists; Classroom Team; Healthy Living Counselors

Documentation: "Parent/Head Start/School Ongoing Communication Form;" "Procedural Safeguards" handout; Parent Partnership Agreement; Community Resource Information