



MIAMI DADE COUNTY

COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START

DISABILITIES AND MENTAL HEALTH SERVICES
PLAN



MIAMI-DADE COMMUNITY ACTION AGENCY
 HEAD START/EARLY HEAD START DIVISION
 2008 - 2009 DISABILITY / MENTAL HEALTH SERVICES PLAN

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OVERALL GOAL OF DISABILITY SERVICES

Miami-Dade County Community Action Agency (CAA) Head Start/Early Head Start (HS/EHS) Division is committed to providing quality early childhood education for all children including children with disabilities. It is our goal to serve children with disabilities in the most inclusive environments possible. To meet this goal, all Head Start preschool and Early Head Start Infant toddler rooms are fully inclusive environments.

OVERALL GOAL OF MENTAL HEALTH SERVICES

Miami-Dade County Community Action Agency Head Start/Early Head Start embraces a vision of mental wellness. We recognize that the earliest years set the stage for lifetime emotional well-being, social skills and competencies, or for social-emotional problems. Miami-Dade CAA Head Start/Early Head Start also recognizes that serving the mental health needs of young children includes, by definition, working to promote health and well being in parents and other caregivers. In order to promote these objectives, the overall goal of our Program is to build collaborative relationships among children, families, staff, mental health professionals, and the larger community, in order to enhance awareness and understanding of mental wellness and the contribution that mental health information and services can make to the wellness of all children and families.

ENROLLMENT NUMBER TYPES KNOWN AND ESTIMATED

During the 2007-08, the grantee served 233 preschool children with disabilities in Head Start and 27 infant and toddlers. The combined delegate agencies served 313 preschool and 14 infants and toddlers. The diagnostic categories are as follows:

CATEGORY	GRANTEE HEAD START	GRANTEE EARLY HEAD START	DELEGATE HEAD START	DELEGATE EARLY HEAD START
Behavioral/Emotional	3	0	2	0
Developmental Delay	51	21	41	11
Health Impairment	1	1	3	0
Learning Disability	1	0	3	0
Orthopedic Impairment	1	1	10	1
Speech/Language Delay	175	3	254	2
Traumatic Brain Injury	1	1	0	0
Visually Impaired	0	0	0	0
Autism	0	0	0	0
Mental Retardation	0	0	1	0

Through partnership with the Early Steps programs (Part C agencies), as well as MDCPS Preschool ESE, the Local Education Agency (LEA), and FDLRS-South (Child Find), children with disabilities are referred to Head Start/Early Head Start for possible placement. Children referred have a range of disabilities including more severe disabilities. In past years we have served children with spina bifida, cerebral palsy, muscular dystrophy, autism and mental retardation.

RECRUITMENT OF CHILDREN WITH DISABILITIES

In addition to the referrals from Early Steps and MDCPS, active recruitment efforts include parent transition information meetings at several agencies serving infants and toddlers with disabilities.

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These include ARC, UCP, Easter Seals, the Debbie School and the Linda Ray Intervention Center. All outreach information and flyers contain statements regarding Head Start/Early Head Start's willingness to serve children with disabilities. Our contract therapy/evaluation providers are also sources of referral and actively promote understanding of the inclusiveness of the Head Start/Early Head Start program. Head Start staff persons serve on interagency committees addressing the needs of children with disabilities. These networking partnerships are additional sources of referrals.

PLACEMENT OPTIONS: All HS/EHS classrooms are inclusive, and children with disabilities are enrolled in those classrooms. Children with disabilities have a spectrum of service options based on their Individual Education Plan/Individual Family Service Plan (IEP/IFSP).

- Full-time HS/EHS services with individualized teaching to meet individual needs addressed by the IEP/IFSP.
- Full-time HS/EHS services with part-time walk-in services from MDCPS. This is usually speech/language therapy provided at a MDCPS school site. Head Start provides a bus and an escort to therapy usually one hour per week as authorized on the MDCPS IEP.
- Part-day HS/EHS services with daily half-day services from MDCPS. This will be either a half-day language program or a half-day reverse mainstream classroom provided by MDCPS. MDCPS provides bus transportation to and from the Head Start site. Head Start provides an inclusive educational environment to support the child's IEP. Center staff will escort the child to the bus and meet the bus upon return. Head Start classroom objectives focus on use of language in a social environment and the child's use of language to meet personal needs.
- Part-day HS/EHS services for a child with significant medical issues regarding stamina, and endurance. Examples of Health impairments which may need part day or part time placement could include leukemia, some metabolic disorders, etc. Need for part time/part day services will be determined by the child's physician and reviewed by the Disability and Health coordinators. A Health plan will be written and included as part of the IEP. Adaptations to the learning environment will be made as needed to ensure the child's maximum benefit from the learning environment. Individualized home learning activities are developed for the family when extended absence from school is needed due to medical condition.

SCREENING PROCESS

DEVELOPMENTAL, SENSORY AND BEHAVIOR SCREENING: Grantee and delegates perform or obtain behavioral, vision, hearing, speech/language and developmental screenings within the first 45 days of enrollment for all children. The following screening is done for all children annually.

VISION	<ul style="list-style-type: none"> ▪ By child's medical provider. ▪ By the teacher or Health Specialist if not done by child's medical provider.
HEARING	<ul style="list-style-type: none"> ▪ By child's medical provider. ▪ By the teacher or Health Specialist if not done by child's medical provider.
SPEECH DEVELOPMENT	<ul style="list-style-type: none"> ▪ By Head Start Teacher
DEVELOPMENTAL SKILLS (ACUSCREEN)	<ul style="list-style-type: none"> ▪ By Head Start Teacher
BEHAVIORAL (DECA)	<ul style="list-style-type: none"> ▪ By Head Start Teacher

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Sensory screens (vision and hearing), for preschooler, are usually conducted by the child's medical provider as part of the physical exam. Head Start staff will conduct vision and hearing screening for children when the child's medical provider has not done so. Re-screening is provided for children with questionable results.

The speech screening instrument is developed for Head Start by MDCPS speech language pathologist and is adapted to include Spanish and Creole languages. This instrument is administered to all children ages 3 - 5 years.

Developmental screening using age appropriate instruments is conducted to assess motor, language, social, cognitive perspective and emotional skills. The instrument, ACUSCREEN, was chosen to be linguistically and culturally appropriate. ACUSCREEN is an observation based screening tool directly linked to the Galileo Developmental Assessment. Teachers plan prescribed activities to ensure that opportunity is provided to observe all of the skill items on the ACUCREEN. Screen data is entered into the Galileo Assessment system and reports are generated for each child. The computer calculates the child's developmental scores based on age and performance. The ACUSCREEN assigns ratings of No Developmental Concern, Mild Developmental Concern, Moderate Developmental Concern and Severe Developmental Concern.

Infants and toddlers (age 0 - 36 months) are screened using the Denver II Screening instrument, which is an age appropriate, developmental, sensory and language-screening instrument. The Denver II is completed through interviews with the parent/primary caregiver and observations of the children.

Head Start classroom staff screen preschoolers (ages 3 – 5 years old) by using the Devereux Early Childhood Assessment with a Behavior Screen (DECA). The DECA is administered in both English and Spanish. Results of the DECA are analyzed by mental health and information is shared with Disability Services. Infant and toddler mental health is addressed through the Denver II, which addresses all areas of development including social emotional. Classroom observation by the Mental Health staff supplements the Denver II data. During the 2008-09 school year, DECA will be completed on-line, with reports generated for each child as well as classroom reports. Data can be analyzed from the Disability/Mental Health staff's desk reducing the time between screening and follow-up.

SCREENING FOLLOW-UP

Data from EHS Denver II are recorded on the EHS Screening Log form.

- If significant delays or concerns are noted for infants and toddlers, an Internal Referral form is completed by the center staff and forwarded to Disability/Mental Health Services.
- Preschool Screening: Results of vision, hearing, speech and ACUSCREEN developmental screens are recorded on the Screening Log form which is printed and forwarded to the Disability/Mental Health Services unit for analysis and follow-up. Delegate disability staff will analyze their sites data and provide follow-up as needed.
- Early Head Start Screening: Results of Denver II are recorded on the EHS Screening Log form. Scoring is Strength (skills above age level), No Concern (skills at age level) and Concern (skills below age level). Scores are recorded for the following developmental areas: Personal/Social, Fine Motor/Adaptive, Language, Gross Motor, Behavior, Sensory (Hearing & Vision).

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- The EHS Screening Log form is forwarded to the Infant Toddler Specialist and the Disability/Mental Health Services Coordinator, who will jointly analyze the data and develop follow-up strategies as needed.
- An Internal referral form is completed by classroom staff if significant delays are noted on the screening.

Preschool

- 1) A child has 3 or more errors on the Articulation Screen in the Home language;
- 2) A child fails either the vision or the hearing screen; and
- 3) The child scores 10% or below ACUSCREEN

Early Head Start

- 1) Concern noted (below age level) in any of the six developmental areas of the Denver II; and Personal/Social, Fine Motor/Adaptive, Language, Behavior, Gross Motor, Sensory (Hearing & Vision)
- Re-screening is conducted for children not meeting the previous cut-off criteria. Re-screening is also conducted when the original results are questionable or teacher observation does not support the screening data.
 - A second developmental screening is administered to children scoring 10% or lower on the ACUSCREEN but passing the Speech screen. This second screening is done by FDLRS-South using additional developmental instruments and conference with the teaching staff.
 - Disability/Mental Health staff will follow-up all children whose Behavior Screening scores are within the range of Behavioral concerns. Disability/Mental Health staff will use multiple sources of information, including conferences with each child's teacher and parents, as needed, to determine the need for further assessment and/or intervention. Disability/Mental Health Service staff will hold parent and staff conferences to explore concerns and develop a plan of action. Classroom and individual observation will be provided by mental health professionals from Miami-Dade County Department of Human Services (DHS). Upon determination by mental health professional that mental health services are needed, intervention will be discussed and consent for service will be obtained from the parent. If further professional evaluation is recommended, an evaluation package will be completed with the parent's assistance.

DEVELOPMENTAL ASSESSMENT

The Galileo Developmental Assessment is used for all children participating in the Head Start/EHS program. This assessment system has scales of development appropriate for children for birth through six years old. The infant toddler scales were specially developed to address the Florida Infant Toddler readiness measures. The preschool scales address development with focus on the eight domains outlined in the Outcomes Measures. Because the Galileo system is comprehensive, it is appropriate for both typically developing children as well as children with identified disabilities. This assessment system is computerized and can provide both individual assessment information as well as classroom and center assessment analysis.

Initial assessment is completed following screening. Results of the assessment are discussed with the parent and if concerns are noted, referral for additional evaluation is made. If a child has an identified

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disability and has an IEP/IFSP, the goals and objectives identified in these plans are documented in Galileo along with on going progress in all domains.

REFERRAL PROCESS

DEVELOPMENTAL CONCERNS OR SUSPECTED DISABILITY

The following procedures are required when a developmental concern or problem is identified or suspected through screening, classroom observation, teacher or parent concern, developmental information included on the physical exam or application or prior evaluation reports.

- Staff persons aware of information regarding the child's development and/or staff persons with concerns regarding development will complete an Internal Referral Form. A copy of the form is placed in the child's record. The original Internal Referral Form and copies of any supporting documentation, if applicable, is sent to Disability Services for follow-up.
- Disability Services staff will follow-up by having a conference with the teacher and parent. Input will be provided by all persons with information regarding the child (e.g. center director, social services, curriculum specialist, health staff, etc.)
- Based on the results of the conference and follow-up, the following steps will be taken:
 - (a) Parents will be asked to sign and complete the Consent for Evaluation package.
 - (b) If a professional evaluation has already been done, the parent will be asked to sign a Mutual Exchange of Information form.
 - (c) Disability Services staff will send Mutual Exchange of Information form to obtain copy of evaluation reports prior to professional evaluations.
 - (d) An observation of the child in the classroom setting will be done to assess the child's development and behavior needs.
 - (e) Adaptive strategies for the classroom and home will be discussed with teacher and parent.
 - (f) Referral to mental health for remedial intervention at the center (e.g. behavioral management, social skills or self esteem groups, etc.).
 - (g) Refer the child for professional evaluation of speech/language, developmental and psycho-educational as needed: to Florida Diagnostic Learning Resource System - South (FDLRS) for children 36 months and older for professional evaluation. Or to Part C/ Early Steps Program for children under 36 months of age.
 - (h) Disability Services staff will make referrals for evaluation to appropriate providers and other service areas.

FORMAL EVALUATION OF PRESCHOOL CHILDREN

REFERRAL TO LEA

- Prior to a referral to FDLRS-South/Child Find for Head Start preschool children (children over 36 months) the following documentation will be completed with the parent:
 - ✓ FDLRS-South/Child Find Social History Interview

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- ✓ Mutual Exchange of Information form
- ✓ One (1) Pre Kindergarten classroom observation form
- ✓ Home Language Survey
- ✓ Vision and Hearing Screen form (information transferred from physical or teacher conducts screens)
- ✓ A legible copy of the child's birth certificate and Social Security Card

The Center Director will ensure that the documents are completed and forwarded within three (3) days of receipt to Disabilities Services. A copy of all documentation will be maintained in the child's record.

- After receiving the completed documentation, Disabilities Services will refer the child to FDLRS-South/Child Find for an appointment.
- FDLRS-South/Child Find will review the documentation, enter the case into the CHRIS system and refer the child to the Miami Dade County Public School (MDCPS) Regional Pre-K Diagnostic Team based on the child's home address. FDLRS-South/Child Find will inform Head Start Disability Services of the MDCPS Regional assignment and the date FDLRS made the referral. Head Start Disability Services/Mental Health staff will contact the Regional Pre-K Diagnostic Team leader for appointment scheduling.

REFERRAL TO PART C – EARLY STEPS PROGRAM FOR EARLY HEAD START

- Prior to referral to Early Steps (infants and toddlers under 36 months), Disability Services staff and the Family Partner will meet with the parent or guardian to discuss the child's needs and staff concerns and obtain parent consent for referral to Early Steps. The parent will also complete a Mutual Exchange of Information form. Staff will complete the Early Steps referral form.
- Disability Services staff will contact Early Steps (Part C) to refer the child for evaluation as soon as a problem is suspected.

EVALUATION PROCESS

- Parent will accompany the child for all Regional Pre-K Diagnostic Team evaluations. Head Start/Early Head Start will provide transportation to the parent and child as needed.
- If MDCPS Regional Pre-K Diagnostic Team cannot provide an evaluation date within 30 days of the contact by Head Start Disability staff, the Head Start/Early Head Start program will refer the child to a contracted provider for evaluation. Emergency cases may also be referred to MDCPS Pre-K ESE program.
- When the Regional Pre-K Diagnostic Team has completed all evaluations, they will send a copy of the Parent Notification Letter to Disability Services staff. Head Start will request a copy of the evaluation report for the child's record.

REFERRAL TO CONTRACT PROVIDERS

- When the Regional Pre-K Diagnostic Team cannot evaluate in a timely manner, the Disability Specialist will refer the child to a program contracted provider for necessary evaluations. Referral is made using the database generated referral for evaluation form. A copy of the consent for evaluation is also sent with the referral. Referrals are mailed to the providers with an email notification that a referral is being made. All children evaluated by the contract providers will

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receive a speech/language evaluation using testing instruments which meet the MDCPS requirements for Preschool evaluation.

- All contract provider evaluation will take place at the child's Center. The provider will inform the Center of the date of the evaluation. The Center staff will share that information with the parent and invite the parent to participate in the evaluation process.
- Completed speech/language evaluation reports from providers are received by Disability Services within two weeks of the evaluation date. Disability Specialists review the reports and arrange for additional assessments as needed to provide complete picture of the child functioning and needs.
- Disability Services staff will forward evaluation reports from contracted providers and prior evaluation reports to Miami-Dade County Public Schools Pre-K ESE program for eligibility determination.

REFERRAL TO PART C – EARLY STEPS PROGRAM FOR EARLY HEAD START

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- Disability Services staff will contact Early Steps (Part C) to refer the child for evaluation as soon as a problem is suspected.
- Early Steps will schedule an evaluation within 45 days of the referral. Early Steps Program will inform Disability Services staff of the appointment date, time and location.
- Disability Services staff and Social Services will work closely with the family to assist the parent as needed in keeping the scheduled appointment.
- The parent must accompany the child to all evaluations at Early Steps. No child can be evaluated at Early Steps without the parent present. Head Start/Early Head Start will provide transportation for parent and child as needed.
- Some children may enter Early Head Start with evaluations done by independent providers. Disability Services staff will review the documentation presented. The Family Partner will meet with the parent or guardian to discuss the child's needs, staff concerns and obtain parent consent for referral to Early Steps. The parent will also complete a Mutual Exchange of Information form. Staff will complete the Early Steps referral form.
- This meeting is documented on a Staff/Parent Consult form. All reports from independent providers will be shared with Early Steps, with the parent's permission, as part of the evaluation process.
- When Early Steps has completed the evaluation, a staffing meeting will be scheduled within 45 days. At the staffing meeting, eligibility for Part C of the Individuals with Disabilities Education Act (IDEA) services will be determined. An Individual Family Services Plan (IFSP) will be developed with input from the family and Head Start staff. The Early Head Start teacher will attend these staffings whenever possible to provide input on the child's progress.

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MULTIDISCIPLINARY TEAM

Head Start/Early Head Start utilizes a multidisciplinary approach in developing plans for children with possible disabilities. The multidisciplinary team is referred to as a staffing team. Their function is to review the evaluation information and recommend services. This team is present to develop an IEP/IFSP.

CHILDREN WITH SUSPECTED HEALTH, HEARING, VISION OR PHYSICAL IMPAIRMENT

- When a health related impairment is suspected during enrollment, the Social Services staff will have the parent complete a Mutual Exchange of Information form. If parent states that child has asthma, an asthma questionnaire will also be completed to determine current condition.
- The Mutual Exchange of Information form will be sent to the diagnostic provider along with a Diagnostic Referral Package by the Social Service staff. This includes a letter to the parent (in the event the parent will deliver the forms to the health provider), a letter to the health provider and the Diagnostic Referral and Reporting Form.
- The Health Coordinator and Disability/Mental Health Coordinator will review the diagnostic information received to verify compliance with Head Start/Early Head Start diagnostic criteria 1308.7 - 1308.17.
- Information from the Diagnostic Referral and Reporting form will be shared with the grantee or delegate health staff to identify services and training needs. The child will be referred to Nutrition Services and Health Services if the condition is related to or may impact these services.
- When all service areas review the case, a staffing meeting will be scheduled to develop an Individual Education Plan (IEP) (3 yrs. – 5 yrs.) or an Individual Family Service Plan (IFSP) (0 - 36 months) and a Health Care Plan to address the specific needs of the child and family. If the child's needs are solely Health related and do not impact learning or development, only a Health Care Plan will be developed.
- The appropriate service area staff will provide training for classroom staff as well as other center staff who may provide care or treatment for the child. Head Start/Early Head Start classroom staff will administer procedures that do not require a professional license. The appropriate licensed provider will provide any procedure requiring professional certification or licensing. Head Start/Early Head Start classroom staff will implement the educational goals identified for the child on the IEP or IFSP.
- The Curriculum Specialist or Early Childhood Specialist will work with the teaching team to implement educational activities and interventions to address the child's IEP or IFSP. Disability Services staff will monitor the child's progress and recommend adaptations to the learning environment as needed.
- IEPs and Health Care Plans will be reviewed and updated annually.

IEP DEVELOPMENT

Each preschool child with an identified disability will have an Individual Education Plan (IEP). The IEP is developed with the parent and members of a multi-disciplinary team (Staffing Team), and may be initiated by MDCPS or Head Start. Each child's Staffing Team will include the parent, the child's teacher, and appropriate individuals who will provide input into the case, e.g., Disability staff, center director, curriculum specialist, social services staff, as well as persons involved in the evaluation of

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the child (psychologists, speech language pathologists, developmental specialists and/or medical professionals).

With the parent as a participant, the Staffing Team will develop an IEP for the child to include:

- The child's strengths and needs;
- Specific long range goals, short term objectives, and measurable outcomes to address the child's needs;
- Specific services, equipment and adaptations to meet the child's identified needs;
- Identify the method of service delivery and the persons responsible for providing the service;
- At home activities to support the child's learning and developmental growth;
- Consent for Special Services form signed by the parent; and
- Copy of the Parents' Rights (reverse side of the Consent for Special Services form).

If the parent does not want the special services offered, a Refusal of Services form will be signed, and a referral will be made to Social Services for follow-up.

PROVISION OF PROGRAM SERVICES AND RELATED SERVICES

Following the development of an IEP, the goals and objectives are reviewed with the teaching staff and initial documentation of the IEP objectives is recorded in Galileo. Classroom staffs are responsible for entering data regarding the specific objectives from the IEP with the learning activity and progress. This documentation is completed weekly. The classroom staff also document when intervention services take place. ("Henry had therapy today with Ms Jones.") If the therapist has provided specific data regarding mastery of skills the teacher will include this in the Galileo documentation. The therapy providers keep progress notes documenting intervention services and progress. These progress notes are given to the teacher at the beginning of each new month for inclusion in the child's record. Teachers share each child's progress information with the parent during parent conferences and home visits.

PROGRAM ACCESSIBILITY

Most grantee centers meet Americans with Disabilities Act (ADA) requirements for accessibility. If the Center does not meet ADA requirements, placement of a child needing ADA accommodations will be made at the nearest Center meeting those needs and the program will assist the family with transportation if needed. Miami Dade County has an ADA compliance plan and Centers not meeting ADA requirements are targeted for upgrading.

The grantee also has a contract provider for sign language interpretation for children and families of the deaf and hard of hearing. These services include meetings with parents as well as assisting children of deaf/hard of hearing parents in learning sign language to better communicate with their parent. The sign language training is done in partnership with a speech language pathologist to promote both verbal and sign language communication skills.

RECORD KEEPING AND REPORTING

Data regarding all children referred for possible disability services is maintained in the Disability Services Database. When a referral is received by the Disability Service unit, child data is entered and a file established in the disability office. As additional information is received, including documents such as consent packages, evaluation reports, etc., new data is entered. The database facilitates the generation of individual referrals to MDCPS/FDLRS and to contract providers, as well as reports for

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Center Directors, Delegate Disability Staff and Curriculum Specialists, as well as program administration.

Data regarding suspected and identified disabilities is also maintained in the HSFIS data system.

Copies of IEP's, IFSP/CDP's as well as evaluation reports are included in the child's record maintained at the Center. Documentation of IEP progress is twofold: 1) teacher/classroom objectives from the IEP/IFSP are recorded in Galileo-NOTES and dates of therapy are also recorded, and 2) the therapy provider documents actual progress using Progress Note for Intervention Services which is given to the Center at the beginning of each new month. A copy of the progress notes is also submitted with the contractor's billing as verification of services delivered. This copy is maintained in the child's disability folder in the disability office.

CONFIDENTIALITY

All child information is confidential and records are reviewed on an as needed basis. Written Consent for Evaluation is secured as well as Mutual Exchange of Information forms to facilitate communication with evaluators, MDCPS/FDLRS and child's medical provider if needed.

SPECIAL SAFETY NEEDS

When a child with a potential disability has specific safety needs (safety equipment, additional monitoring, medication, additional staff person), the program will assess those needs as soon as the need is known. If equipment is needed, community resources will be sought to assist the family in securing the needed equipment. If additional monitoring is required training will be provided by the Disability Staff, Curriculum Specialist and Health Staff to ensure that the classroom staff understands and able to implement the monitoring required. When there is a possibility of need for additional staff, the case is referred to the Regional Manager and the Center Operations Administrator. Center Directors will adjust staffing patterns to meet the need.

MEDICATIONS

This process applies to all children in the Head Start /Early Head Start program.

- Parent will provide written prescription information from health provider. This may be in the form of a written prescription or the prescribed medication in the original container with the pharmacy label with name, date, dosage and prescribing physician.
- Parent will sign medication administration form.
- Teaching staff will be trained by registered nurse with parent assistance on side effects of medication, conditions and restrictions.
- Registered nurse will document training activities.
- Registered nurse will give instruction based on information from doctor, how and when to use appropriate aerosol equipment and/or appropriate procedure for medication administration.
- Teachers will demonstrate how to use aerosol equipment/medication before services will be provided without assistance. The registered nurse will monitor on a regular basis.
- Teaching staff will complete the medication log for each medication administered.

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- All medication is kept in a locked cabinet at the center. Medication requiring refrigeration is kept in a locked box in the refrigerator.

TRANSPORTATION

Children with diagnosed disabilities receive transportation from the center to therapy services at Miami Dade County Public School (MDCPS) sites. A staff person or the parent accompanies the child to therapy. Schedules for therapy transportation are submitted to CAA transportation unit weekly (Wednesdays). Home-to-school transportation is provided on an as need basis, either as reimbursement to the parent for payment of private transportation services (limit of \$60/week) or as direct service from CAA. The transportation service must be registered with Miami Dade County as a transportation company and provide proof of insurance and appropriate child restraint systems on the bus. The bus must have a driver and an attendant. The Attendant will sign the child in and out of school daily. For children receiving direct transportation home to school, the CAA bus will pick-up and deliver the child home daily. An attendant will ride the bus with the child and sign the child in and out of school.

SPECIAL PARENT INVOLVEMENT NEEDS

Parents are very important in the process of providing disability services. Parents are engaged from the beginning in the evaluation process by giving written consent for all evaluations and are encouraged to participate in the evaluation. When evaluations are completed a "staffing meeting" is held to discuss the results with the parent and develop a plan to meet their child's needs. Parents have the right to refuse services.

TRANSITIONING CHILDREN IN AND OUT TO THE NEXT PROGRAM

Outreach efforts to encourage communication between Head Start/Early Head Start staff and their counterparts in the schools, Early Steps (Part C) and other service providers will include principals, teachers, social workers, and health staff to facilitate continuity programming. Outreach between Early Head Start and Early Steps (Part C) takes place at least monthly. Disability staff responsible for Early Head Start will meet with the Early Steps (Part C) coordinators on a monthly basis as part of the Young Children with Special Needs and Disability Council (YCSNDC). At the meetings, each program shares information regarding the number of children served, the scope of services available in the program, and the number of enrollment slots available. Early Steps (Part C) refers children to the Early Head Start program on a regular basis.

Outreach between Head Start and the Birth through Two Programs begins in January with coordination of the "Birth Through Two" parent information meetings. Head Start/Early Head Start Disability and Social Services staff participate in the transition meetings at each agency where children are exiting the Birth Through Two (B - 2) Home/Hospital Instructional programs and Early Head Start. During the transitional meetings, prospective families will be provided a general overview about the program, opportunities for parents and services provided by Head Start/Early Head Start. An orientation package that provides more information about the local Head Start/Early Head Start program will be given to the parents. Also, the families will be encouraged to visit the nearest center, so they can become knowledgeable and comfortable with the program.

INTERAGENCY PARTNERSHIP

Miami Dade County CAA Head Start /Early Head Start participates in the Young Children with Special Needs and Disabilities Council (YCSND), an interagency, community based council formed to address the needs of young children with disabilities. This council is comprised of a variety of

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agencies and service providers as well as parents of children with disabilities. The YCSNDC meets monthly during the traditional school year to address community issues and share information about programs and opportunities for children with disabilities and their families.

COORDINATION OF COOPERATIVE AGREEMENTS

Miami Dade CAA Head Start/Early Head Start has an ongoing cooperative agreement with Miami Dade County Public Schools. This agreement outlines the process for referral to MDCPS for evaluation. It also addresses IEP development for children in Head Start/Early head Start. Through this agreement, evaluations secured by Head Start are honored by MDCPS as if they were evaluated by the school system. Head Start Disability/Mental Health staff, teachers and social services staff are invited to staffing meetings conducted by MDCPS for children in the Head Start/Early Head Start program.

Information from ongoing classroom assessment is included in the development of the IEP. Through the cooperative agreement some children receive joint placement in ½-day special programs and spend the remainder of their day at Head Start. Children also receive walk-in services from MDCPS.

Efforts are in process to secure cooperative agreements with the two Early Steps program (Part C agencies).

SUPPORTING SOCIAL EMOTIONAL CONCERNS

As a program, we strive to create conditions where young children with social emotional concerns and their families have the necessary supports to succeed, while at the same time promoting positive mental health, emotional well-being, social competence and resilience for all children and preventing the onset of emotional problems. We do this by:

- Providing classroom environments that support and enhance the development of social and emotional competence and resilience.
- Early identification of social-emotional developmental issues that might interfere with a child's social competence and school readiness.
- Supporting parents and center staff working in partnership to address challenging behaviors resulting from a child's social-emotional development.
- Assisting parents in understanding typical social-emotional development and the importance of social-emotional school readiness and resilience.
- Assisting parents in identifying and implementing activities and routines in the home that support the development of their child's positive social and emotional competence and resilience.
- Assisting parents in developing and using positive, pro-social guidance techniques.
- Assisting parents in accessing resources needed to resolve stressful events that affect the social and emotional functioning for the family and children.
- Assisting parents in accessing resources needed to address child mental health concerns.

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- Assisting parents in understanding the link between family mental health and wellness and child mental health and wellness.
- Assisting families in developing a nurturing environment that supports the development.