**Section II: Best Practices**

This document outlines the Child Find Self-Assessment best practices (BPs). This section includes content that is **not** required by the IDEA but can help Part C programs efficiently and effectively identify, locate, and evaluate infants and toddlers with disabilities and their families. To complete the ratings of these items for the Child Find Self-Assessment, please refer to the Excel tool here: www.osep.grads360.org/

**BP 1 Collaboration with Primary Referral Sources**

Ongoing and effective collaborative relationships with referral agencies supports the appropriate referral of infants and toddlers to Part C. Effective collaborative relationships are those where there is ongoing communication and adherence to child find procedures. Training for referral sources, including physicians, nurses, and child care providers, helps to ensure consistency in application of criteria for referrals and supports timely referrals. The practices in this section relate to the policies, agreements and communication that lead to effective collaboration with primary referral sources, and professional development to support referral agencies in making referrals.

1. Referral sources are provided with timely feedback including the status of the referral, outcomes of the referral, child engagement in services, and progress.
2. “Referral” is clearly defined, and that definition is disseminated to primary referral sources.
3. Policies and procedures support ongoing and effective collaborative relationships with community agencies that serve underserved and at-risk populations.
4. Implement respectful and appropriate pre-referral education and information-sharing with families to support their understanding of the importance of EI and to reduce stigma.
5. Policies and procedures are in place to support ongoing and effective communication and collaborative relationships with referral agencies (e.g., NICUs, child care programs, pediatricians).
6. Collaboration with primary referral sources includes education, training, and professional development to support consistent application of referral criteria across sectors, geographic regions, and genders.

**BP 2 Identification of Infants and Toddlers who are Underserved by Part C**

Some infants and toddlers with disabilities are not readily screened and enrolled in Part C. This can be related to access to adequate screening in the settings where they receive community or medical services or the family’s understanding of the importance of early intervention services, among other things. The practices in this section focus of strategies for reaching out to underserved populations to provide equal opportunity to participation in Part C.

1. Materials describing the child find process are targeted towards underserved populations.
2. Community health workers and other cultural brokers (i.e., individuals who bridge groups of differing backgrounds to create change, such as interpreters or other community members who may act in both directions between the community and Part C agency) are engaged and support the child find process.
3. Use strategies such as a 211 telephone-based developmental screening and care coordination as a scalable and cost-effective strategy to reach children who may not have a medical home. (For more information on 211 screening see <https://www.zerotothree.org/resources/56-improving-access-to-early-identification-and-intervention-211-la-county-developmental-screening-and-care-coordination>)

**BP 3 Data Systems**

Data systems are a powerful tool for managing information across programs serving young children and within Part C programs. The practices in this section focus on attributes of data systems that support child find, like linking data across systems serving young children.

1. Formal data governance is in place defining the policies related to data security and access.
2. Data system includes sufficient technical (e.g., firewalls, secure laptops, password, management, etc.) and nontechnical (e.g. data access and sharing restrictions, regular staff trainings, ensuring correct access and administrative rights are granted for staff and authorized data users) security measures to minimize the risk of disclosing Personally Identifiable Information (PII).
3. The data system has the capacity to support accountability, program development, and program operations and includes elements and features of high-quality data systems.
4. The Part C state data system has interoperability that allows for linking Part C data to other statewide longitudinal and early childhood data systems.
5. The data collected are high quality.

**BP 4 Evaluation of Child Find**

Like other critical components of state and local infrastructure, it is important to review and revise the child find system periodically to ensure that policies and procedures are still relevant and are being implemented with fidelity. The practices in this section focus on methods for periodic evaluation and revision of the child find system.

1. The state has a method for evaluating progress towards best practices, including experiences of parents and primary referral source.
2. The Part C state data system, directly or through a related application, has reporting and analysis tools that provide end users, including state and local program staff, with easy access to the data in both raw form and reports.
3. Reports include metrics useful for monitoring the child find system.
4. Data system features methods for identifying underserved populations.

**BP 5 Technical Adequacy of Screening and Evaluation Tools**

Tools used for screening must meet standards for technical adequacy and be implemented consistently and appropriately to minimize under- or over-identification. Items in this section have to do with the characteristics of the screening tool and training for those administering screenings.

1. Use of standardized developmental screening and evaluation tools with strong psychometric properties and sufficient sensitivity to detect child progress.
2. Screening tools are brief and with a reduced literacy burden.
3. Developmental screening and evaluation tools include social-emotional development.
4. Individuals conducting screenings and evaluations are trained in their use, scoring, and interpretation.
5. Evaluation tools provide functional information that can be used to inform IFSP development.
6. Implementation of CDC-recommended practices for the diagnosis and management of infants born to mothers with Zika exposure or with potential Zika exposure.
7. Infants born less than or equal to 1500 grams (3.3 lbs.) or less than 37 weeks of gestational age are considered a diagnosed physical or mental condition and eligible to receive EI services.

**BP 6 Efficiency of Screening, Referral, and Evaluation Process and Procedures**

Effective screening, referral, and evaluation programs within Child Find efforts include coordinated efforts to screen all infants, toddlers, and young children in all developmental domains periodically, straightforward referral processes to facilitate ease of referral, and efficient evaluations. Expedited or universal referral of infants and toddlers with established conditions that make them automatically eligible for Part C services speeds up the time it takes to get early intervention services in place. Practices in this section include universal screening, cultural considerations for screening, coordination with referral agencies for screening, referral modes, and practices for universal or expedited referral, including use of a decision-making algorithm.

1. Universal screening for all children at set time points.
2. Statewide coordination of screening includes surveillance and screening by primary care physicians.
3. Screening includes family perspectives and is conducted in the child’s dominant language and according to family preferences.
4. Web-based referral or electronic transmission of referrals.
5. A simple, straightforward universal referral form is used.
6. A universal checklist for identifying eligible children is used to streamline identification and reduce the need for screening/comprehensive evaluation.
7. Children with established conditions with a high probability of developmental delay are automatically referred to Part C and are presumed eligible.
8. Children with clinical findings consistent with congenital Zika syndrome born to mothers with possible Zika virus exposure in pregnancy are automatically referred to Part C and presumed eligible.
9. A decision-making algorithm is used to expedite enrollment in Part C.

**BP 7 Responding to Children Found Ineligible for Early Intervention**

Children who are at risk but who do not initially meet eligibility criteria for early intervention have an increased likelihood of qualifying for early intervention later. Practices in this section focus on connecting families with other community agencies and resources and continued developmental surveillance when a child is found ineligible for early intervention.

1. Connect families with other community resources to meet needs EI does not address.
2. Promote linkages between early identification services and a network of treatment services so that children’s developmental concerns are addressed.
3. Repeat screening and monitoring for children whose assessment scores indicated they are at risk but who did not meet eligibility criteria.
4. Support outreach to inform parents about developmental screening and follow up services.