

The Surrogate Parent CFR §303.422

represents an infant/toddler in all matters relating to evaluation/assessment of the child and the development and implementation of the child's Individualized Family Service Plan (IFSP). DDS appoints a **surrogate parent** when there is no person involved with an infant/toddler who meets IDEA Part C definition of "parent."

-  Relative (biological or otherwise) with whom the child lives
-  Foster parent
-  Legal guardian or person legally responsible for the child's welfare (but not the state if the child is a ward of the state)

For an individual serving as "parent" in an infant's/toddler's EI process, support in the form of Surrogate Parent Training is available. The local DDS Service Coordinator or designee can assist in coordinating training.

A **surrogate parent** may be assigned by the lead agency to represent the infant/toddler if:

-  No person who can serve as "parent" can be identified
-  The court orders that the parent/guardian shall have no involvement in the child's educational planning
-  The goal is not reunification for children involved in foster care cases and the foster parent is unable or unwilling to serve as "parent" in the EI process

Training is offered to individuals who wish to serve as a surrogate parent.

After an individual has completed DDS Surrogate Parent Training, they may serve as a surrogate parent for any child.

The ideal surrogate parent:

-  Understands the cultural and linguistic background of the infant/toddler
-  Has the ability to communicate constructively and effectively
-  Is committed to learning about the child's developmental needs and the EI program

State and federal regulations require surrogates to:

-  Have no conflicting interest with the child being represented
-  Not be an employee of a public agency involved in the care/education of the child (such as DHS, teacher, group home director)
-  Not be involved in the provision of EI services to the child or to "any family member of the child"
-  Possess knowledge/skills to adequately represent the child, including knowledge of Part C requirements
-  Understand state/federal requirements and the nature of the child's needs/disabilities

Early intervention services outlined under Part C of IDEA include:

Speech Therapy	Assistive Technology
Physical Therapy	Occupational Therapy
Health Services/Nursing Services	Service Coordination
Social Work Services	Special Instruction
Nutritional Services	Transportation
Vision Services	Audiological Services
Medical Diagnostic Services	Sign/Cued Language
Multi-Disciplinary Evaluation	Psychological Services
Family Training/Home Visits/Counseling	

FC also provides supportive services to families

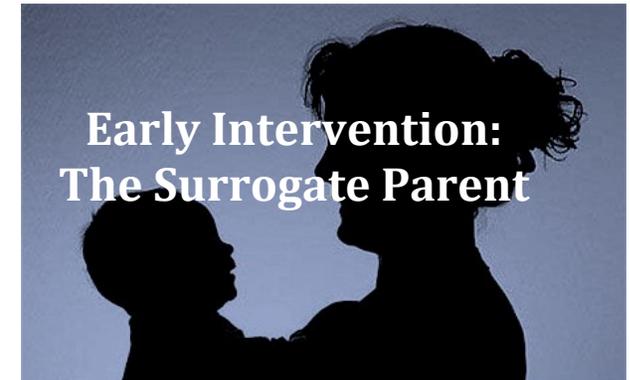
like **parent education/training** to assist in understanding their child's developmental abilities and to help families promote infant/toddler development.

All early intervention services are:

-  Voluntary on the part of the family
-  Individualized to meet the needs of the child and the goals and priorities of the family
-  Provided by qualified professionals who meet state licensing requirements
-  No cost to eligible infants & toddlers and their families

Infants and toddlers with confirmed or suspected developmental delay are referred to First Connections as soon as possible but no later than seven (7) days after detection, according to IDEA Part C legislation.

IDEA 34 CFR §303.303(a)(2)(i)



Why EI?

For children who are discovered to have or be at risk of a developmental delay, appropriate Early Intervention Services are essential. Early Intervention (EI) services are designed to lessen the effects of a potential or existing developmental delay.

Ultimately, EI helps the child learn and reach his or her individual potential with the support and involvement of the child's family, as appropriate. It is important for such services to begin as early as possible and for biological parents to be involved in early intervention, to develop a plan around their family priorities, and to learn how to best support their child's development.



First Connections (FC) is the statewide comprehensive early intervention (birth – 3) program in Arkansas authorized and funded through Part C of the Individuals with Disabilities Education Act (IDEA).

The Department of Human Services (DHS) serves as lead agency; Developmental Disabilities Services (DDS) is the division within DHS with administrative oversight.

First Connections 2012
Division of Developmental Disabilities Services

Duties of a Surrogate Parent

A surrogate parent **has no responsibility for the child's care or financial support** but has many rights and responsibilities as far as the child's developmental/educational needs are concerned.

A surrogate parent's duties are to:

-  Be acquainted with the child's special developmental needs and his/her disability
-  Understand and protect the rights of the infant/toddler
-  Represent the child in all matters relating to the identification, evaluation, IFSP, service provision
-  (if applicable) Represent the child in any due process proceedings
-  (at transition) Represent the child in all matters relating to the provision of a free appropriate public education (FAPE)

In any situation in which a surrogate parent is acting on behalf of the child, the surrogate parent will be discharged when the child's biological parent is ready and able to resume involvement.



NOTE: When a child approaches age three and is about to transition from First Connections, the Surrogate is replaced by an **Educational Advocate** to represent the child during the eligibility process for Early Childhood Special Education (ECSE). The Surrogate and Educational Advocate may be the same person as the toddler bridges Part C (EI) and Part B (ECSE) of the Individuals with Disabilities Act. Your First Connections (EI) Service Coordinator will guide you through this process.

First Connections: Eligibility

Children ages birth to thirty-six months:

-  Who have a **diagnosed physical or mental condition** that has a high probability of resulting in developmental delay.
-  Whose multidisciplinary evaluation results demonstrate **developmental delay in one or more areas of development**. (Delay must be 25% or more of their chronological age).

DCFS children birth to three years (36 months):

-  Are the subject of a substantiated case of child abuse or neglect
-  Are identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure
-  Are suspected of having a disability or a developmental delay



What is a developmental delay?

A significant delay (25% of chronological age or greater) in one or more of the following areas of development:

-  **physical (including hearing and vision)**
-  **cognitive**
-  **communication**
-  **social or emotional**
-  **adaptive skills**

NOTE: Appropriate testing, observations, and informed clinical opinion are used to determine whether a child is eligible for the program. Testing/evaluations are not intended to diagnose medical conditions.

The Role of the DCFS FSW



1. Referral to FC

-  A referral for early intervention services on behalf of **any child suspected of having a disability or a developmental delay** may be sent at any time by parent/guardian, or any other individual
-  In child maltreatment investigations, DCFS worker refers all children in the home under 3 yrs of age to First Connections (DDS - Children's Services)

FC referral ensures compliance with (CAPTA)

2. Liaison

-  Send notification of EI referral to parent
-  Explain EI to parents and obtain consent (DHS-4000: Authorization to Disclose Health Information)
-  Share needed documentation with FC Service Coordinator:
 - ✓ Court-order, if applicable
 - ✓ Copy of Social Security Card and Medicaid Card (or numbers)
 - ✓ Referral source contact information (may be the FSW or the guardian)
 - ✓ Any information pertinent to the request
 - ✓ DMS-800: Children's Medical Services Application (parent must complete)
 - ✓ Copy of EPSDT (parent must obtain) and evaluations
 - ✓ Copy of the CFS-6009: Family Strengths, Needs, and Risk Assessment (FSNRA)

The DCFS FSW is instrumental in making sure the child's family (or a surrogate to represent the infant/toddler) is involved in the EI process and is informed and attending IFSP meetings.