



Minutes (Unapproved)

Interagency Coordinating Council for Infants and Toddlers with Disabilities and Their Families (ICC)

September 23, 2026

9: 00 am – 12:00 pm

Join Zoom Meeting (public access): <https://utah-gov.zoom.us/j/86968694035>

Meeting ID: 869 6869 4035

Present Committee Members:

Andi Beadles	Janel Preston	Mandy Zeschke	Brandi Ruden
Kallie Stewart	Nicole Folsom for Melinda Fabrizio (DHHS)	Brittnee Lozano	Kayla Allen
Shaun Mower	Chelsea Monroy	Kelly Garcia (DHHS)	Stephanie Morgan
Esperanza Reyes	Hailee Hernandez for Leah Colburn	Summer Gunn	Jamie Brown
Lisa Davenport (DHHS)	Tiffany Hobbs (DHHS)		

Excused/Absent Committee Members:

Dakota Matherly (DHHS)	Jennifer Dailey-Provost	Matthew Donahoo	Robert Palmer
Jamie Sellars			

Staff:

Eliza Hintze (DHHS)	Amanda Mitchell (DHHS)
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Presenters:

Ashley Biehl	Brittany Bucko for Candice Briese	Christine Lee for Candice Brise
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Guests/Public

Amber Petersen (DHHS)	Constance Young	Janeal Dugmore	Linsy Good
ASL Interpreter	Crystal Ghica	Jennifer James (DHHS)	Marla Nef
ASL Interpreter	Curtis Phillips	Jennifer Manning	Meghan Boyd
Ari Aryazand (DHHS)	Diane Lawson-Glen	Joseph Petersen	Michelle Burton
Brandi Petersen (DHHS)	Elizabeth Cave	Kellie Lyon	Stacie Holt
Carolynn Nauta	Heather Waters (DHHS)	Kristy Whiteside	Tammy Allred
Cerice Mendez	Heidi Bell (DHHS)	Lauren Ortiz	Teresa Riley
Wendy Cross (DHHS)			

Topic	Discussion
Welcome - A quorum was reached, so the meeting began at 8:01am	
Approval of May 2026 minutes	- Brandi Ruden moved to approve the minutes, which was seconded by Lisa Davenport. - A vote was taken to approve the minutes: 9 votes for approval and 1 abstention. The minutes were approved at 8:05am.
Welcome new members!	We had no new members this quarter, but have two open seats for Parent Representatives. If you know of a parent who could happily fill one of these seats, please share this flyer with them.
Finalize ICC Vote for Co-Chairs	- This is a vote to keep Summer Gunn as the ICC Co-Chair. Summer was nominated by Lisa Davenport during the May 2026 meeting and has moved into the Personnel Prep Position to remain on the ICC committee. - The vote was 10 for and 0 nays, so Summer will retain her position of Co-Chair.
Open Meeting Presentation	- Utah Open and Public Meetings Act (OPMA) training is required annually for all public bodies. - This ensures that all public business is being done in public with actions and deliberations made openly. - Definitions for terms used in OPMA:



	○ A public body is any administrative, advisory, executive, or legislative group of the state or its political subdivisions that is created by the Utah Constitution, statute, rule, ordinance, or resolution, consists of two or more individuals, expends, disburses, or is supported in whole or part by tax revenue, and is vested with the authority to make decisions regarding the public's business. ○ A meeting is a gathering of a public body with a quorum (simple majority) present, that is convened by an individual with the authority to convene, for the express purpose of receiving public comment about a relevant matter, deliberating a relevant matter, and/or taking action on a relevant matter. ○ A relevant matter is an issue within the scope of the authority of the public body. ● Prior to holding a meeting, a public body must give at least 24 hour notice of the meeting to the public. ● The notice must include the meeting date & time, the location, & the agenda. ● Additionally, if the public body is holding regular meetings scheduled in advance over the course of a year, additional public notice at least once each year of the annual schedule which includes date, time, and place. ● Notice of the meeting must be posted at the meeting location, on the Utah Public Notice Website, and the public body's official website. ● There is an exception to the 24 hour notice requirement in the event of the need for an emergency meeting of the body. In the case of an unforeseen circumstance of an emergency or urgent nature, the body must give best notice of practicable time, place, and topics, attempt to notify all members of the body, and have a majority of members approve the meeting. ● A meeting's agenda must list each topic to be discussed, with all topics adequately described to the public what is being discussed. ● A public body may not take a final action on a topic unless it is listed in the agenda. ○ At the discretion of the presiding officer, the body may discuss a topic which has been raised by the public (generally this would be through public comment). Although the body may discuss such a topic, no action may be taken on topics which have not been properly noticed. ● Written minutes must include the date, time, location, and the names of members both present and absent. ● The minutes will contain a quiddity of all agenda items proposed, discussed, and decided. (Backed up by the meeting recording) ● Minutes must include a record of each vote taken, and the names of those providing testimony and/or comments. ● A copy of draft or "pending" minutes must be made available within 30 days of the meeting. Minutes do not become "approved" or official until they have been voted on by the Board. Once the Board has approved minutes, they must be made available to the public within three business days. The approved minutes must be posted to the state website as well as being made available here at the USBE office and on the USBE
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	website. • The meeting recording must be a complete, unedited record of all open portions of the meeting. • The recording must be posted on the Utah Public Notice website within three business days after the public meeting. • An electronic meeting is where some or all of the members of the body participate electronically. • In order to hold electronic meetings, the body must have a resolution, rule, or ordinance governing electronic meetings and the same Notice requirements apply as if it were an in-person meeting. • DHHS rule R380-42 authorizes that meetings can be held electronically/virtually. • Public bodies are required to offer public space and facilities at an anchor location, with only a few exceptions: ○ The chair of the public body determines that conducting the meeting from an anchor location presents a substantial health or safety risk ○ All public body members attend the meeting remotely (unless public body receives request for anchor location at least 12 hours before the meeting) • A closed meeting, usually referred to as an executive session, is called during an open meeting with a quorum present, 2/3 of the members present at the open meeting vote to approve closing the meeting. • The topics to be discussed must fit within the statutorily approved purposes and the purposes of the meeting must be publicly announced and entered on the minutes of the open meeting • In closed meetings, the public body may not take a vote, save for a vote to end the closed session, or approve a rule, regulation, contract, or appointment. • OPMA does not prohibit the removal of a person from a meeting if the person willfully disrupts the meeting to the extent that orderly conduct is seriously compromised. (52-4-301) • A person who has been denied a right by an action alleged to be taken in violation of OPMA may sue to compel compliance with the law or enjoin actions taken in violation of the law. A lawsuit generally must be filed within 90 days of the alleged violation. • A court can void any action it finds was taken in violation of OPMA
DMS 2.0 OSEP Audit Progress	• During the May meeting, Lisa went over the findings from the Baby Watch DMS audit that occurred in November 2024. • The response date was June 2026, so the Baby Watch Team has been moving at a rapid pace to respond to the findings in the areas of provision of early intervention services, monitoring and improvement, data, and dispute resolution. • The Baby Watch team had to upload the improvement plan into folders provided by OSEP. • The response to the fiscal findings was submitted on the 23rd and 24th of September.



- OSEP has reviewed what has been submitted and encouraged Baby Watch to move forward with the training for implementation of system changes that address all the identified findings.
- OSEP is no longer sending out formal letters anymore, but will send out a formal email confirming approval of the first June submission. From there, Baby Watch will be responsible for submitting evidence of implementation of all of the findings by March 25, 2027.
- On July 22nd, Lisa sent a memo to all of the Utah early intervention directors, administrators, providers, ICC members, and stakeholders to notify them about the required Part C evaluation and assessment process.
- Baby Watch will provide training for all early intervention professionals, as well as collect data through cyclical monitoring activities and triennial auditing in order to provide OSEP with evidence of practice implementation consistent with their requirement.
- Baby Watch will need to provide evidence to OSEP to show that the program is following the IDEA requirements for their multidisciplinary evaluation and assessment process.
- In order to be in alignment with OSEP's timeline and the evidence of implementation timeline, Baby Watch moved forward on implementing the new determination process with local early intervention providers in August 2026.
- The determinations are based on data from [Utah's State Performance Plan and Annual Performance Report \(SPPAPR\)](#), which contains all of the performance and compliance indicators that OSEP requires all state Part C programs report.
- The SPPAPR is reviewed every January with OSEP.
- Local programs are assigned to one of four determinations based on their performance on the SPPAPR.
- The categories are
 - Meets Requirements
 - Needs Assistance
 - Needs Intervention
 - Needs Substantial Intervention
- This year, a majority of local programs were designated "Meets Requirements" or "Needs Assistance" (which means they need some support to meet full compliance)
- Some of the programs who were in the "Needs Assistance" category last year moved into the "Meets Requirements" category this year.
- In response to the DMS findings, Baby Watch has begun holding quarterly monitoring meet-ups, which are coordinated by Heather Waters, the Baby Watch performance auditor.
- The monitoring meet-ups will address various topics identified in the audit with the purpose of strengthening partnerships with all of the Utah early intervention providers, provide targeted guidance and support, and identify and address development gaps.



	• The first monitoring meet up was held on July 30th, with over 90 early intervention staff members in attendance. • This is a list of what was covered in the first meet up: ○ The usage of the 2027SFY/2029SFY IFSP facilitator guide, which was developed to support early intervention staff in helping families move through the IFSP process. ○ Utah's system of payments (including the funding sources used for early intervention), service coordinator responsibilities within the Part C system. ○ Demonstration of the changes to the IFSP wizard, which were made in order to comply with state and federal laws. ○ Valid justifications for services outside of a natural environment were distinguished, since all Part C services should take place in a natural environment, so if they are not, providers are responsible for supplying justification as to what they are not and give a plan for how to ensure that they will transition to a natural environment. • The next monitoring meet up will occur on October 19th and will include training from Baby Watch financial, addressing specific processes that Baby Watch is responding to, and submitting information to OSEP • In addition to monitoring meet ups, Eliza Hintze, Baby Watch's CSPD coordinator, created a new "Your Parent's Rights" document, which was approved by OSEP and is available on the Baby Watch website. A Spanish version will be available shortly. • The parents rights brochure will still be available to parents, but will be updated to match the state branding guidelines. It will also contain a link & a QR code to the new document. • Mandatory training on parent rights and procedural safeguards will be held on October 14th and October 29th. These trainings will cover parental rights regarding services, privacy, child records, payments, prior written notice requirements, and both formal and informal dispute resolution. All early intervention staff must attend one of the two training sessions. • Finally, Heidi Bell is creating a series of Canvas courses that will address specific processes that need to improve and ensure that IDEA requirements are being met in Utah.
Impact of Lead Exposure Presentation	• Brittany Bucko and Christine Lee presented for Candice Brise, who was travelling. All three are educators with the Salt Lake County Health Department lead poisoning prevention program. • There is no safe level of lead to have in a human body. Children ages 0-6 and pregnant women are the most at risk with lead exposure. • In 2019, only 13% of younger children were being tested for lead. • Lead testing is required for all children on Medicaid at ages 12 months & 24 months.



- The CDC updated its blood lead reference value (BLRV) from 5 µg/dL to 3.5 µg/dL in October 2021. Utah changed its blood lead reference value to match 3.5 µg/dL in July
- Healthcare providers need education about lead poisoning prevention to increase the number of children who are tested for lead poisoning.
- There are many symptoms of lead poisoning, but most times there are no visible symptoms - or symptoms, such as joint pain, that can be attributed to growing children.
- Lead is a neurotoxin & children do not yet have the blood/brain barrier formed.
- Long term lead poisoning consequences can cost society quite a bit in the form of increased crime rates, drug use, & anti-social behaviors.
- A blood lead level test is the only way to know if a child has been exposed to lead.
- Currently a capillary (finger prick) test is the common method to test. It is good for general awareness but since it is so close to the skin surface, results may be higher than reality. A venous blood draw is the most accurate test for lead levels. If the results from a capillary test are 3.5 mcg/dL or higher, the child is sent for a venous test.
- Response to [elevated blood lead levels](#):
 - Case notification: Program notified through the EpiTrax surveillance system
 - Home visit scheduled : Family contacted to provide lead information and guidance.
 - During the Home Visit: Lead education and supportive resources provided, XRF testing conducted on homes built before 1978 and items, of concern tested for educational purposes, Family is screened for SDoH needs
 - Follow up: Child recommended for repeat testing until: Two consecutive blood lead levels are below 3.5 µg/dL, Additional home visit completed if levels increase or new risks are identified
- Lead prevention:
 - Wash your hand often & help children to wash theirs
 - When cleaning, use wet cloths
 - Clean toys and stuffed animals
 - Remove shoes before entering the home
 - Remove work clothes before returning home if exposed to lead on the job
 - Properly ventilate the workplace for hobbies that use lead
- SLCo can test items for families with children under 6 who live in or regularly visit for free. They are not lead-certified inspectors, so the information would be for education only.
- [Lead Poisoning Prevention Video](#)
- Lead poisoning at >10 µg/dL is an approved Baby Watch medical diagnosis, but after speaking with an epidemiologist from the Childhood Lead Poisoning Prevention Program, Lisa is working to change the threshold level to >3.5 µg/dL.



Introduction of the Child Find referral form	- During the May 2026 ICC meeting, Esperanza Reyes from the Child Find Subcommittee presented on improving the Early Intervention referral process by creating a structured feedback template for local programs. - There was no official feedback provided between May & September, so Esperanza shared the link to provide feedback as she reviewed the form with the committee. - The Child Find Referral Form review: - Currently the goal is to make sure that the content is what ICC wants. Once that is perfected, formatting and branding will be addressed. - Parental consent and parental rights are at the very beginning of the form, as well as the parents' given sharing permissions. - The consent is followed by the status of the referral - is the part regarding eligibility the right amount? - The subcommittee would appreciate any feedback on form content, as well as ideas on how this form could be used. - Work on this form will be ongoing in the subcommittee. - Stephanie Morgan suggested rolling this out as a pilot program. - Mandy Zeschke brought to light a concern regarding sharing this form, as Century Link will no longer support fax lines come December 2026. Lisa Davenport brought up reaching out to pediatric medical providers about the best delivery method for this form. Janel Preston also brought up online secure fax services as a possible delivery method. - Lisa Davenport brought up that based on feedback she has received, it would not be an unreasonable requirement to have a referral form like this used state-wide. There is still work to be done, but she sees it as being possible in the near future. There is much more information to amass prior to rolling out a required referral form. - Shaun Mower has asked for slow precaution on making this form required, as most EI providers are already quite overextended. Providers are already leaving in measurable numbers, so adding another step would need to be done with caution. - Shaun also asked if this form would be sent back like the captive referrals, EHDI referrals, and the Help Me Grow referrals. Lisa explained that the systems he mentioned are already electronically captured. Her vision for this form is to start with professional referrals (pediatricians offices, hospitals, NICUs) - to assure them that their referrals have not been forgotten or lost and that a connection was made with the family. Hopefully this would encourage more professional referrals to early intervention.
Subcommittee Updates	
Child Find Subcommittee	- Stephanie Morgan motioned to approve the Baby Watch Early Intervention Referral Template for the figuring out how to move forward. Summer Gunn seconded this motion. - The vote was 10 approve, 1 disapprove, and 0 abstain



	○ The motion to move forward with the use of this form passed. ○ In six months, the subcommittee will present on the status of the template. ● Lisa shared an email that she received from Dr. Neil Davis. His team is working hard on early childhood intervention efforts and connections, as he knows that EI is critical. They are implementing a healthy steps model and would like to find a way to get closed loop referrals.
Finance Subcommittee	● The Finance Subcommittee is status quo from the last meeting. ● The survey is ready to go via email. Providers will receive it the week of September 28th and the subcommittee will discuss the findings in the November 2026 meeting.
Social Emotional Subcommittee	● The Social Emotional Subcommittee had a meeting on Friday, September 25th. ● If you would like to be added to future Social Emotional Subcommittee meetings, please email Summer at summer.gunn@usu.edu and she will add you to the invite. ● The subcommittee is currently making plans for the work they would like to accomplish in the coming year. ○ They would like to continue to build the resource bank, especially in the areas that providers identified as critical needs (caregiver mental health and stress, supporting challenging behavior and emotional regulation, and trauma-informed/culturally responsive practices with social emotional learning) ○ The subcommittee would also like to draft a professional development quick guide to help utilize the resource bank.
Community Partners Update	
Utah Parent Center	● In August, the Utah Parent Center began a series called “Nap Chats”, which are online virtual support and learning sessions specifically designed for families with young children (ages 0–3) with special needs or developmental concerns. The next session is on October 18, 2026 at 1:30pm. ● Special Ed 101 is an ongoing, monthly webinar, which explains the basics of special education for families moving from early intervention to Part B services. ● All events and workshops can be found at the Utah Parent Center website.
DHHS Office of Early Childhood	● Dakota Matherly was not in attendance for this meeting, but shared some talking points with Lisa to share. ● The preschool development grant was released on Monday, September 21st. The OEC is working on reviewing the grant and preparing the application. This is a one year grant that will begin on December 31, 2026. ● Examples of what the preschool development grant currently supports include: ○ Birth to 8 Care Coordination ○ The pyramid model implementation ○ The Early Childhood Resource website



	The Early Childhood Utah Advisory Council will share its recommendation for the My Case eligibility application as part of its annual reporting on October 20th. If you are interested in that work, please reach out to Dakota.
Child Care Licensing	Nothing to share at this meeting
Utah Schools for the Deaf and the Blind	- They are still working with Baby Watch and are making good headway on the Canvas course for providers that they are building. - This course will explain the PIP for deaf, blind, and hard of hearing students. Who qualifies and how to make referrals.
Children's Mental Health	No updates at this time.
Part B	No updates at this time.
Early Head Start	- Head Start currently has their new NPRM, which is in an 60 day open comment period until October 6th. The NPRM will take performance standards from 100 to very few, which could complicate access to early childhood services and disability services. - Kallie Stewart highly recommends making a comment before October 6th.
Public Comment	- Joseph Petersen at Kids on the Move expressed concern about finding the ICC Zoom link. Baby Watch no longer sends out calendar meetings, but the meeting link is listed on the agenda and the minutes. Those interested can also subscribe to the ICC on the public notice website. - Crystal Ghica with Root 4 Kids wanted to add, in regards to the follow up with providers about the Child Find Referral Form, that some programs already have systems in place (like Unite Us or Nurse Care) that send out similar forms. Eliza Hintze explained that when the Child Find Subcommittee began the referral form project at the beginning of 2026, they reached out to local programs for examples of referral forms. The suggested form is an amalgam of ideas from local EI program forms and an EI referral follow up form from the state of Ohio. Summer Gunn suggested that the ICC reach out to the programs to see what information they feel is important in the referral loop, perhaps a survey. Joseph Petersen followed up by explaining that when it comes to closing the communication loop, it is important to keep it easy for professionals and make it worth their time to refer to programs.
Adjourn	Meeting adjourned at 11:33am Next meeting will be held on November 18, 2026 from 9am - 12pm

*Public comments can be submitted prior to the meeting by emailing Baby Watch Early Intervention (babywatch@utah.gov)



Draft



Meeting Scheduling and Links

1. Baby Watch is no longer able to provide ICC Meeting calendar invitations to stakeholders and members of the public.
2. It is preferred that ICC members participate at the anchor location. If unable to attend in person ICC members should use the individualized Zoom "panelist" link sent to them prior to each meeting.
3. Members of the public must join the ICC meeting either in person or using the link provided on the Utah Public Meeting website.
4. Members of the public are encouraged to sign up for automated ICC Meeting notifications on the Utah Public Meeting website. Instructions available on babywatch.utah.gov > Learn About the ICC.

Webinar Format and User Interface

1. Virtual participation in ICC Meetings will be facilitated through Zoom Webinars.
2. Only ICC Council Members, Invited Guests/Presenters, and ASL Interpreters will appear in the Zoom Gallery.
3. ICC Council Members are identified in the Gallery by name tags that feature their name and the ICC composition requirement they fulfill.
4. The Chat feature is disabled throughout the ICC Meeting.
5. During Public Comment, members of the public can use the Q&A feature to communicate with the council. All meeting participants will be able to view Q&A messages on screen.
6. The Zoom Meeting Host can enable audio/video for members of the public as needed.

Attendance Procedures

1. ICC Executive Secretary will take attendance at the beginning of each meeting, using the ICC Membership list for roll call.
2. ICC members must be present for roll call in order to be listed as participants in the ICC meeting minutes.
3. ICC Executive Secretary must verify that a quorum is present before the ICC can vote or conduct council business.
4. ICC Council Members must notify the ICC Executive Secretary by email at least 24 hours before a meeting, if they are unable to attend.

Distribution of Meeting Materials

1. The ICC Executive Secretary will distribute the meeting agenda, unapproved minutes, and membership list to appointed council members only.
2. Members of the public can access meeting agendas, minutes, membership lists, audio/video recordings, and other related documents on the Utah Public Meetings website.

Subcommittees

1. ICC Subcommittees must meet outside of ICC meeting time because they are not public meetings.
2. Subcommittees can request to be included on the meeting agenda as needed throughout the year.



Blood Lead Level Testing

Test Results in micrograms per deciliter (mcg/dL)	What does it mean?	When to get a blood draw to confirm capillary test results?
0 - 3.4	Your child has been exposed to little or no lead.	Retest if your child's risk of lead exposure changes. (For example: If you move into an older home with chipped or peeling paint)
3.5-9	Your child has been exposed to lead.	3 months: Follow up blood test within three months to ensure decreasing lead levels.
10-19	Your child has been exposed to moderate amounts of lead in their environment.	1 month: Follow up blood test within 1 month to ensure decreasing levels.
20-44	Your child has been exposed to very large amounts of lead in their environment.	2 weeks: Follow up blood test within 2 weeks to ensure decreasing levels. Consult with your health care provider about further testing and care.
45 and above	Medical Emergency Your child has been exposed to dangerously high amounts of lead in their environment.	Within 48 hours: Confirm the blood lead level with a repeat blood test within 48 hours. Your health care provider may advise hospitalization and/or chelation therapy.