

Supporting Babies with Special Needs

Kim Diamond-Berry: Welcome to today's webinar presentation. We are so glad that you have joined us. My name is Kim Diamond-Berry, Senior Writer/ Training Specialist at the Early Head Start National Resource Center, and I'll be your moderator. We will have a question-and-answer segment later in this webinar, so please use the chat feature to send us any questions you may have throughout the webinar. We have an agenda packed with lots of information that we hope will be helpful to Early Head Start and early care and education programs supporting infants and toddlers with special needs, specifically focusing on family child care and home-based options.

Let's take a few moments and review the webinar objective. We want to, first of all, provide strategies for supporting home visitors who work with families of infants and toddlers with special needs. We also want to provide strategies to develop and strengthen the partnership between family child care providers and infant and toddler Part C specialists. And we also want to provide creative adaptations, supports, and resources to support services for infants and toddlers with special needs in family child care programs. Now let's take a few minutes to get to know our faculty for today's webinar. Jennifer Boss is Director of the Early Head Start National Resource Center. We're so glad to have you with us, Jennifer.

We also have Dr. Carla Peterson with the National Center on Quality Teaching and Learning. She is also Associate Dean for Research and Graduate Education in the College of Human Sciences at Iowa State University. Welcome, Carla.

Maria Bocanegra is the Family Child Care Home Coordinator with Pajaro Valley Unified School District's Migrant Head Start Program. Welcome, Maria. And Terry Brady-Carothers is a Teacher of the Deaf and Hard of Hearing with Pajaro Valley Unified School District's Early Start Program. Welcome, Terry. We're so fortunate to have all of you here for this important discussion.

We'll begin by hearing from Jennifer, who will highlight the Head Start Program Performance Standards related to early intervention and special needs for very young children, and the family child care and home-based program options. Jennifer.

Jennifer Boss: Thank you, Kim. Hello, everybody. I'm very happy to be here. I will let you know that I am sitting in for Angie Godfrey from the office of Head Start. She, unfortunately, was not able to be with us today, but I know that she sends a warm welcome to everyone on the webinar today. I also know that Angie would be sure to say to everyone on the webinar that this is such a critical issue for Early Head Start and child care programs serving infants and toddlers, and we really want to think about, as we are listening to the faculty and participating in this webinar, how do you really ensure that you're providing the best quality care for all children in Early Head Start, and what are those critical nuances that we all need to keep in mind when working with families of infants and toddlers?

So, we're really excited about the faculty that are here with us today, who are going to help us think about all of these issues and give us some really good food for thought as you go back to your programs. As Kim said, I'm going to kick us off today by calling attention to the fact that our Head Start Program Performance Standards have language in multiple places that require programs to really pay attention to all aspects of providing care for children, and for our discussion today, particularly infants and toddlers with special needs. So, you can see here on your slide, we've called out 1304.20 and 1304.21.

And, of course, throughout the Performance Standards and all throughout 1304, there are references to ensuring that children – that programs and grantees are working with families to ensure that they have medical homes, that parents are engaged in all aspects of their child's education needs and medical needs regardless of their child's starting point in life, that all of those things are attended to, that children are screened regularly and assessed regularly, and referred for further evaluation when concerns arise. And, of course, when necessary, children who need it, receive an IFSP – and individualized family service plan – that provides guidance to both the early-intervention services and providers, but also to the Early Head Start Program for how to support that child and that family. So, again, a lot of language throughout the Performance Standards that help guide programs in those services. And then, in particular for our conversation today, we're going to be focusing in on the home-based program options and the family child care program options.

And, so, we know that all of these services – these services for children with special needs happen throughout all of the service-delivery options in Early Head Start. And, of course, in the home-based option, it's the home visitor who's working with the parents to ensure that those important experiences that nurture a child's growth and development – optimal growth and development – are happening. And it's through that parent/child relationship and supporting that parent to advocate for their child and to work with their early-intervention providers, that relationship is what is supported through the home-based option, as well as other ways of working with the family.

And then, of course, in family child care, in a family child care setting, the family child care provider is ensuring that the children in their home, in that setting, receive the same attention to their optimal-growth learning and development as in all service-delivery options.

So, I think, really, what is important here is knowing that the Head Start Program Performance Standards really provide us all with a strong foundation of expectations for programs, to build the kinds of quality services that the child and the families – individual children and families – need to grow and to thrive. So, you know, that's pretty much all I'm going to say about the Performance Standards. We know that they provide that foundation. And you're going to hear from the rest of the panelists throughout the webinar today about ways in which they build on that foundation to support children's optimal growth and development. So, I just want to say thank you for letting me sit in for Angie today, and I'm really excited about hearing from our wonderful panelists about the various ways that we can make this work come to life for children and families in the programs.

I'm going to turn it back to you, Kim.

Kim: Thank you, Jennifer, for being here. Thank you for that important guidance around individualization and the home-based and family child care options. Carla will now talk about the foundations of school readiness, the unique components of family child care and home-based program options, and embedding early-intervention strategies into daily routines. Carla.

Carla Peterson: Thank you very much, Kim. I'd also like to say thank you to all of you for participating, and for the opportunity to talk with you today. You have seen that the program-performance pyramid model just came up on the screen. And this will look familiar to all of you who work in Early Head Start or Head Start. This framework guides services in Early Head Start, and provides the foundation for school readiness. That foundation is what supports secure attachment between caregivers and young children. And those secure attachments between family members and their children are undergirded

by the essential staff and community involvement as well as family engagement – family engagement with their children and with the programs that support their children.

The Head Start Child Development and Early Learning Framework will also look familiar to all Early Head Start staff members. Sometimes you see these things so frequently that you kind of forget about, or perhaps don't think every day about how these really are important in guiding our work. School-readiness goals – and, as you all know, in Early Head Start, school-readiness activities focus on children's learning opportunities in the five essential domains that are pictured in the center of this Framework. Program staff members are assessing children's development in these areas on an ongoing basis, and agencies are also charged with considering the developmental and cultural differences among children. Head Start Child Development and Early Learning Framework's five essential domains can be used to guide development, enhance development, when learning opportunities that address that development happen across the daily routine.

We often say when those activities are embedded in the daily routine. We will consider each of these five essential domains and embedding activities in daily routines as we talk today. Early Head Start is often called a two-generation program. The three elements represented here represent the essence of school readiness. Healthy families are able to parent their children effectively and enjoy their children. In turn, this contributes to strengthening families and optimizing children's developmental outcome. Infants and toddlers, across a variety of program options in Early Head Start and Head Start center-based programs, home-based programs, and family child care, and Part C early intervention, can collaborate within any of these models.

So these overarching goals guide all program models. But we're going to turn our attention to looking at home-based Early Head Start and family child care models right now. First, Early Head Start home-based programs have a big job to do. I would like to emphasize these three points. The first goal of all Early Head Start programs, including home-based programs, is to promote child development. We must recognize that the home-based model is an indirect-intervention model. We're promoting child's development by enhancing the parents' skills and resources to nurture their children. Because of this, strong professional development and staff support is essential to support those home visitors. They need to have excellent skills for working with adult family members, not just the children, and also for collaborating with other professionals.

Another point I'd like to emphasize is that home-based Early Head Start is an important job. Home-based programs are an option of choice for many families and for many communities. More than 40 percent of families enrolled in Early Head Start are enrolled in the home-based option. The home-based option can provide a real advantage in having a positive impact on infant and toddler development by helping families learn and implement new skills in a setting where they are likely to feel the most comfortable – in their own homes. Early Head Start home visitors can encourage family engagement in embedding learning opportunities into a variety of daily routines. This is true for children with and without disabilities. Early Head Start home visitors and other professionals, such as Part C specialists or family service workers, will often meet together with parents during a home visit or during a regular team meeting. This is so important to help everyone know what's going on with that child and family, and what needs to be emphasized.

Kim: And, Carla, home visitors can really help families understand that embedding early-intervention into daily routines is not something extra that parents have to do, but that early intervention becomes part of the expected daily and weekly routine with the infant or toddler. And this really facilitates

optimal development and learning. This process also promotes bonding and attachment between the parents and the infant and toddler, which we know is so very important in these early years. Another important component to home visiting is really providing the encouragement that parents and families really need. You know, for example, home visitors can really enforce something positive that parents and families are doing with their infants and toddlers, like, right on the spot. A baby who lights up when a parent sings, for example, is just something positive that can be pointed out. Families are also connected through socialization, and they can learn about other community resources and other opportunities to share with one another through this opportunity, through this networking opportunity.

Carla: As home visitors, we often focus on the parent and the family and young child. The parent and family are often focused on their child or their children as well as many other items. So, picking up on what Kim was just saying, those socialization opportunities, and the connections that families make through those opportunities, are so important for so many ways. We know that connecting parents to needed resources and services often extends beyond the immediate needs of their child who's enrolled in Early Head Start. And, often, those connections are what sustains the family over the course of time – those connections with transportation, with work, with school. I'm sure that some of you can fill in some more blanks in that particular string.

Kim: And, you know, home visitors have a really wonderful opportunity to support the intimate connections between the parent and the young child in the home and natural environment. And this is just such an important aspect of the home-based options.

Carla: With this slide – I'm not going to read through all the points, but you can see that with this slide, we have introduced some information about Part C early intervention. Home visitors can help the family understand the importance of their role in the Part C early intervention process as it relates to their child. In addition, home visitors can support activities related to the IFSP, and help families connect with other families and professionals. We'll discuss all of these things a bit as we go on. But first, I'd like to take a minute to talk about the family child care options. First of all, family child care is generally defined as it is on this slide. It's care in the provider's home for which the provider is compensated. And that goes along with the family child care definition that is given to you in the Program Performance Standards.

In addition, I'd like emphasize that family child care is a natural partner for Head Start and for Early Head Start, and here are a few reasons. Family child care is a good option because it provides multiple opportunities for positive impact on infant and toddler development in a naturalistic setting, in someone else's home that's likely to be much like the infant's home. In Early Head Start and Head Start, the family child care option is a program that's licensed and regulated by the state. So, here are some things broader than just Early Head Start, as well. In the U.S., 60 percent of young children, those under 5, are in some type of out-of-home care. Many, many parents prefer family child care for their young children. In fact, it's the most prevalent type for infants and toddlers. More than 34 percent of the care purchased by child care development funds – the block-grant funds that you may be aware of in your state – is actually purchasing family child care.

And there are large percentages of children enrolled in Head Start and Early Head Start that also participate in family child care. But as we move on to talking a little bit more about early intervention, let's just take a minute to stop and look at this picture. Keeping the focus on the goal and where it all begins, this picture really reminds us that the foundation of school readiness begins with the

infant/parent relationship. That's true for children with or without disabilities. But now we're going to turn our attention to Part C early intervention and think a little bit more about children who do have an identified disability or some kind of developmental delay. So, first of all, Part C early intervention services are provided under the auspices of a federal law, that federal law, the IDEA – Individualized Education Act. These services need to be special in many ways. First of all, they need to be individualized to the needs of the child and the family. Second, they're going to vary along a number of dimensions. The types and amounts of services that any individual child and family receive will be different depending on the needs of that child and family. The professionals and paraprofessionals who deliver those services are like to be different.

The places where services can be delivered vary from family to family. And it should also be stated that some of these things will vary from state to state, sometimes even from community to community within a state. So each of you needs to be aware of the service system within your own state. In some states, early-intervention services are administered by the Department of Health, in some states by the Department of Education, and in some states by yet another organization. So those things are all things to consider in your local area when you are working with an individual child who has a developmental disability of some kind. What does it mean for services to be delivered in the natural environment? Sometimes, this is interpreted as meaning that services need to be delivered in the family's home. That is not necessarily true.

More than 80 percent of families who are enrolled in early-intervention services do receive at least some of those services in their home. But natural environment really means an environment where the child would be even if he or she didn't have a disability. So, you can see that family child care fits right into that kind of a definition. Also, early-intervention services are guided by an IFSP. You can see on the slide the full name for an IFSP. An IFSP must be based on the child's developmental status and current assessment information, the family's strengths, needs, and resources, the expected outcomes for child and family, the early-intervention services that are needed, who the service coordinator will be, how transition supports will be provided – supports for transitioning out of early-intervention services – and also plans for ongoing review. So, you can see that the IFSP is really a very comprehensive document and process.

Okay, let's move on to talking about some of the things we need to think about if Part C early-intervention services are really going to work, and particularly if collaboration with Early Head Start programs is going to work. First of all, we need to consider resources. We need to consider material resources, staff resources, and also think about what are sometimes called formal resources. Those tend to be defined as professional services. But let's also think about informal resources. Those you might be able to think of as the support that families get from family and friends. And those are very important to many families, as you all know. They're probably important in your own families, as well. And being able to draw upon those informal resources can be very important, both in Early Head Start and in early intervention. Information is an important thing to think about. First of all, especially sharing information about assessment, curriculums, and family plans in a way that is efficient but also respectful of confidentiality, both for family members and for staff people. Training is something that undergirds all high-quality programs, training or professional development. Training professionals on all sides of the partnership is important.

One example of effective training is sharing training resources between an Early Head Start and a Part C program. Hopefully that's happening in some of your communities, and you can think of ways to even expand that. Flexible scheduling is often important when programs are collaborating, and

communication is always key. Establishing and keeping open clear communication lines is essential for good collaboration between Early Head Start and Part C programs. Let's move on to talking a little bit more specifically about some resources. I've tried to picture, here, some examples of material resources that might be needed for children who are receiving Part C services – hearing augmentation, an exercise ball to strengthen muscles and flexibility, mobility devices. It may be important to share information to find funding for these resources, to understand eligibility rules, and to understand information about sharing and transporting these resources from one place to another. However, it's also very important to think about what staff members and family members in all of the various places where this child participates need to know about how to use these kinds of material resources, or what we sometimes call learning supports, most effectively and most efficiently with that individual child. It's not a "one size fits all" kind of a situation here.

So, that moves us to think about training. When I talk about training and professional development, I'd like to emphasize a couple of kinds of training and professional development. One kind I often call program-related training, and that's the kind of training or professional development that people have in order to help them understand how a program operates, the rules around eligibility, how a program collaborates with another agency, all of the things around making the program itself run smoothly. There also are what I often call child- and family-specific kinds of training or professional development. These are particularly important when a child has some kind of special needs or developmental delay. There may be some special strategies that are most effective for communicating with a toddler who has autism. There may be some very special things that need to be done to help a child who has a hearing impairment communicate.

And Terry will talk more about that later in the hour. When we think about flexible scheduling, we need to think about more than home visits. Home visits are definitely something that's important, and I've already mentioned the fact that it's often helpful to have an Early Head Start home visitor work with a family at the same time that a Part C early interventionist is working with the family. And, so, there are ways to schedule some of those visits to overlap, or to have the Part C early interventionist participate in a socialization activity, or a number of different ways to think about that. Another thing to think about in scheduling is IFSP planning and implementation. And I'd like to introduce the idea that an IFSP is definitely a document. At an IFSP meeting, a document is developed to record the services that will be delivered to the child, and the rationale for those services. But IFSP planning and implementation is also a process. It's an ongoing process of communication, data collection, intervention, and evaluation of that intervention. And that leads right into the idea of communication. I've already stressed the importance of keeping – establishing and maintaining good communication. Open communication, but also honest, forthright, and heartfelt communication with families and with professionals.

Some more things that are important in thinking about making early intervention work are these: assessments happen on a regular basis. And there are assessments that happen as a part of the early-intervention program, assessments that happen as part of the Early Head Start program, and also as part of the family child care program. Assessment curriculum and plans are happening in all of those different settings, so these are some clear places where communication lines need to be fostered and maintained. Families, as you might well be aware, can get very frustrated if the early-intervention provider is asking exactly the same questions that the Early Head Start provider asked yesterday or earlier that day. So, that's just one example of ways that communication can be shared, needs to be shared. Some of you may be sitting out there thinking, "Oh, we have confidentiality rules against sharing that information." Yes, you do. And, of course, you always have to respect those. So putting in

place agreements among agencies so that that information can be shared respectfully and legally is a very important strategy to implement.

Let's go on to talk a little bit more about that idea of routines-based intervention. We mentioned that earlier, but I'd like to talk about routines-based learning opportunities. First of all, routines are just exactly what you're thinking in terms of that word. They are naturally-occurring events. And these pictures show you some examples of how daily routines can be the perfect opportunity for putting in a developmental-learning opportunity. Just think for a minute about what some of the interactions might be that will support the child's development or enhance the child's development during bath time or during an outside walk. Talking with families about this helps the parents understand that they don't always have to do something different or special or prescribed, but they can provide learning opportunities and support their children's development within their daily routines.

Let's go on to consider a specific example during a mealtime routine. Please meet Chloe. Chloe is two years old and has three older brothers and a younger sister. She has a very busy family. She's enrolled in Early Head Start, where her services are provided via a family child care program, and she also receives early-intervention services as her overall development is delayed. Her Early Head Start and early-intervention providers have worked with her family members and the family child care provider to identify ways that they can promote her development during mealtimes. Listen and identify which of the five essential domains is being targeted with each of these suggestions. Chloe's caregivers can be attentive during conversation with her and ask questions to expand on her conversation. I assume that you're thinking about language and literacy and cognitive development. Family members can practice turn-taking, and use eye contact when engaged in conversations with each other. And, of course, social-emotional development comes to mind. They can do that when interacting with Chloe, but she can also observe that in interactions among other family members. And finally, caregivers will allow Chloe to serve herself, eat using more adult-like utensils, and drink from her own cup. Of course, it's working on motor skills, and also social-emotional skills. So, thank you very much.

Kim: Thank you, Carla. You've given us some wonderful additional guidance about early intervention, and how to think about daily routines as development and learning opportunities for young children. These are great examples to consider as we think about our programs and the children we serve. Maria and Terry, let's bring you into the discussion to help us think more about our partnerships with Part C early-intervention programs, how your staff provides adaptations in natural environments, and how your families are supported and connected to resources and services.

Maria Bocanegra: Thank you, Kim. I will talk about the experience that we have in our program. Our program offers center-based care options and serves 154 children, including 18 children with special needs. We also offer the option of FCCH providers, and have 578 children, including 63 special-needs children, with a total of 732 children. We're very supportive with the special-needs children with the Pajaro Valley Unified School District with all the services and agencies to support all the children who receive services even when our program is open or closes. Our families receive services in their family home when our program is closed.

And also, if the family moves, our Migrant Head Start program, supports the family with all the paperwork needed – for example, the IFSP that has been updated in our community, in our data. So, our families take the information when they move, and they go to different agencies. It's how the Part C specialist comes in with all their support so the family can go to different programs and apply for services for the children. One of the partnerships that we have with Part C and Migrant Head Start is a

collaboration that we have with them since the beginning of our program. Before pre-operation services, we're already in communication with the state so they can help us get the information needed so we can provide the best services for the special-needs children. Between them and our agency, we collect all the information needed. So when we do the placement in a Family Child Care Home or in our centers, we have the information needed so we can work with those children. Plus, we collaborate with them since the beginning of any referrals. Any referrals we do to the school district, we already meeting with them with schedule, and coordinate a schedule for the screening and assessment for children.

We provide transportation as needed for all the parents that might need transportation, and they need assistance in order to attend to the IFSP and IEP meetings. This collaboration, it really makes a difference with the Memorandum of Understanding between Pajaro Valley Migrant Head Start and Pajaro Valley special education. It makes a difference. With all this collaboration, it makes possible to have all those services for all our children. They need – and all the families, they need the support. And one of the best things that we have with that collaboration is when you hear, coming from the Part C specialist, making the comments, saying, "It was so positive. I really have experienced very positive experience when I visit those homes and see how those children are supported by the provider or by the teacher, and provided those quality services. It makes the children really getting ready to start school." So, with those comments from the specialists, it makes us knowing that our Family Child Care Home providers and teachers are really doing their jobs and getting those children prepared for school. Thank you.

Kim: Thank you, Maria. And now Terry will share some of the resources and adaptations from the family child care staff that they use to support young children with special needs in their program. Terry.

Terry Brady-Carothers: Hi. It's nice to join all of you today. And I want to talk about adaptations that can be made to the natural environment. That can be the home, or it can be the Family Child Care Home. One of the things that can be altered is the environment. You can alter the physical space needed for a child. You can alter, socially, how many children are around for an activity. You can alter the time allowed to do something, if more time is needed for one of our children with special needs. Material adaptations can include things like – we've provided materials that have large print, or books that have braille for children that have low vision or are blind.

We have baby books with sign language that are in some of the providers' homes, and our occupational therapist has provided no-skid mats that can be placed under bowls or plates, or provides special suction plates and adaptive spoons that can be used. We have, activities that can be simplified for children, breaking down a complicated task into smaller steps. For example, there might be a mealtime choice board with four pictures. But for a child who's just learning, you might just match the picture to the food item to begin with, then move on to two pictures, then to four. Then, for child preferences, we have an example of a child that just loved baby dolls, and she had some speech and language goals related to learning verbs, action words, and adjectives. So the provider found big and little baby dolls, big and little cups, big and little bottles and clothing, and we had the baby dolls sit and sleep and jump and do the verbs that she was learning. And it kept her attention much longer because it was a preferred activity.

Specialized equipment might be a special chair or standing device that a child could leave a wheelchair and come to a sand table or a water table and participate face-to-face with their peers. It might be

something like picture cards for children that don't speak but can make choices with symbols or photographs. It could also be communication devices like a talking computer, or a push-button where you can record a voice for the child. Adult supports include things – one of our examples is a provider who has, in the last three or four years, become proficient in using sign language during her daily routines. She can sign as she speaks in Spanish what she's asking the children to do. "Time to go outside. Time to eat. It's nap time." She knows a few songs in sign, and the children are also learning along with our child that is deaf and hard of hearing in that program, and the other children are signing when it's clean-up time or time to go outside. So it's really a nice thing that's going on between our two programs. The next thing I'd like to talk to you about is other ways to adapt home routines, or how to use home routines to work on the early-intervention outcomes or objectives the child is working on. And Carla talked quite a bit about the mealtime, and how you can introduce social and motor and language skills at mealtime. So, I'll take a couple of other examples here to talk about how we can embed outcomes for learning in daily routines. The little girl at the dryer could be working on the gross motor skill of pulling to stand, cruising along furniture, or squatting and returning to stand. That could be facilitated by picking up items of clothing and putting them in. A cognitive skill might be cause and effect, pushing the button to make something go, or object permanence – something is here. When it hides away in the dryer, it still exists when you open the door. A social skill might be sharing operating the machine with an adult or a peer.

And language can be embedded everywhere – how she's moving, the clothing items you're using, listening to the sound of the machine, talking about hot and cold and wet and dry. You can go on and on. The little boy at the wheelbarrow might be practicing pulling to stand or walking with support by pushing an item. An adult could be behind him facilitating that. Or standing independently – letting go and standing for a few minutes. Cognitive tests of putting things in and out, language of naming the items that are going in and out, or blowing the leaves and throwing the leaves – actions. So, every opportunity is a learning opportunity. And the things that happen daily and more repeatedly give the child more opportunity to learn over and over again, versus having a one-time therapy session with a special toy at a tabletop.

This is a way of learning meaningfully and getting a lot of repetition. So, we talked a little bit about embedding early-start or early-intervention Part C strategies into daily routines, but we also have Part C specialists that coordinate with our Migrant and Seasonal Head Start programs. We have early-intervention special-ed teachers, we have teachers that serve children with visual impairments, we have teachers of the deaf and hard of hearing. We have speech-and-language specialists, occupational therapists, and physical therapists. And we also consult with school psychologists and school nurses as needed. The parent/infant playgroup listed here refers to the Part C early-intervention playgroup. Although we have natural environments that we're – thank you – that natural environments that we promote, our parents asked to have a special time to meet with each other, to support each other as parents of special-needs children.

So we do meet once a week for two hours and provide activities for the children, and the parents have a counselor that meets with them and helps them support each other. So, this is an example of a current student that we share in Part C and Migrant Seasonal Head Start. And her parents have given us permission to share her pictures and her story. She came into Early Start at three months of age. She's profoundly deaf in both ears. She started Migrant Seasonal Head Start in a family child care center at about 5 months of age. And these pictures represent some of the environments that she and her family are taking advantage of across the programs. The top left is the child on a home visit with a teacher of the deaf and hard of hearing, and a deaf adult who comes weekly to encourage and teach

the children and the parents sign language, and it's tailored to their needs. Last week we worked on signs about going to the doctor. That was a request of the parents. And the picture below, that is at the Migrant Seasonal Head Start center. And the speech therapist was there that day, and they were blowing bubbles. And the children were having a grand time playing, blowing bubbles together. Several children joined in. But there were actually speech and language, breath control, and blowing skills going on, and a lot of language about the bubbles, blowing and popping and requesting more. The picture off to the left is our student in our parent/infant playgroup and parent support group that is run by the Part C program. And when the parents aren't working, they attend once a week, and there are other families with children with hearing loss in this essential program, as well. There's a fourth picture that we couldn't include, but this child also goes to a private speech-and-language program for children with cochlear implants.

The parents drive an hour each way two days a week, and the school district pays for this service for additional. So, the message here is that this family and child is taking advantage of programs across different agencies so beautifully, and she is using more than 20 signs expressively, understands far more, and used her first word recently, which was "mama," to the delight of everyone, and she's babbling. So we're all looking forward to sharing her progress together and being a part of this child's family's life and story. Thank you.

Kim: Thank you so much, Maria and Terry, for sharing these examples from your partnership and your program. That was such an inspiring story that you shared with us about the little girl, and we thank you for that. You've given us some wonderful practical ways to support individualization for young children through embedding early-intervention strategies into everyday routines and activities in family child care, and we really appreciate it. We have given you lots of information, guidance, and examples of how staff can support very young children with special needs. Now we'd like to hear from you. What questions do you have for us? We have one question here that I'll go ahead and read it, and then we can decide how we answer. "As a home visitor or a family child care provider, if you suspect that a child might have a special need, what is the best way to approach the parent? How do we really begin to start to have these delicate conversations?" And I'll direct that – maybe Maria can give that a shot? Maria? Are you mute?

Maria: Yes. Yes, I'm ready.

Kim: Okay.

Maria: When we have a concern there's any special situation, we have Family Child Care Home specialists that work closer to each provider. These children have caseloads of providers. So, they communicate with the specialist. The provider and the specialist get together. They both review their screenings, their questions, their concerns. They meet with the family to share the concerns, to ask the parents what are their observations about the concerns. And from there, they meet, they go over what needs to be done. So, the meeting will be between the provider and the specialist with the parents.

Kim: Okay. Thank you. And, so, that really speaks to the team that works together to really provide the support. Carla or Terry, would you like to add anything to that?

Carla: This is Carla. Thank you. What I'd like to add to that is the idea that this may not always be accomplished in one meeting. Maria and Terry may have some more to add to that, but it's not uncommon, really, for parents to be upset to get this kind of news, or be disbelieving if a provider

shares some kind of a concern with them. So, sometimes the concern needs to be shared several times over a period of months. Sometimes family members need to hear it from more than one person. Be persistent, stick with it, and support the family through the whole process.

Terry: And this is Terry. One of the things that I think always helps is to start with something very positive, like, "I noticed your child was really playing nicely with another friend at the center today. Her social skills are so strong. But I wanted to share with you that I've also noticed that she's having trouble with her balance," and, "Have you talked to your pediatrician about it?" or, "Would you like to have the occupational therapist that we know visit and observe?" That kind of thing. Start with something super-strong and positive about the child, and then address the things that are concerning you.

Kim: Okay. Thank you. And we have another question here, and this is for Maria and Terry. "How long are children with disabilities and their parents supported by the program?"

Terry: I can start. This is Terry, from Part C. The children are receiving Part C services birth to 3. And before they turn three, there's a transition plan that's done with the family and with Migrant Head Start staff, and we plan where the child might go and what services they might need for special education starting at age three. So, they know that home visiting from Part C will stop, and that there's something new to look forward to. And usually they have an opportunity to visit the preschool classes that's being offered, or hear about speech therapy services if that's, you know, what's in the future. And we let them know that they're part of the team. This isn't final. These are options we're looking at. And as the child gets closer to three, we'll look at which situation meets their needs.

Kim: Thank you. Maria, would you like to add anything to that?

Maria: Yes. When we have a family that is going to be in transition, the Family Child Care Home provider, she'll continue working with the IFSP goals until all the process is going. And because sometimes the school district – if you're doing the summer, the school district services are not open, so Migrant Head Start, provider, and if we have a specialist working, we've been having one language – speech therapist. They provide services many times during the summer when the regular school is closed. So, between her support and the Family Child Care Home, they continue working with the goals from the IFSP until we have that transition to the IEP like Terry mentioned.

Kim: Thank you. Thank you. And we have time for one more question. And this is probably for family child care providers as well as home visitors. The question is, "What are some ideas for embedding IFSP goals?" And why don't we start with Carla?

Carla: I would suggest looking at the daily routine and just reviewing all of the various activities that the child participates in during the day, then laying those side by side with the IFSP goals. And even for a child who doesn't have a developmental delay, just look at what the next stages of development are. What are the developmental goals for the child? And so, then, think about what the child does within each of those daily activities, and how he or she might be supported around that particular goal. So, we gave some examples for – well, we gave some examples for many different kinds of goals. But when a child's getting ready to go outside, that's a great time to work on putting on your own coat or jacket, especially if you live in Iowa like I do, where it's cold. When a child is picking up toys, that's a good time to pick things up and put them in a particular basket, sorting things out. A child might be working on one-to-one correspondence when he passes plates out at lunchtime. There are things that

can fit into bath-time routines. So, look at the schedule, look at the goals, and go back and forth between those so that you can match them up.

Kim: Thank you, Carla. Maria and Terry, anything to add to that?

Terry: This is Terry. And I think that's the perfect time to get your Part C specialist and the child care provider and, if the parent's available, together to talk about, "Here's the goal. The child's working on this. What exactly could we do during the beginning of the day or certain routines?" And collaborate together and share ideas on how to embed those goals. The opportunities are endless once you get going. It's exciting.

Kim: Thank you. Thank you. We have a few more questions that have come through, but we are almost out of time. So what we will do is post questions and answers with this webinar when it is archived on the ECLKC. We have one last question for our panelists. "If you could offer one last message to programs about serving infants and toddlers and preschoolers with special needs, what would it be?" And why don't we start with you, Maria?

Maria: In my experience, I really believe that working together and develop a relationship with parents, providers, and Part C specialists is really the key to support our children, special needs or no special needs. Thank you.

Kim: Thank you. Terry?

Terry: Yes. I think the takeaway message is that both programs benefit from knowing each other. Part C specialists gain so many gifts by going into the Migrant daycare centers. They learn new activities that we haven't thought about. We meet new people. We get to see typically-developing children that we don't always see on our caseloads, and it's a reminder of the goal we're shooting for for all our children. And, hopefully, we give the gifts of some new ideas and adaptations to be used during their time at the center. And I think that when we work together, we present to parents that we are in it together for their child. And I think, as a parent, I would appreciate that.

Kim: Thank you. And Carla?

Carla: I would just say please don't be afraid. Remember that even if a child has some kind of a disability or special needs, first of all, he or she is a child. He's eager to learn, and his parents are eager for him to have as many opportunities and to learn as many things as possible. And parents always want to know that somebody's ready to love and care for their child, as well.

Kim: Thank you, Carla. Well, I would certainly like to thank our panelists and you, our participants, for a lively discussion. We've received great guidance and examples of how to provide resources and participate in supportive early-intervention activities for very young children. The viewer's guide that accompanies this webinar contains additional resources, so please use it to support the work in your program. An evaluation will be e-mailed to you in a few days, so please be sure to complete it. Thank you again for your participation.

Carla: This does conclude today's presentation. We thank you all for your participation.

[End video]