Section II: Best Practices

# BP 1: Cross-Sector Collaboration

The practices in this section focus on cross-sector collaboration to support states and Local Education Agencie s (LEAs) in identifying young children who may be eligible for Part B services. Ongoing and effective collaborative relationships with local community agencies and early childhood programs supports the appropriate referral by families of young children to Part B. Effective collaborative relationships are those where there is ongoing communication and adherence to child find procedures.

1. Leverage federal or state-funded early childhood systems initiatives and coordinate with collaborating agencies to promote child find awareness, screening, and referral efforts.
2. Collaborate with Part C and other community organizations serving children and families to promote child find awareness efforts.
3. Establish policies and procedures that support ongoing and effective communication and collaborative relationships between Part C and Part B to support transition.
4. Establish policies and procedures to support ongoing collaborative relationships with community agencies that serve underserved and at-risk populations.
5. Collaborate with community organizations serving children and families to promote screening efforts (e.g., implementing community-wide screening) and referral efforts. Conduct regular conversations with community partners to develop shared awareness of local monitoring, screening, and referral efforts and sources.
6. Collaborate with child care programs, private schools, and charter schools to promote pathways for screening and referral for children served by those programs.
7. Collaborate with community agencies to promote partnerships with families to promote the referral process.
8. Coordinate with surrounding Local Education Agencies (LEAs) to streamline referral process.
9. Implement respectful and appropriate pre-referral education and information-sharing with families to support their understanding of the importance of early childhood special education (ECSE) and to reduce stigma.

# BP 2: Identifying Children who are Underserved by Part B

The practices in this section focus on strategies for states and LEAs to consider when reaching out to underserved populations so that equal opportunity is provided for participation in Part B. Some preschool-aged children with disabilities are not readily screened and enrolled in Part B. This can be related to a lack of access to adequate screening in the settings where they receive child care or medical services, or related to the family’s understanding of the importance of early childhood special education services, among other things.

1. With partner organizations, target materials describing early childhood special education and the associated referral process towards underserved populations. Ensure that families are able to access materials in various formats, including in their native language.
2. Use strategies such as a 211 telephone-based service to connect families to resources related to developmental screening, referral to LEAs, and other community resources.
3. Engage community health workers, trusted community members, and other cultural brokers to advocate for and facilitate the child find process. Cultural brokers are individuals who promote family engagement and help to bridge relationships between the community and the LEA.

# BP 3: Data and Data Systems

This section covers practices, processes, and procedures related to state and local data governance, data collection, data management, data sharing, and data systems to support the child find process. Data systems are a powerful tool for managing information across programs serving young children and within Part B programs.

1. States and LEAs have formal data governance structures and processes in place to ensure the protection and security of child find data. There are written policies and procedures that manage the appropriate access of data, transmission of data, and sharing of individualized education program (IEP) information.
2. Establish necessary data sharing agreements, such as memorandums of understanding (MOU), with collaborating agencies and programs in accordance with federal and state data privacy laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA).
3. State and local data systems include sufficient technical security measures (e.g., firewalls, secure laptops, password, management, etc.) and nontechnical security measures (e.g., data access and sharing restrictions, regular staff trainings, ensuring correct access and administrative rights are granted for staff and authorized data users) to minimize the risk of disclosing Personally Identifiable Information (PII).
4. State and local data systems have the capacity to support accountability, program development, and program operations and includes elements and features of high-quality data systems.
5. State and local data systems have the capacity for data interoperability to allow the linking of Part B data with other statewide longitudinal and early childhood data systems, including Part C data systems.
6. The data collected are high-quality.
7. Referral information is included in the data system.
8. State and local data systems, directly or through a related application, have reporting and analysis tools that provide end users, including state and local program staff, with easy access to the data in both raw form and reports.
9. State and local data systems feature methods for identifying underserved populations.
10. Reports generated from the data systems include metrics that are useful for monitoring the child find system.

# BP 4: Technical Adequacy of Screening Tools

The practices in this section relate to the characteristics of screening tools and their administration. Tools used for screening purposes must meet standards for technical adequacy and be implemented consistently and appropriately to minimize under- or over-identification.

1. Screening tools are used for the purpose in which they are intended.
2. Standardized developmental screening and evaluation tools with strong psychometric properties and sufficient sensitivity to detect child progress are used.
3. Screening tools are brief and have a reduced literacy burden.
4. Developmental screening tools include social-emotional development.
5. Individuals conducting screenings are qualified and trained in the instrument’s administration, scoring, and interpretation of results.
6. Screening tools are culturally and linguistically appropriate for the individual child. Interpreters administer screenings and evaluations in the child’s dominant language.
7. Valid and reliable screening tools are available to use in-person and remotely.

# BP 5: Efficiency of Screening and Referral Process and Procedures

The practices in this section support efficiency and effectiveness of child find processes and procedures. These include coordination with collaborating agencies that are already screening children, cultural considerations for screening, and referral within multi-tiered systems of support.

1. Ensure screening opportunities reach all children by coordinating with community-wide screening efforts to meet existing and essential timelines and recommendations for screenings (e.g., health, vision, hearing, immunizations) and ensure children are referred appropriately.
2. The early childhood community coordinates with physician developmental monitoring, screening, and surveillance.
3. Screening involves family partnership and perspectives, considers family preferences and cultural contexts, and is conducted in the child’s dominant language.
4. Simple, straightforward referral processes are used to facilitate ease of referral by the family, which may include the use of a universal intake form or information form.
5. Referral information is entered into the data system.
6. Within multi-tiered systems of support (e.g., RTI), children suspected of having a disability cannot be required to go through all tiers of the system before referral to early childhood special education.
7. Effective screening policies and procedures are in place to respond to disruptions caused by emergencies and natural disasters.
8. Screening and referral procedures are re-aligned to meet health and safety measures and requirements during emergencies and natural disasters.

# BP 6: Responding When Children are Found Ineligible for Part B

The practices in this section focus on connecting families with collaborating community agencies and resources and continued developmental surveillance when a child is found ineligible for early childhood special education. Children who are at risk but who do not initially meet eligibility criteria for early childhood special education have an increased likelihood of qualifying for special education later.

1. Connect families to resources, local community agencies, or early childhood programs to meet family/child needs that ECSE does not currently address.
2. Promote linkages between ECSE and a network of programs and services so that children’s developmental concerns are addressed.
3. Repeat screening and monitoring for children whose assessment scores indicated they are at risk but who did not meet eligibility criteria.

# BP 7: Evaluation of Child Find

The practices in this section focus on methods for periodic evaluation and revision of the child find system.Like other critical components of state and local infrastructure, it is important to review and revise the child find system periodically to ensure that policies and procedures are still relevant and are being implemented with fidelity.

1. The state has a method for evaluating the effectiveness of child find efforts across the state.
2. Reports from the state data system include metrics useful for monitoring the child find system.
3. The LEA has a method for evaluating the effectiveness of local child find efforts and progress towards best practices, including experiences of parents and primary referral source.
4. The LEA data system, directly or through a related application, has reporting and analysis tools that provide end users, including state and local program staff, with easy access to the data in both raw form and reports.
5. Data systems (state and LEA) feature methods for identifying underserved populations.