



Ben Shelly
President

Rex Lee Jim
Vice President

NHSPC 216-01-2014

**RESOLUTION OF THE
NAVAJO HEAD START POLICY COUNCIL**

NAVAJO HEAD START POLICY COUNCIL SUPPORTS AND APPROVES THE IMPLEMENTATION OF THE NAVAJO HEAD START ANNUAL REVISION OF POLICY & PROCEDURES (INCLUDING FORMS, PROFESSIONAL DEVELOPMENT, FLOW CHART & TRACKING) AND SERVICE DELIVERY PLANS 2013-2014 IN THE AREA OF DISABILITIES SERVICES FOR CHILDREN AND THEIR FAMILIES.

WHEREAS:

1. The Navajo Nation Board of Education (hereinafter the "Board" is the education agent in the Executive Branch for the purposes of overseeing the operation of all schools serving the Navajo Nation, including the Navajo Head Start program. 10 N.N.C. §106[A]; 10 N.N.C. §51. The Board carries out its duties and responsibilities through the Department of Diné Education. 10 N.N.C. §106[G][3]; and
2. Pursuant to 45 CFR 1304-50. Program Governance and Appendix A. The Navajo Nation Head Start Policy Council is duly elected and constituted Head Start Policy Council and an authorized entity of the Navajo Nation government; and
3. Pursuant to 45CFR 1304.51(a)(1)(iii) Management Systems and procedures-Program planning must include: the development of written plans(s) for implementing service in each of the program areas covered by this part (e.g. Early Childhood Development and Health Services, Family and Community Partnership, and program Design and Management);
4. Pursuant to 45 CFR 1304.51 (a)(2) All written plans for implementing services, and the progress in meeting them, must be reviewed by the grantee staff and reviewed and approved by the Policy Council or Policy Committee at least annually, and must be revised and updated as needed; and
5. Pursuant to 45 CFR 1308.01 – 1308.21 Services for children with disabilities policies and procedures and service delivery plans to ensure that strategies are implemented according to federal laws and Head Start Performance Standards to ensure children are identified in a timely manner and to ensure effective service delivery for children with disabilities and their families; and
6. The purpose of Navajo Head Start is to promote the school readiness of low-income children by enhancing their cognitive, social and emotional development: **(a)** in a learning environment that supports children's growth in language, literacy, mathematics, science, social and emotional functioning, creative arts, physical skills, and approaches to learning; and **(b)** through the provision to low-income children and their families of health, educational nutritional social, and other services based on family needs assessment; and
7. Navajo Head Start provides children with experiences that encourage and stimulate intellectual and social growth opportunities, promote Navajo Language and culture, and provides access to necessary medical, dental, and nutritional services under the Head Start and Early Head Start programs; and
8. The Navajo Nation Head Start Policy Council has the best interest of the Navajo Head Start to continue in providing quality services to children and families.

NOW, THEREFORE BE IT, RESOLVED:

Supports and approves the implementation of the Navajo Head Start Annual Revision of Policy & Procedures (including forms, professional development, flow chart & tracking) and Service Delivery Plans 2013-2014 in the area of Early Childhood Mental Health.

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Navajo Head Start Policy Council at a duly called meeting in **Window Rock, AZ** at the DoDE Education Building which a quorum was present and that it was passed by vote of 12 in favor, 0 opposed, and 2 abstained, this 23rd day of **January 2014**.

NNHSPC 216-01-2014

Motion by: Ellen Cooley

Second by: Alvin Clark



Olin Kieyoomia, President
DODE/Navajo Head Start Policy Council



Ben Shelly
President

**DEPARTMENT OF DINÉ EDUCATION
THE NAVAJO NATION**

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Rex Lee Jim
Vice-President

NNBEJA-NHS-008-2014

**RESOLUTION OF THE
NAVAJO NATION BOARD OF EDUCATION**

Approving the Implementation of the Navajo Head Start annual revision of policy & procedures (including forms, professional development, flow charts, and tracking) and Service Delivery plans 2013-2014 in the area of Disabilities Services.

WHEREAS:

1. The Health, Education, and Human Services Committee is the oversight committee for the Department of Diné Education and Navajo Nation Board of Education [2 N.N.C. § 401 (C)(1); 10 N.N.C. § 1(B)]; and
2. The Navajo Nation Board of Education (hereinafter the “Board”) is the education agent in the Executive Branch for the purposes of overseeing the operation of all schools serving the Navajo Nation. [10 N.N.C. § 106 (A)] The Board carries out its duties and responsibilities through the Department of Diné Education (hereinafter the “Department”) [10 N.N.C. §106 (G)(3)]; and
3. The Department of Diné Education (hereinafter the “Department”) is the administrative agency within the Navajo Nation with responsibility and authority for implementing and enforcing the educational laws of the Navajo Nation. 2 N.N.C. §1801(B); 10 N.N.C. §107(A). The Department is under the immediate direction of the Navajo Nation Superintendent of Schools, subject to the overall direction of the Navajo Nation Board of Education. 10 N.N.C. §107(B); and
4. The Navajo Head Start (“NHS”) Program, which is located within the Department of Diné Education as approved by the Department’s Plan of Operation, Resolution No. GSCMY-19-07. The NHS also is funded by a grant from the Office of Head Start, Administration of Children and Families (ACF), under the terms of the Head Start Act, 42 U.S.C. §9801 *et seq.*, and applicable regulations; and,
5. The Navajo Nation is named the grantee and is responsible for ensuring compliance with the Head Start Act and performance standards in delivering the services to Navajo children and their families. The 2013-2014 Navajo Head Start Policy and Procedures and Service Delivery Plans is revised annually for implementation of Head Start/Early Head Start services
6. The Board acknowledges the Navajo Head Start Resolution #216-01-2014 passed on January 23, 2014, Approving the Navajo Head Start to implement the policy and procedures

BOARD OF EDUCATION

Jimmie C. Begay, President · Dolly C. Begay, Vice President · Dr. Bernadette Todacheene, Secretary
Members: Katherine D. Arviso · Rose J. Yazzie · Gloria Johns · Bennie Begay · Patrick D. Lynch
Timothy Benally, M.Ed, Acting Navajo Nation Superintendent of Schools

and service delivery plans, as it relates to services within the program; and Recommending Approval through the Navajo Nation Board of Education, and the Health, Education, and Human Services Committee of the Navajo Nation Council.

NOW THEREFORE BE IT RESOLVED THAT:

1. The Navajo Nation Board of Education hereby approves the Navajo Head Start Policy and Procedures and Service Delivery Plans.
2. The Navajo Nation Board of Education further recommends that the Navajo Nation Superintendent of Schools or his designee(s) and other designated members of the Navajo Nation Council to advocate on behalf of the Navajo Nation consistent with the services stated in this resolution.
3. The Navajo Nation Board of Education hereby directs and empowers the Superintendent of Schools to take any actions deemed as necessary and proper to carry out the purposes of this resolution.

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Board of Education of the Navajo Nation at a duly called meeting at Window Rock, Arizona (Navajo Nation) at which a quorum was present, motion by Gloria Johns and seconded by Katherine D. Arviso and that the same was passed by a vote of 5 in favor; 0 opposed; 0 abstained, this 29th day of January 2014.

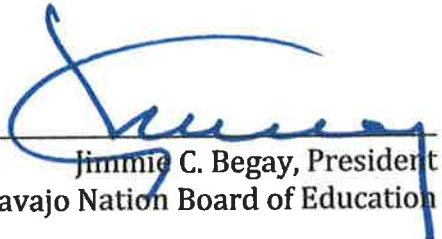

Jimmie C. Begay, President
Navajo Nation Board of Education

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NAVAJO HEAD START DISABILITIES POLICIES AND PROCEDURES

DIS01-*Recruitment of Children with Disabilities*

Purpose: To ensure children and their Families with disability needs are supported and provided with early intervention services to succeed in school and everyday life.

Scope:

This procedure provides guidance in the recruitment of children with disabilities for enrollment and participation in NHS programs.

Policy:

- (1) NHS outreach and recruitment activities incorporates specific actions to actively locate and recruit children with disabilities.
- (2) NHS ensures that staff engaged in recruitment and enrollment of children are knowledgeable about Information Memorandum (IM) dated 03/10/09; Log #: ACF-PI-HS-09-04.
- (3) NHS does not deny placement on the basis of a disability or its severity to any child when:
 - (a) The parents wish to enroll the child,
 - (b) The child meets NHS age and income eligibility criteria,
 - (c) NHS is an appropriate placement according to the child's Individualized Education Plan (IEP) or Individual Family Service Plan (IFSP), and
 - (d) NHS has space to enroll more children, even though the program has made ten percent of its enrollment available to children with disabilities.

Procedure:

NHS will collaborate with **Local State, BIA, Charter School and Education Agencies (LEA)** and Early Intervention (EI) programs to locate children with disabilities that would benefit from NHS placement.

NHS will **conduct Child find in** for children with disabilities and refer children suspected as having a disability to the LEA/EI.

All children with disabilities will be accepted into NHS programs by filling out an enrollment application and accepted for enrollment following the eligibility criteria.

Staff will inform the community that NHS is an inclusive environment for children with disabilities.

Working with LEA's, NHS will work together referring children to appropriate programs. This is accomplished by referring children suspected of disabilities for evaluations and developing a rapport with the school district.

Early Intervention will not be denied to apply or access to NHS services at any time.

Disabilities Specialist will inform all communities of NHS recruitment of children with disabilities. Flyers and other advertisements will include disabilities enrollment information.

****NOTE:** Also refer to Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA) policy & Disabilities Enrollment Head Start Act, 42 U.S.C. § 9837, Section 640 (d)(1).

DIS02-Application and CHILD PLUS

<p>Purpose: To establish collaborative partnerships with parents in developing trust, identifying goals, strengths, and services to avoid duplication. Coordinating with other programs in providing opportunities for staff and being respectful of each family's diversity, cultural, and ethnic background.</p>

Scope:

Provide guidance for the application and participation of children and families with disabilities in NHS programs.

Policy:

To avoid duplication of effort, or conflict with any preexisting plans developed between other programs and the NHS family, taking into account the Family Partnership Agreement (FPA). NHS coordinates with families and other programs to support the goals identified in the preexisting plans.

Procedure:

Obtain information on children and their families suspected or diagnosed disability.

Have form Authorization for Use or Disclosure of Protected Health Information signed for any child receiving services due to a suspected or diagnosed disability to begin collaboration with the service provider(s).

Prepare for enrollment of a child and their families with disabilities that will require special equipment or resources. All information will be entered into the CHILD PLUS data software.

During recruitment drive, determine if the child has a suspected or diagnosed disability. All children with disabilities will be determined eligible and allowed accepted into the NHS programs. (Should have an IEP to be considered Disability).

When a family calls the center, the center staff that makes the application interview appointment will ask if the child has a diagnosed disability and has an IEP/IFSP. If the child does, then request that the family bring a copy of the IEP.

If a child has an IEP/IFSP, make a copy of the IEP/IFSP and insert into child's individual folder.

If a child is receiving services or in evaluation due to a suspected or diagnosed disability, then have the parents/guardians sign an Authorization for Use or Disclosure of Protected Health Information form for the service provider Indian Health Services (IHS) or LEA, etc.).

If a child has a significant disability that would require special equipment or resources, the Disabilities Specialist will provide technical assistance, this will assist in transitioning a child appropriately into NHS.

DIS03-*Selection*

Purpose: To ensure that recruitment of children with disabilities and their families are considered for selection and enrollment without discrimination of disability.

Scope:

ERSEA selection team is establish at Central Administration Office utilizing the CHILD PLUS software.

Policy:

- (1) NHS insures that staff engaged in recruitment and enrollment of children and their families are knowledgeable about the provisions of 45 CFR Part 84, Nondiscrimination on the Basis of Disability in Programs and Activities Receiving or Benefiting from Federal Financial Assistance, and of the Americans with Disabilities Act of 1990, (42 U.S.C. 12101).
- (2) NHS does not deny placement on the basis of a disability or its severity to any child when:
 - a) The parents wish to enroll the child,
 - b) The child meets the Head Start age and income eligibility criteria,
 - c) Head Start is an appropriate placement according to the child's IEP, and
 - d) The program has space to enroll more children, even though the program has made 10% of its enrollment available to children with disabilities. All children with disabilities will be enrolled.
- (3) NHS access resources and plans for placement options, such as dual placement, use of resource staff and training so a child with families of disability is placed according to the IEP/IFSP is not denied enrollment because of:
 - a) Staff bias and/or apprehensions;
 - b) Inaccessibility of facilities;
 - c) Need to access additional resources to serve a specific child;
 - d) Unidentified disabling condition or special equipment, such as a prosthesis; and
 - e) Need for personalized special services such as feeding, suctioning, and assistance with toileting, including catheterization, diapering, and toilet training.

- (4) The policies governing NHS program eligibility for other children and their families, such as priority for those most in need of the services. NHS will take the following factors into account when planning enrollment procedures:
- a) The number of children with disabilities in the NHS service area including types of disabilities and their severity;
 - b) The services and resources provided by other agencies; and
 - c) Regarding immunizations of preschool children, NHS observes applicable Indian Health Services regulations which require that children entering preschool programs complete immunizations prior to entering to reduce the spread of communicable diseases.

Procedure:

NHS will use their eligibility criteria outlined in the ERSEA policies and procedures to determine a child's eligibility. The Disabilities Coordinators will train staff regarding the federal regulations of nondiscrimination and Americans with Disabilities Act.

DIS04-Child Health Status Sources

Purpose: To ensure age appropriate tools are utilized to all aspects of each child's development and behavioral screenings.

Scope:

This policy provides guidance for NHS staff and parents in obtaining sufficient information to make a determination of current health status of a child.

Policy:

Screening for developmental, sensory, and behavioral concerns NHS utilizes 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

Procedure:

Parents, family members, and staff who are familiar with a child's typical behavior make observations to have available for guidance from the contracted Mental Health Professional when reviewing screening results.

****NOTE:** See Health Policy

DIS05Disabilities Services

Purpose: To ensure children with disabilities and their families are provided special education and related services.

Scope

- 1) Disability service are appropriately integrated into NHS program,
- 2) Disability Services included full range of educational services that are generally provided to all NHS children.
- 3) Disability Services have access to all appropriate NHS and community resources and that the coordination and efficiency of those resources are being maximized.
- 4) Disability Services receive the provisions and modifications to the program's facilities, and curriculum which are needed to facilitate their participation in NHS programs and meet the special needs of the disabled child and their families.

Policy and procedures

Procedures in this policy are to identify children with area of special needs, refer children and families for appropriate evaluations, work cooperatively with parents, LEA and other agencies, assist the LEA/EI in the development of IEP's /IFSP's when necessary, and provide and coordinate needed services. All procedures in this policy are applicable to NHS.

ENTRY DATE

All policies and procedures are applicable to **NHS Education, Family Services, Disabilities and Mental Health services staff. NHS staff are required to be familiar with and adhere to these policies and procedures.**

TIMELINE

Aug-Sep	Screening/Re-screen within 45 days of enrollment Immediate Referrals
Oct	Referrals, Staffing Screening Report/Consent for Evaluation to Parents
Nov	Child Count Sent to LEA Evaluations by LEA /Others
Dec	IEP Conferences-Head Start, Parents, LEA
Jan-Apr	Follow-Up
Apr-May	Transition -Parents, School, Head Start

DIS06-Comprehensive Screens

Purpose: To identify developmental delays in NHS children and families, which impacts the child's early learning abilities.

Scope

Head Start regulations require each child enrolled in NHS receive health, sensory and developmental **screenings** for the purpose of early identification and treatment of children **and their families** with disabilities.

Policy

Development Screenings used will provide for the identification of children with “potential problems”. The administration of screens will be the responsibility of the **Education, Family Services, Disabilities and Mental Health staff**.

Procedure

Children enrolled in NHS **program** will receive a full range of **screenings**, as outlined in the Disability and Health Services Plan. Community resources to assist with the screenings when **necessary**.

1) Range of screens

- Health (Immunizations, Height/Weight, BMI, Blood Pressure, Hct., Physical, Dental, Lead)
- Developmental (Brigance)
- Sensory (Hearing, Vision)
- Mental Health (Brigance-Social/**Self-Help** Emotional Checklist) for parent, staff. Devereux Early Childhood Assessment (DECA) when applicable.

2) Exceptions

- a) **A child with an existing IFSP** less than 1 year old, require only vision and hearing screens.
- b) If child has existing screens completed within the previous 6 months from a reliable source may be accepted as a mandated screening.
- c) Refusal of Services
 - i. A parent may refuse any or all screens, evaluations, and referrals (**must be on file**).
 - ii. Education, Family Services, Disabilities and Mental Health staff will ensure that providers of services are made aware of any refusals and that appropriate documentation is on file.

3) Deadline

- a) Complete Brigance Developmental and Social Emotional checklist, sensory (vision and audio) screens within 45 calendar days of entry into the program.

Education, Family Services, Disabilities and Mental Health staff are responsible for:

- a) Notification of health screens to be conducted, **MUST** be sent to the parent prior to the screen, unless the parent has refused screen.
- b) **Screen** children who did not participate in the comprehensive screen (**within 10 days**).

- c) Schedule appointments for children who need to be re-screened.
- d) Administering the BRIGANCE (DEVELOPMENTAL) screening at least the 3rd or 4th week beginning on first day of school, if child is a second year student, **screen** is not necessary.
- e) Scoring and recording the child's BRIGANCE (DEVELOPMENTAL) and the screening results on the BRIGANCE.
- f) Administering re-screens to children who demonstrated **at risk** "potential problems" if children had scored at risk range, rescreen will be conducted within ten days of the original screenings.
- g) **File** the BRIGANCE (Developmental) form in the child's folder.
- h) Following up on "**areas of needs**" with the Disabilities Specialist to ensure that children needs are being addressed.
- i) Receiving BRIGANCE (DEVELOPMENTAL) training and certification prior to administering the screen to children.

DIS07-Screening – Developmental, Sensory and Behavioral

Purpose: To ensure that all enrolled children have access to an on-going source of continuous accessible health care

Scope:

Provide assistance to enrolled families for on-going accessible health care and the staff responsible will be **Education, Family Services, Disabilities and Mental Health staff.**

Policy:

- 1) Screening for developmental, sensory, and behavioral concerns.
 - a) In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, NHS obtains appropriate screenings to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills and must be sensitive to the child's cultural background.

Procedure:

The **Education, Family Services, Disabilities and Mental Health and Center Staff** will ensure that all enrolled children have a developmental screening conducted by Health Professionals or Head Start staff within 45 days of enrollment. Health tracking will be reviewed at 2 weeks and 30 days from the first day of school, to ensure no screenings have been missed.

DIS08-Administering BRIGANCE Developmental Screens

Purpose: The BRIGANCE (DEVELOPMENTAL) screen is an individually administered screening designed to identify young children in need of further diagnostic assessment or curricular modification.

Scope

- 1) The BRIGANCE (DEVELOPMENTAL) screen consists of six screening areas (language, literacy, math, science, physical health and development).
- 2) In addition, it includes *Self-help and Social-Emotional Scales* to gather data on the child's functional independence and play skills.

Procedure

- 1) Section A-instructions; BRIGANCE-Developmental Screening Report For Staff
 - a. Enter the month, day and year on the date of screening line.
 - b. Enter the child's name on the "CHILD'S NAME" line.
 - c. Enter the parent(s)/guardian's name in item required.
 - d. Enter the address on the address line.
 - e. Enter the birthday.
 - f. Enter the chronological age.
 - g. Enter the school name on the school/program line.
 - h. Enter the teacher name.
 - i. Enter the examiner's name.

Section B-BASIC ASSESSMENTS

- a. In the scoring section indicate how many responses were correct and times by point value for each as indicated. This will give you the "Child's Score".
- b. Calculate the total score by adding the numbers in the child's score column.

Section C-OBSERVATIONS

- a. Record any significant observations made during screening; ie., (behavior and emotional well-being, if English is not the child's native language, record the child's primary language).

Section D-SUMMARY

- a. Provides a summary of the major factors to be considered when reviewing child data.

Section E-RECOMMENDATIONS

- a. Note any recommendations regarding placement and referral **including** the child scored "Above or Below". **the cutoff score.**

RE-SCREENING

- 1) Follow-up screening is recommended for children who score low in the first screening. The second screening can be conducted a couple of weeks later or after remedial activities has been implemented. Children who score lower than expected due to a "illness or refusal" can be re-screened at a later time
- 2) The Brigance Developmental screen will be administered by Education, Family Services, Disabilities and Mental
- 3) Health staff and other competent NHS certified staff.
- 4) Screens and subsequent re-screens will be accomplished within 45 days of the child's enrollment.
- 5) Screens must be conducted in a quiet place and unhurried manner that gives the child a fair and reasonable opportunity to demonstrate his/her ability to perform the requested tasks.
- 6) Examiner will provide only the prompts provided in the BRIGANCE (DEVELOPMENTAL) screen and will make and record an objective and unbiased appraisal of the child's responses.

DIS09-Mandated Screens

Purpose: To make an efficient system of mandated **screenings** without disrupting the normal flow of classroom **activities.**

Scope

Screens are conducted within 45 days of entry into program. Children not screened will be screened during normal classroom hours by qualified staff on another date.

Education, Family Services, Disabilities, Mental Health and Classroom staff responsibilities are:

- 1) Scheduling children for the developmental screens.
 - a) Ensure there are sufficient trained and certified examiners available to conduct BRIGANCE (DEVELOPMENTAL).
 - b) Administer the BRIGANCE (DEVELOPMENTAL).
 - c) Ensure there is adequate space and facilities for screening team to conduct screening in an efficient and timely manner.
- 2) Share screening results with parents.

DIS10-RE-SCREENS

Purpose: To re-screen children who indicated a “low score or in the at risk category” on the BRIGANCE (DEVELOPMENTAL) screen is to ensure the accuracy of results and minimize unnecessary referrals.

Who to Re-screen:

Children who scored “low or in the at risk category” on the original screen should receive a second screening.

When to Re-screen

Re-administer the section of the BRIGANCE (DEVELOPMENTAL) which showed a “low score or in the at risk category” within two weeks after the original screening date, unless this will place their completed screen beyond 45 days after enrollment. Complete all re-screens within the prescribed 45 days of the child’s enrollment.

Referrals

Children scoring in “low score or in the at risk category” range on re-screen will require referral to appropriate agencies and/or professionals.

DIS11-REFERRAL

Purpose: Children who demonstrate potential needs on language, developmental and health screens are referred to appropriate agencies and professionals, this is to ensure that children with suspected disabilities are evaluated and diagnosed by professionals in the area of the child’s suspected need.

Who should refer?

- 1) It is the responsibility of every NHS personnel to ensure the needs of each enrolled child is met. This includes the identification of “special needs” and appropriate referrals to licensed professionals.
- 2) All NHS personnel who are concerned about a child's possible need for referral at any time during the year should contact the appropriate IHS, LEA and EI personnel.

When to refer;

- 1) Referrals will be made **as soon as the need becomes evident** and after consulting with appropriate personnel, and consent from parent(s) is obtained.
- 2) Referral to LEA/EI should be made for children who have scored in the **At-risk Cutoffs** table:
 - a) equal to or less than the **At-risk Cutoffs** table in one of the BRIGANCE developmental, speech/language areas.

- b) between the **At-risk Cutoffs** in two or more of the BRIGANCE developmental, speech/language areas.

Where to Refer;

- 1) Either to the local IHS, LEA and EI personnel.
- 2) In general either IHS, LEA and EI personnel are aware of the referrals:
 - a) Developmental, Speech and Language referrals are made to the LEA/EI through appropriate IHS personnel by the Disabilities Specialist.
 - b) Mental Health referrals should be arranged through the contracted Mental Health Consultants by the Mental Health Coordinator.
 - c) Medical referrals should be directed to the child's physician through the Family Services staff.

How to Refer:

- 1) All referrals should be coordinated with all health screening results utilizing the referral check list with the Disabilities Specialist in a timely manner.

Getting Help with Concerns

- 1) Classroom teaching staff should discuss their concerns about potential delays in the developmental, speech and language with appropriate health and LEA/EI personnel and in the area of social/emotional development directly with the contracted Mental Health consultants.
- 2) All other concerns should be directed to your immediate supervisor.

DIS12-EVALUATIONS

Purpose: To determine the present level of functioning of a child who has been identified as having a "low score or in the at risk category" in one or more areas of development.

- 1) Children who have scores indicating "low score or in the at risk category" on the BRIGANCE (DEVELOPMENTAL) will be referred to the local education agency (LEA) by NHS staff as appropriate.
- 2) Evaluations in the areas of risk categories may be conducted by qualified IHS, LEA and EI professional to ensure timely provision of services.
 - a) Evaluations may be conducted on site to which the child was referred.
 - b) NHS staff will provide suitable work space and facilities to the examiner to expedite evaluations done at the center.

- Quiet and private place to perform evaluations.
- Suitable and appropriate accommodations in making the child available for evaluation, within the existing curriculum.

DIS13- Developing Individualized Educational Programs (IEP's) and Individualized Family Service Plan (IFSP's)

Purpose: IEP/IFSP's are established for children who have demonstrated an educational need for services to remediate or reduce developmental delays that have resulted from a disabling condition.

Scope

IEP/IFSP Conferences will be scheduled with the LEA/EI for evaluation services for children who have been referred and/or might have serious concerns;

Policy

- 1) After evaluations, child has shown **area of concerns**, which needs educational or related services **which** (may include administering medications, emergency issues and behavioral issues).
- 2) Parent notification;
 - a) Head Start regulations require that documentation of repeated efforts to notify the parent of the date and time of IEP/IFSP **meetings** be maintained.
 - b) Disabilities Specialist along with LEA/EI will notify the parents and the child's school district in writing of the date, time and place of the IEP/IFSP meeting.
 - c) Education, Family Services, Disabilities and Mental Health staff will send a note home with the child two days before the date of the **meeting** reminding parent of the date time and place of the IEP/IFSP meeting.
 - d) In addition, **Education, Family Services, Disabilities and Mental Health** staff will make every effort to make personal or telephone contact with the parent to remind them of the meeting date, time and place.

IEP/IFSP Team

- 1) The IEP/IFSP team functions to develop the IEP/IFSP that will be used to help the child **and family achieve in** the educational effects of their **needs**.
- 2) The IEP/IFSP Team consists of:
 - a) NHS Teacher, Home Visitor, Disabilities Specialist and Teacher Aide when appropriate.
 - b) Parent(s) or Legal Guardian, Care takers who have "legal standing" (i.e. legal custody, power of attorney) with the child.

- c) If the legal status of a care taker is in question, contact appropriate **NHS** personnel prior to the conference.
- d) Parents may have anyone they choose to accompany them to the IEP/IFSP **conference meeting**.
- e) Health Care Professional in the area of need
 - Speech Pathologist will participate in any IEP/IFSP in which the child's speech or language development is involved.
 - Counselor or Psychologist will participate in any IEP/IFSP in which behavior or mental health issues are involved.
 - Other health care professionals as appropriate.
 - When diagnosing IHS professional is unavailable for meetings, their diagnostic reports and recommendations will be presented by the IHS personnel.
- f) Others, as **needed**, including:
 - Parent Advocates, when appropriate
 - Family members or others invited by the parent
- g) LEA/EI personnel.

Goal Setting

- 1) IEP/IFSP Goals **must** reflect documented and demonstrated needs as indicated by **evaluations** and formal observation.
- 2) IEP/IFSP Objectives must be, **observable and measurable**.

The IEP/IFSP must include:

- 1) A statement of child's present level of functioning in the social-emotional, developmental, communication, literacy, self-help, and cognitive areas.
- 2) A statement of annual goals, including short term objectives for meeting these goals.
- 3) A statement of services to be provided by NHS and LEA/EI that are in addition to those services provided for all NHS children, including transition services.
- 4) A statement of the specific special education services to be provided to the child and those related services necessary for the child to participate in a NHS program.
- 5) The identification of the LEA/EI personnel responsibilities for the planning, implementing and delivery of services.

- 6) Dates for initiation of services and the anticipated duration of services.
- 7) Evaluation procedures for determining at least annually whether the short-term objectives are being achieved or need to be revised.
- 8) Family goals and objectives related to the child's **area of needs** when they are essential to the child's progress.

The parents **may request to invite other individuals, with the approval of NHS program due to the nature of the child's needs in disability.**

- 1) A meeting must be held at a time convenient for the parents and team will develop IEP/IFSP within 30 calendar days of a determination that the child is eligible for special education services. Services begin as soon as possible after the development of the IEP/IFSP.
- 2) The program will make every effort to involve parents in the IEP/IFSP process by:
 - a) Providing interpreters, when needed, and offering the parents a signed copy of the IEP/IFSP.
 - b) Holding the meeting without the parents only if neither parent can attend, after repeated attempts to establish a date or facilitate their participation. NHS will document its efforts to secure the parents' participation, through records of phone calls, home visits, **and letters** to the parents.
- 3) NHS initiates the implementation of the IEP/IFSP as soon as possible after the IEP/IFSP meeting. If a child enters NHS with an IEP/IFSP completed within two months prior to entry, services begin within the first two weeks of program attendance.

DIS14-FOLLOW-UP

Referrals

- 1) All teaching staff **are** responsible for pursuing goals set out in the IEP/IFSP and tracking progress of the child in achieving the goals. Using the *Monthly Record of Special & Related Services (optional can use LEA form)* which requires LEA/EI *signature* form:
 - a) dates **services are provided by LEA**
 - b) **progress report**
- 2) Seek guidance on goals related **to** IHS, LEA and EI personnel.

DIS15-TRANSITION CONFERENCE

Purpose: To provide a continuity of services from Early Head Start to Head Start and from Head Start to Kindergarten. **Provide** the parent with a formal opportunity to assess progress made during the period of the IEP/IFSP.

- 1) A transition meeting will be held for child who was diagnosed during or prior to the year and have an IEP/IFSP developed by the LEA/EI.
- 2) Disabilities Specialist will set date of the transition meeting with LEA/EI and IHS personnel.
- 3) Transition schedules will include; location of the meeting, name of child, their diagnosed category, their home school district, time and date of conference.
- 4) All children attending the same LEA should be grouped together for convenience of LEA personnel and for the convenience of the parents.

Transition Meeting Agenda

- 1) Introductions
 - The LEA/EI Special Education Director will introduce each participant by name and position; give the parent a brief overview of why the meeting was called and what is expected to come out of the meeting.
- 2) Review evaluation results and goals and objectives progress.
- 3) Recommendations for continuation of services
- 4) When parents do not attend the Transition meeting, the Disabilities Specialist is responsible for providing parents with copies of all completed documentation.

Parent notification

- 1) Head Start regulations require that documentation of repeated efforts to notify the parent of the date and time of transition meeting be maintained.
- 2) Disabilities Specialist will notify the parents and the child's school district in writing of the date, time and place of the meeting.
- 3) NHS Staff will send a note home with the child two days before the date of the conference reminding parent of the date time and place of the conference.
- 4) In addition, NHS will make every effort to make personal or telephone contact with the parent to remind them of the meeting date, time and place.

DIS16-*Identification of Nutritional Needs*

Purpose: To work with families to identify the nutritional needs of children with <u>special needs</u> .

Procedures:

- 1) NHS Staff and family will work together to identify each child's nutritional needs, taking into account staff and family discussions concerning:

- a) Any relevant nutrition-related assessment data (height, weight, hemoglobin/hematocrit).
- b) Information about family eating patterns, including cultural preferences, special dietary requirements for each child with nutrition-related health problems, and the feeding requirements of infants and toddlers and each child with special needs.
- c) For infants and toddlers, current feeding schedules and amounts and types of food provided, including whether breast milk or formula and baby food is used; meal patterns; new foods introduced; food intolerances and preferences; voiding patterns; and observations related to developmental changes in feeding and nutrition. This information is shared with parents and updated regularly.
- d) Information about major community nutritional issues, as identified through the Community Assessment or by the HSAC or IHS.

DIS17-*Special Needs and Nutrition Services*

Purpose: Provisions to meet special needs are incorporated into the nutrition program.

Procedures:

- 1) Disabilities Specialist will work with NHS staff to ensure that provisions to meet special needs are incorporated into the nutrition program.
- 2) Appropriate professionals, Nutritionists or dietitians are consulted on ways to assist NHS staff and parents of children with severe disabilities with problems of chewing, swallowing and feeding themselves.
- 3) Plan for services for children with disabilities will include activities to assist children during meal and snack times with their peers.
- 4) Plan for services for children with disabilities will address prevention of children with special needs with a nutrition basis.

****NOTE:** See nutrition/health policy

DIS18-*Community Partnerships*

Purpose: To take an active role in community planning to encourage strong communication, cooperation, and the sharing of information among agencies and community partners in accordance with confidentiality policies.

Procedures:

- 1) Documentation is maintained to reflect the level of effort undertaken to establish community partnerships. The documentation is evident by resource directory.

- 2) The program takes affirmative steps to establish ongoing collaborative relationships with community organizations, to promote the access of children and families to community services that are responsive to their needs, and to ensure that the program responds to community needs, including:
 - a) Health care providers, such as clinics, doctors, dentists, and other health professionals;
 - b) Mental health providers;
 - c) Nutritional service providers;
 - d) Individuals and agencies provide services to children with disabilities and their families;
 - e) Family preservation and support services;
 - f) Child protective services and any other agency to which child abuse must be reported under state or tribal law;
 - g) Local elementary schools and other educational and cultural institutions, such as libraries and museums, for both children and families;
 - h) Providers of child care services; and
- 3) To enable the effective participation of children with disabilities and their families, the program makes specific efforts to develop memorandum of understandings with LEA's and other agencies within the program's service area.
- 4) Current partners include:
 - a) list all 19 LEA's; 1. Albuquerque Public Schools, 2. Bloomfield Public Schools, 3. Cedar Unified School District, 4. Central Consolidated School District, 5. Chinle Unified School District, 6. Cuba Independent School, 7. Farmington Municipal Schools, 8. Flagstaff Unified School District, 9. Gallup McKinley County Schools, 10. Ganado Unified School District, 11. Holbrook Unified School District, 12. Kayenta Unified School District, 13. Page Unified School District, 14. Pinon Unified School District, 15. Red Mesa Unified School District, 16. San Juan School District, 17. Sanders Unified School District, 18. Tuba City Unified School District, and 19. Window Rock Unified School District.
- 5) Copies of partnership agreements are kept at Central and Agency offices.

DIS19-Physical Environment and Facilities

Purpose: To provide a physical environment and facilities conducive to learning and reflective of the different stages of development of each child.

Procedures

NHS provides age appropriate activities, with organized functional areas that can be recognized by children and allows for individual activities, social interactions, including those with special needs.

- 1) Adequate provisions are made for children with **special needs** to ensure their safety, comfort, and participation.

****NOTE:** See Education Policies and Procedures and Nondiscrimination on the Basis of Disability in Programs and Activities Receiving or Benefiting from Federal Financial Assistance, and of the Americans with Disabilities Act of 1990, (42 U.S.C. 12101).

DIS20-Equipment, Toys, Materials, and Furniture

Purpose: To provide sufficient equipment, toys, materials, and furniture to meet the needs of the children and adults with **special needs** ~~disability~~.

Procedures

- 1) All equipment, toys, materials and furniture are age-appropriate, safe, and supportive of the abilities and developmental level of each child with adaptations and for children with disabilities.
- 2) Reasonable accommodations are made available for adults with disabilities

****NOTE:** Also see education Property Policies and Procedures

DIS21-Transportation Services and Children with *Special Needs Disability*

Purpose: To provide transportation services for children with disabilities.

Procedures

- 1) NHS ensures school buses or an allowable alternate vehicle designed for transportation of children with **special needs** is available to transport children enrolled in the program. Children with **special needs** are transported **along with all enrolled** children in NHS programs.
- 2) NHS will ensure compliance with the Americans with Disabilities Act (ADA), the HHS regulations at 45 CFR part 84, implementing Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), and the Head Start Program Performance Standards on Services for Children with Disabilities (45 CFR part 1308) as they apply to transportation services.
- 3) The agency specifies any special transportation requirements for a child with a disability when preparing the child's IEP/IFSP, and ensures that in all cases special transportation requirements in a child's IEP/IFSP are followed, including:
 - a) pick-up and drop-off requirements;
 - b) seating, and/or **use of** special equipment needs;
 - d) any special assistance that may be required; and/or special training for bus drivers and monitors.



THE NAVAJO NATION

Navajo Head Start, P.O. Box 3479 • Window Rock, Arizona 86515
• 928.871.6902, Fax 928.871.7866




BEN SHELLY
President

REX LEE JIM
Vice President

MEMORANDUM

TO: Elsie Julian, Accounting Manager

FROM: 
Dawn A. Yazzie, Quality Assurance Manager
Navajo Head Start - DoDE

DATE: January 21, 2014

SUBJECT: Mandated Trainings for Head Start Staff – Need Travel Authorization Forms

This memorandum will serve as a request for 350 travel authorizations to be picked up by our staff from the central office. We have mandated trainings scheduled during the next three weeks. Please see attached agendas that we have sent to all our staff. Please let me know when we can pick up the travel authorization forms.

See attached agendas. For further clarification or questions, please contact central office at (928) 871-6902 or extension 7663.

CONCURRENCE: 
Sharon H. Singer, Assistant Superintendent
Navajo Head Start - DoDE

Attachments: Agendas

CC: NHS Policy Council
NHS Governing Body
Tim Benally, Assistant Superintendent – DoDE
File



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BEN SHELLY
President

REX LEE JIM
Vice President

MEMORANDUM

TO: All Navajo Head Start Staff and Parents

FROM: *Dawn A. Yazzie*
Dawn A. Yazzie, Quality Assurance Manager
Navajo Head Start - DoDE

DATE: January 21, 2014

SUBJECT: MANDATED TRAININGS FOR NEW STAFF / CURRENT STAFF

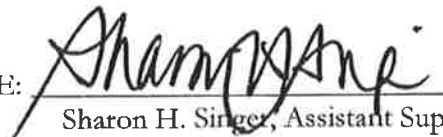
This memorandum will serve as notification for all Navajo Head Start staff and parents to attend mandated trainings for new and current staff. These trainings are mandated to prepare for federal review within the next couple of weeks and within the next few weeks. There are two training locations and both training sites will provide the same mandated topics. See the training locations and the center staff that are assigned to attend certain locations: (Staff must attend all four [4] days for the site they are assigned to.)

Window Rock, AZ – Museum January 23-24 and 30-31, 2014		Shiprock Chapter House- Shiprock, NM January 30-31 and Feb. 6-7 2014	
1. Churckrock	25. St. Michaels II	1. Carson	28. Many Farms I
2. Iyanbito	26. Steamboat II	2. Becenti	29. Many Farms II
3. Mariano Lake	27. Tohatchi II	3. Borrego Pass I	30. Many Farms III
4. Pinedale I	28. Tsayatoh	4. Crownpoint I	31. Red Mesa
5. Pinedate II	29. Twin Lakes I	5. Crownpoint II	32. Round Rock I
6. Thoreau	30. Blue Gap	6. Counselor	33. Round Rock II
7. Tohajiilee	31. Chinle II	7. Hogback I	34. Sweetwater
8. Baahaali	32. Chinle Valley	8. Nageezi I	35. Tsaille
9. Chichiltah	33. Cottonwood	9. Nenahnezad I	36. Cameron
10. Cornfields	34. Forest Lake	10. Nenahnezad II	37. Cowsprings
11. Crystal	35. Low Mountain I	11. Pueblo Pintado	38. Inscription House
12. Fort Defiance I	36. Pinon I	12. Red Valley	39. Kaibeto
13. Ganado I	37. Pinon II	13. Sanostee	40. Kayenta I
14. GreasewoodSprings	38. Whippoorwill	14. Shiprock I	41. Kaytenta II
15. Kinlichee	39. Chinle HB IV	15. Smithlake	42. LeChee I
16. Klagetoh	40. Chinle Valley HB	16. Torreon I	43. LeChee II
17. Lupton	41. Dilkon	17. Two Grey Hills	44. Navajo Mountain
18. Nazlini	42. Gap I	18. Upperfruitland I	45. Oljato
19. Red Lake	43. Jeddito	19. Naschitti	46. Shonto I

20. Red Rock I 21. Red Rock II 22. Rock Springs I 23. Rural I 24. Sawmill 25. St. Michaels II <u>Regional/Central Staff:</u> 1. Chinle FSLs – 4 staff 2. Tuba City FSLs 3. Region I – FSLs 4. Half of Central Staff 5. Other Regional Staff	44. Leupp I 45. Leupp II 46. Tolani Lake 47. White Cone 48. EHS FortDef. Inf. 49. EHS FortDef. Tod. 50. EHS Houck (Rural) Inf	20. Newcomb 21. Ojo Amarillo HB 22. Aneth 23. Del Muerto I 24. Del Muerto II 25. Dennehotso 26. Lukachukai I 27. Lukachukai II <u>Regional/Central:</u> 1. Region I - FSLs 2. Half of Central Staff 3. Other Regional Staff	47. Tonalea I 48. Tonalea II 49. Tuba City I 50. Cowsprings HB 51. EHS Shiprock Infant 52. EHS Shiprock Toddler 53. EHS Dine College Inf. 54. EHS Dine College Tod.
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See attached agendas. For further clarification or questions, please contact central office at (928) 871-6902.

CONCURRENCE:


Sharon H. Singer, Assistant Superintendent
Navajo Head Start - DoDE

Attachments: Agendas

CC: NHS Policy Council
NHS Governing Body
Tim Benally, Assistant Superintendent – DoDE
File



NAVAJO HEAD START
 Mandated Staff Training January 23 – 24 and 30–31, 2014
 LOCATION: Navajo Nation Museum – Window Rock, AZ

	THURSDAY 01/23/14 MC: Unknown	FRIDAY 01/24/14 MC: Dawn A. Yazzie	THURSDAY 01/30/14 MC: Allen West	FRIDAY 01/31/13 MC: Ray Barney
7:45am to 8:00am Regis- tration	8:00am Invocation/Welcome HS Staff 8:15am -Medication Administration / Adverse Drug Reaction (Diabetes, Seizure, Anemia, Allergies) -EPSDT /Communicable Disease Prevention Bodily Fluids/Blood Borne Pathogen Kathy Patterson, RN Rachel Channer, PHN	8:00am – 10 th Deficiency Notice - Document Review Question and Answer 9:30am – Supervision of Children OHS Power Point -Dr. Lamont Yazzie, Director of Ed. Services -Denise Thomas, School Readiness Manager	8:00am – - Fire Protection, Detection, & Suppression Jeremy Curley, NN Fire Dept. 10:15am Emergency Preparedness/ Facilities: Work Orders - Allen West, Support Serv. Mgr - Vector Control -Model Health and Safety Code Dave Tibbs, IHS/OEH	8:00am – -CFR 1310 Head Start Transportation Performance Standards -Navajo Nation Vehicle Operations -CDL Pre-Service Ray Barney, Fleet Coord. -NHS Jerome Manuelito, Fleet Coord.
Training 8:00a to 12:00pm				
1:00pm to 4:30pm	1:00pm Introduction of Staff: New Staff Update: NHS Update Overview/Program -Personal Protective Equipment (PPE) TBA -Property: MSDS/ Hazard Communications Hand Washing Dave Tibbs, IHS/OEH	1:00pm - Injury Prevention and Playground Dave Tibbs – IHS/OEH 3:15pm Child Abuse/Neglect Prevention / SCAN Reporting Andrew Scotson, LICSW Rowena Clauschee, MH Coord. Dawn A. Yazzie, QAM	1:00pm Medication Administration Policies 45 and 90 Day Health Mandates Referrals for Children Edwina Kee, Health/Nutri. Coord. Dawn A. Yazzie, QAM Candace Keams-Benally, CCSD BRIGANCE&Social/Emotional – Annie Martinez, Dis. Spec. Dawn A. Yazzie, QAM	1:00pm – 5:00pm Defensive Driving Course – 4 hrs. -Highway Safety Department- NDoT
(Every day to end at 4:30pm)				Thank you for your participation and have a safe trip home.
		--- LUNCH ---	--- BREAK ---	



NAVAJO HEAD START

Mandated Staff Training/January 30 -31 and February 6-7, 2014

LOCATION: Shiprock Chapter House - Shiprock, NM



	THURSDAY 01/30/14 MC: Unknown	FRIDAY 01/31/14 MC: Dawn A. Yazzie	THURSDAY 02/06/14 MC: Asa Begaye	FRIDAY 02/07/13 MC: Ray Barney
7:45am to 8:00am Registration	8:00am Invocation: HS Staff Welcome Address: HS Staff 8:30am Introduction of Staff: New Staff 9:15am Overview/Program Update: NHS Update	8:00am - 10 th Deficiency Notice - Document Review Question and Answer 9:30am - Supervision of Children OHS Power Point -Dr. Lamont Yazzie, Director of Ed. Services -Samantha Johnson, SES	8:00am 10:30am Facilities : - Work Orders / Playground TBA - Fire Protection, Detection, & Suppression San Juan County Fire Department - Emergency Preparedness Personal Protective Equipment (PPE) - TBA -EPSTD /Communicable Disease Prevention -TBA	8:00am -CFR 1310 Head Start Transportation Performance Standards -Navajo Nation Vehicle Operations -CDL Pre-Service Ray Barney, Fleet Coord. -NHS Tim Blackwater, Fleet Coord.NHS Ricky Brown, Fleet Coord. - NHS
Training 8:00a to 12:00pm	-Bodily Fluids/Blood Borne Pathogen and Hand Washing TBA -Medication Administration / Adverse Drug Reaction (Diabetes, Seizure, Anemia, Allergies)			
1:00pm to 4:30pm (Every day to end at 4:30pm)	1:00pm Continued... Medication Administration Keith Warshany, Dr. Pharm. - Vector Control and MSDS-Hazard Communications -Antonita Nunes - OEH/IHS Northern Navajo Med. Ctr.	1:00pm - Injury Prevention and Playground Samantha Claw- OEH Indian Health Services 3:15pm Child Abuse/Neglect Prevention / SCAN Reporting -Dr. Betty S. King, LPCC - MH Consultant Rowena Clauschee, MH Coord. Dawn A. Yazzie, QAM	1:00pm Medication Administration Policies 45 and 90 Day Health Mandates Referrals for Children -Edwina Kee, Health/Nut. Coord. Dawn A. Yazzie, QAM Candace Keams-Benally , CCSD BRIGANCE&Social/Emotional - Annie Martinez, Dis. Spec. Dawn A. Yazzie, QAM	1:00pm - 5:00pm Defensive Driving Course- 4 hrs. -Highway Safety Dept. - NDoT
		--- LUNCH ---	--- BREAK ---	
				Thank you for your participation and have a safe trip home.

NAVAJO HEAD START
EARLY CHILDHOOD MENTAL HEALTH TRAININGS
2013-2014

DATE	Training Topic	Trainer / Presenter	Training Objective	Outcomes	Type of Certification	Estimate Cost
REGION - STAFF & PARENTS						
Aug-13	Early Childhood Mental Health Education	Disabilities Specialist Mental Health Coordinator	Knowledge of Early Childhood Mental Health content area	Parents and staff will understand the basics concepts for early childhood social and emotional development.	certificate (mandated)	200
Aug-13	Mental Health Services collaboration with local providers	Disabilities Specialist Mental Health Coordinator	Continue to identify and utilize local service providers	Build on the current Resource Directory	acknowledgement	200
Aug-13	Early Childhood Mental Health Service Delivery Plans for each school year.	Disabilities Specialist Mental Health Coordinator	Provide trainings on revisions.	Parents will have copies of Policies and Service Plans	acknowledgement	200
Aug-13	"Social/Emotional Checklist Assessment"	Disabilities Specialist Mental Health Coordinator	Proper assessment of the Social/Emotional checklist	Monitoring and recording of all assessments for Mental Health professionals review	Certificate of completion	200
Sep-13	Conscious Discipline	Disabilities Specialist Mental Health Coordinator	Implementing hands-on approach in classroom setting	Educate staff and parents about Conscious Discipline purpose	acknowledgement/ Certificate of completion	200
Sep-13	Brigance Assessment	Disabilities Specialist Mental Health Coordinator	Proper way of assessing children with developmental screening tools	Determine child's level of development	Certificate of completion	300
Sep-13	Coping Skills: Loss	Disabilities Specialist Mental Health Coordinator	Dealing with different types of personal encounters	Develop coping skills and strategies	Certificate of completion	300
Oct-13	Roles and Responsibilities of a Mental Health Content Area staff	Disabilities Specialist Mental Health Coordinator	Job description of Mental Health personnel or contract consultants	Identify roles & responsibilities	certificate of completion	200
Oct-13	Challenging behaviors of infants and young children	Disabilities Specialist Mental Health Coordinator	Behavior identification and following proper protocol	Referral and BIP development process based on needs	acknowledgement	200
Nov-13	Navajo Philosophy of Mental Wellness and Emotional wellness of infants and young children	Traditional Navajo Practitioner	Emotional health of families in the Navajo Culture	Respecting cultural values and teachings within the home	Certificate of completion	700

NAVAJCO HEAD START
 EARLY CHILDHOOD MENTAL HEALTH TRAININGS
 2013-2014

DATE	Training Topic	Trainer / Presenter	Training Objective	Outcomes	Type of Certification	Estimate Cost
NATIONAL						
2013 2014 Dec.	Domestic Violence Awareness	Local trainers and resources	Intervention with families and best practices	Skill development in working with families and children in domestic violence situations.	certificate of completion	7,000
2013 2014 Jan	Early Childhood Mental Health	National Experts and Professionals	Learn the difference between early childhood social and emotional development and adult mental health	Learn importance of early childhood social and emotional development	Continuing Educ. Unit (CEU)	6,000