OUR YOUNGEST LEARNERS

The Impact of COVID-19 on Early Intervention: Survey of States

The Education Trust

National Center for Learning Disabilities

ZERO TO THREE
Early connections last a lifetime

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ABOUT THE PROJECT:

Early intervention is critical for infants and toddlers with developmental delays and can lay the foundation for future success, we note in the accompanying report.

In this report, we look at how the pandemic is complicating the delivery of early intervention services to children of color, children from low-income backgrounds and their families, who already have a harder time accessing them.

The Impact of COVID-19 on Early Intervention: Survey of States

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THE COVID-19 CRISIS **has made delivering early intervention services much more challenging and could potentially exacerbate racial inequities in health and education systems. But we can only fix what we can measure — so it is vital that states collect and report better data.**

Just as schools are working to appropriately address K-12 students' underlined learning caused by the pandemic, early intervention systems are focusing on addressing the missed opportunities the pandemic created for young children and their families. Young children missing these opportunities for early intervention services are potentially at greater risk of significant developmental and learning delays. By centering equity, states can identify ways in which they can better serve families of young children of color now and after the pandemic is over.

Health care professionals play a critical part in screening children and referring them to early intervention services. But as fewer children visit the doctor's office amid the pandemic, fewer of them are being screened and referred for early intervention services.

Since the start of the pandemic, 28% of families with young children in a nationwide October 2020 survey reported that they had missed their well-baby/well-child health care visits. Families cited reasons for missing appointments such as concerns about contracting COVID-19 while outside the home, lack of child care access, caring for family members, cost, and time away from work. Families with lower incomes were significantly more likely to face challenges in attending preventive health care visits than were families with middle/upper incomes.[1]

Yet families of color faced barriers to access, regardless of income level: Black and Latino families in the middle-/upper-income levels accessed fewer preventive health visits than White families of the same income levels.[2] Black caregivers in the middle-/upper-income ranges were significantly more likely to report missing a health visit because they had to care for a family member. This is a trend that may well be due to the fact that people of color have been disproportionately impacted by the virus, as well as to structural inequities in employment, housing, and the health care system (*e.g.*, residential segregation and a lack of culturally competent clinical care) that have been compounded amid COVID-19 and result in less access to high-quality health care for people of color.[3]

Survey of State Coordinators

We sent a survey to all state coordinators of early intervention services in fall 2020, and 29 responded throughout September and October.[4] Our survey focused on Black and Latino families, families with limited English proficiency, and families with low incomes, and asked questions about referral rates, wait times from referral to evaluation, service rates, and state guidance since the beginning of the pandemic. Coordinators work in their states' lead agencies for Part C services and are responsible for administering their states' services in compliance with federal and local requirements. There is typically only one coordinator per state.

The work of coordinators was already challenging and underfunded before the pandemic, and the COVID-19 crisis presents a slew of additional challenges. Therefore, we are grateful that 29 coordinators were able and willing to respond to our survey, despite their unprecedented workload.

Given that traditionally underserved families have faced particular difficulties during the pandemic, we asked coordinators specifically about children from Black and Latino families, children from families with limited English proficiency, and children from families with low incomes. Coordinators reported that very few states had data on referral rates, wait times between referral and evaluation, and service rates disaggregated by race/ethnicity, language status, and income level, indicating an urgent need for better state data collection and reporting. They also noted that state guidance on delivering early intervention services during the pandemic varied widely. Other key findings of the survey are as follows:

Referral Rates

Since the pandemic began, **referral rates have dropped.**[5] In an earlier survey conducted by the IDEA Infant and Toddler Coordinators Association (ITCA), coordinators noted that in the first three months of the pandemic, referral rates to early intervention services fell in 45 states.[6] In 24 of those states, referral rates dropped by 25% or more, indicating that far fewer children than usual were accessing early intervention services.

We wanted to know how referral rates had changed for Black and Latino families, families with limited English proficiency, and families with low incomes, but **there was not enough data to determine that nationally, because many states do not collect disaggregated data**. While several coordinators noted that this type of data would be helpful, many noted that their states have neither the data infrastructure, nor the protocols and training in place to collect and analyze it. The 29 survey respondents also reported the following:

- Since the pandemic began, referral rates for Black and Latino families and families with limited English proficiency have **dropped** in five states.

- Referral rates for families with low incomes also **dropped** in four states.

- However, **there was wide variation in the data, and many states did not have data to report**:

    - 12 states did not have data to report regarding Black and Latino children,

    - 13 states did not have data to report on families with limited English proficiency, and

    - 15 states did not have data to report on families with low incomes.[7]

Wait Times From Referral to Evaluation

Since the onset of the pandemic, many children have had to wait longer than usual to receive an evaluation and to establish eligibility for early intervention services. We wanted to know how wait times have changed for Black and Latino families, families with limited English proficiency, and families with low incomes, but **there was not enough data to determine that nationally**. Once again, several coordinators noted that while this type of data would be helpful, their states have neither the data infrastructure nor the protocols and training in place to collect and analyze it. The 29 state coordinators who responded to our survey reported the following:

Ten states have had an overall increase in wait times amid the pandemic, four reported no significant change, and two reported a decrease.[8]

Among the five states that had data disaggregated by demographic group**, the average number of days between a child's referral and evaluation increased** for Black and Latino families, families with limited English proficiency, and families with low incomes. However, **there was wide variation in the data, and 18 states did not have data to report**.

For instance, one state reported that wait times had increased by 60 days for Black children and by 59 days for Latino children, while another state reported that wait times had decreased by 20 days for Black and Latino children. One state reported no change for Black and Latino children, and two states reported no change for children from families with low incomes and children from families with limited English proficiency.[9]
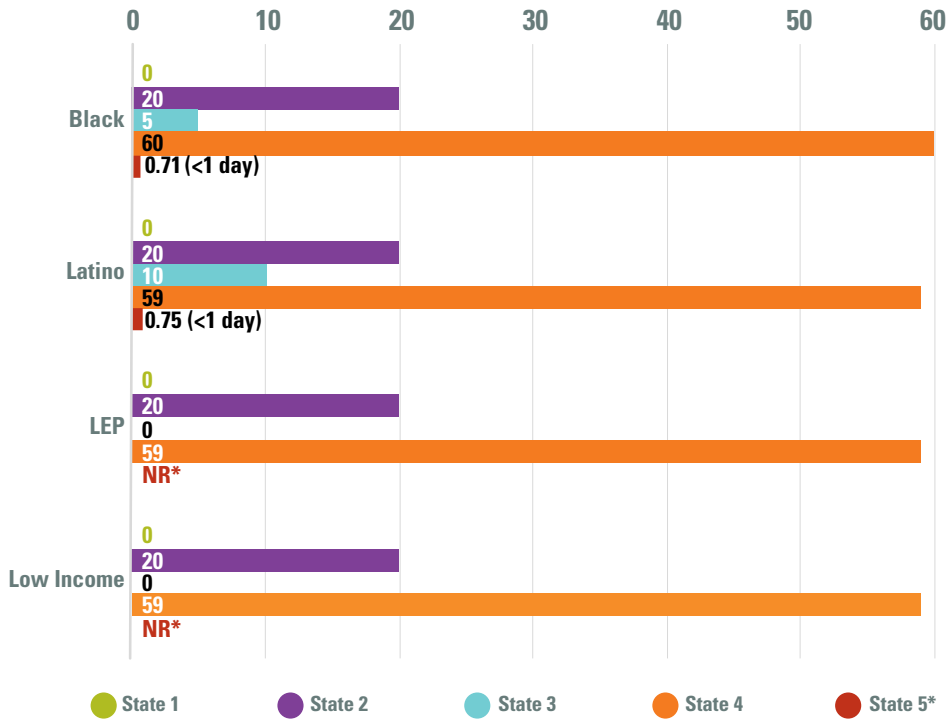
Coordinators also noted challenges that caused delays, such as school closures in states where school districts conduct eligibility evaluations, and difficulty figuring out how to get signed release-of-information forms. A respondent from one of the two states that had decreased wait times noted that instituting telehealth-only practices while working around families' changing schedules likely contributed to the decrease.

Average Pre- to Post-Pandemic Change in Number of Days From Referral to Initial Evaluation, by Demographic Group (Data from 5 states)

Demographic Group	Days
Black	17
Latino	18
LEP	20
Low Income	20
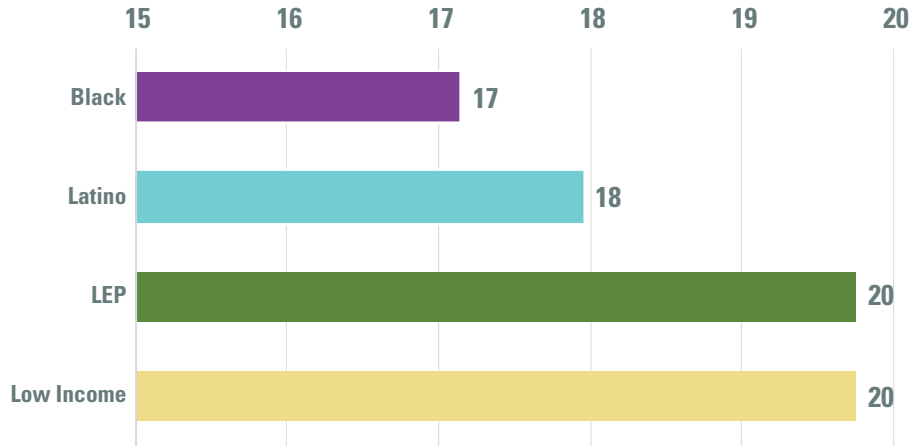
Pre- to Post-Pandemic Change in Days From Referral to Evaluation, by Demographic Group and State, of 5 States Reporting Data by Demographic Group

Demographic Group	State 1	State 2	State 3	State 4	State 5*
Black	0	20	5	60	0.71 (<1 day)
Latino	0	20	10	59	0.75 (<1 day)
LEP	0	20	0	59	NR*
Low Income	0	20	0	59	NR*

Legend: State 1 • State 2 • State 3 • State 4 • State 5*

State 5 did not report data for families with low English proficiency (LEP) and families with low incomes.
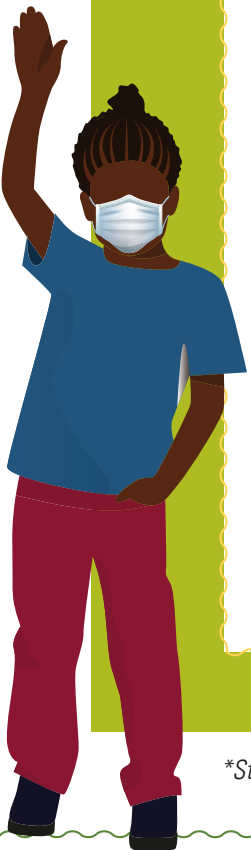
Early Intervention Service Rates

Since the start of the pandemic, fewer children have received early intervention services. We wanted to know how service rates have changed for Black and Latino families, families with limited English proficiency, and families with low incomes, but **there was not enough data to determine that nationally**. Several coordinators noted that while this type of data would be helpful, their states have neither the data infrastructure nor the protocols and training in place to collect and analyze it. The 29 state coordinators who responded to our survey reported the following:

- Since the pandemic began, overall **early intervention service rates have decreased in 15 states** and were higher in one state.[10]

- Since the pandemic began, **early intervention service rates have dropped** for Black children and children from families with limited English proficiency in five states, Latino children in seven states, and children from families with low incomes in four states.

- Service rates **did not change** for Black children in nine states, Latino children in seven states, children from families with limited English proficiency in five states, and children from families with low incomes in three states.

- However, **many states did not have data to report:**

    - Seven states did not have data to report regarding Black and Latino children,

    - 11 states did not have data to report regarding children from families with limited English proficiency, and

    - 14 states did not have data to report regarding children from families with low incomes.[11]

Twenty State Coordinators Reported Key Challenges in Delivering Early Intervention Services

"Technology to ensure equitable access is a huge issue. Not all activities can be delivered via telehealth. Some families have extreme anxiety with telehealth. Families and direct care staff have increased stress trying to manage work, children, virtual learning with older children, etc." — Survey Participant

| WHAT CHALLENGES HAS YOUR STATE ENCOUNTERED IN DELIVERING PART C SERVICES?	
Percentage of 20 state coordinators noting this challenge in their state:	
Identifying & locating children who are potentially eligible for services	**50%**
Delivering services at the same level of quality as before the pandemic	**45%**
Timely evaluation	**30%**
Delivering services at the same frequency as before the pandemic	**30%**
Identifying & locating children from families with limited English proficiency	**15%**
Identifying & locating children from families with low incomes	**10%**
OTHER CHALLENGES: • Inequities in access to technology (including broadband internet) for high-quality virtual visits • Challenges in transitioning from early intervention to preschool services • Varying levels of comfort with virtual evaluations and service delivery among providers • Helping families understand the value of virtual services	**40%**
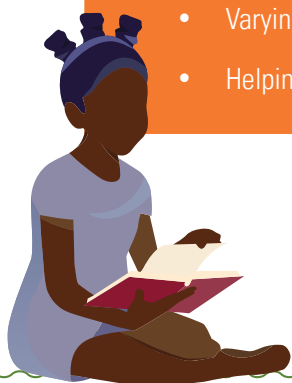
State Guidance

The availability and depth of state guidance varied considerably in fall 2020, according to survey respondents. We asked coordinators whether their state had provided guidance amid the pandemic on four aspects of early intervention services: Child Find activities, evaluation and assessment, services for families with limited English proficiency, and services for families without reliable internet access. Coordinators reported a variety of state approaches and a lack of guidance from several states on serving families with limited English proficiency and families with low incomes.

Conducting Child Find activities. These activities play a crucial role in identifying children with suspected delays, so having state guidance on ways to conduct Child Find activities virtually is essential to finding those who may benefit from early intervention services sooner rather than later. While Child Find efforts typically vary among states, even in the best of times, we found high variation in Child Find activities amid the pandemic. Three state coordinators reported that they were not conducting Child Find activities at all at the time of the survey. Most respondents said that they were providing further guidance on conducting family outreach during the pandemic, in order to identify and locate eligible children, and on obtaining parental consent using electronic or digital signatures, which has been an added challenge for many states during the pandemic.

Has your state issued guidance on how to conduct Child Find activities virtually?

No
55%
(11)

Yes
45%
(9)

No
11%
(1)

Yes
89%
(8)
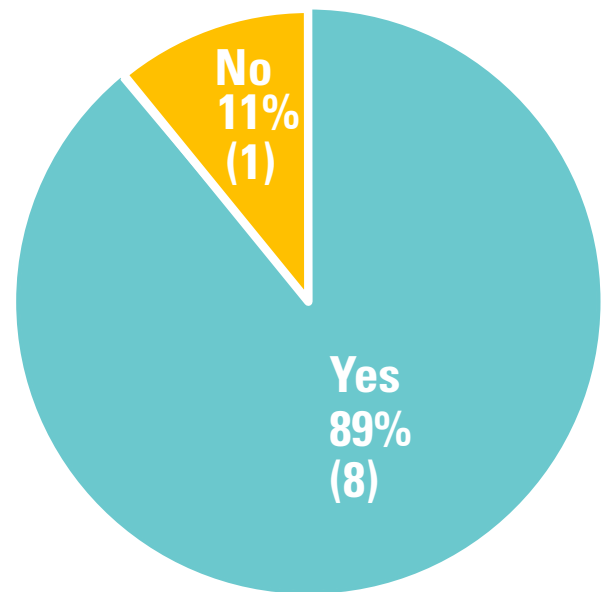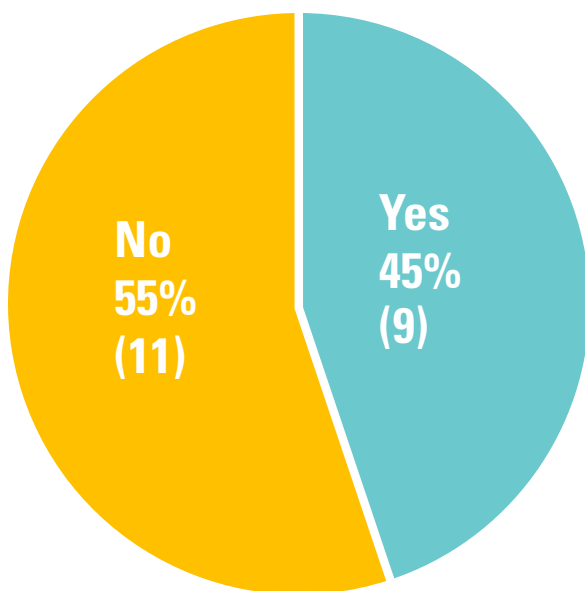
If Child Find activities are being conducted in person, has the state issued adequate guidance, protocols, and physical spaces for the activities to be carried out safely?
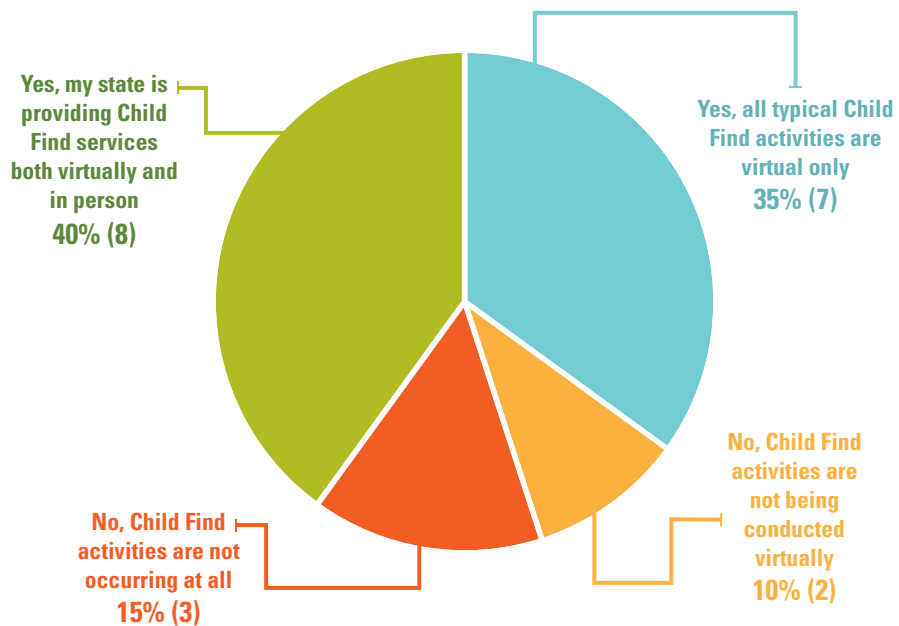
Does that guidance include...

How to adjust family outreach strategies in light of the COVID-19 crisis, in order to identify and locate infants and toddlers who may be eligible for Part C?
- No (1)
- Yes (8)

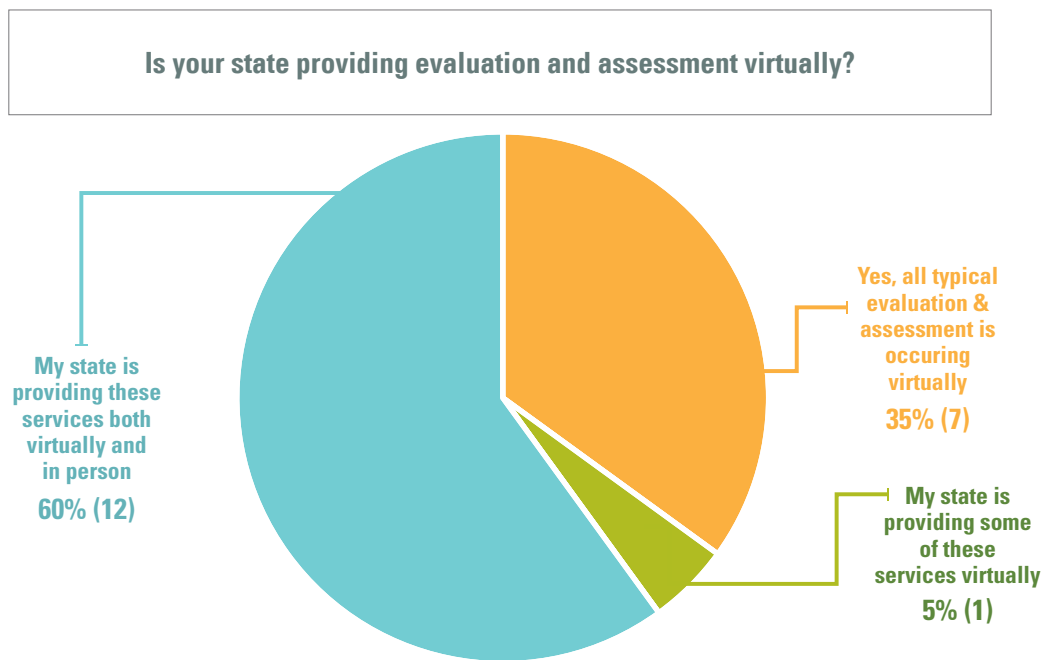How to obtain parent consent using electronic or digital signatures?
- No (1)
- Yes (8)

Is your state conducting Child Find activities virtually?

- Yes, my state is providing Child Find services both virtually and in person 40% (8)
- Yes, all typical Child Find activities are virtual only 35% (7)
- No, Child Find activities are not being conducted virtually 10% (2)
- No, Child Find activities are not occurring at all 15% (3)

**Three states reported that they were not conducting Child Find activities at all at the time of the survey.**

Providing evaluation and assessment. Determining whether a child is eligible for early intervention services requires complex evaluations and assessments, many of which involve observing adult-child interactions and play-based tasks. State guidance can help early intervention professionals determine how to safely conduct these evaluations and assessments during the pandemic.

Most state coordinators who responded to our survey said they were conducting evaluations and assessments both online and in person. Coordinators in two states that were conducting evaluations and assessments virtually noted that they had not received state guidance on how to do so. One coordinator in a state conducting in-person evaluations reported that their state had failed to provide guidance, protocols, and physical spaces for conducting the evaluations safely.

Is your state providing evaluation and assessment virtually?

My state is providing these services both virtually and in person
60% (12)

Yes, all typical evaluation & assessment is occuring virtually
35% (7)

My state is providing some of these services virtually
5% (1)

If evaluations are being conducted in person, has the state issued adequate guidance, protocols, and physical spaces for the evaluations to be conducted safely?

No 8% (1)

Yes 92% (12)
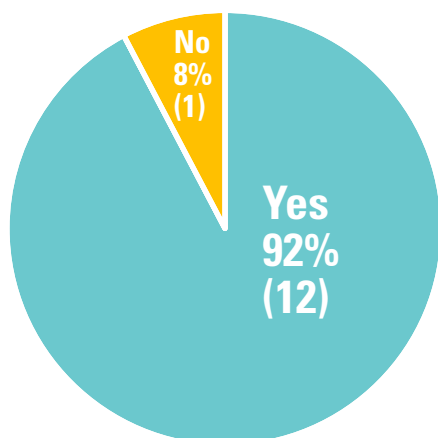
Has your state issued guidance on how to provide evaluations and assessments virtually?

No 10% (2)

Yes 90% (18)
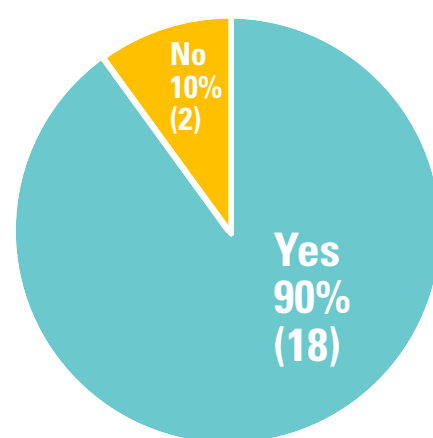
Providing services for families with limited English proficiency. Fewer than half of the survey respondents indicated that their state provided guidance on delivering services virtually to families with limited English proficiency. States should provide guidance on virtual interpreter services and other potential tools for meeting virtually. For instance, one coordinator noted that the state has interpreters who can join appointments virtually; early intervention providers can also ask local interpreters to join virtual sessions.

Providing services for families without reliable internet access. One-quarter of the respondents reported that their state had failed to provide guidance on delivering services to families who lack reliable internet access. States could offer guidance on potential non-internet-based methods of service delivery in order to reach the many families without a reliable connection at home. For instance, one coordinator reported that because the state provides phone consultation services, working with families without reliable internet access was "surprisingly not a significant issue." Another coordinator noted that the state made exceptions for telephone-only and telehealth appointments.

Has your state issued guidance on how to provide Part C services virtually for families with limited English proficiency?
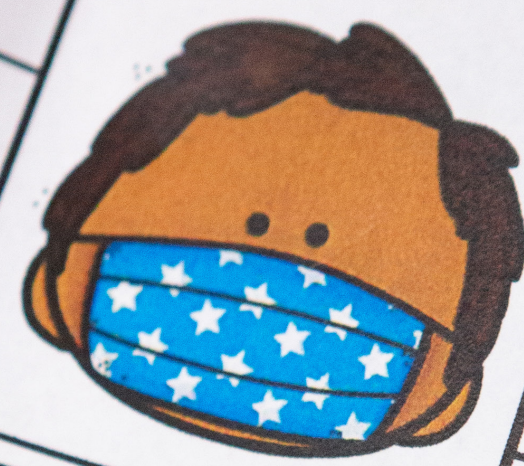
No
55%
(11)

Yes
45%
(9)
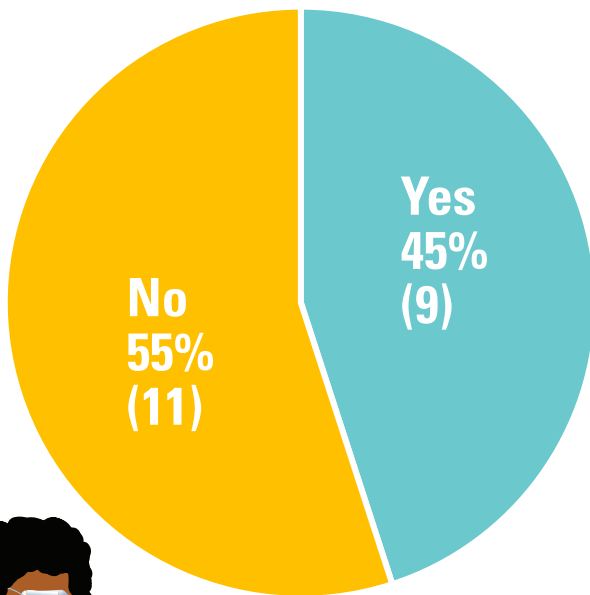
Has your state issued guidance on how to provide Part C services for families without reliable internet access?
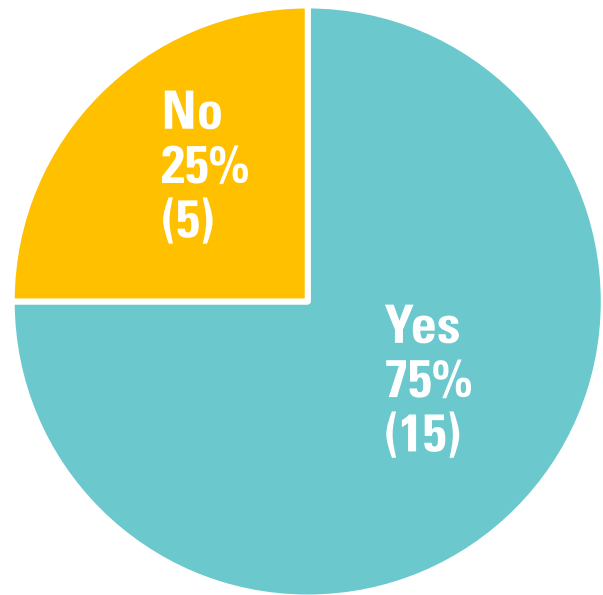
No
25%
(5)

Yes
75%
(15)

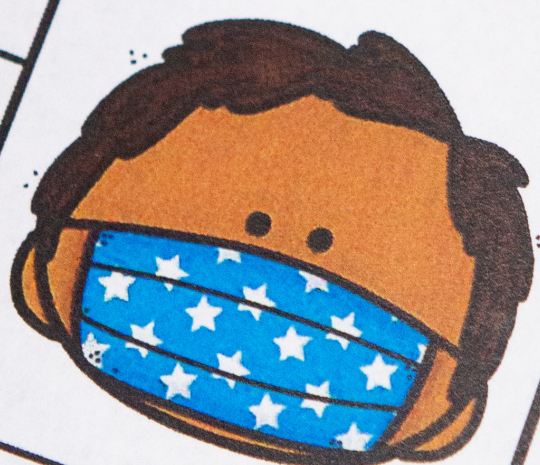## Bright Spots: What's Working During the Pandemic

"Part C systems have been taxed beyond belief, but everyone is working to ensure services are delivered to the children who need them most." — *Survey Participant*

Despite the many challenges the pandemic has presented, early intervention coordinators who participated in our survey identified several bright spots.

- **Increased family engagement.** Four coordinators noted that virtual visits increased family engagement: "Teletherapy has afforded us [an opportunity] to enhance our family coaching efforts, as virtual services required greater engagement with families." This includes working with interpreters/translators to translate website content into other languages. For some families, the ability to meet virtually is a benefit that would be helpful even in non-pandemic times, some coordinators noted: "Providing services remotely has shown better engagement and outcomes with some families. Providers now see this can be a viable option for engaging parents and providing parent education." In fact, some families are showing a preference for virtual meetings, they said: "Some families want to continue receiving virtual visits even once in-person visits resume." One coordinator even noted that virtual services would be useful for weather-related closures in the future, after the pandemic has ended.

- **Opportunities to strengthen coaching skills.** Eight coordinators noted that early intervention providers have been able to hone their family coaching skills through virtual visits, despite not being able to provide hands-on services. As one coordinator wrote, the "coaching model has been strengthened through virtual visits, as providers cannot physically do activities FOR families as they may have done during an in-person visit." Under normal circumstances, early intervention providers would lead activities with children directly, but virtual settings have provided opportunities for interventionists to coach parents on strategies that can help foster their children's development. Another coordinator observed that "[r]emote EI will never go away and has really forced the importance of coaching into the spotlight." In fact, those with coaching skills have had a distinct advantage during the crisis: "Providers who understand the coaching model for service delivery had better acceptance of virtual service delivery than those who did not, likewise for the families of those providers." One coordinator noted that "[e]arly intervention practitioners are seeing how the coaching model can be effective as the telehealth only model forced this model [on] those who were clinging to toy bags."

- **Enhanced technological capabilities.** The pandemic has also prompted some states to modernize their technological capabilities. One coordinator observed that within two weeks of ceasing in-person services, every early intervention program in the state was able to deliver virtual services to children and families. Meanwhile, many early interventionists have improved their technological skills within existing systems — *e.g.,* in some states, they're now using statewide electronic health records in early intervention services.

- **Better collaboration.** This crisis has led state early intervention programs across the country to develop new ways to support each other and share information about what is and isn't working. One coordinator reported greater collaboration among family support organizations in the state, and noted the creation of crisis response teams for rapid responses to urgent family needs.

Recommendations

The federal government is providing states with unprecedented amounts of funding for young children and families through the American Rescue Plan, and states can apply portions of this funding toward more equitable early intervention services, including $250 million for IDEA Part C, $1 billion for Head Start/Early Head Start, and $150 million for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. States should use these funds, combined with pre-existing funding streams, to increase access to equitable early intervention services for young children and families. States can also act in the following ways to capitalize on lessons learned and make services more equitable as they address missed opportunities for early intervention during the pandemic:

1. Collect and publicly report better data.

States should collect and publicly report early intervention data that is disaggregated by race/ethnicity, income level, and dual language learner status, and provide the infrastructure to do so seamlessly.

- States should link early intervention, preschool, K-12, and postsecondary data in order to optimize learning outcomes throughout students' education.

- States should also collect and publicly report more data that's specific to Child Find activities and referral processes; having referral and screening counts, disaggregated by geographical region, type of referral or screening setting (*e.g.,* physician's office, early care and education center, family member, etc.), family race/ethnicity, income level, and English proficiency status could help improve these activities and processes.[12] The U.S. Department of Education and Congress require data collection on activities that take place once a child is found eligible for services, but data on Child Find activities prior to eligibility determination should also be required and disaggregated by race/ethnicity and income level.[13]

  - States should use tools like the Office of Special Education Programs' (OSEP's) Child Find Self-Assessment to determine whether they are implementing best practices related to Child Find and referral processes for children of color, and build ways to monitor these practices through data collection.[14]

  - The Center for IDEA Early Childhood Data Systems (DaSy), which is a federally funded technical assistance center supporting early childhood special education data, published a helpful list of Part C data considerations during the COVID-19 crisis, including considerations for data at the system, family, and child levels, and considerations for data collection, analysis, and reporting. States can use these ideas to ensure they can identify trends that have occurred during the pandemic in order to formulate strategies to target pandemic-related challenges.[15]

- *Promising practices*
  - Delaware has consolidated its [screening system](#), so the state can now measure screening rates and trends across districts.
  - Nebraska's [Developmental TIPS program](#) (Tracking Infant Progress Statewide), may be a specialized data system, but it is a useful model for statewide developmental data collection and tracking. Created collaboratively by the Nebraska Departments of Education and Health and Human Services, the system gathers data on infants in neonatal intensive care units (NICU), and monitors their development from the time of NICU enrollment and screening through referral and follow-up procedures up until children are 3 years old.
  - Massachusetts' Pregnancy to Early Life Longitudinal (PELL) Data System collects data on all children who are screened, evaluated, and referred for Part C services and links it to birth certificates, hospital records, and a bevy of other data related to prenatal and postnatal health. This system is a collaboration between the Massachusetts Department of Public Health, the Boston University School of Public Health, and the Centers for Disease Control and Prevention.

2. Give evidence-based guidance.

States should give Part C coordinators and related agencies clear [guidance](#) on [conducting](#) virtual Child Find, evaluation and assessment, and Part C service delivery — particularly with regard to families without reliable internet and families with limited English proficiency. State guidance should build on [federal guidance](#) and [technical assistance resources.](#)[16] Since our survey was conducted, guidance has substantially increased, allowing for states to be able to share resources and promising practices with one another and to be prepared for future situations in which remote service delivery will be necessary. [Early Childhood Technical Assistance Center](#), for instance, provides a multitude of guidance on various aspects of remote service delivery.

- *Promising practice*
  - Connecticut's early intervention agency, for instance, has a [webpage](#) that lists several resources on providing services virtually, and the webpage was available in fall 2020.
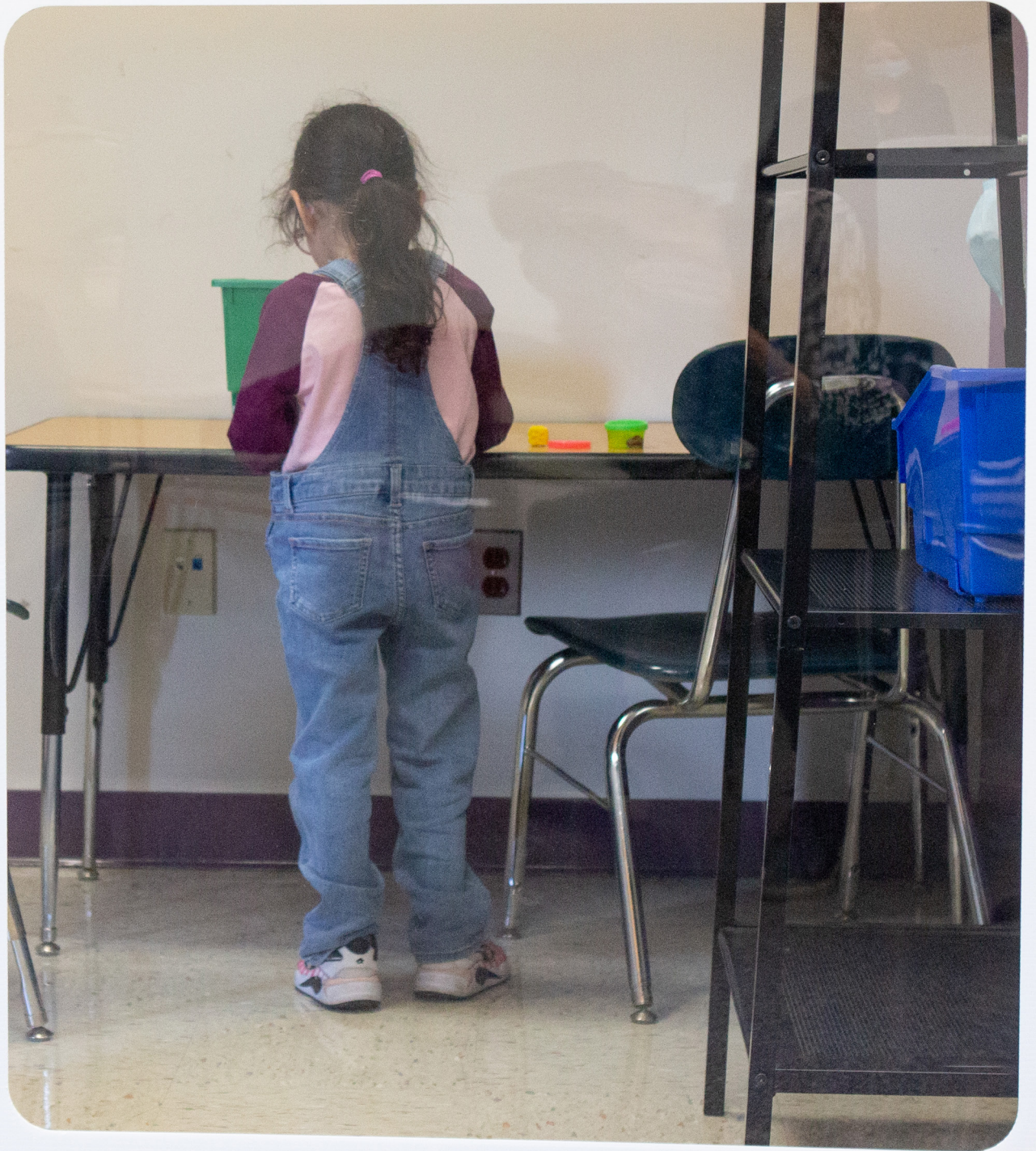
3. Learn from bright spots.

States should incorporate successful practices that others have used and adapt them to fit their own needs for regular early intervention work going forward.

- Promising practices could be gleaned from conferences, webinars, partnerships with professional organizations and higher-education institutions, and/or other professional development opportunities in which success stories are shared and discussed. States should examine:

  - the early intervention experiences of families of color, families with limited English proficiency, and families from low-income backgrounds amid the pandemic to help determine which supports might be needed as they emerge from the pandemic and in future crises;

  - the efficacy of evidence-based models used during the pandemic and applications for future use in virtual settings and future crises;

  - the validity and efficacy of evaluation and assessment tools in virtual settings to determine how processes could be improved for virtual application in future crises or in general practice; and

  - coaching models used during the pandemic to determine which models, and which aspects of various models, were most effective when used virtually.

- *Promising practice*

  - Five states were already working toward building their early intervention service capacity before the pandemic hit: California, Massachusetts, New Hampshire, New Mexico, and West Virginia.[17]

- Some state coordinators reported that virtual service delivery provided better access to some families, and/or better family coaching opportunities. States should, therefore, consider incorporating virtual service delivery into their permanent delivery systems. In doing so, states should make home broadband access more equitable to address the disparities in technological access that state coordinators reported. Before the pandemic, home broadband access was available to 79% of White families, versus only 66% of Black families and 61% of Latino families.[18] States should assist providers and eligible families in administering and accessing the Emergency Broadband Benefit and other, similar programs where possible. States should also use funding from pandemic relief legislation to provide technology to families who need it. For instance, the American Relief Plan includes money for the MIECHV program to provide technology to families who need it for virtual home visits. States should offer training to families on how to access the internet and how to use various applications and/or other technology for virtual home visits. To make digital equity sustainable, states should partner with internet providers to make home broadband more accessible and affordable in the long term.

4.   Strengthen Child Find.

Conducting Child Find activities has become more challenging amid the pandemic — particularly so in its early stages — so states should increase their investment in Child Find activities in the coming year, as it is likely that many children who are eligible for early intervention services have not been identified. Given prior research showing that Black and Latino children are under-identified even in non-pandemic times, states should target funding and innovate strategies for locating and identifying children of color who are potentially eligible. Universal screening is one way in which states could potentially reduce racial disparities in Child Find access.[19]

- *Promising practices*
    - Eight states that have been working toward evidence-based comprehensive screening and referral since before the pandemic, and using the Family Connects and Healthy Steps models, are Illinois, California, Maryland, New York, North Carolina, Oklahoma, Oregon, and Texas.[20]
    - Delaware has consolidated its screening system, making it easier for families and educators to screen and refer children, and is using data to inform screening and referral practices.
    - ZERO TO THREE and the National Institute for Children's Health Quality (NICHQ) have developed a set of recommendations for strengthening developmental screening practices and policies as part of their work on the Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network (ECCS CoIIN): *Recommendations on Developmental Screening Follow-up Practices and Policies for Federal, State, and Community Level Stakeholders*.

5.   Make "at-risk" children eligible for IDEA Part C services.[21]

Only six states actually do so, meaning that many children who would likely benefit greatly from services are not eligible for them and are missing out on important interventions that would strengthen their development.[22] Including "at-risk" children in Part C eligibility and investing early in their growth would not only improve their developmental outcomes and mitigate future learning and behavioral challenges, but reduce special education costs as these children enter elementary school. More federal funding for IDEA would likely increase the number of states that would include "at-risk" children in Part C eligibility.

6.   Strengthen guidance and policies for reaching families with home languages other than English.

While some states have issued guidance, provided interpreters, and conducted virtual sessions successfully for families with home languages other than English, several coordinators indicated that there were insufficient supports to help locate families who were potentially eligible for services, deliver timely evaluations and assessments, and successfully provide services to them. States should consider the challenges that early intervention professionals face and the promising practices they are using while working with these families amid the pandemic, evaluate and take stock of state resources for culturally and linguistically competent early intervention practices, and strengthen guidance and policies. States that have collected useful resources and had success should share promising practices and resources with other states.

7. Prepare for higher post-pandemic referral rates, including in preschool and early elementary school.

Given that referral rates have dropped amid the pandemic, it is likely that referral rates will rise once young children return to early childhood education settings and visit pediatricians more regularly. Higher referral rates are also likely for children who were preschool age during the pandemic and are, or soon will be, transitioning to kindergarten. In fact, under-identification amid the pandemic could produce a surge of referrals in elementary schools in the coming years. What's more, children who were found eligible for services before the pandemic, but have been unable to regularly access services amid the outbreak, may require additional services once in-person programming resumes. States should invest in more early intervention and early childhood special education teachers and specialists. Prior to the pandemic, there was already a steady decline in the supply of special education teachers, resulting in higher student-to-teacher ratios in special education. [23] Strengthening the special educator pipeline will be critical as in-person early intervention and early childhood special education resumes.

- States should increase special education funding and provide dedicated funding for special education in preschool.

- States should require that all state-funded preschools use inclusion-based models that integrate children with and without disabilities and provide professional development for general education preschool teachers in inclusion-based practices.[24]

- States should provide financial incentives for districts to recruit and increase compensation for special educators working in early childhood and elementary schools and provide service scholarships and loan forgiveness programs for special education trainees.

- States should immediately support Part C and Part B, Section 619 Coordinators through increased funding for strengthening Comprehensive Systems of Personnel Development and other strategies for recruitment and retention of early childhood intervention and early childhood special education personnel.[25]

- States should adopt short-term strategies for handling shortages of special education teachers, such as providing training for paraprofessionals and other skilled professionals through Grow Your Own programs. The Collaboration for Effective Educator Development, Accountability, and Reform (CEEDAR) Center at the University of Florida offers short-term strategies for handling shortages of special education teachers.

- States should encourage higher education institutions to participate in programs that are aimed at increasing the diversity and recruitment of special educators, such as the American Association of Colleges for Teacher Education's (AACTE) Reducing the Shortage of Special Education Teachers Networked Improvement Community.

- States should provide guidance and funding for districts to offer frequent, ongoing, culturally and linguistically competent professional development to general education teachers on supporting students with developmental delays and disabilities.

Endnotes

1. Center for Translational Neuroscience at the University of Oregon, "Health (Still) Interrupted: Pandemic Continues to Disrupt Young Children's Healthcare Visits," https://medium.com/rapid-ec-project/health-still-interrupted-pandemic-continues-to-disrupt-young-childrens-healthcare-visits-e252126b76b8.

2. Center for Translational Neuroscience at the University of Oregon, "Health (Still) Interrupted: Pandemic Continues to Disrupt Young Children's Healthcare Visits."

3. National Academies of Sciences, Engineering, and Medicine, "3 The Root Causes of Health Inequity," 2017, *Communities in Action: Pathways to Health Equity.* Washington, DC: The National Academies Press. doi: 10.17226/24624.

4. 62 Part C coordinators representing 58 states, territories, and jurisdictions received the survey. The outlying jurisdictions Federated States of Micronesia, Marshall Islands, and Palau are not eligible to receive Part C funds and therefore were not sent surveys. Due to the anonymity of the survey, we do not know which coordinators comprise those who responded.

5. Since March 13, 2020, which is the day the COVID-19 pandemic was declared a national emergency.

6. IDEA Infant & Toddler Coordinators Association, "Resumption of In-person Visits COVID-19 Survey," June 2020, https://www.ideainfanttoddler.org/pdf/resumption-of-in-person-visits-survey.pdf.

7. Two states did not respond to this survey question regarding referral rates for Latino children; six states did not respond to this survey question regarding families with limited English proficiency; and four states did not respond to this survey question regarding families with low incomes.

8. Four states reported that they did not collect this data; two reported that they had collected it but not yet analyzed it; and seven did not respond to this survey question.

9. Six states did not respond to the survey question regarding wait times for Black and Latino children, and seven states did not respond to the survey question regarding wait times for families with limited English proficiency and families with low incomes.

10. One state had collected this data but not yet analyzed it, and 12 states did not respond to this survey question.

11. One state had collected data for each of these child populations and had not yet analyzed it.

12. Brian Barger et al., "A Systematic Review of Part C Early Identification Studies," 4–16.

13. Barger et al., "A Systematic Review of Part C Early Identification Studies," 4–16.

14. Early Childhood Technical Assistance Center, n.d., "Tools for Improving Child Find: OSEP Child Find Self-Assessment," https://ectacenter.org/topics/earlyid/tools.asp.

15. The Center for IDEA Early Childhood Data Systems (DaSy), July 2020, "Key Part C Data Considerations During COVID-19," https://dasycenter.org/wp-content/uploads/2020/07/Key-Part-C-Data_Considerations-During-COVID-19.pdf.

16. National Center for Learning Disabilities, 2020, "Serving Students with Disabilities During the COVID-19 Crisis: Spotlight on Policy and Practice: Part 1: Providing a Free Appropriate Public Education (FAPE)," https://www.ncld.org/wp-content/uploads/2020/04/Part-1-Providing-a-Free-Appropriate-Public-Education-FAPE.D3.pdf; Early Childhood Technical Assistance Center, August 2020, "Equitably Serving Children with Disabilities and their Families during Coronavirus (COVID-19)," https://ectacenter.org/topics/disaster/coronavirus-equity.asp; United States Department of Education, October 2020, "OSEP QA 21-02: IFSP Meetings and Service Provision," https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/qa-provision-of-services-idea-part-c-10-21-2020.pdf; Early Childhood Technical Assistance Center, December 2020, "Provider and Educator Use of Technology," https://ectacenter.org/topics/disaster/ti-service.asp.

17. Prenatal-to-3 Policy Impact Center, 2020, "Prenatal-to-3 State Policy Roadmap: Strategies: Early Intervention Services," https://pn3policy.org/interactive/#pn3/Strategies/US/S6.

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19. Beth M. McManus, Zachary Richardson, Margaret Schenkman, Natalie J. Murphy, Rachel M. Everhart, Simon Hambidge, and Elaine Morrato, "Child characteristics and early intervention referral and receipt of services: A retrospective cohort study," *BMC Pediatrics*, no. 20 (2020), https://doi.org/10.1186/s12887-020-1965-x; Advocates for Children of New York and Citizens' Committee for Children of New York, "Early Inequities: How Underfunding Early Intervention Leaves Low-Income Children of Color Behind," December 2019, https://s3.amazonaws.com/media.cccnewyork.org/2020/12/EI-Report-FINAL-12-4-19.pdf; Ashley H. Hirai, Michael D. Kogan, Veni Kandasamy, Colleen Reuland, and Christina Bethell. 2018. "Prevalence and Variation of Developmental Screening and Surveillance in Early Childhood," *JAMA Pediatrics,* 172 (9): 857–66. https://doi.org/10.1001/jamapediatrics.2018.1524; James P. Guevara, Marsha Gerdes, Russell Localio, Yuanshung V. Huang, Jennifer Pinto-Martin, Cynthia S. Minkovitz, Diane Hsu, Lara Kyriakou, Sofia Baglivo, Jane Kavanagh, and Susmita Pati, "Effectiveness of Developmental Screening in an Urban Setting," January 2013, *Pediatrics*, 131 (1):30-37; https://doi.org/10.1542/peds.2012-0765.

20. Prenatal-to-3 Policy Impact Center, 2020, "Prenatal-to-3 State Policy Roadmap: Strategies: Comprehensive Screening and Referral Programs," https://pn3policy.org/interactive/#pn3/Strategies/US/S1; Duke University, Family Connects International, https://familyconnects.org/; ZERO TO THREE, HealthySteps, https://www.healthysteps.org/.

21. "At-risk infant or toddler" is defined in §303.5 of IDEA: "At-risk infant or toddler means an individual under three years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual. At the State's discretion, at-risk infant or toddler may include an infant or toddler who is at risk of experiencing developmental delays because of biological or environmental factors that can be identified (including low birth weight, respiratory distress as a newborn, lack of oxygen, brain hemorrhage, infection, nutritional deprivation, a history of abuse or neglect, and being directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure). (Authority: 20 U.S.C. 1432(1), 1432(5)(B)(i) and 1437(a)(6))."

22. ZERO TO THREE, "State of Babies Yearbook 2021," April 2021, https://stateofbabies.org/.

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