

Addressing the Needs of Young Children in Child Welfare: Part C— Early Intervention Services

Early intervention services support young children who experience developmental challenges or the effects of early adverse experiences. In partnership with families, these services nurture children's healthy development by addressing individual needs and strengths.

The Part C referral provisions in the 2003 reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) and the Individuals With Disabilities Education Improvement Act (IDEA) of 2004 opened the door to an ongoing collaboration between child welfare and early intervention service providers to benefit children birth to age 3 involved in substantiated cases of abuse or neglect. This collaboration can expand the array of early intervention supports for children and their caregivers to help children remain safely in their homes, stabilize placements, and improve child and family well-being.

WHAT'S INSIDE

Partnering across child welfare and early intervention

Stepping through the early intervention process

Engaging parents as partners

Strengthening early intervention through collaborative system strategies

Bringing it all together

Additional resources for professionals and families

This bulletin provides child welfare professionals with a step-by-step overview of the Part C process. It shares strategies for partnering with early intervention service providers and families to promote early intervention and foster children's healthy development.

PARTNERING ACROSS CHILD WELFARE AND EARLY INTERVENTION

The first 3 years of a child's life are a critical period for growth and development (ZERO TO THREE, 2024). Research suggests that maltreated children younger than 3 are particularly vulnerable to developmental delays and disabilities (Barth et al., 2008; Bick & Nelson, 2016; Webster, 2022). To ensure young children receive needed services that help them learn skills and overcome challenges, Federal legislation requires child welfare professionals to refer potentially eligible children to early intervention programs (EIPs).

CONNECTIONS BETWEEN CHILD WELFARE AND CHILD DISABILITY

Child maltreatment and developmental delays and disabilities are often interrelated. Research suggests that children with disabilities and special health-care needs are at higher risk of abuse and neglect than other children (Austin et al., 2020; Fang et al., 2022). This does not mean that having a disability causes abuse or neglect but that families may face added stressors, and children may have increased needs that require support.

Child maltreatment can also lead to developmental delays and disabilities. For example, a study found that 72 percent of young children who experienced abusive head trauma developed at least 1 disability (e.g., developmental delays, learning disorders, epilepsy, motor deficits) in the 5 years after their injury (Nuño et al., 2018). In addition, child neglect and exposure to trauma can have short- and long-term effects on a child's cognitive, emotional, and behavioral development (Legano et al., 2021).

Young children tend to experience the highest rates of maltreatment (Children's Bureau, 2025), which can impact brain development and increase risks for developmental delays and difficulties (Bick & Nelson, 2016). By working in partnership with caregivers of young children, child welfare and early intervention professionals can reduce risks for child maltreatment, strengthen protective factors, and create environments where children with disabilities can thrive. For more information about disabilities and child welfare, read Information Gateway's [Supporting the Well-Being of Children With Disabilities](#).

EARLY INTERVENTION SERVICES AND THEIR BENEFITS

Early intervention services are a range of supports designed to meet the developmental needs of infants and toddlers who have or are at risk for developmental delays or disabilities. They support children in physical, cognitive, social, and emotional development; communication; and adaptive skills (self-help and activities of daily living).

During the first 3 years of life, a child's brain is rapidly developing and is particularly adaptable to learning new skills (ZERO TO THREE, 2024). As such, it is important to provide services early when a child is at risk for or has a developmental disability. Studies show early intervention services have positive effects (Prenatal-to-3 Policy Impact Center, 2024):

- Improving children's outcomes related to their health, cognitive development, social and emotional functioning, communication, behavior, and motor skills
- Reducing the need for special education or more intensive services when children are older
- Helping parents and caregivers develop confidence and skills to interact with their children in supportive ways

In addition, prenatal care can provide a foundation for early intervention services by supporting early identification of risk factors that may lead to developmental delays and promoting healthy fetal development. Prenatal care and timely referrals to early intervention services for infants can connect families to services and resources at the earliest stages. Partnering with expectant families early can also strengthen their parenting skills and capacity to nurture and support their children over time.

Through collaborative efforts that address risk and protective factors and strengthen child and family well-being, early intervention services may help prevent child maltreatment, reduce removals, and stabilize placements for children receiving child welfare services (Jordan et al., 2022).

EARLY INTERVENTION LEGISLATION

In recognition of the link between maltreatment and disability and the benefits of early intervention, the Keeping Children and Families Safe Act of 2003 (P.L. 108-36), which reauthorized [CAPTA](#), required States to develop "provisions and procedures for referral of a child under age 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 Improvement Act [IDEA]" (42 USC § 5106a(b)(2)(a)(xxi)). Later reauthorizations of CAPTA restated the requirements and clarified guidelines to address the needs of infants affected by substance use disorder, fetal alcohol spectrum disorder, and symptoms resulting from prenatal drug exposure.

Examples of Early Intervention Services

- Speech therapy
- Physical and occupational therapy
- Support for social and emotional development
- Medical and health services
- Hearing and vision services
- Assistive technology
- Home visits
- Counseling and training for a family
- Nutrition services
- Other services based on the specific needs of the child and family

The 2004 reauthorization of [IDEA](#) (P.L. 108-446) contained language parallel to CAPTA.¹ It also detailed specific requirements for State EIPs.

STATE EARLY INTERVENTION PROGRAM REQUIREMENTS

Each State's governor designates a [lead agency](#) responsible for making sure the State implements the provisions of Part C. The lead agencies must meet certain requirements to participate in annual grant awards. These include:

- **Making appropriate early intervention services available** to all eligible infants and toddlers in the State, including those in foster care or in the custody of a public child welfare agency
- **Implementing a comprehensive [Child Find](#) system** to identify, locate, and evaluate children needing early intervention services and coordinating Child Find activities with other programs, including child protection and foster care
- **Establishing an [Interagency Coordinating Council](#)** with parent and professional representatives to advise and assist the lead agency in implementing the Part C program

The requirements highlight the importance of partnering with parents and caregivers to engage and support families throughout the processes.

For more detailed information, see:

- [Full text of IDEA](#) Part C
- Early Childhood Technical Assistance Center's (ECTA) [Part C Overview](#) and [resources](#)
- [State Part C regulations and policies](#)

AGES OF CHILDREN SERVED

Part C focuses primarily on the provision of early intervention services for infants and toddlers up to age 3. States have the option to extend their Part C programs for children from age 3 until they are eligible to enter kindergarten. In general, children ages 3 to 21 with disabilities can receive special education, as outlined in [Part B of IDEA](#).

REFERRALS FROM CHILD WELFARE AND PART C SERVICE RECEIPT

In 2023, child welfare agencies reported 145,015 children under 3 years old were victims of substantiated child abuse and neglect cases (Children's Bureau, 2025). In a subset of States, approximately 60 percent of child victims eligible for referral were referred to Part C agencies

¹ IDEA requires States seeking grants to include in their applications "a description of the State policies and procedures that require the referral for early intervention services ... of a child under the age of 3 who (A) is involved in a substantiated case of child abuse or neglect; or (B) is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure." (20 U.S.C. § 1437(a)(6)). CAPTA 42 U.S.C. 5106a (b)(2)(A)(xxi) discusses specific elements that must be included in a State's plan, including "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." Subsection (b)(2)(A)(iii) requires "the development of a plan of safe care for the infant born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder." The Comprehensive Addiction and Recovery Act of 2016 (P.L. 114-198) amended CAPTA to address all forms of substance abuse rather than "illegal substance abuse," as had been specified in the 2003 reauthorization.

(Children's Bureau, 2025). This figure reflects 31 States that reported to the [National Child Abuse and Neglect Data System](#) both the number of child victims eligible for referral and the number of children referred to Part C agencies. Data suggest wide variations in referrals across States.

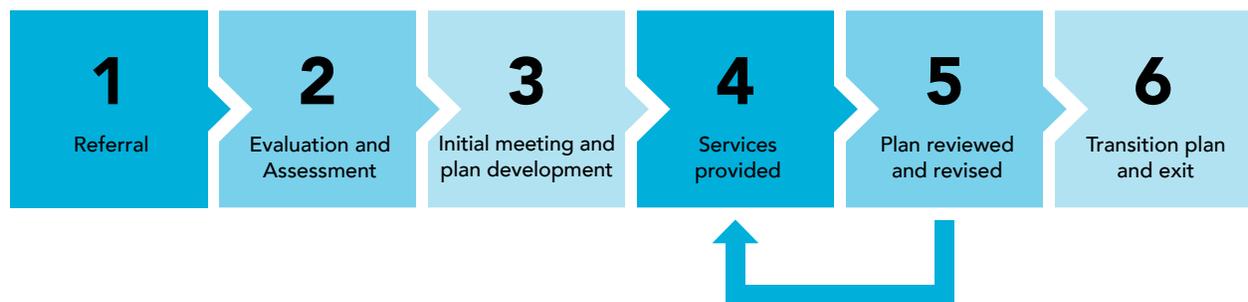
Research from the National Survey of Child and Adolescent Well-Being reveals that many children in out-of-home care who may qualify for early intervention services are not receiving them (Casanueva et al., 2020). Various factors may influence this gap, including a lack of familiarity with Part C and of the developmental needs of infants and toddlers, referral and parent engagement processes, delineation of roles and responsibilities, and a lack of accessible services (Fischer et al., 2020). Strengthening partnerships among child welfare, EIPs, and parents and caregivers can address some of these barriers.

Child welfare caseworkers can work toward meeting the developmental needs of children who are abused and neglected by learning more about child development, referring young children to EIPs, and working closely with EIP professionals and parents. An EIP service coordinator can then partner with families and child welfare professionals to navigate the eligibility process, design a service plan, and facilitate provision of needed services. As child welfare and EIP professionals engage parents and caregivers as partners—explaining the early intervention process, building knowledge of child development, and involving them in decision-making—families build capacity to support and advocate for their children over time.

STEPPING THROUGH THE EARLY INTERVENTION PROCESS

While the exact process may vary, depending on State policies, the basic steps in the early intervention process under IDEA Part C are shown in the exhibit and described below (adapted from Center for Parent Information and Resources, 2022).

Exhibit: Steps in the Early Intervention Process



STEP 1: REFERRAL

The process begins with a referral to the EIP.

Who makes referrals. A child welfare professional, child care provider, health-care provider, or other professional who interacts with infants and toddlers can refer a child under the age of 3 to an EIP because of a possible developmental delay or disability. A parent can also contact the EIP and ask for their infant or toddler to be evaluated.

Referred individuals. Child welfare professionals must refer children under age 3 who are:

- The subject of a substantiated case of abuse or neglect
- Identified as being directly affected by substance use or withdrawal symptoms resulting from prenatal drug exposure

Child welfare professionals also can refer young children from unsubstantiated cases, while including parents and caregivers in the process.

Timeframe. Primary referral sources must make a formal referral to the EIP within 7 days after the child has been identified as potentially eligible.

STEP 2: EVALUATION AND ASSESSMENT

An evaluation process determines whether an infant or toddler is eligible for early intervention services. A preliminary screening may be done beforehand to determine the need for evaluation. Assessment is conducted afterwards to inform service planning.

Written notice and parental consent. Prior to each screening, evaluation, or assessment, the lead agency must obtain written parental consent. Before consenting, agencies should offer families consultation and clear explanations about what early intervention means, what the process involves, and how they will be involved.

Screening process. States have the option to screen a child to determine whether they are suspected of having a developmental delay before conducting the evaluation. Screens use brief standardized instruments to create a snapshot of a child's development. Some States provide training for child welfare professionals in screening for developmental issues, and they conduct screenings. In other States, early intervention, healthcare, or early childhood professionals conduct screenings. For more information on early childhood developmental screening tools, see the Office of Planning, Research and Evaluation's [compendium of measures](#).

Evaluation process. Qualified personnel conduct a timely, comprehensive, and multidisciplinary evaluation to determine if a child has a developmental delay and is eligible for Part C services. Each State has its own definition of developmental delay. (See the "State Eligibility Criteria" text box.) If the child has a prior diagnosed physical or mental condition that will likely result in a developmental delay, an evaluation to determine eligibility is not necessary.

Assessment process. If the evaluation determines that the child is eligible, the EIP conducts an assessment to determine the child's strengths and needs and identify appropriate services. The EIP also conducts a family-directed assessment focused on the family's resources, concerns, and priorities related to the child's development.

Eligibility notices. Based on the above activities, the professionals conducting the evaluation notify the parents. If the child is eligible for early intervention services, they schedule a meeting to develop a service plan (see [Step 3](#)). If the child is not eligible, the parents are informed in writing. Parents also receive a [procedural safeguards](#) notice that details their rights in the process, including dispute resolution. State practices vary in cases in which a child is deemed to be at risk for developmental delays but is not eligible for Part C services. Other possible referrals include pediatric care providers, local health departments, help lines, parent groups, or some combination of resources.

Timeframe. The lead agency has 45 days to complete the screening, evaluation, and assessment processes and make eligibility determinations.

State Eligibility Criteria

IDEA states that children eligible for early intervention services must meet the following [conditions](#):

- Are under the age of 3
- Have either (1) a developmental delay or (2) a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay

IDEA requires States to develop their own criteria for determining the presence of developmental delays and what physical or mental conditions qualify a child for eligibility. They also have the option to serve children under 3 who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided (e.g., children with a history of maltreatment, substance exposure, low birthweight, or other factors). See the ECTA's [State and Jurisdictional Eligibility Definitions](#) for links to each State's policy.

STEP 3: INITIAL MEETING AND PLAN DEVELOPMENT

The [Individualized Family Service Plan](#) (IFSP) is a written plan that sets desired outcomes for the child and family and describes the services that will be provided to them. It builds from the information about the child and family gathered during the assessment.

Who develops the plan. The IFSP is developed by the IFSP team, which includes the parents, the service coordinator, individuals who conducted the evaluation and assessment, early intervention service providers, and other family members or a family advocate, if requested by the parent.

Contents of the plan. The IFSP includes the following:

- Child's current levels of developmental functioning
- Family's resources, priorities, and concerns related to the child's development
- Early intervention services identified as appropriate for the child
- When and where early intervention services will be provided
- Other services or supports to be provided
- Measurable results or outcomes to be achieved

STEP 4: SERVICES PROVIDED

Following parental consent to the IFSP, qualified personnel provide early intervention services to address IFSP priorities and achieve the identified child outcomes.

Types of services. Examples of early intervention services include the following:

- [Assistive technology](#) (i.e., products, equipment, or systems that support a child's ability to participate in daily activities, such as adapted spoons, toys, strollers, and communication devices)
- Audiology and vision services
- Family training, counseling, or home visits
- Medical and health services
- Mental health services
- Nutrition services
- Occupational therapy (i.e., activities that help children with adaptive development, behavior, play, sensory processing, and motor development)
- Physical therapy
- Speech and language services
- Special instruction to promote development
- Transportation to services
- Service coordination

Service providers. Services may be provided by pediatricians, nurses, audiologists, occupational therapists, mobility specialists, speech and language specialists, ophthalmologists, family therapists, psychologists, social workers, dieticians, special educators, and other qualified personnel and partners. State policy sets qualifications.

Service location. Part C requires that EIPs provide early intervention services, when appropriate, in the child's "natural environment." This means that the service setting should be typical for a same-aged child without a disability, including the home and community. For example, a daycare center that serves children both with and without disabilities may be considered a natural environment, but a hospital might not be.

Who Pays for Early Intervention Services?

Federal, State, and local early intervention funds typically cover the costs of administration, evaluation, and service coordination. Lead agencies in each State determine how direct services for eligible children will be funded. Medicaid and Part C are the primary Federal funding sources, with States also using their own general funds, State Medicaid, State Part C, private insurance, and other funding streams. Families may need to pay for certain services on a sliding-scale fee based on their income, but children cannot be denied services because their family is unable to pay (Congressional Research Service, 2024). Parents' health insurance may cover some services, but its use may require additional parental consent.

STEP 5: PLAN REVIEWED AND REVISED

The IFSP team assesses progress toward achieving IFSP outcomes and identifies whether any changes to the IFSP or services are needed, due to the child's development or changing concerns of the family or service provider.

Timeframe. The IFSP must be reviewed at least every 6 months and revised annually.

Who is involved in the plan review. The IFSP plan is reviewed by the IFSP team, which includes the parents, the service coordinator, individuals who conducted the evaluation and assessment, early intervention service providers, and other family members or a family advocate, if requested by the parent.

Annual meeting. The service coordinator, the parent and other family members, and service providers attend an annual review meeting to discuss the IFSP and make any needed changes.

STEP 6: TRANSITION PLAN AND EXIT

The lead agency or early intervention services provider will hold a conference with parents to develop a transition plan. [Transition](#) services help young children and their families prepare for the end of Part C early intervention services and get ready for other services, as appropriate.

Timeframe. The child's IFSP must include a transition plan at least 90 days before the child's 3rd birthday.

Transition plan contents. The transition plan outlines services the child may receive after they turn 3 and a description of procedures to ensure a smooth transition. Service options may include preschool services under [Part B of IDEA](#), [Early Head Start](#), [Head Start](#), child care, elementary school services, or other services, as appropriate.

By the age of 3, the child transitions out of the Part C early intervention services.

ENGAGING PARENTS AS PARTNERS IN EARLY INTERVENTION

Parent engagement and follow-up are critical components in child welfare practice to increase access to early intervention services. Partnership connects parents and caregivers to services and recognizes them as capable participants in their children's success.

ENCOURAGING PARENT ENGAGEMENT

At every stage of the early intervention process beyond referral, IDEA legislation requires parental consent and participation. The parents of children who have substantiated reports of abuse and neglect, however, are sometimes unavailable to consent to early intervention assessment and services. Other times, parents may be nervous about the process, fearing intrusion by yet another State agency. In addition, EIP professionals may be unfamiliar with engaging parents involuntarily referred to the child welfare system (Shannon, 2021).

The following practice strategies can help address these challenges:

- **Start conversations early.** Beginning the referral process early can help capitalize on parental motivation to work with supportive services (Ferguson et al., 2022).
- **Discuss the benefits of early intervention.** Explain to parents what early intervention is, how it works, and how it can meet the needs of their child and family. Offer encouragement and reassurance, along with clear explanations.
- **Talk about the difference between child protective services and early intervention services.** Many parents are understandably wary about becoming involved with another State system. Emphasize that the two systems are separate and that early intervention is voluntary.
- **Use affirming and child- and family-centered language.** Focus on the child's strengths and recognize the whole child rather than a diagnosis or limitation.
- **Offer easy-to-understand processes and forms.** The referral process can be confusing and overwhelming. Plain-language handouts and easy-to-use forms can help clarify the process. Remember to talk through relevant notices.
- **Make connections to court processes.** A parent's approval to have their child evaluated for early intervention services may demonstrate to the court that they are willing and able to act in the child's best interest.
- **Engage health professionals.** Health-care intermediaries can help develop relationships with families, cultivate parental trust, and show support for early intervention. In a related study, 80 percent of families agreed to screening in counties that involved public health nurses in the referral process, compared with 30 percent in counties that did not involve nurses (Ferguson et al., 2022).

FOLLOWING UP ON SERVICES

Referral alone will not necessarily ensure enrollment and services. It is important for child welfare practitioners to follow up with families to make sure children are getting the support they need. This is especially true for children at higher risk of not receiving services. Courts can also assist in making certain that children are appropriately referred to and enrolled in an EIP. Court hearings provide opportunities for judges to inquire about the developmental needs of children and recommend screenings, evaluations, and services.

If a child is deemed ineligible for early intervention, the process should not end there. Children involved with child welfare may be at risk for later developmental and mental health challenges. As such, it is important to connect families with professionals or programs that can work with them, track progress together, and provide ongoing support as the child grows.

Appointing Surrogate Parents When Necessary

IDEA allows courts to appoint a surrogate parent for a child when a parent cannot be identified, the lead agency or other public agency cannot locate a parent using reasonable efforts, or the child is a ward of the State. IDEA defines “parent” broadly to include biological and adoptive parents; a relative with whom the child is living; a legal guardian; and, in some instances, a foster parent. IDEA specifically prevents any State official from acting as a parent. Nothing in Federal law prohibits a foster parent from serving as the surrogate parent; however, some States may have laws that limit foster parents serving as surrogates or otherwise acting as parents.

Legal definitions, responsibilities, and appointment procedures for surrogate parents vary across States. The role of the surrogate parent is limited to representing the child in matters related to the EIP. Responsibilities may include providing informed consent for evaluation, assessments, and services and participating in IFSP planning and review.

STRENGTHENING EARLY INTERVENTION THROUGH COLLABORATIVE SYSTEM STRATEGIES

Despite the need and eligibility for early intervention services among young children involved with the child welfare system, research and experience suggest both wide variations in referrals across States (Children’s Bureau, 2025) and low levels of service receipt relative to need (Casanueva et al., 2020; Prenatal-to-3 Policy Impact Center, 2024). Multiple factors influence access to early intervention on the pathway from referral to services, including recognition of need, referral processes, screening methods, parental awareness of services and readiness to take part, service availability, and interagency collaboration and communication (Sapiets et al., 2020).

Nevertheless, many States and localities have adopted policies and procedures to address challenges and opportunities to implement the Part C referral provisions more effectively. This section highlights selected approaches. Increasing timely access to services helps States improve developmental outcomes, strengthen families, and reduce the need for more costly interventions later.

ENHANCING INTERAGENCY COLLABORATION

Interagency collaboration between child welfare and early intervention professionals, as well as other relevant agencies, can support smooth referrals, successful early intervention enrollment, and service provision (Jordan et al., 2022; Shannon, 2021). Collaborative efforts benefit when partner organizations do the following:

- **Build understanding of system goals**, differences, and how child welfare agencies and early intervention complement each other's efforts
- **Share information on each system's requirements and procedures** to comply with Federal and State laws and regulations
- **Standardize policies and procedures** through interagency agreements, written guidelines, or FAQs that address referrals, sharing information, obtaining parental consent, appointing surrogate parents, and other practices
- **Promote understanding of roles and responsibilities** at each agency to lessen confusion and facilitate task completion

STRENGTHENING WORKFORCE DEVELOPMENT AND SPECIALIZED SUPPORTS

Child welfare professionals and court personnel responsible for the well-being of children who are maltreated are not always trained to identify the developmental needs of children in care and may have limited knowledge about Part C referrals and services. Furthermore, the policies governing child welfare, early intervention, and other systems can be complex, making it difficult for both caseworkers and parents to effectively navigate on a child's behalf. Possible strategies for child welfare agencies include:

- **Expanding educational opportunities** for child welfare professionals on child development, Part C requirements, and best practices for working with families of young children. Cross-disciplinary training among State child welfare and early intervention agencies can support workforce development by highlighting Federal, State, and agency requirements; the operation of other systems; and how the agencies can best work together.
- **Assigning specialists** or dedicated personnel to oversee Part C referrals (e.g., liaison positions, specialty units working with young children). These specialists can develop deeper knowledge of the population's needs and collaborative processes. Working alongside investigators and caseworkers, the specialists can help facilitate and track the referral process and provide support for overcoming barriers (Ferguson et al., 2022).

IMPLEMENTING TRACKING AND OVERSIGHT

Some States leverage data systems to make sure they refer all eligible children in the child welfare system to early intervention. Several States developed policies and programs to track both individual children and aggregate case data. For example, one State's data system does not allow a caseworker to proceed with a case of founded maltreatment of a young child until they have referred the child to early intervention services (Ferguson et al., 2022). In addition, some State data analysts regularly cross-reference lists in the child welfare and early intervention systems.

Sharing data across multiple systems can be a powerful tool for tracking child outcomes (Jordan et al., 2022). It can also assist in identifying and addressing barriers to EIP services among specific groups of children. Finally, data can help drive continuous quality improvement of collaboration between child welfare and early intervention systems and services (Bernstein et al., 2020). Learn about two States' experiences with using data and enhancing interagency collaboration in "[Chance Elevator Encounters and Tenacious Champions: Collaborative Referrals Between Child Welfare and Early Intervention](#)."

BRINGING IT ALL TOGETHER

IDEA's Part C referral provisions support access to early intervention services for infants and toddlers who have experienced abuse or neglect or have been affected by substance use. With the high rates of developmental delays and disabilities among young children involved with child welfare, it is critical for child welfare professionals to understand the importance of early intervention services in the lives of these children and their families and be familiar with early intervention processes, including when and how to make referrals. A key component of this process is for child welfare and early intervention professionals to work together with each other and families to share helpful information and enable children to obtain the services and supports they need.

Additional Resources for Professionals and Families

[Center for Parent Information & Resources](#) provides information and products for a network of Parent Centers serving families of children with disabilities. Resources include [Building the Legacy for Our Youngest Children With Disabilities: A Training Curriculum on IDEA 2004's Part C](#) and [products to share with families](#).

[Child Welfare Information Gateway](#) connects child welfare professionals, other service providers, and family members with information on a wide range of child welfare issues.

[Early Childhood Technical Assistance Center](#) (ECTA) supports the implementation of the early childhood provisions of IDEA. ECTA offers access to [research and reference materials for professionals](#), as well as [resources for families](#).

[IDEA Infant & Toddler Coordinators Association](#) promotes mutual assistance and the exchange of information and ideas in the administration of Part C.

“[Learn the Signs. Act Early.](#)” provides Centers for Disease Control and Prevention resources to improve early identification of children with developmental delays and disabilities.

[Part C State Systems and Coordinators](#) lists contact information for State Part C coordinators and websites for each State's EIPs.

[U.S. Department of Education: Individuals With Disabilities Education Act](#) provides detailed resources related to IDEA and its implementing regulations.

[ZERO TO THREE](#) draws from early childhood development research to create resources and trainings that support professionals working with infants and toddlers.

REFERENCES

Austin, A. E., Lesak, A. M., & Shanahan, M. E. (2020). Risk and protective factors for child maltreatment: A review. *Current Epidemiology Reports*, 7(4), 334-342. <https://doi.org/10.1007/s40471-020-00252-3>

Barth, R. P., Scarborough, A., Lloyd, E. C., Losby, J., Casanueva, C., & Mann, T. (2008). *Developmental status and early intervention service needs of maltreated children*. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. <https://aspe.hhs.gov/reports/developmental-status-early-intervention-service-needs-maltreated-children-1>

- Bernstein, H. K., Hartman, L. A., Hebbeler, K., Kaufman, J. L., Magaw, D., Shaw, E. F., Schmidt, L. K., & Spiker, D. (2020). *Chance elevator encounters and tenacious champions: Collaborative referrals between child welfare and early intervention*. ZERO TO THREE. <https://www.zerotothree.org/resource/journal/chance-elevator-encounters-and-tenacious-champions-collaborative-referrals-between-child-welfare-and-early-intervention/>
- Bick J, & Nelson C. A. (2016). Early adverse experiences and the developing brain. *Neuropsychopharmacology*, 41,177-196. <https://doi.org/10.1038/npp.2015.252>
- Casanueva, C., Smith, K., Ringeisen, H., Dolan, M., Testa, M. & Burfeind, C. (2020). *NSCAW child well-being spotlight: Children living in kinship care and nonrelative foster care are unlikely to receive needed early intervention or special education services*. OPRE Report #2020-31. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. <https://acf.gov/opre/report/child-well-being-spotlight-children-living-kinship-care-and-nonrelative-foster-care-are>
- Center for Parent Information and Resources. (2022). *Basics of the early intervention process under Part C of IDEA*. U.S. Department of Education, Office of Special Education Program. https://www.parentcenterhub.org/wp-content/uploads/repo_items/legacy/partc/steps-in-EI.pdf
- Children's Bureau. (2025). *Child maltreatment 2023*. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families. <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>
- Congressional Research Service. (2024). *The Individuals With Disabilities Education Act (IDEA), Part C: Early intervention for infants and toddlers with disabilities*. <https://www.congress.gov/crs-product/R43631>
- Fang, Z., Cerna-Turoff, I., Zhang, C., Lu, M., Lachman, J. M., & Barlow, J. (2022). Global estimates of violence against children with disabilities: An updated systematic review and meta-analysis. *Lancet Child & Adolescent Health*, 6(5), 313-323. [https://doi.org/10.1016/s2352-4642\(22\)00033-5](https://doi.org/10.1016/s2352-4642(22)00033-5)
- Ferguson, D., Smith, S., Granja, M., Lasala, O., & Cooper, H. (2022). *Child welfare and early intervention: Policies and practices to promote collaboration and help infants and toddlers thrive*. National Center for Children in Poverty. https://www.nccp.org/wp-content/uploads/2022/09/EI-CW-Report_9.1.22-FINAL.pdf
- Fischer, M., Rosinsky, K., Jordan, E., Haas, M., & Seok, D. (2020). *States can improve supports for infants and toddlers who are in or at risk of entering foster care*. *Child Trends*. <https://www.childtrends.org/publications/states-improve-supports-infants-toddlers-in-or-at-risk-of-entering-foster-care>
- Jordan., E., Vandivere, S., & Gross, E. (2022). *Alignment between early childhood and child welfare systems benefits children and families*. *Child Trends & ZERO TO THREE*. <https://www.childtrends.org/publications/alignment-between-early-childhood-and-child-welfare-systems-benefits-children-and-families>

Legano, L. A., Desch, L. W., Messner, S. A., Idzerda, S., Flaherty, E. G., Council on Child Abuse and Neglect, Council on Children With Disabilities, Haney, S. B., Sirotiak, A. P., Gavril, A. R., Girardet, R. G., Gilmartin, A. B., Laskey, A., Mohr, B. A., Nienow, S. M., Rosado, N., Kuo, D. Z., Apkon, S., Davidson, L. F.,...Yin, L. (2021). Maltreatment of children with disabilities. *Pediatrics*, 147(5), e2021050920. <https://doi.org/10.1542/peds.2021-050920>

Nuño, M., Ugiliweneza, B., Zepeda, V., Anderson, J. E., Coulter, K., Magana, J. N., Drazin, D., & Boakye, M. (2018). Long-term impact of abusive head trauma in young children. *Child Abuse & Neglect*, 85, 39–46. <https://doi.org/10.1016/j.chiabu.2018.08.011>

Prenatal-to-3 Policy Impact Center. (2024). *Early intervention services*. Vanderbilt University, Peabody College of Education and Human Development. <https://pn3policy.org/policy-clearinghouse/early-intervention-services/>

Sapiets, S. J., Totsika, V., & Hastings, R. P. (2020). Factors influencing access to early intervention for families of children with developmental disabilities: A narrative review. *Journal of Applied Research in Intellectual Disabilities*, 34(3), 695–711. <https://doi.org/10.1111/jar.12852>

Shannon, P. (2021). Collaboration between early intervention and child welfare agencies: A survey of State Part C coordinators. *Journal of Public Child Welfare*, 15(3), 341–356. <https://doi.org/10.1080/15548732.2020.1727395>

Webster, E. M. (2022). The impact of adverse childhood experiences on health and development in young children. *Global Pediatric Health*, 9, 1–11. <https://doi.org/10.1177/2333794x221078708>

ZERO TO THREE. (2024). *What you need to know: Early intervention*. <https://www.zerotothree.org/resource/what-you-need-to-know-early-intervention/>

SUGGESTED CITATION

Child Welfare Information Gateway. (2025). *Addressing the needs of young children in child welfare: Part C—Early intervention services*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/resources/addressing-needs-young-children-child-welfare-part-c-early-intervention-services/>



U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



This material may be freely reproduced and distributed. However, when doing so, please credit Child Welfare Information Gateway. This publication is available online at <https://www.childwelfare.gov/resources/addressing-needs-young-children-child-welfare-part-c-early-intervention-services/>.