

V. COMPREHENSIVE CHILD FIND SYSTEM

A. General Child Find System Requirements

1. POLICIES

- a. The State Lead Agency (DMHMRSAS), *with the advice and assistance of the Virginia Interagency Coordinating Council (VICC)*, ensures that the child find process in Virginia is a shared, continuous and routine responsibility of all State and local participating agencies/providers and ensures:
 - (1) A comprehensive child find system that is consistent with Part B of the Act (34 CFR 300.128) and meets the requirements in paragraphs (b) through (e) of 34 CFR 303.321 has been developed and is implemented.
 - (2) All infants and toddlers in Virginia, including infants and toddlers who are homeless or wards of the State, who are eligible for supports and services under this part are identified, located, and evaluated;
 - (3) Rigorous standards are used for appropriately identifying infants and toddlers with disabilities for supports and services under this part to reduce the need for future services (20 USC 1435(a)(5)); and
 - (4) An effective method has been developed and is implemented to determine which children are receiving needed early intervention supports and services. (34 CFR 303.321)
- b. The State Lead Agency, with the assistance of the VICC, ensures that the child find system under Part C is coordinated with all other major efforts to locate and identify children conducted by other State agencies responsible for administering the various education, health and social service programs relevant to this part, tribes and tribal organizations that receive payments under Part C, and other tribes and tribal organizations as appropriate, including efforts in the:
 - (1) Department of Education's Assistance to States Program under Part B of the Act;
 - (2) Maternal and Child Health Program under Title V of the Social Security Act;
 - (3) Medicaid's Early Periodic Screening, Diagnosis and Treatment [EPSDT] Program under Title XIX of the Social Security Act;
 - (4) Developmental Disabilities Assistance and Bill of Rights Act;
 - (5) Head Start Act;
 - (6) Supplemental Security Income program under Title XVI of the Social Security Act. (34 CFR 303.321)
 - (7) Virginia Newborn Screening Program;
 - (8) Virginia Early Hearing Detection and Intervention (VEHDI);
 - (9) Virginia Infant Screening and Infant Tracking System (VISITS);
 - (10) Virginia Congenital Anomalies Reporting Education System (VACARES); and
 - (11) Care Connection of Virginia.
- c. The State Lead Agency, with the advice and assistance of the VICC, has taken steps to ensure that:
 - (1) There will not be unnecessary duplication of effort by the various agencies involved in Virginia's child find system under Part C; and
 - (2) Virginia will make use of the resources available through each public agency and/or other participating agency in the state to implement the child find system in an effective manner. (34 CFR 303.321(c)(2))

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Deleted: <#>The Lead Agency ensures that child find activities involve locating, screening and identifying children in an effort to determine those who may need a multidisciplinary/interdisciplinary/transdisciplinary evaluation and assessment under Part C. These activities are coordinated with the planning and implementation of existing statewide activities including public awareness and the central directory.¶ <#>The Lead Agency, with the advice and assistance of the Virginia Interagency Coordinating Council (VICC), ensures the development and implementation of a comprehensive child find system that is consistent with Part B of the Act (34 CFR 300.128) and meets the requirements in paragraphs (b) through (e) of 34 CFR 303.321.¶ <#>The Lead Agency ensures the development and implementation of a comprehensive local child find system for children (birth through age 2) within localities. The local child find system must be consistent with State policy and ensure the location, screening and identification of all eligible infants and toddlers.¶

2. PROCEDURES

- a. The State Lead Agency facilitates the participation and involvement of state-level agencies in the development of interagency agreements related to child find.

- b. Local lead agencies, with the advice and assistance of the local interagency coordinating council, facilitate the development of formal interagency agreements among local agencies involved in the early identification of children with developmental delays. These agreements shall be consistent with state-level agreements and shall build upon existing local supports, services and resources for infants/toddlers and their families. These agreements:
 - (1) Specify the roles of each agency; and
 - (2) Include procedures for providing ongoing, up-to-date information to agencies involved in the development and implementation of the local child find system.
- c. The State Lead Agency, through data collection from local lead agencies, determines which children are receiving supports and services.

B. Primary Referral Sources and Referral for Multidisciplinary Team Evaluation and Assessment

1. POLICIES

- a. In Virginia, primary referral sources include:
 - (1) Hospitals, including prenatal and postnatal care facilities;
 - (2) Physicians, nurses, and other health care providers;
 - (3) Parents;
 - (4) Child care programs;
 - (5) Local educational agencies;
 - (6) Public health facilities; and
 - (7) Other social service agencies.

(34 CFR 303.321(d)(3))
- b. To provide for an effective method of making referrals by primary referral sources, especially hospitals and physicians, the State Lead Agency ensures a single point of entry for each local Part C system where families and other primary referral sources can make initial contact with the local Part C system.

(34 CFR 303.321(d)(2)(i))
- c. The State Lead Agency, with the assistance of the VICC, ensures that the child find system includes procedures for use by primary referral sources for referring a child to the single point of entry for:
 - (1) Evaluation and assessment, in accordance with 34 CFR 303.322 and 34 CFR 303.323; or
 - (2) As appropriate, the provision of supports and services in accordance with 34 CFR 303.342(a) or 34 CFR 303.345. (34 CFR 303.321(d)(1))
- d. The State Lead Agency ensures that procedures are in place statewide to receive referrals and to make an individualized determination about the need for evaluation and assessment under Part C for a child under the age of three who:
 - (1) Is involved in a substantiated case of child abuse or neglect; or
 - (2) Is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure.

(20 USC 1437 (a)(6))
- e. The Lead Agency ensures that referrals to the single point of entry for the local Part C system are made no more than two (2) working days after a child has been identified.

(34 CFR 303.321(d)(2)(ii))
- f. Once the single point of entry receives a referral, the local Part C system shall, within forty-five (45) calendar days:
 - (1) Complete the evaluation and assessment activities in 34 CFR 303.322; and
 - (2) Hold an IFSP meeting in accordance with 34 CFR 303.342. (34 CFR 303.321 (e))

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<#>Conducting a local public awareness program;¶
<#>Determining the need for screening prior to a multidisciplinary/interdisciplinary/transdisciplinary team assessment;¶
<#>Providing screening (screening mechanisms may include: mass general screenings, well-baby checks, individual child screens, records/chart review, documentation of needs by primary referral sources, and parent observation and report), if appropriate; ¶
<#>Ensuring referrals to multidisciplinary/interdisciplinary/transdisciplinary team assessment or other appropriate resources; and¶
<#>Establishing annual goals based on past child find data.¶

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NOTE: Individual child screening is not a mandatory procedure prior to multidisciplinary team evaluation and assessment and may not be used to extend the 45-day timeline for IFSP development.

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2. PROCEDURES

- a. Each local lead agency determines the single point of entry for the local Part C system. The single point of entry serves as a mechanism to ensure that:
 - (1) Referral information is collected in order to facilitate entry into the Part C system;
 - (2) All families receive consistent information about Virginia's Part C early intervention system;
 - (3) Nonduplication of resources is monitored;
 - (4) Data are collected;
 - (5) A service coordinator is assigned; and
 - (6) Referrals are made for multidisciplinary team evaluation and assessment to the appropriate local participating agency/provider.

The single point of entry can also provide general information to families and/or other interested persons who have questions regarding child development and accessing Part C supports and services and/or other available resources.
- b. In order to implement the local child find system, local systems:
 - (1) Involve primary referral sources, especially hospitals and physicians, in the child find system;
 - (2) Inform primary referral sources, especially hospitals and physicians, about procedures to assist families in accessing the early intervention system;
 - (3) Use a variety of mechanisms including, but not limited to, mass general screenings, well baby checks, individual child screens, medical records/chart review, documentation of needs by primary referral sources, and parent observation and report to identify infants and toddlers potentially eligible for Part C; and
 - (4) Ensure referral to the local Part C system or other appropriate resources.
- c. Local lead agencies evaluate the effectiveness of local public awareness and child find efforts on an ongoing basis through analysis of local data.
- d. Local lead agencies implement the following procedures for referrals received for a child under the age of three who is involved in a documented substantiated case of child abuse or neglect or is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure.
 - (1) The single point of entry determines what, if any, developmental screening has been completed by the referring agency/provider and whether the referring agency/provider has any developmental concerns about the child.
 - (2) The single point of entry determines whether there is a need for a surrogate parent to be assigned.
 - (3) A service coordinator is assigned.
 - (4) If the child has a diagnosed physical or mental condition that makes the child eligible under Virginia's Part C definition of eligibility, then no developmental screening is needed.
 - (5) If developmental screening has been conducted prior to referral and since the substantiated instance of abuse or neglect (for those children who have been involved in a substantiated case of child abuse or neglect), then those prior screening results are used to determine the need for evaluation and assessment.
 - (6) If developmental screening has not been conducted prior to referral or was conducted prior to the allegation of abuse or neglect (for those children who have been involved in a substantiated case of child abuse or neglect), then the local Part C system conducts a developmental screening to determine the need for evaluation and

- assessment.
- (7) If the family declines screening or the family decides not to receive an evaluation and assessment, then the service coordinator is responsible for ensuring that the family’s signature is obtained on the Declining Early Intervention Services form and that the family receives a copy and explanation of the Notice of Child and Family Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System.
 - (8) With parent consent, the service coordinator contacts the referring agency/provider to inform them of whether or not the child will receive a Part C evaluation and assessment.
- e. The service coordinator is responsible for fully informing parents about their rights and responsibilities under Part C and about available procedural safeguards.
 - f. If developmental screening occurs after referral to the Part C system, then the service coordinator is responsible for ensuring that:
 - (1) Parental consent is obtained, using the Notice and Consent for Screening form, prior to the screening.
 - (2) The timelines for conducting the evaluation and assessment and holding an IFSP meeting are met.

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~~<#>LICCs develop and implement mechanisms for including primary referral sources, especially hospitals and physicians, in the child find system.¶~~

~~<#>LICCs develop a plan for informing primary referral sources, especially hospitals and physicians, about procedures to assist families in accessing the early intervention system. Examples of local plans include procedures for disseminating informational materials such as developmental or child find brochures to primary care physicians, child development clinics and child care providers; dissemination through professional and parent organizations such as PTAs and state and local medical societies; and presentations at parent or professional organizations and conferences.¶~~

~~<#>The Lead Agency, through ongoing surveys of families, determines the extent to which primary referral sources, especially hospitals and physicians, disseminate information on the availability of early intervention services to parents of infants and toddlers with disabilities.¶~~

~~<#>LICCs maintain a listing of all primary referral sources, and regularly disseminate on a locally-determined schedule, information on the availability of services.¶~~

~~<#>LICCs develop and implement policies and procedures (including mechanisms) for the referral process for a multidisciplinary/interdisciplinary/transdisciplinary team evaluation and assessment.¶~~

~~<#>LICCs develop and implement policies and procedures (including mechanisms) for the assignment of a temporary service coordinator when referral for evaluation and assessment is received by the central point of en... [6]~~

~~<#>Notice to Parents¶~~

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~~<#>Section 300.561 Notice to Parents is included in its entirety in Component X - Procedural Safeguards.¶~~

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~~<#>Efforts Related to At-Risk Infants and Toddlers¶~~

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~~<#>Part C funds may be used to strengthen the statewide system by initiating, expanding, or improv... [7]~~

Public Awareness for Child Find

POLICIES

The Lead Agency ensures the development and implementation of a statewide public awareness program for child find that:

Focuses on early identification of children who are eligible to receive early intervention services under Part C; (34 CFR 303.320)

Supports early identification of developmental delays as a shared, continuous and routine responsibility of all State and local public/private agencies and providers;

Informs *the public* about the child find system, including:

The purpose and scope of the system;

How to make referrals; and

How to gain access to a comprehensive multidisciplinary/interdisciplinary/transdisciplinary evaluation and other early intervention services; (34 CFR 303.320)

Provides a continuous, ongoing effort that is in effect throughout Virginia including rural areas; (34 CFR 303.320, Note 1)

Provides for the involvement of, and communication with, major organizations throughout Virginia that have a direct interest in early intervention services, including public agencies and other participating agencies at the State and local levels, private providers, professional associations, parent groups, advocate associations, and other organizations; 34 CFR 303.320, Note 1)

Requires that before any major identification, location, or evaluation activity takes place, notice is published in newspapers, other media, or advertised in other community-specific modes of communication;

Has coverage broad enough to reach the general public, including individuals with disabilities and specific high-risk populations (e.g., teenage parents, parents with problems of substance abuse); and (34 CFR 303.320, Note 1)

Includes a variety of methods for informing the public about the provisions of identification and evaluation (e.g., use of television, radio, newspaper releases, pamphlets, posters and a toll-free telephone service). Printed materials are culturally diverse and are adjusted for educational level.(34 CFR 303.320, Notes 1 &

PROCEDURES

LICCs develop and implement policies and procedures (including mechanisms) to plan, organize and distribute information in their communities for the purpose of creating an overall awareness of the child find program. Local activities must be consistent with State policies and procedures promoting a central theme throughout Virginia. Neighboring localities are encouraged to collaborate in the development and implementation of an awareness plan for child find.

LICCs may consider, but not be limited to, the following mechanisms to achieve the desired outcomes of a local public awareness program for child find:

Maintaining a current list of agencies and individuals in the community to be involved in the activities, including but not limited to:

Public agencies (e.g., government offices, health agencies, social service departments);

Private professionals (e.g., pediatricians); and

Lay groups (e.g., Chambers of Commerce; service organizations; neighborhood associations; churches and synagogues; major employers; advocacy groups).

Choosing a variety of methods for informing the general public about the child find system. *Examples of methods for informing the general public about the provisions of this part include:*

Use of television, radio and newspaper releases;

Pamphlets and posters displayed in doctors' offices, and other appropriate locations; and

The use of a toll-free telephone service.

(34 CFR 303.320, Note 2)

Local efforts must be coordinated with statewide public awareness, and materials and activities must be culturally diverse and include:

Adapting existing materials to be consistent with the statewide public awareness materials;

Incorporating local child find information in state public awareness materials;

Developing materials to augment statewide public awareness materials (e.g., philosophy of child find, screening resources, etc.); and

Coordinating local activities with planned statewide public awareness activities (e.g., airing of Public Service Announcements (PSAs), dissemination of materials).

Disseminating materials to local agencies and places of business. Local public awareness materials, including posters and brochures, are requested to be displayed in highly visible and accessible locations. Other materials are requested to be included in agency/company mail-outs (e.g., pay checks, newsletter, bills etc.). The following agencies/businesses may be targeted for dissemination of information:

Pediatricians'/general practitioners' offices;

WIC clinics;

Well-baby/immunization clinics and mobile vans;

Community and migrant health centers;

Child care centers and child care homes;

Visiting public health nurse programs;

Local social service departments;

Mental health clinics;

Ethnic/community centers;

Shelters;

Hospitals;

Family-planning organizations;

Churches and synagogues;

Other local points of contact with families and young children;

Businesses (e.g., banks, utility companies, grocery stores, etc.);

Education agencies;

Family Support Programs;

Infant programs;

Advocacy/consumer organizations;

Professional associations;

Private providers;

Primary referral sources;

Public schools;
Adoption agencies;
Parent support groups; and
Other local points of contact with families and young children.

Coordination of the Child Find System

POLICIES

The Lead Agency, with the assistance of the VICC, ensures that the child find system under Part C is coordinated with all other major efforts to locate and identify children conducted by other State agencies responsible for administering the various education, health and social service programs relevant to this part, tribes and tribal organizations that receive payments under Part C, and other tribes and tribal organizations as appropriate, including efforts in the: Department of Education's Assistance to States Program under Part B of the Act; Maternal and Child Health Program under Title V of the Social Security Act; Medicaid's Early Periodic Screening, Diagnosis and Treatment [EPSDT] Program under Title XIX of the Social Security Act; Developmental Disabilities Assistance and Bill of Rights Act; Head Start Act; Supplemental Security Income program under Title XVI of the Social Security Act.

(34 CFR 303.321)

Virginia Congenital Anomalies Reporting and Education System (Virginia CARES);
Virginia Hearing Impairment Identification and Monitoring System (Virginia HIIMS); and
Virginia Department for the Blind and Vision Impaired.

The Lead Agency, with the advice and assistance of the VICC, has taken steps to ensure that:

*There will not be unnecessary duplication of effort by the various agencies involved in Virginia's child find system under Part C; and
Virginia will make use of the resources available through each public agency and/or other participating agency in the state to implement the child find system in an effective manner.*

(34 CFR 303.321(c)(2))

PROCEDURES

The Lead Agency facilitates the participation and involvement of state-level agencies in the development of interagency agreements regarding the child find system. Each agreement shall meet the requirements in paragraphs (b) through (d) of Section 34 CFR 303.523.

LICCs facilitate the development of formal interagency agreements among local agencies involved in the early identification of children with developmental delays. These agreements shall be consistent with state-level agreements and shall build upon existing local services and resources for infants/toddlers and their families. These agreements include procedures for:

Providing ongoing, up-to-date information to agencies involved in the development and implementation of the local child find system;

Clarifying the roles of each agency; and
Identifying issues where more specific interagency agreements would facilitate the implementation of a local comprehensive child find system.

Point of Entry

POLICIES

Localities determine the places where families and primary referral sources can make initial contact with the Part C system.

Regardless of the number of places determined by a locality for initial contact, the Lead Agency ensures the availability of a local central point of entry in each locality to ensure nonduplication of services, assist in identifying gaps in services, and coordinate data collection.

PROCEDURES

LICCs determine those responsible for carrying out the functions of the local central point of entry. A local central point of entry serves as a mechanism to ensure that:

Necessary information is collected in order to approve entry into the Part C system;

Nonduplication of resources is monitored;

Data are collected;

Temporary service coordinators are assigned; and

Referrals for multidisciplinary/interdisciplinary/transdisciplinary evaluation are received by the appropriate agency/individual.

Those carrying out the functions of the local central point of entry can also provide information to families and/or other interested persons regarding accessing services or available resources as needed.

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the preparation of information for parents on the availability of early intervention services and dissemination of this information to all primary referral sources, especially hospitals and physicians, including

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determining the extent to which such sources disseminate such information to parents of infants and toddlers. Procedures must assist a child and family in accessing services from the *appropriate public agency* and/or other participating agency/provider *within the system for*

Page 46: [4] Deleted Kyla Patterson 10/4/2006 1:14:00 PM

The Lead Agency ensures that procedures *provide for an effective method of making referrals by primary referral sources*, especially hospitals and physicians.

(34 CFR 303.321(d)(2)(i))

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The Lead Agency ensures that the extent to which primary referral sources, especially hospitals and physicians, disseminate information on the availability of early intervention services to parents of children with disabilities can be determined.

In Virginia, *primary referral sources include:*
Hospitals, including prenatal and postnatal care facilities;
Physicians;
Parents;
Child care programs;
Local educational agencies;
Public health facilities;
Other social service agencies; and
Other health care providers.

(34 CFR 303.321(d)(3))

The Lead Agency ensures that once the public agency and/or other participating agency/provider receives a referral, a temporary service coordinator is appointed.

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LICCs develop and implement mechanisms for including primary referral sources, especially hospitals and physicians, in the child find system.

LICCs develop a plan for informing primary referral sources, especially hospitals and physicians, about procedures to assist families in accessing the early intervention system. Examples of local plans include procedures for disseminating informational materials such as developmental or child find brochures to primary care physicians, child development clinics and child care providers; dissemination through professional and parent organizations such as PTAs and state and local medical societies; and presentations at parent or professional organizations and conferences.

The Lead Agency, through ongoing surveys of families, determines the extent to which primary referral sources, especially hospitals and physicians, disseminate information on the availability of early intervention services to parents of infants and toddlers with disabilities.

LICCs maintain a listing of all primary referral sources, and regularly disseminate on a locally-determined schedule, information on the availability of services.

LICCs develop and implement policies and procedures (including mechanisms) for the referral process for a multidisciplinary/interdisciplinary/transdisciplinary team evaluation and assessment.

LICCs develop and implement policies and procedures (including mechanisms) for the assignment of a temporary service coordinator when referral for evaluation and assessment is received by the central point of entry.

LICCs develop procedures which ensure that the timelines for referral for multidisciplinary/interdisciplinary/transdisciplinary evaluation and assessment and holding an IFSP meeting are met. Implementation of local procedures are monitored by the Lead Agency through monitoring and supervision practices to ensure compliance with timelines.

The service coordinator is responsible for fully informing parents about their rights and responsibilities under Part C and about available procedural safeguards.

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Notice to Parents

Section 300.561 Notice to Parents is included in its entirety in Component X - Procedural Safeguards.

Efforts Related to At-Risk Infants and Toddlers

Part C funds may be used to strengthen the statewide system by initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers, including establishing linkages with appropriate public or private community-based organizations, services, and personnel for the purposes of:

Identifying and evaluating at-risk infants and toddlers;

Making referrals of the infants and toddlers identified and evaluated under (1) above; and

Conducting with parent permission periodic follow-up on each such referral to determine if the status of the infant or toddler involved has changed with respect to the eligibility of the infant or toddler for services under Part C.

(34 CFR 303.3(e))