

Module 3

Pre-Referral and Referral Activities



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September 2014

National Dissemination Center for Children with Disabilities

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Suggested citation:

Suggested citation: Küpper, L. (Ed.). (2014, September). Pre-referral and referral activities (Module 3). *Building the legacy for our youngest children with disabilities: A training curriculum on Part C of IDEA 2004*. Washington, DC: National Dissemination Center for Children with Disabilities.

Available online at: <http://www.parentcenterhub.org/repository/partc-module3/>



This training curriculum is designed and produced by NICHCY, the National Dissemination Center for Children with Disabilities, at the request of our funder, the Office of Special Education Programs (OSEP) at the U.S. Department of Education.

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Funding for NICHCY officially ended on September 30, 2014. All training materials in this Part C training curriculum are now available at the website of the Center for Parent Information and Resources, at:

<http://www.parentcenterhub.org/repository/legacy-partc/>

Background and Discussion

This module is part of a training curriculum on the Part C regulations of the Individuals with Disabilities Education Act, as amended in 2004. The curriculum provides a detailed discussion of the Part C regulations as published in the *Federal Register* on September 28, 2011.¹

The curriculum is entitled *Building the Legacy for Our Youngest Children with Disabilities*. This module is entitled *Pre-Referral and Referral Activities* and is the third module in the curriculum. The module falls under Theme B, Public Awareness Program and the Child Find System, and is the only module in that theme.

Please be aware that the information in this module is *not* a substitute for the requirements reflected in the IDEA statute and Part C regulations.

Early Intervention and IDEA

Thanks to a powerful and important federal law called the Individuals with Disabilities Education Act, or IDEA, 336,895 eligible infants and toddlers birth through age 2 received early intervention services in 2011 under Part C of IDEA.²

Early intervention services are concerned with all the basic and brand-new developmental skills that babies typically develop during the first three years of life, such as:

- physical (reaching, rolling, crawling, and walking);
- cognitive (thinking, learning, solving problems);

How the Trainer's Guide is Organized

This trainer's guide is organized by slide. A thumbnail picture of each slide is presented, along with brief instructions as to how the slide operates. This is followed by a discussion intended to provide trainers with background information about what's on the slide. Any or all of this information might be appropriate to share with an audience, but that decision is left up to trainers.

- communication (talking, listening, understanding);
- social/emotional (playing, feeling secure and happy); or
- adaptive behavior (eating, dressing).³



Early intervention services are designed to meet the needs of eligible infants and toddlers who have a *developmental delay* or *disability*. Services may also address the needs and priorities of each child's family, to help family members understand the special needs of the child and how to enhance his or her development.⁴

Currently, all States and eligible territories are participating in the Part C program. Annual funding to each State is based upon census figures of the number of children, birth through 2, in the general population.⁵

To say that Part C of IDEA has a huge impact on early childhood policy and practice is to understate the reality. IDEA's Part C regulations provide States with extensive guidelines and requirements in how to design and implement early intervention system for infants and toddlers with disabilities and their families, including federal fiscal support via formula grants to States exceeding \$419.7 million annually.⁶

This Module in the Context of Early Intervention

Module 3 focuses on the activities of lead agencies to promote awareness of disabilities in infants and toddlers, the availability of early intervention services, and how to refer a child to the Part C system. Primary topics include the child find

Trainer's Note

Throughout this training module, all references in the discussion section for a slide are provided at the *end* of that slide's discussion.



system, the public awareness program, the referral network, the central directory, and intra-agency and interagency coordination.

The New Clear Framework

You might mention to participants that the Part C regulations now organize key EI activities into three distinct thrusts:

- **pre-referral activities** (which include the public awareness program and the child find system);
- **referral activities** (referring children under the age of three to the Part C program); and
- **post-referral activities** (screening, evaluation and assessment, eligibility determination, and IFSP activities).

“In this way,” the Department explains, “we intend subpart D of these regulations to provide the framework for effectively identifying, locating, and providing early intervention services to all eligible infants and toddlers with disabilities.”⁷

Within that context, the activities that are considered pre-referral—discussed in this module—lay the foundation and processes for the system by

which babies and toddlers can be referred to Part C—also discussed in this module—to see if they have a developmental delay or disability and are in need of early intervention services.

For Whom Is This Module Designed?

This module is primarily intended for trainers to use with audiences who are newcomers to the law and the early intervention process. This includes:

- parents and family members of an infant or toddler who has, or is suspected to have, a developmental delay or a disability;
- early childhood candidates who are learning about the developmental needs of babies and toddlers (with and without disabilities) and the availability of Part C early intervention programs to address those needs; and
- new staff, advocates, policy makers, administrators, and early childhood specialists who will be working with either the Part C system or with infants and toddlers who have disabilities and their families, but who have little prior knowledge of disability or early intervention.

This Module in the Part C Training Curriculum

The training curriculum on Part C of IDEA is organized into separate themes, which one or more training modules under each theme. The themes are:

- Theme A | Welcome to IDEA
- ▶ Theme B | Public Awareness Program and the Child Find System
- Theme C | Evaluating Infants and Toddlers for Disabilities (Post-Referral Activities)
- Theme D | Individualized Family Service Plan (IFSP)
- Theme E | Transition from Part C to Part B of IDEA
- Theme F | Procedural Safeguards
- Theme G | Use of Funds

Module 3 is the only training module under Theme B.

Files You'll Need for This Module

All of these files can be downloaded free of charge from the website of the Center for Parent Information and Resources (CPIR), at: <http://www.parentcenterhub.org/repository/partc-module3/>

- **Slideshows.** We are pleased to provide a four-color slideshow (produced in PowerPoint®) around which trainers can frame their presentations and training on pre-referral activities. There is also a *separate* slideshow trainers can use at the end of the training session to engage participants in a Jeopardy-style review of the information presented. The 2 slideshows are:

3-slideshow.pps
3-jeopardy-childfind.pps

Important note: You do NOT need the PowerPoint® software to use the slide show. It's set to display, regardless, because the PowerPoint Viewer® is included. (You may be asked to agree to Viewer's licensing terms when you first open the slideshow.) The presentation is also saved as a "show"—which means it will launch when you open it.

- **Trainer's Guide Discussion.** The trainer's guide describes how the slides operate and explains the content of each slide, including relevant requirements of the statute passed by Congress in December 2004 and the final regulations for Part C published in September 2011. The trainer's guide is available in PDF and Word® formats.



For trainers, we recommend using the PDF version of trainer's guide, because it's easier on the eyes. For participants in training sessions, we recommend the PDF version of the handout, because it, too, is easier on the eyes.

Word files are provided for accessibility purposes and to make it easy to copy and paste content into other software.

- **Speaker Notes.** Provided as a Word file, the Speaker Notes show thumbnail pictures of all slides in the presentation, with lines next to each for you to annotate your presentation, if you wish. You can also share the Speaker Notes with participants.
- **Handouts for Participants.** There are multiple handouts suggested for this module. They're meant to be shared with participants for their later reference. We're prepared two and suggest that you add examples from your State.

Handout 4—Comprehensive Child Find System

Handout 5— Public Awareness and Central Directory

Examples of public awareness materials put out by your State's lead agency

Your State's definition of "developmental delay"

- **Activity Sheet 10 (optional).** Activity Sheet 10 is entitled "How Many Places and People Can You Name?" and is intended as a warm-up to discussing the child find and referral system.



Looking for IDEA 2004?

Visit the Center for Parent Information and Resources' website, where you can download copies of:

- IDEA's statute (the law passed by Congress in 2004)
- Part C regulations (published by the U.S. Department of Education on September 28, 2011)
- Part B regulations (published by the U.S. Department of Education on August 14, 2006)

Find all at: <http://www.parentcenterhub.org/repository/idea-copies/>

Finding Specific Sections of the Regulations: 34 CFR

As you read the explanations about the Part C regulations, you will find references to specific sections, such as §303.21. (The symbol § means "Section.") These references can be used to locate the precise sections in the Part C regulations that address the issue being discussed. In most instances, we've also provided the verbatim text of the Part C regulations so that you don't have to go looking for them.

The Part C regulations are codified in Title 34 of the *Code of Federal Regulations*. This is more commonly referred to as 34 CFR or 34 C.F.R. It's not unusual to see references to specific sections of IDEA's regulations include this—such as 34 CFR §303.21, which is where you'd find Part C's definition of "infant or toddler with a disability." We have omitted the 34 CFR in this training curriculum for ease of reading.

Citing the Regulations in This Training Curriculum

You'll be seeing a lot of citations in this module—and all the other modules, too!—that look like this: 76 Fed. Reg. at 60250

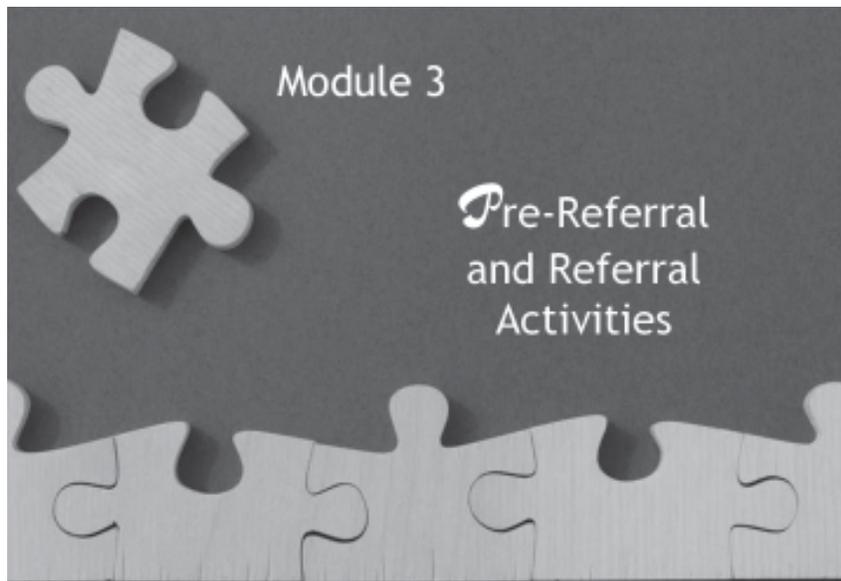
This means that whatever is being quoted may be found in the *Federal Register* published on September 28, 2011—Volume 76, Number 188, to be precise. The number at the end of the citation (in our example, 60250) refers to the page number on which the quotation appears in that volume. Where can you find Volume 76 of the *Federal Register*? At this address:

<http://www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf>



References & Footnotes

- ¹ U.S. Department of Education. (2011, September 28). Early intervention program for infants and toddlers with disabilities: Rules and regulations. *Federal Register*, 76(188), 60140- 60309. Washington, DC: Office of Special Education and Rehabilitative Services, Department of Education. Online at: <http://www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf>
- ² Technical Assistance Coordination Center. (2012). *Historical state-level IDEA data files: Part C child count 2011*. Retrieved November 11, 2013, from: <http://uploads.tadnet.org/centers/97/assets/2414/download>
- ³ Center for Parent Information and Resources. (2014, March). *Overview of early intervention*. Washington, DC: NICHCY. Online at: <http://www.parentcenterhub.org/repository/ei-overview/>
- ⁴ §303.13(b)(3) of the Part C regulations.
- ⁵ §303.13(b)(3) of the Part C regulations.
- ⁶ Early Childhood Technical Assistance Center. (2013). *Annual appropriations and number of children served under Part C of IDEA: Federal fiscal years 1987-2012*. Chapel Hill, NC: Author. Retrieved November 11, 2013, from <http://ectacenter.org/partc/partcdata.asp>
- ⁷ 76 Fed. Reg. at 60185.



How to Operate the Slide:

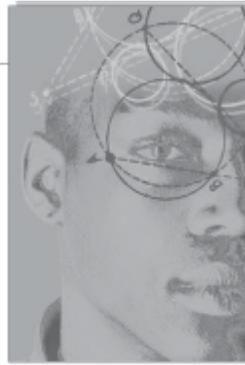
Slide loads fully. No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

Slide 1 is the title slide for this module. You don't really need to say much about the slide—it's meant to orient the audience to the training session you're about to present. But you may wish to engage participants in a brief discussion of your own choosing or an opening activity, as best fits the needs and prior knowledge of your particular participants.

In this module, you'll learn about:

- Each State's obligation to **locate** & **identify** infants and toddlers with disabilities
- **Components** of how a State meets that obligation



- ↓
- Child find system
 - Public awareness activities
 - Central directory
 - Referral system

Slide loads completely. No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

Slide 2 is an advance organizer for the audience, to alert them to the areas covered in this training module.

Go through the "to be learned" items briefly, asking participants what they already know about:

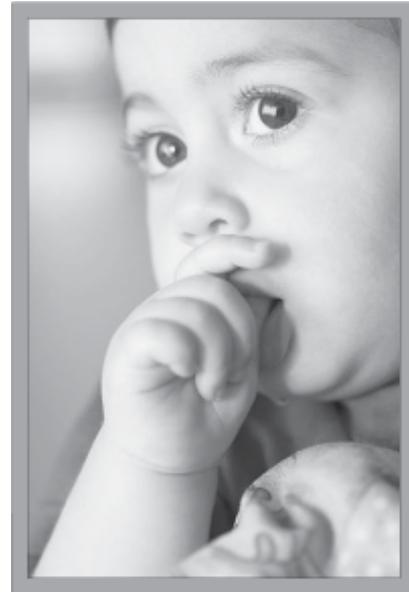
- their State's child find system;
- the public activities it conducts to let residents know that early intervention is available for infants and toddlers with disabilities;
- the central directory that's intended to put families and others in touch with experts and resources in the State; and
- referral system by which professionals, families, and other residents can refer a child to the early intervention system for evaluation and assessment.

Opening View

Slide loads with this view.

Comprehensive Child Find System

Each State system must include a **comprehensive child find** system...



CLICK 1

Click 1: The middle phrase loads, and then the three bullets appear.

Comprehensive Child Find System

Each State system must include a **comprehensive child find** system...

...that ensures that all infants & toddlers with disabilities eligible for EI services are...

- identified,
- located, &
- evaluated



CLICK AGAIN to advance to next slide.

See discussion on next page 



Pertinent Handouts:

- Handout 4 | Comprehensive Child Find System

Time to delve into the content of this module, beginning with the comprehensive child find system that each State must have in place. The basics of that system will be the focus of five slides.

Child Find in Part C

The Part C regulations about child find start off simply enough.

Refer participants to **Handout 4**, where they can see this provision at §303.115, so streamlined and succinct. There’s no substantive information there at all!

Naturally, the heart of the matter—what’s required in a comprehensive child find system—is to be found at §§303.302 and 303.303. Which participants will also find on **Handout 4** and which we’ll explore across this and subsequent slides.

Mission and Scope of Child Find

Have participants look in particular at §303.302(b), which is near the bottom of column 1, page 1 and begins with the italicized phrase “(b) *Scope of child find.*”

What participants will notice is that the mission and scope of child find are captured on the slide as “ensuring that all infants & toddlers with disabilities eligible for EI services are identified, located, and evaluated.” These words come virtually verbatim from the Part C regulations at §303.302(b), whose opening lines are shown at the right.

The provision isn’t done yet. It’s stopped at the word “including.” We’re left hanging... But that’s okay for the moment. Slide 7 will take up what follows that “including”—which is actually a list of four populations of special concern to child find. Let participants know that you’ll be coming back to finish the sentence.

§303.115 Comprehensive child find system.

Each system must include a comprehensive child find system that meets the requirements in §§303.302 and 303.303.

**§303.302(b)
Scope of Child Find**

(b) *Scope of child find.* The lead agency, as part of the child find system, must ensure that—

(1) All infants and toddlers with disabilities in the State who are eligible for early intervention services under this part are identified, located, and evaluated, including—

For now, the point to be made is the sweeping scope of child find—and that’s identifying, locating, and evaluating *all* infants and toddlers with disabilities in the State who are eligible for early intervention services.

Comprehensive Child Find System

Each State's **child find** system must...



- be consistent with Part B of IDEA

§300.111 Child find.

(a) *General.* (1) The State must have in effect policies and procedures to ensure that—

(i) All children with disabilities residing in the State, including children with disabilities who are homeless children or are wards of the State, and children with disabilities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services, are identified, located, and evaluated; and

(ii) A practical method is developed and implemented to determine which children are currently receiving needed special education and related services.

Slide loads completely.

No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

Pertinent Handouts:

- Handout 4 | Comprehensive Child Find System

Having just looked at §303.302(b) and the *scope* of the comprehensive child find system that each State must establish for Part C, it's time to take a small step back in the regulations and look at Part C's *general* provisions for child find. These appear at §303.302(a) and specify three main general requirements.

This slide looks at the first requirement. Slides 5 and 6 look at the second and third requirements, respectively.

General Child Find Requirement 1: Consistency with Part B

The slide provides nearly verbatim the opening provision of §303.302(a) and includes a screen shot from the Part B regulations that are mentioned (34 CFR 300.111).

§303.302 Comprehensive child find system.

(a) *General.* Each system must include a comprehensive child find system that—

- (1) Is consistent with Part B of the Act (see 34 CFR 300.111);

What This Means in a Nutshell

As the screen shot on the slide shows, §300.111 is entitled "Child find." Thus, Part C's child find system must be consistent with Part B's child find system.

For your convenience, we've included the complete §300.111 in the box on the next page. Using the snippet of §300.111 shown on the slide, you can quickly summarize the first general require-

ment for Part C’s child find system and move on in the training. Or you can use the snippet as a springboard and look more deeply into what §300.111 requires, for there’s surely more to the Part B regulations than what’s captured on the slide. For more information, see the section further below called “Elaborating on §300.111.”

Child Find | The Mandate

By requiring that the Part C and Part B child find systems be consistent with one another, IDEA makes plain that the State’s child find obligation is to identify, locate, and evaluate *all* children with disabilities in the State who are eligible for services under IDEA—be they infants, toddlers, preschoolers, or students in K-12.

- Under Part C of IDEA, child find focuses on identifying infants and toddlers who may have disabilities or developmental delays, and evaluating them to determine their eligibility for early intervention services.
- Under Part B, the focus is on identifying school-aged children who may have disabilities, and evaluating them to determine their eligibility for special education and related services.

While these two components of child find tend to operate separately, each focusing on its target age of children, child find for Part C and child find for Part B must be strongly intertwined. *All* children with disabilities in the State eligible under IDEA are

Regulations from Part B of IDEA

§ 300.111 Child find.

(a) *General.* (1) The State must have in effect policies and procedures to ensure that—

(i) All children with disabilities residing in the State, including children with disabilities who are homeless children or are wards of the State, and children with disabilities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services, are identified, located, and evaluated; and

(ii) A practical method is developed and implemented to determine which children are currently receiving needed special education and related services.

(b) *Use of term developmental delay.* The following provisions apply with respect to implementing the child find requirements of this section:

(1) A State that adopts a definition of *developmental delay* under §300.8(b) determines whether the term applies to children aged three through nine, or to a subset of that age range (e.g., ages three through five).

(2) A State may not require an LEA to adopt and use the term *developmental delay* for any children within its jurisdiction.

(3) If an LEA uses the term *developmental delay* for children described in §300.8(b), the LEA must conform to both the State’s definition of that term and to the age range that has been adopted by the State.

(4) If a State does not adopt the term *developmental delay*, an LEA may not independently use that term as a basis for establishing a child’s eligibility under this part.

(c) *Other children in child find.* Child find also must include—

(1) Children who are suspected of being a child with a disability under §300.8 and in need of special education, even though they are advancing from grade to grade; and

(2) Highly mobile children, including migrant children.

(d) *Construction.* Nothing in the Act requires that children be classified by their disability so long as each child who has a disability that is listed in §300.8 and who, by reason of that disability, needs special education and related services is regarded as a child with a disability under Part B of the Act.

to be identified, located, and evaluated. That is quite a sweeping obligation.

Elaborating on Part B's §300.111

There are many interesting elements in §300.111 (Part B child find) with interesting parallels within the Part C regulations. *Purposeful* parallels. Just for starters, mention these three key phrases that, together, drive straight to the heart of each State's sweeping child find obligation.

- All infants and toddlers with disabilities in the State...

All children with disabilities residing in the State...

- ...who are eligible for early intervention services...

...who are in need of special education and related services...

- ...are identified, located, and evaluated
...are identified, located, and evaluated

How much more parallel can you get?!

Another parallel of note: How? | Part B and Part C regulations both require that the State have an effective method for identifying children who are in need of receiving services under IDEA. This method must be described in the State's application for funding.

Part C regulations: The lead agency, as part of the child find system, must ensure that...an effective method is developed and implemented to identify children who are in need of early intervention services.⁸

Part B regulations: The State must have in effect policies and procedures to ensure that... a practical method is developed and implemented to determine which children are currently receiving needed special education and related services.⁹



And still another: Populations of specific concern | Both sets of regulations identify specific populations of concern for the child find system, to stress that the State's child find responsibilities "apply equally to such children."¹⁰

Part C regulations mention (a) Indian infants and toddlers with disabilities residing on a reservation geographically located in the State; infants and toddlers with disabilities who are (b) homeless, (c) in foster care, and (d) wards of the State; and infants and toddlers with disabilities who are at risk because they are (e) the subject of a substantiated case of child abuse or neglect or (f) identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.¹¹

Part B regulations mention children with disabilities who are (a) homeless or (b) wards of the State, and (c) children with disabilities attending private schools. Also of note are (d) children who may need special education and related services, even though they are advanced from grade to grade; and (e) highly mobile children, including migrants.¹²

The special populations of concern in Part C are the sole focus of upcoming Slide 7.

References & Footnotes

⁸ §303.302(b)(2)—Comprehensive child find system: Scope of child find.

⁹ §300.111(a)(1)(ii)—Child find: General.

¹⁰ 71 Fed. Reg. at 46584.

¹¹ §303.302(b)(1) —Comprehensive child find system: Scope of child find. And §303.303(b)—Referral procedures: Referral of specific at-risk infants and toddlers.

¹² §303.111(a)(1)(i) —Child find: General. And §303.111(c)—Child find: Other children in child find.

Comprehensive Child Find System

Each State's **child find** system must...

- be consistent with Part B of IDEA



- include a **system for making referrals** to the lead agency or EIS providers



- timelines
- participation of primary referral sources

Slide loads completely.

No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

Pertinent Handouts:

- Activity Sheet 10 | How Many Places and People Can You Name?
- Handout 4 | Comprehensive Child Find System

Moving on to the second general requirement of each State's child find system, as given at §303.302(a)(ii)... It's quite a significant requirement that intertwines with many other provisions in Part C, as will be discussed throughout this module.

General Child Find Requirement 2: The System for Making Referrals

Refer participants to page 1 of **Handout 4**, and let's pick up where we left off in §303.302(a). The slide recapitulates this provision nearly verbatim, as shown in the box at the right.

§303.302 Comprehensive child find system.

(a) *General.* Each system must include a comprehensive child find system that—

(1) Is consistent with Part B of the Act (see 34 CFR 300.111);

(2) Includes a system for making referrals to lead agencies or EIS providers under this part that—

(i) Includes timelines; and

(ii) Provides for participation by the primary referral sources described in §303.303(c)...

Discussing the Slide

The slide introduces the *referral system*, which is an extremely important aspect of how the lead agency fulfills its child find obligations. As the regulations indicate, each State must have a referral system that:

- enables people in the State to refer infants and toddlers suspected of having a disability to the early intervention system for evaluation;
- ensures that those considered “primary referral sources” can participate in referring children to Part C; and

- specifies timelines within which a primary referral source is required to make such a referral.

Timelines | To answer the question of “timelines,” tell participants that, under the Part C regulations, referrals need to be made *as soon as possible* after the child is identified as possibly having a developmental delay or disabilities, but *in no case more than seven days*.¹³

Who’s a primary referral source? | Participants may well wonder who’s considered a “primary referral source” in Part C. Indicate that you’ll have a look at the regulations in a moment, but first—first they are going to work with a partner and make up their own list of who seems a likely candidate.

Activity Time!

Purpose | To have participants use their personal experience about babies and toddlers to identify the people with whom they most commonly interact and who, in turn, might be a primary referral source in Part C.

What participants are asked to do | Answer these two questions:

- In what places in the community do we often encounter babies and toddlers?
- What people in the community (especially professionals) strike us as most likely to notice if a baby or toddler has a developmental delay or disability?

Time Activity Takes: 10 minutes.

Group Size: Have participants work in pairs (5 minutes). Call the full group back together to compile a full-group list of answers (5 minutes).

Materials You’ll Need

Activity Sheet 10, *How Many Places and People Can You Name?*

Instructions:

1. Break the large group up into teams of 2 or 4. Have them take out Activity Sheet 10.
2. Explain that they’re going to make two lists, based on their own experience and community life.

First, the **places** that babies and toddlers are likely to go or be seen | It’s in *these* types of locations, doing *those* kinds of activities, that a baby or toddler might be observed to have a developmental delay or disability.

Second, the **people** who most often interact with babies or toddlers | These are the people most likely to notice that a baby or toddler might have a developmental delay or disability. As such, they are also potential candidates to serve as primary referral sources.

3. Give participants 5 minutes to list as many places and people as they can.

4. Call the full group back together and make a pooled (non-repeating) list of places and people. Hop from team to team, having each add an item to the group list.

5. When you think you have enough examples to illustrate how widespread the referral base can be, move on the section below entitled “About Primary Referral Sources” and take a look together at what the Part C regulations have to say. Keep the full-group list in plain view and refer back to it when there’s a match between the regs and the list.

Answers will vary by participant.

About Primary Referral Sources

All right, time for the regulations on primary referral sources (see the list in the box). Perhaps the audience has already peeked at the list, which appears on page 3 of **Handout 4** at §303.303(c).

That's quite a list, isn't it? It is not exhaustive, however; as the Department notes, a lead agency may include other primary referral sources in its child find system.¹⁴

How many of the items on the list match up with the full-group list you generated in the activity? Which items—primary referral sources—*didn't* participants come up with?

New to the list | The Part C regulations have long included a list of people and entities to be considered as primary referral sources. That list has been expanded in the 2011 Part C regulations. New to the list are:

- schools;
- clinics;
- public agencies and staff in the child welfare system, including child protective service and foster care;
- homeless family shelters; and
- domestic violence shelters and agencies.¹⁵

These additions are in keeping with changes made in the IDEA statute in 2004 and, as the Department noted, "implement the intent of Congress... to ensure that the comprehensive child find system "includes a broad range of referral sources."¹⁶



§303.303(c)—Primary referral sources.

(c) *Primary referral sources.* As used in this subpart, primary referral sources include—

- (1) Hospitals, including prenatal and postnatal care facilities;
- (2) Physicians;
- (3) Parents, including parents of infants and toddlers;
- (4) Child care programs and early learning programs;
- (5) LEAs and schools;
- (6) Public health facilities;
- (7) Other public health or social service agencies;
- (8) Other clinics and health care providers;
- (9) Public agencies and staff in the child welfare system, including child protective service and foster care;
- (10) Homeless family shelters; and
- (11) Domestic violence shelters and agencies.

References & Footnotes

¹³ §303.303(a)(2)(i)—Referral procedures: General.

¹⁴ 76 Fed. Reg. at 60190.

¹⁵ §303.303(c)—Referral procedures: Primary referral sources.

¹⁶ 72 Fed. Reg. at 26471. Available online at: <http://www2.ed.gov/legislation/FedRegister/proprule/2007-2/050907a.pdf>

Comprehensive Child Find System

Each State's **child find** system must...

- be consistent with Part B of IDEA
- include a system for making referrals to the lead agency or EIS providers



- ensure **rigorous standards for identifying** infants & toddlers with disabilities for early intervention services that will reduce the need for future services

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No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

Pertinent Handouts:

- Handout 4 | Comprehensive Child Find System

Moving on to the third general requirement of each State's child find system, as given at §303.302(a)(iii)... the rigorous standards that States must have for identifying infants and toddlers for EI services.

General Child Find Requirement 3: Rigorous Standards

Refer participants to page 1 of **Handout 4**, and let's pick up where we left off in §303.302(a). The slide recapitulates this provision nearly verbatim, as shown in the box at the right.

§303.302 Comprehensive child find system.

(a) *General.* Each system must include a comprehensive child find system that—

(1) Is consistent with Part B of the Act (see 34 CFR 300.111);

(2) Includes a system for making referrals to lead agencies or EIS providers under this part that—

(i) Includes timelines; and

(ii) Provides for participation by the primary referral sources described in §303.303(c)...

(3) Ensures rigorous standards for appropriately identifying infants and toddlers with disabilities for early intervention services under this part that will reduce the need for future services; and...

Discussing the Slide

The slide focuses on the need for each State to have rigorous standards by which to identify—appropriately—those infants and toddlers in the State who have disabilities and need early intervention services.



What’s new and what’s not? | Part C has always required States to have standards by which infants and toddlers with disabilities are identified appropriately. The word “rigorous” has been added in the 2011 Part C regulations, in keeping with changes made by Congress in the IDEA 2004 statute. This means that, now, States must have *rigorous* standards.

Do the regulations define “rigorous”? | No, the regulations do not. The Department, however, does clarify that it interprets “rigorous” to mean that “the State has obtained public (including stakeholder) input on its child find system policies and procedures” as required in multiple provisions of the regulations.¹⁷

Requiring public input ensures that stakeholders who have an interest in the development of a State’s child find system, including parents of infants and toddlers with disabilities, EIS providers, Council members, and other stakeholders, have adequate opportunity to comment on, and inform, the decision-making process regarding a State’s child find policies and procedures.¹⁸

About reducing the need for future services | Another new element in the 2011 Part C regulations is the reference to reducing the need for future services. Does this mean that early intervention services may only be provided to infants and toddlers with disabilities if the lead agency or EIS provider determines that doing so will reduce the child’s need for future services?

No. To clarify why this has been added to the regulations, the Department explains that the phrase incorporates statutory language from the IDEA statute and reflects the key Congressional finding that there is an urgent and substantial need to reduce the educational costs to our society,



including our nation’s schools, by minimizing the need for special education and related services after infants and toddlers with disabilities reach school age. Thus, §303.302(a)(3) “does not require a determination as to whether a specific infant or toddler with a disability will or will not require future services, but rather reflects one of the critical findings underlying Part C of the Act.”¹⁹

The Fourth Requirement?

Participants may notice that §303.302(a) includes four general requirements, not just three. We’ve chosen not to devote an additional slide to the requirement at §303.302(a)(4), because it references several other regulatory provisions that are covered in this module. For the sake of completeness, however, here’s that fourth requirement (bolded below):

(a) *General*. Each system must include a comprehensive child find system that—

- (1) Is consistent with Part B...
- (2) Includes a system for making referrals...
- (3) Ensures rigorous standards for appropriately identifying ...

(4) Meets the requirements in paragraphs (b) and (c) of this section and §§303.303, 303.310, 303.320, and 303.321.

So—what requirements are being referenced here? Explain briefly to participants, as you deem necessary, or simply summarize by saying that, in addition to meeting the three general requirements already discussed, the comprehensive child find system in a State must comply with many *specific* requirements as well, which are identified here in cross-reference.

“Scope of child find” in paragraph (b) | Paragraph (b) relates to the “scope of child find.” The verbatim text can be found on **Handout 4**. The scope—all infants and toddlers with disabilities in the State—was the subject of

Slide 3 and will be expanded upon in Slide 7 (our next slide).

Coordination with other major child find efforts in paragraph (c) | Paragraph (c) is also found on **Handout 4** and relates to the required coordination between the lead agency and all other major efforts by State agencies to locate and identify infants and toddlers with disabilities in the State. This coordination will be the focus of Slides 8 and 9.

Referral procedures in §303.303 | Handout 4 provides the verbatim text of §303.303, which is subtitled “referral procedures.” Most of the required procedures—e.g., timelines for referral and primary referral sources—were discussed on the previous slide.

Post-referral activities in §§303.310, 303.320, and 303.321 | All of these cited provisions are part of the activities that go on *after* a child is referred to Part C—called post-referral. All appear on Handout 6, but aren’t covered in this module. Respectively, the provisions are subtitled:

- Post-referral timeline (45 days)
- Screening procedures (optional)
- Evaluation of the child and assessment of the child and family

References & Footnotes

¹⁷ 76 Fed. Reg. at 60186. Provisions that require public input are found in §§303.101(a)(2), 303.115, and 303.116.

¹⁸ 76 Fed. Reg. at 60186.

¹⁹ 76 Fed. Reg. at 60186.

Populations of concern: Infants & toddlers with disabilities who are...

- | | |
|--|---|
| <ul style="list-style-type: none"> • Native Americans living on reservations geographically located in the State | <ul style="list-style-type: none"> • the subject of a substantiated case of child abuse or neglect |
| <ul style="list-style-type: none"> • homeless, in foster care, and wards of the State | <ul style="list-style-type: none"> • directly affected by illegal substance use or withdrawal symptoms from prenatal drug exposure |

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No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

Pertinent Handouts:

- Handout 4 | Comprehensive Child Find System
- Handout 5 | Public Awareness Program & the Central Directory

So...the Part C child find system in each State must ensure that all infants and toddlers with disabilities eligible for EI services are identified, located, and evaluated, *including*...what? We left this question hanging back on Slide 3. Here is where you'll get the answer to what was left unsaid.

The Part C Regulations

The regulations that are the basis for the text on this slide can be found at §303.302(b)(1), on Handout 4, and in the box to the right.

Noting a Change in the Part C Regulations

The regulations make it clear that the scope of child find is to ensure that all infants and toddlers with disabilities in the State who are eligible for early intervention services are identified, located,

Populations of concern: §303.302(b)(1)

(b) *Scope of child find.* The lead agency, as part of the child find system, must ensure that—

(1) All infants and toddlers with disabilities in the State who are eligible for early intervention services under this part are identified, located, and evaluated, including—

(i) Indian infants and toddlers with disabilities residing on a reservation geographically located in the State (including coordination, as necessary, with tribes, tribal organizations, and consortia to identify infants and toddlers with disabilities in the State based, in part, on the information provided by them to the lead agency under §303.731(e)(1)); and

(ii) Infants and toddlers with disabilities who are homeless, in foster care, and wards of the State; and

(iii) Infants and toddlers with disabilities that are referenced in §303.303(b); and...

and evaluated. This isn't new to the Part C regulations.

What is new in the regulations is that specific populations of concern are mentioned—namely, infants and toddlers with disabilities:

- who are Indian and who reside on a reservation geographically located in the State;
- who are homeless, in foster care, and wards of the State;
- who are considered “at risk” because they are the subject of a substantiated case of child abuse or neglect, or who are identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.



These specific subpopulations are now mentioned in the Part C regulations, because they were added in the 2004 amendments to Part C of IDEA.

Should you wish to give more detail to the audience about each of these subpopulations, consider pulling from the additional information we've provided below. There's quite a lot to choose from!

It may also be a good time to provide information that's specific to your State with respect to Native American populations and/or reservations in the State, estimated number of families with children who are homeless, and so on.

Population of Concern: Native Americans

The lead agency must ensure that child find efforts (identifying, locating, and evaluating infants and toddlers with disabilities in the State who are eligible for EI services) include Indian infants and toddlers with disabilities who live on reservations that are located geographically in the State.

Parenthetically, the regulation also includes coordinating (as necessary) with tribes, tribal organizations, and consortia and using the information that these entities may provide to the lead agency about possible infants and toddlers with disabilities residing on a reservation located in the State.

Definition of “Indian” | The Part C regulations define the term “Indian” and “Indian tribe” at §303.19. For your convenience, we've given that definition in the box on this page. It's worth noting that the definition includes Alaska natives. That's why you may encounter the acronym AIAN with respect to this population; the acronym stands for American Indian/Alaska Native.

About federally recognized tribal governments | A unique government-to-government relationship exists between AIAN tribal governments and the United States government. This relationship is based on the U.S. Constitution, federal treaties, policy, law, court decisions, executive orders, and the ongoing political relationship among tribes and the federal government.²⁰ Tribes exist as sovereign entities, but federally recognized tribes are entitled to health and educational services provided by the federal government.²¹

Statistics on the AIAN population | According to the U.S. Census Bureau,²² the nation's population of American Indians and Alaska Natives is 5.2 million. There are 15 States with an AIAN popula-

§ 303.19 Indian; Indian tribe.

(a) *Indian* means an individual who is a member of an Indian tribe.

(b) *Indian tribe* means any Federal or State Indian tribe, band, rancheria, pueblo, colony, or community, including any Alaska Native village or regional village corporation (as defined in or established under the Alaska Native Claims Settlement Act, 43 U.S.C. 1601 et seq.).

(c) Nothing in this definition is intended to indicate that the Secretary of the Interior is required to provide services or funding to a State Indian Tribe that is not listed in the Federal Register list of Indian entities recognized as eligible to receive services from the United States, published pursuant to section 104 of the Federally Recognized Indian Tribe List Act of 1994, 25 U.S.C. 479a-1.

tion of more than 100,000: California, Oklahoma, Arizona, Texas, New York, New Mexico, Washington, North Carolina, Florida, Michigan, Alaska, Oregon, Colorado, Minnesota and Illinois.

In 2010, there were 334 federally- and state-recognized American Indian *reservations* (this total excludes the Hawaiian Homelands) and 565 federally-recognized *tribes*.

What are the AIAN tribes in your State? | If you'd like to share State-specific information about the Indian tribes in your State, consult the Tribal Directory available online at the U.S. Department of the Interior's Indian Affairs page, at:

<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>

Health concerns | Large disparities have long been noted in the health and poverty of Indian and non-Indian populations. Issues of particular concern for the Indian population include: inadequate prenatal care, infant mortality (at twice the national rate), children born with fetal alcohol syndrome (at fivefold the rate of the national population), obesity in children (at three times the national rate), and childhood dental caries (cavities) and untreated tooth decay.²³

The involvement of child find | Given the heightened health concerns associated with rural living and the specific concerns of the Indian population, it's understandable that Indian infants and toddlers are at risk of having developmental delays and disabilities and are, therefore, a population of concern to States' child find systems. States must work with the tribes, tribal organizations, and consortia in their State to obtain information about children residing on reservations located in the State who are potentially eligible for Part C services.

When Indian tribes, tribal organizations, and consortia receive funds from the Secretary of the Interior, they are required to coordinate with the State's lead agency responsible for providing early intervention services under Part C.



This coordination is to ensure that eligible Indian infants and toddlers with disabilities under the age of three in the State are identified, evaluated, and provided early intervention services.²⁴

Population of Concern: Homeless, in Foster Care, Wards of the State

Another population of concern to State child find systems are infants and toddlers with disabilities who are homeless, in foster care, and wards of the State. Let's look at each of these now, one at a time.

A | Homeless children

The Part C regulations use the definition of *homeless children* given in the McKinney-Vento Homeless Assistance Act.²⁵ For your convenience, we provide that definition in the box on the next page.

Statistics on homelessness | First, let us quote from the National Coalition for the Homeless, speaking to the question of how many homeless people there are in the United States. The Coalition says:

There is no easy answer to this question and, in fact, the question itself is misleading. In most cases, homelessness is a temporary circumstance—not a permanent condition. A more appropriate measure of the magnitude of homelessness is the number of people who experience homelessness over time, not the number of "homeless people."²⁶

That said, the National Coalition acknowledges that there are several national estimates of homelessness, although many are dated or based on dated information. The Coalition references a study done by the National Law Center on Homelessness and Poverty in 2007, which states that approximately 3.5 million people—1.35 million of them children—are likely to experience homelessness in a given year.²⁷ Put another way, of every 200 children in America, 3 will be homeless today and more than double that number will be at risk for homelessness.²⁸



Mini-bib on homeless young children from the ECTA Center | The ECTA Center (previously NECTAC) offers a 2006 minibibliography with a selection of resources that address the needs and educational rights of young children experiencing homelessness, as well as strategies for working with these vulnerable children and their families in early childhood care and education programs. Access the mini-bib online at: <http://www.nectac.org/~pdfs/pubs/homeless.pdf>

B | Children in foster care

Also a population of concern to State child find systems are infants and toddlers in foster care—who among them have developmental delays or disabilities and need early intervention services? The State has an affirmative obligation to identify, locate, and evaluate these little ones.

Defining “foster care” | The Social Security Act, as amended, defines “foster care” as “24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility.” This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group

homes, emergency shelters, residential facilities, child care institutions, and preadoptive homes.²⁹

How many children? | U.S. Department of Health and Human Services (HHS) collects information on children and youth in foster care through the Adoption and Foster Care Analysis and Reporting System (AFCARS). Data reported by States indicate the following numbers of children below the age of three were in foster care on September 30, 2012:

- 25,379 children less than 1 year old
- 30,546 children 1 year old
- 27,624 children 2 years old³⁰

That adds up to 83,549 children in foster care who are within the age range of eligibility for Part C services.

Not all will need early intervention services, to be sure, but many will—and the State has the obligation to identify, locate, and evaluate them.



Definition of “Homeless Children”

in Section 725 of the McKinney-Vento Homeless Assistance Act

(2) The term “homeless children and youths” —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes—

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

On the youngest of the young | Infants are the largest group of children admitted to foster care. Almost 1 in 4 children admitted to foster care for the first time is under the age of 1 year. The most frequently cited reason that infants are admitted to foster care? For 46%, the reason is physical neglect, a category that includes failure to provide, unsanitary conditions, and prenatal drug exposure. Not surprisingly, infants in care are particularly vulnerable to delays in emotional, social, and cognitive development. Thus, “screening and early intervention are extremely important for this age group.”³¹

C | Children who are wards of the State

The definition of “ward of the State” appears in the Part C regulations at §303.37 and is given in the box to the right.

As you can see by this definition, the meaning of *ward of the State* is determined by the State in which the child resides. Depending on State policy, foster children may be considered wards of the State, as may children in the custody of the State’s public child welfare agency. Clearly, it’s important to know how your State defines the term.



Generally speaking | A child is determined to be a ward of the State after a court proceeding in which the judge determines that a child’s interests would be served best by the government.³² A ward of the State is considered to be in the legal custody of the State and typically has a guardian appointed by the court to care for and take responsibility for that person.³³

Why does a child become a ward of the State? | Typical reasons for children entering State custody include neglect, abandonment, or abuse by their biological parents.³⁴ Often, however, there may be family members or other adults who are willing and capable of serving as a child’s legal guardian, which would prevent the child becoming a ward of the State. That decision still requires a court proceeding.

About public child welfare agencies | The Child Welfare Information Gateway is the go-to resource for learning more about how the child welfare

§ 303.37 Ward of the State.

(a) *General.* Subject to paragraph (b) of this section, *ward of the State* means a child who, as determined by the State where the child resides, is—

- (1) A foster child;
- (2) A ward of the State; or
- (3) In the custody of a public child welfare agency.

(b) *Exception.* *Ward of the State* does not include a foster child who has a foster parent who meets the definition of a parent in §303.27.

agency in each State operates. Rather than reinvent the wheel, we’d like to share an excerpt from the Information Gateway’s 2012 publication, *How the Child Welfare System Works*.³⁵

The child welfare system is not a single entity. Many organizations in each community work together to strengthen families and keep children safe....

Child welfare systems are complex, and their specific procedures vary widely by State. Child welfare systems typically:

- Receive and investigate reports of possible child abuse and neglect;
- Provide services to families that need assistance in the protection and care of their children;
- Arrange for children to live with kin or with foster families when they are not safe at home;
- Arrange for reunification, adoption, or other permanent family connections for children leaving foster care.

About your State’s child welfare system | The Child Welfare Information Gateway can also connect you with information about your State’s statutes and policies with respect to child welfare,

including key definitions, who is required to report cases of child abuse or neglect, how the best interest of the child is determined, and much, much more.

Begin at:

http://www.childwelfare.gov/systemwide/laws_policies/state/

Population of Concern: Cases of Substantiated Child Abuse or Neglect

As you just read, the child welfare system in each State is deeply involved in receiving and investigating reports of possible child abuse and neglect. It's a tragic and harrowing fact that, during federal fiscal year 2011, an estimated 3.4 million referrals, involving the alleged maltreatment of approximately 6.2 million children, were received by child protective service (CPS) agencies across the country. Of these referrals:

- More than 3 million reports received an investigation or alternative response.
- 676,569 cases were substantiated as child abuse or neglect.
- Children in the age group of birth to 1 year had the highest rate of victimization.³⁶

Who reports child abuse or neglect? | Anyone may. It's a relief to know that all 50 States, the District of Columbia, and the U.S. territories have mandatory child abuse and neglect reporting laws that require certain professionals and institutions to report suspected maltreatment to a CPS agency. In FFY 2011, professionals (e.g., education personnel, legal and law enforcement personnel, social services personnel, and medical personnel) submitted three-fifths of the reports.³⁷

What's considered "maltreatment"? | According to the Children's Bureau at the U.S. Department of Health and Human Services:

- The Child Abuse Prevention and Treatment Act (CAPTA) defines child abuse and neglect as, at a minimum: "Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm."

- Each State has its own definitions of child abuse and neglect that are based on standards set by Federal law.
- Most States recognize four major types of maltreatment: neglect, physical abuse, psychological maltreatment, and sexual abuse.³⁸

Relevance to Part C child find | Obviously, children who have been abused or neglected stand at risk of having or developing disabilities and, thus, are a population of concern to child find. The Part C regulations require [at §303.303(b)] that the youngest of these children, the babies and toddlers, *must* be referred to child find if they are the subject of a *substantiated* case of child abuse or neglect.

This requirement is new to the Part C regulations, but it's existed in CAPTA since the legislation was amended in June 2003. Note that referral of a sibling under the age of three is *not* required by either Part C or CAPTA unless that sibling is a child who also has been the subject of a substantiated case of child abuse or neglect.³⁹

Population of Concern: Substance Use or Prenatal Exposure

The final "population of concern" mentioned on the slide relates to illegal substance use or prenatal drug exposure. Children who have been directly affected by illegal substance use or withdrawal symptoms from prenatal drug exposure are considered at risk of developmental delay or disability. Therefore, they are a population of concern to Part C child find.

New to the Part C regulations, then, is the requirement that children under the age of three who are "identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure" must be referred to the Part C system for evaluation or early intervention.⁴⁰ This regulatory requirement was added to reflect changes made in 2004 to the IDEA statute.



For more information about the effects babies may experience as a result of being exposed prenatally to drugs or to illegal substance use, you might consult:

National Center on Substance Abuse and Child Welfare (NCSACW)

Find a wealth of information!

<http://www.ncsacw.samhsa.gov/>

Using Illegal Street Drugs During Pregnancy

Looks at the effects of marijuana, cocaine, heroin, PCP and LSD, and methamphetamine.

Discusses State laws regarding drug use during pregnancy.

<http://americanpregnancy.org/pregnancy-health/illegal-drugs/>

Substance-Exposed Infants: State Responses to the Problem

<http://www.ncsacw.samhsa.gov/files/Substance-Exposed-Infants.pdf>

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²² U.S. Census Bureau. (2011). *Facts for features: American Indian and Alaska Native heritage month: November 2011*. Retrieved July 17, 2012 from http://www.census.gov/newsroom/releases/archives/facts_for_features_special_editions/cb11-ff22.html

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²⁴ 76 Fed. Reg. at 60237.

²⁵ Find the full text of the McKinney-Vento Homeless Assistance Act online at: <http://www2.ed.gov/policy/elsec/leg/esea02/pg116.html>

²⁶ National Coalition for the Homeless. (2009, July). *How many people experience homelessness?* Retrieved July 17, 2012 from http://www.nationalhomeless.org/factsheets/How_Many.html

²⁷ National Coalition for the Homeless. (2009, July). *How many people experience homelessness?* Retrieved July 17, 2012 from http://www.nationalhomeless.org/factsheets/How_Many.html

continued on the next page 



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²⁸ National Coalition for the Homeless. (2009, September). *Education of homeless children and youth*. Retrieved July 17, 2012 from <http://www.nationalhomeless.org/factsheets/education.html>

²⁹ 45 CFR § 1355.20—*Definitions: Foster care*. Online at: <http://www.gpo.gov/fdsys/pkg/CFR-2011-title45-vol4/pdf/CFR-2011-title45-vol4-sec1355-20.pdf>

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³¹ Wulczyn, F., Ernst, M., & Fisher, P. (2011). *Who are the infants in out-of-home care? An epidemiological and developmental snapshot*. Chicago, IL: Chapin Hall at the University of Chicago. Online at: http://www.chapinhall.org/sites/default/files/publications/06_08_11_Issue%20Brief_F_1.pdf

³² Scott, S. (2011, September). *When is a child considered a ward of the state?* Retrieved July 17, 2012 from the eHow website: http://www.ehow.com/info_12025845_child-considered-ward-state.html

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³⁴ Varma, S., & Wendler, D. (2008, January). Research involving wards of the state: Protecting particularly vulnerable children. *The Journal of Pediatrics*, 152(1), 9–14. DOI: 10.1016/j.jpeds.2007.07.039

³⁵ Child Welfare Information Gateway. (2013, February). *How the child welfare system works* [Factsheet]. Quotation from pages 2-3. Retrieved November 25, 2013 from <http://www.childwelfare.gov/pubs/factsheets/cpswork.pdf>

³⁶ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2012). *Child maltreatment 2011*. Washington, DC: Author. Available from <http://www.acf.hhs.gov/sites/default/files/cb/cm11.pdf>

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³⁹ 76 Fed. Reg. at 60189.

⁴⁰ §303.303(b)(2)—Referral of specific at-risk infants and toddlers.

Coordination with Other State Efforts

The lead agency* must ensure that the State's child find system...



- is **coordinated with all other major efforts** to locate & identify children conducted by other State agencies
- is coordinated with the efforts of **multiple other entities and programs**

* with the assistance of the State Interagency Coordinating Council

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No clicks are necessary except to advance to the next slide.

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Pertinent Handouts:

- Handout 4 | Comprehensive Child Find System

As the slide makes clear, conducting a comprehensive child find requires the lead agency to coordinate its efforts with all other major efforts of other State agencies to locate and identify children with disabilities in the State. Coordination is also required with multiple other entities and programs in the State.

After all, as discussed at the onset of this module, the regulations require each State's lead agency to establish a "statewide comprehensive, coordinated, multidisciplinary interagency system to provide early intervention services for infants and toddlers with disabilities and their families."⁴¹ Emphasis here on:

- *coordinated*
- *interagency*



Requiring coordination between State agencies is not new to Part C or its regulations. However, in keeping with changes made in the 2004 amendments to IDEA, the regulations now mention several "new" agencies with which coordination in child find efforts must now take place. These will be discussed on the next slide, and will provide details to flesh out the second bullet on the slide (coordination with "multiple other entities and programs").

Where, in the Regulations?

Handout 4 provides the verbatim regulations at §303.302(c) that underpin the text that's on the slide. Those regulations begin:

(c) *Coordination.* (1) The lead agency, with the assistance of the Council, as defined in §303.8, must ensure that the child find system under this part—

(i) Is coordinated with all other major efforts to locate and identify children by other State agencies responsible for administering the various education, health, and social service programs relevant to this part, including Indian tribes that receive payments under this part, and other Indian tribes, as appropriate; and

(ii) Is coordinated with the efforts of the—

- Part C requires that each State establish an SICC to advise and assist the lead agency in the implementation of the Part C program. The SICC is appointed by the Governor of the State.⁴²
- Both the IDEA statute and the Part C regulation specify the minimum membership of the SICC. Membership must be at least 20% parents of children with disabilities younger than 12 years old and at least 20% public or private early intervention providers. There must also be at least one member from each of the many agencies involved in child-related issues (e.g., lead agency, State legislature, Medicaid, preschool, Head Start, personnel preparation, foster care, child care, the homeless, mental health, health insurance).⁴³

Discussing the Slide

Refer participants to **Handout 4** (page 1, column 2), to have a look at how the slide distills key words of how §303.302(c) begins. However, more detail is available in §303.302(c)(1)(i) with respect to those “other State agencies” which whom the lead agency must coordinate its child find efforts.



Education, health, and social service programs
| Ask participants what agencies come to mind when they think of education, health, and social service programs in their State. Make a quick list on a flipchart. Keep the list readily at hand for comparison sake, because the next slide will take up where the regulations cited above leave off and name specific entities and programs with which the lead agency must coordinate as part of child find.

State Interagency Coordinating Council (SICC)
| If participants aren't familiar with the SICC or need a refresher as to its role, here's a quick synopsis you can offer.

- As shown via the asterisk on the slide, one of the duties of the SICC is to help the lead agency coordinate its child find efforts with the efforts of other public agencies and other entities and programs in the State.⁴⁴
- Other duties of the SICC include, but aren't limited to advising and assisting the lead agency with respect to: identifying the sources of fiscal and other support for EI services, assigning financial responsibility to the appropriate agency, promoting methods of intra- and interagency collaboration, the transition of toddlers with disabilities from Part C to preschool and other services, and preparing and submitting an annual report to the Governor of the State and to the Secretary of Education.⁴⁵

References & Footnotes

⁴¹ §303.300—Subpart D: General.

⁴² §303.600—Establishment of Council.

⁴³ §303.601—Composition.

⁴⁴ §303.302(c)(1)—Coordination.

⁴⁵ §303.604—Functions of the Council—required duties.

And there are a **LOT** of other efforts going on!



Opening View

Slide loads with the header line and a large picture of people moving to and fro.

And there are a **LOT** of other efforts going on!

- Part B program
- Maternal & Child Health
- EPSTD
- Programs under DD Act
- EHCI systems of CDC
- Programs under Family Violence Prevention and Services Act
- CHIP
- Head Start
- SSI program
- Child protection & child welfare programs
- Child care programs in the State

CLICK I

Click 1:
The picture lifts away and reveals the bulleted list of the many programs and agencies with whom child find needs to coordinate its efforts.

CLICK AGAIN to advance to next slide.

See discussion on next page

Slide 9: Background and Discussion

I Click



Pertinent Handouts:

- Handout 4 | Comprehensive Child Find System

Picking up where we left off... what are the agencies, entities, and programs specifically mentioned in the Part C regulations with which the lead agency must coordinate its child find efforts?

There are quite a few—some have long been included in the regulations, while others are newly specified. If participants are wondering what any of the acronyms on the slide stand for, we've provided their interpretations in the box to the right.

The Regulations, Verbatim

The relevant regulations are found at §303.302(c), appear in their entirety on **Handout 4** (pages 1-2), and are provided for your convenience in the box on the next page.

Discussing the Slide

Acronyms interpreted | Before you launch into the actual regulations and offer any details about the programs listed at §303.302(c), take a moment and talk with participants about what's listed on the slide. Anyone know what those acronyms mean? See the translation of each in the box.

Compare your lists | Did participants generate a list under the previous slide of agencies or entities that they'd consider to be "education, health, and social service programs" in their State? If so, go through that list and see how many match what's mentioned in the Part C regulations.

Specific programs mentioned but not new to the regulations | First, here's a handy recap of those programs that aren't new in the regulations. See the full verbatim regulations in the box above.

- The Part B program in the State (under IDEA)
- Maternal and Child Health program (although now the regulations specifically include the the Maternal, Infant, and Early Childhood Home Visiting Program)

Acronyms Decoded

EPSTD | Early Periodic Screening, Diagnosis, and Treatment program

DD Act | The Developmental Disabilities Assistance and Bill of Rights Act

EHDI systems of CDC | Early Hearing Detection and Intervention programs of the Centers for Disease Control and Prevention

CHIP | Children's Health Insurance Program

SSI program | Supplemental Security Income program

- Early Periodic Screening, Diagnosis and Treatment (EPSDT) program
- Programs under the Developmental Disabilities Assistance and Bill of Rights Act
- Programs under the Head Start Act (including Early Head Start programs)
- Supplemental Security Income (SSI) program

Who's new? | Okay, now for the newbies in the list. As you can see in the verbatim regulations cited in the box on the next page [look at (G) through (K)], child find efforts must now also be coordinated with these programs:

- child protection and child welfare programs (including programs administered by, and services provided through, the foster care agency and the State agency responsible for administering CAPTA);
- child care programs in the State;

- programs providing services under the Family Violence Prevention and Services Act;
- Early Hearing Detection and Intervention (EHDI) systems; and
- the CHIP program in the State (Children’s Health Insurance Program).

More details about each of these listed entities and programs is given under the section entitled “Want More Info?”

Being added doesn’t mean... | Because an entity has been added to the regulations as an express point of coordination in child find doesn’t necessarily mean that the entity is a “participating agency” as Part C defines that term.⁴⁶ Personally identifiable information (PII) about a child or family may not be shared without parental consent with programs or entities that are not “participating agencies.”

Avoiding duplication of effort | As in the past, the lead agency (with the advice and assistance of the Interagency Coordinating Council in the State) is responsible for ensuring that there’s no unneces-

continued on the next page 

Coordination in Child Find §303.302(c)



(c) *Coordination.* (1) The lead agency, with the assistance of the Council, as defined in §303.8, must ensure that the child find system under this part—

(i) Is coordinated with all other major efforts to locate and identify children by other State agencies responsible for administering the various education, health, and social service programs relevant to this part, including Indian tribes that receive payments under this part, and other Indian tribes, as appropriate; and

(ii) Is coordinated with the efforts of the—

(A) Program authorized under Part B of the Act;

(B) Maternal and Child Health program, including the Maternal, Infant, and Early Childhood Home Visiting Program, under Title V of the Social Security Act, as amended, (MCHB or Title V) (42 U.S.C. 701(a));

(C) Early Periodic Screening, Diagnosis, and Treatment (EPSDT) under Title XIX of the Social Security Act (42 U.S.C. 1396(a)(43) and 1396(a)(4)(B));

(D) Programs under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15001 et seq.);

(E) Head Start Act (including Early Head Start programs under section 645A of the Head Start Act) (42 U.S.C. 9801 et seq.);

(F) Supplemental Security Income program under Title XVI of the Social Security Act (42 U.S.C. 1381);

(G) Child protection and child welfare programs, including programs administered by, and services provided through, the foster care agency and the State agency responsible for administering the Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106(a));

(H) Child care programs in the State;

(I) The programs that provide services under the Family Violence Prevention and Services Act (42 U.S.C. 10401 et seq.);

(J) Early Hearing Detection and Intervention (EHDI) systems (42 U.S.C. 280g-1) administered by the Centers for Disease Control (CDC); and

(K) Children’s Health Insurance Program (CHIP) authorized under Title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.).

sary duplication of effort between all these programs and that the State makes use of the resources available through each public agency and EIS provider in the State to implement the child find system in an effective manner.⁴⁷

Participants can see the two pertinent regulations laying out these requirements on page 2 (column 2 at the top) of **Handout 4**. These provisions read:

(2) The lead agency, with the advice and assistance of the Council, must take steps to ensure that—

(i) There will not be unnecessary duplication of effort by the programs identified in paragraph (c)(1)(ii) of this section; and

(ii) The State will make use of the resources available through each public agency and EIS provider in the State to implement the child find system in an effective manner. [§303.302(c)(2)]

Want More Info?

Given the long list of programs and entities on the slide and in the regulations, perhaps a bit of detail about each would be helpful? Use the information below to quickly summarize what a program or entity does or how it is relevant to the concerns of early intervention child find.

This list looks at programs in the same order as the regulations at §303.302(c)(1)(ii).

(A) Program authorized under Part B of the Act | Here, the reference is to the special education and related service programs each State operates under Part B of IDEA. Special education is primarily made available to eligible children with disabilities (ages 3-21) through the public school system. The State educational agency (SEA) is responsible for ensuring that eligible children with disabilities receive a free appropriate public education (FAPE) designed to meet their unique needs.

For more information about Part B of IDEA and the programs it authorizes, visit:
<http://www.parentcenterhub.org/repository/schoolage/>

(B) Maternal and Child Health program | *including the Maternal, Infant, and Early Childhood Home Visiting Program, under Title V of the Social Security Act* | MCH programs (yes, another acronym) are funded under Title V of the Social Security Act (SSA). These programs operate in every State and, among other things, make treatment services available to low-income families and those with special health care needs.

- For more information about MCH programs in general, visit: <http://www.mchb.hrsa.gov/>
- For a “snapshot” of your State’s MCH services, visit: <https://perf-data.hrsa.gov/MCHB/TVISReports/Snapshot/SnapShotMenu.aspx>
- For information about the MCH home visiting program, visit: <http://mchb.hrsa.gov/programs/homevisiting/>



(C) Early Periodic Screening, Diagnosis, and Treatment (EPSDT) | *funded under Title XIX of the Social*

Security Act | Here’s one of the acronyms on the slide. EPSTD provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.⁴⁸

To find out more how EPSDT works with public health, families, managed care organizations, pediatricians, and other health providers, visit:
<http://mchb.hrsa.gov/epsdt/>

(D) Programs under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 | There are several programs funded through the DD Act, including:

- State DD Councils;
- protection and advocacy agencies, which protect the legal and human rights of individuals with developmental disabilities);

- the University Centers for Excellence in Developmental Disabilities Education, Research, and Service (UCEDDs), which provide interdisciplinary preservice preparation of students and fellows, community service activities, and the dissemination of information and research findings; and
- family support programs, which strengthen the comprehensive State systems of support services for family members of people with DD.

To identify DD programs in your State, visit:
<http://www.acl.gov/programs/aidd/index.aspx>

(E) Head Start Act | *including Early Head Start programs* | Head Start is a federal program that promotes the school readiness of children ages birth to 5 from low-income families by enhancing their cognitive, social and emotional development.

Find Head Start programs in your State by visiting: <http://eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices>

(F) Supplemental Security Income program | *under Title XVI of the Social Security Act* | Among other things, the SSI program pays benefits to adults and children with disabilities who have limited income and resources. Find out more at:
<http://www.ssa.gov/disabilityssi/ssi.html>



(G) Child protection and child welfare programs | *including programs administered by, and services provided through, the foster care agency and the State agency responsible for administering CAPTA* | As was discussed under Slide 7, child protection and child welfare programs are newly designated for coordination with Part C.

- The Children’s Bureau at the Department of Health and Human Services is a valuable source of information about both foster care and CAPTA agencies in the United States. Visit:
<http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research>

- Visit the Child Welfare Gateway for State-specific information on child abuse and neglect, foster care, and adoption, at:
<http://www.childwelfare.gov/>

(H) Child care programs in the State | The Child Care and Development Fund (CCDF) allows States to serve families through a single, integrated child care subsidy program under the rules of the Child Care and Development Block Grant Act. States coordinate CCDF with Head Start, pre-k, and other early childhood programs. States can also transfer a portion of Temporary Assistance for Needy Families (TANF) dollars to CCDF, or spend TANF directly for child care.⁴⁹

Contact information for each State’s program can be found at: <http://www.acf.hhs.gov/programs/occ/resource/ccdf-grantee-state-and-territory-contacts>

(I) Programs under the Family Violence Prevention and Services Act | FVPSA provides federal funding for State formula grants assist States and territories in establishing, maintaining, and expanding programs and projects to prevent family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents.

Find your State’s or territory’s coalition against domestic violence at:
<http://nnedv.org/resources/coalitions.html>

(J) Early Hearing Detection and Intervention (EHDI) | *administered by the CDC* | Each State has an EHDI program, which is responsible for creating a system of newborn hearing screening, follow-up, audiological diagnosis (for those who do not pass screening), and intervention (for those who are identified with hearing loss).

Connect with your State or territory’s program at:
<http://www.cdc.gov/ncbddd/hearingloss/ehdi-programs.html>

(K) Children’s Health Insurance Program (CHIP) | *authorized under Title XXI of the Social Security Act* | The CHIP program provides free or low-cost health coverage for more than 7 million children up to age 19. Each State designs its own CHIP program, including eligibility, benefits, premiums and cost-sharing, and application and renewal procedures. States can decide on the benefits provided under CHIP, but all States cover routine check-ups, immunizations, hospital care, dental care, and lab and x-ray services. Children get free preventive care, but low premiums and other cost-sharing may be required for other services.⁵⁰

To identify the CHIP program in your State or territory, visit:
<http://insurekidsnow.gov/state/index.html>

States Don’t Have to Stop There

Although the Department didn’t add other players to the “coordination in child find” table, it does mention that there’s nothing to preclude a State from involving other appropriate entities. Specifically mentioned are these:

- Grant-Supported Federally Qualified Health Centers (“FQHCs”), which include Community Health Centers and Healthcare for the Homeless Programs
- The Temporary Assistance for Needy Families (TANF) Program
- The supplemental nutrition program for Women, Infants and Children (WIC)
- The Supplemental Nutrition Assistance Program (“SNAP”) (formerly the Federal Food Stamp program)⁵¹

References & Footnotes

⁴⁶ 76 Fed. Reg. at 60187.

⁴⁷ §303.302(c)(2)—Comprehensive child find system: Coordination.

⁴⁸ Medicaid.gov. (n.d.). *Early and Periodic Screening, Diagnosis & Treatment*. Retrieved July 23, 2012 from <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>

⁴⁹ Office of Child Care, Administration for Children and Families. (2012, September). *Child Care and Development Fund* [fact sheet]. Retrieved November 26, 2013 from http://www.acf.hhs.gov/sites/default/files/occ/ccdf_factsheet.pdf

⁵⁰ Insurekidsnow.gov. (n.d.). *What is CHIP?* Retrieved July 23, 2012 from <http://www.insurekidsnow.gov/chip/>

⁵¹ 76 Fed. Reg. at 60187.

Public Awareness Program



Each State system must also include a public awareness program that:

- focuses on the **early identification** of infants and toddlers with disabilities
- provides **information to parents** of infants and toddlers through primary referral sources

Slide loads completely.

No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

Pertinent Handouts:

- Handout 5 | Public Awareness Program & the Central Directory

Where We Are in This Module

As the agenda slide (Slide 2) indicated, participants would be learning about the components of the system that each State must build to locate and identify infants and toddlers with disabilities in the State. Four components of the system were mentioned on Slide 2:

- child find,
- public awareness activities,
- the central directory, and
- the referral system.

So far in this training module, we've covered child find. Now it's time for **public awareness activities**—or what the State must do to ensure that the public is aware that early intervention is available to address the developmental needs of eligible infants and toddlers with disabilities. There will be eight slides on the public awareness program that States must build.

Discussing the Slide

Content of the slide and regulations | The content of the slide comes directly, nearly verbatim, from the Part C regulations at §303.116. **Handout 5** begins with those regulations, which can be found in the box at the top of the next page.

What's §303.301 require? | The regulations cited in the box to the right end with a reference to another set of provisions. If participants have consulted **Handout 5**, they may well wonder what "in accordance with §303.301" entails. Let them know that the next three slides will walk through the requirements of §303.301 and all will be made clear.

Name those referral sources! | The slide (and the regulations) mention primary referral sources. Participants have already heard about primary referral sources on Slide 5. Ask them to name as many as they can remember. We repeat the list in the regulations in the box below, for your handy reference.

Summarizing the purpose of the public awareness program | Based on the slide and their own experience and common sense, participants should be able to describe the purpose of the public awareness program in Part C. Take a moment and ask them to write one or two sentences that capture the purpose or purposes of the program. Have a few individuals in the audience share their summaries.

§303.116 Public awareness program.

Each system must include a public awareness program that—

- (a) Focuses on the early identification of infants and toddlers with disabilities; and
- (b) Provides information to parents of infants and toddlers through primary referral sources in accordance with §303.301.

Reflecting back | Can participants recall when they first became aware that early intervention services were available in the State to eligible infants and toddlers with disabilities? How did they find this out? From a family member, friend, or neighbor? At work? In school? Through a public service announcement on TV or the radio? From a brochure in the pediatrician's office?

What Were Those Referral Sources Again?

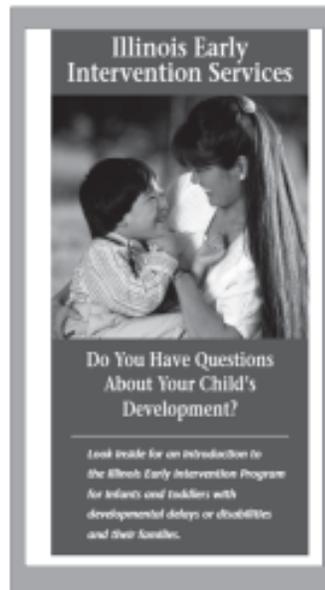
(c) *Primary referral sources.* As used in this subpart, primary referral sources include—

- (1) Hospitals, including prenatal and postnatal care facilities;
- (2) Physicians;
- (3) Parents, including parents of infants and toddlers;
- (4) Child care programs and early learning programs;
- (5) LEAs and schools;
- (6) Public health facilities;
- (7) Other public health or social service agencies;
- (8) Other clinics and health care providers;
- (9) Public agencies and staff in the child welfare system, including child protective service and foster care;
- (10) Homeless family shelters; and
- (11) Domestic violence shelters and agencies. [§303.303(c)]

The public awareness program requires the lead agency to—

- 1 | **Prepare information** on the availability of early intervention and other services

Example from Illinois



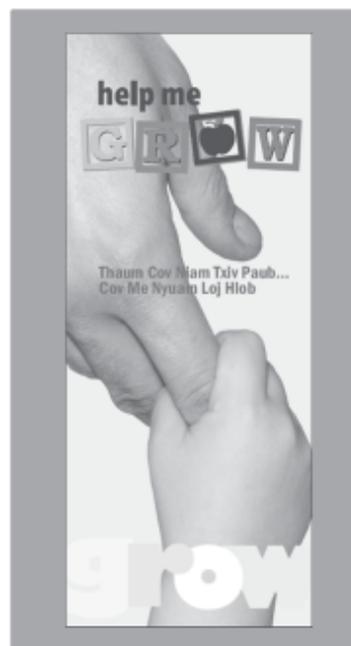
Opening View

Slide loads with an example of public awareness materials from Illinois.

The public awareness program requires the lead agency to—

- 1 | **Prepare information** on the availability of early intervention and other services

*Example from Minnesota—
in H'mong*

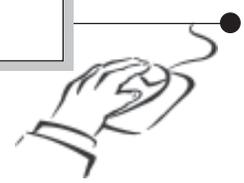


CLICK 1

Click 1: Two more examples of public awareness materials are shown— the first, the Spanish version of the Illinois materials, and the second, an example from Minnesota in H'mong.

CLICK AGAIN to advance to next slide.

See discussion on next page



Pertinent Handouts:

- Handout 5 | Public Awareness Program & the Central Directory
- *Optional* | Public awareness materials from your State

As stated on the last slide, the public awareness program in the State must include providing parents of infants and toddlers with information about the early intervention system—information that is shared with parents through primary referral sources “in accordance with §303.301.” Time to have a look at §303.301!

Organization of the Regulations and the Upcoming Slides

Participants will find §303.301 on **Handout 5** (page 1, column 2). Ask them for the title of the section. Hopefully, they’ll respond with “Public awareness program—information for parents.”

Now ask participants to tell you the titles of the subsections of §303.301—there are three, identified as (a), (b), and (c). Those subtitles are:

- paragraph (a)—preparation and dissemination;
- paragraph (b)—information to be provided; and
- paragraph (c)—information specific to toddlers with disabilities.

As an advance organizer to the upcoming content, tell participants that this slide and the next two will look at paragraph (a)—preparation and dissemination. Slides 14, 15, and 16 will cover paragraph (b)—information to be provided. And finally, Slide 17 will focus on paragraph (c)—information specific to toddlers with disabilities.

Preparation and Dissemination of the Information for Parents

Paragraph (a) of §303.301 addresses the preparation and dissemination of information for parents as part of the public awareness program. Here’s how paragraph (a) begins:

§303.301 Public awareness program—information for parents.

(a) *Preparation and dissemination.* In accordance with §303.116, each system must include a public awareness program that requires the lead agency to—

(1)(i) Prepare information on the availability of early intervention services under this part, and other services, as described in paragraph (b) of this section...

These opening regulations are distilled on the slide as simply: *1 | Prepare information on the availability of early intervention and other services.* An example of public awareness materials (in English) from Illinois is given, to show how at least one State is approaching this task of preparing and disseminating information for parents.⁵² What’s shown is just the front panel of the brochure.

Public Awareness Materials in Your State?

Have you collected any public awareness materials developed by your State—if so, now’s a good time to share them with the audience. They’ll also come in handy when you get to Slide 14, which looks at what information must be provided on these materials.

Public Awareness Materials in Other Languages

It's interesting to note that, despite developing public awareness materials as required by law, many States report still having difficulty reaching all eligible children and families—especially families who:

- speak English as a second language; or
- live in rural areas (who may visit the pediatrician less frequently because of the travel distances involved).⁵³



Many States have developed public awareness materials in the other languages that are spoken by families in the State. Two examples are given on the slide—and will appear with one **CLICK**. These are:

- the Spanish language brochure about early intervention in Illinois⁵⁴—even looks the same as the English version; and
- a H'mong language brochure from Minnesota's *Help Me Grow* program.⁵⁵

Does your State have EI materials in other languages? If so, which ones?

Public Awareness Materials Aren't Just for Parents

Although the Part C regulations clearly stress the importance of developing information about early intervention to be shared with parents, the next slide (and the associated regulations) makes it equally clear that the materials developed for parents are also valuable tools that others will use and share. In particular, *primary referral sources* are viewed as vital conduits of these materials to parents. Having the materials available makes it easy for primary referral sources to refer families to the early intervention system.



Other Activities that Create Public Awareness

To create public awareness of the early intervention system for infants and toddlers with disabilities, States do far more than develop materials to be shared with parents. As GAO observed in 2005:

To inform the public of the program, states used television, radio, and newspaper ads; presentations at community fairs; and distribution of pamphlets and brochures at doctors' offices, hospitals, and other appropriate locations. For example, in one of the sites we visited, posters were developed to hang in doctors' offices across the state to help inform parents about Part C.⁵⁶

What's Effective?

The TRACE Center—the Tracking, Referral and Assessment Center for Excellence—has done some fascinating research into what's effective in child find and public awareness.⁵⁷ Key findings to emerge from TRACE's research include the following:

- **Active v. passive** | States conduct a wide variety of public awareness and child find activities. These can be divided into what TRACE calls "active" versus "passive" activities.

Examples of what's active: Community health fairs, Educational activities, Formal partnerships with providers, Letters or forms sent to specific providers, NICU plans, Phone calls to providers, Presentations to providers, Screenings

Examples of what's passive: Ads in newspapers or journals, Bag inserts or info packets, Billboards, Brochures/flyers/info sheets, Central directory, Developmental checklists or tools, Logo development, Manuals or guidebooks, Mass mailings about EI events, Newspaper announcements or articles, Public awareness materials available, Pens/magnets/other products with EI info, Posters, Radio PSAs, TV announcements⁵⁸

- **What States use most often** | “The largest percent of activities used by states involved the production and distribution of program materials which are practices that generally have been found ineffective for either changing people’s help-seeking behavior or influencing referrals from primary referral sources.”⁵⁹
- **The disappointing conclusion** | The most frequently used public awareness and child find activities are the kind of interventions that research indicates are the least effective. In

contrast, the activities used less frequently by states (outreach to primary referral sources and collaborations with primary referral sources) are the practices that research indicates are more likely to be effective.⁶⁰

The research that TRACE has done into what’s effective and what’s less effective in child find and public awareness practices is well worth reading—and applying. The next slide focuses on working with primary referral sources, where more will be said about TRACE’s research and recommendations.

References & Footnotes



⁵² Illinois Department of Human Services. (2010, September). *Do you have questions about your child’s development?* [Brochure DHS 4395]. Springfield, IL: Early Intervention Program. Available online at: <http://www.dhs.state.il.us/OneNetLibrary/27897/documents/Brochures/4395.pdf>

⁵³ U.S. Government Accountability Office (GAO). (2005, December). *Individuals with Disabilities Education Act: Education should provide additional guidance to help states smoothly transition children to preschool* [Report to the ranking minority member, Committee on Health, Education, Labor, and Pensions, U.S. Senate] [GAO-06-26]. Washington, DC: Author. Available online at: <http://www.gao.gov/new.items/d0626.pdf>

⁵⁴ Illinois Department of Human Services. (2010, September). *¿Tiene preguntas sobre el desarrollo de su hijo?* [Brochure DHS 4395S]. Springfield, IL: Early Intervention Program. Available online at: <http://www.dhs.state.il.us/OneNetLibrary/27897/documents/Brochures/4395S.pdf>

⁵⁵ Minnesota Department of Health. (n.d.). *Help me grow* [Early intervention brochure in H’mong]. St. Paul, MN: Author. Available online at: <http://www.district196.org/district/departments/specialeducation/ecse/pdf/Brochure%20-%20Hmong.pdf>

⁵⁶ U.S. Government Accountability Office (GAO). (2005, December). *Individuals with Disabilities Education Act: Education should provide additional guidance to help states smoothly transition children to preschool* [Report to the ranking minority member, Committee on Health, Education, Labor, and Pensions, U.S. Senate] [GAO-06-26]. Washington, DC: Author. Quote is from page 14. Available online at: <http://www.gao.gov/new.items/d0626.pdf>

⁵⁷ TRACE’s products include research syntheses called *Cornerstones*; short, non-technical summaries of the research called *Endpoints*; and *Practice Guides*, which describe methods and procedures for implementing evidence-based child find, referral, early identification, and eligibility determination practices. Find all this and more at: <http://www.tracecenter.info/>

References & Footnotes *continued*

⁵⁸ Early Intervention Colorado. (2007, June). Public awareness and community outreach practices to pediatric health care providers in the identification, referral, and planning for services for infants and toddlers with significant developmental delays or disabilities. *Technical Assistance Brief*, 2(3), 1-8. Available online at: <http://www.eicolorado.org/index.cfm?fuseaction=home.fileopen&id=844&chk=EED3FB580E718F4858AFEFE2C240D2BC>

⁵⁹ Dunst, C.J., & Clow, P.W. (2007, January). Public awareness and child find activities in Part C early intervention programs. *Cornerstones*, 3(1), 1-7. Quote from page 5. Available online at: http://www.tracecenter.info/cornerstones/cornerstones_vol3_no1.pdf

⁶⁰ Dunst, C.J., & Clow, P.W. (2007, January). Public awareness and child find activities in Part C early intervention programs. *Cornerstones*, 3(1), 1-7. Available online at: http://www.tracecenter.info/cornerstones/cornerstones_vol3_no1.pdf

Space for Notes

Opening View

The public awareness program requires the lead agency to—

1 | Prepare information on the availability of early intervention and other services

2 | Disseminate to all primary referral sources the info to be given to parents of infants and toddlers



Slide loads point #2 and a photo of a woman in medical garb.

The public awareness program requires the lead agency to—

1 | Prepare information on the availability of early intervention and other services

2 | Disseminate to all primary referral sources the info to be given to parents of infants and toddlers

especially hospitals & physicians

especially parents of...

- premature infants
- infants with other physical risk factors associated with learning or developmental complications

CLICK 1

Click 1: The photo lifts away and the additional text beneath is revealed.

CLICK AGAIN to advance to next slide.

See discussion on next page ▶



Pertinent Handouts:

- Handout 5 | Public Awareness Program & the Central Directory

Having developed public awareness materials for parents (and others), the lead agency focuses on finding conduits of that information—who can share these materials with parents?

The Part C regulations clearly indicate that the public awareness materials are to be disseminated to all primary referral sources, who in turn can share them with parents of infants and toddlers. The slide reflects this requirement.

Review: Who are Primary Referral Sources?

If need be, take a moment to have participants list as many primary referral sources as they can. These were discussed under Slide 5 and have been mentioned many times in this module.

The Regulations

Picking up the regulations where the last slide left off, you can see that the current slide uses the regulatory language nearly verbatim. Section 303.301(a) states:

(a) *Preparation and dissemination.* In accordance with §303.116, each system must include a public awareness program that requires the lead agency to—

(1)(i) Prepare information on the availability of early intervention services under this part, and other services, as described in paragraph (b) of this section; and

(ii) Disseminate to all primary referral sources (especially hospitals and physicians) the information to be given to parents of infants and toddlers, especially parents with premature infants or infants with other physical risk factors associated with learning or developmental complications; and

Thus, through the primary referral network, lead agencies seek to reach parents and make them aware that early intervention services are available to assist babies and toddlers with developmental delays or disabilities.

Who in Particular?

You can see in the above citation that it's especially important that public awareness materials be shared with parents with:



- premature infants, or
- infants with other physical risk factors associated learning and developmental complications.

Should you wish to share some details about either of these two populations, here are some basic facts.

About prematurity | Pregnancy normally lasts about 40 weeks. A baby born three or more weeks early is considered premature. When a baby is born too early, his or her major organs are not fully formed. This can cause health problems. According to WebMD:

- Babies who are born closer to 32 weeks (just over 7 months) may not be able to eat, breathe, or stay warm on their own. But after these babies have had time to grow, most of them can leave the hospital.
- Babies born earlier than 26 weeks (just under 6 months) are the most likely to have serious problems. If a baby was born very small or sick, parents may face hard decisions about treatment.⁶¹

It's easy to see why the parents of premature babies need to know about the availability of early intervention services. And quite a few babies are born prematurely— 12.2% in the USA, for a total of half a million babies each year.⁶²

Other physical risk factors | The regulations here do not offer details as to what physical risk factors are associated with learning or developmental complications. However, other parts of the regulations do give a sense of the type of factors that put babies at risk. Consider:

The definition of “infant or toddler with a disability” [at §303.21(a)(2)], which includes a list of diagnosed physical or mental conditions that have a high probability of resulting in developmental delay”—including:

- chromosomal abnormalities;
- genetic or congenital disorders;
- sensory impairments;
- inborn errors of metabolism;
- disorders reflecting disturbance of the development of the nervous system;
- congenital infections;
- severe attachment disorders; and
- disorders secondary to exposure to toxic substances, including fetal alcohol syndrome



The definition of “at-risk infant or toddler” at §303.5, which lists the following conditions:

- low birth weight
- respiratory distress as a newborn
- lack of oxygen
- brain hemorrhage
- infection
- nutritional deprivation
- a history of abuse or neglect
- being directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

Note that States have the *option* of providing EI services to infants or toddlers at risk, but are not required to—and most don't.

In sum, then, it's easy to see how the presence of any of these factors in a child should spark a primary referral source to give that child's parents the public awareness materials developed by the lead agency.

References & Footnotes

⁶¹ WedMD. (2011). *Premature infant—overview*. Retrieved August 14, 2012 from: <http://www.webmd.com/parenting/baby/tc/premature-infant-overview>

⁶² March of Dimes Foundation. (2012, April). *Born too soon and too small in the United States* [Peristats]. Retrieved August 14, 2012 from the March of Dimes website: <http://www.marchofdimes.com/Peristats/pdflib/195/99.pdf>

The public awareness program requires the lead agency to—

1 | Prepare information on the availability of early intervention and other services

2 | Disseminate to all primary referral sources the info to be given to parents of infants and toddlers

3 | Adopt procedures to assist primary referral sources in disseminating the info to parents of infants & toddlers with disabilities



Slide loads completely.

No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

Pertinent Handouts:

- Handout 5 | Public Awareness Program & the Central Directory

Almost done with §303.301(a)—the preparation and dissemination of public awareness materials. The point on this slide relates to the procedures that a lead agency must have with respect to *assisting* primary referral sources in disseminating public awareness information to parents of infants and toddlers with disabilities.

The Regulations

Picking up the regulations where the last slide left off, you can see that, again, the current slide uses the regulatory language nearly verbatim (bolded below for emphasis). Section 303.301(a)(2) states:

(a) *Preparation and dissemination.* In accordance with §303.116, each system must include a public awareness program that requires the lead agency to—

(1)(i) Prepare information on the availability of early intervention services under this part, and other services, as described in paragraph (b) of this section; and

(ii) Disseminate to all primary referral sources (especially hospitals and physicians) the information to be given to parents of infants and toddlers, especially parents with premature infants or infants with other physical risk factors associated with learning or developmental complications; and

(2) **Adopt procedures for assisting the primary referral sources described in §303.303(c) in disseminating the information described in paragraph (b) of this section to parents of infants and toddlers with disabilities.**

Why Assist Primary Referral Sources?

It makes all the sense in the world that lead agencies would have systemic procedures for how they involve primary referral sources in child find and how they support that involvement. Ways in which lead agencies provide that assistance to primary referral sources include, but aren't limited to:

- making informational materials on child find available, so that primary referral sources such as physicians or hospital staff can easily pass that information along to parents;
- having a referral system in place (including a toll-free number to call), so that primary referral sources know what to do, should they need to refer a child to early intervention;
- providing outreach and training to primary referral sources in how to use the referral system and share the public awareness materials; and
- making referral forms or screening forms available to primary referral sources.

What's Effective?

Again, the TRACE Center offers insight into what types of assistance to primary referral sources is most effective for securing their continued involvement in the referral process. Recommendations based on TRACE's research include:

- maintaining ongoing personal contact with providers (e.g., phone calls, presentations, training);
- putting the referral system online;
- providing the public awareness materials to primary referral sources during face-to-face contact;

- conducting outreach to, and establishing agreements with, specific populations of primary referral sources (e.g., NICU, local child care programs, hospitals, public health clinics)
- producing materials tailored to specific audiences, with positive outcome messages and specific guidance on "what to do" next;
- providing immediate and personalized feedback to referral sources.⁶³

Bottom line, according to TRACE? It's critical to recognize that:

- Informational materials (in whatever form) are likely to be effective when used in conjunction with some type of direct contact with primary referral sources.
- It is better to concentrate on a few practices that are most likely to be effective than use a lot of nontargeted and nontailored public awareness and child find activities.
- The interventions most effective for changing referral patterns and rates, and for locating children eligible for services, are ones that are highly focused and are implemented repeatedly over time.⁶⁴

More Info at Your Fingertips!

Because TRACE's materials are so helpful and on-point to building a strong referral base in child find, we've listed several specific documents well worth reading and sharing, especially if you (or audience members) are involved in shaping the procedures and outreach to primary referral sources.

We've also quoted from one TRACE document in particular that we found to be extremely salient in this regard. See the box on the next page.

Additional TRACE Documents of Interest

Repeated visits to primary referral sources are likely to be more successful than one-time contacts.

Online at: http://www.tracecenter.info/endpoints/endpoints_vol1_no1.pdf

Providing regular feedback to primary referral sources is more likely to result in sustained referrals.

Online at: http://www.tracecenter.info/endpoints/endpoints_vol2_no1.pdf

Tailoring printed materials can help improve child find and increase referrals from primary referral sources.

Online at: http://www.tracecenter.info/endpoints/endpoints_vol2_no4.pdf

Providing feedback to primary referral sources.

Online at: http://www.tracecenter.info/practiceguides/practiceguides_vol1_no4.pdf

Factors Influencing Outreach to Primary Referral Sources ⁶⁵

[F]our sets of factors are most important if outreach to primary referral sources is to be successful:

- **Building rapport and establishing credibility with primary referral sources.**

The messenger matters a great deal in building rapport and establishing credibility. The persons conducting outreach to primary referral sources need to be assured, confident, and knowledgeable about his or her program and what the program has to offer both the primary referral source and the children being referred. Research indicates that it is well worth the time and effort to plan what will be said, how it will be said, and how questions from the primary referral source will be answered.

- **Highlighting and repeating a focused message about the benefits of making a referral to both the primary referral source and the child being referred.**

Effective messages are highly focused and repeated a number of times in different ways (e.g., verbally and in a brochure) to be sure the primary referral source clearly understands the benefits of making referrals.

- **Using concise, graphic written materials that describe the services the primary referral source and the child being referred will receive from your program.** Targeted materials are more effective than general descriptions of early intervention or preschool special education. Concise, graphic written materials include descriptions of who a program serves, the services that are available, and the benefits to both the referral source and the children referred.

- **Making follow-up visits to reinforce primary referral source referrals, answer questions, and provide additional information as needed.** Ongoing contact with primary referral sources keeps an early intervention or preschool special education program on the “radar screen” of referral sources. These contacts provide opportunities to accept new referrals and update primary referral sources about children who already have been referred.

Repeated follow-up visits are so important that if they are not done, the other factors don’t much matter. What does this mean for improving child find? **Establish and maintain ongoing contact with primary referral sources.**

Cited from pages 1-2 of: Dunst, C.J. (2006, November). Improving outreach to primary referral sources. TRACE Practice Guide, 1(3), 1-5. Available online at: http://www.tracecenter.info/practiceguides/practiceguides_vol1_no3.pdf

References & Footnotes

⁶³ Dunst, C.J. (2006). Tailoring printed materials can help improve child find and increase referrals from primary referral sources. *Endpoints*, 2(4), 1-2. Available online at: http://www.tracecenter.info/endpoints/endpoints_vol2_no4.pdf

⁶⁴ Dunst, C.J., & Clow, P.W. (2007, January). Public awareness and child find activities in Part C early intervention programs. *Cornerstones*, 3(1), 1-7. Quote from page 6. Available online at: http://www.tracecenter.info/cornerstones/cornerstones_vol3_no1.pdf

⁶⁵ Dunst, C.J. (2006, November). Improving outreach to primary referral sources. *TRACE Practice Guide*, 1(3), 1-5. Quote from pages 1-2. Available online at: http://www.tracecenter.info/practiceguides/practiceguides_vol1_no3.pdf

Slide 14

Public Awareness Program (Slide 5 of 8)

Opening View

What Information Must Be Provided?

The public awareness materials must:

- describe the availability of early intervention services

Slide loads with intro text and Bullet 1.



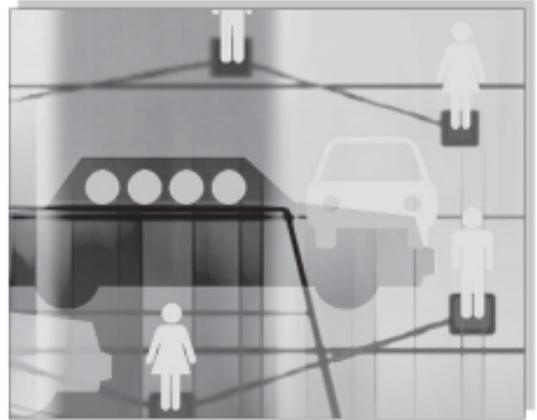
continued on next page ►

CLICKS 1-2

What Information Must Be Provided?

The public awareness materials must:

- describe the availability of early intervention services
- describe the child find system & how to refer a child under the age of 3 for an evaluation or early intervention service
- include the central directory



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and Bullet 2 appears.

Click 2:
Picture changes
again, and Bullet 3
appears.

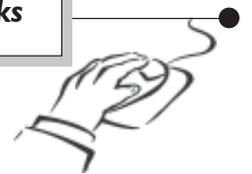
CLICK AGAIN to advance to next slide.

Slide 14: Background and Discussion

2 Clicks

Pertinent Handouts:

- Handout 5 | Public Awareness Program & the Central Directory
- *Optional* | Public awareness materials from your State



So—all this talk about the public awareness materials that lead agencies must develop and disseminate. What must those materials say to the public? That’s the focus of this slide.

The slide’s content is very clear and comes from the Part C regulations at §303.301(b). These are provided on **Handout 5** and read as shown in the box at the right.

The clarity of the information on the slide makes it easy to present the salient points and move on quickly, if you wish. However, you can also expand a bit on each of the required elements, so we’ve included more information about each in this slide’s discussion.

§303.301—Public awareness program.

(a) *Preparation and dissemination...*

(b) *Information to be provided.* The information required to be prepared and disseminated under paragraph (a) of this section must include—

- (1) A description of the availability of early intervention services under this part;
- (2) A description of the child find system and how to refer a child under the age of three for an evaluation or early intervention services; and
- (3) A central directory, as described in §303.117.

Availability of Early Intervention Services

One of the major purposes of the public awareness materials developed by lead agencies is to make the public aware that early intervention services are available under Part C.

If you've collected your State's child find materials to share with the audience, now's a good time to have participants locate this information on the materials.

Description of Child Find and How to Make a Referral

Obviously, important information—especially how to make a referral. As the TRACE Center has found (discussed on the last slide), many States have generic public awareness materials that are suitable for use with parents, care providers, and health professionals alike. These give a brief description of early intervention and include contact information for connecting with the Part C system.

Many States also have public awareness materials specific to the primary referral source network. These correspond more closely to the recommendations of the TRACE Center that public awareness materials be targeted to specific audiences and tailored to their questions and needs with respect to child find and referral.

Central Directory

The public awareness materials developed and disseminated by the lead agency must also include mention of the central directory that each State must maintain under §303.117. The next two slides will delve into what the required central directory is, what type of information it contains, and what purpose it's intended to serve.

Opening View

Slide loads with just this top information.

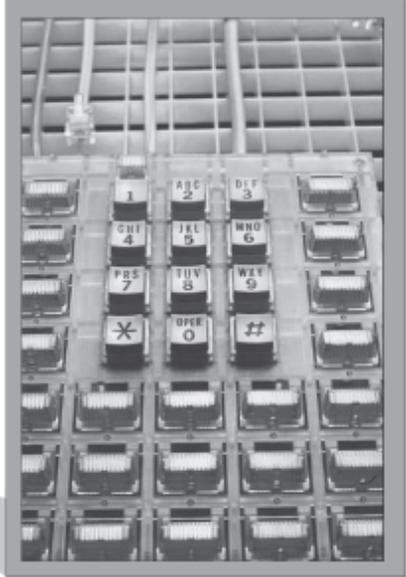
CLICK 1

Click 1:
The bottom phrase appears, which gives you a natural segue into the next slide, where the phrase is completed.

About the Central Directory

Each State system must include a **central directory** that is accessible to the general public...

...and includes accurate, up-to-date information about...

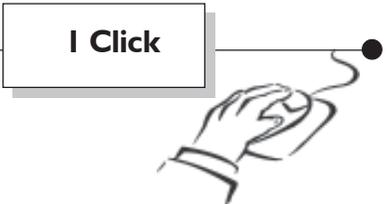


CLICK AGAIN to advance to next slide.

Slide 15: Background and Discussion

Pertinent Handouts:

- Handout 5 | Public Awareness Program & the Central Directory



Two slides are devoted to the central directory that each State must maintain as part of its Part C system. This slide presents the basic lead-in of §303.117 (see **Handout 5**), which begins:

§303.117 Central directory.

Each system must include a central directory that is accessible to the general public (i.e., through the lead agency’s Web site and other appropriate means) and includes accurate, up-to-date information about—

The slide stops right there, and hangs as a lead-in to Slide 16, which will present the information that must be contained in the central directory. You can simply move on to Slide 16 and complete the sentence for participants. We provide a bit more information below, however, should anyone in the audience want to know what’s changed about the central directory in these regulations.

What’s New and What’s Gone

Requiring that States maintain a central directory is not new to the Part C regulations. Changes have been made, however.

What's gone | In the current regulations there are fewer explicitly stated requirements as to the State's obligations to build and maintain the directory. Specifically, the following provisions have been **removed** from the regulations:



(b) The information required in paragraph (a) of this section must be in sufficient detail to—

(1) Ensure that the general public will be able to determine the nature and scope of the services and assistance available from each of the sources listed in the directory; and

(2) Enable the parent of a child eligible under this part to contact, by telephone or letter, any of the sources listed in the directory.

(c) The central directory must be—

(1) Updated at least annually; and

(2) Accessible to the general public.
[Editor's note: This is still required.]

(d) To meet the requirements in paragraph (c)(2) of this section, the lead agency shall arrange for copies of the directory to be available—

(1) In each geographic region of the State, including rural areas; and

(2) In places and a manner that ensure accessibility by persons with disabilities.

Note: Examples of appropriate groups that provide assistance to eligible children and their families include parent support groups and advocate associations.

One might wonder about the removal of the requirement to update the central directory at least annually. The Department, however, clarifies as follows:

Section 303.117 requires that the central directory contain accurate and up-to-date information. To comply with the requirement that the information be

accurate and up-to-date, States likely may update their central directories more often than annually. Thus, including a requirement that the directory be updated at least annually might be interpreted as setting a lower standard than the requirement in §303.117 that States maintain an accurate and up-to-date directory.⁶⁶

What's new | The mention of making the central directory available on the lead agency's website is new. Recognizing that many families may not have access to the Internet, the Department notes that the regulations do not permit the lead agency to make the central directory accessible and available only through its Web site. The lead agency must make the central directory available through other appropriate means.

The Department elaborates:

"Other appropriate means" may include providing printed copies of the central directory at locations, such as libraries, and offices of key primary referral sources. Given that needs vary from State to State, each State is in the best position to determine the additional, appropriate means that the lead agency will use to make its central directory accessible.⁶⁷

And that's not all the Department has to say about ensuring that the central directory is accessible to the general public. Also noted in the Department's comments are:

- the requirements of the ADA and Section 504—both of which generally require that communications with individuals with disabilities be as effective as communications with individuals without disabilities;
- the requirements of the Civil Rights Act, which requires recipients of federal funds to take reasonable steps to ensure that people with limited English proficiency have meaningful access to program and activities funded with federal dollars.⁶⁸

For your reading pleasure, we've included these comments from the Department in the box on the next page.

Department of Education’s Comments on Ensuring Accessibility of the Central Directory

In response to commenters’ concerns about the ability of individuals with disabilities to access the central directory, accessibility to the central directory requires not only the ability of the general public to obtain a copy of the directory, but also the ability to access the contents in the directory. Lead agencies must comply with the requirements in the ADA, which apply to public entities (i.e., State and local governments), and the requirements in Section 504, which apply to recipients of Federal financial assistance. Both of these statutes and their implementing regulations generally require that communications with individuals with disabilities be as effective as communications with individuals without disabilities, and that appropriate auxiliary aids and services be made available where necessary to afford a qualified individual with a disability an equal opportunity to participate in, and enjoy the benefits of, any program or activity conducted by a lead agency that receives a grant under Part C of the Act. Further clarification in §303.117 is not necessary because the lead agency is already responsible in §303.117 for ensuring that the central directory is accessible and is also subject to the requirements of these other Federal laws.

Regarding access to the central directory by non-English speaking families, recipients of Federal funds, including lead agencies, must take reasonable steps to ensure that persons of limited English proficiency (LEP) have meaningful access to programs and activities funded by the Federal government under Title VI of the Civil Rights Act of 1964 and implementing regulations (42 U.S.C. 2000d et seq. and 34 CFR 100.1 et seq.). Because the lead agency is responsible for ensuring that the central directory is accessible in §303.117 and such accessibility includes providing LEP persons with meaningful access under Title VI of the Civil Rights Act of 1964, we decline to make the changes requested by the commenters.⁶⁹

References & Footnotes

⁶⁶ 76 Fed. Reg. at 60166.

⁶⁷ 76 Fed. Reg. at 60165.

⁶⁸ 76 Fed. Reg. at 60165.

⁶⁹ 76 Fed. Reg. at 60165.

About the Central Directory



Opening View

Slide loads this view of three separate pictures.

About the Central Directory

CLICKS 1-3

Public and private **early intervention** services, resources, and experts in the State

Professional & other groups that provide assistance to eligible infants & toddlers with disabilities and their families

Research & demonstration projects in the State relating to infants & toddlers with disabilities

Click 1:
Picture lifts off and reveals the text beneath.

Click 2:
Picture lifts off and reveals the text beneath.

Click 3:
Picture lifts off and reveals the text beneath.

CLICK AGAIN to advance to next slide.

See discussion on next page 



Pertinent Handouts:

- Handout 5 | Public Awareness Program & the Central Directory
- *Optional* | Your State’s central directory

All this talk about the central directory, and you still don’t know what type of information it’s required to include! This slide tells.

Continuing the Regulations

Picking up where the regulations at §303.117 left off in the last slide, the central directory must include accurate and up-to-date information about:

- (a) Public and private early intervention services, resources, and experts available in the State;
- (b) Professional and other groups (including parent support, and training and information centers, such as those funded under the Act) that provide assistance to infants and toddlers with disabilities eligible under Part C of the Act and their families; and
- (c) Research and demonstration projects being conducted in the State relating to infants and toddlers with disabilities.

Purpose of the Central Directory

The central directory is an important resource in each State’s early intervention system, because it is intended to connect people quickly with resources and services with respect to babies and toddlers who have delays or disabilities.

Focus on Your State

What’s included in your State’s central directory? Are the three contents of the slide included? Where, online, would participants find the central directory? What other means are used to make the directory available and accessible to the general public?

If you’re conducting a training session with Internet access, examining your State’s central directory live would be an excellent way to demonstrate what a central directory must include.

About Services, Resources, and Experts in the State

Not much needs to be said about this element of the central directory—it’s fairly self-explanatory. Here are several points you might want to make:

- The directory must include services, resources, and experts from both the public and private arenas.
- Give a few examples from your State as to specific “resources” or “experts” included in the directory.



About Professional and Other Groups

As you can see, the slide provides the regulations nearly verbatim. The only thing not included is that “professional and other groups” include parent support, and training and information centers, such as those funded under the Act. Participants can see this on **Handout 5**.

What are these parent centers? | You probably already know the answer and so, perhaps, does the audience. But to be clear, the regulations at a minimum are referring to:

- Parent Training and Information Centers—otherwise known as the PTIs;
- Community Parent Resource Centers—otherwise known as the CPRCs; and
- ? State-specific parent support centers that are made possible through Part C funds.

Participants can learn more about what PTIs and CPRCs do in *PTIs and CPRCs: Resources for Parents*, available at: http://www.parentcenterhub.org/wp-content/uploads/repo_items/bp3.pdf

Definition of parent training and information center | The Part C regulations define parent training and information center as “a center assisted under section 671 or 672 of the Act.”⁷⁰ PTIs are funded under section 671, while CPRCs are funded under section 672.

About PTIs | Every State has at least one PTI whose mission is to provide information and training to help parents of children with disabilities (birth through age 26) to enable their children with disabilities to—

(A) meet developmental and functional goals, and challenging academic achievement goals that have been established for all children; and

(B) be prepared to lead productive independent adult lives, to the maximum extent possible.⁷¹

Participants can identify the PTI or PTIs for their State at: <http://www.parentcenterhub.org/find-your-center/>

About CPRCs | According to section 672 of IDEA, the purpose of CPRCs is to:

“...help ensure that underserved parents of children with disabilities, including low income parents, parents of limited English proficient children, and parents with disabilities, have the training and



information the parents need to enable the parents to participate effectively in helping their children with disabilities—

(A) to meet developmental and functional goals, and challenging academic achievement goals that have been established for all children; and

(B) to be prepared to lead productive independent adult lives, to the maximum extent possible.⁷²

Not every State has a CPRC. You can identify whether yours does by visiting the Center for Parent Information and Resources, at: <http://www.parentcenterhub.org/find-your-center/>

About state-specific parent centers | Some States, such as California,⁷³ support families of babies and toddlers with disabilities through a network of parent centers funded, in whole or in part, through Part C. Does *your* State’s system include such parent centers?

About Research and Demonstration Projects

There may also be research and demonstration (R&D) projects being conducted in the State that are focused on infants and toddlers with disabilities. These must be listed in the State’s central directory. R&D projects build the field’s knowledge base in early intervention, can provide expertise to residents in certain child-related areas, and may seek the active participation of families or professionals (depending on the nature of their research).

Consult your State’s central directory to see what R&D projects are available in the State that are relevant to babies and toddlers with disabilities.

References & Footnotes

⁷⁰ §303.28—Parent training and information center.

⁷¹ Section 671 of the IDEA statute, at: <http://idea.ed.gov/explore/view/p/,root,statute,I,D,671>,

⁷² See section 672 of the IDEA statute, at: <http://idea.ed.gov/explore/view/p/,root,statute,I,D,672>,

⁷³ See the Family Resource Centers Network of California website, at: <http://www.frcnca.org/>

What Other Information Must Be Provided?

Information specific to *toddlers* with disabilities



The lead agency must also inform parents of toddlers with disabilities...

no fewer than **90 days before** the toddler turns 3

that services are available under section 619

Slide loads completely.

No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

Pertinent Handouts:

- Handout 5 | Public Awareness Program & the Central Directory

Almost done, almost done, almost done, with the public awareness program and child find! Last content slide—and it looks at the requirements of §303.301(c).

Participants may scratch their heads at suddenly jumping back to “What information must be provided?”—the question asked on Slide 14 with respect to what information must be given to provided as part of the public awareness program. But we’re following the Part C regulations here, and this is the last bit of §303.301, which (as you know by now) is entitled “§303.301 Public awareness program—information for parents.”

In this case, the information to be provided to parents is specific to parents of *toddlers* in Part C.

The Regulation

Here’s what §303.301(c) has to say.

§303.301 Public awareness program—information for parents.

- Preparation and dissemination...*
- Information to be provided...*

(c) *Information specific to toddlers with disabilities.* Each public awareness program also must include a requirement that the lead agency provide for informing parents of toddlers with disabilities of the availability of services under section 619 of the Act not fewer than 90 days prior to the toddler’s third birthday.

The Slide in Context

This requirement of Part C relates to toddlers involved in Part C. Typically, eligibility for Part C ends upon a child's third birthday. At that point, preschool services under section 619 of IDEA may enter the picture—*but only if the toddler may be eligible for those services.*

What this provision requires is that parents be informed—not fewer than 90 before their toddler turns three—that preschool services are available under section 619 (Part B) of IDEA. Doing so provides parents with foreknowledge of another set of services for which their child may be eligible, once the child's early intervention services end.

There's a lot more involved here than meets the eye. Transition from Part C to the next setting or set of services is a *huge* topic, much too large to delve into on this slide or at the conclusion of this module. We suggest, instead, a brisk treatment of the slide, such as what's offered below under "Summarizing the Slide."

If, however, your audience has the need to know more detail about what information would be provided to parents of a toddler about to exit Part C [as required by §303.301(c)], help yourself to the information available in the two modules in this training curriculum devoted to transition planning. Those modules are:

- Module 9: Transition Notification
- Module 10: Developing a Transition Plan



Summarizing the Slide

Should you decide to limit discussion of this slide to a summary, refer participants to page 2 of **Handout 5**. That's where they'll find the regulation at §303.301(c), which is captured on the slide. Here are some bullet points and possibilities to consider mentioning. If your audience is acquainted with the basics here, have *participants* tell you what this slide relates to.

- Typically, eligibility for Part C ends when a child turns three.
- Before that happens and the child is suddenly "out" of early intervention, the team starts planning for the child's transition from Part C to their next program or setting.
- Transition planning is intended to smooth young children's exit from early intervention to the next setting or program (and their family's transition as well!).
- This regulation (and this slide) relate to that planning phase.
- What's required is that, as part of the public awareness program, parents of toddlers in Part C are informed about the availability of preschool services funded under Part B of IDEA (section 619, mentioned in the slide and in the regulation), but only if the child is potentially eligible for those services.
- Informing parents about the availability of services under section 619—also known as preschool special education—must occur no less than 90 days before the child turns three.
- In the end, the child may not be eligible for preschool services (which, like Part C, require evaluation and a determination of eligibility). If the child *is* eligible, parents may choose for the child to begin receiving those services upon turning three, or may decide upon some



other program option or setting for the child. If the child *isn't* eligible, transition planning will look at other program options and services for the child.

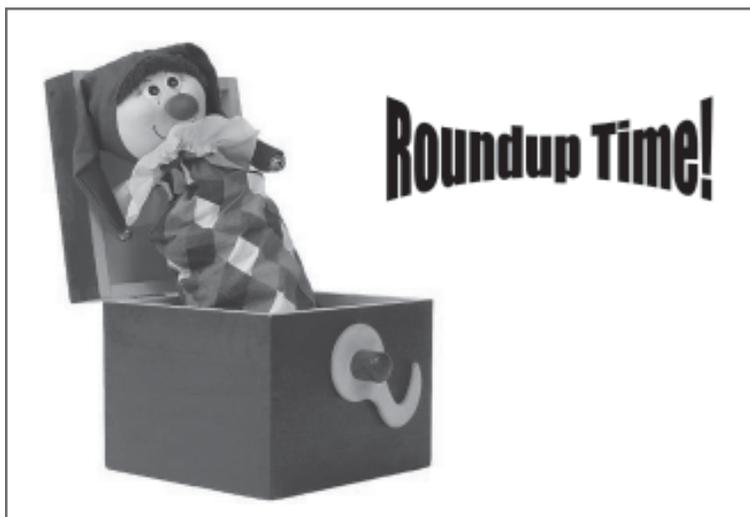
- There's a lot to know about transition planning. A lot is involved, much more than we've said or can say in this module—timelines, transition conferences, notification to the child's LEA, writing a transition plan, perhaps evaluating the child for Part B services and writing an IEP (similar to an IFSP).

- In short, this provision dovetails with many other provisions in Part C that are related to transition planning for toddlers. Its point here, in public awareness and child find, is to ensure that parents are informed ahead of time about services under section 619. That way, they have sufficient opportunity to involve themselves in the transition planning process and shape the steps and services they and their child receive as part of getting ready for leaving the early intervention system.

And that's it! YOU ARE DONE!

Slide 18

Last Slide—Review and Roundup!



Slide loads completely.

No clicks are necessary except to END the slideshow.

CLICK to END the slideshow.

Review activity:

- *Optional* | Jeopardy-based slideshow for review

Well...*almost* done, we should have said. This last slide allows you to:

- review and recap content of this module, as you see fit;
- open the floor up for a question and answer period, or

- use the separately provided, *Jeopardy!*-inspired slideshow to engage participants in a review game (described on the next pages).

Emphasize the local or personal application of the information presented here.

Review Time!

What you'll need | Download the separate slideshow for the Jeopardy review.

Grouping | Pairs, teams, or individual. If you group participants into pairs or teams, expect to spend more time on this review, allowing them to confer among themselves before responding to the *Jeopardy* clues.

Response: Oral | People can either yell out their responses free-form, raise their hands for you to call upon them, or respond team by team, each fielding a different clue.

Time review takes | Depending on how you group the audience for this review and whether or not you have participants answer all the questions, the time you'll need will vary.
Suggested: 10-15 minutes at a minimum.

How the Jeopardy slideshow operates | See the description on the next page. *When you click and what you click on are important!*

Instructions:

1. Ask participants if they know how the game show *Jeopardy* is played. *Important point to draw out:* That *Jeopardy* clues are given in the form of an *answer*. Contestants have to come up the *question* that would give rise to that answer. Their response has to be framed in the form of a *question*.

2. Give an example, such as the following:

Clue that's given: "One type of pre-referral activity."

Response, in the form of a question:
What is child find?

Also acceptable would be responses such as:

- What is developing public awareness materials?
- What is setting up a referral system?
- What is coordinating child find efforts with the efforts and activities of other agencies and programs?

3. Give whatever instructions about responding you feel are appropriate to how you've grouped the participants. Team responses may require a minute or two for the team to confer.

4. Launch the slideshow review, announcing the categories that are shown across the top of the Jeopardy board:

Child Find

Did You Know...

(which will refer to the public awareness program)

All Together Now!

(all clues will relate to the importance of coordination between agencies)

Pops of Concern

(which will focus on the populations of special concern discussed on Slide 7)

5. Begin with either *you* choosing a category and cash value (\$100, \$200, \$300, or \$400) as the first clue to be answered (which gives you the control), or ask participants where *they* would like to start.

Suggested: Requiring that, regardless of the category chosen, you'll progress through the clues from lowest cash value to the highest—which is, in essence, progressing from easier to harder.

6. **Have fun!** Suggest alternative responses when a participant isn't on target, ask for more possible responses from the audience (with some clues, more than one response can be correct), and work your way through the review.

How the Jeopardy Slideshow Operates

As we said above, *when* and *what* you click are both important aspects of operating this slideshow. If something goes amok, all you need to do is re-launch the slideshow and start over, hopefully remembering what clues have already been selected.

Here's an example walkthrough with one clue-response cycle.

The opening board

Child Find	Did You Know...	All Together Now!	Pops of concern
100	100	100	100
200	200	200	200
300	300	300	300
400	400	400	400

Let's say you select the \$100 clue in the category **Child Find**. Click on that box

(the \$100 value in column 1).

This is what you'll see:

The Jeopardy clue, stated in the form of an answer

This is the affirmative obligation of child find.



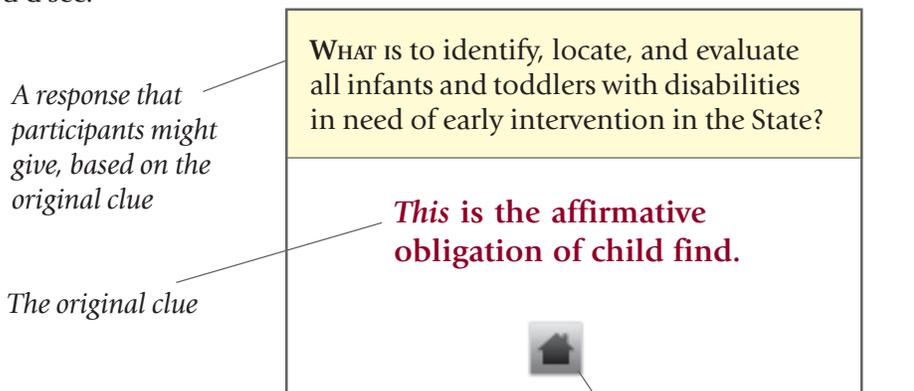
See this icon? It's the **HOME** icon. **IGNORE IT**, because if you click it, you'll go back to the main *Jeopardy* board.

How the Jeopardy Slideshow Operates *(continued)*

3. Let participants give their responses to this clue. For example, one response (*posed as a question, true Jeopardy style*) might be:

WHAT IS finding all infants and toddlers with disabilities in need of early intervention in the State?

4. CLICK ONCE to reveal the answer. It will be shown in the yellow box at the top of the screen and, of course, stated in the form of a question! Here's what you'd see:



5. Discuss the revealed answer with participants (as needed)

6. **To get back to the main clue board and continue the game** | Now click on the **HOME** icon

Keep that pattern straight—click anywhere *but* the **HOME** icon to reveal the answer to the Jeopardy clue. Then click on the **HOME** icon to go back to the main board and get another clue.

And that's the way the entire board of clues and their answers works. If you get lost somehow, just relaunch the slideshow and pick up where you left off.

Jeopardy Clues and Suggested Responses to Those Clues

Variations in responses will occur. Find suggested responses listed on the next page. We've kept reasonably true to the regulatory language in the answers given in the game, but participants will use their own words.

Clues and Suggested Responses

Category: Child Find

\$100 clue: This is the affirmative obligation of child find.

Answer given in game: What is to identify, locate, and evaluate all infants and toddlers with disabilities in the State?

\$200 clue: Early intervention's child find must be consistent with this part of IDEA.

Answer given in game: What is Part B?

\$300 clue: This is the timeline for making a referral.

Answer given in game: What is *as soon as possible* after the child is identified, and *in no case later than 7 days*?

\$400 clue: Examples include physicians, parents, and health care providers.

Answer given in game: What are primary referral sources?

Category: Did You Know...

\$100 clue: The campaign that each lead agency must conduct is called this.

Answer given in game: What is the public awareness program?

\$200 clue: This group is a vital conduit of public awareness materials to parents.

Answer given in game: What are primary referral sources?

\$300 clue: Public awareness materials include info on how to do this.

Answer given in game: What is "make a referral?" or "refer a child to Part C?"

\$400 clue: Public awareness materials must include these three things.

Answer given in game: What is...info about the availability of EI services; info about the child find system and how to refer a child under 3 for an evaluation or EI services, and the central directory?

Category: All Together Now!

\$100 clue: Coordinating with other major State efforts and agencies helps the lead agency do this.

Answer given in game: What is to identify and locate all infants and toddlers with disabilities needing early intervention services in the State?

\$200 clue: This entity helps the lead agency coordinate with other agencies.

Answer given in game: What is the State Interagency Coordinating Council, or SICC?

\$300 clue: The lead agency must coordinate child find efforts with this other IDEA-related entity.

Answer given in game: What is the Part B program? (or the State Education Agency responsible for administering Part B of IDEA)"

\$400 clue: Name two State efforts or programs with which the lead agency must coordinate for child find.

Answer given in game: What is...

Well, it's a big list! Accept variations on the list in the Part C regulations: Part B program, Maternal & Child Health programs, EPSTD, Programs under DD Act, EHDI, Programs under Family Violence Prevention and Services Act, CHIP, Head Start, SSI program, Child protection & child welfare programs, and Child care programs in the State.

continued on next page 

Category: Pops of Concerns

\$100 clue: We live on reservations.

Answer given in game: What are Indian infants and toddlers with disabilities residing on a reservation geographically located in the State?

\$200 clue: We may live in our cars.

Answer given in game: What are homeless babies and toddlers with disabilities?

\$300 clue: We may live with a family but not with our parents.

Answer given in game: What are babies or toddlers with disabilities in foster care?

\$400 clue: We are also of interest to child protective services.

Answer given in game: What are infants or toddlers who've been the subject of a substantiated case of child abuse or neglect?



This training curriculum is designed and produced by NICHCY, the National Dissemination Center for Children with Disabilities, at the request of our funder, the Office of Special Education Programs (OSEP) at the U.S. Department of Education.

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Funding for NICHCY officially ended on September 30, 2014. All training materials in this Part C training curriculum are now available at the website of the Center for Parent Information and Resources, at:

<http://www.parentcenterhub.org/repository/legacy-partc/>