Welcome to the OSEP TA Call

• Part B Grant Applications are due no later than Friday, May 17, 2019. Please see the Grant Memo on Grads360.

• The 2019 OSEP Symposia Series kicked off on 4/8 with a focus on *Preparing Effective Personnel*. Next Wednesday, 5/15 at 1:30pm (EDT) the second symposia will focus on *Retaining Effective Personnel*. The series will conclude with the 8/14 event on *Attracting Effective Personnel*. If you have not registered for next Wednesday’s event, please register at this link.

• The 2019 Leadership Conference is also coming up from 7/22-7/24 at the Crystal Gateway Marriott in Arlington, VA. If you have not registered yet, please register at: [https://meetings.osepideasthatwork.org/](https://meetings.osepideasthatwork.org/)
Child Find Self-Assessment (CFSA)

- Brenda Wilkins and Jennifer Barrett-Zitkus, OSEP
- Margaret Gillis and Kathryn Morrison, DaSy
- Evelyn Shaw, ECTA
- Roy Fowler, Maine Part C
- Ann Freiburg, Illinois Part C
Agenda

- National snapshot
- Introduction to the Child Find Self-Assessment (CFSA)
- State experiences using the CFSA
- Resources
In 2017 – 18, 388,694* infants and toddlers from birth to age 3 received Early Intervention services in the U.S. and outlying areas.

% by age group

- 1.25% birth to 1 year
- 3.04% 1 year to 2 years
- 5.45% 2 years to 3 years

% served by Part C by state

9.54%

0.82%

National Snapshot: Child Find Special Populations

• **Child Maltreatment** (Children’s Bureau, 2019; Child Maltreatment, 2017)
  - Over 1/4 of victims (28.5%) under age three; children less than one year have the highest victimization rate (25.3 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)
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 definition of eligibility
- High quality data systems
- Evaluation and appropriate identification
- Public awareness
Why Focus on Child Find?
Child Find Special Populations

- Children who have been maltreated
- Children with opioid or other substance exposure
- Children exposed to Zika infection

1 Designed by Icon Pond from Flaticon
Child Find Self-Assessment (CFSA)

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

- Fillable Word form
- Highlights requirements
- Includes:
  - Referral procedures
  - Timeline
  - Screening procedures (optional)
## Section II Table of Contents

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<td>Identification of infants and toddlers who are underserved by Part C</td>
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<td>Theme Summary</td>
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<td>Summary ratings for each Best Practice</td>
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<td>Action Plan</td>
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<tr>
<td>Child Find Action Plan (roster of team members, activities, etc)</td>
</tr>
<tr>
<td>Data</td>
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<tr>
<td>Exportable data file updated via &quot;Get Data&quot; button (see Instructions tab for more information)</td>
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</tbody>
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**Get Data**
### Child Find Best Practices

**Section II: Best Practice Rating (BPR)**

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

- **Best Practice Rating (BPR):** 1

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

- **Best Practice Rating (BPR):** 2

#### 3. Yes - practice partially implemented

- **Best Practice Rating (BPR):** 3

#### 4. Yes - practice fully implemented

- **Best Practice Rating (BPR):** 4

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**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.

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Rating</th>
<th>PRIORITY</th>
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<tbody>
<tr>
<td>Referral sources are provided with timely feedback including the status of the referral, outcomes of the referral, child engagement in services, and progress.</td>
<td>4</td>
<td>M</td>
</tr>
<tr>
<td>“Referral” is clearly defined, and that definition is disseminated to primary referral sources.</td>
<td>4</td>
<td>H</td>
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<tr>
<td>Policies and procedures support ongoing and effective collaborative relationships with community agencies that serve underserved and at-risk populations.</td>
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<td>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.</td>
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<tr>
<td>Collaboration with primary referral sources includes education, training, and professional development to support consistent application of referral criteria across sectors, geographic regions, and genders.</td>
<td>4</td>
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**Table of Contents**

- BP 1
- BP 2
- BP 3
- BP 4
- BP 5
- BP 6
- BP 7
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
Section II - Evidence

• Spaces to provide evidence for each best practice (yellow spaces)
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.
# Child Find Best Practices

### Best Practice Theme Rating (Calculated)

<table>
<thead>
<tr>
<th>Practice</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>1. None of the practices are yet planned or in place.</td>
<td>7</td>
</tr>
<tr>
<td>2. Most of the practices are not yet planned or in place.</td>
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<td>3. Some practices are in place; a few may be fully implemented.</td>
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<td>4. At least half of the practices are in place; a few may be fully implemented.</td>
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</tr>
<tr>
<td>5. At least half of the practices are in place; some are fully implemented.</td>
<td>7</td>
</tr>
<tr>
<td>6. At least half of the practices are fully implemented; the rest are partially implemented.</td>
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</tr>
<tr>
<td>7. All practices are fully implemented.</td>
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### 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.

- 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:
- 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.
  - Evidence:
- 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).
  - Evidence:
- 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.
  - Evidence:
Section II

Child Find Best Practices

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Collaboration with Primary Referral sources

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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
Section II – Theme Summary

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

<table>
<thead>
<tr>
<th>Theme Summary</th>
<th>Rating</th>
<th>Priority</th>
<th>Total # of Practices</th>
<th># of Practices in this theme with RATING...</th>
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<td>1</td>
<td>M</td>
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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
Section III

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

Federal Regulations Regarding Child Find

IDEA Statute, Chapter 33, Subchapter III – Infants and Toddlers with Disabilities [https://sites.ed.gov/idea/statute-chapter-33/subchapter-III](https://sites.ed.gov/idea/statute-chapter-33/subchapter-III)

Regulations of the Offices of the Department of Education, Office of Special Education and Rehabilitative Services, Part 303—Early Intervention Program for Infants and Toddlers with Disabilities The Electronic Code of Federal Regulations is not the legal official edition of the regulations but outlines all early intervention regulations and includes key terms used throughout the regulations with links to their definitions. Note, this link provides all regulations related to early intervention, including components related to child find. Specific regulations and definitions can be accessed by clicking the section numbers in blue. For more information about the specific sections of the regulations related to child find, see Section I of the Child Find Self-Assessment. [https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title34/34cfr303_main_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title34/34cfr303_main_02.tpl)

For OSEP Policy Letters and Guidance, see Section IV of the Child Find Self-Assessment.

Part C Eligibility Resources

Child Find Self-Assessment Section IV: OSEP Policy Letters and Guidance.

OSEP is charged with developing, communicating and disseminating Federal policy on early intervention services to infants and toddlers with disabilities and on the provision of special education and related services for children with disabilities. The attached policy letters provide information and guidance relevant to a State’s EI system and providing a comprehensive Child Find system.

Letter to Eiserman: December 20, 2018

Letter Summary. Letter to Eiserman serves as informal guidance about the evaluation process for an infant or toddler suspected of being deaf or hard of hearing to determine eligibility for early intervention services (EIS) under Part C of the Individuals with Disabilities Education Act (IDEA). In the Letter to Eiserman, OSEP provided detailed guidance about the screening, evaluation and assessment regulations outlined Part C regulations at 34 C.F.R. § 303.321 as it pertains to children who are deaf or hard of hearing. The letter further clarifies the definition of qualified personnel and how those personnel are used to determine a child’s initial and continuing eligibility for Part C services. 34 C.F.R. § 303.321(a)(2)(i).

Relevance to Child Find. Letter to Eiserman is relevant to Child Find because it describes the regulations around screening, evaluation, and assessment and how this applies when an infant or toddler is suspected of being deaf or hard of hearing.


Letter to Skyer: OSEP, August 16, 2016

Letter Summary. OSEP informed the parent’s attorney that Lead agencies are free to adopt screening procedures to identify potentially eligible infants and toddlers, but they may not use that process, or even the outcome of the screening, to limit a parent's right to request an evaluation. In her letter to OSEP, the attorney asked whether an early intervention official would be correct in telling a parent that the parent's child will only be "screened" to determine eligibility. OSEP stated that agencies have the option to adopt screening procedures to determine whether a child under the age of three is suspected of having a disability. 34 CFR 303.320.
Development

- Best practices were identified through thorough review of literature and previous projects funded by OSEP and others focused on Child Find
- Modeled after the ECTA System Framework Self-Assessment
- Externally reviewed by 4 states and piloted in 4 states
- Incorporated feedback from external review and pilot
Why did Maine focus on Child Find?

Maine...

- perenniately falls short of its Part C SPP/APR Child Find targets
- ranks 51\textsuperscript{st} in the percentage of identified children under the age of 1 (0.61%)
- ranks 47\textsuperscript{th} in the percentage of identified children under the age of 3 (2.39%)
- is a large, sparsely populated state and ranges from urban to extremely rural
- has experienced a significant increase in its immigrant population
Support from National TA Centers

Maine received significant support from the Early Childhood Technical Assistance Center (ECTA) and the Center for IDEA Early Childhood Data Systems (DaSy) which included:

• Clarification on Framework items
• A national perspective
• How other states implement best practices
What Maine Learned:

• Outreach and materials targeting “New Mainers” and increased collaboration with cultural brokers is necessary
• Although, in general, significant outreach has occurred, Maine has not evaluated the effectiveness of that outreach
• The lack of a state entity that oversees/coordinates developmental screenings is an impediment to increased identification
Next Steps:

• Share Child Find Self-Assessment results with regional programs
• Conduct facilitated conversations with EI teams at the regional program level to identify opportunities to implement best practices at the local level
• Use the Child Find Self-Assessment to engage regional stakeholders and as impetus for the creation of local Interagency Coordinating Councils
Reality Check

• What we learned
  – we do have many policies, procedures, administrative rules, an interagency agreement and some strong collaborations already occurring
  – we have some inconsistent practices and complicated data collection, but with the best intentions with many recent improvements for more automation, etc.
  – the stakeholder group has rich history and a wide variety of perspectives

• The tool helped us realize the multiple components of Child Find
• Having TA team on the stakeholder call helped provide guidance for the context and intent of the tool
Illinois’ Experience Using the CFSA

• Completed a subset of the Best Practices in Section 2 due to limited time

• Stakeholders involved included: interventionists, Service Coordinators, Parents, Professional Development, Monitoring, Central Directory, LEAs, SEA, 619, APORS and Bureau of Early Intervention
Illinois Context

• Child Find Project housed within the Illinois State Board of Education, supports efforts for children 0-5 across the state

• Quarterly workgroup currently focused on more about Transition but includes the Child Find Project manager who provides updates on data collection

• Illinois felt we had a decently-organized Child Find system....
Reality Check

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  – we have some inconsistent practices and complicated data collection, but with the best intentions with many recent improvements for more automation, etc.
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Next Steps

- Conversations opened opportunities for improvement and a willingness of all represented groups to come to the table with their support.
- Plan on pulling stakeholders together again to complete the tool and create solid plans for action steps.
- Identified potential of cross-training about the required components from Part B and Part C perspectives to help improve the Illinois Child Find system.
- Identified need for be more resources/tools that could help correct and complete data collection of Child Find.
Questions?
Child Find Resources

- Child Find Self-Assessment
  https://osep.grads360.org/#program/highlighted-resources
Additional Resources

• Birth to 5: Watch Me Thrive! [https://helpmegrownational.org/hmg-partners/watchmethrive/]

• TA Resources for State Agencies
  – Child Find Data Special Collection – [https://dasycenter.org/child-find-special-collections/]
  – Child Find Funnel Diagram Tool – [https://dasycenter.org/part-c-child-find-funnel-chart-tool/]
  – State and Jurisdictional Definitions Infants and Toddlers with Disabilities Under IDEA Part C – 2019 Update – coming soon from ECTA
Division for Early Childhood (DEC)

Protection & Well-Being Community of Practice
- Archived webinars from March 2018
- DEC 2019 Conference panel

Position Statement on Low Birth Weight (LBW), Prematurity, and Early Intervention
- Approved August 2018
• Visit the DaSy website at: http://dasycenter.org/
• Follow DaSy on Twitter: @DaSyCenter
• Visit the ECTA website at: http://ectacenter.org/
• Follow ECTA on Twitter: @ECTACenter
Thank you

The contents of this tool and guidance were developed under grants from the U.S. Department of Education, #H326P120002 and #H326P170001. However, those contents do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government. Project Officers: Meredith Miceli, Richelle Davis, and Julia Martin Eile.