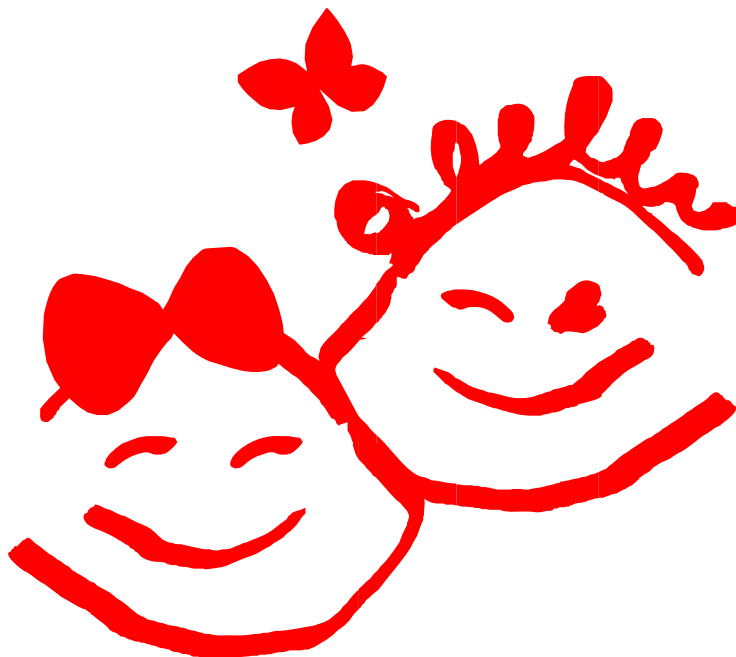


# KIDSTEPS



## Family Handbook

A Division of SARAH, Inc.

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# **KIDSTEPS Family Handbook**

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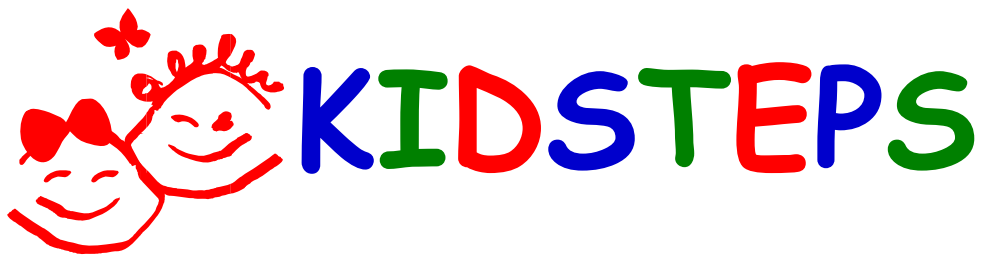
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## Section 1

**WELCOME  
TO  
SARAH, Inc. KIDSTEPS  
Birth to Three  
Program**



Dear Friends,

Thank you for choosing KIDSTEPS and SARAH, Inc. You are now part of a rich history and proud heritage of advocacy, services and supports for children and adults as reflected in our mission statement:

**“SARAH, Inc. is committed to providing advocacy, services and support for people with intellectual and other disabilities and to promoting full inclusion in their communities.”**

**“Our goal is to Enhance Skills and Enrich Lives”**

Fifty years ago, there were few community options available, so in 1957, three families with children with special needs decided that either remaining at home without supports or institutionalization were not sufficient choices for their loved ones. They each contributed \$2.00 and a strong determination to ensure opportunities were available for their children and other children like them. Soon joined by other families, this led to the founding of the organization now known as SARAH.

Since education was among the greatest needs at the time, SARAH was established as a school for children operating in borrowed space in a church basement. As students aged and their needs changed, SARAH expanded to provide opportunities to meet those needs, including vocational training and supported employment. In 1973, the Apple Doll Tea House opened in Guilford. It was the nation’s first food service training program for people with special needs. Other work programs were added to provide choices in vocational employment and a close connection with the community.

To address the need for independent living for adults with disabilities, SARAH opened its first community residence in Branford in 1977. It was the first residential community in Connecticut to be operated by a private agency. As the demand for residential services increased, SARAH Seneca and SARAH Tuxis Residential Services were established as independent agencies to more effectively address these growing needs.

Again responding to the needs of the people it supports, SARAH turned its focus to concentrate on training workers on-site in community businesses. Employers came to realize that hiring people with disabilities through SARAH Inc. Employment Services is a profitable employment solution and a winning proposition for all – employers obtain a reliable work force while supported workers earn an income and build self-esteem. Today, SARAH Inc.’s dedicated and formidable corps of trained workers is competitively employed in retail and manufacturing jobs throughout the region.

Our SARAH in Action programs are developed in response to the needs of our service participants who cannot or choose not to work full time, but want to remain active in the community. Located in Branford, Guilford, Madison and Westbrook, these unique and innovative program models are blended to offer a menu of choices including: paid work experiences, work and life skills training and participation in community volunteer opportunities. SARAH in Action in Guilford, previously known as the Community Experience Program, provides social and volunteer opportunities for individuals with special support needs.

From its humble beginnings as a school, SARAH, Inc. has expanded its reach across the state. Today, with the addition of our KIDSTEPS Birth to Three early intervention program and Family and Children’s Center, SARAH, Inc. provides supports, services, and advocacy from birth through maturity to over 500 children and adults with intellectual and other disabilities.

SARAH’s membership in the Arc makes us a unique family of agencies. The Arc is the world’s largest advocacy organization devoted to promoting, protecting and improving supports and services for all people with intellectual and developmental challenges. Created and driven by families, SARAH and the Arc have been at the forefront of important legislative issues and have been the voice for those who struggle to be heard. Without agencies like SARAH and the Arc, there would be no legislation mandating special education, there would be no PKU testing and Mansfield Training School would not be closed.

For over 50 years, SARAH, Inc. has been a pioneering organization. We welcome you to the SARAH family and urge you to **join us, employ us, work for us and donate to us** as we lead the way with innovation, perseverance and a passion for service.

Sincerely,

Patricia Bourne  
Executive Director  
SARAH, Inc.



Dear Families,

Welcome to KIDSTEPS - the early childhood division of SARAH, Inc. SARAH, Inc. has celebrated over fifty years of providing support services to people in Connecticut. We recognize that although you have chosen us to help you and your family, this can be a challenging time in your life. KIDSTEPS is here to help both support and provide you with the tools needed to advocate, teach, and grow with your child.

This handbook is intended to help you understand the range of services KIDSTEPS provides, plus information about early intervention visits, policies and procedures as well as the assistance that we can provide when transitioning from KIDSTEPS as well as other resources. Also, attached to this handbook is a glossary of terms that are frequently used in early intervention.

Our early interventionists are professional and knowledgeable and dedicated to improving the lives of children and families. With this team of therapists, teaching techniques and working together to help reach their goals, success is achievable.

KIDSTEPS believes in the highly researched and studied "best practice" model. This proposes embedding early intervention into family-based routine. Simply stated, the family sets the goals they see are needed for their child, for themselves and their family. KIDSTEPS' therapists, through interviews with the family learn their routines, and how best to provide the family with the training and learning techniques needed to meet these goals.

Every child's and family's Individualized Family Service Plan (IFSP) is specific to their goals. While "best practice" also calls for a single provider or therapist, we recognize that this is not always possible or optimal to reach the goals sought. As important as it is to fully understand the steps that eventually will lead to your goals, it is equally important to understand the role of your therapist(s). When a firm partnership between families and therapists allows open communication, a positive environment is created in which both child and family can thrive.

Your family's therapist is here for you and your family. Their priority is to help you and your child reach meaningful and possible goals. If you feel that your therapist isn't providing you with the tools you need or doesn't understand what your goals are, then it is important that you discuss your concerns with them and if necessary with us.

We look forward to celebrating the growing strength and successes of your child and family. Please don't hesitate to email, call, or send us a note (or picture) when each of those small but "successful" moments or milestones is achieved. We look forward to beginning this journey with you.

Sincerely,

*Elisabeth Teller*

Elisabeth Teller, Director

# *SARAH* Inc.

SARAH, Inc. is committed to  
providing advocacy, services  
and support for people with  
intellectual and other disabilities  
and to promoting opportunities  
for full inclusion in their communities.

“Our goal is to  
Enhance Skills and  
Enrich Lives”



## Mission Statement

Our KIDSTEPS Program is completely family centered and child driven. Our mission is to empower families to teach and support their children as they face developmental challenges. Because effective intervention depends upon specialists sharing information and skills with family members, family involvement is essential to the program's success.

KIDSTEPS uses a transdisciplinary approach to providing supports and services for infants, toddlers, and their families. We maintain guidelines consistent with the State of Connecticut's Birth to Three System. Services are delivered through a team approach. Each team member contributes and shares their expertise in their specialty area.

Team members are selected based upon the needs and priorities of each individual child and family. The team consists of family members, a service coordinator and appropriate developmental specialists. Team member's work in a collaborative manner to foster the family's understanding of each child's needs with periodic team meetings to review and update goals.

The family's service coordinator provides the single consistent point of contact. The service coordinator helps families obtain the assistance they need through:

- General Administration
- Service Plan Development and Monitoring
- Provision of Support to Meet Each Family's Needs

In our transdisciplinary approach, services are typically delivered by a single person who is designated by the team as the primary interventionist. This approach maintains a more natural environment by building a consistent relationship and rapport with the family and child, as well as by limiting the number of "professionals" revolving in and out of the family's and child's life. Selection of the primary interventionist is based upon the goals that the family (with their team) has developed as part of the Individual Family Service Plan. Our interventionists promote and monitor the growth of the whole child in all developmental areas with direct consultation from team specialists as needed. This means that professionals from appropriate disciplines will teach and work directly with the child, the child's family and primary interventionist to reach a common set of goals.



## Section 2:

### **HOW AND WHERE SERVICES TAKE PLACE**

#### **1) Early Intervention (E. I.) Visits:**

##### **HOME VISITS**

Home and community visits provide an excellent opportunity for us to work together with your family and child in a setting that is familiar and comfortable. Our approach is to learn your existing daily routines, break them down to specific skills, and build on them to incorporate your child and family goals. This is done through child friendly play-based activities. Your early interventionist is a partner in your child's development and will assist you in learning techniques to help your child reach his/her potential.

##### **COMMUNITY SUPPORT**

Our professional staff is responsible to provide consultation or support to community providers, other caregivers, preschools, daycare center, etc. Some roles are as follows:

- Teaching community providers and family members instructional strategies to implement your child's outcomes.
- Providing information on how to support your child's development.
- Providing information on your child's disability.
- Participating to promote physical and social inclusion in playgroups and preschools.
- Connecting with community service providers (e.g., YMCA, Parks & Recreation).
- Providing awareness for the inclusion of all children in the community.

##### **TRAINING**

KIDSTEPS priority is to help educate families and communities. Staff is available to conduct presentations and training to parents groups, schools, camps and private agencies to increase the communities' understanding of children with disabilities and their participation in community activities. If you know of any organizations or agencies that could benefit from this, please let us know.

## 2) How to Get the Most Out of an E.I. Visit:

Parents: You know your child best. You have valuable information about your child; Birth to Three staff needs your input just as much as you need theirs. Remember, you are and will be your child's best, most important and most constant teacher and advocate.

### BEFORE YOUR VISIT:

- **Be prepared.** Make sure your schedule your visits when you can be there and not have a lot of distractions. Decide how brothers and sisters will be involved or plan an activity for them.
- **Plan the agenda.** Let Birth to Three staff know what you want to discuss at your visit. Remember or write down any questions that you may have since your last visit.
- **Be ready to share what has happened since your last visit.** Think about or make a list of anything you think is important to share such as a trip to the doctor or changes in routine. Think about what suggestions have worked well and those that have not worked so well.

### DURING YOUR VISIT:

- **Ask questions.** Make sure you understand what is being said. If you are not sure why something is being done, just ask. If it helps, ask for things in writing.
- **Ask for a demonstration.** Ask to be shown anything you do not understand. Practice strategies together during the visit. Hands-on instruction is the best way to learn.
- **Discuss ideas for carry over between visits.** Time between visits is just as important as the visit itself. Be sure to talk about ways to use strategies and activities during everyday family activities.

### AFTER YOUR VISIT:

- **Try things out.** Try out the suggested activities. What is working? What isn't?
- **Make a note of it.** Remember to make a mental note or keep a notebook for questions that may come up between visits.
- **Have fun.** The best teaching and learning occurs when you and your child are having fun.
- **Celebrate success. Even the tiny ones!!!!!!!**

### 3) What to Expect During Each Session:

#### A family-centered coaching model

Since families spend so much time together, it makes sense that empowered adults in the family are children's first and best teachers. The therapists you work with will enter into partnership with your family to create an individualized plan that will reflect your family's style. When you incorporate approaches into your daily life, your child receives therapy from you! The more your child has the opportunity to engage in these experiences, the more likely he or she is to learn to use them independently. You can expect your therapist to help you design a program that will reflect your ideas and routines.

If you work with a team of therapists, you can expect to see each incorporating the child's goals into their sessions. For that reason, it may seem that they are doing the same thing. That is a good thing! This helps your child to learn age-appropriate expectations that will be held by all adults, not just one or two. Of these therapists, one will be assigned as your service coordinator. This person will manage communication, paperwork, and transition to school, if warranted. Be sure to find out which of your therapists will be your service coordinator! This person can be a great resource of information.

#### For starters...

The beginning of each session is a good time to bring up any questions or observations you have about what's happened since your last visit. Therapists may inquire about your child's progress as well. This discussion may guide what will happen during the session since priorities may come to light. Once this discussion has taken place, it will be time to get involved in activities.

#### The activities...

Many times, therapists will use your family's routines, activities, and materials in structuring a session. This allows child to practice new skills throughout the week, not just when the therapist is present. Both the therapist and family will take turns interacting with the child during each session. The therapist will model therapy techniques which the family can try out during the session. Family members and therapists are partners in the session discussing what is being done and making honest assessments of how it will fit into the family's daily life. Wondering why a therapist is doing something? Feel free to ask him or her to tell you about it. *(continued on next page)*

#### Before ending....

Your therapist will write a summary of what was done during the session. This may include activities, goals that were covered, or discussions that have taken place. Your therapist

will also suggest ways to incorporate these skills into your child's life for practice and mastery to take place. At this time you will also set up your next appointment. You will then receive a copy to keep and the therapist will take a copy as well. Some families like to keep these sheets in a binder. Going back and reading over previous activity sheets helps to remind you how much your child has learned!

#### 4) Helpful Tips:

##### DO...

- Know that early intervention is a partnership - we can't do it without you. You are your child's advocate and the most important people in your child's world.
- Know that we love your children and want them to reach their maximum potential in all areas.
- Share with us what works and doesn't work at home. Sometimes, we forget how complex families and family life can be.
- Tell us if your needs for your child change (Need to sit in a high chair? Choose a bed?, etc.) so we can help you, and possibly re-focus our approach at school.
- Read the newsletter, notices and schedules we send home.
- Talk to your child about his/her day. Mention activities that you are aware of but don't ask him/her too many questions.
- Participate in your child's treatment session so that you are able to carry over throughout your day.
- Speak to us regarding your concerns and questions. If time "runs short," please feel free to call or to schedule a session to air these issues.
- Attempt to ensure that your child is well rested and not hungry. It is not fair to place physical and cognitive demands on a child who is tired or hungry.
- Keep in mind that learning is a process that takes time and each child develops at their own pace.
- Know that play is a child's work. It is important that you take advantage of "work time."
- Feel free to sign out books from our lending library and to suggest new books which we should consider for purchase.
- Help us to keep SARAH, Inc. KIDSTEPS and all the families it serves a safe and healthy place for all children by following the health policy.
- Please ask for information or assistance that will help make your life easier or run more smoothly. Ask questions.
- Visit us after you move on, stay in touch. We will miss you.

## DON'T...

- Expect us to predict the future. We can see progress and make educated guesses. But children are always full of surprises.
- Resent the limitations imposed by scheduling. All children eat and nap at the same time and all our families want the same hour. We will always try to accommodate you, so feel free to express your concerns.
- Engage us in conversations about other children in the program. We respect everyone's right to confidentiality, and therefore can only share information with you pertaining to your child.
- Feel alone. We'll work together during the birth to three years and through the transition process.

## 5) The Role of the Service Coordinator:

Each child enrolled in KIDSTEPS is assigned a Service Coordinator by the Director. Typically, the child's most predominant area of need guides the decision of who the Service Coordinator is. However, according to the State of Connecticut's Birth to Three procedures a person can only be considered a Service Coordinator if they have successfully completed service coordination training and have passed the final exam. Due to this and other factors, there are times when another less involved team member may be chosen to be a child's Service Coordinator. Please contact the KIDSTEPS Director if you are an Independent Contractor who is interested in being trained as a Birth to Three Service Coordinator.

The child's Service Coordinator should be known by the child's family. This person is also listed on the front page of a child's IFSP. Please contact the KIDSTEPS office if you are unsure who the Service Coordinator is for a child/family.

### Ongoing service coordination activities, according to the IDEA, include:

- Coordinating the performance of evaluations and assessments
- Facilitating and participating in the development, review, and evaluation of the Individualized Family Service Plan (IFSP)
- Assisting families in identifying available service providers
- Coordinating and monitoring the delivery of services
- Informing families of the availability of advocacy services
- Coordinating with medical and health providers
- Facilitating the development of a transition plan to pre-school services, if appropriate

- Assisting the family in locating services outside of the Birth to Three System
- Facilitating the development of a transition plan to other community services

It is extremely important that each member of the team looks to the Service Coordinator as the essential coordinator of a child's services. The Service Coordinator is the central contact for the family and should have knowledge/responsibility of all correspondence between therapists and the family. If you are having trouble contacting a Service Coordinator, please let the KIDSTEPS office help you.

## 6) Advice from a Mom:

### 10 Things I Wish I Knew

#### ~Advice from a Mom Who Has Been There~

By Jennifer Carroll, CT Family Support Network Coordinator

**1. There is no crystal ball, and that is a good thing.**

You may wish you could know now what things will be like in a month, a year, 10 years. Your child will grow and develop in ways that will amaze you. Enjoy today and do not worry about tomorrow.

**2. Trust the coaching model.**

I worried about my ability to follow through successfully with all that I was trying to learn from my Birth to Three team. Looking back, everything my husband and I did within our daily routine was valuable and helped our son's development.

**3. My service coordinator was much a resource to me as she was for my son.**

My service coordinator became a trusted advisor, active listener and loyal supporter. She helped connect us to all the resources we needed outside our home and understood that all members of our family counted.

**4. Transition to preschool special education is not as scary as it seems.**

The school system has well-trained partners who will guide you. There are people to help each step of the way by answering questions and developing a plan for the years ahead. Communicate with them and be an active member of the team.

**5. It is important to involve the whole family in the Birth to Three process.**

Siblings, grandparents and anyone who is part of the family is impacted by the Birth to Three process and the needs of the child receiving services. For some people these needs will be life-long. All members of the family have a role to play.

**6. There are times when we just needed to "be."**

I was taught to use opportunities throughout the day, such as diaper changes, bath time, playtime and mealtime to apply strategies to help my son's development. There were times when I needed a break from that, too. I learned that it was ok, once in a while, to enjoy the bath, the game or even the diaper change for what it was and to give us both a break.

**7. There are other parents out there who know what this experience is like.**

There are people in your community, your neighborhood, your faith-based organization who you can connect with. Talk to your service coordinator or the Connecticut Family Support Network to find out about ways to connect with other families.

**8. You have a voice!**

You're the expert on your child. Be an active participant in the Birth to Three process and communicate with your team. Share your thoughts, concerns, progress you see and your ideas.

**9. Celebrate your child's strengths and interests.**

Your child has strengths and interests that are important. Though he or she may be receiving services and supports because of a disability or developmental delay, it will always be important to highlight the positives-celebrate their strengths and their successes!

**10. You will have your days...**

It is important to keep in mind that as a primary caretaker of your child, you can only do that successfully by taking care of you. Your time, your ability to nurture yourself, your marriage, your friendships and other relationships will be fueled when you take care of your needs, too. You will be more valuable to your child and your family.



## **Section 3:**

### **WHAT YOU NEED TO KNOW (Policies & Procedures)**

#### **1) KIDSTEPS Confidentiality Policy:**

Confidentiality about each child and their family is taken very seriously at SARAH, Inc., KIDSTEPS. Families receive information regarding the Federal Education Rights and Policy Act (FERPA) and their rights within the State's Birth-to-Three Program. It is of utmost importance that all therapists at KIDSTEPS understand and apply those rights to the families they serve.

Files are maintained for every child at our office. Parents have the right to review their child's file at any time. (If a parent would like to do this, they should call the KIDSTEPS office at 203-318-3692 to make an appointment.) Access to each child's file is provided for therapists who are working directly with that family, as well as administrative and clerical staff.

Randomly selected files are occasionally reviewed by state auditors or evaluators for purposes of quality assurance. Each child's file contains a form which auditors or evaluators sign to indicate the date on which the record was reviewed and the reason for review.

SARAH, Inc., KIDSTEPS adheres to the following policies:

- We obtain written parental permission before sharing or obtaining any identifiable information concerning families with any outside agency or person.
- We obtain parental permission before taking photographs or videotapes of children for any purpose.
- We do not use the names of children and families in conversations outside of work.

#### **2) KIDSTEPS Respect Policy:**

KIDSTEPS, a division of SARAH, Inc., is a state approved early intervention Birth to Three program. Our goal and mission is to support, educate and advocate for differently-abled children and their families.

Based on what has been found to be best practice, Birth to Three, services are provided in the child's home, day care and other natural environments to offer the best setting in which to enhance the child's daily routine. KIDSTEPS' certified therapists, teachers and other professionals are committed to working with the family as a team to offer the child and the family the highest quality service.

The best environment is one in which all **Team members (KIDSTEPS staff, parents, guardian(s) and other person's appointed to the Team by the parent or guardian)** and family members/daycare staff included... work together and are treated with dignity and respect. Services cannot be provided under negative circumstances. These include, but are not necessarily limited to:

- Yelling
- Direct or indirect verbal and/or physical abuse
- Slanderous and/or libelous language or threats
- Profanity and/or other abusive or derogatory language
- Any circumstance that presents a health or safety risk

If, in the judgment of the KIDSTEPS service provider, any or all of these or other circumstances exist, the KIDSTEPS representative will immediately end the services and leave the premises.

**Likewise, as a Team member, if a KIDSTEPS representative is in violation of this policy, you have the right to request that the session be terminated immediately. In addition, if you feel a KIDSTEPS representative has displayed any disrespectful or inappropriate behavior, please contact our office.**

According to Federal guidelines under the Individuals with Disabilities Education Act (IDEA) Part C, and as a participant in the Connecticut Birth to Three System, you are entitled to specific rights as found in the Parent Rights booklet, "Stay in Charge". If you have any questions or concerns about these rights please contact me at the number shown below.

### **3) Resolution of Complaints Policy:**

It is the goal of all of us at KIDSTEPS to provide every family with services that will best help each of them achieve their desired outcomes. We trust that families will be happy with our services, but we recognize that working as a team is always a complex

undertaking. Sometimes parents disagree with (or are concerned about) some aspect of their program. Most concerns can be resolved quickly through informal means. Families are encouraged to:

- Discuss questions, concerns, or comments with their Service Coordinator and other early intervention providers as they arise.
- Contact the KIDSTEPS Director at 203-318-3692, ext. 4, to discuss any problems that arise. Any comments, concerns or suggestions made will receive immediate attention.
- Request a team meeting of all parties involved to discuss the problem and develop solutions.
- Call the Birth to Three Family Liaison (1-866-888-4188) who will attempt to resolve the issue.

If families are unable to reach a solution through these steps, Birth to Three legislation mandate that Due Process be available to them. The Due Process procedure is outlined in the "Staying In Charge" brochure families receive when they enter the Birth to Three System.

- A person can request mediation by writing to the Birth to Three Family Liaison. A mediator will contact them to arrange mediation proceedings, discuss the process and help them to understand their rights.
- If mediation proceedings do not result in an agreement, families can request an "impartial hearing" by writing to the Birth to Three Family Liaison. The DDS Birth to Three Director will notify them of the day, time and location of the hearing.

Staff and families are urged to contact the KIDSTEPS Director at 203-318-3692, ext. 4, with any questions about these policies.

## 4) KIDSTEPS Sick Child Procedures:

We have developed a list in order to guide the decision on whether or not to cancel services. Since most child illnesses are extremely contagious, our primary concern is that the children we serve be in a healthy environment and protected from exposure to illness if at all possible. As a general rule, if your child is not up to par or is ill, it is in the best interest of us all to reschedule or cancel services.

We feel compassion for sick children and parents offer their children the best comfort when they are ill. Sick children need extra tender loving care as they are often irritable and tired, making it difficult to engage or participate in planned activities. Our primary concerns are the comfort of the sick child and limiting the spread of illness.

### SYMPTOMS:

- **Fever** - a temperature of over 101 degrees and exhibits behavior that s/he is not feeling well enough to participate comfortably in activities
- **Diarrhea** - characterized as frequent bowel movements with a loose consistency within a period of 24 hours
- **Vomiting** - twice or more within 24 hours
- **Skin Rash** - undiagnosed or of unknown origin, infected or untreated skin patches or lesions
- **Sore Throat with Swollen Glands**
- **Severe Coughing** - child gets red or blue in the face or makes high-pitched whooping sound after coughing
- **Eye Discharge** - thick mucus or pus draining from the eye or pink eye
- **Runny Nose** - excessive yellow or green discharge
- **Upper Respiratory Infection** - difficult or rapid breathing and coughing

KIDSTEPS provides services year-round; however, due to holidays, staff vacations and illnesses, trainings/workshops, and/or inclement weather, sessions may be missed. Whenever possible, we will make every attempt to reschedule with families.

~ Our staff thanks you for your cooperation and understanding! ~

## **5) Policy on Cancellation of E.I. Visits:**

The KIDSTEPS staff are given paid time off for holidays, being sick/having an illness, and vacations during the calendar year. They also attend various training conferences and workshops throughout the year. Every attempt will be made to reschedule visits within the constraints of the family's and therapists' schedules.

Family Cancellations due to sickness, appointments, vacation and other reasons will be made up at the discretion and availability of staff members and family, if possible. Please give prior notice.

### **VACATIONS**

Vacations are important for your family and ours. Please be aware that as KIDSTEPS employees, we earn vacation time to use at our discretion. We will advise you of our vacation schedule in advance. We ask that you do the same for us.

### **INCLEMENT WEATHER**

If there is inclement weather, staff will be calling you to determine the safety of travel in your area. Your safety input is appreciated.

### **HOLIDAYS**

SARAH, Inc. and its offices observe various holidays throughout the year. A copy of the current holiday schedule can be found in Appendix C. Please consult with your staff member for scheduling E.I. visits that may fall on one of these days.

## **6) Family Cost Participation / Scholarship Procedures:**

SARAH, Inc. KIDSTEPS want to ensure that all children who are eligible to participate in Birth to Three services have the opportunity to do so. The Connecticut state law requires the Birth to Three System to charge parents with an annual income of \$45,000 a monthly parent participation cost. (Please refer to the brochure *Parent Fees - A Guide for Families*.) SARAH, Inc. KIDSTEPS realizes that there may be times in a family's life that this participation cost may be difficult to pay. It is because of this burden that the scholarship fund was created.

Remember: You may at anytime change your *Family Cost Participation Form* to reflect any changes that may have occurred to your family and finances. Also, you may request an *Application for Income Adjustment Form* to reviewed and approved by the State of Connecticut's Birth to Three Fiscal Unit if you feel that your reported family income has extraordinary expenses.

**To qualify you must:**

- Acknowledge that parent cost participation would create a hardship and jeopardize your continued participation in the State of Connecticut's Birth to Three System.
- Understand that SARA, Inc. KIDSTEPS will provide \$65 per month for up to three months towards the state of Connecticut's parent cost participation.
- Understand under no circumstance will SARA, Inc. KIDSTEPS assume responsibility for our parent cost participation.
- Understand that scholarship funds will be assessed through a form signed and submitted to the Director of KIDSTEPS.
- Assume responsibility for the timeliness of completing the forms and be aware that at no time is SARA, Inc. KIDSTEPS responsible for the disruption of services that may occur while processing your forms.
- Prior to submitting your request review the *Family Cost Participation Form* that you completed to ensure its accuracy.

The scholarship fund is generously supported through donations. If possible, please consider paying back your scholarship or offering a donation that could be used to help ensure these funds are here to those that need them.

## **7) Special Order Supplies Policy:**

KIDSTEPS will be happy to recommend resources and materials for children to assist him/her in meeting their IFSP goals. There are many neighborhood and commercial stores that sell items that could be helpful to you and your child. We encourage families before purchasing items (such as utensils, shoes, and toys) to discuss with their therapist. KIDSTEPS staff can help suggest possible options and choices for your child.

If you and your team decide that there is a specific item that is essential to meeting your child's IFSP goals and the team is requesting that KIDSTEPS purchase it, the following steps are necessary. Please note: If an item is costs over \$50, it is essential that the Director be part of the discussion. Whenever possible, adaptations and low-tech options should be considered, as well as purchasing items within the local community.

## **IMPORTANT:**

- 1) The item needs to be listed as a strategy on the appropriate IFSP goal page.
- 2) The service coordinator or therapist will fill out the order form and submit it to the KIDSTEPS Director for purchasing.
- 3) Once the item is received, the therapist will review with the family the purpose of the item and how to use it.
- 4) The family and therapist will sign the KIDSTEPS Waiver of Liability form.

KIDSTEPS will provide items that are appropriate with Connecticut's Birth to Three philosophy. We will supply one of each item as requested. If a family wishes to receive a replacement or additional items, KIDSTEPS will provide the family with the necessary information for them to do so at their own expense.

For more information, go to [www.Birth23.org](http://www.Birth23.org) and search for "Service Guideline: Assistive Technology".

## **8) Resources at the KIDSTEPS Office:**

### **TOY GIVING LIBRARY**

KIDSTEPS gladly accepts infant and toddler clothes and toys. These items are then distributed to families who can use them. Please clean and inspect all items before donating. Please do not donate clothing that is ripped, stained, or heavily worn. Toys that are missing pieces, not safe for children under three, and stuffed animals cannot be used.

### **LENDING LIBRARY**

A lending library of books, reading materials, educational toys, and instructional videos is available for families to borrow. Feel free to borrow items or add any resources that you have and no longer need.

### **INTERNET ACCESS**

KIDSTEPS has one computer designated for families to research supports and other issues related to your child's and families needs. For access and a listing of sites please contact the Director.



## Section 4:

### LEAVING THE BIRTH TO THREE SYSTEM

#### 1) Exiting:

Every child's IFSP has a completed section documenting a discussion with the family about their child's future and the steps needed to ensure a successful transition from KIDSTEPS. This transition page helps the family plan what options are available and/or needed when they are no longer receiving Birth to Three services. Children will transition out of Birth to Three because they have moved, aged out of the program, met his/her goals, or the family no longer wants services. It is the role of the Service Coordinator to complete a child's transition page in the IFSP.

At age two, or later if they enrolled in KIDSTEPS after age two, the Service Coordinator will have the family sign Birth to Three's form 3-8, "Referral to the Local Education Authority (LEA)". This form gives families the choice to consent, not consent, or revoking previous consent for KIDSTEPS to release their child's information to the LEA. It is extremely important that the Service Coordinator explain to the family that if they don't complete the form with their choice of consent that their contact information will be sent to the LEA for purposes of IDEA Part B child find, shortly before their child turns three.

All children enrolled in Birth to Three have a transition conference meeting. If a family has given permission for KIDSTEPS to release information to the LEA, the transition conference meeting must take place before the child turns 33 months old. If a child has enrolled in KIDSTEPS after turning 33 months old, the transition conference meeting should be scheduled as soon as possible. The transition conference meeting must include the family and the child's Service Coordinator. Other therapists, as requested by the Service Coordinator or people the family has asked to participate are welcome to attend. The LEA is invited to the transition conference meeting but is not obligated to attend. A transition conference meeting may occur at the family's home or at the LEA's office. The purpose of the transition conference meetings is to encourage discussions with, and the training of, parents regarding future placements and other matters related to their child's transition. It also provides the opportunity to document the procedures to help prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting.

It is the responsibility of the LEA to schedule a Planning and Placement Team (PPT) meeting to determine eligibility into preschool special education. However, the child's Service Coordinator should be in contact with the LEA to make sure that a meeting is scheduled in a timely way to allow for a smooth transition.

When a child has achieved an appropriate level of functioning commensurate with his/her age, services will conclude with full discussion with the family.

## **2) Transitioning to the Public School System:**

At least six months prior to your child's third birthday, your Service Coordinator will discuss the transition process and if appropriate request a release of information to your child's local educational agency (LEA). At least 90 days prior to your child's third birthday, KIDSTEPS will schedule an initial transition meeting with you and invite whomever you would like to help you with this process. It is recommended that representatives from the school system attend this meeting. It is at this meeting that you can introduce yourself to the school and discuss any concerns you might have. It also allows the school to introduce themselves.

Following this meeting, a planning and placement team meeting (PPT) will occur will occur with you and your LEA. At this PPT the LEA will review your child's referral and determine what assessments are necessary to determine eligibility into the public school special education program. If an evaluation is deemed, another meeting will take place after the evaluation is completed. At this PPT (2) the team will review the assessment results and discuss the recommendations. Your Service Coordinator will help you throughout this process.



## Section 5:

### RESOURCES

#### 1) Where to Go for More Help:

- [www.Birth23.org](http://www.Birth23.org) - This is Connecticut's Birth to Three website. It goes into great detail about everything you ever wanted to know about Birth to Three.
- Director of KIDSTEPS - Elisabeth Teller, 203-318-3692, ext. 4 or [eteller@sarah-inc.org](mailto:eteller@sarah-inc.org)
- KIDSTEPS Office Coordinator - Stacy Wood, 203-318-3692, ext. 1 or [KIDSTEPS-officecord@sarah-inc.org](mailto:KIDSTEPS-officecord@sarah-inc.org)
- KIDSTEPS Family and Children's Center - Marian Roy, 203-318-3692, ext. 2 or [mroy@sarah-inc.org](mailto:mroy@sarah-inc.org)

#### 2) The CT Family Support Network:

The CT Family Support Network is a network of families who have children with disabilities. They are parents interested in helping other parents to find the supports they need. The Network was created by the Connecticut Family Support Council, a legislatively established partnership of parents and professionals working to improve supports for families of children with disabilities. <http://www.ctfsc.org/ctfsn>

#### 3) CT Child Development Infoline:

INFOLINE / 2-1-1 / [www.infoline.org](http://www.infoline.org)

Birth to Three Referrals: 1-800-505-7000 (You can request "KIDSTEPS")

More information: [www.birth23.org](http://www.birth23.org)

## 4) State and National Resources for Parents:

### **Child Care Infoline / 1-800-505-7000**

Provides information on all state-licensed child care services in the state, such as fees, hours and availability.

### **CPAC (CT Parent Advocacy Center) / 1-800-445-2722 / [www.cpacinc.org](http://www.cpacinc.org)**

A statewide training and information center for parents of infant, children, and youth with disabilities.

### **Family Resource Centers / (860) 807-2058**

Information available about Family Resource Centers in CT. These centers offer parent training, information, and other support services for families of young children.

### **Help Me Grow / 1-800-505-7000**

Helps identify children at risk for behavioral or developmental problems, and connects families to existing community resources. Also provides child development information and monitoring for families of children birth to age 5, through the Ages and Stages Program.

### **HUSKY Health Infoline / 1-877-CTHUSKY (877-284-8759) / [www.huskyhealth.com](http://www.huskyhealth.com)**

Provides information on affordable or low cost health insurance for children and/or youth up to the age of 19.

### **NICHCY (National Information Center for Children and Youth with Disabilities)**

1-800-695-0285 / [www.nichcy.org](http://www.nichcy.org)

Provides information and referrals to assist parents, educators, advocates, and others who help children and youth with disabilities participate as fully as possible in school, at home, and in the community.

### **Padres Abriendo Puertas / 1-800-842-7303 or (860) 297-4391**

Advocacy, parent education, resource materials, and parent-to-parent support available for Hispanic parents.

### **PATH (Parents Available To Help) / 1-800-399-PATH (7284) / [www.pathct.org](http://www.pathct.org)**

Support program for families of premature and special care children.

### **SERC (State Department of Education Resource Center) / (860) 632-1485 / [www.ctserc.org](http://www.ctserc.org)**

Centralized resource for professionals, families, and the community on early intervention, special education, parent training, and support; lending library of materials.

### **State Office of Protection and Advocacy / 1-800-842-7303 / [www.state.ct.us/opapd](http://www.state.ct.us/opapd)**

Promotes and protects the rights of children and adults with disabilities.

## **SPECIFIC DISABILITY RESOURCES**

**AboutFace USA** / 1-888-486-1209 / [www.aboutfaceUSA.org](http://www.aboutfaceUSA.org)

Provides support and information to individuals and family members with facial differences.

**Autism Society of America** / 1-800-3AUTISM (800-328-8476) / [www.autism-society.org](http://www.autism-society.org)

Provides information on autism through information line, bi-monthly newsletter, annual conference, and mailing out of materials.

**Autism Society of CT** / (203) 235-7629 / [www.autismsocietyofct.org](http://www.autismsocietyofct.org)

Local chapter available to assist families of children with autism by providing information on services available in their community.

**CHADD (Children and Adults with Attention Deficit Disorder)**

National Office: 1-800-233-4050 / [www.chadd.org](http://www.chadd.org)

An association for education and support of parents of children with attention deficit and hyperactivity disorder (ADD or ADHD).

**Commission on Deaf & Hearing Impaired (State of CT)** /

1-800-708-6796 or (860) 566-7414 / [www.state.ct.us/cdhi](http://www.state.ct.us/cdhi)

Advocates, supports and directs services for persons who are deaf or hearing impaired.

**CT Down Syndrome Congress** / 1-888-486-8537 / [www.ctdownsyndrome.org](http://www.ctdownsyndrome.org)

Offers information on Down Syndrome and makes referrals to local and statewide programs.

**National Federation of the Blind of CT** / (860) 289-1971 / [www.nfbct.org](http://www.nfbct.org)

Promotes educational, cultural, and vocational opportunities for blind persons in CT, as well as maintaining a parent support network.

**Spina-Bifida Association of CT** / 1-800-574-6274 / [www.sbac.org](http://www.sbac.org)

Resource organization for information, advocacy, educational programs and public awareness about spina bifida

**United Cerebral Palsy of Southern CT** / (203) 269-3511 / [www.ucp.org](http://www.ucp.org)

**United Cerebral Palsy of Eastern CT** / (860) 447-3889 / [www.ucp.org](http://www.ucp.org)

Provides education and advocacy to persons disabled by cerebral palsy and other disorders; will refer for medical equipment and other available services.

## 5) Early Hearing Detection and Intervention Infant Diagnostic Testing Locations:

The following audiologists have indicated that they conduct the test battery recommended by the CT Early Hearing Detection and Intervention Advisory Board, for the diagnostic hearing testing of infants who do not pass the hearing screening conducted at birth.

### BRIDGEPORT

**Ahlin Centers**  
226 Mill Hill Avenue  
Bridgeport, CT 06610  
(203) 366-7551  
Medical facility affiliation for sedation: Bridgeport Hospital

### FARMINGTON

**UConn Health Center**  
263 Farmington Avenue  
Dowling South  
Mail Code 6228  
Farmington, CT 06030-6228  
(860) 679-2804  
Medical facility affiliation for sedation: \*\*

### HARTFORD

**Connecticut Children's Medical Center**  
282 Washington Street  
Hartford, CT 06106  
(860) 545-9670  
Medical facility affiliation for sedation: CCMC

### St. Francis Hospital & Medical Center

114 Woodland Street  
MS #20904  
Hartford, CT 06105  
(860) 714-5950  
Medical facility affiliation for sedation: \*\*

### HAMDEN

**Hearing, Balance & Speech Center**  
2661 Dixwell Avenue  
Hamden, CT 06518  
(203) 287-9915  
Medical facility affiliation for sedation: \*\*

### WATERBURY

**Easter Seals of Waterbury**  
22 Tompkins Street  
Waterbury, CT 06708  
(203) 754-5141  
Medical facility affiliation for sedation: \*\*

### NEW HAVEN

**Yale New Haven Hospital, Yale Hearing & Balance Center**  
800 Howard Ave, 4th Floor  
New Haven, CT 06519  
(203) 785-2467  
Medical facility affiliation for sedation

### **ENT Medical & Surgical Group**

46 Prince Street  
New Haven, CT 06519  
(203) 752-1726  
Medical facility affiliation for sedation: \*\*  
**\*\* = Does not perform Sedation**

### WALLINGFORD

**Gaylord Hospital Hearing Center**  
Gaylord Farm Road  
PO Box 400  
Wallingford, CT 06492  
(203) 284-2880  
Medical facility affiliation for sedation: \*\*

### NEW LONDON

**Lawrence & Memorial Speech and Audiology Services**  
365 Montauk Avenue  
New London, CT 06320  
(860) 442-0711 ext. 2522  
Medical facility affiliation for sedation: Lawrence & Memorial Hospital

## 6) Understanding Jargon:

**Adaptive Skills-** Skills such as eating, drinking and toileting. Things we need to be able to do in our environment in order to be independent.

**Affect-** The manner in which a person communicates through non-verbal expression.

**Apraxia-** Able to understand spoken language and sometimes written text, but unable to speak.

**Applied Behavioral Analysis-** (A.B.A.) The science of applying what is learned from the analysis of behavior to understand the relationship between behavior and conditions.

**Articulation-** Sound production; formulation of speech sounds by lips, tongue, teeth and hard/soft palates.

**Attention Span-** The length of time a person can concentrate on or engage in one activity before losing interest.

**Audiogram-** A graph that shows hearing threshold level as a function of frequency.

**Autism-** A biological disorder which results in difficulty with communication, social behavior and sensory processing.

**Babbling-** A continuous free experimenting with speech sounds.

**Behavior Management-** The arrangement of existing conditions for the purpose of producing, altering or maintaining behavior.

**Behavior Modification-** Techniques, using reinforcement techniques, used to eliminate unacceptable behavior (temper tantrums, biting) and to increase appropriate behavior (vocalizing needs)

**Bilateral-** Pertains to using two sides of the body ( i.e.: two hands, legs)

**Cognition-** Various thinking skills and processes are considered cognitive skills (memory, reasoning, comprehension, judgment, and a knowledgeable understanding).

**Communication-** Social exchange of information between persons. Use of signals (works, signs, gestures) to effectively convey some meaning/information to others.

**Comprehension-** The term is used to refer to a level or degree of understanding in a particular area of functioning.

**Crossing Midline-** Ability to cross the eyes or extremities over the midline of the body (i.e., reaching for an object on the left side of the body using the right hand).

**Developmental-** Refers to the fact that growth and development involves not only an increase in physical size, shape and amount of knowledge, but also involves qualitatively different and increasingly complex ways of organizing and responding to experience.

**Developmental Milestones-** A discrete stage of growth or function which must occur for later stages to develop properly (i.e., standing prior to walking).

**Discrimination-** judgment about likeness or difference between objects, sizes, shapes, forms, colors, sounds, etc., presented simultaneously or sequentially. Auditory discrimination (e.g., hug, bug) and form discrimination (e.g., rectangle or square).

**Disfluency-** Normal, developmental stutter, typically characterized by 1-2 repetitions of a word or phrase without tension or secondary behaviors (e.g., facial grimace, eye tension) accompanying the repetition. Normal disfluencies generally occur in less than approximately 3-5% of overall speech.

**Distortions-** An articulation error that results in a sound substitution.

**Echolalia-** An immediate repetition of a word or phrase said by others.

**Equilibrium-** Balance-remaining upright against gravity.

**Expressive Language-** Communication by spoken language, gestures, signing or body language.

**Extension-** To straighten at a joint.

**External Rotation-** Turning out.

**Eye Tracking-** Visually scanning a moving object in all planes using eye movements only.

**Facilitation-** To assist and aid in the development of a skill.

**Flexion-** To bend at a joint.

**Gait-** Walking pattern.

**Generalization-** The ability to carry over a skill to a new person, situation, or object. Example: The child can do a four puzzle at home with mom. The skill is generalized if the child can do a different four piece puzzle while at daycare with a teacher.

**Head Control-** Ability to control head position (e.g., able to hold it stable or to in any direction, regardless of the position of the rest of the body).

**Hypertonia-** Excess muscle tone.

**Hypotonia-** decrease in muscle tone.

**Incidental Learning-** The acquiring of certain skills or understandings which are learned as a by-product of some other activity.

**Individual Education Plan (I.E.P.)-** Special plan developed by a complete team of professionals working with the child and his parents designed to outline the educational/therapeutic needs of a child/family. It is used periodically to measure educational growth of the child over the years.

**Individual Family Service Plan (IFSP)-** (Same as IEP above, except for children birth to three years of age.)

**Internal Rotation-** Turning in.

**Jargon-** Unintelligible vocalizing that is typical of the eighteenth month old child's speech. It differs from babbling in its variety and seeming purposefulness. The child seems to be talking to people or to his/her toy rather than playing with sounds themselves.

**Labial-** Sounds made with the lips (e.g., b, p, m).

**L.E.A. -** Local education authority (aka local school district).

**Least Restrictive Environment (LRE)-** The most natural and integrated setting possible considering an individual's needs.

**Muscle Tone-** The amount of tension or firmness in a muscle. Normal muscles are relaxed enough to allow free joint movement but tense enough to maintain postural stability.

**Natural Environment-** Places where children and families normally spend time living, learning and playing.

**Omissions-** The deletion of a sound or syllable in a word (e.g., ephant for elephant).

**OT-** Occupational therapy is the disciplining which addresses the daily "occupations" of life. This broadly includes the ability to manipulating objects, control movement, and take increasing responsibility for one's self care.

**Passive Motion-** Adult moves the child's limbs.

**Peer-** Person of same age group.

**Perception-** The process of interpreting what is received by the five senses.

**Perceptual Motor-** The interaction of various channels of perception with motor activity, for example, the act of kicking is a perceptual motor interaction between sight and gross motor responses.

**Perseveration-** The tendency to behave or respond in a certain way without modification or stopping when it is no longer appropriate (e.g., repetition of a word several times before going on).

**Phonation-** Sound produced at the vocal cords. The process where air is forced through the vocal cords to produce voice, making speech audible.

**Planning and Placement Team (PPT)-** A team of professionals from a local education agency (LEA) and the family who design an individual educational program.

**Physical Therapist-** Health care professional that works improving a child's strength, balance, flexibility and overall gross motor development (ex. rolling, crawling, walking, running, jumping, etc.)

**Praxis (Motor Planning)-** The ability of the brain to conceive of, organize, and carry out a sequence of unfamiliar actions.

**Proprioception-** Interpretation of sensation from muscle and joint receptors giving information about the movement and positions of one's body (i.e., without looking, being able to tell if your arm is up or down).

**Range of Motion (R.O.M.)-** Measurement of the maximum movement possible at a joint expressed in degrees of an angle.

**Receptive Language-** The ability to understand spoken, gestural and facial communication.

**Reinforcement-** Any event or stimulus consequence that increases the strength of probability of the behavior it follows.

**Respite-** Short-term, temporary care of a person with a disability, provided to enable family members to take vacations, cope with emergencies, or handle other responsibilities.

**Sensory Integration-** Ability to interpret, understand and use information relayed to the brain from the senses.

**Social Skills-** Skills relating to meaningful and positive interactions with others (i.e., communication, sharing, lending, turn taking).

**Speech-** Production of sounds involving the use of the articulators. (lips, tongue, palate, teeth, oral cavity, and larynx).

**Speech Therapist-** A discipline that addresses auditory comprehension (receptive), expressive communication, and oral motor as well as feeding skills.

**Splinter Skills-** A skill that cannot be generalized; a skill out of place in the developmental pattern. For example, a child who can point to colors in one situation, but cannot use this skill functionally.

**Stability-** Ability to maintain desired positions by co-contraction of muscles.

**Stuttering-** Repetition or prolongation of sounds, syllables, words and phrases which can call attention to itself and interferes with communication.

**Substitution-** An articulation error where one standard phoneme is used for another standard phoneme.

**Tactile-** Stimulation of sensations from either skin, muscle, or joint receptors; pertaining to touch.

**Tactile Defensiveness-** Over responding to tactile information because it feels offensive or bothersome.

**Uvula-** the hanging portion of the soft palate. Can be observed posteriorly in the oral cavity.

**Velar-** Sounds made when the back of the tongue connects with the soft palate (e.g., k, g).

**Vestibular Stimulations-** Stimulation of the fluid in the semicircular canal in the middle ear. This system is directly related to ocular, head and body movement.

**Vocal Play-** A stage during which the child experiments with sounds and syllables in the development of speech.

## 7) Parents Rights:

### The Law:

Individuals with Disabilities Education Act (IDEA) supports special education for children with disabilities or developmental delays. Part C of this law covers services for infants and toddlers and guarantees certain rights, called procedural safeguards, for their families. Families' rights under IDEA begin from the point of referral to Birth to Three. Birth to Three does not discriminate on the basis of race, culture, religion, income level, or disability.

### IDEA gives parents the following protections:

#### **1. The right to give informed written consent:**

A parent must give written permission before their child may be evaluated, before services begin or are changed, and before information about their child or family is shared with anyone else. A parent is given complete information and explanations before being asked to make decisions or give written consent. Written consent may be cancelled in writing at any time.

## **2. *The right to receive written prior notice:***

Parents must receive written notice before any evaluations or assessments can take place and before each meeting to review the Individualized Family Service Plan (IFSP). This prior notice must be received a reasonable amount of time before any of these activities take place. It must be in the parent's native language unless it is clearly not feasible to do so, and must also tell parents about their rights.

## **3. *The right to a coordinated IFSP:***

A written plan, called an IFSP is developed by a team to record the family's goals for themselves and their child, list the Birth to Three services that will best help reach those goals, and describe when, where, and how services will be delivered. Parents can choose to reject some types of service on the IFSP without affecting other early intervention services.

The parent and other family members work with the service coordinator and other providers (if appropriate) to create the IFSP. Parents may invite anyone they wish to their IFSP meetings, including an advocate. The IFSP is reviewed at least every six months, or sooner if requested. Parents are involved in planning the time, date, and place of these meetings to ensure their participation. Parents may request a review of their IFSP at any time, even if one recently took place.

## **4. *The right to receive services in natural environments:***

Services are focused on the family's and child's daily routines and are designed to be carried out within regular activities. This helps caregivers learn strategies for teaching the child new skills that may be practiced throughout the day. When a service needs to be provided anywhere other than a natural environment, the IFSP team must provide written justification on the IFSP.

## **5. *The right to confidentiality:***

Access to any information that personally identifies the child or a family member is limited to selected Birth to Three staff and U.S. Dept. of Education staff (if they were to monitor the CT Birth to Three System). Parents must agree in writing before information from their child's electronic or written records may be shared with anyone else.

## **6. *The right to review records:***

Parents may inspect, review, and receive a copy of their child's records. They may ask their Birth to Three program to make changes to the records if they think anything is wrong or to add anything they think is incomplete, if the program disagrees with the request to change the child's records, a parent may request a hearing to challenge the decision.

## **7. *The right to file a written complaint:***

The quickest way to resolve a concern is to talk with a service coordinator, program director, Child Development Infoline, or Birth to Three Service & Support Office. Parents may also file a written complaint with the Birth to Three Service & Support Office if they think their rights have been violated or that there has been a violation of the law.

The Birth to Three System will investigate the complaint and respond in writing within sixty calendar days of the receipt of the complaint. While the disagreement is being resolved, the child will continue to receive early intervention services as written on the current IFSP unless the parents and service providers agree otherwise or the child reaches his third birthday.

## **8. *Three process to resolve disputes:***

Another way to resolve disagreements or notify the System that the law may have been violated is to request mediation or a hearing. Ask your service coordinator, the Service & Support Office, or Child Development Infoline for a copy of the Birth to Three brochure entitled, Principles of Mediation or another brochure called, Due Process Hearings, for more information. Again, any request for mediation or a hearing will not affect your family's services.

## 8) Recommended Toys for Children:

### Choosing Age-Appropriate Toys—Birth to Three Years

Play is a natural activity for every young child, and toys are the tools that make play productive. They contribute to a child's development on a variety of levels, stimulating the imagination, improving hand-eye coordination, developing problem-solving skills and aiding in a child's overall cognitive and physical development. Toys are basically models and miniature representations of things found in the world around us that help children grow and assimilate into the surrounding environment.

Naturally, as children get older, their toys become more sophisticated, and parents have less of a hand in selecting toys for their children to play with. However, it is very important for parents of young children to understand the basic stages of child development and select toys that are appropriate for these stages. In general, when choosing toys for your infant or toddler, they should be:

- Safe for your child's age, well-constructed and durable.
- Appealing and interesting to your child.
- Suited to your child's physical, mental and social stages of development.

Below you will find a breakdown of appropriate and inappropriate toys for infants and toddlers as recommended by the U.S. Consumer Product Safety Commission (CPSC). Please note that this guide offers suggestions for general toy types and does not cover every toy within a category that might be suitable for a particular age. The final judgment on whether a toy is appropriate must be made by you.

#### Toys for Infants (Birth to Six Months)

Toys for this age group are primarily designed for looking, listening, fingering and sucking. Infants up to two months of age enjoy visual and aural stimulation while babies between two and six months show growing interest in grasping, batting, kicking and tasting objects. In general, infants like simple, realistic-looking toys with human features (faces, eyes, etc.), and bright or highly contrasting color patterns such as a bull's-eye pattern. Infants also enjoy watching hanging toys, like mobiles. (*Note*—Hanging toys should be suspended approximately eight to 14 inches above the infant, then moved higher once he or she is able to reach up and touch them.)

#### Recommended

- ✓ Infant swings (with adult supervision)
- ✓ Clutch balls (should be at least 1¾ inches in diameter—six to eight weeks of age)
- ✓ Soft blocks (four months of age)
- ✓ Rattles, teethers, cloth toys, squeeze toys
- ✓ Hanging toys to bat and grasp (six to eight weeks of age)
- ✓ Disks/keys on rings, interlocking plastic rings, toys with suction cups
- ✓ Crib gyms (To avoid strangulation, crib gyms should be removed once the child can push up on hands and knees or at five months of age, whichever comes first.)
- ✓ Soft-bodied dolls, rag dolls, stuffed animals (no loose hair or attached features such as button eyes, etc.)
- ✓ Puppets, music boxes (operated by adult)
- ✓ Records, tapes, CDs (operated by adult)
- ✓ Books (read by adult; helps develop voice recognition)

#### Not Recommended

- ⊗ Push and pull toys
- ⊗ Riding toys

- ⊗ Puzzles
- ⊗ Pattern-making toys (peg boards, etc.)
- ⊗ Dressing, lacing, stringing toys (lacing boards, wooden shoes, etc.)
- ⊗ Sand or water play toys
- ⊗ Play scenes (small figurines, etc.)
- ⊗ Transportation toys (cars, trucks, etc.)
- ⊗ Projectile toys (Frisbees, sports balls, weapons that shoot, etc.)
- ⊗ Musical instruments
- ⊗ Arts and crafts materials
- ⊗ Games
- ⊗ Skill-development toys (toys that teach matching, counting, etc.)

## Toys for Infants (Seven to 12 Months)

Infants at this age are interested in container/contents relationships, operating simple mechanisms, observing objects that appear and disappear, and seeing the effects of their actions on people and objects. Infants aged seven to nine months like banging, squeezing, opening/closing, emptying/filling and throwing. At 10 to 12 months, children exhibit interest in stacking and fitting objects into one another, exploration, turning knobs and pushing/pulling. All children in this age group like toys that are simple in design, brightly colored and realistic looking.

### Recommended

- ✓ Push and pull toys without rods or strings—simple cars or animals on large, solid wheels/rollers.
- ✓ Infant swings (with adult supervision); soft, low climbing platforms
- ✓ Transparent balls, chime balls, flutter balls, action balls (balls should be at least 1¾ inches in diameter)
- ✓ Soft blocks, rubber blocks, rounded wooden blocks
- ✓ Puzzles (two to three pieces, brightly colored—10 months of age)
- ✓ Teethers, cloth toys, squeeze/squeak toys, disks/keys on rings
- ✓ Activity boxes with cubes or round shapes, simple pop-up boxes, containers to empty/fill, stacking rings (rubber cone or pole)
- ✓ Activity boxes for the bath, simple floating toys
- ✓ Soft-bodied baby dolls, stuffed animals, soft grab-on toys. Large, soft toys for roughhousing (no loose hairs or attached features)
- ✓ Puppets (operated by adult)
- ✓ Simple push/pull cars (one piece)
- ✓ Musical instruments—rubber/wooden blocks that rattle or jingle, plush musical balls
- ✓ Arts and crafts materials—large paper and crayons (12 months)
- ✓ Records, tapes, CDs, music boxes (operated by adult)
- ✓ Books—cloth, plastic, small cardboard books (read by adult; infants at this age often enjoy being held and read to, especially with picture books)

### Not Recommended

- ⊗ Riding toys
- ⊗ Pattern-making toys
- ⊗ Dressing, lacing, stringing toys
- ⊗ Play scenes
- ⊗ Projectile toys
- ⊗ Games
- ⊗ Skill-development toys

## Toys for Toddlers (12 to 24 Months)

As children grow out of infancy, they become increasingly active, exercising their physical abilities and learning new skills. They engage in climbing, pulling and piling objects, and kicking, throwing and catching. By age two, they can generally turn doorknobs, string large beads, and screw and unscrew objects such as jar and bottle lids. Children at this age prefer realistic-looking action toys that produce movement or sounds by their own efforts.

## Recommended

- ✓ Push and pull toys with large rods and/or handles, simple rolling toys with large, sturdy wheels, toys with noise and action effects, pull toys with strings for children who are walking
- ✓ Simple doll carriages, wagons, small rocking horses (with handles, no reins—18 months)
- ✓ Riding toys propelled by the feet (no pedals); should have at least four wheels, spaced widely apart (children's feet should rest flat on the floor when seated on the toy)
- ✓ Low, soft climbing platforms, tunnels for crawling, swings with safety straps (with adult supervision)
- ✓ Low slides with handrails (18 months)
- ✓ Soft, lightweight balls, chime balls, flutter balls, large, soft balls for kicking, batting and roughhousing (balls should be at least 1¾ inches in diameter)
- ✓ Small, lightweight stacking blocks, solid wooden blocks (20 to 40 pieces), large plastic bricks that interlock (18 months of age)
- ✓ Puzzles—simple two-to three-piece form boards, three- to five-piece puzzles with knobs attached (18 months of age)
- ✓ Peg boards with varying shapes and sizes
- ✓ Activity boxes with simple mechanisms (doors, lids, switches, etc.)

## Not Recommended

- ⊗ Projectile toys

## Toys For Toddlers (Two To Three Years)

By age two, toddlers have developed significant physical, mental and social abilities. They spend a lot of time testing their large muscle skills, running, jumping, hanging, climbing, throwing and catching. Older toddlers become increasingly interested in the physical characteristics of objects, observing differences in texture, size and color. They learn to match similar objects with one another, playing with pattern and sequence construction toys.

## Recommended

- ✓ Pull toys with strings, doll carriages, wagons, miniature wheelbarrows, lawnmowers, vacuums, etc.
- ✓ Realistic riding toys—tractors, motorcycles, cars, etc.
- ✓ Tricycles (children begin to pedal between 2½ and 3 years)
- ✓ Tunnels, slides, “jungle-gyms,” low-hanging swings (all with adult supervision)
- ✓ Small sleds
- ✓ Balls of all sizes (none less than 1¾ inches in diameter)
- ✓ Wooden, plastic blocks, interlocking blocks/rings
- ✓ Large plastic nuts and bolts that fit into activity boards
- ✓ Puzzles—four to five pieces (2 to 2½ years), five to 12 pieces (to age 3)
- ✓ Peg boards, color cubes, magnetic activity boards
- ✓ Number/counting boards, pounding/hammering/ screw-in toys
- ✓ Lacing cards, wooden shoes, dressing books for dolls, activity boards with lacing/hooks/snapping functions.
- ✓ Bathtub activity centers, small boats (no metal parts), sandbox tools, small sprinklers (with adult supervision)
- ✓ Dolls with moving arms/legs/eyes, talking dolls (string-pull)
- ✓ Doll accessories—bottles, rattles, simple removable garments, etc.
- ✓ Stuffed animals that talk or contain a music box
- ✓ Small hand puppets
- ✓ Costumes, miniature appliances and housekeeping equipment (pots and pans, mini sinks, stoves, toy iron and ironing board, etc.)
- ✓ Play scenes—farms, airports, garages, etc. (four to six simple pieces; figurines and other loose pieces should be at least 1¾ inches in length and diameter)
- ✓ Realistic cars, trucks, etc. (no metal), vehicles with moving parts (cranes, hood and doors that open), simple trains with coupling features (no tracks)

- ✓ Bells, cymbals, drums, xylophones, wooden blocks, triangles, horns, whistles (2½ years)
- ✓ Large crayons, nontoxic paints (brushes should have blunt ends), clay, blunt-end scissors, chalk/chalkboard sets, construction paper
- ✓ Tapes, records, CDs (operated by an adult), music boxes
- ✓ Simple matching games, giant dominoes, simple board games based on chance
- ✓ Toys that teach counting, sorting, letters, sounds, shapes, etc.
- ✓ Simple picture books, stories that use repetition and familiar subjects, pop-up books

### Not Recommended

- ☹ Projectile toys

## General Toy Safety

The U.S. Consumer Product Safety Commission (CPSC) has instituted safety regulations for certain toys. Toy makers must design and manufacture their products to meet these regulations. In addition, many toy manufacturers also adhere to voluntary safety standards set by the industry itself. **Here are some additional tips for toy safety that you may want to follow:**

- Always read the age and safety labels on toys before giving them to your child.
- Select extremely durable toys that will withstand a lot of use and abuse. They should be nonbreakable—no glass or brittle plastic—and able to sustain your child’s weight.
- Avoid small toys (marbles, small figurines, etc.) and toys with small parts that are detachable or that can break off and pose a choking risk.
- Check to be sure that toys are free of parts that can trap hands, fingers, feet or toes.
- Make sure that toys are lightweight and easy to grasp.
- Avoid toys with long strings or cords (crib gyms, etc.), especially after the age of five months or when your baby is able to push up on his or her hands and knees. Mobiles that are mounted on crib railings should be removed and hung in a higher, out-of-reach place after the first two to three months.
- Infants’ and toddlers’ main method of exploration is by mouthing and tasting objects. Make sure the toys you select are safe for mouthing. Avoid anything that can fit wholly into a child’s mouth, even with some difficulty.
- Keep popped or uninflated balloons away from infants and toddlers.
- Make sure all toys, stuffed animals, etc. are made from nontoxic materials.
- Keep older children’s toys away from your infant or toddler.
- Periodically examine toys for signs of breakage and other potential hazards. Repair or discard any broken toys.
- Make sure toys are free of sharp edges.
- Avoid toys with electrical parts (unless supervised by an adult).
- Make sure that your infant or toddler plays under constant adult supervision.
- Remove all toys from your child’s crib or playpen while he or she is sleeping.

## A Note About the U.S. Consumer Product Safety Commission

The Consumer Product Safety Commission is an independent federal regulatory agency that sets and enforces safety standards for consumer products. The Commission also conducts its own research and provides the public with safety information and guidelines. To report a toy-related complaint or a product-related injury, write to the U.S. Consumer Product Safety Commission, Washington, D.C., 20207, visit [www.cpsc.gov](http://www.cpsc.gov) on the Internet or call the toll-free hotline: 800-638-2772. A teletypewriter for the hearing impaired is available at 800-638-8270.

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## Section 6:

### STAYING CONNECTED

#### 1) KIDSTEPS Family and Children's Center (FCC):

The KIDSTEPS Family and Children's Center is a division of SARAH, Inc. Its mission is to meet the needs of families concerned about their child's social, emotional, physical development and educational success.

The Family and Children's Center provides a therapeutic, integrated, and inclusive learning experience for differently-abled children (ages birth to 12), their families, and typical peers.

Services and programs include:

- Support groups for parents/guardians/caretakers;
- Sibshops - sibling support groups;
- Resource and information services which can be accessed through our website, resource library, or by phone;
- Educational workshops and presentations for parents and families;
- And much more...

Families do not have to be enrolled in KIDSTEPS early intervention program in order to participate in any of the services/activities offered by the Family and Children's Center. The mission of the Center is to meet the needs of families who are concerned their child's social, emotional, physical development, and education success. Please share this information with others who may be interested in these services.

Quarterly brochures describe programs and services offered to families. These brochures are emailed or sent to interested parents/caretakers. If you are interested in receiving a brochure or attending a program please contact your Service Coordinator.

If you would like more information feel free to contact Marian Roy, Family & Children's Center Coordinator, at 203-318-3692, ext. 2 or [KIDSTEPS@sarah-inc.org](mailto:KIDSTEPS@sarah-inc.org).

## 2) SARAH Membership:

SARAH's membership as a local chapter in the Arc makes us a unique family of agencies. Our history began like many around the country where a few families came together - the Spencer's, Reinhardsen's, and McNeil's - to form their local Arc and then joined both the State and National chapters. Arc organizations like SARAH were created by families to serve their loved ones in times when few services were available. Since our inception, SARAH and the Local, State and the National Arc have been the voice of families, advocating for more resources and services for children and adults with intellectual disabilities.

The Arc is the world's largest community-based organization of and for people with intellectual and developmental disabilities. It provides an array of services and support for families and individuals and includes over 140,000 members affiliated through more than 850 state and local chapters across the nation. The Arc is devoted to promoting and improving supports and services for all people with intellectual and developmental disabilities.

### Benefits of SARAH Membership:

- Opportunities to meet other families, volunteers, and supporters at SARAH events and activities.
- Be recognized a supporter of the SARAH Family of Agencies.
- Influence local, state, and national advocacy efforts through representation in SARAH Arc, state and national policy forums.
- Learn more about the field of intellectual disabilities through discounted costs at Arc conventions, conferences and special trainings.
- Keep informed through SARAH Newsletters, Annual Report, and subscription to The Arc newsletter, The Arc Insight.

For more information, please contact the SARAH Foundation at 203-453-6531 or [www.sarahfoundation.org](http://www.sarahfoundation.org).

## 3) Send us an Update:

We always like to hear how our "alumni" are doing. Please contact us with any questions, concerns, or celebrations you may have.

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