

## Early Childhood Development and Health Services

### Abbreviations used in service area plans

Board of Directors	Board
Policy Council	PC
Executive Director	Ex. Dir.
Program Director	Prog. Dir.
Fiscal Director	Fiscal
Human Resource/Fiscal Assistant	HR
Maintenance/Custodians	Custodian
Data Encoder/Program Assistant	Tech.
Executive Secretary/Receptionist	Secretary
Program Nutrition Specialist	Nutrition
Program Health and Safety Specialists	H & S
Program Behavioral/Mental Health Specialist	MH
Program Family and Community Partnership Specialists	FCP
Education Managers	Ed. Mgr.
Program Disabilities/Transition Specialist	Disabilities
Assistant Cook	Asst. Cook
Cook	Cook
HS Teachers	Teacher
HS Teacher Assistants	T. Asst.
HS Home Visitor and EHS Home Visitor	HV
Disabilities/Transition Coordinator	Dis. Coor.
Transportation Coordinator	Trans. Coor.
Mental Health Consultant	MHC
Management Team (Directors, Managers, All Specialists)	Management Team

**1304.20 Child Health and Developmental Services**

**Early Head Start**

<b>P.S. #</b>	<b>Performance Standard</b>	<b>Implementation</b>	<b>Responsible</b>	<b>Time Frame</b>	<b>Documentation</b>
<p><b>1304.20(a) (1)(i)</b></p>	<p><b>Determining child health status. (1) In collaboration with the parents and as quickly as possible, but no later than 90 calendar days (with the exception noted in paragraph (a)(2) of this section) from the child’s entry into the program (for the purposes of 45 CFR 1304.20(a)(1), 45 CFR 1304.20(a)(2), and 45 CFR 1304.20(b)(1), “entry” means the first day that Early Head Start or Head Start services are provided to the child), grantee and delegate agencies must: (i) Make a determination as to whether or not each child has an ongoing source of continuous, accessible health care. If a child does not have a source of ongoing health care, grantee and delegate agencies must assist the parents in accessing a source of care;</b></p>	<ul style="list-style-type: none"> <li>• Health History obtained from parent/guardian at time of enrollment. This document indicates the child’s Health Home.</li> <li>• A list of health providers is provided when parents indicate they have not selected a Health Home</li> <li>• A plan to access health care is discussed with the parent/guardian. This plan will include: (1) Solutions to barriers that may prevent accessing health care (i.e. transportation, telephone, day care, &amp; financial issues). (2) Date/time to access health care. (3) Education on schedule of continued health care.</li> </ul>	<p><b><u>H&amp;S</u></b> Enrollment staff Parent/Guardian</p>	<p>At enrollment and within 90 days from entry, and as needed.</p>	<p>Health section of child’s file Health tab in ChildPlus Tracking System</p>
<p><b>1304.20(a) (1)(ii)</b></p>	<p><b>(ii) Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care, which includes medical, dental and mental health. Such a schedule must incorporate the requirements for a</b></p>	<ul style="list-style-type: none"> <li>• Immunization records are obtained for each child at time of enrollment.</li> <li>• Each child shall receive an annual well child / physical exam and record of such shall be obtained.</li> <li>• Each child shall receive</li> </ul>	<p><b><u>H&amp;S</u></b> Enrollment staff</p>	<p>At enrollment and within 90 days from entry, and as needed.</p>	<p>Health section of child’s file Health tab in ChildPlus Tracking System</p>

	<p><b>schedule of well child care utilized by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems:</b></p>	<p>an annual dental exam and record of such shall be obtained.</p> <ul style="list-style-type: none"> <li>Requirements and schedules of well child care shall agree with recommendations of the state EPSDT program, CDC and recommendations of the OCDC Health Services Advisory Committee.</li> </ul> <p>If a parent refuses to obtain a well child exam, dental exam, any treatments needed, or developmental screenings, the following steps will be taken:</p> <ul style="list-style-type: none"> <li>Parent(s) will be educated as to the importance of the needed exam, treatment, or screening via educational documents or conversations at home visits, phone calls, or in person contact at the center. This will be documented in the child's file under the logging section or on a contact form filed in the health section of child's file. The documentation should include parent response and information showing that the staff</li> </ul>	<p>Health Services Advisory Committee</p>	<p>Annual review by committee</p>	<p>HSAC minutes</p>
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		was encouraging the parent to reconsider. It should also include the reason why parent is refusing services. Each attempt should be documented with date, method of contact, who was present (include titles). If it is at a team meeting please include sign in sheet and agenda.			
<b>1304.20(a) (1)(ii) (A)</b>	<b>(A) for children who are not up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must assist parents in making the necessary arrangements to bring the child up-to-date;</b>	Parent education, reminders and assistance in scheduling and transportation are offered to assist parents in making the necessary arrangement to bring the child up-to-date.	<b>H&amp;S</b> Staff providing family case management services	90 days from entry & ongoing	Logging or Health section of child's file Health tab under notes section in ChildPlus Tracking System
<b>1304.20(a) (1)(ii) (B)</b>	<b>(b) For children who are up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must ensure that they continue to follow the recommended schedule of well child care; and</b>	<ul style="list-style-type: none"> <li>• Parents are provided with reminder of age-appropriate schedules.</li> <li>• Parents are given appropriate forms needed.</li> </ul>	<b>H&amp;S</b> Staff providing family case management services	Annually and as needed	Enrollment packet Parent Handbook Logging or Health section of child's file Health tab under notes section in ChildPlus Tracking System
<b>1304.20(a) (1)(ii) (c)</b>	<b>(c) Grantee and delegate agencies must establish procedures to track the provision of health care services.</b>	Tracking of health services is accomplished by ChildPlus computer program	<b>H&amp;S</b>	Ongoing	Health tab in ChildPlus Tracking System
<b>1304.20(a) (1)(iii) &amp;(iv)</b>	<b>(iii) Obtain or arrange further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known or</b>	<ul style="list-style-type: none"> <li>• Referrals to family physicians or specialist are provided based on concerns noted on physical/dental exams</li> </ul>	<b>H&amp;S</b> Staff providing family case management services	Ongoing	Logging or Health section of child's file Health tab under notes section in

	<p><b>suspected health or developmental problem; and</b></p> <p><b>(iv) Develop and implement a follow-up plan for any condition identified in 45 CFR 1304.20(a)(1)(ii) and (iii) so that any needed treatment has begun.</b></p>	<p>and staff observations and communications with parents.</p> <ul style="list-style-type: none"> <li>• As needed a plan for care/treatment shall be developed with parents to address identified medical conditions.</li> <li>• Headstart/EHS has funding in place to help transport and pay for needed services as the payor of last resort. If the family does not have a method of transportation and OCDC staff may use OCDC vehicle to transport the family to needed appointments. If the parent is refusing any follow up treatment, staff will follow the same procedure as stated in 1304.20(a)(1)(ii)</li> </ul>			ChildPlus Tracking System
1304.20(a)(2)	<p><b>(2) Grantee and delegate agencies operating programs of shorter durations (90 days or less) must complete the above processes and those in 45 CFR 1304.20(b)(1) within 30 calendar days from the child's entry into the program.</b></p>	N/A	N/A	N/A	N/A
1304.20(b)(1)	<p><b>(b) Screening for developmental, sensory, and behavioral concerns.</b></p> <p><b>(1) In collaboration with each child's parent, and within 45 calendar days of</b></p>	<p>Sensory screening for EHS children shall be completed and documented in the following manner according to age:</p>	<p><b><u>H&amp;S</u></b>  <b><u>Disabilities</u></b>  <b><u>MH</u></b></p>	<p>Within 45 days from entry, at age appropriate</p>	<p>Health section of child's file                  Health tab in ChildPlus Tracking</p>

	<p><b>the child’s entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child’s developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills (see 45 CFR 1308.6(b)(3) for additional information). To the greatest extent possible, these screening procedures must be sensitive to the child’s cultural background.</b></p>	<ol style="list-style-type: none"> <li>1) 0 to 12 mo. of age- When performed results of a newborn hearing screening is obtained. If no newborn hearing screening was performed, then an assessment made by a health care provider, at a well baby/child exam of the ears along with eye, will be accepted as a hearing and vision screening.</li> <li>2) 12 mo. to 3yrs of age- An assessment made by a health care provider at a well baby/child exam of the ears and eyes will be accepted as a hearing and vision screening.</li> <li>3) 3yrs. of age and older- A hearing and vision screening shall be completed by the HBHSS annually using age appropriate screening equipment and tools.</li> <li>4) For all ages- If screenings have been completed by a specialist or local school district. Results will then be obtained from said specialist or school district.</li> <li>5) Results of hearing and vision screening shall be shared with parents and referrals made appropriately.</li> </ol> <p>Refer to Mental health plan</p>		<p>times, and ongoing</p>	<p>System</p>
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		1304.24 (a)(2)(i) Refer to Disability Plan 1308.6 (a)(2) – (3)			
<b>1304.20(b) (2)</b>	<b>(2) Grantee and delegate agencies must obtain direct guidance from a mental health or child development professional on how to use the findings to address identified needs.</b>	Refer to Mental health Plan 1304.24 (a) (2) & (a) (3)			
<b>1304.20(b) (3)</b>	<b>(3) Grantee and delegate agencies must utilize multiple sources of information on all aspects of each child’s development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child’s typical behavior.</b>	<ul style="list-style-type: none"> <li>• Parents complete Health History, which provides information on parental perception of child’s health.</li> <li>• Team staffings provide opportunities for relevant staff to provide input as to child’s health status.</li> </ul>	<b>H&amp;S</b> Staff involved in Team staffings	Enrollment and ongoing	Health tab in ChildPlus Tracking System
<b>1304.20(c) (1)&amp; (2)</b>	<b>(c)Extended follow-up and treatment. (1) Grantee and delegate agencies must establish a system of ongoing communication with the parents of children with identified health needs to facilitate the implementation of the follow-up plan. (2) Grantee and delegate agencies must provide assistance to the parents, as needed, to enable them to learn how to obtain any prescribed medications, aids or equipment for medical and dental conditions.</b>	<ul style="list-style-type: none"> <li>• Follow-up communication with parents is done through parent contacts (telephone and written), home visits, and at socializations.</li> <li>• Families shall be assisted and a plan developed with parents as needed to obtain education, transportation and financial assistance to obtain health related aids, medications, and follow-up treatment.</li> </ul>	<b>H&amp;S</b> Staff involved in family case management services.	Ongoing, as needed	Logging or Health section of child’s file Health tab under notes section in ChildPlus Tracking System
<b>1304.20(c) (3)(i)&amp;(ii)</b>	<b>(3) Dental follow-up and treatment must include: (i) Fluoride supplements and topical</b>	<ul style="list-style-type: none"> <li>• Parents are encouraged and assisted in following any recommended</li> </ul>	<b>H&amp;S</b> Staff involved in family case	Ongoing	Logging, Health, education section of child’s file

	<p><b>fluoride treatments as recommended by dental professional in communities where a lack of adequate fluoride levels has been determined or for every child with moderate to severe tooth decay; and</b></p> <p><b>(ii) Other necessary preventive measures and further dental treatment as recommended by the dental professional.</b></p>	<p>fluoride or other dental treatment plan.</p> <ul style="list-style-type: none"> <li>Information, transportation and financial assistance are offered to access dental services and to reduce barriers to treatment plans.</li> <li>Dental hygiene education and support is provided to all families.</li> <li>Brushing with fluoride toothpaste (when age appropriate) occurs after a snack or meal.</li> </ul>	<p>management services Parent/Guardian</p>		<p>Health tab under notes section in ChildPlus Tracking System</p>
<p><b>1304.20(c)</b> <b>(4)</b></p>	<p><b>(4) Grantee and delegate agencies must assist with the provision of related services addressing health concerns in accordance with the individualized Education Program (IEP) and the Individualized Family Service Plan (IFSP).</b></p>	<p>Program Special Needs Specialist identifies services needed to assist in addressing health concerns in accordance with the IEP and involves Health and Safety specialist as needed</p>	<p><b><u>Disabilities</u></b> H&amp;S</p>	<p>Ongoing, as needed</p>	<p>Disabilities</p>
<p><b>1304.20(c)</b> <b>(5)</b></p>	<p><b>(5) Early Head Start and Head Start funds may be used for professional medical and dental services when no other source of funding is available. When Early Head Start or Head Start funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of funding.</b></p>	<p>Financial assistance shall be used for professional medical and dental services as <b><u>payer of last resort</u></b> according to the following process:</p> <ol style="list-style-type: none"> <li>parent/guardian request assistance in locating sources of funding for medical/dental services</li> <li>a need for health care services is identified,</li> <li>determination as to unavailability of Medicaid,</li> </ol>	<p><b><u>H&amp;S</u></b> <b><u>PARENT/</u></b> <b><u>GUARDIAN</u></b> FA</p>	<p>As needed</p>	<p>Headstart/EHS Fiscal records</p>

		<p>insurance or other sources of funding is made,</p> <ol style="list-style-type: none"> <li>4) documentation of denial or incomplete payment by insurance is provided to H&amp;S,</li> <li>5) a bill is received from the health care provider and payment is made directly to said provider as <b><u>payer of last resort</u></b>,</li> <li>6) H&amp;S submits the bill to the FA with documentation for payment (documentation shall stay in Fiscal records)</li> </ol> <p>Financial assistance shall be used for travel expenses (gas, food and lodging) for professional medical and dental services as <b><u>payer of last resort</u></b> according to the following process for Medicaid participants:</p> <ol style="list-style-type: none"> <li>1) A parent/guardian must request assistance for travel expenses 10 working days prior to appointment date to the H&amp;S.</li> <li>2) A need for health care services is identified that requires travel.</li> <li>3) A determination as to unavailability of other travel means such as: CHR, children miracle network, family or friends, or lodging</li> </ol>			
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		<p>means such as: Ronald McDonalds house, family or friends.</p> <p>4) Retroactive reimbursement from Medicaid travel must create a barrier to accessing health care prior to expenses being paid by OCDC.</p> <p>5) The H&amp;S will:</p> <ul style="list-style-type: none"> <li>a. Notify the Medicaid travel reimbursement office (MTRO) 10 working days prior to appointment of advanced funds provided to Medicaid participant</li> <li>b. MTRO will approve or deny reimbursement to OCDC</li> <li>c. Turn in necessary forms (OCDC travel expense form) to the fiscal office 2 working days prior to the appointment.</li> <li>d. OCDC will provide advanced travel funds for the Medicaid recipient (enrolled child) and one parent/guardian.</li> </ul> <p>6) A determination for providing funds for lodging shall be based on:</p> <ul style="list-style-type: none"> <li>a. Time of appointment.</li> <li>b. Treatment or procedures being performed, and needs prior to</li> </ul>			
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		<p>appointment time, (other factors may be considered).</p> <p>7) Over night lodging arrangements:</p> <ul style="list-style-type: none"> <li>a. Will be made by OCDC, and funds will be made out directly to the place of lodging.</li> <li>b. Are made based on proximity to health care provider and cost (other factors may be considered upon request).</li> </ul> <p>8) It is the responsibility of the parent/guardian to:</p> <ul style="list-style-type: none"> <li>a. Travel reimbursement form (obtained from the Social Services web page) 10 working days prior to the said appointment date.</li> <li>b. To fill out and sign all necessary papers (Medicaid travel reimbursement form, OCDC travel expense form) with the H&amp;S</li> <li>c. To make arrangements to pick up funds no sooner than the day prior to the said appointment date (other arrangements may be discussed on an individual basis).</li> <li>d. Have proper</li> </ul>			
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		<p>identification, if required by financial institution, to cash said funds, cash will not be issued.</p> <ul style="list-style-type: none"> <li>e. Obtain the Providers signature on the Medicaid travel reimbursement form, and return this form to the H&amp;S immediately after returning from appointment.</li> <li>f. Obtain a receipt from the place of lodging if applicable (failure to do so may jeopardize future assistance).</li> </ul> <p>9) The H&amp;S will request retroactive Medicaid travel reimbursement payment on behalf of OCDC by sending to the MTRO:</p> <ul style="list-style-type: none"> <li>a. Original Medicaid travel reimbursement form with the provider’s signature.</li> <li>b. Lodging receipt when applicable.</li> </ul> <p>10) A copy of the lodging receipt shall be given to the FA.</p> <p>11) When MTRO has received all appropriate forms and documentation, the H&amp;S will receive a form that states the Medicaid travel reimbursement amount. This</p>			
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		<p>form will require a signature of the parent/guardian of the enrolled child who is a Medicaid participant or the H&amp;S.</p> <p>12) Once all documents have been completed reimbursement shall be received by the FA from the MTRO.</p> <p>13) The parent/guardian is to be informed and understand, by accepting advanced funding from OCDC that:</p> <ul style="list-style-type: none"> <li>a. They forfeit their right to receive any retroactive funds from Medicaid for said appointment travel and lodging expenses.</li> <li>b. In addition, to apply for retroactive funds from Medicaid is illegal once you have received funding from OCDC.</li> </ul> <p>14) If said appointment is canceled or rescheduled for any reason it is the parent/guardian's responsibility to immediately notify the H&amp;S (failure to do so may jeopardize future assistance).</p> <p>15) The H&amp;S will notify the MTRO of cancellations or rescheduling of said appointment.</p>			
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		Funds are to be used ONLY for the transport and lodging (when applicable) for the enrolled child receiving health care service and one parent. Other persons may accompany the child and parent, however funding can not be provided for their expenses.			
<b>1304.20(d)</b>	<b>(d) Ongoing care. In addition to assuring children’s participation in a schedule of well child care, as described in section 1304.20(a) of this part grantee and delegate agencies must implement ongoing procedures by which Early Head Start and Head Start staff can identify any new or recurring medical, dental, or developmental concerns so that they may quickly make appropriate referrals. These procedures must include: periodic observations and recordings, as appropriate, of individual children’s developmental progress, changes in physical appearance (e.g., signs of injury or illness) and emotional and behavioral patterns. In addition, these procedures must include observations from parents and staff.</b>	<ul style="list-style-type: none"> <li>• Observations are done weekly by Ed. Staff during Home visits and at socializations.</li> <li>• Any changes in developmental progress, physical appearance, emotional and behavioral patterns are noted and appropriate referrals made.</li> <li>• Parent/guardian are encouraged and educated on observing for changes in the health and well-being of their child and can report these at home visits, socialization or on an ongoing/needed bases.</li> <li>• Mental health plan, reference 1304.24</li> </ul>	<b>H&amp;S</b> Staff involved in Family Case Management	Ongoing	Logging or Health section of child’s file Health tab in ChildPlus Tracking System
<b>1304.20(e) (1)</b>	<b>(e) Involving parents. In conducting the process, as described in sections 1304.20(a), (b), and (c), and in making all possible efforts to ensure that each child is enrolled in and receiving appropriate health care services, grantee and delegate agencies must:</b>	Parents are notified of concerns by phone contacts, written contact forms or home visits which will be documented in child’s file.	<b>H&amp;S</b> Staff involved in Family Case Management	Ongoing, as needed	Logging or Health section of child’s file Health tab in ChildPlus Tracking System

	<b>(1) Consult with parents immediately when child health or developmental problems are suspected or identified;</b>				
<b>1304.20(e) (2)</b>	<b>(2) Familiarize parents with the use of and rationale for all health and developmental procedures administered through the program or by contract or agreement, and obtain advance parent or guardian authorization for such procedures. Grantee and delegate agencies also must ensure that the results of diagnostic and treatment procedures and ongoing care are shared with and understood by the parents;</b>	<ul style="list-style-type: none"> <li>Information is provided regarding physical and dental examines, immunization schedules and requirements.</li> <li>Parent authorization for sensory screening and provision of first aid is obtained.</li> </ul>	<b>H&amp;S</b> Staff involved in Family Case Management.	As part of acceptance process, enrollment process, and ongoing as needed.	Logging or Health section of child's file Health tab in ChildPlus Tracking System
<b>1304.20(e) (3)</b>	<b>(3) Talk with parents about how to familiarize their children in a developmentally appropriate way and in advance about all of the procedures they will receive while enrolled in the program;</b>	<ul style="list-style-type: none"> <li>Information regarding sensory screening procedures is provided to parents during enrollment and parent orientation meetings.</li> <li>Developmentally Appropriate Play information is shared with parents in the Parent Handbook</li> </ul>	<b>H&amp;S</b> Appropriate Specialist	Enrollment, ongoing and as needed	Orientation Information Packet, Inkind Sheet, Parent Handbook
<b>1304.20(e) (4)</b>	<b>(4) Assist parents in accordance with 45 CFR 1304.40(f)(2)(i) and (ii) to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process; and</b>	<ul style="list-style-type: none"> <li>At enrollment, parents are asked if they have a health and dental home for their child, also if they have health coverage.</li> <li>If it is indicated they do not, assistance is provided to locate both a health home and</li> </ul>	<b>H&amp;S</b> Parent/Guardian Staff involved in Family Case Management services	Enrollment, Ongoing as needed	Loggin or Health section of child's file, Copies of parent letters, Health section of ChildPlus Tracking System

		<p>coverage (reference 1304.(a)(1)(i))</p> <ul style="list-style-type: none"> <li>• Education is provided on the importance of parents to accompany children to medical/dental appointments and to be present at any health procedure.</li> </ul>			
<p><b>1304.20(e) (5)</b></p>	<p><b>(5) If a parent or other legally responsible adult refuses to give authorization for health services, grantee and delegate agencies must maintain written documentation of the refusal.</b></p>	<ul style="list-style-type: none"> <li>• If a parent/guardian refuses health or dental services the HBHSS shall follow this procedure:              (1)The parent is offered education and information on services.              (2)Barriers to obtaining health services are discussed.              (3)Informed of assistance available to obtain services.</li> <li>• Parent’s will need to fill out and sign a refusal form to have in the child’s file for any services they do not want their child to have.</li> <li>• If there is a concern that a refusal of health services could be detrimental to the well being or life of the child the parent shall be informed of this concern, refusal form will be filed</li> </ul>	<p><b><u>H&amp;S</u></b>  <b><u>Parent/Guardian</u></b>              Staff involved in Family Case Management</p>	<p>As needed</p>	<p>Logging or Health section of child’s file              Health tab in ChildPlus Tracking System</p>

		and appropriate action taken, please reference Child Abuse/ Neglect Policy.			
<b>1304.20(f) (1)</b>	<b>(f) Individualization of the program. (1) Grantee and delegate agencies must use the information from the screenings for developmental, sensory, and behavioral concerns, the ongoing observations, medical and dental evaluations and treatments, and insights from the child’s parents to help staff and parents determine how the program can best respond to each child’s individual characteristics, strengths and needs.</b>	<ul style="list-style-type: none"> <li>Information from sensory screenings, physical and dental exams are shared with relevant staff and with parents so adjustments to daily activities and program can be individualized to best respond to each child’s needs.</li> <li>Staffings are done to share all information about each child individually to discuss if there is any further action needed such as referral or rescreening.</li> </ul>	<b>H&amp;S</b> Staff involved in Family Case Management	Team Staffing meetings, Parent Conferences	Logging or Health section of child’s file Health tab in ChildPlus Tracking System
<b>1304.20(f) (2)(i)</b>	<b>(2) To support individualization for children with disabilities in their programs, grantee and delegate agencies must assure that: (i) Services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the individualized Family Service Plan (IFSP) for children identified under the infants and toddlers with disabilities program (Part C) of the Individuals with Disabilities Education Act, as implemented by their State or Tribal government;</b>	Refer to EHS Disability Plan 1304.20 (f) (2) (i)	N/A	N/A	N/A

<p><b>1304.20(f) (2)(ii)</b></p>	<p><b>(ii) Enrolled families with infants and toddlers suspected of having a disability are promptly referred to the local early intervention agency designated by the State Part C plan to coordinate any needed evaluations, determine eligibility for Part C services, and coordinate the development of an IFSP for children determined to be eligible under the guidelines of that State’s program. Grantee and delegate agencies must support parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program;</b></p>	<p>Refer to EHS Disability Plan 1304.20 (f) (2) (ii)</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p><b>1304.20(f) (2)(iii)</b></p>	<p><b>(iii) They participate in and support efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities; and</b></p>	<p>Refer to Disability Plan 1304.20 (f) (2) (iii)</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p><b>1304.20(f) (2)(iv)</b></p>	<p><b>(iv) They participate in the development and implementation of the Individualized Education Program (IEP) for preschool age children with disabilities, consistent with the requirements of 45 CFR 1308.19.</b></p>	<p>Refer to Disability Plan 1304.20 (f) (2) (iv)</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>