

STATE OF RHODE ISLAND
DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

PUBLIC NOTICE OF PROPOSED RULE-MAKING

In accordance with Rhode Island General Law (RIGL) 42-35 and 42-72-5, notice is hereby given that the Department of Children, Youth and Families proposes to amend the following Department rule:

Early Intervention Referral Process for Children Involved with DCYF

This proposed amended rule provides standards to ensure all children under the age of three who are victims in an indicated case of child abuse or neglect receive the CAPTA mandated referral to programs that provide support and services to families with children with known or suspected developmental delays and disabilities. This proposed amended rule provides details relating to consent, the referral process and service coordination and transition. Following is an explanatory statement of the Proposed Changes to this rule, as required by RIGL 42-35-2.3.

Summary of Proposed Substantive Changes

1. Legal basis for mandate for early intervention referrals was moved from the standard opening policy section and imported into the procedure.
2. Changes were made to accurately describe the names of current collaborative programs.
3. Language changes were made to reflect differences between "early intervention" the system and "Early Intervention" the program related to referral processes.
4. Specific procedures outlining the referral and consent process when a child remains at home versus when a child is removed from the home added.
5. Descriptive language regarding the DCYF consent forms #003 and #175 added.
6. Language regarding the PANDA Clinic and the PCP's role in Early Intervention referral was removed.
7. Language regarding children in substitute care and references to the NHPRI application was removed.
8. Content related to specifics of the Early Intervention assessment process and timeline post referral was removed.

In the amendment of this rule, consideration was given to: (1) alternative approaches and (2) overlap or duplication with other statutory and regulatory provisions. No alternative approach or duplication or overlap was identified based upon available information.

This amended rule is accessible on the DCYF website (<http://www.dcyf.ri.gov>) or the R.I. Secretary of State's website (<http://www.sec.state.ri.us/ProposedRules/>). Interested persons may submit written comments by **January 20, 2015** to Sarah St. Jacques, Department of Children, Youth and Families, 101 Friendship Street, Providence, RI 02903 (sarah.stjacques@dcyf.ri.gov).

In accordance with RIGL 42-35-3, an oral hearing will be granted if requested by twenty-five (25) persons, or by an agency or an association having at least twenty-five (25) members. A request for an oral hearing must be made within thirty (30) days of this notice.

The Department of Children, Youth, and Families does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief or handicap. The prohibition against discriminatory practices extends to the agencies, organizations and institutions the Department licenses.

POSTED: 12/15/14

Early Intervention Referral Process for Children Involved with DCYF

Rhode Island Department of Children, Youth and Families

Policy: 700.0230

Effective Date: December 29, 2006 Revised: 2015 _____ Version: 24

The Rhode Island Department of Children, Youth and Families (~~DCYF~~), (hereinafter, the Department) refers all children under the age of three (3) who are victims in an indicated case of child abuse or neglect ~~and have a single established condition for a disability to programs that provide support and services to families with children with known or suspected developmental delays and disabilities~~ Early Intervention (EI) services. ~~The~~ is referral process ~~complies is in compliance~~ with the federal Child Abuse Prevention and Treatment Act (CAPTA) (PL 108-36), ~~and has been developed in collaboration with the Department of Human Services (DHS), the Department of Health (DOH), the Early Intervention (EI) provider agencies and the Family Outreach Program (FOP) visiting nurse agencies.~~

~~This mandate ensures that children under the age of three (3) years old who are victims in an indicated case of child abuse or neglect are given an appropriate developmental evaluation to determine their eligibility for referral to EI services or to other appropriate community-based, child development and family support programs. EI is a program that promotes the growth and development of infants and toddlers with developmental challenges. EI services provide critical support for families and children and assists with preparation for a child's educational development through transition planning and activities beginning at twenty-eight (28) months of age.~~

~~DCYF Child Protective Services staff initiate the referral process to EI services or to a FOP as part of the investigation process for indicated abuse and/or neglect cases involving children under the age of three (3). Ongoing EI or FOP services are monitored through Family Service Units (FSU) subsequent to the CPS investigation.~~

Related Procedures

[Early Intervention Referral Process for Children Involved with DCYF](#)

Related Policies

[Complaints and Hearings](#)

[Confidentiality](#)

[Drug Usage During Pregnancy](#)

[Education Surrogate Parent Referral Policy](#)

[Family Assessment Comprehensive Assessment and Service Planning](#)

[Removal of Child from Home](#)

[Service Plan](#)

Early Intervention Referral Process for Children Involved with DCYF

Procedure from Policy: 700.0230: Early Intervention Referral Process for Children Involved with DCYF

A. A referral to supportive services ensures that children are given an appropriate developmental assessment to determine their eligibility for appropriate community-based, child development and family support programs.

1. First Connections is a short-term program that provides developmental screening as well as linkage to community resources for families.
2. Early Intervention (EI) is a program that promotes the growth and development of infants and toddlers with developmental challenges.

B. The Department of Children, Youth and Families (hereinafter, the Department) collaborates with the Executive Office of Health and Human Services, the Department of Health and community stakeholders to ensure eligible children receive the Child Abuse Prevention and Treatment Act (CAPTA) mandated referral to programs which provide support and services to families with children, from birth to age three, with developmental delays and disabilities.

1. Children living in high risk environments are more likely to have early developmental delays.
1. For this reason, the Department DCYF refershas a process to refer all children under the age of three (3) who are victims in an indicated case of child abuse or neglect for anand have a single established condition for a disability to Early Intervention (EI) servicesassessment.
2. _____
3. Parent signs the appropriate form providing consent to begin the referral process.
 - a. If the family is involved with an EI or First Connections program the primary service worker obtains a signed Authorization to Obtain or Release Confidential Information DCYF form #007. Refer to DCYF Policy 100.0000: Confidentiality.
 - b. If the child remains in the home the parent signs the DCYF form #175.
 - c. If the child is removed form the home the parent signs the DCYF form #003.
 - d. In accordance with federal law, Individuals with Disabilities Education Act (IDEA) Part C for Early Intervention services, a parent may accept or decline supportive services and may decline such services after first accepting them.
 - i. Parent is informed of the right to appeal any Department decision.
 - ii. Refer to DCYF Policy 100.0055, Complaints and Hearings.

_____ **Child Protective Investigator (CPI)** - ~~1. If a child does not have a single established condition for a disability and does not initially qualify for EI services, a referral to the Family Outreach Program (FOP) is completed and a developmental evaluation is conducted on the child, with the family's involvement through the FOP. After completion of the developmental evaluation, a determination is made by the FOP whether a referral to EI services is appropriate.~~

2. ~~In accordance with federal law, Individuals with Disabilities Education Act (IDEA) Part C for Early Intervention services, a parent may accept or decline EI services and may decline such services after first accepting them.~~

_____ ~~For children with legal status, should a parent decline EI services, DCYF may incorporate EI services into the child's Service Plan if it is determined that these services are in the~~

child's best interest. The Service Plan is submitted to Family Court and EI services are Court ordered for the child.

- a. The EI program provides services to the identified child and works with the parent, foster family and/or EI surrogate parent in coordination with DCYF to implement the Individualized Family Service Plan (IFSP) as required for EI services.
3. For children with no legal status, should a parent decline EI services, primary service worker and supervisor review the family status, and if necessary consult with DCYF legal. DCYF may refer inactive children and children under the age of three (3) who are not victims in an abuse or neglect investigation to EI or FOP services if it is determined that these services are in the child's best interest.

C. Child Protective Services Investigative Staff For any family with a child under the age of three who is found to have been abused and/or neglected:

1. For a child remaining at home, the CPI:

A.

- a. 1. Child Protective Investigator (CPI) reviews with the family the Developmental Screen/Evaluation Referral Information Form (DCYF form #175) as part of the investigation process for any family with a child under the age of three (3) who is found to have been abused and/or neglected (refer to RICHIST Window Help: Early Intervention Referral Form Window);
- b. 2. CPI requests the signature of a parent or guardian on the DCYF form #175 providing consent to begin the referral process;
- c. Ensures the original signed DCYF form #175 is filed in the family record and forwarded to the Intake division/unit as part of the investigation report;
- d. Ensures a copy of the signed DCYF form # 175 is forwarded to the CAPTA liaison to initiate referral for supportive services.
- e. Parental consent to begin the referral process is entered into RICHIST. (refer to RICHIST Window Help: The Early Intervention Consent Window).
- f. a parent or guardian decline EI services or referral to a FOP for eligibility determination, the Checks the declined box on the unsigned DCYF form #175 and has parent sign the form indicating refusal if a parent or guardian declines the referral.
 - i. The DCYF form #175 is placed in the record and the decision of the parent or guardian to decline the referral process is entered in RICHIST.
 - ii. The declined form is forwarded to the Department's CAPTA liaison for tracking.
- g. Refer to RICHIST Window Help: The Early Intervention Consent Window and RICHIST Window Help: Early Intervention Referral Form Window.

b. In situations where the parent is absent and the child is in the care of a relative who is not a legal guardian, an appropriate DCYF administrator provides consent on the DCYF #175.

c. In situations where the victim is a child under the age of three (3) involved in an institutional abuse case, CPI seeks referral authorization from the parent or guardian and enters a Case Activity Note (CAN) in the investigation stating that the victims family was advised of EI/FOP services and forwards the referral as appropriate, keeping a copy of the authorization form in the investigation record.

2. d. A consent record is created in RICHIST for each victim under the age of three (3) in a case prior to sending the investigation for approval (refer to

~~RICHIST Window Help: The Participant Tab on the Investigation Window). For a child removed from the home, the CPI:~~

- ~~a. Attempts to have the DCYF form #003 signed at the point of removal. In instances where the child is removed from the home, the DCYF form #003, which includes consent for an early intervention referral, is signed by the parent or Department administrator. Refer to DCYF Policy 1000.0020: Authorization for Medical Treatment for Child in Placement.~~
 - ~~b. Forwards the DCYF form # 003 to the Intake Unit as part of the completed investigation and a copy to the Department's CAPTA liaison.~~
3. ~~When a~~ in circumstances in which newborns tests positive for exposure to alcohol or other toxic substances, the attending physician at the birthing hospital places the baby is placed on a 72-hour hold and initiates a referral referral is initiated to the First Connections FOP. Refer to DCYF Policy 500.0075: Removal of a Child from Home.
CPI reviews with the family the requirement for a referral to be completed, requests the signature of a parent or guardian on the DCYF #175 and documents the decision to accept or decline services in RICHIST. FOP follows up with the parent or guardian of the newborn within 24 to 48 hours to assess the needs of the family and screen for eligibility to EI services.
- ~~a. If the family is involved with an EI or FOP program at the time of the 72-hour hold, CPI obtains a signed Authorization to Obtain or Release Confidential Information (DCYF #007) (refer to Policy 100.0000, Confidentiality). First Connections follows up with the parent, guardian or foster parent within 48 hours after hospital discharge to assess the needs of the family, including the appropriateness of an EI referral.~~
 - ~~b. In circumstances in which a mother is alleged to or is known to have used drugs and/or alcohol during pregnancy, refer to DCYF refer to Policy 500.0125: Drug Usage During Pregnancy.~~
4. A parent may decline a referral for supportive services for a child with legal status remaining at home. If so, the Department may incorporate services and resources into the child's service plan if it is determined that these services are in the child's best interest. Refer to DCYF Policy 700.0075: Comprehensive Assessment and Service Planning.
- ~~a. The service plan is submitted to Family Court and supportive services are Court ordered for the child.~~
 - ~~b. The designated program provides services to the identified child and works with the parent, foster family and/or EI surrogate parent in coordination with the Department.~~
5. When a parent declines a referral for children remaining in the home with no legal status, the primary service worker and supervisor review the risk and protective capacity of the family and determine necessity of legal review and intervention.
6. The Department may refer children under the age of three who are not victims in an abuse or neglect investigation for a referral if it is determined to be in the child's best interest, as outlined in A. above. The DCYF form #175 is used to facilitate this referral.

~~In circumstances requiring a medical examination of a child, the parent or guardian and CPI take the child to a physician/nurse practitioner or hospital emergency room. Medical examinations are performed within 24 hours of the investigation (refer to Policy: 500.0075, Removal of Child from Home).~~

~~Children under the age of three (3) who are examined by a physician/nurse practitioner at the Pediatric Abuse and Neglect Diagnostic Assessment (PANDA) Clinic for medical evaluation to determine evidence of abuse and/or neglect will also be screened for evidence of a developmental delay or disability.~~

~~Children under the age of three (3) who are examined by their primary care physicians or other physician/nurse practitioner for medical evaluation to determine evidence of abuse and/or neglect, not affiliated with the PANDA Clinic, may not be screened for evidence of a developmental delay.~~

~~A Physician's Report of Examination (PRE) documents if there is evidence of abuse and neglect.~~

- ~~i. If PRE indicates evidence of abuse and/or neglect and a child has a developmental delay, DCYF intake worker initiates a referral to EI services.~~
- ~~ii. If PRE indicates evidence of abuse and/or neglect and the medical examination suggests developmental delay but is not conclusive, DCYF intake worker initiates a referral to the FOP for a follow up evaluation to determine eligibility to EI services; and, if appropriate, a referral is then made to an EI provider by primary service worker.~~
- ~~iii. If the PRE indicates evidence of abuse and/or neglect and the medical examination suggests no developmental delay, DCYF intake worker initiates a referral to FOP for appropriate family assessment, service referral recommendations and coordination with the family.~~

D. Child Protective Intake Staff

1. Upon receiving a completed or pending investigation from the CPI with a child under the age of three (3) who is identified as a victim in an indicated case of abuse or neglect, the Department's intake worker staff checks the interdepartmental databases with the DHS, EOHHS and/or the DOH to determine the family's EI status involvement with supportive services, if any.
2. The intake worker provides the Department's CAPTA liaison with notification of the signed sends the completed DCYF form #003 (for a child removed from home) and /or confirms the Department's CAPTA liaison's receipt of the DCYF DCYF form #175 (for a child remaining in the home).
 - a. If the DCYF form #175 is not signed by parent at the point of investigation, the intake worker seeks parental consent, delegates the referral to the Family Care Community Partnership or notifies the Family Services Unit (hereinafter, FSU) of the need for parental consent for referral. Refer to the DCYF Family Care Community Partnership (FCCP) Practice Standards.
 - b. The Department's CAPTA liaison:
 - i. completes referral information on the DCYF form #175;
 - ii. to the appropriate EI provider or to the FOP informs the intake worker of the initiated referral and provides the contact information for the identified provider;
 - iii. enters the referral into the community based services section in RICHIST; and
 - iv. initiates referral to the appropriate services.

~~Referral information includes at minimum the child's demographic information, referral determination and referral source's contact information.~~

~~b. For investigations with the child remaining home:~~

~~i. The family is assigned to an Intake Unit if the family is not active with FSU.~~

~~ii. If the family is active with FSU, Intake transfers the family to FSU.~~

~~c. For investigations with the child entering substitute care:~~

~~i. Intake assigns the family to FSU with notification of the status of the referral process.~~

~~ii. Intake worker refers child with a completed DCYF #175 to either FIP or EI services. Intake worker attempts to gather consent from parents and documents efforts if attempts were unsuccessful, FSU must follow up with the family to attempt to gain consent.~~

~~d. Children placed in substitute care receive medical and behavioral health care through the Neighborhood Health Plan of Rhode Island, a RIte Care Medicaid managed care health plan. Once a child's placement is entered into RICHIST, a benefit application is sent to NHPRI through interdepartmental databases.~~

- i. DCYF's Management and Budget Unit workers ensure that children placed in substitute care are enrolled in Medicaid managed care services. Coverage generally begins within 7 to 10 days but no later than 30 days after the placement information is entered in RICHIST.
- ii. If the child is in an unpaid placement as recorded in the Living Arrangement Icon of RICHIST, Intake/FSU worker contacts the Management and Budget Unit to ensure medical coverage is initiated.

Family Service Unit (FSU) - Family Service Units (FSU) and Child Protective Intake Staff

E. Once Upon receiving assignment to a new family or when receiving electronic notification from Intake CPS regarding an indicated investigation on an active family with a child under the age of three ~~(3)~~, who is identified as a victim in an indicated case of abuse or neglect, the primary service worker reviews the Community-Based Service Icon in RICHIST to determine EI or FOP referral status ~~(refer to RICHIST Window Help: Early Intervention Type Services Window)~~, and:-

1. Obtains a signed Authorization to Obtain or Release Confidential Information DCYF form #007 if services are in place at the time of assignment to the family, and contacts the active service provider for ongoing service coordination.
2. If a family has been referred to First Connections:
 - a. First Connections attempts contact with the family within 48 hours after receiving the referral to schedule an evaluation.
 - b. A meeting is scheduled in the family's home to assess needs and provide information related to additional supports.
 - c. First Connections conducts developmental screening to determine eligibility for EI services or other relevant family support programs.
 - d. If a determination is made that a referral is appropriate for EI services, First Connections informs the primary service worker.
 - e. The referral to an EI provider is initiated by the CAPTA liaison in collaboration with the primary service worker.
3. If a referral ~~has been~~ has been made to ~~an EI program~~ EI:
 - a. ~~an~~ An evaluation assessment is performed by the EI provider to determine eligibility for services and, if ~~accepted~~ determined eligible, the EI provider develops the required Individualized Family Service Plan (IFSP) ~~as required for EI services~~.
 - i.b. EI providers ~~are required to~~ complete a full assessment and convene a multidisciplinary meeting to develop the initial IFSP within ~~forty-five (45)~~ 45 days of receiving a completed referral.
 - ii.c. The Department's DCYF primary service worker ~~participates in~~ collaborates ~~esion~~ with the EI provider in the development of the IFSP and attends meetings, if available.
 - iii.d. The IFSP informs and supports ~~DCYF's the Department's~~ ongoing comprehensive family assessment and service planning process with families. ~~(Refer to DCYF Policy: 700.0075, Comprehensive Assessment and Service Planning, Family Assessment and Policy: 700.0025, Service Plan)~~.
4. If a referral was not made prior to FSU assignment:

~~If a family has been referred to an FOP, a Level I or Level II evaluation for the child is completed with the family's involvement, and a determination is made regarding the child's eligibility for EI services.~~

~~FOP attempts contact with the family 24 to 48 hours after receiving the referral. If a determination is made by the FOP, after the FOP evaluation process, that a referral is appropriate for EI services, the FOP informs the primary service worker and the referral to an EI provider is initiated by primary service worker.~~

 - a. If there is no prior authorization in the family record for making a referral to EI services or FOP, The primary service worker explains the referral

~~process for EI and FOP services and requests the parent or guardian sign the Developmental Screen/Evaluation Referral Information Form (DCYF form #175 (for a child remaining in the home); or~~

- ~~b. Confirms the Department's receipt of the signed DCYF form #003 (for a child removed from home), and~~
 - ~~c. Notifies the Department's CAPTA liaison to initiate the referral process.~~
 - ~~d.) (Refer to RICHIST Window Help: Early Intervention Referral Form Window).~~
5. The primary service worker establishes the level of parental participation in the EI program dependent upon the service plan goals.
- a. If the biological parent represents his/her child while the child is in substitute care, the primary service worker notifies EI through the Department's CAPTA liaison to contact the family directly.
 - b. If the biological parent is unable to represent his/her child's interest because the parent's whereabouts is unknown, a termination of parental rights petition has been filed or parents are unwilling or unable to participate in the EI program;
 - i. The EI program allows for a surrogate parent to be appointed.
 - ii. A surrogate parent becomes the primary decision maker for EI services, which allows him or her to sign EI documentation specific to service delivery and collaborate with service providers.
 - iii. The primary service worker notifies EI through the Department's CAPTA liaison to allow the foster family to be the primary decision maker for EI services at this time.
 - iv. When the parent wishes to represent his/her child after a surrogate parent has been assigned, he/she may request to regain the parental role by notifying the Department's primary service worker.
 - v. The primary service worker and supervisor discuss the details of the family situation and make a determination on a case by case basis.
 - vi. If the parent disagrees with the determination, he/she may file an appeal and request a formal hearing. Refer to DCYF Policy 100.0055: Complaints and Hearings.
 - c. The responsibility of an EI surrogate parent is to represent the identified child in all matters related to:
 - i. The evaluation and assessment of the child;
 - ii. Development and implementation of the child's IFSP, including annual evaluations and periodic reviews; and
 - iii. The ongoing provision of EI services to the child.
 - d. The EI surrogate parents have limited rights for signing authorization forms. Birth parents involved with service plan reunification goals retain the right to sign forms/authorize:
 - i. Medical treatment and service needs for the child that is beyond emergency or routine care.
 - ii. Any and all requests for release of confidential information.

~~_____ If EI or FOP services are currently in place at the time of assignment to the family, primary service worker obtains an Authorization to Obtain or Release Confidential Information (DCYF #007) and contacts the active service providers.~~

F. Service Coordination and Transition

- 1. Communication is ongoing between the primary service worker and EI/First Connections provider. The primary service worker enters updated information

related to EI and First Connections referrals in RICHIST. Refer to RICHIST Window Help: The Early Intervention Type Services Detail Window.

2. The Department is responsible to ensure child safety, permanency and well-being in accordance with the Adoption and Safe Families Act. The Department's service plan takes precedence over the IFSP, although the IFSP informs and supports the Department's responsibility for permanency planning regarding the identified child.

The EI program allows for a surrogate parent to be appointed when the biological parent is either unwilling or unable to represent his or her child's interest for EI services and preparation for educational activities.

At the time of referral to EI, primary service worker documents in RICHIST and on the DCYF form #175 whether the EI provider is to contact the family directly or send notification to the EI Surrogate Parent Program to contact the family (refer to RICHIST Window Help: Early Intervention Type Services Window).

For children with legal status, DCYF establishes if there are limitations to parental participation in the EI program dependent upon the Service Plan goals.

If the biological parent is able to represent his or her child's best interest while the child is in substitute care, primary service worker notifies EI to contact the family directly and provides the contact information.

b. If the biological parent is unable to represent his or her child's best interest because the parent's whereabouts is unknown, a termination of parental rights petition has been filed or parents are unwilling to participate in the EI program, primary service worker notifies EI to send notification to the EI Surrogate Parent Program regarding the appointment of a surrogate parent.

i. The biological parent is notified by mail through the DHS EI Surrogate Parent Program that a referral for EI services has been initiated, and the parent is asked to respond within ten (10) days if he/she wants to participate in the EI program.

ii. If the biological parent does not respond within ten (10) days a volunteer EI surrogate parent is appointed through the EI Surrogate Parent Program.

Should a parent subsequently want to represent his or her child after an EI surrogate parent has been appointed, he/she may request to regain the parental role by notifying DCYF primary service worker and reviewing the current family situation.

Worker and supervisor discuss the details of the family situation and make a determination on a case by case basis.

If parent disagrees with the outcome of a request to regain the role of representing their child in the EI program, parent may file an appeal and request a formal hearing (refer to Policy 100.0055: Complaints and Hearings).

he responsibility of an EI surrogate parent is to represent the identified child in all matters related to:

The evaluation and assessment of the child

b. Development and implementation of the child's IFSP, including annual evaluations and periodic reviews

c. The ongoing provision of EI services to the child

6. Birth parents involved with reunification Service Plan goals retain signing rights on medical treatment and service needs for the child that are beyond emergency or routine care and authorize any and all requests for release of confidential information.

Service Coordination

Communication is ongoing between primary service worker and EI/FOP provider. Primary service worker enters updated information related to EI and FOP referrals in RICHIST (refer to RICHIST Window Help: The Early Intervention Type Services Detail Window).

~~DCYF is responsible to ensure child safety, permanency and well-being in accordance with the Adoption and Safe Families Act (ASFA) requirements. The DCYF Service Plan takes precedence over the EI IFSP, although the IFSP informs and supports the Department's responsibility for permanency planning regarding the identified child.~~

~~Transition Planning For Toddlers 28 to 36 Months of Age~~

- ~~3. An automated e-mail is generated to the primary service worker and the Department's DCYF Education Services Coordinator simultaneously at the beginning of the child's birthday month when the identified child on their caseload reaches 28 months.~~
- ~~4. In order to facilitate transition planning, the activities primary service worker completes the RICHIST DCYF #061, the Education Information Sheet in RICHIST DCYF form #061 and forwards it form to the Education Services Coordinator.~~
 - a. Children between the ages of three (3) and five (5) experiencing developmental delays may be eligible for special education services.
 - b. EI programs assist in facilitating a smooth transition of children from EI into other environments.
 - c. EI programs initiate a transition process to the Local Education Authorities for children suspected of needing special education or related services and their families.
- ~~5. By the time the Prior to the child turns reaching thirty (30) months of age, a transition planning team consisting of appropriate representatives able to make educational decisions for the child convenes to determine the activities to take place during the transition.~~
 - a. The transition planning team consists of R representatives able to make educational decisions for the child and includes an local education authority LEA representative, parent(s) or guardian(s), EI surrogate parent and/or education advocate if different from an EI surrogate parent, and an EI representative.
 - b. Additional participants may include a Department CYF representative and a foster parent if different from EI surrogate parent.
- ~~6. The Transition planning activities reflects the individual needs of the child and includes action steps for pre-school preparation, necessary timelines and persons responsible for carrying out identified these activities.~~
- ~~Transition planning events reflect the individual needs of the child.~~
- ~~7. For children a child who turns thirty-six (36) months between the months of May and September, transition planning activities occur on an adjusted timeline. The adjusted time frame to ensures placement upon the opening of school or timely determination if a 230 day or extended school year program is to be provided to the child when he/she turns 36 months.~~
- ~~8. DCYF The Department is responsible for referring children in need of an educational advocate to the Department of Education. (Refer to DCYF Policy: 700.0000, Education Surrogate Parent Referral Policy).~~