



SELECTION AND PLACEMENT OF CHILDREN WITH DISABILITIES

Regulation Reference:

(2004) 45-CFR 1308.4(l) (1-5); 1308.5 (c) (1-4); 1308.4 (o)
(1999) 45-CRF 1305.6 (c)

Policy:

The EHS-HS FCC Program has a formal process for establishing criteria for enrollment selection. This criterion incorporates all eligible applicants for EHS-HS FCC services. At least 10 percent of the total funded enrollment is reserved for children with disabilities who meet the Federal definition. Children are selected based on a point system, with points assigned based on information obtained during the application process. Children with diagnosed and suspected disabilities receive extra points in the selection process.

Procedure:

Selection:

1. At least ten (10) percent of the total number of enrollment opportunities during an enrollment year are made available to children with disabilities.
2. To ensure that children with suspected or diagnosed disability have priority for this enrollment opportunity, they are given extra points in the selection process.
3. EHS-HS FCC staff does not deny placement of a child on the basis of a disability or its severity, when the program has space to enroll more children; even if the program has filled 10 percent of enrollment opportunities with children with disabilities. Once the 10 percent of enrollment opportunities are filled, all applicants compete equally for available enrollment opportunities.
4. The EHS-HS FCC program can deny acceptance to children whose IEP/IFSP states that the child requires a self-contained program for the disabled.

Program Placement

The key factor in selecting appropriate placement for a child with disability is the IEP/IFSP. The needs of the individual child and the ability of the child to benefit from participation in the EHS-HS FCC program are determining factors in program placement. Children may spend part of the program hours in EHS-HS FCC for mainstreaming experience, and part in a specialized program. F&CP staff, DSC, and Area Coordinator work together to place children appropriately.

The following are considered prior to final placement:

1. What school zone is responsible for serving this child? LEAs that provide transportation for children to special services are not allowed to transport a child from a resident outside their school zone. Children being served by an LEA in the EHS-HS FCC Home cannot provide services in the EHS-HS FCC Home outside their school zone.
2. Depending on the child's needs, a small group of six children may be preferable to a larger group. This fact is weighed against the fact that Providers with six children do not have an assistant.
3. Children requiring wheelchair accessibility are placed in a Provider Home that is accessible.
4. The number of diagnosed children already placed in an EHS-HS FCC Home is considered prior to placing other suspected or diagnosed children in this home.



Referral to Local Education Agency (LEA)

Regulation Reference:

(1999) 45 CFR 1304.20(f)(ii-iv)

Policy:

Families with preschool children suspected of having a disability will be referred to the appropriate LEA after obtaining an Authorization for Release of Records and Information for the referral.

Procedure:

The LEA is responsible for assuring that each referred child is evaluated in accordance with the provisions of IDEA. To assist the LEA evaluation team, the DSC provides the child's screening results pertinent observations, and results of developmental assessment.

A child will be referred to the LEA when:

- He/she did not pass one or more areas of screening.
- At the request of parent or Provider.
- Corrective measures to vision and hearing do not functionally restore the child's ability to hear or see.
- A child's Primary Health Care Provider notes a suspected disability (on physical exam).

The LEA has 120 days from the day the referral is accepted to complete the process and (1) determine the child is ineligible for services, or (2) begin special education services.

Jefferson County has thirteen different school districts. Children are referred to the Board of Education of the school zone in which they reside.

The Referral Process:

1. The DSC receives information indicating a child has a suspected disability.

2. The DSC Staff communicates with the parent (phone or in person, and follow-up official letter) informing them of the reason for referral and a request to authorize release of information.
3. The following items are included in the LEA Referral Packet.
 - Copy of the signed/witnessed Authorization for Release of Information form.
 - Copy of the child's physical exam
 - Copy of all screenings (hearing, speech, vision, etc.) and pertinent testing information obtained from previous and current service providers.
 - EHS-HS FCC Official referral letter.
 - A Student Referral form completed by DSC Staff according to the following instructions:
 - Complete the front page of the referral form to the checklist section titled Instruction Concerns and Behavioral Concerns.
 - Complete the section titled Medical Information, Answer all questions.
 - Complete the Environmental Cultural Economic Concerns Checklist.
 - Do not complete any other sections of the form; they do not pertain to preschool children.
 - The last page of this form will be completed by the IEP team after all screening is complete and the results are reviewed.
 - If the LEA Evaluation Professionals, the DSC and the parent do not agree on the need for further evaluation, then the DSC and parent should attend this meeting in that case, this meeting is an opportunity for the DSC and parent to advocate for further evaluation.
4. Once the LEA accepts the referral information, the process begins as described in the Special Education Process Outline. Each school system may have slight variances in their process; however they must adhere to the regulations stated in this Process Outline.
5. The LEA is responsible for all appointments. The DSC Staff acts as an advocate for the child and family. The DSC Staff documents all phases of this process and completes all required EHS-HS FCC Disabilities Services forms on the child's tracking forms. These forms are filed in the Disabilities section of the child's central office file. Documentation of communication with the parent, service provider and EHS-HS FCC Provider is also recorded in the child's file.

6. The DSC Staff completes and files the pertinent Change of Status forms as the child moves through this process.
7. In House Referrals are completed by the Providers and are followed up by the DSC Staff.



Jefferson County Child Development Council, Inc.
 728 37th Street South
 Birmingham, AL 35222
 (205) 933-1095

Early Head Start – Head Start Family Child Care Program
 Date: _____

 Name

 Address

 City State Zip

Re: Release of Information & Referral for Evaluation
 Child's name: _____

Dear Parent/Guardian:

As we discussed, your child requires further testing in the area of _____.
 This decision is based on the following sources of information: _____.

<input type="checkbox"/> Brigance	<input type="checkbox"/> Staff Reports (IEP OR IFSP)
<input type="checkbox"/> Battelle Screening	<input type="checkbox"/> Parental Concerns
<input type="checkbox"/> Battelle Dev./Inventory	<input type="checkbox"/> In-House Referral
<input type="checkbox"/> Pre-School Language Scale-5	<input type="checkbox"/> Child Progress Report
<input type="checkbox"/> Health Medical Records	<input type="checkbox"/> Developmental Check List
<input type="checkbox"/> Vision/Hearing Reports	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Physical/Social Developmental History	

Our program is required to refer all children who might be experiencing problems to your local school system or Child Find for a free evaluation. Please read sign, and return the enclosed Release of Information form to me in the provided postage-paid envelope, so that I can complete this referral. (Families zoned for Jefferson County Public Schools will have additional forms to complete.) It is important that you return the completed form(s) immediately.

After this referral is sent to your local school system, you should receive a Notice of Proposed Meeting form concerning the date/time for your child's evaluation. Please keep this appointment or respond immediately to reschedule it. When you receive your appointment date, please call me at (205) 933-1095.

Thank you for your prompt attention to this request.

Sincerely,

Disabilities Services Coordinator/Disabilities Service Specialist
 Enclosures



In House Referral

Regulation Reference:

2004 CFR 1308.4 (o)(2)

Policy: If after screening, a Provider, parent, or staff notices a concern or thinks a child warrants additional screening, the Provider, parent, or staff will do a request for In House Referral.

Procedure:

The Provider, parent, or staff will follow and complete directions for In House Referral Form.



JCCDC EHS-HS FCC In-House Referral Form

As a child care professional, your observations or parental reports may cause you to suspect a potential problem with a child's development. This suspected problem may not have been discovered during previous screening. If you have a concern about a child in your care, please complete this form and return it to the appropriate Coordinator.

Please indicate the Coordinator who should receive this referral:

- Health Coordinator** – concerns about general physical health.
- Disabilities/Mental Health Coordinator** – Concern about a child's behavior, speech hearing, vision, cognitive, social emotional, self-help, or physical development.
- Family and Community Partnership Coordinator:** Family concerns
- Nutrition Coordinator** – Concerns about diet.

Upon receipt of this referral, the Coordinator will contact you for further information.

Date: _____ Child's name: _____ DOB: _____

Person making this referral (name/title): _____

EHS-HS FCC Home: _____

Reason for referral (Be specific – state frequency of behavior and give examples):

.....
To be completed by Program Coordinator:

Date received: _____

Action taken: _____

When complete, file in the appropriate section of the child's Central Office File. Send completed copy to the Provider to file in the child's EHS-HS FCC Home file.



Disability Folder Verification

Regulation Reference:

1308.4 (h) (1-3); 1304.51(g)

Policy:

All Professional therapists rendering services to children with disabilities must sign the JCCDC EHS/HS FCC Therapist visit form.

Procedure:

1. Therapists will date and sign services rendered to children including the beginning and ending time.
 2. Documentation of services rendered will be provided to DSC by the Provider or the therapist.
 3. The DSC will place documentation in child's file.
 4. All Providers will sign and verify receipt of Disability Folders from the DS Component.
-

JCCDC EHS-HS FCC

Therapist Visit

Date	Therapist Signature	Child(ren) Site	Time in	Time out

Provider Signature: _____

Date: _____

Provider Disability Folder Verification

Child's Name: _____

Date: _____

Provider's Signature: _____

I have received the Disabilities folder for the above child.



Training for Providers and Staff

Regulation Reference:

(1999) 45 CFR 1306.23 (1) (2)

Policy:

The DSC obtains or provides ongoing training for Providers. Training content includes methods of modifying large group, small group, or individual activities to meet the needs of children with disabilities. When a child is enrolled whose disability or condition requires a special skill or knowledge of special techniques or equipment, training is obtained for both Providers and staff. Joint training with other agencies is recommended to stretch resources and exchange expertise.

Providers and staff have access to regular ongoing events to keep them abreast of new materials, equipment, and practices related to serving children with disabilities. Ongoing training and technical assistance in support of the disabilities effort is planned to complement other training available to meet Provider and staff needs.

The best use of training funds results when the EHS-HS FCC Program conducts Provider and staff training needs assessment. The DSC, Health Component, and Education Component collaborate to conduct this need assessment and plan training. Pre-Service Training includes the importance of observing signs that a child may be experiencing developmental delays or health problems that could cause them to be a higher risk for later learning problems.

1. During Pre-Service Training, the DSC provides staff training on the following:
 - Developmentally appropriate experiences;
 - Information related to the identification of newly enrolled children with special needs;
 - Methods to identify children at risk;
 - The screening, assessment, and evaluation process; and
 - The partnership between the Provider, therapist, and parent as the optimum method of caring for children with special needs.
2. As early as possible in the program year, a comprehensive training need assessment is conducted. The resulting information dictates future training topics.



Requesting Disabilities Supplies

Regulation Reference:

(1999) 45 CFR 1308.4 (f) (4)

(2001) Alabama DHR Minimum Standards 12:B. 2. a. (12); 29;E. 2. A. (2) (b); 40:D.5.c.(2)(a); 40: D. 5. c. (2) (c); 24: B1-13; 27:3a-e 28:c

Policy:

Supplies and equipment required by the Providers and staff for children with disabilities and special needs is obtained from the DSC. Requests for supplies should be submitted at least one month prior to the needed date.

Procedure:

1. Prior to the first day of enrollment, the DSC gives each Provider the supplies required for any child with special needs. Supplies include diapering materials and equipment, adaptive educational equipment and materials, special materials or supplies noted in the child's IEP, etc.
2. The DSC works with the Health Specialist and Education Specialist to purchase all necessary supplies to accommodate children with special needs. The LEA is responsible for any special supplies noted on the IEP. This is decided on a case-by-case circumstance.
3. Each Provider is given supplies when needed. The DSC completes the JCCDC EHS/HS Requisition Form for Disability Supplies.
4. The DSC works with the Executive Director to obtain necessary supplies.
5. Distribution and receipt of supplies are documented on the Requisition form.

JEFFERSON COUNTY CHILD DEVELOPMENT COUNCIL, INC.
728 37TH STREET SOUTH
BIRMINGHAM, AL 35222

REQUISITION

Requested by: _____ **Date:** _____

Department: _____ **Date Required:** _____

Vendor Name: _____ **Vendor Address:** _____

Telephone: _____ **Fax #:** _____

Quantity	Program (HS, EHS, or CNP)	Description/Brand/Item #	Unit Price	Total
			Merchandise Total	
			Other Charges	
			Subtotal	
			Sales Tax	
			Order Total	

BUDGET CONTROL: Prior to ordering supplies, requisition **MUST be approved by the Financial Officer and the Executive Director.**

Financial Officer Signature: _____ **Date:** _____

Approved Disapproved

Comments: _____

Executive Director Signature: _____ **Date:** _____

Approved Disapproved

Comments: _____



JCCDC EHS/HS FCC Volunteer Master File

JCCDC 2014

Regulation Reference:

(1999) 45 CFR 1304.51(g)

Policy:

Before any documentation of contributions can be entered into the computer, each person or agency must have a Volunteer Master File form in the computer system. This form is used to gather information on volunteers or contributors to the JCCDC EHS/HS FCC Program. Once this information is entered into the computer all donations or services rendered by the individual or agency can be recorded. This form is completed only once on a specific individual or agency.

The Volunteer Master File form is completed for all volunteers or contributors who are not current JCCDC EHS/HS FCC parents. The parents of enrolled children are automatically entered in the computer system.

Procedure:

1. The Volunteer Master File form is completed the first time a person or agency performs a service or makes a contribution to the JCCDC program. Once entered into the computer system, the information remains from year to year. If a person does not know if the form has been completed, he/she should complete another form. The Data Center staff members remove duplicate forms. **NOTE:** This form is used **only** to provide information about the donor. It is **not** used to document the services or contribution rendered to the program.
2. Any staff member handling an in-kind contribution completes the Volunteer Master File form. For example, the Health Specialist completes the form on all agencies, doctors, etc., that perform in-kind services for JCCDC EHS/HS FCC through the Health Component.
3. The staff member completing the form submits it to the F&CP staff. The F&CP staff checks the form for completion and accuracy, and the F&CP Specialist submits the form to the Data Entry staff.
4. The Data Entry staff enters the information and submits this information to the Accounting Department at the end of the month. Original forms are returned to the F&CP Parent Involvement staff. Forms are maintained in a file entitled Volunteer Master File 20__-20__.

VALUATION OF VOLUNTEER TIME

1. Parent Volunteer Time at sites, on field trips, etc., will be valued at the average hourly rate of entry-level Providers, including fringe benefits.
2. Professional and Advisory Volunteer Time will be valued at the hourly rate that would be paid for the services rendered, if not donated.



JCCDC EHS/HS FCC Volunteer Master File Form

This form is completed the first time an in-kind service or volunteer time is rendered. It must be completed for anyone (excluding current parents) who performs any type of in-kind or reduced cost services for JCCDC.

Volunteer's name _____
Last name, First name

or ---

Agency/organization _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Description of Volunteer: (check one)

- A = Agency
- P = Parent
- F = Former Parent
- N = Non-parent (community person)

Provider this volunteer is normally associated with: _____ or state "all."

Service type: (Check type of service that will usually be contributed)

- M = Materials
- S = Space
- T = Time
- O = Other

***** to be completed by Data Entry Coordinator*****

School year: _____ Grant year: _____

Service rate: _____
(Rate in \$ for usual type of service. Time donations **must** have an hourly rate).

Jefferson County Child Development Council, Inc.
Head Start Family Child Care Program
 728 37th Street South
 Birmingham, AL 35222
 (205) 933.1095

Volunteer Hours Form

 JCCDC Staff / HSFCC Provider Signature

 Month / Year

Date	Location	Activity	Start Time	End Time	Volunteer Signature	Parent or Community

Goods Donated (Including Value): _____

Other comments (Including Valuation Method): _____

For Office Use Only:

Total Parent Volunteer Hrs. _____

Total Community Rep. Hrs. _____

Checked by (JCCDC Staff): _____ (Travel and Prep. Time = In-kind)