



Philadelphia Infant Toddler Early Intervention Preservice Handbook

Pennsylvania's preservice and annual training requirements are specified in [Chapter 4226 of The Pennsylvania Code, Section 4226.29](#). This Handbook highlights Preservice Training and addresses many of Pennsylvania's annual training topics for any EI professional who works directly with children and families, including service coordinators and service providers.

After you've reviewed the contents of this Handbook, please complete the [online assessment](#) on the TLC website to confirm your understanding of the material included.

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Preservice Handbook



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This publication is [available online](#) from the Teaching and Learning Collaborative, a program of Child and Family Studies Research Programs in the Department of Occupational Therapy at Thomas Jefferson University, Philadelphia.

[Follow the links provided in the document by clicking on the highlighted and underlined text.](#)



Section 1: Introduction to Early Intervention in Philadelphia

For those of you who are interested in helping young children and their families, you have come to the right place! Philadelphia Infant Toddler Early Intervention (IT EI) is a large county program that is invested in applying evidence-based, effective practices to services for children and families from diverse cultural and economic backgrounds. Through your work here you will have opportunities to learn new and exciting approaches and collaborate with well-trained staff.

PA Code, Section 4226.29: Preservice Training Requirements

Early intervention personnel who work directly with at-risk children or infants and toddlers with disabilities, including personnel hired through contract, shall receive training on the following before working alone with this population:

- 1) Orientation to the early intervention service system of the Department, including the purpose and operation of the state and local interagency coordinating councils.
- 2) The requirements of this chapter [Chapter 4226]
- 3) The duties and responsibilities of their position.
- 4) Methods for working with families utilizing family-centered approaches to encourage their involvement and consider their preferences.
- 5) The interrelated social, emotional, health, developmental, and educational needs of children.
- 6) The availability and use of local and state community resources.
- 7) The principles and methods applied in the provision of services in the natural environment.
- 8) The fiscal operations of the early intervention service system and the specific funding sources.
- 9) Within 120 days of the date of hire, fire safety, emergency evacuation, first aid techniques, and child cardiopulmonary resuscitation.*

**This requirement can be fulfilled after the date of hire as long as it is within 120 days of the date of hire. The agencies that are employing or contracting with Early Intervention personnel must deliver or arrange for these trainings directly. [Resources for these trainings](#) can be found on the TLC website.*

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Teaching and Learning Collaborative
Thomas Jefferson University

Philadelphia Infant Toddler Early Intervention, a department within Intellectual disAbility Services, contracts with the Teaching and Learning Collaborative (TLC), an initiative of Child and Family Studies Research Programs/Department of Occupational Therapy at Thomas Jefferson University, to implement the county's training initiatives/requirements. TLC offers specially designed training opportunities for personnel to develop the professional knowledge and skills needed to effectively coordinate and provide EI in Philadelphia. Activities include a variety of on-line courses and presentations, self-study modules, meetings, and workshop sessions conducted in community settings throughout Philadelphia. Through this professional development, TLC helps EI professionals in Philadelphia to stay current on issues, trends, and methodologies in the field. There are no fees to attend TLC programs.

The TLC website includes course details, registration, transcripts, the TLC Handbook, resources such as updated policies, regulations, forms, the Monthly Minder newsletter, and other materials to learn more about high quality EI in Philadelphia. [Registration for TLC programs is completed online](#). TLC maintains a transcript for each participant that records attended and upcoming courses. These [records can be accessed online](#) and a complete transcript copy can be printed at any time for inclusion in one's personnel file. More details are available on the [transcript page](#) of the TLC website.

Agencies may host their own training programs, including orientation to the agency. Some agency meetings and training requirements are unique to the specific agency. For example, service coordinators participate in orientation activities that focus on roles and responsibilities of service coordination personnel in IT EI. Additionally, all new service coordinators observe Early Intervention meetings with families. Procedures for county approval of training credit for agency-based programs are explained in the [TLC Handbook](#).

Philadelphia Early Intervention Service Coordinators and providers may be required to take training offered by the Commonwealth's Office of Child Development and Early Learning (OCDEL), as directed by Philadelphia IT EI. In addition, [OCDEL's Early Intervention Technical Assistance has an online learning portal](#) that offers many resources and opportunities for additional professional development.

Teaching and Learning Collaborative
130 South 9th St, 6th floor
Philadelphia, PA 19107
215.503.4020
teaching.collaborative@jefferson.edu

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

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Documentation of Personnel Qualifications and Training

Agencies are required to maintain personnel records with evidence of their qualifications and accurate documentation of completion of all required preservice and annual training. Program Analysts from Philadelphia IT EI review personnel qualifications and training documentation as a part of the annual program monitoring to ensure all Early Intervention personnel (including contractors) are qualified and have met training requirements.

[TLC provides several different forms that are useful to track training requirements](#) for personnel who are new, as well as for those with experience in the Philadelphia Infant Toddler Early Intervention program. Sign-in sheets along with printed agendas of meeting schedule and content can be used to document staff participation in agency programs.

When an individual registers for any course through the TLC website, the course information is recorded on that person's transcript. Upon satisfactory completion of the course requirements, the transcript will display the credits earned for that course. EI agencies may print their provider's transcript and/or course certificates to keep in the provider's file. The entire transcript may be printed at any time for a current and complete record. [Refer to TLC's Handbook to see a sample transcript.](#)



Individuals new to IT EI can [create a TLC account](#) anytime or complete this step when they register for their first TLC program. Once individuals are enrolled, they can [access their transcript](#) by logging in with their WEB-ID (last name and last four digits of social security number, i.e. smith1234). It is important that once a WEB-ID is created it is recorded in a safe place and is available for future reference.

If the individual changes their agency, name, or contact information they should [login to TLC transcript](#) and select "update contact information" under the print icon. Make corrections to reflect current, accurate information and submit. In the case of a name change, the TLC transcript will now reflect the updated name, however, the WEB-ID to access the Transcript will not change.

If a new WEB-ID is inadvertently created there will be two separate transcripts, thus course registrations and credits earned will be on separate accounts.

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Early Intervention Personnel Qualifications

Agencies are required to hire qualified personnel. The required qualifications for Early Intervention personnel (both staff and contractors) can be found [here](#).

Preservice Training

In Philadelphia, the completion of this Preservice Training and its follow-up knowledge assessment fulfills many, but not all, of the preservice training requirements.

Within 120 days of the date of hire, fire safety, emergency evacuation, first aid techniques, and child cardiopulmonary resuscitation must be arranged directly by the agency, individual employee, or contractor. Note that this requirement can be fulfilled after the date of hire as long as it is within 120 days of the date of hire. The renewal of First Aid and CPR must meet the requirements specified in [Chapter 4226](#). Sources for First Aid and CPR training can be found [here](#).

Annual Training Requirements

The Commonwealth requires all EI personnel who work directly with children and families to have at least 24 hours of training and specifies the relevant areas of training [here](#).

Training content is based upon the Commonwealth's requirements and Pennsylvania's Office of Child Development and Early Learning (OCDEL)'s suggested areas of improvement. Each year, OCDEL measures the county's compliance and management of the EI program through a process called Verification. The purpose of Verification is to maximize the EI program's capability to obtain positive results for children and families. Upon completion of the Verification process, OCDEL identifies areas of improvement and develops a Quality Enhancement Plan (QEP) for the county.

The QEP will mandate specific training content annually and this is typically included in the TLC "competency" training. In some years, a "County Update" is also required. The content for these trainings vary based on the needs identified in the QEP. The credit hours for these trainings contribute to, but do not total, the annual 24 hour training requirement.

To help providers fulfill all of the 24 hours of training requirement, TLC offers "self-choice" courses for experienced providers (providing service in Philadelphia for at least three years). Course information is listed [here](#). "Self-choice" training outside of TLC is also an option.

Note about the Annual Training Year

Philadelphia Early Intervention Annual Training is tracked from July 1 until June 30. This tracking begins on July 1 of the calendar year after a new staff person's year of initial hire. For example, two people who are new to Philadelphia early intervention, one initially hired/contracted in April 2015 and the other in November 2015, each have 12 months from their date of hire to complete IT EI requirements for those in their first year of service. They both begin to track their annual 24 hours of training during the July 1, 2016—June 30, 2017 training year. Visit the [TLC Handbook](#) for more specific information.

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Training Requirements

First Year Of Service

In addition to required pre-service training, Early Intervention personnel who are new to IT EI need to schedule and complete specific [TLC courses during the first 12 months after their initial hire into the Philadelphia IT EI System](#):

- Policies and Procedures Self-Paced Module
- Foundations of Early Intervention in Philadelphia
- County Update (when one is scheduled during the first 12 months after initial hire)

Whether new providers in IT EI have previous Early Intervention experience or not, all need to complete these first year professional development programs.

First year core training requirements are based on entry into the Philadelphia IT EI System, and not upon initial hire to a particular agency. For example, if a provider's initial work with Philadelphia families and their infants and toddlers lasts for 8 months at one agency and the person then switches to another agency, four months remain to complete all of the training that's required for "new staff" during the 12 months after their initial hire.

Intermediate Service Year

[Training requirements for Early Intervention personnel who are in their second year of service](#) include an abbreviated version of the prior year's competency course (the program that ran while this provider completed first year of service training requirements) as well as the current training year's required competency. The County Update is also required when one is scheduled during the Intermediate Service Year.

Professionals in their Intermediate Service Year need to renew [preservice requirements that include first aid and certification in child cardiopulmonary resuscitation](#). If a provider maintains formal certification in first aid or CPR from a recognized health source, that current and valid certificate satisfies the annual renewal requirement. In brief, the course requirements for intermediate service personnel are:

- Last year's competency
- This year's competency
- County Update (when one is scheduled during the Intermediate Service Year)

Please note that there are no additional self-choice requirements that need to be met during the Intermediate Service Year.

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Experienced Personnel

Experienced personnel are service coordinators and providers in their third year or more of practice in Philadelphia IT EI. The [current year's training requirements for experienced EI personnel are specified on the TLC website](#) and included in the [TLC Handbook](#). Trainings may be tailored to subgroups of personnel who work in Philadelphia IT EI, for example, programs specific to service coordination personnel. Typically, the annual requirements follow this plan:

- A) Early Intervention personnel in their 3rd year or more, of providing service in Philadelphia Infant Toddler EI complete the following:
 - 1. Competency Initiative
 - 2. County Update (if one is scheduled during the training year)
 - 3. Self-Choice credits

- B) Members of initial Multidisciplinary Evaluation (MDE) Teams and Autism Spectrum Disorder (ASD) Agencies (approved to provide autism related services) complete the following:
 - 1. Competency Initiative
 - 2. County Update (if one is scheduled during the training year)
 - 3. Self-choice credits .

- C) [Annual renewal of training in first aid, certification in child cardiopulmonary resuscitation \(CPR\), transition, cultural competence, mediation, procedural safeguards, child abuse and neglect, and universal precautions](#) must be completed by all personnel.





Section 2: Overview of Infant Toddler Early Intervention in Philadelphia

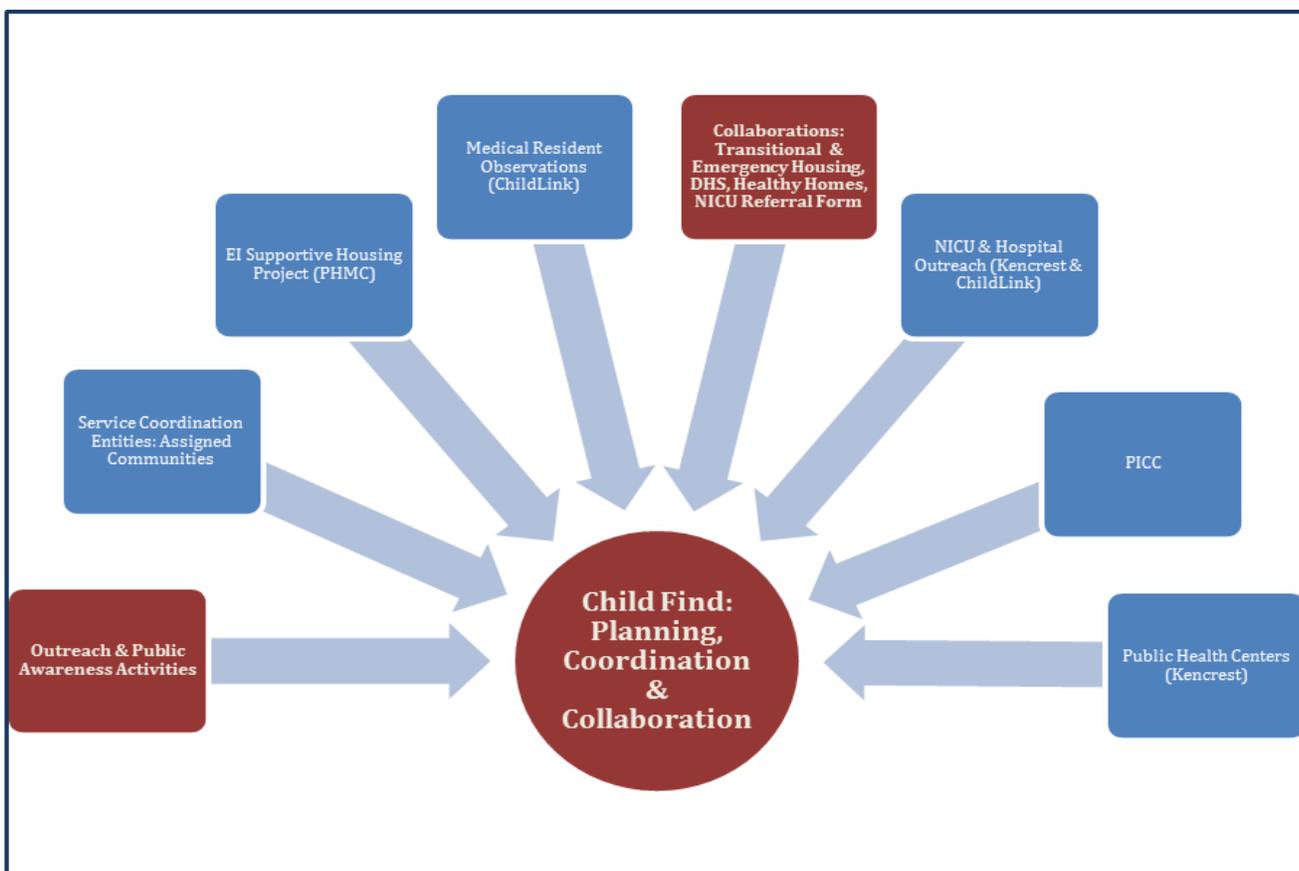
The purpose of IT EI is to show parents or caregivers what they can do with their child throughout the day, every day, to increase the child's learning and growth.

OCDEL contracts with Pennsylvania counties to support and serve infants, toddlers and their families. The Philadelphia IT EI program is responsible for Child Find, Referrals to Early Intervention, Service Coordination (contracts with two agencies), Regular Developmental Screening for children who are considered at risk for developmental concerns, Eligibility Determination (contracts with two agencies),

Early Intervention Services (contracts with over 30 agencies).

Child Find

Philadelphia IT EI plans, coordinates, and collaborates with partners to find children who can be enrolled in Regular Developmental Screening or who are eligible for Early Intervention services and supports. Philadelphia does outreach to the community, works closely with referral sources, and develops an annual Child Find Plan that contains the goals for the year and focuses our Child Find activities.



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Referrals to Early Intervention: EI Intake

Parents and professional referral sources contact EI Intake to make a referral to IT EI. Referrals can be made by email, phone, or fax.

Email: Birthto3EI@phila.gov
 Phone: 215 685 4646
 Fax: 215 685 4638

For referrals made by professional referral sources (for example, physicians), EI Intake will follow up with a phone call to the parent to complete the intake. When the EI Intake is successfully completed, the family is promptly assigned to a Service Coordination Entity. This brochure explains the who, why, how, and what happens when a professional referral source makes a referral to IT EI.

What happens when I refer a child?

The EI Intake Coordinator will obtain information from you about the child.

The EI Intake Coordinator will talk with the parent/guardian to get permission to proceed with an intake.

When the intake is successfully completed, the family will be assigned to a Service Coordination Organization who will arrange a home visit and a multi-disciplinary evaluation (MDE).

Philadelphia Infant Toddler Early Intervention

Coordinated by
Intellectual disAbility Services
 701 Market Street, Suite 5200
 Philadelphia, PA 19106
 215-685-5900

EI Intake # 215-685-4646
 EI Intake Fax # 215-685-4638
 EI Intake E-mail: Birthto3EI@phila.gov

DBHIDS
 DEPARTMENT of BEHAVIORAL HEALTH and INTELLECTUAL disABILITY SERVICES
 Recovery, Resilience, Self-determination

Philadelphia Infant Toddler Early Intervention

Who do I refer?
 Why should I refer a child?
 How do I refer a child?
 What happens when I refer a child?

It's all about community!

Who do I refer?

Children from birth to three (3) years old

Children who have a health condition or medical diagnosis that has a high probability for developmental delay

Children whose development concerns you

Children who are developing differently than other children their age

Children who are **At Risk** for developmental concerns but may not be showing signs of delay:

- birth weight under 3.3 lbs,
- NICU graduate,
- elevated blood lead level,
- substantiated abuse or neglect,
- born to chemically dependent mother,
- experiencing homelessness

PLEASE NOTE: For children who are over 36 months, call the Preschool Early Intervention Program at Elwyn Seeds 215-222-8054

Why should I refer a child?

All children grow and develop in unique ways, however, some children need extra help to learn and develop

Early Intervention is a **FREE** program that can help families with their child's development, learning and behavior

Early Intervention services are delivered in the home, community or at the child's day care

Families participate in the services and learn how to help their child reach developmental outcomes

Early Intervention regularly checks the development of children who are **At Risk**

How do I refer a child?

Email: Birthto3EI@phila.gov
 Fax: 215-685-4638
 Call: 215-685-4646*

**Please be prepared to give us the child's name, date of birth, parent's name and phone number to begin the intake.*

Referral forms available on DBHIDS website: www.dbhids.org

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Service Coordination

Service Coordination is a required service for every child who is eligible for IT EI. It is an ongoing set of activities that assist an infant or toddler, the family, or caregiver to access and maintain services and supports that best fit their needs. In Philadelphia, IT EI Service Coordination:

- is responsible for assisting infants, toddlers, and their families to access needed EI services, as well as coordinating and monitoring the provision of such services.
- supports families' efforts to seek and use resources in the community to aid the delivery of EI services.
- obtains information as part of a Child and Family Assessment at the Initial Home Visit (IHV) that will be shared with the Initial Multi-Disciplinary Evaluation (IMDE) Team.
- maintains active communication with families and with service providers.
- completes a Service Coordination Support Plan for each family.
- schedules and attends Individualized Family Service Plan (IFSP) team meetings, quarterly and annual reviews to assess progress on outcomes.
- schedules initial eligibility evaluations with independent MDE teams.
- provides Regular Developmental Screening for children who are not eligible but who meet the Commonwealth's criteria for at risk tracking.
- supports families to complete Medical Assistance and Infant Toddler and Family Waiver applications and to maintain eligibility.
- follows all relevant state and county policies and procedures.
- inputs all required data elements in Pennsylvania's Enterprise to Link Information for Children Across Network (PELICAN).
- participates in Philadelphia Interagency Coordinating Council (PICC) activities.
- collaborates and coordinates with the Part B (preschool) Early Intervention program as needed and as required.
- participates in all Philadelphia County and OCDEL monitoring activities.

Philadelphia IT EI contracts with two service coordination entities

Childlink
Centre Square East
Suite 1500
1500 Market Street
Philadelphia, PA 19102

http://www.phmc.org/site/programs/services-to-special-populations/children-with-special-needs#cl_phl

Partnership for Community Supports
9360 Ashton Road
Philadelphia, PA 19114
<http://www.pfcsupports.org/>

Families are assigned to Service Coordination based on where they live in the city. Each of the Service Coordination entities is responsible for designated areas of the city.



Regular Developmental Screening

ChildLink and Partnership enroll children in Regular Developmental Screening. Eligible children are those who meet Pennsylvania's At-Risk criteria and:

1. are not eligible for EI Services or
2. are eligible for EI Services but family declines EI Services and chooses Regular Developmental Screening.

In Pennsylvania children who are considered at risk are those

- born to a chemically dependent mother
- with elevated blood lead level of 10 or more micrograms per deciliter
- who experienced substantiated abuse or neglect
- experiencing homelessness
- with Low Birth Weight (born under 1500 grams)
- who had a neonatal intensive care unit (NICU) stay

The assigned Service Coordinator conducts Regular Developmental Screenings on a quarterly basis, provides information and resources to the family, and works with the family to determine if the child becomes eligible for Early Intervention services. Parents are informed that their child can be enrolled in Regular Developmental Screening until the child reaches the age of three.

Eligibility Determination: Initial Multidisciplinary Evaluation

Every family whose child is referred to IT EI in Philadelphia is offered an initial Multi-Disciplinary Evaluation (MDE) to determine the child's eligibility for services and supports. The MDE team documents the evaluation on the Evaluation Report (ER). The parent(s) participate(s) in the MDE as a member of the team, along with the Service Coordinator and the MDE evaluator(s). The Initial MDE evaluators are EI professionals who only conduct evaluations and do not provide EI services. The parent can invite any additional persons that they wish to the MDE.

Initial MDE teams use the Infant-Toddler Developmental Assessment (IDA) to help identify children's current strengths and concerns and to identify their developmental ranges. The IDA is completed by interviewing the parent and observing the child. One team member works with the child while another works to involve the family and to score the IDA.



How is a child determined eligible for early intervention?

1. Diagnosis

An infant or toddler who has a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay and is not accompanied by delays in cognitive, physical, including vision and hearing, communication, social or emotional, and adaptive behavior, is eligible for early intervention.

2. Developmental Delay

An infant or toddler whose score on an appropriate diagnostic instrument indicates a 25% delay in one or more developmental domains: cognitive, physical, including vision and hearing, communication, social or emotional, and adaptive behavior, when compared to same-aged peers, is eligible for early intervention.

An infant or toddler whose score on an appropriate diagnostic instrument is 1.5 or more standard deviations below the mean in one or more developmental domains: cognitive, physical, including vision and hearing, communication, social or emotional, and adaptive behavior, when compared to same-aged peers, is eligible for early intervention.

3. Informed Clinical Opinion (ICO)

Qualified personnel may use ICO to establish an infant's or toddler's eligibility for EI, especially when there are no standardized measures to assess

the concern, or the standardized measures are not appropriate for an infant's or toddler's chronological age or developmental area.

During this comprehensive meeting, Service Coordinators, families, and other team members review the information about the child and family and complete the evaluation. The Initial MDE Team records their findings on the [Evaluation Report \(ER\)](#) that OCDEL requires for all children receiving evaluations in Pennsylvania.

Conducting the MDE

Each team member, professional and parent, introduces themselves and discusses their role in the evaluation. For Initial MDE's, the Service Coordinator shares the information gathered at the Initial Home Visit and summarizes this information on the family assessment pages of the ER document. This review helps the team to focus on the parent's concerns and priorities and on the child's typical activities and routines. All team members work together to complete the evaluation. While each person on the initial MDE and IFSP team has a role during the evaluation, these roles are interchangeable depending on the child's and the family's needs and preferences.





The Individualized Family Service Plan (IFSP)

If the child is eligible for IT EI, the Initial MDE team develops the [IFSP](#) to address the parent's concerns, priorities, and the needs of the child. This must be complete within 45 days from the date of the child's referral to Early Intervention. In Pennsylvania, with the parent's consent, the Initial MDE and initial IFSP are conducted in the same meeting. The team members who develop the initial IFSP are the parent, the Service Coordinator, and the Early Interventionist who helped complete the MDE. The information from the MDE will help the team know what is important to the family and create meaningful individualized outcomes that support the child's learning in the family's natural routines.

IT EI helps children develop and learn and enhances each family's capacity to meet the needs of their child. The family's concerns and priorities for their child are important considerations in the IFSP team's development of outcomes that will support the child's learning and development. Outcomes reflect the child and family's participation in their everyday activities and routines, are measurable, and include strategies to achieve outcomes. The team may include the environmental adaptations and assistive technology in the IFSP. The [Early Intervention Technical Assistance online module on IFSP development](#) is an option for staff to gain more knowledge about this topic.

Early Intervention Services

In Philadelphia, the IT EI service team:

- Works directly with families to conduct child evaluations.
- Develops IFSPs with families whose children are determined eligible for EI.
- Works directly with families to meet outcomes specified in the IFSP.
- Embeds intervention in family routines and activities.
- Consults with families to support their implementation of strategies, adaptations, and resources to address their priorities and concerns, as illustrated in the agreed upon outcomes on the IFSP.
- Works with families who may need interpretation and translation in order to actively utilize the strategies and adaptations and communicate with other members of the team.
- Documents progress on outcomes.
- Determines eligibility on an annual basis.
- Participates in team meetings, with parents and caregivers as members of the team, to review progress on outcomes and make recommendations.
- Plans for the child's transition at age three.

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When making service decisions, the family's priorities and outcomes for the child guide EI service(s) included in the IFSP. The services and supports on the IFSP are primarily designed to assist the family as they promote their infant's or toddler's development and early learning. Services are not selected by determining which disciplines should "treat" each of the child's "deficits." The team determines the service, or array of services, needed to teach the family to support their child's growth and development within their everyday activities and routines. The team answers the question "who can address the family/child's needs and outcomes?" when determining service(s).

In Pennsylvania, there a variety of service options including but not limited to those listed in Definition Section of the [PA Code, Chapter 4226](#).



Considerations when Recommending EI Services

- Families should willingly participate in services.
- Services should not overwhelm families who already have busy schedules.
- Services should focus on outcomes.
- Services should support the child's participation in everyday activities and routines.
- Providers should coordinate the strategies to address the outcomes through consultations with the family and with other team members.

Philadelphia IT EI: Supporting Effective Practice

IFSP team members discuss ways of providing services at initial, quarterly, and annual IFSP team meetings and make adjustments as needed. To support teams to effectively address the needs of children and families, Philadelphia IT EI has developed some specialized service approaches. These approaches are grounded in empirical evidence and support the effective implementation of IT EI. They include:

- ◆ Autism Spectrum Disorder (ASD) Related Services
- ◆ Social Emotional Promotion and Intervention
- ◆ Transdisciplinary Team Approach
- ◆ Teachers with Additional Communication Training (T/ACT)

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ASD Related Services

In Philadelphia, all families of children who are 16 months or older and are referred to IT EI, are asked to complete the Modified Checklist for Autism in Toddlers, Revised, with Follow-Up (MCHAT-R/F™). This is typically completed by the family with the Service Coordinator at the initial home visit. If the MCHAT-R/F™ has been completed prior to the referral to IT EI, we encourage referrers to forward this information with the referral.

For children who are already receiving IT EI and are 16 months of age or older, the Service Coordinator will complete the MCHAT – R/F™ with the family.

As of July 2015, Philadelphia is currently undergoing a planning process to incorporate recent evidence from empirical research that demonstrates positive outcomes for young children with autism. We expect that as a result of this planning process, Philadelphia IT EI's approach to providing effective services to young children who may have ASD and their families may change.

The process that is in place, and may change based on a consideration of research and improvements based on evaluation, is as follows:



When there are concerns on the MCHAT-R/F™ the team considers whether or not a Developmental Behavioral Assessment (DBA) is needed. The results of the DBA will determine whether ASD related services are recommended. The DBA is considered an Early Intervention service and helps to gather additional information about the learning needs and concerns of the child and family. The DBA is done in collaboration with the family and identifies interventions and strategies that will be implemented and coordinated by the IFSP team, including a designated ASD Coordinator. ASD team members provide the DBA service in collaboration with families to identify and implement strategies and interventions. Once the assessment is complete, any ongoing service recommendations including type and level of services are based on the individual needs of the child and are determined at a team meeting.

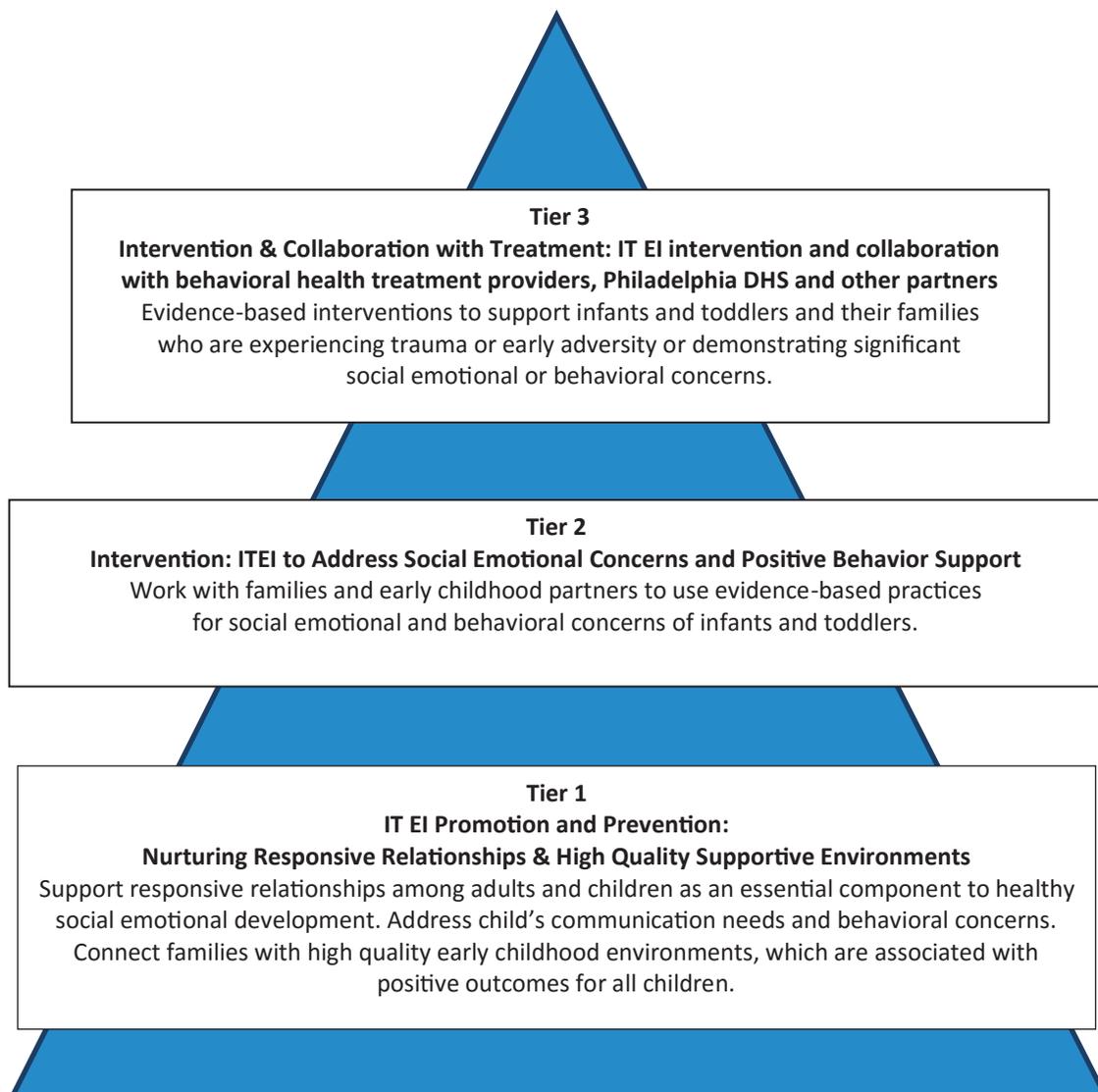
Information about the ASD Related Services can be found under the [Intervention Planning tab](#) in Philadelphia IT EI Policies and Procedures.



Social Emotional Promotion and Intervention

Beginning in the spring of 2016, Philadelphia IT EI will implement a Response to Intervention (RTI), tiered approach to addressing the social emotional needs and concerns for young children and their families. To support this approach, we will incorporate the planned and consistent use of the Ages and Stages Questionnaire – Social Emotional 2 (ASQ: SE-2™) into our Child and Family Assessment process and all staff will be trained in how to address the social emotional needs and concerns of young children and their families.

Philadelphia Infant Toddler Early Intervention Social Emotional Development and Positive Behavior Support



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Transdisciplinary Team Approach

In Philadelphia, the Transdisciplinary Team Approach is a way of providing IT EI that teams consider for delivery of IFSP services. When the IFSP team decides that Transdisciplinary Team Approach will be used, one of the professional team members is designated as a primary service provider (PSP). The PSP is the Early Interventionist who helps the child and family/caregivers achieve the IFSP outcomes. The PSP supports and coaches the family to learn strategies and use adaptations and resources that will promote their child's learning and development. Other transdisciplinary team members have expertise and consult with the caregiver, child, and PSP to suggest strategies, intervention, adaptations, and resources to address the IFSP outcomes. Information about the Transdisciplinary Team Approach can be found under the [Intervention Planning](#) tab in the Philadelphia IT EI Policies and Procedures.

Teachers with Additional Communication Training (T/ACT)

Philadelphia's T/ACT Model began in 2002 to better address the communication needs of infants and toddlers and was recently adapted by the Commonwealth for use throughout PA. In Philadelphia, Special Instructors (SI) complete advanced training and are identified as T/ACT's. These personnel provide services when a child has an outcome related to communication and the methods to be used can be implemented by a T/ACT with consultation from a Speech and Language Pathologist (SLP) who is Hanen certified. The T/ACT and SLP must work for the same EI provider agency. Philadelphia IT EI determines which agencies are considered "T/ACT agencies." Information about the T/ACT approach can be found under the [Intervention Planning tab](#) in the Philadelphia IT EI Policies and Procedures.

Service Delivery in Infant Toddler Early Intervention

- Start Dates
- Session Notes
- Progress Monitoring
- Quarterly Reviews
- Exiting from Early Intervention
- Early Childhood Outcomes (ECO)
- Transition

Philadelphia IT EI Policies and Procedures:
<http://jeffline.jefferson.edu/cfsrp/tlc/cultural.cfm#>

Start Dates

The timely start of IFSP services is an important part of IT EI. All services on the IFSP must start within 14 calendar days of the IFSP development date. All service providers and service coordinators must follow the Service Start Date Policy that can be found under the [Service Delivery tab](#) in the Philadelphia IT EI Policies and Procedures.

Session Notes

The Session Note documents the delivery of the EI services as specified on the IFSP (and documents when a planned service is not delivered). When completing the form the provider summarizes information collected about the child's progress toward the attainment of outcomes, along with a review of what occurred during the visit. At the end of each visit, the parent receives a copy of the Session Note. The blank Session Note form in English is available [here](#). An annotated version of the Session Note is available [here](#). The blank Session Note form in Spanish is available [here](#).

TLC has an E-Learning module on [writing Session Notes](#).

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Progress Monitoring

After the IFSP is established, each Early Interventionist works together with the family to address each outcome according to [“Measurable Results/Outcome/Goal” listed in the IFSP](#). The Early Interventionist supports the family to implement the strategies detailed to enhance child’s participation in everyday activities and routines. Early Intervention providers work with families and/or caregivers to review progress at the start of each home visit. All team members need to be sure that they are addressing the family’s concerns and that services they provide are having the desired effect.

Within 30 days of an Initial IFSP, each ongoing service provider must complete a “Measurable Results/Outcome/ Goal” page to confirm their continued work on the outcome, to make suggested changes to the Outcome based on changing needs of the child and family, and note changes to strategies based on further ongoing assessment of the child and family. This document will be reviewed by the team at the first Quarterly Review as they consider any needed updates to the IFSP. This document must also be maintained as part of the child’s record at the respective Early Intervention provider agency(ies), so that IT EI Program Analysts can review this documentation as part of the Provider Monitoring.

Progress Monitoring is a vital part of working with children and families in IT EI. Progress Monitoring and Session Notes must reflect the “Measurable Results/Outcome/Goal.” Service Coordinators complete monthly monitoring reports indicating progress. At Quarterly Review Meetings, the IFSP team reviews the child’s progress as it relates to the IFSP outcomes. All service providers share information with the family about activities and opportunities that support the child.

An online module [“Measurable Outcomes and Progress Monitoring”](#) is available on the TLC website.

Quarterly Reviews

The Service Coordinator arranges for members of the child’s team to meet together every three months to review the IFSP. EI providers attend the meeting to review progress. All team members work together to determine if new or different strategies and adaptations are needed to support progress. If the IFSP team determines that changes to an outcome are needed, the Service Coordinator is responsible for updating the IFSP and providing a copy of the revised IFSP to the family.

Exiting from Early Intervention

Children may exit IT EI prior to their third birthday. The exit may occur for a variety of reasons, including: the child is no longer eligible for IT EI, the child has met their IFSP outcomes and the parent withdraws the child from IT EI, or the family moves. The Service Coordinator needs to determine the reason for the child’s exit from IT EI. The Service Provider considers the child’s length of time in IT EI and determines need to complete an Authentic Assessment for exit Early Childhood Outcome (ECO) reporting. See [“Early Childhood Outcome Reporting” in next section](#).

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Early Childhood Outcome (ECO) Reporting

The U.S. Department of Education, Office of Special Education Programs (OSEP) requires every state to collect accountability data on the effectiveness of early intervention. In Philadelphia, the Ounce Scale, an observational assessment, collects information about the child's behavior and development. An [Ounce E-Learning module](#) is available on the TLC website.

New staff should meet with their supervisor to be directly trained in ECO requirements. Several online training modules are also available through [Pennsylvania's Early Intervention Technical Assistance Online Learning Portal](#).

Transition

Families of children who are exiting IT EI at age three are supported to transition to the resource that the family has chosen for their child. The IFSP team anticipates and supports the child's and family's transition from IT EI by developing a Transition Plan that includes the steps needed to prepare for and accomplish the process.

The Transition Plan is individualized to the needs of the child and family. For one child, the team may develop specific activities or strategies to help the toddler adjust to or function in a new setting. For another child, the team may provide a family with the information needed to enroll their child in a Head Start program.

As part of transition planning, service coordinators and service providers can help families access other non-EI services that may be needed as they exit from Early Intervention. For families whose children may be eligible for Preschool Early Intervention, the IFSP team, including the service coordinator and service provider(s), follows the policy and guidelines for Transition that can be found under the [Transition tab](#) on the Philadelphia Policies and Procedures.



Section 3: Early Intervention Regulations, Child Protective Services Law, and FERPA

How did Infant Toddler Early Intervention Begin?

The Education for all Handicapped Children Act, the earliest version of [Individuals with Disabilities Education Act \(IDEA\)](#), was created in 1975 in part from legislation in Pennsylvania. The Pennsylvania Consent Decree (a settlement between the state and The Arc of PA) established principals such as zero exclusion (no children can be denied an education because of their disability) and least restrictive environment (requires children be educated in regular education settings with typically-developing peers to the maximum extent possible). These principals were affirmed for all children, not just children with intellectual disabilities, in *Mills v. Board of Education of District Columbia (1972)*. Legislation also mandated that services be provided even if the state had financial constraints.

In 1986 special education law was revised (PL 99-457) and public programs for children from birth to six years of age became available. Among other things, the law ensures that children receive culturally fair assessments and are included in typical educational settings. For children under age three, *natural environments* is used to refer to the places where young children play, grow and learn.

How do states carry out Infant Toddler Early Intervention?

IT EI is [Part C of IDEA](#) and is federally regulated. It is a voluntary program for states, but when states do participate, they must adhere to all federal program requirements. As specified in federal regulations, states develop their own legislation and subsequent regulations to govern federal programs. States must at least meet the federal program requirements, but may upgrade services. Pennsylvania regulations provide us with more specific information about how services are offered in the Commonwealth.

How do the federal mandates of Infant Toddler Early Intervention apply in Philadelphia?

Philadelphia has a comprehensive system for the provision of Early Intervention services. The table on the [next page](#) highlights many of the federal mandates for the Early Intervention program along with a description of what the mandate means and how it is applied locally.

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Federal Mandate	What it is	How it is done locally?
Definition of developmental delay	This definition is used when states identify eligible children	<p>In Pennsylvania a child can be found eligible by one of three ways:</p> <ol style="list-style-type: none"> 1) Child has a diagnosis that has as high probability of resulting in a developmental delay 2) Child scores 1.5 standard deviations below the mean on a standardized assessment or has a 25% delay in one of five developmental areas. 3) Informed Clinical Opinion
Central Directory	A statewide resource that is accessible to the general public and includes up to date information about Infant Toddler Early Intervention, including locating resources and information.	In Pennsylvania, the Central Directory the CONNECT Helpline at 1 (800) 692 7288. To make a referral to IT EI in Philadelphia, contact EI Intake at birthto3ei@phila.gov or 215 685 4646
Child Find and Public Awareness	Proactive responsibility to identify children who are eligible for infant toddler early intervention.	Child Find and Public Awareness are coordinated by Philadelphia Infant Toddler Early Intervention. This comprehensive effort includes several collaborators, including the Service Coordinator Entities. Contact Wendy Williams at wendy.williams@phila.gov
Comprehensive System and Policies and Procedures for Personnel Development	Ensure that EI personnel from a variety of disciplines are adequately prepared and trained.	Preservice and ongoing training by agencies, TLC, and Early Intervention Technical Assistance (EITA) as directed. (Note primary referral sources receive regular outreach and training as part of public awareness).
Evidence based practices	Early Intervention approaches, practices and strategies are supported by research.	Professionals in Infant Toddler Early Intervention are to provide services and supports that are consistent with evidence based research. The professional development that is offered by the Teaching and Learning Collaborative (TLC) programs are evidence-based.
Individualized Family Service Plan (IFSP)	The IFSP identifies outcomes for the child based on the needs and priorities of the family, specifies the strategies to be used to achieve the outcomes, how progress will be measured and what services and supports are needed to enhance the capacity of the family to meet their child's needs.	With the family's consent, the initial multidisciplinary evaluation (MDE) and individualized family service plan (IFSP) are completed sequentially in the same session. This is also true for the annual MDE and IFSP.

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Federal Mandate	What it is	How it is done locally?
Multidisciplinary Evaluation	A timely and comprehensive Multidisciplinary Evaluation (MDE) is conducted for children who are referred to Infant Toddler Early Intervention to determine their eligibility. If the child continues to be eligible this will be documented by an annual MDE.	The parent is a member of the MDE team. The professionals on the initial evaluation teams are independent from ongoing service teams. The child's ongoing service team conducts the annual MDEs. The service coordinator is a member of the MDE and ongoing service team.
Procedural Safeguards	Procedures for filing, investigating and resolving complaints about alleged violation of requirements under Part C of the Individuals with Disability Act.	Service Coordinators review "Problem Solving in Early Intervention" at the Initial Home Visit and the "Parent's Rights Agreement" at every meeting for an MDE and IFSP (including changes to the IFSP). All professionals in IT EI are knowledgeable about Procedural Safeguards and the options available to families to resolve their concerns.
Service Coordination	A Service Coordinator is assigned to each child and family as soon as possible after referral and serves as the single point of contact in assisting the family to obtain the services and assistance needed.	Depending on where the family resides, upon successful completion of the intake, EI Intake will assign to one of two Service Coordination Entities (SCE's): ChildLink (a program of the Public Health Management Corporation) or Partnership for Community Supports.
Single Line of Authority	Lead agency designated to administer the Infant Toddler Early Intervention program in the state.	The Bureau of Early Intervention Services (BEIS) of the Office of Child Developmental and Early Learning (OCDEL) administers the Infant Toddler Early Intervention Program in Pennsylvania.

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What are PA's Act 212 and Act 143?

[Act 212 of 1990](#) is Pennsylvania's [Early Intervention Services System Act](#). It addresses key components of federal legislation (e.g., eligibility, MDEs, IFSPs) and assigns the responsibility of the program to various state departments. The Act defines the at-risk and developmental delay categories.

[Act 143 of 2014](#) amended Act 212 to include children who are experiencing homelessness as eligible for the regular screening that occurs as part of at-risk tracking. As of 2014, the categories of children who are eligible for regular developmental screening as part of at-risk tracking are children:

- with birth weight under 1500 grams
- cared for in a neonatal intensive care unit
- born to chemically dependent mothers and referred by a physician, health care provider or parent
- who are abused or neglected, as substantiated and referred by the county children and youth agency under the Child Protective Services Law
- exposed to confirmed dangerous levels of lead poisoning as set by the Department of Health
- experiencing Homelessness

Furthermore, for each county in Pennsylvania, the Act establishes a Local Interagency Coordinating Council (LICC) and Interagency Agreements. The [Philadelphia Interagency Coordinating Council \(PICC\)](#) is the LICC for Philadelphia County. The group is comprised of representatives from infant toddler and preschool Early Intervention including providers, family members and early childhood collaborators. The PICC is responsible for developing Interagency Agreements that specify how services are provided in Philadelphia. The PICC is a forum for local families, service providers and agency representatives to share information, work together, and ensure the availability of quality Early Intervention.

To support the participation of Early Intervention providers and service coordinators in the PICC, annual training self-choice credit may be obtained for your involvement. Speak with your supervisor about this opportunity.

What are the EI Regulations and Announcements and where can I find them?

In order to carry out Pennsylvania's Early Intervention Services System Act and related law, [Chapter 4226 of the Pennsylvania Code](#) specifies the provision of these services. All Early Intervention personnel should be familiar with Chapter 4226 and its provisions. To update and clarify requirements subsequent to the publication of Chapter 4226 or specify procedural implementation of other regulatory requirements that affect the delivery of Early Intervention, the Office of Child Development and Early Learning (OCDEL) publishes [Early Intervention Announcements](#).

What are the Child Protective Services Laws and what are my obligations?

From 2013 to 2015, Pennsylvania enacted laws that augmented their response to child abuse. This legislation impacts the reporting, investigation, assessment, and handling of child abuse and neglect cases and are intended to enhance the protection of children from abuse and re-abuse. A [summary of these changes](#) is available from Pennsylvania government.

Professionals who come into contact with children are required by law, when they have reasonable cause to suspect abuse or neglect, to report or cause a report of that abuse to the Department of Human Services. Suspected abuse or neglect of children may be reported 24 hours a day, seven days a week to (215) 683 6100 or to the State Hotline at (800) 932 0313.

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Personnel who work in IT EI are considered mandated reporters and are required to report suspected child abuse or neglect if they have reasonable cause to suspect that a child is a victim of child abuse or neglect.

Each service coordination entity and service provider agency, including the independent evaluation agencies, must develop a reportable incident policy that specifically addresses the Child Protective Services Law. [Philadelphia's Reportable Incidents Policy and Mandated Reporting of Child Abuse and Neglect](#) specifies the requirements that must be met in the agency's Policies and Procedures.

FERPA and Confidentiality

The [Family Educational Rights and Privacy Act \(FERPA\)](#) is a federal law that protects the privacy of student educational records. FERPA specifies the rights that parents have regarding their child's educational records. The Service Coordinator reviews FERPA with the parent at the Initial Home Visit. This Act is reviewed at every MDE and IFSP meeting (including addendums to the IFSP). All personnel in Early Intervention are to be knowledgeable of the requirements of FERPA and adhere to them. Philadelphia Infant Toddler Early Intervention's implementation of FERPA is specified in the [Procedural Safeguards tab](#) in Philadelphia's Policies and Procedures.

FERPA Parents have the right to access their child's educational records, or receive a copy of the records, within 45 days of request; consent to release the child's records (consent must state the record to be disclosed the reason for disclosure, the person/party to whom disclosure is to be made, the date, and the parent's signature); request that an educational record be amended; the agency must consider the parent's request for an amendment and offer a hearing if it decides not to amend the record. When results of the hearing indicate no amendment is necessary, the parent has a right to place a statement in the record which is to be disclosed with the record in question); file a complaint should one of these rights be violated.

Further, many agencies, including Intellectual disAbility Services, who is the administrative entity for Philadelphia Infant Toddler Early Intervention, must comply with the Health Insurance Portability and Accountability Act (HIPAA). HIPAA ensures privacy of health information. The [HIPAA Notice of Privacy Practices is available for review](#).



Section 4: Early Intervention Personnel Responsibilities

Prior to Your Work with Families

Before you can begin to work directly with families you must submit the following information to your agency's supervisor to be maintained in your personnel record:

- You must provide a current FBI Background check, PA State Criminal Record Check, and Child Abuse clearances. Speak with your agency's supervisor to obtain contact information for these background checks and clearances.
- A copy of your credentials — depending on your discipline this can include your transcripts. For example, Special Instructors are required to submit a copy of their transcript, even if they have teacher certification from Pennsylvania's Department of Education.
- Complete a Medical Assistance (MA) enrollment form — for disciplines that have a license (e.g., physical therapist, occupational therapist, speech and language pathologist). This form is to be completed and sent to your agency's supervisor.
- A copy of your up-to-date license (if your discipline requires a license). Also be sure to send a copy of your renewal to your agency supervisor.
- Preservice training certification – print out and forward a copy of the certification to your agency. This certification is to be kept in your personnel or agency training file.
- Evidence of liability insurance.

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 may be shared outside of the Early Intervention system only with the written consent of the parent. Parents can request copies of records and can make requests to amend records.
2. **Introduce yourself to families and explain your role** when you first meet families and at each quarterly and annual meeting. For example, instead of saying "I'm a physical therapist" and relying on your title or your discipline, explain what you do and how you can support the child and family to meet the needs and priorities of the family.
3. **Provide services to children within 14 days of IFSP development.** When accepting a referral, the agency must first note the number of days remaining in the 14 day (from IFSP development) start date time frame. As an individual provider you must triage service starts based on the number of days that remain from IFSP development date. Timely delivery of services is a state and federal requirement. Be sure to document reasons for any services that will be initiated after the 14th day. Review Philadelphia's Service [Start Date Policy](#) and your agency's procedure for timely service starts.
4. **Participate as a member of the Early Intervention team.** When you are working with families, honor the parent's role as an active team member and as one who is the center of the child's life.

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5. **Identify family concerns and priorities.** Use active listening strategies to identify and address families' concerns and priorities.
6. **Encourage and support the family's participation.** Support parents' active participation in helping their children to learn and develop by addressing the parents'/caregivers' concerns and encouraging them to share how they would like to be active in Early Intervention.
7. **Honor the family's values and diversity and use language that is respectful to children and families.** Be educated about diversity. Respect the family's circumstances and understand their values. Use person first language (e.g. child who has Down Syndrome).
8. **Be nonjudgmental in your approach.** By being nonjudgmental, Early Interventionists enable families to feel comfortable and to speak openly about their child.
9. **Be professional.** Wear business casual attire. Schedule appointments in advance. Avoid missing visits or being late to scheduled visits. Let families know when you are going to miss a visit or when you are going to be late.
10. **Leave a Session Note at every visit.** Your session notes that are complete, legible, and written in family friendly language that gives families suggestions about the strategies to try before the next visit will help families enhance their child's learning and development.
11. **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.
12. **Measure progress toward attainment of the IFSP outcomes.** IFSP outcomes and the strategies, adaptations, and resources needed to attain these outcomes are the focus of each session with the family and child. Each time that you are with the child, be sure to measure and record the child's progress. This progress information can also be noted on the session note and will be discussed by the team at the Quarterly or Annual Review of the IFSP.
13. **Help families make adaptations for their child and explore the use of Assistive Technology.** 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 can be low-tech or high-tech and involve materials or equipment as needed. See more resources [here](#). Considering an Assistive Technology consultation is one way to help reach the desired outcomes. To request technical assistance for identifying and implementing assistive technology solutions for a child, the team must complete and [submit a request for consultation from PIAT](#).
14. **Embed strategies for children in their everyday routines and activities.** Help families to embed learning opportunities for children within their routines. This approach enables children to learn in multiple settings and at times that are naturally spaced throughout the day. Family routines are enhanced and children gain more practice opportunities with families. Families can find solutions and strategies for their child and feel more confident about their parenting. Rather than relying on direct instruction to children, the Early Interventionist focuses on teaching the family or child care staff strategies and adaptations that will help the child participate meaningfully every day.
15. **Use a transdisciplinary team approach to service delivery when appropriate.** In Philadelphia, the transdisciplinary team approach is designed to support the family as a central member of the Early Intervention team. Based on the individual needs of the child and the family, a Primary Service Provider will work with the family and the team can request consultations to access new strategies, adaptations and resources. Review Philadelphia's [Transdisciplinary Team Approach Policy and Procedures](#).
16. **Follow-up on details.** Ensure that you know how to use forms and documentation systems. Promptly return phone calls and emails. Be prepared and on-time for meetings.

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Time Requirements

- **Schedule appointments in advance with families.** Refer to Good Faith Effort Procedures for families that are not consistently keeping appointments (see [Service Delivery](#) tab in Philadelphia IT EI Policies and Procedures).
- **Be on time.** Contact families in advance when you know that you must be late or cannot make it to an appointment.
- **Provide families with services as indicated on the IFSP.** Whenever possible make sure that you reschedule appointments rather than canceling.
- **Be prepared to work a varied schedule.** Appointments need to be scheduled at a time that is convenient for the family, so working evenings and on Saturdays may be necessary.
- **Complete [annual professional development requirements](#) and follow-up activities.**

Note

At the direction of Sharon Burke, the Program Manager for Philadelphia Infant Toddler Early Intervention, personnel may be mandated to complete a job aid, attend a webinar or participate in training or professional development that is delivered by Early Intervention Technical Assistance (EITA) on behalf of OCDEL. This requirement will be communicated to the Agency Leadership (Supervisors).



Section 5: Family Centered Approaches

Early Interventionists in Pennsylvania and many other states have incorporated family centered principles of care into practice. Early Interventionists rely on the information that families give when there are concerns about their child and seek to develop meaningful strategies that will help the family enhance the learning and development of their child. Families are in the best position to participate in Early Intervention when service coordinators and service providers address the family's real life challenges. Families are the biggest influence and constant in a child's life thus, the work we do with families has a greater impact than simply working with children alone. Keep in mind that families use what they learn to help their child during the time between home visits, as well as after the child leaves Early Intervention.

Families in EI are often eager to receive support and information about available resources. To better support families, EI 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 EI personnel work to help parents prioritize their concerns and to consider the child's strengths and talents, we understand that EI alone cannot provide everything that any family needs. Families may participate in other service systems like Head Start. Other families may have little to no need to work

with formal systems, but may have enough help through informal support from friends and families. For IT EI to be effective, Early Interventionists will want to acknowledge, collaborate, and consult with people across both formal and informal systems that are a fit for each family.

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.

How well family centered principles are used depends on each person's ability to incorporate the principles into practice. The [next section](#) includes a summary of essential principles within a family centered approach.





Family-Centered Principles

- Recognize that families are the constant in the lives of their young children.
- Provide opportunities for families to make good 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.
- Connect families to resources and provide services that enhance families' capacity to support their children'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 families' 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, educational, and developmental needs of their children with disabilities.
- Acknowledge that because no one agency can provide all of the information, knowledge, and services needed to support young children and their families, practitioners need to be dedicated to collaborating and consulting across programs.





Section 6: Interrelated Social, Emotional, Health, Developmental, 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. Their early learning is critical to their readiness for and success in school and later opportunities and experiences.

The 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, beliefs, education, experiences, and interests. A parent's child-rearing 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 that promote 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. 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. Early Interventionists recognize that young children depend upon combinations of abilities, adaptation, skills and support in order to participate in

everyday activities. As an example, consider the interrelatedness of what is 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 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. For some children, adaptations are needed for the child to meaningfully participate. Furthermore, the process of eating involves oral motor skills to remove the food from the spoon with their mouths, 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 in 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 is 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.

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Here are some easily accessible resources related to child development and supporting families to promote their child's growth and learning

Zero to Three

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. (<http://www.zerotothree.org>)

American Academy of Pediatrics

Numerous resources and links to information about promoting health families, child development and children with unique health care needs. (<https://www.aap.org/en-us/Pages/Default.aspx>)

TLC's website also includes links to a [variety of resources and references](#).



Section 7: 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). These community resources, medical or other non-EI funded services may include: housing assistance, health insurance, pursuing a high school diploma, and other financial and social services resources. Needs for resources may be identified when gathering information for the Child and Family Information section of the IFSP or during ongoing contacts with the family during visits with service providers or monthly monitoring contacts by service coordinators.

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 a resource is determined, the Service Coordinator and EI provider can collaborate or work independently to locate and contact a resource. To avoid duplication of effort and missed communication, when the Early Interventionist is directly responding to a family's request for resources, he/she should keep the Service Coordinator updated on the family's needs for resources and the resource information that is shared with the family. The Early Interventionist may already have resource contacts and can share these contacts with a family. Many Service Provider Agencies have information about resources to be shared with families and Early Interventionists are encouraged to ask their respective supervisors for this information. The Service Coordinator or Early Interventionist may identify additional resources through an online search.

- ⇒ Philadelphia Interagency Coordinating Council (PICC) provides information for families. From their [home page](#) select *Parent and Community Resources* or *Links* in the left menu.
- ⇒ TLC's website includes a section of [Ideas to Share with Families](#).



Section 8: Services in the Natural Environment

Federal regulation 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 means 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 infant’s or toddler’s 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.

The natural environment requirement does not just relate to where services are provided but focuses on promoting a child’s active participation in the activities and routines that occur in a range of natural settings.

When professionals address a child’s participation in various natural settings, their focus broadens to include a participation-based approach to services. In other words, professionals work to promote a child’s participation in the same activities and routines that similarly-aged children without disabilities are doing. Professionals accomplish participation-based services by adapting materials and the activity so that children can participate and by embedding individualized learning targets within activities and routines.

In order to provide participation-based services, Early Intervention teams must support families of the children they serve in identifying, planning, and implementing strategies for successful participation in both home and community settings.

*From: Campbell, P. (2004)
[Introduction to Participation-based Services](#), Young Exceptional Children*

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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 the right places, with the right people, doing the right things. 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 and Routines—A Part of Child and Family Assessment

Working in the child and family's natural environment 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 how the child builds relationships with the important people in his or her life. We also begin to understand how challenges are affecting the child's and family's participation in the everyday situations and opportunities through which young children typically learn and develop.

Initially, this information is collected by the Service Coordinator with the family and shared as part of the Initial Multidisciplinary Evaluation (IMDE) Team. The Service Coordinator completes the [Child & Family Assessment – Home & Community Routines](#). The findings from the "Routines" assessment are discussed as part of the IMDE team meeting and are summarized in the Family Information section (along with other required

information) of the Evaluation Report. For a child who is eligible for ongoing Early Intervention services, any member of the team can use the Child & Family Assessment – Home & Community Routines in their ongoing work with children and families.

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 or her everyday routines and activities. We know that families have the greatest influence on their child. Early Interventionists work with the family to develop a plan that gives the family the support and strategies they need to enhance their children's learning and development in their typical activities and routines. This plan is called the Individualized Family Service Plan (IFSP). The team identifies outcomes that are meaningful for the child and family. As part of the process for developing an IFSP, professional team members observe the child and ask questions of the family to clarify the family's priorities and concerns and learn about the child's strengths. The outcomes that the team develops are designed to address the parent's priorities and positively influence the child's participation.

Supporting Families as they Influence their Child

Once a working plan (the IFSP) is developed, the family and professionals on the team collaborate to help the family implement strategies that address the child's outcome(s). Realizing that families are so important to young children, team members focus on the supports, strategies and adaptations that will promote the child and family's active participation. This approach helps families to participate in meaningful and enjoyable activities while giving children increased opportunities for learning.



Section 9: Fiscal Operations and Funding Sources

In Pennsylvania, Early Intervention is provided at no cost to families of infants and toddlers with disabilities per state regulations in [Chapter 4226](#). Although private insurance is considered a potential funding source for EI services under [Chapter 4226.13](#), PA insurance companies do not consider EI services as a covered service under their health insurance policies.

In Philadelphia, since Intellectual disAbility Services is the administrative entity responsible for Infant Toddler Early Intervention, the city is required to provide a level of "matching" funds in order to have this contract. These matching funds are calculated annually using a formula of 10% of the overall amount that the state funds Philadelphia Infant Toddler Early Intervention, not including certain administrative funding categories.

For a complete discussion of Pennsylvania's System of Payment and the respective funding sources, review EI Announcement: EI-13 #02 titled "[Pennsylvania System of Payment](#)."

If the child is not already enrolled in Medical Assistance (MA), the Service Coordinator will discuss this option with the family at the Initial Multidisciplinary Evaluation meeting if the child is determined eligible for Infant Toddler Early Intervention and explain to families the need to use all financial resources available to support the payment of EI services. The application for and use of MA for infants or toddlers to receive EI services, is pursued with the written consent of the family.

The Service Coordinator will explain how children qualify for the MA "loophole" in Pennsylvania. To qualify for the "loophole" the assets of the parent(s) are not counted. [Click here for more information](#) on the MA "loophole."

If the child is determined eligible for Infant Toddler Early Intervention and meets the criteria for the Infant Toddler and Families (ITF) Waiver under Medicaid, the Service Coordinator will discuss this with the family at the Initial or Annual MDE and work with the family to enroll in the waiver. The application for and participation in the ITF Waiver is pursued with the written consent of the family.

For all children in Infant Toddler Early Intervention, all MDEs and IFSPs are entered into PELICAN (Pennsylvania's Enterprise to Link Information for Children Across Networks). All Service Coordination Entities (SCEs) and Service Provider Agencies in Pennsylvania utilize PROMISE, an online claims processing and management information system, to submit their billing.

The SCE's and Provider Agencies do not differentiate the funding for each child and service – PROMISE determines a child's eligibility for one or more funding streams and whether the services were delivered as approved in PELICAN. Based on this determination, PROMISE bills to one of the following funding streams:

- ◆ Federal Medical Assistance (Early Periodic Screening Diagnosis and Treatment [EPSDT])
- ◆ Infant Toddler and Families Waiver (Medicaid)
- ◆ Maintenance Funding: State funds used when other funding is not available as delineated by the State.

SCE's and provider agencies must promptly bill for services rendered to enable accounting and budgeting activities to have current and accurate information in a given fiscal year.