
Start-Up Planner Tips for Working with EHS Grantees

Building Collaborations to Serve Infants and
Toddlers with Disabilities and Their Families



EHS NRC

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Did You Know?

- Early Head Start Programs must ensure that at least 10% of their enrollment includes infants and toddlers with disabilities. [45 CFR 1305.6\(c\)](#)
- To avoid duplication of efforts, Family Partnership Agreements must include or take into account existing plans such as the IFSP. [45 CFR 1304.40\(a\)\(3\)](#)
- To enable the effective participation of children with disabilities and their families, grantee and delegate agencies must make specific efforts to develop interagency agreements with local education agencies (LEAs) and other agencies within the grantee and delegate agency's service area. [45 CFR 1304.41\(a\)\(4\)](#)

As Early Head Start (EHS) programs expand or build services for infants and toddlers with disabilities and their families, Memoranda of Understanding (MOUs) or Interagency Agreements (IAs) must be created or revised to include the special requirements found in the Head Start Program Performance Standards (HSPPS) related to MOUs/IAs. The following *Start-Up Planner Tips for Working with EHS Grantees* addresses the HSPPS, while including policy clarifications, strategies, and resources that may assist with the implementation of disability services through MOUs/IAs. This document provides:

- Information regarding Federal requirements.
- Answers to challenging policy questions.
- Ideas for planning and implementation.
- Resources for program planning and implementation.

This Tip Sheet offers EHS Start-Up Planners, administrators, and program staff key information to support programs as they build formal written collaborations designed to better serve infants and toddlers with disabilities and their families.

Head Start Program Performance Standards

Performance Standards, Title 45, Code of Federal Regulations:

1304.21(a)(1)(ii) Be inclusive of children with disabilities, consistent with their Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) ([see 45 CFR 1308.19](#)).

1304.40(a)(3) To avoid duplication of effort, or conflict with, any preexisting family plans developed between other programs and the Early Head Start or Head Start family, the family partnership agreement must take into account, and build upon as appropriate, information obtained from the family and other community agencies concerning preexisting family plans. Grantee and delegate agencies must coordinate, to the extent possible, with families and other agencies to support the accomplishment of goals in the preexisting plans.

1304.41(a) - Partnerships

(2) Grantee and delegate agencies must take affirmative steps to establish ongoing collaborative relationships with community organizations to promote the access of children and families to community services that are responsive to their needs, and to ensure that Early Head Start and Head Start programs respond to community needs, including:

(iv) Individuals and agencies that provide services to children with disabilities and their families (see 45 CFR 1308.4 for specific service requirements).

(4) To enable the effective participation of children with disabilities and their families, grantee and delegate agencies must make specific efforts to develop interagency agreements with local education agencies (LEAs) and other agencies within the grantee and delegate agency's service area (see 45 CFR 1308.4(h) for specific requirements concerning interagency agreements).

1304.52(l)(5) In addition, grantee and delegate agencies offering the family child care program option must make available to family child care providers training on:
(iii) Skill development for working with children with disabilities.

Policy Clarifications

[OHS – PC – K – 017](#) Our program uses a standardized developmental screening instrument which is developed to begin for children at 4 months. We have not been able to locate a screening tool for use with children under 3 months of age. Are we required to screen children who are younger than 4 months of age?

[OHS – PC – K – 019 If a home-based option is the only Head Start service option our program provides to children and families in a geographic area, must we accommodate parents of children with disabilities from that area who request that services for their child be provided in a center-based program? Our program has no problem meeting the requirement for 10% special needs.](#)

[OHS – PC – K – 020 What is the legal and/or financial responsibility of the LEA for IDEA/Part C identified children enrolled in Head Start when Head Start funds are used to pay for special services? Is Head Start due reimbursement for identified children from the LEA Special Education department for services provided with Head Start funds?](#)

[OHS – PC – K – 030 The Head Start Program Performance Standards on conducting Community Assessments refer to collecting and analyzing information about the “estimated number of children with disabilities four years old or younger, including types of disabilities and relevant services and resources provided to these children by community agencies” \(45 CFR 1305.3 \(c\) \(3\)\). Where can I find this type of information?](#)

Strategies

Building collaborative systems can be extremely challenging for recently funded EHS programs. They may have expanded their program to include new service areas or populations, or may not have experience with EHS services and need support to build or enhance relationships in order to better serve children with disabilities. The following strategies may assist Start-Up Planners in working with programs to build comprehensive disability services to infants, toddlers, and their families in partnership with organizations or agencies serving individuals with disabilities. To support the process of building partnerships, the strategies have been categorized into five areas:

1. [Disability Services in the Community Assessment Process](#)
2. [Building Community Partnerships for Enhancing Disability Services](#)
3. [Creating/Revising the Memorandum of Understanding \(MOU\) or Interagency Agreement \(IA\)](#)
4. [Implementing the Partnership to Improve Services to Individuals with Disabilities](#)
5. [Evaluating the Memorandum of Understanding \(MOU\) or Interagency Agreement \(IA\)](#)

1. Incorporating Disability Services in the Community Assessment Process

When working with a program on developing or updating a Community Assessment, you may want to suggest ways to:

- Ensure the Community Assessment collects data regarding children including:
 - Number of children with disabilities.
 - Types of disabilities identified within the community.
 - Estimated number of infants and toddlers “at-risk” for developmental delays.
 - Number of children with identified disabilities and/or chronic health impairments.
- Identify organizations within the community that work with individuals with disabilities. These may include:
 - Medical facilities (e.g., hospitals, Indian Health Services, community health clinics, physicians and dental offices).
 - Early intervention service providers.
 - Organizations supporting disability services (e.g., The ARC, Easter Seals, March of Dimes, local parent centers, etc.).
 - Institutes of higher education, including tribal colleges and historically black colleges and universities.
 - Professionals with expertise in disability services (e.g., Occupational Therapists, Physical Therapists, Speech and Language Therapists, Assistive Technology, Transportation Services).
 - Organizations supporting [Child Find](#).

2. Building Community Partnerships to Enhance Disability Services

To support programs in enhancing or creating local partnerships, guide them in finding ways to:

- Develop and disseminate marketing materials and literature such as brochures, newsletters, posters, postcards, and other promotional activities in order to recruit partners to support the design and delivery of services.
- Conduct information sessions, open houses, and/or site visits for partner organizations.
- Include discussion of partnerships related to disabilities on the Policy Council, Governing Board, and/or Tribal Council meeting agendas.
- Make sure the Health Services Advisory Council (HSAC) has representation of at least one individual with disability experience. When possible, also seek representation of partners or parents with disability experience in other governance positions.
- Build systems for two-way communication with partners such as sharing minutes, maintaining a service log, and co-developing training activities and agendas.
- Organize shared parent and staff training opportunities with partners.

3. Co-Creating/Co-Revising the Memorandum of Understanding (MOU) or Interagency Agreement (IA)

An MOU/IA is used to define partnership responsibilities in everyday activities. When all partners are part of the negotiation and decision-making process of the MOU/IA, it is more likely to become a “living document.” The MOU/IA also can change to embody collaboration as partners need more or less support from one another. When supporting programs during the MOU/IA process, consider the following:

- Most states or territories have a statewide MOU or IA that can serve as a guide to programs as they develop one locally.
- Some key components of an MOU/IA might include:
 - Ways that partners will support the program in complying with the requirement that at least 10% of its enrollment include infants and toddlers with disabilities.
 - Support partners might offer through activities such as health fairs, socializations, and communitywide activities.
 - Details about partner participation in screening, assessment, referral, and evaluation processes. These include tools used, meeting participation, and other policies and procedures related to identification and placement of infants and toddlers with disabilities into services.
 - Specific collaborative activities developed and implemented jointly including:
 - Child Find activities.
 - Joint training for staff and parents.
 - Transition policies and procedures.
 - Recruitment and enrollment activities.
 - Ongoing record-keeping and reporting procedures.
 - Descriptions of how partners will assist each other through:
 - Enrolling/identifying eligible infants and toddlers with disabilities.
 - Working with families.
 - Implementing culturally and linguistically appropriate strategies (including interpretation and translation).
 - Serving infants and toddlers in the Least Restrictive Environment (LRE).
 - Meeting the Individuals with Disabilities Education Improvement Act (IDEA) and the Head Start Program Performance Standards (HSPPS) timelines.
 - Transitioning children from EHS to HS as well as from the Individual Family Service Plan (IFSP) to the Individualized Education Program (IEP) or out of special services.
 - Additional support networks such as:
 - Related service providers.
 - Translation services.

- Transportation services.
 - Other necessary materials and equipment.
- The MOU/IA can also include details about ways in which Human Resources from each partner can support one another. Involving the grantee's Regional Office Program Specialist in these decisions is crucial to ensuring compliance. This may involve hiring or sharing qualified staff, offering professional development activities, or addressing union issues.
- Because many partnerships seek to minimize duplication of costs and efforts, the MOU/IA may include information about shared budgetary responsibilities or define ways in which the partnership alleviates duplication of costs. Consulting the HSPPS and the grantee's Regional Office Grants Specialist will assure compliance with fiscal regulations.
- In strong partnerships, grantees seek support from partners to develop inclusive program policies and procedures, selection criteria, and guidance regarding the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.
- The MOU/IA components should be integrated into record-keeping and communication systems to ensure everyday activities meet the requirements of the HSPPS and each IFSP.
- Collaborative tracking mechanisms should also support each partner in developing reports for state governments, Regional Offices, and any other relevant stakeholders.
- The MOU/IA is an opportunity for partners to make decisions regarding case management for families. Strategizing service delivery in advance ensures that families receive consistent and organized information in a timely manner to support their day-to-day lives.
- The MOU/IA must be reviewed by the appropriate legal authorities and approved by the program's governing bodies, and it must contain a clause about annual review.
- All stakeholders should receive training specific to the MOU/IA. This includes governing bodies, staff, administrators, and parents.

4. Implementing the Partnership to Improve Services to Individuals with Disabilities

Once an MOU/IA is developed, it must be implemented as a "working document" that is utilized regularly and guides practice. In doing so, you may want to work with programs to:

- Build ongoing monitoring and communication systems that track service delivery and partnership participation to identify trends as they arise.
- Ensure the Disability Service Plan reflects the program's role as defined in the MOU/IA and the HSPPS.
- Implement the reflective supervision model for case management of families working with multiple providers through the IFSP.

- Offer staff and administrators opportunities to participate in additional coursework/licensing to support their work with families of infants and toddlers with disabilities, as part of the requirement to provide 15 hours of professional development.
- Define specific line items for disability services in the budget. This will ensure that the money is spent on specific costs determined necessary for disability services as negotiated in the MOU/IA.
- Include IFSP goals and strategies in Family Partnership Agreements.

5. Evaluating the Memorandum of Understanding (MOU) or Interagency Agreement (IA)

As a component of the self-assessment and ongoing monitoring systems your program develops or enhances, evaluating the partnership and the MOU/IA is essential. As you work with programs to consider how they will include the MOU/IA in these systems, bear in mind that:

- The grantee's self-assessment and ongoing monitoring systems must have policies and procedures that evaluate the MOU/IA and disability services.
- The Policy Council and other governing bodies must review and approve the progress of the MOU/IA, the evaluation strategies used, and the recommendations for change.
- Policies and procedures for evaluation and revision should offer detailed guidance so that any individual can participate and contribute.
- Specific timelines for evaluation, dissemination, and implementation must be defined and met.

Questions to consider when designing a system for evaluation include:

- Who will design and conduct annual evaluations (e.g., HSAC, key stakeholders, outside evaluators, parents)?
- What kinds of data will be collected? From what sources?
- How will the system for evaluation fit within the broader systems of ongoing monitoring and self-assessment?

Resources

State Memorandum of Agreement Map Finder

Each Head Start regional and state administrator, in collaboration with their Part B and Part C agencies, seeks to develop a Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU) for each state. This interactive map allow administrators, TA Providers, staff and parents to locate states that have developed these agreements which include guidelines and roles and responsibilities of the participating agencies and/or individuals.

Source: Early Childhood Knowledge and Learning Center (ECLKC)

[http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Disabilities/Program%20Planning/Interagency%20Collaboration/state MOA map finder.html](http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Disabilities/Program%20Planning/Interagency%20Collaboration/state%20MOA%20map%20finder.html)

Interagency Agreement Checklist

This checklist serves as a guide/framework for addressing the development, implementation and review of State and Local interagency agreements for services to families and children with disabilities. This checklist was developed in accordance with the Head Start Performance Standards and the Individuals with Disabilities Education Act (IDEA).

Source: Migrant and Seasonal Head Start Technical Assistance Center

<http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Disabilities/Program%20Planning/Interagency%20Collaboration/Interagency%20Agreement%20Checklist%202005.pdf>

NECTAC List of Part C Lead Agencies (Part C Updates)

As a means to building collaborative relationships with state Part C providers, the list identifies the lead agency for Part C services in each state and territory. Disabilities coordinators, Technical Assistance Providers, parents of children with disabilities, and Early Head Start partners will be able to determine which agency to contact regarding infant and toddlers with disabilities. This list also demonstrates the variation between states in designation of Part C responsibilities.

Source: National Early Childhood Technical Assistance Center

[http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Disabilities/Program%20Planning/Interagency%20Collaboration/disabl rep_00001a2_080805.html](http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Disabilities/Program%20Planning/Interagency%20Collaboration/disabl_rep_00001a2_080805.html)

States' Part C Rules, Regulations and Policies: On-line Resources (Part C Updates)

We are building this collection of links to state statutes, rules, regulations, policies, and guidance documents relevant to the implementation of Part C. We show the URLs for printing purposes. The links provided are current as of July 2011.

Source: National Early Childhood Technical Assistance Center

<http://www.nectac.org/partc/statepolicies.asp>