

Supporting the Identification and Referral of Young Children with Disabilities and Developmental Delays in Nevada

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Children develop in a predictable sequence across skills in communication, physical, cognitive, social, emotional, and adaptive domains. However, there are many factors that impact a child's growth and learning that may delay their development or cause disabilities. Some children may be identified before or at birth with conditions that cause developmental delays (e.g., children with Down syndrome, premature infants, babies born with addiction). Other children may present developmental disabilities and delays later in early childhood due to neurological or genetic conditions (e.g., autism, Rhetts's syndrome, communication delays) or experience environmental risk factors such as housing instability, toxic stress, injury, or maltreatment. Other children still may present changes in development for unknown reasons. These delays in meeting developmental milestones are often missed or overlooked by parents, child care providers, and physicians leading to late referrals into specialized services and education (McLean, Hemmeter, & Synder, 2013).

The Individuals with Disabilities Education Act (IDEA) includes mandates for coordinated early intervening services (CEIS) to help identify children in need of evaluation for specialized services such as special instruction, speech-language pathology, applied behavior analysis, or mental health services. However, despite IDEA mandates and professional recommendations (i.e., American Academy of Pediatrics, Division for Early Childhood, National Association for the Education of Young Children), it is estimated that less than 50 percent of children with developmental delays and disabilities are identified before entering kindergarten (Bricker et al., 2013). Early identification can reduce the cost and needs for special education and services in the future. The value of early identification for developmental delays and disabilities can have many benefits for children, families, and programs.

Key Nevada Facts and Statistics

- Currently in Nevada, approximately 3 percent of the infant/toddler population receive Part C Early Intervention Services through IDEA. This is similar to the population across the US (i.e., range 1.8-9 percent). Since 2008, there has been a 70 percent increase in these very young children receiving services. For preschool children aged 3 to 5 years, approximately 8 percent receive services through Part B. This is a 47 percent increase since 2008.
- Project ASSIST is a statewide service to provide information, resources, and referral services to inform and educate families of infants and toddlers with disabilities or special health care needs, and the general public.
- Ten of 14 school districts have Child Find information available on their websites. Information ranges from referral and evaluations processes, references for Part B and Part C, to minimal contact information for special education departments. Four districts do not have clear information about Child Find,

referral and evaluation, or special education.

Recent Actions in Nevada

- The Part C Interagency Coordinating Council, Child Find Subcommittee supports efforts to increase awareness of Child Find offices and Project ASSIST through flyers to new parents and in medical offices.
- Nevada offers Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs, Early Head Start/Head Start, and Pre-K programs through Nevada Ready and Title I programs to provide families of children with identified disabilities, delays, and those at risk for delays (e.g., families with low incomes) with services.
- The Nevada Registry provides child care providers with training in child development and developmental screening.
- Nevada PEP provides assistance to families in understanding special education services.

Considerations for Future Actions

- Supporting parents' and families' knowledge of child development.
- Developing professionals' understanding of available services.
- Increasing public awareness of available services.

Statewide Benefits of Future Action

- Reduces special education costs across the state and for school districts by increasing the need for later and longer enrollment in special education.
- Reduces health insurance and Medicaid services needed, including applied behavior analysis, occupational therapy, physical therapy, and speech-language pathology.
- Increased equity of services to underserved populations across the state.
- Supporting positive child outcomes across domains of development including academic outcomes.
- Supports positive family outcomes that may increase parent employment and reduce the use of welfare services.

Implications of Maintaining Status Quo

- Continues and may increase special education costs across the state and for school districts by increasing the amount of teachers and classrooms needed to serve children in elementary and secondary schools.
- Continues and may increase health insurance and Medicaid services needed including applied behavior analysis, occupational therapy, physical therapy, and speech-language pathology.
- Continued challenges for families (e.g., increased stress, challenges to maintaining employment and education) may impact parents' ability to contribute economically and increase reliance on welfare programs.

Introduction

Most children develop in a predictable sequence across skills in communication, motor, cognitive, social, emotional, and adaptive domains. However, it is predicted that up to 25 percent of children may experience a developmental delay or disability at some point (Centers for Disease Control and Prevention & National Center for Health Statistics, 2012). Many factors impact a child's growth and learning that may delay their development or cause disabilities. Some children may be identified before or at birth with conditions that may cause developmental delays (e.g., children with Down syndrome, premature infants, babies born with addiction) through prenatal or newborn testing. Other children may present developmental disabilities and delays later in early childhood due to health experiences (e.g., chronic ear infections, injury), environmental factors (e.g., lead exposure, toxic stress, maltreatment), or neurological conditions with characteristics not apparent at birth (e.g., autism, Rhetts's syndrome, apraxia). These delays in meeting developmental milestones are often missed by parents, child care providers, and physicians leading to less than 50 percent of children with developmental delays and disabilities being identified before entering kindergarten (Bricker, Macy, Squires & Marks 2013; McLean, Hemmeter, & Synder, 2013). Early identification of developmental delays and disabilities through regular developmental screening is vital to positive outcomes for children, families, and communities.

All areas of development contribute to academic success for children indicating that delays in development early in life most likely will impact future academic outcomes (AAP Council on Early Childhood, 2016). Children who present a delay in one area of development often experience delays in other areas well. For example, a child with challenges in language skills may in turn struggle in playing with other peers, expressing his needs, earning letter sounds, and properly decoding words while reading. In light of current Nevada initiatives including Read by Grade Three and social/emotional learning goals, addressing delays as soon as possible will help more children succeed once in elementary and secondary school.

There has been a particular focus on early identification of children with autism spectrum disorder, learning disabilities, and emotional/behav-

ioral disabilities across the country. Often young children with these disabilities may be under- or misdiagnosed, resulting in lack of and ineffective interventions. Delays in communication and challenging behavior without proper identification may lead to inappropriate discipline procedures including suspension or expulsion from programs (U.S. Department of Health and Human Services & Department of Education (DHHS/DOE), 2016). These experiences early in life contribute to continued struggles in school, including increased likelihood of future suspensions and lower academic achievement. These experiences also impact how families interact with school programs (U.S. Department of Health and Human Services & Department of Education, 2016). Addressing delays or disabilities early supports children's ability to learn in school and promotes the inclusion of children with disabilities in general education programs (DHHS/DOE, 2015).

Finally, appropriate identification and referral is important. Although referring a child that is suspected of a developmental delay or disability is important and should be done regularly, proper assessment is important for reliable results that can lead to meaningful intervention. During evaluation, professionals conducting assessments and screenings should be well trained to appropriately identify children in need of specialized services. Children from underrepresented groups, including those who speak languages other than English need to be appropriately assessed with culturally responsive tools to accurately identify developmental levels (Division for Early Childhood, 2014). This is particularly important to address the needs of Nevada's diverse population. Furthermore, evaluation and assessment procedures should align with current professional recommendations of the field including considering multiple sources of information, partnering with families, and using valid and culturally appropriate instruments (American Academy of Pediatrics, 2006; Copple & Bredekamp, 2009; Division for Early Childhood, 2014).

The purpose of this paper is to provide information on early identification and developmental screening of young children with developmental delays and disabilities. This paper will provide background information on this topic, including the current benefits and challenges to early identification, national trends and activities, recent efforts in Nevada and other states, and recommendations

for future steps. By systemically addressing early identification of young children with developmental delays and disabilities, we can support successful futures for the children of Nevada.

What is Early Identification and Developmental Screening?

Early identification aims to identify children in need to specialized intervention such as special education or medical services. The Individuals with Disabilities Education Act (IDEA) includes mandates for coordinated early intervening services (CEIS) to help identify children in need of evaluation for specialized services, such as special instruction, speech-language pathology, applied behavior analysis, or mental health services. This is often referred to as Child Find programs. These programs must define a target population by establishing criteria of children eligible for IDEA services or those in at-risk populations; develop a public awareness of available services including public media campaigns and materials for common locations families visit; develop referral and screening procedures to provide accessible and free screening for all children; track state efforts; and collaborate with related agencies. States may determine specific screening and assessment tools used for eligibility and professional qualifications to provide reliable child identification. In addition to identifying children in need of support, programs also provide professional development, training, and coaching for professionals in understanding the special education process and using evidence-based instructional strategies.

Developmental screening is a process used to identify children who are in need to further evaluation for developmental delays or disabilities (McLean et al., 2014). Screening is a brief method completed by a parent, caregiver, or professional to quickly understand how the child is achieving early childhood milestones. Commonly used tools include Ages & Stages Questionnaires, Brigance Screens, and the Modified Checklist for Autism in Toddlers (MCHAT). IDEA includes 13 categories of disabilities including:

- autism spectrum disorder
- deaf-blindness
- deafness
- emotional disturbance
- hearing impairment
- intellectual disability (formerly mental

- retardation)
- multiple disabilities
- orthopedic impairment
- other health impairment (may include attention-deficit-hyperactivity-disorder)
- specific learning disorder
- speech or language impairment
- traumatic brain injury
- visual impairment including blindness

States and school districts may also determine eligibility for children with developmental delays or children who are at-risk for developmental delays and disabilities. Physicians may also identify medical conditions that may impact development and learning, refer families to IDEA services, collaborate with early care, education and special education professionals. Once children are identified and evaluated, if found eligible, an Individual Family Service Plan (IFSP) and Individualized Education Program (IEP) will be developed to guide intervention. Children will be assessed regularly for developmental progress. It is recommended that multidisciplinary teams are developed that include the children's families and all key professionals to guide planning, implementation of plan, and progress monitoring.

Benefits of Early Identification and Developmental Screening

The value of early identification for developmental delays and disabilities can have many benefits for children, families, and programs. Children are able to receive support for their learning, growth, and development early thus reducing the need, duration, or intensity of specialized services in the future, increasing social, emotional, and behavioral outcomes and building friendships, and increasing the likelihood of positive academic outcomes. Children who receive services earlier are more likely to make more significant developmental gains than children who do not receive or received later services (McLean et al., 2014) and may need fewer or less intense services in the future or not need services in elementary and secondary school.

Families benefit by increasing their understanding of child development and available services to support their children and family outcomes and reducing stress and risk for mental health issues. They are able to build their confidence as parents and learn to advocate for child and family needs (Turnbull, Turnbull, Erwin, Soodak, & Shogren,

2015). Additionally, medical and transportation costs (e.g., specialized equipment, additional physician visits) can be reduced. Supporting families' access to services, including inclusive child care, is important as many families with children with disabilities report more irregular employment, lower incomes, and higher levels of stress (Goudie, Havercamp, Rambon, & Jamieson, 2010).

Early identification leading to timely access to effective intervention also reduces the cost and need for medical and special education services in the future and promotes school readiness (Boyd, Odom, Humphreys, & Sam, 2010). Programs and states benefit by reducing the long-term need for services (e.g., special education, medical care). Resources spent on early identification greatly reduce overall education and other service costs both short-term for families and long-term for programs and states (Centers for Disease Control, 2018). Additionally, supporting quality early identification and developmental screening programs with highly qualified professionals will develop trust between professionals and families. This public trust will help families feel comfortable in seeking assistance for their children and help identify more children earlier.

Challenges to Early Identification and Developmental Screening

Regardless of federal mandates and professional recommendations, Bricker et al. (2013) concluded that early detection of young children with delays and disabilities is overall inconsistent, incomplete, and inadequate. There remains a disconnect between federal and program mandates and rates of early identification as at least half of children with developmental delays and disabilities are not identified before entering elementary school. Challenges related to family knowledge of child development and available services, professional practice, and training are significant barriers contributing to low rates of early identification.

In a recent study of families conducted by Zero to Three (2016), results indicated that many parents of young children did not have an understanding of sequences of child development. For example, 34 percent of participants underestimated the amount of development that occurs in the first year of life and the impact of relationships, experiences, and environments have on young children. This finding suggests that parents are unaware of the child's

developmental stages and thus are unable to identify when a delay may be present and a need for intervention. Additionally, if a family has concerns about their children's development, accessing and navigating the referral and evaluation process may be challenging. For example, Child Find processes can vary from state to state, school district to school district, and by the age of the child. Many parents may not know the Child Find program is available to all children in the state under the age of 21—especially for infants, toddlers, and children not attending public school. Access for families who are culturally and linguistically diverse, living in poverty or rural areas, those with limited education, and those who may be uninsured may particularly find understanding and accessing early identification systems challenging (Silver et al., 2017).

Professionals may also find carrying out early identification and screening programs difficult. Professionals need to receive adequate training on using screening tools with fidelity and understanding current guidelines for screening schedules for children. Additionally, screening tools may be lengthy and difficult to complete and discuss with families during regular doctor's visit or during busy early care and education programs. Parents can help to complete screening tools as well but professionals need to also observe children to complete reliable evaluations.

National Trends in Early Identification and Developmental Screening

Across federal regulations and professional recommendations, the following components should be followed:

- Regular developmental screenings should be conducted with young children using research-based and validated screening tools;
- Screenings should include multiple sources of information including parent-report, observation, and professional evaluation;
- Screenings should be done in the child and family's primary and preferred language and

using culturally responsive screening tools;

- Professionals should receive initial and ongoing training on using screening tools with fidelity; and
- Children in need of further evaluation should be referred to appropriate agencies in a timely manner.

American Academy of Pediatrics. In addition to regular well-child visits that include monitoring of height, weight, head circumference, and interaction with caregivers, a research-based developmental screening tool¹ should be administered at nine months, 18 months, and 30 months, a screening for autism at 18 and 24 months, and one for lead exposure at 12 and 24 months. Furthermore, children and families should be monitored for risk factors related to vision, hearing, and behavioral development that may initiate additional evaluation. Families should also be screened for parental depression regularly during the first year of the child's life. Despite regular reaffirmation of these screening recommendations, it has been challenging for pediatricians to follow through consistently (American Academy of Pediatrics, 2006).

Child Care Programs. The 2014 updates to the Child Care Development Block Grant (CCDBG)² encourages agencies to develop clear policies and procedures to provide universal access to developmental screenings in child care settings. This includes states and programs providing families with appropriate and culturally respectful information on developmental screenings; supporting professionals' capacity to perform developmental screenings and referring children to appropriate resources; and including universal screening of children in Quality Rating Improvement Systems standards.

*Early Head Start and Head Start*³ programs serve low income families and provide family-centered services to children, families, and communities. Programs are required to conduct a research-based, standardized developmental screening tool on each child within 30 days of the child's enrollment and then maintain regular progress monitoring

¹ The American Academy of Pediatrics recommendations for early identification, developmental screening, and referral can be found at https://www.aap.org/en-us/Documents/periodicity_schedule.pdf

² More information about CCDBG and early identification can be found at <https://www.acf.hhs.gov/occ/resource/im-2016-01>

³ More information on Early/Head Start programs can be found at <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-33-child-screenings-assessments>

throughout the child's participation in the program. Children identified during regular screening and monitoring should be referred to appropriate IDEA programs and medical professionals, as needed.

Centers for Disease Control and Prevention and Administration for Children and Families. Campaigns including *Birth to 5: Watch Me Thrive!*⁴ and *Learn the Signs. Act Early!*⁵ provide family-friendly information about child development, developmental screenings, and activities to promote development; professional training modules and resources; and professional recommendations. Materials are available for free in print, online, and via apps on smartphones. The centers/programs recommend that healthcare providers:

- Complete developmental screenings at each check-up visit;
- Collaborate with community child care providers to facilitate the use of developmental resources to monitor a child's developmental progress, and
- Refer children with failed developmental screenings for further evaluation through the local or state early intervention agency.

Recommendations for early childhood educators include:

- Complete free online training modules that review the importance of developmental monitoring and screening and how to address family concerns;
- Discuss concerns with parents regarding their children's development; and
- Refer children and families as needed to medical professionals and early intervening systems.

The National Association for the Education of Young Children (NAEYC) and Division for Early Childhood (DEC) are responsible for establishing professional standards and recommended practices that guide program accreditation, pre-service training programs, and professional development competencies. It is recommended that early identification and screening include the use of regular developmental screenings and progress monitoring to identify and refer children in need of further

evaluation, inform curriculum decisions, and individualize educational strategies to support child outcomes. Professionals should receive initial and ongoing training in these areas. Programs seeking NAEYC accreditation must include regular screening, formal assessments, and progress monitoring.

Hearing and Vision Screenings. Approximately 25 percent of children have a significant vision problem (e.g., nearsightedness, strabismus) that can impact learning and academic outcomes. Furthermore, mild hearing loss and communication delays are the most common reason for referral to early intervention. States are beginning to require examinations by licensed professionals in hearing, vision, and dental before kindergarten (e.g., Illinois, Kentucky, New York, Oregon). Some states also provide routine hearing and vision screenings during preschool and early elementary grades in public schools (e.g., California, Illinois, Utah).

Current Efforts in Nevada Early Identification

Nevada has several direct and indirect efforts in place to support the early identification of young children with delays and disabilities.

Newborn Screening. Nevada state law requires that all newborn children be screened⁶ for over 30 conditions and hearing impairment that are likely to cause some developmental delay, disability, or specialized medical need. These include:

- Amino acid metabolic disorders
- Bioinidase deficiency
- Cystic fibrosis
- Endocrine disorders
- Fatty acid oxidation disorders
- Galactosemias
- Organic acid metabolic disorders
- Severe combined immunodeficiency
- Sickle cell disease/trait
- Thalassemia disease/trait

Professional Qualifications and Licensure.

Through the Nevada Department of Education licensure, those seeking licensure in early childhood education and early childhood special education must complete a course in assessment and other courses related to serving children with disabilities. Therefore, professionals working in public schools

⁴ <https://www.acf.hhs.gov/eod/child-health-development/watch-me-thrive>

⁵ <https://www.cdc.gov/ncbddd/actearly/index.html>

⁶ More information about Nevada's newborn screening can be found at <https://med.unr.edu/nsphl/newborn-screening/disorders>

(e.g., public pre-K, Title I, special education) and in IDEA Part C early intervention providers should have an understanding in this area. Those working in early care and education are required to have at least one course in child development and engage in regular continuing education. Professionals with degrees in early childhood education have most likely completed coursework in this area. Content specific to developmental screening, assessment, and special education services are not currently required for professionals in early care and education settings such as child care.

Project ASSIST⁷ for Infants and Toddlers provides early intervention services for children under 3-years-old, through the Nevada Department of Health and Human Services. This program “provides information, resources, and referral services to inform and educate families of infants and toddlers with disabilities or special health care needs, and the general public” (Nevada Department of Education, 2018, paragraph 3). Families or other primary referral services (e.g., physicians, child care providers) have access to a 24-hour voicemail and email services to connect families with local services across the state, primarily through Nevada Early Intervention Services (NEIS) for evaluation. Additionally, family resources are available online and a state family resource coordinator is available to assist families through the referral process.

Currently in Nevada, approximately 3 percent of the infant/toddler population receive Part C Early Intervention Services through IDEA. This is similar to the population across the US (i.e., range 1.8-9 percent). Since 2008, there has been a 70 percent increase in these very young children receiving services.

Child Find for Older Children. For children over 3-years-old, Child Find offices have been established in local school districts across each of the 18 school districts in Nevada. Families in need of information about referral, evaluation, and information, must contact a centralized office for each district. In reviewing information available in each school district, it was concluded that information is inconsistent across districts. For example, some districts (e.g., Clark, Elko, Washoe) have ample information about what Child Find is, the process of evaluation, and contact information. Other districts

(e.g., Humboldt, Mineral, Storey) had no clear information regarding what families can do when they have a developmental concern about their children. In addition to information on who to contact when seeking information, content about the process of referral and evaluation is missing from most district websites. Much of the information can only be found by looking at special education areas of the websites. Many districts require families to contact a specific person by phone during traditional business hours or attend pre-determined evaluation periods. For preschool children aged 3 to 5 in Nevada, approximately 8 percent receive services through Part B. This is a 47 percent increase since 2008.

Early Care and Education Programs. It is estimated that most children will attend an early care and education program such as child care before entering kindergarten (U.S. Census, 2013). As many families interact with these programs, they are an ideal setting to identify children in need of further evaluation. Nevada child care regulations through the Division of Public and Behavioral Health in the Department of Health and Human Services require that children enrolled in these programs have a developmental screening within three months of enrolling and biannually thereafter. Developmental information can be collected with portfolios, observations, checklists, rating scales, and screening tools. Regulations also stipulate that children in need should be referred for further evaluation by medical professionals and/or Project ASSIST or Child Find. Currently, we do not have data on if these regulations are followed or how many children have been identified through these regular screenings. Nevada’s 56 Head Start programs that serve approximately 3,000 young children also follow screening and referral procedures as stipulated by Head Start regulations. It is estimated that Early Head Start serves 6 percent of eligible infants and toddlers and Head Start serves 17 percent of eligible preschoolers in Nevada (Head Start, 2018). For early childhood programs in public school, in addition to the requirement of licensed teachers, children must be screened using a research-based, validated tool within the first 30 days of enrollment and prior to the end of the school year. Programs should also complete formal assessment and regular progress monitoring.

⁷Information on Project ASSIST and NEIS can be found at <http://dhhs.nv.gov/Programs/IDEA/ProjectASSIST/>

Quality Rating Improvement System (QRIS)⁸ and Nevada Registry. Nevada has a Quality Rating Improvement System (QRIS; Silver State Stars) to help improve the quality of early childhood programs across the state through the Office of Early Learning in the Department of Education. Voluntary for programs, a ranking system is used to indicate the program's current level of quality. For other early care and education programs to achieve higher levels in the QRIS system, they must engage in ongoing child assessment, including at least one formal method of data collection and a percentage of children have been screened using a research-based, validated screening tool. Currently, approximately 8 percent of child care and public early childhood programs have star ratings, with the majority of programs receiving two out of five stars and 5 percent of programs achieving national accreditation (Child Care Aware, 2016, 2018).

The Nevada Registry⁹ supports the professional development of early education professionals across the state. To support early childhood professionals' understanding of child development and referral processes, the Nevada Registry regularly offers free and low-cost trainings on screenings for child care providers. These trainings are not required but encouraged for programs participating in QRIS and/or NAEYC accreditation.

Other Efforts. The IDEA Part C Interagency Council maintains a subcommittee dedicated to Child Find efforts specific to infants and toddlers. Meeting quarterly, this subcommittee discusses ideas and efforts to share developmental milestones and the referral process through Project ASSIST with families. Some current efforts include providing newborn parents with developmental milestone brochures from the Center for Disease Control and Prevention, brochures for Project ASSIST/Part C, and early literacy. In the past, public service announcements have been included on local radio and television stations. These efforts are mostly funded and implemented through individual agencies and volunteers from the Child Find subcommittee. Additionally, members of the Child Find subcommittee, Part C office, and NEIS attend family-oriented events and professional conferences

to disseminate brochures and information. Nevada also implements Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs. As these programs aim to support children who may be at-risk for developmental disabilities or delays, professionals and families in these programs may be able to identify concerns before kindergarten. As required by IDEA, Nevada PEP serves as a parent information center and helps families navigate specialized services.

Current Efforts in Other States

Early identification efforts vary widely among the United States. Many states have developed comprehensive websites to provide information for families who are concerned about their children's development. Additionally, some states have used public awareness campaigns, including low tech (e.g., billboards, brochures) and high tech (e.g., social media) strategies to reach families.

Arizona

Arizona has several programs designed to help identify children and families in need. Strong FamiliesAZ¹⁰ is Arizona's statewide public awareness program that provides comprehensive, family-centered home visiting services and resources for families of children birth to 5 years old. In addition to an easy-to-navigate website in English and Spanish, families can search for programs and information by zip code. This program also provides information via Facebook, Instagram, and Pinterest. Arizona also provides parents of newborns kits to support their children's health and learning and offers a toll-free statewide helpline staffed by early childhood experts and nurses to provide support and individualized child development information.

First Things First¹¹ was created by the state of Arizona to ensure school readiness by kindergarten. This site is available in English and Spanish, includes the option to subscribe to a digital newsletter and family-friendly videos, and provides information on developmental screening, including the tool Ages & Stages. The program also provides information via YouTube, Twitter, Instagram, LinkedIn, and Facebook.

⁸ For more information about QRIS in Nevada see <http://www.nvsilverstatestars.org/>

⁹ For more information about the Nevada Registry, see <http://www.nevadaregistry.org/>

¹⁰ See <https://strongfamiliesaz.com/>

¹¹ See <https://www.firstthingsfirst.org/>

The Arizona Early Intervention Program (AzEIP)¹² is the state's interagency system of services and supports for families of infants and toddlers with disabilities or delays. The website includes family-friendly information in six languages and includes videos. The online referral page provides a direct link to the local school district for families with children three years and older.

Utah

Utah Parent Center¹³ is a hub for families seeking information about child development and specialized services. This program has a comprehensive website that is available in English and Spanish and also has information available via Facebook, Twitter, and YouTube. Notably, the website has videos and webinars available online and in DVDs about transitioning among different programs, the IFSP/IEP process, and bullying. Additionally, they offer in-person trainings and resources on numerous topics related to early identification and special education programs. Links to state and local resources are easy to find and navigate.

Examples of Other State Public Awareness Campaigns

- **New York:**

- Docs for Tots*¹⁴

- Website with videos, text, and links to local and national resources; Email newsletter; Social media profiles

- **Michigan:**

- Early On: Don't Worry. But Don't Wait*¹⁵

- Billboards, radio, television public service announcements, newspaper and/or print advertisements; Printable posters, brochures, Facebook, Twitter, Google+

- **Illinois:**

- Natural Partners in Natural Environments*¹⁶

- Website, printable handouts, YouTube Channel

Considerations for Future Actions

Nevada continues to do many valuable things to support young children and families. Continued efforts to ensure that each child in Nevada has access

to developmental screenings conducted by competent professionals and specialized intervention services are vital to long-term academic success for children, family well-being, and cost-effective state and local programs. In particular, efforts are needed to access families not interacting with formal medical or education systems, those in low-resource, rural, and tribal areas, and families from culturally and linguistically diverse backgrounds.

As young children and their families interact with many different systems (e.g., medical offices, libraries, child care centers, public schools), efforts to increase awareness of procedures and resources for the identification of young children with developmental delays and disabilities requires a coordinated effort across numerous departments, offices, committees, and organizations. In addition to state offices, potential collaborators include Nevada Early Child Advisory Council, Nevada Registry, NevAEYC and Nevada DEC, Early Childhood Technical Assistance Center, Public Broadcasting Service (PBS), public radio and its local affiliates, library systems, state chapters of national professional organizations, and medical professionals.

Widely distributing information to these families not yet in formal school settings is important to identifying children in need. Efforts should focus on meeting families where they typically are, including public spaces and the internet. Families interact with the community in many ways including but not limited to libraries, grocery stores, gas stations, barber/beauty shops, recreation facilities, sport venues, doctor offices, dentist offices, police stations, and public aid offices. Particularly to address the needs of current families and their increased use of technology to obtain information (Zero to Three, 2016), many families frequently engage with social media and websites. Information should be disseminated using internet-based formats including use on smartphones.

The following recommendations are based on increasing family and professional awareness of child development, developmental screening, and available services:

¹² See <https://des.az.gov/services/disabilities/developmental-infant>

¹³ See <https://utahparentcenter.org/>

¹⁴ See <http://docsfortots.org/>

¹⁵ See <http://earlyon.cenmi.org/products/index.php>

¹⁶ See <https://blogs.illinois.edu/view/6039/230963>

1. Increasing public awareness of available services:

- Develop and fund public awareness campaigns via billboards, radio advertisements, television advertisements, social media campaigns, and flyers in common areas (e.g., libraries, barbershops, grocery stores) to share common child development milestones and warning signs for autism and other delays as well as IDEA programs.

2. Supporting parents' and families' knowledge of child development:

- Provide parents and families with ongoing developmental information throughout the first five years in multiple forms (e.g., written, video, social media, verbally, email) and multiple settings (e.g., child care, libraries, doctor's offices, public health offices, public aid offices);
- Provide parents and families with paper, online, and app-based developmental information and screening tools (e.g., CDC Milestones) and support on how to use such tools;
- Provide funding to produce and distribute materials;
- Provide funding and expertise to develop apps and social media sites to convey information to families; and
- Provide funding and expertise to have information available in multiple languages.

3. Increasing accessibility of information about services:

- Provide clear and consistent information about school district Child Find processes across the state;
- Develop easy-to-find information for families with developmental concerns via website navigation and search functions, including coding to include multiple terms to connect to appropriate webpages (e.g., Child Find, evaluation, delay, concern, 'what to do if I think my child has a disability'); and
- Develop templates or guidelines that include: definitions of key terms and processes, expectations for families during the process, accessible contact information and scheduling to meet families' needs (e.g., phone, email, online form).

4. Bolster professionals' understanding of developmental screening, referral, and available services:

- Encourage professional development across sectors (e.g., pediatricians, child care, librarians) of available services and the referral process through quality indicator systems and recommended schedules of developmental screening;
- Encourage professionals across sectors to perform regular developmental screenings of all children, including screenings for autism, through funding for training/mentoring/coaching, and substitute staff to develop skills and conduct screenings; and
- Support application and implementation of technical assistance available through the U.S. Office of Special Education Programs and Administration for Children and Families through dedicated personnel and funding to build transdisciplinary state teams.

5. Develop state-wide coordination of developmental screening and referral services:

- Collect data on use of developmental screening across sectors and regions of the state;
- Develop integrated data systems to ensure that all Nevada children access to developmental screening before kindergarten entry; and
- Consider requiring hearing, vision, and dental screenings for kindergarten entry or during early elementary school to identify children in need of additional evaluation.

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