

Disabilities Services Checklist

CENTER SECTION

STATUS LEGEND: COS =Completed on site / ✓ =Incomplete / O =No Evidence Found / H+S =Health and Safety Violation / N/O =Not Observed / I/P =In Progress

PERFORMANCE STANDARD	QUESTION	STATUS
<p>§ 1308.4 Purpose and scope of disabilities service plan.</p> <p>(b) The plan must be updated annually.</p> <p>(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.</p> <p>2008 OHS Monitoring Protocol Disabilities Services 5C, 5D,& 5E</p>	<p>D1 Staff is knowledgeable about the established procedures, MOU referral process and services at the school districts,</p>	
<p>§ 1308.4 Purpose and scope of disabilities service plan.</p> <p>(l) 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. The agreements must address:</p> <p>2008 OHS Monitoring Protocol Disabilities Services 4I</p>	<p>D2 Center license includes number for non-ambulatory children. (Title 22/licensing). <i>(If center license does not include non-ambulatory, FSA/COA can articulate the procedure would be to refer the family to a OCHS center that will accommodate the child.)</i></p>	
<p>§ 1308.5 Recruitment and enrollment of children with disabilities.</p> <p>(a) The grantee or delegate agency outreach and recruitment activities must incorporate specific actions to actively locate and recruit children with disabilities.</p> <p>(b) 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 Handicap 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>(c) A grantee must not deny placement on the basis of a disability or its severity to any child when:</p> <p>(1) The parents wish to enroll the child.</p> <p>(2) The child meets the Head Start age and income eligibility criteria,</p> <p>(3) Head Start is an appropriate placement according to the child's IEP, and</p> <p>(4) The program has space to enroll more children, even though the program has made 10% of its enrollment opportunities available to children with disabilities. In that case children who have a disability and non disabled children would compete for the available enrollment opportunities.</p> <p>2008 OHS Monitoring Protocol Disabilities Services 3A, 3B & 3C</p>	<p>D3 The Family Services Advocate/Community Outreach Advocate can explain the ERSEA process for children with disabilities.</p>	
<p>§ 1308.21 Parent participation and transition of children into Head Start and from Head Start to public school.</p> <p>(a) In addition to the many references to working with parents throughout these standards, the staff must carry out the following tasks:</p> <p>(1) Support parents of children with disabilities entering from infant/toddler programs.</p> <p>(2) Provide information to parents on how to foster the development of their child with disabilities.</p> <p>(5) Refer parents to groups of parents of children with similar disabilities who can provide helpful peer support.</p> <p>(6) Inform parents of their rights under IDEA.</p> <p>2008 OHS Monitoring Protocol Disabilities Services 5B</p>	<p>D4 Staff can explain the transition process into Head Start and to next placement for children with disabilities.</p>	
	<p>D5 Information on services for families of children with disabilities is available, visible and posted on the Parent Board.</p>	

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PERFORMANCE STANDARD	QUESTION	STATUS	
<p>1308.4 Purpose and scope of disabilities service plan.</p> <p>(h) The grantee or delegate agency 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 being provided by the LEA or other agency. 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>D6 The Center Director is aware of assistance available (i.e. Teacher Raps, Inclusion Staff, MH interns) to enhance services to children with disabilities and their families</p>		
CLASSROOM SECTION			
PERFORMANCE STANDARD	QUESTION	1	2
<p>§ 1308.4 Purpose and scope of disabilities service plan.</p> <p>(a) 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:</p> <p>(c) 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.</p> <p>(o) The budget requested must address the implementation of the disabilities services plan. Allowable expenditures include:</p> <p>(4) Making services accessible. Allowable costs include elimination of architectural barriers which affect the participation of children with disabilities, in conformance with 45 CFR part 84, Nondiscrimination on the Basis of Handicap in Program and Activities Receiving or Benefiting from Federal Financial Assistance and with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101).</p> <p>§ 1304.22 Child health and safety</p> <p>(a) Health emergency procedures. Grantee and delegate agencies operating center-based programs must establish and implement policies and procedures to respond to medical and dental health emergencies with which all staff are familiar and trained. At a minimum, these policies and procedures must include:</p> <p>(3) Posted emergency evacuation routes and other safety procedures for emergencies which are practiced regularly.</p> <p>(b) Conditions of short-term exclusion and admittance</p> <p>§ 1304.53 Facilities, materials, and equipment.</p> <p>(a) Head Start physical environment and facilities.</p> <p>(10) Grantee and delegate agencies must conduct a safety inspection, at least annually, to ensure that each facility's space, light, ventilation, heat, and other physical arrangements are consistent with the health, safety and developmental needs of children. At a minimum, agencies must ensure that:</p> <p>(xvii) Adequate provisions are made for children with disabilities to ensure their safety, comfort, and participation.</p> <p>2008 OHS Monitoring Protocol Disabilities Services 4I</p>	<p style="background-color: #e0ffe0;">Materials in the classroom promote and respect the inclusion of children with disabilities.</p> <p>D7 Any needed classroom modifications as noted in the IEP or Implementation/Accommodation Plan are provided in an effort to include children with disabilities in the full range of Head Start activities.</p> <p>D8 Inclusive Classroom is demonstrated by materials used in the classroom (i.e. books, toys, posters) that reflect children with disabilities. .</p> <p style="background-color: #e0ffe0;">Evacuation Plans:</p> <p>D9 An evacuation plan is available for those children identified with more severe disabilities to ensure their safety.</p>		

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PERFORMANCE STANDARD	QUESTION	1	2
<p>§ 1304.52 Human resources management.</p> <p>(h) Standards of conduct.</p> <p>(1) Grantee and delegate agencies must ensure that all staff, consultants, and volunteers abide by the program's standards of conduct. These standards must specify that:</p> <p>(i) They will respect and promote the unique identity of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability;</p> <p>(ii) They will follow program confidentiality policies concerning information about children, families, and other staff members;</p> <p>2008 OHS Monitoring Protocol Program Design and Management 9C</p>	<p>D10 There is evidence that confidentiality is observed and classroom practices do not identify children with disabilities.</p>		
<p>1304.20 Child Health and Development Services.</p> <p>(f) Individualization of the program.</p> <p>(2) To support individualization for children with disabilities in their programs, grantee and delegate agencies must assure that</p> <p>(i) Services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the Individualized Family Service Plan (IFSP) for children identified under the infants and toddlers with disabilities program (Part H) of the Individuals with Disabilities Education Act, as implemented by their State or Tribal government</p> <p>2008 OHS Monitoring Protocol Disabilities Services 4E</p>	<p>D11 IEP goals are incorporated into planning and used for individualizing.</p>		
	<p>D12 Services for infants and toddlers support attaining the outcomes in the Individualized Family Service Plan (IFSP)</p>		

The Americans with Disabilities Act requires that public accommodations including private schools and day care centers may not discriminate on the basis of disability. Physical barriers in existing facilities must be removed if removal is readily achievable (i.e., easily accomplishable and able to be carried out without much difficulty or expense). If not, alternative methods of providing the services must be offered, if those methods are readily achievable. Alterations must be accessible. When alterations to primary function areas are made, an accessible path of travel to the altered areas (and the bathrooms, telephones and drinking fountains serving that area) must be provided to the extent that the added accessibility costs are not disproportionate to the overall cost of the alterations. Program funds may be used for ramps, remodeling or modifications such as grab bars or railings. Grantees must meet new statutory and regulatory requirements that are enacted.

FILE REVIEW SECTION

PERFORMANCE STANDARD	QUESTION	1	2	3	4	5	6	7	8	9	10
<p>§ 1308.4 Purpose and scope of Disabilities service plan.</p> <p>(g) 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. The plan must include preparation of staff and parents for the entry of children with severe disabilities into the Head Start program.</p> <p>2008 OHS Monitoring Protocol Disabilities Services 5E</p>	<p>D13 There is documented evidence that a meeting has been scheduled or has taken place for children with more severe disabilities entering the program.</p>										
<p>§ 1308.18 Disabilities/health services coordination.</p> <p>(a) 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>(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.</p>	<p>D14 There is evidence that the referral was sent to other service areas (i.e. health, nutrition, mental health) when the concern involved more than the disability.</p>										

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<p>(c) 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>(d) The health coordinator under the supervision of the Head Start director or designee must:</p> <p>(1) Obtain the doctor's instructions and parental consent before any medication is administered.</p> <p>(2) Maintain an individual record of all medications dispensed and review the record regularly with the child's parents.</p> <p>(3) 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> <p>(4) Assure that all medications, including those required by staff and volunteers, are adequately labeled, stored under lock and key and out of reach of children, and refrigerated, if necessary.</p> <p>2008 OHS Monitoring Protocol Disabilities Services 2A, 2B & 2C</p>	<p>D15</p>	<p>There is documentation that follow up occurred by disabilities and other service area staff involved with the child or parent.</p>										
<p>§ 1308.19 Developing individualized education programs (IEPs).</p> <p>(b) 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>1305.4 Age of children and family income eligibility.</p> <p>(a) To be eligible for Head Start services, a child must be at least three years old by the date used to determine eligibility for public school in the community in which the Head Start program is located, except in cases where the Head Start program's approved grant provides specific authority to serve younger children. Examples of such exceptions are programs serving children of migrant families and Early Head Start programs.</p> <p>(2) Except as provided in paragraph (b)(3) of this section, up to ten percent of the children who are enrolled may be children from families that exceed the low-income guidelines but who meet the criteria that the program has established for selecting such children and who would benefit from Head Start services.</p> <p>2008 OHS Monitoring Protocol Disabilities Services 3D</p> <p>2008 OHS Monitoring Protocol Program Design and Management 6B & 6C</p>	<p>D17</p>	<p>There is an IEP for every child counted toward the 10% children with disabilities.</p>										

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PERFORMANCE STANDARD	QUESTION	1	2	3	4	5	6	7	8	9	10
<p>1308.6 Assessment of children.</p> <p>(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.</p> <p>(1) Grantees must provide for developmental, hearing and vision screenings of all Early Head Start and Head Start children within 45 days of the child's entry into the program. This does not preclude starting screening in the spring, before program services begin in the fall.</p> <p>(2) Grantees must make concerted efforts to reach and include the most in need and hardest to reach in the screening effort, providing assistance but urging parents to complete screening before the start of the program year.</p> <p>(3) Developmental screening is a brief check to identify children who need further evaluation to determine whether they may have disabilities. It provides information in three major developmental areas: visual/motor, language and cognition, and gross motor/body awareness for use along with observation data, parent reports and home visit information. When appropriate standardized developmental screening instruments exist, they must be used. The disabilities coordinator must coordinate with the health coordinator and staff who have the responsibility for implementing health screening and with the education staff who have the responsibility for implementing developmental screening.</p> <p>(d) 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 including this developmental information in later diagnostic and program planning activities for children with disabilities.</p> <p>2008 OHS Monitoring Protocol Disabilities Services 2A, 2B & 2C</p>	<p>D18 When developmental screening scores fall outside the normal range, there is evidence that appropriate follow-up to disabilities has been initiated.</p>										
<p>1308.6 Assessment of children.</p> <p>(e) 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>(2) If the 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> <p>(ii) Testing and evaluation procedures must be administered by trained (State certified or licensed) personnel.</p> <p>(3) 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>(4) 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>2008 OHS Monitoring Protocol Disabilities Services 4B & 4H</p>	<p>D19 There is documentation that parents are being supported in understanding and accessing the school district referral system when a child has a suspected disability.</p>										

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	<p>§ 1308.4 Purpose and scope of Disabilities service plan.</p> <p>(a) 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:</p> <p>(1) That all components of Head Start are appropriately involved in the integration of children with disabilities and their parents</p> <p>2008 OHS Monitoring Protocol Disabilities Services 4F</p>	<p>D21 There is evidence that a referral was made to the appropriate person to assess a suspected disability.</p>									
	<p>D22 There is evidence that indicates follow up by the assigned person, has been done.</p>										