



# Introducing the Child Find Self-Assessment

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Improving Data, Improving  
Outcomes Conference

August 14, 2018

# Welcome!

- Who is in the room?
- Notecards for questions and comments

# Agenda

- National snapshot
- Introduction to the Child Find Self-Assessment
- TA Resources

# Focusing on Child Find: National Snapshot, Challenges, and Opportunities



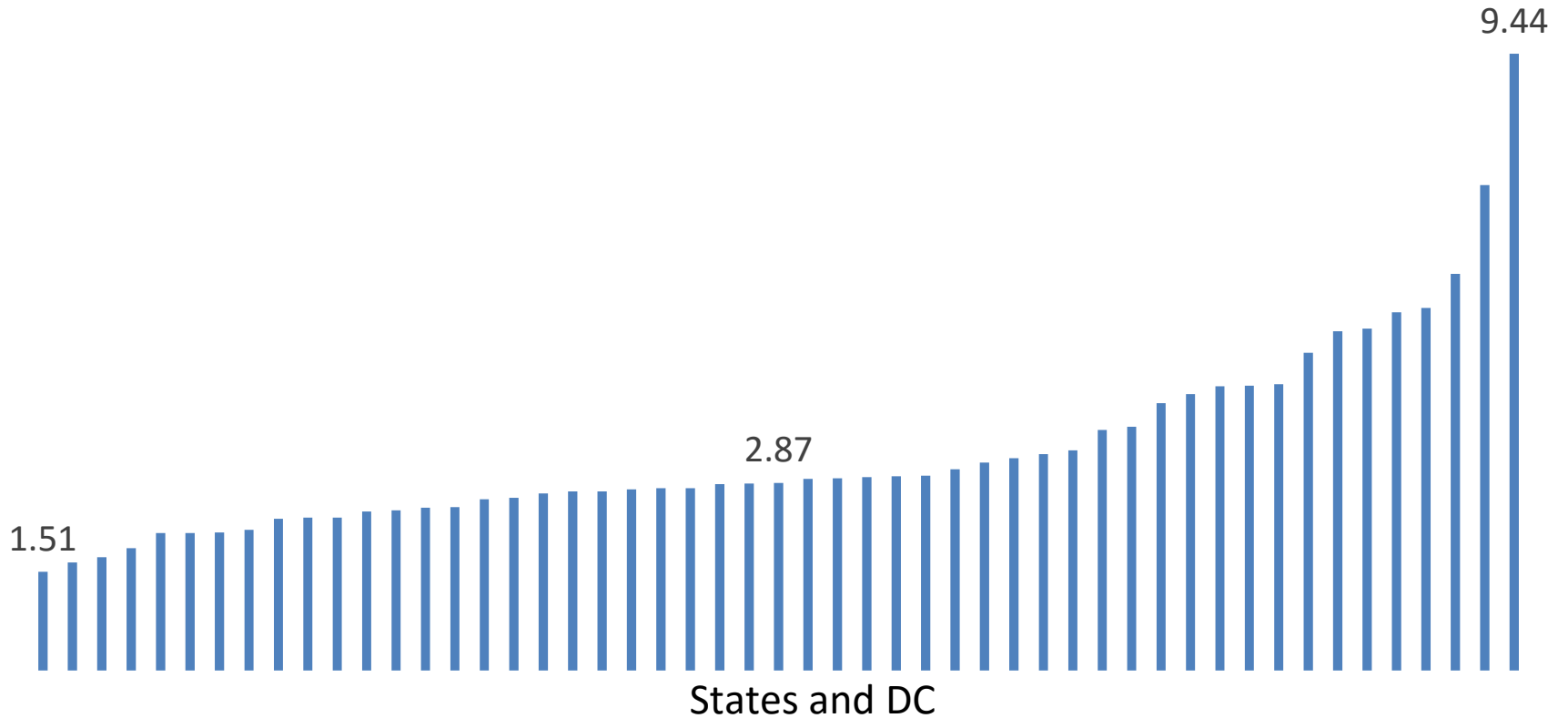
# National Snapshot: 618 Child Count Data FFY 2016-2017 Toddlers

US and outlying territories: 372,896 total number  
infants and toddlers with IFSPs \*

- Birth to one % = 1.24
- One to two % = 2.88
- Two to Three % = 5.22
- Birth to three % = 3.12

\*cumulative count is approximately 2 times higher than the point in time child count data

## Percentage of population, birth through 2 years (%) 2016-17\*



\* Data downloaded from <https://www2.ed.gov/programs/osepidea/618-data/static-tables/2016-2017/part-c/child-count-and-settings/1617-cchildcountandsettings-1.xlsx>

# National Snapshot: Child Find Special Populations

- **Child Maltreatment** (Children's Bureau, 2018; Child Maltreatment, 2016)
  - Over 1/4 of victims (28.5%) under age three; children less than one year have the highest victimization rate (24.8 per 1,000 children)
  - Voluntary reporting on CAPTA referrals to Part C (National Child Abuse and Neglect Data System or NCANDS) evolving (# of states, additional field)
- **Neonatal Abstinence Syndrome (NAS)/Prenatal Opioid Exposure**
  - CNS irritability, digestive tract dysfunction, inability to maintain core body temperature; more likely to be born low birth weight (LBW), increase in short-term (high infant mortality rate) and long-term complications
  - NAS has increased significantly over time (Lynch et al 2018)
- **Zika infection during pregnancy** (Wheller, Anne C, 2018)
  - Microcephaly and other severe brain defects (not always evident at birth but can appear later); other birth defects (e.g. eye defects, hearing loss, and impaired growth)

## Child Maltreatment – 2015\* and 2016\*\*

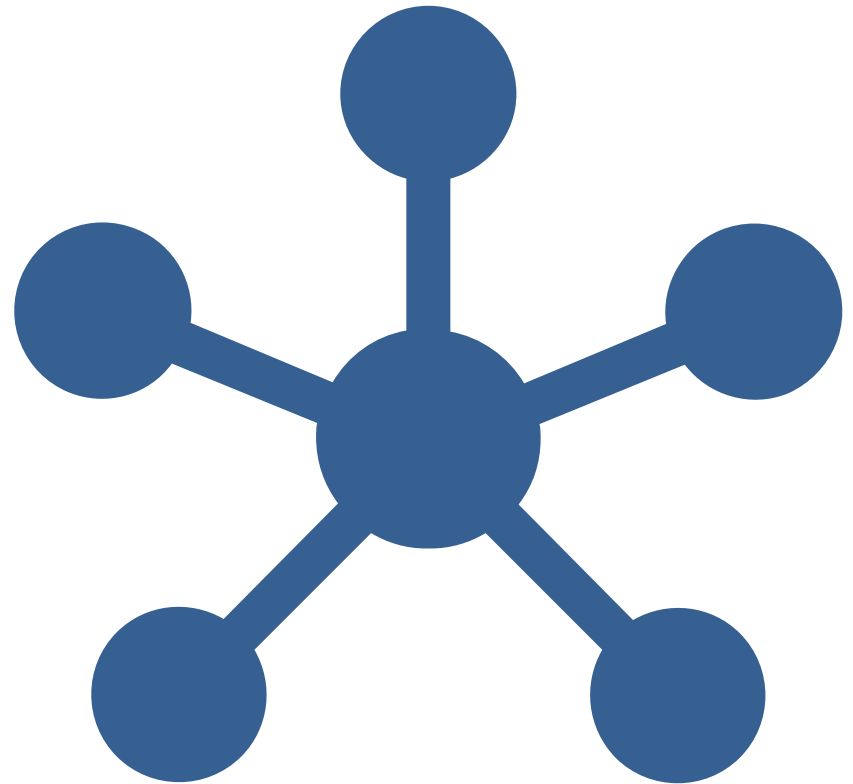
National – States Reporting Both Figures	2015 (n = 22)	2016 (n = 23)
Victims Who Were Eligible for Referral to Part C Agencies	37,520	35,433
Victims Who Were Referred to Part C Agencies	24,564	23,731
Percent of Victims Who Were Referred to Part C Agencies	65.5 Range 18.2-100%	67.0 Range 17.3-100%

\*U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2017). Child Maltreatment 2015. Available from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.

\*\*U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2018). Child maltreatment 2016. Available from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.



# National Coordination and Collaboration



# OSEP and OSEP-Funded TA Centers

## OSEP

- \* Collaboration on Child Find Self-Assessment (OSEP Monitoring and State Improvement Planning) – *highlighted in this session*
- \* Developmental Screening and Disabilities Workgroup (OSEP Research to Practice participation)

## OSEP-Funded TA Centers

- \* Child Find Workgroup – cross center (DaSy, ECTA)
- \* Tools and resources highlighted in this session
- \* IDEA Data Center Peer Learning Group

# IDC Peer Learning Groups



## Part C Peer Learning Groups (PLGs)

- Timeliness of Service Delivery (Indicator C1) and Timeliness of the Individualized Family Service Plan (IFSP) (Indicator C7)
- **Child Find** for ages birth to 1 (Indicator C5), and Child Find for ages birth to 3 (Indicator C6)

# Developmental Screening and Disabilities Workgroup

“...facilitate intentional collaboration across this multidimensional area and promote consistency of understanding and messaging across all the National Centers that are jointly funded by the Office of Head Start and the Office of Child Care and collaboration with other national partners (i.e. Learn the Signs Act Early, and OSEP/ODEP funded TA Centers)”

Objectives include:

- Improve practice/response/knowledge around developmental screening
- Improve coordination between multiple early childhood and disability partners including early intervention
- Identify existing materials and gaps that TA materials could fill

# Division for Early Childhood (DEC) Collaboration

## **DEC Protection & Well-Being Special Interest Group**

- Webinars March 2018 (DEC, ECTA, Center for Youth with Multi-System Involvement at Westat and American Institutes for Research)
- Presentation at DEC and on-going planning for future events

## **DEC *Draft Potential* Position Statement on Low Birth Weight (LBW), Prematurity, and Early Intervention**

- Draft potential statement that is under review
- Presentations at IDIO and DEC conferences

# Opportunities to Strengthen Child Find

- Develop systems to better track and improve earlier identification
- Close gaps in integrating Part C early identification systems within states and local communities
- Reduce gaps in tracking children from concerns to referral, evaluation, and services
- Combine developmental monitoring and screening systems to increase earlier identification (more targeted and appropriate referrals) and receipt of early intervention services

(Barger, Rice & Simmons, 2016; Barger et al, 2018)

# Child Find System



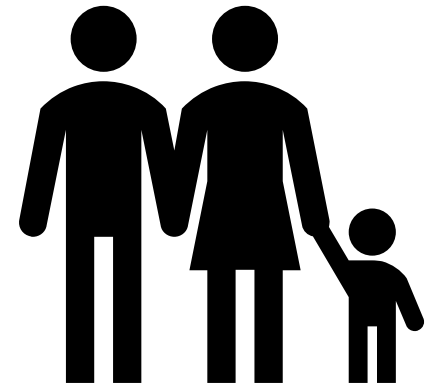
Coordination with  
referral sources

Clear and rigorous  
definition of  
eligibility

High quality data  
systems

Evaluation and  
appropriate  
identification

Public awareness





# OSEP

Office of Special Education Programs

## Child Find Self-Assessment (CFSA)

- Voluntary self-assessment tool to support Part C programs
- Collaborative effort with ECTA, IDC and DaSy







# OSEP

Office of Special Education Programs

## Why Focus on Child Find?





# OSEP

Office of Special Education Programs

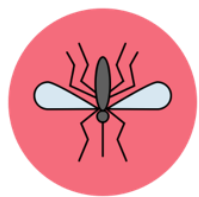
## Child Find Special Populations



Children who have been maltreated



Children with opioid or other substance exposure



<sup>1</sup>

Children exposed to Zika infection



<sup>1</sup> Designed by Icon Pond from Flaticon





# OSEP

Office of Special Education Programs

## How is the CFSA Organized?

- ✓ Statutory requirements specific to Part C
  - Highlights the specific requirements all States must have for a Comprehensive Child Find System.
- ✓ Child Find Best Practices.
  - Evaluates and tracks how a State identifies and implements child find best practices.
  - Assist States in identifying evidence-based practices to support their Child Find efforts.
  - Child Find special populations.
- ✓ Technical Assistance and Resources.
  - Provides an overview of OSEP funded resources and technical assistance centers that are committed to improving State early intervention and early childhood special education service systems





# OSEP

Office of Special Education Programs

## Section I

- Fillable PDF
- Highlights requirements
- Includes:
  - Referral procedures
  - Timeline
  - Screening procedures (optional)





# OSEP

Office of Special Education Programs

## Section II Table of Contents

### Table of Contents

#### Instructions

#### Child Find Best Practices

Collaboration with primary referral sources

Identification of infants and toddlers who are underserved by Part C

Data Systems

Evaluation of Child Find

Technical Adequacy of Screening and Evaluation Tools

Efficiency of Screening, Referral, and Evaluation Process and Procedures

Responding to Children Found Ineligible for Early Intervention

#### Theme Summary

Summary ratings for each Best Practice

#### Action Plan

Child Find Action Plan (roster of team members, activities, etc)

#### Data

Exportable data file updated via "Get Data" button (*see Instructions tab for more information*)



**Get Data**



L14 X ✓ fx 4

A D E F G H I J K L M N

1

2

3

4

5

6

7

8

9

10

Child Find Best Practices

Best Practice Theme Rating (Calculated)

1	None of the practices are yet planned or in place.
2	Most of the practices are not yet planned or in place.
3	Some practices are in place; a few may be fully implemented.
4	At least half of the practices are in place; a few may be fully implemented.
5	At least half of the practices are in place; some are fully implemented.
6	At least half of the practices are fully implemented; the rest are partially implemented.
7	All practices are fully implemented.

Table of Contents




BP 1BP 2BP 3BP 4BP 5BP 6BP 7

Best Practice Rating (BPR)

1	No - practice not in place <u>and</u> not planning to work on it at this time
2	No - practice not in place <u>but</u> planning to work on it or getting started
3	Yes - practice partially implemented
4	Yes - practice fully implemented

Show Evidence

Hide Evidence

11						Rating		PRIORITY	
12	BP 1 Collaboration with Primary Referral sources					Theme Rating: 7		H	
13	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.								
14	a Referral sources are provided with timely feedback including the status of the referral, outcomes of the referral, child engagement in services, and progress.					Best Practice Rating:	4		M
15	Evidence:								
16	b "Referral" is clearly defined, and that definition is disseminated to primary referral sources.					Best Practice Rating:	4		H
17	Evidence:								
18	c Policies and procedures support ongoing and effective collaborative relationships with community agencies that serve underserved and at-risk populations.					Best Practice Rating:	4		M
19	Evidence:								
20	 d Implement respectful and appropriate pre-referral interventions to support culturally and linguistically diverse families in understanding importance of EI and the process of referral, screening, etc.					Best Practice Rating:	4		H
21	Evidence:								
22	 e 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).					Best Practice Rating:	4		M
23	Evidence:								
24	 f Collaboration with primary referral sources includes education, training, and professional development to support consistent application of referral criteria across sectors, geographic regions, and genders.					Best Practice Rating:	4		H
25	Evidence:								



# Section II – Best Practice Ratings

1. No, practice not in place and not planning to work on it at this time
2. No, practice not in place but planning to work on it or getting started
3. Yes, practice partially implemented
4. Yes, practice fully implemented

Best Practice Rating (BPR)

1	No - practice not in place <u>and</u> not planning to work on it at this time
2	No - practice not in place <u>but</u> planning to work on it or getting started
3	Yes - practice partially implemented
4	Yes - practice fully implemented

# Section II - Evidence

- Spaces to provide evidence for each best practice (yellow spaces)

<i>policies, agreements and communication that lead to effective collaboration with primary referral sources, and professional development to support referral agencies in making referrals.</i>	
a	Referral sources are provided with timely feedback including the status of the referral, outcomes of the referral, child engagement in services, and progress.
Evidence:	
b	"Referral" is clearly defined, and that definition is disseminated to primary referral sources.
Evidence:	
c	Policies and procedures support ongoing and effective collaborative relationships with community agencies that serve underserved and at-risk populations.
Evidence:	



# Section II – Theme Ratings

1. None of the practices are yet planned or in place.
2. Most of the practices are not yet planned or in place.
3. Some practices are in place; a few may be fully implemented.
4. At least half of the practices are in place; a few may be fully implemented.
5. At least half of the practices are in place; some are fully implemented.
6. At least half of the practices are fully implemented; the rest are partially implemented.
7. All practices are fully implemented.

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	A	D	E		G	H	I	J	K	L	M	N
1		Child Find Best Practices										
2												
3		Best Practice Theme Rating (Calculated)										
4		1	None of the practices are yet planned or in place.									
5		2	Most of the practices are not yet planned or in place.									
6		3	Some practices are in place; a few may be fully implemented.									
7		4	At least half of the practices are in place; a few may be fully implemented.									
8		5	At least half of the practices are in place; some are fully implemented.									
9		6	At least half of the practices are fully implemented; the rest are partially implemented.									
10		7	All practices are fully implemented.									
11												
12		BP 1 Collaboration with Primary Referral sources										
13		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.										
14		a	Referral sources are provided with timely feedback including the status of the referral, outcomes of the referral, child engagement in services, and progress.									
15			Evidence:									
16		b	"Referral" is clearly defined, and that definition is disseminated to primary referral sources.									
17			Evidence:									
18		c	Policies and procedures support ongoing and effective collaborative relationships with community agencies that serve underserved and at-risk populations.									
19			Evidence:									
20		d	Implement respectful and appropriate pre-referral interventions to support culturally and linguistically diverse families in understanding importance of EI and the process of referral, screening, etc.									
21			Evidence:									
22		e	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).									
23			Evidence:									
24		f	Collaboration with primary referral sources includes education, training, and professional development to support consistent application of referral criteria across sectors, geographic regions, and genders.									
25			Evidence:									
26												

[Table of Contents](#)

BP 1

BP 2

BP 3

BP 4

BP 5

BP 6

BP 7

Best Practice Rating (BPR)

1 No - practice not in place and not planning to work on it at this time

2 No - practice not in place but planning to work on it or getting started

3 Yes - practice partially implemented

4 Yes - practice fully implemented

Show Evidence

Hide Evidence

Rating

PRIORITY

Theme Rating:

7

H

Best Practice Rating:

4

M

Best Practice Rating:

4

H

Best Practice Rating:

4

M

Best Practice Rating:

4

H

Best Practice Rating:

4

M

Best Practice Rating:

4

H

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BP 1 BP 2 BP 3 BP 4 BP 5 BP 6 BP 7

Best Practice Rating (BPR)

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4	Yes - practice fully implemented

Show Evidence

Hide Evidence

Rating	PRIORITY
Theme Rating: 7	H

Best Practice Rating:	4	M
Best Practice Rating:	4	H
Best Practice Rating:	4	M
Best Practice Rating:	4	H
Best Practice Rating:	4	M
Best Practice Rating:	4	H

L14 X ✓ fx 4

A D E F G H I J K L M N

1 **Child Find Best Practices** [Table of Contents](#) BP 1 BP 2 BP 3 BP 4 BP 5 BP 6 BP 7

2 **Best Practice Theme Rating (Calculated)** **Best Practice Rating (BPR)**

3	1	None of the practices are yet planned or in place.	1	No - practice not in place and not planning to work on it at this time
4	2	Most of the practices are not yet planned or in place.	2	No - practice not in place but planning to work on it or getting started
5	3	Some practices are in place; a few may be fully implemented.	3	Yes - practice partially implemented
6	4	At least half of the practices are in place; a few may be fully implemented.	4	Yes - practice fully implemented
7	5	At least half of the practices are in place; some are fully implemented.		
8	6	At least half of the practices are fully implemented; the rest are partially implemented.		
9	7	All practices are fully implemented.		

Show Evidence

Hide Evidence

Rating	PRIORITY
Theme Rating: 7	H

12 **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.

13	a	Referral sources are provided with timely feedback including the status of the referral, outcomes of the referral, child engagement in services, and progress.	Best Practice Rating: 4	M
14		Evidence:		
15	b	"Referral" is clearly defined, and that definition is disseminated to primary referral sources.	Best Practice Rating: 4	H
16		Evidence:		
17	c	Policies and procedures support ongoing and effective collaborative relationships with community agencies that serve underserved and at-risk populations.	Best Practice Rating: 4	M
18		Evidence:		
19	d	Implement respectful and appropriate pre-referral interventions to support culturally and linguistically diverse families in understanding importance of EI and the process of referral, screening, etc.	Best Practice Rating: 4	H
20		Evidence:		
21	e	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).	Best Practice Rating: 4	M
22		Evidence:		
23	f	Collaboration with primary referral sources includes education, training, and professional development to support consistent application of referral criteria across sectors, geographic regions, and genders.	Best Practice Rating: 4	H
24		Evidence:		

# Section II – Theme Summary

- Summarizes info for each theme for which all best practices rated
- Cannot enter data on this sheet
- Colored bars graphically depict theme ratings

THEME SUMMARY			<a href="#">Table of Contents</a>							Total # of Practices	# of Practices in this theme				# of Practices in this theme				
			Theme Rating								with RATING...				with PRIORITY ...				
			1	2	3	4	5	6	7		1	2	3	4	Low	Medium	High		
Child Find Best Practices			Rating	Priority															
Collaboration with Primary Referral sources			7	H								6				6		3	3
Identification of infants and toddlers who are underserved by Part C			6	L								3			1	2	3		
Data Systems			5	H								5			3	2	3		2
Evaluation of Child Find			4	M								4		2	1	1		4	
Technical Adequacy of Screening and Evaluation Tools			3	H								6	3		2	1	1		5
Efficiency of Screening, Referral, and Evaluation Process and Procedures			2	H								9	7	1		1	1		8
Responding to Children Found Ineligible for Early Intervention			1	M								4	4					4	

# Section II – Action Plan

- Space for states to use ratings and priorities to plan next steps
- Includes sections for documenting:
  - Members of the Child Find planning team
  - Child Find improvement plan (e.g., activities, timeline)
  - How stakeholders will be involved

Child Find Action Plan	
<a href="#">Planning Team Members</a>	
<a href="#">Child Find Improvement Plan</a>	
<a href="#">Stakeholder Involvement</a>	
Instructions:	
Fill out the charts to the right.	1
The <a href="#">links</a> above to jump to a section.	2

Planning Team Members		
State Child Find Planning Team Members, Role and Organization Represented		
Child Find Planning Team Member	Role	Organization

# Timeline to Release





- Making revisions based on external
- Pilot with 3-5 states
- Incorporate input from pilot
- Anticipate formal release of tool at DEC Conference in October

# Questions?



# Activity

## Best Practice Rating Scale

Color	#	Rating Description
	1	No – practice not in place <u>and</u> not planning to work on it at this time
	2	No – practice not in place <u>but</u> planning to work on it or getting started
	3	Yes – practice partially implemented
	4	Yes – practice fully implemented



# Child Find TA Resources



# Section III

## Child Find Self-Assessment Section III: Technical Assistance and Resources

### Part C Eligibility Resources

**National Center for Hearing Assessment and Management** - Compares Part C and Part B policies in the following areas: Eligibility Criteria, Eligibility Determination, Types of Services, Service Settings, Service Recipients, Parental Rights, and System of Payments. It is intended as a resource to support transition between these programs for children who are deaf or hard of hearing. <http://www.infantheating.org/earlyintervention/docs/aspect-idea-part-c-and-idea-part-b.pdf>

**Summary table of states' and territories' definitions of/criteria for IDEA Part C eligibility.**  
[http://ectacenter.org/~pdfs/topics/earlyid/partc\\_elig\\_table.pdf](http://ectacenter.org/~pdfs/topics/earlyid/partc_elig_table.pdf)

**Informed Clinical Opinion paper** - uses a question-and-answer format to address three "informed clinical opinion" in the context of Part C. <http://ectacenter.org/~pdfs/pubs/nnotes28.pdf>

**Webinar Series on Early Identification and Part C Eligibility: Characteristics of Children served in Part C** (2010). <http://ectacenter.org/~calls/2010/earlypartc/earlypartc.asp#session1>

**Rigorous Definitions of Developmental Delay Webinar**  
<http://ectacenter.org/~calls/2010/earlypartc/earlypartc.asp#session2>

**Valid Use of Clinical Judgment (Informed Opinion) for Early Intervention Eligibility Webinar**  
<http://ectacenter.org/~calls/2010/earlypartc/earlypartc.asp#session3>

**Streamlining Eligibility Determination for Part C Early Intervention Webinar** [Streamlining Eligibility Determination for Part C Early Intervention Webinar](#)

### Screening Resources

**Birth to 5: Watch Me Thrive!** is a national interagency developmental and behavioral screening initiative that was launched on March 27, 2014. Birth to 5: Watch Me Thrive!, released a compendium of research-based screening tools, "User's Guides" for multiple audiences, an electronic package of resources for follow-up and support, and a Screening

# Child Find Bibliography



## Child Find Bibliography

### Child Maltreatment

U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2018). *Child Maltreatment 2016*.

*Child Maltreatment 2016* is the 27<sup>th</sup> edition of an annual report on child maltreatment. Data for the report comes from the National Child Abuse and Neglect Data System (NCANDS). NCANDS includes data from the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. Retrieved from:

<https://www.acf.hhs.gov/sites/default/files/cb/cm2016.pdf>

### Early Identification

Barger, B., Rice, C., Simmons, C. A., & Wolf, R. (2018). A Systematic Review of Part C Early Identification Studies. *Topics in Early Childhood Special Education*. 2018 May; 38(1): 4-16. Published online 2016 Dec 20. DOI: <http://journals.sagepub.com/doi/abs/10.1177/0271121416678664?journalCode=teca>

The authors of this paper conducted a literature review on the early identification steps that lead young children who are at-risk of developmental delay to connect with Part C services. The authors found limited literature and describe opportunities for developing systems to better track and identify young children in need of Early Intervention services.

Barger, B., Rice, C., Wolf, R., & Roach, A. (2018). Better together: Developmental screening and monitoring best identify children who need early intervention. *Disability and Health Journal*. 11(3):420-426

In this article, the authors describe research designed to investigate the relationship between developmental monitoring (DM) and developmental screening (DS) in receipt of early intervention services. The authors analyzed data from the 2007/2008 and 2011/2012 National Survey of Children's Health and found that children who received both DM and DS were more likely to receive early intervention when compare to children receiving only DM, only DS, or neither DM nor DS. Retrieved from: <https://stacks.cdc.gov/view/cdc/56163>

Bowers, K., Folger, A. T., Zhang, N., et al. (2018). Participation in Home Visitation is Associated with Higher Utilization of Early Intervention. *Maternal and Child Health Journal* 22: 494. DOI: <https://doi.org/10.1007/s10995-017-2415-8>

This article describes a study designed to determine whether participation in a home visiting program increases or

# Identifying Meaningful Difference in Child Find

- Excel-based calculator
- Allows for comparisons related to the percentage of infants and toddlers served:
  - State percentage compared to state target
  - Local program percentage compared to state target
  - year-to-year comparisons of the state percentages
- Computes confidence intervals to determine whether the difference is large enough to be considered meaningful (i.e., statistically significant)
- <https://dasycenter.org/identify-meaningful-differences-in-child-find/>



## Instructions

**Step 1:** Enter the label for each year of data reported (e.g. FFY or SFY) for Year 1, Year 2, and Year 3 in light yellow cells C10 - C12. (e.g., "FFY13" "FFY 14" and "FFY15")

**Step 2:** Enter values in light yellow cells for: Number of infants and toddlers in the state (Year 1 in C22 - C23; Year 2 in E22 - E23; Year 3 in G22 - G23)

**Step 3:** Enter values in light yellow cells for: Percent with IFSPs for each year (Year 1 in D22 - D23; Year 2 in F22 - F23; Year 3 in H22 - H23)

**Step 4:** View the graph of Percent with IFSPs from Year 1 to Year 3.

**Step 5:** View the comparisons between years for the data you entered in Steps 1-3 in cells K8 - T30. Meaningful differences are calculated.

### Step 1

Enter three years (e.g., "FFY13" "FFY 14" and "FFY15")

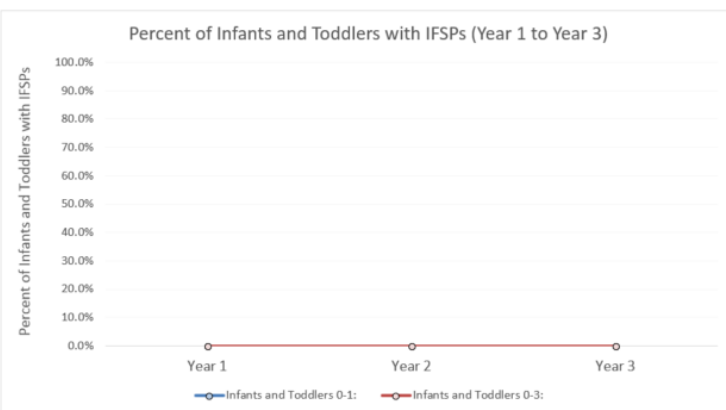
Year 1:	
Year 2:	
Year 3:	

### Steps 2 & 3

Enter the number of children the summary statement is based on, for each year  
Enter Percent with IFSPs for each year, for each year

	Year 1		Year 2		Year 3	
	Number Infants and Toddlers in the state	Percent with IFSPs	Number Infants and Toddlers in the state	Percent with IFSPs	Number Infants and Toddlers in the state	Percent with IFSPs
Infants and Toddlers 0-1						
Infants and Toddlers 0-3						

### Step 4 (viewing only)



### Step 5 (No data entry necessary)

Comparisons between years for the data entered to the left.

Meaningful differences are calculated between:

Year 1 and Year 2 (first table, below)

Year 2 and Year 3 (second table, below)

Year 1 and Year 3 (third table, below)

	Year 1		Year 2		Meaningful difference?
	# Children	% IFSPs	# Children	% IFSPs	
Infants and Toddlers 0-1	0	0.00%	0	0.00%	-
Infants and Toddlers 0-3	0	0.00%	0	0.00%	-

	Year 2		Year 3		Meaningful difference?
	# Children	% IFSPs	# Children	% IFSPs	
Infants and Toddlers 0-1	0	0.00%	0	0.00%	-
Infants and Toddlers 0-3	0	0.00%	0	0.00%	-

	Year 1		Year 3		Meaningful difference?
	# Children	% IFSPs	# Children	% IFSPs	
Infants and Toddlers 0-1	0	0.00%	0	0.00%	-
Infants and Toddlers 0-3	0	0.00%	0	0.00%	-

# Child Find Data Special Collection

- Collection of Federal, TA center, and other resources relevant to collection and analysis of child find data
- Coming soon!

# Child Find Funnel Diagram Tool

- Coming soon!
- Excel-based tool
- Allows states or local programs to enter data on children in each step of the referral and enrollment process for a referral cohort
- Displays a funnel diagram to visually examine where children are dropping out of the process
- Can be used to examine opportunities to improve the efficiency of child find efforts



# Update (2018) State and Jurisdictional Definitions Infants and Toddlers with Disabilities Under IDEA Part C



# Supports for Child Find



## 618 Data Pre-Submission Edit Check Tools

- IDC developed the 618 Data Pre-submission Edit Check Tools for assisting states prepare their Part C data submissions. States can use the tools to identify potential edit check errors or errors in subtotals or totals prior to submitting the data to OSEP.
- [Back to Basics on Part C Child Find](#)



Transforming State Systems to Improve Outcomes  
for Children with Disabilities

## State Data Use Spotlight: Tennessee

**Challenge:** How can we use data to identify ways to improve our child find process and maximize early intervention services?

The Tennessee Department of Education (TDOE) discovered that infants and toddlers who were referred for Part C services and initially found ineligible for a full evaluation through screening were being re-referred and later found eligible for services at a high rate. This state spotlight presents the systematic evaluation

# Large Group Discussion

- What other resources do States need?
- What do you need to advocate for additional resources in your State?

# Wrap up

- Thank you!
- If you are interested in participating in the pilot of the Child Find Self-Assessment, please fill out the interest form.
- Please complete the evaluation for this session.

- Visit the DaSy website at:  
<http://dasycenter.org/>
- Follow DaSy on Twitter:  
[@DaSyCenter](https://twitter.com/DaSyCenter)
- Visit the ECTA website at:  
<http://ectacenter.org/>
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# Thank you

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