**Section 500.25 Public Awareness and Child Find**

a) The Department shall provide ongoing and continuous public awareness efforts focused on the early identification of eligible children throughout the State.

1) The Department shall prepare information on the availability of EI services under this Part.

2) With the assistance of the regional intake entities and local interagency councils, the Department will disseminate to all primary referral sources (especially hospitals and physicians) the information to be given to parents of infants and toddlers, especially parents with premature infants or infants with other physical risk factors associated with learning or developmental complication. The information to be provided shall include:

A) description of the availability of EI services under this Part;

B) description of the child find system and how to refer a child under the age of three for an evaluation or EI services; and

C) information about the Central Directory (see Section 500.30).

3) The Department may make direct mailings to primary referral sources as defined in this Part, distribute pamphlets and posters at pertinent locations and use media releases and campaigns to the public and professional organizations as necessary to create awareness, in addition to the activities set forth in this Part.

4) Primary referral sources are required to make referrals to the EI System as soon as possible, but in no case more than five business days after a potentially eligible child is identified. Primary referral sources, as listed in subsection (b), with assistance of the regional intake entities and local interagency councils, will disseminate information on the availability of EI services under this Part to parents of infants and toddlers, especially parents with premature infants or infants with other physical risk factors associated with learning or developmental complication.

b) The regional intake entity as set forth in Section 500.45 serves as the central intake for each eligible child within its geographical area. By use of the Central Directory set forth in Section 500.30, primary referral sources can identify and contact the appropriate regional entity. Primary referral sources include:

1) hospitals, including prenatal and post-natal care facilities;

2) physicians;

3) parents, including parents of infants and toddlers;

4) child care programs and early learning programs, including, Early Head Start Programs;

5) local educational agencies and schools;

6) public health facilities;

7) other public health and social services agencies;

8) other clinics and health care providers;

9) Public agencies and staff in the child welfare system, including child protective service and foster care;

10) Homeless family shelters; and

11) Domestic violence shelters and agencies.

c) The local interagency council shall be responsible for coordination, design and implementation of child find and public awareness activities for their geographic region. Such efforts shall take into consideration the region's cultural, communication, geographical and socio-economic make-up.

d) The regional intake entity and the local interagency council shall assure that activities are coordinated with comprehensive local and statewide efforts and shall provide information to the Department as requested and required in order for the Department to monitor the effectiveness of the efforts and determine possible gaps in public awareness and child find. If gaps are determined, the regional intake entity and the local interagency council shall increase efforts as required.

e) Local interagency councils shall assist in:

1) Development of collaborative agreements between local service providers, diagnostic and other agencies providing additional services to the child and family and agreements related to transition and integration of eligible children and families into the community;

2) Local needs assessment, planning and evaluation efforts;

3) Identification and resolution of local access issues;

4) Provider recruitment; and

5) Development of an annual report to the Council regarding child find and public awareness.

f) The Department has entered into interagency agreement with the Illinois State Board of Education (ISBE) regarding coordinating ISBE's responsibility under Part B of IDEA to conduct child find of 0-21 year olds with the Department responsibility under Part C. Local education agencies (LEAs) are responsible to ISBE for carrying out specific obligations regarding child find.

1) LEAs shall:

A) conduct public awareness activities targeting families and other primary referral sources;

B) conduct screenings (by developmental checklists) to actively seek out infants and toddlers with disabilities or delays, report to the Department on these screenings and maintain procedures to assure compliance with the five-day referral time frame (schedules of screening dates and locations will be provided to the regional intake entity, other providers and the local advisory body);

C) work closely with their regional intake entity to assure evaluations of identified children; and

D) participate actively in their local advisory body (and as a member participate in coordination of public awareness and child find).

2) ISBE will:

A) provide technical assistance to LEAs to carry out screening and identification;

B) monitor to assure that services are available in each LEA jurisdiction; and

C) if notified by the Department that an LEA is not providing appropriate public awareness and child find, contact the LEA to assure the establishment of appropriate awareness, screening and identification (and report effort and screening dates back to the Department).

(Source: Amended at 38 Ill. Reg. 11086, effective May 12, 2014)