



KenCrest Services

Birth to Three Program



Preservice Training



1. Introduction to Training for Birth to Three Staff

Guidelines for Pre-Service Training

All early intervention personnel who work directly with infants and toddlers are required to complete pre-service training *prior* to working with children. The regulations set forth by the Office of Child Development (OCDEL) for pre-service and annual training are included in the module entitled *Early Intervention Regulations*.

Infant and Child CPR & First Aid

All early intervention personnel must maintain current certifications in Infant/Child CPR & First Aid. New employees are required to complete CPR training within their first 120 days of employment. CPR must be renewed before the expiration date (every 2 years).

Guidelines for Annual Re-Training and 24 hours of training

All early intervention personnel that work directly with children must complete 24 hours of training annually. All personnel are required to complete training in the following topics *each year*:

1. First Aid & CPR Training (Infant/Child)
2. Procedural Safeguards/Mediation
3. Child Abuse Reporting
4. Fire Safety/ Evacuation
5. Confidentiality
6. Cultural Competency
7. Universal Precautions/OSHA
8. Transition
9. Using Informed Clinical Opinion

Your supervisor will provide the links for accessing these training topics on-line. Philadelphia staff and contractors must abide by the training requirements set forth by TLC. You can learn more about these requirements through your direct supervisor or by reviewing the TLC website.

<http://jeffline.jefferson.edu/cfsrp/tlc/requirements.html>

Professional Development Activities

Early intervention personnel may access professionally relevant training through a variety of resources. First and foremost, staff should attend the training offered by Ken-Crest. Each fiscal year. Training topics will vary from year to year, but will include topics such as autism, behavior management, working with families and evidenced-based intervention techniques. Training topics related to early intervention and county regulations are also completed at site team meetings. Contact your supervisor for these dates and times.

Philadelphia personnel will receive a copy of the TLC training handbook.

Procedures for Sign-in Sheets, Certificates and Evaluations

In order to receive credit for completing pre-service and annual training:

- Print the certificate
- Have your supervisor sign the certificate
- Keep a copy of the certificate for your records
- Your supervisor will send your sign in sheet to our central office to be entered into our training data base.

Guidelines for receiving credit for 24 hours of training

In order to receive credit for internal and external training events, please be sure to complete the sign in sheet. For KenCrest sponsored events, personnel will receive a certificate to document their attendance at the training. For training events outside of KenCrest, please give a copy of your certificate to your supervisor.

Guidelines for Acquiring Act 48 credits for Internal and External Training

KenCrest Children and Family Services is an Act 48 certified training organization. If you wish to receive Act 48 credits for training, please see your supervisor. You will need to complete the required paperwork to be entered into the Act 48 training data base. If you attend training outside of Kencrest, please submit training documentation to your supervisor. Trainings that are more then 30 days old will not be accepted. KenCrest is unable to provide Act 48 credits for contracted staff.



2. Orientation to Early Intervention

Early Intervention Services

While all children grow and develop in unique ways, some children experience delays in their development. Children in Pennsylvania with developmental delays benefit from a state supported collaboration among parents, service practitioners and others who work with young children needing special services. The Pennsylvania Early Intervention program provides support and services to families with children birth to age 5 with developmental delays. Early Intervention builds upon the natural learning opportunities that occur within the daily routines of a child and their family.

Early Intervention promotes a philosophy that supports:

- Services and resources for children that enhance daily opportunities for learning provided in settings where a child would be if he/she did not have a disability.
- Families' independence and competencies.
- Respect of families' strengths, values and diversity.

Early Intervention supports and services are designed to meet the developmental needs of children with a disability as well as the needs of the family related to enhancing the child's development in one or more of the following areas:

- Physical development, including vision & hearing
- Cognitive development
- Communication development
- Social or emotional development
- Adaptive development

What Children Are Eligible?

Children from birth to age 5 who have special needs due to developmental delays or disabilities are eligible to receive Early Intervention services.

What Services are Provided to Meet the Developmental Needs of a Child?

The services provided to children and their families differ based upon the individual needs and strengths of each child and the child's family. Services such as parent education, support services, developmental therapies and other family-centered services that assist in child development and may be included in a family's Early Intervention program.

Early Intervention promotes collaboration among parents, service providers and other important people in the child's life to enhance the child's development and support the needs of the family.

Where do Children and Their Families Receive Services?

Services may be provided in the child's home, child care center, nursery school, play group, Head Start program, or other settings familiar to the family. Early Intervention provides supports and services in a variety of settings. Early Intervention supports and services are embedded in typical routines and activities, within the family, community and/or early care and education settings. This approach provides frequent, meaningful practice and skill building opportunities.

What is the Cost for Services?

Early Intervention services are provided at no cost to families.

Please click the link below to review publications about Early Intervention Services in Pennsylvania, entitled:

A Family's Intro to Early Intervention in Pennsylvania

<http://www.pattan.net/category/Resources/PaTTAN%20Publications/Browse/Single/?id=4dc09560cd69f9ac7f490000>

3. Duties & Responsibilities of your Position

Prior to Your Work with Families

- All personnel must provide current FBI background check, Pennsylvania Criminal Record Check and Child Abuse clearances. It will take approximately 4 to 6 weeks for your clearances to be returned.
- Disclosure statement and Act 24 must be signed.
- A copy of your credentials and resume must be submitted. Special Instructors must also submit their college transcript(s).
- Licensed therapists/ Special Instructors must also complete an MA enrollment form and supply a copy of their license / transcripts.
- All personnel must complete pre-service training prior to working with families. Documentation of pre-service training must be submitted.
- For some personnel, evidence of liability insurance is required.

While You Work with Families

1. **Protect children's and families confidentiality.** As a professional working in the program, you must educate yourself about FERPA and HIPAA laws regarding confidentiality and records. Information about children can only be shared outside of the early intervention system with parental consent. Parents can request copies of records and can make requests to amend records.
2. **Introduce yourself to families and explain your role.**
3. **Provide services to children within the required timelines.** Your supervisor will review the Start Date timelines that we must abide by in each county.
4. **Participate as a member of the early intervention team.** When you are working with families, honor the parent/caregiver's role as an active team member.
5. **Identify family concerns and priorities.** Use active listening strategies to identify and address families concerns.
6. **Encourage the family's participation.** Invite parents to participate by addressing their concerns and encouraging them to identify how they would like to be active in their child's early intervention program.
7. **Honor the family's values and diversity.** Respect the family's differences, cultural diversity, values and communication styles.
8. **Be nonjudgmental in your approach.** By being nonjudgmental, personnel enable families to feel comfortable and to speak openly about their child.
9. **Leave a contact form at every visit and complete necessary paperwork.** Follow attached guidelines for completing contact forms,
10. **Include siblings as well as other family members.** The child's siblings are part of his/her natural routines and activities. Be sure that you understand the sibling's role during these routines. Most importantly, include siblings so they do not feel left out.
11. **Be professional.** Dress professionally, schedule appointments in advance. Let families know if you will miss a visit or when you are going to be late.
12. **Measure progress toward attainment of outcomes.** Outcomes are arranged to address the family's concerns and the child's participation. Record progress each time that you are with the child. Use direct measurement activities or equipment.
13. **Teach the family how to make adaptations for their child.** Remember that often times the easiest way to help a child participate is to adapt the routine. You can make adaptations by simplifying and changing the routines. Other adaptations involve materials or equipment as needed.
14. **Embed strategies for children in their routines and activities.** Helping families to embed learning opportunities for children within their routines enables children to learn in multiple

settings and at times that are naturally spaced throughout the day.

15. **Consult with the family and other team members.** Instead of providing direct instruction and therapy to children and families, teachers and therapists act as *coaches* to the family and/or the child's caregivers. With this consultation, families play a critical role in finding solutions and strategies to address their concerns and priorities. Families can use these strategies throughout the child's routines; intervention is not limited to times when the provider visits. As a result, family routines are enhanced and children gain more practice opportunities. Families grow more confident and adept at finding solutions and strategies for their child.
16. **Use Language that is respectful to children and families.** Refrain from using educational jargon or terminology that is foreign to families. Always use language that puts the child first (i.e. a child with Down Syndrome).

Family Centered Principles

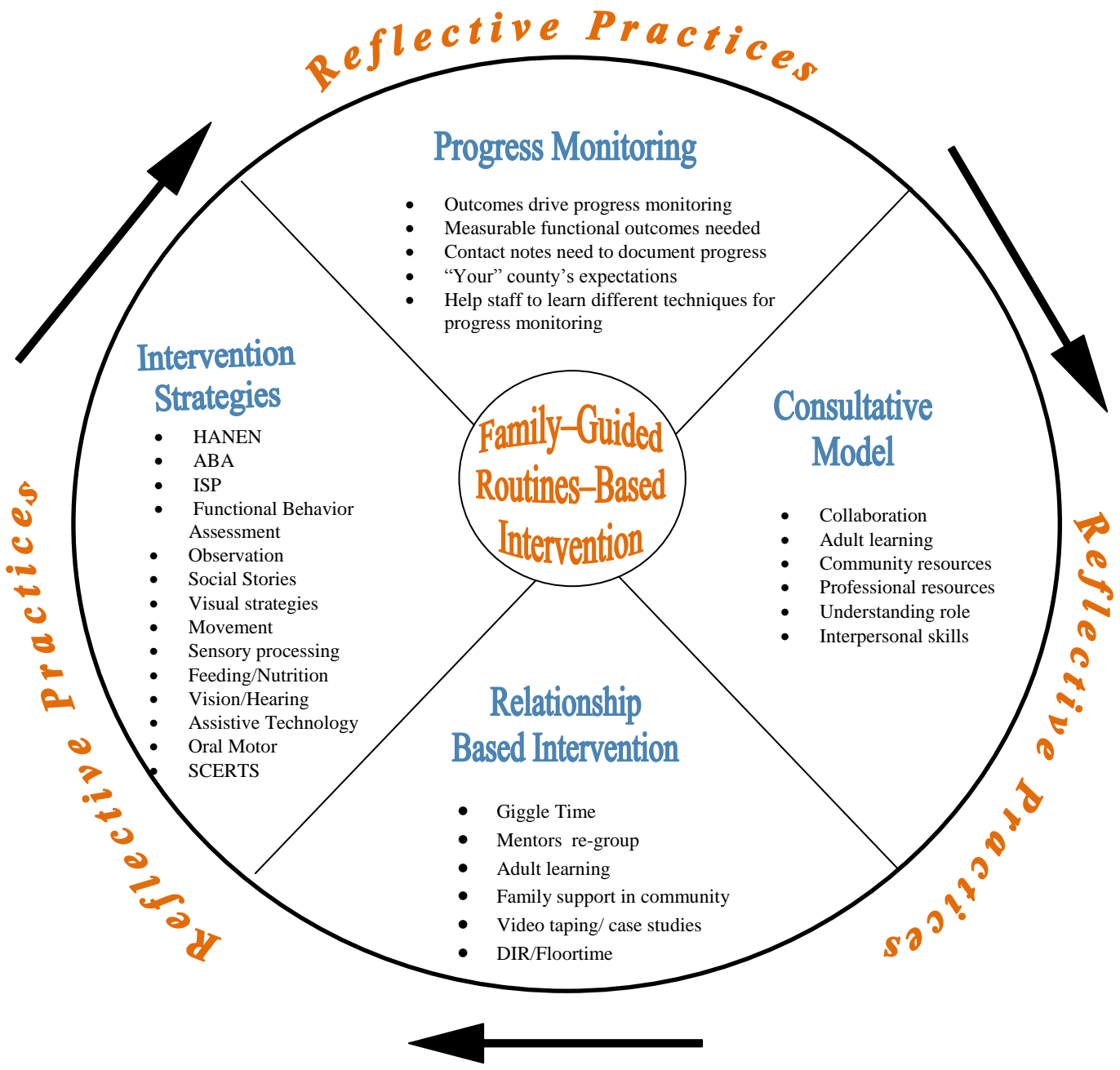
- Recognize that families are the constant in the lives of their young children.
- Provide opportunities for families to make decisions (give families the resources and information that they need to make decisions on their own)
- Include families as full partners in each step of the IFSP process (e.g., assessment, planning, implementation, and review and transition from early intervention supports.
- Structure the IFSP so that families determine the priorities for their young children.
- Provide services that enhance family's capacity to support their child's development.
- Share unbiased and complete information with parents about their child's care and development on an ongoing basis in an appropriate and supportive manner.
- Respect family's cultural and linguistic diversity and styles of interaction, communication, and learning
- Base support and intervention on a sound understanding of how young children develop and how family systems function.

- Encourage and facilitate family-to-family contact and support.
- Remain flexible, accessible, and responsive to the unique needs of a family.
- Recognize that families have a wide range of strengths, concerns, emotions, and aspirations beyond the health, education and developmental needs of their children with disabilities.
- Acknowledge that no one agency can provide all of the information, knowledge, and services needed to support young children with disabilities and consulting with other professionals is essential.

Requirements of Early Intervention Personnel

As a new employee/contractor, you will meet with your supervisor to be oriented to the duties and responsibilities of your position. KenCrest recognizes that supporting our staff in their work with children and families is essential to quality service delivery. Our supervisory staff in each county will orient new staff to state and county regulations and provide on-going support through observations and feedback sessions. A performance evaluation, known as Talent Reservoir, is conducted annually for KenCrest employees. Your supervisor will review the responsibilities of your position including, but not limited to:

- KenCrest Policies and Procedures
- Organizational Chart
- CFS Directory/County Contacts
- Referral process
- Start date procedures
- MDE/IFSP procedures
- Contact/Session notes
- Quarterly/6 Month Reviews
- HCSIS
- Ounce
- Training requirements
- Conducting Home Visits
- Routines Based Intervention
- Collaborative Process (supervisory observation and feedback sessions)
- Compliance Monitoring
- Coaching Techniques



Developed by KenCrest CFS Birth to Three Home/Community Staff



4. Family Centered Approaches

Family-Centered Approaches

Early Interventionists in Pennsylvania have incorporated family centered principles of care into practice. Personnel rely on the information families give to identify concerns and meaningful strategies throughout each step of the early intervention process. Families are in the best position to participate in early intervention when service providers address their real life challenges. Recognizing that families are the biggest influence and constant in a child's life, helps us to know that the work we do with families has a greater impact than simply working with children. Keep in mind that the information that families learn from early intervention can be used long after the home visit, as well as after the child leaves early intervention.

Families enroll their children in early intervention to receive support and information. To better support families, early intervention personnel share information in an unbiased fashion. Families also are more comfortable when cultural and family traditions are valued. As families are at ease, they should feel free to discuss their joys and concerns. When families have support and all of the information they need to make good decisions they are in a better position to help promote their young children's development.

While early intervention personnel work to help parents prioritize their concerns and to consider the child's strengths and talents, we understand that early intervention alone cannot provide everything that any family needs. Families may be involved in (a) community resources, (b) other types of services and (c) even other early intervention services. Conversely, many families may have little to no need to work with formal systems but may have enough help through the informal support from friends and families. Thus, for early intervention to be effective, personnel must be willing to acknowledge, collaborate, and consult with people across both formal and informal systems.

As parents and professionals work together, teams gain knowledge and respect from one and another. Team members gain an understanding of how the family system operates and can be flexible when understanding the family's point of view. We begin to appreciate issues beyond the child's developmental concerns and can help families to focus on their aspirations for their child.

KenCrest staff and contractors are expected to follow the state early intervention guidelines stipulating that Early Intervention services are delivered within the family's daily routines and activities. "Early Intervention personnel work collaboratively with the family and each other to provide coordinated, flexible early intervention supports and services".

Pennsylvania's Approach to the Delivery of Early Intervention Services - Office of Child Development and Early Learning.

This module outlines how early intervention personnel can incorporate family preferences, routines and activities into intervention. A family-centered approach includes a shift from:

- Professionally driven to family guided
- Discipline specific to interdisciplinary integrative
- Developmental milestones to developmentally appropriate
- Teacher directed to child initiated
- Behavioral to natural consequences
- Skill/academically based to routine/play based

Interventionists should also be respectful that parents/ caregivers learn in different ways and it's necessary to convey ideas, suggestions and recommendations to varied learning styles.

Some ways to think about adult learners include:

Active Experimenters

- Give me the information, let me try it!
- Learn best by trial and error

Observers

- Show it to me, allow me to observe and reflect
- Learn best by demonstration, modeling, video

Conceptualizes

- Tell me how to do something and why it is important, so I can think, questions and analyze it
- Learn through discussion, handouts, internet resources

Experiences

- Need to experience strategies first hand and through senses of touch sight and hearing
- Learn through simulations, modeling

It is important to recognize that we use a variety of strategies to teach new information to families.

Please review the article entitled, [*It's More than Modeling: Eight Concepts from Adult Learning You Can Use to Support Caregivers*](#) by Juliann Woods, Ph.D., Florida State University



5. Social / Emotional Development

Interrelated Social, Emotional, Health, Development and Educational Needs of Children

The years from birth to age three represent a significant period that lays the foundation for a child's physical and emotional health and well-being. Multiple, interconnected biological and environmental factors contribute to infants and toddlers growth and development. Learning in the early years is related to success in later educational experiences.

Early childhood literature stresses the importance of the family in promoting their young child's development. Every family is unique. Each has individual preferences and expectations that are based in their own culture, values and beliefs, education, experiences and interests. A parent's childrearing practices, the presence and influence of siblings or extended family members, the types of toys and spaces in which a young child grows, are just some examples of variables that create unique environments for young children. This background impacts the activities and routines that the family pursues and contributes to the variety of learning opportunities and experiences that play a central role in promoting a young child's development.

The accomplishment of typically expected milestones in areas such as cognitive, communication, social-emotional, and physical function provides some information about a child's development. However, it's important to recognize that these milestones may or may not occur at a particular age due to a variety of reasons beyond the child's own innate capacities. As a result, an infant's or toddler's development and behavior needs to be considered in relation to the larger context of his or her own unique family.

In addition, early interventionists recognize that young children depend upon combinations of skills and abilities in order to participate in everyday activities.

Consider the interrelatedness of skills needed for a child to learn to eat with a spoon. In most early childhood assessment instruments eating with a spoon

is considered to be a specific adaptive or self- help skill. However, using a spoon also indicates that a child can use a tool, a cognitive skill. Children also



need to have good head and trunk control to sit in a highchair or booster seat.

Motor skills enable them to reach and grab

a utensil. Furthermore, the process of eating involves oral motor skills to remove the food from the spoon with their mouth, chew and swallow the food. Even the act of combining the use of a spoon with removing food, chewing and swallowing could be considered a cognitive skill.

Contemporary approaches to understanding behavior and influencing the development of infants and toddlers recognize that achievement of skills in one domain is dependent upon development on other. Think of a child with significant visual impairment or blindness. This child's motor development is impacted and the relationship of visual function with both large and small motor development needs to be considered during the assessment and intervention process

It's important for early intervention providers to know about child development so that their questions and discussions with families focus on developmentally-appropriate issues and concerns. There are numerous text books and resources available to refresh or update your knowledge about current views on children development and the importance of the family's influence in promoting a young child's learning and growth. Some easily accessible Internet resources include:

[Zero to Three](#)

www.zerotothree.org

A national non-profit organization dedicated to educating and supporting adults who influence the lives of infants and toddlers. This site includes sections on brain development, play, temperament, social-emotional development and other topics.

[American Academy of Pediatrics](#)

<https://www.aap.org/en-us/Pages/Default.aspx>

Numerous resources and links to information about promoting healthy families, child development and children with unique health care needs.



[The Center for Social Emotional Learning \(CSEFEL\)](#)

<http://csefel.vanderbilt.edu/>

Focused on promoting the social emotional development and school readiness of young children birth to age 5. CSEFEL is a national resource center funded by the Office of Head Start and Child Bureau for disseminating research and evidence-based practices to early childhood programs across the country. It includes user-friendly training materials, videos, and print resources for professionals and parents.

[ICDL-Reaching Beyond Autism](#)

<http://www.icdl.com/>

This website includes information on Dr. Stanley Greenspan's Floor-time model.



6. Use of Local and State Resources

Families may need to access supports and services beyond those that are available through the early intervention system to provide for their infant or toddler (and their other children). As an example, families may need assistance with housing, health insurance, pursuing a high school diploma and/or a variety of financial and social services resources. The need for resources may be identified through informal conversation with the family. Potential resources are written on the IFSP under non-early intervention services.

Once IFSP services are implemented, any service provider may discuss possible needs and identify resources at individual sessions or at meetings with the family and/or other team members. Additionally, resources are updated at quarterly IFSP meetings when family assessment information is reviewed.

All personnel on the early intervention team can assist families through the resource process outlined on this page.

The resource process

- Identify need
- Identify one or more resources that address the identified need
- Check resource
- Find contact
- Link family to contact or link family to agency that can help family obtain resource
- Get feedback from family about the resource
- Adjust plan as needed

Once the need for resources is determined, the service coordinator and early intervention provider can either collaborate or work independently to locate resources for families.

This can occur in any of the following ways:

- Early intervention staff can share resources among one another.
- Early intervention staff can contact the services coordinator to find resources for families.
- Some counties have directories that list community resources according to zip code and areas of interest (recreation centers, parks, etc.) Having access to this information enables providers to share useful ideas and information with families.
- Local newspapers often list community resources and events for families.
- The area phone book and internet can also be useful to locate resources for families. Staff can use a search engine on the internet (google, etc.) to research resources for families by simply entering the topic area (i.e. recreation centers in Bucks County) to find a resource.

Community Resource Directories can be found at your site office. Please call the office to locate any one of the following community directories:

Bucks County

[Who to Call in Bucks County: A Community Resource Guide for Young Children and Families](#)

Warminster Recreation and Education Center (WREC)
1101 Little Lane
Warminster, PA 18974

Philadelphia County

[A Guide to Resources in Philadelphia Neighborhoods](#)
(Copy at each site office)

Pennsylvania State Resources

[Family's Guide to Early Intervention in Pennsylvania](#)

OCDEL Publications

[Pennsylvania Approach to the Delivery of Early Intervention Services](#)

[Pennsylvania Model of Early Intervention](#)

Pennsylvania State Interagency Coordinating Council

Department of Public Welfare
Office of Mental Retardation
(717) 783-5770

Pennsylvania Health and Human Services Resource Guide

(Copy at each site office)

CONNECT Helpline

1-800-692-7288

Websites

www.helpinpa.state.pa.us

www.Compass.state.pa.us



7. Early Intervention Regulations

Where did the Early Intervention Program Begin?

The Education of the Handicapped Act (the earliest version of IDEA) was created in the mid-1970's in part from legislation in Pennsylvania. The Pennsylvania Consent Decree established principals such as zero exclusion (no children could be kept out of schools) and LRE (least restrictive environment), the requirement that children be educated in regular education settings with typically developing peers, to the maximum extent possible. These principals were affirmed for *all* children in *Mills vs. the Board of Education*.

How Does Early Intervention Program Work?

The federal early intervention program (Part C of IDEA) is a voluntary program for States, but when states do participate, they must adhere to all federal program requirements. States develop their own legislation and subsequent regulations to govern programs that implement federal law. States can offer more than the federal program requires, but cannot implement programs that offer lesser standards. Pennsylvania regulations provide us with more specific information about how services are offered in the Commonwealth.

What is PA Act 212?

Act 212 is Pennsylvania's state law for early intervention. It addresses key components (e.g., eligibility, MDEs, IFSPs) of federal legislation and assigns the responsibility of the program to various state departments. The Act defines the at-risk categories currently used in Pennsylvania and mandates continuing assessment (tracking) for children under age 3.

Furthermore, for each county in Pennsylvania, the Act establishes a Local Interagency Coordinating Council (LICC) and Interagency Agreements.

What are the components of Early Intervention Regulations in Pennsylvania?

Self-Assessment

Each county may perform varied self-assessments to determine families' satisfaction with their early intervention program.

Child Abuse Clearances

Upon hire/contract, all early interventions personnel must have FBI Criminal History Background Check, PA State Criminal Background Check and Child Abuse Clearances. Clearances for personnel who are new to the Resource Fund cannot be older than 1 year.

MDE and IFSP Requirements

Each child referred to early intervention receives a multidisciplinary evaluation (MDE) to be completed within 45 days of a child's referral. The initial MDE and IFSP are conducted by personnel who are independent of service provision and are trained in assessment methods and procedures. Parents must receive the Evaluation Report (ER) within 30 days of the evaluation. Families also receive a copy of the IFSP.

The MDE includes (a) review of records about the child's health and medical history (b) evaluation of the child's developmental levels in cognitive development; physical development, including vision and hearing; communication development; social and emotional development; and adaptive development and (c) assessment of unique needs of the child and identification of services to meet the needs. Additional provisions of the MDE indicate ways that outside evaluations about the child can be used, as well as steps to provide an interim IFSP, so that when needed, children can receive services before the MDE is completed.

Confidentiality

There are several noteworthy pieces of legislation pertaining to confidentiality issues in early intervention. The Standards for Privacy of Individually Identifiable Health Information (privacy Rule) came into effect in 2001-2002. This mandate, which addresses information in a child's medical records, resulted from Public Law 104-99, the Health Insurance Portability and Accountability Act (HIPAA) of 1996. PA Act 148 of 1990 concerns the release of information pertaining to a child's HIV status (positive or negative). The PA Department of Human Services website

(<http://www.dhs.pa.gov/yourprivacyrightshipaa/index.htm>) also details HIPAA requirements. The AIDS

Law Project of Pennsylvania (www.aidslawpa.org) has publications that describe and compare both the Privacy Rule and HIPAA.

FERPA is a provision of federal law under IDEA 2004. Under FERPA, parents acting on behalf of their child have several rights. The Service Coordinator reviews these annually with parents. These rights include being able to review their child's educational records and to receive a copy of records. Parents also have the right to consent to release records, to amend their child's records and to file a complaint if one of these rights is violated.

Due Process and Problem Solving

Children in early intervention have due process rights and parents act on behalf of their children. Parents have the right to be informed when evaluations are planned or when any changes are to be made in the child's services or locations where services are to be provided. Notifications and consent must be in parent's native language whenever feasible. Parents can request an IFSP meeting at any time.

While families and early intervention teams most often work together without any disagreement, there may be an instance in which the team cannot reach a consensus. As a way of gaining assistance, parents solving procedures (see box below) by request made verbally, in writing, or by indication on the parents' Rights Agreement.

However, it is recommended that parents first contact the service coordinator with any problems or concerns. Parents can participate in any one procedure without affecting their right to use another procedure or affect timelines for other procedures. The child continues to receive early intervention while the matter is resolved through the problem solving process.

- Administrative Meeting with MRS IFSP Facilitation (arranged by Services Coordinator)
- File a complaint with OCDEL
- Mediation
- Due Process

To learn more about parent's rights in early intervention, all personnel must complete annual training in Procedural Safeguards. Your supervisor will direct you this on-line training module.

Financing the Program

Government early intervention funds cannot be used to provide services when another public or private funding source is available. In fact, counties need to have procedures used to ensure that the county is the payer of last resort. However, services on the IFSP may not be denied or delayed because another public or private funding source, including Medicaid, is unavailable.

Counties are first required to use the Infant, Toddler and Families Medicaid Waiver from the Department of Health and Human Services under Section 1915 (c) of the Social Security Act (42) U.S.C.A. 139n (c). The Medicaid Waiver is designed for children who have more severe delays in development (50% in one area or 33% in two or more areas). When this is not possible, every attempt is made to bill Pennsylvania's Medical Assistance (MA) Program, a source designed especially for early intervention. MA is important since there is a federal match that brings funding into the local system. When Waiver and MA options cannot be used, county funds are used.

Resource fund providers are expected to submit an annual budget and rate setting package to the county. Rates will be set annually based on that documentation. Resource Fund providers also need to enroll in Promise and bill Promise directly for any MA eligible service provided to a non-waver eligible child. Details are obtained from the Resource Fund Specialist or an early intervention county program analyst.

Monitoring Services

Service Coordinators are responsible for monitoring the child's services. In each county, monitoring occurs on a regular basis.

Eligibility for Early Intervention

Act 212 and Pennsylvania's Regulations specify criteria for a Child's eligibility for early intervention. Personnel can review the specific eligibility requirements in the Orientation to Early Intervention pre-service module.

Reportable Incidents and Mandatory Reporting of Suspected Child Abuse

Pennsylvania law includes provisions to protect children against child abuse. Health care, education and social services professionals, and anyone else who has contact with children as part of their job, are identified as mandated reporters who **MUST** report any situations in which they have cause to suspect that a child is a victim of abuse, when abuse or neglect is suspected. Early intervention personnel receive training annually on KenCrest's Child Abuse Reporting Policy. This policy outlines the procedures that personnel must follow in the event that abuse or neglect is suspected.

Training Requirements

Pennsylvania Early Intervention Regulations specify training requirements for all personnel who work directly with children. Early interventionists are required to complete pre-service training before providing service to children. In accordance with the regulations, continued training requirements stipulate that staff must complete 24 hours of training on an annual basis.

Early Intervention Regulations

Personnel can review the regulations in their entirety by clicking on the following link:

<http://www.dhs.pa.gov/citizens/earlyinterventionervices/earlyinterventionlawsandregulations/index.htm>

8. Services in Natural Environments

Services in Natural Environments

Federal regulations for all early intervention programs requires that services for infants, toddlers and their families be provided in natural environments. Part C of IDEA 2004 defines natural environments in Section 303.18.

“As used in this part, natural environments mean settings that are natural or normal for the child’s age peers who have no disabilities.”

The routine places, situations and circumstances in which all infants and toddlers typically participate represent opportunities for them to grow, learn and play. These everyday experiences in home and community-based settings make up the natural environments in which early intervention services are provided.

Early intervention providers learn about and value the unique activities and routines that are typical for each child and his or her family. They identify ways to increase the infants or toddlers participation, providing more opportunities for his or her growth and development within these everyday activities. Together with the family, providers plan specific strategies that can be implemented by the family and embedded into their typical activities and routines.

Opportunities within Natural Environments

Children, families and communities benefit through the work we do in natural environments. Families receive support as they manage their everyday activities and address the priorities they have for their child. Children learn better when they are engaged in authentic activities with their family in places that are familiar to them. By doing this, we strengthen relationships that children and parents develop with each other. Communities can profit from a sense of inclusion and acceptance of differences.

We work with children and families in their natural environments so that children learn how to adapt and participate in their community. When we work in natural environments, everyone has opportunities to see children grow, play and be involved in their neighborhoods.

Asking Families about Their Activities & Routines

The process of working in natural environments begins when we ask the family about their child’s everyday activities and routines. With the family’s help we identify routines and activities that are going well, along with routines and activities that are challenging for the child or family. This information helps us to learn about the child’s strengths and determine interventions that would support the child and family.

Outcomes to Enhance the Child’s Participation in Activities and Routines

The ultimate aim of an outcome is to positively influence the child’s participation in his/her everyday routines and activities. We know that families have the greatest influence on their child. Thus, teams develop plans to provide families with support so they can enhance their children’s learning and development in their typical activities and routines. The team uses family information obtained by the Service Coordinator as a basis for evaluating the child and identifying outcomes that are meaningful for the child and family.

Throughout the evaluation and IFSP process, team members observe the child and ask questions to clarify the family’s priorities and concerns and learn about the child’s strengths. Team-generated outcomes are designed to address the parent’s priorities and positively influence the child’s participation.

It is imperative that staff follow the set forth in federal and state regulations stipulating that family rituals, play and daily routines are the medium in which intervention is embedded. Early intervention personnel are expected to use the materials and toys in the family's home rather than bringing in a toy bag (see attached resource *10 Step Program to Decrease Toy Bag Dependence*).

To support staff in utilizing routines-based intervention in their work, supervisors will conduct periodic observations and feedback sessions in home and childcare settings. An observation tool entitled *Collaborative Process Supporting Routines-Based Intervention* is used by supervisors to help determine how staff is implementing a routines based approach in their work with families. A copy of this tool is available upon request.

Benefits of Providing Learning Opportunities in the Natural Environment

By having children with disabilities and their families participate in home neighborhood and community activities children have the opportunity to:

- Learn through the routines and activities of family life.
- Learn from peers who have skills and abilities across a continuum, enhancing learning in areas of difficulty and nurturing of strengths.
- Become problem solvers and develop empathy and understanding of individual difference.
- Have the opportunity to experience the typical activities of childhood and develop lasting friendships.
- Maintain their rate of development growth and possibly show gains in social or communication abilities.
- Begin to create a history of participation for themselves and their children, which helps to guide future decisions.

- Broaden their social relationships, form ongoing genuine friendships, and experience a sense of support in being a parent.
- Gain an understanding of the issues of raising a child with disabilities within the context of typical parenting activities.
- Become better advocates for the inclusion of all children in typical and age appropriate activities in school and in the community.

By having children with disabilities and their families participate in home, neighborhood and community activities early childhood professionals have the opportunity to:

- Appreciate that all children are children first and that disability is of lesser importance.
- Broaden their professional experiences through expanding on techniques for individualizing activities and learning more about available resources.
- Contribute to children's acceptance of individual differences as they "set the tone" in the setting in which they work.
- Advocate for responsive services for all children.
- Share their knowledge and experiences with others who are exploring the possibilities of including children with and without disabilities in shared environments/activities.
- Support children and families as they make choices for continued participation in neighborhood and community.

Some typical routines for young children include:

- Meals & Snacks
- Bathing & Washing Up
- Dressing & Undressing
- Diapers & Toileting/Hygiene
- Car Travel
- Story Time
- Games & Songs
- Outdoor Play
- Medical Needs

Choosing the Routine

- Identify preferred times/events in the schedule
- Build on child's interests
- Look for successful teaching strategies already used
- Match the child and family interests
- Promote positive interactions
- Make sure the routine is functional
- Be flexible and adaptable



Additional Resources

Staff can find additional resources on family-guided, routines based intervention on the following website: <http://fgrbi.fsu.edu/index.html>



9. FISCAL OPERATIONS

There are three funding sources for Early Intervention

- The Home and Community Based Waiver Program (Waiver)
- EPSDT EI Medical Assistance, (Medical Assistance)
- County Funding

Providers bill these funding sources on a fee for service basis. In Pennsylvania, the early intervention programs provide incentives to personnel for giving direct as opposed to indirect services. The system clearly values time spent with families. Billing for service coordination is somewhat different, but again incentives are given for work rendered for individual children and families.

The waiver program is a means of providing community support to families. These waiver funds are available because of the movement to provide services in communities instead of institutional placements. Since the emphasis of the waiver program is community settings, this program does not fund center-based services. This program also does not fund Service Coordination. However, this program does fund the remaining therapies or Special Instruction, Hearing and Vision. The Waiver Program is available to children who have medical assistance and have a 50% delay in one developmental area or a 33% delay in two or more areas. The parent also needs to consent to the program and the Service Coordinator submits paperwork for approval. When parents do not consent to Waiver funding their child's early intervention services are not affected.

Pennsylvania uses EPSDT as an avenue for filling early intervention to medical assistance. The program adheres to Medical Assistance Regulations and Standards but the services on the fee schedule are identified as early intervention services as opposed to therapy services. This program functions like more traditional medical assistance services in homes, communities, and early intervention centers. However, the program does not fund services that are educational in nature (i.e., special instruction, vision,

and hearing). To cover the remaining early intervention services, county MH/MR offices receive allocations from the state. Although at some point there could be provisions to bill a family's private health insurance, currently counties and providers do not have a mechanism for such billing. Since there are not state or local policies and procedures regarding these issues in general providers are not billing insurance companies.

Frequently Used Early Intervention Services

Service Coordination

Service Coordination is an active, ongoing process that includes the following activities: (1) Coordinating the performance of initial and ongoing evaluations and assessments, (2) Referring at-risk children to the tracking system and tracking at-risk children, (3) Facilitating and participating in the development implementation, review and evaluation of IFSPs, (4) Assisting the family of an infant or toddler with a disability in gaining access to the early intervention services and other services identified on the IFSP, (5) Facilitating the timely delivery of early intervention services, (6) Assisting the family in identifying available service providers and facilitating communication with and between the family and the service provider, (7) Coordinating and monitoring the delivery of early intervention services, (8) Informing the family of the availability of advocacy services, (9) Assisting the family in arranging for the infant or toddler with a disability to receive medical and health services, if the services are necessary, and coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the infant or toddler needs or is being provided, (10) Offering the family opportunities and support for the infant or toddler with a disability to participate in community activities with other children, (11) Informing the family of appropriate community resources, (12) Facilitating the development of a transition plan as part of the IFSP.

Frequently Used Early Intervention Services (continued)

Occupational Therapy

Addresses the functional needs of an infant or toddler with a disability related to adaptive development, adaptive behavior and play, and sensory, motor and postural development, designed to improve the functional ability of the infant or toddler to perform tasks in home, school and community settings, and include the following: (1) Identification, assessment and intervention (b) Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills and (c) Prevention or minimization of the impact of initial or future impairment, delay in development or loss of functional ability.

Physical Therapy

Services to address the promotion of sensorimotor function of an infant or toddler with a disability through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status and effectible environmental adaptation, which include the following: (a) Screening, evaluation and assessment to identify movement dysfunction (b) Obtaining, interpreting and integrating information appropriate to program planning to prevent, alleviate or compensate for movement dysfunction and related functional problems and (c) Providing individual and group services or treatment to prevent, alleviate or compensate for movement.

Social Work Services

Making home visits to evaluate the living conditions of an infant or toddler with a disability and patterns of parent-child interaction. Preparing a social or emotional developmental assessment of an infant or toddler with a disability within the family context. Providing individual and family or group counseling to the parent and other family members of an infant or toddler with a disability, and appropriate social skill-building activities to

the infant or toddler and the infant or toddler's parent.

Working to address those problems in the living situation of an infant or toddler with a disability and the infant or toddler's family (home, community, and any center where early intervention services are provided) that impede the maximum use of early intervention services. Identifying, mobilizing and coordinating community resources and services to enable an infant or toddler with a disability and the infant or toddler's family to receive maximum benefit from early intervention.

Special Instruction

An early interventionist is responsible for the following: (a) Designing the learning environments and activities that promote the acquisition of skills by an infant or toddler with a disability in a variety of developmental areas, including cognitive processes and social interaction (b) Providing the family with information, skills and support related to enhancing the skill development of the infant or toddler with a disability (c) Working with the infant or toddler with a disability and family to enhance the infant or toddler's development.

Please continue to the next page for the Completion Certificate

Certificate of Attendance

This is to certify that

(Print Name)

(on this Date)

has read and understands the documents listed below in the:

PreService Online Training Module

(Which includes the following topics:)

1. Intro to Training
2. Orientation to Early Intervention
3. Duties & Responsibilities of your Position
4. Family Centered Approaches
5. Social Emotional Development
6. State & Local Resources
7. Early Intervention Regulations
8. Services in Natural Environments
9. Fiscal Operations

Presented by: Pam Schaefer, Program Coordinator, Staff Training and Development

Provider Signature: _____

Supervisor Signature: _____