

REFERRAL

Introduction

Referral is a vital part of the Child Find system. When a primary referral source recognizes the need for a child under three years of age to be referred to a local tiny-k program, the referral **must be made as soon as possible, but in no case more than 7 days**, after the child has been identified [34 CFR 303.303(a)(2)(i)]. If feasible, the referral source should notify the parent that their child is being referred.

The person at the local tiny-k program receiving the referral shall document in writing (1) the name of the primary referral source, (2) the phone number of the primary referral source, (3) the date of the referral, and (4) the reason for the referral.

I. Primary Referral Sources

The following primary referral sources include but are not limited to:

- 1) Hospitals, including prenatal and postnatal care facilities
- 2) Physicians
- 3) Parents, including parents of infants and toddlers
- 4) Child care programs and early learning programs
- 5) Local education agencies and schools
- 6) Public health facilities
- 7) Other public health or social service agencies
- 8) Other clinics and health care providers
- 9) Public agencies and staff in the child welfare system, including child protective services and foster care
- 10) Homeless family shelters
- 11) Domestic violence shelters and agencies

II. Referral of Specific At-Risk Infants and Toddlers [34 CFR 303.303]

According to the Child Abuse Prevention and Treatment Act (CAPTA), referral must be made for any child under the age of three who is involved in a substantiated case of abuse or neglect or is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. The

referral may be for either screening or evaluation and shall be made **as soon as possible, but in no case more than seven days**, after the child has been identified.

CAPTA information:

<http://www.ksits.org/professionals.htm>

Note: If, after receiving a referral, a local tiny-k program chooses to screen before evaluating a child, they must complete screening, initial evaluation, assessment of the child and family, and the initial IFSP meeting within 45 days from the date the local tiny-k program receives the referral [§ 303.310(a)]. Screening does not add time to the 45-days requirement nor does it delay the 45-day timeline requirement. It is included in the 45-days timeline. Screening is an optional service. It is not a required service. (See Section III, page 4 regarding timeline and community child find screening information.)

III. Late Referral to Part C

If a child is referred to the local tiny-k program fewer than 45 days before that toddler's third birthday, the local tiny-k program is not required to conduct the initial evaluation, assessment, or IFSP meeting, and the tiny-k program, with parental consent, must refer the toddler to the SEA and appropriate LEA.

IV. Parent Request

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

V. Diagnosed Condition

Children with a condition that is an established risk for developmental delay (such as a child with a diagnosed condition who has medical records the lead agency can use to establish eligibility) are referred directly for an evaluation. For guidance on established risk refer to Section XI of this manual.