



# OSEP

Office of Special Education Programs

## 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/>





# OSEP

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## 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





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## 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

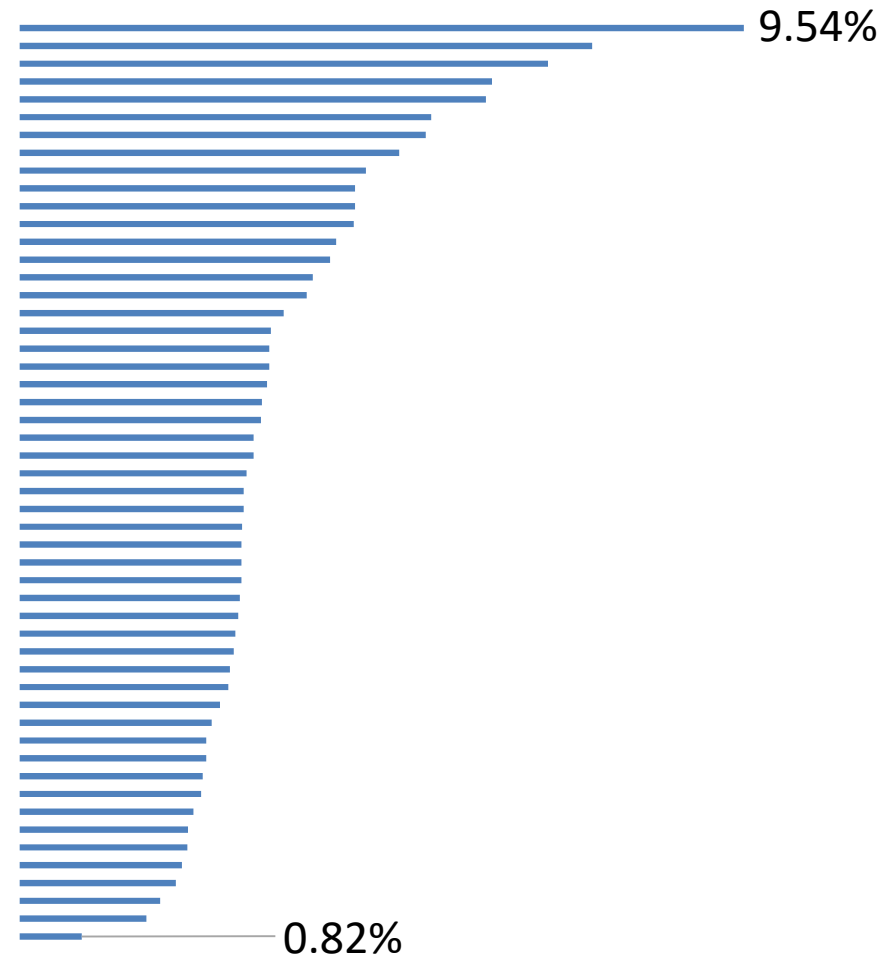


**3.04%** 1 year  
to 2 years



**5.45%** 2 years  
to 3 years

## % served by Part C by state



\*Data Downloaded from <https://www2.ed.gov/programs/osepidea/618-data/static-tables/2017-2018/part-c/child-count-and-settings/1718-cchildcountandsettings-1.xlsx>

# 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

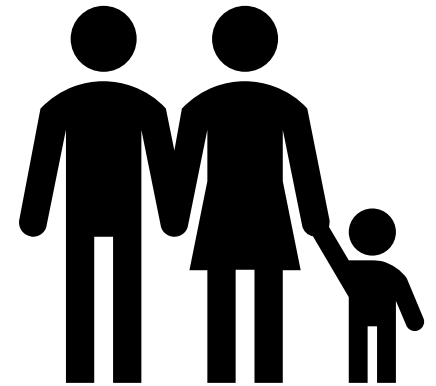


Coordination  
with referral  
sources

Clear  
definition of  
eligibility

High quality  
data systems

Evaluation and  
appropriate  
identification



Public  
awareness



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## Why Focus on Child Find?





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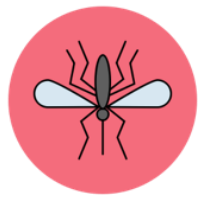
## Child Find Special Populations



Children who have been maltreated



Children with opioid or other substance exposure



<sup>1</sup>

Children exposed to Zika infection





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## Child Find Self-Assessment (CFSA)

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





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## 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





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## Section I

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





# OSEP

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## 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 **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.		

10 **BP 1 Collaboration with Primary Referral sources** **Show Evidence** **Hide Evidence**

Rating	PRIORITY
Theme Rating: 7	H

12	<i>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.</i>		
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.	4	M
14	Evidence:		
15	b "Referral" is clearly defined, and that definition is disseminated to primary referral sources.	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.	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.	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).	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.	4	H
24	Evidence:		

25

26

# 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.



L14 X ✓ fx 4

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

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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

12 **BP 1 Collaboration with Primary Referral sources** Theme Rating: 7 PRIORITY: 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 – 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

THEME SUMMARY			<a href="#">Table of Contents</a>								Total # of Practices	# of Practices in this theme with RATING...				# of Practices in this theme with PRIORITY ...			
			Rating	Priority	Theme Rating							1	2	3	4	Low	Medium	High	
					1	2	3	4	5	6		7							
Child Find Best Practices																			
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

Action Plan		Planning Team Members		Child Find Improvement Plan	
jump to: <a href="#">Planning Team Members</a> <a href="#">Child Find Improvement Plan</a> <a href="#">Stakeholder Involvement</a>  <a href="#">Show High Priority BPs</a>		State Child Find Planning Team Members, Role and Organization Represented			
		Child Find Planning Team Member	Role	Organization	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

# 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>

**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

**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

# Section IV

## IDEA Part C Child Find Self-Assessment (CFSA)

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### **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.

<https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/osep-letter-to-eiserman-12-20-2018.pdf>

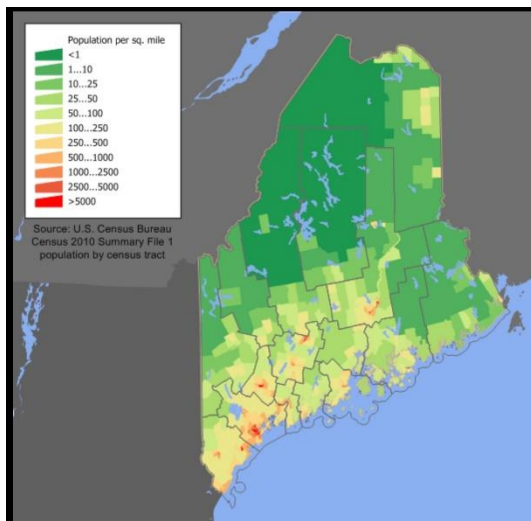
#### **Letter to Skyer: OSEP, August 16, 2016**

*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...

- perennially falls short of its Part C SPP/APR Child Find targets
- ranks 51<sup>st</sup> in the percentage of identified children under the age of 1 (0.61%)
- ranks 47<sup>th</sup> 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

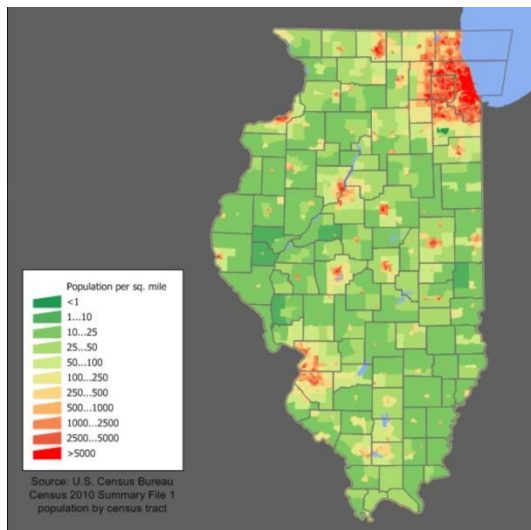
# Next Steps:

- 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

- 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

# 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




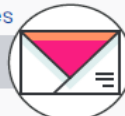
<https://osep.grads360.org/#program/highlighted-resources>



## CHILD FIND SELF-ASSESSMENT (CFSA)









The **Child Find Self-Assessment (CFSA)** is a voluntary toolkit to help state IDEA Part C programs strengthen their child find systems, with the goal of **ensuring children eligible for services are referred and enrolled**. The toolkit can be used for **monitoring the regulatory components** of a comprehensive child find system and to assist with **identifying and using best practices** for child find.

### Child Find Self-Assessment Sections

Tools		Resources	
			
<b>Section 1</b> Statutory Requirements Specific to Child Find	<b>Section 2</b> Child Find Best Practices	<b>Section 3</b> Technical Assistance and Resources	<b>Section 4</b> OSEP Policy Letters and Guidance
Document how you are fulfilling each requirement of Child Find in this Word-based tool	Evaluate your implementation of Child Find best practices and identify where to focus your efforts in this Excel-based tool	Access Child Find resources	Access information, guidance, and clarification from OSEP

### Child Find Best Practices

The best practices in Section 2 of the CFSA are organized into 7 themes:



<b>1</b> Collaboration with Primary Referral Sources 	<b>5</b> Technical Adequacy of Screening and Evaluation Tools 
<b>2</b> Identification of Infants and Toddlers Who Are Underserved by Part C 	<b>6</b> Efficiency of Screening, Referral, and Evaluation Process and Procedures 
<b>3</b> Data Systems 	<b>7</b> Responding to Children Found Ineligible for Early Intervention 
<b>4</b> Evaluation of Child Find 	

Access the **Child Find Self-Assessment** here:  
<https://osep.grads360.org/#program/highlighted-resources>

Access additional Child Find resources:

- Meaningful Differences in Child Find Calculator
- Part C Child Find Funnel Chart Tool
- Part C Child Find Data Special Collection

The CFSA was developed by the Office of Special Education Programs (OSEP), in collaboration with the Center for IDEA Early Childhood Data Systems (DaSy), and the Early Childhood Technical Assistance Center (ECTA).



# Additional Resources

- Birth to 5: Watch Me Thrive! <https://helpmegrownational.org/hmg-partners/watchmethrive/>
- TA Resources for State Agencies
  - Identifying Meaningful Difference in Child Find - Excel Tool <https://dasycenter.org/identify-meaningful-differences-in-child-find/>
  - 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
- <https://www.dec-sped.org/protection-and-wellbeing-cop>

## Position Statement on Low Birth Weight (LBW), Prematurity, and Early Intervention

- Approved August 2018
- <https://www.decdocs.org/position-statement-low-birth-weight>
- Executive Summary <https://www.decdocs.org/executive-summary-low-birth-weight>

- 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/>
- Follow ECTA on Twitter:  
[@ECTACenter](https://twitter.com/ECTACenter)



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## 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.

