

# CHILD CARE

plus +

FALL 1993

*A Resource for Integrated Child Care Providers*

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## + 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 an Individualized Family Service Plan or Individualized Education Program which can give you important information about them.

For children from infancy to three years old, the Individualized Family Service Plan (usually called an IFSP) tells the story of the child's current needs and services. The IFSP describes the child's developmental skills and abilities, the early intervention services currently in place, outcomes and objectives for the child and family, and the family's resources and concerns.

A similar story is told in the Individualized Education Program (known as the IEP). Although both the IFSP and IEP are developed with the family, 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.

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, the child care provider,

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 her "every-day-little-kid" needs as well as needs related her disability. Chances are that she 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.

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

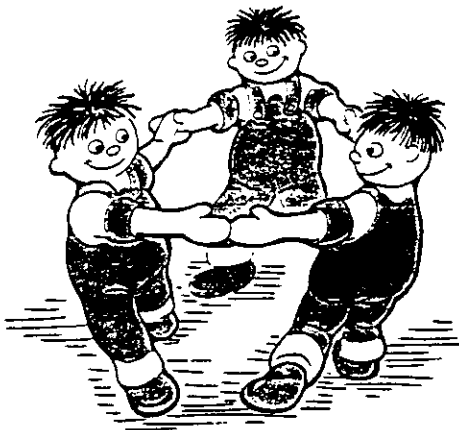
**\* Current Developmental Information** - a summary of a comprehensive assessment or evaluation (often conducted by

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 he already knows, and describes the next steps that he is learning.



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## What's the Plan? (from page 1)

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.+

*Never seen an IEP? Thought IFSP and IEP were just meaningless letters? No clue who the "team" is? If you have a child with a disability in your program, spend a few minutes with the child's parents; let them know you care about their child and want to know more about implementing his or her IFSP or IEP in your program.*

## + MAKING IT WORK: Charting Your Course

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 like the one below. In the left-hand column, you 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.

My routines/activities	What to do

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.+

## + NOTES FROM HOME:

### The Story of Moses' IFSP

*Moses had had several IFSP team meetings to plan and organize his therapy the year before we decided to take 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!+*

## + SPOTLIGHT: So Who Else Is On The IFSP/IEP Team?

Most children with physical, developmental, or medical disabilities will come in contact with quite a few skilled professionals over the first several years of life. Along with the early childhood professional, there are a number of other professionals that comprise the "team" which works to ensure the best early intervention and education for a particular child. In order for this concept of teamwork to be effective, each member of the team needs a clear understanding of the roles the other members play and how each of these individuals cooperate with one another in the best interest of the child and family.

In reality, teams vary in size and number of team members depending upon the needs of the child and their family at any point in time. Following is a list of the types of individuals you, as an early childhood professional, are most likely to ask for help.

**FAMILY:** The most significant members of any child's team is their own family. Parents, siblings, grandparents, and other family members have some of the most important information about a child with a disability. Without the daily information a family has about their child, the team's job would be very hard indeed.

**SERVICE COORDINATOR:** The title of service coordinator ("support coordinator" or "case manager") is given to the individual(s) responsible for seeing that the child's IFSP or IEP is followed and that all of the team members are coordinating their efforts. The service coordinator is usually either the child's parent(s) or someone else designated by the parents, perhaps from one of the professions listed below. The service coordinator is a key individual, much like the captain of the team, and can help you become familiar with the other members of the team, what you need to know, and how you can be the most effective team member you can be.

### PHYSICIANS (Medical Doctors):

- A pediatrician specializes in the diagnosis and treatment of childhood diseases and in the physical health of children.
- A general practitioner or family physician attends to and treats a wide range of physical health problems.
- An otolaryngologist (or an E.N.T.) diagnoses and treats diseases of the ear, nose and throat.
- A cardiologist specializes in the evaluation and treatment of disorders of the heart.
- An orthopaedist specializes in the treatment of bones, joints and muscles.
- A pediatric neurologist specializes in the diagnosis and treatment of disorders of the developing nervous system (seizures, brain damage, brain tumors, etc.).
- A psychiatrist specializes in the diagnosis and treatment of mental, emotional, and behavioral disorders. Treatment may include prescribed medications and/or therapy.
- A surgeon specializes in the use of surgical techniques to treat infections, tumors, and injuries, to correct

deformities, and to improve physical function.

**EARLY INTERVENTION SPECIALIST:** An early intervention specialist helps families design strategies to integrate their child into the family, school, and community in a way which helps both the family and the child.

### THERAPISTS:

- An audiologist tests a child's hearing, observing the child's reactions to sounds in the environment and to specific sound frequencies in each ear. If a hearing loss is detected, an audiologist may help plan and coordinate ways to help the child hear (i.e., hearing aids).
- A pediatric motor therapist focuses on a young child acquiring the use of and practicing using their muscles. Other titles for this person might be occupational therapist (O.T.) and physical therapist (P.T.). These therapists focus on large and small muscles in the following areas: reflexes, muscle tone, strength, balance, posture, movement skills, etc. These therapists also help with adaptive equipment which might help a child be as independent as possible.
- A child psychologist diagnoses and treats children with behavioral, developmental and emotional problems. (Unlike psychiatrists, psychologists are not medical doctors and cannot prescribe medications.)
- A speech pathologist or speech therapist conducts screening, diagnosis, and treatment of children who have communication disorders related to voice, language, speech, oral skills and hearing. These therapists might use alternative communication with a child, such as sign language.

**NURSE:** Nurses, in general, care for people who are sick, injured, or have a chronic illness, and provide advice on appropriate health care and prevention of illnesses. A public health nurse is a registered nurse who works in the community, caring for patients in their homes or in community centers.

**SOCIAL WORKER:** A social worker helps children and their families in the areas of family relationships, employment, finances, and referral for and use of community services.

**PUBLIC SCHOOL TEACHER:** Teachers or educators in preschool special education have specialized training and experience in facilitating a young child's learning and development.

**NUTRITIONIST:** Nutritionists specialize in the study of what we eat and how our bodies use food. Nutritionists care for young children with specific disorders of metabolism and assess the child's past nutritional history.

For additional information about IFSP/IEP teams, contact the individuals described above in your local community. For the team members of a particular child, get written permission from parents and then contact professionals. +

## + WHAT DO I DO WHEN ...

**QUESTION:** *I have been told that a child's IFSP is confidential and that I cannot have a copy. Is this true?*

**ANSWER:** Both the IFSP and the IEP are definitely confidential because they contain information about the child, his or her family, and their plans for the future. While this document should not be shared openly, there are two very good reasons why you should request the parent's permission to obtain a copy for your program.



First, because you have regular contact with the child and provide a service that is important to the child's development, you are a member of the team of professionals working with the child and the family. You have the same need for this material as the child's physical therapist or speech therapist.

Secondly, the IFSP or IEP includes information about the child's current developmental abilities as well as outcomes and objectives that have been identified for the future. In order to plan developmentally appropriate activities for the child, you need to know this information. More importantly, you should be incorporating the child's learning objectives into your routines and play activities--to do that you need to know what the objectives are!

To get a copy of a child's IFSP or IEP, however, you must obtain the parent's permission. Before you request this permission, explain to the parent why you need the information and how you plan to use it. Assure the parent that the information will be stored in a secure file, and that access to the file will be limited to you (and your staff).

It is always the parent's choice whether to share information about their child and family. If the parent chooses not to release the complete IFSP or IEP to you, respect their wishes, but ask for a list of the current outcomes and objectives that he or she would like you to incorporate into the routines and activities in your child care program.+

*(If you have a question about children with disabilities in child care settings, please send your question to CHILD CARE plus+.)*

## + RESOURCE REVIEW

***What's the Plan? Implementing IFSP/IEP Goals in Child Care*** describes the basic elements of an IFSP or an IEP and practical steps for taking almost any objective and turning it into a developmentally appropriate activity in the child care setting. Emphasis is placed on the team approach to development, implementation, and evaluation. This booklet will be available February 1994, for \$ 7.50. Write EHM Outreach, Rural Institute on Disabilities, University of Montana, Corbin Hall, Missoula, MT 59812 or call 1-800-235-4122 or (406) 243-5467.+

**CHILD CARE plus+** is designed to enhance the integration of children with disabilities in child care settings by supporting child care providers, parents, and community service providers including social workers, therapists, physicians, teachers, and administrators.

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