



## Early Intervention Eligibility Factors, Definitions, Criteria and Procedures

<b>Child Eligibility Factor 1. Birth Weight</b>		
Criteria	Procedures for determining presence of eligibility factor/Evidence required	Examples/Guidance
<p>A birth weight of less than 1500 grams or 3.3 lbs.</p> <p><b>The child is under 18 months chronological age at the time of eligibility determination.</b></p>	<p>Obtain evidence of the child’s birth weight via birth or medical records.</p>	<p>A child with a birth weight of 3.2 lbs. or less <u>meets</u> this criterion.</p> <p>A child with a birth weight of 3.3lbs. <u>does not meet</u> this criterion.</p>
<p><b>Research:</b> Available evidence indicates that very low birth weight (VLBW) infants weighing &lt;1500 grams at birth are at risk for cerebral palsy and other neurologic disability; abnormal cognitive development and intellectual disabilities; speech/language delay, hearing loss, behavioral disorders, and learning disabilities; visual impairment; pulmonary impairment; and growth impairment.<sup>1</sup></p>		

<b>Child Eligibility Factor 2. Gestational Age</b>		
Criteria	Procedures for determining presence of eligibility factor/Evidence required	Examples/Guidance
<p>A gestational age of fewer than 32 weeks.</p> <p><b>The child is under 18 months chronological age at the time of eligibility determination.</b></p>	<p>Obtain evidence of the child’s gestational age via birth or medical records.</p>	<p>A child born at 31 weeks, 6 days <u>meets</u> this criteria.</p> <p>A child born at 32 weeks <u>does not meet</u> this criteria.</p>
<p><b>Research:</b> Improvements in the treatment of preterm infants in Neonatal Intensive Care Units (NICUs) have helped to greatly improve their survival. However, these infants remain vulnerable to many complications, including respiratory, gastrointestinal, immune system, central nervous system, hearing, and vision problems. Longer-term problems may include cerebral palsy, intellectual disabilities, visual and hearing impairments, behavior and social-emotional concerns, learning difficulties, and poor health and growth. Babies born before 32 weeks have the greatest risk for death and poor health outcomes.<sup>2</sup></p>		

<sup>1</sup> AHRQ. “Low Birth Weight. Criteria for Determining Disability in Infants and Children.” Evidence Report/Technical Assistance: Number 70. Available at: <http://archive.ahrq.gov/clinic/epcsums/lbwdisum.htm>.

<sup>2</sup> Institute of Medicine. Preterm Birth: Causes, Consequences and Prevention. Available at: <http://www.iom.edu/Reports/2006/Preterm-Birth-Causes-Consequences-and-Prevention.aspx>.

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Child Eligibility Factor 3. Neo-natal Intensive Care Unit (NICU) Admission		
Criteria	Procedures for determining presence of eligibility factor/Evidence required	Examples/Guidance
<p>NICU stay of more than 5 days</p> <p><b>The child is under 18 months chronological age at the time of eligibility determination.</b></p>	<p>Obtain evidence of the child’s NICU admission/stay via birth or medical records.</p>	<p>A child admitted to the NICU for 6 days <u>meets</u> this criterion.</p> <p>A newborn admitted to the NICU for 5 days then transferred to a Special Care Nursery <u>does not meet</u> this criterion.</p> <p>A newborn admitted to a special care / level 2 nursery <u>does not meet</u> this criterion.</p>
<p><b>Research:</b> About 10% of all newborns in the United States are admitted to a NICU due to birth defects, prematurity or problems associated with delivery.<sup>3</sup> Advances in neonatal care are now widely available and have increased the survival of infants admitted to the NICU,<sup>4</sup> however this group is at increased risk of neonatal morbidity.</p>		

Child Eligibility Factor 4. Total Hospital Stay		
Criteria	Procedures for determining presence of eligibility factor/Evidence required	Examples/Guidance
<p>Total hospital stay of <u>more than</u> 25 days in a 6 month period, <u>excluding the initial birth admission to a NICU.</u></p>	<p>Obtain evidence of the child’s hospital stay over a 6 month period via birth or medical records.</p> <p><i>This does not include birth admission; however, it does include a transfer hospital stay. A transfer to another level, either up or down would be credited toward this risk (for example, regular pedi floor to Pediatric Intensive Care Unit (PICU) or NICU to Special Care Nursery (SCN).</i></p>	<p>An infant admitted to the NICU for 10 days, transferred to the Special Care Nursery for 20 days, discharged and re-admitted for 6 days two months later <u>meets</u> this criterion.</p> <p>An infant admitted to the NICU for 7 days transferred to the Special Care Nursery for 3 days, discharged and re-admitted for 21 days three months later <u>does not meet</u> this criterion.</p>
<p><b>Research:</b> Long term illness and hospitalization has the potential to negatively impact a child’s motor, cognitive, emotional and social development. In infants and toddlers, recurrent or prolonged hospitalizations can adversely impact perceptual development, the attainment of developmental milestones, and attachment.<sup>5</sup></p>		

<sup>3</sup> Schwartz RM, Kellogg R, Muri JH. Specialty newborn care: trends and issues. *J Perinatol* 2000; 20:520-9.

<sup>4</sup> Meadow W, Lee G, Lin K, Lantos J. Changes in mortality for extremely low birth weight infants in the 1990s: implications for treatment decisions and resource use. *Pediatrics* 2004; 113:1223-9.

<sup>5</sup> Paediatric Integrated Cancer Service website. Impact of hospitalization on children and adolescents.

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Child Eligibility Factor 5. Intrauterine Growth Restriction/Small for Gestational Age		
Criteria	Procedures for determining presence of eligibility factor/Evidence required	Examples/Guidance
<p>A diagnosis of IUGR (Intrauterine Growth Restriction) or SGA (Small for Gestational Age) is made <u>at birth</u>.</p>	<p>Obtain evidence via medical or birth records of a diagnosis of SGA or IUGR <u>at birth</u> by a credentialed medical professional.</p>	<p>An infant born at any gestational age who is diagnosed with IUGR or SGA at birth <u>meets</u> this criterion.</p> <p>An infant born at an appropriate weight for his/her gestational age, who, subsequently does not gain adequate weight in the first few months of infancy <u>does not meet</u> this criterion.</p>
<p><b>Research:</b> IUGR results when a problem or abnormality prevents cells and tissues from growing or causes cells to decrease in size. It may occur when the fetus does not receive necessary nutrients and oxygen needed for growth &amp; development of organs &amp; tissues, or because of infection. While some babies are small because of genetics (their parents are small), most IUGR is due to other causes, including maternal factors (e.g., high blood pressure, diabetes, malnutrition, infection, etc.), factors affecting the uterus and placenta, and/or factors relating to the developing fetus (e.g., infection, chromosomal abnormality, birth defects).<sup>6</sup> IUGR is associated with increased morbidity and mortality.</p>		

Child Eligibility Factor 6. Weight for Age and Weight for Height		
Criteria	Procedures for determining presence of eligibility factor/Evidence required	Examples/Guidance
<p>A child's weight for age <u>or</u> weight for height is <u>less than</u> the 5<sup>th</sup> percentile <u>or greater than</u> the 95<sup>th</sup> percentile according to a growth chart adopted by the National Center for Health Statistics</p> <p style="text-align: center;"><b>Or</b></p> <p>A child's weight for age has dropped <u>2 or more</u> major percentiles in 3 months, if under 12 months of age, or <u>2 or more</u> major percentiles in 6 months if between 12 and 36 months.</p> <p><b>Note:</b> A diagnosis of "Failure to Thrive" is considered a 1-year Established Condition.</p>	<p>Growth chart completed by primary care provider, nutritionist, WIC or other health care provider or an EI provider appropriately trained and utilizing a calibrated pediatric scale that measures both pounds and ounces, obtaining an accurate measure of the child's length according to his/her age.</p> <p style="text-align: center;"><b>Or</b></p> <p>Medical documentation of growth chart weight and height percentiles.</p>	<p>A child whose pattern of growth fits the criteria according to a National Center for Health growth chart, <u>meets</u> this criterion.</p> <p>Without growth chart documentation, a child who is referred to as "losing weight", "slow weight gain" or "not staying on the growth curve" <u>does not meet</u> this criterion.</p> <p>The major percentiles are the 3rd, 5th, 10th, 25th, 50th, 75th, 90th, 95th, and 97th. These are typically depicted with darker lines on growth charts.</p>
<p><b>Research:</b> Untreated, children are at risk for continued growth deficits, intellectual disability, deficits in cognitive skills (especially language), and problems in personality development. Interventions may include monitoring of the child's growth, nutrition, and developmental status. Childhood obesity is an important public health issue. Recent literature suggests that the genesis of the problem occurs in the first years of life as feeding patterns, dietary habits, and as practices are established.<sup>7</sup></p>		

<sup>6</sup> The Children's Hospital of Philadelphia. Health Information: Intrauterine Growth Restriction. Available at: <http://www.chop.edu/healthinfo/intrauterine-growth-restriction-iugr.html>.

<sup>7</sup> Dattilo A, Birch L, Krebs N, et al. Need for Early Interventions in the Prevention of Pediatric Overweight. *Journal of Obesity*, 2012; <http://dx.doi.org/10.1155/2012/123023>.

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<b>Child Eligibility Factor 7. Blood Lead Levels</b>		
Criteria	Procedures for determining presence of eligibility factor/Evidence required	Examples/Guidance
<p>A <u>venous</u> (not finger stick) blood lead level of 5 ug/dL or more.</p> <p>This factor is based on the most recent laboratory results at the time of eligibility determination.</p>	<p>Obtain evidence of the child’s venous lead levels via medical or laboratory records.</p>	<p>A 24 month old whose most recent venous lead level is 5 <u>meets</u> this criterion.</p> <p>A 24 month old who, at 12 months had a venous lead level of 5, but whose most recent venous lead level was 4, <u>does not meet</u> this criterion.</p> <p>A finger stick lead level of 5 <u>does not meet</u> this criterion.</p>
<p><b>Research:</b> The literature indicates that lead adversely affects children’s performance on tests of cognition at blood lead levels (BLLs) below 10 µg/dL.<sup>8,9</sup> Recent data suggest that lead toxicity may contribute to neurobehavioral, as well as cognitive, morbidities of childhood.<sup>10</sup></p>		

<sup>8</sup> National Research Council. Measuring Lead Exposure in Infants, Children, and Other Sensitive Populations. Washington, DC: National Academy Press; 1993.

<sup>9</sup> Schwartz J. Low-level lead exposure and children’s IQ: A meta-analysis and search for a threshold. Environ Res 1994; 65:42-55.

<sup>10</sup> CDC. Managing Elevated Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention. Chapter 5. Developmental Assessment and Interventions. Available at: [http://www.cdc.gov/nceh/lead/casemanagement/casemanage\\_chap5.htm](http://www.cdc.gov/nceh/lead/casemanagement/casemanage_chap5.htm)

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Child Eligibility Factor 8. Chronic Feeding Difficulties		
Criteria	Procedures for determining presence of eligibility factor/Evidence required	Examples/Guidance
<p>One or more of the following conditions exist for an <i>extended period of time</i>:</p> <ul style="list-style-type: none"> <li>• Stressful or extremely conflicted feedings</li> <li>• Refusal or inability to eat resulting in stressful or extremely conflicted parent/child interactions during feeding times.</li> <li>• Failure to progress with feeding skills.</li> </ul> <p><b>Note:</b> A diagnosis of “Failure to Thrive” is considered a 1-year Established Condition.</p>	<p>EI staff utilizing informed clinical opinion can <i>identify</i> and <i>document</i> observed behaviors, skills and/or a diet/feeding pattern inadequate for the child’s chronological age which support the criteria for this risk factor.</p> <p>The information is documented in the child’s record as part of eligibility determination (intake information, eligibility evaluation/assessment or contact note).</p>	<p>An infant who consistently turns away from the bottle or breast after brief periods of feeding, cries inconsolably after feedings, refuses or resists feedings, and parents identify they are concerned about the child’s growth, development, and/or feeding <i>meets</i> this criterion.</p> <p>A toddler who suddenly becomes selective in food choices (picky eater) but continues a diet and feeding pattern/development determined by appropriately trained or credentialed staff to be nutritionally adequate for growth <i>does not meet</i> this criterion.</p>
<p><b>Research:</b> Infants and toddlers demonstrating significant difficulty feeding are at risk for developing Failure to Thrive (FTT). “FTT is often multifactorial, involving some combination of infant organic disease, subtle neurologic and/or behavioral problems and parent-child interactional difficulties. Feeding difficulties, oral-motor dysfunction, food aversion, and/or appetite control often compound the problem. The malnutrition in children with FTT can lead not only to impaired growth but also to long-term deficits in intellectual, social, and psychological functioning”.<sup>11</sup></p>		

<sup>11</sup> Block R, Krebs, N. Clinical report: Failure to Thrive as a manifestation of Child Abuse, Pediatrics, vol. 116(5 pp1234-1237, 2005.

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<b>Child Eligibility Factor 9. Insecure Attachment or Interactional Difficulties</b>		
Criteria	Procedures for determining presence of eligibility factor/Evidence required	Examples/Guidance
<p>The child appears to have inadequate, atypical or disturbed social relationships, depression, or indiscriminate aggressive behavior.</p> <p style="text-align: center;"><b>And/or</b></p> <p>The family identifies or describes the behaviors atypical for the child’s chronological age as a concern.</p>	<p>Diagnosis of Reactive Attachment Disorder by a licensed clinician consistent with their professional state licensure.</p> <p style="text-align: center;"><b>Or</b></p> <p>EI staff as part of the assessment/evaluation process, utilizing informed clinical opinion can identify and document observed behaviors attributing to the conditions listed under these criteria.</p> <p>The information is documented in the child’s record as part of eligibility determination (intake information, eligibility evaluation/assessment or contact note).</p>	<p>A 9 month old whose family expresses concern about the baby’s lack of separation/stranger anxiety, inability to be consoled by adults, and resistance to being held or interacting with adults <u>meets</u> this criterion.</p> <p>A 30 month old whose family is concerned that their child appears more “clingy” than others in unfamiliar social situation but can be left with familiar adults at home, <u>does not meet</u> this criterion.</p>
<p><b>Research:</b> ‘Babies and young children thrive when they feel secure in their parents’ care as they experiment with their bodies, relationships, and physical environment. When the child cannot feel safe because they parent is consistently unavailable, unpredictable, or frightening, the basic conditions that promote early mental health are severely undermined.’<sup>12</sup></p>		

<sup>12</sup> Lieberman, A. & Van Horn, P. Psychotherapy with Infants and Young Children: Repairing the Effects of Stress and Trauma on Early Attachment. ( 2011)

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<b>Child Eligibility Factor 10. Suspected Central Nervous System Anomaly</b>		
Criteria	Procedures for determining presence of eligibility factor/Evidence required	Examples/Guidance
<p>Clinical findings that support evidence of a central nervous system abnormality:</p> <ul style="list-style-type: none"> <li>• Abnormal muscle tone</li> <li>• Persistence of multiple signs of less than optimal sensory motor patterns</li> <li>• Under reaction or over reaction to auditory, visual or tactile input</li> <li>• <u>Atypical</u> developmental patterns of mobility, oral motor, gross and fine motor, cognitive, and/or adaptive development.</li> </ul> <p style="text-align: center;"><b>Or</b></p> <p>An alcohol- or other drug-affected infant is one in which there is any detectable physical, developmental, cognitive, or emotional delay or harm that is associated with parental action involving substance use or abuse.</p>	<p>Obtain medical records to evidence known or suspected harmful exposures and/or birth risks.</p> <p style="text-align: center;"><b>Or</b></p> <p>Parent report documented in the child’s record as part of eligibility determination (intake information, contact note, eligibility evaluation/assessment).</p> <hr/> <p style="text-align: center;"><b>And</b></p> <p>EI staff as part of the evaluation/assessment process, utilizing informed clinical opinion, can identify and document behaviors, skills or developmental patterns affecting the child’s functioning within the context of daily routines and/or interactions with peers/adults supporting the clinical findings listed under the criteria.</p>	<p>A newborn with no reported harmful exposures and/or birth risks who is observed with labored breathing, jittery movements and disorganized state control <u>meets</u> this criterion.</p> <p>A newborn who demonstrated good regulatory and sensory motor skills, who is reported to have been exposed to a known harmful substance in-utero <u>does not meet</u> this criterion.</p>
<p><b>Research:</b> Many conditions that meet the “suspected abnormalities” or “clinical findings” criteria would also qualify a child for EI services under the diagnosed conditions eligibility. Alcohol remains the most widely studied prenatal drug of abuse, and the evidence is strong for fetal growth problems, congenital anomalies, and abnormal infant neurobehavior”.<sup>13</sup></p>		

<sup>13</sup> Behnke, M & ,Smith V.C> Committee on Substance Abuse Committee on Fetus & Newborn American Academy of Pediatrics Technical Report Prenatal Substance Abuse: Short- and Long-term Effects on the Exposed Fetus. Vol. 131 No. 3 March 1, 2013 pp. e1009 -e1024 (doi: 10.1542/peds.2012-3931)

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Child Eligibility Factor 11. Multiple Trauma/Losses		
Criteria	Procedures for determining presence of eligibility factor/Evidence required	Examples/Guidance
<p>A <u>series</u> of traumas or losses, directly experienced by the child that may impact on the care and development of the child.</p>	<p>The trauma or losses are directly experienced by the child, are reported by the child’s parent(s) and are documented in the child’s record as part of eligibility determination (intake information, evaluation/assessment or contact note).</p>	<p>A child who, with his/her family became homeless, endures a series of short stays with extended family/friends and has recently been placed in foster care <u>meets</u> this criterion.</p> <p>A child who has had multiple hospitalizations and/or repeated invasive medical procedures <u>meets</u> this criterion.</p> <p>A child who experiences multiple events of significant stress as a result of witnessing violence, abrupt separation of a caregiver (including, but not limited to death, divorce or DCF involvement), or abuse <u>meets</u> this criterion.</p> <p>A child in foster care that receives visitation and demonstrates adverse reaction/behavior in response to this routine <u>meets</u> this criterion.</p> <p>A child who has been with a stable foster, pre-adoptive or extended family where the goal is not reunification <u>does not meet</u> this criterion.</p> <p>A child's whose parent(s) is incarcerated but has never been a part of the child's life <u>does not meet</u> this criterion.</p>
<p><b>Research:</b> Exposure to a series of trauma or losses can interfere with normal development of the body’s neurological, endocrine and immune system. “Infants and toddler, because their brains are developing rapidly may be especially vulnerable and damage may be long lasting.”<sup>14</sup> Research shows that cumulative stressful experiences are particularly likely to be harmful.<sup>15</sup></p>		

<sup>14</sup> Shonkoff, J.P., Garner, A.S., and the Committee on Psychological Aspects of Child and Family Health. (2012) The lifelong effects of early childhood adversity and toxic stress. American Academy of Pediatrics Technical report.

<sup>15</sup> Murphey, David, Cooper, Mae and Forry, Nicole. The Youngest Americans: A Statistical Portrait of Infants and Toddlers in the US. Robert McCormack Foundation November 2013. (pg. 44)



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### Early Intervention Family Eligibility Factors, Definitions, Criteria and Procedures

The following consideration will apply to Family Eligibility Factors:

- If the child is in the care of someone other than the birth parent, and the goal is reunification of child and birth parent, the following Family Eligibility Factors are based upon the characteristics of the birth family as reported/supported by a reliable source (for example, a DCF worker, medical records, or a family member with knowledge of both the child and birth parent). This takes into consideration children who are in state custody as well as those living with relative-guardians.
- If there are no plans for reunification, Family Eligibility Factors would apply to the person(s) serving in the role of parent as defined by the IDEA and the EIOS.
- The Family Eligibility Factors are based on parental report unless otherwise indicated.
- EI staff members are reminded to utilize culturally sensitive, non-discriminatory practices when utilizing informed clinical opinion.
- Maternal eligibility factors criteria apply as eligibility factors to fathers if the father is the primary caregiver.

<b>Family Eligibility Factor 12. Maternal Age/Parity</b>		
Criteria	Procedures for determining presence of eligibility factor/Evidence required	Examples/Guidance
<p>Mother's age at the time of the child's birth is <u>less than 17</u>.</p> <p style="text-align: center;"><i>Or</i></p> <p>Mother has given birth to 3 or more children <u>before age 20</u>.</p>	<p>Maternal age is reported and documented in the child's record as part of eligibility determination (intake information, evaluation/assessment or contact note).</p>	<p>If the mother's age was 16 ½ when the child born this criterion is <u>met</u>.</p> <p>If the mother's age at the time of birth was 17, this criterion is <u>not met</u>.</p>
<p><b>Research:</b> "Although developmental delay is not an inevitable consequence for infants and toddlers of adolescent mothers, data suggests that infant and toddlers of adolescent parents when compared to children born to adult mothers, are at greater risk for a variety of developmental delay."</p>		

<b>Family Eligibility Factor 13. Maternal Education</b>		
Criteria	Procedures for determining presence of eligibility factor/Evidence required	Examples/Guidance
<p>Mother has completed <u>10 years or less</u> of formal education at the time of eligibility evaluation.</p>	<p>Maternal education is reported and documented in the child's record as part of eligibility determination (intake information, evaluation/assessment or contact note).</p>	<p>If a mother has not completed 10 years of formal education, this criterion is <u>met</u>.</p> <p>If a mother has her GED/High School equivalence diploma, this criterion has <u>not been met</u>.</p>
<p><b>Research:</b> "Education level of parents is one of the most powerful predictors of child wellbeing beginning in the prenatal period." "Young children whose parent have less than a high school education are three times more likely to be at moderate risk for developmental delays when compared to parents who have more than a high school education"<sup>16</sup></p>		

<sup>16</sup> Murphey, David, Cooper, Mae and Forry, Nicole. The Youngest Americans: A Statistical Portrait of Infants and Toddlers in the US. Robert McCormack Foundation November 2013. (pg 43, 52)

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Family Eligibility Factor 14. Family Lacking Social Supports		
Criteria	Procedures for determining presence of eligibility factor/Evidence required	Examples/Guidance
<p>Family is geographically or socially isolated and acknowledges that they are in need of emotional support and services.</p>	<p>Parent self-identifies this risk as applicable to their current living situation.</p> <p>The reported information is documented in the child’s record as part of eligibility determination (intake information, evaluation/assessment or contact note).</p>	<p>A family, new to a community, who does not have the ability/resources to maintain previous personal relationships and/or supports, would <u>meet</u> this criterion.</p> <p>A family, new to a community who identifies family, friends or services they can access for support <u>would not meet</u> this criterion.</p>
<p><b>Research:</b> “Social Capital – the network of people and institutions upon which a family can rely – is a critical contributor to the well-being of children and their parents. Social capital can be generated within family relationships and through family engagements in schools, religious institutions and other community networks. Higher levels of emotional support in mothers’ lives are linked with positive child outcome measures, such as better social competence and engagement in schooling, whereas social isolation is associated with increased rates of abuse and neglect.”<sup>17</sup></p>		

<sup>17</sup>Lombardi, J., Mosle,A., Patel,N., et al. ASCEND: The Aspen Institute. (2014). *Gateways to Two Generations: The potential for Early Childhood Programs and Partnerships to Support Children and Parents Together*, pp. 15.

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Family Eligibility Factor 15. Parental Chronic Illness or Disability		
Criteria	Procedures for determining presence of eligibility factor/Evidence required	Examples/Guidance
<p>A parent has a diagnosed or suspected chronic illness, sensory, mental health or developmental disability and agrees that it may <b>interfere with or adversely affect the child’s development or the parent’s care giving ability.</b></p>	<p>A parent self-identifies a diagnosed or suspected chronic illness, sensory, mental health or developmental disability <i>as a perceived concern it may interfere with or adversely affect the child’s development or parent’s care giving ability.</i></p> <p>This information is documented in the child’s record as part of eligibility determination (intake information, evaluation/assessment or contact note).</p>	<p>A parent reports a diagnosed disability which he/she perceives as having the potential of affecting his/her care giving abilities <u>would meet</u> this criterion.</p> <p>If a parent discloses a confirmed or suspected chronic illness or disability but does not perceive it to be adversely affecting or interfering with his/her care giving ability and the EI staff observe parent-child interactions which are caring and developmentally appropriate, this criterion <u>would not be met.</u></p>
<p><b>Research:</b> “Depression in parents is associated with poor health and developmental outcomes for children of all ages including prenatally.” Maternal depression has been linked to delays in cognitive and motor development among children ages 28-50 months old”<sup>18</sup> Studies indicate that disability alone is not a predictor of problems or difficulties in children- and that although parent with disabilities may have a different approach to parenting, the presence of a physical or mental health disability is a poor correlate of long term maladjustment in children.<sup>19</sup> A study done to identify range of factors that contribute to successful parenting for individuals with intellectual disabilities found these factors to include “higher IQ ( greater than 50 or 60), being married, or living with the child’s grandparents or daily support from a high functioning adult, having fewer children or only one, adequate motivation and willingness to accept support from service providers or informal sources, training in the home to enhance generalization appropriate parent models during childhood, good physical and mental health, adequate finances and low stress and adequate education and reading skills”<sup>20</sup></p>		

<sup>18</sup> Murphey, David, Cooper, Mae and Forry, Nicole. The Youngest Americans: A Statistical Portrait of Infants and Toddlers in the US. Robert McCormack Foundation November 2013. (pg 60)

<sup>19</sup> Chapter 12, The impact of Disability on Parenting. Available at: <http://www.ncd.gov/publications/2012/Sep272012/CH12>

<sup>20</sup> The ARC parents with Intellectual Disability. Available at: <http://www.hearc.org/what-we-do/resources/fact-sheet/parents-with-idd>

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Family Eligibility Factor 16. Family Lacking Adequate Food and Clothing		
Criteria	Procedures for determining presence of eligibility factor/Evidence required	Examples/Guidance
<p>The lack of food or clothing causes life stress for the family.</p>	<p>Parent confirms or self-identifies that a lack of food results in life stress for the family.</p> <p>The reported information is documented in the child's record as part of eligibility determination (intake information, evaluation/assessment or contact note).</p>	<p>A family who asks for information on local food pantries and/or are concerned that they will not have the money for winter outerwear for their child <u>would meet</u> this criterion.</p> <p>A family without transportation identifies their concern that they are expending their food budget, food stamps before the end of the month because the neighborhood store within walking distance is more expensive than a distant grocery store <u>would meet</u> this criterion.</p> <p>A parent, residing with his/her parent who acknowledges that the child's grandparents willingly subsidize monthly clothing and formula cost <u>would not meet</u> this criterion.</p>
<p><b>Research:</b> "Children living below the poverty threshold are 1 to 3 times as likely to experience learning disabilities and developmental delays."<sup>21</sup>                      "The list of negative child outcomes associated with poverty is long including increased likelihood of illness and injury, psychological and behavioral problems, diminished cognitive development and school achievement and shorter life expectancy"                      "Early and chronic poverty are more damaging to child development than is poverty that occurs later in life"<sup>22</sup>                      "inadequate food intake is associated with a number of serious health, behavioral and cognitive deficits"<sup>23</sup></p>		

<sup>21</sup>The Effects of Poverty on Children. Brooks-Gunn, Jeanne & Duncan, Greg, J. *The Future of Children Vol. 7, No. 2, Children and Poverty (Summer - Autumn, 1997), pp. 55-71 Published by: Princeton University*

<sup>22</sup> Murphey, David, Cooper, Mae and Forry, Nicole. *The Youngest Americans: A Statistical Portrait of Infants and Toddlers in the US.* Robert McCormack Foundation November 2013. Page 12.

<sup>23</sup> Murphey, David, Cooper, Mae and Forry, Nicole. *The Youngest Americans: A Statistical Portrait of Infants and Toddlers in the US.* Robert McCormack Foundation November 2013. Page 41.

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<b>Family Eligibility Factor 17. Homelessness</b>		
Criteria	Procedures for determining presence of eligibility factor/Evidence required	Examples/Guidance
<p>An infant and/or toddler and his/her parents will be considered homeless if:</p> <ul style="list-style-type: none"> <li>• The family lacks a fixed, regular, and adequate nighttime residence, or</li> <li>• The family is sharing the home of other persons due to loss of housing, economic hardship, or a similar reason, or</li> <li>• The family is living in a motel, hotel, camp ground, or emergency or transitional shelter, or the infant/ toddler is abandoned in a hospital or is awaiting foster care placement, or</li> <li>• The family is living in a public or private place not designed for or ordinarily used as a regular sleeping accommodation including, but not limited to cars, parks, public spaces, substandard housing, or bus or train stations, or</li> <li>• The family is considered to be migratory workers and is living in any of the situations described above.</li> </ul>	<p>Parent confirms or self-identifies as homeless based on the McKinney-Vento Definition (see criteria for details)</p> <p>The reported information is documented in the child's record as part of eligibility determination (intake information, evaluation/assessment or contact note).</p>	<p>Please see criteria columns for details</p>
<p><b>Research:</b> The quality of the physical environment and in particular, of housing, has substantial effects on development, perhaps especially so for the youngest children, since they lack independent mobility. In addition, stability of housing plays a role in the children's wellbeing.<sup>24</sup></p>		

<sup>24</sup>Murphey, David, Cooper, Mae and Forry, Nicole. The Youngest Americans: A Statistical Portrait of Infants and Toddlers in the US. Robert McCormack Foundation November 2013.

## Early Intervention Eligibility Factors, Definitions, Criteria and Procedures

Family Eligibility Factor 18. Open or Confirmed Protective Service Investigation		
Criteria	Procedures for determining presence of eligibility factor/Evidence required	Examples/Guidance
<p>A family meets this eligibility criterion if the family:</p> <ul style="list-style-type: none"> <li>• Has an open protective service file with the Department of Children and Families (DCF)</li> </ul> <p style="text-align: center;"><b>Or</b></p> <ul style="list-style-type: none"> <li>• Is in the period of investigation for child abuse or neglect</li> </ul> <p style="text-align: center;"><b>Or</b></p> <ul style="list-style-type: none"> <li>• Has had its file closed by DCF in the last 3 months.</li> </ul>	<p>Parent or DCF identifies at the time of eligibility determination:</p> <ul style="list-style-type: none"> <li>• They have an open protective service file with the DCF</li> </ul> <p style="text-align: center;"><b>Or</b></p> <ul style="list-style-type: none"> <li>• Is in the period of investigation for child abuse or neglect</li> </ul> <p style="text-align: center;"><b>Or</b></p> <ul style="list-style-type: none"> <li>• Has had its file closed by DCF in the last 3 months.</li> </ul> <p>This information is documented in the child’s record as part of eligibility determination (intake information, evaluation/assessment or contact note).</p>	<p>A parent who at the time of eligibility determination is in the middle of a DCF investigation process would <u>meet</u> this criterion.</p> <p>A parent who reports a prior opened protective case with DCF that was closed over a year ago <u>would not meet</u> this criterion.</p>
<p><b>Research:</b> “Contrary to popular belief, the mere removal of a young child from an environment of severe neglect is not a guarantee of positive outcomes. In the absence of appropriate intervention services, neglected children remain at increased risk for a host of problems that have been found to continue through adolescence and into the adult years. Significant neglect or deprivation in the early childhood years influences the development of variety of brain regions that are important for thinking, learning, focus and attention, controlling emotions and managing stress.”<sup>25</sup></p>		

<sup>25</sup> Science of Neglect: the Persistent Absence of Responsive Care Disrupts the Developing Brain : Paper 12 from National Scientific Council on the Developing Child 2012

## Early Intervention Eligibility Factors, Definitions, Criteria and Procedures

Family Eligibility Factor 19. Substance Abuse		
Criteria	Procedures for determining presence of eligibility factor/Evidence required	Examples/Guidance
<p>A family meets this eligibility criterion if substance abuse is having or may have had an adverse effect on the child's development or the parent(s) caregiving ability.</p>	<p>Parent self-identifies at the time of eligibility determination that substance abuse is having or may have had an adverse effect on the child's development or the parents care giving ability</p> <p>The reported information is documented in the child's record as part of eligibility determination (intake information, eligibility evaluation/assessment or contact note).</p>	<p>A parent who reports his/her priority of maintaining sobriety and is concerned that the amount of time or focus to maintain sobriety may have an adverse effect on his/her child's development <u>would meet</u> this criterion.</p> <p>A parent who reports concerns about being the adult-child of-an-alcoholic and the possible adverse effects on the child's development would <u>meet</u> this criterion.</p> <p>A parent who reports his/her concern about the impact to his/her child's development because of the presence of a substance abusing adult in the home where the child is cared for <u>would meet</u> this criterion.</p> <p>An adult-child-of-an-alcoholic who does not have concerns that previous experiences would have an adverse effect on his/her child's development <u>would not meet</u> this criterion.</p> <p>A parent who reports the child's other parent is an active substance abuser, but that the child has no contact with that parent, has taken proactive measures to ensure the child will not have contact with the parent abusing substance(s) and has no concerns about the adverse effects on the child's development <u>would not meet</u> this criterion.</p>
<p><b>Research:</b> "Children of parents who use or abuse substances and have parenting difficulties have an increased chance of experiencing a variety of negative outcomes including poor cognitive, social and emotional development."<sup>26</sup></p>		

<sup>26</sup> Childwelfare.gov referencing a systemic review noted in the Journal of Social Work Practice in the Addictions,13 (1), 6-31. Doi:10.1080/1533256x.2013.752272

## Early Intervention Eligibility Factors, Definitions, Criteria and Procedures

Family Eligibility Factor 20. Domestic Violence/Emotional/Physical or Sexual Abuse		
Criteria	Procedures for determining presence of eligibility factor/Evidence required	Examples/Guidance
<p>A family meets this eligibility criterion if there is a current, or a history in the family of any of the below:</p> <ul style="list-style-type: none"> <li>• Domestic Violence</li> <li>• Emotional Abuse</li> <li>• Physical Abuse</li> <li>• Sexual Abuse</li> </ul> <p>which is likely to interfere with or adversely affect the child’s development or the parent’s care giving ability.</p> <p><i>*note: Substance Abuse is covered in risk factor #19</i></p>	<p>Parent self-identifies at the time of eligibility determination that domestic violence, emotional, physical and /or sexual abuse is likely to interfere with or adversely affect the child’s development or the parent’s care giving ability.</p> <p>The reported information is documented in the child’s record as part of eligibility determination (intake information, eligibility evaluation/assessment or contact note).</p>	<p>A parent who reports his/her concern about abuse in relation to his/her child’s development <u>would meet</u> this criterion.</p> <p>A parent who reports past experiences of abuse but the child/parent has no contact with the abuser, has taken proactive measures not to have contact with the abuser and has no concerns about the adverse effects on the child’s development <u>would not meet</u> this criterion.</p>
<p><b>Research:</b> “An experience of violence can lead to lasting physical, mental, and emotional harm, whether the child is the direct victim or a witness”<sup>27</sup></p>		

<sup>27</sup> "The Youngest Americans: A Statistical Portrait of Infants and Toddlers in the United States." *Child Trends*. 4 Nov. 2013. Web. 20 Jan. 2015. <http://www.childtrends.org/?publications=the-youngest-americans-a-statistical-portrait-of-infants-and-toddlers-in-the-united-states>.