Disabilities
&
Mental Health
Operating Procedures Manual

Aligned with the 2024 Head Start Program Performance Standards

(Standards 1302.50 -1302.53)
(Standards 1302.70 -1302.72)
(Standards 1302.20 -1302.24)
(Standards 1302.60 -1302.63)

Revised 6/1/2026

During a state of emergency triggered by the Federal, state and/or local governments these administrative policies and procedures as well as the Operating Manuals, the Finance Manual, and the Personnel Policies and Procedures will be amended to include instructions from the Federal, State, and Local Governments. Copies of these amended policies and procedures will be included where necessary.

Table of Contents

I. Purpose

Community Services of Northeast Texas, Inc. (CSNT) Head Start must ensure that comprehensive mental health and disabilities services are implemented in accordance with the Head Start Program Performance Standards (45 CFR Part 1301–1305).

The purpose of this policy is to:

- Ensure all enrolled children receive timely screening, evaluation, and appropriate services
- Promote social-emotional development, school readiness, and overall well-being
- Provide a systematic, coordinated approach to prevention, identification, and intervention
- Ensure compliance with federal, state, and local regulations

CSNT Head Start will implement systems and procedures that support positive mental health, including relationship-based practices, trauma-informed approaches, and inclusive services for children with disabilities.

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II. Scope

This policy applies to all program operations and service areas, including:

- All enrolled children and families
- All staff, consultants, contractors, and volunteers
- Mental health consultants and community service providers
- Partnerships with Local Education Agencies (LEAs) and Early Childhood Intervention (ECI)

This policy governs the following required activities:

- Developmental, sensory, and social-emotional screenings within 45 days of enrollment
- Referral and evaluation processes, including obtaining and documenting parental consent
- Implementation and monitoring of IEPs and IFSPs
- Mental health consultation and classroom support services
- Family engagement, education, and support services
- Staff training and professional development
- Data collection, documentation, and ongoing monitoring in Child Plus

All staff must follow established procedures and maintain required documentation to demonstrate compliance.

III. Authority

This policy is established in accordance with:

- Head Start Program Performance Standards (45 CFR Part 1302.45, 1302.50–1302.53, 1302.60–1302.63, 1302.70–1302.72)
- Individuals with Disabilities Education Act (IDEA)
- Family Educational Rights and Privacy Act (FERPA)
- Applicable state licensing regulations

CSNT Head Start must ensure full compliance with all applicable laws and regulations.

The following positions are responsible for oversight and implementation:

- Head Start Director – overall program compliance and monitoring
- Education Coordinator – implementation of education and disabilities services
- Mental Health/Disabilities Staff – coordination of referrals, services, and documentation
- Campus Directors – on-site implementation and supervision

All staff are accountable for implementing assigned responsibilities and participating in required training.

IV. Identification of Needs and Assessments

A. Disabilities (HSPPS 1302.12 and 1302.14(b))

Selection and Enrollment

CSNT Head Start must maintain and implement written procedures to ensure the identification, recruitment, selection, and enrollment of children with disabilities in accordance with 45 CFR §§1302.12 and 1302.14(b).

The program will actively recruit and prioritize enrollment of children with diagnosed or suspected disabilities throughout the program year. The Family Engagement Coordinator, in collaboration with program staff, must implement ongoing recruitment efforts to identify and enroll children with disabilities, including those receiving Early Childhood Intervention (ECI) or special education services.

CSNT Head Start must ensure:

- No child is denied enrollment based on the type or severity of a disability
- Enrollment includes, at a minimum, 10 percent of funded enrollment of children eligible under IDEA, unless a waiver is approved
- Children with disabilities are prioritized in the selection process based on program criteria and community needs

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B. Coordination with Local Education Agencies (LEA) and TEA Requirements (HSPPS 1302.60–1302.63)

CSNT Head Start must collaborate with Local Education Agencies (LEAs) and comply with the Individuals with Disabilities Education Act (IDEA) and Texas Education Agency (TEA) regulations.

Eligibility for special education services must be determined by the Admission, Review, and Dismissal (ARD) Committee in accordance with federal and state regulations (34 CFR §§300.301–300.306).

The program will ensure:

- Referrals are made to LEAs or appropriate agencies with documented parental consent
- Evaluations are conducted by qualified licensed professionals

- Multidisciplinary teams include required professionals (e.g., diagnostician, LSSP, or other certified Coordinator)
- Staff participate in ARD meetings and support implementation of services

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C. Program Procedures for Disabilities Services

CSNT Head Start must implement inclusive practices and individualized supports for children with disabilities.

The program will ensure:

1. Children with disabilities are provided equal access to all program services and activities
2. A range of placement options is available, including:
    - Full inclusion in Head Start classrooms
    - Dual enrollment with LEA services
    - Other appropriate program options based on child need
3. The Mental Health/Disabilities staff and Family Engagement Coordinator must monitor enrollment data to ensure the program meets or exceeds the required 10 percent enrollment of children with disabilities

Documentation of recruitment, enrollment efforts, and services must be maintained and available for review.

D. Assessments (Screening and Evaluation) (HSPPS 1302.33 and 1302.45)

CSNT Head Start must conduct timely screenings and assessments to identify children's developmental, behavioral, and health needs.

The program will ensure:

1. Screenings
    - All children receive developmental and social-emotional screenings within 45 calendar days of enrollment
    - Screenings address the following domains:
        - Cognitive
        - Motor
        - Language and speech

        - Social-emotional development
2. Health Requirements
    - A complete health history is obtained for each child
    - Parents are supported in obtaining required:
        - Vision screenings
        - Hearing screenings
        - Physical examinations
3. Initial Intake and Documentation
    - The Mental Health/Disabilities staff must review enrollment documentation and identify any concerns related to:
        - Prior ECI services
        - Existing IEP or IFSP
        - Parent or staff concerns
    - Identified concerns must be documented and referred to the appropriate Coordinator for follow-up services
4. Referral and Follow-Up
    - Children with identified concerns must be referred promptly with documented parental consent
    - Follow-up actions and outcomes must be documented in the child record and data system (e.g., Child Plus)

E. Re-screening and Special Considerations

The program may allow a limited adjustment period for children who:

- Are dual language learners
- Require additional time to acclimate to the classroom environment

In these cases:

- A re-screening may be conducted within a reasonable timeframe (e.g., up to three weeks)
- Appropriate supports, including interpreters or translators, must be provided to ensure accurate screening results

All re-screening activities and justifications must be documented.

V. Response to Intervention (RTI) and Referral Process

CSNT Head Start must implement a systematic Response to Intervention (RTI) process to ensure early identification, intervention, and referral for children with developmental, behavioral, or educational concerns, in accordance with HSPPS §§1302.45 and 1302.60–1302.63.

The RTI process must include documented steps for identification, intervention, referral, evaluation, and follow-up, ensuring timely and coordinated services for all children.

A. Referral and Evaluation Process

When a concern is identified through screening, observation, or parent report, the program must initiate the referral process promptly.

The program will ensure:

1. Referrals are made to appropriate licensed professionals or Local Education Agencies (LEAs), including:
    - Speech Pathologists
    - Diagnosticians
    - Licensed Therapists
    - Other qualified Coordinators
2. Written parental consent is obtained prior to any referral or evaluation
3. Referrals are submitted in a timely manner, and all actions are:
    - Documented on the referral form
    - Entered into the Child Plus data system
    - Maintained in the child's file
4. The program must track all referrals and outcomes, including:
    - Date of referral
    - Agency referred to
    - Evaluation status
    - Eligibility determination

B. Documentation and File Management

CSNT Head Start must maintain organized and confidential documentation for all children participating in the RTI and referral process.

The program will ensure:

1. All referral documentation is:
    - Maintained in a designated Special Services (Yellow) Folder
    - Entered into Child Plus
    - Shared with appropriate LEA/ISD personnel as needed, with consent
2. Documentation includes, at a minimum:
    - Referral forms
    - Screening results
    - Parent consent forms
    - Intervention documentation
    - Communication records
3. All records are stored in locked file cabinets or secure electronic systems in compliance with FERPA and program confidentiality policies

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C. Staff Roles and Responsibilities

CSNT Head Start must ensure staff understand and implement their roles within the RTI and referral process.

The following positions share responsibility for implementation and documentation:

- **Education Coordinator** – oversees implementation and monitors compliance
- **Family Engagement Coordinator** – supports family communication, consent, and referrals
- **Mental Health Advocates** – coordinates referrals, documentation, and follow-up services
- **Campus Director** – ensures on-site compliance and staff accountability
- **Teachers** – conduct observations, implement interventions, and document child progress

All staff must follow established procedures, maintain documentation, and participate in required training.

D. Intervention and Monitoring

Prior to referral, the program must implement appropriate interventions and document outcomes, unless immediate referral is warranted.

The program will ensure:

- Classroom interventions are implemented and documented
- Progress is monitored over time
- Decision-making is based on data, observations, and input from staff and families

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E. Special Services Files and IEP Implementation

For children determined eligible for services under IDEA, CSNT Head Start must ensure proper documentation, implementation, and monitoring of services.

The program will ensure:

1. **IEP Documentation**
    - A copy of the child's IEP goals is obtained from the LEA during the ARD meeting
    - IEP goal sheets are maintained in the child's Special Services (Green) Folder in a secure location
    - Relevant documentation is uploaded into Child Plus
2. **Access to Records**
    - Additional ARD documentation is maintained by the LEA and may be accessed by authorized staff as needed
    - Confidentiality is maintained at all times
3. **Classroom Implementation**
    - Teachers maintain a working copy of IEP goals and objectives in the classroom
    - Teachers must implement individualized strategies aligned with IEP goals
    - Progress is documented using the Individualization Plan
4. **Confidentiality**
    - Children are identified using Child Plus ID numbers in documentation
    - All records are handled in accordance with FERPA and program confidentiality policies

RTI STEP-BY-STEP FLOWCHART

Tier 1 – Universal Support (All Children)

⬇️

Step 1: Screening (Within 45 Days)

- Conduct developmental & social-emotional screening
- Document results in Child Plus
- Share results with parents

⬇️

Decision Point:

✅ If NO concerns → Continue classroom supports

⚠️ If concerns identified → Move to Tier 2

Tier 2 – Targeted Intervention

⬇️

Step 2: Teacher Observation & Documentation

- Document behaviors/concerns (dates, times, examples)
- Collect work samples
- Notify Campus Director / MHA

⬇️

Step 3: Implement Interventions

- Apply classroom strategies
- Use behavior/development supports
- Document interventions (minimum 10 days recommended)

⬇️

Step 4: Parent Communication

- Meet with family
- Discuss concerns and strategies
- Document meeting

⬇️

Step 5: Progress Review (RTI Meeting/CIT)

- Review:
  - Screening results
  - Observations
  - Intervention data
- Determine outcome

⬇️

Decision Point:

✅ Progress made → Continue Tier 2 supports

⚠️ No progress → Move to Tier 3

Tier 3 – Intensive Intervention & Referral

⬇️

Step 6: Obtain Parent Consent

- Written consent REQUIRED
- Document in file + Child Plus

⬇️

Step 7: Submit Referral

- Refer to LEA / ECI / Coordinator
- Complete referral form
- Log referral in tracking system

⬇️

Step 8: Continue Classroom Support

- Continue interventions during evaluation process
- Maintain documentation

⬇️

Step 9: Evaluation by Licensed Professional

- LEA conducts evaluation
- Timeline monitored by staff

⬇️

Decision Point:

✅ Eligible → Proceed to IEP/IFSP services

❌ Not eligible → Continue RTI supports

Services Implementation

⬇️

Step 10: ARD / IFSP Meeting

- Staff participates
- Parents informed of rights
- Services approved

⬇️

Step 11: Implement Plan

- Teacher implements IEP goals
- Document on Individualization Plan
- Monitor progress regularly

⬇️

Step 12: Ongoing Monitoring

- Review progress
- Update strategies
- Maintain documentation

VI. Mental Health Services

CSNT Head Start **must implement a comprehensive and coordinated system of mental health services** that promotes children's social-emotional development and school readiness in accordance with HSPPS §§1302.32(a) and 1302.45.

The program **will ensure** that mental health services are integrated into all aspects of program operations, including classroom environments, family engagement, staff support, and individualized interventions.

Mental health services **must include prevention, early identification, intervention, and ongoing monitoring**, and must be supported through collaboration with qualified Mental Health Professionals.

A. Mental Health Screenings and Consultation (HSPPS 1302.32(a) and 1302.45)

CSNT Head Start **must provide ongoing mental health consultation and support** to ensure nurturing, responsive, and developmentally appropriate learning environments.

The program **will ensure**:

1. **Classroom Observations**
    - A qualified Mental Health Professional **conducts classroom observations at least annually**, and more frequently as needed
    - Observations assess:
        - Classroom climate
        - Teacher-child interactions
        - Developmental appropriateness of activities
    - Written observation reports **must be provided to staff** and used to improve classroom practices

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1. **Universal Mental Health Support**
    - Mental Health Professionals **must provide guidance and training** to staff and families on:
        - Child development
        - Social-emotional development
        - Positive behavior strategies

        - Stress management and coping skills
    - Staff **must implement recommended strategies** in the classroom

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1. **Identification and Referral**
    - Children exhibiting atypical or concerning behaviors **must be referred** to the Mental Health/Disabilities staff
    - Referrals **must be documented** and include:
        - Description of behavior
        - Prior interventions
        - Parent communication

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1. **Targeted Observation and Intervention**
    - Upon referral, the Mental Health Professional and/or Education Coordinator **must conduct additional observations**
    - Recommendations for intervention **must be provided to classroom staff and documented**

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1. **Intensive Evaluation and Behavior Planning**
    - If concerns persist, the Mental Health Professional **must conduct a comprehensive evaluation**, which may include:
        - Multiple observation settings (classroom and, when appropriate, home)
        - Use of multiple assessment tools to ensure unbiased results
    - A **Behavior Support Plan** must be developed with:
        - Input from staff and parents
        - Clearly defined goals and strategies

All evaluation results and plans **must be documented and maintained** in the child's confidential record (e.g., designated mental health folder and Child Plus system).

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1. **Collaboration and Family Engagement**
    - Behavior goals and intervention strategies **must be developed collaboratively** with:
        - Parents
        - Teaching staff

        - Mental Health Professionals
    - Meetings with parents and staff **must occur regularly** to review child progress and update plans

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1. **Training and Technical Assistance**
    - Mental Health Professionals **must provide ongoing training and technical assistance** to staff and families
    - Training topics may include:
        - Classroom management
        - Social-emotional development
        - Addressing challenging behaviors
    - Training participation **must be documented**

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1. **Monitoring and Oversight**
    - The Education Coordinator **must monitor implementation of mental health services** to ensure:
        - Strategies are implemented as designed
        - Progress is documented
        - Concerns are addressed in a timely manner

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1. **Documentation Requirements**
    - All mental health services **must be documented**, including:
        - Observations
        - Referrals
        - Behavior plans
        - Parent meetings
        - Follow-up actions
    - Records **must be maintained securely** in accordance with FERPA and program policies

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1. **Classroom Implementation**

- Teachers **must implement recommended mental health strategies** and document:
    - Interventions used
    - Child response to interventions

- Ongoing communication with Mental Health staff **must be maintained**

B. Severe Emotional and Behavioral Concerns (HSPPS 1302.45 and 1302.60–1302.63)

CSNT Head Start **must ensure that children with significant emotional or behavioral concerns receive timely and appropriate intervention**.

The program **will ensure**:

1. **Identification**
    - Children demonstrating:
        - Below-average social/emotional scores (e.g., DIAL-4, E-DECA)
        - Persistent challenging behaviors
          must be identified for further review

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1. **Monitoring and Intervention**
    - The Education Coordinator and Mental Health Professional **must monitor the child's behavior**
    - Classroom interventions **must be implemented and documented prior to referral**, unless immediate action is required

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1. **Classroom Support**
    - Staff **must first receive guidance and support** to:
        - Rule out classroom management concerns
        - Implement appropriate behavior strategies
    - All strategies and outcomes **must be documented**

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1. **Follow-Up**
    - If behavior does not improve:
        - Additional interventions **must be implemented**
        - Referral to outside agencies or Coordinators **must be considered with parent consent**

VII. Health Impairment and Diagnostic Evaluation

(HSPPS §§1302.45 and 1302.60–1302.63)

CSNT Head Start **must ensure that children with suspected or diagnosed health impairments receive timely identification, appropriate referrals, and coordinated services**, in accordance with Head Start Program Performance Standards and IDEA requirements.

The program **will not delay services or supports pending a formal diagnosis**, when a child demonstrates a need for assistance.

A. Identification and Referral

CSNT Head Start **must implement procedures to identify children with health impairments or suspected conditions**, including but not limited to:

- Asthma
- Seizure disorders
- Chronic health conditions
- Developmental or functional limitations

The program **will ensure**:

1. Children with suspected health concerns are **identified through screening, observation, or parent report**
2. Referrals for further evaluation are made **promptly and documented**
3. **Written parental consent is obtained prior to sharing or requesting any medical or diagnostic information**

B. Diagnostic Evaluation

The program **must coordinate with qualified medical and health professionals** to obtain appropriate documentation when needed to support services.

The program **will ensure**:

1. Diagnostic evaluations are conducted by **licensed or qualified health practitioners** when indicated

2. Documentation of diagnoses or medical needs is:
    - Maintained in the child's confidential file
    - Entered into the program data system (Child Plus or equivalent)
3. The program **does not require a formal diagnosis to initiate supports or referrals**, but will pursue documentation to ensure appropriate long-term services

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C. Service Coordination and Support Plans

For children with identified health impairments, CSNT Head Start **must ensure appropriate care plans and accommodations are in place**.

The program **will ensure**:

1. A **health care plan or physician's action plan** is obtained when required to support the child's safety and participation
2. Staff **are trained and informed** on how to implement the child's health plan
3. Necessary accommodations **are implemented in the classroom setting**

D. Role of Family Engagement and Staff

CSNT Head Start **must ensure coordination between families, staff, and health providers**.

The program **will ensure**:

1. The Family Engagement Coordinator and appropriate staff:
    - Assist families in obtaining health evaluations and documentation
    - Provide referrals to community health providers
    - Support families in understanding their child's health needs
2. All communication and documentation exchanges **require parental consent and must be documented**

E. Documentation and Monitoring

The program **must maintain complete and accurate records** related to health impairments.

The program **will ensure**:

- All referrals, evaluations, and health plans are **documented and up to date**
- Records are **maintained in secure locations** in compliance with FERPA and confidentiality policies
- Implementation of health-related supports **is monitored on an ongoing basis**

VIII. Goals of Individualized Services

(HSPPS §§1302.45 and 1302.60–1302.63)

CSNT Head Start **must ensure that individualized services are implemented to meet the unique developmental, educational, and mental health needs of each child**. Services must be coordinated, data-driven, and aligned with Head Start Program Performance Standards, IDEA, and applicable state regulations.

The program **will ensure that all individualized services support school readiness, social competence, and full participation in the Head Start program**.

A. Disabilities Services

CSNT Head Start **must implement disabilities services in accordance with HSPPS §§1302.61–1302.63**, ensuring children with disabilities receive appropriate, timely, and coordinated services.

Program Goals and Requirements

The program **will ensure**:

1. **Screening and Re-Screening**
    - Children with low or concerning screening results **must be re-screened or further assessed in a timely manner**
    - Follow-up actions **must be documented**

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1. **Provision of Services**
    - Children with disabilities **must receive special education and related services** to support their maximum development
    - Services **must align with the child's IEP or IFSP**, as applicable
    - Children **must be supported to participate fully in the Head Start program**

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1. **Coordination with LEAs and Agencies**

- The program **must maintain active interagency agreements** with Local Education Agencies (LEAs) and other providers
- Agreements **must support coordination of services**, including:
  - Child Find activities
  - Referral and evaluation processes
  - ARD/IEP meetings
  - Resource sharing

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1. **Individualization of Services**
   - Teaching staff **must implement individualized instruction and accommodations** based on each child's needs
   - Learning activities **must be developmentally appropriate** and inclusive
   - Children's individual differences **must be recognized and supported**

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1. **Use of Community Resources**
   - The program **must utilize available community resources** to support children's needs
   - Referrals to specialized services **must be made when appropriate and documented**

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1. **Enrollment Requirement**
   - The program **must ensure that at least 10 percent of total funded enrollment consists of children with disabilities** unless a waiver is approved
   - Recruitment and enrollment efforts **must be ongoing and documented**

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1. **Compliance with IDEA and State Regulations**
   - The program **must follow all applicable IDEA and Texas Education Code requirements**
   - Eligibility determinations **must be made by qualified professionals and ARD Committees**
   - Services **must align with federal and state disability eligibility definitions**

B. Mental Health Services

CSNT Head Start **must implement a comprehensive mental health system using a tiered approach**, in accordance with HSPPS §§1302.45 and 1302.50–1302.53.

Service Delivery Model

The program **will ensure a three-tiered approach**:

- **Tier 1: Universal Mental Wellness Supports**
- **Tier 2: Targeted Interventions**
- **Tier 3: Intensive Individualized Services**

Program Goals and Requirements

The program **will ensure**:

1. **Promotion of Social-Emotional Development**
    - All children **must receive support to develop emotional, cognitive, and social skills**
    - Services **must promote school readiness and social competence**

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1. **Prevention and Early Intervention**
    - The program **must emphasize prevention and early intervention** for behavioral and emotional concerns
    - Children exhibiting challenges **must receive timely support and intervention**

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1. **Family and Staff Support**
    - Staff and families **must receive training and guidance** on:
        - Child development
        - Social-emotional growth
        - Positive behavior strategies
    - Training activities **must be documented**

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1. **Individualized Mental Health Services**
    - Children with identified needs **must receive individualized mental health supports**
    - Services **must be coordinated with families and community providers**

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1. **Use of Community Partnerships**
    - The program **must utilize community mental health resources** to support children and families
    - Referrals and services **must be coordinated and documented**

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1. **Access to Services**
    - Children and families **must have access to all available mental health services**
    - Services **must not be delayed due to lack of diagnosis**

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1. **Ongoing Staff Development**
    - The program **must provide ongoing training and professional development** to staff
    - Training **must strengthen staff capacity** to:
        - Prevent challenging behaviors
        - Implement interventions
        - Support children and families effectively

IX. Diagnostic Criteria for Reporting

(HSPPS §§1302.45 and 1302.60–1302.63)

CSNT Head Start **must ensure that children suspected of having a disability or needing specialized services are identified, referred, and evaluated in a timely and compliant manner**.

The program **will not delay support services pending a formal diagnosis**, but will coordinate with qualified professionals to obtain appropriate evaluations when needed.

Program Requirements

The program **will ensure**:

1. **Identification and Referral**
    - Children with developmental, behavioral, or health concerns **must be identified through screening, observation, or parent report**
    - Referrals **must be made promptly** to qualified professionals or agencies

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1. **Evaluation and Diagnosis**
    - Formal eligibility for special education services **must be determined by licensed or certified professionals** in accordance with IDEA and applicable state regulations
    - Determinations **must be completed through the appropriate multidisciplinary team or ARD Committee**

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1. **Access to Services**
    - Children **must receive appropriate interventions and supports regardless of diagnostic status**
    - A formal diagnosis **supports eligibility determination but is not required to initiate classroom-based interventions or referrals**

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1. **Documentation**
    - All referrals, evaluations, and determinations **must be documented and maintained in the child's confidential record**
    - Documentation **must be entered into Child Plus or approved data systems**

X. Implementation of Special Services and Mental Health Program

(HSPPS 45 CFR Part 1301–1305)

CSNT Head Start **must implement a coordinated system of mental health and disabilities services** that includes prevention, early identification, intervention, and ongoing monitoring.

The program **will ensure services are integrated across all program areas**, including classrooms, family engagement, staff support, and community partnerships.

A. Mental Wellness Services for Children

CSNT Head Start **must provide universal, targeted, and individualized mental health services to all children**.

1. Classroom Mental Wellness (Tier 1 – Universal Supports)

The program **will ensure**:

- Mental wellness practices are embedded in daily instruction through **research-based curriculum and strategies (e.g., Conscious Discipline)**
- Classrooms promote:
    - Positive relationships
    - Emotional regulation
    - Social competence
- Teaching staff **must implement mental health strategies consistently and document practices as required**

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2. Mental Health Consultation Schedule

A. Purpose

CSNT Head Start **must ensure ongoing access to qualified mental health consultation services** to support children's social-emotional development, staff capacity, and positive classroom environments.

The purpose of this schedule is to establish **clear frequency, structure, and documentation requirements** for Mental Health Consultant (MHC) services.

B. Frequency of Services

CSNT Head Start **will ensure Mental Health Consultation services are provided on a regular and ongoing basis**.

Minimum Required Schedule

1. **Classroom Observations**
    - Each classroom **must be observed at least one (1) time per program year**:
        - Fall (baseline observation)
        - Winter (mid-year review)
        - Spring (end-of-year follow-up)

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1. **Monthly Consultation Availability**
    - Mental Health Consultants **must be available at least monthly** for:
        - Case consultation
        - Staff support
        - Follow-up services

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1. **Targeted and Intensive Support**
    - Classrooms or children identified with concerns **must receive additional consultation as needed**, including:
        - Follow-up observations
        - Behavior plan development
        - Staff coaching

C. Required Mental Health Consultant Activities

The program **will ensure Mental Health Consultants provide the following services**:

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1. Classroom-Level Support

- Observe classroom environments and interactions
- Provide written feedback and recommendations
- Support development of positive classroom management strategies

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2. Child-Level Support

- Participate in RTI/CIT processes
- Conduct targeted observations of children with behavioral or emotional concerns
- Assist in developing and monitoring Behavior Support Plans

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3. Staff Support and Coaching

- Provide individualized coaching to teachers
- Support implementation of trauma-informed and positive behavior practices
- Participate in reflective supervision (recommended)

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4. Family Support

- Participate in parent meetings when appropriate
- Provide resources and guidance to families
- Assist with referrals to community mental health services

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5. Training and Professional Development

- Provide staff training **at least twice per program year**, including:
    - Social-emotional development

    - Behavior management strategies
    - Trauma-informed care

D. Documentation Requirements

CSNT Head Start **must ensure all mental health consultation activities are documented**.

The program **will maintain the following documentation**:

- Classroom observation reports
- Consultation notes
- Behavior Support Plans
- Training agendas and sign-in sheets
- Follow-up recommendations

All documentation **must be**:

- Entered into Child Plus or designated system
- Maintained in child or program files
- Available for monitoring review

E. Coordination and Communication

The program **must ensure ongoing communication between the Mental Health Consultant and program staff**.

The program **will ensure**:

- Regular communication between MHC, Education Coordinator, and Campus Directors
- Timely sharing of recommendations with teaching staff
- Follow-up on implementation of strategies

F. Monitoring and Oversight

CSNT Head Start **must monitor the effectiveness of mental health consultation services**.

The program **will ensure**:

- Review of consultation logs and reports
- Monitoring of:
    - Frequency of visits
    - Implementation of recommendations
    - Impact on classroom and child outcomes
- Identification of:
    - Trends
    - Training needs
    - Areas for improvement

G. Staffing and Qualifications

The program **must ensure Mental Health Consultants are qualified professionals** with appropriate credentials and experience in early childhood mental health.

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3. Screening and Follow-Up

- Parents **complete a social-emotional screening (e.g., E-DECA) within 45 days of enrollment**
- Results **must be shared with parents and documented**
- Children identified with concerns **must receive follow-up observations and interventions**

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4. Targeted and Intensive Services (Tier 2 & Tier 3)

The program **will ensure**:

- Children requiring additional support receive **targeted interventions**
- Persistent concerns result in:
    - Additional observations
    - Development of individualized intervention strategies
    - Referral to appropriate professionals (with parent consent)

All actions **must be documented and monitored for effectiveness**

B. Mental Health Services for Staff

CSNT Head Start **must support staff wellness and capacity to implement mental health practices**.

The program **will ensure**:

- Access to mental health services through community partnerships (e.g., Community HealthCore)
- Staff are provided:
    - Intake and referral services
    - Ongoing support resources
- Mental health training **is provided at least twice annually**
- Staff participation **must be documented**

C. Staff Reflective Supervision Policy

A. Purpose

CSNT Head Start **must ensure that staff receive ongoing reflective supervision and support** to strengthen their ability to effectively support children's social-emotional development, manage challenging behaviors, and maintain positive learning environments.

Reflective supervision is designed to:

- Improve **teacher-child interactions**
- Support **staff wellness and stress management**
- Strengthen **implementation of mental health and disabilities services**
- Promote **continuous quality improvement**

B. Definition of Reflective Supervision

Reflective supervision is a **relationship-based, collaborative process** in which supervisors and staff:

- Reflect on interactions with children and families
- Discuss challenges and problem-solving strategies
- Increase awareness of how thoughts, feelings, and responses impact practice

Reflective supervision **is not disciplinary** but is intended to support professional growth and effectiveness.

C. Frequency and Schedule

CSNT Head Start **must provide reflective supervision on a regular and ongoing basis**.

Minimum Requirements

- **Individual reflective supervision sessions:**
  - At least **monthly** for all teaching staff
- **Additional sessions:**
  - As needed for:
    - Staff supporting children with intensive needs
    - Following crisis incidents
    - High-stress situations
- **Group reflective sessions (recommended):**
  - At least **quarterly** for classroom teams

D. Participants and Responsibilities

The program **must ensure defined roles for reflective supervision**:

Supervisors (Education Coordinator, Campus Directors, or Designee)

- Facilitate reflective supervision sessions
- Provide guidance and feedback
- Support staff in implementing strategies
- Document sessions

Mental Health Consultant

- Participate in reflective supervision, as needed
- Provide expertise related to:
    - Social-emotional development
    - Behavior management
    - Trauma-informed care

Teaching Staff

- Actively participate in sessions
- Reflect on classroom practices
- Implement agreed-upon strategies

E. Focus Areas

Reflective supervision sessions **must address the following areas**:

- Teacher-child interactions
- Social-emotional development
- Challenging behaviors and interventions
- Implementation of Behavior Support Plans
- Family engagement challenges
- Staff stress, burnout, and wellness

F. Session Structure

Each reflective supervision session **must include**:

1. **Review of Classroom Experiences**
    - Discussion of recent events or challenges
2. **Reflection**
    - Staff share observations, thoughts, and reactions
3. **Problem-Solving**
    - Identify strategies and supports
4. **Action Planning**
    - Develop specific next steps
5. **Follow-Up**

- Review progress from previous sessions

G. Documentation Requirements

CSNT Head Start **must document all reflective supervision activities**.

Documentation **must include**:

- Date of session
- Staff participating
- Topics discussed
- Strategies identified
- Follow-up actions

Documentation **must be**:

- Maintained in staff supervision records
- Available for monitoring review
- Kept confidential and used for support, not discipline

H. Integration with Mental Health Services

Reflective supervision **must be integrated with the program's mental health system**.

The program **will ensure**:

- Sessions align with:
  - RTI/CIT processes
  - Mental health consultation recommendations
  - Behavior Support Plans
- Staff receive support implementing:
  - De-escalation strategies
  - Trauma-informed practices
  - Positive behavior interventions

I. Staff Wellness and Support

CSNT Head Start **must promote staff wellness as part of reflective supervision**.

The program **will ensure**:

- Staff have opportunities to:
    - Discuss stress and workload challenges
    - Access mental health resources
    - Develop coping and self-care strategies

J. Monitoring and Oversight

The program **must monitor reflective supervision implementation**.

The program **will ensure**:

- Supervisors review:
    - Frequency of sessions
    - Documentation completeness
- Program leadership monitors:
    - Impact on classroom practices
    - Staff performance and support needs
- Data from reflective supervision **is used for continuous quality improvement**

C. Mental Health Services for Parents

CSNT Head Start **must engage parents as active partners in supporting children's mental health**.

The program **will ensure**:

1. **Information and Access**
    - Parents are informed of available mental health services **at enrollment and orientation**
    - Parents receive a **Parent Handbook** outlining services and resources

---

1. **Support and Referrals**
    - Mental Health/Family Engagement staff **assist families in accessing community resources**
    - Referrals and follow-up **must be documented**

D. Records and Confidentiality

(HSPPS §§1303.20–1303.24)

CSNT Head Start **must maintain accurate, complete, and confidential records for all mental health and disabilities services**.

The program **will ensure**:

1. **Documentation Requirements**
    - Records include:
        - Screenings and assessments
        - Referrals and evaluations
        - Follow-up reports
        - Behavior plans
        - Training documentation (agendas, sign-in sheets)

---

2. **Data Management**
    - All information **must be entered into Child Plus or approved data systems**
    - Records are **maintained in locked file cabinets or secure electronic systems**

---

3. **Confidentiality**
    - All records **must be maintained in accordance with FERPA, IDEA, and program policies**
    - Access is limited to **authorized personnel only**

---

4. **Retention of Records**
    - Monitoring forms and reports: **Minimum of 3–5 years**

- Child records: Maintained per **Head Start and applicable regulatory requirements**
- Documentation must be:
  - Organized
  - Accessible
  - Available for review

---

5. Monitoring

The program will implement consistent sampling procedures for file reviews to ensure accurate and representative monitoring.

- A minimum of **10%–20% of active disability and mental health files** must be reviewed monthly
- **100% of high-risk cases** must be reviewed monthly, including:
- Children with crisis incidents
- Children with pending or overdue evaluations
- Children with active Behavior Support Plans
- Additional targeted reviews must be conducted when trends or concerns are identified

XI. Admission, Review, and Dismissal (ARD)

(HSPPS §§1302.60–1302.63)

CSNT Head Start **must ensure that children suspected of or identified with disabilities are referred, evaluated, and served in coordination with Local Education Agencies (LEAs)** in accordance with IDEA requirements.

The program **will ensure** that all Admission, Review, and Dismissal (ARD) activities are conducted in a timely, collaborative, and well-documented manner.

A. ARD Process and Coordination

The program **must ensure**:

1. The Mental Health/Disabilities staff, in collaboration with the Education Coordinator and LEA representatives, **coordinates ARD meetings for children referred for or receiving special education services**
2. ARD meetings are conducted:
    - **At least annually**, or more frequently as needed
    - In accordance with federal and state timelines
3. Parents **must be invited and encouraged to participate** in all ARD meetings and decision-making processes

---

B. Purpose of ARD Meetings

ARD meetings **must address the following**:

1. Review of the child's:
    - Evaluation results
    - Strengths and developmental needs
2. Determination of:
    - Eligibility for special education and related services
    - Appropriate supports and services
3. Development, review, or revision of the child's:

    - Individualized Education Program (IEP)
4. Decisions regarding:
    - Continued eligibility
    - Modifications to services
    - Dismissal from special education services, when appropriate

---

C. Documentation and Implementation

The program **will ensure**:

- All ARD-related documents, including IEPs and evaluation summaries, **are maintained in the child's confidential file and entered into Child Plus**
- Staff responsible for implementation **have access to relevant IEP goals and service requirements**
- Services identified in the IEP **must be implemented as written and monitored regularly**

D. Monitoring and Compliance

CSNT Head Start **must monitor ARD participation and implementation** to ensure:

- Timely coordination with LEAs
- Active parent engagement
- Accurate documentation
- Consistent implementation of services

XII. Social Services and Parent Involvement

(HSPPS §§1302.50, 1302.51, and 1302.60–1302.63)

CSNT Head Start **must ensure that children with disabilities and their families receive comprehensive services and are fully included in all aspects of the program**.

The program **will ensure meaningful parent engagement and coordinated social services to support child and family well-being**.

A. Inclusion and Coordination of Services

The program **must ensure**:

1. Children with disabilities **are fully included in all program services and activities**
2. The Mental Health/Disabilities staff **must ensure that all services outlined in each child's IEP or IFSP are implemented and monitored**
3. The Family Partnership Agreement (FPA) **is completed with each family** to:
    - Identify family strengths and needs
    - Develop goals and service plans
    - Coordinate referrals to community resources

B. Parent Engagement Requirements

The program **will ensure**:

1. Parents are **active participants in planning and decision-making** related to their child's services
2. Parents receive:
    - Information on child development and social-emotional growth
    - Guidance on supporting learning at home
3. Parents **must be informed of their rights**, including:
    - IDEA rights and protections
    - Available community services and resources

C. Family Support and Transition

The program **must ensure**:

- Families transitioning from infant/toddler programs (e.g., ECI) **receive appropriate support and coordination of services**
- Parents are provided opportunities to:
    - Observe classroom activities
    - Participate in program activities
    - Receive suggestions for home-based support

D. Ongoing Communication and Case Management

The program **will ensure**:

- Ongoing communication between staff and families regarding:
    - Child progress
    - Service updates
    - Referrals and follow-up
- Coordination of:
    - Recruitment
    - Referrals
    - Staffing and case management services

All interactions and services **must be documented**.

E. Parent Training and Community Partnerships

The program **must ensure**:

- Parents are provided **training opportunities related to mental health, child development, and family well-being**
- Community partners (e.g., Community HealthCore) **provide parent training at least twice per year**
- Participation in training **must be documented**

XIII. Staff Responsibilities

CSNT Head Start **must ensure that all staff understand and fulfill their roles and responsibilities related to mental health and disabilities services**.

The program **will ensure**:

- Staff roles are **clearly defined in Human Resources job descriptions**
- Staff **must implement program procedures, maintain required documentation, and participate in required training**
- Supervisors **must monitor staff performance and compliance** through:
    - Observations
    - File reviews
    - Data monitoring

All staff **are accountable** for following policies and procedures and supporting children and families in accordance with HSPPS requirements.

XIV. Transition Services

(HSPPS §§1302.70–1302.72)

CSNT Head Start **must implement a coordinated transition process to support children and families as they enter and exit the program**, ensuring continuity of services and successful placement.

A. Transition into and out of Head Start

The program **will ensure**:

1. **Early Identification and Coordination**
    - Agencies serving infants and toddlers (e.g., ECI) **are identified and engaged in transition planning**
    - Transition planning **begins in advance of program entry or exit**

---

1. **Transition Planning Activities**
    - Staff **must collaborate with families and community agencies** to:
        - Develop transition plans
        - Share relevant information (with parental consent)
        - Prepare children for new environments

---

1. **Training and Communication**
    - Interagency staff and families **must receive training and information** on transition processes
    - Communication between programs **must be documented**

---

1. **Child Transition Documentation**
    - A **summary of the child's services, progress, and needs** must be prepared and shared with receiving programs (with consent)

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1. **Ongoing Follow-Up**
    - Staff **must maintain communication with families and receiving schools**, when possible, to:
        - Monitor adjustment
        - Support continued success

B. Transition to Public School

CSNT Head Start **must ensure a structured and well-documented transition process for children entering kindergarten or other school placements**.

The program **will ensure**:

1. **Transition Timeline**
    - Transition activities **begin in the spring prior to kindergarten entry**

---

1. **Family Engagement**
    - Parents **must be informed of their rights under IDEA and educational systems**
    - Transition meetings **must be held with parents and documented**

---

1. **Transition Activities**
    - Activities may include:
        - School visits and tours
        - Classroom observations
        - Interaction with receiving school staff

---

1. **Information Sharing**
    - Records **must be shared with receiving schools only with written parental consent**
    - Required documentation includes:
        - IEP/IFSP (if applicable)
        - Progress reports
        - Evaluations

1. **Coordination with LEA**
    - The program **must collaborate with LEAs** to:
        - Ensure timely re-evaluations, if needed
        - Support appropriate placement decisions

---

1. **Completion of Transition**
    - Once transition is complete, Head Start services **formally end**
    - Documentation of transition activities **must be maintained**

C. ECI and Early Head Start Transition

The program **must ensure a smooth transition for children turning three years old from ECI/Early Head Start into Head Start or other appropriate services**.

The program **will ensure**:

- Referrals are made **at least six months prior to the child's third birthday**
- Required documentation includes:
    - IFSP
    - Evaluation reports
    - Enrollment documentation
- Families not eligible for Head Start **must be notified in writing and referred to appropriate services (e.g., Child Find)**

XV. Disability and Mental Health Records Management

(HSPPS §§1303.20–1303.24)

CSNT Head Start **must maintain complete, accurate, and confidential records for all children receiving mental health and disabilities services**.

A. Special Services Files

The program **will ensure**:

- Each child has a **designated special services file** maintained in a secure location
- Files include, at a minimum:
    - Screening and referral documentation
    - Intervention and CIT documentation
    - ARD/IEP documents
    - Progress reports
    - Consent forms
- Files are organized in a **standardized format** and available for monitoring review

---

B. Staff Responsibilities for File Management

The program **must ensure**:

1. The Mental Health/Disabilities staff:
    - **Establish and maintain files**
    - Enter all required data into **Child Plus**

---

1. Supervisory staff:
    - **Monitor files regularly for completeness and compliance**
    - Track service delivery and follow-up

---

1. Confidentiality:
    - Access to records **must be limited to authorized personnel only**
    - All records **must comply with FERPA, IDEA, and program confidentiality policies**

C. IEP and Folder System

The program **will ensure**:

- **Green Folders (IEP)**:
    - Contain IEP goals, progress documentation, and service records
    - Are maintained in a locked cabinet
- **Yellow Folders (CIT Process)**:
    - Document initial concerns and interventions
- **Blue Folders (Mental Health)**:
    - Contain mental health evaluations and documentation

- Teachers **must implement and document IEP goals** through the Individualization Plan
- Education Coordinator **must monitor implementation during classroom observations**

XVI. Community Partnerships

(HSPPS §1302.53)

CSNT Head Start **must establish and maintain collaborative partnerships with community agencies to support children and families**.

The program **will ensure**:

- Interagency agreements are:
  - **Developed and reviewed annually**
  - Documented and maintained
- Partnerships support:
  - Referrals and evaluations
  - Service delivery
  - Family support

XVII. Campus Intervention Team (CIT) Process

CSNT Head Start **must implement a structured Campus Intervention Team (CIT) process to support children with developmental or behavioral concerns prior to referral for evaluation**.

A. Initiation of CIT Process

The program **will ensure**:

1. Concerns identified by staff or parents **must be documented**
2. Parent consent **must be obtained** before initiating CIT

B. CIT Meeting Procedures

The program **must ensure**:

- A meeting is scheduled with:
    - Parent
    - Teacher
    - Campus Director
    - Mental Health/Disabilities staff
    - Education staff

- Required documentation includes:
    - Screening results (DIAL-4, E-DECA)
    - Work samples
    - Intervention documentation (minimum 10 days recommended)

C. Decision-Making Process

The team **must**:

- Review all relevant data
- Determine next steps, including:
    - Continue interventions
    - Modify strategies
    - Refer for evaluation

D. Referral to LEA

If referral is recommended:

- Parent **must receive procedural safeguards and required notices**
- Written consent **must be obtained**
- Timelines for evaluation **must be tracked**

E. Follow-Up and Monitoring

The program **will ensure**:

- Follow-up meetings are conducted
- Intervention effectiveness is reviewed
- Additional supports are implemented as needed

XVIII. Crisis and Emergency Mental Health Procedures

(HSPPS §§1302.45, 1302.47, 1302.90, 1302.17)

A. Purpose

CSNT Head Start **must ensure the immediate safety and well-being of children, staff, and families** by implementing a structured and consistent response to mental health and behavioral crises.

The program **will ensure that all crisis situations are managed through prevention, immediate response, follow-up intervention, and ongoing monitoring**, integrated with the program's RTI, CIT, and mental health systems.

B. Definition of Crisis

A crisis is defined as **any behavior that presents an immediate or imminent risk of harm** to the child, other children, or staff, or significantly disrupts program operations.

Crisis behaviors include, but are not limited to:

- Physical aggression (hitting, biting, kicking, throwing objects)
- Self-injurious behavior
- Attempting to harm others
- Elopement (leaving supervised area)
- Severe emotional dysregulation (uncontrollable outbursts or shutdown)
- Destructive behavior creating unsafe conditions

C. Immediate Crisis Response (Required Actions)

All staff **must follow these steps immediately upon identifying a crisis**:

Step 1: Ensure Immediate Safety (Within Seconds)

- Remove other children from danger if necessary
- Maintain **constant visual supervision** of the child in crisis
- Use only **approved de-escalation strategies**
- **Physical restraint is prohibited unless permitted under licensing and program policy**

Step 2: De-escalation

Staff **must attempt to calm the situation using evidence-based strategies**:

- Calm tone and minimal verbal interaction
- Provide space and safe area
- Offer calming tools or choices
- Avoid confrontation, threats, or punishment

Step 3: Notify Leadership (Immediately)

- Notify **Campus Director and Mental Health/Disabilities staff immediately**
- Request additional staff support if needed

Step 4: Parent Notification (Same Day / Immediate if Severe)

- Parent/guardian **must be contacted as soon as possible**
- Provide **objective, factual description of the incident**
- Determine next steps (return to care, early pickup, meeting)

Step 5: Emergency Services (If Required)

Staff **must call 911 immediately** if:

- The child poses imminent danger to self or others
- Injury has occurred or is likely
- The situation cannot be safely managed

D. Post-Crisis Procedures (Within Required Timeframes)

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1. Incident Documentation (Within Same Day)

Staff **must complete a Crisis Incident Report before the end of the day**, including:

- Behavior description
- Time, location, duration
- Triggers (if known)
- Staff response
- Outcome

✅ Must be:

- Entered into ChildPlus
- Filed in the child's confidential file

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2. Administrative Review (Within 24 Hours)

Campus Director and Mental Health staff **must review the incident within 24 hours**:

- Evaluate response effectiveness
- Identify safety concerns
- Determine next steps

---

3. Debriefing (Within 48–72 Hours)

A structured debrief **must occur**, including:

- Teaching staff
- Mental Health staff
- Campus leadership

Focus:

- Trigger analysis
- Strategy effectiveness
- Needed supports

---

4. Parent Follow-Up Meeting (Within 3–5 Days)

The program **must schedule a meeting with parents to**:

- Review incident
- Share strategies
- Develop support plan

E. Integration with RTI / CIT System (REQUIRED)

All crisis incidents **must trigger formal review through RTI/CIT process**.

The program **must ensure**:

- Child is reviewed within **5 program days**
- Data from crisis is included in intervention planning
- Interventions are updated or intensified
- Referral is considered if needed

F. Behavior Support Plan (Required for Repeated Incidents)

A **Behavior Support Plan must be developed** when:

- A child has **2 or more crisis incidents**, OR
- Behavior presents ongoing safety concerns

Plan must include:

- Identified triggers
- Prevention strategies
- Replacement behaviors
- Intervention steps
- Staff responsibilities
- Measurable goals
- Review schedule (every 2–4 weeks)

G. Crisis Tracking and Data Monitoring

CSNT Head Start **must maintain a Crisis/Incident Tracking Log**.

Log must include:

- Child ID
- Date of incident
- Type of behavior
- Actions taken
- Follow-up status

Monitoring Requirements

- Campus Directors **review incidents monthly**
- Program leadership **reviews trends over time (quarterly)**

The program **must analyze**:

- Repeat incidents
- Repeated referrals from one classroom
- Classroom patterns
- Behavior incidents increasing

H. Prohibited Practices

Staff **must not use**:

- Physical punishment
- Verbal aggression or threats
- Isolation or seclusion (unless legally permitted and documented)
- Withholding food, rest, or basic needs

I. Suspension and Expulsion Compliance

The program **must ensure**:

- Crisis behavior is addressed through:
  - Mental health consultation
  - RTI/CIT
  - Behavior support planning
- Suspension:
  - **Used only as last resort**
  - Must be documented
  - Must include re-entry plan
- Expulsion:
  - **Strictly prohibited**

J. Staff Training Requirements

All staff **must receive annual training on**:

- Crisis prevention and response
- De-escalation strategies
- Trauma-informed care
- Documentation procedures

Training **must be documented**

K. Continuous Quality Improvement

Crisis data **must be used for continuous improvement**.

The program **must**:

- Identify trends
- Adjust classroom practices
- Provide targeted staff training
- Improve intervention systems

XIX. Data Use and Ongoing Monitoring System

A. Purpose

CSNT Head Start **must implement a systematic approach to data collection, analysis, and ongoing monitoring** to ensure the effectiveness of mental health and disabilities services.

The program **will use data to inform decision-making, improve service delivery, and ensure compliance with all Head Start Program Performance Standards**.

B. Data Collection Requirements

CSNT Head Start **must collect and maintain accurate and timely data** related to mental health and disabilities services.

The program **will ensure data is collected in Child Plus or approved systems** in the following areas:

1. Screening and Assessment Data

- Developmental screenings (within 45 days)
- Social-emotional screenings (E-DECA, etc.)
- Re-screening results

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2. RTI / CIT Data

- Intervention documentation
- Duration of interventions
- Outcomes of interventions

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3. Referral and Evaluation Data

- Date of concern identified
- Date of referral
- Agency referred to
- Evaluation status
- Eligibility determination

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4. Disabilities Services Data

- IEP/IFSP status
- Service implementation
- Progress toward goals

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5. Mental Health Services Data

- Classroom observations
- Behavior plans
- Mental health consultations
- Follow-up services

---

6. Incident and Behavior Data

- Crisis incidents
- Behavior reports
- Suspension (if applicable – must be rare and documented)

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7. Enrollment Data

- Percentage of children with disabilities (minimum 10%)
- Recruitment and enrollment tracking

C. ChildPlus Disability Tracking Reports

Community Services of Northeast Texas, Inc. utilizes ChildPlus as the primary system for tracking and monitoring disability services for enrolled children. ChildPlus reports are used to ensure compliance with Head Start Performance Standards and to support timely identification, evaluation, and service delivery.

Required Reports, Responsibility, and Frequency

ChildPlus Report Name	Purpose	Responsible Staff	Frequency
PIR Data – Disabilities Section	Tracks cumulative disability data for federal reporting (PIR)	Program Director / Disabilities Coordinator	Monthly review; finalized annually for PIR submission
Disabilities Status Report	Provides current status of all children with suspected or diagnosed disabilities	Mental Health Advocate	Bi-weekly
IEP/IFSP Report	Tracks children with active IEPs/IFSPs and service implementation	Mental Health Advocate/Education Coordinator	Monthly
Disabilities Enrollment Report	Monitors compliance with 10% enrollment requirement	Program Director / Education Coordinator	Monthly
Health & Disabilities Summary Report	Provides an overview of health and disability services status	Family Engagement Coordinator	Monthly
Screening Report (Developmental Screening Status)	Tracks completion of required screenings within 45 days	ERSEA Manager / Disabilities Coordinator	Monthly
Service Tracking Report (Disability Services)	Monitors delivery of services outlined in IEP/IFSP	Disabilities Coordinator / Education Staff	Monthly

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Implementation and Oversight

- The **Disabilities Coordinator** is primarily responsible for monitoring all disability-related reports and ensuring compliance with timelines and service delivery requirements.
- The **Family Engagement Coordinator** ensures timely screenings and enrollment compliance and collaborates on reports related to health and developmental concerns.
- The **Program Director** provides oversight, reviews trends, and ensures the program meets the 10% disability enrollment requirement.
- Reports are reviewed during **management team meetings** and **disability meetings** to address delays, gaps, or compliance concerns.

Compliance Expectations

All reports are used to ensure compliance with:

- **Head Start Performance Standards (45 CFR §1302.101 and §1302.33)**
- **45-day screening requirement**
- **Timely referral and evaluation requirements**
- **IEP/IFSP implementation tracking**
- **10% enrollment requirement for children with disabilities**

D. Data Analysis and Decision-Making

The program **must use data to identify trends, concerns, and areas for improvement**.

The program **will ensure**:

- Data is reviewed to identify:
    - Delays in screenings or referrals
    - Children not making progress
    - Repeated behavioral incidents
    - Gaps in services
- Action steps are taken, including:
    - Adjusting interventions
    - Increasing mental health support
    - Providing additional staff training

- Strengthening family engagement

E. Continuous Quality Improvement (CQI)

CSNT Head Start **must implement a continuous quality improvement process**.

The program **will follow this cycle**:

1. Collect Data

- Gather data from Child Plus, reports, and files

2. Analyze Data

- Identify trends, gaps, and compliance issues

3. Plan Action

- Develop strategies to address identified needs

4. Implement Changes

- Apply new practices or interventions

5. Monitor Results

- Review outcomes to ensure improvements are effective

F. Monitoring Tools and Tracking Systems

The program **must maintain and use tracking tools to monitor compliance**.

Required tracking systems include be entered in Child Plus.

All logs **must be updated regularly and available for monitoring review**

G. Roles and Responsibilities

CSNT Head Start **must clearly assign responsibility for data monitoring**.

Program Director

- Oversees overall compliance and reviews all data montly

Education Coordinator

- Monitors:
    - Screenings
    - IEP implementation
    - Classroom practices

Mental Health Advocates

- Tracks:
    - RTI/CIT process
    - Referrals and evaluations
    - Mental health services

Campus Directors

- Monitor:
    - Incident reports
    - Classroom documentation
    - Staff compliance

Teachers

- Document:
    - Observations
    - Interventions
    - Child progress

H. Documentation and Reporting

The program **must ensure all data and monitoring activities are documented**.

The program **will maintain**:

- Data reports
- Meeting notes
- Action plans

Documentation **must be**:

- Entered into Child Plus
- Maintained in program records
- Available for federal monitoring review

I. Reporting to Leadership and Policy Council

CSNT Head Start **must share relevant data with leadership and governing bodies**.

The program **will ensure**:

- Regular reports are provided to:
    - Head Start Director
    - Policy Council
    - Governing Board
- Reports include:
    - Disabilities enrollment
    - Mental health services
    - Referrals and outcomes
    - Program improvements

XXI. Evidence Based Monitoring

Community Services of Northeast Texas, Inc. implements an evidence-based monitoring system to ensure compliance with Head Start Performance Standards and to support continuous quality improvement. This system relies on documented proof, data verification, and regular monitoring of services, particularly in the area of disabilities.

Purpose

The purpose of the Evidence-Based Monitoring System is to:

- Verify that required services are delivered and documented
- Ensure timelines and compliance requirements are consistently met
- Provide auditable documentation ("proof") of performance
- Identify gaps and implement corrective actions promptly

Types of Acceptable Evidence

The following documentation serves as acceptable evidence of compliance:

- **ChildPlus Data Entries and Reports**
  (Disabilities Status Report, Pending Evaluations, IEP/IFSP Reports, Screening Reports, PIR Data)
- **Child Files (Electronic and/or Hard Copy)**
  - Signed consent forms
  - Screening results
  - Referral documentation
  - Evaluation reports
  - IEPs/IFSPs
  - Service logs and progress notes
- **Service Documentation**
  - Documentation of services provided (speech, OT, etc.)
  - Case notes and family contact logs
- **Meeting Documentation**
  - Staffing notes
  - IEP/IFSP meeting records
  - Disabilities service area meeting minutes
- **Monitoring Tools and Checklists**

- Internal monitoring checklists
- File review forms
- Compliance tracking logs

Activity	Frequency
ChildPlus Reports Review	Weekly / Monthly (based on report type)
File Reviews	Monthly
Data Validation	Monthly
Mental Health Observations	3 times per year (minimum)
Training Compliance Review	Quarterly
Program-Wide Data Analysis	Monthly & Quarterly

Monitoring Process

- **Data Review**
  ChildPlus reports are reviewed according to the established schedule (monthly) to monitor compliance and timelines.
- **File Reviews**
  Random and targeted child file reviews (10-20% of active disability files monthy) are conducted to verify that documentation matches ChildPlus data entries.
- **Cross-Verification**
  Information in ChildPlus is cross-checked with physical or digital files to ensure accuracy and completeness.
- **Timeline Monitoring**
  Key timelines are tracked, including:
  - 45-day screening requirement
  - Referral follow-up timelines
  - Evaluation completion timelines
  - IEP/IFSP implementation
- **Staff Training**
  Monitoring results directly inform annual training plans.

Roles and Responsibilities

- **Education Coordinator**
  - Leads monitoring of all disability-related documentation
  - Reviews reports and conducts file audits
  - Ensures documentation supports ChildPlus data

- **Data Coordinator**
  - Monitors data accuracy and completeness in ChildPlus
  - Runs data validation reports
- **Family Engagement Coordinator**
  - Verifies health-related disability documentation
- **Education Staff (Teachers)**
  - Maintain ongoing documentation of services and observations
  - Ensure classroom documentation aligns with IEP/IFSP requirements
- **Program Director**
  - Provides oversight and ensures corrective actions are implemented
  - Reviews Education Coordinator, Family Engagement Coordinators, and Mental Health Advocate's work

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Compliance Benchmarks

The following benchmarks define compliance expectations:

Area	Standard
Developmental & Social-Emotional Screenings	**100% completed within 45 days of enrollment**
Referral Timeliness	**Referrals initiated within 5–10 business days of identified concern**
Evaluation Tracking	**0 overdue evaluations**
IEP/IFSP Implementation	**100% of services implemented as written**
Disability Enrollment	**Minimum 10% of enrolled children**
Crisis Documentation	**100% completed the same day**
Data Accuracy (ChildPlus)	**≥ 95% accuracy rate**
Staff Training Completion	**100% of required staff trained annually**

Definition of Compliance (Monitoring Determinations)

Staff must use the following criteria when determining compliance:

✅ **Compliant (✓)**

- All required documentation is complete, accurate, and on time

- Timelines are met (e.g., screenings ≤ 45 days)
- Services are implemented as required

⚠ **Noncompliant (✕)**

- Missing or incomplete documentation
- Missed timelines or delayed services
- Data in ChildPlus does not match file documentation
- Required signatures or consents missing

Corrective Action and Follow-Up Timelines

All identified issues must be corrected within established timelines:

- **Minor documentation issues:** corrected within **5 business days**
- **Major compliance issues:** corrected within **10 business days**
- **High-risk or safety-related issues:** addressed **immediately (same day)**

Annual Monitoring Calendar (Year-at-a-Glance)

The program will implement the following monitoring schedule across the program year:

Monthly

- ChildPlus disability and mental health reports review
- File reviews (10–20% sample; 100% high-risk cases)
- Data validation checks
- Crisis/incident log review
- Management team data review meeting

Quarterly

- Program-wide data trend analysis

- Training compliance review
- Policy Council and Governing Board reporting
- Targeted monitoring of high-risk classrooms or cases

Annually

- Program Information Report (PIR) review and submission
- Full policy and procedure review
- Staff training plan development based on monitoring data
- Community partnership and interagency agreement review

Real-Time Monitoring Expectations

Monitoring is an ongoing process and must occur in real time, not solely through scheduled reviews.

- **Teachers** monitor child progress, behavior, and service implementation daily
- **Campus Directors** monitor classroom practices and compliance continuously
- **Mental Health/Disabilities staff** monitor referrals, services, and documentation as they occur
- Immediate action must be taken when noncompliance or safety concerns are identified

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Staff Accountability and Compliance Enforcement

All staff are responsible for adhering to monitoring and compliance requirements.

Failure to meet established standards may result in:

- Immediate corrective action
- Required retraining or technical assistance
- Increased monitoring or supervision
- Performance improvement plans
- Additional personnel action, as appropriate

Supervisors are responsible for ensuring staff compliance and documenting all actions taken.

Data Review and Decision-Making Structure

Monitoring data must be reviewed through a structured process:

Monthly Management Meetings

- Review key reports and monitoring results
- Identify compliance issues and trends
- Assign corrective actions

Quarterly Leadership Review

- Analyze program-wide trends
- Evaluate effectiveness of interventions and services
- Determine program improvements and resource needs

Policy Council and Governing Board

- Receive regular reports on:
    - Disabilities enrollment
    - Mental health services
    - Compliance status
- Use data to inform:
    - Program direction
    - Policy updates
    - Strategic decisions

Link to School Readiness Goals

Monitoring activities must directly support children's progress toward school readiness goals.

The program will ensure:

- Data is used to evaluate child outcomes
- Interventions are adjusted based on child progress
- Services support development in:
    - Cognitive
    - Social-emotional
    - Language
    - Physical domains

Monitoring must demonstrate that services are improving outcomes for children.

Corrective Action Closure Standard

An identified issue is considered **fully resolved only when**:

- Required documentation is complete and accurate
- Compliance standards are fully met
- Follow-up verification confirms correction
- Evidence is documented and available for review

All closures must be:

- Documented with date and initials
- Verified by supervisory staff or designee

Training Triggers Based on Monitoring

Monitoring results must directly inform staff training.

Training is required when:

- Staff demonstrate **2 or more compliance errors**
- Trends indicate repeated issues
- New policies or procedures are implemented
- Program-wide gaps are identified

Training must be:

- Documented
- Targeted to identified needs
- Followed by monitoring to ensure effectiveness

Continuous Quality Improvement (CQI) Integration

Monitoring is part of an ongoing CQI cycle:

1. **Collect Data** – ChildPlus reports, observations, documentation
2. **Analyze Data** – Identify trends and compliance gaps
3. **Plan Action** – Develop targeted strategies
4. **Implement Changes** – Apply interventions and supports
5. **Monitor Results** – Evaluate effectiveness

Monitoring data must be used to:

- Improve service delivery
- Strengthen staff performance
- Enhance child outcomes
- Update program practices