

Members

Sen. Travis Holdman, Chairperson  
Sen. Greg Taylor  
Rep. Tim Wesco  
Rep. Vanessa Summers  
Cinda Kelley  
Tracie Wells  
Melanie Brizzi  
Gregory N. Larkin, M.D.  
Scott Sanders  
Jim Greeson  
Tony Bennett  
David McKee



## COMMITTEE ON CHILD CARE

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Authority: IC 12-17.2-3.3

### MEETING MINUTES<sup>1</sup>

Meeting Date: September 19, 2012  
Meeting Time: 1:00 P.M.  
Meeting Place: State House, 200 W. Washington St.,  
Room 431  
Meeting City: Indianapolis, Indiana  
Meeting Number: 1

**Members Present:** Sen. Travis Holdman, Chairman; Sen. Greg Taylor; Rep. Vanessa Summers; Tracie Wells; Melanie Brizzi; Mr. Carnes for Gregory N. Larkin, M.D.; Jim Greeson; Ms. Jones for Tony Bennett; Ms. Summers for Scott Sanders; David McKee.

**Members Absent:** Rep. Tim Wesco; Cinda Kelley.

Chairman Holdman called the first meeting of the Committee on Child Care (COCC) to order at 1:03 P.M. Chairman Holdman had the members in attendance introduce themselves and welcomed Senator Greg Taylor as a new member to the COCC.

Chairman Holdman then set the remaining meetings for the interim for October 9, 2012, at 1:30 P.M., October 10, 2012, at 9:00 A.M., and October 29, 2012, at 1:00 P.M.

Chairman Holdman informed the persons in attendance that the current meeting would see the COCC brought up to date by testimony required by state law from the FSSA Bureau of Child Care (BCC) and the child care advisory groups. He then recognized the following persons to testify.

**Melanie Brizzi, Director, BCC, FSSA-** Ms. Brizzi provided an update on the work of the BCC, including the Child Care & Development Fund (CCDF) voucher program and the Paths to Quality (PTQ) program. She testified from her presentation (Exhibit A). During and following her testimony she answered several questions raised by Chairman Holdman, Mr. McKee, and others.

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<sup>1</sup> These minutes, exhibits, and other materials referenced in the minutes can be viewed electronically at <http://www.in.gov/legislative>. Hard copies can be obtained in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for hard copies may be mailed to the Legislative Information Center, Legislative Services Agency, West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for hard copies.

Q: What is the budget for PTQ compared to last year?

A: The budget was very similar to the prior year's.

Q: What is the age range for a child to receive a voucher?

A: The range is from newborn to age 13. Ms. Brizzi continued that the age can be extended up to 18 for a child with special needs.

Q: How is the target reimbursement rate calculated?

A: The BCC conducts biannual market studies that are then used to calculate an average rate. She continued that the target reimbursement is set at 75% of that average. She continued also that the maximum rate can be determined based on the county, age of the child, and other factors.

Further questions were raised concerning the provider reimbursement system. Ms. Brizzi answered that the BCC tries to balance the rate of reimbursement for providers and having as many children served as possible. She continued that Indiana has a tiered reimbursement system and that PTQ members are reimbursed more than non-PTQ members. She said there is no difference on the level of reimbursement for tier two and tier three PTQ members. She said that the reimbursement rates are set by administrative action and must be justified based on federal guidelines for reimbursement. She described "overages," where a provider can still charge above the voucher allowance. She said that the overage amount is the family's responsibility. However, she continued, the provider can waive the overage if they choose.

Tracy Wells, member, asked what the building requirements were for fire safety with respect to the original intent of use.

State Fire Marshall Jim Greeson answered that the inspection is conducted based on the original intent of use for the building. [Therefore, if the building or area in the building is being used for something other than the original intent, it would be inspected on its original intent only.] He continued that if improvements had been made for other use, after construction, then it would be inspected according to the guidelines that apply to the improvements. The Fire Marshall concluded that there are different standards in law for inspections based on the date the building was built. He said there were no state fire prevention standards in law prior to 1976. He continued that buildings built before that year would not be required to be up to the standards of buildings built after 1976 so far as no improvements had been made to the building.

Senator Taylor asked a question concerning the thoroughness of background checks of staff members and that an employee would not have to submit to a national check.

Ms. Brizzi answered that was correct.

Senator Taylor said that an employee or owner of a childcare facility could have committed a crime in another state and would not show up in a limited criminal history check in Indiana.

Ms. Brizzi said that was correct; however, the BCC monitors childcare providers, and they are subject to the sex offender list and other checks as well.

Senator Taylor said that those are state-level checks only, as well.

Ms. Brizzi said it is difficult to accomplish checks, because the BCC cannot cite an unlicensed childcare facility. She also discussed the "care finder" application on the BCC's website, where a parent can find complaints, reports, and other information about a particular provider.

Mr. McKee asked about the national accreditations accepted for childcare providers.

Ms. Brizzi said several national accreditations are accepted.

Chairman Holdman then asked Ms. Brizzi for an update on the complaint list for the next meeting. He also asked what the number of deaths and injuries were.

Ms. Brizzi provided the following statistics for CY 2012 through September 19.

Childcare Facility Type	Deaths
Unlicensed	1
Illegally Operated	3
Licensed Provider	1

She continued that there was only one death (with an illegal provider) overall during 2011. She reported there were 169 injuries that occurred with licensed providers during 2011.

Chairman Holdman then asked about a particular ministry provider that was visited last year and was cited during the visit for a violation.

Ms. Brizzi answered that particular provider was removed from CCDF due to a policy violation. She continued that the provider then voluntarily closed. In response to a further question, she said the BCC worked closely with the families to relocate their children with other childcare providers.

Senator Taylor followed up with a question about that provider being able to operate without CCDF and could have continued to operate unless it had voluntarily closed.

Ms. Brizzi answered that there is limited ability for the BCC to act against that provider. She said they can get an injunction to cease and desist. However, a provider could change their name and continue to operate. She said all it takes for a ministry provider to enter the market is to get 501(C)(3) status from the IRS.

Senator Taylor asked how easy it is for a person to get a 501(C)(3). He answered his own question by saying it is virtually automatic to get 501(C)(3) status from the IRS.

Ms. Tracie Wells followed up Senator Taylor by saying that the person only needs affiliation with a church. She continued that faith-based ministries are the fastest-growing segment of child care in Indiana. She said there are nice tax incentives to do that.

**Carol Johnson, Chair, Child Care Centers Advisory Board (CCCAB)-**

Ms. Johnson read from prepared testimony (See Exhibit B). She reported that the consensus of the CCCAB was to ensure a safe, nurturing environment for children. She spoke about children/staff group size limitations and ratios. She said the primary concerns of the CCCAB were safety, education, and economic development. She was asked what are the current children/staff ratios. She provided the current ratios and said that the youngest child in the group determines the maximum group size.

**Joey Scherschel Buckles, Chair, Child Care Homes Advisory Board (CCHAB)-**

Ms. Buckles passed out a summary of her testimony to the COCC members. She then said she

was from Bedford and currently runs two facilities with 16 children enrolled. She stated that she did not understand the current phase-in of the PTQ curriculum standards. She said the children deserve the best right now. She then distributed the rules in order to qualify for CCDF (See Exhibit D). She said that a facility could qualify for CCDF but still not have to be licensed.

She then said that the CCHAB met four times during the last year. She said they received visits from the BCC and the state military liaison for child care Ms. Jillian Ritter. Ms. Buckles cited a report, from which she claimed that eight states received a zero with respect to their child care licensing programs. She said that the primary reason Indiana was listed in "the eight" was due to the fact that Indiana allows child care facilities to operate where a child can enter a home to be watched for pay without the state knowing the safety level of the home.

**Barbara Newton, Informal Child Care Ministry Group-** Ms. Newton testified that the ministries group continues to look at registration of ministry providers. She said she is the director of the child care facility at First Presbyterian Church of Columbus, Indiana. She continued that the ministry group would like to be formally recognized in law as an advisory board along with the CCCAB and CCHAB. She reported that there are 54,000 children with registered ministries receiving child care. She said that in the last legislative session, formal recognition of the group passed the House of Representatives but got lost in the Senate.

She commented on adult-to-children ratios. She said that about 70% of ministry providers would agree with the ratios in place and about 30% do not. However, she said ministry providers, overall, are doing great things, but she said the ratios make a difference on the quality of care provided. She said she agreed with the use of best practices, and that involves the use of ratios. She said that she personally would not want to watch a room with more than 10 two-year-olds.

She reported that her facility has had an education curriculum in place since the founding.

Ms. Newton was asked if she thought her facility should be licensed. Ms. Newton responded that she would like the facility to be licensed. However, she continued that the dollars necessary to upgrade the facilities to licensed standards are not there. She said her subsidy is much less than licensed facilities. She said because the facility lacks the necessary physical structures she cannot get the increased subsidy. She said without the increased subsidy or other funding, the improvements needed for licensure are not possible.

Senator Taylor asked if the physical structure requirements were exempted, only requiring the proper adult/child ratios, training, and the other requirements, could we get ministries on board and licensed.

Ms. Newton said in response to Senator Taylor's question, she thought about 70% of the ministries (those that support the ratios) would come in. She said the informal group feels that the ratios are important to most ministries. She said they will continue their efforts in the upcoming legislative session.

**Jillian Ritter, DOD Child Care Liaison Indiana-** Ms. Ritter presented several points to the COCC regarding military childcare requirements. (See Exhibit E for full transcript of her testimony.) Ms. Ritter's main points included:

- The importance the Department of Defense (DOD) places on the need for quality child care for armed forces members.
- Quality and availability of care highly impacts military readiness.
- Child care is a top quality-of-life issue.
- The DOD's criterion for providers has minimum standards, accountability, and is a model

program for the United States. She described the use of fingerprint checks of child care employees and training (40 hours initially, 24 hours annual additional training) as some of these criteria.

Additionally, she said there are requirements in place for the safe sleeping of children, no use of corporal punishment, and overnight care. She said also that the program has strict oversight, and the criteria are research-based. She concluded her testimony by passing out further documentation. (See Exhibit F.)

**Lisa Robertson, Regional Director, Reach Out and Read Indiana-** Ms. Robertson explained that her organization is a literacy outreach program for young children that focuses on training physicians and nurses on the importance of early reading to children. She continued that physicians and nurses are often the most likely persons to come in contact with children. She said that 50% of children may be in a child care setting. However, she said that almost 96% see a physician regularly. She said the goal of the program is to get parents involved in their child's early reading development by having physicians informing the parents of benefits of early reading to children.

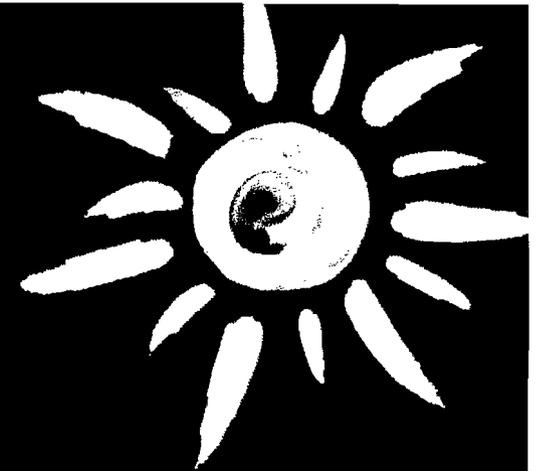
Ms. Robertson quoted some statistics from the program and closed with the comment that she sees parents trusting what a doctor will say. She passed out a folder containing information about the Reach Out and Read Program. (Exhibit G)

Ms. Robertson was asked how the Reach Out and Read Program is funded. She replied that 25% of the funding is from federal pass-through dollars and the remaining 75% is raised from private donations.

Following testimony, Chairman Holdman then reached out to those from the insurance industry present that he would like to offer to them the opportunity to comment, if they wished, during the next meeting of the COCC. He reminded the COCC that he would like to hear again from Melanie Brizzi at the next meeting concerning classification of oversight of providers and complaints raised. He also asked for the staff attorney to provide an update on the Indiana Child Care Comparison Chart. He asked for persons that wish to testify at the next meeting to try to come forth with solutions and not just complaints.

After asking for and seeing no further comments from COCC members, Chairman Holdman adjourned the meeting at 3:50 P.M.

*Indiana Bureau of Child Care:*



Updates to the Child Care  
Committee

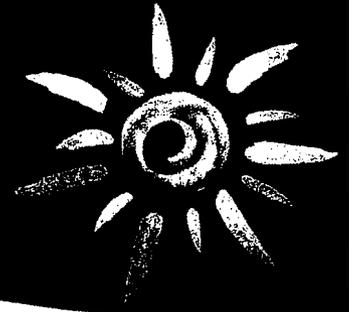
September 19, 2012

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Exhibit A  
Committee on Child Care  
Meeting #1, Sept. 19, 2012

# ***Bureau of Child Care (BCC)***

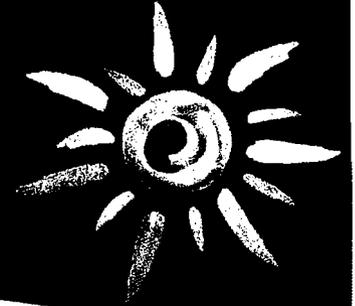


Indiana Family and Social Services  
Administration (FSSA), Division of Family  
Resources

Mission: To provide Indiana families with  
child care choices that ensure their  
children are safe, healthy and learning.

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# *BCC Vision for Child Care*

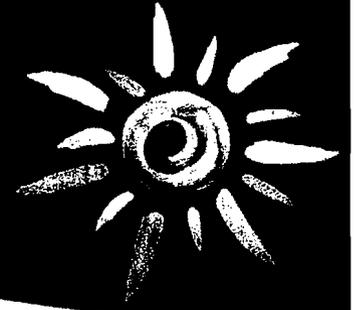


## **Vision for Child Care in Indiana:**

- Every Indiana community has a strong network of child care that supports the family, the child and the local school system. Child care is affordable and accessible, enabling families to work effectively to obtain economic self-sufficiency. Children thrive in child care programs that meet their developmental needs and make them feel welcome, loved and safe. Professionals caring for children have the resources, including training and education, to operate and maintain high quality programs.

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***Child Care and  
Development Fund  
(CCDF) – A Federal  
Block Grant program***



**Primary federal requirements and goals:**

**Support low-income working families through child care financial assistance (voucher subsidies)**

**Promote children's learning by improving the quality of early care and education and programs**

**Provide consumer education initiatives that promote parental choice and informed decision making**

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## ***CCDF Dual Purpose***



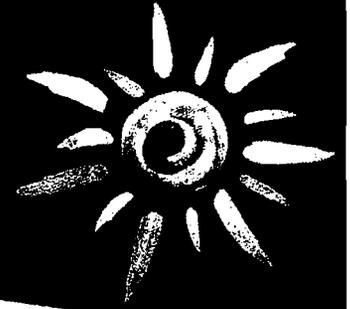
- Two pronged approach to eliminating childhood poverty
  1. Economic Self Sufficiency for Hoosier families
  2. High quality programs to support school readiness and academic achievement for Hoosier children

### **Additional benefits:**

- ★ Less absenteeism and tardiness increased productivity
- ★ Workforce development- credentialing, degrees
- ★ Community return on investment- reduced grade retention and remediation

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# ***Bureau of Child Care***

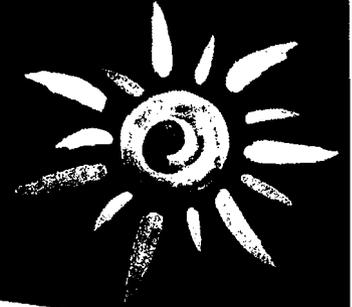


Oversight of daily CCDF Operations

- ★ Budget
- ★ Family Eligibility
- ★ Waitlist Management
- ★ Provider Eligibility
- ★ Licensing/Registration
- ★ Quality Initiatives

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# ***CCDF Annual Budget***



- Funding- Combination of Federal (\$142 M) and State Match (\$33 M)
- Direct Services- \$154 M
- Quality/Admin/Automation makes up the remainder

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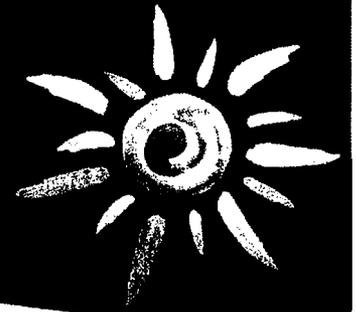
*CCDF Facts and  
Figures  
July 2012*



- ★ 34,357 children authorized (17,939 families)
- ★ 9,732 Children on the waitlist (5,889 families)
- ★ 76% Children in licensed care
- ★ 95.8% Single parent households
- ★ 77.2% below the poverty level

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*CCDF Facts and  
Figures-  
July 2012*



- Average cost of care for month per child was \$594
- Average monthly cost of care for children under 1 year of age was \$649
- 35.4% of children served are school-aged children

# ***Family Eligibility***

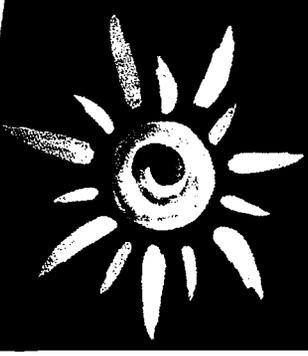


- ★ Income Guidelines
- ★ Service Need Requirements
  
- ★ Child is the recipient on the benefit
- ★ Benefit is paid directly to the provider

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**Service need**  
**Requirements:**

Must be working, in school, or participating  
in an allowable TANF work activity



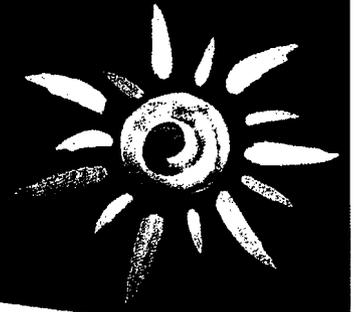
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## ***Income Guidelines***



- ★ 127–170% Federal Poverty Level (FPL)  
tiered eligibility
- ★ Maximum Allowable monthly gross income  
for Family of 4:
  - 127% FPL – under \$23,053 yr  
(\$1,921mo)
  - 170% FPL – under \$39,180 yr  
(\$3,265 mo)

## *Types of Child Care Providers*



- Licensed Centers
- Licensed Homes
- Unlicensed Registered Ministries
- Legally Licensed Exempt Providers (LLEPS)
- Legally Licensed Exempt Centers

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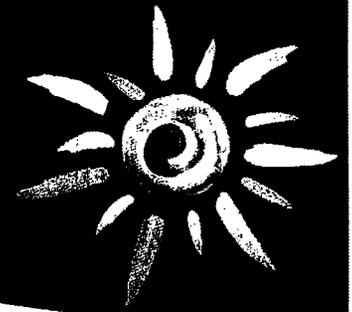
# ***Indiana Child Care Licensing and Registration***



- ★ 597 Licensed Child Care Centers
- ★ 2,857 Licensed Child Care Homes
- ★ 721 Unlicensed Registered Child Care Ministries
- ★ 746 Legally Licensed Exempt Child Care Homes and Unlicensed Facilities that receive CCDF reimbursement

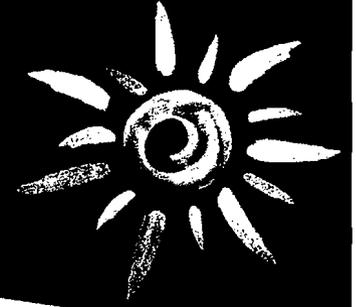
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## ***Child Care Provider Eligibility***



- Licensed providers are automatically eligible for CCDF reimbursement
- Exempt child care providers must meet CCDF Provider Eligibility Standards (IC 12-17.2-3.5) in order to be eligible for CCDF reimbursement (this includes exempt homes and unlicensed ministries, licensed exempt centers)

## *CCDF Provider Eligibility Standards*

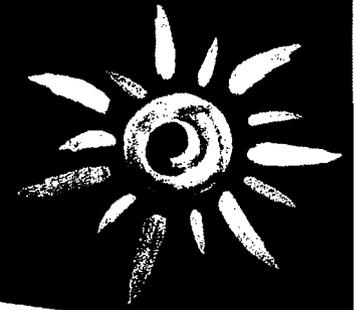


Unlicensed Providers must meet these basic standards to be eligible to receive CCDF payments. Standards include:

Working telephone, hot and cold running water, criminal background checks, negative drug test, supervision of children, TB tests

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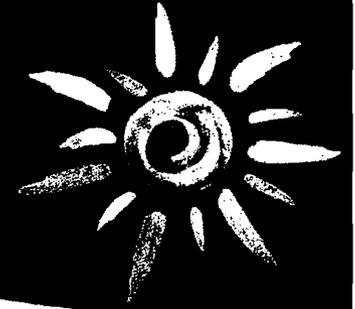
*Provider Participation  
in CCDF*



- ☐ Licensed Centers- 76.3 %
- ☐ Licensed Homes- 91.1%
- ☐ Registered Ministries-69.8%

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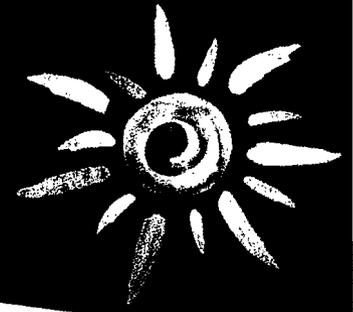
## *Funding Received by Provider Type*



- ★ Licensed Centers: \$73.2 M (20,505 children)
- ★ Homes: \$51.0M (20,825 children)
- ★ Ministries \$25.0M (13,041 children)
- ★ Other licensed exempt: \$4.2 M (3,096 children)

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## *BCC Monitoring*



- ▶ Licensed Centers- annual
- ▶ Licensed Homes- annual
- ▶ Registered Ministries- semi-annual
- ▶ PES- annual
- ▶ Investigate all complaints received
- ▶ Additional visits for technical assistance
- ▶ Additional monitoring visits during probationary periods (licensed providers only)

## *Probationary Licenses- Centers and Homes*



- ★ Repeated violations of the same requirement and the non-compliance doesn't present an immediate threat to the health and safety of the children
- ★ May be issued for up to 6 months at a time, after the probationary license has expired can extend probation (no more than 12 mo), resume regular license or revoke
- ★ Parents are notified

*Suspensions*  
*Temporary Closures*



- For violations that pose an immediate threat to the health and well being of the children an emergency or temporary order may require that the home/center immediately cease operations.
- Families are notified

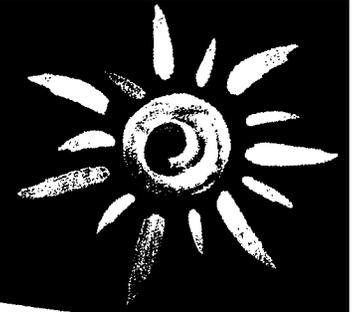
## *Emergency Closures for Centers/Homes*



- ★ Building damage due to flooding, earthquakes, fire, wind, tornado, ice, lead or asbestos contamination
- ★ Sewage problems
- ★ Inadequate or unsafe water supply
- ★ No electricity
- ★ No heat
- ★ Gas leaks
- ★ Filthy conditions
- ★ Rodent, roach, vermin infestation
- ★ Building renovation in the area(s) occupied by the children

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*Numbers of  
Probationary/Revoked  
Licenses*



Probationary licenses

Centers 50

Homes 68

Revoked Licenses

Centers 5

Homes 27

Sept 2011-Aug 2012

*Number of Denied  
Licensed/Emergency  
Closures*



Denied Licenses

Centers 0

Homes 3

Emergency Closures

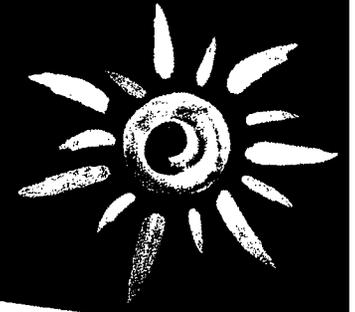
Centers 1

Homes 8

★ Sept 2011- Aug 2012

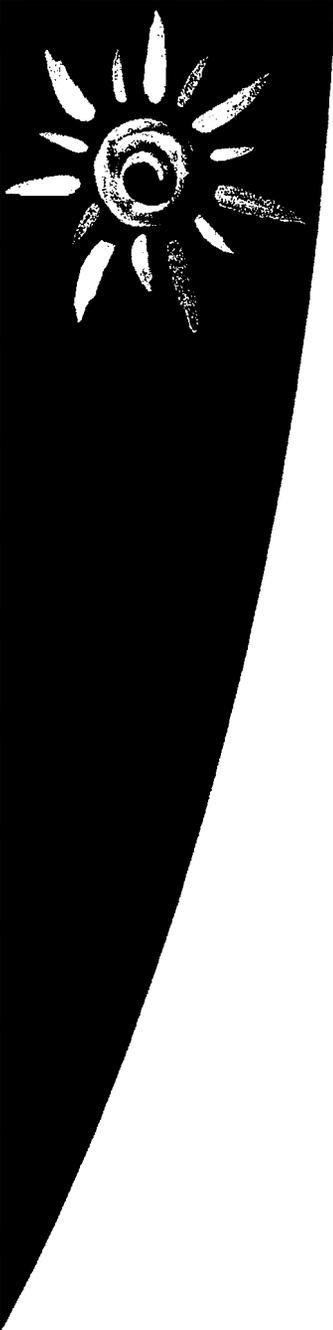
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## ***Quality Initiatives***



- ☆ 4% of CCDF Block Grant dollars must be spent on initiatives that will improve the quality of child care or increase community awareness, additional quality funds are set aside for Infant/Toddler and School Age and Referral initiatives
- ☆ Initiatives funded include Paths to QUALITY™, T.E.A.C.H. Scholarships, Family Referrals, Infant Toddler Specialist, Registered Ministry Improvement, Inclusion Specialists, Trainings and Technical Assistance

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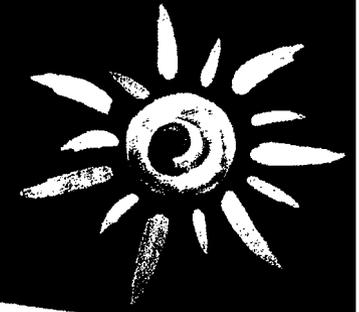


**Paths to  
QUALITY™**

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*Quality Rating and  
Improvement Systems  
(QRIS):*



A method to  
improve,  
assess,  
and communicate  
the level of quality in early care and  
education settings

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## *QRIS Goals*

- ☛ Increase the quality of care for children
- ☛ Increase parents' understanding and demand for high quality child care
- ☛ Increase professional development opportunities for child care providers

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# **QRIS**

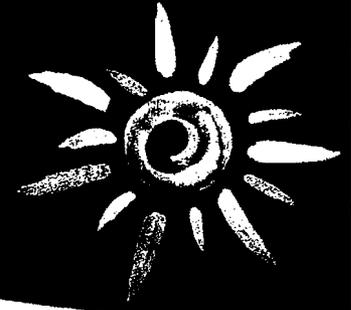
## ***Foundations:***



- Builds on licensing and Voluntary Certification Program standards (VCP)
- Adds levels between licensing and higher quality criteria
- ★ Supports/incentives for reaching higher levels
- ★ Easily recognized symbols for achieving higher levels of quality

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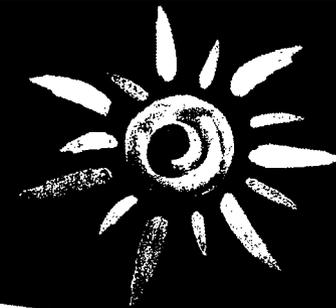
# *Steering Committee/Contributing Partners*



- ★ Indiana Family and Social Services Administration (FSSA)
- ★ Bureau of Child Care (BCC)
- ★ Indiana Association for Child Care Resource and Referral (IACCRR)
- ★ Indiana Association for the Education of Young Children (IAEYC)
- ★ The Consultants Consortium (TCC)
- ★ Purdue University Child Development and  
Family Studies Consumer and Family Sciences
- ★ Early Childhood Alliance (ECA)
- ★ 4C of Southern Indiana, Inc.
- ★ Indiana Head Start Collaboration Office
- ★ Indiana Department of Education

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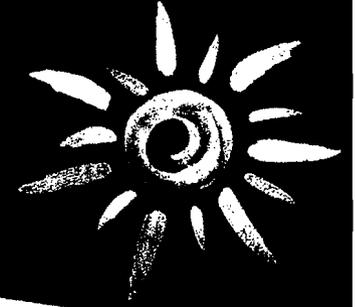
# *Indiana Paths to QUALITY*



- ★ Voluntary and free system
- ★ Benefits parents, children, providers, and your community
- ★ Promotes high quality child care for all children
- ★ Licensed Centers, Licensed Homes, and Registered Ministries that have obtained VCP certification may join

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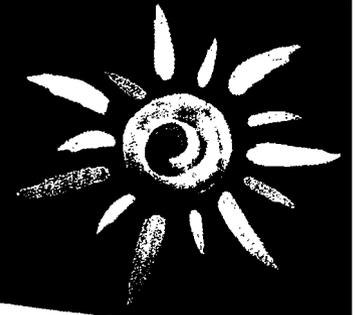
## ***Paths to QUALITY- Benefits Children***



- ★ Research shows that high quality early learning experiences prepare children for future success in school, work and life.
- ★ From birth through age three is the most significant time for growth of the human brain.
- ★ The early years and how the brain is “wired” affect later years.
- ★ Promotes school readiness- tied to the Early Learning Guidelines

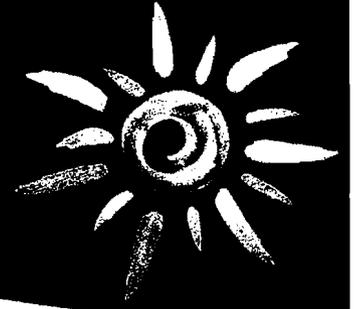
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## ***Paths to QUALITY- Benefits Providers***



- Recognizes and rewards provider commitment to continuous quality improvement
- ★ Provides meaningful professional development opportunities and supports
- ★ Provides access to:
  - ★ Marketing tools and strategies
  - ★ Useful resources
  - ★ Individualized support and consultation

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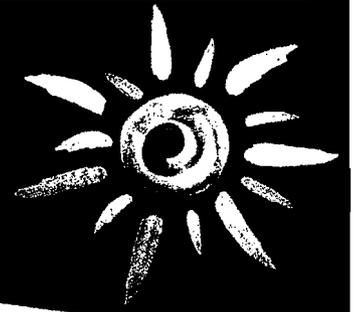


# ***Paths to QUALITY- Benefits Communities***

- ★ High quality child care supports the current workforce- decreased absenteeism and tardiness, increased productivity
- ★ High quality supports school readiness, decreased retention rates and remediation, increased literacy, graduation rates

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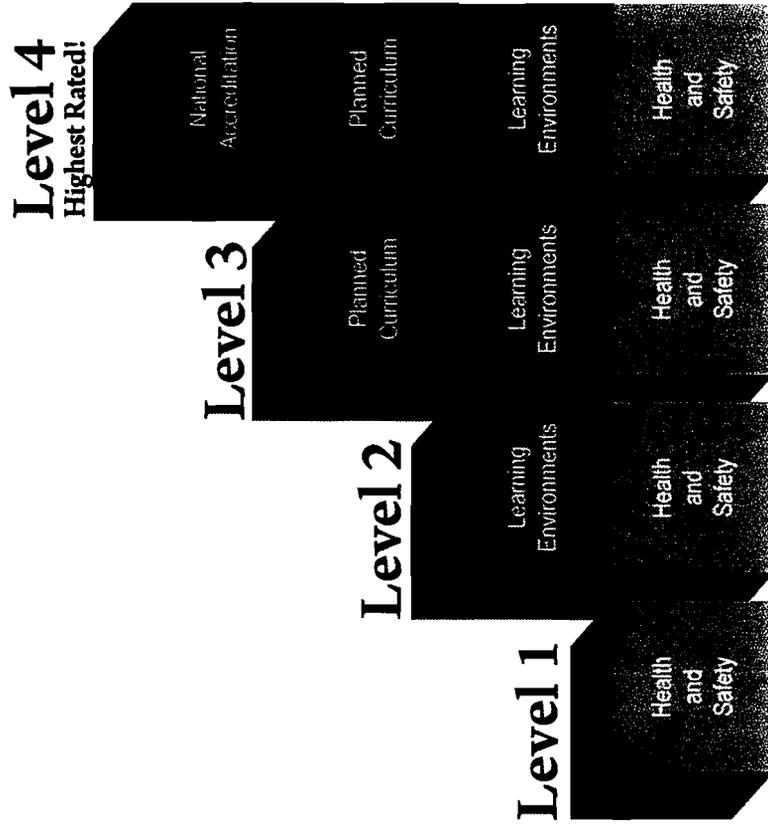
## *The Standards and the Research*



- Purdue University Validity Report
  - An independent verification study validated PTQ standards as evidence based and related to improving quality and outcomes for Indiana children
- Implementation study findings
- Further evaluation by Purdue

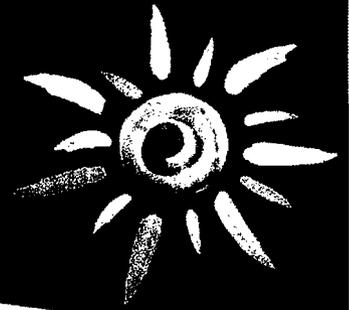
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# Paths to QUALITY Levels



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# *Level Awards*



## **Level 1**

- ☛ Sign On Incentive Award

## **Level 2**

- ☛ Non-Cash One Time Award
  - ☛ Homes \$300.00    Centers/Ministries \$1000.00

## **Level 3**

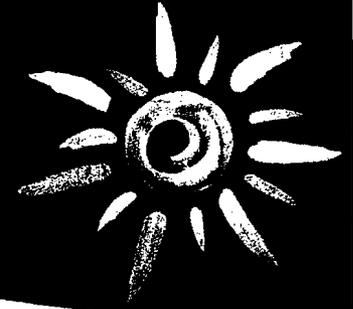
- ☛ One Time Non-Cash Award
  - ☛ Homes \$300.00    Centers/Ministries \$1000.00

## **Level 4**

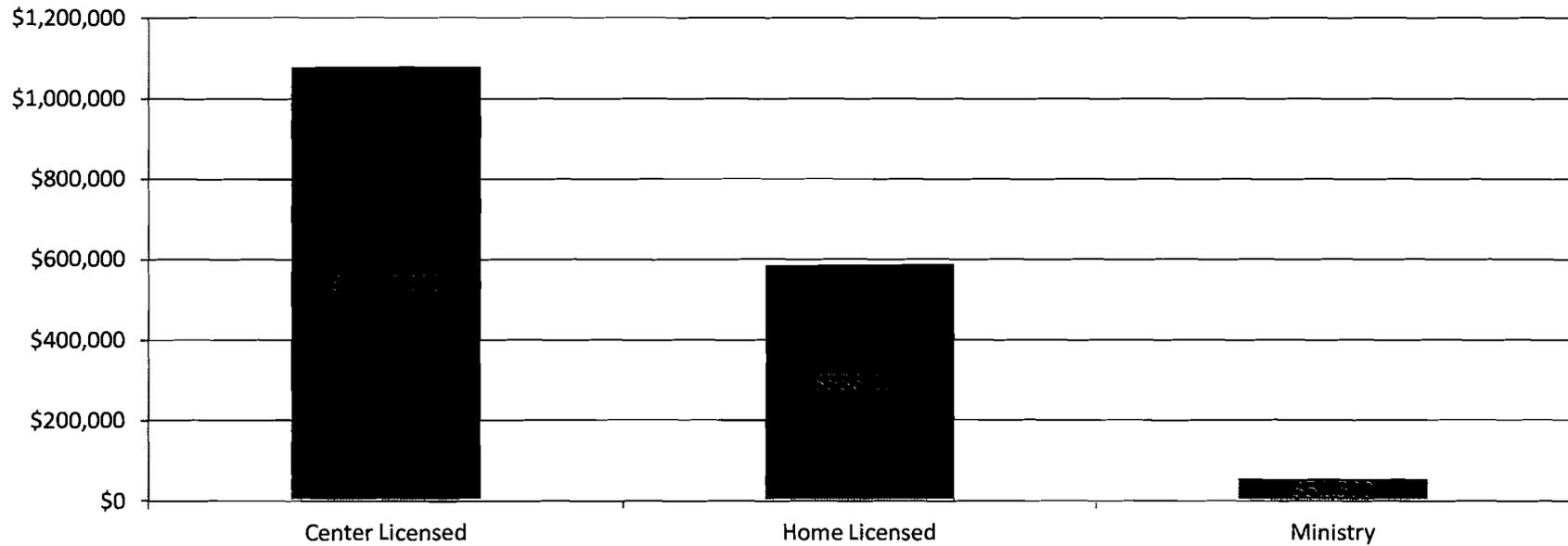
- ☛ One Time Cash Award
  - ☛ Homes \$500.00    Centers/Ministries \$1500.00
- ☛ Annual Maintenance Cash Award
  - ☛ Homes \$300.00    Centers/Ministries \$1000.00

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# Awards to Date

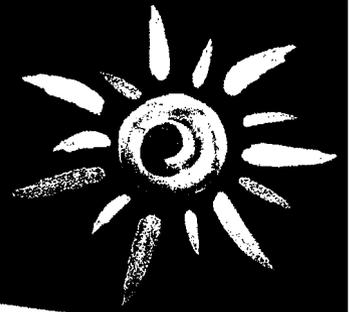


## Cash and Noncash Awards Total Awards to Date



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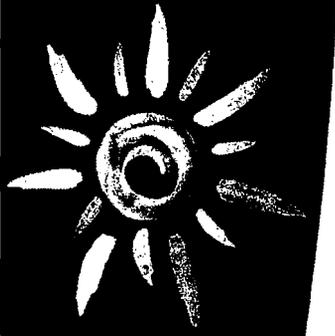
## *Support for Providers*



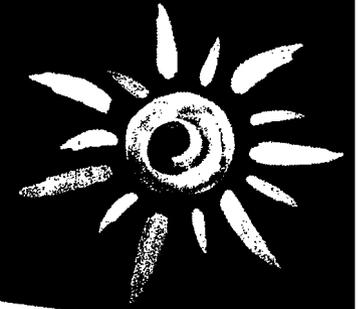
### Additional support and resources available to Paths to QUALITY participants:

- Free on-site mentoring/technical assistance
- Indiana Accreditation Project
- T.E.A.C.H scholarships
- Free or low cost on-going professional development opportunities
- Free marketing support

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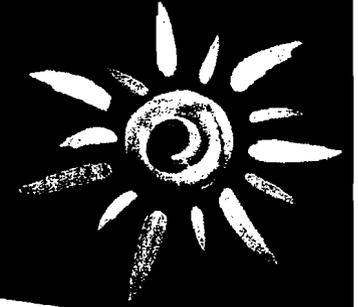
## *Current Status*

- Currently in Year 4- ends Oct 1, 2012
- Each year BCC sets participation goals
- Currently have 2,249 programs enrolled
  - 522 Licensed Centers
  - 1,652 Licensed Homes
  - 75 Unlicensed Registered Ministries

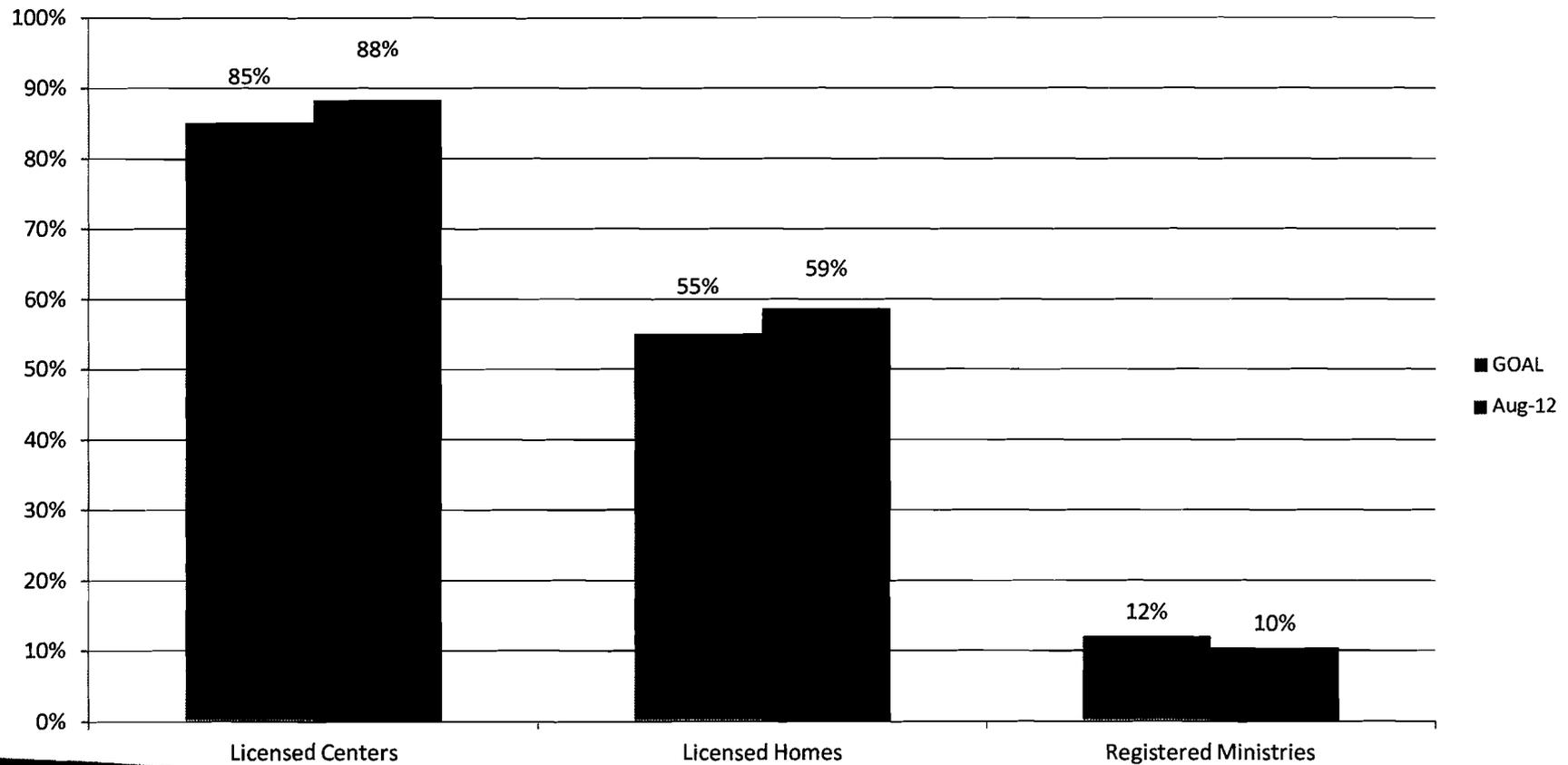
This means that over 86,000 Hoosier children are benefiting from higher quality child care

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# Provider Participation

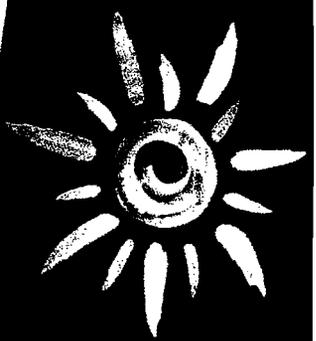


## Provider Enrollment Goals for PTQ Aug 2012



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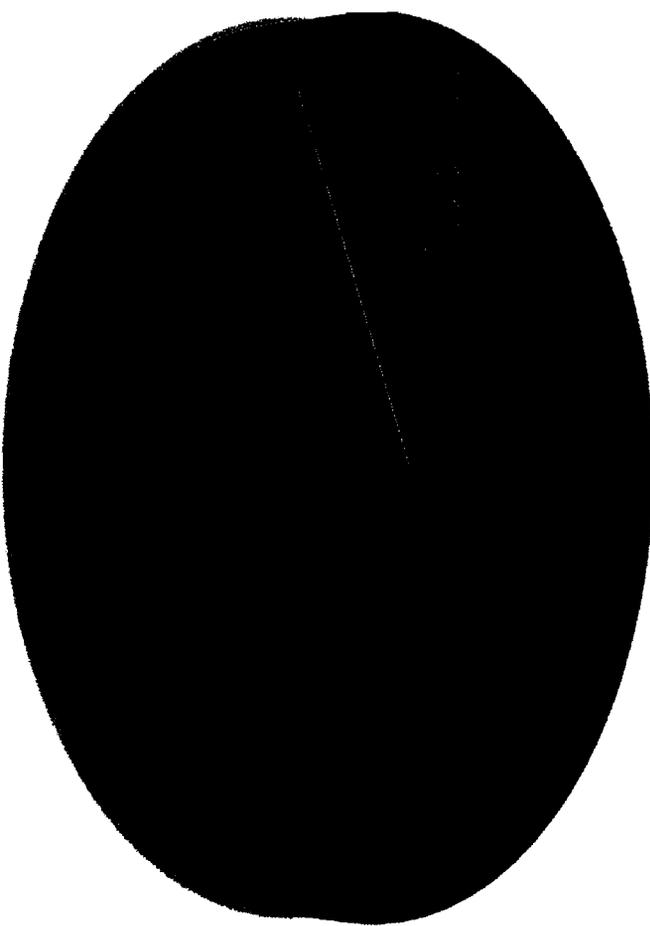
# Providers by Level



## Enrolled Providers by PTQ Level

August 2012

Total Providers: 2,249



- Level 1
- Level 2
- Level 3
- Level 4

## *Level Increases*



- ☆ Level Increase Goals
- ☆ Ensure adequate support for providers
- ☆ Ensure continuous quality improvement

Currently:

Level 1- 1214

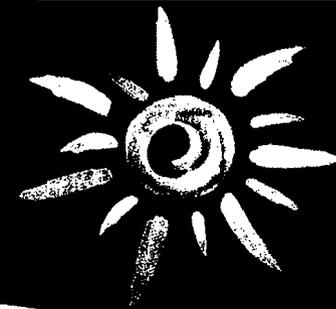
Level 2- 310

Level 3- 474

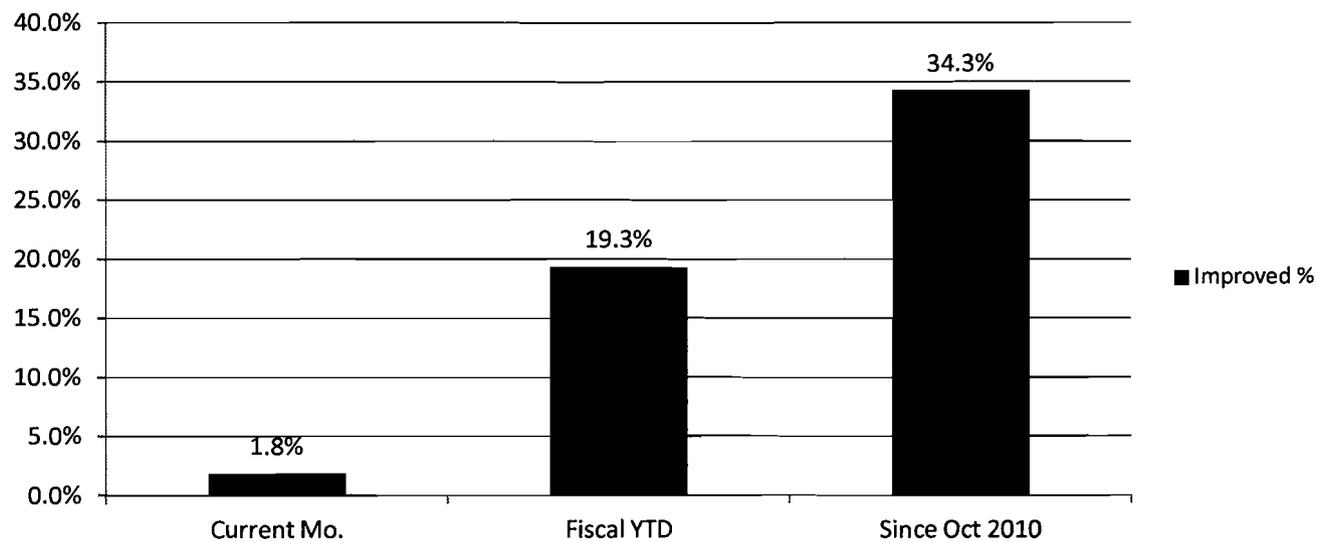
Level 4- 251

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# Level Improvements



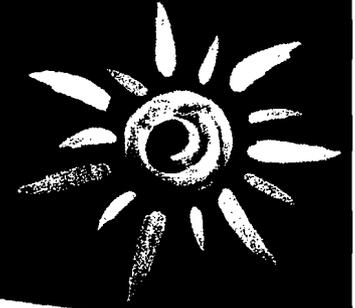
Level Improvements



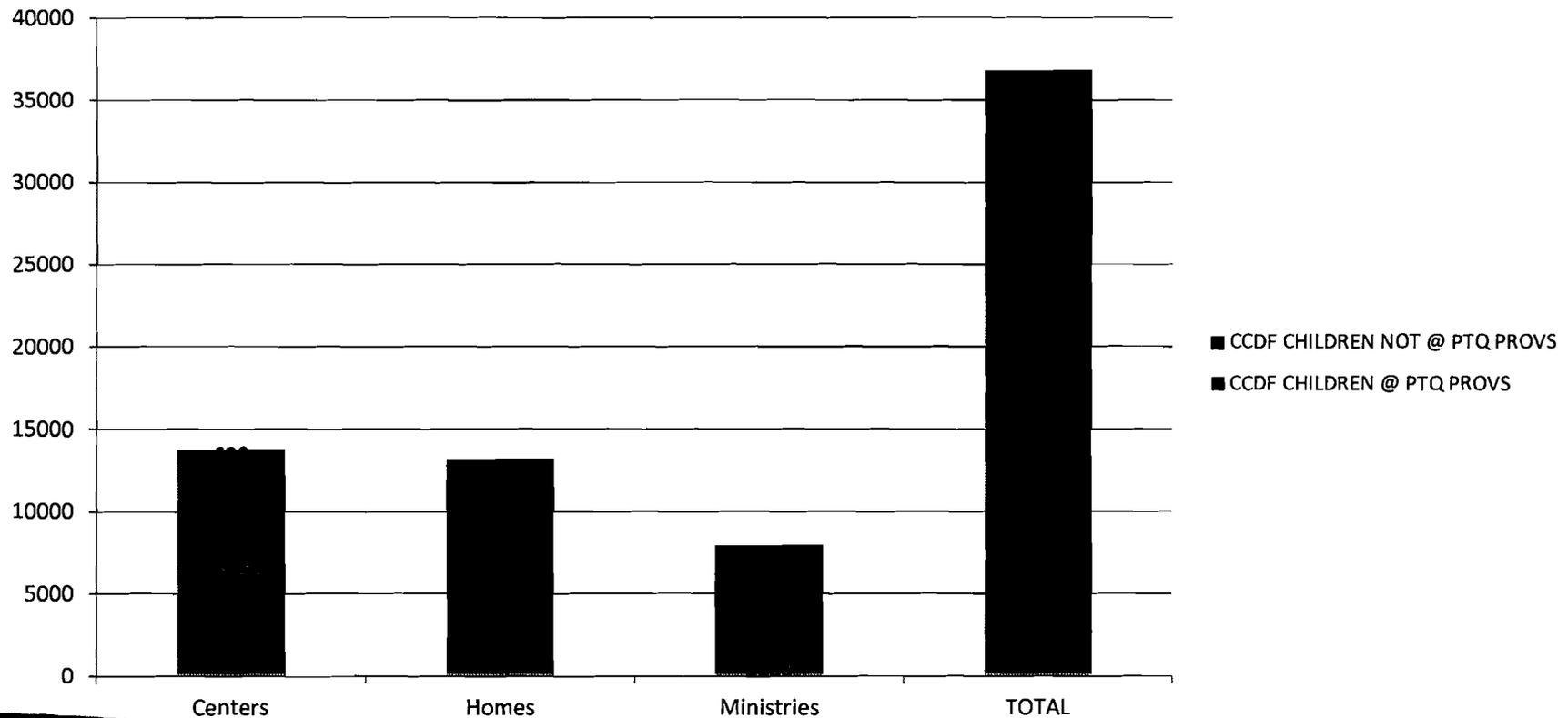
Data as of Aug 30, 2012

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# CCDF Children Enrolled in Paths to QUALITY Providers



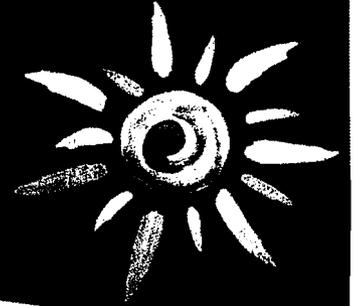
CCDF Children @ PTQ Providers  
August 2012



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2012

## *Accomplishments*



- John Preston Playground Improvement Award
- NAFCC Accreditation Project Award
- IN Professional Development Network
- Lead Poisoning Prevention training and kits
- Child Care Online

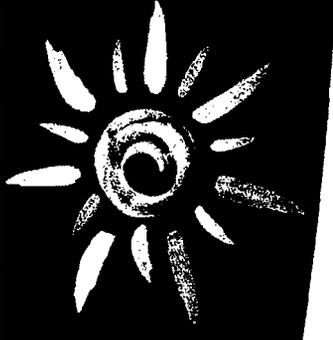
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# *Two Clicks*

✦ To Better Child Care

✦ To Brighter Futures

✦ To Better Businesses



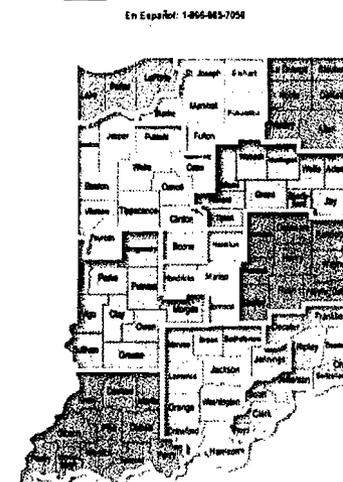
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[www.childcareindiana.org](http://www.childcareindiana.org)



- ★ Paths to QUALITY™ Information
- ★ Information about types of care
- ★ Links to FREE online Search
- ★ A great place to start your child care search!

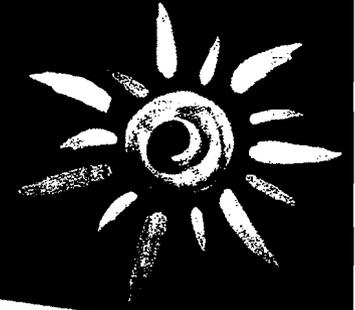
The screenshot shows the Paths to Quality website interface. At the top, it features the logo and the text "Paths to QUALITY™ - Child Care, English Version". Below this is a navigation bar with "HOME" and "SEARCH" buttons. The main content area includes a video player with the title "Paths to QUALITY™ helps make your child care search easy." and a play button. To the left of the video, there is a section titled "Paths to QUALITY PARTNERS PURDUE" with a sub-heading "Learn why high quality child care matters and why home to QUALITY works." Below the video, there is a section titled "Paths to QUALITY™ is a free resource to help parents make decisions regarding child care and to help child care programs improve the quality of care offered." and another section titled "Paths to QUALITY™ is Indiana's voluntary quality rating and improvement system for child care. This system is the first and only child care rating system in the state." At the bottom, there is a section titled "When choosing child care, search for programs that voluntarily participate in Paths to QUALITY. These quality programs demonstrate a commitment to providing high quality care for children. Paths to QUALITY quality programs include licensed child care centers, licensed family child care homes, and unlicensed registered nurseries who have met voluntary certification standards." The video player has a "vimeo" logo in the bottom right corner.



LOOKING FOR CHILD CARE OUTSIDE THE STATE?

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# Paths to QUALITY™ Recognition Pages



Child Care providers play a significant role in children's development. 86% of a child's capacity to learn is determined by the age of five. With Paths to QUALITY, Indiana's voluntary quality rating system, providers demonstrate ongoing efforts to achieve higher standards of quality.

Learn more about the [Paths to QUALITY program](#).

You care about quality.  
These child care providers do too.

## Level 4: National accreditation (the highest indicator of quality) is achieved.

[click to view video](#)

All participants have demonstrated a commitment to the highest level of professionalism in child care, achievement of a nationally recognized accreditation. Level 4 providers are managed by a provider or director who has volunteered to provide mentoring to others in the field

Online Profile	Business	Type of Care	City	Zip
	My Caterpillar Club House Child Care	Family Child Care	Kokomo	46901
<a href="#">View Profile</a>	<a href="#">Bone Vixie Programs, Inc.</a>	Child Care Center	Kokomo	46902
	KinderCare - Microchips by KinderCare at Work	Child Care Center	Kokomo	46902
	Russell Family Day Care	Family Child Care	Kokomo	46902
	Children's Meadow	Family Child Care	North Manchester	46962
	Special Day Care Service	Family Child Care	North Manchester	46962
<a href="#">View Profile</a>	<a href="#">Bone Vixie Early Head Start</a>	Child Care Center	Paru	46970
	Freckles and Smiles	Family Child Care	Portland	47371

## Level 3: Planned curriculum guides child development and school readiness.

[click to view video](#)

All participants have demonstrated knowledge and skill to plan appropriate activities and opportunities for children that lead to school readiness. Level 3 providers have made a significant investment in the professional development of the staff, and incorporate family and staff input into the program.

Online Profile	Business	Type of Care	City	Zip
	Kinder Haus Day Care Center at Swiss Village	Child Care Center	Berne	46711
	Bonbeam Child Care	Family Child Care	Greentown	46936
	Early Head Start of Carey Services, Inc.	Child Care Center	Hartford City	47348

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# Respecting Parental Choice



## Free Child Care Search

Help

### Disclaimer

Choosing child care is one of the most important and difficult decisions you will make in your child's lifetime. When making your choice, remember designated **PATRS to QUALITY™** child care programs are voluntarily participating in a system that provides provider families more assurance about the quality of care that is offered. Level 4 is the entry level of Patrs to QUALITY. These programs are on their way to providing higher quality care for your child. Level 4 is the highest recognized quality of care. These programs have met rigorous national standards. When choosing child care, look for the Patrs to QUALITY decal.

Interview, visit, and check references on all child care programs before enrolling your child. Use a checklist to help you record what you learn and to compare programs. There are informational videos linked to this child care search, and we suggest that you watch the videos before interviewing providers.

Once you've narrowed your search to a few programs, we recommend checking [Violation and Inspection reports](#) online before making a choice.

We support parental choice in all child care decisions and we are happy to help you in your search to find the best child care for your family!

Please remember that Child Care Resource and Referral agencies do not regulate or recommend any child care programs.

I Agree  I Disagree

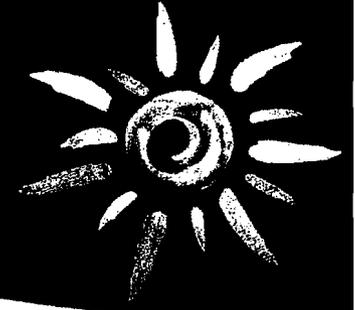
Continue

Please read the above disclaimer. To begin your search, select "I agree" and click the "Continue" button.

- CCR&Rs provide families with FREE and relevant information, to make an informed child care decision

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# My Profile



★ All information is **CONFIDENTIAL**

! Saved Search Results | Child Care Search | Reset Password | My Profile | Help | Logout |

### My Profile

Please complete this form to begin your search. Questions marked with an asterisk are required. All other questions are optional.  
All of your information is kept confidential.

Your First Name\*  Your Last Name\*

Area Code  Phone

Home Address\*  Unit Number

City\*  State

Zip Code\*

County\*

Children Who Used Child Care\*

#	Child Name	Gender	Child Birthdate	Date Care Needed
1	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="05/02/2011"/>	<input type="text" value="07/20/2012"/>
2	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
3	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
4	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

How did you hear about us?\*

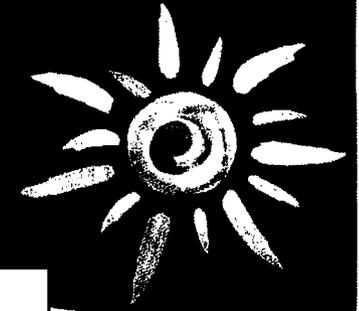
<input type="checkbox"/> Voucher Agent	<input type="checkbox"/> Friend Or Relative	<input type="checkbox"/> Child Care Provider
<input type="checkbox"/> Other Social Service	<input type="checkbox"/> Church	<input type="checkbox"/> Healthy Families
<input type="checkbox"/> WIC	<input type="checkbox"/> Impact	<input type="checkbox"/> First Steps
<input type="checkbox"/> Medical Professional	<input type="checkbox"/> Employer/HR	<input type="checkbox"/> Military
<input type="checkbox"/> RealEstate/Agent	<input type="checkbox"/> School/College	<input type="checkbox"/> Police/Member Civic Group
<input type="checkbox"/> Internet Website	<input type="checkbox"/> Community Event/Activity	<input type="checkbox"/> Facebook/YouTube
<input type="checkbox"/> Child Protective Services - Caseworker or Court	<input type="checkbox"/> Brochure	<input type="checkbox"/> Yard Sign
<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Consumer Ed. Booklet	<input type="checkbox"/> Presentation
<input type="checkbox"/> Display Board	<input type="checkbox"/> Billboard	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Radio	<input type="checkbox"/> Transit	<input type="checkbox"/> Television
<input type="checkbox"/> Photocopy	<input type="checkbox"/> Bookman	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Other		

If you selected other:

SAVE

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# Basic Search Results



**Search Result**  
Your search returned 11 provider(s)

**GIS View**

#	Business Name	License Type	Paths to QUALITY Level	Details
<input type="checkbox"/> 1	PCare Activity Center	Licensed, Class I	Paths to QUALITY Level 1 - Entry Level	More Info
<input type="checkbox"/> 2	The Play Station III	Licensed, Class I	Not Participating - Ask Program for Details	More Info
<input type="checkbox"/> 3	Sandy's Cuddle Time	Licensed, Class I	Paths to QUALITY Level 1 - Entry Level	More Info
<input type="checkbox"/> 4	Whiz Kiz Club	Licensed, Class II	Paths to QUALITY Level 1 - Entry Level	More Info
<input type="checkbox"/> 5	Teddyland Day Care	Licensed, Class I	Paths to QUALITY Level 1 - Entry Level	More Info
<input type="checkbox"/> 6	Sandy's Fun Care	Licensed, Class I	Not Participating - Ask Program for Details	More Info
<input type="checkbox"/> 7	Hoodler Nanny	Licensed, Class I	Paths to QUALITY Level 1 - Entry Level	More Info
<input type="checkbox"/> 8	The Play Station	Licensed, Class I	Not Participating - Ask Program for Details	More Info
<input type="checkbox"/> 9	Mama Bears Day Care	Licensed, Class I	Paths to QUALITY Level 1 - Entry Level	More Info
<input type="checkbox"/> 10	Dawn's Daycare II	Licensed, Licensed, Class II	Not Participating - Ask Program for Details	More Info
<input type="checkbox"/> 11	Raggedy Ann Child Care II	Licensed, Class I	Paths to QUALITY Level 1 - Entry Level	More Info

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# Exclusive Child Care Online Profiles



Map showing the area around Indian Heights, TX, with various roads and landmarks labeled. The map is powered by Google.

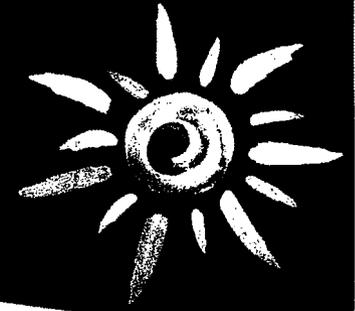
Pages: 1 2 3 >>

315 Provider(s) do not have valid geocoded address and are not displayed on the map.

#	Business Name	License Type	Paths to QUALITY Level	Details	Program Profile
<input type="checkbox"/> 1	Ms. Cookie's Corner 2	Licensed, Class II	Paths to QUALITY Level 1 - Entry Level	<a href="#">More info</a>	
<input type="checkbox"/> 2	Little Wonderland Day Care	Licensed, Class I	Not Participating - Ask Program for Details	<a href="#">More info</a>	
<input type="checkbox"/> 3	Texas Migrant Seasonal Head Start	Not Licensed or Registered, Ask Program for Details	Not Eligible - Ask Program for Details	<a href="#">More info</a>	
<input type="checkbox"/> 4	Finding Me Now	Licensed	Paths to QUALITY Level 3	<a href="#">More info</a>	
<input type="checkbox"/> 5	Bona Vista Programs Inc.	Licensed	Paths to QUALITY Level 4 - Highest Level	<a href="#">More info</a>	<a href="#">Program Profile</a>
<input type="checkbox"/> 6	Little Lambs Child Care Ministry	Not Licensed, Registered	Not Eligible - Ask Program for Details	<a href="#">More info</a>	
<input type="checkbox"/> 7	New Testament Child Care Ministry	Not Licensed, Registered	Not Eligible - Ask Program for Details	<a href="#">More info</a>	
<input type="checkbox"/> 8	Little Lights Christian Day Care	Not Licensed, Registered	Not Eligible - Ask Program for Details	<a href="#">More info</a>	
<input type="checkbox"/> 9	Cathy Grant	Not Licensed or Registered, Ask Program for Details	Not Eligible - Ask Program for Details	<a href="#">More info</a>	

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# Online Preview



## Child Care Online



**Provider Name:** Karla Pedue  
**Business Name:** Hope4Kids (Hope Ministries)  
**Phone:** 574-235-4150  
**Email:** kpedue@hoanab.org  
**Regulation ID:** RM-26397-A  
**License Type:** Not Licensed, Registered, Meets Voluntary Certification Program Standards  
**Quality Rating:** Paths to QUALITY Level 2  
**Website:** <NA>

Click on the pictures below for more information.



Staff Indoor Setting Outdoor Setting Meals and Snacks Rest Times

### Program Profile

Hope4Kids is a year-round early childhood development program serving families with infants, toddlers, and preschoolers living at Hope Ministries' Family Life Center, while living at Hope. Hope4Kids engages both parents and children in programs seeking to maximize each child's chance of successful development. Hope4Kids, a registered ministry serving an average of 18 children per day, has achieved Level 2 in Indiana's Paths to Quality. The program has also achieved the requirements needed for High/Scope program certification. Hope4Kids uses the High/Scope methodology which is child-initiated and meets children's social, emotional, cognitive, and physical needs. The program has 3 goals: 1. to provide high quality care for children, 2. to create effective and connected parents through parenting education, mentoring, home visits, and conferences, 3. to connect parents with community resources. Hope4Kids is committed to serving qualified community children with an agency referral.

### Rest Times

Daily rest times are provided for the children in both Hope4Kids' classrooms. Infants and toddlers' rest times are individualized according to their sleeping needs. Cribs are provided for infants, while cots are provided for toddlers. All bedding is provided by Hope4Kids and is cleaned daily on-site. A napping room is located next to the infant/toddler classroom, with a cots area that allows for constant supervision by the staff. Preschoolers enjoy their rest time following lunch, which is around 12:00pm. They are asked to rest for at least 45 minutes. Each preschooler has his or her own cot with bedding that is cleaned weekly. All children are welcome to bring comfort items, such as a blanket or stuffed animal, from home to use at rest time.



### Fees

Hope4Kids is pleased to provide high quality early childhood care for families living at Hope Ministries at no charge. The program receives the majority of its funding through United Way, as well as through generous donors who support Hope Ministries. We do accept Child Care and Development Fund vouchers which assist with funding the program as well. Childcare is also offered at no charge to families in the community under the following conditions: 1. there is availability in the classroom, 2. the family has a referral from a local agency, 3. the families' income meets the Head Start income guidelines, 4. the program appears to be a "good fit" for the child. Monthly food program reimbursements allow us to provide nutritious meals and snacks for the children. Hope4Kids is also able to provide our families with basic supplies, such as diapers and wipes.

### Yearly Schedule and Hours of Operation

Hope4Kids is open year-round, Monday through Thursday from 7:48am to 3:00pm, and on Friday from 7:48am-11:00am. The program follows the South Bend Community Schools' yearly calendar, so we are closed for two days for Thanksgiving break, two weeks for Christmas break, and one week for spring break.

### Special Services

Hope4Kids is a holistic program focusing not only on the child, but also on the family and the community environment that affects the child's development. One of the program's goals is to connect families with the support they need while living at Hope, as well as with the support they may need when they no longer reside at Hope Ministries. Hope4Kids does accept children with special needs, and we partner with local agencies to maximize each child's chance of successful development.

### Director Profile

Karla Pedue has served as the director of Hope4Kids for the past three years. Prior to serving as the director, she was the lead teacher in the preschool classroom. Karla has a Bachelor's Degree in elementary education from Valparaiso University, and she recently earned her Master's Degree in early childhood from Indiana University. Her career in education has included working as an elementary teacher, as well as serving as the director of a large registered ministry. After participating on several mission teams serving children and families in third world countries, Karla developed a passion for children and families in St. Joseph County who may be experiencing homelessness and poverty. This experience at Hope has given her the opportunity to try to make a difference in the lives of children and families who are experiencing homelessness. She is committed to continuing education relevant to early childhood, as well as the effects of homelessness on children.

### Staff

Hope4Kids is proud to have a very talented, educated, and compassionate staff who are dedicated to helping young children and their families succeed. Every staff member is trained in CPR, First Aid, and Universal Precautions, and participates in training on early childhood topics. The infant/toddler teaching team cares for a maximum of 9 children each day. Angie Snyder, who is the lead infant/toddler teacher, recently earned her High/Scope teacher certification, and her CDA. She will be starting her third year at Hope. Katie Sheldon assists Angie in the infant/toddler classroom. She will also be starting her third year at Hope. The preschool teaching team cares for a maximum of 12 children each day. Gail Landry is the lead teacher, and she has been a High/Scope certified teacher for 4 years. Meg Place assists Gail in the preschool classroom. She has experience working in the infant/toddler classroom, and she is starting her first year in the preschool classroom.



### Indoor Setting

Hope4Kids provides children, infancy through preschool age, with an active learning environment where their interests and choices are valued. Children in the infant/toddler classroom, the preschool classroom, and the gross motor room are provided with a wide variety of materials, such as toys, art supplies, writing utensils, household objects, and equipment. The gross motor room is used daily by both classrooms. Children are encouraged to be involved in direct, hands-on experiences with people, objects, events and ideas. Furniture and equipment in the classrooms are arranged and labeled in the various interest areas, such as the block area, the house area, the art area, the book area, the game area, and the writing area. Hope4Kids is also committed to having diverse toys and materials that reflect various cultures. The room arrangements allow for constant supervision of the children by the staff. Materials and equipment that have been used by the children are sanitized daily.



### Outdoor Setting

Hope4Kids' outdoor play area is suitable for the preschool-age children. It consists of a fenced-in area with a sandbox, age-appropriate climbing equipment, and a large motor play area for activities such as bike riding. This outdoor play area may be used during the fall, spring, and summer months. There is also access to water for water play during the summer months. Hope4Kids does have a 6-passenger buggy which works to provide our infants and toddlers with outside time. Our program is close to Cavalry Stadium which provides a quiet setting for a walk with our younger children. The gross motor room is our indoor play area which is used by all children enrolled in Hope4Kids. It is used year-round. Activities in the gross motor room include bike riding, playing basketball, participating in large group games, dancing, and doing kids' yoga.



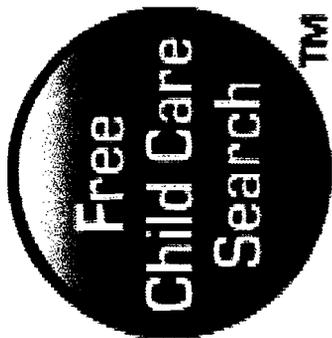
### Meals and Snacks

Hope4Kids participates in the Child and Adult Care Food Program, and our program must meet certain standards to continue our participation in this program. This program gives us the opportunity to serve a wide variety of nutritional meals and snacks, and to familiarize our children with nutritional education. Mealtimes are an important part of each day, as all staff members sit at the table and eat with their students. Our goal is to create an atmosphere that promotes positive attitudes about food. Breakfast, lunch, and an afternoon snack are served each day. Breakfast consists of a fruit, a bread or grain, and milk. Lunch, which is vended through Hope Ministries' kitchen facility, includes a meat, vegetables, fruits, a bread or grain, and milk. The afternoon snack includes two of the following items: a bread, a meat, fruit/juice/vegetable, and/or milk. Drinking fountains are located in each classroom. Accommodations are made for mothers who are breastfeeding.



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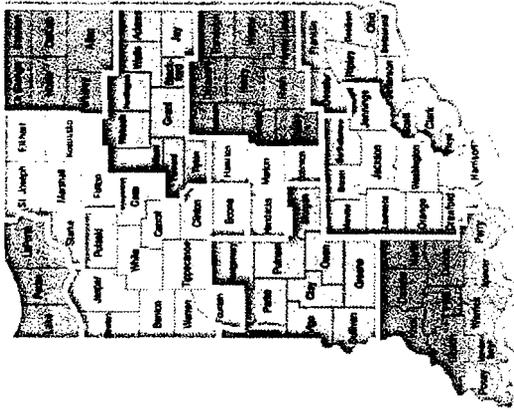
*We're here to help!*



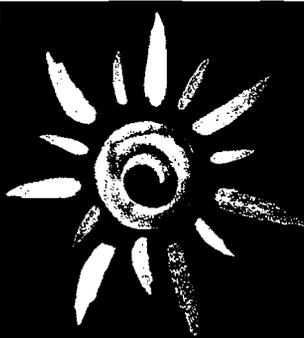
[www.childcareindiana.org](http://www.childcareindiana.org)



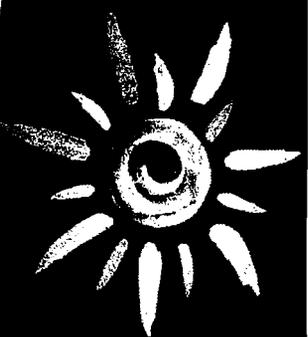
800-299-1627



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# Questions?



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**Indiana Licensed Child Care Center Director's Advisory Board**  
**Report to the Committee on Child Care – 2012**

The Center Directors feel strongly that every child deserves a safe, nurturing child care environment that allows each child to reach his/her full potential and enter school ready to succeed. Listed below are some of the benefits to quality child care and early childhood education.

- High-quality early childhood education helps prepare young children to succeed in school and become better citizens; they earn more, pay more taxes, and commit fewer crimes.
- Every dollar invested in quality early care and education saves taxpayers up to \$13.00 in future costs.
- Quality early learning environments reduce special education interventions, challenging behaviors, and grade repetitions, plus encourage healthy lifestyles.

There is a wide variety of research that shows the many benefits of quality early care programs. Two elements of quality programs that the Center Directors would like the Committee to consider are child/staff ratios & group size. Children must first be *safe* and the appropriate child/staff ratios and group size would be a major step forward in keeping children safe in Indiana early care programs. Smaller group size and appropriate child/staff ratios are proven to increase educational effectiveness. Toddlers who have positive relationships are cooperative and can confidently explore and learn in appropriate environments. Appropriate child/staff ratios and group size is fundamental in allowing children to build positive relationships with adults and other children.

It is more likely that the lowest-income children in this state will receive the lowest quality early childhood education. The sad truth is that children born into poverty and deprived of high-quality early education in their first years, most likely will *never* catch up to their peers. Kindergarten is too late for many at risk children. The Center Director's Advisory Board would like to recommend to the Committee that the starting point to increase quality early care, especially for at-risk children, would be to require appropriate child/staff ratios and group size for all CCDF providers. This is an first step that will make a tremendous difference in the lives of children in both keeping them safe and providing environments where they can develop skills necessary to enter kindergarten and be successful. Many factors contribute to a quality early childhood program for children and requiring appropriate child/staff ratios and group size for CCDF providers would be a wonderful beginning in making a difference in lives of children.

State and federal funds are already being spent on early education in the form of CCDF vouchers—it only makes sense to ensure we are spending the money in the most effective way ensuring it is used on safe, high quality early education, which is proven to SAVE taxpayers' on educating these same children later.

**Exhibit B**  
**Committee on Child Care**  
**Meeting #1, Sept. 19, 2012**

# Licensed Child Care Home Advisory Board

**September 19, 2012**

At this time we do not have a formal recommendation; however, we'd like to share:

## Past Year Discussions/Topics

- We have met 4 times this past year.
- Some guest speakers included: CCDF, Military Liaison, and Fisher of Support Systems for Daycares.
- Discuss ways to educate the public on why it's important to choose a licensed, high-quality child care home.
- How to have high-quality licensed infant/toddler child care programs when the cost is so high.
- Discuss ways to educate the public on what Paths to QUALITY is and that is a voluntary program.

## Future Discussions/Topics

- In the 2012 *Leaving Children to Chance* report, Indiana scored a zero out of a possible of 150. We received a zero because we let providers care for one unrelated child for pay and they are unlicensed. Total of 8 states allow young children into a child care like setting in which pay is received and the safety of the home environment is unknown. (This report does not include ministries). You can read the full report at: <http://www.naccrra.org/about-child-care/state-child-care-licensing/2012-leaving-children-to-chance-child-care-homes>

**Continued on back page**

- We believe as a committee that everyone who cares for children should be at the minimum licensed. We believe that every child is entitled and should receive the same quality of care. Whether they are in a center, home, ministry, and/or legally unlicensed.
- Child Care Home Providers are extremely important to Indiana's working parents. We provide half day, full day, 2<sup>nd</sup>, 3<sup>rd</sup> shifts, and even work on holidays. Majority of us are involved in Indiana's Paths to QUALITY, are accredited, and hold CDA's or even Bachelor's degree. We provide a stimulating, enriched environments to the children we serve. We are not like Preschools... we don't just "teach" for 3 hours out of the day. We provide opportunities ALL day for children's growing minds to learn and grow.
- The Child Care Home Advisory Board is committed to promoting quality child care and to strengthen state requirements and oversight to ensure child care homes are safe and promote the healthy development of children.

## CCDF Provider Eligibility Standards Summary

Legislation was passed in 2001, 2002, 2003 and 2005 requiring childcare providers receiving Child Care and Development Funds (CCDF) to meet certain provider eligibility standards. This significant legislation amends Sections 12-17.2 of the Indiana Code and impacts all childcare providers receiving these funds.

Child Care providers must be able to demonstrate compliance with these standards prior to the receipt of any CCDF funds. The Consultants Consortium, Inc. will be responsible for the verification of compliance with these standards. This verification will require the submission of written documentation as well as a home/facility inspection.

### 1. Limited Criminal History Checks

- The provider shall agree to a statewide limited criminal history check for the provider, all employees and volunteer caregivers, as well as household members over the age of 18 years residing in the place where child care is provided, and for juvenile household members who have been waived to adult court. This criminal history check will be completed by the Bureau of Child Care at no charge. The criminal history report must be clear of any felonies and/or misdemeanors related to the health or safety of a child.
- Providers are also responsible for reporting any police investigations, arrests or criminal convictions not listed on the criminal history report for all employees, volunteers or persons living in the home over the age of 18 or juveniles who have been waived to adult court.
- The provider shall maintain a written policy requiring the individual household members, volunteer caregivers or staff to report any criminal convictions to the provider.
- **Documentation may not be more than 60 days old at the time a completed application is received.**

### Drug Test

- The provider, any individual over age 18 who resides in the home/facility, and any employee or volunteer caregiver shall provide, at the provider's expense, results of a 5 panel drug test that documents the individual is free of the presence of illegal controlled substances.
- Drug testing shall be required prior to employment or participation in the CCDF voucher program. Additional drug testing may be required of an individual who is suspected of non-compliance.
- A provider who suspends an individual based on the results of a drug test shall maintain a written policy for reinstatement following rehabilitation and drug testing results that are negative for a prohibited substance.

**Documentation may not be more than 60 days old at the time a completed application is received.**

### R/First Aid Certification

The provider and any employee or volunteer serving as a caregiver shall maintain current certification in First Aid.

The provider shall assure that at least one adult annually certified in CPR for all age groups of children receiving care is present at all times when care is being provided.

## **Military Child Care Liaison Initiative**

### **Interim Study Committee on Child Care Testimony - 2012**

- The Military Child Care Liaison Initiative is a U.S. Department of Defense funded pilot project, operated in partnership with my employer, Child Care Aware® of America.
- Indiana is one of 13 states selected to participate in this project.
- States were selected based on multiple factors, including:
  - An active network of community partners;
  - High mobilization and deployment rates; and,
  - Interest in improving the quality of child care at the state level.
- The overall goal for the Military Child Care Liaison Initiative is to expand the availability of quality, affordable community-based child care for military families.
- Barbara Thompson, Director of the Pentagon's Office of Family Policy and Children, shared an explanation on the history of this project that was published in the March/April 2011 issue of Child Care Exchange Magazine.
- "This initiative has been in the works for several years and arose out of an evident need."
- "When seeking more child care options for Guard and Reserve families, DOD officials conducted an analysis of the quality of licensing requirements across the nation and found a lack of nationally accredited care and some 'frightening' standards."
- According to Thompson, "It is very hard for us to connect a military family with a program that we know is not developmentally appropriate and is not high quality, We know how much it influences the well-being of children."
- The Department of Defense considers child care a workforce issue, as it impacts the effectiveness and readiness of the force.
- Making sure quality child care is available for military families is a top quality of life issue.
- The Military Child Care Act of 1989 was put into place to improve the availability, management, quality, and safety of child care provided on military installations.
- As a result, thorough military standards were put into place for military child care, both center- and home-based.
- The system has minimum protections for children, parents can choose among an array of settings that all meet these minimum protections, and there is accountability for how DoD child care funds are spent.

- Once these standards were implemented, military child care became a model program for the country.
- At the core of the Military Child Care Act are some key provisions that help set a framework for a system of quality care.
- Some examples are:
- There are comprehensive background checks, including a fingerprint check against state and federal records for all employees.
- The Department of Defense policy establishes a minimum requirement of 40 hours of initial training either before a provider cares for children or early on in their caregiving responsibilities. 24 hours of annual training as follow-up and to reinforce initial learning is also required.
- Military Child Care providers must also meet safe sleep requirements. That is, infants must be placed on their backs to sleep in order to reduce the risk of SIDS.
- There are also specific sanitation requirements for diapering and facilities.
- The Military Child Care Act expressly prohibits the use of corporal punishment.
- In addition, there are requirements regarding overnight care. Many military families require non-traditional hours care and these requirements help to ensure a child's safety outside of the standard day.
- The Department of Defense believes that the quality of military programs is directly linked to strict oversight and adherence to standards.
- The Department of Defense's Child Development System is built upon research-based quality indicators to ensure that developmentally appropriate practices and materials are rooted in the daily operation.
- I brought copies of the Effectiveness Rating and Improvement System, or ERIS. It is a quality assessment instrument for centers developed by the Department of Defense to evaluate civilian child care programs for children ages birth to twelve.

Jillian Ritter

Military Child Care Liaison – Indiana

Child Care Aware® of America

Effectiveness Rating and Improvement System (ERIS)

The following table outlines the operational standards required for community-based child development centers facilities to receive child care subsidies under designated conditions by the DoD Component. In order to meet short-term child care needs during deployment, programs must meet the state licensing requirements, at a minimum, and be annually inspected.

**CURRENT as of 18 February 2011**

<b>Oversight</b>	
	<b>Standard</b>
	The State Child Care Licensing/Regulating Agency conducts an annual on-site inspection of the facility and program.
<b>Staff-Child Ratio/Group Size (SCR)</b>	
<b>SCR 01</b>	
SCR 01.01	RATIO (number of children per child care provider/staff). Ratios must be equal to or lower than: 1:4 or less for Infants (6 weeks to 12 months) 1:5 or less for Pre-toddlers (13-24 months) 1:7 or less for Toddlers (25-36 months) 1:12 or less for Preschool (37 months-5 years) 1:15 or less for School Age (6-12 years)
SCR 01.02	GROUP SIZE (the total number of children within various age groups). Group size must be equal to or lower than: 8 or less for Infants (6 weeks to 12 months) with 2 caregiving staff per 8 Infants. 10 or less for Pre-toddlers (13-24 months) with 2 caregiving staff per 10 Pre-Toddlers 14 or less for Toddlers (25-36 months) with 2 caregiving staff per 14 Toddlers 24 or less for Preschool (37 months-5 years) with 2 caregiving staff per 24 Preschoolers 24/30 or less for School Age (6 -12 years) with 2 caregiving staff per 24/30 School Agers
SCR 01.03	MULTI-AGE GROUPINGS (more than one age group in a room). No more than TWO AGE GROUPS may be combined within 18 month range. Each age group is represented by appropriate ratio. Examples: 2 caregiving staff:4 Infants & 5 Pre-Toddlers; 2 caregiving staff :5 Pre-Toddlers & 7 Toddlers; 2 caregiving staff: 7 Toddlers & 12 Preschoolers
<b>Background Check/Child Abuse Prevention (BAC)</b>	
<b>BAC 02</b>	
	<b>Standard</b>
BAC 02.01	Background checks are completed and documented for each employee, or regular volunteer who is in contact with children including management and administration, classroom staff, and support staff.

BAC 02.02	Background checks are renewed and documented every five years for each employee, or regular volunteer who is in contact with children including management and administration, classroom staff, and support staff.
BAC 02.03.a	Background checks include documentation of FBI fingerprint check and name-based criminal history records check of law enforcement records. Background checks include documentation of State Criminal History Repository (SCHR) completed for current state lived in by applicant using fingerprints.
BAC 02.03.b	Background checks include documentation of a review of the State Child Abuse Registry.
BAC 02.03.c	Background checks include a review of the Dru Sjodin National Sex Offender Registry. Information supplements the state and federal background check but is not the basis for adjudication.
BAC 02.04	Each employee and regular volunteer is trained annually about child abuse prevention, common symptoms and signs of child abuse.
BAC 02.05	All employees and regular volunteers are trained annually on HOW to report, WHERE to report and WHEN to report possible child abuse or neglect.
<b>Staff Requirements (SR)</b>	
<b>SR 03</b>	
	<b>Standard</b>
SR 03.01.a	<p>Director has a minimum of a Bachelors Degree (BA) in childhood education, child development, social work, nursing, or other child-related field AND experience working with the age groups enrolled in the program .</p> <p>In the event that the director does not have a BA degree in the above mentioned areas, the director must have an Associate's Degree (AA) and must be working toward the completion of a BA degree.</p>
SR 03.01.b	The director is not responsible for a classroom of children.
SR 03.02.a	<p>At least 50 percent of the LEAD staff have a CDA, AA, or the equivalent of 12 college credits in a field of study that includes children birth to 12 years such as Early Childhood Education (ECE).</p> <p>In the event that 50 percent of the LEAD staff does not have a CDA, AA, or 12 college credits, a minimum of 25 percent of the LEAD staff must have a CDA, AA, or 12 college credits in a field of study that include children birth to 12 years such as ECE and the program can demonstrate a plan to achieve the requirement to meet the 50 percent.</p>
SR 03.02.b	The direct care staff are at least 18 years old and have a high school diploma or a GED.
<b>Training Requirements (TRG)</b>	
<b>TRG 04</b>	
	<b>Standard</b>

TRG 04.01	Orientation is provided for each staff member and includes training on the following: early childhood development and education; child abuse recognition/prevention/reporting; safety; first aid; proper hygiene; and positive guidance.
TRG 04.02.a	There is an annual training plan for directors. Topics shall include, but are not limited to: <ul style="list-style-type: none"> <li>a. child abuse prevention and positive guidance</li> <li>b. universally accepted health and safety practices to include hand washing</li> <li>c. emergency preparedness and evacuation procedures</li> <li>d. social and emotional needs of children</li> <li>e. developmentally appropriate practices</li> <li>f. general management practices such as financial management, facility management, staff development and working with parents</li> <li>g. safe sleep practices</li> </ul>
TRG 04.02.b	There is an annual training plan for staff that include topics such as: <ul style="list-style-type: none"> <li>a. child abuse prevention and positive guidance</li> <li>b. universally accepted health and safety practices to include hand washing</li> <li>c. social and emotional needs of children</li> <li>d. developmentally appropriate practices</li> </ul>
TRG 04.03	Staff complete 40 hours of initial orientation training within the first three months.
TRG 04.04	Staff are required to complete at least 24 hours of training per year.
TRG 04.05	At least one staff member certified in emergency pediatric first aid treatment, including CPR for infants and children and emergency management of choking, is present in the facility during hours of operation.
<b>Immunizations (IMM)</b>	
<b>IMM 05</b>	
<b>Standard</b>	
IMM 05.01	Children's records include EITHER: A) Documentation of current age-appropriate immunizations as recommended by the American Academy of Pediatrics (AAP) -OR- B) A letter of exception on file and a statement of medical or religious exception.
IMM 05.02	Staff files include a copy of a TB screening. Also included is documentation of a general health assessment or a physical examination completed during employment in-processing. Information is available at: <a href="http://www.cdc.gov/media/">http://www.cdc.gov/media/</a>
<b>Supervision/Guidance (SUP)</b>	
<b>SUP 06</b>	
<b>Standard</b>	
SUP 06.01.a	The written policies and practices of the program specify that staff supervise children at all times, including nap times. No child is left alone or unsupervised.

SUP 06.01.b	The written policies and practices of the program specify that children are released only to persons listed on the child's registration form or for whom the parents have provided written authorization.
SUP 06.01.c	The written policies and practices of the program specify that parent, or authorized adult, signs children in and out upon arrival and departure each day and attendance records are kept. A system is in place for accounting for school-age arriving from school or other activities without the parent (for example, children transported to the program by a school bus).
SUP 06.02	Organizational policy prohibits: punishment by spanking/hitting or other physical means, to include corporal punishment; isolation from adult sight; confinement, binding, humiliation or verbal abuse; deprivation of food and water, outdoor play/activities, or other program components; inappropriate touch; and punishment for lapses in toilet training or refusing food.
<b>Evacuation and Fire Drills (DRL)</b>	
<b>DRL 07</b>	
<b>Standard</b>	
DRL 07.01	The program has a written plan for emergency evacuation (for example, a plan for evacuating building occupants in case of fire, tornado, earthquake, hurricane, or other disaster that could pose a health and safety hazard).
DRL 07.02	Procedures are in place to ensure all children in attendance are accounted for during an evacuation drill or event.
DRL 07.03	There is an automatic fire detection and alarm system in place and it is operational.
DRL 07.04	A fire extinguisher is accessible and in operating condition.
DRL 07.05	Fire and emergency evacuation drill procedures are practiced at least monthly.
<b>Hand Washing and Diapering (HWD)</b>	
<b>HWD 08</b>	
<b>Standard</b>	
HWD 08.01	Policies are in place to ensure staff and children wash their hands with soap and warm running water: <ul style="list-style-type: none"> <li>a. before eating or food preparation,</li> <li>b. after toileting or changing diapers,</li> <li>c. after handling animals, and after any other activity when the hands may become contaminated to include returning from outside</li> </ul>
HWD 08.02	Toileting and diapering areas are not located in food preparation areas. The areas are in easily visible locations and are sanitary.

<b>Medication and Health (MED)</b>	
<b>MED 09</b>	
	<b>Standard</b>
	If the program does not administer medications, proceed to 09.02.
MED 09.01.a	The program has a written policy and clear procedures on administering medicine, proper storage and labeling.
MED 09.01.b	If medication (prescription and/or over-the-counter) is administered, written parental permission is kept on file and instructions from a physician are required (NA allowed if no children currently receive medication).
MED 09.01.c	Designated staff are trained to administer the medicine and the training is updated annually.
MED 09.02	First aid kits are readily available and maintained.
MED 09.03.a	Programs provide healthy meals and snacks consistent the U.S. Dietary Guidelines and are encouraged to participate in the USDA CACFP.
MED 09.03.b	Programs are encouraged to limit sugar-sweetened juice/beverages and snacks and high fat /high salt foods.
MED 09.04	Bottle-feeding is done in such a way to minimize disease and promote interaction. For example, infants are held for bottle-feeding, bottles are never propped, never heated in a microwave, and infants are never put to sleep with a bottle.
<b>Emergency Plan/Contact Information (EMG)</b>	
<b>EMG 10</b>	
	<b>Standard</b>
EMG 10.01.a	There is a written plan for reporting and managing a lost or missing child.
EMG 10.01.b	There is a written plan for reporting and managing injuries requiring medical or dental care, including hospitalization or serious injury.
EMG 10.01.c	There is a written plan for reporting and managing abuse or neglect of a child.
EMG 10.01.e	There is a written policy that requires all parents to provide emergency information to include: <ul style="list-style-type: none"> <li>a. multiple contact phone numbers (work, cellular, home)</li> <li>b. emergency contact phone numbers (relatives or friends) authorized to pick up the child if parent can not be reached</li> <li>c. the child's physician, dentist, and emergency room preference.</li> </ul>

<b>Outdoor Play Area (OUT)</b>	
<b>OUT 11</b>	
	<b>Standard</b>
OUT 11.01	The playground and all equipment are maintained in safe, clean condition, in good repair and there are no observable safety hazards and no entrapment areas.
OUT 11.02	Playground equipment is surrounded by resilient surfaces (e.g. fine, loose sand, wood chips, wood mulch, etc.) of an acceptable depth (9 inches) or by rubber mats manufactured for such use.
OUT 11.03	The playground equipment is arranged to ensure that a child is visible and supervision is maintained.
OUT 11.04	There is a plan to check/inspect playgrounds on a weekly basis. Each staff member is responsible for immediately reporting hazards/unsafe areas to the director.
<b>Hazardous Materials and General Safety (HAZ)</b>	
<b>HAZ 12</b>	
	<b>Standard</b>
HAZ 12.01	Accident protection and liability insurance coverage are maintained for children and adults.
HAZ 12.02	All chemicals and potentially dangerous products, such as medicine or cleaning supplies are stored in original, labeled containers in locked cabinets inaccessible to children.
HAZ 12.03	Poisonous or potentially harmful plants on the premises are inaccessible to children.
HAZ 12.04	Children are protected from accidental drowning by limiting access to all bodies of water.
HAZ 12.05	Electrical outlets are covered in all areas accessible to children, including corridors.
HAZ 12.06	Toys and art supplies are made of safe, non-toxic, durable, and cleanable materials.
HAZ 12.07	There are no items that could cause choking or strangulation. Additional information at: <a href="http://www.cpsc.gov/">http://www.cpsc.gov/</a>
HAZ 12.08.a	Infants are placed on their backs for sleeping to lower the risk of SIDS.
HAZ 12.08.b	Staff make sure that soft surfaces such as pillows, quilts, thick blankets, and soft bumpers are not used in the crib.
HAZ 12.09	The building has been inspected for dangerous substances such as lead, radon, formaldehyde, asbestos, etc. in accordance with state requirements.

<b>Parent Involvement (PAR)</b>	
<b>PAR 13</b>	
	<b>Standard</b>
PAR 13.01	Families are offered an orientation and information prior to enrolling to include: hours of operation, enrollment policies, program costs, inclusion of special needs children and opportunities for parent involvement.
PAR 13.02	The program policy clearly includes open door policy; Family members are welcome visitors in the program at all times.
PAR 13.03	The program provides opportunities for communication between parents and staff verbally or in writing on a daily basis.
<b>Developmentally Appropriate Environment and Materials (DEV)</b>	
<b>DEV 14</b>	
	<b>Standard</b>
DEV 14.01	Classrooms are arranged to facilitate a variety of activities for each age group and provide areas where children can play and work independently or with friends.
DEV 14.02	Classrooms are well lit, ventilated, and kept at a comfortable temperature.
DEV 14.03.a	Staff offer a variety of developmentally appropriate activities and materials for children indoors and outdoors that are respectful of children's race, gender, religion, family background, culture, age and special need and include: <ul style="list-style-type: none"> <li>(1) language and literacy</li> <li>(2) physical development</li> <li>(3) health, safety and nutrition</li> <li>(4) creative expression</li> <li>(5) cognitive</li> <li>(6) social/emotional</li> </ul>
DEV 14.03.b	Weekly classroom schedules include opportunities for alternating periods of quiet and active play, child initiated and teacher initiated activity, and individual, small group and large group activities. Schedules are available for parents to review.
DEV 14.03.c	Programs provide an opportunity for physical activity on a daily basis.
DEV 14.03.d	Screen time (e.g. non active video games) and the use of passive media (e.g. television, audio tapes) are limited and developmentally appropriate.



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**Exhibit G**  
**Committee on Child Care**  
**Meeting #1, Sept. 19, 2012**

1200 Madison Ave. ■ Suite 400 ■ Indianapolis, IN 46225

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# Reach Out and Read® Indiana

*Innovation in Early Care and Education*

reachoutandread.org

## Reach Out and Read is a Research-based Early Literacy Intervention

■ The science about how children learn to read is unanimous – the single most important thing that parents can do to prepare their children to succeed in school is to read aloud to them when they are young. Few interventions have been proven more effective at doing that than Reach Out and Read.

■ 15 studies have been published in peer-reviewed medical journals showing Reach Out and Read's effectiveness in expanding the expressive and receptive language of young children and getting parents to read aloud more often.

## Reach Out and Read in Indiana

■ Reach Out and Read is implemented in **174 clinics and hospitals** statewide, reaching 185,000 Hoosier children annually.

■ There are 544,000 children between birth and 5 years of age in Indiana. 249,000 of these children are living in or near the poverty level.

■ The *Indiana Reading Evaluation And Determination (IREAD-3)* summative assessment, based on the Indiana Academic Standards, measures foundational reading standards through grade three. It was developed in accordance with Public Law 109 which "requires the evaluation of reading skills for students who are in grade three beginning in the Spring of 2012 to ensure that all students can read proficiently before moving on to grade four." This requirement makes it imperative that Indiana children enter kindergarten ready to learn to read. **Reach Out and Read provides a foundation in early literacy development that will ensure the preparedness of Hoosier children.**

## Reach Out and Read Goals

With a **\$300,000 budget item** Reach Out and Read will launch a quality improvement initiative that will broaden and deepen ROR's impact statewide through a three-pronged strategy:

- 1. Reach an additional 10,000 at-risk children** by enrolling additional doctors and nurses. We will focus on reaching children in **low performing school districts**, and hitherto hard to reach **rural communities** and other pockets of high need. These prospective sites face financial and practical obstacles to effectively implementing Reach Out and Read which will require new outreach strategies and enhanced financial support.
- 2. Strengthen the quality and viability of the existing 174 Reach Out and Read sites serving 185,000 Hoosier children**, ensuring that our impact on each family is as powerful as it can be. We will do this by (1) continuing to provide limited, but important grant dollars to **purchase books**, (2) **retraining** for doctors and nurses, (3) **transforming clinic waiting rooms** into literacy-rich environments, and (4) disseminating high-quality **parent education materials**.
- 3. Form creative new collaborations** with other stakeholders in the early education and care field, bringing to the table the talents and expertise of healthcare professionals. We have already started a dialogue with staff of the Nurse Family Partnerships, Head Start, Smart Start and Sunny Start. In the coming year, we expect these will be very exciting partnerships. In this way, we help make progress towards the important collective goal of a **creating a coordinated, effective early childhood system**.

Reach Out and Read's mission is to make literacy promotion a standard part of pediatric primary care, so that children grow up with books and a love of reading.

Reach Out and Read trains doctors and nurses to advise parents about the importance of reading aloud and gives books to children at pediatric check-ups from six months to five years of age, with a special focus on children growing up in poverty.

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reachoutandread.org

## Our Mission

**Reach Out and Read** prepares America's youngest children to succeed in school by partnering with doctors to prescribe books and encourage families to read together.

### The Reach Out and Read Model in Action

- Doctors, nurse practitioners, and other medical professionals incorporate **Reach Out and Read's** evidence-based model into regular pediatric checkups, by **advising parents about the importance of reading aloud** and giving developmentally-appropriate books to children.
- The program begins at the 6-month checkup and continues through age 5, with a special **emphasis on children growing up in low-income communities.**
- Families served by **Reach Out and Read** read together more often, and their children enter kindergarten with larger vocabularies, stronger language skills, and a **six-month developmental edge.**

### The Impact as of November 2011

- **Reach Out and Read** Programs are located in more than **4,700 hospitals and health centers** in all 50 states, Washington, D.C., Puerto Rico, and the U.S. Virgin Islands, including 55 U.S. Military Bases.
- **Reach Out and Read** serves more than **3.9 million children** and families annually.
- More than **6.4 million** new, developmentally-appropriate books are given to children annually.
- More than **28,000 medical providers** currently participate in **Reach Out and Read.**
- Community volunteers dedicate more than **270,000 hours** of service to **Reach Out and Read** annually.

### The Challenge

- **More than one-third (34%) of American children** entering kindergarten today lack the basic language skills they will need to learn to read.
- Children who live in print-rich environments and who are read to during the first years of life are more likely to develop stronger reading abilities and **enter school prepared to succeed.**
- Fewer than half of parents (48%) in the United States read to their young children daily.
- Parents of children living in poverty may lack the money to buy books, may not have easy access to good children's books, and may not themselves have been read to as children.

### The Research-Proven School Readiness Strategy

- **Reach Out and Read** is a national, nonprofit, school readiness organization founded in 1989 at Boston Medical Center, through a collaboration of pediatricians and early childhood educators.
- Supported by both public and private funding, the National Center provides training, technical assistance, and funding for books to **Reach Out and Read** Programs nationwide.
- The **Reach Out and Read** model is endorsed by the American Academy of Pediatrics and the National Association of Pediatric Nurse Practitioners.
- Fourteen published research studies confirm that the **Reach Out and Read** model works.

For more information, contact the **Reach Out and Read National Center**

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## Reach Out and Read: The Evidence

Research shows that when pediatricians promote early literacy according to the Reach Out and Read model, there is a significant effect on parental behavior, beliefs, and attitudes towards reading aloud, as well as improvements in the language scores of at-risk young children who participate. These effects have been found in ethnically diverse low-income families, in all areas of the country, regardless of parental literacy.

The body of published research supporting the efficacy of the Reach Out and Read model is more extensive than for any other psychosocial intervention in general pediatrics.

### The following studies have been published in peer-reviewed medical journals:

STUDY	MAIN FINDINGS
<b>Diener et al.</b> 2012	This study showed that a sample of Latino children who participated in Reach Out and Read from six months of age had average or above average literacy skills by the end of kindergarten, as well as high-quality home literacy environments.
<b>King et al.</b> 2009	Successful implementation of the Reach Out and Read Program was related to the culture of the clinic. Staff at clinics that struggled to implement Reach Out and Read found their jobs burdensome and reported lacks in communication. <b>Staff at successful Reach Out and Read sites worked as a team and expressed strong commitments to their communities.</b>
<b>Byington et al.</b> 2008	This qualitative study examined the thank-you notes sent to staff at a Reach Out and Read clinic by Hispanic families. <b>Families expressed thanks for the books received, as well as the literacy advice given by doctors and nurses.</b> Many families believed that the books and advice promoted the habit of reading, and demonstrated respect the staff held for the families and their children.
<b>Needman et al.</b> 2005	In a multicenter study, families exposed to Reach Out and Read were <b>more likely to report reading aloud at bedtime, to read aloud three or more days per week, mention reading aloud as a favorite parenting activity, and own 10 or more children's books.</b>
<b>Weitzman et al.</b> 2004	In a study using direct observation of children's homes, <b>parents were more likely to read aloud to their children and enjoy reading together</b> when their families had more encounters with the Reach Out and Read program.
<b>Theriot et al.</b> 2003	Among children age 33 to 39 months attending a well-child clinic in Louisville, KY, expressive and receptive language scores were significantly associated with both the number of Reach Out and Read-enhanced well-child visits they had attended, and with the number of books purchased for them by their parents. <b>This finding supports a "dose effect" for the Reach Out and Read intervention: the more Reach Out and Read, the higher the score.</b>
<b>Silverstein et al.</b> 2002	<b>English and non-English speaking families who participated in the Reach Out and Read model increased their weekly bedtime reading, and more parents reported reading as their own or their child's favorite activity.</b> For non-English speaking families the number of children's books in the home also increased as a result of the Reach Out and Read model.
<b>Sharif et al.</b> 2002	<b>Children participating in Reach Out and Read had higher receptive vocabulary scores (mean: 81.5 vs. 74.3).</b> They also had higher scores on the Home Literacy Orientation (measured reading to child and number of books in the home) than children not participating in Reach Out and Read.
<b>Mendelsohn et al.</b> 2001	High-risk urban families participating in Reach Out and Read read more frequently to their children. Children exposed to Reach Out and Read had higher receptive language scores (mean: 94.5 vs. 84.8) and expressive language scores (mean: 84.3 vs. 81.6). <b>Increased exposure to Reach Out and Read led to larger increases in language scores (receptive and expressive).</b>
<b>Jones et al.</b> 2000	<b>Parents participating in Reach Out and Read were more likely to rate their child's pediatrician as helpful</b> than those not participating in Reach Out and Read. <b>Pediatricians in the Reach Out and Read group were more likely to rate parents as receptive</b> than those in the non-Reach Out and Read group. Mothers in the Reach Out and Read group were two times more likely to report enjoyment in reading together with their child than those in the non-Reach Out and Read group.

CONTINUED ON BACK

STUDY	MAIN FINDINGS
<b>Sanders et al.</b> 2000	Hispanic parents participating in Reach Out and Read were more likely to report reading to their children compared to non-Reach Out and Read parents. <b>When parents read more frequently to their children, they were also more likely to read frequently themselves.</b>
<b>High et al.</b> 2000	Families participating in the Reach Out and Read model were more likely to read to their children (4.3 vs. 3.8 days per week), and their <b>toddlers' receptive and expressive vocabulary scores were higher</b> , even when adjusting for parental education, foreign-born, and language proficiency.
<b>Golova et al.</b> 1999	Hispanic parents whose children had received bilingual books, educational materials, and literacy-promoting anticipatory guidance were <b>more likely to report reading books with their child at least three days per week (66% vs. 24%),</b> and that <b>reading books was one of their three favorite things to do with their child (43% vs. 13%)</b> than parents in a control group. Parents participating in the Reach Out and Read-model intervention also tended to have more books in the home (for children and adults).
<b>High et al.</b> 1998	Parents whose children (under 3 years) had received books and educational materials during well-child visits were more likely than parents in a control group to report that they shared books with their children, and to cite <b>sharing books as a favorite activity or a child's favorite activity.</b>
<b>Needman et al.</b> 1991	Parents who had received a book as part of Reach Out and Read were <b>more likely to report reading books with their children, or to say that reading was a favorite activity.</b> The benefits of Reach Out and Read were larger for families receiving Aid to Families with Dependent Children.

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## The Impact of Reach Out and Read

Studies on the impact of Reach Out and Read® (ROR) demonstrate that when families are exposed to ROR (compared to families not exposed to ROR) they show:

### An increase in child's expressive and receptive vocabulary

- ROR exposure is associated with an 8.6-point increase (95% confidence interval [CI]: 3.3, 14.0) in receptive language and a 4.3-point increase (95% [CI:] 0.04, 8.60) in expressive language (Mendelsohn et al., 2001).
- Children exposed to ROR have higher receptive vocabulary scores (8-point difference) than those not exposed to ROR. (Sharif et al., 2002).

### An increase in child-oriented literacy orientation or profile, including bookreading as one of three favorite activities of children and parents; frequent bookreading; the number of books in the home

- ROR families are four (Needlman, 1991) or even five (High et al., 1998) times more likely to report positive literacy orientation.
- ROR families show a 40% increase in child centered literacy orientation compared to 16% for non-ROR families (High et al., 2000) and 69% of ROR parents demonstrate child centered literacy orientation compared to 33% of non-ROR parents (High et al., 1998).
- Increasing frequency of ROR encounters contributes to a small but significant portion of the variance explaining a child's home literacy profile (5%) (Weitzman, 2004).

### An increase in parental bookreading frequency and bookreading at bedtime

- Odds that Hispanic parents read to their child at least 3 days/week are 10 times greater when families receive ROR, even after controlling for other factors, such as English language proficiency and reading habits (Golova et al., 1999).
- Parents exposed to ROR are more than 3 times as likely to report reading to their children compared to non-ROR parents (Sanders, 2000).

### An increase in reporting bookreading as one of child's favorite activities

- 25% of ROR families report reading as favorite activity for child compared to 10% for non-ROR families (Silverstein et al., 2002).
- Parents exposed to ROR are approximately 1.5 times as likely to consider reading aloud a favorite activity (Needlman et al., 2005).

### An increase in reporting bookreading as one of parent's favorite activities to do with child

- 43% of Hispanic ROR parents of infants report reading books as one of three most favorite activities to do with their child compared to 13% of Hispanic non-ROR parents (Golova, 1999).
- 40% of ROR parents report reading as favorite activity to do with child compared to 18% of non-ROR parents (Silverstein, 2002).

### More books in the home

- 63% of children exposed to ROR have over 10 children's books at home compared to 49% of non-ROR children (Silverstein, 2002).
- Children in families exposed to ROR are approximately 1.5 times more likely to have 10 or more picture books in the home (Needlman et al., 2005).

### Physician helpfulness

- Parental ratings on physician helpfulness are higher for parents who receive books and are shown bookreading compared to parents who only receive anticipatory guidance (Jones et al., 2000).
- Physician's ratings of parental receptiveness is also higher for those exposed to ROR (Jones et al., 2000).

For more information, contact the Reach Out and Read National Center by phone at 617-455-0600, email at [info@reachoutandread.org](mailto:info@reachoutandread.org), or by writing to us at 56 Roland Street, Suite 100D, Boston, MA 02129-1243.

Visit our web site: [www.reachoutandread.org](http://www.reachoutandread.org)



## **Reach Out and Read Indiana Profile**

*Reach Out and Read prepares America's youngest children to succeed in school by partnering with doctors to prescribe books and encourage families to read together.*

Doctors, nurse practitioners, and other medical professionals incorporate Reach Out and Read's evidence-based model into regular pediatric checkups, by advising parents about the importance of reading aloud and giving developmentally-appropriate books to children. The program begins at the 6-month checkup and continues through age 5, with a special emphasis on children growing up in low-income communities. Families served by Reach Out and Read read together more often, and their children enter kindergarten with larger vocabularies and stronger language skills, better prepared to achieve their potential.

### **Reach Out and Read's National Impact**

- Reach Out and Read Programs are located in more than 4,799 hospitals and health centers in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands;
- Reach Out and Read serves more than 3.9 million children and families annually;
- More than 6.4 million new, developmentally-appropriate books are given to children annually;
- More than 28,000 doctors and nurses currently participate in Reach Out and Read;
- Community volunteers dedicate more than 350,000 hours of service to Reach Out and Read annually.

### **Reach Out and Read's State Impact**

- 165 clinical locations
- 193,735 children participate annually
- 317,620 new books distributed annually

### **Programs in this State:**

- Kids Plus Healthcare Clinic, Anderson
- St. John's Children's Clinic, Anderson
- St. Vincent Medical Group, Anderson
- DeKalb County WIC, Auburn
- Foundation Family Medicine, Austin
- Avon Family Health, Avon
- Avon Pediatrics, Avon
- Hendricks Pediatrics, Avon
- IU Medical Group/Clarian West, Avon
- Children's Health Care, Batesville
- Novia Care Clinics / Hillenbrand Health and Wellness, Batesville
- Southern Indiana Pediatrics Bedford, Bedford
- Southern Indiana Pediatrics Clarizz, Bloomington
- Southern Indiana Pediatrics Ellettsville, Bloomington
- Southern Indiana Pediatrics, Bloomington
- Oxford Pediatric and Adolescents, Brookville
- Pediatric Health Group- Brookville, Brookville
- St. Vincent Physician Network / Carmel Pediatrics, Carmel
- Trinity Free Clinic, Carmel
- Vermillion Parke Community Health Center Cayuga, Cayuga
- HOPE Family Care Center, Cicero
- KOSAIR CHILDREN MEDICAL ASSOCIATES CLARKSVILLE / Pediatrics, Clarksville
- Clay City Center for Family Medicine, Clay City

- Vermillion Parke Community Health Center, Clinton
- Northside Pediatrics, Columbus
- Pediatric Health Group, Connersville
- Franciscan Physicians Network, Crown Point
- Danville Pediatrics, Danville
- Partners In Care Primary Care / Hendricks Regional Health, Danville
- Delphi Arnett Clinic, Delphi
- Family Health Clinic of Carroll County, Delphi
- Childrens clinic, Dyer
- East Chicago Community Health Center, East Chicago
- Heart City Health Center, Elkhart
- Deaconess Clinic - Mary Street, Evansville
- Deaconess Family Medicine Residency, Evansville
- Hebron Pediatrics, Evansville
- Fishers Pediatrics, Fishers
- Flora Arnett Clinic, Flora
- Allen County WIC, Fort Wayne
- Fort Wayne Medical Education Program / Family Medicine Center, Fort Wayne
- Fort Wayne/Allen County Department of Health, Fort Wayne
- Neighborhood Health Clinics / Pediatrics/Prenatal/Dental, Fort Wayne
- Frankfort Arnett Clinic, Frankfort
- Dr. Cynthia Hoess, Gary
- Dr. Douge Barthelemy, Gary
- Healthy Start/Gary Literacy Coalition, Gary
- Life Services Professional Corporation, Gary
- Midwest Integrated Health Systems PC, Gary
- The South Bend Clinic Granger Pediatrics, Granger
- Decatur County Primary Care, Greensburg
- Clown Pediatrics, P.C., Greenwood
- County Line Pediatrics, Greenwood
- Pediatric Associates of Greenwood, Greenwood
- ABC Pediatrics, hammond
- Childrens Clinic, Hammond
- IU Family Medicine at One America Tower, Indianapolis
- ACTION Health Center / Marion County Health Department, Indianapolis
- Barrington Health Center / HealthNet, Indianapolis
- Blackburn Health Center, Indianapolis
- Circle City Pediatrics / Dr. William J. Fisher, MD, FAAP, Indianapolis
- Citizens Health Center, Indianapolis
- Community Group Family Practice Residency, Indianapolis
- Cottage Corner Health Center, Indianapolis
- Eagledale Health Center / Wishard Health Services, Indianapolis
- East Washington Pediatrics, Indianapolis
- Eastside Health Clinic / Healthnet, Indianapolis
- Forest Manor Community Health Center, Indianapolis
- Grassy Creek Health Center, Indianapolis
- Indiana University Family Practice Residency, Indianapolis
- IU Health Physicians / Glendale Town Center, Indianapolis
- IU Medical Group / Westside Clinic, Indianapolis
- Jane Pauley Community Health Center, Indianapolis
- Linwood Health Center, Indianapolis

- Marion County Health Department, Indianapolis
- Marion County health Dept / Northeast District Health Office, Indianapolis
- Martindale - Brightwood Health Center, Indianapolis
- North Arlington Health Center, Indianapolis
- Pediatric and Adolescent Care Center, Indianapolis
- Peoples Health Center, Indianapolis
- Philip and Vivian Pecar Health Center, Indianapolis
- Raphael Health Center, Indianapolis
- Riley Continuity Clinic / Riley Hospital for Children, Indianapolis
- Riley Hospital Developmental Pediatrics Clinic, Indianapolis
- Shadeland Family Care Center, Indianapolis
- Shalom Health Care Center, Inc., Indianapolis
- Southeast Health Center / HealthNet, Indianapolis
- Southwest Health Center, Indianapolis
- St. Francis Family Medicine Residency Program, Indianapolis
- St. Vincent Physician Network, Indianapolis
- St. Vincent's Primary Care Center / Shivika Jain, MD, Indianapolis
- Wishard Hospital Pediatric Primary Care Center, Indianapolis
- Jeffersonville Pediatrics, LLC, Jeffersonville
- HealthLinc - Knox, Knox
- Clarian Arnett Health / Family Practice, Lafayette
- Froberg Pediatric Center, Lafayette
- IU Health Arnett - Pediatrics, Lafayette
- IU Health Arnett-Greenbush, Lafayette
- Lafayette Family Physicians Arnett Clinic, Lafayette
- Pediatric Associates of Lafayette, Lafayette
- Riggs Community Health Center, Lafayette
- Salem Family Med Arnett Clinic, Lafayette
- Sigma Family Medicine, Lafayette
- Southside Family Med Arnett Clinic, Lafayette
- Lake Station, Lake Station
- Cass County Health Dept., Logansport
- Family and Occupational Health Center of Lynn, Lynn
- Britt Medical Office, Madison
- Hilltop Clinic, King's Daughters Hospital and Health Services, Madison
- Jefferson County Health Dept, Madison
- KDH&HS Pediatrics, Madison
- Medical Office Building / King's Daughters Hospital and Health Services, Madison
- Marion Pediatrics, LLC, Marion
- Childrens and Family Health Clinic, Merrillville
- Dr. Brenda Thompson, Merrillville
- Pediatrics & Adolescent Medicine, Merrillville
- HealthLinc - Michigan City, Michigan City
- Community Pediatric Physicians / Saint Joseph Regional Medical Center, Mishawaka
- HealthLinc - Mishawaka, Mishawaka
- Saint Joseph Regional Medical Center / Family Practice Center, Mishawaka
- Family Health Clinic of Monon, Monon
- Monticello Arnett Clinic, Monticello
- Mooresville Family Care, Mooresville
- Mooresville Pediatrics, Mooresville

- Indiana University Health Ball Memorial Family Medicine Residency Center, Muncie
- Muncie Pediatric & Adolescent Group, Muncie
- Open Door Health Service, Muncie
- Pavilion Pediatrics, Muncie
- Azra Sheriff Pediatrics, Munster
- Childrens Clinic, Munster
- Nassim and Associates, P.S.C., New Albany
- New Castle Family Physicians, New Castle
- New Castle Pediatrics, New Castle
- Deaconess Clinic Pediatrics, Newburgh
- Noblesville Pediatrics, Noblesville
- Riverview Medical Arts, Fishers Pediatrics, Noblesville
- Otterbein Arnett clinic, Otterbein
- Miami County Health Dept, Peru
- North Shore Health Center, Portage
- Stacy McKay Health & Education Center, Portage
- Gibson County Health Department, Princeton
- Princeton Clinic, Princeton
- Family and Occupational Health Center of Ridgeville, Ridgeville
- Rising Sun Medical Center, Rising Sun
- Rossville Arnett Clinic, Rossville
- Rush Memorial Hospital, Rushville
- St. Vincent Salem Hospital / Pediatric Clinic, Salem
- Scottsburg Family Healthcare, Scottsburg
- Major Pediatrics, Shelbyville
- Martin County Health Department, Shoals
- E. Blair Warner Family Medicine Clinic, South Bend
- UAP Clinic / Pediatrics, Terre Haute
- Union Hospital Family Residency Program, Terre Haute
- Family Health Center if Union City, Union City
- HealthLinc - Valparaiso, Valparaiso
- Porter County Health Department, Valparaiso
- Versailles Clinic, King's Daughters Hospital and Health Services, Versailles
- Vevay Clinic, King's Daughters Hospital and Health Services, Vevay
- Pediatric Healthcare, Warsaw
- IU Health Arnett-West Lafayette, West Lafayette
- Sigma Family Medicine, West Lafayette
- Sigma Medical Group / Pediatrics, West Lafayette
- St. Vincent North Clinic, Williamsport
- St. Vincent Randolph Hospital / Rural Health Clinics, Winchester
- St. Vincent Physician Network, Zionsville

Quarter 3, 2012



For more information about **Reach Out and Read's special initiatives** or to download the complete **Developmental Disabilities Literacy Promotion Guide**, visit [www.reachoutandread.org/providers/uniquepopulations/disabilities.aspx](http://www.reachoutandread.org/providers/uniquepopulations/disabilities.aspx)

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## GUIDANCE TO FAMILIES: a menu of activities to encourage literacy

<b>DEVELOPMENTAL DIFFERENCES</b>	speech and language problems  Books that rhyme and/or repeat are particularly important.	autism spectrum disorder (ASD)  Have conversations to build oral language and reciprocity. Explore books about feelings.	intellectual disabilities  Frequency of reading, rhyming, and word play will be very important.
cerebral palsy (CP)  Make sure books are accessible. Lap reading may be difficult.	low vision or blindness  Explore word window margins that track the line of print; create sufficient lighting. Tactile books are fun.	hearing loss or deafness  Signing and speaking the story may help the child understand books with and without words. Children can tap out rhythm in music books.	attention deficit hyperactivity disorder (ADHD)  Reduce background noise and other distractions. Explore books that increase self-awareness.

### Infants and Toddlers

Respond to your baby's babbles and coos—have back and forth conversations.

Play touching and singing games with your baby's body parts.

Music builds memory and language skills—singing lullabies can calm.

Replace television and technology time with name games, reading, and outdoor activities.

Play peek-a-boo, patty-cake, and puppet games.

Point to and name objects around your baby.

Explore infant/toddler programs at your library.

Cuddle your baby often. Smile and make eye contact.

Use books to help with transitions.

Read daily to your toddler, re-reading his/her favorite books for at least 5–10 minutes.

Make sure the people who take care of your baby make reading and conversations important.

Make it easy for your toddler to reach his/her own books.

Reinforce the sounds of your home language with stories, songs, and poems.

### Preschool and School-age

Allow your child to build a personal library of books.

Have your child apply for his own public library card.

Talk about colors, numbers, letter names, and sounds on street signs, cereal boxes, T-shirts, and other things around your child.

Use the library for free audio books for long trips.

Word play and rhyming are powerful ways to prepare your child to learn to read.

Increase daily reading to 30 minutes.

Once your child is reading, take turns reading to one another.

Build your child's listening skills by reading books with fewer pictures such as **Charlotte's Web** or **The Trumpet of the Swan**.

Keep reading with, and to, your child even once he masters reading.

Bring books in the car, on the bus, to the doctor's office, and anywhere your child is required to wait.

Make sure your child sees and hears you reading.

Daily reading routines and reading practice are essential.

Write simple notes to your child using letters and pictures. Have him write back to you.

Word play and rhyming are powerful ways to prepare your child to learn to read.

Deepen your partnership with your child's teacher by agreeing on frequent and specific modes of communication.



# GUIDANCE TO FAMILIES:

a menu of activities to encourage literacy

**developmental differences**

**speech and language problems**

Books that rhyme and/or repeat are particularly important.

**cerebral palsy (CP)**

**low vision or blindness**

Make sure books are accessible. Lap reading may be difficult.

Explore word window margins that track the line of print; create sufficient lighting. Tactile books are fun.

## INTRODUCTION

### Developmental Disabilities Literacy Promotion Guide for Pediatric Healthcare Providers

The Developmental Disabilities Literacy Promotion Guide was developed for pediatric primary care providers who care for infants and children with developmental challenges and provide support, advice, and helpful resources to their families. It was developed as part of Reach Out and Read's Special Initiatives program. The guide is designed to be used as a handout for families and a point of reference for pediatric healthcare providers already trained in the Reach Out and Read model of early literacy promotion, though new providers and trainees are also welcome to use the material.

The concept for this guide is based on the mandate of the American Academy of Pediatrics and Bright Futures to encourage pediatric healthcare practitioners to screen for and identify, at earlier ages, infants and children at risk for developmental disabilities, and to create Medical Homes for their ongoing primary care. The content provided within this resource supports the efforts of primary care providers who care for this complex group of children, as they provide anticipatory guidance and resources to parents and caretakers.

Each disorder-specific section provides a brief description of the condition, advice for parents about reading with their child, and internet resources and books they can turn to for reliable information and support. Seven developmental disabilities are included: Speech and Language Problems; Autism Spectrum Disorder; Intellectual Disabilities (mental retardation); Inattention and Attention Deficit/Hyperactivity Disorder; Cerebral Palsy; and Vision and Hearing Impairments.

New information to share with parents concerning their complex children is always developing. We hope that you find this guide informative and helpful during your busy clinical day, as you introduce literacy promotion to some of the thousands of children with developmental disabilities (and their families) that Reach Out and Read serves. If you have ideas or suggestions to share, please email [info@reachoutandread.org](mailto:info@reachoutandread.org).

Sincerely,



Monica H. Ultmann, M.D.  
Reach Out and Read National Trainer and Provider

Developmental-Behavioral Pediatrician  
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Clinical Professor of Pediatrics  
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## **EMERGENT LITERACY**

Concept, Challenges, and Implications for Infants and Children with Developmental Disabilities

**Emergent literacy refers to the steps infants and children progress through as they master the complex requisites for reading and writing.** In addition to being a cognitive process, literacy acquisition involves a fine-tuned balance of linguistic, psychological, and social factors depending heavily on the attachment formed with important people in a child's immediate environment. Acquiring language and literacy skills involves integrating literacy practices and routines into the everyday lives of families by:

- Early verbal and nonverbal interactions
- Opportunities to physically explore
- Daily exposure to reading aloud and/or oral stories
- Engaging toddlers in "playtalk" or imaginative, rich conversations that build oral language
- Word games (rhyming, singing, poetry)
- Scribbling and drawing
- Conversations about books and stories

For infants and children with suspected or diagnosed developmental disabilities, the process of acquiring early language and literacy skills may be difficult and slow because of:

- Atypical social/emotional development
- Attachment issues and parent/child interactions
- Limited sensory and/or cognitive skills
- Physical constraints
- Attentional challenges
- Motor planning/mobility issues
- Misunderstanding a child's abilities

## **UTILIZING BOOKS FOR DEVELOPMENTAL SURVEILLANCE**

and Touchpoints for Anticipatory Guidance in Typically Functioning Infants and Children and those with Developmental Concerns

Giving a book to a child during a routine health maintenance visit allows the healthcare provider a unique opportunity to relate to the child and the family. When a child picks up a book, opens it, and begins to interact with its content, the healthcare provider can view the child through a different lens. Though not considered a screening tool because of its inherent lack of standardization, books can serve as a unique way to observe the child's developmental skills and his interaction with his parent or caretaker.

**The following can be observed during an examination, dependent on the age and developmental level of the child:**

- Assess eye contact: normal, brief, sustained
- Assess attention to task as well as joint attention and focus
- Observe the child bringing items for shared enjoyment
- Assess language development:
  - Expressive: verbal (babbling, words, phrases, rhyming, spontaneous conversation), nonverbal (gestures, pointing)
  - Receptive: understanding directions, pointing to pictures
  - Pragmatics: the social context of language
  - Atypical Language: echolalia (immediate and delayed)
- Observe fine motor skills: holding the book, turning pages, pointing, tactile abilities, and preferences
- Observe the presence of turn-taking between the adult and child

Pediatric Healthcare Providers are in a unique position to play an influential role in the lives of infants and children with developmental disabilities in their care. Viewed as knowledgeable and experienced, providers can help parents understand their child's developmental challenges, recognize their child's individual strengths, and identify crucial community resources.

**When providing families with anticipatory guidance concerning literacy activities:**

- Encourage families to balance the demands of educational goals, therapies, and medical needs of the child with time for activities of mutual pleasure—shared reading, story-telling, and playing games.
- Encourage communication, modeling of reading and writing, and literacy-rich home environments.
- Acknowledge what parents and caretakers are already doing to promote early literacy in their children.
- For infants and children identified with developmental concerns at less than 3 years of age, direct parents to early intervention programs and disability-specific resources where they can learn how to engage their child in language, literacy, and play activities at home.
- Encourage adaptive approaches and tools to meet a child's specific needs (e.g., story boxes, tactile experience books for children with visual impairments, specially-designed stories for children with autism, etc.).

## GUIDANCE TO FAMILIES: a menu of activities to encourage literacy

<b>DEVELOPMENTAL DIFFERENCES</b>	speech and language problems  Books that rhyme and/or repeat are particularly important.	autism spectrum disorder (ASD)  Have conversations to build oral language and reciprocity. Explore books about feelings.	intellectual disabilities  Frequency of reading, rhyming, and word play will be very important.
cerebral palsy (CP)  Make sure books are accessible. Lap reading may be difficult.	low vision or blindness  Explore word window margins that track the line of print; create sufficient lighting. Tactile books are fun.	hearing loss or deafness  Signing and speaking the story may help the child understand books with and without words. Children can tap out rhythm in music books.	attention deficit hyperactivity disorder (ADHD)  Reduce background noise and other distractions. Explore books that increase self-awareness.

### Infants and Toddlers

Respond to your baby's babbles and coos—have back and forth conversations.

Play touching and singing games with your baby's body parts.

Music builds memory and language skills—singing lullabies can calm.

Replace television and technology time with name games, reading, and outdoor activities.

Play peek-a-boo, patty-cake, and puppet games.

Point to and name objects around your baby.

Explore infant/toddler programs at your library.

Cuddle your baby often. Smile and make eye contact.

Use books to help with transitions.

Read daily to your toddler, re-reading his/her favorite books for at least 5–10 minutes.

Make sure the people who take care of your baby make reading and conversations important.

Make it easy for your toddler to reach his/her own books.

Reinforce the sounds of your home language with stories, songs, and poems.

### Preschool and School-age

Allow your child to build a personal library of books.

Have your child apply for his own public library card.

Talk about colors, numbers, letter names, and sounds on street signs, cereal boxes, T-shirts, and other things around your child.

Use the library for free audio books for long trips.

Word play and rhyming are powerful ways to prepare your child to learn to read.

Increase daily reading to 30 minutes.

Once your child is reading, take turns reading to one another.

Build your child's listening skills by reading books with fewer pictures such as *Charlotte's Web* or *The Trumpet of the Swan*.

Keep reading with, and to, your child even once he masters reading.

Bring books in the car, on the bus, to the doctor's office, and anywhere your child is required to wait.

Make sure your child sees and hears you reading.

Daily reading routines and reading practice are essential.

Write simple notes to your child using letters and pictures. Have him write back to you.

Word play and rhyming are powerful ways to prepare your child to learn to read.

Deepen your partnership with your child's teacher by agreeing on frequent and specific modes of communication.



## Make book time fun and educational for children with speech and language problems

### Helping your child love books

You'll find sharing books together is a great way to bond with your son or daughter and help your child's development at the same time. Give your child a great gift that will last for life—the love of books.

Children with speech and language problems may have trouble sharing their thoughts with words or gestures. They may also have a hard time saying words clearly and understanding spoken or written language. Reading to your child and having her name objects in a book or read aloud to you can strengthen her speech and language skills.

### Tips for reading with your infant or toddler

Each time you read to your child, you are helping her brain to develop. So read to your child every day. Choose books that you think your child will enjoy and will be fun for you to read.

Since younger children have short attention spans, try reading for a few minutes at a time at first. Then build up the time you read together. Your child will soon see reading time as fun time!

Check off the things you can try:

- Read the same story again and again. The repetition will help her learn language.
- Choose books with rhymes or songs. Clap along to the rhythm and help your child clap along. As your child develops, ask her to fill in words. ("Twinkle twinkle little star. How I wonder what you \_\_\_\_.")
- Point to pictures and talk about them. ("Look at the silly monkey!") You can also ask your child to point to certain pictures. ("Where's the cat?")
- Talk about events in your child's life that relate to the story. ("That bear has blue pajamas just like you do!")
- Ask your child questions about the story. ("Is that bunny hiding?") As your child develops, ask more complex questions. ("What do you think will happen next?")

### Some suggested books for your infant or toddler

- **Mother Goose** Rhymes or **Dr. Seuss** books with their rhyming stories
- **Each Peach Pear Plum** by Allan and Janet Ahlberg
- **Chicka Chicka Boom Boom** by Bill Martin, Jr.

## Make book time fun and educational for children with speech and language problems

### Helping your preschooler or school-age child love books

**When you read to your child often and combine reading time with cuddle and play time, your child will link books with fun times together.** So continue to read to your child every day. Choose books that are on your child's language level and that your child likes.

Check off the things you can try:

- Discuss the story with your child. ("Why do you think the monkey stole the key?")
- Help your child become aware of letter sounds. (While pointing to a picture of a snake, ask: "What sound does a snake make?") As your child develops, ask more complex questions. (While pointing to a picture of a ball, ask: "What sound does 'ball' start with?")
- Play sound games with your child. List words that rhyme ("ball," "tall") or start with the same sound ("mommy," "mix").

### Some suggested books for your preschooler or school-age child

Funny or silly books are a good choice for this age group. Some titles include:

- ***Does a Chimp Wear Clothes?*** by Fred Ehrlich, M.D.
- ***Hippos Go Berserk!*** by Sandra Boynton
- ***Mr. Brown Can Moo! Can You?*** by Dr. Seuss

### How children can learn more about speech and language problems

Get these books:

- ***Let's Talk About Stuttering*** by Susan Kent (Ages 4–8)
- ***Coping with Stuttering*** by Melanie Ann Apel (Ages 9–12)

### How parents can learn more about speech and language problems

Read these books:

- ***Childhood Speech, Language, and Listening Problems*** by Patricia Hamaguchi
- ***Does My Child Have a Speech Problem?*** by Katherine Martin
- ***The New Language of Toys: Teaching Communication Skills to Children with Special Needs: A Guide for Parents and Teachers*** by Sue Schwartz and Joan Miller
- ***The Parent's Guide to Speech and Language Problems*** by Debbie Feit and Heidi Feldman

### Contact these groups for more information:

- American Speech-Language-Hearing Association—(800) 638-8255 or [www.asha.org](http://www.asha.org)
- Apraxia-KIDS (The Childhood Apraxia of Speech Association)—[www.apraxia-kids.org](http://www.apraxia-kids.org)
- Speechville Express—[www.speechville.com](http://www.speechville.com)



## Make book time fun and educational for children with autism spectrum disorder (ASD)

### Helping your child love books

You'll find sharing books together can be a good way to connect with your son or daughter. Reading also helps your child's language development and listening skills. As you know, having ASD impacts the way your child reacts to situations and people and how she looks at the world around her.

Children with ASD often have trouble making eye contact and sharing their thoughts with words or gestures. Some children have a very short attention span when being read to or when reading. Try reading for short periods of time, pointing and naming objects as you read. Other children with ASD may read very early and show intense interest in certain subjects and want to read everything they can on that topic. **Whether your child has mild or severe ASD, making reading a fun activity can help your child's learning and social skills.**

If your child likes routine in her day, try reading her favorite book to help move her from one task to another. For example, reading can set the stage for nap time and bedtime. Work with your child's behavior and/or occupational therapist to learn how reading can help with social skills, new activities, and transitions.

### Tips for reading with your infant or toddler

Each time you read to your child, you are helping her brain to develop. Reading aloud to your child allows her to hear your voice and listen to spoken words. Your child is also more likely to ask questions and learn about the world around her. **So—you've planted the seed to reading that will stay with your child throughout her life.**

Try reading for a few minutes at a time at first. Then build up the time you read together. Your child will see reading time as both fun time and learning time!

Check off the things you can try:

- Borrow books from the library that have photos and drawings of babies and people's faces. This can help your child recognize emotions.
- Read the same story again and again. The repetition will help her learn language.
- Read aloud. Talk about the pictures and read the text.
- Find books that have lots of repetition of phrases. Also find books with rhymes. Softly clap your hands and help your baby clap along to the rhythm.
- Find books that have buttons your child can press that have sounds.

### Some suggested books for your infant

- **Babies** by Susan Canizares
- **Global Babies** by Mara Ajmera
- **Smile!** by Roberta Grobel Intrater

### Some suggested books for your toddler

- **Lots of Feeling** by Shelley Rotner
- Books by Susan Canizares such as **Babies on the Move** and **Feelings**

**Make book time fun and educational for children with autism spectrum disorder (ASD)**

Helping your preschooler or school-age child love books

**Remember, when you read to your child often and combine reading time with cuddle and play time, your child will link books with fun times together.**

Check off the things you can try:

- Sit on the floor next to your child.
- Read aloud. Talk about the pictures and read the text.
- Find books on topics that interest your child, such as books on animals or sports.
- Find books that have buttons to press that make sounds. Borrow library audio books that your child can start or stop by pressing a button.

Some suggested books for your preschooler or school-age child

- Books by Simms Taback such as **There Was an Old Lady Who Swallowed a Fly** and **This is the House that Jack Built**
- **Lyle Lyle Crocodile** by Bernard Waber

How children can learn more about autism spectrum disorder

Get these books:

- **My Friend Has Autism** by Amanda Tourville (Ages 5–10)
- **My Brother Charlie** by Holly Robinson Peete (Ages 4–8)
- **Autism and Me** by Ouisie Shapiro (Ages 5–12)
- **Ian's Walk** by Laurie Lears (Ages 4–8)

How parents can learn more about autism spectrum disorder

Read these books:

- **A Practical Guide to Autism: What Every Parent, Family Member, and Teacher Needs to Know** by Fred Volkmar and Lisa Wiesner
- **Does My Child Have Autism: A Parent's Guide to Early Detection and Intervention in Autism Spectrum Disorders** by Wendy Stone
- **Writing Social Stories with Carol Gray** (Book and DVD)

Contact these groups for more information:

- Autism Society of America—(800) 328-8476 or [www.autism-society.org](http://www.autism-society.org)
- Autism Speaks—[www.autismspeaks.org](http://www.autismspeaks.org). Ask for **First 100 Days and the Newly Diagnosed Families/School Community** toolkits.
- Centers for Disease Control and Prevention—[www.cdc.gov/ncbddd/actearly](http://www.cdc.gov/ncbddd/actearly). Look for the **Learn the Signs. Act Early.** program.
- Easter Seals: Act for Autism—[www.easterseals.com](http://www.easterseals.com)
- First Signs—[www.firstsigns.org](http://www.firstsigns.org)
- National Institute of Neurological Disorders and Stroke Autism Fact Sheet—[www.ninds.nih.gov/disorders/autism/detail\\_autism.htm](http://www.ninds.nih.gov/disorders/autism/detail_autism.htm)





## Make book time fun and educational for children with intellectual disabilities

### Helping your child love books

You'll find sharing books together is a great way to bond with your son or daughter and help your child's development at the same time. Give your child a great gift that will last for life—the love of books.

Like all children, your child will learn and develop, yet she will likely develop more slowly than other children her age. Reading aloud and talking about the story and the pictures will help your child improve her vocabulary and help teach grammar. When your child reads to you or names objects on the page, she will get added practice to improve her memory and her spoken language skills. As your child grows, talk to her occupational therapist and teachers about ways reading and word-matching games can help improve her reading skills.

If your child is not yet sitting up by herself, prop her up and make sure her seat offers good support. Sit near her as you read. Your baby or young child may not always respond to you at first. As you read, talk to her about the pictures. It is important that you respond to your baby's gurgles and other sounds. This lets your child know that through reading together, you are communicating.

### Tips for reading with your infant or toddler

Each time you read to your child, you are helping her brain to develop. Reading to your child helps her understand that there are words and pictures on the page. So—you've planted the seed to reading that will stay with your child throughout her life.

Try reading for a few minutes at a time at first. Then build up the time you read together. Your child will soon see reading time as fun time and learning time!

Check off the things you can try:

- Buy books or borrow books from the library that have thick, sturdy pages.
- Find books that have rhymes. Clap your hands and help your baby clap along to the rhythm of the words.
- Find books that teach everyday things, such as colors, shapes, numbers, and letters.
- Read aloud. Talk about the pictures and read the text. Help your toddler point to objects you name in the book.

### Some suggested books for your infant

- **I Can, Can You?** by Marjorie W. Pitzer
- Books by Laura Ronay, such as **Kids Like Me...Learn ABC** or **Kids Like Me...Learn Colors**
- Books by Rena D. Grossman, such as **Families** or **Eating the Rainbow**

## Make book time fun and educational for children with intellectual disabilities

### Some suggested books for your toddler

- **Dr. Seuss's ABC**
- **Feelings** by Susan Canizares
- **The Feelings Book** by Todd Parr
- **Hugs and Kisses** by Roberta Grobel Intrater
- Books by Eric Carle, such as **My Very First Book of Colors**, **My Very First Book of Numbers**, **My Very First Book of Shapes**, or **Eric Carle's ABC**

### Helping your preschooler or school-age child love books

Remember, when you read to your child often and combine reading time with cuddle and play time, your child will link books with fun times together.

Check off the things you can try:

- Borrow books from the library on topics that can strengthen your child's daily living skills, such as books about bedtime or going to the dentist. Also, pick books about things your child enjoys, such as animals.
- Read aloud and talk about the pictures. Ask your child to name objects or read aloud.
- Praise your child's efforts at reading!
- Find books that have buttons to press that make sounds, and buy audio books.

### Some suggested books for your preschooler or school-age child

- **At the Seashore** by Ruth Koeppl
- **Poke-A-Dot Old MacDonald's Farm** by Travis King
- **Sounds on the Go!** By Gail Donovan

### How children can learn more about intellectual disabilities

- **Hi, I'm Ben and...I've Got a Secret** by Julie A. Bouwkamp (Ages 3-8)
- **My Friend Isabelle** by Eliza Woloson (Ages 4-8)
- **Susan Laughs** by Jeanne Willis (Ages 4-8)

### How parents can learn more about intellectual disabilities

Read these books:

- **Babies with Down Syndrome: A New Parent's Guide** edited by Susan Skallerup
- **Children with Mental Retardation: A Parents' Guide** edited by Romaine Smith
- **Early Communication Skills for Children with Down Syndrome: A Guide for Parents and Professionals** by Libby Kumin, Ph.D.

### Contact these groups for more information:

- American Association on Intellectual and Developmental Disabilities—(800) 424-3688 or [www.aidd.org](http://www.aidd.org)
- The ARC (formerly the Association for Retarded Citizens)—(800) 433-5255 or [www.thearc.org](http://www.thearc.org)
- Centers for Disease Control and Prevention—(800) CDC-INFO or [www.cdc.gov/actearly](http://www.cdc.gov/actearly)
- Easter Seals—(800) 221-6827 or [www.easterseals.com](http://www.easterseals.com)
- National Dissemination Center for Children with Disabilities—(800)695-0285 or [www.nichcy.org](http://www.nichcy.org)
- National Down Syndrome Society—(800) 221-4602 or [www.ndss.org](http://www.ndss.org)

# Make book time fun and educational for children with cerebral palsy (CP)

## Helping your child love books

You'll find sharing books together is a great way to bond with your son or daughter and help your child's development at the same time. Give your child a great gift that will last for life—the love of books.

CP affects your child's brain. This may cause difficulty with muscle tone and control. Your child may have delays speaking or have speech that is hard to understand. Reading with your child and having your child name objects in the book or read aloud to you can strengthen his speech skills.

## Tips for reading with your infant or toddler

Each time you read to your child, you are helping his brain to develop. Reading to your child helps him understand that there are words and pictures on the page. So—you've planted the seed to reading that will stay with your child throughout his life.

Since young children have short attention spans, try reading for a few minutes at a time at first. Then build up the time you read together. Your child will soon see reading time as fun time and learning time!

Check off the things you can try:

- Buy books or borrow books from the library that have thick, sturdy pages.
- Find books that have rhymes like a Mother Goose nursery rhymes book.
- Clap your hands and help your baby clap along to the rhythm of the words.
- Read aloud. Talk about the pictures and read the text. Help your toddler point to objects you name in the book.

## Some suggested books for your infant

**Fisher Price** makes **Stroller Strap Books**. The straps make the books easy to handle and the sturdy pages stay open and are easy to turn. Some titles include:

- **Ears, Nose & Toes!**
- **Touch and Feel**
- **I Love My Family**

## Some suggested books for your toddler

**E-Z Page Turners** is a series of books made by **Innovative Kids**. These books are specially designed to help little ones turn the pages. You can buy them online or ask your child's occupational therapist for help finding this brand. Some titles include:

- **Trucks**
- **Opposites**
- **Mommies and Babies**

## Make book time fun and educational for children with cerebral palsy (CP)

Helping your preschooler or school-age child love books

**Remember, when you read to your child often and combine reading time with cuddle and play time, your child will link books with fun times together.**

Check off the things you can try:

- Find books on topics that interest your child, such as books on animals or sports.
- Position your child next to you on the couch. If your child is in a wheelchair or special chair, sit close enough so he can see the book and hear you. Ask your child's occupational and/or physical therapist about special tools to help your child prop up the book.
- Find books that have buttons to press that make sounds. Buy audio books that your child can start or stop by pressing a button.
- Read aloud and talk about the pictures. Ask your child to name objects or read aloud.
- Praise your child's efforts at reading!

Some suggested books for your preschooler or school-age child

- **Harold and the Purple Crayon** by Crockett Johnson
- **We Are Going on a Bear Hunt** by Helen Oxenbury
- **The Napping House** by Audrey Wood

How children can learn more about cerebral palsy

Read these books:

- **Brothers and Sisters** by Laura Dwight
- **Living with a Brother or Sister with Special Needs** by Donald Meyer and Patricia Vadasy (Ages 4–10)
- **Views from Our Shoes** by Donald Meyer (Ages 8–12)

How parents can learn more about cerebral palsy

Read these books:

- **Cerebral Palsy: A Complete Guide for Caregiving** by F. Miller and S.J. Bachrach
- **Children with Cerebral Palsy: A Parent's Guide** edited by Elaine Geralis
- **Reflections from a Different Journey** by Stanley Klein

Contact these groups for more information:

- Centers for Disease Control and Prevention—(800) CDC-INFO or [www.cdc.gov/actearly](http://www.cdc.gov/actearly)
- Easter Seals—(800) 221-6827 or [www.easter-seals.org](http://www.easter-seals.org)
- National Dissemination Center for Children with Disabilities—(800) 695-0285 or [www.nichcy.org](http://www.nichcy.org)
- National Institute of Neurological Disorders and Stroke, National Institutes of Health—[www.ninds.nih.gov](http://www.ninds.nih.gov)
- United Cerebral Palsy Association—(800) 872-5827 or [www.ucp.org](http://www.ucp.org)
- Siblings Support—[www.siblingsupport.org](http://www.siblingsupport.org)
- University of Michigan Health System—[www.med.umich.edu/yourchild/topics/specneed.htm](http://www.med.umich.edu/yourchild/topics/specneed.htm)



## Make book time fun and educational for children with low vision or blindness

### Helping your child love books

You'll find sharing books together is a great way to bond with your son or daughter. Reading also helps your child's language development and listening skills when you talk about the story and ask questions. **Don't forget that sitting side-by-side listening to audio books together is another way to introduce stories to your child with vision challenges.**

Large print books can help a child with mild to moderate vision loss discover the world of books. These books have big print and offer high contrast between the words and the page to make tracking the words easier. Visit your library and ask for the large print book section. Children who have little or no sight may learn to read Braille. Braille books have raised "letters." Children in elementary school can get free Braille books up to 12 times a year. Call the American Action Fund for Blind Children and Adults at (410) 659-9315 ext. 2287 to learn more. **Give your child a great gift that will last for life—the love of books.**

### Tips for reading with your infant or toddler

Each time you read to your baby, you are helping your child's brain to develop. Reading aloud to your child allows him to hear your voice and listen to spoken words. Your child is also more likely to ask questions and learn about the world around him. **So—you've planted the seed to reading that will stay with your child throughout his life.**

Since younger children have short attention spans, try reading for a few minutes at a time at first. Then build up the time you read together. Your child will soon see reading time as both fun time and learning time!

Check off the things you can try:

- Sit your child next to you. If your child has low vision, make sure there is plenty of light to help him see the page.
- Buy books or borrow books from the library that have textures your child can touch.
- Help your toddler feel pop-up or raised objects you name in the book.
- Read aloud. Talk about the pictures and read the text.
- Find books that have rhymes. Clap your hands and help your baby clap along to the rhythm.
- Find books that have buttons your child can press that have sounds.

### Some suggested books for your infant

Look for books that have soft or textured shapes. Find books that have pop-out pieces and textures your child can feel and name. Some titles include:

- **Pat the Bunny** and other Touch and Feel books by Dorothy Kunhardt
- **Three Little Duckies** and other Float Along Books with toys to handle
- **Where Is Baby's Belly Button?** by Karen Katz

Some suggested books for your toddler

- **Are You Ticklish?** by Melanie Mitchell
- **Whose Back is Bumpy?** or **High Tide** by Kate Davis

Helping your preschooler or school-age child love books

**Remember, when you read to your child often and combine reading time with cuddle and play time, your child will link books with fun times together.**

Check off the things you can try:

- Sit your child next to you. If your child has low vision, make sure there is plenty of light to help your child see the page.
- Read aloud. Talk about the pictures and read the text.
- Find large print books on topics that interest your child, such as books on animals or sports.
- Find books that have buttons to press that make sounds. Buy audio books that your child can start or stop by pressing a button.
- Find Braille books if your child reads Braille.
- Praise your child's efforts at reading!**

Some suggested books for your preschooler or school-age child

- **The Wheels on the Bus Go Round and Round** and other books with wheels that move
- **Children's Book of Nursery Rhymes** and other children's poetry books
- **Mr. Brown Can Moo. Can You?** (use with plastic or stuffed animals)

How children can learn more about vision loss

Get these books:

- **Anna & Natalie** by Barbara H. Cole (Ages 7-12)
- **Saltypie** by Tim Tingle (Ages 5-10)
- **Follow My Leader** by James Garfield (Ages 8-12)

How parents can learn more about vision loss

Read these books:

- **Braille for the Sighted: Beginning Braille** by S. Harold Collins, Jane Schneider, and Kathy Kifer
- **Children with Visual Impairments: A Guide for Parents** edited by M. Cay Holbrook
- **Experiencing Literacy: A Parents' Guide for Fostering Literacy Development of Children with Visual Impairment** by Alan Koenig and M. Cay Holbrook
- **Look at It This Way: Toys and Activities for Children with Visual Impairment** by Roma Lear

Contact these groups for more information:

- American Action Fund for Blind Children and Adults—(410) 659-9315 or [www.actionfund.org](http://www.actionfund.org)
- American Foundation for the Blind—(800) 232-3044 or [www.afb.org](http://www.afb.org)
- Centers for Disease Control and Prevention—(800) CDC-INFO or [www.cdc.gov/actearly](http://www.cdc.gov/actearly)
- National Association for Parents of Children with Visual Impairments—(800) 562-6265 or [www.spedex.com/napvi](http://www.spedex.com/napvi)
- National Dissemination Center for Children with Disabilities—(800) 695-0285 or [www.nichcy.org](http://www.nichcy.org)
- National Eye Institute/National Institutes of Health—[www.nei.nih.gov](http://www.nei.nih.gov)



## Make book time fun and educational for children with hearing loss or deafness

### Helping your child love books

You'll find sharing books together is a great way to bond with your son or daughter and help your child's development at the same time. **Give your child a great gift that will last for life—the love of books.**

Hearing loss ranges from partial to total deafness. Some children can hear better with a hearing aid, cochlear implant, or FM system. Others cannot. Hearing loss may last only a short time, or it may never go away. Some children are born with hearing loss. Others develop it later in life. These factors affect the challenges your child will face in learning to read.

### Tips for reading with your infant or toddler

Each time you read to your child, you are helping her brain to develop. So read to your child every day. Choose books that you think your child will enjoy. Books that rhyme or repeat the same sound are good for helping your child learn the sounds letters and words make.

Since younger children have short attention spans, try reading for a few minutes at a time at first. Then build up the time you read together. **Your child will soon see reading time as fun time!**

Check off the things you can try:

- Read the same story again and again. This will help your child catch words he may have missed before. Explain the story as needed.
- Make sure your child can see your face and the pictures. This will help your child follow the story, even if he doesn't catch all the words.
- Have your child turn pages, touch the pictures, and lift the flaps. This will give your child practice using his hands, which gets him ready to sign.
- Use simple sign language as you read.

### Some suggested books for your infant

Choose board books with simple signs. Some titles include:

- **Baby Signs** by Joy Allen
- **My First Book of Sign Language** by Joan Holub
- Books by Annie Kubler such as **My First Signs** and **Sign and Sing Along**

### Some suggested books for your toddler

- Books by Anthony Lewis such as **Meal Time**, **My First Book of Animal Signs**, and **Play Time**

## Make book time fun and educational for children with hearing loss or deafness

### Helping your preschooler or school-age child love books

**When you read to your child often and combine reading time with cuddle and play time, your child will link books with fun times together.** So continue to read to your child every day. Choose books that you think your child will enjoy and look fun for you to read.

Check off the things you can try:

- Read the same story again and again. This will help your child catch words he may have missed before. Explain the story as needed.
- Make sure your child can see your face and the pictures. This will help your child follow the story, even if he doesn't catch all the words.
- Use stuffed animals to act out the story.
- Continue to teach your child to sign.

### Some suggested books for your preschooler or school-age child

- **Each Peach Pear Plum** by Allan and Janet Ahlberg
- **Jamberry** by Bruce Degen
- **Sheep in a Jeep** by Nancy Shaw

### How children can learn more about hearing loss

Get these books:

- **Jordan Has A Hearing Loss** by Jillian Powell (Ages 4–8)
- **Taking Hearing Impairment to School** by Elaine Ernst Schneider (Ages 5–10)
- **A Button in Her Ear** by Ada B. Litchfield (Ages 5–10)
- **Can You Hear a Rainbow?** by Nicola Simmonds (Ages 4–8)
- **I Have a Sister—My Sister Is Deaf** by Jamie Riggio Heelan (Ages 4–8)

### How parents can learn more about hearing loss

Read these books:

- **Choices in Deafness: A Parents' Guide to Communication Options** by Sue Schwartz
- **Language and Literacy Development in Children Who Are Deaf** by Barbara Schirmer
- **Literacy and Your Deaf Child: What Every Parent Should Know** by David Stewart and Bryan Clarke
- **Literacy Learning for Children Who Are Deaf or Hard of Hearing** by Lyn Robertson and Carol Flexer
- **When Your Child is Deaf: A Guide for Parents** by D. Luterman

### Contact these groups for more information:

- Alexander Graham Bell Association for the Deaf—(202) 337-5220 or [www.agbell.org](http://www.agbell.org)
- American Society for Deaf Children—(866) 895-4206 or [www.deafchildren.org](http://www.deafchildren.org)
- American Speech-Language-Hearing Association—(800) 638-8255 or [www.asha.org](http://www.asha.org)
- Centers for Disease Control and Prevention—(800) CDC-INFO or [www.cdc.gov/actearly](http://www.cdc.gov/actearly)
- National Dissemination Center for Children with Disabilities—(800) 695-0285 or [www.nichcy.org](http://www.nichcy.org)
- Raising Deaf Kids—(215) 590-7440 or [www.raisingdeafkids.org](http://www.raisingdeafkids.org)

## Make book time fun and educational for children with attention deficit hyperactivity disorder (ADHD)

### Helping your child love books

You'll find sharing books together is a great way to bond with your son or daughter and help your child's development at the same time. **Give your child a great gift that will last for life—the love of books.**

Some parents suspect ADHD early on when their toddler is far more active than other children his age. Yet, the disorder often becomes more obvious when the child enters school. Often the child with ADHD may act on impulse and may have trouble following directions or sitting still. How do you know if your child is just very active or has ADHD? It is best to get an evaluation from a trained health professional.

If your child has ADHD, paying attention for long periods of time can be a challenge. So, meet the challenge head-on—make reading time fun time for you and your child. First, pick a quiet spot away from TV, radio, and video game noise. Read for short periods at a time and put the book away if your child loses interest. Pick up the book later and read for another short time period.

Although ADHD is diagnosed later in childhood, adding reading to your child's daily routine is very beneficial. Reading time can help your highly energetic child get ready for naps and bedtime. And remember—reading together for 10 minutes in the morning is a nice way to get the day started on a positive note.

### Tips for reading with your infant or toddler

Try reading for a few minutes at a time at first. Then build up the time you read together. **Your child will soon see reading time as fun time!**

Check off the things you can try:

- Buy books or borrow books from the library. Sing along with the book to hold your baby's interest. Your baby doesn't care if you can sing on key!
- Read aloud. Talk about the pictures and read the text. Help your toddler point to objects you name in the book. Ask questions about the story as a way to hold your child's interest.
- Break up short periods of reading time with play time to give your toddler a chance to move about.
- Continue to read for a few more minutes even if your child squirms off your lap. He may still be listening to the story even though he is playing near you.

### Some suggested books for your infant

- **Goodnight Moon** by Margaret Wise Brown
- Books by Rosemary Wells such as **Itsy Bitsy Spider** or **Twinkle, Twinkle Little Star**

## Make book time fun and educational for children with attention deficit hyperactivity disorder (ADHD)

Some suggested books for your toddler

- Books by Annie Kubler such as **If You're Happy and You Know It**, **Ring Around the Rosie**, or **Row, Row, Row Your Boat**

Helping your preschooler or school-age child love books

**Remember, when you read to your child often and combine reading time with cuddle and play time, your child will link books with fun times together.**

Check off the things you can try:

- Turn off the TV and radio and find a quiet spot to read without distraction.
- Choose books that interest your child, such as books on animals or sports.
- Read aloud and talk about the pictures. Allow your child to pick books too, and ask your child to read aloud.
- Praise your child's efforts at reading!**

Some suggested books for your preschooler or school-age child

- **Adventures of Taxi Dog** by Debra Barracca
- **Maybe A Bear Ate It** by Robie Harris
- **The Day the Teacher Went Bananas** by James Howe

How children can learn more about ADHD

Get these books:

- **All Dogs Have ADHD** by Kathy Hoopmann (Ages 4–9)
- **My Friend Has ADHD** by Kristin Sorra (Ages 4–10)
- **Joey Pigza Swallowed the Key** by Jack Gantos (Ages 9–12)

How parents can learn more about ADHD

Read these books:

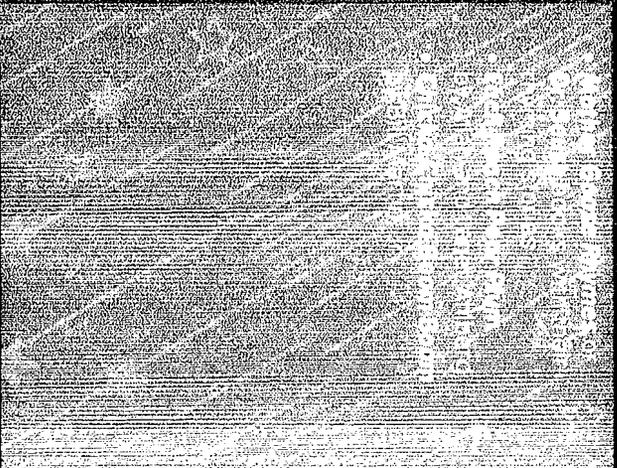
- **Parent Therapy: A Relational Alternative to Working with Children** by Linda Jacobs and Carol Wachs
- **Parenting Children with ADHD: 10 Lessons that Medicine Cannot Teach** by Vincent J. Monastra, PhD.
- **The ADD & ADHD Answer Book: Professional Answers to 275 of the Top Questions Parents Ask** by Susan Ashley

Contact these groups for more information:

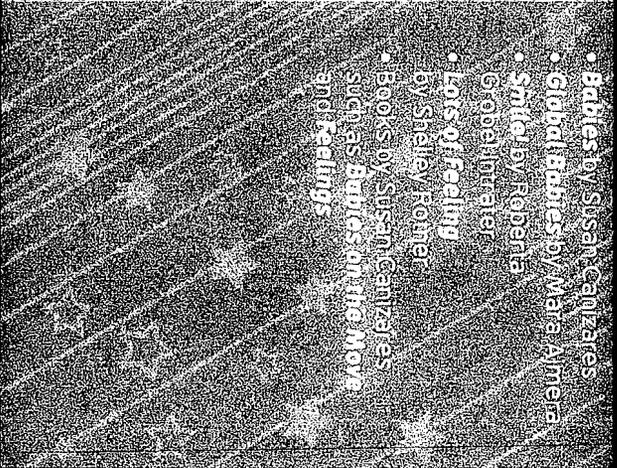
- Centers for Disease Control and Prevention—(800) CDC-INFO or [www.cdc.gov/actearly](http://www.cdc.gov/actearly)
- CHADD National Resource Center—(800) 233-4050 or [www.help4adhd.org](http://www.help4adhd.org)
- Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD)—(800) 233-4050 or [www.chadd.org](http://www.chadd.org)
- National Dissemination Center for Children with Disabilities—(800) 695-0285 or [www.nichcy.org](http://www.nichcy.org)

**Some suggested books for your infant and toddler**

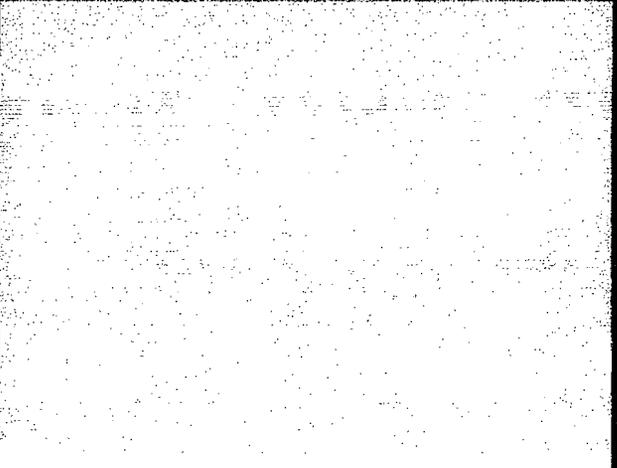
**speech and language problems**



**autism spectrum disorder (ASD)**



**intellectual disabilities**



**cerebral palsy (CP)**

**Fisher Price makes Strollin' Strap Books.** The straps make the books easy to handle and the sturdy pages stay open and are easy to turn.

- Titles include *Ears, Nose & Toes!*, *Touch and Feel*, and *Love My Family*

**E-Z Page Turners** is a series of books made by innovative kids. These books are specially designed to help little ones turn the pages. You can buy them online or ask your child's occupational therapist for help finding this brand.

- Titles include *Trucks, Opposites, and Mommies and Babies*

**low vision or blindness**

Look for books that have soft or textured shapes. Find books that have pop-out pieces and textures your child can feel and name.

- **Pat the Bunny** and other Touch and Feel books by Dorothy Kunhardt
- **Three Little Duckies** and other Float Along Books with toys to handle
- **Where Is Baby's Belly Button?** by Karen Katz
- **Are You Ticklish?** by Melanie Mitchell
- **Whose Back Is Bumpy?** or **High Tide** by Kate Davis

**hearing loss or deafness**

Choose board books with simple signs. Some titles include:

- **Baby Signs** by Joy Allen
- **My First Book of Sign Language** by Joan Holub
- Books by Annie Kubler such as **My First Signs** and **Sign and Sing Along**
- Books by Anthony Lewis such as **Meal Time**, **My First Book of Animal Signs**, and **Play Time**

**attention deficit hyperactivity disorder (ADHD)**

- **Goodnight Moon** by Margaret Wise Brown
- Books by Rosemary Wells such as **Fsly Bitsy Spider** or **Twinkle, Twinkle Little Star**
- Books by Annie Kubler such as **If You're Happy and You Know It**, **Ring Around the Rosie**, or **Row, Row, Row Your Boat**



# **GUIDANCE TO FAMILIES:** a menu of activities to encourage

**developmental  
differences**

**speech and  
language problems**

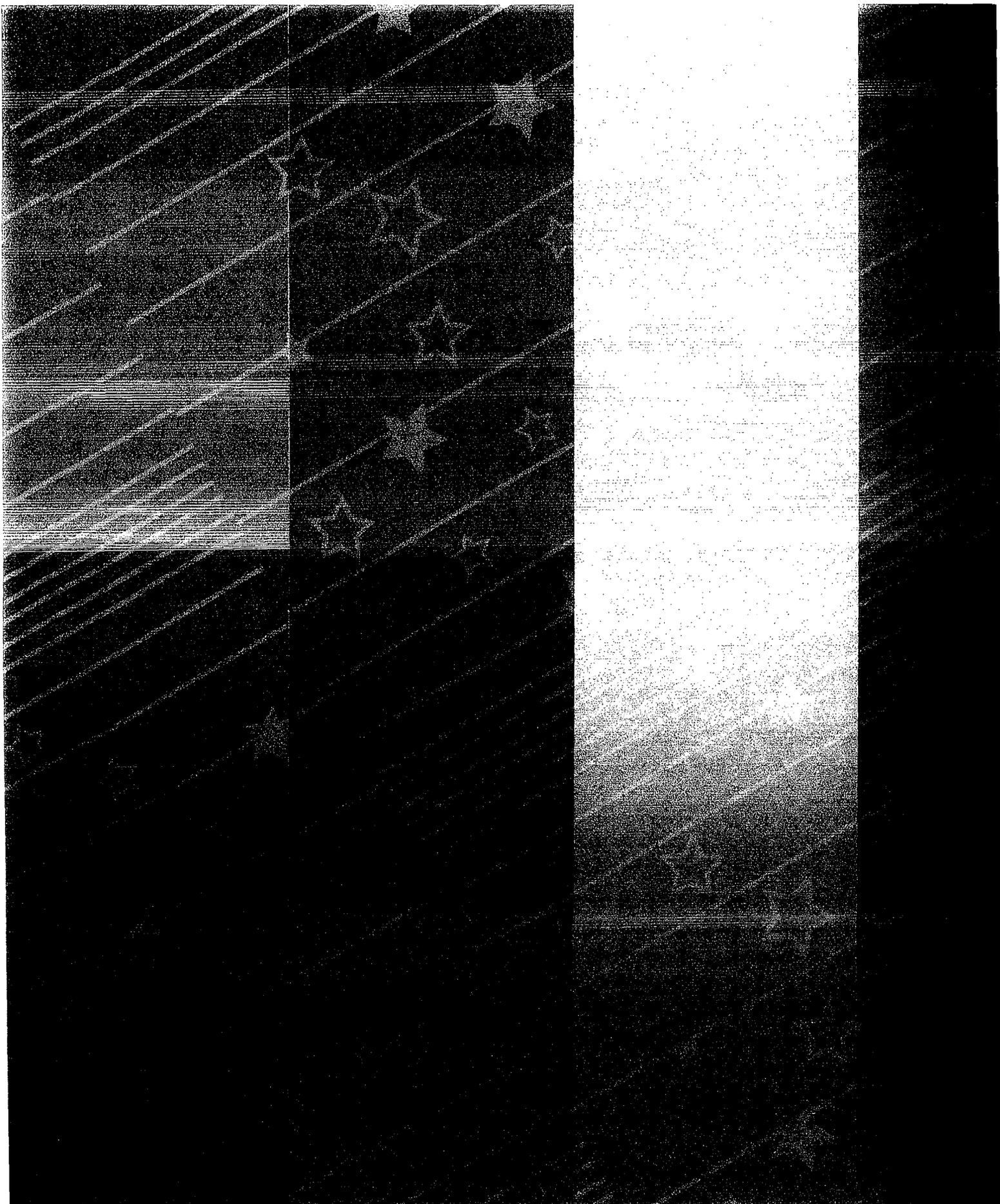
Books that rhyme  
and/or repeat are  
particularly important.

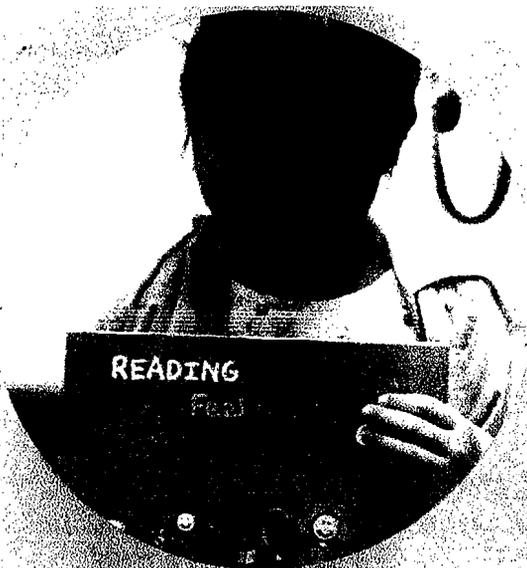
**cerebral  
palsy (CP)**

Make sure books are  
accessible. Lap reading  
may be difficult.

**low vision  
or blindness**

Explore word window  
margins that track the  
line of print; create  
sufficient lighting.  
Tactile books are fun.





Reach  
Out and  
Read®



# Volunteering for Reach Out and Read



[www.reachoutandread.org](http://www.reachoutandread.org)

# WELCOME

Thank you for becoming a Reach Out and Read volunteer! Your support in creating a literacy-rich waiting room environment is a key component of the Reach Out and Read model.

The following are some things to keep in mind while volunteering for Reach Out and Read.

**Identify yourself.** When you arrive at the clinic, check in with your Reach Out and Read or Volunteer Coordinator. There may be a sign-in sheet and a name tag or smock for you to wear so parents and children can easily identify you as a volunteer.

Introduce yourself to the staff, find a secure place for your belongings, and be sure to sign out or let someone know when you are leaving. If you are unable to volunteer at your designated time, call to let the staff know, so they will not worry about you.

**Waiting rooms can be unpredictable.** It may be different every time you volunteer, and different times of day are busier than others. Just be yourself and work at your own comfort level. If there are no children to read to, you can always unpack books, tidy up the reading area, and ask the Coordinator if there are any other ways you can help!

You may bring in appropriate favorites from home or choose from books available in the waiting room or in the Reach Out and Read supply area. Your local librarian or the Reach Out and Read Coordinator can suggest appropriate titles. Encourage children to choose a book, too. If a child wants one book read again and again, remember: repetition is how they learn!

For additional information on volunteering please visit: [www.reachoutandread.org/volunteer](http://www.reachoutandread.org/volunteer)

**Involve the parent(s) too.** Introduce yourself to children and parents and invite them both to listen to the story. Parents LIKE to be involved in what their children are doing!

**Start with one child.** Often, reading to one child will attract other interested children. If you feel comfortable approaching a child and asking if s/he would like to hear a story, great. Kneel down next to the child or have him/her sit next to you, or even read to a child who is sitting on the parent's lap. You can read anywhere!

**Read interactively.** Be sure to ask children questions about what is on the page. Invite the child to identify colors, shapes, and objects. Have him/her help you turn the pages or even read a little bit to you. Perhaps s/he would like to guess what happens next? Our goal is to use books to stimulate a conversation.

Don't be intimidated if a parent or child speaks a language other than yours. Often a gesture or smile will convey universal interest in books! Lots of times, children are bilingual even if the parents are not. If you know a bit



of the other language, try it out, even if just to say, "Hello, my name is...", and invite the child to name pictures in her/his language. If communication ultimately isn't working, that's okay. Just give the child the book to read with the parent.



staff member about it. Don't attempt to intervene in any precarious situation. Also, be cautious about offering food, drink, or candy to children, as you never know what dietary restrictions or rules the parents may have.



**Some children and parents may be stressed.** Some children may be sick or shy or a little cranky. Don't take it personally if someone does not wish to share a book with you. Just smile and hand him/her a book if s/he wants one. Parents are sometimes overwhelmed with life crises, so some families may take a minute to warm up, but most are open to a book or story.



**Don't take responsibility for the waiting room.** You are here to provide a positive reading experience. Do what is most comfortable to you. Feel free to take short breaks between stories. And remember, you are NOT a babysitter; when the appointment time comes, the child goes with the parent, even if you are mid-story. Smile and say goodbye, and if appropriate, invite them to return after the appointment.

**Ask questions.** If you are concerned about anything you observe during your reading time, please talk to a

One of Reach Out and Read's goals is to get books into the hands of children and build home libraries. If your Reach Out and Read Program has gently-used books on hand for older siblings, encourage each child to take home one gently-used book each. (Avoid giving away new ROR books, to ensure that a good variety of books is always available, especially when used book supplies may be low.)

**Defer children's difficult questions.** Don't feel obligated to answer children's questions about sensitive topics. It's always okay to respond by saying, "I think that would be best answered by your parents."

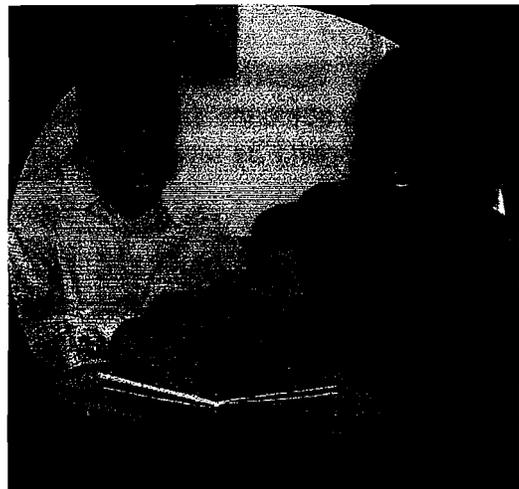
**Share your experiences and suggestions.** New ideas and perspectives are always welcome and are helpful to Reach Out and Read's growth and success. Please keep the Reach Out and Read Program Coordinator up to date on your volunteer experience — and share your ideas!

**The mission of Reach Out and Read® is to make literacy promotion a standard part of pediatric primary care, so that children grow up with books and a love of reading.**

The Reach Out and Read model, a research-proven approach to early literacy development, is now applied in more than 4,500 Programs in the U.S. and includes:

- Doctors and nurses trained in the developmental strategies of early literacy talking to parents about the importance of reading aloud to their children and offering age-appropriate tips and encouragement.
- Children ages 6 months through 5 years receiving a new, developmentally-appropriate book from their primary care provider.
- Whenever possible, volunteers in the waiting room reading aloud to children, showing parents and children the pleasures and techniques of looking at books together.

Each medical facility has its own application and screening process for volunteers. For more information about becoming a Reach Out and Read volunteer, visit the ROR website: [www.reachoutandread.org](http://www.reachoutandread.org).



**Other Volunteer Opportunities**

Prefer not to read to children in the waiting room? There are lots of other ways you can support your local Reach Out and Read Program, among them:

**Conduct a book drive.** Reach Out and Read Programs can always use beautiful, new, age-appropriate books for children ages 6 months to 5 years old. Many children have collected books from guests as part of their birthday or bar/bat mitzvah celebrations.

**Collect 'gently-used' books for siblings or for reading by families and volunteers in the waiting room.** Libraries, bookstores, other families, and even the local post office may be able to provide books!

**Contribute your skills.** Reach Out and Read Coordinators can always use a hand with unpacking, inventorying, and ordering books for the Program. Or you can help build a bookcase or paint a mural for children. Ask the Coordinator for suggestions about how your unique skills can contribute to Reach Out and Read's success.

**Raise funds to support your local Reach Out and Read Program.** Beautiful new books cost money, and each Reach Out and Read program is responsible for raising 75% or more of its annual book budget. There are lots of creative and fun ways to raise money for books — or to arrange donation of appropriate new books directly — for your local Reach Out and Read Program, and donations are always appreciated.

**Make a tax-deductible contribution.** Reach Out and Read is an IRS-qualified charitable organization, so your cash or in-kind donations may be tax-deductible. Contact your

local Reach Out and Read Program or visit [www.reachoutandread.org](http://www.reachoutandread.org) to learn more.

MOTOR

COGNITIVE

WHAT PARENTS CAN DO

6 TO 12 MONTHS



- reaches for book
- puts book in mouth
- sits in lap, head steady
- turns pages with adult help

- looks at pictures
- vocalizes, pats pictures
- prefers pictures of faces

- hold child comfortably
- follow baby's cues for "more" and "stop"
- point and name pictures
- sing and talk to your baby



- sits without support
- may carry book
- holds book with help
- turns board pages, several at a time
- no longer puts book in mouth right away

- points at pictures with one finger
- may make same sound for particular picture (labels)
- points when asked, "where's...?"
- turns book right side up
- gives book to adult to read

- respond to child's prompting to read
- let the child control the book
- be comfortable with toddler's short attention span
- ask "where's the...?" and let child point

18 TO 24 MONTHS



- turns board book pages easily, one at a time
- carries book around the house
- may use book as transitional object (e.g. at bedtime)

- names familiar pictures
- fills in words in familiar stories
- "reads" to stuffed animals or dolls
- recites parts of familiar stories
- attention span highly variable

- relate books to child's experiences
- use books in routines, bedtimes
- ask "what's that?" and give child time to answer
- pause and let child complete the sentence

24 TO 36 MONTHS



- learns to handle paper pages
- goes back and forth in books to find favorite pictures

- recites whole phrases, sometimes whole stories
- coordinates text with picture
- protests when adult gets a word wrong in a familiar story
- reads familiar books to self

- keep using books in routines
- read at bedtime
- be willing to read the same story over and over
- ask "what's that?"
- relate books to child's experiences
- provide crayons and paper

3 YEARS AND UP



- competent book handling
- turns paper pages one at a time

- listens to longer stories
- can retell familiar story
- understands what text is
- moves finger along text
- "writes" name
- moves toward letter recognition

- ask "what's happening?"
- encourage writing and drawing
- let child tell the story

