

## CHILD FIND

### Introduction

Child Find means public and professional activities, including public awareness activities, for the purpose of bringing children and their families into a system through which the need for early intervention services can be identified.

Child Find activities ensure that all infants and toddlers who have or are at risk for developmental delays in the state and who are eligible for services are located, identified, and evaluated. This includes infants and toddlers of Native American tribes with developmental delays and their families residing on a reservation in the state (including coordination, as necessary, with tribes, tribal organization, and consortia) and infants and toddlers with developmental delays who are homeless, in foster care, and wards of the state.

Each community shall have a local Interagency Coordinating Council (LICC) that has as one of its purposes the coordination of early intervention services for infants and toddlers with disabilities and their families. The LICC shall establish a local contact point for the community that provides information regarding Child Find, referral process, and availability of early intervention services.

#### I. Public Awareness

The purpose of public awareness activities is to make the general public, families, and professionals aware of the importance of early identification and early intervention in relation to long- and short-term benefits to the child, family, community, and society. Empowerment of the parents, out-of-home child care providers, health care professionals, education professionals, community leaders, and others to be more sensitive to the needs of all young children; and assist individuals in making prompt and appropriate referrals is the goal of child find.

Public and professional awareness activities are essential components of Child Find and are to be ongoing with state and local multiagency participation.

##### A. Primary Referral Sources [34 C.F.R. 303.320; 34 C.F.R. 303.321(d)(3)]

Child Find information will be disseminated to all primary referral sources (especially hospitals and physicians). Such information is to be given to parents of infants and toddlers, including parents with premature infants or infants with other risk factors associated with learning or developmental complications.

Primary referral sources include:

1. Hospitals, including prenatal and postnatal care facilities;
2. Physicians;
3. Parents, including parents of infants and toddlers;
4. Child care programs;
5. Local education agencies (LEAs) and schools;
6. Public health facilities;

7. Other social service agencies;
8. Other clinics and health care providers, including infant mental health;
9. Public agencies and staff in the child welfare system, including child protective service and foster care;
10. Homeless family shelters;
11. Domestic violence shelters and agencies

B. Coordination of Child Find Activities [34 C.F.R. 303.321(c)]

Child Find activities are to be coordinated with all other major efforts to locate and identify children that are conducted by other state agencies responsible for administering the various education, health, and social service programs relevant to young children and their families. These efforts include coordination with Native American Indian tribes that receive payments under Part C and other Native American Indian tribes, as appropriate, as well as the following programs:

1. Preschool program authorized under Part B of IDEA 2004;
2. Maternal and Child Health program under Title V of the Social Security Act;
3. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) under Title XIX of the Social Security Act;
4. Programs under the Developmental Disabilities Assistance and Bill of Rights Act of 2000;
5. Head Start Act (including Early Head Start programs under section 645A of the Head Start Act);
6. Supplemental Security Income program under Title XVI of the Social Security Act;
7. Child protection programs, including programs administered by, and services provided through, the foster care agency and the state agency responsible for administering the Child Abuse Prevention and Treatment Act (CAPTA);
8. Child care programs in the state; and
9. The programs that provide services under the Family Violence Prevention and Services Act.

C. Content of Public Awareness Information [34 C.F.R. 303.320]

The Child Find information to be disseminated must include:

1. A description of the availability of early intervention services under the Kansas Infant-Toddler Services/tiny-k, these services at no cost to families;
2. A description of the Child Find system and how to refer a child for screening, and/or an evaluation to determine eligibility for early intervention services;
3. The central directory, the *Make A Difference Information Network* (800) 332-6262 V/TDD, <http://www.makeadifferenceks.org/>; and
4. For parents of toddlers with disabilities who are nearing transition age (e.g., starting at least nine months prior to the child's third birthday), a description of the availability of services under Part B Preschool;
5. Information about normal developmental activities, need for and/or benefit from early intervention, and cost effectiveness of services.

D. Public awareness activities provide a continuous, ongoing effort that is in effect throughout the state including rural areas and consist of:

- public service announcements (PSAs) and news releases on television, radio, websites, and in newspapers;
- pamphlets, leaflets, and other printed materials available for mailing to specified populations (e.g., child care population, neonatal intensive care unit [NICU] graduates) and displays in public and private agencies and buildings;
- presentations and training to professional groups, civic organizations, advocacy groups, etc.; and
- maintenance of the Child Find activities on the statewide central directory, the *Make A Difference Information Network* (800) 332-6262 V/TDD.

**Federal Regulations 1997**

**34 C.F.R. 303.320 Public awareness program.**

Each system must include a public awareness program that focuses on the early identification of children who are eligible to receive early intervention services under this part and includes the preparation and dissemination by the lead agency to all primary referral sources, especially hospitals and physicians, of materials for parents on the availability of early intervention services. The public awareness program must provide for informing the public about—

- (a) The State's early intervention program;
- (b) The child find system, including—
  - (1) The purpose and scope of the system;
  - (2) How to make referrals; and
  - (3) How to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services; and
- (c) The central directory.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(6))

Note 1: An effective public awareness program is one that does the following:

1. Provides a continuous, ongoing effort that is in effect throughout the State, including rural areas;
2. Provides for the involvement of, and communication with, major organizations throughout the State that have a direct interest in this part, including public agencies at the State and local level, private providers, professional associations, parent groups, advocate associations, and other organizations;
3. Has coverage broad enough to reach the general public, including those who have disabilities; and
4. Includes a variety of methods for informing the public about the provisions of this part.

Note 2: Examples of methods for informing the general public about the provisions of this part include: (1) Use of television, radio, and newspaper releases, (2) pamphlets and posters displayed in doctors' offices, hospitals, and other appropriate locations, and (3) the use of a toll-free telephone service. [58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

**34 C.F.R. 303.321 Comprehensive child find system.**

(a) General. (1) Each system must include a comprehensive child find system that is consistent with part B of the Act (see 34 CFR 300.128), and meets the requirements of paragraphs (b) through (e) of this section.

(2) The lead agency, with the advice and assistance of the Council, shall be responsible for implementing the child find system.

(b) Procedures. The child find system must include the policies and procedures that the State will follow to ensure that—

- (1) All infants and toddlers in the State who are eligible for services under this part are identified, located, and evaluated; and
- (2) An effective method is developed and implemented to determine which children are receiving needed early intervention services.

(c) Coordination. (1) The lead agency, with the assistance of the

Council, shall ensure that the child find system under this part 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 this part, and other tribes and tribal organizations as appropriate, including efforts in the—

(i) Program authorized under part B of the Act;

(ii) Maternal and Child Health program under title V of the Social Security Act;

(iii) Early Periodic Screening, Diagnosis and Treatment (EPSDT) program under title XIX of the Social Security Act;

(iv) Developmental Disabilities Assistance and Bill of Rights Act;

(v) Head Start Act; and

(vi) Supplemental Security Income program under title XVI of the Social Security Act.

(2) The lead agency, with the advice and assistance of the Council, shall take steps to ensure that—

- (i) There will not be unnecessary duplication of effort by the various agencies involved in the State's child find system under this part; and  
(ii) The State will make use of the resources available through each public agency in the State to implement the child find system in an effective manner.

State Regulations 1997

K.A.R. 28-4-550. Definitions. (b) "Child find" means public and professional activities, including awareness activities, for the purpose of identifying the potential need for early intervention services.

## II. Screening Activities [K.A.R. 28-4-550; K.A.R. 28-4-552]

Screening means procedures carried out for infants and toddlers to determine whether they are suspected of having a developmental delay or a condition with a high probability of resulting in a developmental delay. These procedures are carried out by a public agency, early intervention service providers, or designated primary referral source (except for parents). Screening is conducted through the administration of appropriate instruments by qualified personnel who can identify infants and toddlers suspected of having a developmental delay or a condition with a high probability of resulting in a developmental delay and in need of early intervention services at the earliest possible age.

### A. Screening Provided by Primary Referral Sources

A primary referral source may screen a child either formally or informally. Screening is not necessary if the primary referral source suspects a developmental delay or if the child has a diagnosed condition that is known to result in a developmental delay.

When a primary referral source suspects the child may have a developmental delay or has a diagnosed condition known to result in a developmental delay, **they are to refer the child to the Infant-Toddler Services/tiny-k for an evaluation within two working days of that determination. The referral must be documented by both the primary referral source and the Infant-Toddler Services/tiny-k program.**

**When a primary referral source has a concern about a child's development or the child is experiencing a biological or environmental risk (i.e., low birth weight, infection, history of abuse or neglect or affected by illegal substance abuse, etc.), they may refer the child to the Infant-Toddler Services/tiny-k for screening.**

### B. Screening Provided by Infant-Toddler Services/tiny-k

**The Infant-Toddler Services/tiny-k may provide screening for infants and toddlers who are referred due to a concern if it is not known if they have a developmental delay or diagnosed condition known to result in a developmental delay.** For example, such a referral may be the result of a child being involved in child abuse or neglect or affected by illegal substance abuse. Screening activities shall be at no cost to families.

1. Infant-Toddler Services/tiny-k is to provide screening for children for whom there is a concern. Parents, family members, or other primary referral sources may make a referral for screening.

2. Any infant or toddler referred to the Infant-Toddler Services/tiny-k for screening should be screened as soon as possible and must not wait more than one month to be screened.
3. A child must be referred to the Infant-Toddler Services/tiny-k if he/she is involved in a substantiated case of abuse or neglect; or is identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. **The referral may be for screening or evaluation.**
4. **Infant-Toddler Services/tiny-k must obtain written parental consent before any screening activity. This requirement does not apply to other primary referral sources (physicians, child care, Head Start, etc.). The request for parent consent is to include information about the screening, the reason for conducting the screening, and parent rights.** (K.A.R. 28-4-552(e))
5. Infant-toddler screening includes the administration of appropriate instruments by qualified personnel.
6. The five developmental domains (cognitive development; physical development, [including health assessment, nutrition, motor, vision, and hearing]; communication development; social and emotional; and self-help/adaptive development) must be addressed for each screening.
7. A child who has been screened by a primary referral source and is suspected of having a developmental delay or has a diagnosed condition known to result in a developmental delay does not need to be rescreened by the Infant-Toddler Services/tiny-k before being referred for an evaluation.

C. Outcomes of a Screening [K.A.R. 28-4-552(h)]

- "pass," which means that no concerns were identified and the child is developing within normal limits;
- "questionable," which means the results of the screening process were such that a rescreening is needed within a specified time; or
- "refer," which means that concerns were identified and a referral for evaluations shall be made within two working days.

D. Response to Screening [K.A.R. 28-4-552(i)]

- a. **If the screening results or other available information indicate that the child is suspected of having a developmental delay, a referral for an evaluation must be made within two working days, and the child must be evaluated within 45 calendar days. The referral for evaluation begins the 45 calendar day timeline to complete the evaluation and assessment activities and hold an Individualized Family Service Plan (IFSP) meeting.**
- b. **If, based on screening results and other available information, the child is not suspected of having a developmental delay, a written notice (as required in 34 C.F.R. 303.403) must be provided to the parent stating that**

**the results of the screening did not indicate that the child has a developmental delay and that the child will not be referred for an evaluation.**

- c. If the screening results determine that the child is not suspected of having a developmental delay, but the parent of the child requests an evaluation, the child must be evaluated within 45 calendar days of the parent request.

**State Regulations 1997**

**K.A.R. 28-4-550.** Definitions.

(r) "Screening" means a brief procedure administered by qualified personnel to identify a child who needs an evaluation. The five developmental domains to screen are the following:

- (1) Cognitive development;
- (2) physical development, including health and nutrition, motor, vision, and hearing;
- (3) communication development;
- (4) social or emotional development; and
- (5) adaptive development.

(s) "Screening process" means the clinical observation of or the use of a developmentally appropriate screening tool to study a presumed normal population of infants and toddlers, which may initiate a referral for evaluation. (Authorized by and implementing K.S.A. 1996 Supp. 75-5649; effective Jan. 30, 1995; amended Aug. 15, 1997.)

**K.A.R. 28-4-552.** Screening activities.

- (a) Families may choose to have their child evaluated, rather than screened.
- (b) Certain conditions, such as Down syndrome, indicate the need for evaluation rather than screening.
- (c) Screening shall be available at least monthly.
- (d) Screening may be conducted in places where a child may be found in the course of regular activities, such as a home, child care center, or physician's office, or at community locations, such as a health department, school, or developmental center.
- (e) Written parental consent shall be required before screening.
- (f) Screening shall be conducted by a qualified person or by a qualified multidisciplinary team.
- (g) Screening shall include the five developmental domains.
- (h) Screening shall result in one of three possible outcomes:
  - (1) "pass," which means that no concerns were identified and the child is developing within normal limits;
  - (2) "questionable," which means that the results of the screening process were such that a rescreening is needed within a specified time; or
  - (3) "refer," which means that concerns were identified and a referral for evaluation shall be made within two working days.
- (i) Referral from the screening shall begin the 45-day timeline to complete the evaluation and assessment activities and hold an IFSP meeting.
- (j) Screening shall be provided at no cost to families. (Authorized by and implementing K.S.A. 1996 Supp. 75-5649; effective Jan. 30, 1995; amended Aug. 15, 1997.)

## **Federal Regulations 1997**

### **Parental Consent and Notice**

#### **34 C.F.R. 303.403 Prior notice; native language.**

(a) General. Written prior notice must be given to the parents of a child eligible under this part a reasonable time before a public agency or service provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and the child's family.

(b) Content of notice. The notice must be in sufficient detail to inform the parents about—

- (1) The action that is being proposed or refused;
- (2) The reasons for taking the action;
- (3) All procedural safeguards that are available under

Secs. 303.401-303.460 of this part; and

(4) The State complaint procedures under Secs. 303.510-303.512, including a description of how to file a complaint and the timelines under those procedures.

(c) Native language. (1) The notice must be—

- (i) Written in language understandable to the general public; and
- (ii) Provided in the native language of the parents, unless it is clearly not feasible to do so.

(2) If the native language or other mode of communication of the parent is not a written language, the public agency, or designated service provider, shall take steps to ensure that—

- (i) The notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;
- (ii) The parent understands the notice; and
- (iii) There is written evidence that the requirements of this paragraph have been met.

(3) If a parent is deaf or blind, or has no written language, the mode of communication must be that normally used by the parent (such as sign language, braille, or oral communication). (Authority: 20 U.S.C. 1439(a)(6) and (7) [58 FR 40959, July 30, 1993, as amended at 64 FR 12536, Mar. 12, 1999])

#### **34 C.F.R. 303.404 Parent consent.**

(a) Written parental consent must be obtained before—

- (1) Conducting the initial evaluation and assessment of a child under Sec. 303.322; and
- (2) Initiating the provision of early intervention services (see Sec. 303.342(e)).

(b) If consent is not given, the public agency shall make reasonable efforts to ensure that the parent—

- (1) Is fully aware of the nature of the evaluation and assessment or the services that would be available; and
- (2) Understands that the child will not be able to receive the evaluation and assessment or services unless consent is given.

(Authority: 20 U.S.C. 1439)

Note 1: In addition to the consent requirements in this section, other consent requirements are included in (1) Sec. 303.460(a), regarding the exchange of personally identifiable information among agencies, and (2) the confidentiality provisions in the regulations under part B of the Act (34 CFR 300.571) and 34 CFR part 99 (Family Educational Rights and Privacy), both of which apply to this part.

Note 2: Under Sec. 300.504(b) of the part B regulations, a public agency may initiate procedures to challenge a parent's refusal to consent to the initial evaluation of the parent's child and, if successful, obtain the evaluation. This provision applies to eligible children under this part, since the part B evaluation requirement applies to all children with disabilities in a State, including infants and toddlers.

### **III. Referral for Evaluation [34 C.F.R. 303.321(d)]**

When the need for an evaluation is determined, the referral must be made no more than two working days after a child has been identified. The need for an evaluation is determined by either (1) being diagnosed with a condition known to have an established risk for developmental delay, (2) referral from a primary referral source, (3) referral from a screening activity, or (4) upon parental request. The parent should be notified that the child is being referred for an evaluation.

The person receiving the referral shall document in writing (1) the name of the primary referral source, (2) the phone number of the primary referral source, and (3) the date of the referral.

#### **A. Referral of Specific At-Risk Children**

A referral must be made for any child under the age of 3 who is involved in a substantiated case of abuse or neglect or is identified as affected by illegal substance

abuse or withdrawal symptoms resulting from prenatal drug exposure. The referral may be for either screening or evaluation.

B. Parent Request for an Evaluation

A parent may request an evaluation for a child at any time, even after a screening has determined that the child is not suspected of having a developmental delay.

C. Diagnosed Condition

Children with a condition that is an established risk for developmental delay (such as a child with a diagnosed condition who has medical records that the lead agency can use to establish eligibility) are referred directly for an evaluation.

D. Result of Screening

**1. If the screening conducted by a primary referral source indicates the child is suspected of having a developmental delay or a diagnosed condition known to result in a developmental delay, the child must be referred to the Infant-Toddler Services/tiny-k network for an evaluation within two working days.**

**2. If the screening conducted by the Infant-Toddler Services/tiny-k network indicates the child is suspected of having a developmental delay, the child must be referred for an evaluation within two working days.**

**Federal Regulations 1997**

34 C.F.R. 303.321(d) Referral procedures. (1) The child find system must include procedures for use by primary referral sources for referring a child to the appropriate public agency within the system for—

(i) Evaluation and assessment, in accordance with Secs. 303.322 and 303.323; or

(ii) As appropriate, the provision of services, in accordance with Sec. 303.342(a) or Sec. 303.345.

(2) The procedures required in paragraph (b)(1) of this section must—

(i) Provide for an effective method of making referrals by primary referral sources;

(ii) Ensure that referrals are made no more than two working days after a child has been identified; and

(iii) Include procedures for determining the extent to which primary referral sources, especially hospitals and physicians, disseminate the information, as described in Sec. 303.320, prepared by the lead agency on the availability of early intervention services to parents of infants and toddlers with disabilities.