

# SCOE Head Start/CCMHS

## Significant Revisions to Program Area Plans

12/4/2015

<i>Early Childhood Development and Health Services</i>			
Standard	Page	New Language	Old Language
<b>§1304.20(a)(1)(ii)(A)</b> <b>For children who are not up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must assist parents in making the necessary arrangements to bring the child up-to-date;</b>	4	<b>5. Staff will make verbal contact with parent/guardian and send “Immunization Exclusion” notice if immunizations are not obtained according to EPSDT Schedule.</b> <b>Children enrolled in the home based option will only be excluded from socializations. Home visits and other comprehensive services will continue and the Home Based Educator will work in collaboration with the parent and health staff to bring the child up to date with immunizations.</b>	Contact parent/guardian and send “Immunization Exclusion” notice if immunizations are not obtained according to EPSDT Schedule.
<b>1304.20(a)(1)(iv)</b> <b>Develop and implement a follow-up plan for any condition identified in 45 CFR 1304.20(a)(1) (ii) and (iii) so that any needed treatment has begun.</b> <b>1304.20(a)(2)</b> <b>Grantee and delegate agencies operating programs of shorter durations (90 days or less) must complete the above processes and those in 45 CFR 1304.20(b)(1) within 30 calendar days from the child’s entry into the program.</b>	9	<ul style="list-style-type: none"> <li>Children at 12 and 24 months of age will be referred to CHDP, medical provider and/or WIC for blood lead testing.  <i>(Note: for children <b>under 36 months of age</b> who have never received blood lead testing, refer to physician/EPSDT for guidance/ recommendations.</i>  <b>Children enrolled after their fourth birthday do not need lead testing per CHDP periodicity/EPSDT)</b> </li> </ul>	<ul style="list-style-type: none"> <li>Children at 12 and 24 months of age will be referred to CHDP, medical provider and/or WIC for blood lead testing.</li> <li>(Note: for children over 24 months of age who have never received blood lead testing, refer to physician/EPSDT for guidance/recommendations.</li> </ul>



		completion of screening)	90 days or less)
<b>Standard</b>	<b>Page</b>	<b>New Language</b>	<b>Old Language</b>
<b>1304.21(a)(1)(ii)</b> <b>Be inclusive of children with disabilities, consistent with their Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) (see 45 CFR 1308.19);</b>	21	Timeframe to support IFSP/IEP goals with planned activities changed to “Upon child’s 1st day of attendance or upon receipt of IFSP/IEP”	Upon child’s 1 <sup>st</sup> day of attendance or within 14 days of IFSP/IEP development and ongoing
<b>1304.21(a)(2)(iii)</b> <b>(Parents must be)</b> <b>Encouraged to participate in staff-parent conferences and home visits to discuss their child’s development and education (see 45 CFR 1304.40(e)(4) and 45 CFR 1304.40(i)(2)).</b>	27	60 minute Home Visits are conducted twice during the year. (timeframe changed)	1 <sup>st</sup> home visit no later than 30 days of the child’s 1 <sup>st</sup> day of attendance.
<b>1304.21(c)(1)(iii)</b> <b>Integrates all educational aspects of the health, nutrition, and mental health services into program activities;</b>	45	5. Family style meal service is <b>encouraged</b> at each meal which includes staff modeling eating food, table manners and engage children in interactive discussion about nutrition concepts during mealtime and throughout the day.	Family style meal service is <b>used</b> at each meal which includes staff modeling eating food, table manners and engage children in interactive discussion about nutrition concepts during mealtime and throughout the day.

<i>Family Community Engagement</i>			
Standard	Page	New Language	Old Language
<b>1304.40(b)(1)(ii) &amp; 642 (b)(6)(A-F)</b>  Education and other appropriate interventions, including opportunities for parents to participate in counseling programs or to receive information on mental health issues that place families at risk, such as substance abuse, child abuse and neglect, and domestic violence; and	3	4. Staff/provider will report <u>all</u> suspected cases of child abuse to Child Protective Services. <ul style="list-style-type: none"> <li>• Staff/providers will receive Child Abuse Reporting training</li> <li>• Staff/provider will notify their supervisor when a Child Abuse Report has been made.</li> <li>• <b>(RHS/EHS):</b> A copy of the Child Abuse Report will be submitted to the Grantee Disabilities Supervisor via route mail in a sealed envelope labeled confidential. <b>MSHS/MEHS: A copy is to the delegate's designated manager.</b></li> <li>• <b>A report will also be made to Community Care Licensing</b></li> </ul>	<b>(bolded sections added)</b>
<b>1304.40(i)(2)</b> The child's teacher in center-based programs must make no less than two home visits per program year to the home of each enrolled child, unless the parents expressly forbid such visits, in accordance with the requirements of 45 CFR 1306.32(b)(8). Other staff working with the family must make or join home visits, as appropriate.	18	1. Conduct two home visits during the program year <b>to exchange information between parents &amp; staff on child's development/progress.</b> Educational goals <b>may be established.</b> Home visits can be scheduled at an alternate site if parent does not permit the visit to occur in the home. (time frame changed) <b>2 home visits conducted per year(RHS/EHS).</b> MHS programs will make every effort to conduct home visits <b>if time and circumstances allow—1306.32(b)(9)</b>	1st visit within 30 days of enrollment 2 home visits conducted per year (RHS/EHS).

<i>Program Design and Management</i>				
Standard	Page	New Language	Old Language	
<b>Throughout</b>	Var	Cleaned up language regarding Self-Assessment and annual Program Evaluation Event.		
<b>1304.52(g)(5)</b> Staff must supervise the outdoor and indoor play areas in such a way that children's safety can be easily monitored and ensured.	34	4. An Active Supervision Plan will be developed by each classroom/home based socialization/Family Child Care team and will be reviewed and approved by the agency's director or designee. Grantee staff will monitor implementation.	(Active Supervision Plan paragraph added)	
<b>648A. (b) Mentor Teachers</b> <b>(1) DEFINITION; FUNCTION.</b> For purposes of this subsection, the term "mentor teacher" means an individual responsible for observing and assessing the classroom activities of a Head Start program and providing on-the-job guidance and training to the Head Start program staff and volunteers, in order to improve the qualifications and training of classroom staff, to maintain high quality education services, and to promote career development, in Head Start programs. <b>(2) REQUIREMENT.--In order to assist</b> <b>Head Start agencies in establishing positions for mentor teachers, the Secretary shall--</b>	37	1. Grantee and Delegates will designate T/TA funds to provide Practice Based Coaching to <b>at minimum preschool teachers.</b>	Grantee and Delegates will designate T/TA funds to provide Practice Based Coaching to classroom staff	

<i>Eligibility, Recruitment Selection, Enrollment &amp; Attendance</i>			
Standard	Page	New Language	Old Language
<p><b>§ 1305.5 Recruitment of children.(a)1305.5</b>  <b>In order to reach those most in need of Head Start services, each Head Start grantee and delegate agency must develop and implement a recruitment process that is designed to actively inform all families with Head Start eligible children within the recruitment area of the availability of services and encourage them to apply for admission to the program. This process may include canvassing the local community, use of news releases and advertising, and use of family referrals and referrals from other public and private agencies.</b></p>	18	<ol style="list-style-type: none"> <li>1. Grantee Operated and Delegate staff will develop a recruitment plan. The recruitment plan will include the following:</li> <li>2. <b>Grantee will monitor Grantee Operated and Delegate Recruitment Plans for effectiveness.</b></li> <li>3. Grantee Operated and Delegate agencies will develop advertisement materials for program recruitment.</li> <li>4. Grantee Operated and Delegate agencies will ensure implementation of their Recruitment Plan throughout the program year to maintain full enrollment and a viable waiting list as defined in section 1305.6(d).</li> </ol>	<p>Agency will <b>submit</b> Grantee Operated and Delegate Recruitment Plan to Grantee for <b>approval</b>.</p> <p>Grantee Operated and Delegate agencies will ensure implementation of <b>their approved</b> Recruitment Plan throughout the program year to maintain full enrollment and a viable waiting list as defined in section 1305.6(d).</p>
<p><b>1305.6(d)</b>  <b>Children on the waiting list shall be ranked according to the program's selection criteria to assure that eligible children enter the program as vacancies occur.</b></p> <p><b>642 (g)</b>  <b>Each Head Start agency shall enroll 100 percent of its funded enrollment and maintain an active waiting list at all times with ongoing outreach to the community and activities to identify underserved populations.</b></p>	21	<p>After meeting full enrollment, including 10% cumulative enrollment of children with a disability, each agency must sustain a viable waitlist.  (example removed)</p>	<p>After meeting full enrollment, including 10% cumulative enrollment of children with a disability, each agency must sustain a viable waitlist. An example of a viable waitlist would be a waitlist that reflects a percentage of eligible applicants based on prior years' trends to meet immediate enrollment as vacancies occur. Based on data trends for 2012-14, a viable waitlist will include:</p> <p>*A total of 20% of agency's funded number of children (ex. 100 funded children = 20 children on eligible/accepted waitlist) of which 5% will be children with a disability (ex. 20 children = 1 child with a disability on the eligible/accepted waitlist) Agency will implement approved recruitment plan,</p>

Standard	Page	New Language	Old Language
<b>1305.7(b)</b> <b>A Head Start grantee must maintain its funded enrollment level. When a program determines that a vacancy exists, no more than 30 calendar days may elapse before the vacancy is filled. A program may elect not to fill a vacancy when 60 calendar days or less remain in the program's enrollment year.</b>	22	<ol style="list-style-type: none"> <li>1. Staff will adhere to enrollment procedures as vacancies occur by enrolling the next child on the COPA eligible/accepted waitlist.</li> <li>2. A program may elect not to fill vacancies when 45 calendar days or fewer remain in the program's enrollment year. Only children with re-enrollee or transition status may be considered for placement after the established date unless approved by the agency director. <b>This does not apply to full year RHS/EHS programs, which must maintain full enrollment all year or MSHS/MEHS programs.</b>  (Timeline: Prior to the last 45 days of the program year  (excludes full year RHS/EHS as well as all MSHS/MEHS programs)) </li> </ol>	(Bolded text added)

<i>Services for Children with Disabilities</i>			
Standard	Page	New Language	Old Language
<b>1308.4 (b)</b> <b>(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.)</b> <b>The plan must be updated annually</b>	1	Strategies added from the Disabilities Services Plan document in effort to transition the Disabilities Services Plan “working document” into the Delegate/Grantee Operated School Readiness Support Plan process.	Updates to the Disabilities Service Plan will be built into the Grantee/Delegate planning process and will be reviewed and approved by the Governing Body and Policy Council, annually.
<b>1308.4(d)</b> <b>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.</b>	2	<p>5. In order to plan for the individualized needs of children with a disability <b>who require special accommodations, (i.e. dual enrollment, receive IEP services by a different school district, special equipment/resources, room arrangement, etc.)</b> Grantee Operated and Delegate staff/providers will hold a Child Success Team Meeting to plan for the child’s transition into a Head Start program.</p> <p>6. <b>Individualized plans to address modifications to activities and classroom management for children with a disability will be reviewed at child success team meeting or parent conference if support is provided to teacher prior to conference. (Timeline: Within 30 days of enrollment and ongoing as needed.)</b></p>	(bolded wording added)



Standard	Page	New Language	Old Language
<b>1308.4 (I)</b> <b>The disabilities service plan must include commitment to specific efforts to develop interagency agreements with the LEA's 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.</b> <b>Grantees must make efforts to update the agreements annually.</b>	8	Timeline for Interagency Agreements/MOUs amended to "as needed" instead of annually	Reviewed/updated annually
<b>Sec 640 (7)(d)(1)</b> <b>The Secretary shall establish policies and procedures to assure that, for fiscal year 2009 and thereafter, not less than 10 percent of the total number of children actually enrolled by each Head Start agency and each delegate agency will be children with disabilities who are determined to be eligible for special education and related services, or early intervention services, as appropriate, as determined under the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.), by the State or local agency providing services under section 619 or part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).</b> <b>1308.5(c)</b> <b>A grantee must not deny placement on the basis of a disability or its severity to any child when:</b> <b>(1) The parents wish to enroll the child,</b> <b>(2) The child meets the Head Start age and income eligibility criteria,</b> <b>(3) Head Start is an appropriate placement according to the child's IEP,</b>	10 14	1. <b>RHS/EHS</b> Grantee Operated and Delegate agencies will maintain a minimum 10% cumulative enrollment of children with a disability <b>MSHS/MEHS Grantee Operated and Delegate agencies will achieve a minimum 10%of cumulative enrollment children with disabilities.</b> (timeline) By <b>midpoint</b> of program year (MSHS/MEHS)	(bolded wording added)

and			
Standard	Page	New Language	Old Language
<b>1308.6(b)</b> <b>Screening, the first step in the assessment process, consists of standardized health screening and developmental screening which includes speech, hearing, and vision. It is a brief process, which can be repeated, and is never used to determine that a child has a disability. It only indicates that a child may need further evaluation to determine whether the child has a disability. Rescreening must be provided as needed.</b>	19	<p>5. When parent/guardian expresses concern with their child's development at time of application, the parent will be provided a social services referral with information to contact the appropriate agency to address next steps including determining need for a developmental assessment. (This strategy primarily applies to children who will not be enrolled for a period of time exceeding 30 days.)</p> <p>6. When education staff and parent suspect concerns with a child's development upon enrollment, a developmental screening will be conducted to prepare for a possible special education referral  <b>(Timeline: within 2 weeks of enrollment)</b></p>	<p>When parent/guardian expresses concerns with their child's development and/or behavior or staff observes the child as having a possible need for special education referral, a developmental screening will occur at time of Head Start application.</p>
<b>1308.18(b)</b> <b>The grantee must ensure coordination between the disabilities coordinator and the staff person responsible for the mental health component to help teachers identify children who show signs of problems such as possible serious depression, withdrawal, anxiety, or abuse.</b>	24	<p>3. Screening results are reviewed with parent/guardian in order to determine intervention strategies designed to support the child's social-emotional development.  <b>Whenever possible, social emotional screening must be completed with parent(s)/guardian(s).</b>  (timeframe) <b>When concerns exist, results are shared with parent/guardian no later than 2 weeks after completion. When there are no concerns, results are shared at the first conference/home visit that occurs after screening is complete.</b></p>	<p>Screening results are reviewed with parent/guardian in order to determine intervention strategies designed to support the child's social-emotional development.</p> <p>Not to exceed 60 days for programs operating more than 90 days. Not to exceed 45 days for programs operating 90 days or less</p>