DORCHESTER COUNTY
INFANTS AND TODDLERS PROGRAM

BOARD OF EDUCATION OF DORCHESTER COUNTY
DORCHESTER COUNTY HEALTH DEPARTMENT
DORCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES

Revised July 2014
POLICIES & PROCEDURES

HANDBOOK

Dorchester County

Infants and Toddlers Program

Policies and Procedures

HANDBOOK
The Board of Education of Dorchester County
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Concerns regarding the above are directed to C. Dwayne Abt, Assistant Superintendent for Administration, Dorchester County Public Schools, 700 Glasgow Street, Cambridge, Maryland, 21613, or by phone at 410-228-4747, extension 1015.

Revised - August 1, 2013
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SECTION 1
OVERVIEW
OVERVIEW

The Dorchester County Infants and Toddlers Program provides early intervention services for eligible children and their families. This interagency program is a collaborative effort between the Dorchester County Department of Health, the Board of Education of Dorchester County, and the Dorchester County Department of Social Services, as well as private providers and community partners, who cooperatively deliver a coordinated system of early intervention services.

Principles that guide the program philosophy are as follows:

- Families are the primary decision makers regarding early intervention services for their children and themselves.
- The ethnic, racial, and cultural diversity of families is respected and is the cornerstone of family-centered early intervention services.
- Early intervention services should be implemented in a cost-effective manner through the integration and coordination of all available resources.
- Respect for family autonomy, independence, and decision-making means that families must be able to choose the level and nature of the early intervention involvement in their lives.
- Family/professional collaboration and partnerships is the key to family-centered early intervention and to successful implementation of the IFSP process.
- Early intervention services should be flexible, accessible, and responsive to family needs.
- Early intervention services should be provided in natural environments—that is, families should have access to services provided in typical early childhood settings in order to promote inclusion of the child and their family within the community.
- The diverse and complex needs of infants and toddlers with special needs and their families are best met through a collaborative team approach to the planning and implementation of early intervention services.
SECTION 2

Program Components:
Program Components: Policies and Procedures

The following policies and procedures of the Dorchester County Infants and Toddlers Program are developed in accordance with Part C of the Individuals with Disabilities Act (IDEA), COMAR 13A.13.01 and the Local Interagency Agreement.

I. Central Directory

The Dorchester County Infants and Toddlers Program maintains a central directory of information consistent with 34 CFR §303.301 through the following:

A. Identification of public and private early intervention services, resources, and experts to be included in the directory;
B. Maintain multiple copies of the directory for loan/distribution to families, service providers, and public and private providers; and
C. Provide information to the Maryland Infants and Toddlers Program to update local listings in the directory at the time and in the manner specified by MSDE/MITP on an annual basis.

II. Public Awareness Program

The Dorchester County Infants and Toddlers Program Public Awareness Plan shall inform the public about Dorchester County’s early intervention system and single point of entry/child find, consistent with the provisions of 34 CFR §303.320 and COMAR 13A.13.02.08. This Public Awareness Plan is formally developed and consistent with the Statewide Public Awareness Plan and is maintained in the Dorchester County Infants and Toddlers Handbook.

Strategies include, but are not limited to:

A. Annual dissemination of Dorchester County Infants and Toddlers Program information, brochures, and referral procedures to: pediatricians, family practitioners, hospitals, medical centers, the Dorchester County Health Department, the Department of Social Services, and other appropriate public and private agencies.
B. Annual dissemination of information, brochures and referral procedures of the Dorchester County Infants and Toddlers Program
to local child care providers, including Family Day Care, Judy Center, Early Head Start, Childcare Centers, and Preschool Programs.

C. Information sharing opportunities with local child care and health care providers, and other appropriate public and private agencies, to update them on early intervention policies, procedures, and services.

D. Utilization of local media resources to increase parent and public awareness.

E. Contact with other early childhood programs such as: Early Head Start, Family Day Care, Head Start, Child Care Centers, Preschool Programs, parent and advocacy groups, Family Support Center, Salvation Army, and Judy Center to increase awareness and participation of families, including minority, low income, rural, homeless, and English Language Learners (ELL) families.

F. Representation on local interagency teams focusing on early childhood services.

III. Comprehensive Child Find System

A. The local lead agency of the Dorchester County Program for Infants and Toddlers in accordance with 34 CFR §303.321 and COMAR 13A.13.02.08 shall implement a local comprehensive child find system by identifying a single point of entry which shall:

1. Coordinate the implementation of the Dorchester County Child Find system to insure that all eligible children in the jurisdiction are identified, located, and evaluated; and

2. Identify a single point of entry:

   Dorchester County Infants and Toddlers Program
   Dorchester County Board of Education
   700 Glasgow Street
   Cambridge, Maryland 21613
   (410) 221-1111 ext. 1023
   (410) 221-5215 FAX

   a. “Comprehensive child find system” means the system under 34 CFR §303.321 and COMAR 13A.13.02.08 that is coordinated with all other major efforts in the State to locate and identify children, including but not limited to the:

   • Assistance to State Programs under Part B of the Act;
• Maternal and Child Health Program under Title V of the Social Security Act;
• Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program under Title XIX of the Social Security Act;
• Developmental Disabilities Assistance and Bill of Rights Act;
• Head Start Act; and
• Supplemental Security Income Program under Title XVI of the Social Security Act.

b. Be available for use by primary referral resources and others who suspect developmental delay in an infant or toddler.

B. The Dorchester County Infants and Toddlers Program shall coordinate the development of referral procedures. These procedures are consistent with 34 CFR § 303.303:

1. As soon as possible, but in no case more than seven days after suspecting a developmental delay or disability in an infant or toddler, a referral needs to be made by the primary referral source (hospitals, including prenatal care facilities, physicians, parents, day care programs, local education agencies, public health facilities, and other health care providers, and social service agencies) to the Dorchester County Infants and Toddlers Program. Through annual public awareness activities, primary referral sources will be made aware of this requirement.

2. After a referral is received, an interim Service Coordinator or Service Coordinator is assigned as soon as possible.

3. Referral information is provided, including child’s name, gender, and birth date, parent(s) or primary caregiver’s name, address, and phone number, and reason for referral on the Dorchester County Infants and Toddlers Intake form.

4. Within 45 days after the referral is received, the Dorchester County Infants and Toddlers Program shall complete evaluation and assessment activities and hold an IFSP meeting. There are two specific circumstances when the 45-day timeline requirement would not apply consistent with 34 CFR § 303.310.

5. Best practice is for the referring party to notify the parent(s) of the intent to refer their infant. If the parent(s)/legal guardian(s)/parent surrogate(s) requests the referral to not be
made, the primary referral source must maintain written documentation which supports the parent(s)/legal guardian(s)/parent surrogate(s)’s request that a referral not be made, explain those services which would be available if referral were made, explain that the referral does not commit the child or family to participate in the early intervention system and make the initial follow-up contact with those families who initially request that a referral not be made.

C. Referral Process
1. Referrals will be made to the single point of entry, the Dorchester County Infants and Toddlers Program, by primary referral sources as soon as possible, but in no case more than seven days of suspecting a developmental delay or disability in an infant or toddler.
2. The Data Specialist will log referrals through the data entry system.
3. The 45-day timeline begins when a child is referred to the local single point of entry.
4. Primary referral sources include but are not limited to: hospitals, physicians, parents, day care programs, local education agencies, public health facilities, other health care providers, and social services agencies.
5. Referral information is provided, including child’s name, gender, and birth date, parent(s)/legal guardian(s)/parent surrogate’s name, address, and telephone number, and reason for referral. Referral information is recorded on the local intake form.
6. Parent(s)/legal guardian(s)/parent surrogate(s) will be contacted by telephone, home visit, letter, or through other agency personnel so as to schedule an initial meeting with parent(s)/legal guardian(s)/parent surrogate(s) and child for he following purposes:
   a. Explain the program
   b. Obtain initial information including documentation to verify the child’s date of birth (i.e. birth certificate).
   c. Obtain parent(s)/legal guardian(s)/parent surrogate(s) consent in order to share information from/with other agencies that may be involved with the evaluation and assessment and the IFSP development and implementation.
d. Explain procedural safeguards.

e. Provide pertinent informational brochures such as Dorchester County Infants and Toddlers Brochures, Infants and Toddlers Parents Informational Handbook, and Family Support Services brochures.

f. Schedule a time for a developmental screening and/or evaluation, with parental consent consistent with CFR 34 § 303.320.

g. Parents shall be advised of their rights to request an evaluation at any time during the screening process.

h. The parent shall be provided with Prior Written Notice of the screening results and if the results indicate the child may have a disability, and evaluation of the child must be conducted.

i. Parents shall also be providing with notice of the screening determination and notice of the parent’s right to request an evaluation, if the child is not suspected of having a disability.

j. Determine the family mode of communication.

k. Begin the process for completion of the Family Assessment Information.

7. If the family does not wish to participate in the Dorchester County Infants and Toddlers Program, the single point of entry must maintain written documentation which supports the parent(s)/legal guardian(s)/parent surrogate(s)’s request, explain those services which would be available, explain that a referral does not commit the child or family to participate in the early intervention system, and initiate a follow-up contact with those families.

IV. Evaluation and Assessment

A. The Dorchester County Infants and Toddlers Program has developed written policies and procedures consistent with 34 CFR §303.321 and COMAR 13A.13.01.05 to provide a timely, comprehensive, multidisciplinary evaluation of each child, birth through two years old, referred for evaluation, including family directed identification of the needs of each child’s family to appropriately assist the development of the child.
1. “Comprehensive Assessment” means the ongoing procedures used by appropriate qualified personnel throughout the period of a child’s eligibility to identify:
   a. The child’s unique strengths and needs and the services appropriate to meet those needs; and
   b. The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family’s capacity to meet the developmental needs of the child.

2. “Evaluation” means the procedures used by appropriate qualified personnel to determine a child’s initial and continuing eligibility, consistent with the definition of “infants and toddlers with disabilities” including determining the status of the child in each of the following developmental areas:
   a. Cognitive development;
   b. Physical development, including vision and hearing, as appropriate;
   c. Communication development;
   d. Social or emotional development, and
   e. Adaptive development.

B. A written report to be included in the early intervention record to document the results of evaluation and assessment conducted by qualified personnel trained to utilize appropriate methods and procedures to determine initial eligibility of each child referred for evaluation. At least two qualified evaluators using at least two different approved assessment instruments will conduct the evaluation.

C. The written report shall include:
   1. A statement of the child’s current health status based on a review of pertinent record and medical history;
   2. A statement that describes the child’s functioning in each developmental area and the dates of the evaluation and assessment procedures;
   3. A statement of criteria, including tests, evaluation materials, and informed clinical opinion; and
   4. The signatures and titles of the qualified personnel who conducted the evaluation and assessment.

D. Qualified personnel shall produce a timely, comprehensive, multidisciplinary evaluation for a child, birth through two (2) years old, referred for evaluation, in accordance with established local
policies and procedures. One individual may be qualified in more than one discipline or profession consistent with 34 CFR § 303.24.

E. Other persons who have the opportunity to participate in the multidisciplinary evaluation process may include the child’s parent(s)/legal guardian(s)/parent surrogate(s), other family members, as appropriate, and the interim Service Coordinator/Service Coordinator.

F. The local lead agency shall develop and implement written procedures to conduct non-discriminatory evaluation and assessment of children and families, consistent with 34 CFR §303.323:

1. Test and evaluation materials and procedures are administered in the native language of the parent(s)/legal guardian(s)/parent surrogate(s) or other mode of communication unless it is clearly not feasible to do so.
2. All assessment and evaluation procedures and materials are selected and administered so as to not be racially or culturally discriminating.
3. No single procedure is used as sole criterion for determining eligibility. Informed clinical opinion may be used as an independent basis to establish eligibility even when other instruments do not establish eligibility and may not be used to negate the results of evaluation instruments to establish eligibility as consistent with 34 CFR § 303.321.
4. Qualified personnel conduct evaluations and assessments.

G. Family assessments must be family directed and designed to determine the resources, priorities, and the concerns of the family and the identification of the supports and services necessary to enhance the family’s capacity to meet the developmental needs of the child.

1. The assessment must be voluntary on the part of the family.
2. If the assessment is conducted it must:
   a. Be conducted by trained personnel;
   b. Be based on information provided by the family through a personal interview; and
   c. Incorporate the family’s description of its resources, priorities, and concerns related to the child’s development.

H. In the event that it is impossible to complete the evaluation and assessment within 45 days (for example: if a child is ill or
otherwise unavailable), the Dorchester Infants and Toddlers Program will document those circumstances and develop and implement an Interim Individualized Family Service Plan (IFSP) to the extent appropriate.

I. Evaluation and Assessment Planning Process:
1. The purpose of the evaluation and assessment planning is to gather and exchange information between family members and providers to shape the evaluation and assessment process.
2. The evaluation and assessment will be planned and scheduled in a manner agreeable to the family, including where and when it will be held.
3. Parent(s)/legal guardian(s)/parent surrogate(s) will sign the “Permission to Evaluate” Form providing consent before the evaluation and assessment can take place as consistent with 34 CFR § 303.321.
4. Parental consent must be obtained for the use of public benefits (i.e., Medical Assistance).
5. Written confirmation of the evaluation and assessment date and time will be sent to parent(s)/legal guardian(s)/parent surrogate(s) and participants.
6. Individuals involved in planning the evaluation and assessment discuss:
   a. Referral concerns about the child, including areas of development about which the family would like to have more information.
   b. Behavioral characteristics of the child that might influence evaluation and assessment results, such as time of day when the child is most alert, and responsiveness to strangers.
   c. Child medical records.
   d. Family preferences for mode of communication.
   e. Family preferences for involvement (e.g., observing, presenting test items, when appropriate, asking questions during or after testing, etc.)
   f. Family preferences for location, time, and date(s) to conduct procedures.
   g. Individuals involved in the planning decide:
      i. What specific information is needed to determine eligibility, developmental status, and identify the unique strengths and needs of the child?
ii. Types of tools, instruments, and measures to be used.
iii. Types of qualified personnel needed to conduct procedures.
iv. Role of family during administration of procedures.
v. Location, time, and dates of procedures.
vi. When and how results of evaluation and assessment will be shared with family.

J. Child Evaluation and Assessment Eligibility:
1. In case the evaluation and assessment cannot be completed within the 45 days, documentation must be available stating what exceptional circumstances prevailed and the Service Coordinator will:
   a. Document the exceptional circumstances;
   b. Obtain parental consent to implement an interim IFSP; and
   c. Facilitate development of an interim IFSP that includes the name of the Service Coordinator who will be responsible for facilitating the implementation of the interim IFSP and coordinating the other agencies and persons, and the early intervention services that have been determined necessary immediately by the child and the child’s family.
2. If parent/legal guardian/parent surrogate does not give permission to complete the necessary evaluation and assessment, documentation will be made listing date and reason why consent was not given.
3. The parent/legal guardian/parent surrogate is an integral part of the evaluation and assessment process and will be called upon to provide additional information and, on occasion, assistance during the evaluation and assessment.
4. All available health information and history, and other referral information will be provided to personnel conducting the evaluation and assessment before the time of the evaluation.
5. The evaluators will informally share preliminary findings with the family and eligibility criteria will be explained. Eligibility will be explained including “atypical development,” “diagnosed condition,” or “25% delay” (see Dorchester County Infants and Toddlers Program Eligibility Chart).
6. If a determination is made that a child is eligible for services, an IFSP will be developed at a time and place convenient to the family (with written notification).
7. If the child does not meet the eligibility requirements or the family disagrees with the evaluation and assessment results, the interagency team will review parent rights including due process rights of appeal.

8. Copies of all the evaluations and assessments will be place in the child’s confidential early intervention record.

9. The participating agency must provide, at no cost to the parent, a copy of each evaluation, assessment of the child, family assessment, and IFSP as soon as possible after each IFSP meeting as consistent with 34 CFR § 303.405.
## DORCHESTER COUNTY INFANTS AND TODDLERS PROGRAM
### Eligibility Chart

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<tr>
<td>1</td>
<td>3 weeks</td>
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<tr>
<td>2</td>
<td>6 weeks (1.5 months)</td>
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<tr>
<td>3</td>
<td>9 weeks (2.25 months)</td>
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<tr>
<td>4</td>
<td>3 months</td>
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<td>5</td>
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<td><strong>24 (2 years)</strong></td>
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<td>Chronological Age (Months)</td>
<td>Eligible (25%) delay if score is equal to or less than…</td>
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<td>26.25</td>
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<tr>
<td>36 (3 years)</td>
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*Adjusted age means, for children born before 37 weeks gestation the number of weeks born prematurely subtracted from the infant’s chronological age. An infant’s adjusted age is used until the infants’ adjusted age is twelve months.*
V. Eligibility Determination

A. For the purposes of making an eligibility determination for a premature child, the child’s adjusted age shall be used. Adjusted age means, for children born 37 weeks gestation, the number of weeks born prematurely subtracted from the infant’s chronological age. An infant’s s adjusted age is used until the infant’s adjusted age is twelve months.

B. Infants and toddlers, birth until the beginning of the school year following the child’s fourth birthday may be eligible for early intervention service, as documented by appropriate qualified personnel, because:

1. They are experiencing at least a 25 percent delay, using a child’s adjusted or chronological age, as measured and verified by appropriate diagnostic instruments and procedures, in one or more of the following developmental areas:
   a. Cognitive development
   b. Physical development, including vision and hearing
   c. Communication development
   d. Social or emotional development
   e. Adaptive development; or

2. They manifest atypical development or behavior, which is demonstrated by abnormal quality of performance and function in one or more of the above specified developmental areas, interferes with current development, and is likely to result in subsequent delay (even when diagnostic instruments or procedures do not document a 25 percent delay; or

3. They have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (i.e., chromosomal abnormalities, genetic or congenital disorders, severe sensory impairments, inborn errors of metabolism, disorders reflecting disturbance of the development of the nervous system, congenital infections, disorders secondary to exposure to toxic substances, including fetal alcohol syndrome, and severe attachment disorders).

C. Qualified personnel directly involved in the diagnosis of the child or in conducting the evaluation and assessment of the child shall determine the child’s eligibility for early intervention services by comparing evaluation results with criteria for infants and toddlers. It is recommended that, when eligibility is based on a diagnosed
condition with a high probability of developmental delay, a physician or nurse practitioner’s input be involved in the eligibility determination.

D. A written statement shall document the eligibility decisions and be included in the child’s early intervention record. The written statement shall include:
1. The names and titles of the qualified personnel determining the child’s eligibility;
2. The date of the determination;
3. The basis for eligibility determination.

VI. **Individualized Family Service Plan**

The Individualized Family Service Plan (IFSP) is a written plan for providing early intervention services to eligible children and their families. The IFSP shall address the needs of an infant or toddlers with a disability and the needs of the family to assist appropriately in the child’s development, as identified by the IFSP Team, in one or more the following areas:
- Physical development,
- Cognitive development,
- Communication development,
- Social or emotional development, or
- Adaptive development.

The IFSP shall include a statement of the child’s present levels of physical development, including:
- Vision,
- Hearing,
- Health Status,
- Cognitive development,
- Communication development,
- Social or emotional development, or
- Adaptive development.

The IFSP shall include a statement of the family’s concerns, priorities, and resources related to enhancing the development of the child as identified through assessment, with the concurrence of the family. Also the IFSP shall include a statement of the measurable results or outcomes considered developmentally appropriate and expected to be
achieved for the child and family consistent with 34 CFR 303.344 (c) including: Pre-literacy, Numeracy, Language skills, and criteria, procedures, and timeline used to determine the degree to which progress towards achieving the results or outcomes identified in the IFSP.

The IFSP shall include, to the extent practicable a statement of the specific early intervention services based on peer-reviewed research that are necessary to meet the unique needs of the child and the family to achieve the results or outcomes including the length, duration, frequency, intensity, and method of delivering the early intervention service.

The IFSP, to the extent appropriate shall identify medical and other services that the child or family needs or is receiving through other sources, but that are neither required nor funded in accordance with Part C and include a description of the steps the service coordinator or family may take to assist the child and family in securing the services above, if those services are not currently being provided.

The IFSP is developed by the IFSP team, which must include the involvement from the parent and two or more individuals from separate disciplines or professions. One of these individuals must be the Service Coordinator. The plan must be based on evaluation and assessment, and designate Lead Agency responsibilities. The Lead Agency shall ensure that an IFSP is developed and implemented as appropriate for each eligible child. The Individualized Family Service Plan is a plan that is required to ensure a family focus for the early intervention process and puts in writing a child’s strengths and needs, the family’s priorities, and the outcomes a family would like to see their child achieve. The Early Intervention Services provider who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child in achieving the outcomes in the child’s IFSP. The Early Intervention Services provider cannot be held accountable if a child does not achieve the growth projected in the child’s IFSP. As is required, a child’s intervention services should be provided on a year round basis in the natural environment of the child or service. Natural environments are settings in the home or community that would be
typical for children who are the child’s age, but have no disabilities. If a child is not receiving services in a natural environment, the Dorchester County Infants and Toddlers Program must provide written justification on the child’s IFSP as to why services are not being delivered in that natural environment. At a meeting that includes the family and at least two interagency Infants and Toddlers Team members, an IFSP will be developed, reviewed and evaluated. The parent/family rights document shall be provided to the parent/legal guardian/surrogate prior to each meeting. Part C and the State regulations have specific rights for families under the early intervention system. These rights are a parent’s legal assurance that the Dorchester County Infants and Toddlers Program is implemented in a voluntary, non-discriminatory manner that respects a parents view and preferences about the services their child and their family receives.

A. The local early intervention system shall:

1. Utilize the Maryland State Department of Education/Maryland Infants and Toddlers Program Individualized Family Service Plan Process and Document.
2. Ensure the development of the initial Maryland Individualized Family Service Plan at a meeting within 45 days from the date of referral for each eligible child and the child’s family.
3. Provide for the signature of the parent(s)/legal guardian(s)/surrogate parent(s) and other parties as required on the Maryland IFSP document.
4. Parental consent must be obtained for the use of public benefits (i.e., Medical Assistance).
5. Ensure that early intervention services will be provided on a year round basis to the maximum extent appropriate in the natural environments, including the home and community settings, in which children without disabilities participate.
6. Identify the steps to be taken to support the transition of the child upon reaching age three, consistent with 34 CFR §303.344(h).

B. The Maryland Individualized Family Service Plan, shall be developed, reviewed, and evaluated according to the following procedures:

1. For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP
shall be conducted within the 45 day time period consistent with 34 CFR §303.321(e) and COMAR 13A.13.01.05.

2. Implement early intervention services as determined in the IFSP no later than 30 days from the date of parent(s)/legal guardian(s)/parent surrogate(s) signature, except as provided under 34 CFR §303.345.

3. A periodic review of the IFSP for a child and the child’s family shall be conducted every six months, or more frequently if conditions warrant, or if the family requests such as review, to determine:
   a. The degree to which progress toward achieving the outcome is being made; and
   b. Whether modification or revision of the outcomes is necessary.
   c. The periodic review may be carried out by a meeting or by another means that is acceptable to the parent(s)/legal guardian(s)/surrogate parent(s) and other participants.

4. A meeting shall be conducted on at least an annual basis to evaluate the IFSP for a child and the child’s family and, as appropriate, to revise its provisions.

5. During the annual meeting, results of any current evaluations conducted in accordance with COMAR 13A.13.01.05 and other information available from the ongoing assessment of the child and family, shall be used in determining what services are needed and will be provided.

6. IFSP meetings shall be conducted:
   a. In settings and at times that are convenient to families;
   b. In the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so; and
   c. With written notice provided to the family and other participants early enough before the meeting date to ensure that they will be able to attend.

7. The contents of the IFSP must be fully explained to the parent(s)/legal guardian(s)/parent surrogate(s) and informed written consent from them must be obtained prior to the provision of early intervention services described in the plan. If parent(s)/legal guardian(s)/parent surrogate(s) do not provide consent with respect to a particular service or withdraw consent...
that service may not be provided. The early intervention service(s) to which consent is obtained must be provided.

8. If an individual listed in 34 CFR §303.343 is unable to attend a meeting, arrangements shall be made for the person’s involvement through other means, including:
   a. Participating in a telephone conference call;
   b. Having a knowledgeable authorized representative attend the meeting; or
   c. Making pertinent records available at the meeting.

9. Each periodic review shall provide for the participation of individuals in 34 CFR §303.343 and if conditions warrant, provisions shall be made for participation as identified in VI. B.8. above.

10. The Dorchester County Infants and Toddlers Program shall coordinate the development of written interagency procedures to:
   a. Implement early intervention services as determined in the Maryland Individualized Family Service Plan no later than thirty (30) days from the date of parent(s)/legal guardian(s)/parent surrogate(s) signature, except as provided under 34 CFR §303.345; and
   b. Ensure the provision of service coordination for each eligible child and the child’s family, consistent with 34 CFR §303.12 and 303.22, and include:
      i. Designation of a Service Coordinator from the profession most immediately relevant to the child’s or family’s needs, or who is otherwise qualified to carry out all applicable responsibilities, and
      ii. Assignment of responsibility for the implementation of the IFSP and coordination with other agencies and persons.
   c. Service Coordinator(s) shall participate in the development of an initial Maryland Individualized Family Service Plan within 45 days from receipt of referral for an eligible child and the child’s family; and implement and conduct periodic reviews and annual evaluation of Maryland Individualized Family Service Plans consistent with 34 CFR §303.342 and establish local policies and procedures.
C. Each Initial IFSP meeting and each annual meeting to evaluate the IFSP shall include the following participants:
   1. The parent(s)/legal guardian(s)/parent surrogate(s) of the child;
   2. Other family members, as requested by the parent(s)/legal guardian(s)/parent surrogate(s), if feasible to do so;
   3. An advocate or person outside of the family, if the parent(s)/legal guardian(s)/parent surrogate(s) requests that person participate;
   4. The Service Coordinator that has been working with the family since the initial evaluation, or who has been designated by the public agency to be responsible for implementation of the IFSP;
   5. A person or persons directly involved in conducting the evaluations and assessments; and
   6. As appropriate, persons who will be providing services to the child or the family.
   7. All meetings must include at least two service providers in different disciplines from the Dorchester County Infants and Toddlers Program.

D. Contents of the Individualized Family Service Plan
   1. The IFSP is composed of the following:
      a. Child and Family Information
         i. Demographic and identifying information
      b. Child’s Development
         i. General health information
         ii. Child’s present levels of development
         iii. Eligibility
      c. Family Information.
         i. Concerns, Priorities, and Resources
         ii. Natural Environments
      d. Child and family outcomes.
         These outcomes will be written in the language of the family, worded to be understandable to the family, and will list strategies/activities, procedures, criteria, timelines, the persons responsible for addressing that particular outcome, the degree to which progress towards achieving the outcomes is being made, and whether modifications or revision to the plan are necessary. Outcomes should be based on information from the child’s present levels of development, strengths and needs, daily routines, and family’s concerns, priorities and resources.
i. Strengths and Needs Summary (COS - Child Outcome Summary)

ii. Outcomes

e. Type of service, intensity and frequency of projected services as well as the actual initiation date.

f. Non-required service linkages.

g. Transition information.

i. at Age 3

ii. after Age 3

2. When the IFSP has been reviewed, explained to parents, taking into consideration their input during the entire process, IFSP documentation will be completed and will show agreement by parent/legal guardian/parent surrogate signature and signature of all interagency personnel attending the meeting.

i. If parent declines the services, the interim Service Coordinator/Service Coordinator will indicate in the child’s records and request the parent sign a non-participation form.

ii. The Online database will be updated whenever a meeting is held to review the IFSP or whenever there is a change in the child’s personal information or change in family status.

iii. The IFSP must include the name of the Service Coordinator who will be responsible for the implementation of the IFSP.

iv. Beginning with the child’s second birthday, the IFSP must include the steps to be taken to support the transition of the child to:

a. Preschool services under Part B as appropriate; or

b. Other services that may be available.

Transition procedures include obtaining parental/legal guardian/parent surrogate consent to transfer information about the child to the Local Education Agency including evaluation and assessment information and copies of the IFSP.

E. Extended IFSP Option

According to COMAR 13A.13.01.03B(29) A child may remain in the Infants and Toddlers Program until the beginning of the school year following the child’s fourth birthday if they have previously
received early intervention services through the Infants and Toddlers Program and they have been found eligible for Part B Preschool Special Education through the IEP process.

F. Interim IFSP

Early intervention services for an eligible child and the child’s family may begin before the completion of the evaluation and assessment if:

1. Parental/legal guardian/parent surrogate consent is obtained; and

2. An Interim IFSP is developed that includes:
   a. The name of the Service Coordinator responsible for the implementation of the Interim IFSP;
   b. The early intervention services that have been determined to be needed immediately by the child and the child’s family; and
   c. The evaluation and assessment are complete within the required timeline.

G. Early intervention services necessary to meet the unique needs of the child and the child’s family shall be recorded on a Maryland IFSP document, and may include, but are not limited to:

1. Assistive Technology: means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device, and which includes:
   a. The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child’s customary environment;
   b. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for children with disabilities;
   c. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
   d. Coordinating and using other therapies, intervention, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs; and
   e. Training or technical assistance for a child with disabilities or, if appropriate, that child’s family, and/or other individuals who provide services to or are otherwise
substantially involved in the major life functions of individuals with disabilities.

2. Audiology that includes:
   a. Identification of children with auditory impairment, using at-risk criteria and appropriate audiological screening techniques;
   b. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
   c. Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
   d. Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
   e. Provision of services for prevention of hearing loss; and
   f. Determination of the child’s need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices and evaluation of the effectiveness of those devices.

3. Service coordination services that include assistance and services provided by a Service Coordinator to an eligible child and the child’s family.
   a. “Service coordination” means the activities carried out by a Service Coordinator to assist and enable an eligible child and the child’s family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State’s system of early intervention services. Service coordination activities include:
      i. Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided;
      ii. Coordinating the performance of evaluations and assessments;
      iii. Facilitating and participating in the development, review, and evaluation of individualized family service plans;
      iv. Assisting families in individualized family service plans;
v. Coordinating, facilitating, and monitoring the delivery of available services across agencies to ensure that services are provided in a timely manner;

vi. Conducting follow-up activities to determine appropriate early intervention services are provided;

vii. Informing of families of their rights and procedural safeguards;

viii. Coordinating the funding sources (Medical Assistance only) for early intervention services;

ix. Informing families of the availability of advocacy services;

x. Coordinating with medical and health providers;

xi. Assisting families to secure required immunizations for eligible children; and

xii. Facilitating the development of a transition plan to preschool services, if appropriate.

4. Early Intervention Services - Family training, counseling, and home visits which include services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an eligible child in understanding the special needs of the child and enhancing the child’s development. Early Intervention Services must be based on scientifically based research.

5. Health Services are services necessary to enable a child to benefit from other early intervention services during the time that the child is receiving other early intervention services. Health services include, but are not limited to, clean intermittent catherization, tracheostomy care, tube feeding, the changing of dressings or osteotomy collection bags, and consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

Health services do **not** include services that are surgical in nature such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus, or purely medical in nature such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose, or devices
necessary to control or treat a medical condition, or medical health services such as immunizations and regular well-baby care that are routinely recommended for all children. Health services do not include services that are related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant.

6. Medical services only for diagnostic or evaluation purposes that include services provided by a licensed physician to determine a child’s developmental status and need for early intervention services.

7. Nursing services that include:
   a. The assessment of health status for the purpose of providing nursing care, including the identification of patterns for human response to actual or potential health problems;
   b. Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
   c. Administration of medications, treatments, and regimens prescribed by a licensed physician.

8. Nutrition services that include:
   a. Conducting individual assessments in: nutritional history and dietary intake such as anthropometrics, biochemical, and clinical variables; feeding skills and feeding problems, and food habits and food preferences;
   b. Developing and monitoring appropriate plans to address the nutritional needs of eligible children based on the findings in the individual nutritional assessments; and
   c. Making referrals to appropriate community resources to carry out nutrition goals.

9. Occupational Therapy that includes services to address the functional needs of a child related to the performance of self-help skills, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child’s functional ability to perform tasks in home, school, and community settings, and include:
   a. Identification, evaluation, assessment, and intervention;
   b. Adaptations of the environment and selection, design, and fabrication of assistive and orthotic devices to facilitate
development and promote the acquisition of functional skills; and
c. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

10. Physical Therapy that includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. Physical Therapy includes:
   a. Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
   b. Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
   c. Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

11. Psychological services that include:
   a. Administering psychological and developmental tests and other assessment procedures;
   b. Interpreting assessments and evaluation results;
   c. Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development; and
   d. Planning and managing a program of psychological services including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

12. Sign language and cued language services.

13. Social work services that include:
   a. Making home visits to evaluate a child’s living conditions and patterns of parent-child interaction;
   b. Preparing a psychosocial developmental assessment of the child within the family context;
c. Providing individual and family-group counseling with parents and other family members and appropriate social skill-building activities with the child and parents;

d. Working with those problems in a child’s and family’s living situation, such as home, community, and any center where early intervention services are provided that affect the child’s maximum utilization of early intervention services; and

e. Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

13. Special Instruction that includes:

a. The design of learning environments and activities that promote the child’s acquisition of skills in a variety of developmental areas including cognitive processes and social interaction;

b. Curriculum planning including the planned interaction of personnel, materials, and time and space that lead to achieving the outcomes in the child’s individualized family service plan;

c. Providing families with information, skills, and support related to enhancing the skills development of the child; and

d. Working with the child to enhance that child’s development.

14. Speech-Language Pathology services that include:

a. Identification of children with communicative, language, or oral pharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;

b. Referral for medical or other professional services necessary for the habilitation or rehabilitation of communicative, language, or oral pharyngeal disorders and delays in development of communication skills.

15. Transportation and related costs, which include: travel (for example: mileage, or travel by taxi, common carrier, or other means) and other costs (for example: tolls and parking expenses) that are necessary to enable an eligible child and the child’s family to receive early intervention services.

16. Vision services that include:
a. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
b. Referral for medical or to other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
c. Communication skills training, orientation, and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

G. Early intervention services must be provided by qualified personnel, including:
   1. Audiologists
   2. Family Therapists
   3. Nurses
   4. Nutritionists
   5. Occupational Therapists
   6. Orientation and mobility specialists
   7. Pediatricians and other physicians
   8. Physical Therapists
   9. Psychologists
   10. Social workers
   11. Special educators
   12. Speech-Language Pathologists

VII. Transition Planning
In order to effect a smooth transition that ensures continuity of programs and provision of services on an uninterrupted basis, the Dorchester County Early Intervention Program has established the following policies and procedures in accordance with those policies and procedures established by the Maryland Infants and Toddlers Program and the Maryland State Department of Education.

A. Policies:
   a. Part C: With the approval of the family, a meeting among the family, the lead agency, and the local school system must be convened not fewer than 90 days and at the discretion of all parties not more than 9 months before the child’s third birthday 34 CFR § 303.209. The DCITP is not required to conduct an
evaluation, assessment, or an initial IFSP team meeting for the toddler referred to a local lead less than 45 days before the toddler’s third birthday. DCITP shall refer the toddlers to the DCPS with parental consent as required under 34 CFR § 303.414, if a toddler is referred to the DCITP less than 45 days before the toddler’s third birthday.

2. The toddler’s service coordinator or other Part C representative is a required team member who will participate in the review of existing data on the child’s progress and performance on IFSP outcomes, unless the family requests, in writing, that a Part C representative not participate in the IEP team eligibility meeting.

The local lead agency shall coordinate the development of a written interagency policy to identify the steps to be taken to support the transition of children receiving early intervention services to preschool or other appropriate services, consistent with 34 CFR § 303.148 and 34 CFR § 303.344(h) including:

a. Notifying the local school system of the anticipated number of children that may require preschool services at the age of three. The notification shall be provided electronically on the secure server, within a given time frame determined by the Maryland Infants and Toddlers Program, and

b. Convening a transition meeting with the local school system and the family of each child not fewer than 90 days and not more than 9 months prior to the child’s third birthday (when the child is between age 27 months and 33 months).

3. Part B: For children exiting Part C at age three who are determined to be eligible for Part B services, an IEP will be in effect by the child’s third birthday unless the parents choose to extend the IFSP under the Extended IFSP Option. The local system shall establish and maintain interagency planning and program implementation agreements for students with disabilities in the manner specified by MSDE. The public agency shall convene an IEP meeting to determine if a child in transition from the
Dorchester County Infants and Toddlers Program has a disability that requires the provision of special education and related services. If a student transitioning from the Dorchester County Infants and Toddlers Program is determined to be a student with a disability or developmental delay through Part B of IDEA, the public agency shall ensure that:

a. Parents are given the option of remaining in the Infants and Toddler Program through the Extended IFSP Option or
b. An IEP team will meet to develop an IEP for the student;

B. Procedures:

1. Administrative Procedures:

a. Dorchester County Infants and Toddlers Program is responsible for providing on-going training to the local infants and toddlers staff, local school system staff, the Family Support Network Coordinator, and Preschool Partners Coordinator on the transition procedures.

b. Dorchester County Infants and Toddlers Program will semiannually inform the local school system of the number of children who will reach the age of three within the given time frame and who reside in Dorchester County. Information will be given with sufficient and adequate notification to allow the local school system time to plan for, conduct IEP meetings, and plan for anticipated service needs. Number of students, not individual student’s names, will be provided unless parental consent has been obtained.

c. The Dorchester County Infants and Toddlers Program and the local school system will jointly review transition data periodically to insure timely transition for all children at age three.

2. Service Delivery: The Dorchester County Infants and Toddlers Program must develop transition outcomes as part of the Individualized Family Service Plan (IFSP) and
include provisions to prepare the child and family for changes in service delivery that will occur when eligibility for early intervention services ends on the child’s third birthday.

a. The Dorchester County Infants and Toddlers Program will ensure that a smooth transition for children and families is a collaborative process involving families, Part C and Part B programs, and, as appropriate, other community-based programs.

b. Service Coordinators are responsible for ensuring transition outcomes are developed and recorded on the IFSP as part of an IFSP meeting.

c. Procedural safeguards, including Prior Written Notice, must be afforded to parents. Prior Written Notice includes the action being proposed or refuted, reasons for taking the action, and Procedural safeguards available under Part C. The notice must be provided in the native language of the parent or other mode of communication used by the parent, unless clearly not feasible to do so. Prior written notice must be provided to parents a reasonable time before the lead agency or Early Intervention Service provider proposes, or refuses, to initiate or change the identification, evaluation or placement of their infant or toddler or the provision of Part C services consistent with 34 CFR §303.421.

d. The transition plan should include outcomes, strategies and activities to 34 CFR § 303.209:
   - Identify and discuss available community program options for children (e.g., childcare, Head Start, private preschool, recreation programs, special education, etc.) with families;
   - Facilitated by the child’s Service Coordinator;
   - Included in the IFSP between ages 27 and 33 months;
   - Identify and discuss available community options for the family (e.g., family/parent support groups, parent workshops, sibling workshops, etc.) with families and other family member;
Identify and discuss procedures necessary to determine the child’s eligibility for Part B Special Education services and other community-based programs under consideration;

Assist families in evaluating potential programs through site visits and contacts with families of children already participating in those programs; and

Assist the child by identifying and implementing steps to help the child adjust to, and function in, new environments.

e. Other strategies include:

Begin process to obtain residency information from the family that will be required by Dorchester County Public Schools for initiation of services.

Begin process to obtain parent consent for release of information from the child’s early intervention record, if needed, to Part B and other programs under consideration.

f. Transition outcomes are implemented in accordance with the IFSP.

g. Transition outcomes must be reviewed periodically and revised as part of the IFSP periodic review process.

3. Part C Service Delivery: Transition Planning Meetings must be convened with the family and the Dorchester County Infants and Toddlers Program for every child not fewer than 90 days and at the discretion of all parties, not more than 9 months before the child will no longer be eligible for services under the Extended Option, to discuss any services that the child may receive under Part B. Include participants from lead agency, the LSS, and the family and must be conducted with family approval. Dorchester County Public Schools must participate in the meeting unless the family does not want to consider participation in Part B.

a. The Transition Planning Meeting will review existing information about the child’s present levels of development, strengths and needs.
b. Review progress toward achieving the transition outcomes on the IFSP; revise and or update transition outcomes as needed. Additions and or revisions to the IFSP are documented on the IFSP as appropriate.

c. With written parent consent, provide copies of existing information to Dorchester County Public Schools representative and any other representatives who may be present and considered. (Note: copies of information to be released can be brought to the meeting to expedite the transfer of information)

d. If parents have declined to consider participation in Part B, document the decision on the IFSP.

e. Consider program options until the child’s third birthday.

f. Consider Part B and other community-based services for all children unless the parent does not want to consider these services.

g. The Service Coordinator or other designated Infants and Toddlers program representative shall provide the parents with the Procedural Safeguards/Parental Rights Document.

h. When a child is referred to Part C within 90 of the child’s third birthday, parents must be informed of their options and the services to which they are entitled. Parents may choose one of the following:

- Early Intervention through Part C: when a child is referred to the Infants and Toddlers Program within 90 days of the child’s third birthday and parents choose early intervention services under Part C until the child’s third birthday, the initial IFSP meeting is also convened as a Transition Planning Meeting. Transition outcomes must be included to address consideration of referrals to Part B and other community-based services. Determination of the child’s eligibility for Part B by the IEP Team and an IEP in effect by the child’s third birthday, are required by the program.

- For a child who is referred to Part C within six months of the child’s third birthday, the Transition
Planning Meeting may occur as part of the Initial IFSP meeting.

- Special Education services through Part B: when a child is referred within 90 days of the child’s third birthday and parents choose special education services only, Part C’s responsibility is to initiate a written referral of the child and family to Part B unless the family does not want to consider participation in Part B. Note the following:
  - All children must be considered for Part B eligibility unless the family does want to consider participation in Part B.
  - For children transitioning from Part C a formal “referral” to Child Find is not required, but it is recommended that the Dorchester County Public Schools Child Find Referral form be used.
  - Consideration of referrals to community-based referrals occurs for all children.
  - The Transition Planning Meeting may be combined with the IEP meeting to determine eligibility for Part B, however, the requirements for both meetings must be met.

  1. The following individuals are required to attend the Transition Planning Meeting - Infants and Toddlers Program Service Coordinator, the family, Dorchester County Public Schools system representative (unless the family does not want to consider participation in Part B). Other participants suggested to attend are: representatives from other community-based services being considered and others as appropriate or as identified by the family. Note: one individual cannot represent both Part C and Part B at the meeting.

4. Part B Service Delivery: An IEP Team Meeting is held to determine eligibility for Part B for all children unless the family does not want to consider participating in Part B.

   a. Dorchester County Public Schools convenes the IEP meeting with the family and other required participants; the Dorchester County Infants and
Toddlers Program may be invited to participate: parents must be afforded all Part B Parental Rights and Procedural Safeguards.

b. The IEP Team reviews existing information provided by the Dorchester County Infants and Toddlers program and any other sources and determines if additional information is needed. Part B is responsible for completing any additional assessments (formal and informal).

c. The need for additional assessments must be based on the child’s needs as necessary for the determination for eligibility and services.

d. All decisions are documented on the Dorchester County Public Schools standard IEP forms.

e. Timeline considerations:
   - An IEP must be in effect by the child’s third birthday for eligible children.
   - Eligibility determinations for special education and related services by the IEP Team must be approved or declined by the parents sufficiently ahead of the child’s third birthday to allow the parents to request mediation/due process if they disagree with the eligibility determination and so that no gap in service occurs for the child.
   - The IEP must be developed by the IEP Team and approved or declined by the parents sufficiently ahead of the child’s third birthday to allow the parents to request mediation/due process if they disagree with the proposed IEP and so that no gap in service occurs for the child.

f. Dorchester County Public Schools IEP team including the family and other required participants should attend the IEP meeting. Other participants suggested to attend are: representatives from the Dorchester County Infants and Toddlers Program and others as appropriate or as identified by the family.

g. For children exiting Part C, at age three, that are determined to be eligible for Part B services, an IEP is in effect by the child’s third birthday.
h. The IEP Team, including the parents, develops the IEP and determines the services by the child, in accordance with COMAR 13A.05.01.

i. The IEP team, including the parents, determines the settings in which the services will be provided, in accordance with COMAR 13A.05.01.

j. All decisions are documented in the IEP and Prior Written Notice (PWN).

k. The IEP is in effect by the child’s third birthday and implemented accordingly.

l. ESY services must be considered for children transitioning to Part B services whose birthday falls after the end of one school year and before the beginning of the next school year. If the child is determined to require ESY services, Part C funds may be used to provide those services in accordance with an IEP.

m. When a child who is eligible under Part C is determined to be ineligible under Part B, neither Part C nor Part B funds may be used to provide services after the child’s third birthday.

5. Special Circumstances: The use of Developmental Delay for Part B eligibility: The Individuals with Disability Act (IDEA) provides states the discretion of adopting Developmental Delay (DD) as an additional categorical option for students. Dorchester County Public Schools uses this option for eligibility determination and service provision. This categorical option for Part B eligibility is available to all children.

6. Part C Data Reporting: the date of the IEP eligibility determination meeting and the child’s Part B eligibility status must be recorded on the IFSP. All community-based services to which the child and family have been referred, as part of the transition at age three, must also be checked. Part VI of the IFSP must be attached to the MITP Data Add/Change form that ends IFSP services and submitted to the local Infants and Toddlers Program for data entry as soon as possible after the child’s third birthday.
a. Early Intervention Records: Early Intervention Records of children for whom any services were billed through Medical Assistance must be maintained in their entirety for a period of six years after the child has exited the early intervention system. Early Intervention Records of children for whom no services were billed through Medical Assistance must be maintained in their entirety for a period of three years after the child has exited the early intervention system.

7. Part B Data Reporting: If a child is determined to be eligible for Part B, the category of disability must be documented in the IEP. When the initial IEP is approved, the SSIS form must be completed and submitted to the local school system for data entry to reflect the date the IEP is in effect.

a. When a child who is eligible under Part C and Part B and the child’s third birthday will occur on or before that year’s SSIS Child Count date for Part B then the child will be included in the count; or

b. With parent/legal guardian/parent surrogate consent, the child may receive special education and related services in accordance with an IEP at the beginning of the school year in which the child will become three. Parents/legal guardians/parent surrogates considering this option must be informed that service coordination and other non-Part B services will not be provided once the IEP is implemented. The child will be included in that year’s SSIS Child Count for Part B, and the local school system may use Section 619 Part B funds to provide special education and related services from the beginning of that school year.

c. When a child who is eligible under Part C is determined to be eligible under Part B and the child’s third birthday occurs after and before the end of the school year, the child shall begin receiving special education and related services in accordance with an IEP by the child’s third birthday. The child will be included in the next SSIS Child Count for Part B.
d. When a child who is eligible under Part C is determined to be eligible under Part B and the child’s third birthday will occur after the end of one school year and before the beginning of the following school year, the child shall have an IEP if effect on the child’s third birthday. The child will be included in the next SSIS Child Count for Part B. If the child is eligible for Extended School Year (ESY) services, Part C funds may be used to implement the IEP until the beginning of the school year.

e. Student Records: The local school system must establish a Student Record for any child who will transition from Part C to Part B. With parent/legal guardian/parent surrogate consent, copies of evaluations and assessments and copies of IFSP’s may be included. The Early Intervention Record remains with the local lead agency.

f. Surrogate Parents: The local lead agency shall appoint a surrogate parent no more than 30 days after the local lead agency determines that the child needs a surrogate parent. The local lead agency shall notify the State Superintendent of Schools, or the Superintendent’s designee, in writing. COMAR 13A.13.01.13. An individual who has been serving as a child’s surrogate parent under Part C may serve in the same capacity under Part B, if the individual participates in appropriate training and is appointed by the local education agency. Planning for training should be addressed in transition outcomes.

VIII. Extended IFSP Option for Age 3 to the Beginning of the School year following the child’s fourth birthday

A. Policy

1. If a child has a current IFSP and is determined eligible for preschool special education and related services as a child with a disability, the family can continue to access services through the Dorchester County Infants and Toddlers Program until the child reaches the beginning of the school year following the child’s fourth birthday.
2. Before the age of three, if a child with a current IFSP is determined eligible for special education and related services, Maryland will offer parents the choice of:
   a. the Maryland Extended IFSP Option – The child would continue to receive early intervention services with an educational component that promotes school readiness and incorporates pre-literacy, language, and numeracy skills through an IFSP until the child enters kindergarten, or is eligible to enter kindergarten under Maryland law; or
   b. Special education preschool services through an Individualized Education Program (IEP) as a student with a disability.

3. A parent of a child with a disability may at any time choose to terminate his/her child’s participation in the Extended IFSP Option and request an Individualized Education Program (IEP) team meeting to consider their child’s eligibility for Part B special education services. The parent will be required to notify the DCITP in writing, of the choice to terminate early intervention services under the Extended Option. If a child’s family chooses to terminate early intervention services under an Extended IFSP and initiate services through an IEP, a redetermination of the toddler’s eligibility for special education services is not required. Once a child’s parent makes the choice to terminate early intervention services through an Extended IFSP and pursue services through an IEP, the parent cannot continue services through an Extended IFSP beyond the date that IEP services are to begin, or the beginning of the school year following the child’s fourth birthday, whichever occurs sooner.

4. Once a parent consents to special education and related services through an IEP, the child is no longer eligible for services through an IFSP.

5. DCITP has notify DCPS of a parent’s decision to request preschool special education services through an IEP.

6. The IFSP team may be held in less than 90 days before the beginning of the school year following the child’s fourth birthday if there is written documentation that the child is unavailable due to illness or the family requests a delay.
because of other family reasons.

7. If the IFSP transition planning meeting is held less than 90 days before the beginning of the school year following the child’s fourth birthday, reasonable attempts must be made to conduct the meeting as soon as possible to allow for appropriate transition planning.

8. DCPS shall convene an IEP team meeting for the purpose of IEP development before the beginning of the school year following the child’s fourth birthday if the parent wishes to consider preschool special education services.

IX. Service Coordination Responsibilities

A. Policy

1. “Service coordination” means the activities carried out by a Service Coordinator to assist and enable an eligible child and the child’s family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State’s system of early intervention services 34 CFR § 303.34.

2. Each eligible child, and the child’s family, under this provision must be provided with one Service Coordinator who is responsible for:
   a. Coordinating all services across agency lines; and
   b. Serving as the single point of contact in helping parents/legal guardians/parent surrogates to obtain the services and assistance they need.

3. Service coordination is an active ongoing process that involves:
   a. Assisting parents of eligible children and gaining access to the early intervention services and other services identified in the IFSP;
   b. Coordinating the provision of early intervention services and other services that the child needs or is being provided;
   c. Facilitating the timely delivery of available services; and
   d. Continuously seeking the appropriate services and situations necessary to benefit the child for the duration of the child’s eligibility.

4. “Service Coordinator” means the individual designated in the individualized family service plan to carry out service coordination activities. Service Coordinators demonstrate knowledge and understanding about:
a. Eligible children;
b. Part C of the IDEA (Individuals with Disabilities Education Act) and 34 CFR § 303; and
c. The nature, scope, and availability of services within the early intervention system, the system of payments for early intervention services, and other pertinent information.

B. Procedures
1. New referrals will be handled by Service Coordinators as follows:
   a. Receive referral from Child Find/Data Entry Administrative Assistant.
   b. Contact parent(s)/legal guardian(s)/parent surrogate(s) immediately by telephone, home visit, or letter, or with assistance of other agency personnel, i.e., person making referral, and inform them of parent rights, policies, and procedures of the Dorchester County Infants and Toddlers Program.
   c. Schedule initial meeting; obtain screening information from parent/legal guardian/parent surrogate, physician, or from agency making referral with parent/legal guardian/parent surrogate consent.
   d. Complete family questionnaire and assessment.
   e. Schedule meetings to coordinate evaluation and assessment. Prior to assessment and evaluation, parental/legal guardian/parent surrogate consent for the evaluation and assessment is obtained by the Service Coordinator.
   f. Schedule IFSP meeting (and interim IFSP meetings as needed); chair meeting; and provide parent/legal guardian/parent surrogate with copy of IFSP.
   g. Document all contacts and attempts to schedule meetings, including copies of all communication.
   h. Complete data entry information and necessary paperwork.
   i. Complete all of the above within 45-day timeline or document why it extended beyond this timeline.
   j. With parent/legal guardian/parent surrogate consent, be sure all agencies have copies of the IFSP, evaluations, etc. if they play a significant role in the child’s outcomes on the IFSP; provide records to physicians, referral sources, and other
interested persons, with parental/legal guardian/parent surrogate consent.

C. Continued involvement—children with IFSP’s

1. Service Coordinator will:
   a. At least once a month, or as appropriate based on the IFSP, talk with parents/legal guardian/parent surrogate and service providers to assure all needs are being met and outcomes are being addressed, i.e., evaluations and assessments are scheduled, child is being seen for services, etc.
   b. Document all contacts; keep copies of all correspondence.
   c. Schedule reviews of IFSP’s as needed.
   d. Coordinate completion of assessments/services needed in order to meet needs addressed in interim IFSP and schedule meeting to develop initial IFSP.
   e. Provide transitioning services for children over two years of age.

D. Transitioning

1. Service Coordinator will:
   a. Provide parents/legal guardians/parent surrogates with information about child care providers for three year olds.
   b. Inform child care facilities of families interested in services and coordinate meetings between parents/legal guardian/parent surrogates and day care center providers.
   c. Assist with other provisions of the IFSP.
   d. Be sure releases of information are signed for Lead Education Agency, other agencies, child care facilities, and that copies of pertinent information are provided to the requesting agencies.
   e. Complete data entry information and accurate record of all communication.

E. Continued involvement—children being tracked (at risk)

1. Service Coordinator will:
   a. Follow-up according to recommendations, scheduling reassessments/re-screenings, etc., per need.
   b. Meet with appropriate staff and parent(s)/legal guardian(s)/parent surrogate(s) to determine future need for services.
   c. Provide data entry information, necessary paperwork, and an accurate record of all communication.
F. Additional responsibilities
   1. Service Coordinator will:
      a. Assist with ongoing update of Infants and Toddlers Manual and Handbook as new guidelines are received.
      b. Provide monthly reports of children seen for IFSP meetings, evaluations, therapy, etc.
      c. Provide monthly reports for Medical Assistance billing.
      d. Attend State/local meetings to keep abreast of up-to-date information regarding the program.
      e. Always being cognizant of Child/Family needs, schedule teleconferences when appropriate, provide service delivery in a convenient location, provide appropriate services for medically fragile children, and arrange transportation when needed.

X. Comprehensive System of Personnel Development
The Dorchester County Infants and Toddlers Program shall develop and implement a comprehensive system of personnel development, consistent with 34 CFR §303.360 and COMAR 13A.13.02.08. Strategies to be used include:
   A. Use and analysis of an annual training needs assessment of public and private providers, primary referral sources, parents/legal guardians/parent surrogates, and those serving as Service Coordinators;
   B. An interdisciplinary multi-agency in-service training plan to include:
      1. Anticipated numbers of personnel to be trained;
      2. Content areas of training;
      3. Goals, objectives, and strategies for staff development activities;
      4. Timelines;
      5. Anticipated evaluation procedures;
      6. Utilization of local experts; and
      7. Exploration of local resources, i.e., University of Maryland, Salisbury University, Kennedy-Krieger, local hospitals, etc.
   C. The comprehensive system of personnel development trainings should address:
      1. Understanding the basic components of early intervention services;
2. Meeting the interrelated social or emotional, health, developmental, and educational needs of eligible children; and
3. Assist families in enhancing the development of their children and in participating fully in the development and implementation of IFSP’s.

X. Personnel Standards
A. Dorchester County Public Schools, as local lead agency, requires personnel providing early intervention services for eligible children and their families to meet appropriate professional requirements established by MSDE/MITP and consistent with 34 CFR § 303.361 and COMAR 13A.13.02.08. Lead Agency strategies include:
   1. Offering assistance to all early intervention personnel in evaluating transcripts and other professional trainings.
   2. Recommending plans of action to meet professional requirements.
B. The Early Intervention program’s personnel standards are:
   1. Based on the highest requirements in the State applicable to the profession or discipline in which a person is providing early intervention services; and
   2. Require that personnel providing early intervention services have met the MSDE/MITP Suitable Qualifications Standards.

I. Procedural Safeguards
A. The Dorchester County Infants and Toddlers Program shall assure procedural safeguards through the following activities:
   1. Implementing Regulations 34 CFR § 303.400 and COMAR 13A.13.01.10.
   2. Disseminating to parents/legal guardians/parent surrogates a copy of Procedural Safeguards/Parental Rights document during the initial meeting with the family.
   3. Informing parents/legal guardians/parent surrogates of their rights in the early intervention system at their initial person-to-person contact with personnel in the local program. At this time, the Service Coordinator will review the Parental Rights/Procedural Safeguards.
   In addition, parents/legal guardians/parent surrogates will be:
   a. Encouraged to ask questions;
b. Informed about the Dorchester County Family Support Services Resource Center;
c. Informed about their right to have an advocate assist them in all matters related to the early intervention system; and
d. Informed about the impartial complaint resolution procedures.

4. Providing the parents/legal guardians/parent surrogates of an eligible child the opportunity to inspect and review early intervention records, within 10 days of their request, relating to the following: 34 CFR § 300.405
a. Evaluations and assessments;
b. Eligibility determination;
c. IFSP’s;
d. Individual complaints related to the early intervention system dealing with the child; and
e. Any other area under 34 CFR § 303.402 involving early intervention records about the child or the child’s family.
f. To the extent that other records from agencies are utilized consistent with applicable federal and State laws governs access to those records.

5. Providing Prior Written Notice:

a. To the parents/legal guardians/parent surrogates of an eligible child within a reasonable time period, as determined and/or agreed to by the parents/legal guardians/parent surrogates, before a Service Coordinator proposes, or refuses, to initiate or change the identification, evaluation, or placement of a child, or the provision of appropriate early intervention services to the child or the child’s family COMAR 13A.13.01.11.

b. In sufficient detail to inform the parents/legal guardians/parent surrogates about the action that is being proposed or refused, the reason for the action, and all procedural safeguards that are available under 34 CFR § 303.421.

c. A description of mediation, consistent with 34 CFR § 303.431. Any party may request mediation to resolve a dispute involving any matter related to the provision of early intervention services, including matters arising prior to the filing of a due process complaint.
d. How to file a due process complaint, consistent with 34 CFR § 303.434, including required timelines.

e. If a parent files a due process complaint to dispute a determination that the child does not meet the criteria for identification as a student with a disability under Part B, DCITP is not required to provide the child with early intervention services after the child’s third birthday during the pendency of the due process hearing.

f. In language understandable to the general public and the native language of the parents/legal guardians/parent surrogates, unless it is clearly not feasible to do so COMAR 13A.13.01.11.

g. That, if the native language or other mode of communication of the parent/legal guardian/parent surrogate is not a written language, the local lead agency shall take steps to ensure that:

i. The notice is translated orally or by other means to the parent/legal guardian/parent surrogate in their native language or other mode of communication;

ii. The parent/legal guardian/parent surrogate understands the notice; and

iii. There is written evidence that the preceding requirements have been met.

h. That, if a parent/legal guardian/parent surrogate is deaf, blind, or deaf-blind, or has no written language, the mode of communication shall be that which is normally used by the parent/legal guardian/parent surrogate (for example: sign language, Braille, or oral communication).

6. Obtaining written informed parent/legal guardian/parent surrogate consent consistent with COMAR 13A.13.01.12:

a. Conducting the initial evaluation and assessment of a child consistent with 34 CFR §303.321;

b. Determining the strengths and needs of the family related to enhancing the development of the child;

c. Initiating the provision of early intervention services;

d. That, if written consent is not given, the local lead agency shall make reasonable efforts to ensure that the parents/legal guardians/parent surrogates:
i. Are fully aware of the nature of the evaluation and assessment or the services that would be available; and

ii. Understand that the child will not be able to receive the evaluation and assessment or services unless written consent is given.

iii. Understand that DCITP shall not use the due process hearing procedures to challenge a parent/legal guardian/parent surrogate’s refusal to provide any consent that is required.

f. That, in addition to the consent requirement described above, other consent requirements regarding the disclosure of personally identifiable information consistent with 34 CFR 34 § 303.414, CFR §300.571 and in 34 CFR § 300.400 shall be met.

7. The parents/legal guardians/parent surrogates of an eligible child may determine whether they, their child, or other family members will accept or decline any early intervention service in accordance with applicable State law, and may decline this service, after first accepting it, without jeopardizing other early intervention services.

8. A surrogate parent will be appointed consistent with COMAR 13A.13.01.13 by MSDE/MITP to represent an eligible child if:

a. The parent cannot be identified;

b. The public agency, after reasonable efforts, cannot discover the whereabouts of a parent; or

c. The child is a ward of the State under the laws of Maryland.

d. When a parent cannot be identified, or whereabouts are unknown, the lead agency must document all efforts to identify or locate the parent, with no less than three attempts, i.e., telephone call, correspondence, visits to the home or place of employment, contact with agency responsible for the care of the child, and/or attempts to contact known relatives, or other interested individuals. Social workers documentation may be used in these circumstances.

e. If the child is a ward of the State, documentation regarding the custody decree will include:

i. Name of judge/master;

ii. Name of the circuit court;
iii. Docket number; and
iv. Date.

f. Criteria for Selecting Surrogates
Public agencies shall ensure that a person recommended as a surrogate parent:
i. Has no interest that conflicts with the interest of the child the surrogate parent represents; and
ii. Has knowledge and skills that ensure adequate representation of the child.

g. Non-employee requirement:
i. A person assigned as surrogate parent may not be an employee of any service provider involved in the provision of early intervention or other services to the child.
ii. A person who otherwise qualifies to be a surrogate parent is not considered an employee of an agency solely because the person is paid by a public agency to be a surrogate parent.

h. Surrogate Parent Responsibilities
A surrogate parent will represent a child in all matters related to:
i. The evaluation and assessment of the child;
ii. Development and implementing of the child’s IFSP, including annual evaluations and periodic reviews;
iii. The ongoing provision of early intervention services to the child; and
iv. Any other rights established under 34 CFR 303.
v. The surrogate parent is not responsible for the day-to-day care of the child or the financial costs associated with the child’s early intervention services.

i. The Dorchester County Public Schools, as local lead agency, shall submit a written request (on forms provided by MSDE/MITP) to the MSDE/MITP to appoint a surrogate parent when a need has been identified, consistent with section §A (7)(a) of CFR 303. The request shall include the child’s name, name or names of the individuals appropriately qualified to fulfill the role of surrogate parent, and appropriate eligibility documentation.
j. The Superintendent of the Department of Education, or the Superintendent’s designee, shall appoint a recommended individual no more than 30 days after it is determined that a child needs a surrogate parent. The Superintendent of Schools shall notify, in writing, the State Superintendent of Schools within 10 days after the appointment consistent with COMAR 13A.13.01.13.

k. Once the appointment is approved, the child shall be represented by that person in the early intervention services decision-making process until the child is no longer in need of or eligible for services or the natural or adoptive parent of the child assumes responsibility for representing the child.

l. The appointed surrogate parent has the option to continue in that capacity if the child transitions from the early intervention system into the special education system.

m. Surrogate parents may resign their appointment at any time and should give the local lead agency sufficient notice in order that a new surrogate parent may be appointed.

n. The local lead agency may request that the Superintendent of the Department of Education or the Superintendent’s designee terminate the appointment of an assigned surrogate parent if it is determine that the person is not able to perform the duties of a surrogate parent or has an interest that conflicts with the interest of the child.

o. A surrogate parent is not liable to the child or to the parent of the child for any damages that result from acts or omissions of the surrogate parent constituting ordinary negligence. The immunity does not apply to liability covered by any applicable insurance, to the extent of such coverage or acts or omissions constituting gross, willful, or wanton neglect.

9. Confidentiality
   a. Dorchester County Infants and Toddlers Program ensures that confidentiality of personally identifiable information collected, used, or maintained is consistent with 34 CFR 300.402 and with other applicable State and federal regulations. Policies and procedures apply only to early intervention records.
   b. Service providers maintaining an early intervention record during the period of a child’s eligibility implement local
policies and procedures shall ensure the confidentiality of personally identifiable information.

XII. Data Collection
A. The Dorchester County Infants and Toddlers Program maintains a data collection and tracking system as provided by MSDE/MITP. The MSDE Online IFSP data base is the tool utilized for collecting and maintaining data. Service Providers maintain and update the electronic file as designated by MSDE/MITP.

B. The Dorchester County Infants and Toddlers Program submits the data at the time and in the manner specified by MSDE/MITP.

C. Local procedures for data collection and entry are as follows:
   a. At the time of referral, the referral information is forwarded to the data management clerk who will place the child in the New Child status.
   b. An interim Service Coordinator/Service Coordinator is assigned and the Service Coordinator through parent/legal guardian/parent surrogate interviews, contacts with health providers, and/or referral sources, and obtains all additional demographic information.
   c. The Service Coordinator will record each time an activity related to the child occurs, i.e., telephone calls, home visits, agency visits, evaluations/assessments as a log entry in the child’s file.
   d. When the initial IFSP is developed and signed, the Service Coordinator will make sure the information in the data base is correct and will make the IFSP active. The child’s current status will be updated.
   e. The data management clerk will run reports and monitor data entry at the request of the Program Director.
   f. An active child in the system will be followed through the IFSP data process or through a periodic tracking process by using the monitoring checklist until that child is no longer eligible for services or until that child becomes three years of age.
   g. The data management clerk will be responsible, under the direction of the lead agency Infants and Toddlers Program
Director, for running required reports to insure that data is entered in an accurate and timely manner.
SECTION 3

Local Interagency Coordinating Council
DORCHESTER COUNTY INFANTS AND TODDLERS PROGRAM
LOCAL INTERAGENCY AGREEMENT*
Dorchester County Health Department
Dorchester County Department of Social Services
Dorchester County Board of Education

In order to facilitate the implementation of Part C and to provide Early Intervention Services, the Dorchester County Public Agencies of Health, Education and Social Services agree to the following. This agreement is in effect until superseded by a subsequent agreement.

1. Each agency will provide a representative to the Local Interagency Coordinating Council (LICC) and through participation in the Committees, assume cooperative responsibility for the operation of the program. This includes support for the annual Local Interagency Plan.

2. The agencies will cooperate to deliver services as identified in Individualized Family Service Plans (IFSP) for children and their families. All agencies agree to support the use of the Maryland IFSP process and document.

3. Each agency will provide services to participating families subject to available funding under existing requirements as described in the Maryland State Interagency Agreement for Implementation of Part C.

4. Each agency agrees to provide services as listed in the attachment of Early Intervention Services by Agency (see following pages).

5. As required, the Dorchester County Public Agencies of Health, Education, and Social Services agree to facilitate the billing of federal, state, and local programs including the Maryland Medical Assistance Program that provide reimbursement for early intervention services. Further, those agencies that can bill agree to utilize any available private insurer for billing so long as such utilization is consistent with program eligibility requirements. Funds generated by any of these through billing and Medical Assistance will be reserved to support the services provided through the Dorchester County Infants and Toddlers Program. In negotiating for the participation of private agencies in the Dorchester County Infants and Toddlers Program, Dorchester County Board of Education, as lead agency, will require the utilization of all available reimbursement mechanisms consistent with law.

6. Agencies participating in the program will provide Service Coordination as well as interagency service delivery, consistent with agency program eligibility requirements and available funding.

*This Local Interagency Agreement is prepared pursuant to COMAR 13A.13.02.08
7. Participating agencies will continue to cooperate with planning, review and revision of activities and provide time for staff training as need is determined, subject to available time and financial resources.

8. Disputes

A. Resolution of Individual Child Complaints.

Maryland State Department of Education/Maryland Infants and Toddlers Program (MSDE/MITP) shall provide for impartial resolution of individual child complaints by parents.

B. Resolution of Disputes Among Agencies.

In the event that there is a dispute over the provision of services, the agencies shall refer the matter to the Lead Agency, which shall convene a subcommittee of the LICC to resolve the issue. If the Dorchester County Public Schools, Lead Agency, is unable to resolve the dispute in a timely fashion (within 15 calendar days), the agency shall refer the matter to the MSDE/MITP within 30 calendar days. The Lead Agency will maintain a record of such disputes and their resolution. This record will be reviewed by the Dorchester County Public Agencies of Health, Education, and Social Services.

C. Resolution of Disputes Within a Single Agency.

A dispute within a single agency shall be resolved according to procedures in that agency.

9. Each agency agrees not to discontinue child/family services within their respective agencies without the knowledge and involvement of the Local Interagency Coordinating Council.

10. Dorchester County Board of Education agrees to act as the lead agency until the parties agree otherwise.

11. Each agency will collect data to be submitted to the Lead Agency as requested, so data is provided to the Maryland Infants and Toddlers Tracking and Data Collection System.

12. Each agency agrees to increase family and professional awareness of Early Intervention Services and to support a Public Awareness Program.

13. Each agency agrees to participate in an interagency team to do child and family evaluations. The interagency team may consist of a special educator, community
health nurse and social worker, and may include other professionals relevant to referral, e.g. vision teacher, speech pathologist, nutritionist, etc.

14. Each agency agrees to participate in a Comprehensive System of Personnel Development, including sending staff to workshops and training.

15. Each agency agrees to make referrals to the single point of entry in Dorchester County.

16. Each agency will cooperate to identify the procedures to be used to develop the transition plan for toddlers consistent with federal and state regulations.

17. For further details for implementation, refer to the "Dorchester County Infants and Toddlers Handbook."

This agreement will be effective when signed by the Health Officer, the Director of Social Services, and Superintendent of Schools for Dorchester County.

FOR THE DORCHESTER COUNTY HEALTH DEPARTMENT

________________________________________________________________________
Health Officer Date

FOR THE DORCHESTER COUNTY BOARD OF EDUCATION

________________________________________________________________________
Superintendent of Schools Date

FOR THE DORCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES

________________________________________________________________________
Director Date
DORCHESTER COUNTY INTERAGENCY COORDINATING COUNCIL

The Advisory Committee for the Dorchester County Infants and Toddlers Program

BY-LAWS

Article I. The name of the committee shall be the Advisory Committee for the
Dorchester County Infants and Toddlers Program.

Article II. Functions and Objectives

A. The functions of the Advisory Board shall include:

1. To support the efforts of serving infants and toddlers with special
   needs.

2. To support the provisions as mandated by the Individuals with
   Disabilities Education Act (IDEA) of appropriate, early
   intervention programs and services for infants and toddlers with
   special needs.

3. To support staff in identifying federal state, local, and private
   sources for funding the activities of the project.

4. To support the development of cost-effective delivery models for
   infants and toddlers with special needs and assist program staff
   in implementing these models as appropriate.

5. To support an on-going evaluation system for the project.

B. The principal objectives are:

1. To enhance the development of the infant and toddler with
   special needs through early identification and intervention.

2. To reduce the long-range costs of special education through early
   identification and intervention.

3. To maximize family involvement.

Article III. Membership

A. The Advisory Board shall be comprised of three parent
   representatives; the Health Officer or his/her designee; the
   Superintendent of Schools or his/her designee; the Director of
   Social Services or his/her designee; an elected official; a private
provider; a private citizen; a child care representative; a personnel preparation representative; and a Head Start representative.

B. Selection of parent and private provider members shall be made by consensus of the public agency members of Dorchester County.

C. The term of service of the parent representatives and the private providers shall be three (3) years, with one-third of these members being appointed each year.

Article IV. Officers

A. The Officers of the Advisory Board shall consist of a chairperson, a vice chairperson, and a secretary elected for one-year terms.

B. Officers shall be elected by a majority vote of the membership present and voting at the annual meeting, which shall be in July.

C. Elected officers shall take office at the succeeding meeting.

D. Duties:

1. The chairperson shall preside at meetings of the Advisory Board.

2. The vice chairperson shall preside in the absence of the chairperson.

3. The secretary shall keep minutes of all meetings and send notices of meetings, with staff assistance.

Article V. Meetings

A. Meetings shall be held quarterly.

B. Written notice of all meetings and an agenda shall be sent to all committee members at least fifteen (15) days in advance of the meeting.

C. Minutes of the prior meeting shall accompany the agenda and meeting notice.

D. The annual meeting shall be held in May.
E. One-third of the membership shall constitute a quorum.

F. Special meetings may be called by the chairperson, the vice-chairperson, or one-third of the membership.

Article VI. Nominating Committees

The chairpersons shall appoint a nominating committee of three (3) persons prior to the annual meeting.

Article VII. Amendments

These by-laws may be amended by a vote of two-thirds of the membership at any meeting provided written notice of the proposed amendments have been sent to the members at least one (1) month prior to the meeting.

Article VIII. Parliamentary Decision

Robert's Rules of Order shall be used as the basis for any parliamentary decisions not covered by these by-laws.
DORCHESTER COUNTY INFANTS AND TODDLERS PROGRAM
EARLY INTERVENTION SERVICES BY AGENCIES

DEPARTMENT OF SOCIAL SERVICES AGREES TO PROVIDE:

1. EARLY IDENTIFICATION, SCREENING, AND ASSESSMENT SERVICES:

   DSS staff will participate in home visits to do child screening and family assessments by providing a caseworker.

2. SERVICE COORDINATION:

   Service coordination is provided by caseworkers and licensed social workers through the below listed methods as well as attendance at meetings, referrals, and follow-up activities.

   Child Foster Care - As long as family is eligible for mandated services.

   Protective Services - As long as family is eligible for mandated services.

   Consolidated In-Home Services

   The programs listed above can deliver services through:

   Home visits
   Family counseling
   Parenting classes
   Family assessment
   In-Home Aide Services

3. FAMILY TRAINING AND COUNSELING VIA HOME VISITS BY THE FOLLOWING SERVICES:

   Child Foster Care - As long as family is eligible for mandated services.

   Protective Services - As long as family is eligible for mandated services.

   Consolidated In-Home Services

4. TRANSPORTATION: To be provided if needed to families eligible through open services:

   Consolidated In-Home Services
   Child Protective Services
   Child Foster Care
5. **LOCAL INTERAGENCY TEAM MEMBER**

6. **ADMINISTRATIVE SUPPORT:** - related to local implementation of the Infants and Toddlers Program and regional interface.

7. **REFERRAL:** - for children under the age of three who: experience a substantiated case of trauma due to exposure to family violence (as defined in Section 320 of the family Violence Prevention and Services Act), are the subject of a substantiated case of child abuse or neglect, or are identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

**DORCHESTER COUNTY PUBLIC SCHOOLS AGREES TO PROVIDE:**

1. SERVICE COORDINATION

2. SPECIAL INSTRUCTION

3. PARENT/FAMILY TRAINING

4. SPEECH/LANGUAGE THERAPY

5. OCCUPATIONAL THERAPY

6. PHYSICAL THERAPY

7. VISION SERVICES

8. HEARING SERVICES

9. ASSISTIVE TECHNOLOGY SERVICES

10. EARLY IDENTIFICATION/ASSESSMENT

    These assessments may include:

    Education
    Speech and Language
    Occupational Therapy
    Physical Therapy
    Visual Impairment
    Hearing Impairment
    Audiology
    Assistive Technology
    Psychological Services
11. LOCAL INTERAGENCY TEAM MEMBER.

12. ADMINISTRATIVE SUPPORT - related to local implementation of the Infants and Toddlers Program and regional interface.

13. FACILITIES - relating to Infants and Toddlers Program

14. EQUIPMENT - relating to Infants and Toddlers Program

15. MATERIALS - relating to Infants and Toddlers Program

16. LOCAL FISCAL MANAGEMENT – The Dorchester County Board of Education agrees to apply for and manage the Consolidated Local implementation Grant (CLIG).

**DORCHESTER COUNTY HEALTH DEPARTMENT AGREES TO PROVIDE:**

1. SERVICE COORDINATION - provided by community health nurse

2. EARLY IDENTIFICATION OF HIGH RISK INFANTS

3. HEALTH SERVICES - nutritional assessment and counseling, immunization, developmental screening, and educational home visits.

4. LOCAL INTERAGENCY TEAM MEMBER

5. ADMINISTRATIVE SUPPORT

6. TRANSPORTATION

**Delivery of Services in a Timely Manner**

Dorchester County Board of Education, as local lead agency, ensures that services are provided to eligible children and their families in a timely manner, pending the resolution of disputes among service providers.

**Data Collection**

Dorchester County Board of Education Department, as local lead agency, shall:

A. Collect and compile data from all appropriate service providers for preparation of reports required by MSDE/MITP.

B. Submit the data at the time and in the manner specified by MSDE/MITP.
Records

Dorchester County Board of Education Department, as local lead agency, shall maintain records available for review by the MSDE/MITP as required.