Implementing Ages and Stages Screening Tools in Child Welfare Services: A Tool Kit
The suggested citation for this report is:
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INTRODUCTION

Purpose of this Tool Kit

Why is this toolkit needed? There are too many children with developmental risks or delays who are not identified early enough. Additionally, many children and families with known risks and delays do not receive timely services and supports. Failure to identify children with developmental delays and intervene early can have both short and long term impact such as delays in speech and academic failure.

Failure to identify children with developmental delays is especially of relevance for children involved with child welfare services. In fact, research has shown that nearly one half of children who are investigated for maltreatment show a clinical-level need for mental health services, yet just one fourth of these children actually receive specialty mental health care in the 12 months preceding the investigation (Burns et al., 2004). Similarly, findings from the first round of federal Child and Family Service Reviews show that the majority of states do not provide adequate services to meet children's mental health needs (McCarthy, Marshall, Irvine, & Jay, 2004).

Researchers contend that a primary reason for such disparities is that instead of using standardized screening measures, child welfare workers tend to base their decisions about children’s mental health care on factors such as maltreatment type, referral source, and parents’ behaviors and needs (Garland et al., 1996, Leslie et al., 2000, Martin, Peters, & Glisson, 1998). Furthermore, a significant gap exists between children who need services and children who receive services. Such a gap leads to many children in need of developmental and mental health services not being identified and offered services. To bridge this gap, many child welfare agencies, including those throughout California, are in the process of selecting and implementing mental health screening instruments for all children receiving child welfare services.

One set of screening tools currently being advocated as a useful option are the Ages and Stages screening tools for children ages 0-5. It is important to note that for purposes of this toolkit, screening refers to instruments that are designed to identify children who are at-risk of having mental health problems or concerns and/or those who would most benefit from more in-depth assessment. “Assessment tools” are instruments that provide a thorough assessment of mental health and/or social-emotional functioning.

This toolkit is intended to help child welfare agency administrators and staff members to put the Ages and Stages screening tools into practice by providing suggestions and resources for easy implementation of a standardized practice for screening children in early childhood.
Who is the target audience?
The *Child Welfare Ages and Stages Screening Toolkit* is intended for child welfare workers, clinicians and other frontline staff.

What are the Goals of Screening?
This toolkit should assist in reaching the ultimate outcome of attaining early intervention services for children ages 0-5 years. The key objectives are the following:

1. To develop and implement a model program for children that includes their developmental needs
2. To help parents understand developmental milestones and behavior that facilitates healthy development
3. To identify and respond to provider concerns about developmental screening
4. To monitor and track the impact of implementing the *Ages and Stages* screening tools.

The following diagram provides a brief overview of the goals of comprehensive developmental screening for children involved with child welfare services.
AGENCY CONSIDERATIONS FOR IMPLEMENTATION

The planning checklist in Table 1 presents a cross-section of some of the most important planning factors to consider when implementing a screening and assessment process for children 0-5 years old. It is not intended as an exhaustive step-by-step planning manual but to support a thoughtful discussion of planning and implementation issues. It offers a process for examining the practical aspects of incorporating screening and referrals in the work setting. Ultimately the decisions for screening, referral and caregiver education about delays are up to the agency and need to work within accepted practices.

As stated previously in this Toolkit, screening supports caregivers in identifying developmental concerns. It can be administered by para-professionals and in many different settings (e.g., in the home, child care center, pediatric office, etc). To make the best practice decisions in using the Ages and Stages screening tools as a comprehensive developmental screening process, it is recommended that each program establish protocols that specify how often the screenings will occur, where the screenings will take place, and procedures for follow-up and referral.

“All children are born wired for feelings and ready to learn.”
-From Neurons to Neighborhoods

Did you know?

- Developmental challenges in low income and minority children are more often missed than in commercially insured children.

- Thirty-five% of 0-3 year old children referred to child welfare show developmental scores that would qualify them for early intervention services but just 13% of these children received such services by age 3.

- Screening increases rates of developmental evaluation and identification of children eligible for early intervention.
**TABLE 1: Planning Factors for Easy Implementation of the *Ages and Stages Screening Tools***

I. *Getting Started*

In the planning phase of implementing the *Ages and Stages* screening tools, the following areas may need consideration, discussion and consensus:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What formal child screening process, if any, does the county currently use?</td>
<td></td>
</tr>
<tr>
<td>Are there community partners who are also screening children? How do you take advantage of that so that you AREN’T duplicating effort and you ARE communicating results and the status of referrals?</td>
<td></td>
</tr>
<tr>
<td>What changes, if any, in current practices, policies and/or information technology will this require?</td>
<td></td>
</tr>
<tr>
<td>What are our agencies beliefs about children, families and services that motivate us to initiate a child monitoring program?</td>
<td></td>
</tr>
</tbody>
</table>
**TABLE 1: Planning Factors for Easy Implementation of the *Ages and Stages Screening Tools***

<table>
<thead>
<tr>
<th>What are the goals and objectives?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Child development education</td>
<td></td>
</tr>
<tr>
<td>• Increased involvement of caregivers</td>
<td></td>
</tr>
<tr>
<td>• Prevention and intervention for young children at risk for delays</td>
<td></td>
</tr>
</tbody>
</table>

| Who will be the primary person(s) to **administer** the *Ages and Stages* screening process? (Please see section “Best Practices: Process for Screening” for additional considerations for deciding on key people to administer the *Ages and Stages* screening tools.) |  |

| Who will be the **lead implementation person** in child welfare to help coordinate this project? (Please see section “Best Practices: Process for Screening.”) |  |

<p>| Who will monitor the <em>Ages and Stages</em> screening to ensure consistent screening and follow-up? (Please see section “Best Practices: Process for Screening.”) |  |</p>
<table>
<thead>
<tr>
<th><strong>TABLE 1: Planning Factors for Easy Implementation of the <em>Ages and Stages Screening Tools</em></strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a referral process for a full assessment been established (to whom will children be referred for a full assessment if warranted or indicated by the screenings, e.g., Early Start, WIC, Head Start programs, home visiting programs, mental health systems)?</td>
</tr>
<tr>
<td>What resources are available for follow-up action?</td>
</tr>
<tr>
<td>How will training be administered (train the trainers, utilize Northern Training Academy, etc.)? (Please see section “Considerations for Training.”)</td>
</tr>
<tr>
<td>How will information be disseminated to all staff and community partners (e.g., Judges, key medical personnel, policymakers)?</td>
</tr>
<tr>
<td><strong>TABLE 1: Planning Factors for Easy Implementation of the <em>Ages and Stages Screening Tools</em></strong></td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td><strong>II. Administrative and Legal Factors</strong></td>
</tr>
<tr>
<td>What type of communication is needed with each of the key stakeholders to establish consistent use of <em>Ages and Stages</em>? What kind of &quot;permission&quot; is needed in this process? (For example, parental consent)</td>
</tr>
<tr>
<td>How will communication, coordination and education for community agencies about the screening/monitoring program take place?</td>
</tr>
<tr>
<td><strong>III. Timing and Sequencing</strong></td>
</tr>
<tr>
<td>What is the implementation timeline?</td>
</tr>
<tr>
<td>a. Training dates</td>
</tr>
<tr>
<td>b. Administering screening phase in pilot? Or, full implementation?</td>
</tr>
</tbody>
</table>
### TABLE 1: Planning Factors for Easy Implementation of the *Ages and Stages Screening Tools*

<table>
<thead>
<tr>
<th>IV. Quality Assurance, Fidelity Assessment, Performance measurement and evaluation; i.e., how will we know if this is a success?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What kind of <em>quality assurance</em> (or monitoring) process will be used for this work (tools are given in the right way)?</td>
</tr>
<tr>
<td>What kind of tracking system will be used to ensure timely developmental screening of children 0-5 who are in care? (Please see Considerations for Tracking section.)</td>
</tr>
<tr>
<td>How will caregivers get the correct ASQ and ASQ-SE and accompanying letters, calls, responses and follow-up in a timely fashion?</td>
</tr>
<tr>
<td>Will some kind of <em>fidelity assessment</em> (following implementation plan) for accountability be essential as a way of helping to ensure that workers and supervisors are implementing the <em>Ages and Stages</em> screening and referral as needed for full assessment?</td>
</tr>
<tr>
<td><strong>TABLE 1: Planning Factors for Easy Implementation of the Ages and Stages Screening Tools</strong></td>
</tr>
<tr>
<td>__________________________________________________________________________________________</td>
</tr>
<tr>
<td><strong>A practical and affordable</strong> evaluation design needs to be developed. (Please see section Considerations for Evaluation.)</td>
</tr>
<tr>
<td>How will you document the economic value of this approach? (E.g., cost savings from placement diversion, lower rates of repeated child maltreatment, reduced length of stay).</td>
</tr>
<tr>
<td>For each evaluation strategy chosen, who will be responsible for doing the strategy, what will it cost, what is the funding source?</td>
</tr>
<tr>
<td>Does an external evaluation contractor need to be identified, and how will they be chosen – sole source, RFP, other method?</td>
</tr>
<tr>
<td><strong>Fiscal Planning</strong></td>
</tr>
<tr>
<td>Once the scope of work, training plan and sequencing/timing has been outlined, what is the budget needed to implement this project over the years?</td>
</tr>
</tbody>
</table>
**TABLE 1: Planning Factors for Easy Implementation of the *Ages and Stages Screening Tools***

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will the cost of the screening tools be covered?</td>
<td></td>
</tr>
<tr>
<td>Can Title IV-E or other federal funds be used to help support the implementation? (Please See section on Funding in Appendices)</td>
<td></td>
</tr>
<tr>
<td>What are the funding sources?</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 1: Planning Factors for Easy Implementation of the *Ages and Stages Screening Tools*

<table>
<thead>
<tr>
<th>Tasks and Responsibilities of Staff Options</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Example: One Centralized Staff VS. Whole Staff Roll Out)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>One Centralized Staff</th>
<th>Whole Staff Roll Out</th>
</tr>
</thead>
<tbody>
<tr>
<td>One person is responsible for delivery, coordination and communication, filing, evaluation.</td>
<td><strong>Option A:</strong> Many social workers are trained in the <em>Ages and Stages Screening Tools</em> and administer them to caregivers. These tools are then given to a designated person who enters the scores from the screening tools into a tracking system. This designated person then monitors the developmental screenings and notifies the case carrying social worker of a follow-up. <strong>Option B:</strong> Many social workers are trained and administer the <em>Ages and Stages</em> screening tools. A public health nurse reviews the <em>Ages and Stages</em> screenings and makes referrals when needed for further developmental assessment. One designated person enters and tracks the <em>Ages and Stages</em> screenings.</td>
</tr>
</tbody>
</table>
WHAT ARE THE AGES AND STAGES SCREENING TOOLS?

*Ages and Stages* Developmental Screening

Developmental screening is the early identification of children at risk for cognitive, motor, communication or social-emotional delays that may interfere with expected growth, learning and development that may warrant further diagnosis, assessment and evaluation. Developmental screening includes the domains of communication, fine and gross motor skills, problem solving and personal social-development. The *Ages and Stages* developmental screening is completed for all children ages 0 to 60 months in age or up until the child begins kindergarten.

The developmental screening tool consists of the following questionnaires:

- **Ages and Stages Questionnaire – 3 (ASQ: 3):**
  - Communication (babbling, vocalizing, listening and understanding)
  - Gross motor (assesses arm, body and leg movements)
  - Fine motor (hand and finger movements)
  - Problem-solving (learning skills)
  - Personal-social (solitary play, play with toys)

- **Ages and Stages Questionnaire – Social Emotional (ASQ-SE)**
  - Self-regulation
  - Compliance
  - Communication
  - Adaptive functioning
  - Autonomy
  - Affect
  - Interaction with others

The *Ages and Stages* screening tools incorporate the importance of children achieving developmental milestones (see Table 2)
Table 2. Developmental Milestones

<table>
<thead>
<tr>
<th>Age</th>
<th>Motor</th>
<th>Social/Emotional</th>
<th>Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 months</td>
<td>Follows moving objects with eyes</td>
<td>Recognizes most familiar adults</td>
<td>Vocalizes</td>
</tr>
<tr>
<td>6 months</td>
<td>Rolls over</td>
<td>Reacts to strangers</td>
<td>Expresses emotions such as happiness or distress</td>
</tr>
<tr>
<td>9 months</td>
<td>Crawls, pulls self to standing position</td>
<td>Plays peek-a-boo, and engages in exchanges of gestures, sounds, facial expressions</td>
<td>Uses 1- and 2- syllable words; imitates adults</td>
</tr>
<tr>
<td>12 months</td>
<td>Stands without assistance and climbs onto furniture</td>
<td>Imitates gestures such as hugging doll</td>
<td>Recognizes own name</td>
</tr>
<tr>
<td>15 months</td>
<td>Walks, runs, drinks and feeds self</td>
<td>Plays with other children</td>
<td>Greets people with “hi” or similar words. Understands and uses words such as mama, dada, bye-bye</td>
</tr>
<tr>
<td>18 months</td>
<td>Good balance and coordination</td>
<td>Engages in simple pretend play</td>
<td>Uses 5 or more words, generally names of things</td>
</tr>
<tr>
<td>24 months</td>
<td></td>
<td></td>
<td>Understands at least 50 words; combines 2 words into sentence</td>
</tr>
</tbody>
</table>

*Ages and Stages* Screening Schedules

*Ages and Stages-3:* The Ages and Stages developmental screening will be provided to children who fall within the “typically scoring” group at the following ages:
- Within 60 days of detention (for children 0-60 months or start of kindergarten)
  - 4 months, 8 months, 12 months, 18 months, 24 months, 30 months, 36 months, 42 months, 48 months, 60 months

*Ages and Stages-Social Emotional:* The *Ages and Stages: SE* screening will be provided to children who fall within the “typically scoring” group and at the following ages:
- 6 months, 12 months, 18 months, 24 months, 30 months, 36 months, 48 months, 60 months
Materials Needed to Start Screening

- To start you need the User’s Guide for ASQ-3 and ASQ:SE and a master set of questionnaires.
- Questionnaires come in English or Spanish (previous editions are available in French and Korean). You have the option of using questionnaires on paper or in PDF format on CD-ROM.
- The questionnaires and the letters, forms and activities in the User’s Guides may be photocopied.

How long does it take to Administer?

Approximately 10-20 minutes for parent response.

Where can I order the Ages and Stages Screening Tools?

All ASQ-3 and ASQ:SE products are published by Brookes Publishing Co. There are many resources available from Brookes Publishing Co. such as DVDs that show the screening process in practice, starter kits, and Ages and Stages learning activities that can be left with the caregiver after discussing the results of the screenings.

It is important that the newest Ages and Stages screening tools are ordered. For example, in 2009, Ages & Stages Questionnaires®, Third Edition (ASQ-3) was published. Among the many changes, this edition features NEW 2- and 9-month questionnaires, expanded administration windows, NEW standardization with a sample that includes 15,138 children whose parents completed 18,232 questionnaires, revised cutoff scores, NEW monitoring zone and much more.

Ordering ASQ-3™ ASQ:SE

Cost: $149 Complete ASQ:SE System; $249.95 ASQ-3 Starter Kit (one time cost)
To order, call toll-free 1-800-638-3775, FAX or order securely online at www.brookespublishing.com/asq.

Example Ages and Stages Questions from 4 month Questionnaire

Ages and Stages Questionnaires by Diane Bricker, Jane Squires and Linda Mounts

<table>
<thead>
<tr>
<th>Communication</th>
<th>YES</th>
<th>Sometimes</th>
<th>Not Yet</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your baby chuckle softly?</td>
<td>Be sure to try each activity with your child.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. After you have been out of sight, does your baby stop crying when he/she sees you?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18
**Fine Motor**

1. Does your baby hold his hands open or partly open (rather than in fists, as they were when he was a newborn)?

2. When you put a toy in her hand, does your baby wave it about, at least briefly?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Be sure to try each activity with your child.</td>
<td>YES</td>
</tr>
</tbody>
</table>
Early Intervention Makes a Difference

The use of a standardized developmental screening tool identifies 70-80% of children at risk for developmental delay. Early identification of delays promotes access to early intervention and services that may eliminate or mitigate more severe or long-lasting delays. One Family Treatment Drug Court program found that implementing Part C screening led to 77% of young children being screened, and 53% of these children received services (Lederman & Osofsky, 2004). Figure 2 provides an example of the potential impact of not identifying and providing early intervention services for children with developmental delays and concerns.

Figure 2. (Source, Bethany Geldmaker, RN, PNP, PhD, 2010, Promoting Social, Emotional, and Behavioral Health in Early Childhood Settings.)
Implementing Part C Provisions Required Under CAPTA and IDEA

In the past three years, the Child Abuse Prevention and Treatment Act (CAPTA) and the Individuals with Disabilities Education Act (IDEA) have been amended to require state child welfare and Part C early intervention systems to establish procedures for the referral of maltreated and drug exposed infants and toddlers to Part C early intervention services.

The report language that accompanied the final IDEA conference bill indicated that every child described in Sec. 637(a)(6)(A) and (B) should be screened by a Part C provider or designated primary referral source to determine whether a referral for an evaluation for Part C early intervention services is warranted. IDEA does not require every child to receive full evaluations or be enrolled in Part C early intervention services.

In 2003, amendments were made to the Child Abuse and Prevention Treatment Act (CAPTA) and to the Individuals with Disabilities Education Act (IDEA) in 2004 requiring states to develop procedures to ensure that all children under the age of three who are involved in a substantiated incident of child maltreatment are referred to Part C services. These amendments required improved coordination between child welfare and early intervention to ensure that all children with developmental needs receive early intervention services. Such a goal is important as one study found that only 13% of children with poor developmental scores who are maltreated in infancy and toddlerhood receive early intervention services (Casanueva, Cross, & Ringeisen, 2008). Moreover, recent research finds that screening increases detection rates of developmental and other problems (Jee et al., 2010).

What is “Part C”?  

Part C is a component of the federal law (PL 105-17) known as the Individuals with Disabilities Education Act (IDEA) passed in 1997. The Part C component of the law provides financial assistance to States to maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities or developmental delays and their families. The law specifically states that another purpose of the financial assistance is to enhance the capacity of state and local agencies and service providers to identify, evaluate and meet the needs of historically underrepresented populations, particularly minority, low-income, inner-city and rural populations. (34 C.F.R.§303.1).

To receive a Part C grant, the governor must designate a lead agency to administer the program on behalf of the state. The state, through the designated lead agency, is required to ensure that all requirements of Part C are met and must submit state policies and procedures that are consistent with federal regulations.
NOTE: The federal legislation describes who is eligible for Part C. Each state is responsible for defining the scope of eligibility and the services that are provided to families.

Who qualifies for Part C services?

Part C services are available to infants and toddlers (age birth through two years) who . .

- Are experiencing significant delays in cognitive, physical, communication, social, emotional, or adaptive development
- Have a physical or mental condition that has a high probability of resulting in developmental delay

How is eligibility for Part C determined?

Part C requires the lead agency to implement a comprehensive child find system to identify, locate and evaluate children needing early intervention services. Children with certain conditions or risk factors are automatically eligible for Part C services.

For more information please see the Child Welfare Policy Manual
BEST PRACTICES: PROCESS FOR SCREENING

Where to Administer the Screenings

To ensure that children receive repeated screenings, it is recommended that the *Ages and Stages* screening process be integrated into the other services that the agency provides. For example, a worker trained in administering the screening tools could have them completed during a home visit. It is also recommended that the screening tools are used in a way that provides an opportunity to engage the caregivers in a discussion about the child even if the child is found to be developing typically.

Frequency of Screenings

The *Ages and Stages* screening tools come with recommended screening schedules. Some of the best practice recommendations include the following:

- **During the first year**, administer three screenings because of the child’s rapid growth and development during the first year.

- **During the second year**, administer two screenings with one that includes a social-emotional screening between 15 and 18 months of age.

- **After the age of two**, administer the screening annually.

HOWEVER, it is important to acknowledge that children who are involved with child welfare services and who are being screened, experience many transitions and possible impediments to their development. While the mandate requires all children ages 0-3 are screened, we recommend that all children ages 0-5 be screened.

The questions asked in the *ASQ-3* can be answered “yes” (10 points), “sometimes” (5 points) or “not yet” (0 points). Referral for further developmental evaluation is recommended if the score falls below a given cut-off score. The process starts at the top by screening all children, and then children fall into 3 categories:

- **Beyond Cutoffs.** above or below cutoffs (With *ASQ*, a problem is indicated with a low score, but with *ASQ:SE*, a problem is indicated with a high score)

- **Near Cutoffs.** Children who are **beyond or near** the cutoffs should be considered for referral for a diagnostic assessment process. Children not near the cutoff should be monitored to make sure they continue to make progress.
Determining the “Who” to do the Screening

One of the advantages of the *Ages and Stages* screening tools is that many trained professionals and paraprofessionals can use the tools effectively. A best practice recommendation is that the person administering the screening tools have a relationship with the caregiver and be skilled in eliciting input from the caregiver during the screening process. Some counties are using Public Health Nurses, caseworker aides, child-specific social worker, etc. It is best when the screening tools engage the caregiver and provide an opportunity for anticipatory guidance that consists of preparing caregivers for the normal growth and development of their child.

Suggested Qualifications of Workers Administering *Ages and Stages* Screening Tools:

The following are recommended knowledge, skills and attributes of workers who administer the *Ages and Stages* screening tools:

- **Skills**: abilities to work with families in a collaborative relationship, culturally competent, modeling appropriate caregiving practices

- **Knowledge**: child development, community resources, screening and assessment

- **Attributes**: empathetic, respectful, warm
Considerations for Follow-up and Referral

Children ages birth to three should be referred to the local entity that implements the Early Intervention (Part C) system for further evaluation and consideration of eligibility for services. Children between the ages of three and five should be referred to the local school district for further evaluation and consideration of eligibility for Special Education (Part B) services. Both programs provide free developmental evaluations if requested by the parent.

Design and Building a Successful System

It is important to have community partners involved in the Ages and Stages screening process as there are complex issues surrounding children’s development and mental health. Often, developmental concerns need to be dealt with concurrently, and no one agency is prepared to address all of these issues. As such, it can be useful to inform other community partners involved with children in Child Welfare Services to have an understanding of the screening tools, their purpose and intended outcomes. This list is an example of some of those community partners:

- Drug and Alcohol Abuse
- Caregiver Mental Health (maternal depression)
- Domestic Violence
- Mental Health Services

Resources for Children with Developmental Concerns

- Individuals with Disabilities Education Act (IDEA):
  - Services may include speech and language, sensory integration, occupational therapy and fine and gross motor skill development.

- Area Developmental Disability Agencies (ADDA)
  - For children under 3, request diagnostic assistance from ADDA.

- Service Plan
  - When a disability is confirmed, the child and family may participate in the development of an Individualized Family Service Plan.

- Local Education Agency (LEA)
  - For children 3 or older, services can be continued or initiated through the LEA, the school district’s designated special education program.
CONSIDERATIONS FOR TRAINING

The identified person or persons to do the Ages and Stages Screenings should be. . .

1) Trained to administer developmental screens and provide developmental monitoring.
2) Trained to coordinate/collaborate with community resources providing services.
3) Trained in key areas of parent education and anticipatory guidance.
4) Trained to provide referrals to community support services/additional assessments.

Who to Involve? How many Project Staff?

Consider the following in determining which project staff will be a part of the training:
   a) How many days of training will be held for staff members and for management staff?
   b) What the training will consist of (best practices, use of the tools, the model evaluation plan, etc).

Anticipatory Guidance and Intervention Skills

It is important that the professionals implementing the Ages and Stages screening tools be knowledgeable and have the skills to support caregivers in believing that they can provide the best caregiving possible. Part of these skills can include techniques that maximize the caregiver’s ability to understand child cues and support the child’s development. The professional should also know how to provide learning opportunities in everyday activities at home.

It is also important that the professional administering the screenings have general knowledge in 1) determining caregiver knowledge and understanding of developmental expectations, 2) issues of feeding and sleeping, 3) behavioral issues, 4) medical issues, 5) attachment and bonding issues.

Where to Get the Training?

The twenty-eight Northern California Child Welfare agencies can obtain FREE training and consultation from the Northern California Training Academy, University of California, Davis.

The NCTA has developed a course that provides an in-depth discussion of how to use this basic screening tool to look at the social-emotional development of young children, including how and when to refer for further assessment. Training components include screening, question clarification, maintaining professional boundaries, integrating parenting, cultural and gender differences when interpreting screening scores, outcomes and much more. There is a heavy emphasis on social-emotional development and problem solving to give workers the tools to follow through with treatment plans and
referrals. In addition, an ASQ tracking/tickler system will be presented that allows clinicians to tabulate scores and identify areas in which the child needs further assessment.

Contact: Hilary Wilkoff, NTCA Program Representative
Phone: 530-757-8807
Email: hwilkoff@ucde.ucdavis.edu

Training in using the Ages and Stages screening tools can also be obtained from the ASQ-3 & ASQ:SE Training Institute: Train the Trainers

To arrange for on-site seminars or attend the training seminars held every year by the developers of ASQ-3 and ASQ:SE, contact the following:

Training from the experts on *Ages & Stages Questionnaires®, Third Edition (ASQ-3™)* and *Ages & Stages Questionnaires®: Social–Emotional (ASQ:SE)*.

The training is 2.5 days and will cover both the ASQ-3 and ASQ:SE with an introduction and training of trainers. **REGISTRATION FEE: $795 per person.** Includes breakfast, lunch, snacks, handouts, and a CD to use at the training and to take home.

Contact: the Brookes On Location Professional Development Coordinator at seminars@brookespublishing.com or 800-638-3775.
CONSIDERATIONS FOR EVALUATION

In implementing the Ages and Stages screening tools, an important component is to evaluate the process of your agency's implementation of Ages and Stages screenings and to evaluate your agency's effectiveness. An evaluation should consist of informing and improving the implementation of the Ages and Stages screening tools and not only focusing on what worked or didn’t work. The two most common types of evaluation are process or formative evaluation (using information to assess the implementation piece) and outcome or summative evaluation (using information to impact the implementation of the program (Gilliam & Leiter, 2003). Engaging in evaluation activities in an on-going process that helps to establish efficiency in programmatic activities and ensure that the screening system is effective. As such, since the process of evaluation is on-going, it is expected that there will be revisions to program activities as changes take place.

Process-Oriented Outcomes

- Following are some of the evaluation questions that can be asked to determine the effectiveness of the implementation of the screening tools. “Process” evaluation aims to describe how the program is actually functioning. Such questions can provide feedback for program improvement and refinement.
  - Is the program implemented in the ways specified?
  - Is the program reaching the intended target group?
  - What are the consequences of the program if not implemented as intended?
  - Who conducts the screening and where?
  - What is the communication and coordination between child welfare and early intervention services?
  - What are the challenges and successes to implementing the screening tools?

Impact Outcomes

- What are the consequences if the program does not reach its intended goals?
- What are the characteristics of children whose screening reveals a need?
- What are children’s developmental and social-emotional needs?
- How engaged are the families in the process?
• Are ASQ scores related to children’s developmental needs?
• Does screening increase children’s access to services?

Some Key Questions to Ask in Developing an Evaluation Plan

• What is the plan for using the evaluation information? (e.g., for program development, quality improvement)
• How can the evaluation information contribute to the field (sharing practices with others)?
• What is the plan for using evaluation information to support additional funding? How will this information be presented?

Develop a Logic Model

Developing a logic model is useful for providing a “map” that links the current circumstances to a set of activities designed to address the current circumstances, that are then connected to the short-term and long-term outcomes (Expiritu, 2003).

The following provides a sample diagram to begin drafting a logic model:

- Define the Target Audience
- Determine Values and Beliefs
- Determine the Key Activities
- Define the Theory of Change
- Determine the Short Term Outcomes
- Determine the Long Term Outcomes
Sources of Information to Consider

When developing an evaluation plan, it is also helpful to consider the following:

- Is information needed to answer the proposed questions already being collected somewhere, and if so, how can this information be obtained?
- What type of new information needs to be collected?
- What are the sources of information that can help the evaluation?
  - Caregivers who complete the Ages and Stages screening tools. (See Appendix F that provides a feedback form for caregivers to complete.)
  - Service providers who administer the screening tools (see Appendix E)
  - Administrative data
ONE COUNTY’S STORY…

Implementing *Ages and Stages Screening Tools* in the North State

In Collaboration with the Northern California Training Academy, University of California, Davis

**The Pilot Evaluation**

**Purpose**

The purpose of this pilot project was to increase the identification of eligible children within the child welfare system who are at risk for needing early intervention services with a comprehensive developmental screening of children ages 0-5. The evaluation project’s goals for the outcomes study were to determine the potential rates and types of developmental delays for this rural at-risk population, the usefulness of implementing a comprehensive developmental screening tool in the community’s child welfare system, lessons learned and practice recommendations.

**Implementation**

In September, 2009, Lake County, California, implemented a policy that all children under the age of five who are substantiated for maltreatment be screened using the *Ages and Stages Questionnaire* (ASQ; Squires et al., 1999) and its Social-Emotional version (ASQ-SE; Squires et al., 2003) to meet the federal CAPTA requirements. The ASQ is a series of age-appropriate questionnaires designed to identify children who need further developmental evaluation.

**Preliminary Results**

**Participants**

- 19 caregivers (15 foster parents, 3 biological parents and 1 grandparent)
- 24 children

**Findings**

- **67%** (16/24) of children found to need further developmental assessments
  - Of these children, most are pending receipt of services and getting a formal assessment.
    - Two children are receiving services.
    - One guardian refused services for two children.
    - Two children determined to not need services.
    - 10 children pending formal assessments.

A special thanks to Sarah Meyer, Kathy Maes, Sherylin Taylor, the parents, caregivers, and the Administration for Children, Youth and Families, Children’s Bureau, Office on Child Abuse and Neglect and the Regional Partnership Grant Program.
Summary of referral type. PLEASE NOTE: Some children were referred for more than one developmental delay; e.g., communication and fine motor delay.

Some of the Presenting Issues/Developmental Challenges

- Moods switch from sweet to angry/volatile very rapidly, damages things, hurts animals and people on purpose, sneaky, demands attention and displays sexual knowledge
- Excessive eating, long lasting screaming fits, cannot calm down without help, overly friendly with strangers, attention demanding
- Stuffs food, has very difficult time calming down when upset, has chronic diarrhea
- Screams, cries and has tantrums for long periods of time, doesn’t speak or sleep well, has violent tendencies
REFERENCES


RESOURCES

APPENDIX A: INTERVIEWING PROCEDURES

APPENDIX B: EXAMPLE REFERRAL AND SERVICE DELIVERY MODEL

APPENDIX C: EXAMPLE OF TRAINING CONTENT, POWER POINT SLIDES

APPENDIX D: FUNDING CONSIDERATIONS

APPENDIX E: AGES AND STAGES UTILITY QUESTIONNAIRE: WORKERS

APPENDIX F: AGES AND STAGES UTILITY QUESTIONNAIRE: CAREGIVERS

APPENDIX G: SOME RECOMMENDED READINGS RELATED TO EARLY CHILDHOOD
APPENDIX A: INTERVIEWING PROCEDURES
EXAMPLE: Interviewer/Social Worker Role

**Step 1:** Provide caregiver with a copy of the *ASQ-SE* (WITHOUT THE INFORMATION SUMMARY SHEET)

**Step 2:** Ask the caregiver for the identifying information on the second page of the questionnaire. The interviewer’s name should be recorded along with the caregiver’s name in the blank beside “Assisting in questionnaire completion.”

**Step 3:** Explain the purpose of the screening program, scoring options (most of the time, sometimes, rarely or never).

**Step 4:** Clarify the role of the social worker (interviewer—-to read the items). Try not to influence the caregiver’s response to the items.

**Step 5:** Reach each item on the questionnaire. While moving through the questionnaire items, the interviewer should identify the number of the question. Paraphrase items as needed if caregiver needs clarification.

**Step 6:** If questions about cultural appropriateness of items arise, discuss with the caregiver; for example, some cultures do not encourage eye contact.

**Step 7:** Record caregivers’ comments.

**Step 8:** Offer the list of age-appropriate activities to the caregiver. Describe some of the activities and encourage caregiver to place list in an easily accessible place (e.g., on the refrigerator door).

**Step 9:** Inform the caregiver that results of the screening will be provided within X number of days.

**Step 10:** Score the questionnaire using the *ASQ Information Summary* sheet.
APPENDIX B: AN EXAMPLE OF A REFERRAL AND SERVICE DELIVERY MODEL IN ONE COUNTY

Child enters CWS system: First screening for Developmental Delay (DD’s) within 60 of detention

Ask caregiver if he/she wants to participate in Ages and Stages Screening

Caregiver Accepts

YES

Provide caregiver with age appropriate Ages and Stages Learning Activities

Collect Caregiver Consent Forms

Conduct Screenings (ASQ-3 & ASQ-SE)

Flags or Concerns

Possible Developmental Delays identified
- ASQ-3 or ASQ-SE score in the monitoring zone or score is below typical (Scores discussed)

Children ages 2 to 36 months

INTERVENTION I
Case Carrying Social Worker makes referral to Lake County Early Head Start and for formal assessments

Further assessment determines that there is a Developmental Delay

INTERVENTION II: Multi-Disciplinary Team (MDT)
Agency coordination of services, case carrying SW follow up with bio parent complete paperwork for Early Start Program, if bio parent not located, Redwood Coast Regional Assign surrogate parent

YES ELIGIBLE

Receive early intervention services and/or school based services

NOT ELIGIBLE

Case carrying SW notify HEP SW who reenters child in Ages and Stages screening process

INTERVENTION II: Multi-Disciplinary Team (MDT)
Agency coordination of services, case carrying social worker will follow up to see if child eligible for services

YES ELIGIBLE

Receive early intervention services and/or school based services

NOT ELIGIBLE

Case carrying SW notify HEP SW who reenters child in Ages and Stages process

Children ages 3 to 5 years

INTERVENTION I
Case Carrying Social Worker makes referral to the child’s school district for further assessment

Receive early intervention services and/or school based services

NOT ELIGIBLE

Case carrying SW notify HEP SW who reenters child in Ages and Stages process

Monitor according to Periodicity

NO DD’s

YES DD’s

NO
APPENDIX C: EXAMPLE OF TRAINING CONTENT

Ages and Stages Screenings
Northern California Training Academy, UC Davis

“All children are born wired for feelings and ready to learn.”
- From Neurons to Neighborhoods

Why? Why? Why?
Restated in IDEA in 2004...

The report language that accompanied the final IDEA conference bill indicated that every child described in Sec. 637(a)(6)(A) and (B) should be screened by a Part C provider or designated primary referral source to determine whether a referral for an evaluation for Part C early intervention services is warranted. IDEA does not require every child to receive full evaluations or be enrolled in Part C early intervention services.

What is known in the research?

• 50-60% of children in foster care exhibit developmental challenges
• Children who have four risk factors by age 2, develop learning disabilities, behavioral problems, and mental health problems, typically children in foster care have 14+ risk factors
• Children with disabilities are maltreated at a rate of 1.7x higher than children without disabilities
• Highest rates of abuse and neglect occur in infants and toddlers
  – 16.1 per 1000 children under age 3
• High rates of developmental delay in this population
  – 23-61% of children known to CW have delays in development, communication, behavior
  – Only 10-12% of children in general population have developmental delays
Detection of developmental delays and mental health problems needs to occur as early as possible to achieve the best outcomes for the child, their family and community.

**Without Tools**
- 20% of mental health problems identified
- 30% of developmental disabilities identified
  (Palfrey et al. *JPEDS*. 1994; 111:651-655)

**With Tools**
- 80-90% with mental health problems identified
  (Sturner, *JDBP* 1991; 12:51-64)
- 70-80% with developmental disabilities correctly identified
  (Squires et al., *JDBP* 1996; 17:420-427)

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**What are ASQ-3 and ASQ:SE?**
- Parent- or caregiver-completed screening tools that encourage parental/caregiver involvement
- Series of questionnaires for children ages 1 month to 5 ½ years
- Tools to accurately identify children at risk for developmental or social-emotional delay

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**Types of Assessment**
- Screening assessment
- Diagnostic assessment
- Curriculum-based (programmatic, ongoing) assessment
The ASQ Screens
Five Areas of Development

- Communication
- Gross motor
- Fine motor
- Problem solving
- Personal-social

Ages & Stages Questionnaires:
Social-Emotional

- A separate tool from the ASQ to screen a child's social and emotional growth
- ASQ and ASQ:SE can be used concurrently

Features of the Ages & Stages Questionnaires
(ASQ-3)

ASQ-3™ and ASQ:SE Training Materials by Jane Squires, Jane Farrell, Jantina Clifford, Suzanne Yockelson, and Elizabeth Twombly

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Benefits of the ASQ

• Easy to use
• Highly recommended
• Parent-report tool
• Gives reliable and accurate results
• Only tool that links to developmental milestones
• Includes follow-up activities
• Makes effective ongoing monitoring of development possible

Features: ASQ-3 Intervals

21 Questionnaire intervals:
– 2, 4, 6, 8, 9, 10, 12, 14, 16, 18, 20, 22, 24
– 27, 30, 33, 36 (spaced 3 months apart)
– 42, 48, 54, 60 (spaced 6 months apart)

Remember…

• A child's environment and lifestyle will always play a role in how they score
  – Biological and health factors
  – Family and child care environment
  – Social supports
  – Developmental history
  – Family and cultural context
  – Parental concerns
Scoring Chart

Example of Follow-up Actions

The Ages and Stages Questionnaires: Social Emotional Features
Emotional and Behavioral Problems Do Not Just Go Away!

• Emotional or behavioral problems identified at age 3 years → 60% psychiatric diagnosis by kindergarten or 1st grade.

Ages & Stages Questionnaires: Social-Emotional (ASQ:SE) Features

- 6, 12, 18, 24, 30, 36, 48 & 60 month intervals.
- Questionnaires contain between 19 (6 month) and 33 (60 month) scored questions.
- 3-6 month administration window on either side
- Do not need to use CDOB or adjusted age for children born prematurely.
Features of ASQ:SE

- Questionnaires are written at a 4th to 5th-grade reading level
- Each questionnaire includes open-ended questions related to eating, sleeping, and toileting
- All intervals include the question, “Is there anything that worries you about your baby (child)? If so, please explain.”
- Each interval also includes the question, “What things do you enjoy most about your baby (child)?”

Important to Remember.....

- The ASQ-SE is not a diagnostic tool for identifying children with serious social or emotional disorders; rather it should be seen as an aide in identifying young children who may benefit from more in-depth evaluation and/or preventative interventions designed to improve their social competence, emotional competence, or both

Developmental-Organizational Framework
(Cicchetti, 1993)
Questionnaires Address 7 behavioral areas:

- Compliance
- Communication
- Adaptive functioning
- Autonomy
- Affect
- Interaction with people
- Self-regulation

Associated Definitions

- **Self-regulation**: Child’s ability or willingness to settle down or adjust to physiological or environmental conditions or stimulations
- **Compliance**: Willingness to conform to the direction of others and follow rules
- **Communication**: willingness to respond to or initiate verbal or nonverbal signs to indicate feelings, affective, or internal states

7 Behavioral areas continued

- **Adaptive Functioning**: ability to cope with physiological needs (i.e. sleeping, eating, elimination, safety)
- **Autonomy**: willingness to self initiate or respond without guidance (i.e. moving to independence)
- **Interaction with People**: Ability or willingness to respond to or initiate social responses to parents, other adults, and peers
- **Affect**: ability or willingness to demonstrate his or her own feelings and empathy for others
In Summary

- Screening tools can help bridge communication with families.
- Screening tools can assist in making referrals to community agencies.
- Referrals should be based on a variety of considerations in addition to "scores".
- Developmental and social emotional issues are very complicated.
- Use teams to make decisions about next steps after screening.

Thank you!!
APPENDIX D: FUNDING CONSIDERATIONS

Early Intervention funds typically cover the costs of administration, evaluation and service coordination. However, lead agencies in each State determine how services for eligible children will be funded. Because many children involved in substantiated child abuse and neglect cases have historically not been identified for referral, an Early Intervention Provider may have concerns about increased caseloads and gaps in funding as a result of the new requirements.

In many counties, child welfare and Early Intervention Provider collaborations have identified and creatively harnessed multiple funding streams to implement the referral provisions.

- **Medicaid.** Medicaid’s Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) reimbursement can be used to maximize State resources for early intervention services. The EPSDT program is a health care program for Medicaid-eligible children ages birth to 21. It is designed to detect and treat health problems early through regular medical, dental, vision and developmental screenings. Many abused and neglected children not placed in foster care, and nearly all children in out-of-home placement, will meet income eligibility guidelines for Medicaid.

- **Other Federal Funds.** Some State agencies have utilized other Federal funds and programs to support EIP referral, evaluation and services for abused and neglected children as well as child development training for professionals. States have found it helpful to seek additional guidance from the funding source regarding allowable activities.

  - **Head Start/Early Head Start.** Head Start requires grantees to perform or obtain developmental screenings and arrange or obtain further diagnostic testing, examination and treatment for children with a suspected disability or developmental delay. It also requires grantees to establish partnerships with Part C providers and child protective services.

  - **CAPTA.** The Basic State Grant program under CAPTA requires States to develop a process to ensure the referral of eligible children for early intervention services. This grant funding may be used to fulfill this requirement.

  - **Temporary Assistance for Needy Families (TANF).** Many States have used TANF to fund preventive programs that reduce out-of-home placement including assessment, case management and family instruction (Dicker, Gordon, & Knitzer, 2001).
APPENDIX E: NORTHERN CALIFORNIA AGENCY RESOURCES

Information taken from the *California Early Start Central Directory of Early Intervention Resources 2009* that was developed under the leadership of the Department of Developmental Services (DDS).

**ALPINE COUNTY**

**Regional Center: Alta California Regional Center**
2135 Butano Drive Sacramento, Ca 95825 916/978-6249 | FAX: 916/978-6555 www.altaregional.org

**Early start Family Resource Center: Warmline Family Resource Center**

**Special Education Local Plan Area: Tahoe-Alpine County SELPA**
1021 Tahoe Boulevard South Lake Tahoe Ca 96150 530/541-2850 x226 | FAX: 530/541-5930 www.ltuds.org

**Health Department: Alpine County Department of Health**
75B Diamond Valley road Markleeville, Ca 96120 530/694-2146 (ChDP & CCS) FAX: 530/694-2770 (ChDP & CCS)

**Alpine County Health and Human Services**
75B Diamond Valley road Markleeville, Ca 96120-0548 530/694-2146 | FAX: 530/694-2252

**Alpine County Alcohol and Drug Programs**
75B Diamond Valley road Markleeville, Ca 96120-0548 530/694-2146 | FAX: 530/694-2252

**Alpine County Mental Health Department**
75C Diamond Valley road Markleeville, Ca 96120-0545 530/694-1816 | FAX: 530/694-2387

**First 5 California Children and Families Commission: Alpine County Children and Families First Commission**
43 Hawkside Drive Markleeville, Ca 96120 530/694-1149 | FAX: 530/694-2901

**AMADOR COUNTY**

**Regional Center valley MountaIn REgIonal CEntER**
300 Orchard City Drive #170 San andreas, Ca 95008 408/374-9960 | FAX: 408/376-0586 www.vmrc.net

**Early start Family Resource Center: Family Resource Network**

**Amador County SELPA**
217 rex avenue Jackson, Ca 95642 209/257-5308 | FAX: 209/223-4739

**Amador County Department of Health**
1003 Broadway, Suite 203 Jackson, Ca 95642 209/223-6407 (ChDP & CCS) FAX: 209/223-1562 (ChDP & CCS)
Amador County Department of Social Services
1003 Broadway Jackson, Ca 95642 209/223-6550 | FAX: 209/223-3524.

Amador County Alcohol and Drug Services
1001 Broadway, Suite 106 Jackson, Ca 95642 209/223-6556 | FAX: 209/223-3460

Amador County Mental Health
1001 Broadway, Suite 201 Jackson, Ca 95642-2649 209/223-6412 | FAX: 209/223-0920

First 5 Amador
125 Schober Avenue Jackson, Ca 95642 209/257-1092 | FAX: 209/223-5931 www.first5amador.com

BUTTE COUNTY

Regional Center Far Regional Northern Center
1900 Churn Creek road, Suite 319 Redding, Ca 96002
P.O. Box 492418 Redding, Ca 96049 530/222-4791 | FAX: 530/222-8908 www.farnorthernrc.org

Early start Family Resource Center: Rowell Family Empowerment of Northern California
1244-B Hartnell avenue Redding, Ca 96002 530/226-5129 | FAX: 530/226-5141 www.rfenc.org

Butty County SELPA
1859 Bird Street Oroville, Ca 95965 530/532-5621 | FAX: 530/532-5794 www.bcoe.org/selpa

Butte County Department of Health
202 Mira Loma Drive Oroville, Ca 95965 530/538-6222 (ChDP) FAX: 530/538-6218
(ChDP) 1370 Ridgewood Drive, Suite 22 Chico, Ca 95973 530/895-6546 (CCS) |
FAX: 530/895-6557 (CCS)

Butte County Department of Social Welfare
78 table Mountain Boulevard
P.O. Box 1649 Oroville, Ca 95965 530/538-7572 | FAX: 530/534-5745

Butte County Alcohol and Drug Programs
107 Parmac road, Suite 2 Chico, Ca 95926-2218 530/891-2850 | FAX: 530/895-6549

Butte County Mental Health Department – Youth sERvICEs
107 Parmac road, Suite 4 Chico, Ca 95926-2218 530/891-2915 | FAX: 530/879-3352

Butte County Children and Families Commission
202 Mira Loma Drive, Suite 5 Oroville, Ca 95965-3500 530/538-6464 | FAX: 530/538-2165
www.buttecounty.net

CALAVERAS COUNTY

Valley Mountain Regional Center
300 Orchard City Drive #170 San Andreas, Ca 95008 408/374-9960 | FAX: 408/376-0586
www.vmrc.net

Family Resource Networks
Calaveras County SELPA
185 South Main Street
P.O. Box 760 angels Camp, Ca 95221 209/736-6020 | FAX: 209/736-6048

Calaveras County Department of Health
Government Center attn: Public Health Department 891 Mountain ranch road San Andreas, Ca 95249
209/754-6460 (ChDP & CCS) FAX: 209/754-6459 (ChDP & CCS)

First 5 Calaveras
P.O. Box 209 San andreas, Ca 95249 209/754-1470 | FAX: 209/754-1425 www.first5calaveras.org

COLUSA COUNTY

Alta California Regional Center
2135 Butano Drive Sacramento, Ca 95825 916/978-6249 | FAX: 916/978-6555 www.altaregional.org

Colusa County Family Resource Center
946 Fremont Street Colusa, Ca 95932 530/458-8891 x10810 | FAX: 530/458-5764

Colusa County SELPA
946 Fremont Street

Calaveras County Alcohol and Drug Programs
Government Center 891 Mountain ranch road San andreas, Ca 95249 209/754-6555 | FAX: 209/754-6559

Colusa County Department of Health
251 East Webster Street Colusa, Ca 95932

Colusa County Department of Health and Human Services
251 East Webster Street Colusa, Ca 95932

Colusa County Behavioral Health Services
162 East Carson Street, Suite a Colusa, Ca 95932-2999 530/458-0520 | FAX: 530/458-7751

Colusa County Mental Health
162 East Carson Street, Suite a Colusa, Ca 95932 530/458-0520 | FAX: 530/458-7751

Colusa County Office of Education
345 Fifth Street, Suite C Colusa, Ca 95932 530/458-0300 | FAX: 530/458-0301 www.colusa-coe.k12.ca.us

Colusa County Children and Families Commission
P.O. Box 367 Williams, Ca 95987 530/473-3927 | FAX: 530/473-5990 www.first5colusa.org

DEL NORTE COUNTY

Redwood Coast Regional Center
525 Second Street, Suite 300 Eureka, Ca 95501 707/445-0893 x335, 888/584-9473 FAX: 707/444-2563
www.redwoodcoastrc.org

Early Start Connections
Humboldt – Del Norte SELPA
901 Myrtle avenue Eureka, Ca 95501 707/445-7068 | FAX: 707/445-7071 www.humboldt.k12.ca.us

Del Norte County Department of Health and Social Services
880 Northcrest Drive Crescent City, Ca 95531-2313 707/464-3191 | FAX: 707/465-1783

Del Norte County Alcohol and Drug Programs
206 Williams Drive Crescent City, Ca 95531-8301 707/464-4813 | FAX: 707/465-4272

Del Norte County Community Mental Health Services
206 Williams Drive Crescent City, Ca 95531 707/464-7224 | FAX: 707/465-4272

First 5 Del Norte County
Family resource Center 207 Price Mall Crescent City, Ca 95531 707/464-5500 x120 | FAX: 707/464-5510 www.delnortekids.org

EL DORADO COUNTY

Alta California Regional Center
2135 Butano Drive Sacramento, Ca 95825 916/978-6249 | FAX: 916/978-6555 www.altaregional.org

Warmline Early Start Family Resource Center

El Dorado County SELPA
6767 Green Valley road Placerville, Ca 95667-8984 530/295-2228 | FAX: 530/621-1397 www.edcoe.k12.ca.us

TahoE-Alpine County SELPA
1021 Tahoe Boulevard South lake Tahoe, Ca 96150 530/541-2850 x226 | FAX: 530/541-5930 www.ltusd.org

El Dorado County Public Health Department
929 Spring Street Placerville, Ca 95667, 530/621-6128 (ChDP & CCS), FAX: 530/622-5109 (ChDP & CCS), South Lake Tahoe Office: 1360 Johnson Boulevard, Suite 103 South lake Tahoe, Ca 96150-8220 530/573-3157 (CCS)530/573-3165 (ChDP) FAX: 530/541-8409 (ChDP & CCS)

El Dorado County Department of Social Services
3057 Briw road Placerville, Ca 95667 530/642-7300 | FAX: 530/626-7427 www.co.el-dorado.ca.us/socialservices

El Dorado County Alcohol and Drug Programs
931 Spring Street Placerville, Ca 95667-4585 530/621-6135 | FAX: 530/295-2596

El Dorado County Mental Health
344 Placerville Drive, Suite 17 Placerville, Ca 95667-3920 530/621-6290 | FAX: 530/622-1293

El Dorado County Office of Education
6767 Green Valley road Placerville, Ca 95667 530/295-2270 | FAX: 530/626-9511 www.edcoe.k12.ca.us
First 5 El Dorado County
4111 Creekside Drive, Suite B Shingle Springs, Ca 95682 530/672-8298 | FAX: 530/672-8576
www.co.el-dorado.ca.us/first5

GLENN COUNTY

Far Northern Regional Center
1900 Churn Creek road, Suite 319 Redding, Ca 96002
P.O. Box 492418 Redding, Ca 96049 530/222-4791 | FAX: 530/222-8908 www.farnorthernrc.org

Rowell Family Empowerment of Northern California
1244-B Hartnell avenue Redding, Ca 96002 530/226-5129 | FAX: 530/226-5141 www.rfenc.org

Glenn County SELPA
311 S. Villa avenue Willows, Ca 95988 530/934-6575 | FAX: 530/934-6576 www.glenn.coe.org

Glenn County Department of Health
240 North Villa avenue Willows, Ca 95988 530/934-6588 (ChDP & CCS) FAX: 530/934-6463 (ChDP & CCS)

Glenn County Human Resource Agency
420 East laurel Street
P.O. Box 611 Willows, Ca 95988-0611 530/934-6514 | FAX: 530/934-6521

Glenn County Health Services
alcohol and Drug abuse 1187 East South Street
P.O. Box 1174 Orland, Ca 95963 530/865-1146, 800/655-5946 FAX: 530/865-1150

Glenn County Mental Health
242 North Villa Willows, Ca 95988 530/934-6582 | FAX: 530/934-6592

Glenn County Office of Education
20 East Walker
P.O. Box 696 Orland, Ca 95963 530/865-1145 | FAX: 530/865-4797 www.glenncoe.org

First 5 Glenn County
310-C West Wood Street Willows, Ca 95988 530/934-6885 | FAX: 530/934-6149
www.glenncountyfirst5.com

HUMBOLDT COUNTY

Redwood Coast Regional Center
525 Second Street, Suite 300 Eureka, Ca 95501 707/445-0893 x335, 888/584-9473 FAX: 707/444-2563
www.redwoodcoastrc.org

The Special Needs Connection (Early Start)
Humboldt Child Care Council 805 7th Street Eureka, Ca 95501 707/445-1195 | FAX: 707/445-1802
www.hccc1.org

Humboldt- Del Norte SELPA
901 Myrtle avenue Eureka, Ca 95501 707/445-7068 | FAX: 707/445-7071 www.humboldt.k12.ca.us

Humboldt Del Norte County Department of Health and Human Services
Public Health Branch 317 Second Street Eureka, Ca 95501 707/445-6210 (ChDP), 707/445-6212 (CCS)
800/698-0843 FAX: 707/476-4960 (ChDP) FAX: 707/441-5686 (CCS)
Humboldt County Alcohol and Drug Programs
720 Wood Street Eureka, Ca 95501-4482 707/476-4054 | FAX: 707/476-4070

Humboldt County Children’s Mental Health Services
1711 3rd Street Eureka, Ca 95501 707/268-2835 | FAX: 707/445-7270

North Coast Children’s Services

Humboldt County Children and Families Commission

INYO COUNTY

Kern Regional Center
3200 North Sillect avenue Bakersfield, Ca 93308
P.O. Box 2536 Bakersfield, Ca 93303 661/327-8531, 800/479-9899 FAX: 661/324-5060 www.kernrc.org

Heart to Hand Family Resource Center
914 North Main Street Bishop, Ca 93514-2970
P.O. Box 938 lake Pine, Ca 93513 760/872-4604, 800/237-6996 FAX: 760/873-4487

Inyo County SELPA
941 Sugarloaf road
P.O. Box 938 Big Pine, Ca 93513 760/938-2633 | FAX: 760/938-2760

Inyo County Department of Health
155 East Market
P.O. Drawer H Independence, Ca 93526 760/878-0241 (ChDP) | FAX: 760/878-0266 (ChDP) 207a West South Street Bishop, Ca 93514 760/873-7878 (CCS) | FAX: 760/873-7800 (CCS)

Inyo County Department of Health and Human Services
155 East Market Street Courthouse annex, Drawer a Independence, Ca 93526-0601 760/878-0247 | FAX: 760/878-0266

Inyo County Alcohol and Drug Services
162 Grove Street, Suite J Bishop, Ca 93514-2696 760/873-5888 | FAX: 760/873-3277

Inyo County Mental Health
162 J Grove Street, Suite J Bishop, Ca 93514 760/873-6533 | FAX: 760/873-3277

First 5 Inyo County
1351 rocking W Dr. Bishop, Ca 93514 760/872-4245 | FAX: 760/873-6505 www.inyocounty.us/first5

LAKE COUNTY

Redwood Coast Regional Center
1116 airport Park Boulevard Ukiah, Ca 95482 707/462-3832 x234, 800/281-3832 x234 FAX: 707/462-3314 www.redwoodcoastrc.org

Safe Passage Family Resource Center (Early Start)
Lake County SELPA
1152 South Main Street Lakeport, Ca 95453 707/262-4133 | FAX: 707/263-0197 www.lake-coe.k12.ca.us

Lake County Department of Health
922 Bevins Court Lakeport, Ca 95453-9780, 707/263-1090 (ChDP & CCS) FAX: 707/262-4280 (ChDP & CCS)

Lake County Department of Social Services
15975 Anderson ranch Parkway
P.O. Box 9000 lower lake, Ca 95457 707/995-4200, 800/628-5288 FAX: 707/995-4204

Lake County Department of Health Services Alcohol and Drug
991 Parallel Drive Lakeport, Ca 95453-9780 707/263-8162 | FAX: 707/263-9336

Mental health

Lake County Mental Health Department
922 Bevins Court Lakeport, Ca 95453 707/263-1170 800/900-2075 (Mental Health Referrals) FAX: 707/263-1507

Lake Family Resource Center
896 Lakeport Boulevard Lakeport, Ca 95453 707/262-1611 | FAX: 707/262-0344 www.lakefrc.org

Lake County Children and Families Commission
55 First Street, Box K Lakeport, Ca 95453 707/263-6169 | FAX: 707/263-6171

Lassen County SELPA
472-013 Johnstonville road North Susanville, Ca 96130 530/251-2417, 800/537-talK (8255) FAX: 530/257-2407

www.lcoe.org

Lassen County Department of Health
1445-B Paul Bunyon road Susanville, Ca 96130 530/251-8183 (ChDP & CCS) 800/838-1223 FAX: 530/251-4871 (ChDP & CCS) www.lassencounty.org

Lassen County Health and Human Services Department
545 Hospital lane Susanville, Ca 96130 530/251-8128 | FAX: 530/257-2669

Lassen County Alcohol and Drug Programs
476 Alexander avenue Susanville, Ca 96130-4651 530/251-8112 | FAX: 530/251-5884

Lassen County Mental Health
555 Hospital Lane Susanville, Ca 96130 530/251-8108 | FAX: 530/251-8394

Lassen County Children and Families Commission
1345 Paul Bunyan road, Suite B Susanville, Ca 96130 530/257-9600 x12 | FAX: 530/251-2184

www.lassenfirst5.com
MENDOCINO COUNTY

Redwood Coast Regional Center
1116 airport Park Boulevard Ukiah, Ca 95482 707/462-3832 x234, 800/281-3832 x234 FAX: 707/462-3314 www.redwoodcoastrc.org

Safe Passage Family Resource Center (Early Start)
208 Dana Street Fort Bragg, Ca 95437 707/964-3077 | FAX: 707/964-3087

Mendocino County Office of Education
2240 Old river road Ukiah, Ca 95482 707/468-3489 | FAX: 707/468-3467 www.mcoe.k12.ca.us

Mendocino County Department of Public Health
1120 South Dora Street Ukiah, Ca 95482 707/472-2600 (ChDP & CCS) 800/734-7793 (LOCAL AREA ONLY) FAX: 707/472-2735 (ChDP & CCS) www.co.mendocino.ca.us

Mendocino County Department of Social Services
747 South State Street P.O. Box 839 Ukiah, Ca 95482 707/463-7900 | FAX: 707/463-7960

Mendocino County Department of Public Health
1120 South Dora Street Ukiah, Ca 95482 707/472-2637 | FAX: 707/472-2658 www.co.mendocino.ca.us

Mendocino County Mental Health
860 North Bush Street Ukiah, Ca 95482-3919 707/463-4303 | FAX: 707/463-5443

North Coast Opportunities, INC
550 North State Street Ukiah, Ca 95482 707/462-2582 | FAX: 707/462-4792

First 5 Mendocino
166 East Gobbi Street, Suite a Ukiah, Ca 95482 707-462-4453 | FAX: 707-462-5570 www.mendochildren.org

MODOC COUNTY

Far Northern Regional Center
1900 Churn Creek road, Suite 319 Redding, Ca 96002
P.O. Box 492418 Redding, Ca 96049 530/222-4791 | FAX: 530/222-8908 www.farnortherncrc.org

Rainbow Regional Family Support and Resource Network
336 Alexander avenue Susanville, Ca 96130 530/251-2417, 800/537-talK (8255) FAX: 530/257-2407

Modoc County SELPA
139 Henderson Street Alturas, Ca 96101 530/233-7109 | FAX: 530/233-5531 www.modocco.k12.ca.us

Modoc County Department of Health
441 North Main Street Alturas, Ca 96101 530/233-6311 (ChDP & CCS), 800/762-3003 FAX: 530/233-5754 (ChDP & CCS)

Modoc County Department of Social Services
120 North Main Street Alturas, Ca 96101 530/233-6501 | FAX: 530/233-2136

Modoc County Alcohol and Drug Programs
441 North Main Street Alturas, Ca 96101-3921 530/233-6319 | FAX: 530/233-5754

Modoc County Mental Health
441 North Main Street Alturas, Ca 96101 530/233-6312 | FAX: 530/233-5311
Early Heart Start Modoc County
901 Northeast a Street Alturas, Ca 96101 530/233-7167 | FAX: 530/233-5591 www.modoccoe.k12.ca.us

Children and Families Commission of Modoc County
127 B South Main Street Alturas, Ca 96101 530/233-0910 | FAX: 530/233-0944 www.first5modoc.com

NEVADA COUNTY

Alta California Regional Center
2135 Butano Drive Sacramento, Ca 95825 916/978-6249 | FAX: 916/978-6555 www.altaregional.org

Warmline Family Resource Center (Early Start)

Nevada County SELPA
112 Nevada City Highway Nevada City, Ca 95959 530/265-0611 x205 | FAX: 530/478-6410

Nevada County Department of Health
HEW Complex 10433 Willow Valley road, Suite B Nevada City, Ca 95959-2399 530/265-1450 (ChDP & CCS) FAX: 530/265-9827 (ChDP & CCS)

Nevada County Department of Adult and Family Services
950 Maidu avenue P.O. Box 1210 Nevada City, Ca 95959-1210 530/265-1340 | FAX: 530/265-9860

Nevada County Alcohol and Drug Programs
10433 Willow Valley road, Suite a Nevada City, Ca 95959-2399 530/265-1437 | FAX: 530/265-9820

Nevada County Mental Health
208 Sutton Way Grass Valley, Ca 95945 530/470-2736 | FAX: 530/471-5943

First 5 Nevada County
Champion Mine Family resource Center 400 Hoover lane Nevada City, Ca 95959 530-265-0611 x224 | FAX: 530-265-0524 www.first5nevco.org

PLACER COUNTY

Alta California Regional Center
2135 Butano Drive Sacramento, Ca 95825 916/978-6249 | FAX: 916/978-6555 www.altaregional.org

Warmline Family Resource Center (Early Start)

Placer County SELPA
360 Nevada Street auburn, Ca 95603 530/886-5873 | FAX: 530/886-5888 www.placercoe.k12.ca.us

Placer County California Children Services
11484 B avenue Auburn, Ca 95603 530/886-3620 (ChDP)800/829-7199 x3620 (ChDP)530/886-3630 (CCS), 800/829-7199 x3630 (CCS) FAX: 530/886-3613 (ChDP & CCS)
Placer County Department of Health and Human Services
11484 B avenue auburn, Ca 95603 888/886-5401 | FAX: 530/889-7128

Placer County Department of Health and Human Services
adult System of Care 11533 C avenue auburn, Ca 95603-2703 530/889-7256 | FAX: 530/889-7265

Placer County Mental Health Services
11716 Enterprise Drive auburn, Ca 95603 916/787-8600, 888/886-5401 (ACCESS LINE) FAX: 530/889-6735 www.placer.ca.gov

Placer Community Action Council, INC, Head Start
1166 High Street auburn, Ca 95603 530/885-5437 | FAX: 530/885-2119

First 5 Placer
379 Nevada Street auburn, Ca 95603 530/886-1869 | FAX: 530/886-1810 www.placer.ca.gov/cfc

PLUMAS COUNTY

Far Northern Regional Center
1900 Churn Creek road, Suite 319 Redding, Ca 96002
P.O. Box 492418 Redding, Ca 96049 530/222-4791 | FAX: 530/222-8908 www.farnorthernrc.org

Rainbow Regional Family Support and Resource Network
336 Alexander avenue Susanville, Ca 96130 530/251-2417, 800/537-talK (8255)

Plumas Unified SELPA
50 Church Street Quincy, Ca 95971 530/283-6500 x227, 800/974-1925 FAX: 530/283-6509

Plumas County Department of Health
270 County Hospital road
P.O. Box 3140 Quincy, Ca 95971 530/283-6330 (ChDP & CCS), 800/801-6330 FAX: 530/283-6110 (ChDP & CCS)

Plumas County Department of Social Services
270 County Hospital road, Suite 207 Quincy, Ca 95971 530/283-6350, 800/242-3338 FAX: 530/283-6368 www.plumas.ca.us/govmt/county/socserv.htm

Plumas County Alcohol and Drug Programs
711 East Main Street
P.O. Box 1660 Quincy, Ca 95971 530/283-6316 | FAX: 530/283-4420

Plumas County Mental Health
270 County Hospital road, Suite 229 Quincy, Ca 95971 530/283-6307 | FAX: 530/283-6045

First 5 Plumas Children and Families Commission
P.O. Box 3140 Quincy, Ca 95971 530/283-6159 | FAX: 530-283-6425 www.first5plumas.com

SAN JOAQUIN COUNTY

Valley Mountain Regional Center
7109 Danny Drive Stockton, Ca 95210
P.O. Box 692290 Stockton, Ca 95269-2290 209/473-0951 | FAX: 209/473-0256 www.vmrc.net

Family Resource Networks
Lodi Unified SELPA  
1305 East Vine Street Lodi, Ca 95240 209/331-7061 | FAX: 209/331-7084

San Joaquin County SELPA  
2707 Transworld Drive  
P.O. Box 213030 Stockton, Ca 95213-9030 209/468-4925 | FAX: 209/468-4979 www.sjcoe.org

Stockton City Unified SELPA  
445 West Weber, Suite 128 Stockton, Ca 95203 209/933-7120 x2567 | FAX: 209/933-7121 www.stockton.k12.ca.us

San Joaquin County Department of Health  
511 East Magnolia, 3rd Floor Stockton, Ca 95202 209/948-7696 FAX: 209/468-0466 (ChDP & CCS)

San Joaquin Human Services Agency  
102 South San Joaquin Street Stockton, Ca 95201 209/468-1650 | FAX: 209/468-1985

San Joaquin County Alcohol and Drug Programs  
P.O. Box 1020 Stockton, Ca 95201-1020 209/468-6848 | FAX: 209/468-6826

San Joaquin County Children’s Services  
1414 North California Stockton, Ca 95202 209/468-2385 | FAX: 209/468-8024

Child Development Council, INC  
2451 Country Club Boulevard Stockton, Ca 95204 209/466-5541 | FAX: 209/466-7300 www.hscdc.org

San Joaquin County Board of Supervisors Head Start  
2451 Country Club Boulevard Stockton, Ca 95204 209/466-5541 | FAX: 209/466-7300 www.sjgov.org/cao/headstart/HsContact.asp

First 5 San Joaquin  
11 South San Joaquin, Suite 301 Stockton, Ca 95202 209/468-0250 | FAX: 209/468-8917 www.sjgov.org/first5

SHASTA COUNTY

Far Northern Regional Center  
1900 Churn Creek road, Suite 319 Redding, Ca 96002  
P.O. Box 492418 Redding, Ca 96049 530/222-4791 | FAX: 530/222-8908 www.farnorthernrc.org

Rowell Family Empowerment of Northern California  
1244-B Hartnell avenue Redding, Ca 96002 530/226-5129 | FAX: 530/226-5141 www.rfenc.org

Shasta County SELPA  
1644 Magnolia avenue Redding, Ca 96001-1599 530/224-3246 | FAX: 530/224-3241

Shasta County Department of Health  
2650 Breslauer Way Redding, Ca 96001 530/225-5122 (ChDP) | FAX: 530/225-5852 (ChDP)  
3499 Hiatt Drive Redding, Ca 96003 530/225-5760 (CCS) | FAX: 530/225-5355 (CCS)

Shasta County Department of Social Services  
Children’s Welfare Services 1313 Yuba Street Redding, Ca 96001 530/225-5650 | FAX: 530/225-5190

Shasta County Alcohol and Drug Programs  
2770 Pioneer Drive Redding, Ca 96001 530/225-5240 | FAX: 530/225-5232

Shasta County Mental Health Services
SIERRA COUNTY

**Alta California Regional Center** 2135 Butano Drive Sacramento, Ca 95825 916/978-6249 | FAX: 916/978-6555
www.altaregional.org

**Rainbow Family Support and Resource Networks**
336 Alexander avenue, Susanville, Ca 96130, 530/251-2417, 800/537-talK (8255) FAX: 530/257-2407

**Sierra County SELPA**
305 South Lincoln Street P.O. Box 157, Sierraville, Ca 96126, 530/994-1044 | FAX: 530/994-1045
www.sierra-coe.k12.ca.us

**Sierra County Department of Health**
202 Front Street, P.O. Box 7, Loyalton, Ca 96118
530/993-6700 (ChDP & CCS) FAX: 530/993-6790 (ChDP & CCS)

**Sierra County Department of Health and Human Services**
202 Front Street, P.O. Box 1019, Loyalton, Ca 96118 530/993-6720 | FAX: 530/993-6767

**Sierra County Mental Health**
P.O. Box 265 Loyalton, Ca 96118 530/993-6746 | FAX: 530/993-6759

**First 5 Sierra**
P.O. Box 556 Loyalton, Ca 96118 530/993-4884 | FAX: 530/993-1512

SISKIYOU COUNTY

**Far Northern Regional Center**
1900 Churn Creek road, Suite 319, Redding, Ca 96002, P.O. Box 492418

**Rowell Family Empowerment of Northern California**
1244-B Hartnell avenue, Redding, Ca 96002 , 530/226-5129 | FAX: 530/226-5141
www.rfenc.org

**Siskiyou County SELPA**
609 South Gold Street, Yreka, Ca 96097, 530/842-8441 | FAX: 530/842-8436

**Siskiyou County Department of Health**
806 South Main Street Yreka, Ca 96097 530/841-2133 (ChDP), 530/841-2130 (CCS) 800/442-2333
FAX: 530/841-4075 (ChDP & CCS) www.co.siskiyou.ca.us/phs
Siskiyou County Human Services
490 South Broadway Yreka, Ca 96097 530/841-4200 | FAX: 530/842-6277 www.co.siskiyou.ca.us

Siskiyou County Alcohol and Drug Programs
Behavioral Health Services 2060 Campus Drive Yreka, Ca 96097-3394 530/841-4890 | FAX: 530/841-4881

Siskiyou County Mental Health
2060 Campus Drive Yreka, Ca 96097 530/841-4100 | FAX: 530/841-4299

Siskiyou County Office of Education
609 South Gold Street Yreka, Ca 96097 530/842-8471 | FAX: 530/842-8437 www.sisnet.ssku.k12.ca.us

Siskiyou Children and Families Commission
154 Boles Street Weed, Ca 96094 530/938-2834 | FAX: 530/939-9685 www.first5siskiyou.org

SUTTER COUNTY

Alta California Regional Center
2135 Butano Drive Sacramento, Ca 95825 916/978-6249 | FAX: 916/978-6555 www.altaregional.org

Family Support/ Sutter County Parent Network
1506 Star Drive, Suite C Yuba City, Ca 95993 530/751-1925 | FAX: 530/751-1466
www.scpn.org

Sutter County SELPA
970 Klamath lane Yuba City, Ca 95993-8961 530/822-5158 | FAX: 530/755-2462

Sutter County Department of Health
1445 Veteran’s Memorial Circle
P.O. Box 1510 Yuba City, Ca 95993 530/822-7215 (ChDP & CCS) FAX: 530/822-7223 (ChDP & CCS)
www.sutter.org

Sutter County Department of Human Services
1965 Live Oak Boulevard Yuba City, Ca 95991 530/822-7227 | FAX: 530/822-7384

Sutter/Yuba Counties Alcohol and Drugs
430 Teegarden avenue Yuba City, Ca 95991 530/674-4530 | FAX: 530/674-4544

Sutter/Yuba Counties Mental Health
1965 Live Oak Boulevard
P.O. Box 1520 Yuba City, Ca 95993-1520 530/822-7513 | FAX: 530/822-7514

Sutter County Children and Families Commission
1547 Starr Boulevard, Suite H Yuba City, Ca 95993 530/822-7505 | FAX: 530/822-7508
www.co.sutter.ca.us/doc/government/depts/hs/ cfc/cfc/home

TEHAMA COUNTY

Far Northern Regional Center
1900 Churn Creek road, Suite 319 Redding, Ca 96002
P.O. Box 492418 Redding, Ca 96049 530/222-4791 | FAX: 530/222-8908 www.farnorthernrc.org

Rowell Family Empowerment of Northern California
1244-B Hartnell avenue Redding, Ca 96002 530/226-5129 | FAX: 530/226-5141 www.rfenc.org
Tehama County SELPA
1135 Lincoln Street
P.O. Box 689 red Bluff, Ca 96080-3198 530/527-5811 | FAX: 530/529-4134 www.tcde.tehama.k12.ca.us

Tehama County Department of Health
1860 Walnut Street, Suite C
P.O. Box 400 red Bluff, Ca 96080 530/527-6824 (ChDP & CCS), 800/655-6854 FAX: 530/527-0362 (ChDP & CCS)

Tehama County Department of Social Welfare
22840 antelope Boulevard
P.O. Box 1515 red Bluff, Ca 96080 530/527-1911 | FAX: 530/527-5410

Tehama County Health Agency Drug/Alcohol Division
P.O. Box 400 red Bluff, Ca 96080 530/527-7893 | FAX: 530/527-0766

Tehama County Health Agency
1860 Walnut Street red Bluff, Ca 96080 530/527-5631 | FAX: 530/527-0232

Tehama County Children and Families Commission
P.O. Box 8580 red Bluff, Ca 96080 530/528-1395 | FAX: 530/528-1396 www.first5tehama.com

TRINITY COUNTY

Far Northern Regional Center
1900 Churn Creek road, Suite 319 Redding, Ca 96002
P.O. Box 492418 Redding, Ca 96049 530/222-4791 | FAX: 530/222-8908 www.farnorthernrc.org

Rowell Family Empowerment of Northern California
1244-B Hartnell avenue Redding, Ca 96002 530/226-5129 | FAX: 530/226-5141 www.rfenc.org

Trinity County SELPA
201 Memorial Drive
P.O. Box 1256 Weaverville, Ca 96093 530/623-2861 x239 | FAX: 530/623-4489
www.tcoe.trinity.k12.ca.us

Trinity County Department of Health
1 Industrial Parkway, P.O. Box 1470, Weaverville, Ca 96093
800/766-6147, 530/623-8210 (ChDP & CCS)
FAX: 530/623-1297 (ChDP & CCS)

Trinity County Human Services Department
1 Industrial Parkway and Highway 299
P.O. Box 1470 Weaverville, Ca 96093-1470 530/623-1312 | FAX: 530/623-1250

Trinity County Alcohol and other Drug
49 airport road Weaverville, Ca 96093-1640 530/623-5678 | FAX: 530/623-4448

Trinity County Mental Health
Highway 299 & Industrial Park, Building 1
P.O. Box 1640 Weaverville, Ca 96093 530/623-1362 | FAX: 530/623-1447

First 5 Trinity County
Trinity County Courthouse, P.O. Box 1613 Weaverville, Ca 96093 530/623-8322 | FAX: 530/623-8323
TUOLUMNE COUNTY

Valley Mountain Regional Center
300 Orchard City Drive #170 San Andreas, Ca 95008 408/374-9960 | FAX: 408/376-0586
www.vmrc.net

Family Resource Networks

Tuolumne County SELPA
175 South Fairview lane Sonora, Ca 95370-4859 209/536-2040 | FAX: 209/536-2002

Tuolumne County Department of Social Services
20075 Cedar road North Sonora, Ca 95370 209/533-5711 | FAX: 209/533-5714

Tuolumne County Behavioral Health and Recovery Services
197 Mono Way Sonora, Ca 95370-5938 209/588-9528 | FAX: 209/533-5415

Tuolumne County Mental Health
197 Mono Way Sonora, Ca 95370 209/588-9528 | FAX: 209/533-5411

First 5 Tuolumne County

YOLO COUNTY

Alta California Regional Center
2135 Butano Drive Sacramento, Ca 95825 916/978-6249 | FAX: 916/978-6555 www.altaregional.org

Warmline Family Resource Center
2035 Hurley Way, Suite 250 Sacramento, Ca 95825 916/922-9276, 800/660-7995
FAX: 916/922-8341 www.warmlinefrc.org

Yolo County SELPA
1280 Santa Anita Court #100 Woodland, Ca 95776-6127 530/668-3787 | FAX: 530/668-3850

Yolo County Department of Health
170 West Beamer Street #100 Woodland, Ca 95695 530/666-8249 (ChDP) FAX: 530/666-8239 (ChDP)
825 East Street, Suite 302 Woodland, Ca 95776 530/402-2800 (CCS) | FAX: 530/402-2809 (CCS)

Yolo County Department of Employment and Social
25 Cottonwood Street Woodland, Ca 95695 530/661-2750 | FAX: 530/661-2847

Yolo County Department of Alcohol and Drug, and Mental Health Services
14 North Cottonwood Street Woodland, Ca 95695 530/666-8516 | FAX: 530/666-8294
www.yolocounty.org

Yolo County Mental Health
170 West Beamer Street, Suite 400 Woodland, Ca 95695 530/666-8632, 530/666-8630 (CRISIS LINE) FAX: 530/666-8523

Yolo County Children and Families Commission
403 Court Street Woodland, Ca 95776 530/669-2475 | FAX: 530/669-2477 www.first5yolo.org
YUBA COUNTY

**Alta California Regional Center**
2135 Butano Drive Sacramento, Ca 95825 916/978-6249 | FAX: 916/978-6555 www.altaregional.org

**Yuba County Office of Education and Family Center**
1010 I Street Marysville, Ca 95901 530/749-3276 x105 | FAX: 530/749-3279

**Sutter County SELPA**
970 Klamath lane Yuba City, Ca 95993-8961 530/822-5158 | FAX: 530/755-2462

**Yuba County Department of Health**
6000 Lindhurst avenue, Suite 601-B Marysville, Ca 95901, 530/741-6366 (ChDP), 530/741-6340 (CCS)
FAX: 530/741-6397 (ChDP & CCS)

**Yuba County Department of Health and Human Services**
6000 Lindhurst avenue, Suite 700
P.O. Box 2320 Marysville, Ca 95901 530/749-6271 | FAX: 530/749-6281

**Sutter/Yuba Counties**
430 Tea Garden avenue Yuba City, Ca 95992-1520 530/674-4530 | FAX: 530/674-4544

**Sutter/Yuba Counties Mental Health**
1965 Live Oak Boulevard
P.O. Box 1520 Yuba City, Ca 95993-1520 530/822-7513 | FAX: 530/822-7514

**Center for Early Head Start**
19 East 12th Street Marysville, Ca 95901 530/743-8486 | FAX: 530/741-8347 www.ectr.org

**Yuba County Children and Families Commission**
6000 Lindhurst Boulevard, Suite 601 B Marysville, Ca 95901 530/749-6281 | FAX: 530/749-6281
APPENDIX F: AGES AND STAGES UTILITY QUESTIONNAIRE – WORKERS
(For evaluation purposes)

First initial: _______
Last initial: _______
County: _______

1. As a professional, is this the first experience you have had with the *Ages and Stages Questionnaire (ASQ)*? If not, when and where did you begin using the *ASQ*?

2. Overall, what do you like the most about implementing the *ASQ-3* and *ASQ-SE*?

3. Overall, what do you find the most challenging in implementing the *ASQ-3* and *ASQ-SE*?

4. Based on your experience implementing *Ages and Stages* screenings with families, in what ways do you think caregivers are impacted?

   - [ ] The experience of the visit itself?
   - [ ] Knowledge attained?
   - [ ] Frustrations?

5. Do you think using the *Ages and Stages* screenings with caregivers has impacted the way you talk about the child in their care? If so, in what ways?

6. Based on your experience with the home visits, what advice or comments would you offer to professionals working with caregivers with a child in foster care who might be hesitant about completing an *ASQ*?

7. Do you find that caregivers learned anything new about community resources available to them and your child as a result of completing the *ASQ*?
8. Has using the *Ages and Stages* screenings in your office had an impact on community connections?

9. Overall, do you think the *Ages and Stages* questionnaires. . . (please check all that apply)
   - [ ] Helped caregivers think about their child’s behavior?
   - [ ] Was interesting for caregivers?
   - [ ] Was fun to do?
   - [ ] Doesn’t tell caregivers very much information?
   - [ ] Is a waste of time?
   - [ ] Takes too long to administer?

10. Is there anything else you would like to share about your experience completing the *ASQ* screening tools?
APPENDIX G: AGES AND STAGES UTILITY QUESTIONNAIRE – CAREGIVERS
(For evaluation purposes)

Child First initial: _______
Child Last initial: _______
Child Date of Birth: _______

1. As a caregiver, what do you like the most about the ASQ-3 and ASQ-SE?

2. As a caregiver, what do you like the least about the ASQ-3 and ASQ-SE?

3. As a caregiver, how did you feel completing the ASQ screenings?

4. What did you learn new, if anything, about your child’s development as a result of completing the ASQ?

5. In what ways, if any, did the ASQ provide you with the opportunity to learn about activities that support your child’s development at home?

6. Based on your experience with the home visits, what advice or comments would you offer to other caregivers who might be hesitant about completing an ASQ?

7. What, if anything new, did you learn about community resources as a consequence of completing the ASQ?
8. Were you pleased with the setting in which the ASQ screenings were completed?
   - Yes
   - No

9. Overall do you think the Ages and Stages questionnaires... (please check all that apply)
   - Helped you think about your child’s behavior?
   - Was interesting?
   - Was fun to do?
   - Do not tell very much information?
   - Is a waste of time?
   - Takes too long to administer?

10. Is there anything else you would like to share about your experience completing the ASQ screening tools?
APPENDIX H: SOME RECOMMENDED READING RELATED TO EARLY CHILDHOOD

Background Readings


The Magic Years (1987) by Selma Fraiberg; Simon & Schuster.


Touchpoints: 3 to 6 (2001) by T. Berry Brazelton & Joshua Sparrow; Perseus Publishing.

Fine Motor Development


Inclusion


childhood services. Journal of the Division of Early Childhood, 12, 328-341.

Willis, C. (2009), Creating Inclusive Learning Environments for Young Children, Corwin Press

**Motor Development**

McGovern, Cammie, The Importance of Tummy Time, Parents, August 2001


OT: Making a Difference in School System Practice, AOTA, 1998


**Sensory Processing**


Sensory Integration and Self-Regulation in Infants & Toddlers: Helping Very Young Children Interact with their Environment (2001) by Gordon Williamson & Marie Anzalone; Zero To Three.
If you have any questions concerning the content in the Ages and Stage Toolkit, please contact the Northern California Training Academy at the University of California Davis, Melanie Schindell, 530-757-8568.