

What's the Plan: Implementing an IFSP or IEP in Child Care

Have you ever wished that children came with directions? After a long day—when none of your ideas seem to be working—it is easy to imagine that a how-to guide would be handy. While no child really comes with instructions, children with disabilities do have a written plan (usually called an Individualized Family Service Plan or Individualized Education Program) which can give you important information about them.

The Individualized Family Service Plan (known as the IFSP) is the tool you will most often see used for infants and toddlers. It tells the story of the child's current needs and services. The IFSP describes the child's developmental skills and abilities, the services currently in place, outcomes and objectives for the child and family, and the family's resources and concerns.

The Individualized Education Program (known as the IEP) is very similar. The IEP is the public school's plan for educational services for the child—usually starting at age three. The IEP addresses the child's competencies as well, and lists goals for his education; it usually does not include information about family resources and concerns. Some children may have both an IFSP and an IEP, so be sure to talk to the child's parents to find out which plans are in place.

Both the IFSP and the IEP are developed by the family with the team providing the services. Team members include parents, family members, special education teachers, speech and motor therapists, audiologists, physicians, social workers, public health nurses, and, of course, the child care or preschool provider. Each team member provides valuable experiences for the child. The speech therapist, for example, helps him learn to use words to communicate, and you help him experience the fun and challenge of being with his peers and learning to interact with them successfully.

Child care providers need to know as much as possible about the children in their care. When a child with a disability enrolls in your program, you need to know about the "every-day-little-kid" needs as well as needs related the child's disability. Chances are that the child already has an IFSP or IEP that the parent can share with you. Obtain permission to introduce yourself to the professionals who developed the IFSP or IEP; ask them for information that will help you learn about her needs, and let them know that you want to be part of the team..

Every IFSP/IEP is different. Following is a brief summary of the kind of information you can expect to find:

Current Developmental Information - a summary of a comprehensive assessment or evaluation (often conducted by an early intervention team) and detailed information about the child's present levels of development, abilities, and emerging skills.

Outcomes - major activities that the team members agree on. These are typically broad, long-term plans for the child, like "learning to feed himself" or "learning to communicate her needs". Some outcomes are written only for the child, and others are written for the family, like "finding out about community services".

Objectives - specific, measurable ways to target skills for the child to learn. For example, "use a spoon independently" or "use a gesture to indicate 'all done'". Objectives describe what, how, and when the child will do the activity and must be written in a way that lets team members see if progress has been made. For every outcome, there is at least one objective.

Now that you have an idea of what you might find on an IFSP/IEP, let's look at how this relates to the child care setting. Remember your wish for instructions? An IFSP/IEP is the next best thing—a tool that can help you figure out what you can do to adapt your routines and activities to help a child become part of your group. It tells you what the child already knows, and describes the next steps that he or she is learning.

So now you have a copy of the IFSP. You have carefully read and reread the objectives and outcomes that apply to the child. Now comes the fun part—implementing the child's goals by embedding them in the typical activities and daily routines you provide in your child care program.

You may want to start by using a chart with two columns. In the left-hand column, list the routines and activities that

typically occur across the day—snack, circle time, free play, outside play. Include events like arrival, departure, diapering or toileting, and nap time. In the right-hand column, list the variety of ways you could fit the child's goals into what happens during these routines and activities. For example, for an outcome which describes emerging communication such as "uses one word with meaning (verbal or sign)," you might write that you (and your staff) will learn the sign for "more," and use it at lunch and snack.

Signing and saying "more" easily fits into the usual conversation at mealtime. Of course, it also fits into other routines—to request "more" songs at circle time, "more" paint during group activity, and "more" soap or paper towels for handwashing. Not all objectives will fit so readily into your daily routines. Sometimes you may need to add toys or equipment (like a balance board or special spoon) to make it more likely that the child will have an opportunity to learn these new skills throughout the day. Incorporating outcomes and objectives into your program may sound difficult, but it is part of providing developmentally appropriate activities for *each* child. In one instance, an IFSP included specific speech objectives—learning to say sounds like "m" and "b". The speech therapist was helping the child practice these sounds in regular therapy sessions. With these sounds in mind, the child care provider selected two songs to sing at circle time. The kids did not know the songs were chosen to implement an IFSP objective—they just loved singing them!

Part of implementing the child's IFSP/IEP in child care settings is your regularly observing him or her, noticing developmental changes, and giving feedback to other team members. For instance, if you have been helping a child learn dressing skills, share your observations and conclusions with the team. Everyone loves to hear about exciting progress and, if it is not going well, one of the other team members may be able to offer suggestions.

An important (and often overlooked) way that you can be helpful in implementing IFSP/IEP objectives is by meeting with the parents and other team members to develop new outcomes and objectives. In the child care setting, you see the child in relation to his peers, the kinds of things he is interested in doing, and his success or failure in social interactions. As a child care provider, yours is truly a critical vantage point. Be assured that your observations and your input are a necessary part of successfully planning and implementing a child's Individualized Family Service Plan or Individualized Education Plan.

A Parent's Story

Moses had had several IFSP team meetings to plan and organize his therapy the year before we took him to child care so I could go to work. My husband and I were pleased with his progress and with our ability to meet the daily needs of our eighteen-month old with Down's Syndrome, but we felt Moses also needed to be around other children.

Our first surprise came when Dolly Morgan, the child care provider, asked us for a copy of our IFSP to accompany his enrollment papers. After we thought about it, it made sense to us to share it with her so she would know what we were going through and what we were trying to do with him at home. Throughout the getting-acquainted-period, we described his likes and dislikes and showed her a few things we had learned about feeding him and sitting him up. I suspect that we never really thought she would actually read the IFSP, but we were wrong.

Soon after he started, Dolly asked if Moses' pediatric motor therapist could schedule one of his regular appointments at the child care program. That made sense to us, too, because the therapist could see the kinds of things Moses was doing in child care and Dolly could see the kinds of things Moses was doing in therapy.

And then when I came to take my turn at lunch one day, I knew for sure Dolly was implementing our IFSP goals. Moses' utensils had been adapted and he was using a plate and bowl just like we use at home. Not only that, but he was not in a high chair with a tray, but right at the table with the other kids sitting in some kind of modified chair. (I even peeked under the table to see if his feet were supported properly so he would sit correctly, and the chair had a wide foot rest that was just adjusted just right!)

I cannot describe my feelings at that moment. I guess I suddenly knew we had a partner in promoting Moses' development, and that felt good. I also knew we wanted Dolly at our next IFSP team meeting. It was clear she had good ideas for him!

