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STATE OF CONNECTICUT

OFFICE OF EARLY CHILDHOOD



Connecticut Office of
Early Childhood

Beth Bye
Commissioner

Memorandum of Understanding

Connecticut Birth to Three System, CT Head Start Collaboration Office and Connecticut Early Head Start Programs

Partner Overview:

Birth to Three (Part C) within the Office of Early Childhood: Connecticut's Birth to Three System supports families by strengthening their capacity to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities and connect with their community.

Early Head Start: Early Head Start provides family-centered services for income eligible families with young children under the age of 3 years old. This program promotes the physical, cognitive, social, and emotional development of infants and toddlers through safe and developmentally enriching caregiving. This prepares these children for continued growth and development and eventual success in school and life. Early Head Start programs are also designed to enable parents to fulfill their roles as parents and to move toward self-sufficiency.

Head Start State Collaboration Office: The CT Head Start State Collaboration Office works across state agencies, and in partnership with Head Start programs, the Connecticut Head Start Association, and representatives of the broader early childhood, family support, and professional development communities in planning and implementing collaborative activities and initiatives that build upon strengths and address identified needs for low-income children and families in the state.

Mission of the partnership:

The mission is to establish and maintain strong partnerships between Early Head Start (EHS) and The Connecticut Birth to Three System (Part C). This partnership will dually serve the same families, work collaboratively together, and streamline all supports. The true value of this positive partnership between Early Head Start and Birth to Three ultimately benefits children and families in many ways.

Vision of the partnership:

- All children are able to learn and grow to their full potential
- All children will have opportunities to overcome barriers that will provide lifetime benefits
- All families will have the ability to directly make decisions in the process of educating their children
- Early Head Start and Birth to Three will be equal partners with equal contributions to support child development and family support

This agreement will meet all the requirements of the Head Start Act for memorandum of agreement between Early Head Start/Family Child Care programs and the early intervention system under Part C of the Individuals

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with Disabilities Education Act. This agreement will remain in full force until there is a need for revision or cancellation. Revisions will be negotiated among all the signatories to the agreement. Cancellation can be made with 60 days written notice to any one of the signatories. This agreement will be reviewed annually and updated as needed.

Core Principles of this partnership:

Connecticut Birth to Three and Early Head Start believe that high quality services, strong parent/family engagement, inclusion of children with disabilities, communication, and commitment to collaborating and supporting children and families are the foundations of this partnership.

Purpose

In order to ensure service continuity and the efficient and effective use of public resources in support of families, the Early Head Start (EHS) programs in Connecticut and the Connecticut Birth to Three System are entering into an agreement.

Program Description:

Early Head Start	CT Birth to Three
<p>Early Head Start (EHS) is an evidence-based, federally funded, and community-based program that provides comprehensive child and family development services to pregnant women and young children from birth to three, in families with incomes below the poverty level.</p> <p>Program Settings: Home-based services: Weekly home visits provide a full range of EHS services to each enrolled family. The home visitor provides child-focused visits that promote the parents’ ability to support their child’s development and learning. The home visitor also facilitates group socialization activities. Center-based services: Programs deliver education and child development services primarily in classroom settings, which are located in an EHS center, school or childcare center. Staff members also visit family homes at least twice per year. Family childcare services: Family Child Care programs deliver education and child development services primarily in a private home or family-like setting that meets all Head Start Program Performance Standards for quality and safety.</p>	<p>Early Intervention/Birth to Three (Part C IDEA) is a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers with disabilities, ages birth through age 2 years, and their families.</p> <p>The CT Birth to Three System is a system of support for families of all eligible children under the age of three. It is designed to strengthen the capacity of families to meet the developmental and health-related needs of their infants and toddlers who have significant developmental delays or disabilities. The program uses a primary service provider (PSP) model in which one provider is identified as the primary contact for the family. The PSP has a team of other professionals advising them and available for consultation as needed. The PSP uses coaching as a style of interaction with caregivers. Services and Supports are determined as a team according to each child and family’s unique needs.</p>

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Eligibility:

<p>The Health and Human Services Poverty Guidelines are used to determine income eligibility for participation in Head Start and Early Head Start programs. Program staff may refer to these resources when working with families.</p> <p>Children from birth to age five who are from families with incomes below the poverty guidelines are eligible for Head Start and Early Head Start services. Children from homeless families, and families receiving public assistance such as TANF or SSI are also eligible. Foster children are eligible regardless of their foster family’s income. Program staff members may refer to this section of the Head Start Act to further understand eligibility for Head Start and Early Head Start: Sec. 645 of the Head Start Act. HHS Poverty Guidelines</p> <p>An Early Head Start program may enroll an additional 35 percent of participants whose families do not meet a criterion described and whose incomes are below 130 percent of the poverty line.</p> <p>Early Head Start services are free or very low cost.</p> <p>Early Head Start programs must annually establish selection criteria that weigh the prioritization of selection of participants, based on community needs identified in the community needs assessment including family income, whether the child is homeless, whether the child is in foster care, the child’s age, whether the child is eligible for special education and related services, or early intervention services, as appropriate, as determined under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1400 <i>et seq.</i>) and, other relevant family or child risk factors.</p>	<p>Children under age three who live in Connecticut are eligible for Birth to Three System supports because they either:</p> <ul style="list-style-type: none"> ● show a significant developmental delay of -2 SD in one or -1.5 SD in two or more areas, or ● have a diagnosed medical condition that has a high probability of resulting in a developmental delay <p>A professional evaluation team of two different disciplines meets with the parent(s) and child in their home or a setting of the parent’s choice and completes one or more standardized tests to evaluate the child’s strengths and needs.</p> <p>All areas of development are evaluated regardless of the reason for referral, including:</p> <ul style="list-style-type: none"> ● cognitive skills – problem solving, memory, learning ● communication skills – understanding and expressing ideas, following directions, pointing, talking ● social or emotional behaviors – relationships and expressing emotions ● physical development – seeing, hearing, movements, and health ● adaptive skills – self-help or daily living skill <p>CT Birth to Three services and supports are provided with no out-of-pocket costs to families participating in the program.</p>
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Joint Roles in Parent Involvement, Referrals, Evaluation, Assessment and Service Coordination

Parent and Family Engagement:

Both Early Head Start and the Birth to Three System agree:

1. Parents are their children's first and most important teachers. Early Head Start and the Birth to Three System agree to protect the rights of parents and their children as they work together to provide quality child and family services.
2. Early Head Start and the Birth to Three System are committed to supporting the leadership role of parents in the planning and provision of services for their children by connecting families to other state parent groups, such as, but not limited to, the Interagency Coordinating Council (ICC), the Office of Early Childhood (OEC) Parent Cabinet, EHS Policy Council, and parent leadership development training.
3. Parents have the right to choose who participates in their child's program development. Families will be encouraged to engage all of their providers (EHS, Part C, and other community providers) in building and implementing a plan to support their child across all of their environments. Programs will recognize and understand that there are timelines that each must adhere to in order to meet federal and state compliance that may impact being able to include the other agency directly in meetings.

Referral

Early Head Start and the Birth to Three System agree that:

1. Early Head Start and Birth to Three will share their respective eligibility criteria (See above in eligibility)/priorities with each other and will refer families to each other's program, as appropriate and with parental consent. Any child enrolled in Early Head Start may be referred to the Birth to Three System when there are concerns regarding the child's development. Children who are enrolled in Birth to Three who live in an area served by Early Head Start may be referred there. The two programs will accept referrals from each other throughout the year. At the time of the referral, it is important that the Early Head Start referral source informs 2-1-1 Child Development Infoline staff that the child is already receiving services from Early Head Start.
 - a. Child Abuse and Treatment (CAPTA) - this federal legislation addresses child abuse and neglect requiring states to implement a notification process to the CT Department of Children and Families when a baby is born who has been prenatally exposed to substances. Part of this effort involves the creation of written Plans of Safe Care developed between the providers and the mother of newborns.
 - i. Newborns referred to Birth to Three under CAPTA will follow the early intervention process. Birth to Three providers will ensure, with parent permission, that a referral is made to the local Early Head Start program, whether or not the meets eligibility criteria for Birth to Three regardless if the child does or does not qualify for Birth to Three services.
2. Each Early Head Start will provide to their local CT Birth to Three providers the name, discipline, and phone number of one consistent contact person (i.e. disability manager, education coordinator, or other person) who will be the contact person for all referrals made from Early Head Start program to the Birth to Three System.
3. A referral does not guarantee acceptance into either program, since children must meet eligibility criteria for Birth to Three enrollment and Early Head Start programs serve a specified number of children at a time and only serve children who meet EHS eligibility criteria. If EHS staff directly refers a child to the Birth to Three System via 211 Child Development Infoline, they will receive notice from CDI within one week which program received the referral and will be completing the evaluation. If Birth to Three staff refers a child to

an EHS, they will be notified of the status of the referral by that EHS program. Birth to Three is a voluntary program and the eligibility evaluation and any subsequent services will occur only if the parent agrees to accepting services. The family of any child found ineligible for Birth to Three services will be offered continued monitoring through Connecticut's Help Me Grow program using the Ages and Stages Questionnaire.

4. Timeline - Upon referral to Birth to Three, an Evaluation/Assessment will be scheduled with the family within a timely period; and an Individualized Family Service Plan, for a child determined to be eligible for Birth to Three services will be completed within 45 days from the date of the referral. and Individualized Family Service Plan will be scheduled within 45 days from the date of referral.

Evaluation/Assessment

1. The Birth to Three System will accept information on a child's development obtained through an Early Head Start developmental screening, parent concerns or observations. The information will be sent to a Birth to Three program, who will determine eligibility through a multidisciplinary evaluation while taking into consideration the information provided. When EHS is notified of the Birth to Three program evaluating a child, EHS will contact the program and arrange with parent permission to share information that may be useful to the evaluation team.
2. With parent permission, EHS will use available Birth to Three evaluation and assessment information to inform their services to the child and family.
3. With parent permission, EHS staff may participate in the initial evaluation. If they meet Birth to Three personnel standards http://www.birth23.org/files/procedures/personnel_standards.doc, the EHS staff may be considered part of the multidisciplinary evaluation team. EHS staff may include consultants.
4. With parent permission, EHS may participate in the completion or updating of assessments in preparation for an IFSP review or annual IFSP meeting.
5. With parent permission, B23 staff will invite EHS to IFSP meetings.

Service Coordination

For children who are dually enrolled, Early Head Start and the Birth to Three System agree, with parent permission, that:

1. Both programs will identify a staff from EHS and Birth to Three that will be listed on the IFSP as part of the Early Intervention Team.
2. Joint home visits will occur as appropriate where Early Head Start and Birth to Three staff visit the family's home at the same time to work with the family together to enhance service coordination, reduce duplication of services, and reduce the number of visits to the family by multiple providers. Joint home visits should be mutually agreed upon and occur at least once yearly if appropriate.
3. With parent permission, Teachers and Home visitors will be invited to participate in:

- a. The development and periodic reviews of child and family plans (IFSP's) while in Birth to Three or EHS.
- b. Documenting progress, such as reassessment in preparation for annual evaluation of the IFSP.
- c. Transition meetings whenever the child is changing programs or location, or exiting Birth to Three services :
 - i. from Home based services to EHS classroom
 - ii. to a different EHS classroom or home based services
 - iii. to Head Start
 - iv. to preschool special education (LEA)
 - v. any time the child is leaving the Birth to Three System prior to age three

When Early Head Start staff cannot attend a meeting such as those described above, participation may be obtained by other means (telephone, zoom, e-mail, written notes.)

- d. The Early Head Start will take the lead in coordinating the transition with Head Start:
 - o Communication between the EHS and Birth to Three is critical and expected throughout the child and family's participation in each program.
 - o It is encouraged that staff will make periodic joint home visits and or classroom visits as appropriate.

Shared Information(with parent permission) - May include but is not limited to the following:

Early Head Start	Birth to Three
Developmental and vision/hearing screening results	Individual Family Service Plan (IFSP) Evaluations/Assessments
Child's Health Forms (Physicals)	Visit Schedule
Team Meeting minutes	Visit Notes
Referrals to Community Based programs	Referrals to Community Based programs

Service Planning

- If the child was enrolled in EHS prior to referral to Birth to Three, then the Birth to Three program will invite, with parent permission, the designated EHS staff to participate in all IFSP meetings. Link to IFSP form: <http://www.birth23.org/files/procedures/forms/3-1-ifsp.doc>
- If the child was enrolled in Birth to Three prior to referral to EHS, then the EHS staff, with parent permission, will be invited to all future IFSP reviews for their input. The EHS representative will bring the Family Partnership Agreement and any supporting documents that have already been completed. Every attempt will be made to combine already existing information obtained by EHS with new evaluative information to develop the IFSP. The following are areas of the IFSP where information can be combined:

Child and Family Information

Connecticut Birth to Three System Individualized Family Service Plan- IFSP
To support your family in helping your child learn and develop during your everyday activities

Meeting Type: Interim Initial Annual Review Meeting Start Date: _____

Section 1: Child and Family Information

*Child's Name:		*Date of Birth	
Birth to Three #:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian	<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian		
*Name:			
Street:			
Town, State, Zip code:			
Phone:			
Email:			

Program Contact Information

Service Coordinator Name:	Contact #:
Program Name:	Program Director's Name and Phone #:
Program Address / Email:	
Primary Health Care Provider:	Phone:
Address:	FAX:

School District Contact (Name/Phone): _____
 Contact information is shared with school districts about all eligible children over age 2 1/2 to help with planning for early childhood special education if needed. A transition conference is held for all children to help ensure that your exit from Birth to Three is smooth. With your approval, your school district may be invited. Your transition conference will be held before _____.

List any evaluations/assessments completed since the last IFSP meeting.

General Health and Development Information: How is your child doing in these areas of development? Address any changes to all areas including important health information like allergies, as well as vision, hearing, communication, movement, thinking, learning, behavior, and self-help. Also refer to the evaluator's assessment report(s) dated _____.

CTBirth23 Form 3-1 (Revised 12/2017)

*Denotes part of the electronic record

This section of the IFSP includes information about the child, family, and primary health care provider. This section will list the Birth to Three Service Coordinator. Additionally, this section serves as a summary of information that has been gathered regarding the child's general health and development. Any information obtained by screening, observation, or through parent information either by the Birth to Three program or the EHS program should be reflected in this section. If the information is in a separate document then it should be noted here and attached to the IFSP document.

Family Resources & Priorities

Child's Name: _____ DCB: _____ Meeting Start Date: _____

Section 2: Family Resources

Family Map (ECO Map): Who provides support to you (in)? This can include grandparents, aunts, uncles, friends, neighbors, and other adults who spend time with your child. This includes religious, cultural, and ethnic groups. This includes individuals who support you, family, or friends who are a resource to you, in achieving your outcome. Start with the adult most familiar to you.

Any comments?

Additional information about resources and concerns is gathered using a family assessment tool. (See 3.1.1.1.1)

Birth to Three supports the adults that regularly interact with your child. How do the adults in your child's life learn best (reading, doing, hearing, watching)?

Section 3: Family Priorities

One goal of the Connecticut Birth to Three System is that parents are able to describe their child's abilities and challenges upon re-entrance to a number of their child's education or to the program.

Overall, what are your child's abilities/strengths? (In parent's words)

Child's interests: What makes him/her laugh or smile? What's exciting? What are you proud of?

Your child's challenges:

What are your priorities for your child:

CT Birth23 Form 3-1 (Revised 12/2017)

Families receiving Early Intervention could add EHS as a support on the eco map.

Every Day Routines and Activities

This section indicates what a family's daily life looks like, what is working well and what they identify are areas of concern. If the child is attending an EHS classroom program the parent may ask the EHS staff to contribute to this section to account for the child's time in the classroom. This will help facilitate meaningful outcomes for the team.

Child's Name: _____ DOB: _____ Meeting Start Date: _____

Section 4: Everyday Activities
Where you can support your child's learning and development

We know from research that babies and toddlers learn best through every day experiences and activities with familiar people, when they are interested and participating in the activity.

What everyday activities might allow you to work on your priorities with your child?

Activities include anything that is part of your family and child's life. They can be things you do together with other family members or friends, or things your child does in childcare or at other community functions. Some activities might include: going to playdates; grocery shopping; eating the dog; talking with grandpa; going to the doctor; or to sibling's activities; going to religious activities; getting ready to go out.

Activity	Going well	Some concern	A lot of concern	Activity to focus on related to priorities: <i>(other options in Section 4)</i>	Comment (as needed)
Wake up/Bed time/Naps					
Dressing/Diapering					
Mealtimes					
Bath time					
Play					
Going Out					
Time with Friends/Family					
Time at Childcare					
Any other activities your child/family enjoys? (including things at home, in the community, with others. .)					
Other					
Other					
Other					

CTBH#23 Form 3-1 (Revised 12/2017)

Child and Family Outcomes

Child's Name: _____ DOB: _____ Meeting Start Date: _____

Section 5A: What We Will Work On / Child Outcome

This information will help you support your child's participation in your everyday activities based on your priorities for his/her learning and development. The activities you focus on are outcomes serve as a measure of your child's progress but will not be the only activities worked on with your team. You will identify other activities that support your child's learning.

What activity will we explore?

What does your child do well or find interesting during the activity?

Where does he/she need support?

What have you and others tried (strategies) to support your child in this activity?

Additional strategies and activities related to this outcome will be developed jointly with you during your visits.

What do you want your child to learn during this activity? (priorities AND other areas of development that might be addressed as part of this outcome)

OUTCOME: What would you like this activity to look like?
To be achieved By: (date/event)

CRITERIA: How will you know when you are done working on this?

Birth to Three is only one of many supports you may have to help you with this activity.
What other resources or supports do you have or need that can help you? (in addition to Birth to Three)
Who will pay?

Copy page as needed for additional outcomes

CTBH#23 Form 3-1 (Revised 12/2017)

These sections indicate the changes the family wants for themselves or for their child. This section must contain child outcomes (Section 5A) and family outcomes and Transition Planning (Section 5C). Outcomes should be functional and make sense to the family in the context of their everyday routines, activities, and environments. Outcomes should be based on a one year basis unless the child will be turning three sooner. The EHS representative will share the child's current outcomes. New outcomes can be written and/or the current ones may be changed or continued following a review. The outcomes should incorporate the child's and family's daily routines with the services provided by EHS and the Birth to Three program. Each outcome page includes a section for *Other Resources or Supports*. This is where all other non-early intervention, child-related services would be listed, such as a child who is attending an EHS classroom several times per week, or a child who receives child care five days a week at the EHS.

Early Intervention Supports and Services

Indicates the early intervention services and supports necessary to meet the unique needs of the child and family to achieve the desired outcomes as previously written. Most services listed are those that will be provided by the

	<p>child's Birth to Three program. If a required early intervention service, such as a visit by a Birth to Three physical therapist, is going to occur at an EHS classroom, then the EHS classroom would be listed as the "location" of that service.</p> <p>When a child who is already enrolled in Birth to Three is accepted into an EHS program, the EHS program will invite the service coordinator from the Birth to Three program to a joint meeting with the parent to discuss the EHS Family Partnership Agreement being developed. This meeting may serve as an IFSP revision, when written prior notice has been provided to the family and multidisciplinary personnel are available.</p> <p>Ideally both service coordinators will participate in any revision and reviews of the IFSP and Family Partnership Agreement (FPA). Meetings will occur at mutually agreed upon times to report progress and to coordinate service delivery. Information will be consistently shared between the programs (with parent consent). Updates on progress will be shared in a timely manner to ensure that information is shared at program reviews with the family. Every effort will be made to conduct meetings in homes or other natural settings comfortable for the parents.</p>
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Transition at age three

Early Head Start and the Birth to Three System recognize the importance of a carefully coordinated and timely transition for children. Early Head Start and the Birth to Three System agree, with family permission that:

1. Transition planning for a child exiting the Birth to Three System will begin at least 180 calendar days and with the agreement of all parties up to 9 months prior to the child's third birthday. Beginning with the initial IFSP, all children and families enrolled in Birth to Three have a transition plan included, regardless of the child's age.
2. The Birth to Three service coordinator will be invited to all meetings that occur surrounding a child's transition into, within, or out of the EHS program.
3. EHS staff will be invited to all meetings that occur surrounding a child's transition within or out of the Birth to Three program, with parent permission.

4. Birth to Three will encourage EHS staff to be invited, with parent permission, to The Planning and Placement Team Meetings when the child has been referred for Preschool Education (Part B 619).

§1302.61 Additional services for children. (c) Additional services for children with an IFSP or IEP. Plan and implement the transition services described in subpart G of this part, including at a minimum: (i) For children with an IFSP who are transitioning out of Early Head Start, Relates to §1302.70 (e) Transition services for children with an IFSP. HEAD START PROGRAM PERFORMANCE STANDARDS EXCERPTS 45 CFR Chapter XIII SUBCHAPTER B – THE ADMINISTRATION FOR CHILDREN AND FAMILIES, HEAD START PROGRAMS INFANTS AND TODDLERS AND EARLY HEAD START NOTE: This document consists of excerpts from the Head Start Program Performance Standards (HSPPS). The excerpts include requirements about serving infants, toddlers and pregnant women and about Early Head Start programs. The relevant terms are highlighted in yellow. Missing text is indicated by [...]. Readers are advised to review the complete standards for more information. Revised 12/22/16 10 collaborate with the parents, and the local agency responsible for implementing IDEA, to ensure appropriate steps are undertaken in a timely and appropriate manner to determine the child's eligibility for services under Part B of IDEA; and, [...]

Professional Learning

Opportunities for joint staff professional learning will be identified and pursued in the following areas:

1. Collaborative recruitment and enrollment strategies
2. Developmental Monitoring and Screening
3. Parent and community engagement

Early Head Start and CT Birth to Three will:

1. Engage in staff development planning activities that may include a coordinated assessment of the training needs of Early Head Start and the Birth to Three System personnel.
2. Inform each other about upcoming training opportunities and ensure that training provided is open to staff and parents on a space available basis as appropriate.
3. Ensure that Birth to Three service coordination training is offered to designated Early Head Start staff when space is available.

The Head Start State Collaboration Office will:

1. Convene the Birth to Three and Early Head Start partners at least once per year for shared learning and action

Confidentiality

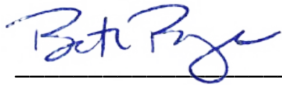
Confidentiality of information is required for the protection of children and families. Early Head Start and the Birth to Three System respect the rights of families to restrict access to personal information. Early Head Start and the Birth to Three System agree:

1. EHS and B23 should inform families of their rights to confidentiality.
2. EHS and B23 personnel should "request" a family signed release. Each release needs to be specific to the documents to be released, keeping in mind that records generated by B23 are educational and not

medical (i.e. eligibility evaluations, assessments, visit notes and IFSPs). EHS will release with consent any assessments and screenings completed by the EHS program.

3. All written information exchanged between the two programs becomes a part of the child's EHS file or the child's Birth to Three permanent record.

Signature and Contact Information



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