



To: Policy Council Members
From: Dana Smith
Date: June 13, 2008
Subject: Conference Call

Enclosed you will find a packet of information that will be discussed and approved at the regular Policy Council meeting on Thursday, June 19, 2008. The phone number for this conference call is 877-285-7894. **This is a toll free number**. Your access code is 5678. You can call from home or you can call from the center. If you are planning to call from the center, just check with your Team Leader to make sure someone will be there.

The conference call is scheduled to begin at 6:00 p.m. However, the line will be available starting at 5:50.

Please remember that according to the By-laws that you passed last month, you must let me know that you will be participating by conference call so that I can make sure that the correct number of phone lines are available.



HEAD START POLICY COUNCIL

Notice of Meeting



Notice is hereby given that the CMCA Head Start Policy Council will conduct its next regular meeting on Thursday, June 19, 2008 in the Central Missouri Community Action Central Office, Large Conference Room, 807-B North Providence Road, Columbia, MO.

Tentative Agenda

Committee Meetings – (6:00 p.m. – 6:30 p.m.)

- A. Grants/Budget
- B. Bylaws
- C. Personnel & Community Complaints

Regular Meeting (6:30 p.m. or immediately following the committee meetings)

1. Call to Order
2. Seating of New Members and Role Call
3. Approval of June Agenda
4. Election of Officers
 - A. Vice President
 - B. Secretary
5. Approval of May, 2008 Minutes
6. Budget Report – Anita Sanderson, Finance Director
7. Director's Report – Mernell King, Early Childhood Program Director
 - A. Enrollment Report (Melissa Chambers)
8. Committee Reports
 - A. Grants/Budget
 - B. Bylaws
 - C. Personnel and Community Complaints
9. Old Business
 - A.
10. New Business
 - A. Disabilities Services Plan
 - B. Ratification of the Office of Head Start Grant Applications –
 1. Healthy Marriage
 2. Innovations and Improvement Grant
 3. T/TA Grant for teacher education funds
11. Business from the Floor
 - A.
12. Adjournment

CMCA is committed to equal opportunity. If you are disabled and need an accommodation such as an interpreter for the hearing-impaired, please contact our office. A three-day notice is required for scheduling. Representatives of the news media may obtain copies of this notice by contacting:

Barbara Corson

CMCA, 807B N. Providence Road, Columbia, MO 65203
Phone: (573) 443-8706 ext. 226, TTY: (800) 735-2966



**Head Start/Early Head Start
Policy Council Minutes
May 15, 2008**

Attendance

Name	Site	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug	Sept
Tamara Sutton	2202								✓				
Ryan Nivens	2203	✓	A	✓	✓	A	A	✓	✓				
Christina Farley	2213	✓	✓	✓	✓	✓	A	✓	A				
Brenda Huskey	2301	✓	✓	A	A	✓	A	✓	✓				
Tamecca Davis	2401	✓	✓	A	✓	✓	✓	✓	✓				
Lisa Morton	2406	✓	✓	✓	A	✓	A	A	A				
Patrick Robinson	2406			✓	✓	A	✓	A	✓				
Shannon McCreery	2501	✓	✓	A	✓	A	A	✓	✓				
Jamie Leeling	2501	✓	✓	✓	✓	A	✓	✓	A				
Irvetta Yates	2851					✓	A	A	✓				
Jamie Wolf	2852						✓	A	A				
Lisa Thomeczek	Board Rep	✓	✓	✓	A	A	✓	✓	✓				

Staff Members in attendance were Anita Sanderson, Ludi Yocum, and Dana Smith.

1. Committee meetings started at 6:00 p.m.
2. As the group was small, the committee work was done as part of the large group.
3. Grants & Budgets – Anita Sanderson
 - a. The budget reviews were not in the packet because we were trying to get as many of the end of the year expenses entered into the system as possible.
 - b. The budget is through the end of April
 - c. The first report is due to the federal government by May 30. We then we have 2 months to finalize the report.
 - d. The USDA contract is through the state and pays for the cost of food. We submit a report each month based on daily mealy counts.
 - e. The daycare contract is for the extended care that Head Start provides in the full day program. The state pays for some of the expenses.
 - f. There is a new regulation out that says agencies have to have an active fraud and abuse committee.
4. Personnel
 - a. The new hires and current job openings were distributed.
5. By-Laws
 - a. The council continued the discussion on the conference call addition. Additional wording was discussed, but the council members liked the wording presented last month.

6. Vice President Ryan Nivens called the regular meeting to order at 6:34 p.m.
7. Seating of New Members-
 - a. Brenda Huskey moved, Lisa Thomeczek seconded, to seat the new members. The motion passed.
8. Approval of May Agenda
 - a. Shannon McCreery moved, Brenda Huskey seconded, approval of the May agenda. The motion passed.
9. Approval of April Minutes
 - a. Lisa Thomeczek moved, Brenda Huskey seconded, approval of the April 17, 2008 minutes. The motion passed.
10. Budget Report – Anita Sanderson, Finance Director
 - a. General Budget Discussion:
 - i. In-kind is still needed.
 - ii. Administrative expenses were not overspent and any money that was left over can be moved to cover program expenses.
 - b. Shannon McCreery moved, Brenda Huskey seconded, to approve the Preliminary Head Start and Early Head Start budget reports. The motion passed
11. Director's Report: There was nothing new to add to the report.
12. Committee Reports
 - a. Grants and Budgets Committee: Anita had nothing further to report.
 - b. Bylaws Committee:
 - i. Tamecca Davis moved, Shannon McCreery seconded, to approve the proposed bylaws addition of conference calling. The motion passed.
 - c. Personnel and Community Complaints Committee:
 - i. New Hires – Shannon McCreery moved, Brenda Huskey seconded, to approve the new hires. The motion passed.
13. Old Business: None.
14. New Business:
 - a. Disabilities Services Plan: Irvetta Yates moved, Brenda Huskey seconded, to table discussion on the Disabilities Services Plan. The motion passed.
15. Business from the Floor:
 - a. Staff will let council members know when the Boonville Open House is scheduled.
 - b. Ryan announced that he is moving out of state next week and this would be his last meeting.
16. Adjournment:
 - a. Shannon McCreery moved, Lisa Thomeczek seconded, to adjourn. The motion passed and Ryan Nivens adjourned the meeting at 6:59 p.m.



Central Missouri Community Action
Early Childhood Programs
- Head Start and Early Head Start -
Passion – Commitment – Excellence

CMCA Head Start Director's Report
June 12, 2008

PROGRAM UPDATES:

Grants....Grants.....Grants.....The team at CMCA Head Start has had a very busy "grant season" this year. We have finalized the following grants which need to be ratified by the Policy Council at the June meeting:

- Innovations and Improvement Grant – Office of Head Start
- Training and Technical Assistance Grant (teacher qualifications) – Office of Head Start
- Connecting for Children (Healthy Marriage Grant – year 2) – Office of Head Start

We have also been working on updates for the Missouri Foundation for Health Grant which we submitted in early May.

In addition to these large grants, management team members have been working on small funding applications. We have secured funding from the AP Green Foundation in Mexico for help in renovating our playground at WFSC in Mexico. Melissa Chambers has written 2 successful foundation applications (each for \$5,000) which will be added to another \$4,000 previously received and \$10,000 in our Federal budget for FY '08. WFSC will be getting a wonderful playground later in the summer – more to come.

Bryon White, Family and Community Partnership Administrator, has worked with a community group to develop a United Way application for assistance in funding programmatic activities for the Father group. Lutheran Children and Family Services will be the applicant; however, CMCA Head Start is a major partner in this grant application. Bryon has also written a few applications for funds from foundations to support the Fatherhood work. He has been notified that we will receive \$1,000 from Boone County National Bank for the work. He has also submitted a grant to Target asking for \$3,000 and plans are underway to ask for funds from the Downtown Optimists for this effort....more to come.

Training-Training-Training in the summer months, CMCA Head Start's Management Team engages in training activities to strengthen programming work for the coming program year. This year the Central Office team held a "retreat" for 2 days in Jefferson City and one day at the office in Columbia. In addition, training on Grant Writing, Communication and Mental Health was provided to the team during the retreat week.

Self-Assessment Update – During the retreat held the first week of June, the Management Team reviewed all self assessment information that the program collected during the last 2 months. Included in that review was a review of all classrooms, safety reviews of all sites (conducted by parents), facility and ADA reviews of all sites, social service and community partnership reviews, etc. More will be shared at the meeting – including the results of the Annual Parent Self-Assessment which we used Survey Monkey to complete.

Connecting for Children will continue with couples, and singles, retreats during the summer months. A schedule of these will be provided to Policy Council members at the meeting.

Father's First continues to provide activities for dads and kids through the summer months. A schedule for the summer will be provided to Policy Council members at the meeting.....NOTE: Mothers are always welcome to attend!

CMCA Head Start Summer Services – are provided at the following locations:

- Tiger Paws Head Start and Early Head Start – Columbia
- Easter Seals – Columbia (this partnership will end in August 2008)
- Cole East Head Start – Jefferson City
- WFSC –Mexico

Facility Upgrades this summer – will be as follows:

Playgrounds:

- Park (in conjunction with CPS)
- WFSC
- Club House Head Start - Boonville

Camera Systems:

- Cole East (completed)
- Worley (completed)
- WFSC (upcoming)

Facility upgrades (to actual physical building and/or structure):

- Centralia Head Start
- Clubhouse Head Start – Boonville
- Worley – demolition of old house on property

Enrollment – continues to be at expected numbers. We do not “back fill” within 60 days of program year-end (per Head Start Performance Standards); therefore, full-day slots that become vacant after July 1 are not filled until September and the beginning of the new program year.

Other Updates and Information You Need to Know:

Easter Seals partnership will officially end on August 31, 2008. Parents and the Easter Seals corporate offices have been officially notified. This change is entirely a cost-saving measure. What does this mean to the program – we will serve more prenatal families and have 6 less childcare slots.

Community R-IV and CMCA Head Start have entered into another agreement for services to children of that school district next year (08-09). This will be the 3rd year of our partnership in service to children of Audrain county.

MHSA (Missouri Head Start Association) met on Thursday, June 12, 2008. Mernell King, CMCA Head Start Director, was elected to fill the position of Vice President of the Board for the Association. Roberta DeOrnellis, Centralia Team Leader, serves as the CMCA staff representative. Brenda Huskey is the CMCA Head Start parent representative.

Other Training that CMCA Head Start Staff will be involved in this summer includes:

- MoFDC (trainer credentialing for family workers) – Bryon White, Tammy Hawk, Lori Dryer
- Advanced Leadership Training– Melissa Chambers
- DECA and DECA-C - Jennifer McCullough; Wendi Matlick; Lindsay Massie and Bryon White
- Smart Marriages Conference – Robyn Higgins
- African American Healthy Marriage Conference – Robyn Higgins
- Child Plus – Lindsay Rhinehart
- Birth to Three Conference – Ludi Yocum and Melissa Scheer
- Partners for a Healthy Baby (prenatal curriculum) – Ludi Yocum and Denise Butler

Head Start Staff continue to assist with the agency-wide strategic planning process. The committees have completed the 10-year outcomes and the 3-year outcomes. The next steps include developing specific implementation plans for assuring the outcomes

are met. The ultimate goal of the agency is that of ending poverty! Check out our web-site to view the "Blog" of our Executive Director, Darin Pries, for thoughtful discussions and information. Also check the web-site for upcoming events in our agency. The web site is: www.showmeaction.org

ACTION ITEMS:

- Ratification of the Office of Head Start Grant Applications –(Healthy Marriage; Innovations and Improvement Grant and T/TA Grant for teacher education funds)
- Approval of the Disabilities Services Plan
- Election of a new Vice President and Secretary

Web Site Round Up:

www.moheadstart.org - this is the official web site of the Missouri Head Start Association. Missouri Head Start Association works for children, families, staff and communities regarding issues of interest to Missouri's Head Start programs. The site gives detailed information on all of Missouri's Head Start and Early Head Start Programs.

www.ECLKC.ohs.acf.hhs.gov – this is the Early Childhood Learning and Knowledge Center. This web site is the complete repository and library of all items from Head Start since 1965. This is a great web site and if you have access to a computer –check it out!

Central Missouri Community Action's Mission: "To empower individuals and families to achieve self-reliance"

Vision Statements of the Agency are:

*Individuals and families live extraordinary lives in decency and dignity

*Communities are thriving, vibrant safe places to live embracing all individuals and providing opportunities for growth

*Central Missouri Community Action is the recognized leader in ending poverty and building strong communities.

CMCA's Strategic Commitments are as follows:

- 1) Engage the community to assure that all people have their basic needs met.
- 2) Enhance community capacity to ensure all individuals have lifelong learning opportunities.
- 3) Build community capacity to enhance economic and community assets.

- 4) Build relationships across class and race lines.
- 5) Develop an innovative, caring agency dedicated to being an influential leader in our communities.

The Mission Statement for CMCA Head Start is as follows:

CMCA Head Start provides high quality, comprehensive services in partnership with local communities so that children, families, staff and community members embrace life-long learning leading to self-esteem and self-sufficiency.

The “Motto” for our program is:

Passion – Commitment- Excellence

Your attendance at our summer Policy Council meetings is critical to the success of our program! Most planning for the upcoming program year occurs in June and July – we really appreciate your help and look forward to seeing you at the meeting on Thursday, June 19th!

Respectfully Submitted,

Mernell T. King
Early Childhood Programs Director
Central Missouri Community Action

Policy Council Self-Nomination Form

_____ wish to self-nominate for the position of _____ for the CMCA Policy Council for the remainder of the 2007-2008 program year. I understand the duties of this position as delineated in the Policy Council By-Laws (as approved on 5/15/08). I further understand that in order to be an effective Policy Council officer I should attend all meetings of the Policy Council, all functions of the Policy Council and I should report back the results of each Policy Council meeting to my local Head Start, Early Head Start or Partnership site.

A Little About Me: (Which Center are you from, etc.)

Why I would like to be an officer of the CMCA Policy Council: (What makes you want to serve in this capacity – 3-4 short statements)

If elected to serve, I will serve the CMCA Policy Council to the best of my ability and will attend all required meetings and will report outcomes of meetings to my home site/Head Start, EHS or partnership location.

Signature

Date

**Central Missouri Community Action
Head Start/Early Head Start Policy Council By-Laws**

Article I

Name

The name of this organization shall be the Central Missouri Community Action (CMCA) Head Start/Early Head Start Policy Council.

Article II

Mission

The mission of the Policy Council is to further the goals of the Head Start/Early Head Start programs through the involvement of parents and other community members in the process of decision making.

Article III

Purpose

The purpose of the Policy Council shall be:

- To establish goals for the CMCA Head Start/Early Head Start programs
- To establish ways to meet those goals
- To facilitate communication and interaction between and among parents, community representatives and CMCA.

Article IV

Responsibilities

Appendix A: Governance and Management Responsibilities, Section 1304.50, of the Head Start Performance Standards, outlines the role and levels of responsibilities of the Policy Council. This section clearly defines the council's role regarding operational responsibilities and approval/disapproval functions. This governance will be adhered to at all times. The Policy Council's role in approval/disapproval functions are as follows:

- 1) To approve the CMCA Board of Directors procedures for Head Start/Early Head Start planning in accordance with federal regulations.
- 2) To approve, in collaboration with the CMCA board, the Head Start/Early Head Start philosophy for child development programs and the long and short-range objectives.
- 3) To approve the selection of delegate agencies and their service area.
- 4) To approve the criteria for defining recruitment, selection and enrollment priorities.
- 5) To approve, along with the Head Start/Early Head Start director, all the funding applications, amendments to the funding applications prior to the submission, for the grantee.
- 6) To approve reimbursements for reasonable expenses that enable low-income families to participate in the Policy Council and other committees.

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- 7) To approve the grantee's methods for self-assessment of the Head Start/Early Head Start Program.
- 8) To approve the structure of the Head Start/Early Head Start program Policy Council.
- 9) To develop a method for resolving disputes jointly between the CMCA Board of Directors and Policy Council--including impasses.
- 10) To approve written procedures to describe how the CMCA Board of Directors and the Policy Council will implement shared decision-making.
- 11) To approve personnel policies.
- 12) To approve decisions to hire or terminate employees of the Head Start/Early Head Start program.

The governance in Appendix A of the Federal Performance Standards outlines one operational responsibility of the Policy Council: It states that the Policy Council will work with the governing body to establish and maintain procedures to resolve community complaints about the program.

The Policy Council also approves the employment and termination of staff.

- A) The Policy Council's Personnel and Community Complaints Committee, Head Start/Early Head Start Director, appropriate Central Office staff, and local parents when possible, shall have the responsibility of interviewing and selecting staff to fill vacancies that occur in the Head Start/Early Head Start program. The Personnel and Community Complaints Committee will submit recommendations to the Policy Council for approval.

Article V

Membership

It is the local Head Start/Early Head Start parent committees' responsibility to select their Policy Council Representative. This information will be conveyed to the appropriate Central Office staff.

Members of the Policy Council shall be composed of, but not limited to, one parent from each Head Start, Early Head Start, pregnant mom option, partnership location, community representatives, and at least one CMCA board member. All sites shall have one (1) Policy Council Representative. Sites that have 40 children or more will be able to elect one (1) additional voting Policy Council Representative.

The parent representatives must have a child currently enrolled in Head Start/Early Head Start Program.

Up to five community representatives may be nominated by the Board of Directors and must be approved by the Policy Council. The Policy Council encourages its members and staff to solicit community representatives from such areas as health, human services, education, private industry, the legal services, juvenile, early childhood, pharmacy, CPAs, and local government. In addition, former Head Start/Early Head Start parents may serve as community representatives.

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Early Head Start parents who continue in the Head Start program are not eligible to serve as community representatives.

The CMCA Board may appoint at least one representative to the council.

Terms of Council Membership

Membership shall be limited to three years. The definition of a year is October through September. A full term shall be one year, or a portion of that year.

An employee of organizations and agencies that have financial contractual agreements with the agency cannot serve on the Policy Council.

Nepotism

Neither CMCA Head Start/Early Head Start staff members nor their immediate families are eligible for membership on the Policy Council.

Quorum

For meetings from October to May, 51% of the voting members shall constitute a quorum provided there are representatives from at least two counties and at least half of the voting members are parents. For meetings in June to September, 26% voting members shall constitute a quorum, provided there are at least two counties and at least half of the voting members are parents. Members become inactive if they fail to attend three consecutive Policy Council meetings. This means that the amount needed for a quorum could change monthly.

Vacancy

A seat shall be declared vacant after three consecutive unexcused absences. The Policy Council shall notify the Head Start/Early Head Start parent committee to elect a new parent representative for that site after three unexcused absences. The CMCA Board shall elect a new board representative when a representative has missed three consecutive meetings.

Voting

Only current representatives shall vote. Each member is entitled to one vote. A simple majority is required for a motion to be approved. In the event that a quorum is not present at the official Policy Council meeting the program has the discretion of taking a telephone vote and adding those votes to the votes of the present members. This effort will secure a majority vote of the membership of the Policy Council.

Staff Attendance

Staff members may attend Policy Council and its committee meetings as observers, in an advisory and/or non-voting capacity.

Conference Calling

Central Office staff shall provide a conference call number for each meeting. However, Policy Council members are still encouraged to come to the meeting. Policy Council members will let Central Office staff members know when they are unable to attend the meeting and that they plan on using the conference call number so that the correct number of lines are available

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for use. At least one officer and one at large additional member will need to be present at the actual meeting location to run the meeting.

Under extreme conditions the entire meeting may be conducted by conference call as long as one of the officers is in attendance at the actual meeting location to run the meeting.

Article VI

Appointment of Representatives

The CMCA Board of Directors determines the number of Policy Council representatives to serve on the board. The Policy Council shall elect one member to serve as the council's representative to the board.

Article VII

Meetings

The Policy Council shall meet once a month.

Special Meetings

Special meetings may only be called by the Policy Council President or Vice President.

Public Meetings

All meetings shall be open to the public. Only those portions of the meetings allowed to be closed under the Missouri Sunshine Laws may be closed. Closure must be approved by a majority of the Policy Council members present. A vote to reopen the meeting to the public must be taken.

Meeting Notices

All Policy Council members shall be sent notification of meetings postmarked at least six days prior to the meeting. The information will also be posted on the CMCA Web site at least three days prior to the meeting. Meeting information is also posted at all Head Start sites before the meeting. Those that wish to do so can provide email addresses to receive the meeting information electronically. If notices are not mailed, the meeting shall be invalidated.

Agenda

The Policy Council President shall review the agenda and the Head Start/Early Head Start staff shall distribute it.

Article VIII

Officer Election/Terms

Officers shall be nominated and elected at the November meeting and shall take office at the conclusion of that meeting. Terms shall be for one year.

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Officer Vacancy

If an officer misses three consecutive meetings or resign, the office shall be declared vacant. A new election will be held to elect a replacement.

Office Duties

The officers will be President, Vice President, Secretary, Parliamentarian, and Representative to CMCA board. It is the duty of offices to attend all Policy Council meetings, attend all Executive Meetings and assigned sub-committees, follow the bylaws, and to be acquainted with Robert's Rules of Order and Parliamentary Procedure.

President-

1. Shall preside at all Policy Council meetings.
2. Refrain from entering into debates during Policy Council meetings.
3. Shall extend every courtesy possible.
4. Shall call Special Meetings, when necessary.
5. Explain each motion before it is voted upon.
6. May vote only to break a tie except in cases where he/she is the subject of the nomination for an election, in which case the Vice President becomes the tie breaker.
7. Shall be available to Policy Council members for questions pertaining to the Head Start program.
8. Shall form Ad Hoc Committees as needed.
9. Shall be a member of Policy Council at least one (1) year, if possible.

Vice President-

1. Shall perform the duties of the President in his/her absence or whenever the President temporarily vacates the chair.
2. Shall assume the office of President should the office become vacant.

Secretary-

1. Shall keep a record of members' attendance.
2. Shall keep a record of all Policy Council minutes.
3. Shall distribute all mail addressed to the Policy Council.

Parliamentarian-

1. Shall be unbiased regarding the matters being discussed at meetings.
2. Shall be able to define the By-Laws of the Policy Council and advise the Council on these as necessary.
3. Shall be aware of the format desired by the President at meetings and assist in keeping within the format.
4. Shall be responsible for time limitations for guests.

Representative to CMCA board-

1. Serves as Policy Council Representative on CMCA board.
2. Reports to CMCA board on Policy Council activities.

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Article IX

Standing Committees

The Policy Council shall have four standing committees: By-Laws, Budget and Grants, Executive Committee, Personnel and Community Complaints. All committees shall meet each month, with the exception of the Executive Committee, which shall meet only as needed. Policy Council members shall choose and are limited to one committee of their liking, with the exception of the Executive Committee. Membership on the Executive Committee is comprised of the officers of the Policy Council and the duly elected board representative to Policy Council. If a committee has no representative and action is required, then a Policy Council member can temporarily sit on the committee.

By-Laws Committee: The members of the By-laws committee become very familiar with the Policy Council's By-laws, they usually meet at least twice a year to review the by-laws and determine whether or not the By-laws need to be updated. The committee would meet to determine whether or not the By-laws, as written, reflect all program options such as Early Head Start and Home Base.

The Council members may ask the committee to develop and propose a By-laws change or revision that will help the Council to function better.

Budgets and Grants Committee: This committee does the budget planning in preparation for funding grants or to develop a recommendation for a budget revision when an unexpected need arises. The committee then presents its recommendations to the full Council for approval.

On rare occasions when a request for proposal provides very little time for the program to respond, the Budget and Grants committee may meet and make decisions for approval of the agency's application. This happens rarely and but when it does, the full council will be given the opportunity for approval.

The Budget and Grants Committee also reviews the Head Start and Early Head Start Budget reviews on a monthly basis.

Executive Committee: The Executive Committee may be polled between regularly scheduled meetings to approve personnel actions and other time sensitive Policy Council business as needed.

The Executive Committee may be called between regularly scheduled meetings to approve personnel actions and other time sensitive Policy Council business as needed.

Personnel and Community Complaints Committee: The Personnel and Community Complaint Committee is responsible for interviewing potential candidates for employment for Head Start/Early Head Start Program. The Personnel Committee reviews job descriptions and provides input and makes recommendations for approval.

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The Personnel Committee provides input and recommendation into decisions to hire or terminate the Early Head Start or Head Start director of the grantee or any person who works primarily for the Early Head Start or Head Start Program.

Article X

By-Law Amendments

A motion to amend the by-laws may be introduced by any Policy Council member directed through By-laws Committee, who will present changes to the whole Policy Council. A simple majority shall be required for passage.

Final Draft of Up-dated By-laws: Recommendations presented to Council May 15, 2008
Approved by Policy Council on May 18, 2008

HEAD START

Disability Services Plan

2008-2009

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
<p>1308.4 Purpose and scope of disabilities service plan. (a)(1) &(2)</p> <p>1308.4 (b) 1304.41(b)</p>	<p>A Head Start grantee, or delegate agency, if appropriate, must develop a disabilities service plan providing strategies for meeting the special needs of children with disabilities and their parents. The purposes of this plan are to assure: That all components of Head Start are appropriately involved in the integration of children with disabilities and their parents. Those resources are used efficiently.</p>	<p>Head Start develops and implements a CMCA Disabilities Service Plan (DSP).</p>	<p>The Intervention Team Administrator develops the DSP following the analysis of the annual DSP evaluation.</p> <p>The Intervention Team Administrator monitors the effective implementation of the DSP.</p> <p>The Intervention Team Administrator presents the DSP evaluation information to the Central Missouri Community Action Policy Council for membership input and recommendations.</p> <p>In the event that there are areas of the plan not being achieved, the Intervention Team Administrator informs the Policy Council of this finding, providing recommendations for the council's review, and implementing an action plan to address deficiencies.</p>	<p>Monthly</p> <p>Meetings with Head Start Director</p> <p>April</p> <p>Annually</p>	<p>Referral Tracking Process, ChildPlus Reports, Onsite Classroom Monitoring Reports</p> <p>Meeting Minutes</p> <p>Meeting Minutes</p> <p>DSP</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
1308.4 (c) <i>1304.41(b)</i>	The plan must include provisions for children with disabilities to be included in the full range of activities and services normally provided to all Head Start children and provisions for any modifications necessary to meet the special needs of the children with disabilities	Head Start assures that at least ten percent of its enrollment is provided to children with IEPs/IFSPs or other Treatment Plan and ensures all children have access to the full range of services provided to Head Start children.	The Intervention Team Administrator monitors the development of MOAs with LEAs, social service organizations, and community action agencies to address issues of recruitment and a collaborative service deliver system. The Intervention Team Administrator monitors that Head Start Individualization Plans integrate individualized High Scope, Creative curriculum goals, and IEP goals.	Every three years prior to the beginning of the targeted MOA development school year. Monthly	MOAs Individualization Plans IFSP/IEPS or Other Treatment Plans in children's files ChildPlus Referral Tracking Process
1308.4 (d)	The Head Start grantee and delegate agency must use the disabilities service plan as a working document which guides all aspects of the agency's effort to serve children with disabilities. This plan must take into account the needs of the children for small group activities, for modifications of large group activities and for any individual special help.	The DSP serves as a guide to ensure the integration of day to day curriculum outcomes and individualization for children with IEP/IFSPs or other Treatment Plans within the classroom.	The Intervention Team Administrator monitors that the Assistant Administrator ensures CFDA's /Team Leaders/Mental Health Specialist are competent in developing, implementing, and monitoring data-driven Individualization Plans (see attachment 3). The Intervention Team Administrator monitors that the Assistant Administrator is competent in monitoring that children, with special need, are reaching their individualized goals/outcomes, and if not, are competent in assisting classroom CFDA's and aids in developing alternative strategies.	Pre-service —Train Team Leaders and CFDA's to competency on Individualization Plans, PBS, developing Alternative Strategies, monitoring goal/outcome achievement and data collection. Quarterly —The Assistant Administrator provides the Intervention Team Administrator with documentation of Individualization Plans status and plan of action if needed. February —The Intervention Team administrator supports the Director in developing the DSP T/TA Plan for CFDA's and Team Leaders.	Individualization Plans IFSP/IEP or Other Treatment Plans Early/Head Start Ongoing Assessments Training & Technical Assistance Plan
1308.4 (e)	The grantee or delegate agency must designate a coordinator of services for	Head Start has a Disabilities Specialist on staff to oversee the delivery of appropriate	The Head Start Director recruits or distributes responsibilities of the Disability Coordinator to	January — The Head Start Director completes a review of the Human Resource	Human resource documentation

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
	<p>children with disabilities (disabilities coordinator) and arrange for preparation of the disabilities service plan and of the grantee application budget line items for services for children with disabilities. The grantee or delegate must ensure that all relevant coordinators, other staff and parents are consulted.</p>	<p>services for children with IFSPs/IEP, or other Treatment Plan.</p>	<p>appropriate personnel and consultants, as appropriate.</p> <p>The Head Start Director monitors that personnel appointed to Disability Coordinator responsibilities have appropriate education and background experience in:</p> <ul style="list-style-type: none"> * disabilities, * education and development, * curriculum and instruction, * knowledge of the Individuals with Disabilities Education Act (IDEA), the Family Educational Rights to Privacy Act (FERPA), and the Head Start Performance Standards related to disabilities. <p>The Head Start Director includes a line item in the Head Start grant to support the activities of the DSP.</p>	<p>documentation to ensure the Disability Coordinator, or designees meet requirements.</p> <p>January –The Head Start Director completes a review of the Head Start Grant to determine whether there is a line item for the Disability Coordinator position.</p> <p>January – The Head Start Director conducts a review of Human Resource documentation to ascertain if all relevant coordinators, other staff and parents were consulted in the appointment of the disability Coordinator.</p>	<p>DSP Plan</p> <p>Head Start Grant</p>
<p>1308.4 (f)</p>	<p>The disability service plan must contain:</p>				
<p>1308.4 (f) (1)</p> <p>1304.20(b)(1)</p>	<p>Procedures for timely screening and re-screening</p>	<p>Head Start administers age appropriate screening to all children within the first 45 days of enrollment.</p>	<p>The Intervention Team Administrator monitors that all Head Start programs collaborate with appropriate community agencies in the process of developmental screening to reduce duplication of effort,</p>	<p>Screenings completed within 45 days of enrollment.</p>	<p>Referral Tracking Process</p> <p>Screening/Assessment Protocols</p> <p>TRAIN</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
			<p>increase and maximize utilization of resources, and provide developmentally appropriate screening. These agencies include but are not limited to:</p> <ul style="list-style-type: none"> * Local Education Agencies (LEAs) * Parents As Teachers * Public Health Agencies * MR/DD Regional Centers * Children with Special Health Care Needs * Private Agencies <p>The Intervention Team Administrator monitors that the comprehensive screening includes assessments in the areas of:</p> <ul style="list-style-type: none"> * Cognitive Development * Behavior, Social Skills, Emotional Dev. * Vision * Hearing * Dental * Other areas as deemed necessary <p>The Intervention Team Administrator & Assistant Administrator monitor that Head Start programs use these screening assessment tools:</p> <ul style="list-style-type: none"> * DIAL-3 * Ages and Stages * Ages and Stages-Social Emotional * DECA <p>CFDAs maintain documentation of these screenings in individual child files and make referrals.</p>	<p>Within a week of completion</p> <p>Within two days, of child obtaining a targeted score on screening.</p> <p>Within seven (7) days of determining child met criteria</p>	<p>Child Plus</p> <p>Child's file Screening Protocols</p> <p>Contact Notes</p> <p>Contact Notes</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
			<p>CFDAs document their meeting with families, regarding screening information, note any action planning information if appropriate, and document whether the family consented or declined to have their child referred for evaluation.</p> <p>The Intervention Team Administrator/ Assistant Administrator/Team Leader/CFDAs monitors that families have been met with to discuss targeted screening information and are offered the opportunity to refer their child for further evaluation.</p>	<p>for referral and discuss their options with them.</p> <p>If family decides, at the meeting, that they want their child referred, obtain a Release of Information (ROI).</p> <p>If the family decides, at the meeting, that they do not want to refer their child, they sign a Release of Responsibility (ROR).</p> <p>EHS CFDA contacts SPOE and family within 2 days of screening or ongoing assessment, regarding development of the EHS child.</p> <p>HS CFDA, within two days of obtaining a ROI, send referral information to all appropriate agencies; including Central Office.</p> <p>Monthly Onsite Monitoring</p>	<p>Release and Share of Information (ROI)</p> <p>Release of Responsibility for stopping Services (ROR)</p> <p>Contact Notes</p> <p>Referral Packet to receiving agency</p> <p>ROI and cover letter to C.O.</p> <p>Onsite monitoring report</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
			<p>CFDAs/Team Leaders maintain documentation of these screenings in individual child files and make referrals to appropriate agencies as required by referral policies.</p> <p>CFDA/team Leaders document their meeting with families, regarding screening information, note any action planning information if appropriate, and document whether the family consented or declined to have their child referred for evaluation.</p> <p>The Intervention Team</p>	<p>HS CFDA talks with family about scheduling a meeting to discuss child's development, within two days, of child obtaining a targeted score on screening.</p> <p>HS CFDA meets with family within seven (7) days of determining child met criteria for referral and discuss their options with them.</p> <p>If family decides, at the meeting, that they want their child referred, obtain a Release of Information (ROI).</p> <p>If the family decides, at the meeting, that they do not want to refer their child, they sign a Release of Responsibility (ROR).</p> <p>EHS CFDA contacts SPOE and family within 2 days of screening or ongoing assessment, regarding development of the EHS child.</p> <p>EHS CFDA, within two days of obtaining a ROI, sends referral information to all appropriate agencies; including Central Office.</p> <p>Monthly Onsite Monitoring</p>	<p>Contact Notes</p> <p>Contact Notes</p> <p>Release and Sharing of Information (ROI)</p> <p>Release of Responsibility for Stopping Services</p> <p>Contact Notes</p> <p>Release and Sharing of Information (ROI) Copy of Referral Packet to receiving agency Copy of ROI and Cover letter to C.O.</p> <p>Onsite Monitoring Report</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
			<p>administrator/ Assistant Administrator/Team Leader/CFDAs monitors that families have been met with to discuss targeted screening information and are offered the opportunity to refer their child for further evaluation.</p>		
<p>1308.4 (f) (3)</p>	<p>Assurances of accessibility of facilities.</p>	<p>Head Start classroom environments meet ADA requirements.</p>	<p>The Facilities Administrator conducts an assessment of their program's building and grounds using the ADA CHECKLIST.</p> <p>Facilities Administrator, with the Intervention Team, develops an ADA Corrective Action Plan based on findings from the ADA Checklist or individual child needs.</p> <p>Facilities Administrator provides Head Start Director and Intervention Team Administrator with a copy of the Corrective Action Plan.</p> <p>Facilities Administrator coordinates and monitors the implementation and completion of the Corrective Action Plan.</p> <p>Facilities Administrator notifies Head Start Director and Intervention Team Administrator of barriers to completing the Action Plan and provides them a revised Action Plan.</p>	<p>Prior to the end of school</p> <p>Within a month of receiving the ADA Checklist results.</p> <p>At the next scheduled Intervention Team meeting.</p> <p>Weekly updates</p> <p>As Needed when barriers arise</p>	<p>ADA Checklist</p> <p>ADA Corrective Action Plan</p>
<p>1308.4 (f) (4)</p>	<p>Plans to provide appropriate special furniture, equipment and materials if needed.</p>	<p>Head Start classroom environments meet the special modification and adaptations required by IFSPs/IEPS and Other Treatment Plans.</p>	<p>Intervention Team Administrator/Assistant Administrator review all existing IFSPs/IEPs, or other Treatment Plans, to determine the need for purchasing or adapting special furniture, equipment and materials and provide Assistant Administrator</p>	<p>Prior to the beginning of school for returning children and within 2 weeks of receipt of IFSP/IEP for newly referred children</p>	<p>IFSPS IEPs</p> <p>Special Needs Acquisition Summary Plan</p> <p>Facilities and ADA Check Lists</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
			with a Special Needs Acquisition Summary Plan (see attachment 12)		Purchase Request Individualization Plans
1308.4 (g)	<p>The plan, when appropriate, must address strategies for the transition of children into Head Start from infant/toddler programs (0-3 years), as well as the transition from Head Start into the next placement.</p> <p>The plan must include preparation of staff and parents for the entry of children with severe disabilities into the Head Start program.</p>	Head Start provides supports for children and families transitioning from EHS to HS and from HS to public school and also provides supports to ensure successful transition of children with severe disabilities into EHS/HS.	<p>EHS/HS CFDA's work with the IFSP/IEP team to plan and implement appropriate transition strategies to be documented on the Individualization Plan.</p> <p>Intervention Team Administrator/ Assistant Administrator reviews all existing IFSPs/IEPs or other Treatment Plans and ensures transition strategies are developed</p> <p>Intervention Team Administrator works with the ERSEA committee to develop and implement a recruitment plan to ensure families of children with severe disabilities and state Departments of Mental Health MR/DD) and Health & Senior Citizens (CSHCN) know that Head Start is a placement option for their clients.</p> <p>The Intervention Team Administrator ensures there are specific T/TA activities targeted toward families and EHS/HS programs that support children with severe disabilities.</p>	<p>6 months prior of children exiting, or when informed a child is exiting Early Head Start or Head Start schedule</p> <p>6 months prior of children exiting, or when informed a child is exiting Early Head Start or Head Start prior to the 6 month transition planning schedule.</p> <p>Participate in ERSEA meetings.</p> <p>When writing the T/TA Plan for the following year</p>	<p>Contact Notes</p> <p>Transition Plan</p> <p>EHS/HS Transition Procedures: Management Book</p> <p>LEA MOAs</p> <p>MR/DD Regional Center MOA</p> <p>CSHCN MOA</p> <p>Individualization Plans</p> <p>ERSEA Meeting minutes</p> <p>Training calendar</p>
1308.4 (h) 1304.20(b)(2)	The grantee or delegate agency must arrange or provide special education and related services	Head Start supports Local Education Agencies LEAs in the delivery of special education and related	Team Leaders/CFDA's meet with families, to discuss screening information and share the Family Rights, The Family Voice, and the	Within seven (7) days of determining the child meets referral eligibility criteria.	Screening Protocol Contact Notes

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
<p>1304.20(d)</p>	<p>necessary to foster the maximum development of each child's potential and to facilitate participation in the regular Head Start program unless the services are being provided by the LEA or other agency.</p> <p>The plan must specify the services to be provided directly by Head Start and those provided by other agencies. The grantee or delegate agency must arrange for, provide, or procure services which may include, but are not limited to special education and these related services:</p>	<p>services, which facilitate participation in EHS/HS.</p>	<p>What are Screening and Evaluation brochures.</p> <p>Team Leaders/CFDAs document their meeting with families, regarding screening information, note any action planning information if appropriate, and document whether the family consented or declined to have their child referred for evaluation.</p> <p>Team Leaders/CFDAs complete the Referral Packet and mails to all appropriate referral agencies and Central Office.</p> <p>Team Leaders/CFDAs follow-up with the referral.</p> <p>Team Leaders/CFDAs participate on the eligibility determination team as well as the Plan development team.</p> <p>Team Leaders/CFDAs develop an Individualization Plan to integrate Plan goals into curriculum.</p>	<p>Within 2 days of the meeting.</p> <p>Within two days of family's signing the ROI.</p> <p>After 36 days of referral and not contact from receiving agency.</p> <p>Whenever these are scheduled.</p> <p>Within two (2) weeks of receipt of IFSP/IEP or Other Treatment Plan.</p>	<p>TRAIN</p> <p>Screening documents</p> <p>Individualization Plans</p> <p>Lesson Plans</p> <p>Anecdotal Records</p> <p>Ongoing Assessments</p> <p>Contact Notes</p> <p>Contact Notes</p> <p>Individualization Plans</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
1308.4 (c)	The plan must include provisions for <i>children with disabilities to be included in the full range of activities and services</i> normally provided to all Head Start children and provisions for any modifications necessary to meet the special needs of the children with disabilities.	Head Start provides at least ten percent of its enrollment to children with IEPs/IFSPs or other Treatment Plan and ensures all children have access to the full range of services provided to Head Start children.	<p>The Intervention Team Administrator/Assistant Administrator monitors routine tracking procedures to ensure Head Start is providing services to 10% of the children who have an IFSP/IEP or Other Treatment Plan.</p> <p>Team Leaders/CFDAs update the Referral Tracking Information and provide Assistant Administrator with information</p> <p>Assistant Administrator enters referral tracking information into Spreadsheet</p> <p>The Intervention Team Administrator utilizes the monthly Referral information to determine the need for recruitment of children disabilities.</p> <p>The Intervention Team Administrator informs the Health Service Advisory Committee and Policy Council of the status of inclusion of children with an IFSP/IEP or Other Treatment Plan.</p> <p>The Intervention Team Administrator develops a Special Needs Recruitment Plan.</p>	<p>By the last day of each month, completes a review of the Referral Tracking Process data.</p> <p>By the first day of the each month,</p> <p>By the First Friday of the month</p> <p>Every Monday</p> <p>November, February, May.</p> <p>Ongoing- depending on need</p>	<p>Referral Tracking Spreadsheet</p> <p>Referral Tracking Spreadsheet</p> <p>Referral Tracking Spreadsheet</p>
1308.4 (h) 1—7	Must arrange or provide special education and related services necessary to foster the maximum development of each child's potential and to facilitate participation in the regular Head Start program unless the services are	Head Start implements policies and procedures that ensure the early identification, referral and integration of goals into curriculum.	<p>Team Leaders/CFDAs set up a meeting with families, to discuss screening information and share the Family Rights, The Family Voice, and the What are Screenings and Evaluation Brochures.</p> <p>Team Leaders/CFDAs document</p>	<p>Within two (2) days of determining the screening information indicates the child meets referral criteria</p> <p>Within seven (7) days of determining that screening or</p>	Contact Notes

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
	being provided by the LEA or other agency.		<p>their meeting with families, regarding screening information, note any action planning information if appropriate, and document whether the family consented or declined to have their child referred for evaluation.</p> <p>Team Leaders/CFDAs complete the Referral Packet and mails to the appropriate referral agencies and to Central Office.</p> <p>Team Leader/CFDAs follow-up with the referral.</p> <p>Team Leaders/CFDAs participate on the eligibility determination team as well as the Plan development team.</p> <p>Team Leaders/CFDAs develop the Individualization Plan to integrate Plan goals into curriculum.</p>	<p>ongoing assessment meets referral criteria</p> <p>Within two days of parents signing the ROI and sends to all appropriate referral agencies and Central Office.</p> <p>Within 36 days of sending referral information and no response form receiving agency.</p> <p>Attend meeting when scheduled.</p> <p>Within two week of receipt of Plan.</p>	<p>To receiving agency – ROI Individualization Plan Lesson Plans Anecdotal Records Ongoing Assessments</p> <p>To C.O. – ROI and Cover Letter</p> <p>Contact Notes</p> <p>Contact Notes</p> <p>Individualization Plan</p>
1308.4(i)& (j) 1—5	The disabilities service plan must include options to meet the needs and take into consideration the strengths of each child based upon the IEP so that a continuum of services available from various agencies is considered.	Head Start ensures the strengths and needs of children are taken into account when making IFSP/IEP or other Treatment Plan service decisions.	<p>The Intervention Team Administrator develops MOAs with Parents As Teachers, Title I, ECSE, First Steps, Missouri Preschool Project Programs, child care agencies, The Bureau of Special Health Care Needs, and the MR/DD Regional Center.</p> <p>The Intervention Team Administrator ensures MOAs are extended for up to three years unless there is a NEED to make revisions.</p>	<p>Begins the process in October of each year for those LEAs which have MOAs that NEED revision.</p> <p>By December 31st of each year.</p>	<p>MOAs CAs</p> <p>MOAs</p> <p>Summary data</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
			<p>The Intervention Team Administrator evaluates the effectiveness of MOAs.</p> <p>The Intervention Team Administrator develops meets routinely with the Higher Education agencies offering degree in the areas of nursing, early childhood, education, social work, located in the CMCA catchments area.</p> <p>The Intervention Team Administrator evaluates the effectiveness of Cooperative Agreements on an annual basis and makes adjustments as needed.</p> <p>The Intervention Team Administrator oversees a high quality volunteer training and development system.</p>	<p>Annually</p> <p>Updates the Health Services Advisory Committee annually</p> <p>Once every three years in April.</p> <p>August</p>	<p>Meeting Minutes</p> <p>Summary data</p> <p>Training outcomes and materials</p>
<p>1308.4 (k)</p>	<p>The Disabilities Service Plan addresses grantee efforts to meet State standards for personnel serving children with disabilities by the 1994-1995 program year. Special education and related services must be provided by or under the supervision of personnel meeting State qualifications by the 1994-1995 program year.</p>	<p>Head Start accepts the Departments of Elementary & Secondary Education's and Mental Health's licensing standards for special education and related service providers.</p>	<p>The Intervention Team Administrator ensures that MOAs address the agreement to accept the special education and related service providers for collaborating agencies.</p> <p>When contracting with providers for mental health services, The Intervention Team Administrator requires documentation of license to practice in MO.</p>	<p>In October of each year for those MOAs that NEED revision.</p> <p>All signatures in place by December 31st</p>	<p>MOAs</p> <p>Mental Health Provider contracts</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
<p>1308.4 (l) 1—7</p>	<p>The disabilities service plan must include commitment to specific efforts to develop interagency agreements with the LEAs and other agencies within the grantee's service area. If no agreement can be reached, the grantee must document its efforts and inform the Regional Office.</p>	<p>Head Start facilitates the development of collaborative working relationships, documented via Memorandum of Agreements (MOAs), with each LEA and other service delivery agency in the region as appropriate.</p>	<p>The Intervention Team Administrator attends the Special Education Administrators Conference to obtain updates on changes in IDEA and state interpretations and meet with Spec Ed directors if there are relevant issues.</p> <p>The Intervention Team Administrator develops MOAs with Parents As Teachers, Title I, ECSE, First Steps, Missouri Preschool Project Programs, child care agencies, and the MR/DD Regional Center on a tri-annual basis unless a specific MOA(s) NEED revision.</p> <p>The Intervention Team Administrator evaluates the effectiveness of MOAs.</p>	<p>October</p> <p>By December 31st</p> <p>Annually</p>	<p>MOAs</p> <p>MOAs</p> <p>Summary data</p>
<p>1308.4 (m)</p>	<p>The disabilities coordinator must work with the director in planning and budgeting of grantee 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 the grantee maintains the level of fiscal support to children with disabilities consistent with the Congressional mandate to meet their special needs.</p>	<p>Head Start ensures there is adequate funding to support the needs of children with IFSPs/IEPs who are most in need and maintains the level of fiscal support mandated by Congress.</p>	<p>Based on the outcomes included in IFSPs/IEPs or Other Treatment Plans, the Intervention Team Administrator works with the Head Start Director to identify Special Education and related service needs for the next school year.</p> <p>The Intervention Team Administrator drafts a budget for inclusion in the Head Start grant proposal to address special needs for the next school year.</p>	<p>December</p> <p>December</p>	<p>IFSPs/IEPs or Other Treatment Plans</p> <p>Head Start Grant Proposal</p> <p>Head Start Budget</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
1308.4 (n)	The grant application budget form and supplement submitted with applications for funding must reflect requests for adequate resources to implement the objectives and activities in the disability services plan and fulfill the requirements of these Performance Standards.	Head Start ensures the grant application budget form reflects a request for adequate resources to implement the activities in the DSP.	The Intervention Team Administrator works with the Director of Head Start to ensure sufficient funding is available for implementation of the DSP.	December	DSP Head Start Grant Proposal Head Start Budget
1308.4 (o) 1—7	The budget request included with the application for funding must address the implementation of the disabilities service plan.	Head Start ensures that the budget request for funding is adequate to implement the DSP.	Based on the outcomes included in IFSPs/IEPs or Other Treatment Plans, the Intervention Team Administrator works with the Head Start Director to identify Special Education and related service needs for the next school year. The Intervention Team Administrator drafts a budget for inclusion in the Head Start grant proposal to address special for the next school year.	December December	IFSPs/IEPs or Other Treatment Plans Head Start Grant Proposal Head Start Budget
1308.5 (a)	The grantee or delegate agency outreach and recruitment activities must incorporate specific actions to actively locate and recruit children with disabilities.	Head Start ensures rigorous recruitment of children with disabilities.	The Intervention Team Administrator monitors that a Recruitment Plan is developed based on community assessment process data and Head Start/Early Head Start recruitment and enrollment data. The Intervention Team Administrator monitors the implementation of the Recruitment Plan. The Intervention Team Administrator reviews the Recruitment Plan, provides the Health Advisory Committee and update and revises as appropriate.	January Quarterly Quarterly	Recruitment Plan Community Assessment data, Recruitment and enrollment data

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
1308.5 (b)	<p>A grantee must insure that staff engaged in recruitment and enrollment of children are knowledgeable about the provisions of 45 CFR Part 84, Nondiscrimination on the Basis of Disability in Programs and Activities Receiving or Benefiting from Federal Financial Assistance, and of the Americans with Disabilities Act of 1990, (42 U.S.C. 12101).</p>	<p>Head Start ensures program recruitment staff are knowledgeable of the Head Start Nondiscrimination on the Basis of Disability in Programs and Activities Receiving or Benefiting from Federal Financial Assistance, and of the Americans with Disabilities Act of 1990.</p>	<p>The Intervention Team Administrator ensures that training is provided to all recruitment staff related to the requirements of ADA, related to nondiscrimination and the details of Head Start Nondiscrimination on the Basis of Disability.</p> <p>The Intervention Team Administrator monitors to ensure recruitment staff are complying with to the requirements of ADA, related to nondiscrimination and the details of Head Start Nondiscrimination on the Basis of Disability.</p>	<p>January</p> <p>Ongoing</p>	<p>Recruitment Team Meeting Minutes</p> <p>Staff Meeting Minutes</p> <p>Family Development Advocate Meeting Minutes</p> <p>Family Survey</p>
1308.5 © 1-4	<p>A grantee must not deny placement on the basis of a disability or its severity to any child when:</p> <p>The parents wish to enroll the child</p> <p>The child meets the Head Start age and income eligibility criteria</p> <p>Head Start/Early Head Start is an appropriate placement according to the child's IEP</p> <p>The program has space to enroll more children, even though the program has made ten percent of its enrollment opportunities available to children with</p>	<p>Head Start ensures placement decisions will be made based on the principle of least restrictive environment (LRE) or on the philosophy of typical routines and daily activities of the child.</p>	<p>Team Leaders/CFDAs advocate that services are provided in the Least Restrictive Environment.</p> <p>The Intervention Team Administrator monitors that when the required 10% of placements for children with disabilities is met, then children with disabilities compete for placement with every child waiting to enroll in Head Start/Early Head Start according to the selection criteria.</p>	<p>IFSP/IEP meetings</p> <p>Ongoing</p>	<p>IFSP/IEP or Other Treatment Plan meeting minutes</p> <p>Waiting List</p> <p>TRAIN</p> <p>Release and Sharing of Information</p> <p>Release of Responsibility</p> <p>Release of Responsibility for Stopping Services</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
	<p>disabilities. In that case children who have a disability and non-disabled children would compete for the available enrollment opportunities.</p>				
<p>1308.5 (d) 1-5</p>	<p>The grantee must access resources and plan for placement options, such as dual placement, use of resource staff and training so that a child with a disability for whom Head Start is an appropriate placement according to the IEP is not denied enrollment</p>	<p>Head Start ensures that multiple placement methodologies will be applied to facilitate the successful inclusion of children with disabilities.</p>	<p>The Intervention Team Administrator ensures training and technical assistance is included in the HS T/TA Plan on the topics of disabilities and the effect they have on persons without disabilities and how to make a facility accessible.</p> <p>The Intervention Team Administrator ensures, when there is not prior knowledge of a child with a disabling condition attending EHS/HS, that T/TA is arranged to support staff understand the condition and how to support the child's development.</p> <p>The Intervention Team administrator ensures T/TA is provided to support staff in understanding and feeling comfortable with providing specialized personal care services.</p> <p>The Assistant Administrator monitors that Individualization Plans address additional resources needed by children.</p>	<p>January</p> <p>January</p> <p>January</p> <p>Monthly</p>	<p>T/TA Plan</p> <p>Training and Technical Assistance Reports</p> <p>ADA Checklist</p> <p>Individualization Plans,</p> <p>Budget Reports</p> <p>Onsite Monitoring Report</p> <p>Onsite Monitoring Report</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
<p>1308.5 (e) 1-5</p>	<p>The same policies governing Head Start program eligibility for other children, such as priority for those most in need of the services, apply to children with disabilities. Grantees also must take the following factors into account when planning enrollment procedures:</p> <p>The number of children with disabilities in the Head Start service area including types of disabilities and their severity,</p> <p>The services and resources provided by other agencies,</p> <p>State laws regarding immunization of preschool children. Grantees must observe applicable State laws which usually require that children entering State preschool programs complete immunizations prior to or within thirty days after entering to reduce the spread of communicable diseases, and</p> <p>The recruitment effort of a Head Start grantee must include recruiting children who have severe disabilities, including children who have been previously identified as having disabilities.</p>	<p>Head Start ensures eligibility for other children, such as priority for those most in need of the services, apply to children with disabilities.</p>	<p>The Intervention Team Administrator ensures data is collected on recruitment of children with disabilities.</p> <ul style="list-style-type: none"> - Access the data-base at OCETA to determine the potential number of children with disabilities in the Head Start service area including types of disabilities and their severity, - Include in the MOAs with other agencies the services and resources they provide, - Review enrollment information to ensure that immunizations were completed prior to enrollment, and - Review the MOAs with the MR/DD Regional Center and the Bureau of Special Health Care Needs (BSHCN) to ensure they include procedures for the referral of children with severe disabilities to EHS/HS. 	<p>The Intervention Team Administrator accesses OCETA data in February to share with the ERSEA committee when planning for recruitment of children with disabilities.</p> <p>In October, the Intervention Team Administrator reviews the MOAs with MR/DD and BSHCN, to ensure they are specific about referrals to EHS/HS and that they identify the services and resources these agencies can provide to families and EHS/HS.</p> <p>By December 31st of year MOAs' updated</p> <p>On a monthly basis, the Intervention Team Administrator reviews ChildPlus data to ensure immunizations are up to date.</p> <p>By December 31st of year MOAs' updated</p>	<p>OCETA PIR TRAIN MOAs</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
1308.6 (a) 1-3	The disabilities coordinator must be involved with other program staff throughout the full process of assessment of children.	Head Start ensures that the Disability Specialist or designee is involved throughout the process of assessment.	<p>CFDAs/Team Leaders/Assistant Administrator ensures children are screened in the areas of cognition, hearing, vision, health, and dental.</p> <p>CFDAs/Team Leaders ensure children receive ongoing developmental assessments and that data is reported via the COR, DECA, and EHS development assessment.</p> <p>CFDAs/Team Leaders ensure families are talked with about their child's score on a screening or development assessment and provided the Family Rights, The Family Voice, and the What are Screenings and Evaluation Brochures.</p> <p>CFDAs/Team Leaders ensure children are referred to all appropriate agencies for specialized assessment or evaluation when they meet specific criteria on the screening assessment, are not making progress meeting individualized goals, or when a family feels there is a concern.</p> <p>CFDA/Team Leaders follow-up on referrals</p>	<p>Within 45 of entry into EHS/HS</p> <p>As scheduled each program year</p> <p>Within seven days (7) of determining child met referral criteria</p> <p>Within 2 days of an EHS child being determined to meet referral criteria</p> <p>Within two (2) days of family signing ROI</p> <p>Within 36 days of the day the referral was made</p>	<p>DIAL-3</p> <p>ASQ</p> <p>ASQ-SE</p> <p>DECA</p> <p>Contact Notes</p> <p>Release and Sharing of Information</p> <p>Release of Responsibility Referral Tracking Log</p> <p>Contact Log</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
1308.6 (b) 1-3	Screening, the first step in the assessment process, consists of standardized health screening and developmental screening which includes speech, hearing and vision.	Head Start ensures that all children receive a standardized health screening and developmental screening which includes speech, hearing and vision and that they are referred for further assessment if they score at a specified level on one of the screens.	<p>The Intervention Team Administrator monitors that the comprehensive screening includes assessments in the areas of:</p> <ul style="list-style-type: none"> * Cognitive Development * Behavior, Social Skills, Emotional Dev. * Vision * Hearing * Dental * Other areas as deemed necessary <p>The Intervention Team Administrator & Team Administrators monitor that Head Start programs use these screening assessment tools:</p> <ul style="list-style-type: none"> * DIAL-3 * Ages and Stages * Ages and Stages-Social Emotional * DECA <p>CFDAs/Team Leaders maintain documentation of these screenings in individual child files and make referrals to appropriate agencies as required by referral policies.</p> <p>CFDA/team Leaders document their meeting with families, regarding screening information, note any action planning information if appropriate, and document whether the family consented or declined to have their child referred for evaluation.</p>	<p>Within 45 days of entry into EHS/HS</p> <p>Within two days of the meeting files have documentation</p> <p>Referral packets sent within two days (2) of families signing the Release of Information.</p> <p>Within two days of meeting with family</p> <p>Within 36 days of when referral was made</p>	<p>Screening Protocols</p> <p>Referral Tracking Spreadsheet</p> <p>Child Files</p> <p>Contact Notes</p> <p>Release and Sharing of Information Form</p> <p>Release of Responsibility</p> <p>Contact Notes</p> <p>Contact Notes</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
			<p>The Intervention Team administrator/ Assistant Administrator/Team Leader/CFDAs monitors that families have been met with to discuss targeted screening information and are offered the opportunity to refer their child for further evaluation.</p>		
1308.6 ©	<p>Staff must inform parents of the types and purposes of the screening well in advance of the screening, the results of these screenings and the purposes and results of any subsequent evaluations.</p>	<p>Head Start ensures that families understand the types and purposes of screening, the meaning of their results and the results of subsequent evaluations.</p>	<p>CFDAs/Team Leaders ensure parents are provided information about what a screening consists of, how their child performed on the screening, and copies of the Parental Rights Brochure, What are Screenings and Evaluations Brochure, and The Family Voice Brochure.</p> <p>The Assistant Administrator monitors that parents were provided information about the meaning of the results of any evaluations that followed the screening.</p>	<p>At the meeting to be held with families within seven (7) days of determining child meets referral criteria</p> <p>Monthly</p>	<p>Contact Notes</p> <p>Onsite Monitoring report</p>
1308.6 (d)	<p>Developmental assessment, the second step, is the collection of information on each child's functioning in these areas: gross and fine motor skills, perceptual discrimination, cognition, attention skills, self-help, social and receptive skills and expressive language. The disabilities coordinator must coordinate with the education coordinator in the on-going assessment of each Head Start child's functioning in all developmental areas by</p>	<p>Head Start ensures all screening and developmental information will be shared between the Disabilities Specialist or designee and Education Specialist and used for program planning activities.</p>	<p>The Intervention Team Administrator ensures all screening and developmental information will be shared between the Disabilities Specialist or designee and Education Specialist and used for program planning activities.</p>	<p>Weekly</p> <p>Weekly - all child specific referral outcomes and completes documentation in Staffing Notebook</p> <p>Quarterly all COR and EHS ongoing assessment data</p> <p>The Intervention Team Administrator randomly monitors, on a monthly basis, Individualization Plan for children with IFSPs/IEPs and or Other Treatment Plan</p>	<p>Screening Protocols</p> <p>COR EHS Developmental Assessment</p> <p>Child Specific Staffing Notebook</p> <p>Individualization Plans</p> <p>Anecdotal Notes</p> <p>Lesson Plans</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
	including this developmental information in later diagnostic and program planning activities for children with disabilities.				
1308.6 (e) 1-2	<p>The disabilities coordinator must arrange for further, formal, evaluation of a child who has been identified as possibly having a disability, the third step.</p> <p>The disabilities coordinator must refer a child to the LEA for evaluation as soon as the need is evident, starting as early as the child's third birthday</p> <p>If LEA does not evaluate the child, Head Start is responsible for arranging or providing for an evaluation, using its own resources and accessing others. In this case, the evaluation must meet the following requirements:</p>	Head Start, through referral to appropriate agencies, ensures that children, suspected of having a disability, have timely access to a multidisciplinary evaluation conducted by qualified professionals.	<p>The Intervention Team Administrator ensures that MOAs, with LEAs, SPOEs and other referral agencies, include specifications related to the qualifications and licenses or certification of personnel to conduct multidisciplinary evaluations related to understanding special cultural issues related to conducting evaluations on young children.</p> <p>The Intervention Team Administrator monitors that referrals to LEAs/SPOEs and other referral agencies are made within the required timeframe.</p> <p>The Team Administrator monitors that when the disability is suspected of being speech or language, a speech pathologist has been involved in the evaluation.</p>	<p>In place before the beginning of each school year</p> <p>Monthly</p> <p>Monthly</p>	<p>MOAs</p> <p>Referral Tracking Spreadsheet</p> <p>IFSP/IEP or Other Treatment Plan</p> <p>Onsite Monitoring Report</p> <p>Onsite Monitoring Report</p>
1308.6 (h) (1)	Audiology services, including identification of children with hearing loss and referral for medical or other professional attention; provision of needed rehabilitative services such as speech and language therapy and auditory training to make best use of remaining hearing; speech conservation; lip reading;	Head Start implements policies and procedures that ensure the early identification of audiological issues, makes referral, and integrates goals into curriculum.	<p>CFDAs/Team Leader meet with families, to discuss screening information and share the Family Rights, The Family Voice, and the What are Screenings and Evaluation Brochures.</p> <p>CFDAs/Team Leaders document their meeting with families, regarding screening information, note any action planning information if appropriate, and document whether the family</p>	<p>Within seven (7) days of determining child meets referral criteria.</p> <p>Within two (2) days of meeting with families</p>	<p>Contact Notes</p> <p>Contact Notes</p> <p>Release and Sharing of Information (ROI)</p> <p>Release of Responsibility Form</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
	<p>determination of need for hearing aids and fitting of appropriate aids; and programs for prevention of hearing loss.</p>		<p>consented or declined to have their child referred for evaluation.</p> <p>CFDAs/ Team Leader complete the Referral Packet and mail to LEA, along with all appropriate documentation and send to referral agency and CO</p> <p>CFDAs/Team Leader follows-up with the referral.</p> <p>CFDAs/Team Leader participates on the eligibility determination team as well as the Plan development team.</p> <p>CFDAs/Team Leader develops the Individualization Worksheet to integrate Plan goals into curriculum.</p>	<p>Within two (2) days of family's signing the ROI.</p> <p>Within 36 days of sending referral packet</p> <p>When Scheduled</p> <p>Within two week of receiving Plan</p>	<p>Referral Packet(s) to referral agency include:</p> <p>ROI</p> <p>Screening Protocols</p> <p>Individualization Plan</p> <p>Lesson Plans</p> <p>Anecdotal Records</p> <p>Referral Information that goes to CO includes:</p> <p>ROI</p> <p>Cover Letter</p> <p>Contact Notes</p> <p>Contact notes</p> <p>IFSP/IEP</p> <p>Individualization Plan</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
1308.6 (e) 3-4	<p>Parental consent in writing must be obtained before a child can have an initial evaluation to determine whether the child has a disability.</p> <p>Confidentiality must be maintained in accordance with grantee and State requirements. Parents must be given the opportunity to review their child's records in a timely manner and they must be notified and give permission if additional evaluations are proposed. Grantees must explain the purpose and results of the evaluation and make concerted efforts to help the parents understand them.</p>	<p>Head Start ensures, through the MOA process, that parents sign a consent form to participate in an evaluation process and given the opportunity to review their child's records in a timely manner, they are notified and give permission to additional evaluations, and they understand the purpose and results of the evaluation.</p>	<p>The Intervention Team Administrator ensures that MOAs with LEAs, SPOEs and other referral agencies include specifications related to the receiving agencies responsibilities to respect family rights related to giving written consent for their child to participate in an evaluation.</p> <p>CFDAs/Team Leaders ensure they have prepared families to understand their rights in the evaluation, eligibility and plan development processes by going over the Parental Rights, What are Screenings and Evaluations, and The Family Voice Brochures.</p>	<p>In place before the beginning of each school year</p> <p>When meeting with family to discuss Screening ongoing assessment info and they decide to have their child referred and sign ROI.</p>	<p>MOAs</p> <p>Release and Sharing of Information Form</p> <p>Contact Notes</p>
1308.6 (e) 5	<p>The multidisciplinary team 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 disabilities coordinator. If it is their professional opinion that a child has a disability, the team is to state which of the eligibility criteria applies and provide recommendations for programming, along with their findings. Only children whom the evaluation team determines need special education and related services may be counted as children with disabilities.</p>	<p>Head Start ensures that only children for whom a multidisciplinary evaluation team determines need special education and related services will be counted as children with disabilities.</p>	<p>The Intervention Team Administrator monitors that all Multidisciplinary Team Evaluation Reports are on file in the child's file at the Head Start Program and copies are on file in Central Office.</p>	<p>Within two weeks of receipt of the Multidisciplinary Evaluation or IFSP/IEP or Other Treatment Plan</p>	<p>Evaluation Reports</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
<p>1308.7 (a) (b) (c) (d 1-2 i-v and 3 & 4)</p>	<p>A child is classified as health impaired who has limited strength, vitality or alertness due to a chronic or acute health problem which adversely affects learning.</p> <p>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.</p> <p>This category includes medically fragile children such as ventilator dependent children who are in need of special education and related services.</p> <p>A child may be classified as having an attention deficit disorder under this category who has chronic and pervasive developmentally inappropriate inattention, hyperactivity, or impulsivity. To be considered a disorder, this behavior must affect the child's functioning severely. To avoid overuse of this category, grantees are</p>	<p>Head Start utilizes the definition of health impairment defined by IDEA when referring children for evaluation for eligibility.</p>	<p>The Intervention Team Administrator triages with the Health Specialist to review TRAIN information related to health issues.</p> <p>Intervention Team ensures that children with health issues receive appropriate referral and treatment.</p>	<p>Weekly</p> <p>Weekly</p>	<p>Child Plus</p> <p>Referral Tracking Spreadsheet</p> <p>Child Specific Staffing Notebook</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
	<p>cautioned to assure that only the enrolled children who most severely manifest this behavior must be classified in this category.</p> <p>The condition must severely affect the performance of a child who is trying to carry out a developmentally appropriate activity that requires orienting, focusing, or maintaining attention during classroom instructions and activities, planning and completing activities, following simple directions, organizing materials for play or other activities, or participating in group activities. It also may be manifested in over-activity or impulsive acts which appear to be or are interpreted as physical aggression. The disorder must manifest itself in at least two different settings, one of which must be the Head Start program site.</p> <p>Children must not be classified as having attention deficit disorders based on: events such as a divorce, death of a family member or post-traumatic stress reactions to events such as sexual abuse or violence in the neighborhood</p> <p>Temporary problems in attending due to:</p>				

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
	<ul style="list-style-type: none"> - Problems in attention which occur suddenly and acutely with psychiatric disorders such as depression, anxiety and schizophrenia - Behaviors which may be caused by frustration stemming from inappropriate programming beyond the child's ability level or by developmentally inappropriate demands for long periods of inactive, passive activity - Intentional noncompliance or opposition to reasonable requests that are typical of good preschool programs - Inattention due to cultural or language differences <p>An attention deficit disorder must have had its onset in early childhood and have persisted through the course of child development when children normally mature and become able to operate in a socialized preschool environment. Because many children younger than four have difficulty orienting, maintaining and focusing attention and are highly active, when Head Start is responsible for the evaluation, attention deficit disorder applies to four and five year old children in</p>				

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
	<p>Head Start but not to three year olds.</p> <p>Assessment procedures must include CFDA reports, which document the frequency and nature of indications of possible attention deficit disorders and describe the specific situations and events occurring just before the problems manifested themselves. Reports must indicate how the child' functioning was impaired and must be confirmed by independent information from a second observer.</p>				
<p>1308.8 (a) 1-4</p>	<p>An emotional/behavioral 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 significant impairment in social relationships, self-care, educational progress or classroom behavior. A child is classified as having an emotional/ behavioral disorder who exhibits one or more of the following characteristics with such frequency, intensity, or duration as to require intervention:</p> <p>Seriously delayed social development including an</p>	<p>Head Start ensures that LEAs/SPOEs and other agencies are provided information, with parental consent, related to a child's social/emotional/ adaptive functioning</p>	<p>The Intervention Team Administrator/Assistant Administrator monitors that staff have training and are competent in being able to detect characteristics of an emotional/behavioral disorder in children.</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that documentation is maintained on a child suspected of having an emotional/behavioral disturbance n the Head Start setting and staff have encouraged families to document behaviors at home.</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that the teaching staff have implemented a</p>	<p>Pre-service Training</p> <p>Ongoing Training and Technical Assistance</p> <p>Monthly</p> <p>Monthly</p>	<p>DECA</p> <p>ASQ-E</p> <p>Onsite Monitoring Report</p> <p>Child Specific Staffing Notebook</p> <p>Referral Tracking Spreadsheet</p> <p>Behavior Plans</p> <p>Anecdotal Notes</p> <p>Individualization Plans</p> <p>Individualization Plans</p> <p>Lesson Plans</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
	<p>inability to build or maintain satisfactory (age appropriate) interpersonal relationships with peers or adults (e.g., avoids playing with peers)</p> <p>Inappropriate behavior (e.g., dangerously aggressive towards others, self-destructive, severely withdrawn, non-communicative)</p> <p>A general pervasive mood of unhappiness or depression, or evidence of excessive anxiety or fears (e.g., frequent crying episodes, constant need for reassurance)</p> <p>Has a professional diagnosis of serious emotional disturbance.</p> <p>The eligibility decision must be based on multiple sources of data, including assessment of the child's behavior or emotional functioning in multiple settings.</p> <p>The evaluation process must include a review of the child's regular Head Start physical examination to eliminate the possibility of misdiagnosis due to an underlying physical condition.</p>		<p>variety of strategies (at least 5 sustained) to address the behavior/emotional behavioral adequately in the classroom.</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that referrals to LEA/SPOE or other agency are accompanied by adequate documentation.</p>	<p>Monthly</p>	<p>Onsite Monitoring report</p>
<p>1308-9 (a) (b) (c) (d) 1-3</p>	<p>A speech or language impairment means a</p>	<p>Head Start ensures that LEAs/SPOEs and other</p>	<p>The Intervention Team Administrator/Assistant</p>	<p>Pre-service Training</p>	<p>Dial-3</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
	<p>communication disorder such as stuttering, impaired articulation, language impairment, or a voice impairment, which adversely affects a child's learning.</p> <p>A child is classified as having a speech or 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 is professionally diagnosed as having a delay in development in his or her primary language which requires intervention.</p> <p>A language disorder may be receptive or expressive. A language disorder may be characterized by difficulty in understanding and producing language, including work meanings (semantics), the components of words (morphology), the components of sentences (syntax), or the conventions of conversation (pragmatics).</p> <p>A speech disorder occurs in the production of speech sounds (articulation), the loudness, pitch or quality of voice (voicing), or the rhythm of speech (fluency).</p>	<p>agencies are provided information, with parental consent, related to a child's speech and language development.</p>	<p>Administrator monitors that staff have training and are competent in being able to detect characteristics of speech and language development in children.</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that documentation is maintained on a child suspected of having a speech and or language impairment and staff</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that the teaching staff have implemented a variety of strategies (at least 5 sustained) to address the speech and language adequately in the classroom.</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that referrals to LEA/SPOE or other agency are accompanied by adequate documentation.</p>	<p>Ongoing Training and Technical Assistance</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p>	<p>ASQ</p> <p>Ongoing Assessments</p> <p>Onsite Monitoring Report</p> <p>Child Specific Staffing Notebook</p> <p>Referral Tracking Spreadsheet</p> <p>Anecdotal Notes</p> <p>Individualization Plans</p> <p>Individualization Plans</p> <p>Lesson Plans</p> <p>Onsite Monitoring report</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
	<p>A child should not be classified as having a speech or language impairment whose speech or language differences may be attributed to:</p> <p>Cultural, ethnic, bilingual, or dialectical Differences or being non-English speaking</p> <p>Disorders of a temporary nature due to Conditions such as a dental problem</p> <p>Strategies will be explored and utilized for typical oppositional reactions Delays in developing the ability to articulate only the most difficult consonants or blends of sounds within the broad general range for the child's age.</p>				
<p>1308.10 (a) (b) (c) (d)</p>	<p>A child is classified mentally retarded who exhibits significantly sub-average intellectual functioning and exhibits deficits in adaptive behavior which adversely affect learning. Adaptive behavior refers to age-appropriate coping with the demands of the environment through independent skills in self-care, communication and play.</p> <p>Measurement of adaptive behavior must reflect</p>	<p>Head Start ensures that LEAs/SPOEs and other agencies are provided information, with parental consent, related to a child's intellectual functioning.</p>	<p>The Intervention Team Administrator/Assistant Administrator monitors that staff have training and are competent in being able to detect characteristics of deficits in intellectual functioning.</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that documentation is maintained on a child suspected of having an impairment in intellectual functioning,</p>	<p>Pre-service Training</p> <p>Ongoing Training and Technical Assistance</p> <p>Monthly</p>	<p>Competency-based assessment of knowledge of appropriate documentation for a suspected intellectual capacity disability referral</p> <p>Referral Tracking Spreadsheet</p> <p>Specific Child File Review</p> <p>DIAL-3</p> <p>ASQ</p> <p>Anecdotal Notes</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
	<p>objective documentation through the use of an established scale and appropriate behavioral/anecdotal records. An assessment of the child's functioning must also be made in settings outside the classroom.</p> <p>Valid and reliable instruments appropriate to the age range must be used. If they do not exist for the language and cultural group to which the child belongs, observation and professional judgment are to be used instead.</p> <p>Determination that a child is mentally retarded is never to be made on the basis of any one test alone.</p>		<p>The Intervention Team Administrator/Assistant Administrator monitor that the teaching staff have implemented a variety of strategies (at least 5 sustained) to address the intellectual impairment adequately in the classroom.</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that referrals to LEA/SPOE or other agency are accompanied by adequate documentation.</p>	<p>Monthly</p> <p>Monthly</p>	<p>Individualization Plans</p> <p>Lesson Plans</p> <p>Individualization Plans</p> <p>Lesson Plans</p> <p>Onsite Monitoring Report</p>
<p>1308.11 (a) (b) (c)</p>	<p>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 or fluctuating loss.</p> <p>Meets the legal criteria for being hard of hearing established by the State of residence</p> <p>Experience recurrent temporary of fluctuating</p>	<p>LEAs/SPOEs and other agencies are provided information, with parental consent, related to a child's hearing, when they refer them for evaluation for eligibility.</p>	<p>The Intervention Team Administrator/Assistant Administrator monitors that staff have training and are competent in being able to detect characteristics of hearing impairments,</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that documentation is maintained on a child suspected of having a hearing impairment</p>	<p>Pre-service Training</p> <p>Ongoing Training and Technical Assistance</p> <p>Monthly</p>	<p>Competency-based assessment of knowledge of appropriate documentation for a suspected hearing impairment—including deafness- referral</p> <p>Referral Tracking Spreadsheet</p> <p>Specific Child File Review</p> <p>DIAL-3</p> <p>ASQ</p> <p>Anecdotal Notes</p> <p>Hearing Screen</p>

Performance Standards	National Head Start Goal	CMCA Goal	CMCA Strategies & Responsible Person(s)	Timelines	Monitoring Document
	<p>hearing loss caused by otitis media, allergies, or eardrum perforations and other outer or middle ear anomalies over a period of three months or more. Problems associated with temporary or fluctuating hearing loss can include impaired listening skills, delayed language development, and articulation problems. Children meeting these criteria must be referred for medical care, have their hearing checked frequently, and receive speech, language or hearing services as indicated by their IEPs. As soon as special services are no longer needed, these children must no longer be classified as having a disability.</p>		<p>The Intervention Team Administrator/Assistant Administrator monitor that the teaching staff have implemented a variety of strategies (at least 5 sustained) to address hearing impairment adequately in the classroom.</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that referrals to LEA/SPOE or other agency are accompanied by adequate documentation.</p>	<p>Monthly</p> <p>Monthly</p>	<p>Health Screen</p> <p>Individualization Plans</p> <p>Individualization Plans</p> <p>Lesson Plans</p> <p>Onsite monitoring Report</p>
<p>1308.12 (a) (b)</p>	<p>A child is classified as having an orthopedic impairment if the condition is severe enough to adversely affect the child' 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 fine or gross motor activities, or to perform self-help skills and by adversely affected educational</p> <p>An orthopedic impairment includes, but is not limited</p>	<p>Head Start ensures that SPOEs/LEAs and other agencies are provided information, with parental consent, related to a child's orthopedic functioning.</p>	<p>The Intervention Team Administrator/Assistant Administrator monitors that staff have training and are competent in being able to detect characteristics of orthopedic impairments.</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that documentation is maintained on a child suspected of having an orthopedic impairment</p>	<p>Pre-service Training</p> <p>Ongoing Training and Technical Assistance</p> <p>Monthly</p>	<p>Competency-based assessment of knowledge of appropriate documentation for a suspected orthopedic impairment—including deafness- referral</p> <p>Referral Tracking Spreadsheet</p> <p>Specific Child File Review</p> <p>DIAL-3</p> <p>ASQ</p> <p>Anecdotal Notes</p>

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	<p>to spina bifida, cerebral palsy, loss of or deformed limbs, contractures caused by burns, arthritis, or muscular dystrophy</p>		<p>The Intervention Team Administrator/Assistant Administrator monitor that the teaching staff have implemented a variety of strategies (at least 5 sustained) to address orthopedic impairments adequately in the classroom.</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that referrals to LEA/SPOE or other agency are accompanied by adequate documentation.</p>	<p>Monthly</p> <p>Monthly</p>	<p>Health Screen</p> <p>Individualization Plans</p> <p>Individualization Plans</p> <p>Lesson Plans</p> <p>Onsite monitoring Report</p>
<p>1308.13 (a) 1-2 (b)</p>	<p>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. A child is visually impaired if:</p> <p>The vision loss meets the definition of legal blindness in the State of residence</p> <p>Central acuity does not exceed 20/200 in the better eye with</p>	<p>Head Start ensures that LEAs/SPOEs and other agencies are provided information, with parental consent, related to a child's visual impairment.</p>	<p>The Intervention Team Administrator/Assistant Administrator monitors that staff have training and are competent in being able to detect characteristics of visual impairments.</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that documentation is maintained on a child suspected of having a visual impairment</p>	<p>Pre-service Training</p> <p>Ongoing Training and Technical Assistance</p> <p>Monthly</p>	<p>Competency-based assessment of knowledge of appropriate documentation for a suspected visual impairment—including blindness- referral</p> <p>Referral Tracking Spreadsheet</p> <p>Specific Child File Review</p> <p>DIAL-3</p> <p>ASQ</p> <p>Anecdotal Notes</p> <p>Health Screen</p>

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	<p>corrective lenses, or visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.</p> <p>A child is classified as having a visual impairment if central acuity with corrective lenses is between 20/70 and 20/200 in either eye, or if visual acuity is undetermined, but there is demonstrated loss of visual function that adversely affects the learning process, including faulty muscular action, limited field of vision, cataracts etc.</p>		<p>The Intervention Team Administrator/Assistant Administrator monitor that the teaching staff have implemented a variety of strategies (at least 5 sustained) to address visual impairments adequately in the classroom.</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that referrals to LEA/SPOE or other agency are accompanied by adequate documentation.</p>	<p>Monthly</p> <p>Monthly</p>	<p>Vision Screen</p> <p>Individualization Plans</p> <p>Individualization Plans</p> <p>Lesson Plans</p> <p>Onsite monitoring Report</p>
<p>1308.14 (a) (b) 1-3 (c)</p>	<p>A child is classified as having a learning disability who has a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak or, for preschool age children, acquire the precursor skills for reading, writing, spelling or doing mathematical calculations. The term includes such conditions as</p>	<p>Head Start ensures that LEAs/SPOEs and other agencies are provided information, with parental consent, related to a child's cognitive abilities such as perceptual disabilities, brain injury, and aphasia.</p>	<p>The Intervention Team Administrator/Assistant Administrator monitors that staff have training and are competent in being able to detect characteristics of cognitive impairments such as: such as perceptual disabilities, brain injury, and aphasia.</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that documentation is maintained on a child suspected of having cognitive impairments such as: such as perceptual disabilities, brain injury,</p>	<p>Pre-service Training</p> <p>Ongoing Training and Technical Assistance</p> <p>Monthly</p>	<p>Competency-based assessment of knowledge of appropriate documentation for a suspected cognitive impairment such as perceptual disabilities, brain injury, and aphasia.</p> <p>Referral Tracking Spreadsheet</p> <p>Specific Child File Review</p> <p>DIAL-3</p> <p>ASQ</p>

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	<p>perceptual disabilities, brain injury, and aphasia.</p> <p>An evaluation team may recommend that a child be classified as having a learning disability if:</p> <p>The child does not achieve commensurate with his or her age and ability levels in one or more of the areas listed in (a) above when provided with appropriate learning experiences for the age and ability</p> <p>The child has a severe discrepancy between achievement of developmental milestones and intellectual ability in one or more of these areas: oral expression, listening comprehension, pre-reading, pre-writing and pre-mathematics.</p> <p>The child shows deficits in such abilities as memory, perceptual and perceptual-motor skills, thinking, language and non-verbal activities which are not due to visual, motor, hearing or emotional disabilities, mental retardation, cultural or language factors, or lack</p>		<p>and aphasia.</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that the teaching staff has implemented a variety of strategies (at least 5 sustained) to address cognitive impairments such as: such as perceptual disabilities, brain injury, and aphasia.</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that referrals to LEA/SPOE or other agency are accompanied by adequate documentation.</p>	<p>Monthly</p> <p>Monthly</p>	<p>Anecdotal Notes</p> <p>Individualization Plans</p> <p>Individualization Plans</p> <p>Lesson Plans</p> <p>Onsite monitoring Report</p>

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	<p>of experiences which would help develop these skills</p> <p>This definition for learning disabilities applies to four and five year old children in Head Start. It may be used at a program's discretion for children younger than four or when a three year old child is referred with a professional diagnosis of learning disability. But because of the difficulty of diagnosing learning disabilities for three year olds, when Head Start is responsible for the evaluation it is not a requirement to use this category for three year olds.</p>				
1308.15	<p>A child is classified as having autism when the child has a developmental disability that significantly affects verbal and non-verbal communication and social interaction, is evident before the age of three, and that adversely affects educational performance.</p>	<p>Head Start ensures that LEAs/SPOEs and other agencies are provided information, with parental consent, related to autism</p>	<p>The Intervention Team Administrator/Assistant Administrator monitors that staff have training and are competent in being able to detect characteristics of autism</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that documentation is maintained on a child suspected of having autism.</p>	<p>Pre-service Training</p> <p>Ongoing Training and Technical Assistance</p> <p>Monthly</p> <p>Monthly</p>	<p>Competency-based assessment of knowledge of appropriate documentation for suspected autism</p> <p>Referral Tracking Spreadsheet</p> <p>Specific Child File Review</p> <p>DIAL-3</p> <p>ASQ</p> <p>Anecdotal Notes</p> <p>Individualization Plans</p>

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			<p>The Intervention Team Administrator/Assistant Administrator monitor that the teaching staff has implemented a variety of strategies (at least 5 sustained) to address cognitive impairments such as: such as perceptual disabilities, brain injury, and aphasia.</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that referrals to LEA/SPOE or other agency are accompanied by adequate documentation.</p>	<p>Monthly</p>	<p>Individualization Plans</p> <p>Lesson Plans</p> <p>Onsite monitoring Report</p>
<p>1308.16</p>	<p>A child is classified as having traumatic brain injury whose brain injuries are caused by an external physical source, or by an internal occurrence such as stroke or aneurysm, 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 congenital or degenerative or caused by birth trauma.</p>	<p>Head Start ensures that LEAs/SPOEs and other agencies are provided information, with parental consent, related to a child's traumatic brain injury caused by an external physical source, or by an internal occurrence such as stroke or aneurysm</p>	<p>The Intervention Team Administrator/Assistant Administrator monitors that staff have training and are competent in being able to detect characteristics of traumatic brain injury caused by an external physical source, or by an internal occurrence such as stroke or aneurysm.</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that documentation is maintained on a child suspected of having a traumatic brain injury caused by an external physical source, or by an internal occurrence such as stroke or aneurysm</p>	<p>Pre-service Training</p> <p>Ongoing Training and Technical Assistance</p> <p>Monthly</p>	<p>Competency-based assessment of knowledge of appropriate documentation for traumatic brain injury caused by an external physical source, or by an internal occurrence such as stroke or aneurysm</p> <p>Referral Tracking Spreadsheet</p> <p>Specific Child File Review</p> <p>DIAL-3</p> <p>ASQ</p> <p>Health Screening</p> <p>Hearing Screening</p> <p>Vision Screening</p>

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			<p>The Intervention Team Administrator/Assistant Administrator monitor that the teaching staff have implemented a variety of strategies (at least 5 sustained) to address traumatic brain injury caused by an external physical source, or by an internal occurrence such as stroke or aneurysm</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that referrals to LEA/SPOE or other agency are accompanied by adequate documentation.</p>	<p>Monthly</p> <p>Monthly</p>	<p>Anecdotal Notes</p> <p>Individualization Plans</p> <p>Individualization Plans</p> <p>Lesson Plans</p> <p>Onsite monitoring Report</p>
<p>1308.17 (a) 1-3 (b) (c) (d)</p>	<p>The purposes of this classification, "Other impairments," are</p> <p>To further coordination with LEAs and reduce problems of record keeping.</p> <p>To assist parents in making the transition from Head Start to other placements</p> <p>To assure that no child enrolled in Head Start is denied services which would be available to other preschool children</p>	<p>Head Start ensures that LEAs/SPOEs and other agencies are provided information, with parental consent, related to "Other" impairments.</p>	<p>The Intervention Team Administrator/Assistant Administrator monitors that staff have training and are competent in being able to detect characteristics of "Other" impairments.</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that documentation is maintained on a child suspected of having "Other" impairments.</p>	<p>Pre-service Training</p> <p>Ongoing Training and Technical Assistance</p> <p>Monthly</p>	<p>Competency-based assessment of knowledge of appropriate documentation for "Other" impairment.</p> <p>Referral Tracking Spreadsheet</p> <p>Specific Child File Review</p> <p>DIAL-3</p> <p>ASQ</p> <p>ASQ-E</p> <p>Health Screening</p>

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	<p>who are considered to have disabilities in their State.</p> <p>If the State Education Agency eligibility criteria for preschool children include an additional category which is appropriate for a Head Start child, children meeting the criteria for that category must receive services as children with disabilities in Head Start programs. Examples are "preschool disabled," "in need of special education," "educationally handicapped," and "non-categorically handicapped."</p> <p>Children ages three to five, inclusive, who are experiencing developmental delays, as defined by their State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development, and who by reason thereof need special education and related services may receive services as children with disabilities in Head Start programs.</p> <p>Children who are classified</p>		<p>The Intervention Team Administrator/Assistant Administrator monitor that the teaching staff have implemented a variety of strategies (at least 5 sustained) to address "Other" impairments.</p> <p>The Intervention Team Administrator/Assistant Administrator monitor that referrals to LEA/SPOE or other agency are accompanied by adequate documentation.</p>	<p>Monthly</p> <p>Monthly</p>	<p>Hearing Screening</p> <p>Vision Screening</p> <p>Anecdotal Notes</p> <p>Individualization Plans</p> <p>Behavior Plans</p> <p>Individualization Plans</p> <p>Lesson Plans</p> <p>Onsite monitoring Report</p> <p>Health Screen</p>

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	<p>as deaf-blind, whose concomitant hearing and visual impairments cause such severe communication and other developmental problems that they cannot be accommodated in special education programs solely for deaf or blind children are eligible for services under this category.</p> <p>Children classified as having multiple disabilities whose concomitant impairments (such as mental retardation and blindness), in combination, cause such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments are eligible for services under this category. The term does not include deaf-blind children, for record keeping purposes.</p>				
<p>1308.18 (a) (b) (c) (d) 1-2</p>	<p>The grantee must ensure that the disabilities coordinator and the health coordinator work closely together in the assessment process and follow up to assure that the special needs of each child with disabilities are met.</p> <p>The grantee must ensure coordination between the disabilities coordinator and the staff person responsible for the mental health</p>	<p>Head Start ensures that the Disability, Health and Mental Health Specialists work closely together to ensure the assessment process and follow up of children with health issues.</p>	<p>The Head Start Director monitors that the Disability, Health and Mental Health Specialists or designees meet to triage children for health follow-up purposes.</p> <p>The Intervention Team Administrator monitors the appropriate application of the policy and procedures for administration of medication for health follow-up purposes.</p>	<p>Weekly triage</p> <p>Monthly</p>	<p>Job Descriptions</p> <p>Child Specific Staffing Notebook</p> <p>Monthly Medication Distribution Log</p> <p>ChildPlus Reports</p> <p>Contact Notes</p> <p>Onsite Monitoring Report</p>

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	<p>component to help CFDA's identify children who show signs of problems such as possible serious depression, withdrawal, anxiety or abuse.</p> <p>Each Head Start director or designee must supervise the administration of all medications, including prescription and over-the-counter drugs, to children with disabilities in accordance with State requirements.</p> <p>The health coordinator under the supervision of the Head Start director or designee must:</p> <ul style="list-style-type: none"> Obtain the doctor's instructions and parental consent before any medication is administered. Maintain an individual record of all medications dispensed and review the Record changes in a child's behavior which have implications for drug dosage or type and share this information with the staff, parents and the physician. <p>Assure that all medications, including those required by</p>				

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	<p>staff and volunteers are adequately labeled, stored under lock and out of reach</p>				
<p>1308.19 (a) (b) (c) (d)</p>	<p>When Head Start provides for the evaluation, the multidisciplinary evaluation team makes the determination whether the child meets the Head Start eligibility criteria. The multidisciplinary evaluation team must assure that the evaluation findings and recommendations, as well as information from developmental assessment, observations and parent reports, are considered in making the determination whether the child meets Head Start eligibility criteria.</p> <p>Every child receiving services in Head Start who has been evaluated and found to have a disability and in need of special education must have an IEP before special education and related services are provided to ensure that comprehensive information is used to develop the child's program.</p> <p>When the LEA develops the IEP, a representative from Head Start must attempt to participate in the IEP meeting and placement decision for any child meeting Head Start</p>	<p>Head Start ensures that all children suspected of having a disability that would qualify them for an IEP/IFSP or other Treatment Plan, are referred to the appropriate agency for eligibility determination and treatment plan development.</p>	<p>The Intervention Team Administrator/Assistant Administrator monitors referral for appropriate eligibility determination and treatment.</p> <p>The Intervention Team Administrator/Assistant Administrator ensures CFDA's/Team Leaders participate in the IEP/IFSP/or other Treatment Plan development meeting when feasible and when not feasible that Head Start staff contacts the Special Education Process Coordinator, the First Steps Service Coordinator and/or another agency treatment plan coordinator to talk about the meeting and goals/outcomes.</p>	<p>Monthly</p> <p>Monthly</p>	<p>Referral Tracking Spreadsheet</p> <p>Contact Notes</p> <p>Referral Tracking Spreadsheet</p>

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	<p>includes services provided by other agencies and non-Head Start professionals.</p> <p>The identification of the personnel responsible for the planning and of services and for the delivery of services.</p> <p>The projected dates for initiation of services and the anticipated duration of services. 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.</p> <p>Family goals and objectives related to the child's disabilities when they are essential to the child's progress.</p>				
<p>1308.19 (f) 1-4 (g) (h)</p>	<p>When Head Start develops the IEP, the team must include:</p> <p>The Head Start disabilities coordinator or a representative who is qualified to provide or supervise the provision of special education services.</p> <p>The child's CFDA or home visitor.</p>	<p>Head Start refers children to appropriate agencies for eligibility determination and plan development.</p> <p>Head Start does not develop these plans</p>	<p>NA</p> <p>See procedures for screening, referral, tracking referrals, participating in IFSP, IEP or Other treatment Plan meetings, and integrating plan goals/outcomes into Head Start curriculum via the Individualization Plan.</p>	<p>NA</p>	<p>NA</p>

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	<p>One or both of the child's parents or guardians.</p> <p>At least one of the professional members of the multidisciplinary team which evaluated the child.</p> <p>An LEA representative must be invited in writing if Head Start is initiating the request for a meeting.</p> <p>The grantee may also invite other individuals at the request of the parents and other individuals at the discretion of the Head Start program, including those component staff particularly involved due to the nature of the child's disability.</p>				
<p>1308.19 (l) (j) 1-4</p>	<p>A meeting must be held at a time convenient for the parents and staff to develop the IEP within 30 calendar days of a determination that the child needs special education and related services. Services must begin as soon as possible after the development of the IEP.</p> <p>Grantees and their delegates must make vigorous efforts to involve parent in the IEP process. The grantee must:</p> <p>Notify parents in writing and, if necessary, also verbally or by other appropriate means of the</p>	<p>Head Start ensures families understand the IFSP/IEP/Other Treatment Plan process, support the scheduling of transportation to the meeting, if needed, and offer families an opportunity to talk about the implications of the Plan related to their child's curriculum.</p>	<p>CFDAs/Team Leaders/Assistant Administrator ensure families receive the Parental Rights, What are Screenings and Evaluations, and The Family Voice Brochures, have talked about them with the family and have had them initial and date that section of the ROI.</p> <p>CFDAs/Team Leaders/Assistant Administrator monitors that classroom discuss with families, prior to the IFSP/IEP or Other Treatment Plan meeting the purpose of the meeting, have emphasized the importance of the families participation, and have shared and talked about the Parental Rights, What are Screenings and Evaluations, and The Family Voice Brochures.</p>	<p>Monthly</p> <p>Monthly</p> <p>Monthly</p>	<p>Referral Tracking spreadsheet</p> <p>Contact Notes</p> <p>Contact Notes</p> <p>Contact Notes</p> <p>Release and Sharing of Information</p>

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	<p>purpose, attendees, time and Site of the IEP meeting for enough in advance so that there is opportunity for them to participate.</p> <p>Make every effort to assure that the parents understand the purpose and proceedings and that they are encouraged to provide information about their child and their desires for the child's program.</p> <p>Provide interpreters, if needed, and offer the parents a copy of the IEP in the parents' language of understanding after it has been signed.</p> <p>Hold the meeting without the parents only if neither parent can attend, after repeated attempts to establish a date or facilitate their participation.</p> <p>In that case, document its efforts to secure the parents' participation, through records of phone calls, letters in the parents' native language or visits to parents' homes or places of work, along with any responses or results; and arrange an opportunity to meet with the parents to review the results of the meeting and secure their input and signature.</p>		<p>CFDAs/Team Leaders/Assistant Administrator ensure families understand they can request transportation support from EHS/EH to attend IFSP/IEP, or Other Treatment Plan meetings and have had them initial and date that section of the ROI.</p> <p>Assistant Administrator monitors that CFDAs/Team Leaders talk with the family about how the goals/outcomes in the plan have been integrated into their child's Individualization Plan.</p>	<p>Monthly</p>	<p>Contact Notes</p>

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	<p>available to them from the Supplemental Security Income (SSI) Program, the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program and other sources and assist them with initial efforts to access such resources.</p> <p>Grantees must plan to assist parents in the transition of children from Head Start to public school or other placement, beginning early in the program year.</p> <p>Head Start grantees, in cooperation with the child's parents, must notify the school of the child's planned enrollment prior to the date of enrollment.</p>				