



UTS TRAINING TIMES

First Steps

Volume 10 Issue 4

November 2014

News to note....

- This is the tenth year, 40th issue and last Training Times by UTS-ProKids. As of December 31, 2014, the ProKids, UTS Programmatic Training contract will end. You can review the State email announcement on page 4, the 10/31/14 State Update on page 5 and a Q & A on page 6. Providers should note the following important deadlines:

- 12/10/14** Last day to complete November 2014 Training Times Assessment
- 12/10/14** Last day to register for online trainings
- 12/15/14** Last day to access training history/profile
- 12/15/14** Last day for completion of any online trainings



- All Service Coordinators and Providers need to complete the November 2014 Training Times Assessment by 11:59pm on Wednesday, December 10, 2014.**
- Dates for DSP 102 & 103 and SC 102 & 103 are listed on Page 3. If needed, waivers may be requested, to complete these trainings outside of the prescribed timeframes listed on page 2. Contact the First Steps State Staff at firststepsweb@fssa.in.gov, prior to the course date to request a waiver.
- At this time, providers/agencies are NOT to pay their 2015 annual training fees.**
- SPOEs, Provider Agencies and Independent Providers should monitor their email and the State First Steps webpage for updates and information on future training access in 2015.
- A new FSCT - Inclusion in Early Care and Education Settings has been added to the UTS-ProKids website. See page 19 for details.**

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INDIANA'S UNIFIED TRAINING SYSTEM

“Creating Learning Opportunities for Families and Providers Supporting Young Children”

First Steps Enrollment and Credential Training Requirements*

Provider Level - New	Training for Enrollment	Training for Initial Credential
Service Coordinator (Intake and Ongoing)	SC 101—SC Modules (self-study)	SC 102 within 3-6 months of employment date SC 103 within 6-9 months of employment date Quarterly (4) - Training Times Assessment (self-study) First Steps Core Training—one course per credential year (self study or on-site) 15 points for initial credential
Direct Service Provider	First Steps Orientation or DSP 101—Provider Orientation Course (self-study)	*DSP 102-within 3 months of enrollment (on-site) *DSP 103-within 3 months of enrollment (on-site) Quarterly (4) - Training Times Assessment (self-study) First Steps Core Training—one course per credential year (self study or on-site) 10 or 15 points for initial credential * timeline for completion has been revised, effective 08/14. DSP 102 & 103 must be completed within 3 months of enrollment or have a state waiver on file.
Provider Level - Credentialed	Training for Enrollment	Training for Annual Credential
Service Coordinator (Intake or Ongoing who has completed initial credential)	SC Orientation and Service Coordination Level 1 or SC 101 – SC Modules (self-study)	Quarterly (4) - Training Times Assessment (self-study) First Steps Core Training - one course per credential year (self study or on-site) 3 points for annual re-credential
Direct Service Provider (who has completed initial credential)	First Steps Orientation (on-site or self-study) or DSP 101 - Provider Orientation Course (self-study)	Quarterly (4) – Training Times Assessment (self-study) First Steps Core Training - one course per credential year (self study or on-site) 3 points for annual re-credential

*First Steps Enrollment and Credential Training Requirements

The First Steps Enrollment and Credential Training Requirements are current through December 31, 2014. Providers should monitor their emails and the First Steps website for updates regarding training access and requirements in 2015.

The Bureau of Child Development Services currently requires all providers and service coordinators to complete four (4) quarterly *Training Times* assessments, as part of your mandatory training requirements for credentialing. All providers and service coordinators must logon and complete the November 2014 Training Times Assessment by 11:59pm on December 10, 2014, so that it can be included in your training profile. Copies of course transcripts must be downloaded and printed by December 15, 2014.

Indiana First Steps

UTS Training Times

Ann Ruhmkorff, Editor

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Web Address: <http://www.utsprokids.org>

Email: Training questions training@utsprokids.org

Registration questions: registration@utsprokids.org

After 12/31/14, the above contact information and links will end. All inquiries should be directed to Indiana First Steps at firststepsweb@fssa.in.gov.

Service Coordinator Training Dates for 2014

Service Coordination 102: All service coordinators must enroll and complete SC 102 3- 6 months after employment date. If you are unable to adhere to this timeline, you must request a training waiver. Email your request to firststepsweb@fssa.in.gov.

Tuesday, 11/11/14 from 9-4pm at ProKids, Inc. Indianapolis

Service Coordination 103: All service coordinators must complete SC103 6-9 months after employment date. If you are unable to adhere to this timeline, you must request a training waiver. Email your request to training@utsprokids.org.

Tuesday, 12/9/14 at ProKids, Inc. Indianapolis from 9-4pm

Thursday, 12/11/14 in Fort Wayne, IN from 9-4pm

All Service Coordinators must register online for SC 102 and SC 103 at www.utsprokids.org.

DSP 102 and DSP 103 Provider Follow Up Orientation

Beginning August 1, 2014, all newly enrolled direct service providers (DSP) must complete DSP 102 and 103 within the **first 3 months of their enrollment**. DSP 101 is required prior to provider enrollment. DSP 102 and DSP 103 must be completed within three months following the enrollment date. Completion dates for these courses must be documented on the Annual Attestation Statement and initial credential. Training dates for DSP 102 & 103 are listed below. These trainings are held at ProKids Inc. **Providers now have the option to complete both courses on the same day or on separate days, without requesting a waiver.** Providers enrolled prior to August 1, 2014 must complete both courses by 10/15/14. Waiver requests should be directed to State staff at firststepsweb@fssa.in.gov.

DSP 102 Dates	Time	DSP 103 Dates	Time
November 4, 2014	1:00-4:00PM	November 4, 2014	9:00-12:00PM
December 2, 2014	1:00-4:00PM	December 2, 2014	9:00-12:00PM

AEPS Part 2: Best Practices for Assessment Teams

Last Opportunity to take this course in 2014 - Friday, December 5, 2014

AEPS Part 2: Best Practices for Assessment Teams was designed specifically for new and experienced assessment team members. In this 6-hour classroom training, you will delve into the nuances of observation, scoring, reporting and informed clinical opinion.

Pre-requisites: (1) successfully complete AEPS Part 1: Understanding and Using the AEPS, (2) submit four real-time assessment reflections (Homework #3 from Part 1) to UTS ProKids at least seven days prior to your scheduled AEPS Part 2 training, and (3) bring completed Homework Assignment #1 from AEPS Part 1 to AEPS Part 2.

More information can be found at <https://www.utsprokids.org/training/course-catalog/>



THE NOVEMBER 2014 TRAINING TIMES ASSESSMENT DEADLINE IS

11:59 PM (EST) ON DECEMBER 10, 2014

PLEASE NOTE DEADLINE DATE ABOVE - ONLINE TRAINING TIMES ASSESSMENTS WILL NOT BE AVAILABLE AFTER DECEMBER 10, 2014.

State Ends First Steps Programmatic Training at ProKids

On October 7, 2014, the email below was sent to all First Steps Provider Agencies by Cathy Robinson, First Steps Director. Please direct all questions regarding content of this message to your supervisor or firststepsweb@fssa.in.gov.

Agencies:

As DRS and the state First Steps team have evaluated the programmatic efforts over the past three years to build a cohesive agency structure throughout the system, we believe we're prepared to build local training capacity beyond where we are today. We will be winding down our training contract with ProKids (UTS) over the following months and introducing a new training approach for First Steps providers.

In making this determination, it's important for me to acknowledge the significant and experienced training support that ProKids has provided to First Steps and other early childhood partners over the years. They truly developed the Unified Training System into a model educational resource that enhanced the professional development efforts for early childhood services across the state. I have greatly appreciated the wealth of knowledge this group has collectively shared with our providers and service coordinators. We fully recognize this early intervention program would not be where it is today without these training partners – we are, however, ready to embark on a system that supports agency providers to deliver and maintain these needed training components to their own providers. I know the trainings ProKids has developed are vital to our system, and I expect they will be a continued resource as we shift our focus going forward. Additional information on the training requirements and details related to specific enrollment and credentialing processes will be forthcoming.

ProKids/UTS will continue to offer the current schedule of trainings as presented on the training calendar through December, 2014. At this time, providers/agencies are NOT to pay their 2015 annual training fees. We will share additional information on any future training fees or costs as we approach next year. If you have questions about current trainings that are scheduled through the end of 2014, please direct those questions to UTS ProKids, as well as issues or questions related to your online training profile. Please reference the table below for important, key dates for upcoming training deadlines and profile access.

12/10/14	Last day to complete November 2014 Training Times Assessment
12/10/14	Last day to register for online trainings
12/15/14	Last day to access training history/profile
12/15/14	Last day for completion of any online trainings

For questions related to credentialing after 2014, please keep in mind we will be sending future guidance regarding enrollment/credentialing. If you have immediate, specific questions related to credentialing please email those to FirstStepsWeb@fssa.in.gov.

Thanks,

Cathy Robinson, M.S. Ed
Director - BCDS
First Steps
Division of Disability and Rehabilitative Services

State Update on Unified Training System

The following update was received on 10/31/14.

As the state begins to move forward with designing a new Unified Training System in the coming year, we would like to share a brief update regarding what to expect as we move into the beginning of next year.

Please be aware that 2015 will be considered a transition year for the training system. We do not anticipate that on January 1, 2015 the training/credentialing requirements will automatically change for providers. We expect that providers will complete the credentialing requirements that are laid out as of this moment in time. If a provider's credentialing date will be early in 2015, please continue to plan to fulfill the current requirements. You will continue to communicate and submit your credentialing information to CSC as usual, as they are continuing to serve as our enrollment/credentialing partner.

If there are training requirements that providers need to fulfill within the first months of 2015, please understand that the state is working to make available trainings and materials needed to complete required trainings. Currently that state is working to develop and determine the material that will be used to fulfill the current Training Times requirement.

For providers who are seeking to complete the annual requirement of completing one First Steps Core Training, please be aware that the state has identified the online AEPS course, (AEPS Part 1: Understanding and Using the AEPS) as the single FSCT for all providers for the transition year of 2015. If a provider has already taken this course, please submit documentation to the state via FirstStepsWeb@fssa.in.gov that confirms that the course has been completed previously. The state will then respond with an alternative training or activity as a substitution.

Additionally, the state intends to continue to make all of the current online trainings available after December 2014. The information about where and how to access the trainings will be forthcoming.

We would also like to take the opportunity to inform providers that one of the major goals of the changes to the training system is to be able to establish local delivery of on-boarding trainings such as SC 102/103 and DSP 102/103.

As the training system continues to develop, the state will continue to work to communicate information as swiftly as possible.

If you have questions that require immediate assistance relating to the training system and requirements please email FirstStepsWeb@fssa.in.gov.

David Brandon

First Steps Consultant

Division of Disability and Rehabilitative Services

UTS-ProKids Staff Bids Farewell

For over 10 years, ProKids, Inc., has served as the Unified Training System - Programmatic Training contractor for the Indiana First Steps System. On December 31, 2014, ProKids' UTS Programmatic Training contract will end and UTS-ProKids will no longer exist. As we transition out of ProKids, we wanted to say good-bye. We have worked diligently over the years to develop and implement First Steps Programmatic Training and we will miss the opportunity to serve Indiana's First Steps providers.



Renee Jarboe – Training Manager

Renee has been with ProKids for the last 11 years, working exclusively on the UTS-ProKids contract. As one of the original UTS staff hires, Renee has managed all projects within UTS Programmatic Training, including course development, conferences, UTS-ProKids website, the provider training database and reports. Renee is an active scrap booker and youth soccer coach.

Janice Sams – Administrative Assistant

Janice has been with ProKids for six years. During this time, Janice has managed the UTS Connect Office, handling registration and training payments. Janice is often complimented for her kind, patient and efficient problem-solving abilities. Janice is very active in Hurdlin' Hoosiers Flyball team with her dog Katie.



Betsy Ray – Training Coordinator

With a Master's degree in Adult Education, Betsy came to UTS-ProKids 8 years ago to develop curriculum for First Steps core and topical trainings for online and face-to-face delivery. She maintained, modified, and revised curriculum as needed to reflect legislative and program requirements. Betsy is not only proficient in web-based training design, she is also a Master Gardener!

Katarina Groves – Provider Liaison

Katarina has been with the First Steps program and ProKids, Inc., for 13 years. As a Provider Liaison for UTS-ProKids, Katarina helped to plan, coordinate, and implement trainings and conferences for providers in the system. She also works part time as a Council Coordinator for Cluster G. Fluent in Swedish, Katarina grew up in California, went to college in Hawaii and currently lives in Greenwood.



Ann Ruhmkorff – Professional Development Specialist

Ann Ruhmkorff, RN, MSN, PNP has worked with First Steps Programmatic Training at ProKids since its beginnings in 2003. Ann has a long history with First Steps, dating back to 1995 as a provider agency administrator at Lifelines Children's Rehabilitation Hospital. She has also served as Peer Monitoring and

Quality Review Coordinator, Marion County Local Planning and Coordinating Council Coordinator, UTS-ProKids training consultant and as the first Executive Director of ProKids. It has been a long and rewarding career.



Q & A on First Steps Programmatic Training Changes

1. What is First Steps Programmatic Training?

A Comprehensive System of Professional Development (CSPD) is a requirement of Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) and includes the training of early intervention professionals. In Indiana, the CSPD has been administered through the State Unified Training System (UTS) contract. For the past 11 years, ProKids, Inc., has been the contractor for UTS First Steps Programmatic Training. This contract is ending December 31, 2014.

2. After December 31, 2014, who will be responsible for First Steps Programmatic Training?

Going forward in 2015, the State will determine who and how the UTS for First Steps Programmatic Training will function. See page 5 for the latest State Update. First Steps providers should continue to monitor emails, updates and the First Steps webpage for additional information.

UTS-ProKids is providing digital copies of all the online courses and course slides, notes and handouts for DSP 102 & 103, SC 102 & 103 and the AEPS Part 2: Best Practices for Assessment Teams. The State has also been provided with a course list and trainer contact information for all other on-site courses.

3. What will happen to ProKids?

ProKids, Inc., is a 501 (c) 3 nonprofit corporation. While ProKids will no longer hold the UTS-Programmatic Training contract, it will continue as the System Point of Entry (SPOE) and the Local Planning & Coordinating Council (LPCC) for Central Indiana. The staff currently working on the UTS-Programmatic Training contract will no longer be employed at ProKids after December 31, 2014. These changes will not affect SPOE or LPCC staff.

4. What will happen to my training records?

All First Steps service coordinators and direct service providers should logon to the UTS-ProKids website at www.utsprokids.org. Click on **My Account** and then **View My Courses**. Click **Print Transcript** to print your online courses. Then return to **My Account** and click **View My Registrations**. Click **Print Transcript** to print your onsite trainings. **The deadline to print your transcripts is December 15, 2014.** After December 15, 2014, the web-based training system will be unavailable to allow for system data download.

ProKids is working with its web master to provide the state with a data base of all providers and their trainings. Because we are unsure where this data will be housed, we cannot guarantee access after December 15, 2014. To be safe, providers should maintain their own copies of their course transcripts.

5. If I have questions about training in 2015, who do I contact?

The current UTS-ProKids website, training calendar, emails and phone lines will cease operations on December 31, 2014. SPOE and LPCC staff at ProKids will not be able to answer training questions. **All training inquiries should be directed to firststepsweb@fssa.in.gov.**

6. Who should I contact for enrollment and credentialing questions?

No changes have been made to provider enrollment and credentialing. Providers should continue to contact CSC Covansys Provider Enrollment.

**CRO Provider Enrollment
c/o CSC Covansys
P.O. Box 29160
Shawnee Mission, KS 66201-9160
Phone: 866.339.9595 ext. 2**

Just the Facts, Ma'am: Evidence-Based Practices That Support Each Young Child

What do we mean by quality?

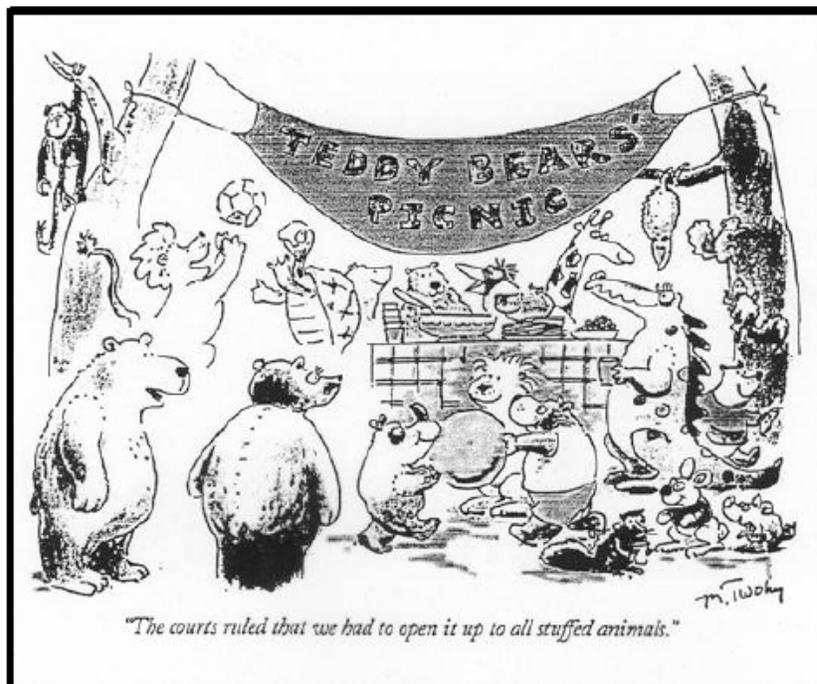
- Educational Services, Inc. (2000). *A creative adventure: Supporting development and learning through art, music, movement and dialogue: A guide for parents and professionals*. Alexandria, VA: Head Start Information & Publication Center. <http://edlkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/Domains%20of%20Child%20Development/Creative%20Arts/ACreativeAdvent.htm>

What do we mean by inclusion?

- DEC/NAEYC. (2009). *Early childhood inclusion: A joint position statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)*. Chapel Hill: The University of North Carolina, FPG Child Development Institute. http://npdci.fpg.unc.edu/resources/articles/Early_Childhood_Inclusion

Evidence-based practices that support each young child

- National Professional Development Center on Inclusion. (2011). *Research synthesis points on practices that support inclusion*. Chapel Hill: The University of North Carolina, FPG Child Development Institute, Author. http://npdci.fpg.unc.edu/sites/npdci.fpg.unc.edu/files/resources/NPDCI-ResearchSynthesisPointsInclusivePractices-2011_0.pdf



Handout developed by Camille Catlett camille.catlett@unc.edu This handout may be downloaded at <http://fpg.unc.edu/presentations/just-facts-maam-evidence-based-practices-support-each-young-child>

Five Evidence Based Practices that Support Each Child

1. Universal Design for Learning	<p>Building Inclusive Childcare Universal Design for Learning http://www.northampton.edu/Early-Childhood-Education/Partnerships/Building-Inclusive-Child-Care.htm Conn-Powers, M., Cross, A.F., Traub, E.K., & Hutter-Pishgahi, L. (2006, September). The universal design of early education: Moving forward for all children. <i>Beyond the Journal: Young Children on the Web</i>. http://journal.naeyc.org/btj/200609/ConnPowersBTJ.pdf Dinnebeil, L. A., Boat, M. B., & Bae, Y. (2013). Integrating principles of universal design into the early childhood curriculum. <i>Dimensions of Early Childhood</i>, 41(1), 3-13 http://www.southernearlychildhood.org/upload/pdf/Dimensions_Vol41_1_Dinnebeil.pdf Supporting Early Literacy Through Universal Design & Assistive Technology http://depts.washington.edu/hscenter/family-literacy-2 Universal by Design: Inclusive Approaches that Support Each Preschool Child http://dec.membershipsoftware.org/files/EHornhandoutsvermont14.pdf</p>
2. Assistive Technology	<p>AT for infants/toddlers http://www.scoe.net/seeds/resources/at/atinfants.html AT for preschool http://www.scoe.net/seeds/resources/at/atPreschool.html Assistive technology for infants, toddlers, and young children http://www.nectac.org/topics/atech/atech.asp CONNECT Module 5: Assistive Technology http://community.fpg.unc.edu/connect-modules/learners/module-5 Mulligan,S. (2003). Assistive technology: Supporting the participation of children with disabilities. <i>Beyond the Journal: Young Children on the Web</i>. http://journal.naeyc.org/btj/200311/assistivetech.pdf</p>
3. Embedded Learning	<p>CONNECT Module 1: Embedded Interventions http://community.fpg.unc.edu/connect-modules/learners/module-1 Embedded Instruction: Doing What Comes Naturally http://dec.membershipsoftware.org/files/REVISED%20EI%20Handout%20Packet.pdf Embedded Instruction for Early Learning http://www.embeddedinstruction.net/ Embedded Learning Opportunities (videos, PowerPoints) http://depts.washington.edu/hscenter/elo Just Being Kids: Supports & Services for Infants and Toddlers and Their Families in Everyday Routines, Activities & Places http://www.cde.state.co.us/resultsmatter/rmvideoseris_justbeingkids Research evidence on embedded instruction for early learning http://www.embeddedinstruction.net/node/18</p>
4. Scaffolding	<p>Campbell, P. H., Milbourne, S. A., & Kennedy, A. A. (2012). <i>CARA's kit for toddlers: Creating adaptations for routines and activities</i>. Baltimore: Brookes. Center for Early Literacy Practice Guides with Adaptations http://www.earlyliteracylearning.org/pg_tier2.php Leong, D. J., & Bodrova, E. (2012). Assessing and scaffolding make-believe play. <i>Young Children</i>, 67(1), 28-34. http://www.naeyc.org/files/yc/file/201201/Leong_Make_Believe_Play_Jan2012.pdf Milbourne, S.A., & Campbell, P.H. (2007). <i>CARA's kit: Creating adaptations for routines and activities</i>. Missoula, MT: DEC. http://store.dec-sped.org/ShopCartUser/index/?showcategoryid=712</p>
5. Family Engagement	<p>CONNECT Module 4: Family-Professional Partnerships http://community.fpg.unc.edu/connect-modules/learners/module-4 Family Engagement, Diverse Families, and Early Childhood Education Programs: An Integrated Review of the Literature http://www.naeyc.org/files/naeyc/file/research/FamEngage.pdf The Impact of Family Involvement on the Education of Children Ages 3 to 8: A Focus on Literacy and Math Achievement Outcomes and Social-Emotional Skills http://www.mdrc.org/publication/impact-family-involvement-education-children-ages-3-8 National Center on Parent, Family and Community Engagement http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family</p>

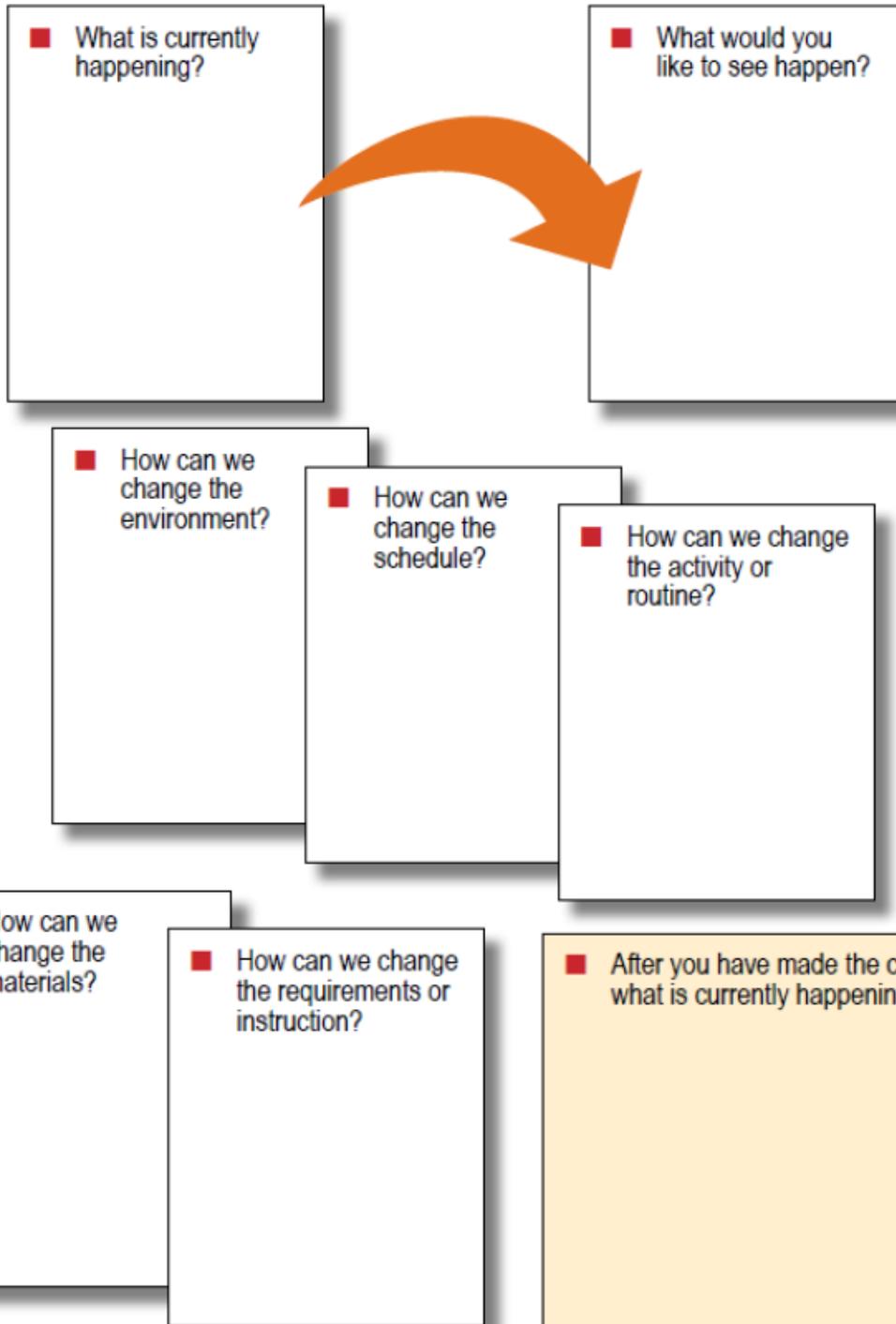
Handout developed by Camille Catlett camille.catlett@unc.edu This handout may be downloaded at <http://fpg.unc.edu/presentations/just-facts-maam-evidence-based-practices-support-each-young-child>

Three Kinds of Resources to Support Individualizing

<p>1. Your Tax \$\$ at Work Learning</p>	<p>CONNECT Modules http://community.fpg.unc.edu/connect-modules</p> <p>Center on Early Literacy Learning http://www.earlyliteracylearning.org/</p> <p>Center on the Social and Emotional Foundations of Early Learning http://csefel.vanderbilt.edu/</p> <p>National Professional Development Center on Inclusion http://npdci.fpg.unc.edu/</p> <ul style="list-style-type: none"> • DEC/NAEYC. (2009). <i>Early childhood inclusion: A joint position statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)</i>. Chapel Hill: The University of North Carolina, FPG Child Development Institute. http://npdci.fpg.unc.edu/resources/articles/Early_Childhood_Inclusion • Foundations of Inclusion Birth to Five http://community.fpg.unc.edu/connect-modules/resources/videos/foundations-of-inclusion-birth-to-five <p>Technical Assistance Center on Social Emotional Development for Young Children http://www.challengingbehavior.org/</p> <p>Course Resources</p> <p>Heartland Equity and Inclusion Project http://www.hcc.cc.il.us/heip/</p> <p>Kirkwood Community College http://www.kirkwood.edu/site/index.php?p=33656</p> <p>SCRIPT-NC http://scriptnc.fpg.unc.edu/resource-search</p>
<p>2. Not Just for Head Start</p>	<p>Early Childhood Learning and Knowledge Center http://eclkc.ohs.acf.hhs.gov/hslc</p> <p>National Center on Cultural and Linguistic Responsiveness http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic</p> <ul style="list-style-type: none"> • 60 minutes from catalog to classroom http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/center/60MinutesfromC.htm • The Importance of Home Language series http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/center/home-language.html • Strategies for Supporting All Dual Language Learners https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/docs/dll-strategies.pdf <p>National Center on Parent, Family and Community Engagement http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family</p> <p>National Center on Quality Teaching and Learning http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/Disabilities</p> <ul style="list-style-type: none"> • 15 Minute In-Services (expansions, asking questions, engaging children in conversations) http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/center/practice/ISS/ISS-library_T.html • Front Porch series https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/center/practice/fp/fpSeries.html • Head Start Center on Inclusion http://depts.washington.edu/hscenter/ • Teacher Time webinars http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/center/development/teacher-time-webinars.html
<p>3. Videos</p>	<p>California Map to Inclusion and Belonging – Video Collection http://cainclusion.org/camap/videos.html</p> <p>Results Matter video library http://www.cde.state.co.us/resultsmatter/rmvideoseris</p> <p>University of Northern Iowa Empowering Preschool Quality</p> <ul style="list-style-type: none"> ○ http://www.uni.edu/coe/regentsctr/epq/search (to view clips online) ○ http://www.uni.edu/coe/regentsctr/epq/dvd-order-form (to order free DVDs) <p>Video Library http://www.ecetp.pdp.albany.edu/videolibrary.shtm</p>

Handout developed by Camille Catlett camille.catlett@unc.edu This handout may be downloaded at <http://fpg.unc.edu/presentations/just-facts-maam-evidence-based-practices-support-each-young-child>

ADAPTATION NOTES



Positive Parenting Tips for Healthy Child Development



Infants (0-1 year old)

Developmental Milestones

Cognitive development for your baby means the learning process of memory, language, thinking and reasoning. Your baby is learning to recognize the sound of your voice. She is also learning to focus her vision from the periphery or the corner of her eyes to the center. Language development is more than uttering sounds (“babble”), or mama/dada. Listening, understanding, and knowing the names of people and things are all components of language development. During this stage, your baby is also developing bonds of love and trust with you. The way you cuddle, hold, and play with your baby will set the basis for how he will interact with you and others.

For more information on developmental milestones and warning signs of possible developmental delays, visit [Learn the Signs. Act Early.](http://www.cdc.gov/ncbddd/autism/ActEarly) (<http://www.cdc.gov/ncbddd/autism/ActEarly>)

Positive Parenting

- Talk to your baby. It is soothing to hear your voice.
- When your baby makes sounds, answer him by repeating and adding words. This will help him learn to use language.
- Read to your baby. This helps her develop and understand language and sounds.
- Sing to your baby.
- Play music. This helps your baby develop a love for music and math.
- Praise your baby and give him lots of loving attention.
- Spend time cuddling and holding your baby. This helps her feel cared for and secure.
- The best time to play with your baby is when he’s alert and relaxed. Watch your baby closely for signs of being tired or fussy so that you can take a break.
- Parenting can be hard work! Take care of yourself physically, mentally, and emotionally. It is easier to enjoy your new baby and be a positive, loving parent when you are feeling good yourself.



Promoting the health of babies, children, and adults,
and enhancing the potential for full, productive living

www.cdc.gov/ncbddd

Department of Health and Human Services

National Center on Birth Defects and Developmental Disabilities

Child Safety First

Now that your newborn is at home, it is time to make sure that your home is a safe place. Look around your home for household items that might present a possible danger to your baby. As a parent, it is your responsibility to ensure that you create a safe environment for your baby. It is also important that you take the necessary steps to make sure that you are mentally and emotionally ready for your new baby. Here are a few tips to keep your baby safe during her first year of life.

- It is important that you never shake your newborn baby. Newborn babies have very weak neck muscles that are not yet able to support their heads. If you shake your baby you can damage his brain and delay normal development.
- To prevent SIDS (Sudden Infant Death Syndrome), it is recommended that you always put your baby to sleep on her back. For more information on SIDS, visit National Institute of Child Health and Human Development (<http://www.nichd.nih.gov/sids/sids.cfm>).
- Place your baby in a car safety seat every time he rides in the car. The safest place for his safety seat is in the back seat of the car. Children who are less than one year OR are less than 20 pounds should be placed in a rear-facing care seat.
- To prevent your baby from choking, cut her food into small bites. Don't allow your baby to play with anything that may cover her face or is easy for her to swallow.
- Never carry hot liquids or food near your baby or while holding him.
- Immunizations (shots) are important to protect your child's health and safety. Because children are susceptible to many potentially serious diseases, it is important that your child receive the proper immunizations. Please consult your local health care provider to ensure that your child is up-to-date on her childhood immunizations. You may visit the CDC immunization website (<http://www.cdc.gov/nip/recs/child-schedule.htm>) to obtain a copy of the recommended immunization schedule for U.S. children

Promoting the health of babies, children, and adults,
and enhancing the potential for full, productive living

www.cdc.gov/ncbddd

Department of Health and Human Services

National Center on Birth Defects and Developmental Disabilities

Positive Parenting Tips for Healthy Child Development



Toddlers (1-2 years old)

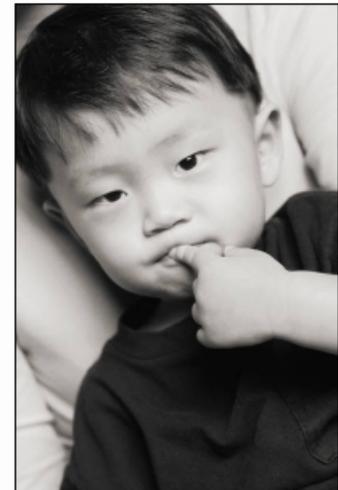
Developmental Milestones

During this time, your child is becoming increasingly more mobile, and aware of himself and his surroundings. Her desire to explore new objects and people is also increasing. During this stage, your toddler will show greater independence, begin to show defiant behavior, recognize himself in pictures or a mirror, and imitate the behavior of others, especially adults and older children. Your toddler will also be able to recognize names of familiar people and objects, form simple phrases and sentences, and follow simple instructions and directions.

For more information on developmental milestones and warning signs of possible developmental delays, visit [Learn the Signs. Act Early.](http://www.cdc.gov/ncbddd/autism/ActEarly) (<http://www.cdc.gov/ncbddd/autism/ActEarly>)

Positive Parenting

- Keep reading to your toddler daily.
- Ask her to find objects for you or name body parts and objects.
- Play matching games with your toddler.
- Encourage him to explore and try new things.
- Help to develop your toddler's language by talking with her.
- Encourage your toddler's curiosity and ability to recognize common objects by taking field trips together to the park or a bus ride.



Child Safety First

As your child is becoming increasingly mobile, his ability to encounter more dangers is increasing as well. Here are a few recommendations to help keep your growing toddler safe.

- Block off stairs with a small gate or fence. Lock doors to dangerous places such as the garage or basement.
- Toddler proof your home by placing plug covers on all unused electrical outlets.
- Keep kitchen appliances, irons, and heaters from the reach of your toddler. Turn pot handles toward the back of the stove.
- Keep sharp objects such as scissors and pens in a safe place.
- Lock up medicines, household cleaners and poisons.
- Never leave her alone in the car, even for a few moments.
- Store any guns in a safe place out of his reach.

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Positive Parenting Tips for Healthy Child Development

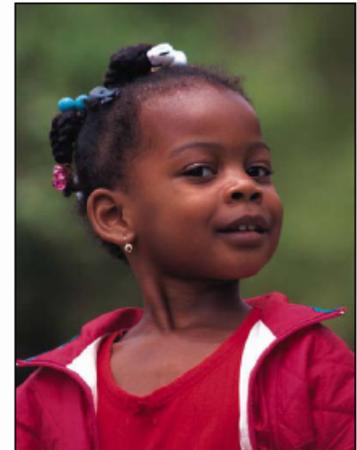


Toddlers (2-3 years old)

Developmental Milestones

Because of your child's growing desire to assert her independence, this stage is often called the "terrible twos." However, this can be an exciting time for you and your toddler. He will experience huge intellectual, social, and emotional changes that will help him to explore his new world, and make sense of it. During this stage, your toddler will be able to follow two- or three-phrase commands, sort objects by shape and color, imitate the actions of adults and playmates, and express a wide range of emotions.

For more information on developmental milestones and warning signs of possible developmental delays, visit [Learn the Signs. Act Early.](http://www.cdc.gov/ncbddd/autism/ActEarly) (<http://www.cdc.gov/ncbddd/autism/ActEarly>)



Positive Parenting

- Set up a special time to read books with your toddler.
- Encourage your child to engage in pretend play.
- Play parade or follow the leader with your toddler.
- Help your child to explore her surroundings by taking her on a walk or wagon ride.
- Encourage your child to tell you his name and age.
- Teach your child simple songs like Itsy Bitsy Spider, or other cultural childhood rhymes.

Child Safety First

Encourage your toddler to sit when eating and to chew her food thoroughly.

- Check toys often for loose or broken parts.
- Encourage your toddler not to put pencils or crayons in his mouth when coloring or drawing.
- Never leave your toddler near or around water (that is, bathtubs, pools, ponds, lakes, whirlpools, or the ocean) without someone watching her.
- Never drink hot objects while your child is sitting on your lap. Sudden movements can cause a spill.

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Understanding and Responding to Children Who Bite

As children mature, gain self-control, and develop problem-solving skills, they usually outgrow this behavior. While not uncommon, biting can be an upsetting and potentially harmful behavior. It's best to discourage it from the very first episode. This article will help you to understand the reasons young children bite and give you some ideas and strategies for responding appropriately.

Why do young children bite?

Some children bite instinctively, because they have not developed self-control. For example, when 3-year-old Marcus grabs a doll from his 2-year-old sister Gina, her first response is to bite him and grab the doll. She doesn't stop to think about other ways to act or the result of her actions. But there are many other reasons why children may bite.

A child might bite to

- Relieve pain from teething.
- Explore cause and effect ("What happens when I bite?").
- Experience the sensation of biting.
- Satisfy a need for oral-motor stimulation.
- Imitate other children and adults.
- Feel strong and in control.
- Get attention.
- Act in self-defense.
- Communicate needs and desires, such as hunger or fatigue.
- Communicate or express difficult feelings, such as frustration, anger, confusion, or fear ("There are too many people here and I feel cramped").

What can families do to prevent biting?

There are a variety of things that families can do to prevent biting. It helps to

- Have age-appropriate expectations for your child's behavior based on his or her current skills and abilities.
- Make sure your child's schedule, routines, and transitions are predictable and consistent. At meal and bedtimes, try to do things in the same way and at the same times. Young children thrive when they know what will happen next.
- Offer activities and materials that allow your child to relax and release tension. Some children like yoga or deep breathing. Offer playdough, foam balls, bubbles, soft music, and other stress-reducing items.
- Use positive guidance strategies to help your child develop self-control. For example, offer gentle reminders, phrased in a way that tells them what behaviors are expected. "Be sure to hang up your coat on the hook." "You can each have a bucket to use in the sandbox." "Put a small dot of toothpaste on your brush. You won't need much to get your teeth clean."
- Provide items to bite, such as teething rings or clean, wet, cold washcloths stored in the refrigerator. This helps children learn what they can bite safely, without hurting anyone else.

How should I respond when my child bites?

While every situation is different, here are some general guidelines for responding when a child bites.

Infants

Infants learn about the world around them by exploring it with their hands, eyes, and mouths. But infants often need help to learn what they should and shouldn't bite.

If your infant takes an experimental bite on a mother's breast or grandpa's shoulder, stay calm and use clear signals to communicate that it is not okay for one person to bite another. A firm "no" or "no biting!" is an appropriate response.

Toddlers and Preschoolers

Toddlers have many strong emotions that they are just learning to manage. Toddlers may bite to express anger or frustration or because they lack the language skills needed to express their feelings.

Biting is less common in preschoolers than toddlers. When a preschooler bites, it may be due to something at home or at their child care program that is causing the child to be upset, frustrated, confused, or afraid. A preschooler may also bite to get attention or to act in self-defense.



Follow the steps below with both toddlers and preschoolers.

1. If you see the biting incident, move quickly to the scene and get down to children's level. Respond to the child who did the biting. In a serious, firm tone make a strong statement: "No biting. Biting hurts. I can't let you hurt Josie or anyone else." Next, offer a choice: "You can help make Josie feel better, or you can sit quietly until I can talk with you." Help the child follow through on the choice if necessary.
2. Respond to the child who was hurt by offering comfort through words and actions: "I'm sorry you are hurting. Let's get some ice." Perform first aid if necessary. The child who did the biting can help comfort the bitten child—if both parties agree. Help the child who was hurt find something to do.
3. Finally, talk to the child who did the biting. Maintain eye contact and speak in simple words using a calm, firm tone of voice. Try to find out what happened that led to the incident. Restate the rule, "Biting is not allowed." Model the use of words that describe feelings: "Kim took your ball. You felt angry. You bit Kim. I can't let you hurt Kim. No biting." Discuss how the child can respond in similar situations in the future.

What if biting becomes a habit for my child?

If biting becomes a habit for your child and ongoing positive guidance is not effective, it is time to set up a meeting with your child's teacher(s). Together, you can plan an approach for addressing the behavior that can be applied consistently at home and at the program. Together, you can discuss and define the behavior and find the cause behind it. Next, you and the teacher(s) can develop a plan to address the causes and help your child to replace biting with acceptable behaviors. Try the plan for several weeks, but be patient. It takes time to change behaviors that have become habits. Keep in touch with your child's teacher(s) to share information about changes in behavior. After several weeks, evaluate the plan's effectiveness and make changes as needed.

What strategies can I use to help my child overcome a habit of biting?

Here are some strategies for addressing a child's biting habit.

- Observe your child to learn where, when, and in what situations biting occurs. Sometimes an adult may need to stay close to the child to prevent biting.
- Pay attention to signals. Stay close and step in if your child seems ready to bite.
- Suggest acceptable ways to express strong feelings. Help your child learn to communicate her wants and needs ("Amy, tell your sister you were still playing with the truck").
- Use a reminder system to help your child learn to express strong feelings with appropriate words and actions ("Tell Manuel that you don't like it when he gets that close to you").
- Reinforce positive behavior by acknowledging child's appropriate words and actions ("You didn't like being tickled so you used your words to ask me to stop").
- Provide opportunities for your child to make choices and feel empowered.
- Be sure your behavior expectations are age-appropriate and individually appropriate for your child. Expecting a child to do something he or she is not able to do can cause children to feel stress. Stress can lead to biting.
- Offer foods with a variety of textures to meet your child's sensory needs.
- Teach your child words for setting limits, such as "no," "stop," or "that's mine."

(Continued on page 10 - Biting)

(Biting - continued from page 9)

What strategies are not helpful?

These strategies should not be used to address a child's biting habit.

- Avoid labeling a child as a "biter." Negative labels can affect how you view your child, and even affect the child's feelings about him- or herself.
- Never bite a child back to punish or show him how it feels to be bitten. Biting a child sends the message that using violence is an acceptable behavior that can be used to solve problems.
- Avoid getting angry, yelling, or shaming a child.
- Avoid giving too much attention to a child who bites after an incident. While this is usually negative attention, it can still reinforce the behavior and cause a child to repeat it.
- Do not force a child who bit and the child who was hurt to play together.
- Do not punish children who bite. Punishment does not help children to learn discipline and self-control. Instead, it makes children angry, upset, defiant, and embarrassed. It also undermines the relationship between you and your child.



For further reading:

Banks, R., & S. Yi. 2007. "Dealing with Biting Behaviors in Young Children." Clearinghouse on Early Education and Parenting. <http://ceep.crc.uiuc.edu/poptopics/biting.html>.

The Center on Social and Emotional Foundations for Early Learning (CSEFEL). "Responding to Your Child's Bite." www.vanderbilt.edu/csefel/documents/biting-parenting_tool.pdf.

Crisalli, L. 2008. "All about Biting." *Exchange* 184: 61–63. <http://www.ccie.com/library/5018461.pdf>.
University of Maine Center for Community Inclusion and Disability Studies. "Ouch! That hurts! – Biting." (Growing ideas tip sheet). <http://umaine.edu/ccids/files/2009/12/biting120309.pdf>.

Zero to Three. "Why Do Toddlers Bite? Finding the Right Response." www.zerotothree.org/child-development/challenging-behavior/chew-on-this-resources-on-biting.html.

Adapted from D. Koralek, "Understanding and Responding to Biting," In *Classroom Strategies to Promote Children's Social and Emotional Development*, 135–138. Lewisville, NC: Kaplan Press, 1999. © 1999 The Devereux Foundation, Villanova, Pennsylvania.

Please visit www.devereuxearlychildhood.org to learn more about their work to promote children's resilience and social and emotional health. Devereux grants permission for teachers or families to print copies of this article to share with friends or colleagues. For any other uses of this material, please contact lbaker@naeyc.org.

UTS-ProKids will begin sending weekly email updates and reminders on Mondays, beginning November 3, 2014. The emails are sent from an automated email system and will show up in your email from **UTS ProKids**. If you are not receiving these, it may be because they are being routed to your junk mail.



New Online Training - Inclusion in Early Care & Education Settings

Available for registration through December 10, 2014 - You must complete this course by December 15, 2014.

This course is open to all direct service providers, intake and ongoing service coordinators, First Steps families, early care and education personnel, and special education providers. This course is a stand-alone FSCT training that can be taken by anyone.

Inclusion means that the care and education of all children both with and without disabilities takes place in everyday routines, activities, and places. For children with an IFSP/IEP, intervention services are part of their care. Additionally, for children to have the best chance of developing their skills to their fullest potential, they must learn them in environments in which they will need and use them. Therefore, inclusive practices call for intervention services to be embedded within the everyday routines and activities of early care and education settings. Collaboration among all professionals in these settings is key to successfully embedding these services in children's environments.

In this course, you will learn:

- the benefits of inclusion, which can lead to understanding and appreciating the need for inclusion
- tips that can help you incorporate inclusive practices for all children and families
- the components of collaboration that are needed to embed services for children with an IFSP/IEP in their everyday routines, activities, and places
- best practices for successful collaboration



The revised booklet, *Welcoming All Children* and its accompanying video will soon be available for free download at the Indiana Institute for Disabilities & Community website. You can download the book here:

<http://www.iidc.indiana.edu/styles/iidc/defiles/ECC/WelcomingAllChildrenRevisedEdition2014.pdf>

Additional Opportunities for Credential Points

Providers may utilize trainings (on-site and self-study) and conferences/workshops to meet their initial or annual credential points as long as the training is related to the First Step core competencies and it is relevant to infants birth through age 36 months. These may include training offered at the SPOE Provider Meetings, provider agency training, association conferences (APTA, ASHA, etc.), hospital based conferences or grand rounds, other local, regional and national conferences, and books, videos and online training. You must keep a copy of the agenda or brochure that includes date, speakers, an agenda/content information with the time spent in the sessions you attended or a one page summary of the self-study training in your credential file. **First Steps credentialing allows a maximum of 5 points for in-service training, while conferences/workshops taken outside of provider agencies are not limited.** More information on credentialing can be found in the revised Personnel Guide (August 2012) at

https://www.infirststeps.com/UI/pdfs/First_Steps_Personnel_GuideRevised_8-2012.pdf



Baby Talk: Resources to Support the People Who Work With Infants and Toddlers

Issue No. 40 September 2014

[Look at Me! Using Focused Child Observation with Infants and Toddlers](#)

This video podcast introduces viewers to using focused observation with infants and toddlers and gives them an opportunity to try out some of the techniques. A companion information sheet with discussion questions is available at the same website.

http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/cde/saeo/LookatMeUsing.htm?utm_medium=email&utm_campaign=OHS+SR+Series+-+Infant+and+Toddler+Caregivers+-+August&utm_content=OHS+SR+Series+-+Infant+and+Toddler+Caregivers+-+August+CID_3e0cc0ef827f5fe8bcfbb74ec2be2ff4&utm_source=CM%20Eblast&utm_term=Look%20at%20Me%20Using%20Focused%20Child%20Observation%20with%20Infants%20and%20Toddlers

[Early Experiences Build the Brain - Foundations of School Readiness](#)

Explore how the connections within the brain are created, organized, and evolve during the first few years of life. This newsletter describes how early experiences can shape brain architecture from birth and lay a foundation for children's learning.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/docs/nycu-brain-development.pdf>

[New Data Confirm Safety of Childhood Vaccinations](#)

A new systematic analysis of tens of thousands of studies confirms, yet again, that childhood vaccinations are overwhelmingly safe for use. Click below to read more about how researchers conducted a new systematic review, which involved gathering together large amounts of data on the topic, selecting studies from it based on quality and other criteria, and then synthesizing an impartial overview.

<http://www.care2.com/causes/childhood-vaccines-are-safe-and-we-have-even-more-data-to-prove-it.html#ixzz36mnA0FgA>

[Baby's Brain Rehearses Before First Words](#)

New research shows that speech sounds stimulate areas of an infant's brain that coordinate and plan for the physical movements needed for speech. Infants can tell the difference between sounds of all languages until about 8 months of age when their brains start to focus only on the sounds they hear around them. It's been unclear how this transition occurs, but social interactions and caregivers' use of exaggerated "parentese" style of speech seem to help. The study suggests that baby brains start laying down the groundwork of how to form words long before they actually begin to speak and this may affect the developmental transition.

<http://www.futurity.org/baby-rehearse-speech-brain-733962/>

[Sleep Environment Risks for Younger and Older Infants](#)

A report published by *Pediatrics* found that 69% of the 8,207 sleep-related infant deaths studied occurred when the infant was sharing a bed with an adult. The authors also noted that in 35% of all infant deaths, the infant was placed on its side or stomach.

<http://pediatrics.aappublications.org/content/134/2/e406>

Baby Talk is a free, one-way listserv that is distributed monthly. Each issue features resources that are high quality, readily available and free. To join the listserv, send an email **with no message to** subscribe-babytalk@listserv.unc.edu To suggest resources, please contact Camille Catlett at camille.catlett@unc.edu or (919) 966-6635.



Baby Talk: Resources to Support the People Who Work With Infants and Toddlers

Issue No. 41 October 2014

ZERO TO THREE'S Let's Play App

The [Let's Play app](#) was developed by ZERO TO THREE to provide families with fun ideas for keeping babies, toddlers, and preschoolers entertained and learning, especially during daily routines like commuting; doing chores; bedtime, bath time, and mealtime activities; and shopping. The Let's Play app also includes "boredom busters" that can be used any time that families are together. Families can search activities by age (0–18 months, 18–36 months, and 3–5 years), tag favorites, and share activities via social media. All of the activities reflect children's typical skills at each age, and are designed to support development in the context of play and family routines. Download the app at

<https://itunes.apple.com/us/app/zero-to-three-lets-play/id807952060?mt=8>

Facing the Screen Dilemma: Young Children, Technology and Early Education

This guide is designed to help educators and parents make informed decisions about whether, why, how, and when to use screen technologies with young children. Just because products are marketed as "educational" doesn't mean they are. How do we best support children's growth, development, and learning in a world radically changed by technology?

<http://www.allianceforchildhood.org/sites/allianceforchildhood.org/files/file/FacingtheScreenDilemma.pdf>

Promoting Social-Emotional Development: Helping Infants Learn About Feelings

Here's a great article from the July 2014 issue of *Young Children*. The title says it all!

http://www.naeyc.org/yc/files/yc/file/201407/YC0714_Rocking_and_Rolling.pdf

Enhancing and Practicing Executive Function Skills with Infants and Toddlers

Executive function and self-regulation (EF/SR) skills provide critical supports for learning and development, and while we aren't born with these skills, we are born with the potential to develop them through interactions and practice. A new 16-page guide describes a variety of activities and games that represent age-appropriate ways for adults to support and strengthen various components of EF/SR in children. Each chapter of this guide contains activities suitable for a different age group, including activities for 6-18 month olds and 18-36 month olds. The guide may be read in its entirety (which includes the introduction and references) or in discrete sections geared to specific age groups.

http://developingchild.harvard.edu/resources/tools_and_guides/enhancing_and_practicing_executive_function_skills_with_children/

A Language-Behavior Connection

A recent study conducted by researchers at Indiana University suggests that children who lack strong language skills have a reduced ability to regulate their behavior, which increases their likelihood of developing inattentive-hyperactive behavior problems.

<http://www.healthcanal.com/mental-health-behavior/53055-iu-study-links-poor-early-language-skills-to-later-behavior-and-attention-problems.html>

<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=9302959&fileId=S0954579414000698>

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HANDS in Autism[®]

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The HANDS (Helping Answer Needs by Developing Specialists) in Autism[®] Interdisciplinary Training & Resource Center is located within the Department of Psychiatry at the Indiana University School of Medicine. Support for the foundational development of the HANDS in Autism[®] Center has been provided through a combination of federal and state funding as well as private philanthropies. To learn more, please contact Naomi Swiezy, Ph.D. HSPP, Director, at nswiezy@iupui.edu or find us at HANDSinAutism.iupui.edu



& Learning Connection

What is a Local Community Cadre (LCC)?

Local Community Cadres (LCCs) are global community networks of families and professionals invested in serving individuals affected by Autism Spectrum Disorder and other developmental disabilities. LCC members share a common mission to facilitate, bridge, and collaborate across systems to enable greater community systems of support as well as increased capacity to support student success in the home, school, and community settings.

Currently, six cadre chapters are actively operating across Indiana. These cadres are continually working to identify and address their community-specific needs thus building the foundation for future activities and growth. The six cadres include the following:

- ❑ Central LCC, Greater Indianapolis Chapter
- ❑ North Central LCC, Lafayette Area Chapter
- ❑ Southeast LCC, Bloomington Area Chapter
- ❑ Southwest LCC, Southern Indiana Chapter
- ❑ Southwest LCC, Wabash Valley Chapter
- ❑ Northwest LCC, LaPorte County Chapter
- ❑ Northeast LCC, Fort Wayne Area Chapter
- ❑ East LCC, Richmond Area Chapter



Core Elements of LCCs:

Cadre needs vary based on each individual community and are identified through community cadre members. However, core elements central to all cadres are:

- ❑ **Collaboration and Networking** is the overarching element and foundation necessary for all cadres. This involves the facilitation, bridging and collaboration across medical organizations, schools, and community groups, as well as families and individuals affected by Autism Spectrum Disorder (ASD) and related developmental disabilities to enable sharing of consistent and comprehensible information and resources across these diverse systems.
- ❑ **Information Sharing** is the reciprocal dialogue between cadres, HANDS in Autism[®], and communities. This element facilitates shared knowledge and responsibility in an effort to address the needs of individuals and families.
- ❑ **Dissemination** through written products and developed tools ensures the cadre community is aware of available trainings and resources that can be utilized to enhance their understanding and work with individuals with Autism Spectrum Disorder.
- ❑ **Training** is provided to local stakeholders within the community to advance the local and state-wide capacity to sustain and provide consistency in knowledge and implementation of scientifically-based methods with individuals and families affected by affected by Autism Spectrum Disorder and related developmental disabilities.

How did LCCs Start?

In September 2010, HANDS conducted a summit to facilitate the development of Local Community Cadres within six regions of the state. The expectation was that Cadres would consist of representatives from across medical, school, community, and family systems to join together to take action in meeting the identified local community needs of individuals and families affected by Autism Spectrum Disorder or related developmental disabilities.

Quick Fact:

Annually, LCCs have disseminated over 15,000 tools, informational handouts, and other resources and supported greater than 40 trainings within their communities.

Who is Active/Represented in the Community?

The cadres are comprised of family members, education personnel, medical professionals, postsecondary representatives, and community providers invested in serving individuals affected by Autism Spectrum Disorder and related developmental disabilities in that area.

Quick Fact: Popular Resources

*Screening posters
Resource Toolkits
Next Steps Manual
What is Autism Video*

How much time will I be asked to commit as a cadre member?

There is not a time commitment required of cadre members. Cadre members are asked to be involved for as little or as much as they want or have available. An online community has been developed for cadre members as a way for everyone to stay engaged and access available resources. As a cadre member, you can choose to attend all of the meetings, only the meetings you are interested in, events supported by the cadre, dissemination activities or even limit your involvement to the online community. It is up to you! We welcome everyone no matter the amount of time they are able to commit!

Quick Fact: Popular Trainings

*Next Steps Workshop
Make-It-Take-It Series
Autism Spectrum Disorder 101*

What Activity Types are LCCs Involved In?

The types of activities held by each community cadre depends on the needs of the area and include but are not limited to workshops for parents, school personnel, medical professionals, and community providers, participation in events organized by the community members, and more!

If you or your community organization are not currently interested in joining or becoming involved in a local community cadre, please consider supporting such efforts. We greatly appreciate any and all donations that allow us to provide information, training, and resources to individuals, families, and caregivers in your community. All donations are tax deductible to the extent allowed by law and you will be provided with the necessary documentation of 501(c) tax exemption status (HANDSInAutism.iupui.edu/donatehands.html). For further information, contact us at hands@iupui.edu.



HANDS in Autism[®] Local Community Cadres

Hands in Autism[®] will be offering a FREE Next Steps[™] workshop in or close to LCC areas and offered by sponsorship from Kappa, Kappa, Kappa Inc. We will also have a live meeting in April, but will set those dates and locations once we are able to talk with folks on the calls.

- October 30, 2014: LCC Web Conference- 8:00 (Northeast), 9:30 (East), 11:30 (Northwest) & 1 (Lafayette)
- November 6, 2014: LCC Web Conference at 8:00 (Central), 9:30 (Wabash), 11:30 (Bloomington) & 1 (Southern Indiana)
- January 29, 2015: LCC Web Conferences – 8 (East), 9:30 (Northwest), 11:30 (Lafayette) & 1 (Central)
- February 5, 2015: LCC Web Conferences – 8 (Wabash), 9:30 (Bloomington), 11:30 (Southern Indiana) & 1 (Northeast)
- June 9, 2015: LCC Web Conferences – 8 (Northwest), 9:30 (Lafayette), 11:30 (Central) & 1 (Wabash)
- June 10, 2015: LCC Web Conferences – 8 (Bloomington), 9:30 (Southern Indiana), 11:30 (Northeast) & 1 (East)

First Steps providers are encouraged to attend!!

HANDS in Autism[®] Model in Practice Intensive 3-Day Workshop

Early Childhood Development

November 18-20, 2014, 8am-4pm EST

Transition & Vocational Programming

October 14-16, 2014, 8am-4pm EST

Join the HANDS in Autism[®] Team for an intensive training that focuses on providing hands-on experience and coaching in a simulated classroom/work environment. Individuals on the spectrum participate, facilitating a rich learning environment for all. While the program includes traditional instructional methods such as lectures and discussion, the emphasis of training is building increased knowledge and skill of the process of making appropriate programming decisions for each student, classroom, workplace, and/or intervention team through hands-on application and learning.

See reverse for more information!

Registration available at :

HANDSinAutism.iupui.edu/handsIntensive.html

Hosted by the HANDS in Autism[®] Interdisciplinary Training & Resource Center



Indiana Association for Infant Toddler Mental Health

Infant Mental Health Endorsement

The Indiana Association for Infant and Toddler Mental Health is pleased to offer a unique opportunity for early intervention providers to achieve their Infant Mental Health Endorsement! Application for the Endorsement can be completed online. Your involvement as an IMH endorsed early intervention provider has important benefit to young children and their families.

Benefits of the IMH Endorsement are numerous for children and families, providers, agencies, and systems of care. Individuals who earn the Endorsement cite the program as leading to improved early intervention outcomes. Families benefit from greater access to well-trained providers whether their family is in need of high quality child care or the services of a mental health professional. Agencies have found the Endorsement helpful in structuring training and ensuring a well-prepared early care and intervention workforce. Finally, systems have realized improvements in agreement about best practices, increased workforce capacity, and even cost savings because prevention and promotion of behavioral health by workers at Levels I and II reduces the need for services at more costly levels.

One of the requirements for a Level 2 endorsement is reflective supervision /consultation. At present there are limited opportunities to access this type of supervision /consultation. However providers consistently agree that reflective supervision /consultation really enhances their practice regardless of their specialty. To make this opportunity more readily available, we are offering several reflective supervision /consultation groups that will meet ONLINE and at convenient times of the day. This format will allow providers from all areas of the state to participate and complete this requirement for their endorsement portfolio.

Online groups (limited to 8 to 10 participants) will convene two times a month for a nine month period and be offered at three different convenient times: 7:30 to 9:00 AM; 12:00 to 1:30 PM and 4:30 to 6:00 PM

Participation in one of these reflective supervision /consultation groups will provide up to 27 hours of reflective supervision /consultation which will provide the hours necessary for the Level 2 Endorsement. In addition you will benefit from the wisdom of the group process as you enhance your practice with young children and their families. The best part is that this opportunity is available to you at no cost thanks to a grant from HRSA/MCHB to the Indiana State Department of Health, Maternal and Child Health Division. To sign up and get more information please contact Steve Viehweg with the Riley Child Development Center at sviehweg@iu.edu or by phone at 317-944-0361. To learn more about the IMH Endorsement and application visit www.iaitmh.org.

Training Times Back Issues Available on the UTS-ProKids Website

All back issues of the UTS Training Times are available on the [UTS-ProKids website](#) under the Newsletters tab. To facilitate locating a topic or specific article, a complete index of articles is reprinted on pages 26-32. Copies of all back issues can be downloaded through December 15, 2014.



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