

Child Mental Health and Disability Services

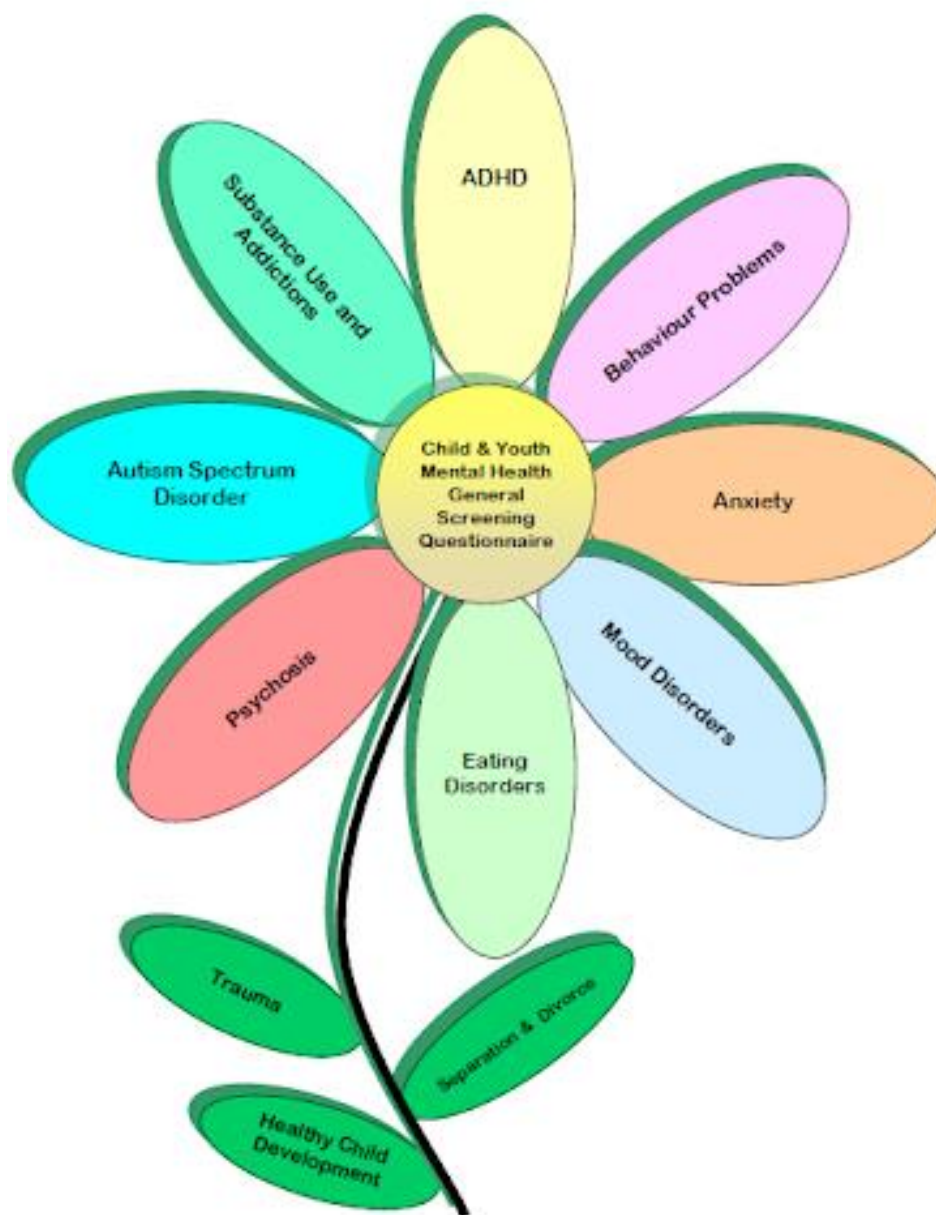


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Child Mental Health



Wellness Promotion

Regulation Reference:

(2016) 45 CFR 1302.45 (a)(1-4)

Policy:

Jefferson County Child Development Council, Inc. Head Start/Early Head Start FCC program supports a program-wide culture that promotes that promotes children's mental health, social and emotional well-being, and overall health.

Procedures:

1. Jefferson County Child Development, Inc. Head Start/Early Head Start program will provide supports for effective classroom management and positive learning environments; supportive teacher practices; and, strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns.
2. Annually, JCCDC, Inc. Head Start/Early Head Start program will secure mental health consultation services on a schedule of sufficient and consistent frequency to ensure a mental health consultant is available to partner with staff and families in a timely and effective manner. This agreement will be entered into by a Mental Health Consultant and the Executive Director or designee.
3. JCCDC, Inc. Head Start/Early Head Start program staff will obtain parental consent for mental health consultation services at enrollment. Mental health services will not be provided without prior written parental consent.
4. JCCDC, Inc. Head Start/Early Head Start program will continue to build community partnerships to facilitate access to additional mental health resources and services, as needed for all children and families.

Mental Health Consultants

Regulation Reference:

(2016) 45 CFR 1302.45(b)(1-6)

Policy:

Jefferson County Child Development Council, Inc. Head Start/Early Head Start FCC program will secure the services of mental health professionals on a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about a child's mental health.

Procedures:

1. Jefferson County Child Development Council, Inc. Head Start/Early Head Start program will ensure mental health consultants assist:
 - a. The program to implement strategies to identify and support children with mental health and social and emotional concerns.
 - b. Teachers, including family childcare providers, to improve classroom management and teacher practices through strategies that include using classroom observations and consultations to address teacher and individual child needs and creating physical and cultural environments that promote positive mental health and social and emotional functioning.
 - c. Other staff, including home visitors, to meet children's mental health and social and emotional needs through strategies that include observation and consultation.
 - d. Staff to address prevalent child mental health concerns, including internalizing problems such as appearing withdrawn and externalizing problems such as challenging behaviors.
 - e. In helping both parents and staff to understand mental health and access mental health interventions, if needed.
 - f. In the implementation of the policies to limit suspension and prohibit expulsion as described in 1302.17.
2. JCCDC, Inc. Head Start/Early Head Start program will ensure a contract will be in place between the JCCDC Head Start/Early Head Start program and a Mental Health Consultant. The mental health professional contract will be reviewed and updated annually by the Disabilities/Mental Health Services Coordinator and Head Start/Early Head Start Director.
3. The Mental Health Consultant will refer to other mental health professionals/agencies as needed.

Mental Health Program Services

Regulation Reference:

(2016) 45 CFR 1302.46(a)

Policy:

Jefferson County Child Development Council, Inc. Head Start/Early Head Start FCC program will ensure the mental health professional will work in conjunction with program staff and parents to implement mental health program services through a regular schedule of on-site mental health consultation involving the mental health professional, program staff, and parents.

Procedures:

The mental health consultant will:

- Have regular schedule of on-site consultation to average at least 8 hours a week. This may be at the Family Child Care sites or central office visits.
- Assist with designing and implementing program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children through classroom visits.
- Promote children's mental wellness by providing group and individual training to staff and parents on mental health issues.
- Assist in providing special help for children with atypical behavior or development.
- Utilize other community mental health resources as needed. These may include Behavioral Medicine, Jefferson County area mental health services and Mental Health programs in the Birmingham, Jefferson County, AL area.
- Provide sufficient timely and effective identification and intervention in family and staff concerns about a child's mental health.
- Advise and assist with developmental screenings.
- Maintain confidentiality of records.
- Work collaboratively with the Disabilities/Mental Health Services Coordinator to ensure all children at risk are identified and served.

Family Support Services for Health, Nutrition, And Mental Health

Regulation Reference:

(2016) 45 CFR 1302.46 (a)(b)(iv)

Policy:

Jefferson County Child Development Council, Inc. Head Start/Early Head Start program mental health service area works collaboratively with parents.

Procedures:

Jefferson County Child Development Council, Inc. will:

- a. Solicit parental information, observations and concerns about their child's mental health. Family and Community Engagement staff will obtain pertinent family information and history concerns and observation at intake and re-enrollment. Mental health information is captured on the child's health record. FCE staff will submit referrals to Disabilities/Mental Health Services Coordinator as needed.
- b. Share staff observations of the child and discuss with parents the child's behavior and development, including separation and attachment issues and developmental screening and parent checklist. Keep anecdotal notes which also may be shared with parents this may be done during home visits or when parents visit the center. Offer opportunity for parent conferences with classroom staff to discuss the mental health curriculum and referrals.
- c. Discuss and identify with parents appropriate responses to their child's behavior. Administer the Brigance Developmental Screenings on each child within 45 days of enrollment. Any issues or concerns are noted on the screening form before it is submitted to the Disabilities/Mental Health Services Coordinator. Parents complete the Social-Emotional Scale and the Parent Rating Scale of the Brigance.
- d. Discuss how to strengthen nurturing, supportive environments and relationships in the home and at the program. Invite parents to come to the center to volunteer and to attend Mental Health training sessions.
- e. Help parents to better understand mental health issues. Encourage parents to attend Parent Orientation, trainings and consult with Mental Health Consultant and Coordinator. Share the Mental Health Roundtable Schedule with parents.
- f. Support parent's participation in any needed mental health intervention. Make parents aware that a mental health professional (Mental Health Consultant) is

available to them and their family. They may consult with her in strict confidence. An appointment may be scheduled as needed. The classroom teacher will ensure that parents sign giving specific permission for their child to be screened, observed, and/or referred. A copy of the consent form will be kept in the child's classroom folder.

- g. Allow parents to discuss with staff and identify issues related to child mental health and social and emotional well-being, including observations and any concerns about their child's mental health, typical and atypical behavior and development, and how to appropriately respond to their child and promote their child's social and emotional development.

Development Screening

Regulation Reference:

(2016) 45 CFR 1302.33

Policy:

In collaboration with each child's parent, Jefferson County Child Development Council, Inc. Head Start/Early Head Start FCC program will perform or obtain linguistically and age-appropriate developmental, sensory and behavioral screenings of motor, language, social, cognitive, perceptual, and emotional skills within 45 calendar days of the child's entry date into the program.

Procedure:

1. Family Child Providers and the ECD staff will have their own log-in information for the Brigance Online Management System.
2. The Family Childcare Providers will enter each student into the Brigance online system.
3. FCC Providers will begin the screening process within two weeks from when the child enters the classroom. JCCDC, Inc, staff must get parents signature prior to the screening, explain the screening, and have parents complete the parent rating form on their child. Any issues/concerns from parents should be addressed at this time or referrals made to the mental health service area manager.
4. FCC Providers must complete the teacher rating form.
5. FCC Providers will administer the Brigance assessment and the social/emotional part on the Brigance online system. Teachers will print out the results form and put a copy in the child folder, give one to the parent. If the child failed, the results will be submitted to the Disabilities/Mental Health Services Coordinator.
6. Each child who scored below average for his/her age on the first screening must be rescreened after two weeks of the initial screening.
7. If that child fails the second screen, the FCC Provider will submit a referral for the child to the Disabilities/Mental Health Services Coordinator with parental consent.
8. Teachers will use the developmental screenings as the first step in the

assessment process to assist in individualization.

9. The Disabilities/Mental Health Services Coordinator or Mental Health Consultant will review the screenings failed and provide guidance on how to use the findings to address identified needs.
10. Teachers will meet with the Disabilities/Mental Health Services Coordinator or consultant for consultation on each child who failed the screening and utilize multiple sources of information from persons familiar with the child's typical development and behavior. A referral will be made as needed.

**Head Start/Early Head Start Program
Mental Health Referral
Guidelines for Teachers/Parents**

1. Does the child have a greater number of problems than others his/her age?
2. Is the child's behavior generally appropriate to the classroom circumstances?
3. Is the child's behavior generally appropriate for his/her age?
4. Are there real difficulties in the child's environment (including the classroom) that may be blamed for his/her problem?
5. Has there been a significant change in the child's behavior?
6. How severe is the problem? (Does it happen on a consistent basis)?
7. The teacher/parent with a child who has a problem might consider three basic criteria in reaching a decision about referral:
 - a. Are the child's and intellectual needs being reasonably met within the classroom/home?
 - b. Are the rights of the other children being considered? Are you spending more time than would be appropriate for one child?
 - c. Is your own mental health suffering and your teaching effectiveness diminished because of a particular child?

Mental Health Referrals

Regulation Reference:

(2016) 45 CFR 1302.45, 1302.46

Policy:

Jefferson County Child Development Council, Inc. Head Start/Early Head Start FCC program will properly submit and follow-up on all mental health referrals.

Procedures:

1. A behavior log will be completed on each child.
2. After three weeks of observation and documenting, all behavior logs will be submitted to Disabilities/Mental Health Services Coordinator.
3. If child is causing harm or danger to self or anyone else the Disabilities/Mental Health Services Coordinator should be contacted immediately.
4. The Disabilities/Mental Health Services Coordinator will forward any referral to Mental Health Consultant.
5. The Mental Health Consultant will address the referral.
6. Staff will conference with parent(s) as needed.
7. The Mental Health Consultant will conference with parent(s) as needed.
8. The Mental Health consultant will make referrals to the Mental Health agency, if needed, with parental consent.

Monitoring

Regulation Reference:

(2016) 45 CFR 1302.100,1302.102(b)

Policy:

Jefferson County Child Development Council, Inc. Head Start/Early Head Start FCC program will the ongoing monitoring of Mental Health Services with optimum frequency, to ensure that program operations effectively implement federal regulations.

Procedures:

1. The Disabilities/Mental Health Services Coordinator is responsible for ensuring that ongoing monitoring occurs.
2. The Disabilities/Mental Health Services Coordinator will review the following documents monthly to track services and ensure compliance.
 - A. Behavior Logs
 - B. Child Plus Report 2530
 - C. Disabilities/Mental Health Report.
3. The Disabilities/Mental Health Services Coordinator will visit centers monthly to ensure that children demonstrate practices of Mental Health.
 - A. Observe in the classroom
 - B. Observe on the playground
 - C. Confer with staff and parents
 - D. Review children's records for referral/follow-up
4. The procedure used to detect noncompliance with Federal regulations include:
 - A. Observation of classroom and playgrounds
 - B. Conference with staff and parents
 - C. Review of records
5. When areas of noncompliance are identified, a corrective action plan will be implemented immediately.

Behavior Logs

Regulation Reference:

(2016) 45 CFR 1304.23

Policy:

Jefferson County Child Development Council, Inc. will ensure staff share observations of children with parents and discuss their child's behavior and development, including separation and attachment issues. The program will design and implement procedures responsive to the identified behavioral and mental health concerns of an individual child or group of children. Staff will provide special help for children with behavioral or developmental issues. Staff will ensure that emotional and behavioral patterns are observed and recorded to aid in the assessment of individual behavior.

Procedures:

1. Behavioral concerns and accompanying observations will be done using Behavior logs; so that the staff may identify behavioral patterns. This tracking will be done as soon as classroom staff begin to see persistent behavior concerns or changes in the child's behavior.
2. It is important that parents are aware of behavior problems their child may be experiencing. Parents will be informed of changes in behavior that consistently require attention of the teacher.
3. After at least "three" weeks of observation using the Behavior Log Report form, the FCC Provider will discuss the concern with the assigned ECD Specialist who will then discuss with the Disability/Mental Health and Safety Coordinator and provide all documentation that pertains to the child's behavior. Tracking will continue until a pattern of behavior is determined and plans for intervention are in place.
4. The Disabilities/Mental Health Services Coordinator and the Mental Health Consultant are the first contact with behavior concerns. The Disabilities/Mental Health Services Coordinator and the Mental Health Consultant will review the information from the Behavior Log Report. After a review of the documentation, a time will be set to make a classroom observation. Following the observation, the Disabilities/Mental Health Services Coordinator or Mental Health Consultant will make a determination whether this situation might be handled first with mentoring and suggestions for the classroom setting.
5. If there are still significant behavior concerns, a written plan will be drafted for

the individual child with behavior concerns. The Head Start Mental Health Consultant will be asked to observe the child in the classrooms and utilize various tools to help determine the particular needs of the child.

6. A meeting will be held to discuss the written plan. The Disabilities/Mental Health Services Coordinator, Mental Health Consultant, Teacher, Early Child and Education Specialist, and the parents will participate in this meeting. Others may attend the meeting as necessary.
7. The child's family will be given information concerning mental health services provided through Head Start Mental Health Consultant. Each participant will have input into the final plan for the child. Following this meeting, the plan will be placed in the child's file and classroom staff will follow the plan. Follow-up meetings with the teacher and the parent will be scheduled to discuss the effectiveness of the plan.

Services to Children With Disabilities



Full Participation in Program Services and Activities

Regulation Reference:

(2016) 45 CFR 1302.60, 1302.61(a)

Policy:

Jefferson County Child Development Council, Inc. Head Start/Early Head Start program will ensure enrolled children with disabilities, including but not limited to those who are eligible for services under IDEA, and their families receive all applicable program services delivered in the least restrictive possible environment and that they fully participate in all program activities.

Procedures:

1. Jefferson County Child Development Council, Inc. Head Start/Early Head Start FCC program will ensure the individualized needs of children with disabilities, including but not limited to those eligible for services under IDEA, are being met and all children have access to and can fully participate in the full range of activities and services.
2. Although the Disability/Mental Health and Safety Coordinator has direct responsibility for ensuring Procedure 1, all program staff will assist in this effort.
3. Jefferson County Child Development Council, Inc. Head Start/Early Head Start FCC program will provide any necessary modifications to the environment, multiple and varied formats for instruction, and individualized accommodations and supports as necessary to support the full participation of children with disabilities.
4. Jefferson County Child Development Council, Inc. Head Start/Early Head Start FCC program will ensure all individuals with disabilities are protected from discrimination under and provided with all services and program modifications required by section 504 of the Rehabilitation Act (29 U.S.C. 794), the Americans with Disabilities Act (42 U.S.C. 12101 et seq.), and their implementing regulations.
5. No employee or program volunteer will discriminate against or mistreat any child with a disability who is enrolled and receiving program services.

IDEA Eligibility Determination Services

Regulation Reference:

(2016) 45 CFR 1302.61(b)

Policy:

Jefferson County Child Development Council, Inc. Head Start/Early Head Start FCC program will provide individualized services and supports, to the maximum extent possible, to meet the child's needs while the local agency responsible for implementing IDEA determines a child's eligibility

Procedures:

1. Jefferson County Child Development Council, Inc. Head Start/Early Head Start FCC program will work closely with the all local education agencies (LEAS) in the Jefferson County, AL area and the Alabama Department of Education in annual Child Find Efforts to locate and provide individualized services and supports to children who have been referred or identified as having a disability.
2. The Disability/Mental Health Services Coordinator will ensure services are provided through the LEA, Early Intervention or additional supports may be available through a child's health insurance or it may be appropriate or required to provide the needed services and supports under section 504 of the Rehabilitation Act if the child satisfies the definition of disability in section 705(9)(b) of the Rehabilitation Act.
3. When such supports are not available through alternate means, pending the evaluation results and eligibility determination, JCCDC, Inc. Head Start/Early Head Start FCC program will individualize program services based on available information such as parent input and child observation and assessment data and may use program funds for these purposes.

Additional Services for Children with An IFSP or IEP

Regulation Reference:

(2016) 45 CFR 1302.61(c)(1)(i-v)(2)

Policy:

A program must ensure the individual needs of children eligible for services under IDEA are met.

Procedures:

1. Jefferson County Child Development Council, Inc. Head Start/Early Head Start program will work closely with the local agencies responsible for implementing IDEA, the family, and other service partners, as appropriate, to ensure:
 - (i) Services for a child with disabilities will be planned and delivered as required by their IFSP or IEP, as appropriate;
 - (ii) Children are working towards the goals in their IFSP or IEP;
 - (iii) Elements of the IFSP or IEP that the program cannot implement are implemented by other appropriate agencies, related service providers and specialists;
 - (iv) IFSPs and IEPs are being reviewed and revised, as required by IDEA; and,
 - (v) Services are provided in a child's regular Early Head Start or Head Start classroom or family child care home to the greatest extent possible.

2. The Disability/Mental Health Services Coordinator along with other program staff will plan and implement the transition services described in subpart G of the HSPPS, including at a minimum:
 - (i) For children with an IFSP who are transitioning out of Early Head Start, collaborate with the parents, and Early Intervention Services who is responsible for implementing IDEA, to ensure appropriate steps are undertaken in a timely and appropriate manner to determine the child's eligibility for services under Part B of IDEA; and,

 - (ii) For children with an IEP who are transitioning out of Head Start to kindergarten, collaborate with the parents, and Jefferson County School systems, to ensure steps are undertaken in a timely and appropriate manner to support the child and family as they transition to a new setting.

Coordination and Collaboration with The Local Agencies

Regulation Reference:

(2016) 45 CFR 1302.63 (a)(b)(c)(1-2)(d)

Policy:

A program must coordinate with the local agency responsible for implementing IDEA to identify children enrolled or who intend to enroll in a program that may be eligible for services under IDEA, including through the process described in 1302.33(a)(3) and through participation in the local agency Child Find efforts.

Procedures:

1. Jefferson County Child Development Council, Inc. Head Start/Early Head Start program will support children and families who are eligible for services under IDEA in Part B & C, and all other students, by ensuring they receive appropriate, individualized programming in the least restrictive environment. There shall be a written agreement of responsibilities between both the parties.
2. Jefferson County Child Development Council, Inc. Head Start/Early Head Start program develop interagency agreements with both the local LEA and Early Intervention to the local agency responsible for implementing IDEA to improve service delivery to children eligible for services under IDEA, including the referral and evaluation process, service coordination, promotion of service provision in the least restrictive appropriate community-based setting and reduction in dual enrollment which causes reduced time in a less restrictive setting, and transition services as children move from services provided under Part C of IDEA to services provided under Part B of IDEA and from preschool to kindergarten.
3. The Disability/Mental Health and Safety Coordinator and other appropriate program staff will participate in the development of the IFSP or IEP if requested by the child's parents, and the implementation of the IFSP or IEP.
4. The Disability/Mental Health and Safety Coordinator will provide relevant information from its screenings, assessments, and observations to the LEA and Early Intervention to assist in the development of each enrolled child's IFSP or IEP.
5. The Disability/Mental Health and Safety Coordinator will participate in all meetings with the Montgomery Public School system and Early Intervention with each child that has been evaluated and determined to be eligible.

6. The Disability/Mental Health and Safety Coordinator will assist in the development or review of a child's IEP or IFSP for a child being considered for Head Start enrollment, a currently enrolled child, or a child transitioning from a program.
7. A copy of the IEP or IFSP for any child enrolled in Head Start for the time the child is in the program, consistent with the IDEA requirements in 34 CFR parts 300 and 303, will be maintained and used for planning and individualizing.

LEA/Part C (EI) responsibilities

1. The LEA/Part C (EI) ensures that IDEA Section 619 & 504, preschool, early intervention funds received for the provision of services to evaluation. IEP/IFSP development, implementation of the portions eligible children with disabilities ages three through five who served in the Head Start Program are expended in accordance with the requirements of the IDEA. Funds may be used for, but are not to. The following: cost of evaluation; materials and supplies; contractual agreements for provision of qualified providers for IDEA (IEP/IFSP) services.
2. Upon referral from the Head Start Disability/Mental Health and Safety Coordinator, the LEA/Part C (EI) shall provide a multidisciplinary team evaluation, when appropriate. For determination of the need for special education and related services under IDEA, while enrolled in the Head Start Program.
3. The LEA/Part C (EI) shall be responsible for the provision of procedural safeguard and due process for any child determined to be eligible under IDEA who is enrolled in the Head Start Program.
4. The LEA/Part C (EI) should provide, through written notice of meetings, that the appropriate HS program representative be directly involved and receive appropriate documentation throughout the process of referral, evaluation and/or placement of children with disabilities enrolled in the HS.
5. The LEA/Part C (EI) shall ensure the provision of appropriate special education and related services to those eligible children with disabilities under IDEA enrolled in the HS program. All IDEA services for the child is eligible will be documented on the (IEP) Individualized Education Program/Individualized Family Service Plan (IFSP) with the responsible person(s) agency specified for the provision of each service.
6. The LEA/Part C (EI) will maintain and submit to the Alabama Department of Special Education the annual child count of IDEA eligible preschool with disabilities served in the LEA and by the HS program.

Local Head Start/EHS responsibilities:

7. The HS/EHS staff shall provide screening and assessment for all children enrolled in the HS program as required by the HSPPS 1302.46 participate in Child find activities under IDEA with LEA, and in coordination with the LEA shall provide with parent's rights under these programs.
8. The HS/EHS shall provide all HS services to any HS enrolled child who meets eligibility requirements in accordance with the HSPPS on services to Children with Disabilities regardless of the child's involvement in, or eligibility for, special education services under IDEA or this agreement.
9. A HS/EHS representative will participate in the LEA referral procedures, multidisciplinary evaluation, IEP development, implementation of the portion of the IEP identified for the HS/EHS program, and the IEP review as appropriate.
10. The HS/EHS program will provide a support system for families and children with disabilities through training, information dissemination and involvement in the program as well as collaboration with LEA and other community services.
11. The Disabilities/Mental Health and Safety Coordinator shall work with the LEA for assurance of collaboration and coordination of services to preschool with disabilities.
12. The Disability/Mental Health and Safety Coordinator will provide the number of children receiving IEP services to LEA for child count report prior to October 1, and December 1, annually. In reporting the number of children on the IDEA IEP's to the LEA for child count purposes.
13. The HS/EHS program agrees to provide and participate with the LEA/Part C (EI) in joint training of staff and parents as appropriate.
14. The HS/EHS agreement with the LEA addresses planning of cost-sharing resources and funding to assure that integrated services are implemented in a manner which State and Federal fiscal support for children with disabilities in these programs. The HS and the LEA agree to the following: coordination of paperwork, coordination of screenings, (joint screenings) shared staff, shared information, coordination of IEP/change of placement, coordination of in-service training, resolution of dispute.

Recruitment of Children with Disabilities

Regulation Reference:

(2016) 45 CFR 1302.17, Head Start Act 2007

Policy:

Jefferson County Child Development Council, Inc. will incorporate specific actions to locate and recruit children with disabilities. Our agency integrates children with disabilities in the program through all options and no child will be denied placement based on a disability or the severity of the disability. The key factor in selecting appropriate placement is the IEP (Individualized Education Program) or IFSP (Individualized Family Service Plan), number of children in the service area, and availability of slots.

Procedures:

1. Training will be provided to the Family and Community Partnership Team to ensure that all recruitment staff is knowledgeable about ADA and IDEA.
2. The Disability/Mental Health and Safety Coordinator will send recruitment packets to agencies which serve children with disabilities ages 0-5. Packets include recruitment letters, Recruitment and Referral Form, Center List, and recruitment flier and list of documents needed to make application.
3. Posters and fliers will be distributed to centers, churches, and other businesses for marketing and outreach initiatives.
4. The Disability/Mental Health and Safety Coordinator will collaborate with Family Services to ensure that all PSA's include advertisements of services to children with disabilities.
5. No child will be denied placement or services by Jefferson County Child Development Council HS/EHS FCC program based on disability.
6. When the Disabilities/Mental Health and Safety Coordinator receives referrals from other agencies, a copy will be given to Family and Community Engagement Manager for consideration for enrollment.
7. When applications on children with disabilities are made, Family and Community Engagement Specialists give a copy along with documentation and

other pertinent information to the Disabilities/Mental Health and Safety Coordinator.

8. All applicants will follow the selection point system for Head Start (ages 3-5) and Early Head Start (6 weeks – 36 mos.). The Disabilities/Mental Health and Safety Coordinator will review all applications and pertinent information that indicates a disability.
9. Documentation that a child has an IEP or IFSP will be required.
10. Family Services will use the point system to establish priority for enrollment.
11. Priority will be given to children who are most in need of services, including children with disabilities.
12. Priority will be given to children with disabilities, even those over the guidelines, until the ten percent mandate is met.
13. JCCDC, Inc. Head Start/Early Head Start FCC program will ensure no children with disabilities are on the waiting list when 10% is not met.

Enrollment Opportunities

Regulation Reference:

(2016) 45 CFR 1302.17, Head Start Act 2007

Policy:

To ensure all children with a disability receive a slot from EHS to HS.

Procedures:

1. Ten percent of the total number of enrollment opportunities in Early Head Start and Head Start will be children with disabilities.
2. Once the 10 percent mandate has been reached as a part of the funded enrollment children with disabilities will be considered according to priority.
3. When the number of children with disabilities exceeds the ten percent per classroom, children with disabilities will be placed according to the selection criteria point system.

Child Screening and Assessment

Regulation Reference:

(2016) 45 CFR 1302.33

Policy:

All staff will collaborate with the education staff on the developmental screening process for children birth-5 years old. Screening will be used to identify children who may be in need of disability services. Screenings must be completed within 45 days of child's first entry date.

Procedures:

1. Family Child Care Providers must have parent complete the consent for the Developmental Screening.
2. The Brigance Screen must be administered within 45 days of the child's entry into the program. The process can begin within a couple of weeks of entry.
3. FCC Providers will input/administer the assessment on the Brigance Online Management system.
4. The ECD Specialists or FCC Providers will make three copies of the Brigance Result forms and submit one to the Disability/Mental Health and Safety Coordinator, put one in the child file, and give one to the parent.
5. If the child fails the screening, he/she must be rescreened at least two weeks later. If the child fails the screening twice, a referral to the Local Education Agency (LEA) should be made.
6. If a child is referred to LEA, the ECD Specialist or FCC Provider will have the parent fill out the Head Start consent form for eligibility/evaluation, and submit it in to the Disability/Mental Health and Safety Coordinator; also, the ECD Specialist or FCC Provider will give the parent the contact information to Contact LEA to set up an evaluation appointment.
7. Disability/Mental Health and Safety Coordinator will follow up with LEA for update information on referrals sent.

Eligibility Criteria

Regulation Reference:

(2016) 45 CFR 1302.12

Policy:

Jefferson County Child Development Council, Inc. Head Start/Early Start Program will serve children with all types of disabilities including Health Impairment, Emotional Behavioral Disorder, Speech or Language Disorder, Intellectual Disability, Hearing Impairment Orthopedic Impairment, Visual Impairment, Learning Disability, Autism. Traumatic Brain Injury, Developmentally Delayed.

Procedures:

1. Jefferson County Child Development Council, Inc. Head Start/Early Head Start FCC program shall recruit and enroll children who meet the eligibility criteria.
2. The program will secure and maintain professional documentation of the disability.
3. The program will provide special services, supplies and equipment as needed for each child with, a disability. Supplies and equipment may include, but are not limited to, special chairs, breathing machines, glasses, special toys, pampers, changing tables, special feeding utensils, adaptive equipment etc.
4. The program will provide special services as needed for children with disabilities in an inclusive setting. These services may include but are not limited to speech, language therapy, physical therapy, occupational therapy, special education, transportation, assistance with medication etc.
5. The program will ensure that children with disabilities receive the full range of services provided by Head Start and Early Head Start.
6. The program will ensure that children with disabilities participate in regular activities with non-disabled children to the greatest extent possible and modify classroom activities and materials to meet special needs.
7. The program will make special adaptations to playground equipment to meet special needs.

HSPPS on Services to Children with Disabilities

Regulation Reference:

(2016) 45 CFR 1302.12

Policy:

Jefferson County Child Development Council, Inc. will ensure all children diagnosed with a disability for services are eligible under one or more of the following eligibility criteria based upon the State of Alabama criterion.

Eligibility Criteria

HEALTH IMPAIRMENT

- A. A child is classified as health impaired who has limited strength, vitality, or alertness due to a chronic or an acute health problem which adversely affects learning.
- B. The health impairment classification may include, but is not limited to, cancer, some neurological disorders, rheumatic fever, severe asthma, uncontrolled seizure disorders, heart conditions, lead poisoning, diabetes, AIDS, blood disorders, including hemophilia, sickle cell anemia, Cystic fibrosis, heart disease and attention deficit disorder.
- C. This category includes medically fragile children such as ventilator-dependent children who need special education or related services.
- D. A child may be classified as having an attention deficit disorder under this category that has chronic and pervasive developmentally inappropriate inattention, hyperactivity, impulsivity.

EMOTIONAL/BEHAVIORAL DISORDER

- A. An emotional behavior disorder is a condition in which a child's behavioral or emotional responses are so different from those of the generally accepted age appropriate norms of children with the same ethnic or cultural background as to result in a significant impairment in social relationships, self-care, educational progress, or classroom behavior.

SPEECH/LANGUAGE IMPAIRMENT

- A. A speech or language impairment means a communication disorder such as stuttering, impaired articulation, language impairment, a voice impairment, which adversely affects a child's learning.
- B. A child is classified as having a speech language impairment whose speech is unintelligible much of the time or who has been professionally diagnosed as having speech impairments which require intervention or who are

professionally diagnosed as having a delay in development in his or her primary language which requires intervention.

- C. (Morphology), the components of sentences (syntax) or the conventions of conversation (pragmatics).
- D. A speech disorder occurs in the production of speech sounds (articulation), the loudness (pitch), quality of voice (voicing) or the rhythm of speech (fluency).

INTELLECTUAL DISABILITY formerly known as MENTAL RETARDATION

- A. A child is classified as having an Intellectual Disability who exhibits significantly sub-average intellectual functioning and "exhibits deficits in adaptive behavior which adversely affects learning Adaptive behavior refers to age-appropriate coping with the demands of the environment through independent skills in self-care, communication and play.

HEARING IMPAIRMENT INCLUDING DEAFNESS

- A. A child is classified as deaf if a hearing impairment exists which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, and learning is affected. A child is classified as hard of hearing that has a permanent fluctuating hearing impairment, which adversely affects learning.
- B. Meets the legal criteria for being hard of hearing established by the state of residence.
- C. Experiences recurrent temporary fluctuating hearing loss caused by otitis media, allergies, eardrum perforations and other outer middle ear anomalies over a period of three months more.

ORTHOPEDIC IMPAIRMENT

- A. A child is classified as having an orthopedic impairment if the condition is severe enough to adversely affect a child's learning. An orthopedic impairment involves muscles, bones or joints and is characterized by impaired ability to maneuver in educational or non-educational settings, to perform gross motor activities, to perform self- help skills and by adversely affected educational performance.
- B. An orthopedic impairment includes, but is not limited to, spina bifida, cerebral palsy, loss of or deformed limbs, contracture caused by burns, arthritis, and muscular dystrophy.

VISUAL IMPAIRMENT INCLUDING BLINDNESS

- A. A child is classified as visually impaired when visual impairment, with correction, adversely affects a child's learning. The term includes both blind and partially seeing children.

LEARNING DISABILITIES

- A. A child is classified as having a learning disability who has a disorder in one more of the basic psychological processes involved in understanding, in using language, spoken written, which may manifest itself in imperfect ability to listen, think, speak, for preschool-age children, acquire the precursor skills for reading, writing, spelling doing B. This definition for learning disabilities applies to four- and five-year-old children at Head Start. It may be used at a program's discretion for children younger than four when a three-year-old child is referred with a professional diagnosis of learning disabilities for three-year-old's, when Head Start is responsible for the evaluation; it is not a requirement to use this category for three-year-old's.

AUTISM

- A. A child is classified as having autism when the child has a developmental disability that significantly affects verbal and nonverbal communication and social interaction. That is generally evident before age three and that adversely affects educational performance.

TRAUMATIC BRAIN INJURY

- A. A child is classified as having traumatic brain injury whose brain injuries are caused by an external physical force, by an internal occurrence such as a stroke aneurism with resulting impairments that adversely affect educational performance. The term includes children with open or closed head injuries but does not include children with brain injuries that are congenitally degenerative caused by birth trauma.

Disability/Health Services Coordination

Regulation Reference:

(2016) 45 CFR 1302.46

Policy:

The Disability/Mental Health and Safety Coordinator will work together with Health and Safety Coordinator throughout the physical assessment process to identify and adequately serve children with diagnosed or suspected disabilities.

Procedures:

1. The Health and Safety Coordinator reviews physicals with identified health problems and makes a referral to Disabilities/Mental Health and Safety Coordinator when a disability is identified.
2. The Disabilities/Mental Health and Safety Coordinator addresses the referral by (1) obtaining professional documentation if the disability is diagnosed (2) obtaining professional evaluation if the disability is suspected.
3. The Disabilities/Mental Health and Safety Coordinator will consult with Health and Safety Coordinator if a child with a disability needs to have medication administered at the center. The program will secure parental consent and doctor's orders before administering medications. Keep medications properly labeled and stored.
4. The Health and Safety Coordinator will be involved in the development of IEPs for children with health-related disabilities.
5. The Disabilities/Mental Health and Safety Coordinator will participate with the Health Advisory Committee.
6. The Disabilities/Mental Health and Safety Coordinator will review all Brigance III developmental screening results and ensure that referrals are made as needed.
7. The Disabilities/Mental Health and Safety Coordinator does appropriate follow-up by securing professional evaluations. The Disabilities/Mental Health and Safety Coordinator will collaborate with the Health and Safety Coordinator for follow-up on reports received.

Disability/Nutrition Services Coordination

Regulation Reference:

(2016) 45 CFR 1302.44

Policy:

The Disability/Mental Health and Safety Coordinator will work with the Nutrition Services Coordinator to ensure that children with disabilities participate to the greatest extent possible in the Nutrition Program.

Procedures:

1. The Disability/Mental Health and Safety Coordinator will inform the Nutrition Services Coordinator if a child with a disability has a feeding problem or specific dietary needs.
2. The program staff will consult with nutritionist and other appropriate professionals to assist staff and parents to help children with severe disabilities to participate in meal and snack times with classmates.
3. The Nutrition Services Coordinator will be involved in the development of the IEP for children whose disability has a nutritional aspect.
4. The Disability/Mental Health and Safety Coordinator will coordinate with Nutrition Services Coordinator to address prevention of disabilities with a nutrition basis.
5. The Nutrition Services Coordinator will be involved in the service delivery conference for children with severe disabilities.

Service Delivery Conference

Regulation Reference:

(2016) 45 CFR 1302.61

Policy:

To ensure the individual needs of children eligible for services under IDEA are met.

Procedures:

1. JCCDC, Inc. will work closely with the local education agency responsible for implementing IDEA, the family, and other service partners, as appropriate.
2. Services for children with disabilities will be planned and delivered as required by their IFSP or IEP, as appropriate.
3. Children are working towards the goals in their IFSP or IEP.
4. Elements of the IFSP or IEP that the program cannot implement are implemented by other agencies, related service providers and specialists.
5. IFSPs and IEPs are being reviewed and revised, as required by IDEA.
6. Services are provided in a child's regular Early Head Start or Head Start classroom or family childcare home to the greatest extent possible.
7. Service Delivery Conferences are done on all new and returnee children with Health, Nutrition, and Disability needs.
8. Family and Community Engagement Specialists receives documentation (ex: physical, dental, prescription, physician order, dietitian, I.E.P. /I.F.S.P., and evaluation form) from parent that the child has a concern or disability; the Family and Community Engagement Specialists submit an In-House Referral Form to the Disability/Mental Health and Safety Coordinator with the attached documentation.
9. The Disability/Mental Health Services Coordinator will reply to the Family and Community Engagement Specialist with the date and time for the Service Delivery Conference including a (scheduled calendar).

10. Family and Community Engagement Specialists will notify the parent of the date and time of their appointment, and remind the parent to bring the child and any up dated information that may be needed at the Service Delivery Conference and to keep the child's file current.
11. The Service Delivery Team will be composed with the parent, members of the Education area, Family Community Partnership area, Health Service area, and the Administrative office as deemed necessary.
12. A child cannot be officially enrolled until a Service Delivery Conference is completed and goals and outcomes have been put in place.
13. At the end of each Service Delivery Conference, outcomes and goals for HS/EHS services will be reviewed with the parent.

Transition Services – EHS to HS

Regulation Reference:

(2016) 45 CFR 1302.61, 1302.70

Policy:

Jefferson County Child Development Council, Inc, will manage the successful transition of children with disabilities from EHS to HS.

Procedures:

1. Service Delivery Conference must be conducted for children referred from early intervention programs and for other children whose application indicates the need to make sure accommodations are met.
2. The team will provide information on child development and prevention of disabilities to local agencies. They will also disseminate information through Parent Committee Meetings, Parent Trainings, etc.
3. Early Head Start and Head Start Family and Community Engagement Specialists the and Disability/Mental Health Services Coordinator must work together to maximize enrollment transitions from Early Head Start to Head Start consistent with eligibility.
4. For children with an IFSP collaborate with parents and the local agency under IDEA to ensure appropriate steps are taken in a timely and appropriate manner to determine the child's eligibility services under Part B of IDEA (LEA).
5. Family and Community Engagement Specialists prepare transition packets for parents.

Transition Services – HS to Kindergarten

Regulation Reference:

(2016) 45 CFR 1302.61, 1302.70

Policy:

To manage the successful transition of children with disabilities from HS to Kindergarten.

Procedures:

Information will be provided on child development and prevention of disabilities. The applicable staff will also disseminate information through Parent Committee Meetings, Parent Trainings. etc.

1. Collaboration with parents, Family and Community Engagement Specialists, the Disability/Mental Health and Safety Coordinator, and the Local Education Agency (LEA) to ensure steps are taken in a timely manner to support the child and family as they transition to a new setting.
2. The Disability/Mental Health and Safety Coordinator will assist parents in exercising their rights and responsibilities concerning the education in the elementary school setting for children with disabilities.
3. The Disability/Mental Health Services Coordinator and Family and Community Engagement Specialists will assist parents in the ongoing communication with teachers, other school personnel and LEA so that parents can participate in decisions related to their child's education.
4. Family and Community Engagement Specialists will prepare transition packets for parents.

Monitoring

Regulation Reference:

(2016) 45 CFR 1304.2

Policy:

Jefferson County Child Development Council, Inc. Head Start and Early Head Start program will ensure the ongoing monitoring of Disability Services, with optimum frequency, to ensure that program operations effectively implement Federal regulations.

Procedures:

1. The Disability/Mental Health Services Coordinator is responsible for ensuring that ongoing monitoring occurs.
2. The Disability/Mental Health Services Coordinator will review the following documents monthly to track services and ensure compliance:
 - A. LEA Report -received from LEA and indicates children served by the LEA (evaluation or IEP meeting).
 - B. Child Plus Reports received from Data Entry will to indicate if data has been properly recorded and/or updated.
 - C. Disabilities/Mental Health Report -received from classroom teachers to indicate teachers' verification of children who receive services.
 - D. Enrollment Status Report -received from Family and Community Engagement Services Manager and used to cross-reference with Family Services for accuracy of disability enrollment.
 - E. LEA Referral List - compiled from referrals submitted by teachers, parents, or Family and Community Engagement Specialists and used to cross-reference with LEA report to ensure follow-up.

Additional Services to Parents

Regulation Reference:

45 CFR 1302.62(a)(1-2)(b)(1-4)

Policy:

A program must collaborate with parents of children with disabilities, including but not limited to children eligible for services under IDEA, to ensure the needs of their children are being met.

Procedures:

1. Jefferson County Child Development Council, Inc. Head Start and Early Head Start program will support parents and assist them in becoming advocates for services that meet their children's needs.
2. Jefferson County Child Development Council, Inc. Head Start and Early Head Start program will provide information and enhance the skills of parents to help them understand their child's disability and how to best support the child's development.
3. Jefferson County Child Development Council, Inc. Head Start and Early Head Start program will assist parents to access services and resources for their family, including securing adaptive equipment and devices and supports available through a child's health insurance or other entities, creating linkages to family support programs, and helping parents establish eligibility for additional support programs, as needed and practicable.
4. For parents of children eligible for services under IDEA, a MCAC, Inc. HS/EHS program will also help parents:
 - (a) Understand the referral, evaluation, and service timelines required under IDEA;
 - (b) Actively participate in the eligibility process and IFSP or IEP development process with the local agency responsible for implementing IDEA, including by informing parents of their right to invite the program to participate in all meetings;
 - (c) Understand the purposes and results of evaluations and services provided under an IFSP or IEP; and,
 - (d) Ensure their children's needs are accurately identified in, and addressed through, the IFSP or IEP.