

# Early Start Referral Guide

Early Start is a statewide interagency system of coordinated early intervention services for infants and toddlers with or at risk for disabilities or developmental delay and their families. **Regional Centers are open and accepting referrals for Early Start during COVID-19.** If you suspect that an infant or toddler has a developmental delay or atypical development then:



## Screen



A child may be eligible for early intervention services if they:

- Show a developmental delay in one or more areas of cognitive, communication, social or emotional, adaptive, or physical and motor development, including vision or hearing;
- Have an established risk condition of known etiology, with a high probability of resulting in delayed development; or
- Are considered at high risk of having a substantial developmental disability due to a combination of biomedical risk factors that are diagnosed by qualified personnel.

## Refer



- Within two (2) working days of identifying an infant or toddler in need of early intervention services\*, contact your local regional center to make a referral for Early Start services. See below or visit <https://www.dds.ca.gov/rc/lookup-rcs-by-county>
- Within 45 days, the regional center or local educational agency will:
  - Assign a Service Coordinator
  - Obtain parental consent
  - Schedule & complete evaluations
  - Develop an Individualized Family Service Plan (IFSP) to support strengths and identify services
  - Provide services in home or community setting
- Initiate a referral to the child's insurance to facilitate the evaluation process\*\*.



SCAN ME

### Local Regional Center:

## Get Involved



Collaborate with the family and Early Start partners to develop the IFSP by:

- Participating in IFSP meetings;
- Providing information and input for the assessment team; and
- Referring the family to the local Early Start Family Resource Center for additional support. See below or visit <https://frcnca.org/get-connected>



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### Local Family Resource Center:

## See Results



Research\*\*\* suggests that:

- Children who participate in high-quality early intervention programs tend to have
  - Less need for special education and other specialized services at kindergarten age;
  - Greater than expected growth in social relationships, use of knowledge and skills, and skills for self-care; and
  - Less risk for developing communication disorders.
- Parents who participate in high-quality early intervention programs report that they feel competent and confident to
  - Care for their children and help them learn and develop,
  - Communicate with professionals, and
  - Advocate for services for their children.

For more information and/or to ask questions regarding Early Start referrals, please contact the Early Start BabyLine at 1-800-515-BABY (2229) or email [EarlyStart@dds.ca.gov](mailto:EarlyStart@dds.ca.gov).

\* 17 CCR 52040(e)(4)

\*\*Initial evaluation for eligibility is required to be at no cost to the family. Insurance may cover the cost for some children.

\*\*\*Goode, Diefendorf & Colgan (2011). Retrieved from <https://ectacenter.org/~pdfs/pubs/outcomesofearlyintervention.pdf>.

# REASONS to REFER a child in your care for extra help



Children develop at different rates and in different ways. Differences in development may be related to personality, temperament, and/or experiences. Some children may also have health needs that affect their development.

The first years are very important in a child's life. The sooner a concern is identified, the sooner a child and family can receive specialized services to support growth and development. Use this resource to discuss any questions or concerns you have about a child's development.

## Risk Factors

*The following factors may place children at greater risk for health and developmental concerns:*

- Prematurity or low birth weight
- Vision or hearing difficulties
- Prenatal exposure or other types of exposure to drugs, alcohol, or tobacco
- Poor nutrition or difficulties eating (lacks nutritious foods, vitamins, proteins, or iron in diet)
- Exposure to lead-based paint (licking, eating, or sucking on lead-based painted doors, floors, furniture, toys, etc.)
- Environmental factors, such as abuse or neglect

## Behaviors and Relationships

*Some of the following behaviors may be cause for concern in any child regardless of age:*

- Avoids being held, does not like being touched
- Resists being calmed, cannot be comforted
- Avoids or rarely makes eye contact with others
- By age four months, does not coo or smile when interacting with others

- By age one, does not play games, such as peek-a-boo or pat-a-cake or wave bye-bye
- By age two, does not imitate parent or caregiver doing everyday things, such as washing dishes, cooking, or brushing teeth
- By age three, does not play with others
- Acts aggressively on a regular basis, hurts self or others

## Hearing

- Has frequent earaches
- Has had many ear, nose, or throat infections
- Does not look where sounds or voices are coming from or react to loud noises
- Talks in a very loud or very low voice, or voice has an unusual sound
- Does not always respond when called from across a room even when it is for something that the child is usually interested in or likes
- Turns body so that the same ear is always turned toward a sound

## Seeing

- Has reddened, watery eyes or crusty eyelids
- Rubs eyes frequently



- Closes one eye or tilts head when looking at an object
- Has difficulty following objects or looking at people when talked to
- Has difficulty focusing or making eye contact
- Usually holds books or objects very close to face or sits with face very close to television
- Has eyes or an eye that look(s) crossed or turned, or eyes do not move together

## Moving

- Has stiff arms or legs
- Pushes away or arches back when held close or cuddled
- By age four months, does not hold head up
- By age six months, does not roll over
- By age nine months, does not sit up
- By age one, does not creep using hands and knees, does not pick up small objects with finger and thumb
- By age eighteen months, does not walk alone
- By age two, has difficulty holding large crayons and scribbling
- By age two and a half, has difficulty turning pages in a book
- By age three, shows poor coordination and falls or stumbles a lot when running

## Communicating

- By age four months, does not coo or smile
- By age nine months, does not babble to get attention
- By age one, does not respond differently to words such as "night night" or "ball"
- By age fifteen months, does not say words to name people or objects, such as "mama" or "bottle," or shake head "no"
- By age eighteen months, does not follow one-step directions
- By age two, does not point to or name objects or people to express wants or needs
- By age two, does not use two-word phrases, such as "want juice" or "mama go"
- By age three, does not try to say familiar rhymes or songs

## Thinking

- By age one, has difficulty finding an object after seeing it hidden
- By age two, does not point to body parts when asked such questions as "Where's your nose?"
- By age two and a half, does not play make-believe games or follow two-step instructions
- By age three, does not understand ideas, such as "more" or "one"