AN ANALYSIS OF THE COLLABORATION BETWEEN
CHILD WELFARE AND EARLY CHILDHOOD EDUCATION SYSTEMS IN
CUYAHOGA COUNTY

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To Dr. Frank Aquila whose guidance and advice will always be missed.

To my family and friends for their love and encouragement during this journey.

To my three amazing children, Samantha, Alexandra and Nathan for their love, patience and humor each and every day.

To my “angel flying too close to the ground” for the strength and inspiration that made this possible.
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ABSTRACT

Over the past century, adult views of children and childhood have evolved, as have the expectations of society on the care of youth, especially for our most vulnerable populations. Two of the most vulnerable populations in our society are children without stable families and children with what today we label special needs. Unfortunately, the social systems that have supported these two populations over the last century—child welfare and education—have not traditionally coordinated support to minimize the interruptions these risk factors have on healthy development. Nowhere is this coordination more vital than for our youngest children as caregivers and professionals attempt to prepare them for school. The purpose of this study is to understand what collaboration exists in Cuyahoga County between the child welfare system and both special education and general education settings in early childhood for children up to age five.

Between 2004 and 2006, the Edmund S. Muskie School of Public Service at the University of Maine (UM) conducted a study in Colorado to examine issues of collaboration across the child welfare, early intervention and early childhood systems. The UM study used a mixed methods approach of legal and policy analysis, as well as interviews and surveys with foster parents and randomly selected child welfare caseworkers.

This dissertation is based on the framework used in the UM study, incorporating a mixed methods approach of surveys, interviews and focus groups. Surveys were distributed and interviews conducted with child welfare caseworkers, early intervention specialists and early childhood educators.
The Department of Children and Family Services (DCFS) of Cuyahoga County provided access to 20 child welfare caseworkers voluntarily participating in the surveys and interview process. Through the Educational Service Center (ESC) of Cuyahoga County, Help Me Grow (HMG) of Cuyahoga County, Invest in Children, Cuyahoga County Board of Developmental Disabilities and Starting Point Child Care Resource and Referral Agency, 20 early intervention specialists and early childhood educators also participated.
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CHAPTER 1
INTRODUCTION

Fass and Mason (2000) describe childhood as one of the fundamental phenomena in human societies, of which an understanding of its history will shed light on present conditions and problems. Throughout history, society's view of children and childhood has evolved, as has the expectations of society on the care of youth, especially for our most vulnerable populations. These vulnerable populations often converge upon one another, with one risk factor intensifying other risk factors. Two of the most vulnerable populations in our society have historically been children without stable families and children with special needs. Unfortunately, the societal systems that support these two populations have not traditionally coordinated support to minimize the interruptions these risk factors have on typical development. Nowhere is this coordination more vital than for our youngest children as caregivers and professionals attempt to prepare them for school.
Children in the child welfare system that require out of home care often enter the system after experiencing complex, often interactive, factors that create a risk for abuse and neglect, as well as poor developmental outcomes exacerbated by the maltreatment itself which is a leading cause of disability and developmental delay in young children (Dicker & Gordon, 2006; Vig, Chinitz, & Shulman, 2005). Because children under the age of three account for more than one third of all substantiated neglect and more than 50% of all substantiated medical neglect reports, early intervention should be a priority to mitigate the deleterious experiences (Dicker & Gordon, 2006). Many of the children most at-risk of not starting school “ready to learn” are already involved in the child welfare system and often, the reasons they are in the child welfare system are the same reasons they are educationally vulnerable (McCart & Bruner, 2003).

Early intervention and favorable, stimulating environments for infants and young children can minimize the long-term and permanent adverse effects of prior traumatic environments and experiences on brain development (American Academy of Pediatrics, 2000). Fortunately, early intervention, as well as prevention, does not need to be invented, but rather already exist through many available environments and relationships. However, effective early intervention involves sharing knowledge and requiring the collaboration of health, education and social services to provide an accurate diagnosis with information about the child’s situation from birth to point of referral and consistency between one professional and another about the nature of the child’s needs, the significance, the likely outcomes and evidence about effective strategies (Little & Mount, 1999).
The purpose of this study is to understand what collaboration exists in Cuyahoga County between the child welfare system and both special education and general education settings in early childhood for children up to age five. This study used an action-research mixed methods approach to assess the collaboration. The mixed methods included policy and procedure document reviews, interviews with child welfare and early education directors or supervisors, and surveys of child welfare caseworkers and early childhood educators. In examining the interface between welfare and education systems, it is hoped that policy makers will recognize the importance of systematically addressing the educational needs of young children in the child welfare system, especially those in foster care.

Definitions of Common Terms

While the state and local agencies and services in child welfare, early intervention and early childhood education are described throughout Chapter 1, below are definitions from the US Department of Health and Human Services to help increase the reader’s knowledge base:

Child Abuse and Neglect: Defined by the Child Abuse Prevention and Treatment Act (CAPTA) as any recent act or failure to act on the part of a parent or caretaker that results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act that presents an imminent risk of serious harm. Child abuse and neglect are defined by Federal and State laws. CAPTA is the Federal legislation that provides minimum standards that States must incorporate in their statutory definitions of child abuse and neglect.
Child Welfare: A continuum of services, ranging from prevention to intervention to treatment, for the purpose of protecting children and strengthening families to successfully care for their children, providing permanency when children cannot remain with or return to their families, and promoting children's well-being.

Child Protective Services (CPS): The social services agency designated (in most States) to receive reports, conduct investigations and assessments, and provide intervention and treatment services to children and families in which child maltreatment has occurred. Frequently, this agency is located within larger public social service agencies, such as departments of social services.

Early Childhood Education: Education services to promote school readiness for young children ages 3-5 in a center-based setting. These settings may be within the community or a school-district and may serve typically developing children, as well as children identified with developmental delays or disabilities and served under IDEA Part B.

Early Intervention: A support system or collection of services for infants and children with or at-risk of developmental disabilities or delays and their families under the IDEA Part C program.

Foster Care: A service for children who cannot live with their custodial parent(s) or guardian(s) for some period of time. Children in foster care may live with relatives, unrelated foster parents, or with families who plan to adopt them. Foster care is intended to be short-term, with the focus on returning children home as soon as possible or providing them with permanent families through adoption or guardianship. For purposes of Federal reporting and funding, the term also describes nonfamilial placement settings including group homes, residential care facilities, and supervised independent living.
Individuals with Disabilities Education Act (IDEA): A law that governs how States and public agencies provide early intervention, special education, and related services to eligible infants, toddlers, children, and youth with disabilities. Infants and toddlers with disabilities (birth-2) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B.

Substantiated: An investigation disposition concluding that the allegation of child maltreatment or risk of maltreatment was supported or founded by State law or State policy. A child protective services determination means that credible evidence exists that child abuse or neglect has occurred.

Unsubstantiated: An investigation disposition that determines that there is not sufficient evidence under State law or policy to conclude that a child has been maltreated or is at risk of maltreatment. A child protective services determination means that credible evidence does not exist that child abuse or neglect has occurred.

History of Child Welfare

The child welfare system has played a vital role in the support and legislation for wayward youth, orphans and foster children since the seventeenth century. From the seventeenth to the nineteenth century, what we would refer to as foster care was an informal, loosely-based system of indentured servitude for wayward youth. Across cultures, this system was mainly rooted in adult needs for labor and continuity (Askeland, 2006).

Subsequently, the U.S. Children’s Bureau was established in 1912 as the federal government agency responsible for promoting the welfare of the “whole child” that
included maternal and child health, dependence, delinquency and child labor (Berrick, Needell, Barth & Johnson-Reid, 1998). Even more important, it was symbolic in recognizing children “as precious beings of special importance who needed particular protection (Berrick, et al., 1998).

Between the mid-nineteenth and early twentieth century, the child welfare system removed indentured servitude as an option. Until this time, orphan trains ran from crowded, large cities to Midwest farms where children would be united with a new family. Some of them still had living parents who were unwilling to care for them or thought they would have a better life in the farmlands of the west. Many of the children on these trains were older and had often been wandering the streets of the large cities. Some of these children as adults reported loving families and home life, while others were taken into the home only for the work they were expected to do. Some were mistreated and often siblings were separated (Askeland, 2006; Gordon, 1999; Toth, 1997).

Between 1930 and 1969 the child welfare and foster care system became a complex network of professionals and bureaucrats. The persistence in upholding the American biological nuclear family continued paving the way for the family permanency priority and controversy within the present child welfare system. During these forty years, issues and legislation also addressed (or at least acknowledged) within the foster care system included racial matching, the rights of adoptees, birth mothers and adoptive parents, open adoption, gay and lesbian adoption, and transracial and transnational adoption. The enacting of federal and state laws has increased since 1980, articulating
the nation’s investment in child welfare, child abuse prevention and foster care (Berrick, et al., 1998).

The operational definition of foster care by the US Department of Health and Human Services is: “Twenty-four hour care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This includes, but is not limited to: family foster homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes regardless of whether the facility is licensed and whether payments are made by the State or local agency for the care of the child, or whether there is Federal matching of any payments made” (Jackson & Muller, 2005).

**National Statistics**

Several national databases present supporting data across the last ten years on child abuse and neglect, foster care and early intervention and are used by researchers presenting trends and current statistics on child abuse and foster care. These systems include the Adoption and Foster Care Analysis and Reporting System (AFCARS), the National Clearinghouse on Child Abuse and Neglect Information (NCCAI), National Survey of Child and Adolescent Well-Being (NSCAW), the National Child Abuse and Neglect Data System (NCANDS) and the National Early Intervention Longitudinal Study (NEILS). Researchers have used combined data reports from these national data systems reveal the following picture of young children within the child welfare system.

Between 1999 and 2005, the national number of children coming to the attention of child welfare systems as victims of substantiated cases of child abuse and neglect has increased from 825,000 to over 900,000 annually, with over 30% of substantiated abuse
cases with children under 3 years of age (Robertson, 2005; McCart & Bruner, 2003). Another 2 million children are investigated annually by child welfare or child protective services, but not substantiated. Fifteen percent, or just over 135,000, of the 2005 substantiated population were placed in foster care (Herman, 2007). These children with substantiated cases of child abuse or neglect make up at least 26% of the entire foster care population, which has ranged from 513,000 to 542,000 annually between 2004 and 2007 (Vig, Chinitz & Shulman, 2005; Zetlin & Weinberg, 2004).

These numbers are conservative as they do not include children who may be abused or neglected, but have not yet been brought to the attention of the child welfare system. In addition, it is important to note that many of the same challenges faced by children in the child welfare system, either due to maltreatment, foster care placement or both, may also impact the other 2 million children with unsubstantiated cases of child abuse or neglect that may be developing in environments that still place them at risk for poor developmental outcomes.

Parallel to the proportion of children under the age of 3 with substantiated cases of child abuse, data from the last ten years indicates that children under the age of 5 make up the largest percentage of children in foster care and reflect a higher proportion of the foster care population that the general population (Vig, Chinitz & Shulman, 2005). Since at least 2004, the total number of children in foster care across the nation on any given day is over 500,000 and data from 1998 to 2007 reveals that between 30% and 40% of the national foster care population is under the age of 5. Stated differently, over 150,000 children annually under the age of 5 are in foster care (Education Law Center, 2007; Herman, 2007; Jackson & Muller, 2005; Vig, Chinitz & Shulman, 2005; McCart &
Bruner, 2003). About 20% of this population is under the age of 1 year and that statistic has held constant since at least 1990 (Vig, Chinitz & Shulman, 2005).

Data indicates that African-American children are significantly more likely to be removed from their homes when abuse or neglect is found (Zetlin & Weinberg, 2004) contributing to a higher proportion of African-American children in foster care. Between 2000 and 2004, African-American children represented about 45% of the foster care population, in comparison to the 15% proportion to the general population (Scarborough, Spiker, Mallilk, Hebbeler, Bailey & Simeonsson, 2004; Perez, O’Neil, & Gesiriech, 2000). This is a comparable proportion to the African-American infants and toddlers in foster care entering early intervention.

Data between 2003 and 2008 is consistent in showing that about 50% (61,000) young children in the child welfare system experience developmental delays, which is about 5 times the proportion of children under the age of 5 receiving early intervention or special education services in the general population (Bruhn, Duval, & Louderman, 2008; Derrington & Lippit, 2008; Stahmer, Sutton, Fox & Leslie, 2008; Dicker & Gordon, 2006; Robertson, 2005; Vig, Chinitz, & Shulman, 2005; McCart & Bruner, 2003). Rosenberg & Smith (2008) also found that 23% of children under 5 years of age had suspected disabilities or delays at the time of entry into the foster care system.

There is a slight difference in the percentages within developmental delay categories for children from birth to age 3, compared to children from 3 years to 5 years old. Overall developmental delays occurred in 39% of children under 3 years of age and in 51% of children between 3 and 5. More specifically, cognitive disabilities ranged from 30-37%; expressive language impairments ranged from 55-63%; receptive language
impairments ranged from 38-44%; and fine motor delays ranged from 27-31%, respectively for the two age groups (Vig, Chinitz & Shulman, 2005). Another study found that over 50% of young children in foster care had been diagnosed with speech and language delays, compared to only 3% of the general population (Robertson, 2005).

Finally, it is important to understand the discrepancy between eligibility for early intervention services and access or utilization of these services. Less than 5% of children in foster care are receiving early intervention services and nearly 25% of children are receiving fewer than half the recommended services. Also, in 2005, nearly 40% of children between the ages of zero to 3 were identified as needing early intervention, but only 13% received these services (Bruhn, Duval, & Louderman, 2008; Derrington & Lippitt, 2008). In 2007, 89% of biological parents and 50% of foster parents stated that they were unaware of, and had never been informed of early intervention services (Education Law Center, 2007).

These statistics are increased when child welfare systems have policies and procedures requiring entry or periodic screenings. In addition, a study of a specialized, coordinated approach to assessments and services for children in foster care found that while 77% of the children eligible for the study received screening assessments, 57% were determined to have probably delays, nearly all were referred to early intervention to receive a full evaluation and 94% of those determined eligible for services had an Individualized Family Service Plan (Bruhn, Duval, & Louderman, 2008). This specialized assessment program demonstrated a significantly higher percentage of identification of developmental delays (57%) compared to young children in the child welfare system without a specialized assessment program (9%).
Structure of Ohio’s Child Welfare Services

The Ohio Department of Job and Family Services (ODJFS) is the designated state agency responsible for overseeing the operation of 88 public children services agencies (PCSAs). The Office for Children and Families (OCF) is the office within ODJFS that oversees child welfare services in Ohio. Per the 2004 Ohio Child and Family Services Plan for FY 2005-2009, the 88 county PCSAs are each responsible for:

- Receiving and investigating any child alleged to be abused, neglected, or dependent.
- Providing protective services and emergency supportive services to allow children to remain in their own homes.
- Accepting temporary or permanency custody of children from the court.
- Providing out-of-home care for children who cannot remain at home, while providing services to the family directed at reunification.
- Recruiting and maintaining foster and adoptive parents.
- Placing children for adoption or other permanent living arrangements.
- Providing independent living services to assist children as they transition from being in agency custody to independence.

While the state agency, ODJFS, supervises the 88 PCSAs, it is important to note that each PCSA is county-administered, with diverse populations, demographics, community values and norms. In addition, fiscal and human resources are established at both the state and local levels and the majority of services are provided at the local level, leading to variance in services across the 88 counties. ODJFS recognizes and encourages the opportunities for collaboration and system change to access resources that may be
provided by other agencies for mental health, drug addiction, mental retardation and developmental disabilities, and educational services.

While there is variance between the county PCSAs, the Office for Children and Families (OCF) uses a system-wide approach to using data to inform state level decision making. This Framework for Total Quality Management (FFTQM) includes six components that begin and end with data. The initial component is the collection of client, families, resource and incident data through the Family and Children Services Information System (FACSIS). This data is then used to support the other four components of the framework to support the needs across the 88 counties. These other five components include: data analysis, policy, training, agency reviews, and technical assistance.

For data analysis, a secondary data system, the Data Analysis and Reporting Tool (DART), permits analysis of the Data that is entered into FACSIS in a statewide, aggregated level or analyzed down to an agency’s specific case with identifying information, such as names and ages. DART provides the capacity to explore data sets across two or more dimensions from 13 “cubes” or indicator clusters developed from the Child Protection Oversight and Evaluation.

The policy component includes the Code of Federal Regulations, the Ohio Revised Code (ORC), the Ohio Administrative Code (OAC), best practice guidelines, procedure letters, and child welfare manuals. The training component consists of OAC rule briefings, DART training, data analysis training, automated systems training, and training offered to caseworkers, supervisors and other staff through the Ohio Child Welfare Training Program and the Ohio Department of Job and Family Services.
The *agency reviews* component includes multiple levels of review. The county Protective Children Services Agencies (PCSAs) may be accredited by the Council on Accreditation. PCSAs will also have a Child Protective Oversight and Evaluation review. In addition, PCSAs that operate foster homes, group homes or children residential care facilities will also have a licensing review by Children Services Licensing.

The sixth and final component is *focused technical assistance*. The focused technical assistance is a six-step process targeted towards those PCSAs that have the highest percentage of non-compliance, based on data reviewed in DART. Two agencies are selected that have the greatest adverse impact on overall statewide performance for each performance indicator. In the FY2005-2009 Strategic Plan, the two counties selected for focused technical assistance were Franklin County and Cuyahoga County. These two counties represent 22% of the population base in Ohio, have the largest number of children under 18, have the largest percentage of non-compliance on “National Standards,” have the greatest adverse impact on overall statewide performance, in part due to the fact that these two counties have the largest out-of-home care populations in the state.

The focused targeted assistance for Cuyahoga County for FY2005-2009 included the following Child and Family Service Review Program Improvement Plan items: (1) timelines of initiative investigations of reports of child maltreatment; (2) repeat maltreatment: recurrence of child maltreatment; (3) repeat maltreatment: child abuse and/or neglect in foster care; (4) foster care re-entries; (5) stability in foster care; and (6) reunification, guardianship, or permanent placement with relatives. These identified
needs help illustrate the most immediate concerns and priorities of the Ohio child welfare system, as well as those in Cuyahoga County.

State Policies

In addition to an overview of the state level administration and service delivery system, the Ohio Child Family Services Plan (FY2005-2009) outlines four goals and related objectives. The four statewide goals are:

1. Children are protected from abuse and neglect and safely maintained in their home, whenever possible.

2. Children live in permanent and stable situations where the continuity of family relations and connections is preserved.

3. Families have the enhanced capacity to provide for their children’s physical, behavioral and educational needs.

4. The Ohio Department of Job and Family Services will work with state and local child serving agencies to provide and support services and programs that ensure the safety, permanency, and well-being of children and families.

ODJFS identified a lack of conformity across the 88 counties with respect to children receiving appropriate services to meet their educational needs, especially in assessing children’s educational needs and providing appropriate services to meet those needs such as behavioral problems, developmental delays, learning disabilities and poor school performance. To address this concern, ODJFS established Goal 3, Objective 3.5 stating that ODJFS will “work with the Ohio Department of Education and local agencies to address the educational service needs of children in the child welfare system.” (p. 59)
A strategy developed by ODJFS in meeting this objective includes assisting the PCSAs in understanding students’ rights and the appropriate referral process within the school system for evaluation and the potential development of an IEP. When applicable, the IEP can assist the PCSAs and school districts in developing accommodations and aligned services to meet the needs of the child. A second strategy includes analyzing the PCSAs compliance in providing updated educational information through the *Child’s Education and Health Information Form (JFS 01443: Appendix A)* at the time of placement, change of placement or the semi-annual administrative review (SAR).

**Structure of Ohio’s Early Childhood Education Services**

Ohio relies on the capacity of multiple state agencies to implement a comprehensive system of early intervention and early childhood education for all children. These agencies include the Ohio Department of Health (ODH), the Ohio Department of Developmental Disabilities (DODD), the Ohio Department of Job and Family Services (ODJFS), the Ohio Department of Education (ODE) and the Ohio Department of Mental Health (ODMH). Through these agencies, multiple programs that exist with a range of eligibility requirements, such as age, identified special needs, income eligibility, or at-risk criteria. While the programs described below provide a comprehensive system of early education, the fact that the programs are administered by different agencies also results in different program regulations, as well as different quality standards.

*Ohio Department Health (ODH)*

Part C of the Individuals with Disabilities Education Improvement Act (IDEA) mandates early intervention services are federally mandated for children under 3 years
old with developmental delays or disabilities. In Ohio, early intervention is coordinated through the Ohio Department of Health (ODH) and is available for children with disabilities from birth through age two, as well as children and families meeting state at-risk criteria. Family-centered services are provided in through an Individualized Family Service Plan (IFSP) is required for a child enrolled in an early intervention program.

The Ohio Department of Health, Bureau of Early Intervention Services (BEIS) is the lead agency administering HMG program in Ohio. HMG is administered through 88 county-level offices throughout the state with state and federal funds to counties which are then used in conjunction with state, local and other federal funds to implement and maintain a coordinated, community-based infrastructure that promotes, family-centered services for expectant parents, newborns, infants and toddlers and their families. The two primary programs through Help Me Grow, early intervention and maternal home visiting, are described in more detail below.

- **Early Intervention Services for Infants and Toddlers (Section 619 of IDEA Part C):** Federally mandated services are provided to children under age 3 with a suspected developmental delay or disability. Early intervention services are available based on an IFSP developed with the family, a service coordinator and appropriate professionals. The services are delivered in the family’s natural environment.

- **Maternal, Infant and Early Childhood Home Visit Program (MIECHV):** These services are provided to first-time families and expectant mothers at or below 200% of FPL. Evidence-based services delivered through home visits to women
beginning in the third trimester of the pregnancy. The program is designed to increase the capacity of parents to support their child’s development.

**Ohio Department of Developmental Disabilities (ODDOD)**

The Ohio Department of Developmental Disabilities (DODD) is responsible for overseeing a statewide system of supports and services for people with developmental disabilities and their families. DODD is a primary service provider for Help Me Grow of early intervention services and supports to infants and toddlers, ages 0-2, who have a developmental delay or disability, and their families. Services include child development and family support provided by certified Early Intervention Specialists, and therapies provided by licensed professional Speech, Physical, and Occupational Therapists.

**Ohio Department Job/Family Services (ODJFS)**

In addition to serving as the lead agency for the Office of Children and Family Services for Child Protective Services, the Ohio Department of Job and Family Services includes the Bureau of Child Care and Development (BCDD). BCDD is responsible for ensuring the health, safety, and well-being of children while in care through licensing/certifying and regulatory activities. These activities improve the availability and quality of community-based child care for Ohio's children and families and enhance the delivery of service to families eligible and in need of child care, especially subsidized care.

As a function of this quality improvement, ODJFS, BCDD has implemented Step Up to Quality, a voluntary quality rating system for ODJFS licensed child care programs. Step Up To Quality recognizes early care and education programs that exceed quality benchmarks over and above Ohio's licensing standards. In addition, ODJFS works closely with the Ohio Child Care Resource and Referral Agency (OCCRRA). OCCRRA
supports eight local child care resource and referral agencies (CCR&Rs) throughout Ohio. These CCR&Rs act as regional hubs, providing services and coordination of services for early learning programs and professionals. These services include technical assistance, curriculum and assessment, professional development, parent resources and advocacy.

In addition to licensing, compliance and quality improvement for community-based early care and education centers, ODJFS provides subsidies to families working or in an approved training or educational program between with income at 0-125% of the federal poverty level. This program assists low-income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care so they can work or attend training/education.

Ohio Department of Education (ODE)

The Ohio Department of Education is responsible for licensing and administration of school-based early childhood education programs, for children ages 3- kindergarten entry age. Multiple early childhood programs are administered through ODE and are described below. Funding for these programs is directed to school districts and other local educational agencies (LEAs).

- **Early Childhood Education**: For families under 200% poverty level, ODE funds 204 school districts, Educational Service Centers (ESC), or Joint Vocational Schools to provide high quality preschool services to 3- and 4-year-old children of income eligible families. Programs are required to provide health and developmental screenings, pre- and post-measures on literacy, and to align with
the Ohio Pre-Kindergarten Content Standards and Ohio Early Learning Program Guidelines.

- **Preschool Special Education (Section 619 of IDEA Part B):** While ODH provides IDEA Part C services through Help Me Grow, ODE provides IDEA Part B federally mandated services for children age 3 to 5 with a suspected developmental delay or disability. Every school district is required to provide screening and evaluation to those children with a suspected delay or disability and must provide Part B services, through an Individual Education Plan (IEP) for those children ages 3 to 5 that have been identified as having a delay or disability. As a part of this work, school districts also work with local HMG programs to transition children from IDEA Part C services to IDEA Part B services before the child’s third birthday.

  The ODE is also a lead in the state’s Head Start State Collaboration Project. Through this project, comprehensive services are provided to children beginning in infancy through Early Head Start locations and in Head Start for 3- and 4-year-old children. Through federally funded Early Head Start and Head Start locations, these services are provided to families with incomes at or below 100% of the Federal Poverty Level (FPL) and those with some need-based exceptions (homeless and children with disabilities). Each federally funded grantee is monitored on national performance standards that include learning standards, family engagements expectations and comprehensive health screenings and services.
Ohio Department of Mental Health

The Ohio Department of Mental Health interfaces with ODH, ODJFS and ODE in providing services to increase training and professional development for early childhood mental health. This work is targeted to early care and education providers that serve a majority of high-need children participating in the publicly funded child care program or Head Start/Early Head Start. The primary goal of ECMHC is to increase the knowledge, awareness, resources and skills necessary for communities to meet the behavioral health needs of young children and their families. The program’s objectives are to build protective factors in young children, increase skills of parents and promote the competencies of early childhood providers, especially for children age infant to 6 years who are at risk for abuse, neglect and poor social and emotional health.

Cuyahoga County Child Welfare Services

The Cuyahoga County Department of Children and Family Services (DCFS) is the PCSA administered by Cuyahoga County that is supervised by ODJFS. Cuyahoga County has been involved in caring for dependent and neglected children since 1913 when public funds first became available. The State Board of Charities was given authority to accept commitments of children to be placed in foster homes with the cost to be charged back to the child’s county of residence. Local placement and supervisory responsibilities were delegated to the Humane Society. After nearly 100 years and multiple shifts in federal and state regulations and funding, local administrative structures and responsibilities, the Cuyahoga County DCFS is one four departments under the Cuyahoga County Department of Human Services. The mission of Cuyahoga County DCFS is: “To assure that children at risk of abuse or neglect are protected and nurtured
within a family and with the support of the community.” The primary services of DCFS include investigating referrals of child abuse and neglect, referring children and families to services, working with other county agencies towards keeping the family together or reuniting them when possible, providing protective supervision to children in their own homes and providing services to children in DCFS foster care custody. To support the agency’s mission statement, the following goals for Cuyahoga County have been developed each with its own set of key performance measures (2009 Cuyahoga DCFS Strategic Plan).

1. Children who cannot be protected within their own home must be removed.
2. We must reduce the number of children who come into custody unnecessarily.
3. Children must be placed in the most family-like setting which meets their needs.
4. All children must have a time-limited permanency plan.

Core Initiatives

Core initiatives and policy statements reflect the implementation of DCFS goals. A core initiative in family preservation, *Family to Family: Reconstructing Family Foster Care*, commenced in 2002 with the Annie E. Casey Foundation. What began with 20 sites across the nation ended the final phase in 2009 with 11 anchor sites, including Cuyahoga County. The purpose of this initiative was to reduce the number of children served in institutional or congregate settings, shift resources to family foster case and family-centered services across all systems, decrease the length of stay in out-of-home placements, increase the number of reunifications, decrease the number of placement disruptions and reduce the total number of children served away from their families (Annie E. Casey Foundation, 2009). The Family-to-Family Initiative of the Annie E. Casey Foundation has shown the value of developing more neighborhood-based foster
care systems which enable this level of contact, and has a wealth of materials providing
guidance on how to create such systems (McCart & Bruner, 2003).

The result of the Family to Family site evaluations from Cuyahoga County reveal that
Cuyahoga County DCFS has made changes to their admissions protocol, the use of
kinship care, and coordination efforts with community-based organizations, with a
balance of the interest of families with the safety of children. As a part of this process,
Cuyahoga County began to forge collaborations with local, community-based
organizations, resulting in today’s network of 14 Collaboratives, located within
neighborhoods with the highest rates on referrals to the agency’s child abuse and neglect
hotline. Prior to this initiative, children removed from their homes were often placed
outside of their neighborhoods and communities, outside of the county, and, at times,
outside of the state.

These Collaboratives provide a vital resource to the Cuyahoga DCFS with specific
deliverables within their contract that include: provision of services to families,
establish/maintain collaborative networks, advocate for families through attendance at
Team Decision-making Meetings, recruitment of foster/adoptive families in their own
community, providing services and support to youth aging out of foster care, provision of
space and resources to support agency community-based visitation, and development of a
community resource guide. To achieve these deliverables, each collaborative utilizes
staff consisting of a System of Care (SOC) specialist, a Wrap Specialist, and Community
or Family Resource Specialist, and a Parent Advocate. DCFS in turn provides the
Collaboratives with geographically specific data on a monthly basis to engage the
Collaboratives in improving neighborhood-specific outcomes, as well as conduct
trainings for agency and collaborative staff, provide data analysis and data systems technical support, provide meeting space and support collaborative expansion into new neighborhoods.

Based on the Family to Family evaluation, Cuyahoga has been one prominent example of implementing the family preservation philosophy that has waged for decades, while still holding the safety of the child as a prominent priority. Through their relationship with the 14 Neighborhood Collaboratives and the Cuyahoga County Tapestry of Care System, there is a solid wraparound approach to ensuring youth get the services they need from mental health providers, health and well-being organizations, mentoring, and out-of-school time supports.

A connection with the school districts to support the educational needs of these students is less prominent. Schools are mentioned as a way to recruit foster parents into these neighborhood meetings and advocacy for parents within all of the public systems (schools being one) is one of the elements of Building Community Partnerships (BCP) in the Cuyahoga County system. However, it appears that the educational system is not often brought to the table in decision making. For example, the attendance at TDM meetings is measured for community representatives, service provider representatives and a family or friend representative. This suggests that there is not a consistent expectation that the educational system be a part of the decision making (Annie E. Casey Foundation, 2009).

Early Intervention/Education Policies

The following two sections present two policies of the Cuyahoga County Department of Children and Family Services with specific provisions for the early
intervention or education of children receiving services from, or in the custody of, Cuyahoga County DCFS. Movement towards the relationships with early intervention providers and the education system in Cuyahoga County can be found in recent DCFS policy development.

*DCFS Policy 9.00.02: Help Me Grow Services*

Help Me Grow (HMG) is a statewide child development program that provides services to expectant parents, newborns, and infants and toddlers with or at-risk for developmental delays or disabilities until their third birthday. In Cuyahoga County, these family-centered services are provided through contracted service providers in Cuyahoga County and coordinated by HMG Service Coordinators that conduct screenings and case management through ongoing home visits. DCFS Policy Statement 9.00.02: Help Me Grow Services (HMG) (*Appendix B*) was developed in 2006, but revised in 2009 to meet the state requirements developed by the Ohio Department of Job and Family Services to meet the mandates set forth in the 2003 federal CAPTA amendment of the Keeping Children and Families Safe Act of 2003. This policy states:

"CCDCFS will coordinate referrals to HMG when a child under the age of three is involved with a substantiated case of children abuse or neglect as mandated by the Child Abuse Protection and Treatment Act (CAPTA) amendment Keeping Children and Families Safe Act of 2003. In addition, CCDCFS will refer families identified as "at risk" according to HMG’s target population."

Procedures under this policy identify the referral of children under the age of three to HMG within 2 business days after abuse or neglect is substantiated, as well as referral for all pregnant women and parents with children under the age of six months with two identified risk factors. In addition, the policy utilizes a standardize referral form, as well as training of DCFS staff in the referral process. These procedures, if implemented to
fidelity, support not only the CAPTA mandate for early intervention services through IDEA Part C, but also the research identifying the importance of services for children at-risk, including unsubstantiated cases.

To support the effective implementation of this policy, in 2010 a DCFS/HMG liaison was hired through HMG with the sole purpose of identification and appropriate referral of the children identified in Policy 9.00.02. Under the services of this liaison, referrals to HMG from DCFS have increased by 40% with a total of 1578 children under the age of 3 referred to HMG from DCFS during State Fiscal Year 2011. These referrals comprise nearly 25% of the total referrals to HMG for the State Fiscal Year 2011.

*DCFS Policy 6.01.08: Socialization and Education of Children in Substitute Care*

While the Help Me Grow policy presented above outlines a detail referral process for early intervention services for children under the age of three that are in custody or receive services from DCFS, Policy 6.01.08: Socialization and Education of Children in Substitute Care (*Appendix C*) outlines the policy and procedures in regards to the collaboration between DCFS and the substitute caregiver, with the responsibility of the education of children resting with the substitute caregiver. This policy states:

“It is the responsibility of the caregiver to ensure that the children for whom they are providing substitute care attend school and are given the opportunity to take part in activities. It is the responsibility of the child’s Worker of Record (WOR) and the Resource Manager (RM) to ensure that every caregiver understands and adheres to this policy.”

While this policy indicates an awareness of a need to address the education of children in foster care, the fact that it leaves the responsibility of it primarily with the caregivers has the potential to create a gap in effectively meeting the educational needs of children in foster care, as well as a missed opportunity to align the education system and social
services system to include the education environments as a component of support for those children in foster care, even in children as young as three. This missed opportunity parallels the acceptance, but not assertion, of the participation of education personnel in Team Decision Making.

Demographic Trends

Data charts from the Cuyahoga County DCFS are included in Appendix D and provide additional detail about the demographics of children in DCFS custody, as well as monthly average caseloads. In 2011, 8,165 children were screened into DCFS due to child abuse and neglect cases. In July 2011, the total number of children in temporary or permanent placement in the custody of Cuyahoga DCFS was 2,144, with 29% in permanent custody. Between January and July 2011, 625 new children entered into DCFS custody in Cuyahoga County. Of these, 55% were African-American, 25% Caucasian and 20% either multi-racial or undetermined. Gender was split 50% female and 49% male (with 1% with missing data). Children ages 0 to 5, the focus of this research, constituted the largest single age category at 44%.

Intakes and caseloads are an important factor in supporting the capacity of a child protective service agency to dedicate resources to additional priorities, such as integrating and aligning efforts with early intervention and early childhood education systems. Table 1 below outlines the range of intake screenings by allegation type from January 2011 through July 2011. The following are DCFS definitions of each allegation type:

Physical Abuse: Abuse represents an action against a child. It is an act of commission. Generally, abuse is categorized as physical, sexual or emotional abuse. Physical abuse, specifically, is defined as the non-accidental injury of a child.
Neglect: Neglect is failure to act on behalf of a child. It is an act of omission. Neglect may be thought of as child-rearing practices that are essentially inadequate or dangerous. It may not produce visible signs and it usually occurs over a period of time. Neglect generally is physical or emotional.

Sexual Abuse: Sexual abuse is any act of a sexual nature upon or with a child. The act may be for the sexual gratification of the perpetrator or a third party. This would, therefore, include not only anyone who actively participated in the sexual activity, but anyone who allowed or encouraged it.

Multiple Allegations: The multiple allegations include those children with more than one allegation which may include physical abuse, neglect, and/or sexual abuse.

*Table 1: Intake Screenings by Allegation Type*

<table>
<thead>
<tr>
<th></th>
<th>Physical Abuse</th>
<th>Neglect</th>
<th>Sexual Abuse</th>
<th>Multiple Allegations</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2011</td>
<td>431</td>
<td>467</td>
<td>142</td>
<td>209</td>
</tr>
<tr>
<td>February 2011</td>
<td>363</td>
<td>367</td>
<td>78</td>
<td>198</td>
</tr>
<tr>
<td>March 2011</td>
<td>488</td>
<td>473</td>
<td>125</td>
<td>204</td>
</tr>
<tr>
<td>April 2011</td>
<td>382</td>
<td>420</td>
<td>103</td>
<td>237</td>
</tr>
<tr>
<td>May 2011</td>
<td>459</td>
<td>487</td>
<td>110</td>
<td>247</td>
</tr>
<tr>
<td>June 2011</td>
<td>313</td>
<td>455</td>
<td>97</td>
<td>207</td>
</tr>
<tr>
<td>July 2011</td>
<td>355</td>
<td>437</td>
<td>84</td>
<td>224</td>
</tr>
</tbody>
</table>

From the seven month period between January 2011 and July 2011, the average monthly new intake case per intake social worker was 10.5 cases. For the seven month period between January 2011 and July 2011, the average monthly intake caseload per intake
social worker was 20.7 cases. For the seven month period between January 2011 and July 2011, the average monthly caseload for ongoing cases per ongoing social worker was 14.31 cases.

The placement of children in DCFS custody is important to understand as there may be unique barriers in integrating DCFS and education services that is dependent upon the type of placement (i.e. group foster home vs. living with a relative). Children in Cuyahoga County may be placed in a network/shared foster home, an agency foster home, relative home, congregate care, adoptive home, independent living, or other. Between January and July 2011, 47% to 49% of children in foster care in Cuyahoga County were placed in a network foster home, making up the largest placement population. The second largest placement was agency foster home, with 15% to 19% of foster children in this placement.

Cuyahoga County Early Intervention/Early Childhood Services

Several agencies within Cuyahoga County implement the early intervention and early childhood education programs administered through the multiple state level agencies described previously. As seen at the state level, these agencies provide a comprehensive system of early education within Cuyahoga County, but are based on different eligibility requirements, regulations and standards. These agencies and their roles that are specific to early intervention and early childhood education are presented below:

- **Help Me Grow of Cuyahoga County**: contracts with service providers to provide service coordination, home visiting and early intervention services to eligible mothers, at-risk children under the age of three, and children under the age of three with suspected delays or disabilities.
- **Cuyahoga County Board of Developmental Disabilities**: provides developmental specialists to support home-based early intervention services through Help Me Grow.

- **Starting Point Child Care Resource and Referral Agency**: provides training, technical assistance, evaluation and parent resources for community-based child care centers licensed through Ohio Department of Job and Family Services.

- **Invest in Children**: serves as a public/private partnership to increase quality and access for community-based early childhood education settings for children ages three to five.

- **Educational Service Center of Cuyahoga County**: provides training, technical assistance and fiscal management to early childhood education programs within 31 school districts in Cuyahoga County that are licensed and funded by the Ohio Department of Education.

**Program and Child Demographics**

Based on the 2010 Census, Cuyahoga County represents 10% of the total state population under age 18. Within the county, 74,247 children are under the age of 5 and 26.8% of these children live in poverty. In addition, according to the Cuyahoga County Office of Homeless Services (2011), 1,114 children under age 5 are homeless with 37% of these children under 3 years old. Finally, 468 children under the age of 5 are in child protective custody and make up 45% of the total custody population with the Department of Children and Family Services.
In Cuyahoga County, the multiple early intervention and early childhood education agencies work to meet the needs of some of these children under the age of 5. As the local agency to administer early intervention services through the Ohio Department of Health, a point-in-time analysis indicates that Help Me Grow of Cuyahoga County serves about 1800 children under the age of three at any given time through 8 service providers, including the Cuyahoga County Board of Developmental Disabilities.

Within Cuyahoga County, nearly 1000 different providers exist for early care and education for children under the age of 5. Based on data from the Ohio Department of Job and Family Services, over 300 privately funded, community-based child care centers exist in Cuyahoga County and there are over 500 licensed family (home-based) child care centers. In addition, 56 centers exist in Cuyahoga County that provide services through federally funded Head Start programming.

Finally, thirty-one school districts in Cuyahoga County provide early childhood education programs for children between the ages of 3 and 5. Each of the thirty-one districts are monitored by the Ohio Department of Education to provide preschool special education services mandated under Part B of IDEA. In addition, nine school districts in Cuyahoga County receive funding from the Ohio Department of Education to provide income-eligible early childhood education programs.

**Summary**

This chapter presented an overview of child welfare in the United States and the purpose of the study, which will use a mixed-methods approach to assess the collaboration in Cuyahoga County between the child welfare system and both special education and general education settings in early childhood for children up to age five.
This chapter also presented the national history of child welfare and current background information on the administrative policies and procedures for the Ohio child welfare service system and the Cuyahoga County Department of Children and Family Services. Finally, national, state and county data was presented on children with substantiated and unsubstantiated cases of child abuse and neglect, children receiving services from child protective services, and children in the custody of child protective services.

The national, state and local data on children served through the child welfare system is important in understanding the prevalence and developmental needs of a significant number of young children in the child welfare system, of which children with substantiated cases of abuse and neglect and children in foster care are each a subset. It is necessary to recognize these early negative influences on development that young children in foster care may have been exposed to, especially child abuse and neglect, while comprehending the additional challenges to positive educational development that can occur from placement in foster care, which is addressed in the next chapter. High-quality educational settings for young children in the child welfare systems, especially those in foster care, are key to mitigating these multiple negative experiences; however, research presented in chapter two illustrates the lack of alignment to these high-quality settings for children in foster care and the continued impact on the educational needs for children in foster care. Chapter two also addresses federal policies that are specific to each of these two subset populations of the child welfare system as the policies have a potential impact across populations in both awareness and practice.
CHAPTER 2
LITERATURE REVIEW

High-quality educational settings for young children in the child welfare systems, especially those in foster care, are key to mitigating multiple negative experiences. However, a review of the literature often illustrates a lack of alignment between the child welfare system and the education system for children in foster care. This lack of alignment continues to negatively impact the educational needs of children in foster care and is most detrimental during the early years, as early intervention and early childhood education settings are vital to preparing children under the age of five for formal schooling. This chapter reviews the literature about the educational needs of children in foster care, especially as it relates to young children under 5 years of age, and presents a historical review of federal policies for different populations in the child welfare system. The most recent policies are beginning to address the developmental and educational needs of both young children with substantiated cases of abuse or neglect and those in foster care.
Educational Needs

Children in foster care are also among the most vulnerable population when it comes to education. While they come to the system from many backgrounds, they have in common a disruption to typical and healthy development. Several theoretical backgrounds for positive child development suggest the psychosocial challenges navigated by children in foster care may have an impact on educational achievement. According to Maslow’s (1954) hierarchy of needs, these children are forced to be more concerned about meeting their deficiency needs of shelter, safety, and love with little time to focus on growth needs, such as cognitive development. Similarly, those interactions determined important by Bowlby (1969) and later Ainsworth (1969) for secure attachments are often missing in the life of a foster child, and Erik Erikson’s (1968) first stage of development in infancy, trust vs. mistrust, continues to be difficult for even older youth to resolve without a sense of permanency or long separations in their lives, thereby creating difficulty in successive stages important for educational success, such as autonomy, initiative, and industry. Erikson further suggests that regardless of the occurrence of abuse, neglect or separation, the legacy of maltreatment in its various forms is damaging to the child’s sense of self, impairing social, emotional and cognitive functioning (Berrick, Needell, Barth, & Johnson-Reid, 1998).

Research has demonstrated that infants with medical or developmental delays are less likely improve on early childhood tests of mental performance and can suffer long-term effects on educational attainment by growing up in families and environments that are unstable and lacking in adequate educational models to support cognitive development (Berrick et al., 1998). This supports the critical need for child welfare systems to
coordinate services with cognitively stimulating infant, toddler or preschool programs to provide these children opportunities to participate in enrichment activities and develop stable, healthy relationships.

Relationships and secure attachments help children understand the world and people around them. When children form secure attachments with their caregivers, they feel secure in exploring their world and their energy is spent learning new things. Young children who are removed from their homes and placed in foster care due to abuse or neglect are more likely to form insecure attachments, leading to constant fears, lacking the ability to trust and form relationships with others, often resulting in aggressive interactions with others (McCart & Bruner, 2003). As other children are exploring and learning, these children often spend their time and energy trying to get acknowledgement from caregivers, staying on high alert for signs of danger.

Children who are removed from their homes and placed into foster care due to abuse, neglect or abandonment, their initial bonding and attachment to a parent either never existed or is temporarily severed. These attachment disorders are among the most frequent root cause of the emotional and behavioral problems of children in foster care and often present unique challenges when entering school, affecting not only their emotional and behavioral regulation, but also compromising their ability to explore and learn (Schwartz & Davis, 2006; Vig, Chinitz, & Shulman, 2005).

While early intervention and ongoing services call for health and mental health, little was acknowledged in the educational needs or ineffectiveness of foster care children. The school experiences of these students are so untraditional with multiple placements that an understanding of each experience, its differences and similarities, and
its strengths and weaknesses requires an approach that can take all of these factors into account and attempt to develop a relationship between foster care and school experiences and success.

Just as the pendulum swung for the last several centuries about family preservation, the momentum is now just beginning for addressing the educational needs of youth in foster care. Because many children in the foster care system exhibit developmental delays, emotional disorder, and behavior disturbances (either as a result of or factor in the maltreatment at home) there is a need for early intervention services for successful reunification or permanent placement (Bartholet, 1999; Silver, Amster & Haecker, 1999). Until recently, the assessment and planning for these youth has most often focused on crisis intervention and medical and mental health needs of children, neglecting the development and educational needs. However, as the National Research Council indicates, the best time to address development and educational needs is during early childhood, and the children who enter the child welfare system before age 5 are most in need of this early intervention (Evans, Scott & Schulz, 2004; McCart & Bruner, 2003) that can form positive chains of effects in multiple areas of a child’s of family’s life (Little & Mount, 1999). In addition, later remediation of negative experiences during the early childhood years requires much more intensive, long-term and costly treatment (McCart & Bruner, 2003).

Over the last decade, research has begun to document numerous issues around the education of youth in foster care, such as transiency, special education services, and the transition to post-secondary education. The New York State Permanent Judicial Commission on Justice for Children (2005) highlights how foster care experiences,
including frequent movements in care, disruptions in school and educational experiences and isolation from friends and teachers, can disrupt a child’s already fragile life and heighten the risk for poor educational outcomes. The high levels of mobility and school transfers of children in foster care have been shown to adversely affect their learning and achievement, as school records are often lost, misplaced, or inaccessible, often causing gaps in school attendance because of delays in school enrollment or inappropriate school placement and services (Zetlin & Weinberg, 2004; New York State Permanent Judicial Commission on Justice for Children, 2005). More specifically, Zetlin and Weinberg (2004) reported that the number of changes in foster homes was associated with having at least one severe academic delay. In addition, these children often lack consistent advocacy and support from caregivers to help them navigate these and other challenges of school leading to a higher rate of absenteeism and tardiness, lower performance on standardized tests, a greater likelihood of repeating a grade, more involvement in special education and higher drop-out rates (Jackson & Muller, 2005; New York State Permanent Judicial Commission on Justice for Children, 2005).

Children in foster care demonstrate academic and behavioral challenges that include weaker cognitive functioning, lower academic achievement and classroom performance, reduced social competence and increased behavioral difficulties that can range from aggression and attention seeking behaviors to withdrawn, anxious and over-compliant behaviors that further compromise their ability to learn or function in school (Antoine & Fisher, 2006; New York State Permanent Judicial Commission on Justice for Children, 2005; Zetlin & Weinberg, 2004). Children and youth in foster care also receive special education services in disproportionate numbers. Several programs providing
evaluation services to young children in foster care have identified significant rates of motor and language delays (Dicker & Gordon, 2006). Conservative reports indicate 25% of children in foster care are placed in special education, however these numbers are likely low due to the impact of mobility on the under identification on special education needs. More typical data designates just over 50% of students in foster care are placed in special education. In both cases, the disproportionate percentage is between three and five times the national rate for all children (Dicker & Gordon, 2006; Jackson & Muller, 2005; New York State Permanent Judicial Commission on Justice for Children, 2005; Legal Center for Foster Care and Education, 2004; Zetlin & Weinberg, 2004).

Jackson and Muller (2005) also found that children in foster care are also 15 times more likely to be identified with emotional disturbances that their peers who are not in foster care. An awareness of the rate of special needs of children in foster care is even more critical because these children are also disproportionately vulnerable to maltreatment—especially children with mild impairments—due to unreasonable expectations are placed on them, leading to caregiver frustration when they are not met (Vig, Chintz, & Shulman, 2005). With all of these challenges in mobility, school enrollment, school placement, caregiver advocacy, lower performance and high rates of special education needs, it is not difficult to understand why older youth in foster care are twice as likely as the rest of the school-age population to drop out before completing high school, which leads to an even broader array of barriers for these youth as they enter adulthood (New York State Permanent Judicial Commission on Justice for Children, 2005; Zetlin & Weinberg, 2004).
Special Education Needs

One critical issue surrounding the education of students in foster care is the overrepresentation and under identification of these students in special education (Evans, 2004; Evans, Scott, & Schulz, 2004; Geenen & Powers, 2006; Zetlin, 2004). While representation in special education for the general population is about 10%, between 25 and 50% of students in foster care are served by special education. Overrepresentation likely exists because children in the welfare system are more likely to have been exposed to a variety of experiences that may negatively impact their cognitive development, including abuse and neglect, violence, substance abuse and unhealthy environments (Education Law Center, 2007).

Unfortunately, it is also suggested that this number may be inflated due to foster care placement. In other words, students that are placed in a more restrictive environment, such as a residential group home, likely have an on-site school that is utilized. However, to be enrolled in this on-site school, one must be labeled as special education. Therefore, it is suggested that there are students of academic caliber that are labeled inappropriately and receive instruction below their potential—perpetuating the cycle of hindered achievement. Unique residential programs, such as the Academy (Jones & Lansdverk, 2006) aim to include higher quality education for students in a residential setting—much like a boarding school.

The American Academy of Pediatrics (2000) also indicated that multiple moves while in foster care (with the caregiver disruption and uncertainty) can be deleterious to the young child’s brain growth, mental development, and psychological adjustment. However, this transiency is often correlated to students with special needs being under
identified and underserved in the foster care system. This is primarily due to the pervasive problems associated with availability and accuracy of school records, exacerbated by high mobility (Geenen & Powers, 2006; Zetlin, Weinberg, & Luderer, 2004).

Geenen and Powers (2006) revealed critical issues concerning delays with receipt or implementation of Individualized Education Plans (IEPs) from previous schools. Special needs often go unnoticed in foster care children because educational assessments are not a typical component of the evaluation process at entry into the foster care system (Evans, Scott, & Schulz, 2004). The issues with school records also have a significant impact on student motivation and graduation rates, especially if a student transfers during the school year. The mobility and lack of records cause students to lose credit for classes they have already taken, repeat classes unnecessarily, miss out on appropriate placements of filled classes, and take longer to graduate (Zetlin, Weinberg, and Luderer, 2004).

Jackson and Muller (2005) also highlight the barriers to meeting the educational needs of school-age children which include: systems coordination, tracking children and transferring records, use of early intervention services, definition of parental role and capacity for child advocacy, the availability of young adult transition services, failure to provide mental health and behavior issues, and parent and welfare representation in state planning efforts. Unfortunately, after the age of 3, no federal policies currently exist that require collaboration between schools, social services and child welfare programs for early childhood or school-age children and youth.
Early Intervention Needs

"School readiness" is a more current focal point of the education profession with numerous federal and state initiatives investing resources into early intervention and early childhood education. Recent brain research has demonstrated the importance of the first three years of life on learning, behavior and social development and that early experiences and early, healthy parent-child relationships are the two most critical factors that impact this development (Derrington & Lippit, 2008; Herman, 2007; McCart & Bruner, 2003). More specifically, the groundbreaking work From Neurons to Neighborhoods: The Science of Early Childhood Development from the National Research Council (2000) indicates that school readiness must encompass intellectual skills, motivation to learn and a strong social-emotional capacity. However, when these relationships are disrupted by traumatic experiences, such as those experienced by children in the welfare system, children are at high risk for poor outcomes including mental health needs, attachment disorders, behavioral problems, social-emotional challenges and developmental delays which impact their ability to meet the cognitive and social demands placed on them, make smooth transitions, or establish healthy peer and adult relationships (Derrington & Lippit, 2008; Scarborough & McCrae, 2008; Atoine & Fisher, 2006; Dicker & Gordon, 2006).

Research has also underscored the impact foster care can have on social and cognitive domains of young children, escalating the importance of addressing the educational needs of very young children in foster care while also viewing high-quality early educational experiences as opportunities to mitigate other risk factors associated with foster care placement. Infants and toddlers under the age of 3 are the most frequent
victims of child abuse and neglect placing them at significant risk for poor developmental outcomes (Scarborough & McCrae, 2008; Vig, Chintz & Shulman, 2005). The American Academy of Pediatrics has noted the increase in the numbers of young children entering foster care with complicated and serious physical and developmental delays as a major concern (Scarborough, Spiker, Mallilk, Hebbeler, Bailey, & Simeonsson, 2004). According to Zero to Three, over 50% of infants placed in foster care have developmental delays or disabilities, compared to 2.24% of infants and toddlers in the general population that received IDEA Part C services in 2003 (Jackson & Muller, 2005). Those infants and toddlers entering foster care have typically been exposed to poverty, substance abuse and maltreatment during the most rapidly developmental stage of their lives (Robertson, 2005).

Research indicates that when young children in high-poverty experienced abuse or neglect, they showed more social, emotional and behavioral problems than young children that only experienced poverty (Berrick, Needell, Barth, & Johnson-Reid, 1998). More specifically, Berrick et al discovered that young children that experienced physical abuse compared to neglect tended to be more impulsive and unable to organize their behavior, functioning less well on cognitive tasks. Lacking the cognitive and social skills for kindergarten, almost 50% had been referred for special education by the end of their kindergarten year.

With these early barriers to their development, preparing young children in child welfare and foster care requires early intervention to focus on the skills necessary to succeed in kindergarten, however, existing early intervention and early childhood programs to increase school readiness have not been designed or individualized to meet
the educational, emotional and psychological needs of foster children (Antoine & Fisher, 2006). Robertson (2005) suggests that many, if not most, of the delays seen in high proportions of young children in foster care might have been preventable if there had been access to tailored, effective early intervention between the ages of birth-5. Yet, without these opportunities, as many as 75% of preschoolers in foster care with developmental delays experience later academic and social difficulties in elementary school (Scarborough & McCrae, 2008; Herman, 2007).

These critical needs of the youngest, most vulnerable children in child welfare have a history of being inadequately addressed due, in part, to a lack of coordination between child welfare programs and early intervention and early childhood education, including IDEA Part C and Part B programs (Stahmer, Sutton, Fox & Leslie, 2008). Even though young children in foster care have a higher risk of developmental delays, it has been documented that child welfare systems have not been consistent in ensuring that these children are assessed for developmental delays and referred to appropriate, high-quality early intervention, as needed (Bruhn, Duval, Louderman, 2008). Even in 2003, multiple factors were identified regarding the lack of access to early intervention for young children in the child welfare system, including a lack of coordination of services, multiple out-of-home services, lack of high quality services, limited knowledge of child development, lack of awareness of services and how to access them, high caseworker turnover and high caseloads (McCart & Bruner, 2003). With continuing research on the relationship between child abuse and neglect and poor development outcomes across multiple domains, there is a critical need to establish policies and procedures aimed at not just meeting the child welfare goals of safety and well-being, but also the developmental
needs of these young children, recognizing complementary goals and developing partnership across the child welfare and education systems (Scarborough & McCrae, 2008; McCart & Bruner, 2003).

Recent History of Early Intervention and Child Welfare Legislation

The Federal Individuals with Disabilities Education Act (IDEA) requires States to make a free and appropriate public education (FAPE) available to all children with eligible disabilities ages 3 to 21 through center-based and itinerant service delivery options. With increased developmental and educational risks, early intervention services provided under IDEA Part C and high-quality early childhood services under IDEA Part B are critical to improving these outcomes for children in the child welfare system, yet many challenges can hinder access to and use of early intervention or early childhood services for children under the age of 5 in out-of-home care (Education Law Center, 2007).

Many state child welfare agencies are overburdened requiring a prioritization on minimal safety and permanency needs (McCart & Bruner, 2003). Even when development and education is a priority, often the courts and child welfare systems have limited knowledge of child development and early intervention programs resulting in inadequate assessment of child development needs. One study found that only one-third of the problems identified by early intervention professionals were actually reported by caseworkers and caregivers (Dicker & Gordon, 2006). Additional barriers to evaluation and receipt of services can include confidentiality and consent issues and limited knowledge of early intervention professionals about child welfare procedures and lack of
experience engaging parents impacted by substance abuse, serious mental illnesses or cognitive limitations.

These challenges and barriers to addressing a critical identified need for young children in the child welfare system demonstrate the importance of collaboration on the part of the child welfare, early care and education, early intervention, behavioral health and health systems to ensure that young children receive necessary enriched developmental supports and opportunities. For example, children in foster care are automatically eligible for Head Start, and should be eligible for most existing, state-supported early care and education programs (McCart & Bruner, 2003). However, broader collaboration will require strong leadership around policies, practices and funding to make it possible for child welfare workers and providers to expand their priorities to developmental and educational concerns. In addition, both state and local social service agencies and education systems must collaborate to prevent duplication of services, align policies and allow cross-system information and data sharing.

The Adoption and Safe Families Act (ASFA) of 1997 was written around the family permanency goal of child welfare and required states to make reasonable efforts to preserve families. ASFA stated that agencies “must make reasonable efforts not only to preserve families, but also to move children on to a permanent home when preservation is not appropriate.” More importantly for this research focus, the 2000 reauthorization of ASFA made the education needs of children in care a priority for the child welfare system, with the expectation that addressing education needs will also help achieve permanent placements for children in foster care. McNaught (2004) states that these regulations required states to undergo child and family service reviews (CFSRs) which
examine seven outcomes, one of which is “children receive appropriate services to meet their educational needs.”

In 2003, the Keeping Children Safe Act amended the Child Abuse Prevention and Treatment Act (CAPTA; PL 108-36) and was signed into law on June 25, 2003. This law included the requirement that each state develop “provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA).” Part C is a component of IDEA (PL 105-17) outlining services through agencies, to provide comprehensive, coordinated, multidisciplinary, early intervention for infants and toddlers with disabilities of developmental delays and their families. Parallel legislation in the 2004 reauthorization of IDEA, signed into law on December 3, 2004, also includes language that is pertinent to this population, making specific reference to children in foster care, foster parents and reinforcing the CAPTA language (Jackson & Muller, 2005).

Specifically, the two primary goals and objectives of CAPTA are increasing identification, reporting and investigation of child maltreatment, thereby protecting children from harm; and monitoring research and compiling and publishing materials for persons working in the field (Jackson & Muller, 2005). According to CAPTA, child abuse and neglect is: “Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act of failure to act which presents an imminent risk of serious harm” (Searborough & McCrae, 2008). This legislation supports the research and recommendations of the National Research Council (2000) report From Neurons to Neighborhoods: the Science
of Early Childhood Development that “all children who are referred to a protective services agency for evaluation of suspected abuse or neglect be automatically referred for a developmental-behavioral screening under Part C of the Individuals with Disabilities Act” (Casanueva, Cross & Ringeisen, 2008).

While the legislation was created to provide early identification of necessary services for the development of children under the age of 3 involved in child protective services, and potentially placed in foster care, concerns have also been raised by the early intervention profession regarding the current capacity to effectively handle a sudden increase in screening, evaluation and services. Under Part C, states have two mandated eligibility categories of children whom they must serve and one discretionary category of children whom they can chose to serve. The two mandated eligibility categories are (a) children who are experiencing a developmental delay (determined by developmental assessment) and (b) children who have a diagnosed mental or medical condition that has a high probability of resulting in developmental delay (e.g., congenital disorders or severe sensory impairments). The discretionary category is at-risk children. Two subcategories of at-risk children are frequently described by states that choose to serve children who are at risk of developmental delay: biomedical (e.g., low birth weight) and environmental risks (e.g., parental substance abuse, poverty, parental age, or child abuse and neglect).

According to the 2004 IDEA Conference Report every child that fits the mandated eligibility of the CAPTA legislation will be screened by a Part C provider or designee to determine whether a referral for evaluation for services under Part C is warranted and, if warranted, that a referral be made. It was not intended to require that every such child
receive a full evaluation or Part C services (Jackson & Muller, 2005). This distinction is important for the early intervention system concern that CAPTA may increase the enrollment of Part C programs, further increasing the need for qualified staff in an already understaffed area and the need for interagency program support, necessitating new policies and procedures and staff development. In addition, early childhood professionals may have to assume new advocacy roles or spend extra time and effort overcoming barriers as they serve children and families, adding the need for additional training (Vig, Chinitz, Shulman, 2005).

This distinction, however, may also prevent access to early intervention services for those children who may benefit the most from high-quality, consistent, developmentally appropriate settings, but have unsubstantiated cases or the initial early intervention screening does not warrant further evaluation. Research has demonstrated that the developmental outcomes among the proportion with a low score on a developmental measure does not differ markedly between those children with substantiated cases of abuse and those that were investigated but not found to have substantiated maltreatment (ASPE Research Brief, 2008; Casanueva, Cross & Ringeisen, 2008). In fact, there is some evidence that children with unsubstantiated reports were significantly more likely to need Part C services because of potential developmental delay or an established medical condition than children in substantiated reports. This suggests the need for research on the deleterious effects of continued environmental characteristics among children with unsubstantiated cases (Casanueva, Cross & Ringeisen, 2008; McCart & Bruner, 2003).
The requirement to refer children from the child welfare system to the Part C system will affect tens of thousands of families, with families of color being disproportionately involved (Herman, 2007). Based on current figures for total population enrollment in Part C for children under 3 years of age and figures for children of the same age with substantiated cases of child abuse, the CAPTA requirement to screen all eligible children with substantiated cases of child abuse would result in an expected increase of referrals by 70% and enrollment for Part C services increase by 20% (Rosenberg & Robinson, 2003). Moreover, if all eligible children who were investigated (substantiated and unsubstantiated cases) for maltreatment had been referred, Part C would have experienced a 70% increase over the number of children actually served in 2000 (Rosenberg & Smith, 2008). Rosenberg & Smith (2008) also suggested that a large number of Part C eligible children, being investigated by child welfare, are unlikely to receive early intervention services. This is evidenced by the low rates of Part C enrollment for maltreated children with the lack of requirement by CAPTA to refer children who are not substantiated for maltreatment.

It should be noted that not all children who are in foster care have experienced child abuse or neglect, nor have all substantiated cases of child abuse or neglect resulted in the removal from the child’s biological home. However, CAPTA provides one mechanism for enhancing the much-needed collaboration between the child welfare and education systems, addressing both the needs of foster children and victims of child abuse or neglect. Policy reviewers suggest that CAPTA provides the opportunities to draw upon best practices from brain research, child development, attachment theory and school readiness initiatives to strengthen the connections and leverage resources between child
welfare and other early childhood services through local, state and national efforts to address developmental issues of children in the child welfare system (McCara & Bruner, 2003).

Most recently, in October 2008, the Bush Administration signed into law the Fostering Connections to Success and Increasing Adoptions Act (FCSIAA) of 2008 (PL 110-351). Generally, this law addresses adoption incentives and kinship care options. However, one small section of the law addresses the need for educational stability for children. In addition to ensuring the every attendance for school-age child receiving federal foster care assistance payments, this section states that “state agencies also must improve educational stability for all children in foster care by coordinating with the local schools to ensure that children remain in the school they are enrolled in at the time of placement into foster care or any subsequent placement change, unless that would not be in the child’s best interests.”

**Current Policy Recommendations on the Education of Children in Foster Care**

Federal laws are initial steps to better integrate the child welfare system with the education system to support the needs of the child beyond the medical and mental health issues currently focused on. In addition, critical ongoing advocacy continues as local, state and national policy studies generate frameworks, recommendations and resources for legislative action and implementation.

The Casey Family Programs, which include the Annie E. Casey Foundation, is the largest operating foundation in the United States focused solely on foster care and improving the child welfare system through research, technical assistance and policy recommendations. In 2004, one year after the enactment of the amended CAPTA
regulations, the Casey Family Programs released *A Roadmap to Learning: A Practice Framework and Resource Guide to Improve Education Outcomes*. This document provides a framework for collaborations across legal, educational and child welfare systems to improve the education outcomes of children in foster care. This framework includes policies and tools that address issues in school transfer, collaboration and training, supports and services, preparation and public policy. The same year the American Bar Association, Center on Children and the Law, released *Learning Curves: Education Advocacy for Children in Foster Care* (McNaught, 2004). This book was a culmination of a series of articles that addressed many educational issues of children in foster care, as well as education advocacy resources and excerpts from key federal laws and regulations.

The Casey Family Programs and the American Bar Association (ABA) have since collaborated on multiple initiatives advocating and recommending policies and practices for meeting the educational needs of children in foster care. In 2005, ABA received a grant from the Casey Family Programs to produce *Mythbusting: Breaking Down Confidentiality and Decision-Making Barriers to Meet the Education Needs of Children in Foster Care* (McNaught, 2005). This publication addresses the barriers, laws and resources to communication and supports conversations across systems to facilitate more effective data sharing and decision making for children in foster care. In addition, in 2006, Casey Family Programs established a Breakthrough Series Collaborative with the goal of providing child welfare and educational systems with an opportunity to collaboratively strategize around challenges. In 2006, the Breakthrough Series Collaborative published *Improving Educational Continuity and School Stability for*
Children in Out-of-Home Care. The guidance document provides a “change package” for measurable systems, best practices, stakeholder investment, youth empowerment, system awareness and community advocacy across the education and child welfare systems.

Between 2006 and 2007, two significant policy and research centers were developed through these collaborations. In 2006, the National Working Group on Foster Care and Education was established through the support of the Casey Family Programs and includes twelve national organizations, including Casey and the ABA, to heighten the national awareness of the educational needs of children and youth in care, and promote best and promising practices and reforms across educational, child welfare, and juvenile and family court systems. This Working Group produced a fact sheet, The Educational Outcomes for Children and Youth in Foster and Out-of-Home Care (2008), reviewing data and research around nine key issues in educating youth in foster care, including special education and early childhood education.

In 2007, the ABA and Casey Family Programs established the Legal Center for Foster Care and Education, a national technical assistance resource and information clearinghouse on legal and policy matters affecting the education of children in the foster care system. With countless resources and policy recommendations addressing current issues, two prominent publications have been developed by the Legal Center for Foster Care and Education. The first, a Blueprint for Change: Education Success for Children in Foster Care (2007) articulates eight goals for the education of youth in out of home care. These goals state: (1) youth are entitled to remain in their same school when feasible; (2) youth are guaranteed seamless transitions between schools and school
districts when school moves occur; (3) young children enter school ready to learn; (4) youth have the opportunity and support to fully participate in all aspects of the school experience; (5) youth have supports to prevent school dropout, truancy and delinquency actions; (6) youth are involved and engaged in all aspects of their education and educational planning and are empowered to be advocates for their education needs and pursuits; (7) youth have an adult who is invested in his or her education during and after his or her time in out-of-home care; and (8) youth have supports to enter into, and complete, postsecondary education. Each goal provides benchmarks towards the goals, as well as state and national legislation that drive implementation of the goal.

The second publication by the Legal Center for Foster Care and Education in 2008 was *Solving the Data Puzzle: A “How To” Guide on Collecting and Sharing Information to Improve Educational Outcomes for Children in Out-of-Home Care*. This publication provides more explicit resources and solutions to barriers in data sharing and confidentiality across systems. This publication identifies what data is critical to both the education and child welfare systems, as well as how to collect this data in light of existing legal requirements.

While research and policy recommendations have continued since 2009, these prominent organizations and policy research were critical to increasing the awareness of the educational needs of children in foster care, as evidenced through the 2008 implementation of the Fostering Connections for Success Act. Unfortunately, many states, including Ohio, have not yet demonstrated system-changing transformations as these policy recommendations have called for. To that end, this research provides a more detailed investigation of these collaborations and system changes in Cuyahoga County
identifying specific gaps, specifically between the early intervention/early childhood education system and the child welfare system. With gaps indentified in Cuyahoga County, the current research and policy initiatives provided, as well as model policies from other states, support the development of recommendations presented in Chapter 5 of this study.

Summary

Chapter 2 presented information from the literature on the prevalence of developmental delays of children in foster care as one subset of children within the child protective services system. With the high prevalence of developmental delays, this chapter also presented the need for early intervention and early childhood education services as a stable environment to promote attachment and bonding, as well as to mitigate the impact of multiple variables on the developmental delays. In addition, this chapter presented the gap in alignment across the nation between child welfare systems and the education system from the early intervention years through 12th grade and demonstrated the negative effects of this lack of alignment on the education and development of this population. Finally, this chapter presented a legislative history of foster care, child welfare and early intervention, including recent policy recommendations on the education of children in foster care.
CHAPTER 3

METHODOLOGY

Even with promising federal legislation, clear gaps in the service coordination still exist nationwide for children in foster care around identification of need, referral for service and linkage with service providers. This illustrates the need for professionals in both child welfare and early intervention systems to understand the interface between the two systems, as well the most effective delivery of services to improve early intervention and school readiness outcomes for children within the child welfare system (Bruhn, Duval, & Louderman, 2008). Even with the establishment of the 2003 Child Abuse Prevention and Treatment Act (CAPTA) requirements for children under age 3, there are inconsistencies in child welfare practices across states and jurisdictions in terms of eligibility criteria for Part C services; differential policies, procedures and practices among child welfare workers; and a disparity of available resources to serve children once identified (ASPE, 2008). These discrepancies expose four important domains related to implementation of the 2003 CAPTA legislation that merit attention: (a) the referral methods from child welfare to Part C; (b) screening and evaluation procedures
either under child welfare and/or Part C; (c) Part C service delivery modifications needed for this population; and (d) methods for tracking referrals, screening/evaluation, and service use (Stahmer, Sutton, Fox & Leslie, 2008).

As a response to the 2003 CAPTA requirements, between 2004 and 2006, the Edmund S. Muskie School of Public Service at the University of Maine (UM) conducted a study throughout the state of Colorado to examine what issues of collaboration across the child welfare, early intervention and early childhood systems might help explain the gaps between the actual and perceived need for referrals to services revealed by a previous analysis of the National Survey of Child and Adolescent Well-Being (NSCAW) data, an ongoing, longitudinal data source conducted by the U.S. Department of Health and Human Services, Administration for Children and Families. The UM study in Colorado used a mixed methods approach of legal and policy analysis, as well as interviews and surveys with 500 foster parents of children between the ages of 0-5 and 200 randomly selected child welfare caseworkers.

Framework

The action-oriented research approach for this study is based on the framework used by the University of Maine, incorporating a mixed methods approach of document review, interviews, and surveys. Additional work by Connolly (2004) further supports a conceptual framework in building research strategies in child welfare. While Connolly’s research agenda was of a much broader scale, one of the six key research questions that emerged was: “How well does the child welfare system form working alliances with the professional and services network?” Components from Connolly’s key research question also guide the analysis framework for this study.
The surveys used in the prospectus are modeled after those designed for the Colorado study. This study is limited to analyzing the collaborations in Cuyahoga County, Ohio. This allowed for a more in-depth study of the interactions between systems in the county, compared to the Colorado study of 64 counties. Eight-eight counties exist in Ohio and eight of these counties include large, urban populations. Cuyahoga County is one of these eight counties and includes the City of Cleveland. Limiting the current analysis to one county provided an opportunity for more in-depth analysis through policy and procedure record reviews and surveys with professionals in both systems to develop theories on specific needs for more effective collaboration. These findings from Cuyahoga County could be compared to other counties to understand differences and similarities across demographics and geographic areas throughout Ohio.

Procedures

Because this research involves interviews and surveys with human subjects, approval of the Institutional Review Board was required. An application to conduct this research was approved by the Institutional Review Board (IRB) of Cleveland State University. An agency letter of cooperation and consent form was signed by each agency director participating in the interviews (Cuyahoga County Department of Children and Family Services, Help Me Grow, Invest in Children, Starting Point Child Care Resource and Referral Agency and the Educational Service Center of Cuyahoga County). Each child welfare caseworker, early intervention specialist and early childhood educator participating in the surveys also signed and returned a consent form.
In addition to requirements and approval through the Cleveland State University Institutional Review Board (IRB), the research protocol also follows the Cuyahoga County DCFS policy and procedures set forth for *Staff/Clients as Research Subjects (Policy No. 7.05.01)* included in Appendix E. This policy stipulations that Cuyahoga County DCFS and its employees may become involved in research involving human subjects only if the rights are rigidly protected as described in the procedures. The DCFS required procedures are outlined below and included the CSU IRB approval.

A. Outside agencies and DCFS employees must obtain the prior permission of the Executive Director of DCFS before attempting to involve any clients in any research project are study. The request for permission must include:

1. A written outline of the goals and objectives of the study
2. An estimate number of clients/staff to be involved
3. A demographic description of these clients/staff
4. A detailed description of the proposed research methodology
5. A detailed description of how clients/staff will be selected for participation
6. A detailed description of how Releases of Information will be obtained
7. Written assurance that participants’ privacy will be protected by guarantees of anonymity and confidentiality on the part of the investigator
8. A statement guaranteeing that no pressure of undue persuasion will be used in order to elicit the cooperation of any subject

B. Clients/staff who participate in such studies or projects must be free to withdraw at any time their consent to participate, and if they choose to withdraw their consent, the researcher must honor that withdrawal and release them from all further participation.
C. Researchers must obtain informed consent to participate from all participating clients, including all adult and child participants.

D. Should any researcher, having been given permission to conduct a study of agency clients/staff, be called upon by any individuals or organizations, public or private, to reveal research data in any form which may endanger confidentiality, it is his/her obligation to refuse to divulge such information.

Interviews

Prior to survey distribution, interviews were conducted with directors of both the child welfare agency, Cuyahoga County DCFS, and early intervention/early childhood programs within Cuyahoga County. The first purpose of these interviews was to gain additional insight or clarification on information gathered through the document review regarding policies, procedures and demographics. The second purpose of these interviews was to solicit feedback on the initial survey questions for suggestions on other information that may add value to the research.

Prior to the actual interview, an appointment was made with each agency director to share the purpose of the research and the procedures being implemented, using both oral and written information. In addition, a request was made for assistance in identifying targeted child welfare caseworkers or early intervention/early childhood educators. If the directors agreed to participate in the interview, survey and survey distribution assistance, the directors were asked to sign an active consent form as approved by the Cleveland State University IRB (Appendix F).

The scheduling of the interviews was made with an attempt at convenience for the participants. Interviews took place in a closed conference room to minimize distraction.
and noise and ensure privacy. Interviews were audio-taped with one or two digital
recorders to help ensure nothing was lost from the discussion. Brief notes were taken
during the interviews for particular points in reviewing the audiotape.

Directors participating in the interviews were reminded to protect child, family
and staff privacy in the interviews by refraining from sharing identifiable information
about children, family or staff involved with the agency or early intervention/early
childhood education program. If the researcher inadvertently learned any of this
identifiable information through participant sharing the researcher has kept this
information confidential.

The interview tapes were transcribed and a copy shared with each director as a
“member check,” so they has an opportunity to edit, clarify or add additional information.
Field notes from conversations before and after the taping of the interview provided
additional verification of the interviewee perspectives and statements.

While the analysis and report will be retained both in computer and hard copy, the
initial interviews will be retained in paper copy and only temporarily on a computer hard
drive. These interviews will be deleted from the computer file once the analysis and
report are complete. This information will be retained for five years to serve as
background information for a doctoral dissertation.

Surveys

Similar to the Colorado study, surveys were distributed to child welfare
caseworkers, but also included early intervention specialists and early childhood
educators. While the CAPTA requirement only stipulates the IDEA Part C regulation
(special education for ages 0-3), the greater purpose of this study is to understand what
collaboration exists, if any, to promote school readiness between the child welfare system and both special education and general education settings in early childhood for children up to age 5 in foster care. Therefore, early childhood professionals across all settings were interviewed or surveyed.

To increase the return rate, reduce time needed to complete the survey, and increase the efficiency of aggregating survey data, the online survey tool, Survey Monkey, was used to distribute the survey. The initial approach to targeted identified child welfare caseworkers and early intervention/early childhood professionals were through email via the agencies participating in the study. In the email, the purpose and brief description of the study was presented. In addition, an IRB-approved active consent form was attached for volunteer respondents to sign and return by scanned email, fax or mail.

Recognizing the potential for less than a 100% return rate, the researcher targeted 40 child welfare caseworkers and 40 early intervention/early childhood educators in the initial email or phone call, with an intended final n of at least 20. Targeting this initial number of respondents was simplified through the support of the participating agency directors who forwarded the survey email to all eligible survey respondents. If fewer than 20 child welfare caseworkers or early intervention/early childhood educators agree to participate, the researcher requested additional suggestions for survey respondents from the agency directors.
Instruments

The survey and interview questions are classified according to eight categories within four conceptual frameworks. Table 2 presents the conceptual frameworks and corresponding categories of questions.

Table 2: Conceptual Framework for Research

<table>
<thead>
<tr>
<th>Conceptual Framework</th>
<th>Question Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overarching Policies/Systems Management</td>
<td>Early Childhood, Special Education and Child Welfare</td>
</tr>
<tr>
<td></td>
<td>Data Questions</td>
</tr>
<tr>
<td></td>
<td>Training of Child Welfare/Early Childhood Education</td>
</tr>
<tr>
<td></td>
<td>Key Players</td>
</tr>
<tr>
<td>Systems</td>
<td>Level of Awareness</td>
</tr>
<tr>
<td>Entry/Assessment/Planning</td>
<td>Screening and Initial Assessment</td>
</tr>
<tr>
<td></td>
<td>Service Plan Development and Implementation</td>
</tr>
<tr>
<td>Reassessment and Evaluation</td>
<td>Monitoring and Reassessment</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>Collaboration Among the Key Players</td>
</tr>
</tbody>
</table>

As the policies and procedures vary between the child welfare and early childhood education settings, the conceptual framework and question category remained the same across surveys. However, specific questions varied slightly in order to appropriately assess understanding, knowledge and procedures within each system. The survey included thirty-five questions, which developed and modified after feedback from interviews with child welfare and early childhood education directors.

Eleven questions on policies and procedures were asked during the interview process. To ensure effective use of interview time and responses to 30 questions, the survey was distributed to directors and collected prior to the interview. At the time of the interview, the researcher asked follow up questions on specific survey responses and the directors had an opportunity to expand on any survey response during the interview. The eleven additional interview questions were presented at the time of the interview.
The survey questions for child welfare caseworkers and early intervention/early childhood educators are included in Appendix G. The interview questions for directors of the local child welfare agency (Cuyahoga County Department of Children and Family Services), county wide early intervention agency (Help Me Grow and Cuyahoga County Board of Developmental Disabilities), and early childhood education programs in Cuyahoga County (Invest in Children and Starting Point Child Care Resource and Referral Agency) are listed below and also included in Appendix G:

1. What have been your experiences regarding the collaboration between the child welfare and early intervention/early childhood education systems in Cuyahoga County?
   a. Can you share some strengths in the collaborations?
   b. What do you feel are barriers or challenges in the collaborations?

2. What laws, regulations, policies and protocols come to mind when you collaborate with early interventionists/early childhood educators (ECE) or child welfare staff?

3. What are the issues facing states in implementing the new requirement under CAPTA?

4. How does the state and county agency view the ASFA and Fostering Connections requirements to address the educational well-being of foster children?

5. What arrays of services are considered relevant to the educational needs of very young children? Does that service array include early childhood education settings?

6. To what extent does policy dictate development assessments for children entering the child welfare system?
7. How does public policy and funding support provide access to these IDEA and ECE programs for young children in the child welfare system?

8. To what degree do public policies and agency missions support effective collaboration between the ECE, IDEA and child welfare systems?

9. To what extent does state and county administrative data enable states to keep track of the degree to which attention is being paid to the educational needs of very young children in the child welfare system? What data are lacking?

10. Tell me about the process followed when families of children age 0 to 5 enter the child welfare system?

11. Is there anything else related to our discussion that you would like to add?

Participants and Rationale

For the initial interviews, the researcher invited directors of the local child welfare agency (Cuyahoga County Department of Children and Family Services), county wide early intervention agencies (Help Me Grow and Cuyahoga County Board of Developmental Disabilities), and early childhood education programs in Cuyahoga County (Educational Service Center of Cuyahoga County, Invest in Children, Starting Point Child Care Resource and Referral Agency). While this limited scope of directors could hinder the interview process if any decline, it is not anticipated as a barrier for this study. Through existing collaborative relationships between the researcher and the above-mentioned directors, general conversations had already taken place and each director was already aware of the focus of the proposed research and demonstrated willingness to continue to collaborate and assist as needed.
For the survey process, the researcher collaborated with the Department of Children and Family Services (DCFS) of Cuyahoga County to invite at least 20 child welfare caseworkers to voluntarily participate in the survey process. Through the Educational Service Center (ESC) of Cuyahoga County, Help Me Grow (HMG) of Cuyahoga County, Cuyahoga County Board of Developmental Disabilities, Invest in Children and Starting Point Child Care Resource and Referral Agency, at least 20 early intervention specialists and early childhood educators across general education and special education were also invited to participate in the survey process. While the recruitment process is voluntary, an attempt was made to recruit child welfare caseworkers and early intervention/early childhood educators from diverse geographic locations across Cuyahoga County, targeting those cities and neighborhoods of the county with the highest proportion of children under the age of 5 in DCFS foster care custody.

The rationale in selecting the directors for the initial interviews was the expectation that the directors had a broader knowledge base of the child welfare and early education systems. This broader knowledge provided additional background information and clarification, as well as the system understanding to suggest additional survey questions. The rationale continued with the child welfare caseworkers and early childhood educators as these participants provide the more direct service and collaboration, which offered more detail on the reality of the collaborations and the challenges that exist.
Analysis

The analysis of the primary documents, interviews and surveys maintained a mixed methods research approach. The caseworker/early childhood educator surveys provided some quantitative information to establish the frequencies of caseload ranges, training, referrals, screenings and assessments, responsibilities and roles in team planning, and challenges in communication. The analysis of the primary documents, open-ended survey questions, and interviews were guided by the Colorado study conducted by the University of Maine and the qualitative methodology incorporated by Connelly (2003) in child welfare research.

As with much qualitative research, the documents, survey and interview questions and ongoing triangulation of the responses, provided a large amount of data that was organized around patterns that developed from the information and simultaneous analysis as the relationships between the data and theory become more concrete. Connelly’s framework of patterns included the context of care, the chronology of care, the resources for care and the development of care. This framework, as previously mentioned, is broad in scope, yet was viewed as parallel to the existing framework of the University of Maine study that organizes the information within the following four concepts: overarching policies/systems management, systems entry/assessment/planning, reassessment and evaluation, and care coordination. These four concepts were the initial guiding framework for organizing the qualitative review of documents and participant responses. Modifications were also made to the guiding framework to include patterns and theories that emerged from the data collected.
Researcher Perspective

In educating young children and children with special needs, the researcher developed an interest in the very complex educational needs of children in foster care. This interest stems from experiences as an educator with two young children in a permanent foster family with eventual adoption. Yet, even with these positive experiences, there were challenges that the children brought with them to the foster family and subsequently to the classroom.

The researcher has since then been studying both the history of foster care in the United States and the educational needs of children in foster care who have even more obstacles such as high mobility throughout their school years. In conducting the research on educational needs, the researcher was alarmed by many findings. First, there is scant current research on the education of children in foster care. Second, educational needs take a back seat in foster care to health and mental health needs as foster care often operates in “crisis mode” resulting in a lack of educational assessment and appropriate educational placement. Third, the education system does little to promote the positive growth of students in foster care as school records are often incomplete or delayed for months and student are simply placed “wherever there is room.” The attitude of school personnel that these foster care students will only be with them temporarily prevails over appropriate educational placements and support.

With these findings, it became a priority of the researcher to understand the foster care and education system on a local county basis consisting of one large urban school district of 40,000 students and a mobility rate of nearly 30%, fifteen smaller first-ring suburbs with a mix of urban and suburban demographics, and then fifteen additional
mostly suburban school districts. It was important to understand how the foster care system works in this county, as well as how it interacts with the educational system.

What initially began as an attempt to understand how to best meet the educational needs of children in foster care, this work evolved into an attempt to understand systemic problems in the education and foster care settings. However, the researcher was aware that her research up to this point had identified many negative aspects of the foster care and education system in addressing these issues. Yet, it was important to address this bias and value-judgment during the course of this research project. It was critical to let the themes emerge from participants—positive or negative—of the alignment between the child welfare system and the school districts. Therefore, to counter this bias, the researcher developed the interview and survey questions and purpose statement in the consent form to avoid sharing this bias. Caution was also taken in transcribing and coding responses so that the researcher heard and revealed the participant perspectives, not just what she was expecting to discover.

It was the intent of this study to understand the strengths and challenges in the alignment of the child welfare and educational systems in Cuyahoga County to meet the educational needs of children in foster care. Specifically, what are the experiences of agency directors, caseworkers and early childhood educators in collaborating to meet these needs? And ideally, through this and future studies, a picture emerged of what obstacles currently exist within Cuyahoga County in addressing these needs and what recommendations could be made for improvement.
Summary

Chapter 3 presented a summary of the qualitative framework within the mixed-methods research approach, as well as the procedures used in the implementation of this research study. The specific procedures presented the protocol for both the interviews with directors and surveys used with child welfare caseworkers and early intervention/early childhood educators. A summary of the interview and survey instruments was presented. In addition, a detailed explanation of the recruitment and rationale for identified participants was shared. Finally, the procedures for data analysis and coding were presented with information on the researcher’s perspective in the analysis of this information.
CHAPTER 4

FINDINGS

The findings from this mixed methods research study resulted from an analysis of five director interviews and responses to two surveys. The surveys were developed with parallel questions with differences that made each survey relevant to the intended audience. One survey was distributed to child welfare caseworkers and supervisors. The second survey was distributed to early interventionists and early childhood educators that worked both in the community and the school. In each instance, the surveys were distributed through the agencies themselves with the support of the interviewed directors. The directors represented the following agencies within Cuyahoga County: The Department of Children and Family Services, Board of Developmental Disabilities, Help Me Grow, Invest in Children, Starting Point Resource and Referral for Early Care and Education. The child welfare caseworker and supervisor survey was distributed through the Department of Children and Family Services. The early intervention/early childhood educator survey was distributed to early interventionists by Help Me Grow and the Board of Developmental Disabilities. This survey was also distributed to community-based
early childhood educators through Starting Point. Finally, the Educational Service Center of Cuyahoga County, while not interviewed, was contacted to distribute the surveys to school-based early childhood educators.

Surveys

Child Welfare Caseworker/Supervisors

Twenty-five respondents replied to the Child Welfare Caseworker survey. Of these twenty-five respondents, twenty-two completed the full survey, while three respondents partially completed the survey. Of the twenty-five respondents through the Cuyahoga County Department of Children and Family Services, 72% were child welfare caseworkers, while the remaining 28% were child welfare supervisors. Case management was provided by 60% of the respondents, 40% provided intake work and another 40% indicated additional duties such as training, data review, administration, resources and placement.

A majority of the respondents, 64%, have been working in the field for more than ten years, with the other 36% was split evenly between those working two to five years and those working six to ten years. A small percentage (16%) did not have any children on their caseload, but 48% of the respondents indicated a caseload of between twenty-one and forty children. Some respondents, 20%, had caseloads over forty children. All but one respondent indicated children between the ages of zero to five on their caseload, with 79.1% indicating 50% or less of their caseload being between the ages of zero to five.

Early Intervention/Early Childhood Educators

Thirty-four respondents participated in the Early Intervention/Early Childhood Educator survey. Of these thirty-four respondents, twenty-five completed the full survey,
while nine respondents partially completed the survey. Of the thirty-four respondents, 52.9% worked for community or private preschools or child care centers, 17.6% worked for the Cuyahoga County Board of Developmental Disabilities, 8.8% worked for Help Me Grow, 8.8% worked for school districts and 8.8% worked for other family-centered organizations. Of this population, 57.6% worked as an early childhood education director or supervisor and 18.2% worked as developmental specialists. Another 9.1% worked as an early childhood educator and 6.1% worked as an early childhood educator. Finally, 3.0% worked as an early intervention home visitor.

Job responsibilities were fairly evenly distributed across the choices provided, which included: program supervision (66.7%), screening/assessment (48.5%), classroom instruction (39.4%), service coordination (39.4%), and home visiting/coaching (15.2%). A large majority of respondents (71.9%) have worked in the field for more than 10 years and had a broad range of caseload or classroom sizes: one to ten children (18.2%), eleven to twenty children (18.2%), twenty-one to forty children (15.2%) and more than forty children (39.4%).

*Interviews*

Interviews were conducted with the directors or deputy directors of five agencies within Cuyahoga County, including the Department of Children and Family Services, Help Me Grow, Board of Developmental Disabilities, Invest in Children and Starting Point Resource and Referral for Early Care and Education. These interviews were semi-structured with the initial list of ten questions presented in Chapter Three and in Appendix G. Each director had different experiences, responsibilities and agency perspectives and at times stated not having an answer to a particular question. As the
interview was semi-structured, the researcher followed up some answers with clarifying or probing questions. In addition, the researcher asked additional questions when appropriate to gauge responses to themes emerging from previous interviews or the surveys that were being collected and analyzed simultaneously.

**Themes**

Using a simplified version of the initial framework from the Edward S. Muskie Colorado study, the survey questions were organized around the following topics to help respondents’ thought process. These survey topics included: Your Position and Roles, Training, Collaboration, Assessment and Service Planning, and System Coordination. Several themes emerged within these survey topics that were validated by the interviews. These themes identified potential areas of improvement in the collaboration between child welfare and the early intervention/early childhood system and include: Cross-System Training; Replication of Early Intervention Collaboration to Early Childhood; Assessment and Service Planning Protocol; Parent Engagement and Greater Access to Early Childhood. In addition, a few additional themes emerged from the director interviews regarding the broader system coordination including: Divergent State Level Policies and Practices, Data Sharing Challenges, and Relationships vs. Sustainable Policies. In presenting the theme analysis below, all referenced charts can be found in Appendix I.

**Theme Analysis**

**Cross-System Training**

A need for cross-system training emerged from child welfare caseworker/supervisor surveys and early intervention/early childhood educator surveys,
as well as interviews with agency directors. The training would provide the awareness necessary for more effective communication between the systems, as well as more successful navigation across the systems. Other areas of improvement are not likely to be successful if the workers within each system lack this awareness or are missing necessary information to adequately address the educational needs of young children in the child welfare system.

*Child Welfare Caseworker/Supervisors*

All twenty-five respondents on the child welfare survey indicated training in child abuse and neglect and how this affects a child’s development. Between 84% and 88% indicated training on developmental milestones, the role that early intervention and early childhood can play in a child’s development, and why early intervention of a child’s special needs is so important. Chart 1 shows this percentage is reduced to 56% for training on identifying a child’s developmental delays. In a cross-tab analysis, 20% of the child welfare caseworkers or supervisors have worked in child welfare less than five years. Of these respondents, only 20% of them had received information on identifying a child’s developmental delay. However, in a subsequent question, 80% of this population used their knowledge of child development to initially assess a child that comes into their caseload, compared to 60% of this population that makes a referral to another professional.

All respondents indicated receiving information on Help Me Grow, while a majority of respondents received information on Board of Developmental Disabilities (56%), Early Head Start (50%), and Head Start (72%). This rate is reduced when asked if any information was received on preschool or child care in general (48%), school
district special education preschool programs (24%), and school districts public preschool programs (20%). In addition, while a majority of respondents indicated “pretty good” knowledge on Help Me Grow (66.7%) and Board of Developmental Disabilities (58.3%), a majority of the respondents indicated only “basic” knowledge of Early Head Start (54.2%), Head Start (56%), school districts (64%) and community child care centers (60%).

In a cross-tab analysis of the survey questions, Chart 2 shows that the only caseworkers or supervisors that received information about either school district program had been working with child welfare for at least ten years. Of the 36% of respondents that had worked in child welfare for less than ten years, none of them had received any information about school district early childhood education programs.

Early Intervention/Early Childhood Educator

When asked about their training experiences, 93.5% of the respondents indicated training in child abuse and neglect and 80.6% received training in how child abuse and neglect affects a child’s development and 74.2% received training on recognizing the mental health needs of young children. As seen in Chart 3, only 27.6% indicated training on the educational needs of children in foster care. This is parallel to the responses that indicated training on the Department of Children and Family Services (71.4%), early childhood mental health (64.3%), and the child welfare system (50%), while only 42.9% indicated training about foster care. A majority of respondents indicated only basic knowledge (60%) of the child welfare system, the Department of Children and Family Services or the educational needs of children in foster care.
In a cross-tab analysis, similar to that done with the child welfare
caseworker/supervisor survey, the only training that had been provided to those working
five years or less was the child abuse and neglect training, which is a mandatory training.
Instead, Chart 4 shows that the following cross-system trainings had only been provided
after five years of employment in the early intervention/early childhood system: how
child abuse affects development, early childhood mental health needs, educational needs
of children in foster care, the Department of Children and Family Services and the child
welfare system.

Survey Synthesis

Child welfare caseworkers/supervisors and early interventionists/early childhood
educators have high levels of training in child abuse and neglect and how this can affect a
child’s development. Responses from both the child welfare caseworkers/supervisors
and early interventionists/early childhood educators indicated critical areas for additional
cross-training. For child welfare caseworkers and supervisors, a low percentage
indicated training in identifying developmental delays. This training is even more
important with the high percentage of caseworkers and supervisors that rely on their own
knowledge of child development for initial assessment purposes. In addition, while there
is a high rate of self-perceived knowledge on early intervention systems, such as Help Me
Grow, more information is needed for early childhood education programs including
community-based and school-based programs. Through open-ended responses, child
welfare caseworkers and supervisors supported this analysis in stating a need for more
information on “how to assess educational needs,” “regular training,” “more information
about services for 3-5,” and “more training in early intervention and early childhood

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education.” Early interventionists and early childhood educators also stated a need for “more training.”

While child welfare caseworkers and supervisors need to receive more information on identification of developmental delays and early childhood education programs, early interventionists and early childhood educators demonstrated a low level of training on the educational needs of children in foster care and the child welfare system. In addition to the cross-training and information needed by both systems, there is a common need for this training for those that have been working in either system for less than five years.

*Interviews*

It is important to compare the survey responses from the child welfare caseworkers/supervisors and early interventionists/early childhood educators who work on the ground in direct service to the agency directors that often have a broader system perspective, but may or may not have different views as those working with the children and families. In regards to cross-training, all of the four interviews with early intervention and early childhood agency directors validated the theme emerging from the surveys. More specifically, all agency directors presented a common need to provide child welfare caseworkers and supervisors with better information and training on Help Me Grow and early intervention services. As caseworkers are those that initially interface with the families, the message about Help Me Grow and early intervention services needs to more effectively communicate the benefits and increase family engagement around these voluntary services.
The Board of Developmental Disabilities also identified the on-going need to educate caseworkers on the benefit of multi-system involvement when children have a delay. In addition, the director also acknowledged an uncertainty as to what kind of training and qualifications are included for caseworkers that may be conducting any developmental assessments, with the suggestion that the developmental assessments be conducted by the early intervention team members. While Help Me Grow indicated previous, agency-wide professional development, at this point in time the Board of Developmental Disabilities respondents stated a lack of awareness on how caseworkers are trained noting that the training seems to occur on a situation by situation basis and “not anything particularly systematic.”

Replication of Early Intervention Collaboration Model to Early Childhood

One of the strengths in the collaborations in Cuyahoga County is the progress made thus far between the child welfare and early intervention systems. While workers and directors indicate areas for improvement, this strength is recurring throughout the multiple themes in this research. Instead of simply identifying “collaboration” as a theme, it is more useful for this research to discuss the replication of the early intervention model to increase collaboration between child welfare and early childhood education.

Child Welfare Caseworker/Supervisors

All but two child welfare supervisors and caseworkers indicated at least some communication with the following: early intervention coordinator, mental health specialist, early childhood education professional, foster parent, biological parent and medical provider. However, Chart 5 shows that while the most of the communication
occurred weekly with biological parents (43.5%) and foster parents (34.8%), and monthly for medical providers (56.5%), mental health specialists (52.2%) and early intervention coordinators (43.5%), most of the caseworkers and supervisors indicated never communicating with early childhood professionals (56.5%).

Of twenty-two responses, a majority of caseworkers and supervisors indicated receiving information on early intervention or early childhood services from Help Me Grow (90.9%) and Board of Developmental Disabilities (68.2%). Conversely, as seen in Chart 6, only forty percent or fewer indicated receiving information from the following programs: Head Start (40.9%), school districts (31.8%), Early Head Start (27.3%), medical providers (22.7%) and community/private preschools or child care centers (18.2%).

*Early Intervention/Early Childhood Educator*

An initial analysis of the survey indicates that early interventionists and early childhood educators are contacted by a range of people for collaboration including: foster parents (56%), child welfare caseworkers (56%), mental health professionals (32%), biological parents (28%), child welfare supervisors (16%) and juvenile court (4%). The early interventionists and early childhood educators initiate contact with the parents most frequently at 57.1% for both foster parents and biological parents. This is followed by child welfare caseworkers (35.7%), mental health professionals (32.1%), and child welfare supervisors (21.4%).

When a cross-tab is applied to view the response percentages between the early intervention and early childhood education systems, a different picture emerges. In this analysis, workers from Help Me Grow are the only ones who are contacted by child
welfare supervisors and is the only agency where every respondent indicated contact received by or initiated with child welfare supervisors. Communication received by child welfare caseworkers, shown in Chart 7, also exists at a higher rate with Help Me Grow (100%) than Board of Developmental Disabilities (60%) and school districts (50%). Similarly, in Chart 8, communication to child welfare caseworkers is initiated at a higher rate with Help Me Grow (66.7%) than the Board of Developmental Disabilities (60%) and school districts (50%). Most notable is that while community-based/private preschools and child care centers made up over 52% of the respondents, a disparity exists between the high rates of communication with parents compared to communication with child welfare or mental health professionals. In addition, while not the primary focus of this research, it is important for future research implications to note that only one respondent had any communication with juvenile court.

What is revealed in the above cross-tab analysis is supported when respondents were asked to identify the frequency with which they contact parents and professionals. Fifty percent of contacts are made with daily or weekly with biological parents and 64.3% of the contacts are made weekly or monthly with foster parents. However, 88.9% of respondents indicated never having contact with a child welfare supervisor, 40% indicated never having contact with a child welfare caseworker, 70% indicated never having contact with a mental health professional and 100% indicated never having contact with juvenile court.

Of the communication that occurs between the child welfare and early intervention/early childhood systems, 60.7% of early intervention/early childhood educators identify “sharing information” as their most common role in collaboration.
This was followed by working with parents, developing strategies to meet their needs, and screening/assessment. The least common roles of collaboration between the systems, as identified by the early intervention/early childhood educators are including child welfare caseworkers in education planning meetings (25%) and participating in child welfare team planning meetings (14.3%). Chart 9 shows the breakdown of these roles.

*Survey Synthesis*

Within the child welfare system, caseworkers and supervisors indicated a high level of communication with the early intervention system, but a lower level of communication and collaboration with Head Start, school districts and community-based child care centers. This disparity is supported by the responses to the early interventionist/early childhood educator survey that revealed higher rates of communication for Help Me Grow, but low levels for early childhood programs, most notably community-based child care centers. Responses to the early intervention/early childhood survey also indicated low participation rates in child welfare planning meetings. To this end, when asked what needs to be changed to better address the developmental and educational needs of young children in the child welfare system, one early childhood educator stated, “I would like child welfare to be more involved in what goes on in school. The emphasis seems to be on reuniting the family. School is just the place where kids spend their days while they’re in foster care.”

*Interviews*

The director interviews affirmed the survey responses that showed areas for improvement between the child welfare system and early intervention/early childhood settings, with greater existing collaboration between child welfare and early intervention.
According to Help Me Grow, all of the developmental assessments for children between the ages of zero and two within the Department of Children and Family Services come through Help Me Grow, now with the support of a liaison. As the survey responses also suggested, other interviewed agencies have indicated a strong relationship between DCFS and Help Me Grow, while identifying a need to replicate early intervention models for increased alignment and coordination for children between the ages of three to five.

As the lead agency for training and technical assistance for community-based preschools and child care centers, Starting Point has noted that the child care provider has been a part of the DCFS team planning process as a part of the special needs child care protocol. It was noted as important that the early intervention providers help facilitate the involvement of the child care center on the planning team. However, there was no definite certainty about providers from the Board of Developmental Disabilities having been involved in DCFS case planning. In addition early intervention provider staff at Board of Developmental Disabilities does not always know which of the children they are serving are involved with the child welfare system. As a Director stated, “The service coordinator knows, but it isn’t always easy for me to get that information.”

Assessment and Service Planning Protocol

Assessment and service planning is the cornerstone to meeting the educational needs of young children in the child welfare system. Instances were identified where this happens as a natural process of the collaboration. However, inconsistencies also existed, suggesting a need for a more standardized protocol for assessment and service planning.

Child Welfare Caseworker/Supervisors
Twenty-two child welfare supervisors and caseworkers indicated multiple triggers for a child’s developmental assessment. However, only 59.1% indicated an automatic development assessment upon entry into the child welfare system. For those that receive a developmental assessment, 54.5% of supervisors and caseworkers either refer the child to a professional who can assess their development, or use their own knowledge of child development. This is a similar pattern when it comes to conducting ongoing assessments for children not initially eligible for early intervention services with 59.1% referring to a professional and 40.9% using their own knowledge of child development. Forty percent indicated a referral policy in place at the Department of Children and Family Services for initial assessment referrals and 18.2% indicated a policy in place for ongoing developmental assessments.

When making a referral, 95.2% of caseworkers and supervisors make a referral to Help Me Grow and 61.9% make a referral to Board of Developmental Disabilities. As Chart 10 shows, these are the two most frequent agencies for DCFS referrals, with a reduced rate for school districts (38.1%), Head Start and Early Head Start (14.3%) and community/private preschools or child care centers (9.5%). This is consistent when caseworkers and supervisors are asked how they are informed of assessment results. A majority of respondents (63.6%) indicated receiving a report automatically from Help Me Grow within one month, while a majority (54.5%) has to call for a report from school districts. Finally, a majority of respondents indicated Early Head Start (57.1%), Head Start (50%) and community/private preschools or child care centers (55%) as “Not Applicable”.

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Of twenty-one responses, 47.6% of caseworkers and supervisors indicated that up to 20% of the children on their caseload received early intervention or preschool special education services. Of the other caseload ranges, 9.5% indicated a range of 21-40% of children receiving early intervention or preschool special education services, 19% indicated a range of 41-60% and 14.3% indicated a range of 61-80%. When asked if they receive notices about IFSP/IEP meetings, 66.7% of twenty-one caseworkers and supervisors stated they did receive notices, but only 47.6% attend IFSP/IEP meetings. Another 9.5% stated they would like to, but don’t have time. Thirty-three percent indicated that it was not their job.

Thirteen caseworkers and supervisors identified their self-perceived roles on the IFSP/IEP teams. These responses vary on the level of involvement and also on the type of case (i.e. DCFS custody vs. biological parent custody) and include formalities, such as providing signatures, family advocacy and serving planning. One respondent indicated that “the role of caseworkers is very important in these meetings, especially ongoing workers.”

Early Intervention/Early Childhood Educators

When early interventionists and early childhood educators were asked who they believed had the primary responsibility for identifying the developmental needs of the child, a majority (44%) indicated early interventionists or early childhood professional, while another 40% indicated it was the responsibility of the foster parent or biological parent. Only 4% identified a child welfare caseworker as primarily responsible for identifying the developmental needs of the child.
When asked how they provide assessment results to child welfare caseworkers, a cross-tab was applied to identify those that had children in the custody of the Department of Children and Family Services (DCFS). Of early interventionists that had children ages zero to two that were in the custody of DCFS, 66.7% provide the assessment report automatically and 33.3% give the report when requested. Through open-ended responses, early interventionists also indicated that the assessment report is provided as a part of the IFSP meeting. A crosstab analysis was done on early childhood educators that had children ages three to five that were in the custody of DCFS to filter out “do not report” responses that may be due to no system-involved children. Of this targeted population, Chart 11 shows that of the early childhood education providers, with knowledge of children ages 3 to 5 served by the child welfare system, 40% provided the assessment report automatically and 40% indicated they did not report.

When asked about planning meetings, early interventionists and early childhood educators indicated that invitations are only sent to child welfare caseworkers for IFSP/IEP 23.1% of the time. Again, when a crosstab is applied for early childhood educators to only assess results for those that have children ages three to five in the child welfare system, only 20% indicated that invitations are sent to child welfare caseworkers. Sixty-five percent of respondents indicated that child welfare caseworkers either never attended the meetings or the early childhood professional did not know. Only 7.6% either attend early intervention IFSP meetings or early childhood IEP meetings every time or almost every time. When early interventionists/early childhood professionals were asked about their attendance at child welfare planning meetings, 43.5% of respondents indicated that it was not their job and 30.4% were told about them, but did
not attend. Of other respondents, 13% indicated they do attend case planning meetings and another 13% indicated they either would like to, but don’t have time or they do not attend, but are told about them.

Fifteen early interventionists and early childhood educators identified their self-perceived roles on the child welfare planning teams. These roles vary, but are often similar to the roles that child welfare caseworkers view in IFSP/IEP planning teams. In both instances, these roles range from not being included, to planning and advocacy. The most involved responses included: “To listen and become an integral part of the plan so that when the child is in day care, we can address issues properly by knowing the plan” and “Share information about the child's development so the team can factor this in when making placement decisions. This ideally helps the family's get the support they need when planning for the child's educational needs.”

While the responses across the systems suggest positive, effective collaboration in some instances, one specific response, from the perspective of an school district early childhood educator, illustrates the inconsistency and recognized gaps to be addressed, especially for children ages three to five that are in school districts or community/private preschools and child care centers:

“I would like to be involved in case planning team meetings to share child's progress and functioning in school and to keep the need for educational coordination on the table. For example, one of our students is in the process of being transitioned back to his biological mother. He will be removed from school (the only constant in his life at this point) before the end of the school year. I wish his planning team would've considered the value of allowing him to stay in school for the remainder of the school
year and asked his classroom teacher for support in transitioning him to the educational setting for next year.” This highlights the critical need for and benefits of greater collaboration between child welfare and early childhood education.

*Survey Synthesis*

There was a clear agreement between the child welfare caseworkers/supervisors and early interventionists/early childhood educators of the benefits of joint planning. Both systems indicated a desire to participate in planning meetings within the partner system and all professionals identified similar roles that they embrace in these planning meetings, which include advocacy, family support, development assessment information, resource allocation, serving planning, and placement decisions. When executed effectively, this can provide a comprehensive system of educational support for children in the child welfare system. Child welfare caseworkers and supervisors have identified a “joint assessment and treatment process” as one thing to change to better address the developmental and educational needs of young children in the child welfare system. Early interventionists and early childhood educators also suggested necessary changes such as “home-based meetings with the DCFS worker” and consistency in services to “support families and children when a new home assignment is made.”

Professionals also identified system needs in getting to this joint planning. Across systems the rates of planning meeting attendance range from 25% to 50%. In both systems professionals also indicated a planning meeting invitation rate of 40%-60%. While these numbers are positive, it also indicates that about 50% of caseworkers/supervisors or early interventionists/early childhood educators do not attend case planning meetings.
More specifically, discrepancies in the practices of developmental assessments can pose a challenge for the child welfare and early intervention/early childhood system. While 59.1% of children in the child welfare system receive an automatic assessment, over 40% do not. Of those that do, 40-50% of the child welfare caseworker/supervisors have at times used their own knowledge of child development for initial assessments. Conversely, no early intervention/early childhood respondents identified child welfare caseworkers/supervisors as those that should have the primary role of developmental assessments. This philosophy could be supported by the earlier indicator that child welfare caseworkers/supervisors received the least amount of training in this area, especially for those that have been working in the field for less than five years.

Consistent with other themes, there was higher collaboration around assessment and service planning with early intervention, such as Help Me Grow, and a lower rate with Head Start, school districts and community-based child care centers with early childhood services for children ages three to five was consistent with other themes. While all of the assessment and referral data presented above is for initial assessments, ongoing assessments of children not initially eligible for services should also be a consideration for the child welfare system, yet only 18.2% of caseworkers and supervisors indicated a policy in place for ongoing assessments of children in the child welfare system.

To mitigate these concerns, child welfare caseworkers and supervisors have suggested changes through open-ended responses to better address the developmental and educational needs of young children in the child welfare system. These suggestions include: “a quicker evaluation process,” “a screening tool to guide what workers need to do,” and “the assessment of all children when entering child welfare.”
Interviews

The survey responses provided a more complete picture of the assessment and planning procedures and targeted areas for improvement. When discussing the assessment practices as the director level, all directors indicated the importance of screenings and assessments “to see if there are other issues pertaining to this particular child...to connect to the other systems that can provide the services.” One agency director made a point to state that “disposition” should not drive the assessment and referral process. In other words, “substantiated” outcomes can have many different child impacts and “unsubstantiated” can at times be the worst cases of neglect that exist. This suggested a caution in assuming those dispositions accurately correlate to the needs for referrals and early intervention/early childhood services.

However, while developmental screenings and assessments are recognized as important for all children in the child welfare system between the ages of zero and five, regardless of the CAPTA eligibility, agency directors also recognized a potential capacity issue in placing this expectation on child welfare caseworkers. The suggestion was raised again by Starting Point that the early interventionists should be the ones to conduct the assessments; less so because of caseworker training, but more of the recognition that caseworkers are “just on-going and constant” and do not need an additional task of assessments.

Parent Engagement and Greater Access to Early Childhood Programs

All of the other themes that emerged discussed foundations that are necessary for aligning the child welfare and early intervention/early childhood systems. Yet even with these foundations in place, broader system and policy barriers can prevent access to the
programs these at-risk children need the most. The most reforming work across the two systems is to build the parent awareness and engagement while working through policy barriers that prevent access to high-quality early intervention and early childhood settings.

*Child Welfare Caseworker/Supervisors*

Of twenty-one responses, 80.8% of caseworkers and supervisors have children between the ages of zero and two that are enrolled in any early intervention program, such as Help Me Grow or Early Head Start. Of these cases, 23.8% of caseworkers and supervisors indicated up to 20% of their children zero to two are involved in early intervention, while another 38% have at least 60% of children zero to two enrolled in early intervention. Similarly, 76.2% of caseworkers and supervisors have children between the ages of three and five that are enrolled in an early childhood program, not exclusive to preschool special education. These three to five year olds make up a small proportion of caseloads with 38.1% making up less than 20% of caseloads and another 14.3% making up between 21-40% of caseloads. Only 23.8% make up more than 40% of the caseloads.

In enrolling young children in the child welfare system in early intervention and early childhood programs, multiple barriers were presented that made access to appropriate services difficult. Limited parent engagement was one barrier stated by respondents which includes both lack of engagement and lack of awareness. The lack of engagement and, especially, the lack of awareness is one of the explanations provided for increased cross-training. Program cost and availability is another, more challenging, barrier to accessing early intervention/early childhood programs. One respondent
explained, parents who are not working do not qualify for the child care voucher and “foster parents make too much to qualify for the voucher, but could not afford payments on their own.” A more anecdotal frustration of these barriers, compounded by limited system coordination stated:

“I tried to enroll three children who moved from one foster home to another and I was told that there was not any room for the children and that the foster parents would need to pay a large amount to enroll; although, I was previously informed that Head Start Services for free for ALL foster children.”

According to survey results, these barriers to access exist within the early childhood education setting more so than the early intervention setting. For example, when caseworkers and supervisors were asked if they ever experienced difficulties enrolling a child in an early intervention or early childhood education program, 15% indicated difficulties in early intervention placement while 35% indicated difficulties in early childhood education placements. This outcome is not a surprise based on the previous data regarding collaboration differences between the two systems.

When asked if there are any differences in access to early intervention/early childhood education services for children in foster care, compared to children who remain with their biological parents, 57.9% indicated equal access for both groups. Respondents were evenly split at 21.4% indicating more difficult access to programs for children placed in foster care and children who remained with their biological parents.

If children were not already enrolled in an early intervention or early childhood education program when they entered the child welfare service, the most common reason for referral, of the choices offered, was a diagnosed special need (38.1%). Another
14.3% indicated that a referral was made if a parent requested it, 9.5% indicated that a referral was made if the family needed coverage for work and 4.8% if there was a concern about the child’s safety.

DCF caseworkers and supervisors were asked what additional information would be helpful and one thing they would change to meet the developmental and educational needs of children between the ages of zero to five on their caseload. The responses included more training on the educational needs of children in child welfare, better processes for screening and assessment, and more information on early intervention and early childhood education services, programs and fees. A few particular responses included:

- Caseworkers should receive more training in early intervention and early childhood programs. I received this information when I was a master’s student and took a class on early intervention;

- Have ALL children assessed when immediately entering foster care if their parents would not cooperate while the children were living with them. I would also have a developmental specialists evaluate children at random medical appointments for parents who are uninterested in other services;

- How to access the services without a voucher with parents who have no job and are not in school, but children would benefit from the programs.

One respondent highlighted the importance to increasing the capacity of the child welfare caseworkers and supervisors, stating that a child welfare worker “may often be one of the first individuals who sees that a child has some type of developmental problem.” In increasing this capacity, it is important to consider the suggestions for
improvement and requests for support by the child welfare caseworkers and supervisors who spend each day trying to work within and across systems for the benefit of the children.

*Early Intervention/Early Childhood Educator*

Through surveys responses about system coordination, early interventionists and early childhood educators identified similar themes. When asked about children on their caseload, or in their classroom, early interventionists indicated that 37.5% of children 0 to 2 were in the custody of the Department of Children and Family Services. Early childhood educators indicated that 31.25% of children 3 to 5 on their caseloads were in the custody of the Department of Children and Family Services. What may be more important to note is that 24% of respondents indicated they did not know. It should be clarified that this only refers to those in the custody of DCFS and there are others that may still be assigned a case and caseworker within DCFS. In addition, this does not consider the number of children within DCFS that would benefit from early intervention or early childhood services, but are not receiving them for multiple reasons.

When asked if all of the children within the child welfare system who might benefit from early intervention/early childhood programs have access to them, 61.1% of eighteen respondents felt that they do. Another 38.9% indicated they have some access or no access to these programs highlighting the need for more available programs and the limited parent engagement or awareness described by the child welfare caseworkers and supervisors.

When asked for the most common reason a foster child is referred to early intervention or early childhood, if they are not already enrolled when entering the child
welfare system, a large proportion of respondents (40%) indicated a diagnosed special need. The other 35% indicated parent requests and only 10% indicated safety concerns. Another 15% indicated they did not know, which could be due to their role within their program, or a need for better system communication.

The system barriers presented by the child welfare caseworkers and supervisors highlighted difficulty in accessing programs for the children and families. To understand the system barriers faced by the early interventionists or early childhood educators, they were asked if they ever had difficulty making connections with caseworkers/supervisors. Of twenty-two respondents, 54.5% stated they did and 45.5% did not have any difficulties. The primary difficulty stated by these responses centered on reduced communication, such as returned phone calls. It is important to note that several responses also indicated that “we now have a Help Me Grow liaison at the Department of Children and Family Services that has been a great help when needed.”

Even with these challenges, a majority (50%) of early interventionists and early childhood educators indicated positive experiences with DCFS, while only 27.3% indicated negative experiences. The multiple narrative responses demonstrated that when the communication barriers are addressed, the collaboration with the DCFS worker prefers “to work together” and “has been very helpful” to “get the foster family what they need”.

When asked what additional information about child welfare and foster care would be helpful for early interventionists and early childhood educators, ten respondents indicated that it would be helpful to have any information possible to better support and engage families and to better understand the educational needs of children in the child
welfare system. When asked who they would like to receive more information from to better support families, 72.2% of early interventionists and early childhood educators indicated a need for more information from the Department of Children and Family Services and early childhood mental health specialists. Thirteen respondents provided open-ended answers about one thing they would change to better address the developmental and educational needs of children ages zero to five in the child welfare system. The responses included some logistical suggestions about coordination, such as “to meet at the home at least two times per year with the DCFS worker.” Many of the responses honed in on the importance of the communication and system coordination to engage more families and improve access and services to children. As one respondent stated, “More communication between the welfare system and the developmental specialists/early intervention team so we better understand the family history/concerns and so they better understand the developmental needs and observations.”

Survey Synthesis

A discrepancy exists between the child welfare and early intervention/early childhood education system and the perception of access to early childhood programs for children under five in the child welfare system. Interestingly, the 27.8% of child welfare caseworkers/supervisors that felt children had “no to just some” access is a better rate than the 38.9% of early interventionist/early childhood educator that felt the same. Both systems agree that some of the access issues are due to a lack of awareness, understanding or engagement on the part of the biological or foster parent. There is also an agreement that more needs to be done to provide accurate information to the child welfare system so that they can more effectively inform and refer families. In addition,
both systems agree that families are often faced with a lack of convenient locations, or full programs even when convenient. In trying to better engage families, early interventionists and early childhood educators specifically stated a need for more information to “understand appropriate interactions with biological families” and “know what training the foster family’s have had.”

An additional issue presented by the child welfare caseworkers/supervisors includes the fees attached to early childhood programs that prevent families from being able to access the programs if they are not eligible for vouchers. This access issue and discrepancies in program fee information is the primary reason child welfare caseworkers and supervisors responded as having difficulties in collaborating with the early intervention/early childhood system. However, consistent with other data, the response rate for difficulties with early intervention (15%) is better than the 35% that responded as having difficulties in collaborating with early childhood education programs. Specifically, child welfare caseworkers and supervisors have stated a need for more information on “locations and fees for early childhood programs” and information and necessary changes that would allow families “to access these programs without a voucher.”

Finally, 58.3% of early intervention/early childhood educators indicated overall positive experiences in collaborating with the child welfare system, including helpful suggestions, joint visits and a quick response time. For those that work in the Help Me Grow system, many credited the new HMG-DCFS liaison role as improving communication and collaboration. However, 50% also indicated some specific challenges in collaborating with the child welfare system, which focus on instances of
slow communication response time resulting in missed information or a delay in necessary signatures.

*Interviews*

Compared to the perspectives from the caseworkers, supervisors, early interventionists and early childhood educators, agency directors presented a view of the broader system coordination level. At this level, the strength of the systems exists in the relationships between the directors. As presented later, this is not always a positive perspective as it may or may not lead to effective policies and procedures. To this end, all agency directors did highlight the mechanisms currently in place to facilitate better system coordination between the Department of Children and Family Services and Help Me Grow.

These two mechanisms include the HMG-DCFS liaison and the Early Childhood Mental Health project. While the Early Childhood Mental Health project is increasing referrals, it has been recognized that an additional process needs to be put in place for more effective placement of early childhood mental health services. The Board of Developmental Disabilities also identified a support administrator manager that sits on a county-wide service coordination committee to facilitate a similar liaison process for DCFS and Board of Developmental Disabilities, resulting in some increased communication. This is seen in the survey data with higher rates of communication with the Board of Developmental Disabilities than school-based and community-based early childhood programs.

There is a high level of coordination between the Department of Children and Family Services and Help Me Grow early intervention services. However, there was an
agreed-upon need for better collaboration between the child welfare system and early childhood programs for children between the ages of three and five. Agency directors confirmed and provided more insight into the issue presented by child welfare caseworkers and supervisors surrounding limited access to early childhood programs if parents are not eligible for vouchers. Some agency directors suggested CAPTA-type legislation for children over the age of three with a caution by other directors to not limit support and alignment to a “disposition” of substantiated or unsubstantiated cases of abuse or neglect. Highlighting this need, the Director of Help Me Grow stated that Help Me Grow gets referral calls for children ages three and over. In these instances, the service coordinator then provides the necessary information to refer them to the school district. With this in mind, the suggestion was presented of a school district “hotline” for child welfare caseworkers and supervisors to make referrals or locate resources.

Additional Themes from Interviews

Challenges in State Level Policies and Practices

As the agency directors are required to have a broader understanding of the systems at both the local and the state level. One of the additional themes that emerged as a challenge for the directors is the discrepancies or lack of alignment at the state level between the multiple agencies. This not only impacts the sharing of data, as described below, but can either create divergent policies or barriers to developing local procedures to meet the unique, diverse needs of the county. While Invest in Children is a locally established partnership, the other four agencies that were interviewed all report to four different state agencies.
One director offered the hope that some of this may be mitigated through the recent Race to the Top-Early Learning Challenge grant that was awarded to the state of Ohio. Through this grant, multiple state level agencies that serve children from birth through age five intend to increase system coordination, regulations and quality standards across early learning programs. This is one critical step to addressing some of the gaps that occur between early learning systems. The primary goals of this initiative are to increase school readiness and improve quality settings through parent engagement and professional development, with less emphasis on the other social systems that are important system partners, with the exception of mental health. While this provides opportunities for improvement, a director also indicated concern that more standardization at the state level could decrease flexibility at the county level that can be necessary to address local priorities.

Data Sharing Challenges

The challenge of data sharing is another specific theme that emerged through the director interviews and attributed to the state level challenges. At the early childhood level, whether community-based or school-based, the data sharing, or lack thereof, is a result of the need for increased collaboration between the systems. Data sharing agreements or protocol will not occur on a consistent level without policies and procedures to increase training, communication, joint assessments and case planning.

However, the collaboration between the child welfare system and the early intervention system presented minor challenges in the actual intent and agreement to share data. Instead, the challenge exists due to the multiple state level systems into which each agency must enter their data. SACWIS is the state data system that collects data
from the Department of Children and Family Services. EarlyTrack is the state data system that collects the data from Help Me Grow.

The first challenge identified in the state data systems is the fact that there are two, unconnected systems. This prevents easy tracking of data and children across systems. The second challenge, while precipitated at the state level, affects the local level access to data. As the directors explained, once the local data is entered into the state system, the data becomes the property of the state and cannot be shared with other local entities. This barrier in state or local data sharing highlights the reforms necessary at the state level to better facilitate collaboration at the local level.

Locally, efforts have been taken to mitigate these challenges. Help Me Grow has established an alternative database to track the children across the early intervention and child welfare systems. In addition, the Department of Children and Family Services also provides Case Western Reserve University with their child data to permit agencies to enter into data sharing agreements with the University to conduct further research and analysis. While success exists within these efforts, a state level data system that more effectively promotes cross-agency data sharing could reduce time that each agency spends on duplicative work.

Relationships vs. Sustainable Policies

A final common theme throughout the five interviews posited the idea that the strong relationships among agency directors was a “gift” for Cuyahoga County, but also presented challenges during times of transition. The agency directors presented several instances of collaboration or highlighted initiatives, such as the Early Childhood Mental Health program, in which the agencies coalesced to break down barriers to a common
goal. At times, this was even done “outside of the box” to meet the needs of Cuyahoga County while the state was lagging in resources or support. The relationships between the directors of key partner agencies help break down the silos and permit challenges to be put on the table in a non-threatening manner.

However, through follow up questioning, some of the frustrations of the directors existed during times of administrative transitions when conversations or work regressed. It was recognized that building work only on relationships was a risk factor for these agencies. What were missing in many cases were the formalized policies to guide and sustain the cross-system work that would not be hampered by changes in agency directors.

Summary

Using a mixed-methods approach, data from surveys and interviews revealed the expectations and experiences of agency directors and direct service workers within the child welfare and early intervention/early childhood systems. Through the expectations and experiences, strengths and gaps were identified within and across the systems. These strengths and gaps led to multiple themes that emerged from both the quantitative and qualitative data. These themes evolved into key improvements central to more effective alignment between the two systems, as presented in Chapter 5. The themes from this research include cross-system trainings, the replication of the early intervention model for early childhood, assessment and service planning protocol, and parent engagement and greater access. These themes, in conjunction with additional system coordination themes from agency directors, have been examined through a systems theory approach,
recognizing the interrelation of the themes and how the themes together build towards effective system coordination.
CHAPTER 5
DISCUSSION AND RECOMMENDATIONS

This research study used agency director interviews and surveys with child welfare caseworkers, child welfare supervisors, early interventionists and early childhood educators from community-based and school-based settings. While the initial intent was to conduct all of the interviews and then distribute the surveys, the research process evolved into interviews being conducted throughout the survey process. An unanticipated benefit of this process allowed for more in-depth interviews with agency directors that sought directors’ perspectives on what was emerging through the surveys and earlier interviews. This allowed the researcher an opportunity to ask clarification questions and better compare experiences and expectations across the systems, as well as vertically within the systems. As these experiences and expectations emerged, some themes emerged that paralleled the framework initially presented from the Edward S. Muskie Colorado study, while other themes that emerged from the interviews with the agency directors broke new ground.

The themes that emerged and presented in Chapter 4 included: Cross-System Training; Replication of Early Intervention Collaboration to Early Childhood;
Assessment and Service Planning Protocol; Parent Engagement and Greater Access to Early Childhood. In addition, a few additional themes emerged from the director interviews regarding the broader system coordination including: Divergent State Level Policies and Practices, Data Sharing Challenges, and Relationships vs. Sustainable Policies. Following a systems approach, some of the theme components are so interrelated that discussions around one of them often include discussions around other themes.

Cross-System Training

Cross-system training was identified as a high priority need across all systems. Within each system, agreement also occurred between the agency directors and the direct service workers that included child welfare caseworkers, child welfare supervisors, early interventionists and early childhood educators. While the specific training needs differed across the systems, the reason for the training was consistent in addressing a need to better understand the policies, procedures and requirements of the partner system. For example, both the early intervention and child welfare system identified a need for caseworkers to have a better understanding of Help Me Grow.

The greatest benefit of this training would be an increase in parent engagement around the Help Me Grow early intervention services. As voluntary services, the child welfare caseworker has the potential to increase parent engagement in early intervention services by helping them to understand the benefits of partnering with the early intervention system. Directors, caseworkers and early interventionists stated that many parents who are already involved with the child welfare system are either concerned or ill at ease with other system involvement, or at best confused about the complex systems
with which the Department of Children and Family Services may interact. A child
welfare caseworker, with a solid understanding of the procedures and benefits of the early
intervention system can help parents make informed decisions and increase participation
in early intervention opportunities for those children under three most at-risk.

Survey responses also indicated a lack of child welfare caseworker training in
identifying or screening for developmental delays. Based on multiple choice responses, a
high percentage of child welfare caseworkers and supervisors reported using their own
knowledge of child development to make initial referrals. This information could present
a elevated concern around the lack of training for the child welfare caseworkers.
However, in interviews with the Department of Children and Family Services, Help Me
Grow and the Board of Developmental Disabilities two expectations emerged. The first
expectation was that an understanding of the resources that existed for developmental and
educational assessments and services was even more important than the training on
developmental assessments.

Directors, caseworkers and early interventionists believed that “more training in
early intervention and early childhood education” was important to understand the
nuances of the system. In addition, “how to assess educational needs” was an important
skill to more effectively meet the needs of children in the child welfare system. All
directors indicated that the caseworkers were already overburdened with current
responsibilities and that those in the early intervention or early childhood system have the
greater expertise to be responsible for the developmental assessments. This would then
require more alignment of the two systems in the protocol and responsibilities of each
system. As one director stated, there is hope that “DCFS and staff see that they are not alone…and see other systems as support and partners.”

It is important to note that interviews with Help Me Grow and the Department of Children and Family Services have been working over the last ten years to develop a systematic procedure for referral, assessment and early intervention services for all children in the child welfare system under the age of three. These referrals are made regardless of the CAPTA eligibility of investigated, substantiated or unsubstantiated cases of child abuse. Instead, this eligibility determination only factors into which mechanism is used to provide the early intervention services. It is just as important to note the lack of systematic procedures identified by the surveys and interview with the Department of Children and Family Services in referrals and developmental/educational assessments for children ages three to five within the child welfare system. Referrals and placements for children within this age range for community-based or school-based early childhood education settings are done on a case by case basis with some levels of frustration in accessing high-quality early childhood education settings for these children. This is highlighted by the caseworker requests for “more information about services 3-5.”

While the cross-system training needs identified within the child welfare system are focused on additional ways to assess and support the developmental and educational needs of children at the front end of the system, the training needs for the early intervention/early childhood education system are focused on additional ways to support the additional ongoing needs of young children within the child welfare system. These additional needs of young children may include, but are not limited to mental health needs, behavioral challenges, developmental delays and environmental and risk factors
that may contribute to these needs. In addition, support in understanding effective (and permitted) parent engagement is a concern presented by early interventionists and early childhood educators.

As previously discussed, engaging parents in a voluntary early intervention or early childhood education program can be difficult when parents have trepidations about being involved in another “system” and may have not received enough explanation from child welfare caseworkers. To add to this challenge, many parents of children in the child welfare system have their own stressors and risk factors that can make engagement and interaction complex. To mitigate these challenges for successful parent engagement, early interventionists and early childhood educators need more training and information on these parents’ potential risk factors and perspectives. Finally, just as a need emerged for child welfare caseworkers and supervisors in understanding the early intervention/early childhood system, a similar need was presented in the early intervention/early childhood system to better understand the regulations, protocols, expectations and resources of the child welfare system.

While there are multiple areas for additional cross-system training within both systems, these trainings would serve as the mechanism to increase awareness, skills and resources to better align the process for the assessment, referral and services to meet the unique development and educational needs of young children in the child welfare system. An increase in the effectiveness of this process, through training and other recommendations, will create a more sustainable integration of the two systems to address the other themes presented through this study. To this end, it is also critical to
address these cross-system training needs early in any of the professionals’ experiences with either system to increase their capacity and the capacity of each system.

*Replication of Early Intervention Collaboration Model to Early Childhood*

The survey data on collaboration between the child welfare and early intervention/early childhood system provide a parallel analysis to the survey responses around training. In essence, where there are higher levels of training, there is more collaboration and communication. Conversely, the settings that need the most cross-system training demonstrate the lowest levels of communication and collaboration.

Two distinct pictures emerged around collaboration from the surveys and interviews. The first highlights the difference in child welfare collaboration with the early intervention system and the early childhood education system. The rates of communication with the systems in both directions indicated a higher rate of communication between the child welfare system and the early intervention system, than between the child welfare system and the early childhood education system. The early childhood education system can also be divided into community-based and school-based early childhood education. With these distinctions, the surveys revealed a lower rate of communication between child welfare and the community-based early childhood system. The historical collaboration and cross-system training between Help Me Grow and the Department of Children and Family Services provides a rationale for the discrepancy in communication and collaboration between the early intervention and early childhood systems. While there are still improvements that can be made in the collaboration between child welfare and early intervention, many of the protocols and mechanisms
could be replicated to increase alignment and collaboration between the child welfare and early childhood education systems.

The second picture that emerges is centered on how the two systems collaborate. Most of the collaboration was around sharing information, screenings and assessment. However, the level of collaboration dropped considerably when participation in planning meetings was considered. There was also a difference in who was included in which system planning meetings, with 34.5% of child welfare caseworkers participating in education planning meetings, but 13% of early interventionists/early childhood educators participating in child welfare team planning meetings. Information was not gathered as to why there was more participation in cross-system planning by child welfare in comparison to early interventionists and early childhood educators. The researcher proposes that it may be due to the scope of the planning meetings. The education planning meetings are specifically focused on the educational needs of the child and the caseworkers’ case management involves multiple components, including education. However, an early interventionists/early childhood educators’ focus is not on multiple components of the case planning, but primarily focused on the development and education needs of the child. The child welfare case planning meetings, however, are likely to include a much broader focus.

*Assessment and Service Planning Protocol*

Cross-system training and communication are vital for effective joint planning for assessments and services for young children in the child welfare system. The information that emerged around this theme provides more detailed insight into the assessment and planning procedures between child welfare and early intervention/early childhood
education systems. Information from the early intervention/early childhood survey supports the previously stated finding that the early interventionists/early childhood educators take the primary responsibility for the developmental and educational assessments of young children in the child welfare system. Again, this is not to say there is not a benefit to increasing the cross-system training within the child welfare system around developmental assessments, but it would provide a sustainable mechanism for providing these assessments without overburdening the capacity of the child welfare caseworkers, and would support increased partnerships in accessing needed educational services. In addition, it would facilitate better information sharing of developmental assessments, which both the child welfare caseworker survey and the early intervention/early childhood survey indicate is inconsistent.

As with the other themes that emerged around training and collaboration, professionals from the early intervention system have a higher rate of automatic reporting of assessments to the child welfare caseworker. This higher rate provides additional evidence that the protocol that Help Me Grow and the Department for Children and Family Services have developed over the last ten years have not only strengthened partnerships, but created more sustainable mechanisms and protocol to facilitate these processes. Most recently, the DCFS/HMG liaison model, implemented a year and a half ago, increased referrals by 40% but has also been a key factor in increased data sharing, reporting and service planning.

Developing protocols for joint assessment and service planning is critical for effective system collaboration. As discussed previously, there is not a consistently high rate of invitation or participation across systems in planning meetings, including
educational planning meetings, such as IFSPs/IEPs, or in case management planning meetings. Both systems recognized the benefits and indicated a desire for joint planning, which suggests that the policies and procedures should be reviewed to facilitate the meeting invitations and increase attendance. While professionals from both systems identified similar roles, including advocacy, data and information sharing, resource allocation, family support, service planning and placement decisions, more intentional expectations of meeting roles and responsibilities will increase the effectiveness of joint service planning.

*Parent Engagement and Greater Access to Early Childhood Programs*

One of the barriers presented by both systems is the access to high-quality early childhood education settings for young children in the child welfare system. Some of the access issues are related to the previously presented concept that more information needs to be provided to child welfare caseworkers. This additional information and parent engagement strategies for the early childhood professionals can increase parent engagement in accessing the early intervention and early childhood education systems.

However, directors, caseworkers/supervisors and early interventionists/early childhood educators have identified policies that create barriers to access for this high-need population. The specific policy barrier that emerged as a theme was the eligibility criteria for vouchers for child care in early childhood education settings. To be eligible for vouchers, families must be working or in a training program, but be below a maximum income eligibility threshold. For the families within the child welfare system, those that meet the income eligibility may not be working or in a training program, preventing access to early childhood education settings for their children. If they are not
working and there is no voucher, they are not able to afford the fees required to access the early childhood setting. Children in these low socioeconomic environments, especially those involved with the child welfare system, need access to high-quality early childhood settings more than any other population. In other instances, where families have the financial access to programs, there are areas in the communities that do not have conveniently accessible locations or convenient locations do not have room within their programs. The long-term benefits afforded by access to high-quality early education, especially for at-risk populations such as children in child welfare, is critical for state leaders to consider in funding priorities and policies (National Research Council, 2000).

While access needs to early childhood education settings were identified by child welfare caseworkers and supervisors, early interventionists and early childhood educators agreed with these challenges and also identified challenges with access to the child welfare system. The primary challenge presented in accessing the child welfare system was in the communications, such as a long response time or lack of information. As it has with other system challenges, the liaison model developed by Help Me Grow and DCFS has been credited with helping to improve and streamline protocols to increase access within the child welfare and early intervention system.

System Coordination

As systems theory proposes, all the components of a system work together to make the whole and there may be areas that need additional improvement to capitalize on the positive aspects of the system to make it as effective as possible. System coordination is a broad concept that encapsulates the more discrete themes that emerged throughout this study. Data and responses that emerged around a broad system coordination theme
validating the needs identified by directors, caseworkers, supervisors, early
interventionists and early childhood educators on cross-system training, replication of
early intervention models of collaboration, protocols for assessments and service
planning and greater parent engagement and access to services.

Other themes that emerged from the director interviews present additional
perspectives regarding broad system coordination. These three themes, presented
individually in Chapter 4, include challenges in state level policies and practices, data
sharing challenges and the effectiveness of agency relationships compared to sustainable
policies. The varying state level policies from different agencies can hamper local
alignment across the child welfare and early intervention/early childhood education
systems. This is especially noted within the data sharing challenges. Due to multiple
state data systems that take data ownership away from local agencies, cross-system
tracking and analysis of children is difficult and causes unnecessary, duplicative efforts
on the local agencies. Finally, system coordination in Cuyahoga County often exists
because of the relationships that have been developed between agencies and directors.
While this is a significant benefit to the County agencies, more work need to occur in
policy and procedure development to ensure that the system coordination successes are
sustainable.

Recommendations

While the federal laws, such as CAPTA and IDEA Part C have mandated some
system alignment between child welfare and early intervention for a targeted population
of children under the age of three, this research study validates the need for additional
strategies for effective alignment of the child welfare and early intervention/early
childhood systems to meet the educational needs of children under five in the child welfare system.

Chapter Two briefly presented a history of policy and practice recommendations that advocate for the addressing the unmet educational needs of children in the child welfare system. In addition to these and other recommendations, lessons can be learned from other states working to address these issues. Research, policy advocacy and model practices are used to make recommendations specific to the themes and needs that emerged from this local research. These changes would require new collaborations between systems, but would impact young children in child welfare in Cuyahoga County, as well as throughout the state of Ohio, to be more successful both in and out of the school setting to become more productive citizens, rather than being lost in the shuffle of a system.

The highest priority recommendation includes increased alignment with school and community-based early childhood settings. A research-based mechanism for this alignment is an educational liaison model. The subsequent recommendations, cross-system training, shared data systems and assessment and service planning protocol will increase the effectiveness of the educational liaison model, while the liaison model can in turn improve the quality of these recommendations. These three recommendations are presented in prerequisite order for successful system alignment. Finally, the last recommendation presented, increased readiness and access, would be the result of the multiple effective alignment mechanisms.
Priority 1: Increased Alignment with School and Community-based Early Childhood Settings

Critical to the assessment and planning process, as well as increases access are strategies and recommendations for coordination and multi-system alignment. In Cuyahoga County this is especially needed in school- and community-based early childhood settings. This will require both the child welfare and early intervention/early childhood systems to develop measurable systems of internal and interagency accountability. To achieve this, the Breakthrough Series Collaborative (2006) recommends creating a formal process to improve communication and coordination between the two systems to facilitate information exchange around multi-system children. Chapin Hall, Center for Children (2004) identified targets of opportunity to improve the educational performance of young children in the child welfare system. Two of the seven targeted areas include “improved communication between schools and the child welfare system” and “collaboration and team building between schools and the child welfare system”. The specific recommendations from Chapin Hall include: inform school personnel when a child is placed in foster care; promote sustained contact between administrators and direct service workers in both systems; establish a mechanism for service coordination; and ensure that practices and policies are meeting the educational needs of children in care.

More specifically, research has demonstrated that educational advocates, or education liaisons, are lacking within the child welfare system. For example, while multiple studies highlighted the lack of a knowledgeable, consistent educational advocate for children in foster care, other studies also indicated that foster parents, caseworkers
and judges entrusted with the child’s care often lack the training and awareness to provide the critical educational advocacy (National Working Group on Foster Care and Education, 2008; Breakthrough Series Collaborative, 2006). This lack of training was also supported through data collected in this study. In addition, the liaison approach developed through Help Me Grow and the Department of Children and Family Services has demonstrated increased referrals, parent engagement and access to early intervention services for children in the child welfare system.

This liaison model was initially implemented in Los Angeles County where education liaisons from the county school district are co-located within the child welfare agency. While a fairly new concept, this liaison or educational advocate is beginning to emerge in other state models and may encompass a range of functions that include case management and education advocacy (Casey Family Programs’ Roadmap to Learning, 2005). According to the Georgetown Center for Juvenile Justice Reform (2010), this model resulted in increased levels of knowledge about educational procedures and programs, increased levels of caseworker participation and documentation in the educational process, and improved school achievement.

This practice is recommended for not only school-age children, but especially for children between the ages of three and five in school-based and community-based early childhood education settings in Cuyahoga County. Through this model, policies could be implemented at the county level across multiple agencies that create a connection between the Department of Children and Family Services and county boards of educations, or Educational Service Centers, to bring together school district and child welfare agency representatives.
For school-based early childhood settings, this policy would stipulate that each school district and Educational Service Center designate educational liaison for foster youth to ensure proper educational placement, assist with the transfer of educational records, make necessary referrals, advocate for the child’s needs in the educational setting and facilitate joint planning. Specifically for community-based early childhood settings in Cuyahoga County, a liaison approach would also include the capacity and technical assistance of Starting Point Resource and Referral for Early Care and Education and the community partnerships developed through Invest in Children.

*Priority Two: Cross-System Training*

A need was identified by both the child welfare and early intervention/early childhood education systems for more cross-system training in the educational needs of children in child welfare. The Casey Family Programs’ Breakthrough Series Collaborative (2006) recommends facilitating collaboration and training among all involved systems and also providing child welfare workers with access to an expert in educational issues to link children with educational services and resources. According to Chapin Hall, Center for Children (2004), professional development and training between the two systems is a key target of opportunity to improve system coordination. More specifically, the Center identified the needs for child welfare and early intervention/early childhood educations systems to collaboratively develop the training for child welfare caseworkers and supervisors, early interventionists, and early childhood educators. In addition, this training should focus on those issues most critical in addressing the educational needs of young children in the child welfare system and in navigating between the child welfare and early childhood education system.
Through the Roadmap for Learning, the Casey Family Programs (2009) have identified necessary training components for inter-agency collaboration. This training also validates the training needs identified through caseworker and early intervention/early childhood educator surveys. Through the Roadmap for Learning, recommended training for child welfare agencies includes:

- The importance of early educational success to a child’s well-being;
- How the early intervention and early childhood education system works and its related legal issues;
- The best methods to promote a child’s school readiness;
- The importance of high-quality early intervention and early childhood education settings and the role of placement stability in home and school placement decisions; and
- The institutional, social, and structural barriers that may prohibit good collaboration.

Recommended training for early interventionists and early childhood educators includes:

- How and why young children enter the child welfare system;
- Foster care policies and how they affect the operation of the child welfare system;
- The roles of social workers, birth parents, foster parents, and other caregivers in making education decisions;
- Specific ways early interventionists and early childhood educators can support the educational success of children and families in the child welfare system; and
• The unique emotional, practical, behavioral, social intellectual and developmental challenges faced by young children involved in the child welfare system and how to respond to them.

Priority Three: Shared Data Systems

Shared data systems were a need identified in this research, especially by the agency directors. Some of the shared data system challenges between child welfare and early intervention/early childhood education were noted to occur at the state-level with systems that limit data retrieval and data sharing. While agency directors advocate more accessible and more aligned state-level data systems, Cuyahoga County agencies have developed some systems to work around these issues, especially within the early intervention system. Facilitation of this data sharing is another role of the HMG/DCFS liaison. This procedure may still leave room for improvement and can also be replicated in a coordinated manner for early childhood education in the community and schools.

Chapin Hall, Center for Children, also recommends some specific strategies for strengthening reporting systems for educational indicators. The first recommendation includes a system for formal data sharing to increase intentional planning and service delivery for children in child welfare. The second strategy recommends regular reporting of school outcome indicators, such as attendance and grades, to monitor the child’s progress in the early intervention/early childhood education setting and build better accountability for educational outcomes.

A unique recommendation from the Center for Public Policy Priorities (2008) suggests web-based education portfolios to facilitate more efficient data sharing across systems, as well across various educational systems for these highly mobile children. A
review of manual education portfolios showed a higher rate of errors and omissions and a
increased possibility of being lost during transitions. In addition, the development of
system data indicators and data sharing agreements provides an opportunity to implement
a more effective approach to data collection and data sharing.

The Legal Center for Foster Care and Education (2008) provides some specific
recommendations on the type of data the child welfare and education should consider
collecting that is focused on factors suspected to contribute to poor educational outcomes
for children in foster care, or the child welfare system. Much of this data is already
collected and available, but across a variety of sources and often not disaggregated. The
publication Solving the Data Puzzle provides recommendations for the type of data to
collect from each agency through existing national and local systems, and how to address
the legal barriers in sharing certain data. In addition, tools are provided for system-
assessments on data currently and potentially collected, as well as a collaborative tool to
develop a data sharing agreement across systems.

Priority Four: Assessments and Service Planning Protocol

Another theme that emerged from this research was the need for more discrete
protocols for assessment and service planning across the child welfare and early
intervention/early childhood education systems. Joint planning policies and procedures
will benefit both systems in gathering multi-disciplinary information about young
children to determine both appropriate child placements and educational placements.
Tools have been developed to aid in this assessment and planning process, such as School
Selection: A Checklist for Decision Making developed through the Legal Center for
Foster Care and Education and the National Center of Homeless Education. Within these
case planning and communication mechanisms, the Child Welfare League of America recommends that a notice of school or origin decisions, appeals and transportation should not only be provided to the foster parent or other decision maker, but also the child welfare agency and court of jurisdiction.

*Priority Five: Increased Readiness and Access to High-Quality Early Intervention/Early Childhood Settings*

While the education liaison model for early childhood education would improve the coordination and communication for referral and assessment, another access issue identified in this research centered on the eligibility requirements through the state child care voucher funding system. This is one of the state-level challenges that emerged through the director interviews, as well as the surveys. Additional research supports this concern in other states as a 2006 focus group indicated that many child welfare systems do not provide adequate funding for caregivers to send young foster children to preschool. The focus group also found that there are often not enough spaces, and children in foster care are often not given the priority status to which they may be entitled (Zetlin, Weinberg & Shea, 2006).

The Legal Center for Foster Care and Education, a collaboration between the Casey Family Programs, the American Bar Association Center of Children and the Law, the Education Law Center—PA and the Juvenile Law Center developed the 2007 *Blueprint for Change: Education Success for Children in Foster Care*. Within this document are eight goals that address multiple aspects of the educational needs of all children in foster care. Goal Three is specific to children under the age of five in foster care: *Young Children Enter School Ready to Learn*. Within this goal, seven
recommendations serve as benchmarks of progress in aligning the child welfare and early intervention/early childhood systems. While some of these recommendations are currently implemented within Cuyahoga County, some additional recommendations that should be considered, or enhanced, include:

- Young children are given special prioritization and treatment in early childhood programs, including Head Start, Early Head Start and preschool programs;
- Young children receive developmentally appropriate counseling and supports within their early childhood programs in response to their abuse and neglect experiences;
- Trained caretakers are provided information on the child’s medical and developmental needs;
- Children under age three with developmental delays, or at-risk of delays, are identified as early as possible, and promptly referred, evaluated and served as appropriate; and
- Children with disabilities ages three to school age are referred and evaluated, and receive appropriate preschool intervention programs.

These recommendations from the *Blueprint for Change* align with the roles and responsibilities of the educational liaison approach. The function of the educational liaison would ensure these strategies and recommendations are implemented at the local level.

**Limitations**

This study attempted to understand the different experiences and expectations from agency directors and direct service workers across the child welfare and early
intervention/early childhood education systems. While areas were identified for improvement from multiple perspectives, these considerations were based on experiences with aspects of the system that have been successful, such as relationships, training and assessment protocols within early intervention, and positive experiences in engaging parents and accessing early childhood programs. The greatest strength within Cuyahoga County is the urgency felt across all the agencies to build upon the existing capacity of each partner and replicate effective approaches to meeting the educational needs of young children in the child welfare system.

This is a significant accomplishment of Cuyahoga County as one begins to peel back the layers of the complex system. This research study only investigated a small element of two systems within the entire County. The complexity of the child welfare, early intervention, early childhood education and other systems within Cuyahoga County speaks to both the limitations of this study and areas for future research.

The primary limitation to this study is a result of the size of the research sample. This study had a target of twenty surveys each for the child welfare system and the early intervention/early childhood education system. The study was not limited in its anticipated response rate as the final n for each survey exceeded the target of twenty. However, the twenty surveys within each of the early intervention/early childhood education system provided some data that suggested differences between the early intervention system, the community-based early childhood system and the school-based early childhood system. In addition, the response rates were not equally distributed across each sub-system of the early intervention/early childhood education system. With only twenty surveys total for this population and an unequal distribution, the data set is
only large enough to make comparisons of the data, but not large enough to generalize the differences across each of the individual systems.

Another limitation is the need for a more targeted sample within the early intervention/early childhood education system, as well as a control group to help account for socioeconomic status and other environmental factors. The early intervention/early childhood education survey was distributed to early intervention home visitors, early intervention service coordinators, school-based early childhood educators, and community-based early childhood educators. Due to the CAPTA requirements, DCFS refers all children under the age of three to Help Me Grow. This would suggest that a higher number of early interventionists work with children who are involved in the child welfare system.

However, the survey was distributed to a pool of community-based and school-based early childhood educators without defining a subset that currently work with children who are involved in the child welfare system. A cross-tab analysis was done on the respondents' data to mitigate this effect, but it needs to be considered that some of the early childhood educators did not communicate with the child welfare system because there were not children that required a need for communication. Instead, some of the lack of communication could have been due to a lack of children on any caseload the needed cross-system communication. It would also be helpful to have been able to include a DCFS record review to identify which children in the early childhood education system may be involved with the child welfare system, but unknown to the early childhood educator.
The lack of interview and survey information from Head Start is another study limitation. Head Start is another key entity that provides early childhood education services to targeted children based on income or other identified need. Children in foster care or otherwise within the child welfare system may represent a higher proportion of the young children in these settings, as compared to other community-based early childhood settings. This could provide different data on the alignment and access between child welfare and these specific early childhood settings.

Finally, information from parent focus groups could have been essential in triangulating the information gathered from the agency directors and child welfare caseworkers/supervisors and early interventionists/early childhood educators. The direct worker surveys presented data on the alignment of their experiences to director expectations. However, it would be important to understand how the perceptions of the parents compared to the described experiences of the caseworkers and early childhood professionals.

Future Research

As suggested by the limitations provided, future research would make a distinction between early intervention, school-based early childhood education and community-based early childhood education to be able to make more accurate comparisons between the sub-systems in Cuyahoga County. In addition, an additional method of a record review would provide more information on the implementation of the system alignment protocols, such as record transfers, assessments, educational placements, joint case planning, access challenges and cross-system communication.
Another population for future research would be biological and foster parents of children in the child welfare system. While the child welfare system and early childhood education system have identified challenges with access to high-quality early childhood programs, additional perspectives from both populations of parents could be compared to the professionals’ perspectives. In addition, parents would likely be able to provide the intricate details that increase the complexity and the urgency of the message that changes are necessary within and across systems.

This study provides a small snapshot of the progress, complexity, strengths, and barriers in aligning the child welfare and early childhood education systems in Cuyahoga County. As previously suggested, much more in-depth analysis can be done to uncover more of the root causes of barriers and the explanations behind the successful practices to be replicated. Yet, even on a small scale, it would be informative to compare Cuyahoga County to the other eight counties in Ohio with an urban core. While training, assessment and planning are still areas for improvement, the director interviews unanimously credited the current progress and success to the commitment and partnerships between the system agencies. As one director stated, whether the County Executive Office recognizes it or not, “the best gift that they have….is that they came into a situation where those relationships are in place.” Learning more about how Cuyahoga County compares to other urban counties may highlight the strengths that current exist within a very diverse Cuyahoga County and could provide some lessons and best practices in implement specific improvements.

Many of the policy recommendations for aligning the child welfare and education systems stress the inclusion of the juvenile justice system. In fact, multi-system work
with “crossover” youth from the child welfare and juvenile justice system led the reform for multi-system collaboration (Georgetown Center for Juvenile Justice Reform, 2010). A surge in the movement towards meeting the educational needs of youth in the juvenile justice system has led to educational checklists developed by national policy organizations and other states for judges in the juvenile justice system to use during hearings and determinations. As an example, Zero to Three, a national research and advocacy organization addressing the needs of children under the age of three, has developed Court Teams for Maltreated Infants and Toddlers. These Court Teams work with juvenile and family court judges to improve the health and well-being of the youngest victims of child abuse and neglect. With this critical interface between child welfare and juvenile justice, a recommendation for further research within Cuyahoga County includes a similar study, or the expansion of this study, to include an analysis of children, or families of young children, within the juvenile justice system.

*Early Childhood Mental Health*

A final recommendation from this study would be to recognize in the research the other components that exist within Cuyahoga County between child welfare and early intervention/early childhood. A primary example is the Early Childhood Mental Health initiative that was developed through many of the agencies involved in this research. As was suggested with juvenile justice, understanding the interplay of the policies and procedures through this work, and its effects on addressing the needs of young children in the child welfare system is important to consider in researching the multiple systems in Cuyahoga County that serve children under the age of five.
Conclusions

When young children enter the child welfare system, the operating crisis mode often places the medical and mental health needs of these children as a priority. Too often the developmental or educational needs of these children are considered later. Moving educational needs to a priority status is especially important for children under the age of five who are in the midst of critical development years before they enter school.

This research study examined the experiences and expectations of a small population of two complex systems in Cuyahoga County, the child welfare system and the early intervention/early childhood education system to understand the current alignment in meeting these educational needs of young children in child welfare. Through qualitative and quantitative methods, responses from agency directors, child welfare caseworkers and supervisors, early interventionists and early childhood educators provided insight into the relationships and procedures developed and those still needed to promote systemic change.

The major findings from the study include the need for cross-system training, a more standardized protocol to joint assessment and service planning, and increased parent engagement. The work done between the child welfare and early intervention system could serve as a replicable model for the alignment between child welfare and early childhood education settings. In addition, as with Help Me Grow, an education liaison model could facilitate the evidence-based recommendations between child welfare and school-based and community-based early childhood settings. Capitalizing on these major
findings will help increase important access to early intervention and early childhood settings for young children in the child welfare system.

While there is great strength to build on in Cuyahoga County, more work needs to be done to address the developmental and educational needs of these children in their critical years. This work is significant in that positive outcomes of this work can impact other systems within Cuyahoga County, including education, juvenile justice, mental health, and economic development. Most importantly, by increasing alignment between the child welfare and early intervention/early childhood systems in Cuyahoga County through evidence-based recommendations, replicable models and further research, these young children that are traditionally considered at-risk will learn and grow in spite of the obstacles that others have placed in front of them.
BIBLIOGRAPHY


APPENDIX
APPENDIX A:
ODJFS CHILD’S HEALTH AND EDUCATION INFORMATION FORM
<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Agency Case Number</th>
<th>Date</th>
<th>Child's Grade Level</th>
<th>Check this box if there has been no change in child's education information since last SAR. List date below. (If box is checked, skip to page 2).</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Name(s), address(es), and phone number(s) of school(s) child is currently attending:</td>
<td>b. Name and address of the school attended by the child at the time of placement.</td>
<td>c. Describe how the current educational setting is appropriate for the child's needs, or what actions are being taken to arrange for immediate enrollment in an appropriate educational setting.</td>
<td>d. If the child did not remain in the school he/she was attending at the time of placement, describe all efforts made to maintain child in the same school; or document why remaining in the same school was not in the child's best interest.</td>
<td></td>
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<tr>
<td>e. Describe the child's grade level performance and academic performance including aptitudes and difficulties in various subject areas</td>
<td>f. Describe or provide an update on any medical condition or other circumstance that prevents the child from attending school on a full-time basis.</td>
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<td>g. Describe the child's school record including: child's attendance at school (list reasons for poor or irregular attendance), child's social adjustment at school, and child's behavioral problems (if any)</td>
<td>JFS 01443 provided to Substitue Caregiver on (Give Date)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Describe any developmental delays or learning disabilities of the child. Provide a contact person and phone number if the child is enrolled In, or eligible to enroll In, special education classes.</td>
<td>JFS 01443 provided to Parent on (Give Date)</td>
<td></td>
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<tr>
<td>i. If any of the child's education records are unavailable or inaccessible, indicate why, and what steps are being taken to obtain the records</td>
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<td>Agency Representative Signature</td>
<td>Date</td>
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<td>Agency Representative Signature</td>
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JFS 01443 (Rev. 8/2012) THIS DOCUMENT IS USED TO COMPLY WITH 5101:2-38-08
**HEALTH**

Attach a copy of the completed Child's Education and Health Information form (JFS 01443) to the current Case Plan (JFS 01449).

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Agency Case Number</th>
<th>Date</th>
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</table>

1. Check this box if there has been no change in child's health information since last SAR. List date below.

2. List child's known medical problems, injuries, etc. (Include does if possible)

3. List any known allergies including allergies to medications (if any)

4. List the name(s), address(es), and phone number(s) of the child's most recent medical provider(s).

5. Record of child's immunizations

<table>
<thead>
<tr>
<th>Immunization Up to Date?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Measles (Mumps)</td>
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<td></td>
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<tr>
<td>2. Polio</td>
<td></td>
<td></td>
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<tr>
<td>3. DPT/DTP</td>
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6. List dates of child's immunizations

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<tr>
<th>Immunization</th>
<th>Date</th>
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<tbody>
<tr>
<td>Measles</td>
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<tr>
<td>Polio</td>
<td></td>
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<tr>
<td>DPT/DTP</td>
<td></td>
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7. List child's current medications and dosages for each

8. JFS 01443 provided to Substitute Caregiver on (Give Date)

9. JFS 01443 provided to Parent on (Give Date)

10. List date of the child's last physical exam.

11. List date of the child's last dental exam.

12. Describe any other pertinent medical information or events the child has had or currently has. Include any condition that is preventing the child from attending school on a full-time basis.

13. If any of the above health reports are unavailable or inconvertible, indicate the reasons why, as well as the steps being taken to obtain the needed information.

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<th>Agency Representative Signature</th>
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JFS 01443 (Rev. 6/2010)

THIS DOCUMENT IS USED TO COMPLY WITH 5101.2-38-08
APPENDIX B:
DCFS POLICY STATEMENT 9.00.02
HELP ME GROW SERVICES
Policing Policy Statement

Policy No: 9.00.02  Subject: Help Me Grow Services (HMG)

Chapter: Child Health Care
Approved by: Deborah Perkas
Effective Date: 1/1/06
Review: 06/01/09
Obsoletes: N/A
Revision Date: 06/01/09
Impact Analysis: √

Purpose: To set forth a policy and protocol for the provision of Help Me Grow (HMG) services for children involved with the Cuyahoga County Department of Children and Family Services (CCDCFS), pursuant to Ohio Department of Job and Family Services (ODJFS) Rule 5101:2-42-66.1 Comprehensive Health Care for Children in Placement and 5101:2-36-03 PCSA Requirements for Intra-Familial Child Abuse and/or Neglect Assessment/Investigations.

Scope: This policy applies to all CCDCFS custody and non-custody children.

Policy

CCDCFS will coordinate referrals to HMG when a child under the age of three is involved with a substantiated case of child abuse or neglect as mandated by the Child Abuse Protection and Treatment Act (CAPTA) amendment Keeping Children and Families Safe Act of 2003. In addition, CCDCFS will refer families identified as “at risk” according to HMG’s target population as outlined in attachment 1.

Procedures

A. Within two (2) business days after abuse or neglect is substantiated, CCDCFS will refer involved child (children) under the age of three (3), to Help Me Grow (HMG) for services pursuant to the Child Abuse Prevention and Treatment and Adoption Reform Act (CAPTA).

B. CCDCFS will refer all pregnant women to HMG prenatal services.

C. CCDCFS will refer parents with children under the age of six months with two identified risk factors as outlined in attachment 1.

D. CCDCFS will utilize the appropriate referral forms in the referral process.
E. CCDCFS will provide HMG with the opportunity to train CCDCFS staff in the referral process.

F. Completed referrals should be submitted to the CCDCFS Health Care Unit for forwarding. Upon receipt, the Health Care Unit will fax the completed referrals to the HMG Intake Specialist. For staff located in a neighborhood office, completed referrals can be faxed directly to the attention of the HMG Intake Specialist at # (216) 592-6920.

G. It is the responsibility of the CCDCFS worker of record to assure that any and all follow-up care indicated by the developmental screening or evaluation is initiated within thirty (30) days of the assessment or per the timeframe ordered by the physician.
HELP ME GROW
REQUEST FOR SERVICE

Child's Name: ____________________________ D.O.B./Due Date: __/__/____

Sex: M/F  Child's SSA: ___________  School District: ____________________________
Ethnicity:  Non-Hispanic Cuban  Hispanic  Mexican/Mexican American/Chicano  Other Hispanic/Latino  Puerto Rican  Unknown
Race:  Black/African American  White  American Indian/Alaska Native  Asian Indian Chinese  Filipino  Guamanian/Chamoru  Japanese
       Korean  Native Hawaiian  Other Asian  Other Pacific Islander  Samoan  Unknown/Other check one other race  Vietnamese

Child's Name: ____________________________ D.O.B./Due Date: __/__/____

Sex: M/F  Child's SSA: ___________  School District: ____________________________
Ethnicity:  Non-Hispanic Cuban  Hispanic  Mexican/Mexican American/Chicano  Other Hispanic/Latino  Puerto Rican  Unknown
Race:  Black/African American  White  American Indian/Alaska Native  Asian Indian Chinese  Filipino  Guamanian/Chamoru  Japanese
       Korean  Native Hawaiian  Other Asian  Other Pacific Islander  Samoan  Unknown/Other check one other race  Vietnamese

Parent/Guardian: ____________________________ D.O.B./Due Date: __/__/____
SS#: ___________  Primary Phone #: (_____) ____-____  No Phone  Secondary Telephone #: (_____) __-____
Relationship: Mother  Father  Caregiver  Other Parent  Grandparent  Step Parent  Surrogate Parent  Email:
Address: ____________________________ City: ___________ Zip Code: ___________

Parent/Guardian: ____________________________ D.O.B./Due Date: __/__/____
SS#: ___________  Primary Phone #: (_____) ____-____  No Phone  Secondary Telephone #: (_____) __-____
Relationship: Mother  Father  Caregiver  Other Parent  Grandparent  Step Parent  Surrogate Parent  Email:
Address: ____________________________ City: ___________ Zip Code: ___________

Other Involved Person(s): ____________________________ D.O.B./Due Date: __/__/____
Phone #: (_____) ____-____  No Phone  Email:
Relationship: Mother  Father  Caregiver  Other Parent  Grandparent  Step Parent  Surrogate Parent
Address: ____________________________ City: ___________ Zip Code: ___________

Family Information:
Primary Language: English  American Sign Language  Arabic  Russian  Canadian  Chinese  Filipino  French  German  Japanese
       Korean  Latin  Russian  Italian  Spanish  Ukrainian  Vietnamese  Other
Family Income Bracket: $0-$10,000  $10,001-$25,000  $25,001-$50,000  $50,001-$100,000  $100,001 and over  $100,000 and over  Check if family is involved with Means First
       WIC #: ____________________________  OWF #: __________________
☐ Caregiver has been informed of referral to Help Me Grow.  ☐ Discharge or other Medical Information attached.
Referred By: ____________________________ Date Referred: __/__/____  Referring Agency:
Address: ____________________________ City: ___________ Zip Code: ___________
Phone #: (_____) ____-____  No Phone  Fax #: (_____) __-____  Email:

Current DCFS involvement: (Check all that apply):
☐ Substantiated abuse/neglect (CAPTA)  ☐ None  ☐ Custody  ☐ Protective Services/Supervision

-----------------------------------------------------------------------------------------

CHILDREN MENTIONED IN ELIGIBILITY LIST ONLY—DO NOT WRITE BELOW

Referred to Category: At Risk  Part C  Date received by HMG: __/__/____  ET# __________________
Date Assigned: __/__/____  HMG STAFF Assigned to: ____________________________
Date of Initial Contact: __/__/____  HMG STAFF
Letter: ☐ in person  ☐ Phone
45-day Timeline Date: __/__/____

NOT eligible for HMG: __/__/____

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PART C / EARLY INTERVENTION REFERRALS

Suspected Delay(s) or Diagnosis Factors (diagnosis must be on the ODJ approved diagnosis list)
☐ Child has a diagnosis/es. Please list all diagnoses:

☐ Child born with Very Low Birth Weight (under 3 lbs, 5 oz. or 1500 grams) ___ ___ ___ (weight)
☐ Child has blood lead level of ___ ___ ___ > 15 mcg/dl

Child has a suspected delay in one or more areas of development:
☐ Adaptive ☐ Communication ☐ Social and Emotional
☐ Cognitive ☐ Physical

Other Comments:

AT RISK REFERRALS

Eligibility Criteria for Help Me Grow Home Visiting Program:

*Any child referred by DCFS as CAPTA (substantiated abuse/neglect) will be served as an At Risk referral and does not need to meet the criteria listed below.

(If the answer to ANY of the following 3 questions is NO, referral IS NOT eligible for Help Me Grow Home Visiting Program)

1. First time mother or first time father with custody? ☐ Yes ☐ No
2. Is child under 6 months of age or is woman pregnant for the first time? ☐ Yes ☐ No
3. Is income less than or equal to 200% of federal poverty level? ☐ Yes ☐ No
   (For a family of one, the total income must be less than or equal to $26,400 per year; for a family of two the total income must be less than or equal to $38,000 per year; for a family of three the total income must be less than or equal to $35,000 per year; for a family of four the total income must be less than or equal to $42,400 per year)

MUST also have at least two (2) of the following risk factors to be eligible:

<table>
<thead>
<tr>
<th>Help Me Grow Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Adolescent Parent - up to age 20 at time of baby's birth</td>
</tr>
<tr>
<td>☐ Single Parent - only one unmarried biological, adoptive or expectant parent of the child is present in the home</td>
</tr>
<tr>
<td>☐ History of abuse or neglect - parent was victim of abuse or neglect as a child or any other adult in the home has caused child abuse/neglect or been victim of abuse or neglect; or history of domestic violence in the home including physical violence, sexual, emotional and psychological intimidation, verbal abuse, stalking or economic control</td>
</tr>
<tr>
<td>☐ Lack of stable residence, homelessness or dangerous living conditions - the absence of permanent housing as in the need to be housed in temporary shelters or dangerous living conditions</td>
</tr>
<tr>
<td>☐ Maternal prenatal substance abuse - the use of any of the following substances during pregnancy - tobacco, alcohol or any illegal drugs or illegal use of prescription medication</td>
</tr>
<tr>
<td>☐ Parent with chronic or acute mental illness or developmental disability - mental illness including maternal depression as determined by a licensed medical professional</td>
</tr>
<tr>
<td>☐ Parent with drug or alcohol dependence - known or observed use of any illegal drugs or illegal use of prescription medication; or 1 or more alcohol drinks per day</td>
</tr>
</tbody>
</table>

Other Comments:
APPENDIX C:
DCFS POLICY STATEMENT 6.01.08
SOCIALIZATION AND EDUCATION OF CHILDREN IN SUBSTITUTE CARE
Cuyahoga County Department of Children and Family Services (CCDCFS)

POLICY STATEMENT

POLICY NO. 6.01.08

<table>
<thead>
<tr>
<th>Subject: Socialization and Education of Children in Substitute Care</th>
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<table>
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<tr>
<th>CHAPTER:</th>
<th>Substitute Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPROVED BY:</td>
<td>Deborah Forkas</td>
</tr>
<tr>
<td>EFFECTIVE DATE:</td>
<td>January 30, 1999</td>
</tr>
<tr>
<td>REVIEW:</td>
<td>September 21, 2009</td>
</tr>
<tr>
<td>OBSOLETES:</td>
<td>September 21, 2009</td>
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</table>

PURPOSE: To establish procedures for and outline the rights of children in out-of-home care as related to socialization, school enrollment/attendance and participation in school and community activities in accordance with state rules and regulations governing out-of-home care.

SCOPE: This policy applies to all staff of the Cuyahoga County Department of Children and Family Services (CCDCFS), all foster parents (CCDCFS and non-CCDCFS), all private foster care agencies that provide contracted services to CCDCFS and relative caregivers who provide care for children in the custody of CCDCFS.

POLICY

A. It is the responsibility of the caregiver to ensure that the children for whom they are providing substitute care attend school and are given the opportunity to take part in activities.

B. It is the responsibility of the child’s Worker of Record (WOR) and the Resource Manager (RM) to ensure that every caregiver understands and adheres to this policy.

PROCEDURES

A. A caregiver will allow privileges and assign responsibilities to a foster child which are similar to those which would be assigned to a family member who is of similar age and functioning level as the foster child.

B. A caregiver will make arrangements with CCDCFS for each school-age foster child to attend a public school which complies with the minimum standards as prescribed by the State Department of Education and ensure that the foster child attends school in accordance with the Individual Child Care Arrangement (ICCA). Director approval is required for enrollment in any alternative educational program such as charter/religious, private or non-public school.
C. CCDCFS does not permit home schooling for a foster child except for extraordinary situations as determined on a case by case basis. Agency Directors approval is required for enrollment in any alternative educational program such as charter schools, religious schools, private and non-public schools. A caregiver who provides home schooling to the foster child may do so only with the prior approval of CCDCFS as granted by the Director. Any home schooling program must be approved by the caregiver’s home school district.

D. CCDCFS staff will work in collaboration with the caregiver, school and other stakeholders to ensure that every child is provided the opportunity to achieve his/her full educational potential.

E. In an effort to optimize the child’s educational experience, the caregiver will, as appropriate, actively participate in the child’s educational development. Caregivers are expected to attend school open houses and/or conferences, assist with homework and support the child’s participation in extra-curricular activities.

F. The caregiver will encourage and arrange for a foster child to participate in community, school, recreational activities and cultural heritage activities which are appropriate to his/her age and functioning level and will, as is necessary and reasonable, arrange appropriate transportation for the child to attend such activities.

G. The caregiver will, as appropriate, teach the foster child tasks and skills required for life in the community.

H. Caregivers will ensure that each foster child placed in their home who is not capable of meeting his/her own personal hygiene needs is clean and groomed daily. Clothing and footwear is to be clean, well-fitting, seasonal and appropriate to the child’s age and sex. Foster children capable of meeting their own personal hygiene needs will be provided with adequate personal toiletry supplies appropriate to the child’s age, sex, race and national origin. Caregivers will provide each foster child instruction on proper habits of personal care, hygiene, and grooming appropriate to the child’s age, sex, race, national origin and need for training.

Related County Policies
Policy Number 6.01.03 – Out-of-Home Care
Policy Number 6.01.07 – Religious Participation of Children in Substitute Care
APPENDIX D
DCFS DATA CHARTS JANUARY 2011-JULY 2011
Summary Monthly Statistical Report

July 2011

Department of Children & Family Services, 3955 Euclid Ave., Cleveland, OH 44115 (216) 431-4500
TDD: Ohio Relay Service # is 1-800-750-0750 (NOTE: For questions about this report, you may call (216) 881-4125)
AVERAGE MONTHLY NEW CASE ASSIGNMENTS - INTAKE UNITS
End Of Month Figures 2010 Through July 2011

Average Monthly New Case Assignments per Intake Social Worker:

Avg. 2010 = 10.6 (ytd)
Avg. 2011 = 10.6 (ytd)

Data Source: Intake case assignment data obtained from manual counts.
This data does not include out of home Intake unit, SHU or MU cases. Each case is a family unit.
**AVERAGE TOTAL CASELOAD ONGOING UNITS**

*End Of Month Figures 2010 Through July 2011*

**Average Total Case Load for Ongoing Social Workers:**

Avg. 2010 = 11.8 (Yes)

Avg. 2011 = 14.3 (Yes)

*Note: Count does not include Ongoing Sex Abuse, SIU or START cases. For PC children assigned to Ongoing, each PC child counted as an individual case.*

---

**Graph:**

- **Y-axis:** 3.0 to 18.0
- **X-axis:** January to December
- **Data Source:** Ongoing caseload data obtained from manual counts. PC children counted as unique case, non-PC cases are counted by family unit.

---

**Source:** DCFS: CQI Department

July 2011
# Children in Placement - By Placement Type

<table>
<thead>
<tr>
<th>Month / Year</th>
<th>Relative Home Count</th>
<th>% of Total</th>
<th>Agency Foster Home Count</th>
<th>% of Total</th>
<th>Network / Shared Foster Home Count</th>
<th>% of Total</th>
<th>Adoptive Home</th>
<th>% of Total</th>
<th>Congregate Care</th>
<th>% of Total</th>
<th>Independent Living</th>
<th>% of Total</th>
<th>Supporting Independent Living</th>
<th>% of Total</th>
<th>Other</th>
<th>% of Total</th>
<th>Total # of Children in Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-11</td>
<td>324</td>
<td>15%</td>
<td>374</td>
<td>18%</td>
<td>982</td>
<td>47%</td>
<td>47</td>
<td>2%</td>
<td>207</td>
<td>10%</td>
<td>77</td>
<td>4%</td>
<td>42</td>
<td>2%</td>
<td>372</td>
<td>4%</td>
<td>2,013</td>
</tr>
<tr>
<td>Feb-11</td>
<td>320</td>
<td>18%</td>
<td>383</td>
<td>19%</td>
<td>983</td>
<td>48%</td>
<td>39</td>
<td>2%</td>
<td>200</td>
<td>10%</td>
<td>77</td>
<td>4%</td>
<td>42</td>
<td>2%</td>
<td>372</td>
<td>4%</td>
<td>2,050</td>
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<tr>
<td>Mar-11</td>
<td>319</td>
<td>18%</td>
<td>386</td>
<td>19%</td>
<td>1,016</td>
<td>49%</td>
<td>53</td>
<td>2%</td>
<td>210</td>
<td>10%</td>
<td>85</td>
<td>4%</td>
<td>54</td>
<td>3%</td>
<td>391</td>
<td>4%</td>
<td>2,101</td>
</tr>
<tr>
<td>Apr-11</td>
<td>327</td>
<td>19%</td>
<td>372</td>
<td>18%</td>
<td>1,032</td>
<td>49%</td>
<td>60</td>
<td>3%</td>
<td>217</td>
<td>10%</td>
<td>83</td>
<td>4%</td>
<td>54</td>
<td>3%</td>
<td>431</td>
<td>4%</td>
<td>2,120</td>
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<tr>
<td>May-11</td>
<td>323</td>
<td>18%</td>
<td>349</td>
<td>17%</td>
<td>1,047</td>
<td>49%</td>
<td>65</td>
<td>3%</td>
<td>223</td>
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<td>47</td>
<td>3%</td>
<td>446</td>
<td>4%</td>
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<tr>
<td>Jun-11</td>
<td>331</td>
<td>18%</td>
<td>345</td>
<td>18%</td>
<td>1,028</td>
<td>49%</td>
<td>70</td>
<td>4%</td>
<td>230</td>
<td>12%</td>
<td>81</td>
<td>4%</td>
<td>45</td>
<td>3%</td>
<td>465</td>
<td>4%</td>
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<tr>
<td>Jul-11</td>
<td>312</td>
<td>15%</td>
<td>335</td>
<td>15%</td>
<td>1,058</td>
<td>49%</td>
<td>70</td>
<td>5%</td>
<td>227</td>
<td>11%</td>
<td>98</td>
<td>4%</td>
<td>57</td>
<td>3%</td>
<td>472</td>
<td>4%</td>
<td>2,144</td>
</tr>
</tbody>
</table>

## Total Number of Children in Placement

Point in Time Measures at End of Month for July 2010 / January 2011 / July 2011

- **1,846** in July 2010
- **14% Increase** to 2,013 in July 2011
- **7% Increase** from January 2010 to January 2011
- **2,144** in July 2011

Congregate Care includes Group Homes and Certified Residential Facilities. "Other" includes Detention Facilities. Hospital and all other placements. In February 2009 the data source for this report was switched from FACTS to SACHRS even while placement data is temporarily being shared across multiple systems. Because data is shared in multiple systems and by the report may not always be reconciled - base figures may change as SACHRS is updated. Additionally, reports prior to February 2009 would include children in placements monitored by DCFS that were court ordered. Children in congregate care regardless of custody status are not counted. Count is of all children in open placements regardless of custody status.
APPENDIX E:
DCFS POLICY STATEMENT 7.05.01
STAFF/CLIENTS AS RESEARCH SUBJECTS
CCDFC POLICY STATEMENT

POLICY NO. 7.05.01 SUBJECT: Staff/Clients As Research Subjects

APPROVED BY: Judith Goodhand
EFFECTIVE DATE: November 30, 1994

PURPOSE: To protect the confidentiality of case information and the civil rights of all participants during research projects which involve clients (adults or children) or employees of the agency.

SCOPE: These policies govern all staff who are involved in any way in research projects involving human subjects.

POLICY

The Department of Children and Family Services and all of its employees may become involved in research projects involving human subjects ONLY if the projects rigidly protect the rights and welfare of all of the human participants, as described below (See PROCEDURES).

PROCEDURES

A. Outside agencies and DCFS employees must obtain the prior permission of the Executive Director of DCFS before attempting to involve any clients in any research project or study.

1. A request for permission must include:
   - A written outline of the goals and objectives of the study
   - An estimate of the number of clients to be involved
   - A demographic description of these clients
   - A detailed description of the proposed research methodology
   - A detailed description of how clients will be selected for participation
   - A detailed description of how Releases of Information will be obtained
   - Written assurance that participants' privacy will be protected by guarantees of anonymity and confidentiality on the part of the investigator
   - A statement guaranteeing that no pressure or undue persuasion will be used

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in order to elicit the cooperation of any subject

B. Clients who participate in such studies or projects must be free to withdraw at any time their consent to participate, and if they choose to withdraw their consent, the researcher must honor that withdrawal and release them from all further participation.

C. Researchers must obtain INFORMED consent to participate from all participating clients.

1. This includes all adult participants

2. This also includes child participants

   - In the case of a child/client participant, the researcher must obtain the informed consent of the child's parent(s) or legal guardian(s), and in addition:

   - if the child is of an age that it is practicable - the researcher must obtain
     the informed consent of the child as well

D. Should any researcher, having been given permission to conduct a study of agency clients, be called upon by any individuals or organizations, public or private, to reveal research data in any form which may endanger confidentiality, it is his/her obligation to refuse to divulge such information.

(Cf. POLICY NO. 7.04.01 - Confidentiality)

(Also cf. POLICY NO. 7.05.02 - Child Involvement in DCFS Publicity or Fund Raising)

See OAC Section 5101:2-5-13
APPENDIX F:
IRB APPROVED CONSENT FORMS
February 13, 2012

Agency Name
Contact Information

Dear Dr. Carl and Ms. Dodd:

I am pleased to submit this letter of cooperation on behalf of {Agency Name} regarding our participation in the dissertation study entitled, An Analysis of the Collaboration between Child Welfare and Early Childhood Education Systems in Cuyahoga County. We understand that this study is intended to examine the strengths and challenges in the policies, procedures and practices regarding the collaboration between the Department of Children and Family Services, its caseworkers and provider agencies with multiple early intervention and early childhood settings throughout Cuyahoga County, with an emphasis on practices for children under age 5 in foster care. The study will consist of three components which will require direct or indirect support from agency directors or deputy/assistant directors.

The first component of this study will include interviews with directors or deputy/assistant directors from the child welfare, early intervention and early childhood agencies included in this study. Each interview will be audio taped and will last approximately 1 hour. An active consent form will be signed before each interview and multiple steps will be taken towards confidentiality of the interviewee. Interviewees will also be asked to refrain from sharing identifiable information about families and children. The purpose of these interviews will be to investigate or confirm the federal, state or local agency policies and procedures regarding the collaboration between child welfare and early childhood settings.

The second component of this study will include anonymous surveys with child welfare caseworkers, early interventionists and early childhood educators. In addition to the direct interviews, agency directors or deputy/assistant directors will be asked to provide feedback on the survey questions to be distributed to child welfare caseworkers, early interventionists and early childhood educators. Finally, agency directors will be asked to provide guidance and assistance in recruiting the child welfare caseworkers, early interventionists and early childhood educators to complete an anonymous survey through Survey Monkey. The purpose of this survey is to investigate the detailed practices in the field regarding the collaboration between the child welfare and early childhood education systems. The practices will be compared to the expectations of agency directors based on policies and procedures.

The third and final component of this study will include two focus groups for foster parents under age 5 that have received early intervention or early childhood services within the previous twelve months. Six parents per focus group would be
recruited with the approval of DCFS and with the support of DCFS provider agencies. Parents participating in these focus groups would remain anonymous to the researcher and will also be asked not to share any identifiable information about families or children. The purpose of these focus groups is to investigate the impact of the collaboration between the child welfare and early childhood education settings in Cuyahoga County. An active consent form will be signed prior to the focus groups. These focus groups will be audio taped and will last approximately one hour.

As part of this study, {Agency Name} agrees to assist in the interviews, recruitment of study participants for surveys and, if applicable, recruitment of foster parents for focus group participation. The interview, survey and focus group questions have been shared with our agency and we understand these questions are pending IRB approval. We also understand that interviewees, survey participants and focus group participants will be provided the IRB approved questions in advance. Finally, we understand that participation is voluntary and any director, deputy/assistant director, survey participant or focus group participant can elect to not participate, withdraw participation at any time, or refrain from answering any question and the researcher will comply without question.

In addition, {Agency Name} reserves the right to withdraw from the study at any time if circumstances change.

We understand that the data collected as part of this study will remain entirely confidential and may not be provided to anyone outside of the research team without permission from the Cleveland State University IRB.

Sincerely,

Agency Representative's Signature

Printed name
Title
Contact Information
Dear Director:

My name is Jennifer Dodd and I am doing research on the collaboration between early intervention/early childhood settings and the child welfare system in Cuyahoga County. I would like to ask you participate in an interview to better understand your experiences in implementing the federal, state or local agency policies and procedures regarding the collaboration between child welfare and early childhood systems within Cuyahoga County.

Participation in the interview is completely voluntary. There is no reward for participating or consequence for not participating. Benefits associated with participation in this research include expressing your opinions about your experiences. Only mild risks are associated with participation in this research study, which may include mild emotional discomfort in sharing negative experiences in working across systems.

Each interview will be audio taped and will last approximately 1 hour. Multiple steps will be taken towards confidentiality of the interviewee, including pseudonyms in the final report. Interviewees will also be asked to refrain from sharing identifiable information about families and children.

For further information regarding this research please contact Dr. Jim Carl at Cleveland State University at 216-523-7103, email: j.c.carl@csuohio.edu or myself at 440-725-6447, email: j.dodd@csuohio.edu. If you have any questions about your rights as a research participant you may contact the Cleveland State University Institutional Review Board at 216-687-3630.

After signing the consent form, you can fax or mail it to 216-524-3683 or Jennifer Dodd, 5811 Canal Rd., Valley View, OH 44125. Thank you in advance for your cooperation and support.

Please indicate your agreement to participate by signing below.

I am 18 years or older and have read and understood this consent form and agree to participate.

Signature: ________________________________________________

Name: ________________________________________________ (Please Print)

Date: _________________________________________________

Email: ________________________________________________
An Analysis of the Collaboration between Child Welfare and Early Childhood Education Systems in Cuyahoga County
Cleveland State University
Consent Form

Dear Colleague:

My name is Jennifer Dodd and I am doing research on the collaboration between early intervention/early childhood settings and the child welfare system in Cuyahoga County. I am particularly interested in understanding the experiences of both child welfare caseworkers and early interventionists/early childhood educators. I would like to ask you to answer some survey questions to investigate the detailed practices in the field regarding the collaboration between the child welfare and early childhood education systems, especially for young children in foster care.

Participation in the survey is completely voluntary. There is no reward for participating or consequence for not participating. Benefits associated with participation in this research include expressing your opinions about your experiences. Only mild risks are associated with participation in this research study, which may include mild emotional discomfort in sharing negative experiences in developing relationships across systems. As the survey will be completed through the Survey Monkey link provided in the informational letter, any information you submit will remain anonymous.

For further information regarding this research please contact Dr. Jim Carl at Cleveland State University at 216-523-7103, email: j.c.carl@csuohio.edu or myself at 440-725-6447, email: j.dodd@csuohio.edu. If you have any questions about your rights as a research participant you may contact the Cleveland State University Institutional Review Board at 216-687-3630.

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I am 18 years or older and have read and understood this consent form and agree to participate.

Signature: __________________________________________

Name: ______________________________________________ (Please Print)

Date: ______________________________________________

Email: ___________________________________________
An Analysis of the Collaboration between Child Welfare and Early Childhood Education Systems in Cuyahoga County
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Please indicate your agreement to participate by signing below.

I am 18 years or older and have read and understood this consent form and agree to participate.

Signature: __________________________________________

Name: _______________________________________________ (Please Print)

Date: _______________________________________________

Email: _______________________________________________
APPENDIX G
RESEARCH INSTRUMENTS:
AGENCY DIRECTOR INTERVIEW QUESTIONS
DCFS CASEWORKER SURVEY QUESTIONS
EARLY INTERVENTION/EARLY CHILDHOOD EDUCATOR SURVEY QUESTIONS
Agency Director Interview Questions

1. What have your experiences been regarding the collaboration between the child welfare and early intervention/early childhood education systems in Cuyahoga County?
   a. Can you share some strengths in the collaborations?
   b. What do you feel are barriers or challenges in the collaborations?

2. What laws, regulations, policies and protocols come to mind when you collaborate with early interventionists/early childhood educators (ECE) or child welfare staff?

3. What are the issues facing states in implementing the new requirement under CAPTA?

4. How does the state and county agency view the ASFA and Fostering Connections requirements to address the educational well-being of foster children?

5. What arrays of services are considered relevant to the educational needs of very young children? Does that service array include early childhood education settings?

6. To what extent does policy dictate development assessments for children entering the child welfare system?

7. How does public policy and funding support provide access to these IDEA and ECE programs for young children in the child welfare system?

8. To what degree do public policies and agency missions support effective collaboration between the ECE, IDEA and child welfare systems?

9. To what extent does state and county administrative data enable states to keep track of the degree to which attention is being paid to the educational needs of very young children in the child welfare system? What data are lacking?
10. Tell me about the process followed when families of children age 0 to 5 enter the child welfare system?

11. Is there anything else related to our discussion that you would like to add?
Child Welfare Caseworker Survey Questions

1. What is your current position?
   a. Supervisor
   b. Caseworker

2. What are your responsibilities in your job? (check all that apply)
   a. Intake work
   b. Case Management
   c. Other

3. How long have you been working in the child welfare field?
   a. Less than 2 years
   b. 2-5 years
   c. 6-10 years
   d. More than 10 years

4. How many children are currently on your caseload?
   a. No children
   b. 1-10 children
   c. 11-20 children
   d. 21-40 children
   e. 40 children
   f. More than 40 children

5. Typically, what percentage of the children on your caseload are between the ages of 0 and 5?
   a. 0-10% young children
   b. 11-25% young children
   c. 26-50% young children
   d. 51-75% young children
   e. 76-100% young children

6. Please indicate whether you have received training on the following topics:
   a. Child abuse and neglect
      i. Yes
      ii. No
   b. The role that early intervention and early childhood education can play in a child’s development
      i. Yes
      ii. No
c. How child abuse and neglect affects a child’s development
   i. Yes
   ii. No

d. Why early identification of a child’s special needs is important
   i. Yes
   ii. No

e. Developmental milestones
   i. Yes
   ii. No

f. How to identify a child’s developmental delays
   i. Yes
   ii. No

7. Were you provided any information from your job on the following:
   a. Help Me Grow
      i. Yes
      ii. No
   b. Early Head Start
      i. Yes
      ii. No
   c. Head Start
      i. Yes
      ii. No
   d. School district special education preschool programs
      i. Yes
      ii. No
   e. School district public preschool programs
      i. Yes
      ii. No
   f. Preschool or child care in general
      i. Yes
      ii. No

8. Which of the following agencies provided any information on how they could provide early intervention of special educational services? (Check all that apply).
   a. Help Me Grow
   b. Early Head Start
   c. Head Start
   d. School Districts
   e. Community/private preschools or child care centers
f. Medical providers

g. Other

9. When do you assess the development of a child on your caseload? (Check all that apply).
   a. Automatically assess the development of a child when the child comes into caseload
   b. When a foster parent or other guardian asks
   c. When I notice something is wrong or some skills are delayed
   d. When a court orders it
   e. Don’t assess a child’s development
   f. Not part of my job
   g. Other

10. How do you *initially* assess the development of a child who comes into your caseload? (Check all that apply).
    a. Use knowledge of child development
    b. Use a screening tool
       i. Please list screening tool(s) used
    c. Refer to a professional who can assess their development
    d. Refer children to a professional because my agency has that policy
    e. Don’t refer children
    f. Not part of my job
    g. Other

11. How do you conduct *ongoing* assessments of children not eligible for early intervention services? (Check all that apply).
    a. Use knowledge of child development
    b. Use a screening tool
       i. Please list screening tool(s) used
    c. Refer to a professional who can assess their development
    d. Refer children to a professional because my agency has that policy
    e. Don’t refer children
    f. Not part of my job
    g. Other

12. When there is a need to refer a child for developmental concerns, to whom would you refer them to (check all that apply):
    a. Help Me Grow
    b. Early Head Start
c. Head Start

d. School Districts

e. Community/private preschools or child care centers

f. Medical providers

g. Other

13. Generally, how long do they take to assess the child?

a. Help Me Grow
   i. Less than 1 month
   ii. 1 month
   iii. 2 months
   iv. 3 months
   v. 4-6 months
   vi. More than 6 months

b. Early Head Start
   i. Less than 1 month
   ii. 1 month
   iii. 2 months
   iv. 3 months
   v. 4-6 months
   vi. More than 6 months

c. Head Start
   i. Less than 1 month
   ii. 1 month
   iii. 2 months
   iv. 3 months
   v. 4-6 months
   vi. More than 6 months

d. School Districts
   i. Less than 1 month
   ii. 1 month
   iii. 2 months
   iv. 3 months
   v. 4-6 months
   vi. More than 6 months

e. Community/private preschools or child care centers
   i. Less than 1 month
   ii. 1 month
   iii. 2 months
   iv. 3 months
v. 4-6 months
vi. More than 6 months

f. Medical providers
   i. Less than 1 month
   ii. 1 month
   iii. 2 months
   iv. 3 months
   v. 4-6 months
   vi. More than 6 months

14. How are you informed of the results?
   a. Help Me Grow
      i. Get report automatically
      ii. Have to call for report
      iii. Not informed
      iv. Other ______________________

   b. Early Head Start
      i. Get report automatically
      ii. Have to call for report
      iii. Not informed
      iv. Other ______________________

   c. Head Start
      i. Get report automatically
      ii. Have to call for report
      iii. Not informed
      iv. Other ______________________

   d. School Districts
      i. Get report automatically
      ii. Have to call for report
      iii. Not informed
      iv. Other ______________________

   e. Community/private preschools or child care centers
      i. Get report automatically
      ii. Have to call for report
      iii. Not informed
      iv. Medical providers Get report automatically
      v. Have to call for report
      vi. Not informed
      vii. Other ______________________
15. Who do you think has the primary responsibility for identifying the developmental needs of the child? (Only check one).
   a. Foster parent/biological parent
   b. Pediatrician/medical provider
   c. Child welfare caseworker
   d. Early interventionist/Early childhood professional
   e. Other

16. Have any of the 0-5 year old children on your caseload received early intervention or preschool special education services (for example, physical therapy or speech therapy)
   a. Yes
   b. No
   c. Don’t know

17. Do you receive notices about IFSP/IEP meetings (Individual Family Service Plans or Individual Education Plans)?
   a. Yes
   b. No
   c. Don’t Know

18. Do you attend IFSP/IEP meetings?
   a. Do attend IEP/IFSP meetings
      i. Sometimes
      ii. Almost every time
      iii. Every time
   b. Would like to but don’t have time
   c. No, I am not told about them
   d. It is not my job

19. How do you perceive your role on these IFSP/IEP teams (open ended)

20. How would you rate your knowledge of the following early intervention programs:
   a. Help Me Grow
      i. Basic knowledge
      ii. Pretty good knowledge
      iii. Excellent knowledge
   b. Early Head Start
      i. Basic knowledge
ii. Pretty good knowledge
iii. Excellent knowledge

21. How would you rate your knowledge of the following early childhood education programs:
   a. Head Start
      i. Basic knowledge
      ii. Pretty good knowledge
      iii. Excellent knowledge
   b. School districts
      i. Basic knowledge
      ii. Pretty good knowledge
      iii. Excellent knowledge
   c. Community child care centers/preschools
      i. Basic knowledge
      ii. Pretty good knowledge
      iii. Excellent knowledge

22. Thinking about the children in your caseload who are 0 to 2 years old, what percentage would you say are enrolled in an early intervention program like Help Me Grow or Early Head Start?
   a. None
   b. 1-20%
   c. 21-40%
   d. 41-60%
   e. 61-80%
   f. 81-100%
   g. Don’t know

23. Thinking about the children in your caseload who are 3 to 5 years old, what percentage would you say are enrolled in an early childhood education program like Head Start, school district preschools, or community daycares/preschools?
   a. None
   b. 1-20%
   c. 21-40%
   d. 41-60%
   e. 61-80%
   f. 81-100%
   g. Don’t know
24. Do you think all of the children in the child welfare system who might benefit from these programs have access to them?
   a. “Yes” all of them do
   b. Children have some access to early intervention/early childhood programs
   c. Children do not have access to early intervention/early childhood programs
      i. Please explain.

25. What is the most common reason that you refer a children to an early intervention/early childhood program, if they are not already enrolled when they come into your caseload? (Only check one)
   a. The child has a diagnosed special need
   b. A parent requests it
   c. There is a concern about the child’s safety
   d. The family needs coverage for work
   e. When a foster parent needs a break (respite)
   f. I usually don’t refer children to early intervention/early childhood education programs
   g. Other
      i. Please explain.

26. Have you ever tried to place a child in an early intervention (ages 0-2) program and had a problem enrolling him or her?
   a. No
   b. Yes
      i. Please explain.

27. Have you ever tried to place a child in an early childhood education (ages 3-5) program and had a problem enrolling him or her?
   a. No
   b. Yes
      i. Please explain.

28. If a foster parent or a biological parent was not employed, would you still consider placing the child in a child care or Head Start program?
   a. Yes
   b. No
      i. Please explain.
29. Does Cuyahoga County use child care assistance funds/subsidies to place children in child care?
   a. Yes
   b. No
   c. I don’t know

30. Describe the difference in access to early intervention and early childhood education programs for children in foster care compared to children who live with their biological parents as a part of a family preservation program?
   a. Equally hard for both groups
   b. Harder to access child care for children who live with their foster parents
   c. Harder to access child care for child who live with their biological parents

31. Do you or anyone else in your agency provide the foster parent with information for them to assess the child’s development?
   a. Yes
   b. No
   c. Don’t know

32. What type of information on child development is given to parents? (Check all that apply).
   a. Give foster parent a brochure or handout on child development
   b. Actually talk to foster parent about child development
   c. Give no information
   d. Do something else
   e. Other __________________________

33. Thinking about your caseload of children 0-5 years old, typically which of the following people or agencies do you communicate with and coordinate with? (Check all that apply).
   a. Early intervention coordinator
   b. Mental health specialists
   c. Early childhood education professional
   d. Foster parent
   e. Biological parent
   f. Medical provider
   g. Other __________________________

34. How frequently do you communicate with the following people or agencies?
   a. Early intervention coordinator
i. Daily/Weekly  
ii. Monthly  
iii. 2-3 times a month  
iv. Never

b. Mental health specialists  
i. Daily/Weekly  
ii. Monthly  
iii. 2-3 times a month  
iv. Never

c. Early childhood education professional  
i. Daily/Weekly  
ii. Monthly  
iii. 2-3 times a month  
iv. Never

d. Foster parent  
i. Daily/Weekly  
ii. Monthly  
iii. 2-3 times a month  
iv. Never

e. Biological parent  
i. Daily/Weekly  
ii. Monthly  
iii. 2-3 times a month  
iv. Never

f. Medical provider  
i. Daily/Weekly  
ii. Monthly  
iii. 2-3 times a month  
iv. Never

35. If there was one thing you would change to better address the developmental and educational needs of children 0-5 in the child welfare system, what would it be? (Open ended).

36. Please share any additional comments you would like to make about the collaboration between early childhood/early intervention programs and child welfare?
Early Intervention/Early Childhood Educator Survey Questions

1. What early intervention or early childhood education program do you work for?
   a. Help Me Grow
   b. Early Head Start
   c. Head Start
   d. School Districts
   e. Community/private preschools or daycares
   f. Other ____________________________

2. What is your current position?
   a. Early Intervention Service Coordinator
   b. Early Intervention Home Visitor
   c. Early Childhood Education Director/Supervisor
   d. Early Childhood Educator
   e. Other ____________________________

3. What are your responsibilities in your job? (check all that apply)
   a. Program Supervision
   b. Screening/Assessment
   c. Service Coordination
   d. Classroom Instruction
   e. Home Visiting
   f. Other ____________________________

4. How long have you been working in the early intervention/early childhood education field?
   a. Less than 2 years
   b. 2-5 years
   c. 6-10 years
   d. More than 10 years

5. How many children are currently on your caseload/in your classroom?
   a. No children
   b. 1-10 children
   c. 11-20 children
   d. 21-40 children
   e. More than 40 children

6. Please indicate whether you have received training on the following topics:
   a. Child abuse and neglect
i. Yes
ii. No
b. How child abuse and neglect affects a child's development
   i. Yes
   ii. No
c. How to recognize mental health needs of young children
   i. Yes
   ii. No
d. The educational rights of children in foster care
   i. Yes
   ii. No

7. Were you provided any information from your job on the following:
   a. Child welfare system
      i. Yes
      ii. No
   b. Foster care
      i. Yes
      ii. No
c. Early childhood mental health
      i. Yes
      ii. No
d. Department of Children and Family Services
      i. Yes
      ii. No

8. Which of the following people or agencies have contacted you to collaborate on the educational needs of children in child welfare/foster care? *(Check all that apply).*
   a. Foster parents
   b. Biological parents
   c. Child welfare supervisor
   d. Child welfare caseworker
   e. Mental health professional
   f. Juvenile Court
   g. Other _________________________

9. What roles, if any, have you had in collaborating on the educational needs of children in child welfare/foster care?
   a. Screening/Assessment
b. Developing strategies to meet their needs
c. Working with parents
d. Sharing information
e. Participating in child welfare team planning meetings
f. Including child welfare caseworkers in education planning meetings
g. I haven’t had collaborations with the child welfare system
h. Other __________________________

10. Generally, how long does it take to assess a child?
   i. Less than 1 month
   ii. 1 month
   iii. 2 months
   iv. 3 months
   v. 4-6 months
   vi. More than 6 months

11. How do you inform child welfare caseworkers of the results?
   i. Give report automatically
   ii. Report when requested
   iii. Do not report
   iv. Other _________________________

12. Who do you think has the primary responsibility for identifying the developmental needs of the child? (Only check one).
   a. Foster parent/biological parent
   b. Pediatrician/medical provider
   c. Child welfare caseworker
   d. Early interventionist/Early childhood professional
   e. Other __________________________

13. Have any of the 0-5 year old children on your caseload/in your classroom received early intervention or preschool special education services (for example, physical therapy or speech therapy)
   a. Yes
   b. No
   c. Don’t know

14. Do you send notices about IFSP/IEP (Individual Family Service Plans or Individual Education Plans) to child welfare caseworkers?
   a. Yes
b. No  
c. Don’t Know

15. Do child welfare caseworkers attend IFSP/IEP meetings?  
   i. Never  
   ii. Sometimes  
   iii. Almost every time  
   iv. Every time

16. Do you attend child welfare case planning meetings?  
   a. Do attend case planning meetings  
      i. Sometimes  
      ii. Almost every time  
      iii. Every time  
   b. Would like to but don’t have time  
   c. No, I am not told about them  
   d. It is not my job

17. How do you perceive your role on these case planning teams (open ended)?

18. How would you rate your knowledge of the child welfare system and the Department of Children and Family Services?  
   a. Basic knowledge  
   b. Pretty good knowledge  
   c. Excellent knowledge

19. How would you rate your knowledge of the educational needs of children in foster care?  
   a. Basic knowledge  
   b. Pretty good knowledge  
   c. Excellent knowledge

20. Thinking about the children in your caseload who are 0 to 2 years old, how many are in custody of the Department of Children and Family Services (i.e. foster care)?  
   a. None  
   b. 1-20%  
   c. 21-40%  
   d. 41-60%  
   e. 61-80%
f. 81-100%
g. Don’t know

21. Thinking about the children in your caseload who are 3 to 5 years old, how many are in custody of the Department of Children and Family Services (i.e. foster care)?
   a. None
   b. 1-20%
   c. 21-40%
   d. 41-60%
   e. 61-80%
   f. 81-100%
   g. Don’t know

22. Do you think all of the children in the child welfare system who might benefit from these early intervention/early childhood education programs have access to them?
   a. “Yes” all of them do
   b. Children have some access to early intervention/early childhood programs
   c. Children do not have access to early intervention/early childhood programs
      i. Please explain.

23. What is the most common reason that a foster child is referred to your early intervention/early childhood program, if they are not already enrolled when they enter the child welfare system? (Only check one)
   a. There is a diagnosed special need
   b. A parent requests it
   c. There is a concern about the child’s safety
   d. The family needs coverage for work
   e. When a foster parent needs a break (respite)
   f. I usually don’t refer children to early intervention/early childhood education programs
   g. Don’t know
   h. Other_____________________________

24. Have you ever had difficulty making connections with caseworkers/supervisors at the Department of Children and Family Services?
   a. No
b. Yes
   i. Please explain

25. Have your experiences with the Department of Children and Family Services been mostly positive or negative?
   a. Positive
      i. Please explain.
   b. Negative
      i. Please explain.

26. Do you or anyone else in your agency provide foster parents with information for them to assess the child’s development?
   a. Yes
   b. No
   c. Don’t know

27. What type of information on child development is given to parents?
   a. Give foster parent a brochure or handout on child development
   b. Actually talk to foster parent about child development
   c. Give no information
   d. Other _______________________

28. Thinking about your caseload/classroom of children 0-5 years old, typically which of the following people or agencies do you communicate with and coordinate with? (Check all that apply)
   a. Caseworker
   b. Department of Children and Family Services (child welfare) supervisor
   c. Mental health specialists
   d. Foster parent
   e. Biological parent
   f. Other _______________________

29. How frequently do you communicate with the following people or agencies?
   a. Caseworker
      i. Daily/Weekly
      ii. Monthly
      iii. 2-3 times a month
      iv. Never
   b. Department of Children and Family Services (child welfare) supervisor
      i. Daily/Weekly
ii. Monthly
iii. 2-3 times a month
iv. Never
c. Mental health specialists
   i. Daily/Weekly
   ii. Monthly
   iii. 2-3 times a month
   iv. Never
d. Foster parent
   i. Daily/Weekly
   ii. Monthly
   iii. 2-3 times a month
   iv. Never
e. Biological parent
   i. Daily/Weekly
   ii. Monthly
   iii. 2-3 times a month
   iv. Never

30. What additional information about child welfare and foster care would be helpful to receive to meet the educational needs of your children? (Open ended)

31. Who would you like to receive more information from?
   a. Foster parent
   b. Caseworker/Supervisor
   c. Department of Children and Family Services
   d. Early childhood mental health professional
   e. Other ______________________

32. If there was one thing you would change to better address the developmental and educational needs of children 0-5 in the child welfare system, what would it be? (Open ended)

33. Please share any additional comments you would like to make about the collaboration between early childhood/early intervention programs and child welfare?
APPENDIX H:
AGGREGATE SURVEY RESPONSES
1. What early intervention or early childhood education program do you work for?

<table>
<thead>
<tr>
<th>Program</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help Me Grow</td>
<td>8.8%</td>
<td>3</td>
</tr>
<tr>
<td>Board of Developmental Disabilities</td>
<td>17.6%</td>
<td>5</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Head Start</td>
<td>2.9%</td>
<td>1</td>
</tr>
<tr>
<td>School District</td>
<td>8.8%</td>
<td>3</td>
</tr>
<tr>
<td>Community/private preschool or daycare</td>
<td>52.9%</td>
<td>18</td>
</tr>
<tr>
<td>Other Provider (please specify)</td>
<td>8.8%</td>
<td>3</td>
</tr>
</tbody>
</table>

answered question: 24

skipped question: 0
2. What is your current position?

<table>
<thead>
<tr>
<th>Position</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Intervention Service Coordinator</td>
<td>6.1%</td>
<td>2</td>
</tr>
<tr>
<td>Early Intervention Home Visitor</td>
<td>3.0%</td>
<td>1</td>
</tr>
<tr>
<td>Developmental Specialist</td>
<td>18.2%</td>
<td>6</td>
</tr>
<tr>
<td>Early Childhood Education Director/Supervisor</td>
<td>57.5%</td>
<td>19</td>
</tr>
<tr>
<td>Early Childhood Educator</td>
<td>0.1%</td>
<td>3</td>
</tr>
<tr>
<td>Other position (please specify)</td>
<td>6.1%</td>
<td>2</td>
</tr>
</tbody>
</table>

3. What are your responsibilities in your job? (Check all that apply)

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Supervision</td>
<td>66.7%</td>
<td>22</td>
</tr>
<tr>
<td>Screening/Assessment</td>
<td>45.5%</td>
<td>18</td>
</tr>
<tr>
<td>Service Coordination</td>
<td>39.4%</td>
<td>13</td>
</tr>
<tr>
<td>Classroom Instruction</td>
<td>39.4%</td>
<td>13</td>
</tr>
<tr>
<td>Home Visiting/Coaching</td>
<td>15.2%</td>
<td>5</td>
</tr>
<tr>
<td>Other responsibilities (please specify)</td>
<td>18.2%</td>
<td>6</td>
</tr>
</tbody>
</table>

answered question 33

skipped question 1
4. How long have you been working in the early intervention/early childhood education field?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 years</td>
<td>3.1%</td>
<td>1</td>
</tr>
<tr>
<td>2-5 years</td>
<td>5.3%</td>
<td>2</td>
</tr>
<tr>
<td>6-10 years</td>
<td>18.6%</td>
<td>6</td>
</tr>
<tr>
<td>More than 10 years</td>
<td>71.9%</td>
<td>23</td>
</tr>
</tbody>
</table>

answered question 32
skipped question 2

5. How many children are currently on your caseload/in your classroom?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No children</td>
<td>9.1%</td>
<td>3</td>
</tr>
<tr>
<td>1-10 children</td>
<td>18.2%</td>
<td>6</td>
</tr>
<tr>
<td>11-20 children</td>
<td>18.2%</td>
<td>6</td>
</tr>
<tr>
<td>21-40 children</td>
<td>15.2%</td>
<td>5</td>
</tr>
<tr>
<td>More than 40 children</td>
<td>39.4%</td>
<td>13</td>
</tr>
</tbody>
</table>

answered question 33
skipped question 1
6. Please indicate whether you have received training on the following topics:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Yes</th>
<th>No</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child abuse and neglect</td>
<td>93.5% (23)</td>
<td>6.5% (2)</td>
<td>31</td>
</tr>
<tr>
<td>How child abuse and neglect affects a child’s development</td>
<td>80.6% (25)</td>
<td>19.4% (6)</td>
<td>31</td>
</tr>
<tr>
<td>How to recognize mental health needs of young children</td>
<td>74.2% (23)</td>
<td>25.8% (8)</td>
<td>31</td>
</tr>
<tr>
<td>The education rights of children in foster care</td>
<td>27.6% (8)</td>
<td>72.4% (21)</td>
<td>29</td>
</tr>
</tbody>
</table>

answered question 31
skipped question 3

7. Were you provided any information from your job on the following:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Yes</th>
<th>No</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child welfare system</td>
<td>40.0% (12)</td>
<td>60.0% (16)</td>
<td>30</td>
</tr>
<tr>
<td>Foster care</td>
<td>36.7% (11)</td>
<td>63.3% (16)</td>
<td>30</td>
</tr>
<tr>
<td>Early childhood mental health</td>
<td>63.3% (19)</td>
<td>36.7% (11)</td>
<td>30</td>
</tr>
<tr>
<td>Department of Children and Family Services</td>
<td>80.0% (24)</td>
<td>20.0% (6)</td>
<td>30</td>
</tr>
</tbody>
</table>

answered question 31
skipped question 3
8. How would you rate your knowledge of the child welfare system and the Department of Children and Family Services?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic knowledge</td>
<td>63.3%</td>
<td>19</td>
</tr>
<tr>
<td>Pretty good knowledge</td>
<td>23.3%</td>
<td>7</td>
</tr>
<tr>
<td>Excellent knowledge</td>
<td>13.3%</td>
<td>4</td>
</tr>
</tbody>
</table>

answered question 30
skipped question 4

9. How would you rate your knowledge of the educational needs of children in foster care?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic knowledge</td>
<td>76.7%</td>
<td>23</td>
</tr>
<tr>
<td>Pretty good knowledge</td>
<td>20.0%</td>
<td>6</td>
</tr>
<tr>
<td>Excellent knowledge</td>
<td>3.3%</td>
<td>1</td>
</tr>
</tbody>
</table>

answered question 30
skipped question 4
10. Which of the following people or agencies HAVE CONTACTED YOU to collaborate on the educational needs of children in child welfare/foster care? (Check all that apply)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster parents</td>
<td>56.0%</td>
<td>14</td>
</tr>
<tr>
<td>Biological parent</td>
<td>28.0%</td>
<td>7</td>
</tr>
<tr>
<td>Child welfare supervisor</td>
<td>16.0%</td>
<td>4</td>
</tr>
<tr>
<td>Child welfare caseworker</td>
<td>56.0%</td>
<td>14</td>
</tr>
<tr>
<td>Mental health professional</td>
<td>32.0%</td>
<td>8</td>
</tr>
<tr>
<td>Juvenile court</td>
<td>4.0%</td>
<td>1</td>
</tr>
<tr>
<td>Other agencies (please specify)</td>
<td>20.0%</td>
<td>5</td>
</tr>
</tbody>
</table>

answered question 35
skipped question 9
11. Thinking about your caseload/classroom of children 0 to 5 years old, typically which of the following people or agencies DO YOU CONTACT to collaborate with? (Check all that apply)

<table>
<thead>
<tr>
<th>Category</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster parents</td>
<td>57.1%</td>
<td>16</td>
</tr>
<tr>
<td>Biological parents</td>
<td>57.1%</td>
<td>16</td>
</tr>
<tr>
<td>Child welfare supervisor</td>
<td>21.4%</td>
<td>6</td>
</tr>
<tr>
<td>Child welfare caseworker</td>
<td>36.7%</td>
<td>10</td>
</tr>
<tr>
<td>Mental health professional</td>
<td>32.1%</td>
<td>9</td>
</tr>
<tr>
<td>Juvenile court</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Others (please specify)</td>
<td>17.0%</td>
<td>5</td>
</tr>
</tbody>
</table>

answered question 28
skipped question 6

12. How frequently do you communicate with the following people or agencies?

<table>
<thead>
<tr>
<th>Category</th>
<th>Daily</th>
<th>Weekly</th>
<th>2-3 times a month</th>
<th>Monthly</th>
<th>Never</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster parents</td>
<td>11.1% (3)</td>
<td>22.2% (6)</td>
<td>0.0% (0)</td>
<td>18.5% (5)</td>
<td>48.1% (13)</td>
<td>27</td>
</tr>
<tr>
<td>Biological parents</td>
<td>52.2% (12)</td>
<td>4.3% (1)</td>
<td>0.0% (0)</td>
<td>13.0% (3)</td>
<td>30.4% (7)</td>
<td>23</td>
</tr>
<tr>
<td>Child welfare supervisor</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>5.0% (1)</td>
<td>95.0% (19)</td>
<td>20</td>
</tr>
<tr>
<td>Child welfare caseworker</td>
<td>0.0% (0)</td>
<td>4.2% (1)</td>
<td>4.2% (1)</td>
<td>33.3% (8)</td>
<td>58.3% (14)</td>
<td>24</td>
</tr>
<tr>
<td>Mental health professional</td>
<td>0.0% (0)</td>
<td>17.4% (4)</td>
<td>4.3% (1)</td>
<td>21.7% (5)</td>
<td>66.9% (13)</td>
<td>23</td>
</tr>
<tr>
<td>Juvenile court</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>100.0% (20)</td>
<td>20</td>
</tr>
</tbody>
</table>

answered question 28
skipped question 6

7 of 20
13. What roles, if any, have you had in collaborating on the educational needs of children in child welfare/foster care? (Check all that apply)

<table>
<thead>
<tr>
<th>Role</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening/assessment</td>
<td>46.4%</td>
<td>13</td>
</tr>
<tr>
<td>Developing strategies to meet their needs</td>
<td>50.0%</td>
<td>14</td>
</tr>
<tr>
<td>Working with parents</td>
<td>53.6%</td>
<td>15</td>
</tr>
<tr>
<td>Sharing information</td>
<td>60.7%</td>
<td>17</td>
</tr>
<tr>
<td>Participating in child welfare team planning meetings</td>
<td>14.3%</td>
<td>4</td>
</tr>
<tr>
<td>Including child welfare caseworkers in education planning meetings</td>
<td>26.0%</td>
<td>7</td>
</tr>
<tr>
<td>I haven't had collaborations with the child welfare system</td>
<td>26.0%</td>
<td>8</td>
</tr>
<tr>
<td>Other roles (please specify)</td>
<td>3.0%</td>
<td>1</td>
</tr>
</tbody>
</table>

answered question 28
skipped question 6
14. Who do you think has the primary responsibility for identifying the developmental needs of the child?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster parent/Biological parent</td>
<td>40.0%</td>
<td>10</td>
</tr>
<tr>
<td>Pediatrician/medical provider</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Child welfare caseworker</td>
<td>4.0%</td>
<td>1</td>
</tr>
<tr>
<td>Early intervention/early childhood professional</td>
<td>44.0%</td>
<td>11</td>
</tr>
<tr>
<td>Other person (please specify)</td>
<td>12.0%</td>
<td>3</td>
</tr>
</tbody>
</table>

answered question 25
skipped question 9

15. Do you or anyone else in your agency provide foster parents with information for them to assess the child's development?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>48.1%</td>
<td>13</td>
</tr>
<tr>
<td>No</td>
<td>48.1%</td>
<td>13</td>
</tr>
<tr>
<td>Don't know</td>
<td>3.7%</td>
<td>1</td>
</tr>
</tbody>
</table>

answered question 27
skipped question 7
16. What type of information on child development is given to parents?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give foster parent a brochure or handout on child development</td>
<td>8.3%</td>
<td>2</td>
</tr>
<tr>
<td>Talk to foster parent about child development</td>
<td>58.3%</td>
<td>14</td>
</tr>
<tr>
<td>Do not give information</td>
<td>12.5%</td>
<td>3</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>20.8%</td>
<td>5</td>
</tr>
</tbody>
</table>

answered question: 24
skipped question: 10

17. How do you inform child welfare caseworkers of assessment results?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give report automatically</td>
<td>26.9%</td>
<td>7</td>
</tr>
<tr>
<td>Report when requested</td>
<td>23.1%</td>
<td>6</td>
</tr>
<tr>
<td>Do not report</td>
<td>20.1%</td>
<td>6</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>26.9%</td>
<td>7</td>
</tr>
</tbody>
</table>

answered question: 28
skipped question: 8
18. What percentage of the 0-5 year old children on your caseload/in your classroom receive early intervention or preschool special education services (i.e., physical therapy, speech therapy, etc.)

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>7.4%</td>
<td>2</td>
</tr>
<tr>
<td>1-20%</td>
<td>55.6%</td>
<td>15</td>
</tr>
<tr>
<td>21-40%</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>41-60%</td>
<td>7.4%</td>
<td>2</td>
</tr>
<tr>
<td>61-80%</td>
<td>7.4%</td>
<td>2</td>
</tr>
<tr>
<td>81-100%</td>
<td>22.2%</td>
<td>6</td>
</tr>
<tr>
<td>answered question</td>
<td></td>
<td>27</td>
</tr>
<tr>
<td>skipped question</td>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>

19. Do you send notices about IFSP/IEP (Individual Family Service Plan or Individual Education Plans) to child welfare caseworkers?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>23.1%</td>
<td>6</td>
</tr>
<tr>
<td>No</td>
<td>60.2%</td>
<td>18</td>
</tr>
<tr>
<td>I don't know</td>
<td></td>
<td>7.7%</td>
</tr>
<tr>
<td>answered question</td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>skipped question</td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>
20. Do child welfare caseworkers attend IFSP/IEP meetings?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>34.6%</td>
<td>9</td>
</tr>
<tr>
<td>Sometimes</td>
<td>26.9%</td>
<td>7</td>
</tr>
<tr>
<td>Almost every time</td>
<td>3.6%</td>
<td>1</td>
</tr>
<tr>
<td>Every time</td>
<td>3.6%</td>
<td>1</td>
</tr>
<tr>
<td>I don't know</td>
<td>30.6%</td>
<td>8</td>
</tr>
</tbody>
</table>

answered question 26
skipped question 6

21. Do you attend child welfare case planning meetings?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do attend case planning meetings</td>
<td>13.0%</td>
<td>3</td>
</tr>
<tr>
<td>Would like to but don't have time</td>
<td>13.0%</td>
<td>3</td>
</tr>
<tr>
<td>No, but I am told about them</td>
<td>30.4%</td>
<td>7</td>
</tr>
<tr>
<td>It is not my job</td>
<td>43.6%</td>
<td>10</td>
</tr>
</tbody>
</table>

answered question 23
skipped question 11

22. How do you perceive your role on these case planning teams?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15</td>
</tr>
</tbody>
</table>

answered question 15
skipped question 19
23. Thinking about the children in your caseload who are 0 to 2 years old, how many are in custody of the Department of Children and Family Services (i.e. foster care).

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not have any children 0 to 2 years old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>36.0%</td>
<td>9</td>
</tr>
<tr>
<td>1-20%</td>
<td>24.0%</td>
<td>6</td>
</tr>
<tr>
<td>21-40%</td>
<td>24.0%</td>
<td>6</td>
</tr>
<tr>
<td>41-60%</td>
<td>4.0%</td>
<td>1</td>
</tr>
<tr>
<td>61-80%</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>81-100%</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>I don't know</td>
<td>12.0%</td>
<td>3</td>
</tr>
</tbody>
</table>

answered question 25
skipped question 9
24. Thinking about the children in your caseload who are 3 to 5 years old, how many are in custody of the Department of Children and Family Services (i.e. foster care)?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not have any children 3 to 5 years old</td>
<td>24.0%</td>
<td>6</td>
</tr>
<tr>
<td>0%</td>
<td>44.0%</td>
<td>11</td>
</tr>
<tr>
<td>1-20%</td>
<td>20.0%</td>
<td>5</td>
</tr>
<tr>
<td>21-40%</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>41-60%</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>61-80%</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>81-100%</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>I don’t know</td>
<td>12.0%</td>
<td>3</td>
</tr>
</tbody>
</table>

answered question | 25
skipped question | 9
25. Do you think all of the children in the child welfare system who might benefit from these early intervention/early childhood education programs to them?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, all of them do</td>
<td>61.1%</td>
<td>11</td>
</tr>
<tr>
<td>Children have some access to early intervention/early childhood programs (Please explain below)</td>
<td>33.3%</td>
<td>6</td>
</tr>
<tr>
<td>Children do not have access to early intervention/early childhood programs (Please explain below)</td>
<td>5.6%</td>
<td>1</td>
</tr>
<tr>
<td>Please explain</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>answered question</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>skipped question</td>
<td></td>
<td>16</td>
</tr>
</tbody>
</table>
26. What is the MOST COMMON reason that a foster child is referred to your early intervention/early childhood program, if they are not already enrolled when they enter the child welfare system?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a diagnosed special need</td>
<td>40.0%</td>
<td>8</td>
</tr>
<tr>
<td>A parent requests it</td>
<td>35.0%</td>
<td>7</td>
</tr>
<tr>
<td>There is a concern about the child's safety</td>
<td>10.0%</td>
<td>2</td>
</tr>
<tr>
<td>The family needs coverage for work</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>When a foster parent needs a break (respite)</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Don't know</td>
<td>15.0%</td>
<td>3</td>
</tr>
<tr>
<td>Other reason (please specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>answered question</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>skipped question</td>
<td></td>
<td>14</td>
</tr>
</tbody>
</table>

27. Have you ever had difficulty making connections with caseworkers/supervisors at the Department of Children and Family Services?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>45.6%</td>
<td>10</td>
</tr>
<tr>
<td>Yes (Please explain below)</td>
<td>54.5%</td>
<td>12</td>
</tr>
<tr>
<td>Please explain</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>answered question</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>skipped question</td>
<td></td>
<td>12</td>
</tr>
</tbody>
</table>
28. Have your experiences with the Department of Children and Family Services been mostly positive or negative?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable</td>
<td>22.7%</td>
<td>5</td>
</tr>
<tr>
<td>Positive (Please explain below)</td>
<td>50.0%</td>
<td>11</td>
</tr>
<tr>
<td>Negative (Please explain below)</td>
<td>27.3%</td>
<td>6</td>
</tr>
<tr>
<td>Please explain</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Answered question</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>Skipped question</td>
<td></td>
<td>12</td>
</tr>
</tbody>
</table>

29. What additional information about child welfare and foster care would be helpful to receive to meet the educational needs of your children?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answered question</td>
<td>10</td>
</tr>
<tr>
<td>Skipped question</td>
<td>24</td>
</tr>
<tr>
<td>Skipped question</td>
<td>10</td>
</tr>
</tbody>
</table>
30. Who would you like to receive more information from? (Check all that apply)

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Parent</td>
<td>16.7%</td>
<td>3</td>
</tr>
<tr>
<td>Caseworker/Supervisor</td>
<td>61.1%</td>
<td>11</td>
</tr>
<tr>
<td>Department of Children and Family Services</td>
<td>72.2%</td>
<td>13</td>
</tr>
<tr>
<td>Early Childhood Mental Health Professional</td>
<td>72.2%</td>
<td>13</td>
</tr>
<tr>
<td>Others (please specify)</td>
<td>5.6%</td>
<td>1</td>
</tr>
</tbody>
</table>

answered question 18
skipped question 16

31. If there was one thing you would change to better address the developmental and educational needs of children ages 0 to 5 in the child welfare system, what would it be?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13</td>
</tr>
</tbody>
</table>

answered question 13
skipped question 21

32. Please share any additional comments you would like to make about the collaboration between early childhood/early intervention programs and child welfare?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>

answered question 5
skipped question 29

16 of 29
# Child Welfare Caseworker/Supervisor Survey

## 1. What is your current position?

<table>
<thead>
<tr>
<th>Position</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td>28.0%</td>
<td>7</td>
</tr>
<tr>
<td>Caseworker</td>
<td>72.0%</td>
<td>18</td>
</tr>
</tbody>
</table>

Answered question: 25
Skipped question: 0

## 2. What are your responsibilities in your job? (Check all that apply)

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake work</td>
<td>40.0%</td>
<td>10</td>
</tr>
<tr>
<td>Case management</td>
<td>60.0%</td>
<td>15</td>
</tr>
<tr>
<td>Other responsibilities (please specify)</td>
<td>40.0%</td>
<td>10</td>
</tr>
</tbody>
</table>

Answered question: 25
Skipped question: 0
### 3. How long have you been working in the child welfare field?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 years</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>2-5 years</td>
<td>20.0%</td>
<td>5</td>
</tr>
<tr>
<td>6-10 years</td>
<td>16.0%</td>
<td>4</td>
</tr>
<tr>
<td>More than 10 years</td>
<td>64.0%</td>
<td>16</td>
</tr>
</tbody>
</table>

Answered question: 25
Skipped question: 0

### 4. How many children are currently on your caseload?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No children</td>
<td>16.0%</td>
<td>4</td>
</tr>
<tr>
<td>1-10 children</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>11-20 children</td>
<td>16.0%</td>
<td>4</td>
</tr>
<tr>
<td>21-40 children</td>
<td>48.0%</td>
<td>12</td>
</tr>
<tr>
<td>More than 40 children</td>
<td>20.0%</td>
<td>5</td>
</tr>
</tbody>
</table>

Answered question: 25
Skipped question: 0
5. Typically, what percentage of the children on your caseload are between the ages of 0 and 5?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Response Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10%</td>
<td>9</td>
<td>37.5%</td>
</tr>
<tr>
<td>11-25%</td>
<td>5</td>
<td>20.8%</td>
</tr>
<tr>
<td>26-50%</td>
<td>5</td>
<td>20.8%</td>
</tr>
<tr>
<td>51-75%</td>
<td>2</td>
<td>8.3%</td>
</tr>
<tr>
<td>76-100%</td>
<td>3</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

answered question: 24  
skipped question: 1

6. Please indicate whether you have received training on the following topics:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Yes</th>
<th>No</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child abuse and neglect</td>
<td>100.0% (25)</td>
<td>0.0% (0)</td>
<td>25</td>
</tr>
<tr>
<td>The role that early intervention and early childhood education can play in a child's development</td>
<td>84.0% (21)</td>
<td>16.0% (4)</td>
<td>25</td>
</tr>
<tr>
<td>How child abuse and neglect affects a child's development</td>
<td>100.0% (25)</td>
<td>0.0% (0)</td>
<td>25</td>
</tr>
<tr>
<td>Why early intervention of a child's special needs is important</td>
<td>88.0% (22)</td>
<td>12.0% (3)</td>
<td>25</td>
</tr>
<tr>
<td>Developmental milestones</td>
<td>88.0% (22)</td>
<td>12.0% (3)</td>
<td>25</td>
</tr>
<tr>
<td>How to identify a child's developmental delays</td>
<td>55.0% (14)</td>
<td>44.0% (11)</td>
<td>25</td>
</tr>
</tbody>
</table>

answered question: 25  
skipped question: 0
7. Were you provided any information from your job on the following:

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help Me Grow</td>
<td>100.0% (24)</td>
<td>0.0% (0)</td>
<td>24</td>
</tr>
<tr>
<td>Board of Developmental Disabilities</td>
<td>56.0% (14)</td>
<td>44.0% (11)</td>
<td>25</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>50.0% (12)</td>
<td>50.0% (12)</td>
<td>24</td>
</tr>
<tr>
<td>Head Start</td>
<td>72.0% (18)</td>
<td>28.0% (7)</td>
<td>25</td>
</tr>
<tr>
<td>School district special education preschool programs</td>
<td>24.0% (6)</td>
<td>76.0% (16)</td>
<td>25</td>
</tr>
<tr>
<td>School district public preschool programs</td>
<td>20.0% (5)</td>
<td>80.0% (20)</td>
<td>25</td>
</tr>
<tr>
<td>Preschool or child care in general</td>
<td>48.0% (12)</td>
<td>52.0% (13)</td>
<td>25</td>
</tr>
</tbody>
</table>

8. How would you rate your knowledge of the child welfare system and the Department of Children and Family Services?

<table>
<thead>
<tr>
<th>Service</th>
<th>Basic knowledge</th>
<th>Pretty good knowledge</th>
<th>Excellent knowledge</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help Me Grow</td>
<td>16.7% (4)</td>
<td>66.7% (16)</td>
<td>16.7% (4)</td>
<td>24</td>
</tr>
<tr>
<td>Board of Developmental Disabilities</td>
<td>37.5% (9)</td>
<td>58.3% (14)</td>
<td>4.2% (1)</td>
<td>24</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>54.2% (13)</td>
<td>41.7% (10)</td>
<td>4.2% (1)</td>
<td>24</td>
</tr>
</tbody>
</table>

answered question 24
skipped question 1
9. How would you rate your knowledge of the following early childhood education programs?

<table>
<thead>
<tr>
<th>Basic knowledge</th>
<th>Pretty good knowledge</th>
<th>Excellent knowledge</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start</td>
<td>56.0% (14)</td>
<td>32.0% (8)</td>
<td>12.0% (3)</td>
</tr>
<tr>
<td>School districts</td>
<td>64.0% (16)</td>
<td>28.0% (7)</td>
<td>8.0% (2)</td>
</tr>
<tr>
<td>Community child care centers/preschools</td>
<td>60.0% (15)</td>
<td>28.0% (7)</td>
<td>12.0% (3)</td>
</tr>
</tbody>
</table>

answered question 25
skipped question 0

10. Thinking about your caseload/classroom of children 0 to 5 years old, typically which of the following people or agencies do you communicate and coordinate with? (Check all that apply)

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early intervention coordinator</td>
<td>60.0%</td>
</tr>
<tr>
<td>Mental health specialists</td>
<td>56.5%</td>
</tr>
<tr>
<td>Early childhood education professional</td>
<td>47.8%</td>
</tr>
<tr>
<td>Foster parent</td>
<td>78.3%</td>
</tr>
<tr>
<td>Biological parent</td>
<td>65.2%</td>
</tr>
<tr>
<td>Medical provider</td>
<td>73.9%</td>
</tr>
<tr>
<td>Others (please specify)</td>
<td>13.0%</td>
</tr>
</tbody>
</table>

answered question 23
skipped question 2
11. How frequently do you communicate with the following people or agencies?

<table>
<thead>
<tr>
<th>Role</th>
<th>Daily</th>
<th>Weekly</th>
<th>2-3 Times a Month</th>
<th>Monthly</th>
<th>Never</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early intervention coordinator</td>
<td>0.0%</td>
<td>4.3%</td>
<td>13.0%</td>
<td>43.5%</td>
<td>39.1%</td>
<td>23</td>
</tr>
<tr>
<td>Mental health specialist</td>
<td>4.3%</td>
<td>21.7%</td>
<td>17.4%</td>
<td>52.2%</td>
<td>4.3%</td>
<td>23</td>
</tr>
<tr>
<td>Early childhood education professional</td>
<td>0.0%</td>
<td>8.7%</td>
<td>4.3%</td>
<td>30.4%</td>
<td>56.5%</td>
<td>23</td>
</tr>
<tr>
<td>Foster parent</td>
<td>8.7%</td>
<td>34.8%</td>
<td>21.7%</td>
<td>26.1%</td>
<td>6.7%</td>
<td>23</td>
</tr>
<tr>
<td>Biological parent</td>
<td>17.4%</td>
<td>43.5%</td>
<td>4.3%</td>
<td>21.7%</td>
<td>13.0%</td>
<td>23</td>
</tr>
<tr>
<td>Medical provider</td>
<td>0.0%</td>
<td>21.7%</td>
<td>4.3%</td>
<td>56.5%</td>
<td>17.4%</td>
<td>23</td>
</tr>
</tbody>
</table>

answered question 23
skipped question 2
12. Which of the following agencies provided information on how they could provide early intervention of special education services? (Check all that apply)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help Me Grow</td>
<td>90.9%</td>
<td>20</td>
</tr>
<tr>
<td>Board of Developmental Disabilities</td>
<td>68.2%</td>
<td>15</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>27.3%</td>
<td>6</td>
</tr>
<tr>
<td>Head Start</td>
<td>40.9%</td>
<td>9</td>
</tr>
<tr>
<td>School Districts</td>
<td>31.8%</td>
<td>7</td>
</tr>
<tr>
<td>Community/private preschools or child care centers</td>
<td>18.2%</td>
<td>4</td>
</tr>
<tr>
<td>Medical providers</td>
<td>22.7%</td>
<td>5</td>
</tr>
<tr>
<td>Other agencies (please specify)</td>
<td>4.5%</td>
<td>1</td>
</tr>
</tbody>
</table>

answered question 22
skipped question 3
13. When do you assess the development of a child on your caseload? (Check all that apply)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automatically assess the development of a child when the child comes into caseload</td>
<td>50.5%</td>
<td>13</td>
</tr>
<tr>
<td>When a foster parent or other guardian asks</td>
<td>34.8%</td>
<td>8</td>
</tr>
<tr>
<td>When I notice something is wrong or skills are delayed</td>
<td>52.2%</td>
<td>12</td>
</tr>
<tr>
<td>When a court orders it</td>
<td>8.7%</td>
<td>2</td>
</tr>
<tr>
<td>Don't assess a child's development</td>
<td>8.7%</td>
<td>2</td>
</tr>
<tr>
<td>Not a part of my job</td>
<td>21.7%</td>
<td>5</td>
</tr>
<tr>
<td>Other times (please specify)</td>
<td>8.7%</td>
<td>2</td>
</tr>
<tr>
<td>answered question</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>skipped question</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

14. How do you INITIALLY assess the development of a child who comes into your caseload? (Check all that apply)

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use knowledge of child development</td>
<td>56.5%</td>
<td>13</td>
</tr>
<tr>
<td>Use a screening tool</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Refer to a professional who can assess their development</td>
<td>52.2%</td>
<td>12</td>
</tr>
<tr>
<td>Refer children to a professional because my agency has that policy</td>
<td>30.1%</td>
<td>9</td>
</tr>
<tr>
<td>Don’t refer children</td>
<td>4.3%</td>
<td>1</td>
</tr>
<tr>
<td>Not a part of my job</td>
<td>21.7%</td>
<td>5</td>
</tr>
<tr>
<td>Other methods (please specify)</td>
<td>0.0%</td>
<td>0</td>
</tr>
</tbody>
</table>

answered question 23
skipped question 2
15. How do you conduct ONGOING assessments of children not initially eligible for early intervention services? (Check all that apply)

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use knowledge of child development</td>
<td>39.1%</td>
<td>9</td>
</tr>
<tr>
<td>Use a screening tool</td>
<td>8.7%</td>
<td>2</td>
</tr>
<tr>
<td>Refer to a professional who can assess their development</td>
<td>56.5%</td>
<td>13</td>
</tr>
<tr>
<td>Refer children to a professional because my agency has that policy</td>
<td>17.4%</td>
<td>4</td>
</tr>
<tr>
<td>Don’t refer children</td>
<td>4.3%</td>
<td>1</td>
</tr>
<tr>
<td>Not a part of my job</td>
<td>34.8%</td>
<td>8</td>
</tr>
<tr>
<td>Other methods (please specify)</td>
<td>4.3%</td>
<td>1</td>
</tr>
</tbody>
</table>

answered question | 23
skipped question | 2

10 of 20
16. When there is a need to refer a child for developmental concerns, to whom do you refer them? (Check all that apply)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help Me Grow</td>
<td>95.5%</td>
<td>21</td>
</tr>
<tr>
<td>Board of Developmental Disabilities</td>
<td>63.6%</td>
<td>14</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>13.6%</td>
<td>3</td>
</tr>
<tr>
<td>Head Start</td>
<td>13.0%</td>
<td>3</td>
</tr>
<tr>
<td>School Districts</td>
<td>40.0%</td>
<td>9</td>
</tr>
<tr>
<td>Community/private preschools or child care centers</td>
<td>9.1%</td>
<td>2</td>
</tr>
<tr>
<td>Medical providers</td>
<td>40.0%</td>
<td>9</td>
</tr>
<tr>
<td>Other agencies (please specify)</td>
<td>0.0%</td>
<td>0</td>
</tr>
</tbody>
</table>

answered question 22
skipped question 3
17. Generally, how long does an agency take to assess the child?

<table>
<thead>
<tr>
<th>Agency</th>
<th>Do not refer to this agency</th>
<th>Less than 1 month</th>
<th>1 month</th>
<th>2 months</th>
<th>3 months</th>
<th>4+ months</th>
<th>More than 6 months</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help Me Grow</td>
<td>9.1% (2)</td>
<td>63.6% (14)</td>
<td>18.2% (4)</td>
<td>9.1% (2)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>22</td>
</tr>
<tr>
<td>Board of Developmental Disabilities</td>
<td>31.8% (7)</td>
<td>4.5% (1)</td>
<td>22.7% (5)</td>
<td>13.6% (3)</td>
<td>22.7% (5)</td>
<td>4.5% (1)</td>
<td>0.0% (0)</td>
<td>22</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>66.7% (12)</td>
<td>22.2% (4)</td>
<td>5.8% (1)</td>
<td>5.8% (1)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>18</td>
</tr>
<tr>
<td>Head Start</td>
<td>64.7% (11)</td>
<td>17.6% (3)</td>
<td>5.9% (1)</td>
<td>11.8% (2)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>17</td>
</tr>
<tr>
<td>School Districts</td>
<td>35.0% (7)</td>
<td>10.0% (2)</td>
<td>5.0% (1)</td>
<td>10.0% (2)</td>
<td>5.0% (1)</td>
<td>20.0% (4)</td>
<td>15.0% (3)</td>
<td>20</td>
</tr>
<tr>
<td>Community/private preschools or child care centers</td>
<td>76.5% (13)</td>
<td>5.9% (1)</td>
<td>5.9% (1)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>5.9% (1)</td>
<td>5.9% (1)</td>
<td>17</td>
</tr>
<tr>
<td>Medical providers</td>
<td>26.0% (6)</td>
<td>26.0% (0)</td>
<td>40.0% (0)</td>
<td>5.0% (1)</td>
<td>5.0% (0)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>20</td>
</tr>
</tbody>
</table>

- answered question: 22
- skipped question: 3
### 18. How are you informed of the results?

<table>
<thead>
<tr>
<th></th>
<th>Not applicable</th>
<th>Get report automatically</th>
<th>Have to call for report</th>
<th>Not informed</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help Me Grow</td>
<td>13.0% (3)</td>
<td>60.9% (14)</td>
<td>13.0% (3)</td>
<td>13.0% (3)</td>
<td>23</td>
</tr>
<tr>
<td>Board of Developmental Disabilities</td>
<td>26.1% (6)</td>
<td>26.1% (6)</td>
<td>34.8% (8)</td>
<td>13.0% (3)</td>
<td>23</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>57.1% (12)</td>
<td>4.8% (1)</td>
<td>28.6% (6)</td>
<td>6.5% (1)</td>
<td>21</td>
</tr>
<tr>
<td>Head Start</td>
<td>50.0% (10)</td>
<td>5.0% (1)</td>
<td>30.0% (6)</td>
<td>16.0% (3)</td>
<td>20</td>
</tr>
<tr>
<td>School Districts</td>
<td>27.3% (6)</td>
<td>9.1% (2)</td>
<td>54.5% (12)</td>
<td>9.1% (2)</td>
<td>22</td>
</tr>
<tr>
<td>Community/private preschools or child care centers</td>
<td>55.6% (11)</td>
<td>10.0% (2)</td>
<td>25.0% (5)</td>
<td>10.0% (2)</td>
<td>20</td>
</tr>
<tr>
<td>Medical providers</td>
<td>13.0% (3)</td>
<td>13.6% (3)</td>
<td>54.5% (12)</td>
<td>18.2% (4)</td>
<td></td>
</tr>
</tbody>
</table>

answered question 23
 skipped question 2

### 19. Who do you think has the primary responsibility for identifying the developmental needs of the child?

<table>
<thead>
<tr>
<th></th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster parent/Biological parent</td>
<td>34.6%</td>
<td>8</td>
</tr>
<tr>
<td>Pediatrician/medical provider</td>
<td>26.1%</td>
<td>6</td>
</tr>
<tr>
<td>Child welfare caseworker</td>
<td>13.0%</td>
<td>3</td>
</tr>
<tr>
<td>Early intervention/early childhood professional</td>
<td>21.7%</td>
<td>5</td>
</tr>
<tr>
<td>Other person (please specify)</td>
<td>4.3%</td>
<td>1</td>
</tr>
</tbody>
</table>

answered question 23
 skipped question 2

13 of 29
20. Do you or anyone else in your agency provide foster parents with information for them to assess the child's development?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>52.3%</td>
<td>12</td>
</tr>
<tr>
<td>No</td>
<td>20.1%</td>
<td>5</td>
</tr>
<tr>
<td>Don't know</td>
<td>21.7%</td>
<td>5</td>
</tr>
<tr>
<td>answered question</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>skipped question</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

21. What type of information on child development is given to parents?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give foster parent a brochure or handout on child development</td>
<td>27.3%</td>
<td>6</td>
</tr>
<tr>
<td>Talk to foster parent about child development</td>
<td>50.0%</td>
<td>11</td>
</tr>
<tr>
<td>Do not give information</td>
<td>27.3%</td>
<td>6</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>13.6%</td>
<td>3</td>
</tr>
<tr>
<td>answered question</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>skipped question</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>
22. What percentage of the 0-5 year old children on your caseload/in your classroom receive early intervention or preschool special education services (i.e., physical therapy, speech therapy, etc.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>9.1%</td>
<td>2</td>
</tr>
<tr>
<td>1-20%</td>
<td>50.0%</td>
<td>11</td>
</tr>
<tr>
<td>21-40%</td>
<td>9.1%</td>
<td>2</td>
</tr>
<tr>
<td>41-60%</td>
<td>18.2%</td>
<td>4</td>
</tr>
<tr>
<td>61-80%</td>
<td>13.6%</td>
<td>3</td>
</tr>
<tr>
<td>81-100%</td>
<td>0.0%</td>
<td>0</td>
</tr>
</tbody>
</table>

answered question 22
skipped question 3

23. Do you receive notices about IFSP/IEP (Individual Family Service Plan or Individual Education Plans) to child welfare caseworkers?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>68.2%</td>
<td>15</td>
</tr>
<tr>
<td>No</td>
<td>13.6%</td>
<td>3</td>
</tr>
<tr>
<td>I don't know</td>
<td>18.2%</td>
<td>4</td>
</tr>
</tbody>
</table>

answered question 22
skipped question 3
24. Do you attend IFSP/IEP meetings?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do attend IFSP/IEP meetings</td>
<td>45.5%</td>
<td>10</td>
</tr>
<tr>
<td>Would like to, but don’t have time</td>
<td>9.1%</td>
<td>2</td>
</tr>
<tr>
<td>No, I am not told about them</td>
<td>13.6%</td>
<td>3</td>
</tr>
<tr>
<td>It is not my job</td>
<td>31.8%</td>
<td>7</td>
</tr>
</tbody>
</table>

answered question 22
skipped question 3

25. How do you perceive your role on these IFSP/IEP teams?

<table>
<thead>
<tr>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
</tr>
</tbody>
</table>

answered question 13
skipped question 12
26. Thinking about the children in your caseload who are 0 to 2 years old, how many are enrolled in an early intervention program like Help Me Grow or Early Head Start?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not have any children 0 to 2 years old</td>
<td>9.1%</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>4.5%</td>
<td>1</td>
</tr>
<tr>
<td>1-20%</td>
<td>27.3%</td>
<td>6</td>
</tr>
<tr>
<td>21-40%</td>
<td>9.1%</td>
<td>2</td>
</tr>
<tr>
<td>41-60%</td>
<td>9.1%</td>
<td>2</td>
</tr>
<tr>
<td>61-80%</td>
<td>18.2%</td>
<td>4</td>
</tr>
<tr>
<td>81-100%</td>
<td>16.2%</td>
<td>4</td>
</tr>
<tr>
<td>I don’t know</td>
<td>4.5%</td>
<td>1</td>
</tr>
</tbody>
</table>

Answered question: 22
Skipped question: 3
27. Thinking about the children in your caseload who are 3 to 5 years old, how many are enrolled in an early childhood education program like Head Start, school district or community preschools?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not have any children</td>
<td>4.5%</td>
<td>1</td>
</tr>
<tr>
<td>3 to 5 years old</td>
<td>9.1%</td>
<td>2</td>
</tr>
<tr>
<td>1-20%</td>
<td>40.9%</td>
<td>9</td>
</tr>
<tr>
<td>21-40%</td>
<td>13.6%</td>
<td>3</td>
</tr>
<tr>
<td>41-60%</td>
<td>9.1%</td>
<td>2</td>
</tr>
<tr>
<td>61-80%</td>
<td>4.6%</td>
<td>1</td>
</tr>
<tr>
<td>81-100%</td>
<td>9.1%</td>
<td>2</td>
</tr>
<tr>
<td>I don't know</td>
<td>9.1%</td>
<td>2</td>
</tr>
</tbody>
</table>

Answered question: 22
Skipped question: 3
28. Do you think all of the children in the child welfare system who might benefit from these early intervention/early childhood education programs to them?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, all of them do</td>
<td>68.4%</td>
<td>13</td>
</tr>
<tr>
<td>Children have some access to early intervention/early childhood programs (Please explain below)</td>
<td>15.8%</td>
<td>3</td>
</tr>
<tr>
<td>Children do not have access to early intervention/early childhood programs (Please explain below)</td>
<td>15.8%</td>
<td>3</td>
</tr>
<tr>
<td>Please explain</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Answered question</td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>Skipped question</td>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>

29. What are the differences, if any, in access to early intervention/early childhood education programs for children on your caseload placed in foster care compared to children who remain with their biological parents?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equal access for both groups</td>
<td>55.0%</td>
<td>11</td>
</tr>
<tr>
<td>Harder to access programs for children placed in foster care</td>
<td>20.0%</td>
<td>4</td>
</tr>
<tr>
<td>Harder to access programs for children who remain with their biological parents</td>
<td>25.0%</td>
<td>5</td>
</tr>
<tr>
<td>Answered question</td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>Skipped question</td>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>
30. What is the MOST COMMON reason that you refer a child to an early intervention/early childhood program, if they are not already enrolled when they enter the child welfare system?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a diagnosed special need</td>
<td>36.4%</td>
<td>8</td>
</tr>
<tr>
<td>A parent requests it</td>
<td>13.6%</td>
<td>3</td>
</tr>
<tr>
<td>There is a concern about the child's</td>
<td>4.6%</td>
<td>1</td>
</tr>
<tr>
<td>safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The family needs coverage for work</td>
<td>9.1%</td>
<td>2</td>
</tr>
<tr>
<td>When a foster parent needs a break</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>(respite)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>13.6%</td>
<td>3</td>
</tr>
<tr>
<td>Other reason (please specify)</td>
<td>22.7%</td>
<td>5</td>
</tr>
</tbody>
</table>

Answered question: 22
Skipped question: 3

31. Have you ever tried to place a child in an EARLY INTERVENTION (ages 0-2) program and had a problem enrolling him or her?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>85.7%</td>
<td>18</td>
</tr>
<tr>
<td>Yes (Please explain below)</td>
<td>14.3%</td>
<td>3</td>
</tr>
</tbody>
</table>

Please explain: 2
Answered question: 21
Skipped question: 4
32. Have you ever tried to place a child in an EARLY CHILDHOOD EDUCATION (ages 3-5) program and had a problem enrolling him or her?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>14</td>
</tr>
<tr>
<td>Yes (Please explain below)</td>
<td>7</td>
</tr>
<tr>
<td>Please explain</td>
<td>6</td>
</tr>
</tbody>
</table>

answered question 21
skipped question 4

33. What additional information would be helpful to receive to meet the educational needs of children on your caseload ages 0-5?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>answered question</td>
<td>9</td>
</tr>
<tr>
<td>skipped question</td>
<td>16</td>
</tr>
</tbody>
</table>

34. If there was one thing you would change to better address the developmental and educational needs of children ages 0 to 5 in the child welfare system, what would it be?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>answered question</td>
<td>9</td>
</tr>
<tr>
<td>skipped question</td>
<td>16</td>
</tr>
</tbody>
</table>
35. Please share any additional comments you would like to make about the collaboration between early childhood/early intervention programs and child welfare?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>answered question</td>
<td>8</td>
</tr>
<tr>
<td>skipped question</td>
<td>17</td>
</tr>
</tbody>
</table>
APPENDIX I:
SELECTED SURVEY DATA CHARTS
Were you provided any information from your job on the following:

- Board of Developmental Disabilities
- Head Start
- School district public preschool programs
- Preschool or child care in general

Legend:
- No
- Yes
How would you rate your knowledge of the child welfare system and the Department of Children and Family Services?

- Excellent knowledge
- Pretty good knowledge
- Basic knowledge
How would you rate your knowledge of the following early childhood education programs?

- Head Start
- School districts
- Community child care centers/preschools

Legend:
- Excellent knowledge
- Pretty good knowledge
- Basic knowledge
Thinking about your caseload/classroom of children 0 to 5 years old, typically which of the following people or agencies DO YOU CONTACT to collaborate with? (Check all that apply)

- Foster parents
- Child welfare supervisor
- Child welfare caseworker
- Mental health professional
- Juvenile court
- Others (please specify)
How frequently do you communicate with the following people or agencies?

- Foster parents
- Child welfare supervisor
- Child welfare caseworker
- Mental health professional
- Juvenile court

Legend:
- Never
- Monthly
- 2-3 times a month
- Weekly
- Daily
Please indicate whether you have received training on the following topics:

- Child abuse and neglect
- The role that early intervention and early childhood education can play
- Why early intervention of a child's special needs is important
- Developmental milestones
- How child abuse and neglect affects a child's development
- How to identify a child's developmental delays

Legend:
- Blue: No
- Red: Yes
Were you provided any information from your job on the following:

- Board of Developmental Disabilities
- Head Start
- School district public preschool programs
- Help Me Grow
- Early Head Start
- School district special education preschool programs
- Preschool or childcare in general

Legend:
- No
- Yes
How would you rate your knowledge of the following early childhood education programs?

- Head Start
- School districts
- Community child care centers/preschools

Legend:
- Excellent knowledge
- Pretty good knowledge
- Basic knowledge
How frequently do you communicate with the following people or agencies?