
Subject: Disabilities Services for Infants/Toddlers

Source: Performance Standards 1304.21 (a) (1) (ii) 1304.20 (a) (1) (iii) (b) (c) (4) (d) (e) (1-3) (f)

Policy

The objective of the Early Head Start Disabilities program is to plan and provide strategies for meeting the special needs of children with disabilities and their parents. When developing the plan our purpose is to ensure that:

- 1) All components of Early Head Start are appropriately involved in the integration of services for children with disabilities and their parents.
- 2) All resources are used efficiently.
- 3) Plans are updated as needed but at least annually.
- 4) The plan includes provisions for children with disabilities to be included in the full range of activities and services normally provided to all Early Head Start children and provisions for any physical modifications necessary to meet the special needs of children with disabilities.
- 5) The plan is used as a working document, which guides all aspects of the program's efforts to serve children with disabilities. The plan will take into account the needs of the children for small group activities, for modifications of large group activities and for any individual special help.
- 6) Parent(s) and the Early Childhood Intervention (ECI)/Local Education Agency (LEA) have input in developing the plan and in the implementation of the plan.

Procedures

Guidelines for referring a child that staff suspects may have a disability:

1. Do an observation of concern on the child for a period of 2 weeks. Your Observations will include: date/times that it occurs, a detailed description of the concern or behavior, along with events that happened prior to the behavior or concern and what actions have been taken by the staff. **Keep notes factual!!!** No referrals should be made on a child within the first 2 weeks of enrollment unless there is a physical disability or you have recorded information from a parent stating their concerns/knowledge of a known disability. Centers/Home Visitors will retain a copy of the referral and consent forms and send the other copies, thru their supervisors, to the Disability Manager.
2. **If referral is health related**, attach clear copies of the physical, growth chart; health forms, and nutrition form. Staff will review files to identify children with chronic health problems which may include, but not limited to cancer, some neurological disorders, rheumatic fever, severe asthma, uncontrolled seizures, heart conditions, lead poisoning, diabetes, AIDS, blood disorders, including hemophilia, sickle cell anemia, cystic fibrosis, heart disease and ADD. **These referrals should be sent to the Health and Disability Managers.**
3. If the referral is related to education or a suspected disability, the referral should state concerns in a clear and concise manner, and **send to the Disability Manager.**
4. Upon review of the referral by the Health/Mental Health and/or Disability Manager, information will be forwarded to the appropriate staff and/or consultant for follow-up.

5. Within 5 working days you will receive a response from the Health/Mental Health or Disability Manager informing you of what steps will be taken.
6. With the parents' consent, an assessment will be completed on each child enrolled:
 - Step 1-The Screening - consists of standardized health and developmental screening that includes hearing and vision. Screenings are to be completed within the first 45 days of enrollment (re-screening will be provided as needed). Health Manager will obtain documentation of additional health information from the medical home, with parental consent.
 - Step 2-Developmental Assessment - the collection on each child's functioning in these areas: gross and fine motor, personal-social, communication, and problem solving skills.
 - Step 3-Evaluation -if it is identified by the multidisciplinary team that the child possibly has a disability, it is the responsibility of the Disability Manager to make a referral to the local ECI/LEA for a full evaluation.
 - Step 4-Individual Family Service Plan Conference-upon completion of the full evaluation, an IFSP conference shall be held within 30 days. This conference will be attended by the multidisciplinary team which will consist of the following individuals: Parent(s) of the child, a representative from the local ECI/LEA, Disability Manager and/or their designee, Health Manager, Social Service Manager, teacher(s)/home visitor, the Site Manager and other component staff. This team will review the evaluation findings, the eligibility criteria that apply and provide recommendations for services to be provided.

Follow-up and tracking of all children determined to have a disability is the responsibility of the Health/Mental Health and Disability Managers.

SCREENING & ASSESSMENT

The Disability Manager will have teachers arrange for an initial developmental screening of each child enrolled in the program within the first 45 days of enrollment. The screening will be utilized to identify children who may have a developmental lag and will be used to develop individual curricula for each child. If a child scores below average, a rescreen will be done in two to four weeks. If the child still scores below average, a referral will be made to the ECI/LEA.

Upon completion of initial screening, children identified as requiring additional assessment will be referred to the ECI/LEA, contingent upon parental consent for release of information. If a child falls below age-expectancy during this additional assessment, the following steps will be taken:

1. Parent/guardian is notified of the screening results. Parental questions/concerns are addressed and an additional screening will be done in two to four weeks.
2. Parent/guardian will be notified of the screening results if a concern is still present.
3. Consent for Follow-up Services and Consent to Release/Obtain Information form will be signed and referral with all information will be forwarded to the ECI/LEA.

Children in the Home-based option will be screened during the first home visit, if possible.

REFERRALS TO EARLY CHILDHOOD INTERVENTION (ECI)/LOCAL EDUCATION AGENCY (LEA)

Once a child is identified as having a suspected disability, the parent(s) of this child will be contacted for a parent conference to review findings and to give written parental consent for child to be referred to the ECI/LEA for full evaluation. With parental consent, the Disability Manager makes a referral to the ECI/LEA, which serves the area in which the child resides. This referral will include all information gathered. The ECI/LEA will have fifteen (15) calendar days to respond to the referral. If they are unable to complete the full evaluation, the Disability Manager, with parental consent, will make arrangements for its completion. Parents

will be notified of results and receive an explanation of next steps so that they understand and give their consent for an IFSP to be developed and implemented.

MULTIDISCIPLINARY HEARING

The multidisciplinary team particularly involved due to the nature of the child's suspected disability, provides the results of the evaluation, and its professional opinion that the child does or does not need special education and related services, to the Disability Manager. If it is their professional opinion that a child has a disability, the team will identify which eligible criteria applies and provide recommendations for programming. **(See 1308.7-1308.18 for disabilities eligibility criteria)**

INDIVIDUAL FAMILY SERVICE PLAN

Every child determined to have a disability will have an Individualized Family Service Plan (IFSP) developed based on findings and recommendations made by multidisciplinary team and the parent(s). When the ECI/LEA develops the IFSP, a representative from Early Head Start will attempt to attend and participate in the decision making process on any child meeting Early Head Start eligibility requirements. Appropriate staff dependent upon the diagnosed disability will monitor plans.

The IFSP must include:

- a. A statement of the child's present level of functioning in all the developmental areas and the identification of needs in those areas requiring specific programming.
- b. A statement of annual goals, including short-term objectives for meeting those goals.
- c. A statement of services to be provided that are in addition to those provided to all Early Head Start children.
- d. A statement of specific special education services to be provided by Early Head Start and/or other agencies and non-Early Head Start professionals.
- e. The identification of personnel responsible for the planning, implementation, & supervision of services in ChildPlus.
- f. The projected dates for implementation and anticipated duration of services.
- g. A statement of objective criteria and evaluation procedures to determine 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.

THE IFSP MEETING MUST BE HELD AT A TIME CONVENIENT FOR THE PARENTS AND STAFF TO DEVELOP THE IFSP WITHIN 30 CALENDAR DAYS OF THE DETERMINATION THAT THE CHILD NEEDS SPECIAL SERVICES.

SERVICES MUST BEGIN WITHIN 2 WEEKS AFTER RECEIVING THE IFSP. Implementation of the IFSP will include modifying the child's program in accordance with IFSP and arranging for the provision of related services. If a child enters Early Head Start with an IFSP completed within 2 months prior to entry, services must begin within 10 working days of program attendance.

Individualized Family Service Plan (IFSP) Meeting

If a child requires disability services and the parent's consent has been given, a meeting will be held to review evaluation results, make recommendations, and develop an Individualized Family Service Plan (IFSP). This meeting will be scheduled within thirty (30) days of diagnosis.

Parents, teachers, home visitors, and others involved with the child will receive notification of the meeting in advance. Members of the Multidisciplinary/IFSP staffing team may include:

1. Parent/Guardian
2. Representative from the Early Childhood Intervention Program/Local Education Agency
3. Education/Disability Manager

4. Classroom Teacher/Home Visitor
 5. Social Service Manager
 6. Mental Health Consultant
 7. Center Coordinator
 8. Health/Mental Health Manager
 9. Disability Consultant
10. Representatives from all areas are encouraged to attend, and the parent/guardian must attend the conference. Parents/guardians and the Classroom Teacher/Home Visitor will receive a copy of the completed IFSP, Classroom Teacher/Home Visitor will file their copy in the child's binder and a copy will be retained in the Early Head Start Disability Manager's files and input in ChildPlus.

PARENT INVOLVEMENT AND NOTIFICATION

Vigorous efforts will be made to involve parents in the IFSP process by:

1. Notifying parents in writing the purpose, attendees, time and location of the IFSP meeting in advance.
2. Making every effort to assure that parents understand the purpose, proceedings, and their anticipated participation in helping to develop their child's plan.
3. Providing interpreters, if needed, and providing them with a copy of the IFSP in the parent's language after it has been signed.

Forms:

Observation of Concern

In-House Referral

Consent to Release/Obtain Information

Consent for Services