

STANDARD FOR MANDATORY REFERRAL OF CHILDREN, BIRTH TO 3, FOR INFANT TODDLER PROGRAM (ITP) SERVICES ON ALL CHILD ABUSE AND NEGLECT REPORTS DISPOSITIONED AS SUBSTANTIATED

PURPOSE

The purpose of this standard is to provide direction and guidance to the Child and Family Services (CFS) program regarding the referral of children, birth to three years of age, for Infant Toddler Program (ITP) services, for all reports of child abuse and neglect dispositioned as substantiated. CFS standards are intended to achieve statewide consistency in the development and application of CFS core services and will be implemented in the context of all applicable laws, rules, and policies. Standards will also provide a measurement for program accountability.

INTRODUCTION

The provision of early intervention services supports the Department's mission to promote and protect the health and safety of Idahoans. A key component of the promotion of the health and safety of Idahoans is the provision of services to ensure the healthy growth and development of all children. Research tells us that infants and toddlers raised in homes where abuse and neglect are present are at a significantly greater risk of developmental delays than children raised in homes without abuse and neglect.

Based on that finding, amendments were made to the Child Abuse and Protection and Treatment Act (CAPTA, Public Law 108-36) in June of 2004. Under these amendments each state is required to develop procedures for the referral of every child under the age of 3 years who is a victim of substantiated child abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA).

CFS is the lead agency, and the ITP is the lead program for children birth to three years of age that qualify for early intervention services under federal education law (Part C of IDEA). From that lead position, the ITP coordinates a comprehensive, interagency, multi-disciplinary system that enables eligible children with developmental delays and their families to receive needed services and supports in a timely manner.

Coming from a family-centered practice approach, both CFS and the ITP are committed to involvement of parents and other caregivers in services to ensure and promote identifying specific needs related to the well-being of their children. This involvement and collaboration is critical to ensuring appropriate services are being provided to children to enhance their overall healthy development and to improve their outcomes.

TERMS

Court Case

Court cases in which a magistrate judge has jurisdiction over a child protection matter. There are two types of court cases: (1) Child is placed into the **protective custody** of the Department and lives in an out-of-home placement such as family foster care, group home or institution; (2) Child is under the **protective supervision** of the Department and resides in their own home with Department and court oversight.

Disposition

All reports of child abuse and neglect are prioritized for how quickly a worker must respond and make contact with the child/family. After a safety assessment is completed, the worker makes a decision as to whether or not the allegations are true or untrue based on the information they have gathered during their assessment. The report is then dispositioned as **Substantiated** (allegations of abuse/neglect are determined to be confirmed in accordance with IDAPA 16.06.01.560) or **Unsubstantiated** (allegations of abuse/neglect are determined to be erroneous or there is insufficient information to determine whether the allegations are valid or not). Within five (5) days following the completion of a Comprehensive Safety Assessment (CSA), the CFS worker will determine whether a report is substantiated or unsubstantiated.

Early Intervention Services

According to 34 CFR 303.13 early intervention services means services that:

- Are designed to meet the developmental needs of each child who is eligible under the state definition of eligibility for Part C of IDEA and the needs of the family related to enhancing the child's development;
- Are selected in collaboration with the parents;
- Are provided in natural environments, to the maximum extent appropriate;
- Are provided under public agency supervision, by qualified personnel, in conformity with an individualized family service plan, and at no cost; and
- Meet State standards.

Need to Know

When different Department programs have a common client, staff may share information on a "need to know" basis according to Department rules. What can be provided is information about the child and family to enable other program staff to effectively work with the common client. Information shared outside the Department will require a Release of Information signed by the family (see the Confidentiality Standard for additional information).

Parent

The biological or adoptive parent is presumed to be the parent for purposes of making decisions for a child unless those rights have been legally terminated, modified, or a question has been raised about their legal authority.

“Acting as the parent” refers to situations when an individual assumes the rights and responsibilities of a parent for the purposes of:

- Providing all needed consents (e.g. consent for screening, evaluation, assessment service delivery, authorization for release of information);
- Representing the child during evaluations and assessments;
- The development, implementation, and signing of the child’s Individualized Family Services Plan (IFSP), including reviews and annual reviews;
- The ongoing provision of services;
- Pursuit of complaint resolution procedures on behalf of the child; and
- Any other rights established under IDEA, Part C.

Someone “acting as a parent” for purposes of consent to ITP services are limited to the following circumstances:

A person “acting in the place of a parent” does not have the same rights as a parent. They only have those powers granted under 34 CFR 303 (i.e. consent to assessments, early intervention services, ITP plan). For someone to gain full parental rights to custody and decision-making for a child would require that person to be a legal guardian or adoptive parent.

A parent is defined in 34 CFR §303.27 as follows:

- A biological or adoptive parent of the child;
- A foster parent if the foster parent is appointed by the ITP to be a surrogate parent.
- A guardian (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 who has been appointed in accordance with §303.422 or section 639(a)(5) of the IDEA Act.

If an Early Intervention Service (EIS) provider or a public agency provides any services to a child or any family member of that child, that EIS provider or public agency may not act as the parent for that child.

Parental Consent

Federally required written permission given by a parent or someone qualified to “act as a parent” to gain access to ITP services (screening, evaluation, service provision).

Surrogate Parent

An individual who is appointed to protect the rights of the child under the Idaho ITP and make early intervention service decisions for the child. It is the responsibility of the ITP to appoint a surrogate parent when needed. However, in the case of a child who is a Ward of the state, the judge overseeing the child’s case may make the surrogate parent appointment. The role of the surrogate parent does not require them to be responsible for the care, maintenance, or financial support of the child. The surrogate parent does not have legal authority to act on behalf of the child outside of any decisions needed for participation in the ITP.

To be appointed by the ITP, a surrogate parent must meet the following qualifications according to 34 CFR 303.422:

- Have no personal or professional interest that conflicts with the interest of the child, meaning that the surrogate parent cannot benefit personally or professionally from decisions regarding the child;
 - Having knowledge and skills that ensure adequate representation of the child or having a commitment to gain the knowledge and skills of the early intervention system and the child's special needs;
 - Employees of the ITP, CFS, or any other public agency, or early intervention provider that delivers services to the child or the child's family may NOT serve as the Surrogate Parent or "Person acting in the place of a parent;" and
- *Per ITP requirements, the individual must be at least eighteen (18) years of age.

If the child has a guardian that meets the definition of a parent, there is no need to appoint a surrogate.

If the whereabouts of the parent(s)/legal guardian(s) are known, a surrogate parent cannot be assigned for the purposes of participating in the ITP.

CFS STAFF REQUIREMENTS

The standard provides information regarding CFS staff requirements and guidance and direction on implementation. Below are the requirements for CFS staff for this standard:

- CFS staff must refer all children between the ages of 0-3 who are found to be a victim of abuse or neglect to the ITP; and
- CFS staff must refer all children between the ages of 0-3 to ITP who they complete a safety assessment on whom they suspect may have developmental delays.
- CFS staff must ensure all children between the ages of 0-3 receive services which are identified as needs through screening/assessment, regardless if they are served by ITP or community providers.

IMPLEMENTING THE STANDARD

This standard outlines the procedures for referral by CFS to the ITP of every child, birth to three years of age, who is a victim of a substantiated report of child abuse or neglect. Additionally, it outlines the referral procedure by CFS to the ITP on situations involving suspected developmental delays in children birth to three years as a result of an unsubstantiated report.

The ITP is, by law, a voluntary program and has very specific regulations on who may consent for services, and how those consents must be obtained; including how frequently. Families involved with CFS may be under court-ordered case plans that can complicate the issues around consent for services. This standard covers referral procedures in both non-court and court-involved cases as well as who can and cannot consent for ITP services.

In all cases, consent for services from a child's parents must be diligently sought. CFS (the lead agency) will make reasonable efforts to discover the whereabouts of a parent. It is only in rare and in very specific circumstances that consent can be given by someone other than the child's parent(s).

PROCEDURES FOR REFERRAL TO ITP

Referrals for evaluation and determination of eligibility for early intervention services may be made at any time by a community provider such as a physician, health care professional, Parents as Teachers, Early Head Start, CFS, or other community programs working to serve children and their families.

When a referral is made to the Infant Toddler Program by CFS, the Referral and Application Form (found at the end of this standard and at <http://sharepoint/sites/facs/cw/CW Documents/Infant Toddler Referral and Application Form.doc>) is required. The CFS worker completes the Referral and Application Form with the family and submits it to the ITP.

Note: In instances where the CFS worker is unable to complete the Referral and Application Form with the family, the CFS worker completes the referral information on the Referral and Application Form as thoroughly as possible and submits the referral to ITP.

TYPES of CFS CASES and REFERRAL REQUIREMENTS (Refer to flowchart)

Column A. Unsubstantiated and No CFS Case Opened. These situations involving suspected developmental delays in children birth to three years of age may come to CFS attention as a result of an unsubstantiated report.

- **CFS worker responsibilities: Refer to flowchart Column A**
When a CFS worker becomes aware of a child age birth to three years of age who may have developmental issues or delays, the CFS worker will give the parent or referent information about the Infant Toddler Program and document the action in iCARE. Packets of referral information are available from local CFS offices. No further CFS action is required.
- **ITP worker responsibilities: Refer to flowchart Column A**
Parents may or may not contact ITP about services. If not contacted by parents, ITP is not required to take any further action.

Column B. Substantiated Report with Open Case (no court involvement). When a report of child abuse or neglect is dispositioned in iCARE as substantiated on a child birth to three years of age, the CFS worker will make a referral directly to the ITP. The referral will be made to determine the need for services through ITP.

CFS worker responsibilities (substantiated, open case, no court). Refer to flowchart Column B

- Inform the child's family that a referral to the ITP is required by federal law;
- Complete and submit the Referral and Application Form to ITP; **as soon as a need is identified, but no later than 7 calendar days after entry of the disposition.**
Assist the family in completing an application;
Note: In instances where the CFS worker is unable to complete the Referral and Application Form with the family, the CFS worker completes the referral information on the Referral and Application Form as thoroughly as possible and submits the referral to ITP.
- If the ITP intake results indicate the child is eligible for services, the CFS worker may participate in the IFSP development and will assure that the child's needs are included in the CFS service/alternate care plan;

- Involve the family in service planning;
- Monitor and evaluate family's follow through with their plan;
- Document attempts to engage family and their participation in services;
- Periodic exchange of information with ITP regarding progress is required;
- When considering closure, complete reassessment of safety, and staff case with family and ITP for closure. Family may choose to continue ITP services without CFS involvement. There is no need to continue an open case with CFS in order for child to receive ITP services;
- Close case and report closure to ITP.

ITP worker responsibilities: Refer to flowchart Column B

- Make diligent efforts to locate family from information contained in CFS referral. Typically this would involve 3 attempts to contact, including one of them in writing. If, after 1 or 2 contacts, the ITP worker is unable to locate the family, they will check back with CFS worker to determine if family residence has changed or if parents will be coming to the office for a visit or other meeting.
- If efforts to contact/engage are unsuccessful, they will report this to the CFS worker;
- If efforts are successful, meet with the family to further explain the ITP process and services, get their signed consent, and provide safeguard information;
- Complete an intake with the child/family. Information from the CFS worker and the parent or caregiver will be used in the evaluation process;
- Appropriate tools will be used to assess the child's developmental status. This includes screening or evaluation of social/emotional functioning and behavioral aspects of the child's development;
- If completed, evaluation results will be presented to the ITP's multi-disciplinary team (which includes the primary referral source (CFS) and other appropriate partners) for eligibility determination as defined by Part C of IDEA;
- **If child is found not eligible** for services through the ITP, community referral information will be provided to the family for other programs/services to meet the needs of the child and family. Each child will be referred for Developmental Monitoring with the use of the Ages and Stages Questionnaires. This gives the child's family the opportunity to track the child's development and know what to expect in the way of age appropriate developmental milestones. Other referrals may include: Early Head Start, Parents as Teachers, private agency/therapist, or other appropriate early childhood services providers;
- **If child is found eligible** for services, develop an IFSP with family;
- CFS worker may be asked to be included in development of IFSP. If unable to be included, the ITP worker will communicate content of IFSP to the CFS worker so that the child's needs and services may be reflected in the CFS service plan;
- Periodic exchange of information, at least every 6 months, with CFS regarding family's participation and progress. Regular contact should be included in the service coordination objectives;
- Document parental participation and child's progress; and
- ITP services may continue beyond the involvement of CFS, or if the child meets developmental goals, may be terminated prior to closure of the CFS case.

Column C. Substantiated Report with Open Court Case (either Protective Custody or Protective Supervision). When a report of child abuse or neglect is dispositioned in iCARE as substantiated on a child birth to three years of age, the CFS worker will make a referral directly to ITP. The referral will be made to determine the need for services through ITP.

CFS worker responsibilities (substantiated, open, court case): Refer to flowchart Column C

- **(with protective custody)** Inform the child's family that a referral to the ITP is required by federal law whenever a report is substantiated;
- Complete and submit the Referral and Application Form to ITP **as soon as a need is identified, but no later than 7 calendar days after entry of the disposition;**
- Assist the family in completing an application;
Note: In instances where the CFS worker is unable to complete the Referral and Application Form with the family, the CFS worker completes the referral information on the Referral and Application Form as thoroughly as possible and submits the referral to ITP.
- Provide any relevant information (i.e. address, phone number) or updates to the ITP to minimize the number of times parent(s) must give the same information to different staff;
- Assist the ITP worker in locating parents when/if it becomes difficult;
- Following ITP intake and assessment, if child is found eligible for early intervention services, CFS worker is to attend and involve family in the development of the IFSP;
- The services in the IFSP will be reflected in the family's CFS service/alternate care plan. The service plan is submitted to the court for approval. The service plan is one of the primary ways that the court is informed of the child's needs;
- The CFS worker will attend an IFSP staffing at least once every six months. If either program needs the advice of the ITP's multi-disciplinary team (MDT) more frequently in order to better monitor the service plan and report to the court, he/she should contact the child's ITP worker to set up a meeting;
- It is appropriate and permissible for the CFS worker to share with the ITP's MDT what progress is being made by the parents, especially as it relates to any of the child's developmental needs and family reunification;
- When ITP services are in the court ordered plan and the parent(s) refuses to follow through, CFS worker will inform the court of parental non-compliance; and
- Ongoing communication between CFS and ITP is imperative.

ITP worker responsibilities: Refer to flowchart Column C

- Make diligent efforts to locate and engage family in ITP intake and assessment through 3 attempts to contact, one of them in writing;
- If, after 1 or 2 contacts, the ITP worker is unable to locate the family, they will check back with CFS worker to determine if family residence has changed or if parents will be coming to the office for a visit or other meeting.
- If efforts to contact/engage are unsuccessful, they will report this to the CFS worker;
- If efforts to engage the family are successful, meet with them to further explain ITP process and services, get their signed consent, and provide safeguard information.
- Complete an intake. Information from the CFS worker and the parent or caregiver will be used in the assessment process. Appropriate assessment tools will be used to determine the child's

developmental status. This includes screening or evaluation of social/emotional functioning and behavioral aspects of the child's development;

- If completed, evaluation results will be presented to the ITP's multi-disciplinary team (which includes the primary referral source (CFS) and other appropriate partners) for eligibility determination as defined by Part C of IDEA;
- **If child is found not eligible** for services through the ITP, community referral information will be provided to the family for other programs/services to meet the needs of the child and family. Each ineligible child will be referred for Developmental Monitoring with the use of the Ages and Stages Questionnaires. This gives the child's family the opportunity to track the child's development and know what to expect in age appropriate developmental milestones. Other referrals may include: Early Head Start, Parents as Teachers, private agency/therapist, or other appropriate early childhood services providers;
- **If child is found eligible** for early intervention services, an IFSP will be developed with the family and/or the established caregivers. The CFS worker is to be involved in the planning meeting. When developmental concerns are identified and need to be addressed as part of the child's well-being, the ITP worker should be involved in CFS case plan development. The service coordinator will be assigned to assist with the coordination of services relevant to the child's developmental needs;
- Provide periodic exchange of information with CFS regarding family's participation and progress including written reports to the court or court testimony;
- Document parental participation and child's progress; and
- ITP services may need to continue beyond the involvement of CFS, or if child meets developmental goals, services may be terminated prior to closure of the CFS case.

Column D. Substantiated Report and No Case Opened. When a report of child abuse or neglect is dispositioned in iCARE as substantiated on a child birth to three years of age and no case is opened, the CFS safety assessment worker will make a referral directly to the ITP. The referral will be made to determine the need for services through ITP.

CFS worker responsibilities: Refer to flowchart Column D

- Inform the child's family that a referral to the ITP is required by federal law;
- Assist the family in completing the Referral and Application Form. The referral portion must be submitted to ITP **as soon as a need is identified, but no later than 7 calendar days after entry of the disposition;**
 Note: In instances where the CFS worker is unable to complete the Referral and Application Form with the family, the CFS worker completes the referral information on the Referral and Application Form as thoroughly as possible and submits the referral to ITP.
- The Referral and Application Form can also be found in the parent ITP information packets;
- Document actions in iCARE;
- No further CFS action required at this time. CFS worker may ask ITP to advise them of whether or not the family is able to be located and engaged; and
- If this matter comes to CFS's attention at a future date, ITP will be contacted regarding the family's follow through with services.

ITP worker responsibilities: Refer to flowchart Column D

- ITP worker makes diligent efforts to locate child/parent to initiate an evaluation;
- If unable to locate or engage with parent, the ITP worker will document the efforts for future reference;
- If, after 1 or 2 contacts, the ITP worker is unable to locate the family, they will check back with CFS worker to determine if they have information on the family's whereabouts;
- If efforts to contact/engage are unsuccessful, they will report this to the CFS worker; or
- If efforts to engage the family are successful, meet with them to further explain ITP process and services, get their signed consent, and provide safeguard information.
- If evaluation(s) are conducted and child meets ITP eligibility criteria, an Individualized Family Services Plan (IFSP) will be developed.

CONSENT ISSUES IN COURT CASES

- If there is a court case and the parent is unable to be located, or if the parents have had their rights terminated or are deceased and IDHW is the child's guardian, ITP may seek consent from a surrogate, a person defined as a parent or acting as a parent as defined in this standard. ITP or the judge may initiate the appointment of a surrogate parent. The surrogate may be the foster parent or other individual who meets the surrogate criteria as defined in the standard;
- If ITP services are needed or are in the plan and the parents refuse to follow through, inform the court of non-compliance.

A surrogate cannot be established if the whereabouts of the parent(s) is known.

PERIODIC REVIEW

Each IFSP will be periodically reviewed with the family and the child's CFS social worker, at intervals to be identified in the plan (at least every 6 months) to evaluate the child's and family's progress toward achieving the objectives outlined in the IFSP. The IFSP team will revise the IFSP as needed by developing an addendum if additional services or changes in services are required for effective early intervention. It may be necessary for the team to convene on a more frequent basis at the request of the CFS worker, the family, or the service provider.

OTHER REQUIRED DOCUMENTATION FOR THIS STANDARD

ITP Referral and Application Form including consent (Referral and Application Form is attached to this standard.)

Any action taken not consistent with this standard must be pre-approved by the FACS Division Administrator or designee. The action, rationale and approval must be documented in the file.

Idaho Infant Toddler Program
Child and Family Services REFERRAL and APPLICATION FORM

Child Information			(Form FT-04-2006)
Child's Name: DOB: <input type="checkbox"/> Male <input type="checkbox"/> Female	Current address (Street, City and Zip Code)	Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes #	
Parent/Caregiver Information			
Mother:	Current address (Street, City and Zip Code)	Phone	
Father:	Current address (Street, City and Zip Code)	Phone	
Resource Parent:	Address (Street, City and Zip Code)	Phone	
Other and Relationship:	Address (Street, City and Zip Code)	Phone	
Other Contacts			
Physician:	Address (Street, City and Zip Code)	Phone	
CFS Social Worker:	Address (Street, City and Zip Code)	Phone	
Relevant Information			
Name of Person Making Referral: Relationship to child: Phone:	Substantiated Abuse or Neglect Report? <input type="checkbox"/> Yes <input type="checkbox"/> No Open CFS Case? <input type="checkbox"/> Yes <input type="checkbox"/> No Court Case? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Department involvement:			
Describe any safety concerns to be considered in meeting with the parent(s) and/or in providing services in the home.			
Any possible developmental concerns noted:			
FOR ITP STAFF USE ONLY		Region:	Date Received by ITP:

**Idaho Infant Toddler Program
EVALUATION DESCRIPTIONS**

Developmental	Assesses your child's growth in different areas, which may include communication, social and emotional development, fine and gross motor abilities, and other areas of growth.
Medical/Social History	Collects information about your child's medical history.
Social/Emotional	Collects information about your child's social and emotional development. May include rating scales, personal inventories, behavioral observations, and personal interviews.
Communication	Assesses your child's ability to communicate verbally and nonverbally.
Speech	Assesses your child's articulation (speech sounds), voice, fluency, and motor skills for speech.
Language	Assesses your child's receptive (understanding) and expressive (speaking) language skills, including phonology, morphology, syntax, semantics, and pragmatics.
Hearing	Evaluates your child for hearing acuity (ability to hear). Includes pure tone testing, oto-acoustic emissions and impedance testing of middle ear functioning.
Vision	Evaluates your child's visual acuity (ability to see).
Adaptive behavior	Assesses your child's general behaviors at home, school, and community.
Cognitive ability	Assesses your child's ability to learn, problem-solve, comprehend and reason.
Fine and gross motor	Assesses your child's motor (movement) skills and abilities.
Occupational therapy	Assesses your child's fine motor (movement) skills and abilities.
Physical therapy	Assesses your child's gross motor (movement) skills and abilities.
Medical	Determines your child's developmental status and need for services, and may include a physical exam by a physician.
Nursing	Assesses your child's health status and is done by a nurse. This may include identification of health problems.
Nutrition	Reviews your child's nutritional history and dietary intake (what your child eats), growth measurements, feeding skills and feeding problems, food habits and food preferences.

CONTACT INFORMATION

Region	Counties Served	Address	Phone
I (1)	Benewah, Bonner, Boundary, Kootenai, Shoshone	2195 Ironwood Court Coeur d'Alene, ID 83814	(208) 769-2707
II (2)	Clearwater, Idaho, Latah, Lewis, Nez Perce	2606 16 th Ave Lewiston, ID 83501	(208) 798-4119
III (3)	Adams, Canyon, Gem, Owyhee, Payette, Washington	823 Park Centre Way Nampa, ID 83651	(208) 465-8460
IV (4)	Ada, Boise, Elmore, Valley	1720 Westgate Dr. Suite D Boise, ID 83704	(208) 334-0900
V (5)	Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, Twin Falls	803 Harrison St. Twin Falls, ID 83303	(208) 732-2182
VI (6)	Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, Power	421 Memorial Drive Pocatello, ID 83201	(208) 234-7947
VII (7)	Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton	150 Shoup St., Ste. 19 Idaho Falls, ID 83402	(208) 528-4060

ITP Referral Requirements based on Types of CFS Case

