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Chapter 3: Referral

An effective referral process ensures early identification of eligible children, timely supports and services for eligible children and families, and a strong base of referral sources who understand what is available through the Infant & Toddler Connection system and can rely on early intervention providers to partner with them in supporting the child and family they have referred. Referral is the first point of contact between the Infant & Toddler Connection system and the family. It is also a critical point of contact between the Infant & Toddler Connection system and the primary referral source. All referrals must receive a timely, professional and family-centered response.

Public Awareness and Child Find

Local Lead Agency Responsibilities:

1. Use statewide materials and ensure that any local public awareness materials that are developed to use in addition to the statewide materials are consistent with the statewide public awareness materials and reflect the diversity of the local community.
2. Coordinate local activities with planned statewide public awareness activities (e.g., airing of public service announcements, dissemination of materials).
3. Provide notice throughout the community before any major child find activity takes place.
6. Disseminate to all primary referral sources (especially hospitals and physicians) information to be given to parents of infants and toddlers, especially parents with premature infants or infants with other physical risk factors associated with learning or developmental complications and assist the primary referral sources in disseminating that information. Primary referral sources include:
 - a. Hospitals, including prenatal and postnatal care facilities;
 - b. Physicians;
 - c. Parents, including parents of infants and toddlers;
 - d. Child care programs and early learning programs;
 - e. Local school divisions;
 - f. Public health facilities;
 - g. Other public health or social service agencies;
 - h. Other clinics and health care providers;
 - i. Public agencies and staff in the child welfare system, including protective service and foster care;
 - j. Homeless family shelters; and
 - k. Domestic violence shelters and agencies.

4. Disseminate public awareness materials to local agencies and places of business. The following agencies/businesses may be targeted for dissemination of information:
 - a. Pediatricians'/general practitioners' offices;
 - b. Hospitals, including NICUs and NICU follow-up and other outpatient clinics;
 - c. WIC clinics;
 - d. Well-baby/immunizations clinics and mobile vans;
 - e. Community and migrant health centers;
 - f. Head Start and Early Head Start programs;
 - g. Family support programs;
 - h. Child day care centers and family day care homes;
 - i. Visiting public health nurse programs;
 - j. Local social service departments;
 - k. Programs that serve families affected by substance abuse;
 - l. Mental health clinics;
 - m. Civic groups;
 - n. Ethnic/community centers;
 - o. Homeless family shelters;
 - p. Family planning organizations;
 - q. Businesses (e.g., banks, utility companies, grocery stores, laundromats, beauty parlors, etc.);
 - r. Places of worship;
 - s. Professional associations;
 - t. Advocacy associations;
 - u. Private providers;
 - v. Public schools;
 - w. Adoption agencies;
 - x. Parent support groups; and
 - y. Other local points of contact with families and young children.
5. Develop and implement local public awareness and child find procedures that include the following:
 - a. The methods to be used for planning and distributing public awareness information;
 - b. The roles of agencies and individuals in the community involved in public awareness activities, including, but not limited to:
 - Public agencies (e.g., local school systems, Head Start and Early Head Start, health agencies, social service departments);
 - Private entities (e.g., pediatricians);
 - Lay groups (e.g., Chambers of Commerce, service organizations, neighborhood associations, faith based organizations, major employers, advocacy groups); and
 - Agencies and individuals who represent underserved groups, including minority, low-income, homeless and rural families and children, and children with disabilities who are wards of the State.
6. Involve primary referral sources, especially hospitals and physicians, in the child find system.
7. Inform primary referral sources, especially hospitals and physicians, about procedures to assist families in accessing the local Infant & Toddler Connection system. Emphasize that, although, under Part C, parent consent is not needed

- in order to make a referral to the local Infant & Toddler Connection system it is strongly recommended that the referral source inform the family prior to making the referral, explaining the reasons for the referral and the benefits of early intervention.
8. Work with physicians and other local agencies/providers to use a variety of mechanisms that may include, but are 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 early intervention services. Emphasize their responsibility to refer potentially eligible children to the local Infant & Toddler Connection system as soon as possible and within 7 days of identifying the child as potentially eligible for early intervention services.
 9. Determine the required single point of entry for the local Infant & Toddler Connection system.
 10. Collect and enter data into ITOTS for every child referred to the local Infant & Toddler Connection system in accordance with the most current terms of the *Contract for Participation in Part C Early Intervention for Infants and Toddlers with Disabilities and Their Families*.
 11. Use available data, including ITOTS data, regarding which children are receiving supports and services to evaluate the effectiveness of local public awareness and child find efforts on an ongoing basis and to determine the need to revise interagency agreements and other efforts related to child find and public awareness.

Provider Responsibilities

1. Refer to the single point of entry as soon as possible and within 7 days any child potentially eligible for early intervention who becomes known to the provider through a source other than the Infant & Toddler Connection system and who is potentially eligible for early intervention.

Receiving and Processing a Referral

General:

1. Each local Infant & Toddler Connection system must designate a single point of entry for receiving all referrals to the local system.
2. Referrals may be made by phone, fax, in writing or in person to the local single point of entry. Referrals of children diagnosed with hearing loss may be received through the Virginia Infant Screening and Infant Tracking System (VISITS). Additional information about receiving and processing referrals received through VISITS is available at the end of this chapter.
3. It is not necessary to have parent consent in order to make a referral to the local Infant & Toddler Connection system, and the local system must still accept a referral even if the referral source has not informed the family.
4. The referral source must provide at least the child's or family member's name and one method of contact in order for the communication to be considered a referral.
5. The date of referral to the local Infant & Toddler Connection system is day one of the 45-day timeline for development of the initial IFSP.
 - a. If a referral is received when the office is closed (e.g., for the weekend or on a State or federal holiday), then the referral is processed on the next

business day. That next business day, when the staff member hears the message on the answering machine or reads the fax, email or written referral received through the mail, is considered the date of the referral. The local system must ensure timely processing of referrals through sufficient staffing of the single point of entry with back-up available when an individual is ill or on vacation. If the single point of entry office is closed for an extended period, such as during a week-long spring break or winter holiday break, then there must be a mechanism for processing referrals during that period.

- b. If a family or referral source calls the single point of entry just to ask a question about child development or to get other general information, then this is not considered a referral.
 - c. The date of referral for a child referred from another local early intervention system (from either in or out of state) is the date the child is available (i.e., has moved into the area served by the local system) or the date of referral, whichever comes last.
 - d. If a child was previously enrolled in the Infant & Toddler Connection system but has been out of services for 6 months or more when he/she is again referred to the local system, then the local system must conduct a new eligibility determination and assessment for service planning, establish new entry ratings on the child outcomes (if the child is still 30 months old or younger), and establish a new IFSP within 45 days of the new referral and before resuming services.
6. Children referred from another local early intervention system in Virginia and those who have been previously enrolled in the current or another local early intervention system in Virginia and who have been out of early intervention services for less than 6 months may not require all of the steps (e.g., eligibility determination, assessment for service planning, IFSP development) that other new referrals require.
- a. The steps necessary for a child that is transferring from another local system will depend on where that child was in the early intervention process with the sending local system. For instance, if eligibility determination had been completed by the sending local system, then the receiving local system can pick up with assessment for service planning. If a child with a current IFSP moves within Virginia, communication and coordination should occur between the sending local system and the receiving local system in advance of the move, whenever possible, to enable supports and services to be in place in the receiving local system based on the current IFSP. The family's new service coordinator may schedule an IFSP review soon after the family moves in order for the new IFSP team to review the existing IFSP and make any necessary modifications. However, an IFSP review is not necessary in order to begin services in the new local system.
 - b. If a child has been out of services in Virginia for less than 6 months, then it is only necessary to conduct a new eligibility determination if there is an indication that a significant change has occurred in the child's developmental status since the child left the system. Similarly, if an IFSP had already been developed for this child and family, then the local system may resume services in accordance with that IFSP as long as it was signed by the family and as long as the family does not indicate significant changes that would suggest the need for an IFSP review.

Once services resume, an IFSP review may be held if either the providers or family identify a need to discuss changes in outcomes or services.

7. Information received by the local Infant & Toddler Connection system in a referral is considered confidential under the Family Educational Rights and Privacy Act (FERPA).
 - a. If the local Infant & Toddler Connection system is unable to contact the family (e.g., depending on the contact information provided by the referral source, this may mean attempting to contact the family by phone, by letter and/or by stopping by the address), the single point of entry should contact the referral source to inform them that the family has not been contacted and to request additional contact information.
 - b. Once the family has been contacted, information about the referral (beyond acknowledging receipt of the referral) may not be given to the referral source without a signed consent for release of information. If the referral source wants to know the outcome of its referral, the referral source should seek consent from the family and provide a copy of a signed consent for release of information to the single point of entry at the time of referral. Information about referrals may also be given to the referral source if the parent provides consent using a local Infant & Toddler Connection system release form or the referral source later obtains parent consent and provides a copy of that signed release form to the local lead agency.
8. If the single point of entry is unable to contact a family after requesting additional contact information from the referral source or the family repeatedly fails to respond, then the dates of attempted contact must be documented in the child's record. Attempts to contact the family may be made by phone, mail, visiting the address provided by the referral source, and/or other means based on the contact information available. It is recommended that no more than 15 – 20 calendar days pass during this process of attempting to contact the family. Prior to closing the referral, a letter should be mailed to the family stating that the child's referral record will be closed if contact is not made within a given number of calendar days from the date on the letter. The letter mailed to the family must include information about how the family can re-establish contact with the local Infant & Toddler Connection system if they wish to and must include a copy of the *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share*. If the single point of entry is never able to contact the family, the single point of entry should inform the referral source that the family could not be contacted and document in ITOTS that the child was not evaluated to determine eligibility because they were unable to contact the family.

Single Point of Entry Responsibilities:

1. Provide general information to families and/or other interested persons who have questions regarding child development and accessing early intervention supports and services and/or other available resources.
2. Verify that the child is age eligible for early intervention and lives in the area served by the local Infant & Toddler Connection system.
 - a. If it is clear at the time of referral that the child is past his third birthday or lives outside the area served by the local system, then inform the referral source and provide information about where and how to make an appropriate referral.

- b. If it is determined after contact with the family that the child is three or older or lives outside the area served by the local system, then facilitate a referral to the appropriate program or services. Parental consent is required if the referral is to a program/service other than a local Infant & Toddler Connection system in Virginia.
3. Collect the following information from the referral source, if available:
 - a. Child's full name
 - b. Parent(s)' name(s)
 - c. Address
 - d. Phone number(s)
 - e. Date of birth
 - f. City/County of Residence
 - g. Gender
 - h. Reason(s) for referral
 - i. Whether developmental screening and/or assessment have occurred
 - j. Name and contact number(s) for referral source

If screening and/or assessment information is available, request a copy.

4. Follow the steps outlined in the Virginia Department of Health attachment at the end of this chapter to access available referral information and process referrals received through the Virginia Infant Screening and Infant Tracking System (VISITS) of children diagnosed with hearing loss.
5. Inform referred families whose children are close to the age of eligibility for early childhood special education services through the local school division (under Part B) that they have the option to be referred to Part B instead of or simultaneously with referral to early intervention. When the child's age at referral to the Infant & Toddler Connection of Virginia means the child will no longer be age eligible for early intervention services by the time the early intervention process can be completed (e.g., eligibility determination, assessment for service planning, IFSP development and beginning services), then the child may be referred directly to the local school division for early childhood special education services under Part B.
6. Begin the child's Part C early intervention record (see Chapter 9).
7. Acknowledge receipt of the referral by sending the *Acknowledgement Letter to Referral Source* to the referral source. This is an optional step in the process but is strongly encouraged since it conveys a professional response that promotes further referrals from this referral source. This correspondence is only for the purpose of acknowledging receipt of the referral and is intended for use with professional referral sources (e.g., physicians, social workers, school system, etc.) rather than families or neighbors.
8. Assign a service coordinator.
9. Determine, in conjunction with the service coordinator, the need for a surrogate parent to protect the rights of a child when:
 - a. No parent* can be identified;
 - b. The parent cannot be located after reasonable efforts; or
 - c. The child is a ward of Virginia.

The *Surrogate Parent Identification of Need* form is an optional form that may be used in determining and/or documenting the need for a surrogate parent. If a surrogate parent is needed, then:

- a. Make reasonable efforts to appoint a surrogate parent within 30 days after determining the need for a surrogate parent in accordance with local procedures and, if the child is a ward of Virginia or in foster care, in

consultation with the public agency that has been assigned care of the child.

- b. Ensure that the surrogate parent:
 - Is not an employee of the local lead agency or any other public agency or provider that provides early intervention services, education, care or other services to the child or any family member of the child (A person is not an employee of an agency solely because he or she is paid by the agency to serve as a surrogate parent);
 - Has no personal or professional interest that conflicts with the interest of the child he or she represents;
 - Has knowledge and skills that ensure adequate representation of the child; and
- c. Notify (1) the surrogate parent-appointee using the *Surrogate Parent Appointment Letter*, and (2) the person charged with responsibility for the child or the public agency and/or other participating agency/provider charged with responsibility for the child when the child is a ward of Virginia.

The *Surrogate Parent Identification of Need* form also may be used in determining and/or documenting when a surrogate parent is no longer needed. When the surrogate parent's role ends, he/she is notified using the *Surrogate Parent Termination Letter*.

*** Please see the section entitled "Identifying the Parent" at the end of this chapter for further information on identifying who has the rights of a parent when the child is in foster care.**

Parental Rights with Same-Sex Couples:

This is a custody matter. Which adult has the legal relationship with the child? If a partner has no parental rights in Virginia, they cannot sign any of the early intervention paperwork because the parent is available. This would be similar to a stepparent not being able to sign paperwork unless the stepparent had legally adopted the child. The issue is not about the legal relationship of the adults to each other but of the legal relationship of the child to the adult. If, however, the parent were away for an extended period of time (e.g., deployment, extended business trip, etc.), the partner could "be acting in the place of" the parent and sign the necessary paperwork.

10. Ensure phone contact with the family to share basic information about the Infant & Toddler Connection system and to schedule an intake appointment with the service coordinator. This contact may be made by the single point of entry or by the service coordinator or there may be phone contact by both. The amount of information covered will depend on the family, including how much time they have available during the initial phone call and how much information they want and can receive at one time. It is expected that the information outlined in the "Early Conversations with Families" box on the next page will be discussed with families early in their experience with the local Infant & Toddler Connection system. This information may be shared during a single phone call with the family, through more than one phone conversation, or through a combination of an initial phone call(s) and the intake visit.

11. Ensure entry of referral data into the Infant & Toddler Online Tracking System, ITOTS. (See ITOTS Data Entry section at the end of this chapter)
12. If, upon initial contact, the family declines an intake visit or any further service, provide an explanation of and then mail a *Declining Early Intervention Services* form and *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share* to the family.
 - a. Make reasonable efforts to ensure the family understands the eligibility determination services that are available, that these services are provided at no cost to the family, and that these services cannot be provided without parental consent.
 - b. Offer to make referrals to other appropriate resources/services based on child and family needs and preferences, with parent consent.
 - c. Using the bottom half of the *Declining Early Intervention Services* form, mark the first line (that they understand that eligibility determination may be conducted and that they do not choose to have their child receive an eligibility determination). Explain to the family how they can contact the local Infant & Toddler Connection system in the future using the phone number provided at the bottom of the form if they have concerns about their child's development.
 - d. If the child is close to being age eligible for early childhood special education services through the local school division (under Part B), explain how to access Part B services through the local school division.
 - e. Attempt to obtain parent consent to communicate with the primary care physician and the primary referral source, if not already provided. It is also acceptable to give the family the option to notify their physician themselves.

Talking with the Family about Notifying the Physician:

Consider using the following language in seeking parent permission to notify the physician: "It's important to let your physician know that your child will not be receiving early intervention services so he/she can continue to keep an eye on your child's development. We can do that if you'll give us written consent (which we can do by mail). If not, we would ask that you let your physician know yourself."

- f. Ensure that copies and explanations of the *Declining Early Intervention Services* form and *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share* are provided in the family's native language or other mode of communication unless clearly not feasible to do so.
- g. Document in ITOTS, within 10 business days of the family declining to proceed, that eligibility determination was not completed and that the reason was the family declined eligibility determination. Enter the exit date (the date the family declined to proceed).

Early Conversations with Families:

This list is intended to guide conversations and should not be read to families

- Be sure to introduce yourself and let the family know your role in the local system (e.g., service coordinator or staff at the single point of entry)

- Let the family know how you got their name and their child's name.
- Find out whether they knew their child was going to be referred.
- Confirm the information you received from the referral source, e.g., child's name, date of birth, address, phone number
- Ask whether the family has heard of the early intervention program before and, if so, what they have heard. This may allow you to skip some of the basic information you would typically share with a newly-referred family or give you the opportunity to address any misperceptions.
- Use concepts from the principles in Chapter 1 as the basis for sharing basic information about early intervention – early intervention is individualized, families and providers work in partnership at each step of the process, the focus is on increasing the child's participation in family and community activities and supporting the family in helping their child develop and learn.
- Introduce the child and family outcomes that drive early intervention: supporting children in developing positive social relationships, acquiring new skills, and assisting children in learning how to get their needs met in the routines and activities that are important to the child and family; assisting families in helping their child develop and learn, communicating their children's needs, and knowing their rights in the early intervention system.
- Remember to spend some of the conversation listening to the family. Ask the family about their child, how he/she is doing, etc. in order to get to know the family and begin gathering information about how the child is doing in relation to the three child outcomes.
- Briefly explain the state definition of eligibility.
- Discuss the process of eligibility determination, explaining that information already available from the child's physician or other providers will be used to help determine eligibility, along with your observations, any developmental screening information, and information from the family. Share with the family that if existing information is not enough to determine eligibility, then additional assessment will be conducted with their consent.
- Explain what will happen during the first face-to-face visit with the family.
- Ask if the family has any medical or developmental records that they are willing to share about their child, and if so, to please have those available at the intake visit. Otherwise, explain that you will be asking at that visit for their permission to request those records.
- Inform the family that the eligibility determination and development of an Individualized Family Service Plan will occur within 45 calendar days unless the family prefers to extend that timeline.
- Introduce the rights and safeguards the family has and the need for parental consent in order to proceed with early intervention activities, including eligibility determination. If you will be mailing notice and consent forms prior to the intake visit, then fully explain the family's rights and safeguards associated with eligibility determination as detailed in Chapter 4.
- Explain that some services are available at no cost to families (eligibility determination, assessment for service planning, IFSP development, service coordination). Let the family know that they may meet the cost of remaining services through use of Medicaid/FAMIS, TRICARE or private insurance and/or by monthly payment of a fee that is determined based on their family size and income. Emphasize that no family will be denied services because of an inability to pay.

ITOTS Data Entry – Referral

The local system manager ensures that the following data is entered into ITOTS:

1. Child's full name

2. Social security number, if available
3. Date of birth
4. City/County of residence
5. Gender
6. Local case number (optional)
7. Service coordinator (optional)
8. Referral source
9. Date of referral
10. If the family cannot be contacted, then mark the Eligibility Determination Completed as No, mark the appropriate box for the reason (unable to contact), and enter the Exit Date (the date the local system closed the referral). This data must be entered within 10 business days of the local system deciding to close the referral because the family cannot be contacted.
11. If the family declines to proceed, then mark Eligibility Determination Completed as No, mark the appropriate box for the reason (declined eligibility determination), and enter the Exit Date (the date the family declined to proceed). This data must be entered within 10 business days of the family declining to proceed.

[Complete ITOTS instructions are available at
<http://www.infantva.org/documents/forms/INST1117eR.pdf>]

Local Monitoring and Supervision Associated with Referral

The local system manager provides the supervision and monitoring necessary to ensure the following:

1. Procedural safeguards forms are used and explained appropriately.
2. Consistent and accurate information is provided to the family and referral source at the point of referral.
3. Consistent and accurate information is provided to the family during the phone call(s) to share basic information about the Infant & Toddler Connection system.
4. Service coordinators are assigned in a timely manner to allow intake, eligibility determination, assessment for service planning and IFSP development to occur within the 45-day timeline.
5. ITOTS data entry is timely and accurate.

Identifying the Parent When a Child is in Foster Care

“Parent” means:

- A biological or adoptive parent of a child;
- A foster parent, unless contractual obligations with a State or local entity prohibit a foster parent from acting as a parent;
- A guardian generally authorized to act as the child’s parent, or authorized to make early intervention, educational, health or developmental decisions for the child (but not the State if the child is a ward of the State);
- An individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent or other relative) with whom the child lives, or an individual who is legally responsible for the child’s welfare; or
- A surrogate parent.

If a judicial decree or order identifies a specific person or persons listed above to act as the “parent” of a child or to make educational or early intervention service decisions on behalf of a child, then such person or persons shall be determined to be the “parent” for Part C early intervention purposes. Otherwise, the biological or adoptive parent, when attempting to act as the parent and when more than one party is qualified under the definition of “parent,” must be presumed to be the parent unless the biological or adoptive parent does not have legal authority to make educational or early intervention service decisions for the child. The term “parent” does not include any local or state agency, or their agents, including the Department of Social Services and their local departments, if the child is in the custody of said agency

The Office of Special Education Programs has indicated that the definition based on IDEA 2004 is not intended to be substantively different from the 1997 definition. Rather, the new definition provides clarification related to the situation in which more than one person is qualified to act as parent under the definition.

The *Code of Virginia* at § 22.1-213 adds to the IDEA definition of parent a provision addressing the situation of a child in foster care. The provision requires local school divisions to provide written notice to the child’s biological or adoptive parents at their last known address that a foster parent is acting as the parent and that the local school division is entitled to rely upon the actions of the foster parent until such time as the biological or adoptive parent attempts to act as the parent. Notice is not required if the biological or adoptive parent’s rights have been terminated. This new *Code of Virginia* requirement is **intended to prevent a delay in the provision of educational services for a child in foster care.**

Although the *Code of Virginia* language specifies the written notice requirement for local school divisions, the definition of parent under the IDEA 2004 statute applies to both Part B and to Part C early intervention and will be implemented consistently in Virginia across both programs. Therefore, the local Infant & Toddler Connection system must provide the biological or adoptive parents of a child in foster care with written notice informing the biological or adoptive parent that it will deal with, and rely upon the decisions of, the foster parent for early intervention decisions until the biological or adoptive parents “attempt to act as the parent.”

The following guidance is provided in implementing this new provision and is consistent with and based on the *Guidance Document for Implementing New Special Education Requirements for the Definition of Parent* developed by the Department of Education in May 2009.

- Timing of Notice - The required notice must be sent as soon as the system becomes aware of the foster care placement (either at referral or later during the child's enrollment in Part C early intervention if foster care placement occurs after referral). The notice is then sent again prior to each annual IFSP. In addition, the local Infant & Toddler Connection system should send any Parental Prior Notice form that goes to the foster parent to the biological/adoptive parent as well. Providing parallel notice may provide protection to the Infant & Toddler Connection system against parental allegations of a denial of rights particular to a specific event and against claims by the biological/adoptive parent that he or she has not received the written notice.
- Content of Notice - The *Notice to Biological/Adoptive Parents of a Child in Foster Care* letter must be used to provide the required notice.
- Delivery Method - The written notice may be delivered by any reasonable means including first class mail, hand-delivery or email (although email may be problematic since it could be overlooked, forwarded to spam folders, accidentally deleted, etc.). The Code of Virginia language does not specify that "address" is necessarily a residence address; therefore, an employer's address may, in some instances, qualify as a "known address." The "last known address" requirement does not impose on the local system a duty to investigate the current whereabouts of the biological/adoptive parent if the notice directed to the last known address is returned or otherwise proves undeliverable.
- Burden of Coming Forward – Consistent with federal and state mandates, the local Infant & Toddler Connection system is not required to wait for a biological/adoptive parent to respond to the notice provided prior to relying on the actions of the foster parent. The burden of coming forward is on the biological/adoptive parent, and the local system may proceed with the foster parent in the role of parent until the biological or adoptive parent comes forward.
- Contacting DSS – Local systems are encouraged to send a copy of the notice to the child's social worker since he or she is a constant link between the child and the biological/adoptive parents while the child is in foster care and may be the best source of information related to the whereabouts of the biological/adoptive parent.
- Parent Assertion of Rights – As soon as the biological/adoptive parent notifies the local Infant & Toddler Connection of his or her intention to assert the rights of parent under IDEA, the biological/adoptive parent must be presumed to be the parent for early intervention purposes.



Virginia Vital Events and Screening Tracking System



Virginia Infant Screening and Infant Tracking System

Access

You will receive an email from the Virginia Department of Health notifying you that you have a referral for a child diagnosed with hearing loss.

Click on the link to login using your unique User ID and password, (previously provided to you).

Upon access to the system; you will be taken to the Virginia Vital Events and Screening Tracking System (VVESTS). You will select the VISITS icon on the right of your screen.

The VISITS icon will directly take you to the list of infants/children referred to your locality, surveillance reports.

Receiving referral

In your **Pending Report** you will notice the Child ID is highlighted – you will **click** this CID. This will take you to the Infant Summary Data screen. You will then **click** Screening Summary option on the left of your screen. This will display every hearing screening the child has had. You are looking for the most recent “**audiological evaluation**”. You will then **click** “audiological evaluation”. This contains the hearing loss diagnosis that makes the child eligible for early intervention services and which prompted the referral to your local system. On the top right of your screen you can **select** “Report”, and then select “Print” on the top left of your screen. This also contains the most recent primary contact information.

Release of Information

Part-C requires parental consent in order to report the child’s status: enrolled/declined back to the VDH thru VISITS. The Release of Information Form is located directly below your list of referrals. Once parents provide consent, file the consent form in the child’s record and report in VISITS.

Enrollment/Decline

The center of the screen contains a section titled “Enroll/Decline”. Click on the arrow and **select** 1 of 2 list of options; Enroll or Decline. Provide a **date of enrollment** and **click** submit. If the family declined services, **select** the “Decline” option and select a Decline Reason from the list of options provided for you and enter the date they declined and **click** submit. **Date of enrollment = IFSP date.**

Other Helpful Features:

Reports:

Part-C Pending List - is the main screen and contains the infants referred to your location.

Part-C Completed List – contains the list infants that your location previously reported to the VDH as enrolled or declined services.

Primary contact information is highlighted by a “radio button” that distinguishes this as the primary contact. If this child’s primary contact was Social Services, the “Organization” button would be selected and the custodial Social Service office contact information would be provided. If the primary contact was an adoptive parent or grandparent, this would also be noted. Once you click the contact information link, the address contains the most current address on top, but keeps all the historical addresses listed and date stamped with date and time. Some users find this helpful, especially with families that are very transient.

On the Screenings Summary screen you will find the history of the child’s hearing screening(s).

Contacts

Technical Assistance Contact:

Office of Information Management (804) 864-7200 option 2

Referral process assistance contact:

EHDI Follow-up Coordinator (804) 864-8199

Program assistance contact:

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