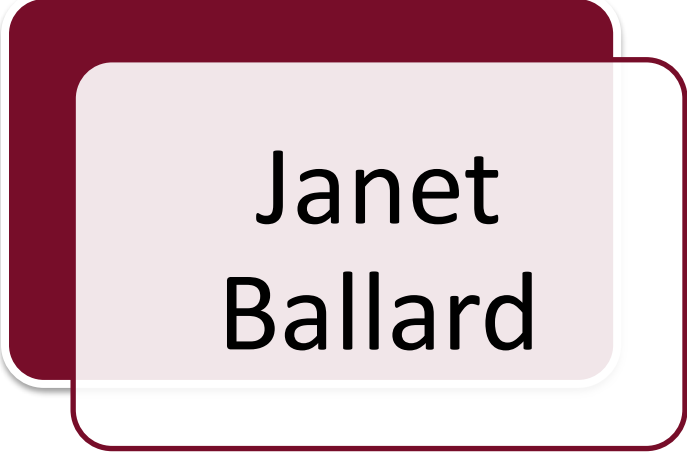




# **Working Together: Child Care and Early Intervention Services**

**Presented by: Janet Ballard and Katherine Hargreaves, Research Associates  
at the Early Childhood Center**

# Introductions



Janet  
Ballard



Katherine  
Hargreaves

# Handouts

<https://www.iidc.indiana.edu/ecc/resources/conference-handouts.html>

Short URL: <https://go.iu.edu/4NQL>



# Learning Objectives:

- Participants will have a good understanding of First Steps
- Participants will see the benefits of offering childcare placement to children with developmental delays and disabilities



# Early Childhood Center (ECC)

- Part of Indiana Institute on Disability and Community (IIDC)
- One of seven centers
- IIDC covers the lifespan for people with disabilities
- Promotes research to practice
- Our website: <https://www.iidc.indiana.edu/ecc/index.html>



**ECC provides training and technical assistance on a variety of early childhood topics, in order to build the capacity of professionals to apply specific skills and best practices.** We have successfully helped multiple statewide early education programs to implement effective family engagement strategies and currently, we are working with select Indiana school districts to improve their inclusive preschool practices, implementing a comprehensive training system for early intervention providers, and supporting quality improvement efforts of the state's First Steps program. **Through program development, training and technical assistance, we can aid your efforts to positively affect change.**



# Child Data and Disabilities

IN 2017, 1 in 6 children (17.4%) in the US ages 2-8 had a diagnosed mental, behavioral, or developmental disorder.

Boys are more likely to be diagnosed than girls with an intellectual disability



2022 Data suggests 1 in 36 children have Autism Spectrum Disorder (ASD) diagnosis

2020 data suggests that one baby is born every 24 minutes with Neonatal Abstinence Syndrome diagnosis

# Why Include Children with Disabilities in Childcare

- Every child is unique
- Benefits all children
- How to identify them
- Goal of Early Intervention:

to enable young children to be active and successful participants in a variety of setting such as in their homes, with their families, in childcare, school programs and in the community.



# We need to look at disability through an equity lens:

- Disability is a socially constructed identity
- Focus on barriers society puts in place for disabled people
- Find individual 'just right' supports
- Disability is understood as a natural difference just like eye or hair
- Systems are seen as the problem
- Systematic inequities are addressed





# Americans with Disabilities Act (ADA)



<https://www.pacer.org/parent/php/PHP-c51a.pdf>

# Where to Find help?



# What is First Steps?

- **Individuals with Disabilities Education Act (IDEA)**
  - **First Steps (birth through age 2)**
  - **Individualized Family Service Plan**



# First Contact

1. Arranging session times
2. Incorporating child's routines



# What to Expect from First Steps

- Partner
- Helpful Strategies
- Problem Solving



# Family Guided Routines Based Intervention (FGRBI)

Early Intervention is most effective when:

- The service provider works cooperatively with the child's teacher(s) and the child.
- The service provider uses the daily routines and activities during which the child is learning alongside his or her peers to implement intervention strategies.



# General Modifications to Accommodate a Child with Special Needs

- Plan together
- Modify toys and equipment
- Make small changes in your classroom environment
- Model appropriate behaviors
- Teach words to be included in play
- Look for strengths as well as needs





# Communication





# Example of Visit Summary

| Indiana First Steps<br>Provider Summary of Service                                                                                                                                                                                                  |                          |                                                                                                                                                                   |                                                                                |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------|
| <b>Child Information</b>                                                                                                                                                                                                                            |                          |                                                                                                                                                                   |                                                                                |                  |
| Name of child                                                                                                                                                                                                                                       |                          | Child ID #                                                                                                                                                        | Date of birth (mm/dd/yyyy)                                                     |                  |
| Date of IFSP (mm/dd/yyyy)                                                                                                                                                                                                                           |                          | Diagnosis Code(s)                                                                                                                                                 |                                                                                |                  |
| <b>Provider Information</b>                                                                                                                                                                                                                         |                          |                                                                                                                                                                   |                                                                                |                  |
| Name of provider                                                                                                                                                                                                                                    |                          | Discipline                                                                                                                                                        | Name of agency                                                                 |                  |
| <b>Location Information</b>                                                                                                                                                                                                                         |                          |                                                                                                                                                                   |                                                                                |                  |
| Street address                                                                                                                                                                                                                                      |                          | City                                                                                                                                                              | Zip code                                                                       |                  |
| Location Type<br><input type="checkbox"/> Home <input type="checkbox"/> Child Care <input type="checkbox"/> Community Setting <input type="checkbox"/> Office/Clinic <input type="checkbox"/> Other:                                                |                          | Location code<br><input type="checkbox"/> Off-site <input type="checkbox"/> On-site                                                                               |                                                                                |                  |
| <b>Visit Information</b>                                                                                                                                                                                                                            |                          |                                                                                                                                                                   |                                                                                |                  |
| Date of visit                                                                                                                                                                                                                                       | Start time               | End time                                                                                                                                                          | Time zone<br><input type="checkbox"/> Central <input type="checkbox"/> Eastern | Total # of units |
| CPT code(s) (code/units)                                                                                                                                                                                                                            |                          | Delivery Method<br><input type="checkbox"/> In Person <input type="checkbox"/> Virtual – Audio Only <input type="checkbox"/> Virtual – Video                      |                                                                                |                  |
| Make-up session?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                        | Date of original session | Reason for make-up session<br><input type="checkbox"/> Family Cancellation <input type="checkbox"/> Family No Show <input type="checkbox"/> Provider Cancellation |                                                                                |                  |
| Session participants<br><input type="checkbox"/> Child <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Child Care Provider <input type="checkbox"/> Sibling <input type="checkbox"/> Interpreter <input type="checkbox"/> Other: |                          |                                                                                                                                                                   |                                                                                |                  |
| Outcome(s) addressed                                                                                                                                                                                                                                |                          |                                                                                                                                                                   |                                                                                |                  |
| <b>Summary of Visit</b>                                                                                                                                                                                                                             |                          |                                                                                                                                                                   |                                                                                |                  |
| What has happened since the last visit? (appointments, new skills, successes, new concerns, barriers)                                                                                                                                               |                          |                                                                                                                                                                   |                                                                                |                  |
| What activities happened during the visit? (Activities should relate back to IFSP outcome)                                                                                                                                                          |                          |                                                                                                                                                                   |                                                                                |                  |
| How did the family participate and what was modeled/taught/discussed? (Family Education and Involvement)                                                                                                                                            |                          |                                                                                                                                                                   |                                                                                |                  |
| Parent/Caregiver/Child Interactions (Provider Observation)                                                                                                                                                                                          |                          |                                                                                                                                                                   |                                                                                |                  |
| Follow Up Needed- What needs to happen for next visit?                                                                                                                                                                                              |                          |                                                                                                                                                                   |                                                                                |                  |
| <b>Next Scheduled Visit</b>                                                                                                                                                                                                                         |                          |                                                                                                                                                                   |                                                                                |                  |
| Day of week                                                                                                                                                                                                                                         | Date (mm/dd/yyyy)        | Time                                                                                                                                                              | Location                                                                       |                  |
| <b>My signature verifies that I agree to the accuracy of the time reported for this activity.</b>                                                                                                                                                   |                          |                                                                                                                                                                   |                                                                                |                  |
| Signature of parent/caregiver                                                                                                                                                                                                                       |                          |                                                                                                                                                                   | Date (mm/dd/yyyy)                                                              |                  |
| Signature of provider                                                                                                                                                                                                                               |                          |                                                                                                                                                                   | Date (mm/dd/yyyy)                                                              |                  |
| Signature of provider supervisor                                                                                                                                                                                                                    |                          |                                                                                                                                                                   | Date (mm/dd/yyyy)                                                              |                  |

Final February 10, 2021

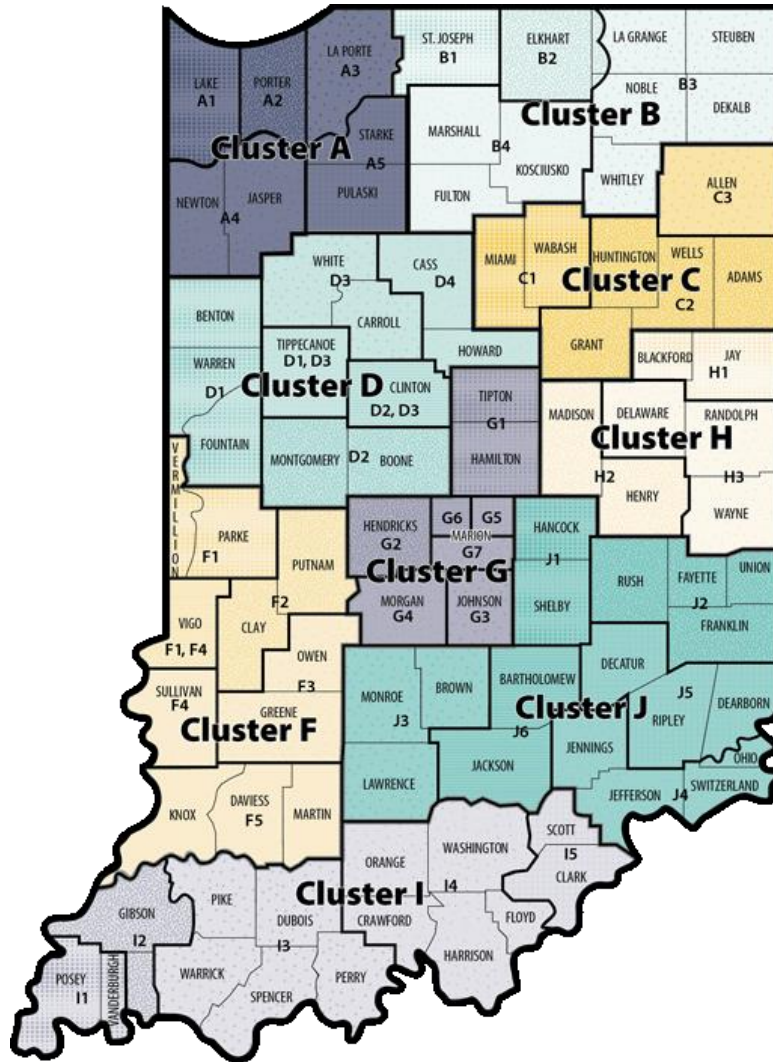


# What to do if you have concerns for a child in your program?

- Talk with Family
- Make a referral
- <https://www.in.gov/fssa/firststeps/first-steps-offices/first-steps-map/>



# First Steps Map



# Vignette #1

Sally is 2 years old and has just started receiving First Steps services in your classroom. The provider will be coming to your room to conduct therapy on a weekly basis. An IFSP outcome is for Sally to talk so others can understand what toys she wants to play with.



## Vignette #2

Billy is an 18 month old who is not walking independently. He likes to interact with the other children in his class. He receives physical therapy once a week. His IFSP outcome is to walk independently so he can get around the classroom and play with the other children.



# Know the Signs. Act Early App



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™



Learn the Signs. Act Early.

## Help your child grow and thrive



**Download CDC's free  
Milestone Tracker app**

*One million downloads and counting!*



Track & Share  
Milestones



Get Tips &  
Activities



Learn When  
to Act Early

Learn more at **[cdc.gov/MilestoneTracker](https://www.cdc.gov/MilestoneTracker)**

[Español \(Spanish\)](#) | [Print](#)

<https://www.cdc.gov/ncbddd/actearly/index.html>



# Example of CDC Website

From birth to 5 years, your child should reach milestones in how he plays, learns, speaks, acts and moves. Track your child's development and act early if you have a concern.

## Milestones

Milestones for children 2 months – 5 years of age

## If You're Concerned

What to do if concerned about your child's development

## Families

Track your child's developmental milestones

## Healthcare Providers

Free tools to support developmental surveillance

## Early Childhood Educators

Free tools to track milestones and engage families

## Free Materials

Print or order free materials

## WIC Program Staff

Free tools to help WIC staff support child development

## Home Visitors

Free tools to track child development

## Watch Me! Training

Training for early care and education providers

## About the Program

Overview of the program, research, and evaluation

## Milestones in Action Photo and Video Library



View and download free photos and videos of children showing different milestones from 2 months to 5 years of age!

## Developmental Milestones Matter!



From birth to 5 years, your child should reach milestones in how he or she plays, learns, speaks, acts and moves. Learn more about CDC's free tools to help you track and celebrate your child's milestones!

## QR Code for App





# Professional Memberships

- IN-DEC



[dec-sped.org/become-a-member](https://dec-sped.org/become-a-member)



<https://inaeyc.org/membership/membership-categories/>

<https://www.naeyc.org/get-involved/membership>

<https://www.zerotothree.org/get-involved/become-a-member/>



# Participant Handouts

<https://www.iidc.indiana.edu/ecc/resources/conference-handouts.html>

Short URL: <https://go.iu.edu/4NQL>



# Thank You!



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# Handout URL

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