# STANDARDS FOR EARLY INTERVENTION SERVICES DELIVERY SYSTEM AS PROVIDED BY CHILD DEVELOPMENT WATCH

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# STANDARDS FOR THE EARLY INTERVENTION SERVICES DELIVERY SYSTEM AS PROVIDED BY CHILD DEVELOPMENT WATCH

These standards were developed to guide Child Development Watch and its providers to meet Part H, Individuals with Disabilities Education Act (IDEA) regulations and to provide services in a way that best meets the needs of families with infants and toddlers having developmental delays or disabilities.

This document includes a glossary of the terminology used in developing the standards. Noted are definitions for principle, standard and indicator which form the groundwork for the development of the document. A principle is "a fundamental truth, law, doctrine or motivating force" upon which we will base our operations. The Standards are "the optimal level of practice or the commonly accepted level of practice." The listed indicators are the means of determining whether a standard has been met. Indicators can be divided into three categories: those that are required by law, regulations or state policies; those required by program policy; and those that while considered to be "best practice" are not required but will be attempted.

While some of the indicators may be included in employee performance plans, this document was not developed to measure an employee's individual performance. The purpose of having principles, standards and indicators is to establish benchmarks to evaluate the service delivery system developed for infants and toddlers with disabilities or delays and their families. This document will be used to internally evaluate Child Development Watch on a regular basis and also to provide information, as appropriate, to outside evaluators. These standards are consistent with the evaluation process as required by the Interagency Resource Management Committee (IRMC) as developed by the University of Delaware Center for Disabilities Studies (CDS) and the Part H, IDEA Self-study.

# I. Community Outreach and Identification

**Community Outreach includes:**

- **Public Awareness Activities**
- **Early Identification and Screening**
- **Central Intake Referral System**

**Principles**

A. Community Outreach efforts are carefully planned, interagency, family-centered, culturally sensitive and, when appropriate, targeted to specific groups.

B. Public Awareness activities enhance public knowledge about issues related to infants and toddlers with, or at risk of, disabilities and/or developmental delays which an emphasis on prevention methods and early intervention services.

C. Child find early identification and screening are coordinated across agencies and identify potentially eligible young children through primary referral sources who know when and how to contact Central Intake in Child Development Watch.

D. Central Intake is easily accessible and effective as a single point of entry to early intervention screening, assessment, and services.

**Standard**

1. **Public Awareness provides information to the general public and primary referral sources, such as parent and families of infants and toddlers, hospitals, physicians, local education agencies, social service agencies, child care programs and other professionals in order to reach the appropriate audience.**

**Indicators**

1a. Child Development Watch staff collaborate with the DHSS Division of Management Services, community agencies and other state agencies with input from parents, families and the Interagency Coordinating Council in developing and implementing public awareness activities.

1b. Staff distribute marketing materials (i.e., brochures) when participating in community events and when visiting schools, physician offices, hospitals, community health care agencies, managed care organizations, etc.

1c. Press releases for newspapers, radio, television and other local media are made when appropriate.

1d. Staff participates in scheduled local health fairs and other community organized events.

1e. A list of potential speakers including parents, professionals, and other community agency advocated is available to community groups.

**Standard**

**2. Written, visual, and verbal information is culturally sensitive and appropriate for the targeted audience.**

**Indicators**

2a. Press releases and any other materials developed and used by Child Development Watch staff are culturally sensitive and in the language spoken by the persons in the targeted communities.

2b. Speakers, who can speak the language of the people in the community, are recruited when making presentations.

2c. Staff are trained in cultural awareness and how to communicate effectively with the families in the area to be served.

**Standard**

**3. Public awareness addresses prevention of disabilities and developmental delay, how to access appropriate screening services, the needs of infants and toddlers with disabilities and/or developmental delay, and the services available.**

**Indicators**

3a. Staff share the Family Guide which provides the necessary information and referral procedures for accessing available services to families and community agencies.

3b. Open houses are held where information on early intervention activities is shared with parents, professionals and community groups.

3c. Outreach displays are available which include materials on early childhood development, how to prevent developmental delays, appropriate screening services and, referral information at community functions where families with small children are likely to attend.

3d. The *Central Directory of Services for Families with Children who have Special Needs* is distributed to families at intake and when it is revised.

3e. Public awareness materials such as brochures, the Family Guide, the *Central Directory of Services for Families with Children who have Special Needs,* and the Child Development Watch videotape are made available to the public.

**Standard**

4. **Screening activities identify infants and toddlers with disabilities and/or developmental delays, as early as possible. The process also identifies those children who are at-risk for developmental delay due to environmental, socio-economic or physical conditions.**

**Indicators**

4a. Staff uses reliable and valid screening procedures to identify children who are in need of an assessment.

4b. Staff work with other agencies to avoid fragmentation and duplication of screening efforts.

4c. Basic referral information about children is shared between agencies with parental consent so that parents do not receive repeated requests for information concerning their child.

4d. Screenings are conducted in a child's "natural environment," setting in which children without disabilities participate.

**Standard**

5. **Toll-free telephone numbers are available to the general public, to heal and other professionals, and to families to request information, to make referrals and to gain access to services.**

**Indicators**

5a. Telephone numbers are promoted widely through community outreach and promotional materials.

5b. Telephone numbers are available at no cost to the caller (i.e., 1-800).

**Standard**

6. **All referrals are received with complete and appropriate information in a timely and courteous manner.**

**Indicators**

6a. Staff take referral calls in a courteous manner.

6b. Staff taking referral calls receive training on appropriate referral taking procedures.

6c. Staff assure that accurate and completed information as provided by the referring agency is obtained by using a standardized referral form.

6d. Individuals taking referrals call have access to information on current services and resources available in their service area (including the most commonly asked questions from parents and professionals).

**Standard**

7. **An organized system of documentation is utilized to assure timely and appropriate disposition and follow up of referrals.**

**Indicators**

7a. Central Intake documents referrals on a standardized form and/or directly enters information into a computerized tracking system.

7b. Central Intake fields all referrals to the appropriate personnel within two business days of the referral.

7c. Service coordinators are assigned based on the needs of the family and child.

**Standard**

8. **Timely and appropriate feedback is provided to the referral source indicating the acceptance and/or disposition of the referral.**

**Indicators**

8a. The referral source is notified of the disposition of the referral within one month of the referral date.

8b. If at the time of referral, the family has transitioned to another service, refused services or moved out of state, the referral source is notified.

8c. The primary care provider is notified if the family has transitioned to another service, refused services or moved out of state.

# II. Personnel

**This section refers to:**

- **Standards that related to <u>all staff</u> working within organizations serving young children. These standards would include everyone who works within Child Development Watch and its provider agencies.**
- **Standards that relate to <u>staff who provide early intervention services.</u> These standards refer to those individuals who provide actual services such as nurses, family service coordinators, social workers, speech and language pathologists, child development specialists, psychologists, and nutritionist. Assessments are considered to be part of the services provided.**

**<u>Principles</u>**

A. Staff are prepared to work in partnership with all families.

B. Staff providing early intervention services have knowledge, training, and experience in working with infants and toddlers with disabilities and/or developmental delays.

C. Staff providing early intervention services are prepared to work in multidisciplinary and transdisciplinary teams and settings.

**<u>Standard</u>**

1. **Staff treat families with respect, understanding families' current situations, values, and beliefs, and acknowledge that families' backgrounds may be different than their own.**

**<u>Indicators</u>**

1a. Staff provide follow-through with services they have indicated they will address.

1b. Staff support and encourage family members to share what they know about their child.

1c. Staff are accessible to families and respond to their inquiries.

1d. Staff acknowledge families' plans for their children and themselves and assist families in implementing those plans.

1e. Staff provide information to families as soon as possible.

1f. Staff maintain confidentiality and discretion when sharing information.

**Standard**

2. **Staff use a variety of communication techniques in providing information to the family based on how that family can best understand information provided.**

**Indicators**

2a. Staff write and speak using jargon free language when communicating with families.

2b. Staff providing early intervention services explain and define to the family in everyday language any medical, technical, or disciplinary specific terms which relate to their discipline.

2c. Staff share complete and unbiased information with the families they are serving.

2d. Staff use active listening and other appropriate communication skills with family members and other service providers.

2e. Staff interact with families in ways that are responsive to their preferred mode of communication, which may include translation both oral and written in their native language or sign language.

**Standard**

3. **Staff recognize that more than one agency or organization may be necessary to provide support and services to families of young children with disabilities and work effectively with the staff of those agencies or organizations to ensure optimal early intervention services for families.**

**Indicators**

3a. Staff, with permission of families, keep other agencies and organizations informed of the services being provided for the support and development of the child and family.

3b. Staff support other agencies and organizations as they serve families and their young children with disabilities and/or delays.

3c. Staff speak of a family and other staff, agencies, or service providers with respect.

**Standard**

4. **Staff providing early intervention services recognize that families are complex and interactive systems with their own established values, structures, and functions.**

**Indicators**

4a. Staff providing early intervention services understand the concepts of family systems and coping systems and apply them to their work.

4b. Staff providing early intervention services understand the importance of parent-child interaction during the early years of a child's development.

4c. Staff providing early intervention services recognize the different styles of adult learners and tailor their information sharing to fit those styles.

4d. Staff providing early intervention services know about and respect the differences in family values, beliefs, attitudes, expectations, and parenting practices across cultures.

**Standard**

5. **Staff providing early intervention services are willing to work as a team by including families as part of the team, accepting differences in skills and approaches of other team members, and by sharing their roles with other team members.**

**Indicators**

5a. Staff with specialties help other team members, including parents, acquire skills related to their area of expertise. For example,

- By providing team members with suggestions regarding techniques that can be used with a child during daily routines;
- By communicating regularly with other team members about how their area of specialty may help a child's overall development;
- By incorporating their specialty knowledge with the knowledge of all other team members.

5b. Parents are invited to team meeting and encouraged to attend when their child is being discussed.

5c. Parents are invited to speak first in team meeting, providing their perspectives and describing their observations prior to the reports of other team members.

5d. Staff providing early intervention services explain to families that they may make recommendations based on their different experiences and training.

5e. When staff providing early intervention services have multiple perspectives about any aspect of assessment, program planning, intervention, or evaluation of services, they are open with families and one another about those perspectives and work to form a consensus.

5f. Staff providing early intervention services are knowledgeable of team process and team dynamics including the ability to set common goals and carry out agreed upon strategies.

5g. Staff providing early intervention services are knowledgeable of and use strategies to promote team collaboration including consensus decision making.

5h. Staff providing early intervention services are knowledgeable of the different team model (e.g., multi-, inter-, tans-) of assessment, program planning, and implementation and the drawbacks and benefits of each type as well as the situations when each type might be used.

**Standard**

**6. Staff who provide early intervention services meet the highest requirements in Delaware which apply to their profession or discipline.**

**Indicators**

***(see attached matrix of Personnel requirements of the state of Delaware.)***

6a. Staff providing early intervention services meet the requirements according to "Delaware Personnel Standards and Guidelines Matrix" as approved by the Interagency Coordinating Council.

**Standard**

**7. Staff providing early intervention services for children birth to three have knowledge, training, and experience in early intervention and child development.**

**Indicators**

7a. Staff who provide early intervention services have the preferred course work in best practice as defined in "Delaware Personnel Standards and Guidelines Matrix" as approved by the Interagency Coordinating Council.

7b. Staff providing early intervention services have experience in serving children birth to three with disabilities and/or developmental delays consistent with that outlined in "Delaware Personnel Standards and Guidelines Matrix" as approved by the Interagency Coordinating Council.

7c. Staff have participated in training to:

- Work in teams that include multiple disciplines and agency perspectives;
- Understand and appreciate family-centered, culturally appropriate approaches;
- Understand how to access community resources, technology, and technology training, where appropriate; and
- Be knowledgeable and skilled in the use of assessment instruments;
- Know when and ho9w to apply clinical judgement, when providing assessments and making evaluation decisions.

7d. Staff providing early intervention services understand the normal growth and developmental sequence, including ranges of variability, in the areas of communication, social/emotional development, adaptive development, physical development, cognition, health and nutrition.

7e. Staff providing early intervention services are familiar with how different disabilities may influence individual infants' and toddlers' developmental skill acquisition and behaviors.

7f. Staff providing early intervention services understand how risk factors may affect a child's development.

7g. Staff providing early intervention services possess the skills necessary to interact with and respond to infants and toddlers.

# III. Service Coordination

Service coordination is defined as: the activities carried out by a service coordinator to assist the family in determining the eligibility of their child for Child Development Watch services, in understanding their rights and procedural safeguards, and in identifying which services they need and desire, and helping them to obtain those services.

**Principles**

A. Service coordination is process that assists families in obtaining early intervention services and other services identified in the Individualized Family Service Plan.

B. The service coordinator coordinates the provision of early intervention services and other needed services. Other needed services may include medical services for other than diagnostic and evaluation purposes, day care services, housing and other economic needs.

C. Service coordination is a process that facilitates the timely delivery of available services.

D. The Service Coordination process continuously seeks the appropriate and desired services and situations necessary to benefit the development of each eligible child.

**Standard**

1. **Each child and the child's family is provided with one service coordinator. The service coordinator is a person who has knowledge about early intervention services and community resources for infants and toddlers with developmental delays and their families.**

**Indicators**

1a. One service coordinator is assigned to each family based on the discipline which can best serve the needs of the child and family.

1b. Service coordinators receive ongoing training in early intervention services and available community resources.

1c. Service coordinators meet all standards as outlined in the preceding Personnel section.

**Standard**

**2. Service coordinators inform families of their rights under IDEA.**

**Indicators**

2a. Service coordinators provide written information and verbal explanation to families about procedural safeguards under IDEA and continue to keep families informed about their rights.

2b. Families are assigned a new service coordinator at the parent's request or if a service coordinator from a different discipline can better meet the needs of the child and the family.

2c. Families are informed of any information which is pertinent to their child.

2d. Service coordinators acknowledge and facilitate families' right to invite persons of their choosing to be a part of their IFSP planning teams and help to determine which professionals will be on the IFSP team.

2e. Service coordinators identify gaps in the provision of services and notify supervisors within one week of identification. In addition to the total lack of needed services, gaps can include waiting lists for services, transportation problems, and access problems due to inappropriate geographical distances and of time of day of service delivery.

2f. Service coordinators are aware of circumstances that prevent the provision of early intervention services in a timely manner, (E.g., lack of financial resources, inappropriate referral for evaluation) and where possible, attempt to address and alleviate those circumstances.

2g. Service coordinators, with permission of families, seek out other agencies and organizations to be part of the early intervention team and to ensure non-duplication of services.

2h. Service coordinators identify and discuss with each family the outcomes they have identified for their children and their family and the array of options available to them to meet these outcomes.

2i. Parents are provided with information on available opportunities for their children to interact with typical children.

2j. Parents are given information about advocacy organizations including the Parent Information Center (PIC) which can assist them in understanding their rights.

**Standard**

**3. Service coordinators support and strengthen family function.**

**Indicators**

3a. Families participate in the coordinating process for their child.

3b. The IFSP reflects family input, desires and abilities and uses the family's wording.

3c. Service coordinators support the parent in promoting the child's development, and the parent's decision-making authority as part of the team.

3d. Service coordinators build on the families' natural support systems by assisting the parent to identify social and personal supports and agencies and other organizations that may meet identified outcomes.

**Standard**

**4. Service coordinators respect the uniqueness of each family.**

**Indicators**

4a. Service coordinators provide information in the native/preferred language of the family, or arrange for translation services as warranted.

4b. Service coordinators acknowledge and respect the differences in family values, beliefs, attitudes, expectations, and parenting practices across cultures.

4c. Service coordinators acknowledge families' mechanisms for coping.

4d. The values, beliefs, priorities, and aspirations of the family guide the interactions between the family and services coordinator.

4e. Meetings are held at a time and a place convenient for the family.

**Standard**

**5. The service coordinator is responsible for:**

- **Ensuring the development and implementation of the IFSP as described in the standards for the IFSP,**
- **Servicing as the single point of contact for Child Development Watch,**
- **Assisting the family in identifying their priorities, concerns and resources,**
- **Coordinating and integrating services,**
- **Ensuring communication with the multidisciplinary assessment team, and**

- **Facilitating the development of a transition plan as appropriate.**

**Indicators**

**5a.** Service coordinators inform families of the purpose and process of service coordination.

5a. Service coordinators inform families about and link them to community resources and services.

5b. Service coordinators assemble the multidisciplinary multiagency team best suited to meet child and family needs. This team includes the family, the primary care physician, agencies and individuals providing services.

5c. Service coordinators facilitate and advocate for family involvement in all decision making.

5d. Service coordinators ensure that desired and appropriate referrals are made.

5e. Service coordinators maintain communication among all team members, including providing information in the native/preferred language of the family

5f. Service coordinators provide reports to referral sources and primary care physicians in a timely manner.

5g. Service coordinators ensure the development of a transition plan in a timely manner as described in the Transition section of these standards.

5h. Service coordinators facilitate referrals to desired follow-up services.

5i. Service coordinators promote, encourage and empower families to be independent by enhancing families' abilities to work with other agencies.

5j. Service coordinators make referrals to the Educational Surrogate Parent Program for any child who may be eligible based on the Part H Procedural Safeguards.

# IV. Evaluation and Assessment

**Definitions of evaluation and assessment.**

(1) Evaluation means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility.

(2) Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify –

(i) The child's unique strengths and needs and the services appropriate to meet those needs; and

(ii) The resources, priorities and concerns of the family and the supports necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

Part-H Federal Regulations Section 303.322

Initial evaluation and ongoing assessments include at least the following: administration of developmental testing instruments, interviews with families and other major caregivers, review of data, and observation. In many situations, other specialized evaluations may be recommended.

**Principles**

A. Initial evaluation and assessment in early intervention assists families and professional in identifying outcomes for young children with disabilities and/or developmental delays and their families.

B. Initial evaluation and assessment in early intervention is achieved by collecting information through the use of multiple sources and multiple settings

C. Initial evaluation and assessment procedures and decisions are made by families and professionals collaborating to make the best possible decisions for young children with disabilities and/or developmental delays.

D. The assessment process identifies specific child and family needs and concerns that can be addressed through intervention services such as instruction, therapy, or changes in the child's circumstances. This process is designed to assist family members and service providers in identifying interventions that support families in achieving their identified outcomes and monitors the progress towards those achievements.

E. The assessment process allows for the monitoring and regular appraisal of the early intervention services being provided to the young child with a disability and their family.

**Standard**

1. **The initial evaluation and on going assessment activities are complete and accomplished in a timely manner.**

**Indicators**

1a. The assessment process:

- Assists the family in identifying the child's unique strengths and needs.
- Assists the family in identifying their priorities, concerns and resources.
- Assists the family in identifying the supports and services necessary to enhance their capacity to meet the developmental needs of their young child with a disability.
- Assist the family in obtaining the services and assistance they desire.

1b. The initial evaluation and the ongoing assessments address the five developmental domains.

- Cognitive development
- Communication development, including expressive, receptive and pragmatic skills
- Physical development including both fine and gross motor, and vision and hearing
- Adaptive development, and
- Social/emotional development

1c. The initial evaluation of each child and assessment activities, including the identification of family concerns, priorities and resources are completed within 45 days after the parent consents to services.

1d. If the child's or family's situation prohibits the completion of the evaluation, assessments of the family plan, these activities are postponed until the family is ready for them to occur; however,

- The circumstances are documented; and
- An interim plan is developed.

1e. The assessment process is an ongoing process allowing the child's development to be appraised as needed at multiple points in time.

1f. The assessment process should also include a comprehensive review of past history including other therapies and medical needs.

**Standard**

2. **Families are equal members of the assessment team and participate in each step of the evaluation and assessment process to the extent that they so desire.**

**Indicators**

2a. Informed consent is obtained at each appropriate step of the process
These steps include:

- The initial Child Development Watch consent (Part H consent);
- Consent to share information with other agencies (i.e. ISIS consent form, other agency consent to share forms);
- Consent to release information to other agencies.

2b. Evaluation and assessment reports and recommendations are clear, concise and jargon free, and written at a level that a parent understands.

2c. Parents are adequately notified about all assessment procedures and meetings and provided with the opportunity to participate.

**Standard**

3. **The initial evaluation and assessment process is sensitive to cultural differences.**

**Indicators**

3a. Tests and other evaluation materials and procedures are administrated in a culturally appropriate manner including being conducted in the native language of the parent and child or using other appropriate modes of communication, when feasible.

3b. Assessment and evaluation procedures are selected and administered so as not be racially or culturally discriminatory.

3c. Information is gathered from several sources, instruments, settings, and occasions, to provide a valid description of the whole child, including his status or progress.

**Standard**

4. **The assessment process is conducted in settings comfortable for the child and family and is designed to promote the observation of optimal behavior and skills.**

**Indicators**

4a. Assessments are especially adapted to accommodate a child's physical or sensory needs and abilities.

4b. Assessments are conducted in settings most appropriate for the child and may include:

- The availability of developmentally appropriate toys
- Comfortable setting such as home or day care

- Parental involvement

**Standard**

**5. The assessment process is multidisciplinary and includes family members and appropriately trained personnel using current, accepted procedures.**

**Indicators**

5a. Assessments are multidisciplinary and involve two or more discipline or professions in the provision of evaluation and assessments. It is not the needs of the program (i.e., funding, time) which determine the disciplines involved but the needs of the child and family.

5b. As indicated by the family's concerns and the child's needs, specialized evaluations, such as physical therapy, occupational therapy, speech therapy, nutrition, vision, audiology, and mental health are obtained in a timely manner.

# V. Individualized Family Service Plan (IFSP) Process

**Definition of Individual Family Service Plan and IFSP.**
Individualized Family Service Plan and IFSP mean a written plan for providing early intervention services to a child eligible under this part [Part H] and the child's family.
Part-H Federal Regulations Section 303.340

**Principles**

A. Infants and toddlers are uniquely dependent on their families for their survival and nurturance. This dependence necessitates a family-centered approach to early intervention.

B. Each family has its own structure, roles, values, and beliefs, and coping styles. Respect for and acceptance of this diversity is a cornerstone of family-centered early intervention.

C. Early intervention systems and strategies must reflect a respect for the racial, ethnic, and cultural diversity of families.

D. Respect for family, autonomy, independence, and decision making means that families must be able to choose the level and nature of early intervention's involvement in their life.

E. Family/professional collaboration and partnerships are the keys to family-centered early intervention and to successful implementation of the IFSP process.

F. The IFSP is more than just a document. It is a process consisting of gathering, sharing, and exchanging information between families and staff to enable families to make informed choices.

G. An enabling approach to working with families requires that professional re-examine their traditional roles and practices and develop new practices when necessary—practices that promote mutual respect and partnerships.

H. No one agency or discipline can meet the diverse and complex needs of infants and toddlers with special needs and their families. Therefore, a team approach to planning and implementing the IFSP is necessary.

**Standard**

1. **The Individualized Family Service Plan (IFSP) is a collaborative, comprehensive, interagency document which includes the expertise of the family, the service coordinator and other relevant persons.**

**Indicators**

***Collaboration***

1a. Goals and objectives are a product of the collaboration of families and professionals.

1b. The scheduling of the development of the IFSP is announced to all potential team members with sufficient notice to allow them to attend or participate in all meetings.

1c. Each initial meting and each annual meeting to evaluate the IFSP includes the following team members: parent(s) of the child, other family members, advocates or other person as requested by the family, the service coordinator, person directly involved in evaluations and assessments, and as appropriate, persons who will be providing services to the child or family.

1d. If a person listed above is not able to attend a meeting, arrangements are made for that person's involvement through other means, such as a telephone call, having a representative or making pertinent records available before the meeting, and written reports of the meeting's proceedings if desired and indicated.

1e. The IFSP and any revision are available to IFSP team members with opportunity for input.

1f. With parental consent, service coordinators will receive a copy of the IFSP or portions of the IFSP.

**Standard**

2. **The IFSP is a family-centered process which reflects the families' resources, priorities and concerns as related to the development of their child. It is scheduled at a time and place accessible and convenient to the family, and is written in language which is understandable and comfortable for the family.**

**Indicators**

***Family-centered***

2a. Goals and outcomes include those identified by the family.

2b. Family resources, priorities and concerns are considered first when planning services.

***Accessible and convenient***

2c. The meeting time and place is negotiated among the family and other team members. A written memo is then sent to all team members.

***Understandable and comfortable language***

2d. Language used in the IFSP is explained fully and written in lay terms whenever possible.

2e. Children are referred to by name.

2f. People first language is used. This means that instead of putting an adjective before the person in order to describe the individual, the

individual is mentioned first (i.e., child with a disability rather than disabled child).

2g. Meetings are shared in the native language or other mode of communication used by the family. Special arrangements are documented.

2h. Verbal information and written materials are explained, translated or read aloud when necessary.

**Standard**

**3. The IFSP must be timely, written and complete.**

**Indicators**

***Timely***

3a. The IFSP is developed within 45 calendar days after the parent has signed the Child Development Watch Part H consent form, or there is documentation of any family preference for a delay.

***Written and Complete***

3b. The plan is hand written or typed and includes:

i. A statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development;

ii. With the concurrence of the family, a statement of the family's resources, priorities and concerns related to enhancing the development of the child.

iii. A statement of the major outcomes expected to be achieved for the child and family and the criteria, procedures, and timelines used to determine progress and modifications of outcomes or services;

iv. A statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the identified outcomes, including-

(aa) frequency, intensity and method of delivering services,

(bb) natural environments,

(cc) locations of services, and

(dd) payment arrangements.

(v) Other services (such as medical services the child needs or services for other family members);

(vi) Dates for initiation and duration of services;

(vii) The name of the service coordinator;

(viii) A transition plan from early intervention services; and

(ix) The signature of the parent.

**Standard**

4. **The IFSP is a dynamic, responsive process which is fluid and ongoing with timely reviews.**

**Indicators**

***Dynamic process***

4a. Reviews are carried out through timely meetings or other means acceptable to the family.

4b. The six-month review documents progress towards achieving IFSP outcomes and identifies needed revisions. This is done earlier than six months as need or when requested by the family or service coordinator.

4c. The annual review documents the development of a new IFSP based on an evaluation of the current IFSP with input from all team members, in particular as related to progress and changes needed in the outcomes and services for the child and the family.

4d. Team members base decisions pertaining to revising IFSPs on family resources, priorities and concerns, assessment results and current child information.

4e. Family members may request special meetings which may not allow time to notify all IFSP team members.

# VI. Service Provision

**Principles**

A. The delivery of early intervention services is comprehensive, individualized, and flexible in order to reflect the dynamic nature of resources, needs, concerns, and priorities of the individual child and family.

B. Early intervention is planned and implemented according to best practice methods of child development, service delivery and interagency collaboration.

C. Services are provided in the child's natural environment and in such a manner as to integrate the child and family within the community.

D. Families are important members of the team and may participate in service delivery for which they receive training to enhance the service delivery experience.

**Standard**

1. **Services are individualized in addressing the needs of the child and family, and are assessment-based, functional and effective.**

**Indicators**

1a. Early intervention services and delivery methods reflect individual child and family characteristics, preferences, interests, abilities, resources and health status.

1b. Services are based on goals and outcomes which are derived from the assessment process as described in the IFSP, and service delivery is linked to those objectives.

1c. Early intervention services are based on, and embedded in, the normal daily routines and activities of children.

1d. Progress toward meeting the goals and outcomes is continuously measured and documented as services are delivered. A review is conducted at least every six months as part of the IFSP process.

1e. Service delivery is revised as appropriate based on the monitoring of progress and changes in the situation of the family and child.

**Standard**

2. **Services are planned and delivered to promote optimal child development, effective service delivery and interagency collaboration.**

**Indicators**

2a. Training and resources on best practices in child development and service delivery is available and shared with staff.

2b. Service delivery efforts encourage interagency collaboration and avoid duplication and fragmentation.

2c. Information which facilitates service delivery is shared across agencies in an efficient, timely manner, using ISIS whenever appropriate.

**Standard**

3. **Support services are provided whenever beneficial to facilitate and enhance the early intervention services.**

**Indicators**

3a. Identified needs related to support services, such as transportation and translation, are documented in writing along with the plans to provide those services including payment methods.

3b. Service coordinators have easy access to, and training on, information regarding support services.

**Standard**

4. **Services are provided in the child's natural environments, that is in settings that are natural or normal for the child's age peers who have no disability.**

**Indicators**

4a. There is a range of options where early intervention services are provided, and the team and family's rationale for the selection of the service delivery location includes consideration of the child's natural environment.

4b. Consideration is given for the time of day services are to be delivered, as well as the length of travel time if the child/family must travel to receive the service.

4c. The integration of the child and family in the community is promoted and information is provided on community resources and programs.

**Standard**

**5. Families are closely involved in the delivery of services to their children and are offered training to further enhance the effectiveness of services.**

**Indicators**

5a. Families are full participants throughout the process of determining what, how, when and where services are to be delivered.

5b. Families are encouraged and supported to be with their children during the delivery of services.

5c. Family training is available and offered as a component of all services.

5d. Resources, such as books and videotapes, are available to families to provide information related to issues relevant to their child and family.

# VII. Transition

**Definition of transition**
Transition is any movement from one service to another. Transition may occur at times such as when children enter an early intervention program, when they transfer to different services within a program, and when they enroll in a school or community-based program.

**Principles**

A. Transition planning helps make the move smoother by addressing the current and future needs of the family, the child, and the staff of the sending and receiving programs.

B. Transition planning assures continuity of programming from one setting or point to another.

C. Transition planning minimizes family disruptions while honoring each family's individual needs and values.

D. Families may choose to participate in transition planning in various ways, depending upon other issues in their lives.

E. Transition planning is designed to ensure that the child and family are prepared to function well in the receiving program.

F. Transition planning makes change less disruptive by helping families understand what will be the same and what will be different in the new setting.

G. Primary care physicians concerned with children's ongoing care should be aware of and included in the transition process to insure continuity of medical follow-up.

**Standard**

1. **Transition planning for changes in a child's situation or service should begin as soon as the possibility exist that a transition will be occurring.**

**Indicators**

1a. Parents are aware that other transitions may occur such as change in service coordinator or provider.

1b. Parents and service providers are aware upon entering Child Development Watch that by the time a child is two years of age, a plan to transition the child to new services will be discussed.

1c. Staff encourage and empower families to plan for transitions by helping them to understand differences in service models and to interact with other agencies.

**Standard**

2. **Transition planning for when a child turns three is initiated in a timely manner.**

**Indicators**

2a. Planning for transition out of Child Development Watch begins by the child's second birthday.

2b. At least 90 days prior to the child's third birthday, planning discussions are held with the parent to discuss plans for their child turning three. At this meeting, parents learn about services provided by the appropriate educational agencies and other private providers.

2c. When appropriate, and informed parental consent, local educational agencies are made aware of potential referrals at least 6 months prior to the child's third birthday.

**Standard**

3. **Families choose the extent to which they will be involved in transition planning.**

**Indicators**

3a. Families are encouraged to participate in transition planning at appropriate points.

3b. Transition planning and activities are clearly described in easily understood terms. Language is explained fully and written in lay terms whenever possible.

**Standard**

4. **Families are given information about their transition options in order to aid their effective participation in the transition process.**

**Indicators**

4a. Parents receive information about a range of appropriate service delivery options.

4b. Site visits to potential receiving agencies are encouraged and facilitated.

4c. Prior to the actual referral, parents understand eligibility requirements, referral processes and intake procedures for options under consideration.

4d. Parents understand their role in the program planning process of the new agency.

4e. Parents understand their rights and procedural safeguards within the new program.

4f. Parents are given information about the Parent Information Center which can assist them in understanding their rights.

**Standard**

**5. Transition plans are developed and implemented collaboratively with families, early intervention services providers, and personnel from receiving agencies.**

**Indicators**

5a. With informed parental consent, relevant records are forwarded to the receiving agency at the time of referral.

5b. Service coordinators attend initial planning meeting(s) held by the receiving agency.

5c. With parental permission, service coordinators notify relevant early intervention personnel, including primary care physicians, of upcoming planning meetings held by the receiving agency.

5d. Written transition plans include target dates, time lines and persons responsible for transition activities.

5e. Service coordinators follow the child's progress in the new program

**Standard**

**6. Staff work with other community agencies to assure smooth transitions between sending and receiving agencies.**

**Indicators**

6a. Interagency agreements are established to facilitate transitions into and out of early intervention services.

6b. Early intervention personnel work with other agencies to clearly define and carry out roles, responsibilities, and time lines related to transition into and out of early intervention.

6c. With parental consent, information regarding transition is shared with other members of the multidisciplinary team including primary care physicians.

# GLOSSARY

**Assessment -** The ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the services appropriate to meet those need; and resources, priorities and concerns of the family and any necessary supports to help the family to meet their child's developmental needs.

**Best Practices –** Practices recommended in the field of early intervention and early childhood special education. Although the term seems to imply that a practice or set of practices is appropriate for all children with special needs, it also acknowledges that practices must be based on the individual needs of specific children and their families.

**Child Find** – The system to locate, identify, and refer children with or at risk of having a developmental delay who may be in need of early intervention services or special education and related services.

**Confidentiality** – The protection of personally identifying information.

**Consent -** The parent has been fully informed (in the parent's native language or other appropriate mode of communication) of all information relevant to the activity for which consent is sought. The parent understands and agrees in writing to carrying out the activities for which consent is sought and that consent describes that activity and lists the records (is any) that will be released and to whom. The parent understands that the granting of consent involuntary on the part of the parent and may be revoked at any time.

**Evaluation** – The process through which a child's eligibility for early intervention services is determined.

**IDEA** – The Individuals with Disabilities Education Act. A federal law which contains requirements for serving children with developmental delays birth through 36 months and with disabilities through 21 years and their families.

**Indicator** – the means of determining whether a standard has been met.

**Individualized Family Service Plan (IFSP) -** A written plan for providing early intervention services to an eligible child and the child's family. The plan must meet the requirements specified in the IFSP section of the policy and procedure manual.

**ISIS** – Integrated Services information System. This is a computerized tracking system for children with disabilities and delays or at risk who are aged birth to eight.

**Multidisciplinary** – the involvement of two or more disciplines or professions in the provision of integrated and coordinators services, including evaluation and assessment activities and development of the IFSP.

**Multidisciplinary Assessment Team** – A team of individuals with different areas of expertise who observe and test a child to find out his or her strengths or weaknesses. In Child Development Watch the team always includes the parents, primary care physicians, and service coordinator. Other disciplines are represented based on the needs of the child but may include other service providers, nurses, therapists, child development specialists, etc.

**Native Language** – A term used with reference to persons of limited English proficiency meaning the language or mode of communication in which a person or family is most proficient.

**Natural Environment** – Setting that is natural or normal for children of the same age who have no apparent developmental delay or disability.

**Part H** – The section of the IDEA, as amended, which sets fort the requirements for a state's early intervention program for eligible infants and toddlers.

**Parent** – A parent, guardian, persons acting as a parent of a child, or a surrogate parent who has been appointed to ensure that the rights of an eligible child for early intervention services are protected. The term does not include the state if the child is a ward of the state, but does include persons acting in the place of a parent, such as a grandparent or step parent with whom the child lives, as well as persons who are legally responsible for the child's welfare.

**People First Language** – Instead of putting an adjective before the person in order to describe the individual, the individual is mentioned first (i.e., child with a disability rather than disabled child).

**Principle** – A fundamental truth, law doctrine or motivating force, upon which others are based. Also a rule of conduct, especially of right conduct.

**Screening** – The ongoing process to determine through easily administered procedures or observations, whether or not a child needs to be referred for a multidisciplinary evaluation/assessment to determine the need for early intervention services.

**Service Coordinator** – The person who carries out the activities that assist and enable an eligible child and the child's family to receive the services, rights, protections, and procedural safeguards that are authorized to be provided under Part H of IDEA.

**Service Coordination** – The functions of the service coordinator, including all coordinating activities across agency lines and serving as the single point of contact in helping parents to obtain the services and assistance they need. Service coordination was normally called case management.

**Standards** – The type, model, or example commonly or generally accepted or adhered to. The optimal level of practice, the commonly accepted level of practice.

**Support Services** - Services which help families gain access to and benefit fully from programs, resources and professionals offered by public and private agencies. Transportation and language interpretation are examples of support services.

**Transdisciplinary** – The involvement of individuals working across disciplinary boundaries to plan and provide integrated services.

**Transition** – The period during which children participating in the early intervention programs and their families receive services to enable them to change smoothly to another program when the child's needs change, the child reaches the age of three, or the family moves.

**ATTACHMENT 1**
**DELAWARE PERSONNEL STANDARDS and GUIDELINES MATRIX**

| Personnel | Highest Entry-Level Academic Degree and/or Recognized Comparable Qualifications | Delaware Recognized Current Standard for Practice * | Guidelines for Part C | Preferred Courseware/Experience for Best Practice |
|---|---|---|---|---|
| 1. Audiologist | Master | Licensure, CCC-A | Pediatric Experience | Pediatric Coursework. Supervised Experience with infants & toddlers. |
| 2. Nurse | Licensure as R.N. | R.N. [1] | Nurse with MSN or BSN with 1-3 yrs NICU, PH, Peds or OB experience, training in developmental screening, infant health management. | Nurse with MSN in PH, MCH, Peds with training & experience in developmental screening, infant health management. |
| Advanced Practice Nurse | M.S.N. | M.S.N. | Nurse with MSN or BSN with 3-5 yrs NICU, OB, Peds, PH experience, advanced training in developmental assessment, knowledge of family dynamics, inter-agency coordination. | Nurse with MSN in MCH, PH with advanced training in developmental assessment, 1-3 yrs experience in infant evaluations, developmental assessments or early intervention, knowledge of family dynamics, inter-agency coordination. |
| 3. Nutritionist | BS in Nutrition | B.S. in Nutrition | B.S. in Nutrition | Masters in Nutrition |
| Dietitian | B.S. Registered Dietitian and Dietetic Internship or Equivalent | Registered Dietitian | Coursework and/or experience with infants and toddlers with developmental disabilities. | Masters in Nutrition. Coursework in Pediatrics and Developmental Disabilities. Supervised experience with infants and toddlers with developmental disabilities. |
| 4. Occupational Therapist | B.S. Certification, O.T.R. | Licensure, O.T.R. | Pediatric coursework plus Level II pediatric field work, with supervision by an experienced birth-3 OTR during first year. | Masters with pediatric coursework and 3 yrs supervised experience with specialized courses in treatment approaches. |
| 5. Physical Therapist | M.S. Licensure, L.P.T. or B.S. Licensure, L.P.T. | Licensure, L.P.T. | Pediatric coursework plus Pediatric Affiliation or infant and toddler experience under supervision during first year. | Masters with pediatric concentration. Supervised experience in treatment with infants and toddlers. |
| 6. Physician | Licensure, M.D., D.O. | M.D. or D.O. plus three-year residence. Diagnostician-based certified or board eligible in pediatrics/family practice | State standard | Consultation for appropriate sub-specialist: Board-eligibility or board certification in Infant and Child Psychiatry, Pediatric Neurology, Orthopedics with special interest in Pediatrics, Neonatology, Developmental Medicine, or Clinical Genetics. |

[1] Specialty Standards: Clinical Nurse Specialist, School Nurse, Pediatric Nurse Practitioner, Family Nurse Practitioner, Maternal/Child Clinical Specialist, Neonatal Nurse Practitioner, and other clinical specialties pertinent to the need of the facility.

| Personnel | Highest Entry-Level Academic Degree and/or Recognized Comparable Qualifications | Delaware Recognized Current Standard for Practice | Guidelines for Part C | Preferred Courseware/Experience for Best Practice |
|---|---|---|---|---|
| 7. Psychologist<br>Clinical | Ph.D. (including one-year internship) | Licensure (including post-doctoral supervision) | State standard | Coursework in infant assessment, child/family therapy, child psychopathology, child/clinical specialties. Supervised experience (at least 3 months) specific to infancy. |
| School | Masters (60 graduate hour minimum). Licensure and/or certification | Licensure and/or Certification | State standard | Coursework in assessment, child/family intervention. Supervised experience specific to infant/toddlers/families. |
| 8. Social Worker | MSW Licensure | Licensure, LCSW<br>MSW | State standard | Coursework with infants/toddlers/families. Assessment and intervention with families of children with disabilities. Supervised experience with infants, toddlers and families in interagency collaboration and inter-system coordination. |
| 9. Special Educator[2] (Early Childhood Special Educator) | Collegiate Professional Certificate with Early Childhood Special Education endorsement | Collegiate Professional Certificate with Early Childhood Special Education endorsement | State standard and supervised experience with infants, toddlers, and their families. | Masters in Early Childhood Special Education. coursework with focus on infants/toddlers/families. Supervised experience with families with infants and toddlers with disabilities. |
| 10. Speech and Language Pathologist | Masters and Licensure | Licensure, CCC-SLP | State standard plus supervised experience with infants/toddlers and their families. | Coursework in parent-infant interaction in context of communication, alternative service delivery model, and oral-motor development/feeding. Supervised experience with infants, toddlers, and families. |
| 11. Family Counselor | Masters and Licensure, LPC | Licensure, LPC | State standard | Coursework in interdisciplinary family counseling with infants/toddlers. Marriage and family specialty. |
| 12. Orientation and Mobility Specialist | MS & AER Certification | B.S. or M.S. and AER Certification | State standard and supervised with infants and toddlers | MS & AER certification, coursework and experience in interdisciplinary programming for infants and toddlers and their families. |

* Must be combined with highest entry-level academic degree column for Part C Birth to Three systems in Delaware.

**Para Professionals:**

| Nursing | Occupational Therapy | Physical Therapy | Education | Social Work | Other |
|---|---|---|---|---|---|
| Licensed Practical Nurse | Certified Occupational Therapy Assistant | Physical Therapy Assistant | Teacher Aide | Social Service Specialist | Child Development Specialist |
| Nurse's Aide | Occupational Therapy Aide | Physical Therapy Aide | | | Case Manager |
| | | | | | Family Service Coordinator |

[2] Alternative Licensure as: Teacher of the Visually Impaired, Teacher of the Hearing Impaired, Educational Interpreter/Tutor for Hearing Impaired, Early Childhood Education/Child Care.

MATRIX SOURCE: Standards for the Early Intervention Services Delivery System as Provided by Child Development Watch, November 2003.