



To: Early Education and Care Partners in Massachusetts

From: Thomas L. Weber, Acting Commissioner, Department of Early Education and Care

Louise Eldridge, ACF/Office of Head Start Region 1 Program Manager

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Date: June 27, 2013

RE: *A Memorandum of Understanding Concerning Early Childhood Transitions By and Among Early
Childhood Programs and Agencies in Massachusetts*

The Department of Early Education and Care, The Office of Head Start-Region 1, and the Head Start Collaboration Office are pleased to present the *Memorandum of Understanding Concerning Early Childhood Transitions.*

A working group comprised of public and private sector representatives came together to align current mandates, regulations, best practice, and research on early childhood transitions. The resulting document reflects a cross-systems approach to strengthening local collaboration for developing regional and/or local agreements designed to enhance services for young children, with and without disabilities, and their families.

The Memorandum of Understanding (MOU) Concerning Early Childhood Transitions recognizes the roles and responsibilities of individual programs (Part B and C programs, Head Start, and Department of Early Education and Care licensed programs) to adhere to respective standards and/or regulations. The MOU does not supersede these standards or regulations, but works within them, emphasizing collaborative state and community-level activities to ensure smooth transitions for young children and families.

The Memorandum of Understanding:

- Recognizes the multiple facets of transition activities and opportunities for families and children of all abilities.
- Meets the requirements of Parts B and C of IDEA for documentation of service coordination among lead agencies and Office of Head Start requirements for interagency agreements between individual programs and their local LEAs and/or Early Intervention programs.
- Guides local collaboration activities for cross-systems coordination of child-find, intake, screening, referral, assessment/evaluation, development and implementation of individual child and family plans, training, and technical assistance.

Representatives from the Departments of Elementary and Secondary Education, Early Education and Care, Public Health, the Office of Head Start, and other stakeholders are currently implementing strategies for

broad dissemination of the document and developing plans for future technical assistance and support opportunities.

We encourage stakeholders to use this MOU as the foundation for building and strengthening partnerships to support young children and families. We believe that these cross-system partnerships will provide key collaborators with a common focus to support smooth transitions for children and families, helping us achieve a cradle to career education pipeline in Massachusetts that will prepare our youngest citizens for lifelong success.

*A Memorandum of Understanding Concerning Early
Childhood Programs*

By and Among

*Massachusetts Executive Office of Education,
Massachusetts Department of Early Education and Care,
Massachusetts Department of Elementary and Secondary
Education,*

*Massachusetts Executive Office of Health and Human
Services,*

*Massachusetts Department of Public Health and
U.S. Department of Health and Human Services,
Administration for Children and Families, Office of Head
Start, Region I and Region XII*

PARTIES

The Massachusetts Executive Office of Education (EOE) is organized under G.L. c. 6A, §14A, and is the secretariat that includes the departments of early education and care, elementary and secondary education and higher education. Among other things, the secretary is responsible for reviewing and approving mission statements and 5-year master plans encompassing each sector of the public education system, including early education and care, elementary and secondary education and higher education.

The Massachusetts Department of Early Education and Care (EEC) is organized under G.L. c. 15D and is the state lead agency for the administration of all public and private early education and care programs and services. EEC receives funding from various sources to provide support to and services for children with disabilities, including, but not limited to, federal funding under the Child Care Development Fund (CCDF) and under Section 619 of Part B of the Individuals with Disabilities Education Act through the Massachusetts Department of Elementary and Secondary Education. EEC is within the EOE secretariat.

The Massachusetts Department of Elementary and Secondary Education (ESE) is organized under G.L. c. 15A, is the designated state educational agency and, as such, receives federal special education funds under Part B of the Individuals with Disabilities Education Act (IDEA), including Section 619 funds for preschool children. ESE is within the EOE secretariat.

The Massachusetts Executive Office of Health and Human Services (EOHHS) is established by M.G.L. c. 6A, s. 16, and serves as the principal agency of the Executive Department for the purpose of developing, coordinating, administering and managing health, welfare and human services operations.

The Massachusetts Department of Public Health (DPH) is organized and governed by M.G.L. chapters 17, 111 and 111-111N, is the designated state lead agency for Early Intervention services, and as such, receives federal funds under Part C of the Individuals with Disabilities Education Act (IDEA). DPH is within the EOHHS secretariat.

The Administration for Children and Families (ACF) was created in 1991 to consolidate U.S. Department of Health and Human Services programs supporting children and families into one organization. Within ACF, the Head Start program, authorized under 42 USC 9801 *et seq.* and administered by the Office of Head Start, provides federal grants to local public and private non-profits and for-profit agencies to provide comprehensive child development services, such as education, health, nutrition, social and other services, to pregnant women, economically disadvantaged children birth to five years of age, and families to promote school readiness. Head Start programs engage parents in their children's learning, help them make progress toward their education, literacy and employment goals, and place significant emphasis on the involvement of parents in the administration of local Head Start programs.

STATEMENT OF PURPOSE

The Massachusetts Executive Office of Education (EOE), the Massachusetts Department of Early Education and Care (EEC), the Massachusetts Department of Elementary and Secondary Education (ESE), the Massachusetts Executive Office of Health and Human Services (EOHHS), the Massachusetts Department of Public Health (DPH), and the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, Region 1 and XII (ACF), hereafter collectively referred to as the “parties”, enter into this Memorandum of Understanding (hereafter “the MOU”) to promote coordination and collaboration in the provision of services to eligible infants, toddlers and preschool children with disabilities and their families, as applicable, through Early Intervention and early education and care programs including Head Start, Early Head Start, Migrant and Seasonal Head Start, public school pre-schools,¹ for children with disabilities in the Commonwealth.

The principles expressed in this Agreement will guide the parties’ coordination of activities across programs in implementing Parts B and C of the Individuals with Disabilities Education Act (IDEA)², as well as EEC³ and Head Start statutes and regulations related to young children with disabilities⁴.

The MOU is also intended to be used as a guide for strengthening local collaboration for developing regional and/or local agreements, and for strengthening relationships among agencies and programs serving young children, with and without disabilities, and their families.

The parties agree to work toward the availability of quality, inclusive early childhood options for all young children and their families, in order to provide high-quality child development, health, and early education and care services. The parties also agree to make efforts to increase the availability of programs that offer a range of local services and supports for eligible children and their families.

The parties agree that this collaboration includes cross-system coordination of:

- child-find;
- intake;
- screening;
- referral;

¹ Early education and care programs include a mixed system, which is defined as “any person providing early education and care including, but not limited to, public, private, non-profit and for-profit preschools, child care centers, nursery schools, preschools operating within public and private schools, Head Start programs and independent and system affiliated family child care homes.” See G.L.c. 15D, § 1A.

² 20 USC §§1400 et seq.; 34 CFR Parts 300 (Part B) and 303 (Part C regulations).

³ 42 USC §§ 9858 et seq.; 45 CFR Parts 98 and 99; 606 CMR 10.00 et seq.

⁴ 42 USC §§ 9801 et seq.; 45 CFR Parts 1301 to 1311

- assessment/evaluation;
- development and implementation of individual child and family plans, including, but not limited to, Family Partnership Agreements (FPAs), Individualized Family Service Plans (IFSPs), and coordinated case management, as well as Individualized Educational Programs (IEPs) for children and families participating in services across multiple agencies;
- transition from one program to another; and
- training and technical assistance.

The parties recognize that their respective roles and responsibilities are governed by federal and state laws, policies and standards applicable to their respective programs. The MOU describes shared responsibilities when multiple programs are working in partnership. The MOU does not supersede federal and state laws, policies and standards applicable to the programs administered by the respective parties. Rather, the MOU is intended to assist providers to meet state and federal requirements, as well as the Massachusetts Quality Rating and Improvement System Standards, Early Learning Guidelines for Infants and Toddlers, and Guidelines for Preschool Learning Experiences, and the quality standards of other organizations as applicable, such as the Head Start Child Development and Early Learning Framework.

The parties to the agreement will work to use language that is clear, respectful and reflects the role of parents and families under the laws, policies and standards of the respective programs.

PRINCIPLES

The principles below guide the work of the parties under this agreement. To the extent feasible and consistent with the laws and policies applicable to the program(s) administered by the respective parties, the parties will promote practices that are centered on eligible families' interests and needs; systems⁵ that are accessible to families; and program resources that are inclusive of families whose children have disabilities, and are sensitive and attentive to the culture and language of individual families.⁶ The rights of parents and their children will be observed as the parties work together to coordinate and/or provide high-quality child development, health, and early education and care services.

⁵ Systems refers to the infrastructure that includes programs, services and resources available to support young children with disabilities and their families at the local and state level.

⁶ Wherever the term "family" is used in this document in connection with participation, partnership, coordination, decision-making and support, it shall mean "parent" with respect to programs funded under Part B of the Individuals with Disabilities Education Act. Part B of the IDEA provides special education supports and services to individual student based on the students' needs, as determined at a Team meeting. See 603 CMR 28.05; 34 CFR §320.00 *et seq.*

Collaborative	<p>There is a coordinated and unified effort among programs and systems:</p> <ul style="list-style-type: none">• that maximizes the array of services and supports, where appropriate, to address the breadth and depth of a child's and family's specific needs; and• that provide services seamlessly, even when the child and family are involved in multiple programs and systems and when they transition from one to another.
Community-based	<p>Services, programs and resources are provided where and with whom young children and their families live, attend school and/or spend time. The system fosters the capacity of communities to support young children and their families.</p>
Confidential	<p>Parents have access to personal information about their children and themselves held by the parties and providers, which may not be released without parental consent except as authorized by applicable federal and state law.</p>
Continuity of care	<p>Systems promote consistency among caregivers. To the extent permitted by federal and state privacy and confidentiality laws, there is consistent and reliable communication among various providers with individual families and that services and supports are coordinated across programs and settings, especially when children are at risk of disrupted services related to transiency.</p>
Continuous improvement	<p>Resources, services and systems are continuously reviewed, adjusted and updated as needed, so that each child, family, and provider has opportunities for life-long learning.</p>
Developmentally appropriate	<p>The process of making decisions about the well-being and education of children is based on:</p> <ul style="list-style-type: none">• Research on child development: knowledge of age-related human characteristics that permits general predictions within an age range about what activities, materials, interactions or experiences will be safe, healthy, stimulating, achievable, and also challenging, to children;• What is known about the strengths, interests and needs of each individual child to be able to adapt and be responsive to inevitable individual variation;• What is known about the strengths, interests, and needs of each individual child in order to design environments which both support and challenge individual learning styles;• Knowledge of social and cultural contexts in which children live so that learning experiences are meaningful, relevant, and respectful for

the participating children and their families.

Equitable	Quality services and resources designed for families with young children are accessible regardless of where the family lives, their socio-economic status, disabilities, race, ethnicity, primary language, or their knowledge about how to access information.
Family-centered	Family-centered services are both a goal and a process by which families are recognized as active, equal partners in planning and participating in outcomes and services that they and/or their children need and want. Children are considered in the context of their entire family, with the family as the constant decision-making center. Services and supports are provided within each family's achievements, unique goals-and priorities as well as those of their children.
Inclusive	Children with and without disabilities are welcomed in settings with their same-age peers and receive the supports and services that facilitate their participation in those settings.
Outcomes-based	Services and activities are focused on the results that families, in partnership with providers, would like for their children and themselves.
Parents	Children have a variety of diverse family constellations. The term "parents" recognizes and is inclusive of grandparents, foster parents or other individuals acting as a parent or serving as a child's legal guardian.
Respect for diversity	Policies, systems, programs and staff are knowledgeable about and responsive to the diversity of families, with regard to their needs, culture, ethnicity, language, economics, and family structure.
Understandable and User-friendly	Services, programs and resources are easily accessible, understandable and presented in a variety of formats and languages to meet individual family needs.
Whole child	Services, programs and resources meet the needs of the whole child. Whole child is defined as each child's cognitive, social, emotional, physical, cultural and creative dimensions.

PROVISIONS

The following provisions are guided by the principles previously described. These provisions are strategic methods and techniques that guide systems in supporting children and their families. The parties agree:

- to inform themselves of and understand each other's practices, standards, and requirements;
- to use all our knowledge (research and experience) and available technology to support children and families; and
- to share responsibility for improving our policies, practices, and support to local programs, as they work together to coordinate and/or provide high-quality child development, health, and early education and care services, in order to foster positive outcomes and school readiness for children.

Specific terminology and descriptions are consistent with, but are not legal interpretations of, federal or state rules, standards, regulations and laws.

Child Development

Through policies, training and technical assistance, the parties will support local programs and services to promote the overall development of all young children including physical, communication, social/emotional, positive behavior, cognitive, and adaptive areas, as appropriate, and to address any unique needs of children in order to foster the development of young children and their families.

Family Involvement and Engagement

The parties recognize that families have primary responsibility for their children and that they are their children's first and most important teachers and best advocates. The parties will meaningfully engage parents or legal guardians as partners in their children's education by providing them with information, resources, training, and support to facilitate their ability to make informed decisions.

The parties commit to supporting leadership roles of parents and family members to serve as trainers, consultants and advisors in training, technical assistance, system development, program design and evaluation.

Outreach, Child Find, and Recruitment

Through policies, training and technical assistance, the parties will support local programs and services to:

- understand, share, and promote public awareness about available services and resources in the community in the manner that reflects its cultural, linguistic, and structural diversity;

- use a variety of outreach methods;
- make specific efforts to reach migrant families, homeless families, and families who are traditionally underserved; and
- inform families about services and resources in their communities, including, but not limited to:
 - options for developmental services and early education and care programs;
 - family support services;
 - sources of continuous health care (medical home), mental health services, and dental care;
 - health insurance including Medicaid and EPSDT; and
 - coordinated child-find activities for the identification of children who have disabilities or are at risk of disabilities.

Screening, Referral, Eligibility Determination

Referrals may be made to Early Intervention (birth to three) or their Local Education Agency (30 months or older) for any child who has or may have special health or education needs and/or delays in development consistent with applicable laws and/or regulations with the understanding that referral does not guarantee eligibility for services. Referrals to other service providers may be made, with written parent consent, or as allowed by law.

Through policies, training and technical assistance, the parties will support local programs and services to:

- plan and carry out screening and intake (as provided by individual program requirements) in our communities, and explore new opportunities for collaboration to promote and facilitate appropriate and timely referrals that are especially critical for highly mobile families;
- provide parents with the information about the programs to which they are being referred;
- share results of screening and intake with other programs, with written parental consent;
- make referrals to needed or requested services with parental consent, or as allowed by law;
- accept self-referrals and referrals from providers;
- with parental consent, complete initial evaluation to determine eligibility based on the individual program's requirements; and
- notify the referral source about the status of referrals and eligibility determination, with parental consent.

Development and Implementation of FPAs, IFSPs and IEPs

The parties recognize the essential role of parents as a team member in the development of plans related to their child and, as applicable, the family, and the parties agree to provide support to maximize opportunities for families to participate effectively in this process.

Through policies, training and technical assistance, the parties will support local programs and services to:

- integrate plans (e.g., IFSPs and IEPs) for children and/or families who participate in more than one program, with written consent as required by the applicable programs;
- encourage the participation of early education and care including Early Head Start, Head Start, Migrant and Seasonal Head Start, Early Intervention, local school district, and representatives from other programs in which the family is involved in the development of the specific child's IFSP/IEP, with written consent as required by the applicable programs;
- expect school personnel, service coordinators and/or case managers to provide adequate notification of meeting date, time and location to those people the family wishes to be involved in the IFSP/IEP process;
- establish, in collaboration with families, mutually agreed upon times and processes for sharing information, including obtaining parental consent, if necessary, as well as processes for reporting progress and coordinating service delivery; and
- provide copies of FPAs, IFSPs, and IEPs, as applicable and appropriate, to staff from collaborating agencies/schools in a timely manner, with written parental consent.

Service Coordination

The parties recognize that each parties' program(s) has laws, regulations and/or policies that address coordination and transition of service provision. The parties also recognize that parents play a central role in the success of coordination and transition of services.

Through policies, training and technical assistance, the parties will support local programs and services to:

- clearly and simply articulate applicable program requirements regarding service coordination and transition for each of our service systems;
- share information about services and resources available to children and their families and, with written parental consent, with the other providers and systems supporting the family;

- encourage all providers for a child or family, as applicable, to meet together, if requested and consented to in writing by the parent, for the purposes of coordinating and maximizing services across programs.

Transition Planning

The parties recognize the importance of carefully coordinated and timely transitions for children and families moving from one program to another across providers, services and/or settings. It is critical that families and staff from the sending and receiving programs be fully informed and involved in this process. Transition procedures reflect federal and state law, regulation, and standards, and the individual needs of children and families.

Through policies, training and technical assistance, the parties will support local programs and services to coordinate transition for children and families by:

- beginning transition planning six to nine months prior to transition;
- making referrals, as allowed by law, or with written parental consent;
- sharing information about individual program transition procedures with parents and collaborating staff;
- sharing information about program eligibility and options with parents;
- transferring records to receiving program, with written parental consent; and
- informing families of the variations between sending and receiving programs.

The parties agree that it is best practice to also:

- conduct orientation about the receiving program for parents and families, as appropriate;
- link transitioning parents with parents who are familiar with the transition process;
- offer opportunities for the child to experience and become comfortable with the receiving program setting;
- invite parents and families, as appropriate, to meet staff of receiving program;
- arrange meetings with parents and families, as appropriate, and staff from sending and receiving programs to address concerns and develop an effective transition plan; and
- create local transition teams that meet quarterly to plan upcoming transitions, with the parent's agreement and consent.

Technical Assistance

The parties recognize that technical assistance supports and strengthens agencies and organizations to meet the specific needs of children and their families, where applicable. Technical assistance provides information, training and resources, and assists agencies and organizations in implementing and adapting specific innovations or practices.

The parties agree to support the development and implementation of a cross-system technical assistance effort that includes representatives and resources from high-quality child development, health, and early education and care services.

Professional Development

The parties recognize the expertise of families and staff and, due to this recognition, agree to maximize these resources with reciprocal professional development and consultation opportunities.

The parties agree to share responsibility for:

- planning and conducting joint professional development opportunities at the local, regional and state levels;
- disseminating information and resources regarding best practices in professional development and family consultation opportunities;
- informing partner programs, families and staff about upcoming professional development and training; and
- encouraging cross-sector training among local programs and systems.

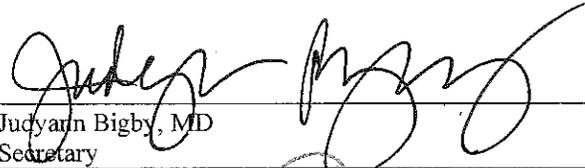
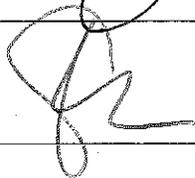
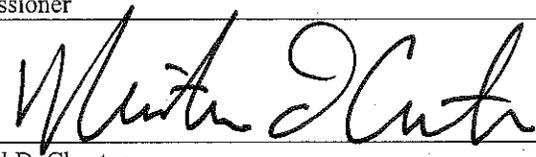
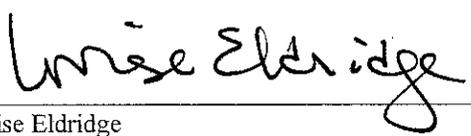
Dissemination and Expectations for Local Entities

The parties agree to disseminate this MOU to local program administrators/providers and to encourage their acceptance of the letter and spirit of the MOU; and the parties agree to encourage and provide technical assistance in the development and implementation of similar agreements among local and regional entities that provide high-quality child development, health, and early education and care services.

MOU Review

The MOU may be revised upon written request by any party to the MOU, after obtaining written agreement by all parties to the MOU.

A Memorandum of Understanding By and Among Early Childhood Programs and Agencies in Massachusetts

	Agency	Date
 Paul Reville Secretary	Massachusetts Executive Office of Education	
 Judyann Bigby, MD Secretary	Massachusetts Executive Office of Health and Human Services	
 Sherri Killins, Ed.D Commissioner	Massachusetts Department of Early Education and Care	
 Mitchell D. Chester Commissioner	Massachusetts Department of Elementary and Secondary Education	
 John Auerbach Commissioner Interim Commission Lauren Smith	Massachusetts Department of Public Health	
 Louise Eldridge Regional Program Manager	Region 1 Office of Head Start, Administration for Children and Families, US Department of Health and Human Services	
 Sandra Carton Regional Program Manager	Region XII Office of Head Start, Administration for Children and Families, US Department of Health and Human	10-22-12