MEMORANDUM OF UNDERSTANDING
BETWEEN

Connecticut Department of Children and Families
and
Department of Developmental Services
and
Office of Early Childhood

Whereas the federal Child Abuse Prevention and Treatment Act (CAPTA) requires states to have provisions and procedures for the referral of a child under the age of three who is involved in a substantiated case of child abuse or neglect or is affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure to early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA 2000);¹

Whereas the Department of Developmental Services (DDS) has been designated under C.G.S 17a-248 as the lead agency for the development and implementation of a statewide, comprehensive, coordinated, multidisciplinary and interagency program (entitled Connecticut Birth to Three System, also known as “Birth to Three”) of early intervention services for infants and toddlers with disabilities and their families under the Individuals with Disabilities Education Act (IDEA);²

Whereas the Department of Children and Families (DCF) under C.G.S. 17a-3 is responsible for administering a comprehensive and integrated statewide program of services for children who are abused, neglected or uncared for;

Whereas the Office of Early Childhood (OEC), as authorized under Executive Order #35, is responsible for administering the programs and contracts of the Children’s Trust Fund including Help Me Grow and for co-funding the Child Development Infoline (CDI) with the Birth to Three System;

Now therefore DDS and DCF and OEC enter into this Memorandum of Understanding in order to clarify the roles and responsibilities of each agency regarding the referral of

¹ P.L. 108-446 as amended. With specific regard to a referral related to illegal substance abuse, the federal government has provided the following clarification. "CAPTA requires that the health care provider must notify CPS [Child Protective Services] of all infants born and identified as affected by illegal substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. Such notification need not be in the form of a report of suspected child abuse or neglect. It is ultimately the responsibility of CPS staff to assess the level of risk to the child and other children in the family and determine whether the circumstance constitutes child abuse or neglect under State law." Online at:
² P.L. 108-446 as amended.
children under the age of three to early intervention services who are involved in substantiated cases of child abuse or neglect and those who are affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

I. DCF Roles and Responsibilities

For out-of-home cases

- For children ages 0-3 who are substantiated victims of abuse or neglect and in first time out-of-home placement, the Ages and Stages Questionnaire (ASQ) or its equivalent will be administered at the Multidisciplinary Evaluation (MDE) and Child Development Infoline will be contacted. Through CDI, children for whom a developmental concern was identified will be referred to Birth to Three for a developmental evaluation and children for whom no developmental concerns were identified will be referred to Help Me Grow.

- Follow-up assessments of children ages 0-3 who are substantiated victims of abuse or neglect and in first time out-of-home placement, will be referred to CDI and through CDI, children for whom a developmental concern was identified will be referred to Birth to Three for a developmental evaluation and children for whom no developmental concerns were identified will be referred to Help Me Grow.

For in-home cases

- For all children ages 0-3 who are substantiated victims of abuse or neglect and the case is opened for in-home services, the caregiver will be assisted by the DCF Ongoing Social Worker in connecting to CDI for filling out the Ages and Stages Questionnaire. Through CDI, children for whom a developmental concern was identified will be referred to Birth to Three for a developmental evaluation and children for whom no developmental concerns were identified will be referred to Help Me Grow.

- For all children ages 0-3 who are substantiated victims of abuse or neglect but for whom no Child Protective Services case is opened, the caregiver will be assisted by the DCF Intake Social Worker in connecting to CDI for filling out the Ages and Stages Questionnaire or its equivalent. Through CDI, children for whom a developmental concern was identified will be referred to Birth to Three for a developmental evaluation and children for whom no developmental concerns were identified will be referred to Help Me Grow.

- DCF Social Worker assistance may consist of sitting with the caregiver to help make the call to CDI for filling out the Ages and Stages Questionnaire or helping the caregiver locate the online version of ASQ. Through CDI, children for whom
a developmental concern was identified will be referred to Birth to Three for a
developmental evaluation and children for whom no developmental concerns
were identified will be referred to Help Me Grow.

For All cases

CDI staff will refer those children for whom there may be developmental
concerns to Birth to Three. CDI will refer all other children to appropriate
resources through Help Me Grow.

II. OEC Roles and Responsibilities

The Children’s Trust Fund, through its contract with the United Way of the Capitol Area
jointly funds the Child Development Infoline with the Birth to Three System. Child
Development Infoline (CDI) CDI administers both the Ages and Stages Questionnaire
process and Help Me Grow. When a referral is received for either of those services, CDI
will confirm the parent’s, foster parent's or legal guardian’s interest in proceeding with
the referral when it was made by a third party such as DCF. CDI will make two
telephone attempts to reach one of those parties. If no telephone contact can be made, a
letter is sent requesting contact. If there is no contact after two weeks, the case is closed
and the referral source will be notified in writing that no contact could be made.

III. DDS Roles and Responsibilities

Responsibilities of the Department of Developmental Services are defined by IDEA Part
C (34 CFR Part 303) For children ages birth to three who may be eligible for Connecticut
Birth to Three, IDEA Part C services include:

1. Accept Referrals for Evaluation of Eligible Infants and Toddlers

The Birth to Three System shall accept referrals from CDI or DCF through referral to
CDI for evaluation of children age birth to three years who are involved in substantiated
cases of abuse or neglect when any developmental concerns have been identified by a
caregiver, physician, or DCF social worker. The Birth to Three System shall accept
referrals from DCF through CDI for evaluation of any child that has been identified as
affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug
exposure.

When such a child has been referred, parental consent will be sought by CDI. The
consent of only one parent is required and may be provided verbally.

Referrals for which consent is granted will be electronically transmitted by the CDI to a
local Birth to Three contracted program for the initial evaluation. If DCF is the referring
agency then CDI will notify the DCF worker in writing of the name and address of the
Birth to Three local program conducting the evaluation. CDI will also notify the DCF worker in writing if the referral is declined.

2. Provide for Timely, Comprehensive, Multidisciplinary Evaluations and Assessments

It is the responsibility of the Birth to Three local program receiving the referral to provide for a timely, comprehensive, multidisciplinary evaluation and (if eligible) assessment of the child.³ This evaluation determines eligibility and the subsequent assessment will identify the unique strengths and needs of the child and the early intervention services appropriate to meet those needs.

A family-directed assessment shall also be conducted to identify the family’s resources, priorities and concerns as well as the supports and services necessary to enhance the family’s capacity to meet the developmental needs of the eligible child.

For children who are victims of substantiated abuse or neglect evaluated by Birth to Three and determined not to be eligible, those children shall be referred back to CDI with parental permission in order to be referred to a licensed mental health care provider for evaluation and treatment, as needed, in accordance with Public Act 13-178.

3. Provide for Development of an Individualized Family Service Plan

For eligible children, the results of the assessment described in Section III.2 shall become the basis for development of an Individualized Family Service Plan (IFSP). This IFSP shall include the child’s current level of functioning and the family’s resources, priorities and concerns.

The written plan shall be developed by the IFSP team, which shall include the child's parent(s), within 45 days of referral. The plan shall describe the expected child and family outcomes and the early intervention services to be provided to meet those outcomes including length, duration, frequency, intensity, methodology and setting. Written parental consent is required for services identified on the IFSP.

Services shall continue under the plan until the earliest of the following occurs:

a. the child is withdrawn by the parent;

b. the child’s development in all five developmental domains is age-appropriate; or

c. the child turns three years of age.

³ Federal reference: §303.321 "...subject to parental consent in accordance with 303.420(a)(2), each child under the age of three who is referred for an evaluation or early intervention services under this part and suspected of having a disability, receives -- (I) A timely, comprehensive, multidisciplinary evaluation of the child ..."
The multidisciplinary assessment described in Section II.2. shall be updated at least annually and reviewed at an annual multidisciplinary IFSP meeting.

4. Provide for the Delivery of Early Intervention Services

Each child referred by DCF and deemed eligible for Birth to Three Services shall be assigned a service coordinator by the Birth To Three Program who, in conjunction with other IFSP members, shall ensure that services are coordinated and that parents are knowledgeable about resources within and outside of the Birth to Three System.

Services shall be delivered in the child’s natural environment. The Birth to Three provider shall work with family members and other caregivers to embed intervention techniques into the child’s daily routines and natural learning activities that will best enhance and facilitate the child’s development. These may include services that support adaptive behavior, gross and fine motor development, hearing, speech, language and communication development, visual skills, cognition and social and emotional health. Counseling may be provided to the parents if the need is related to the child’s disability. Early intervention services and visits may be provided by a variety of professionals and paraprofessionals.

If the child is determined not to be eligible for Birth to Three Services, the Birth to Three service coordinator shall refer the child to other appropriate services, as needed, pursuant to Public Act 13-178, Sec. 3.

IV. Parental Consent

Under the IDEA, “parent” means:

a. a biological or adoptive parent of a child;
b. a foster parent;
c. a guardian generally authorized to act as the child’s parent or authorized to make early intervention, educational, health or developmental decisions for the child (but not the State if the child is a ward of the State);
d. an individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child’s welfare; or

e. a surrogate parent who has been appointed in accordance with §303.422 or §639(a)(5) of the IDEA

Informed written consent from a federally-defined parent shall be sought by CDI for the initial evaluation, development of the IFSP plan and the implementation of services. The consent of only one parent is required. Parents shall be fully informed of all information

---

4 Parental consent is explained in IDEA Part C regulations §303.420 and §303.27.
relevant to the activity for which consent is sought in the parent’s native language.

V. Surrogate Parents

In the event that no person meets the first four definitions of parent as outlined in Section IV above, as the lead agency, Birth to Three must appoint a surrogate parent\(^5\) in order to ensure legal consent for evaluation and services and to ensure that the child’s due process rights under the IDEA are protected. The Birth to Three Family Liaison shall appoint trained, qualified individuals to be surrogate parents and shall reimburse them.

Two additional conditions shall be satisfied in the appointment of surrogate parents:

a. surrogate parents must have no personal or professional interest that conflicts with the interest of the child being represented and must have the knowledge and skills that ensure adequate representation of the child; and

b. employees of an agency caring for or educating the child may not serve as surrogate parents.

Surrogate parents may give consent for evaluation and services, authorize release of information from the child’s record and have due process rights, but they may not authorize Medicaid billing or obtain medical information. For children under the guardianship of DCF, all insurance forms and requests for medical information must be signed by the DCF Social Worker.

If a surrogate parent is appointed by Birth to Three, notification shall be made to the child/family's DCF Social Worker. DCF shall ensure that foster parents and Regional staff are aware of the IDEA definition of parent and the surrogate parent process used by Birth to Three for those few times in which no other person meeting the definition of “parent” is available.

VI. Relocation, Changes in Coordination and Discharge Process

The child's DCF Social Worker shall notify a child's Birth to Three service coordinator in advance when a child engaged in the referral, evaluation or service process is being relocated.

For children under the guardianship of DCF, the Birth to Three program shall ensure that the DCF contact person is notified when there is a change in the child’s Birth to Three service coordinator.

For children under the guardianship of DCF, the Birth to Three program shall ensure that the DCF contact person is notified when a determination has been made by the Birth to

---

\(^5\) Surrogate parents are described in IDEA Part C regulation §303.422.
Three System to exit a child. The reason for the exit shall be specified.

For all other children served by DCF, the Birth to Three program shall ensure that the parent permit the release of information to the child’s DCF Social Worker when a determination has been made by either the parent or the Birth to Three System to exit a child, including the reason for exit.

**VII. Reports**

The State Assigned Student Identifier (SASID) provided to each DCF child accepted for early intervention services by the DDS shall be made available to the DCF as part of the exchange of case-specific information between the local Birth to Three program and the DCF Social Worker.

The Connecticut Birth to Three System will send semi-annual reports to the DCF with the following information and data:

a. number of children referred by DCF and the concerns associated with the referrals;
b. number of children referred by DCF foster families and the concerns associated with those referrals;
c. results of the determination of eligibility (i.e., whether the child was eligible due to a diagnosed condition, a developmental delay of 2 standard deviations in one or more developmental areas, or a delay of 1.5 standard deviations in two or more areas of development);
d. number of eligible children receiving services from each type of discipline based on each child’s last IFSP during that period;
e. number of children that exited during that period;
f. reasons for the exit (e.g., withdrawal by parent, aged out, cannot locate, deceased); and
g. number of children referred to preschool special education or other providers.

**VIII. Transition and Referral to Special Education**

When a child exiting the Birth to Three System is found eligible for special education and related services, the family’s DCF Social Worker shall expedite any release of information needed by the school district to enroll the child, including a current DCF-603, “Notification to a Local Education Agency of a DCF Placement,” and any other information needed to register the child.

If a child is placed in out-of-home care or relocated to another out-of-home placement by DCF during the process of evaluation for initial special education placement, DCF shall ensure that transportation is provided to enable the school district to complete the evaluation and all notice requires of C.G.S. 17a-16a are met.
IX. State and Interagency Coordinating Council

Under IDEA Part C, states must establish a State Interagency Coordinating Council (ICC) that includes all participating state agencies as well as parents, providers and others. The role of the ICC includes advising and assisting DDS in the performance of its responsibilities and promoting intra- and interagency collaboration and advising and assisting the Department of Education and the DDS regarding the transition of toddlers with disabilities to preschool and other appropriate services.

As the Connecticut state agency responsible for both child welfare and children’s mental health, the DCF serves as a member of the Council. The specific individual representing DCF on the Council shall be appointed by the Governor of the State of Connecticut.

X. Dispute Resolution

In the event that there is a dispute between the DDS, and DCF and the OEC that cannot be resolved between the respective Commissioners/Director, the matter will be referred to the Governor or designee for resolution.

Each agency shall maintain its own internal dispute resolution process. No disputes within any of the Departments shall delay evaluation of children or the delivery of services to eligible children in accordance with the IDEA Part C.

XI. CHANGE IN LEAD AGENCY

In the event that there is a change in the lead agency for the birth to Three System, this MOU shall remain in full force and effect until such time as the agreement is terminated according to Section XI of this MOU.

XII. TERM OF AGREEMENT

This agreement will remain in effect until such time as any of the Departments, with 30 days’ written notice, terminates it or until such time as it is replaced by a successor Memorandum of Understanding.

---

Joett Katz  3/27/14
Commissioner
Department of Children and Families

Terrence W. Macy, Ph.D.  4/3/21
Commissioner
Department of Developmental Service

Myra Jones-Taylor  4/22/11
Executive Director
Office of Early Childhood