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Dear Early Intervention Provider,

The New York City Department of Health and Mental Hygiene, Bureau of Early Intervention (BEI) continues its commitment to families and the provider community during the progression of the COVID-19 pandemic. BEI would like to thank Early Intervention providers and staff for their ongoing dedication to the Early Intervention Program during this challenging time.

BEI would like to announce the release of the following two guidance documents and consent form as a follow-up to the New York State Department of Health, Bureau of Early Intervention Reopening New York: Resuming In-Person Early Intervention Program Services (June 18, 2020).

- **NYC DOH Early Intervention Program's Return to In-Person Services Action Plan During COVID-19** (6/22/2020)
- **NYC DOH Early Intervention Program Consent to Initiate or Resume In-Person Services During COVID-19** (6/22/2020)
- **NYC DOH Early Intervention Program Guidance for Using Materials Found in the Home/Community During Early Intervention Sessions by Developmental Milestone** (6/22/2020)

The attached guidance provides the detailed procedural requirements that must be followed in order to resume in-person service delivery as the COVID-19 restrictions are relaxed. To ensure clarity, the approach to the reintroduction of in-person services is based on the NYS Forward Phases. In addition, this approach assumes and encourages flexibility between teletherapy and in-person services. This will be needed so we can continue to ensure the seamless availability of Early Intervention services as we transition between in-person and teletherapy, based on the status of community transmission of COVID-19.

Contact Embeddedcoaching@health.nyc.gov for clinical questions regarding the **Guidance for Using Materials Found in the Home/Community During Early Intervention Sessions by Developmental Milestone**.

Contact EITA@health.nyc.gov for questions regarding the **Early Intervention Program's Return to In-Person Services Action Plan During COVID-19**.

The timeline and approach presented in the attached guidance documents is subject to change based on local health metrics and updated guidance from NYC, NYS, or the Centers for Disease Control and Prevention (CDC).

Sincerely,

Lidiya Lednyak, MA, PMP

c. Daniel H. Stephens, MD, Deputy Commissioner, Division of Family and Child Health, New York City Department of Health and Mental Hygiene

Constance L. Donohue, Director, New York State Department of Health, Bureau of Early Intervention

The Early Intervention Program's Return to In-Person Services Action Plan During COVID-19

Introduction

The New York City (NYC) Department of Health and Mental Hygiene (the Health Department) Early Intervention (EI) Program is deemed to be an essential service during the New York State (NYS) COVID-19 declared state of emergency. This document describes the policy and procedure changes made to ensure the uninterrupted availability of EI services as in-person services start up again and COVID-19 restrictions are relaxed.

Ensuring the Uninterrupted Availability of Early Intervention Services During COVID-19

To ensure the availability and delivery of EI services in New York City, to keep children, families, providers and staff safe, and to reduce community transmission of COVID-19, all EI functions were converted to operate remotely, including:

1. Processing new referrals
2. Assigning service coordinators
3. Conducting quality reviews of evaluations
4. Ensuring families have access to their due process rights
5. Conducting Individualized Family Service Plan meetings and developing service plans with families and providers

Additionally, the NYC Health Department mandated that, as of March 24, 2020, all services delivered by EI service coordinators, evaluators, therapists and teachers working for or subcontracting with the 165 agencies operating in NYC use a teletherapy approach. This included:

1. Providing service coordination (case management) to families in the program
2. Conducting evaluations utilizing a teletherapy approach
3. Delivering EI therapeutic and educational services using a family-centered teletherapy approach

To facilitate this large-scale shift in the delivery of EI services to teletherapy in NYC, the NYC Health Department:

1. Developed and distributed operational guidance, made changes to policy and procedure, and issued extensive clinical guidance
2. Gave technical assistance to providers
3. Shifted Provider Oversight activities from on-site monitoring visits to quality assurance work where families were contacted to verify that services were in fact being delivered using a teletherapy approach

The NYC Health Department is developing an evaluation plan to assess the benefits associated with teletherapy services for families and providers. This assessment aims at identifying the resources, training and quality assurance needed to make teletherapy services and evaluations a long-term option.

The NYC Health Department also took steps to address the needs of children aging out of the Early Intervention Program between March 13 and June 30, 2020, by continuing EI service delivery without an eligibility determination for the Department of Education Committee on Preschool Special Education. This helped make sure children could be transitioned from one system to the other without gaps in service.

How to Resume In-Person Service Delivery After the COVID-19 Restrictions Are Relaxed

Note: This timeline and approach is subject to change based on local health metrics and updated guidance from NYC, NYS, or the Centers for Disease Control and Prevention (CDC).

I. Continued Availability of Teletherapy Services

To ensure the continued reduction in COVID-19 cases, teletherapy will remain an option and be the preferred method of service delivery in the NYC EI Program.

1. All providers (service coordinators, evaluators, therapists and teachers) and NYC Health Department staff are required to discuss the benefits of teletherapy with all families in the EI Program.

2. Teletherapy approaches help slow the spread of COVID-19. Research shows that teletherapy:
   a. Provides greater scheduling flexibility for parents
   b. Is as effective as in-person therapy
   c. Increases positive child outcomes
   d. Increases parent engagement, self-efficacy and empowerment

II. Reintroduction of In-Person Services

This approach is based on the NY Forward phases that are being used by NYS to reopen businesses. Please refer to forward.ny.gov for additional information.

1. NY Forward Phase 1: Teletherapy Only

2. NY Forward Phase 2: Limited Assistive Technology Visits
   a. One-time individual facility-based visit for the purpose of conducting hearing tests and evaluations to determine the specific assistive technology device that a child needs.

b. One-time home-based or facility-based visit for the purpose of fitting a child for assistive technology or for assembly of an assistive technology device.
    i. When NYC enters NY Forward Phase 2, Service Coordinators should contact each family on their caseload based on the child's service plan to inform families that one-time home-based or facility-based visit for the purpose of fitting a child for assistive technology or for assembly of an assistive technology device are now available.
    ii. Service Coordinators should review with families the information in the form titled **NYC Health Department Resuming or Initiating In-Person Early Intervention Services During COVID-19** and obtain parent consent.

3. NY Forward Phase 3: The following forms of in-person service delivery:
    a. Home-based or community-based EI services
    b. Multidisciplinary evaluations to establish eligibility for the Program
    c. Supplemental evaluations after eligibility has been established
    d. Individual facility-based services

    At the start of NY Forward Phase 3, EI Service Coordinators are required to:

    i. Notify all families newly referred to the EI Program that:
        - EI services are delivered using a teletherapy approach to the maximum extent possible.
        - While EI services and evaluations are now available to be delivered in the home, parents are required to sign a consent and follow specialized protocols to ensure the health and safety of everyone in the household during the provision of EI services and evaluations, as required by the NYC Health Department.
            - All meetings between families and Service Coordinators will be conducted via teleconference or videoconference.
            - All Individualized Family Service Plan (IFSP) meetings will be conducted via teleconference or videoconference until NY Forward Phase 4 — this timeline is subject to change based on local health metrics.
    ii. Service Coordinators should review with families the information in the form titled **NYC Health Department Resuming or Initiating In-Person Early Intervention Services During COVID-19**.
    iii. When NYC enters NY Forward Phase 3, Service Coordinators should contact each family on their caseload to inform them that:
        - In-person service delivery is now available as a service modality for home-based and community-based services, individual facility-based services, and EI evaluations.
        - Teletherapy is still the preferred mode of service delivery to keep children, families and providers safe.

iv. If a family would like to resume some or all of their in-person home-based or community-based services:

1. Service Coordinators are required to discuss the benefits of continuing teletherapy services in the EI Program, including that:
   - Use of teletherapy helps slow the spread of COVID-19
   - Research shows that teletherapy:
     - Provides greater scheduling flexibility for parents
     - Is as effective as in-person therapy
     - Increases positive child outcomes
     - Increases reports of parent engagement, self-efficacy and empowerment

- Service Coordinators should review with families the information in the form titled **NYC Health Department Resuming or Initiating In-Person Early Intervention Services During COVID-19** and obtain parent and guardian consent to initiate or resume in-person services.
  - Consent must be obtained before the first day of in-person service delivery.
  - Obtaining consent on this form is subject to the same email or text work-around that has been used in NYC during COVID-19 for other consent forms.
- Service Coordinators will continue to be required to obtain parent and guardian signature on the Consent for the Use of Telehealth During the Declared State of Emergency for COVID-19 form to allow for flexibility in service delivery approach in cases where a member of the household or the treating team gets sick, or the parent and treating team is interested in keeping the option to shift back to teletherapy without any interruption in services.
- The consent form must be attached to the child's integrated case in the New York Early Intervention System (NYEIS).

Also upon the start of NY Forward Phase 3, agencies are required to prioritize restaffing of cases to in-person services as follows:

i. To families who opted to pause all EI services due to COVID-19.
   - If those families still do not want services after the in-person option becomes available, the Service Coordinator should initiate closure procedures as required by the New York City Early Intervention Policy and Procedure Manual Policy 6-J: Case Closure.

ii. To families who were unable to receive teletherapy services for any reason

iii. To children and families who may benefit from in-person services due to their unique individualized needs.

Initiation of services in the above three scenarios is subject to the New York City Early Intervntion Policy and Procedure Manual Policy 6-A: Start Date of Services in which services must start within 30 calendar days of the date that the individualized family

service plan (IFSP) meeting was held or the parent indicated that they would like to resume in-person services.

If a parent whose child is currently receiving teletherapy services and wants to resume in-person services, and the therapist or teacher who has been providing teletherapy is unable to provide in-person services to the child, provider agencies should communicate with families that teletherapy services will continue until an in-person provider is located.

Regarding EI services in child care settings:

i. The delivery of EI services is permissible once child care centers reopen.
ii. EI providers must verify that the child care program is open and available to reinstate in-person services.
iii. EI providers must follow all requirements issued by the New York State Department of Health (NYSDOH) and NYC Health Department regarding the delivery of EI and other itinerant services in child care centers during COVID-19.
iv. EI providers must follow all entry screening and control protocols implemented by the child care center for stopping the spread of COVID-19.

4. NY Forward Phase 4: Group Developmental Interventions
    a. In compliance with the NYS guidance "Reopening New York: Resuming In-Person Early Intervention Program Services" issued on June 18, 2020, group developmental intervention will resume in accordance with the requirements of the NYSDOH, NYS Office of Children and Family Services, and NYC Health Department regarding updated ratios and maximum group size requirements.
        i. NYSDOH and NYC Health Department maximum group size requirements will be applicable to all group models in the NYC EI Program (such as Group Developmental Intervention; Group-Developmental Intervention with 1:1 Aide; Enhanced Group Developmental Intervention; Enhanced Group Developmental Intervention with 1:1 Aide; Parent-Child Group; Parent Support Group, etc.).
    b. Once the NYSDOH and NYC Health Department issues revised requirements for child care, the EI Program will require each group developmental intervention provider to submit a plan to modify their group model to accommodate the new ratio and maximum group size requirements, if applicable.
    c. NYC Health Department will produce a data report to identify all services that have been suspended due to COVID-19, and staff will:
        i. Unsuspend all service lines suspended after March 13, 2020
        ii. End any home-based lines that were created to accommodate the change of service delivery from center-based to telehealth and are no longer necessary.
            - NYC Health Department will make appropriate accommodations for families who would like to continue with teletherapy.

III. Required Early Intervention Provider and Agency Health and Safety Precautions for the Reintroduction of In-Person Services

1. External Requirements: All EI providers are required to put a plan in place that complies with all guidance around physical distancing; personal protective equipment; hygiene, cleaning and disinfection; communication and signage; screening; and physical capacity limitations as described in:

    a. The NYC Health Department's COVID-19: RESTART Guidance for Businesses: Consult the section applicable to the NY Forward Phase in which the provider is initiating or resuming in-person services or general operations.
    b. The NYSDOH's Interim Advisory for In-Person Special Education Services and Instruction During the COVID-19 Public Health Emergency (June 8 ,2020)
    c. The NYSDOH's Child Care and Day Camp Programs Guidelines
    d. The NYC Health Department's COVID-19: Safety and Health Guidance for NYC Health Department Staff and Providers Who Perform Home Visits

2. EI-Specific Components
    a. Face Covering Requirements
        i. EI therapists and teachers must wear a face covering during the entire course of EI service delivery.
        ii. Therapists and teachers may use alternate face coverings (such as face shields that are transparent at or around the mouth) for therapies or interventions that require visualization of the movement of the lips and mouth (for example, speech therapy). These alternate coverings may also be used for children (for example, hearing impaired) who benefit from being able to see more of the therapist or teacher's face.
        iii. Everyone who will be part of the session and is over the age of 2 years must wear a face covering if they can medically tolerate one.
        iv. The child who is receiving EI services is not required to wear a face covering during sessions.
    b. Physical Distancing
        i. EI services require that therapists and teachers interact with children and families in close proximity, making physical distancing difficult or impossible to maintain.
        ii. Anyone who is not participating in the session, group or office visit must maintain at least 6 feet of physical distance.
        iii. Make sure that child, caregiver and staff groupings are as static as possible by having the same group or individuals consistently interact with the same therapist or teacher.
            - Provider must maintain a staffing plan that does not require employees to "float" between different classrooms or groups of children, unless such

rotation is necessary to safely supervise the children due to unforeseen circumstances (such as staff absence).
    - If there is time allocated for children to rest during the day (for example, naptime), the provider should place children at least 6 feet apart and head-to-toe for the duration of rest, when possible.

iv. Follow appropriate physical distancing requirements, including posting physical distancing markers using tape or signs that denote 6 feet of spacing between locations that are commonly used and other applicable areas. Limit the size of gatherings, support healthy hand hygiene, and restrict nonessential visitors, volunteers, and activities involving other groups at the same time.

c. Healthy Hand Hygiene Before, During and After Any EI Session
    i. All EI providers, regardless of settings, must work to reinforce and put plans in place to make sure that:
        - All parents, caregivers and children participating in the session wash their hands for at least 20 seconds using soap and water before and after the session and upon entry into a center-based or facility location.
        - All therapists and teachers wash their hands for 20 seconds using soap and water or use an alcohol-based hand sanitizer that is at least 60% alcohol before and after each session.
            - It is recommended that therapists and teachers who practice more hands-on therapeutic approaches put on gloves and leave them on for the entire session.
                - If gloves must be replaced for some reason during the session (for example, contact with stool or excessive body fluids such as saliva, mucus, vomit or urine), remove them, wash hands as described above, and put on a new pair of gloves.
                - Leave gloves on until the end of the session. Remove by grasping the inside of the wrist end and pulling inside-out over your fingers, then discard into a plastic bag or lined trash can. Use alcohol-based hand sanitizer containing at least 60% alcohol or wash hands with soap and water for 20 seconds after removing gloves.
                - Please note that wearing gloves does not take the place of thorough hand-washing.

d. Use of Toys and Other Materials
    i. Home-based and community-based settings:
        - The practice of bringing toys or other materials into multiple homes and community-based settings during in-person EI service delivery has the potential to spread COVID-19 or other viral or bacterial infections. Therefore, until further notice, it is prohibited to bring materials and toys from outside into home-based and community-based settings.
        - Eliminating the practice of bringing toys and other materials into home-based and community-based settings aligns with best practices in EI service delivery. Furthermore, teletherapy has demonstrated that

providers can successfully use the materials, toys and objects already in a family's home for therapeutic purposes during a session. See **NYC Department of Health Using Materials Found in the Home/Community During Early Intervention Sessions by Developmental Milestone (Forthcoming)** to support therapists and teachers who have not yet made this transition, or have questions about this best practice.

ii. Center and Facility-Based Settings
- These settings should follow the NYC Health Department's COVID-19: General Guidance for Cleaning and Disinfection for Non-Health Care Settings.

e. Increased Cleaning, Disinfecting and Ventilation
   i. Providers must adhere to guidelines from the CDC, NYSDOH and NYC Health Department with regard to:
      - Cleaning frequently touched surfaces within the center (such as equipment, door handles, sink handles and drinking fountains) at least daily, and cleaning shared objects between uses
      - Eliminating materials from use that cannot be disinfected
   ii. Providers must ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible
   iii. Providers must flush all faucets prior to operation (five to 10 days) for at least 10 minutes. See the NYC Health Department's Guidance for Returning Building Water Systems to Service After Prolonged Shutdown.

f. Required Screening Protocols: Regardless of the setting, all EI providers must have plans to ensure that:
   i. Therapists, teachers, families and staff implement ongoing self-screening prior to the session to determine whether they or anyone else who intends to participate in the session:
      - Has COVID-19 symptoms, such as fever, cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, new loss of taste or smell, etc.
      - Has tested positive for COVID-19 in the past 14 days
      - Has been told by a health care provider or the NYC Test & Trace Corps to remain home due to being exposed to COVID-19
        - If the answer to any of these questions is YES, the sessions should be rescheduled at least 14 days out or those sessions can be delivered via teletherapy (if the parent or guardian has signed consent for the use of teletherapy).
        - It is critical to continue obtaining parent and guardian signature on the Consent for the Use of Telehealth During the Declared State of Emergency for COVID-19 to allow for flexibility in cases where a member of the household or the treating team becomes sick, or the parent and treating team is interested in keeping the option to shift back to teletherapy seamlessly.

- If a child is sent home due to concerns about COVID-19 or home-based sessions are cancelled, the center or therapist should call the family the night before services are scheduled to restart to confirm that it is safe to resume.

ii. On the day of the visit, before the therapist or teacher enters the home or as part of a coordinated facility intake process, determine whether the child or anyone in the household:
- Has a fever, cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, new loss of taste or smell, etc.
- Has tested positive for COVID-19 in the past 14 days
- Has been told by their health care provider or the NYC Test & Trace Corps to remain home due to being exposed to COVID-19
  - If the answer to any of these questions is YES, the sessions should be rescheduled at least 14 days out, or delivered via teletherapy if the parent or guardian has signed consent for the use of teletherapy.
  - It is critical to continue obtaining parent and guardian signature on the Consent for the Use of Telehealth During the Declared State of Emergency for COVID-19 form to allow for flexibility in service delivery approach in cases where a member of the household or the treating team becomes sick, or the parent and treating team is interested in keeping the option to shift back to teletherapy seamlessly.
  - If a child is sent home due to concerns about COVID-19 or home-based sessions are cancelled, the center or therapist should call the family the night before services are scheduled to restart to confirm that it is safe to resume.

IV. IFSP Meetings

1. NYC Health Department will not initiate in-person IFSP meetings before NY Forward Phase 4. However, at this time, an exact date has not yet been established.
2. When in-person IFSP meetings resume, the following precautions will be utilized by NYC Health Department staff until such time when COVID-19 infections are no longer a concern:
   a. While COVID-19 infection remains a concern, in-person IFSP meetings will be limited to those cases where a teleconference or videoconference is not possible or appropriate.
   b. Early Intervention Official Designees (EIODs) will not travel to provider sites to convene IFSP meetings, and in-person meetings will be convened at the NYC Health Department regional offices.
   c. As per the NYS EI Regulations 69-4.11, the following required participants will be authorized to attend in person: parent or guardian, EIOD, Service Coordinator.
      i. Other IFSP team members will participate by phone or videoconference.

d. Everyone who will be part of the meeting must wear a face covering if they can medically tolerate one. This extends to all IFSP participants.
e. When scheduling the IFSP meeting, staff will ask families and provider participants if they or anyone in their household:
    i. Has a fever, cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, new loss of taste or smell, etc.
    ii. Has tested positive for COVID-19 in the past 14 days
    iii. Has been told by their medical provider or the NYC Test & Trace Corps to remain home due to COVID-19
        - If a family says YES to any of these questions, the Health Department will obtain their consent to conduct the meeting by phone.
        - If a provider says YES to any of these questions, that provider will participate in the meeting by phone.
f. On the day of the IFSP meeting, as families and providers enter the regional offices, front desk staff will ask if they or anyone in their household:
    i. Has a fever, cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, new loss of taste or smell, etc.
    ii. Has tested positive for COVID-19 in the past 14 days
    iii. Has been told by their medical provider or the NYC Test & Trace Corps to remain home due to COVID-19
        - If a family says YES to any of these questions, staff will ask them to leave and reschedule the meeting by phone.
        - If a provider says YES to any of these questions, that provider will be asked to leave and will participate in the meeting by phone.
g. Other meeting considerations:
    i. IFSP meetings will be held on staggered schedules to minimize the number of people who arrive at the office at one time.
    ii. Meeting participants will be escorted directly to the meeting room rather than wait in a common waiting area.
    iii. Tables and chairs will be wiped down between meetings.

The NYC Health Department may change recommendations as the situation evolves. 6.22.20

New York City Department of Health and Mental Hygiene Division of Family and Child Health, Bureau of Early Intervention
Guidance for Using Materials Found in the Home/Community During Early Intervention Sessions by Developmental Milestone (6/22/2020)

This resource provides a crosswalk of how materials that are found in the family's home can be utilized during Early Intervention sessions to address a sample of developmental milestones from birth to three. A key principle driving this list of resources is that the therapist/teacher is supporting the rich interactions (*serve and return*) between the caregiver and child while also fostering the child's skills across all five domains. This guidance supports the **NYC DOH Early Intervention Program's Return to In-Person Services Action Plan During COVID-19.**

Link between using materials found in the home and best practice

According to the Office of Special Education Program's *Workgroup on the Principles and Practices in the Natural Environment* for Part C IDEA services (March 2008), early childhood therapists/teachers should use the materials that are part of the routine activities found in home/community settings when coaching caregivers on the ways they can support their children's functioning and development. This is a *family-centered* practice and the materials commonly used in family's routine activities are examples of the *natural environment*.

Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts (routine activities). Therapists/teachers should help the caregiver understand how their own toys and materials can be used or adapted to support the child's engagement and functioning during their routine activities, since this allows for frequent practice, mastery of skills, and generalization. When toys or materials are brought to the session from outside the home, it may imply that these tools are "magic, instrumental and necessary for the child's progress" (OSEP Workgroup, March 2008). Bringing a toy bag makes the session provider-focused and not family-centered. And there is no need to replicate test items such as those used in the multidisciplinary evaluation, so there is no need for items such as a balance beam or peg board. Lastly, when therapists/teachers bring toys and then take them with them at the end of the session, the child has no opportunity to practice with them between sessions.

This document was developed in collaboration with experts in the field of early intervention covering a range of disciplines, including physical therapy, occupational therapy, speech-language pathology, early childhood special education/ABA, clinical supervision, and developmental psychology.

Note: The term *caregiver* applies to parents, guardians and other caregivers present in the home or community setting during sessions.

AGE	DEVELOPMENTAL MILESTONE	USING OBJECTS AND MATERIALS FOUND IN THE HOME/COMMUNITY
Three Months	Turn their head toward bright colors and lights	• Coach caregiver on how they can use colorful toys that are shiny red or black/white or other objects found in the home. Discuss with caregivers what objects may be safely used. • Suggest that caregivers create and cut out paper shapes with geometric designs drawn in with a dark marker or ink.
	No longer "cross their eyes" while trying to focus. Move both their eyes in the same direction at one time.	• Coach caregiver to move their face to the right and then slowly left. Sometimes, caregiver may softly speak to the child in reassuring tones or in song. • Caregiver may also use a rattle or colorful toy that is shiny red or black/white or paper drawn with thick dots, zig zags, geometric shapes in dark marker or ink. • Ask caregiver if they have any wrapping paper in the house and see if that can be used once it is cut up into geometric shapes and glued to cardboard from a cereal box or from a delivery box. • If there is no rattle available, the caregiver can make one with a cleaned, small plastic jar that's partially filled with dry corn, beans or rice that will make noise when shaken. Caregiver or older sibling can decorate the jar.
	Recognize bottle or breast by moving arms and legs in excitement or focusing on breast/bottle	• Right before and during mealtime, coach caregiver on observing the child to see if there is recognition of the bottle or breast. Point out if there is a change in child's behavior – stops crying; makes movements with his/her mouth, eyes are more alert, etc. Suggest to caregiver to gently rub bottle or nipple around child's mouth while making eating sounds.
	Respond to their mother's voice by moving arms and legs in excitement or focusing on her face	• Coach caregiver on observing the child to see if there is a change in the child's behavior based on hearing their mother's voice. When the child is upset, does hearing the mother's or father's voice calm them down? • Caregiver can sing songs of rhyme, rhythm and repetition. Are there changes in facial expressions, body movements, body posture, does the child's skin tone change, and are there changes in alertness? • This is an opportunity to have a rich discussion with caregivers about the different responses the child can show to communicate how they feel.
	Make cooing sounds	• Coach caregiver to listen for child to coo and to coo back to the child in response. This is an example of "serve and return" and vocal play. • Ensure that the caregiver is imitating all sounds that emanate from the child.

AGE	DEVELOPMENTAL MILESTONE	USING OBJECTS AND MATERIALS FOUND IN THE HOME/COMMUNITY
		• Coach caregiver to sit in front of the child, face-to-face, and create the OOOOOHHHH sound with rounded lips, and other soft sounds with expressive faces. • Coach caregiver to smile at the child to demonstrate joy. Suggest to caregiver to coo during their intimate engagement. This reinforces attachment and bonding between the child and caregiver.
	Bring their hands together; use hands and mouth for sensory exploration of objects	• Coach caregiver to use hand-over-hand to help the infant bring hands to mouth before feeding, when hungry, or for self-soothing. • Coach caregiver to bring the child's hands to their mouth and together by their chest, kisses to hands and feet. • Caregiver can massage or wash child and put hands together to rub them gently during bathing times and diaper change times. • Coach caregiver to put a soft small ball (or rolled up child socks) in one hand and then the other hand so that the child grasps it. Clap gently, then bring their hands together in a clap, while singing any song that the family typically sings.
	Wiggle and kick with arms and legs; wave arms and kick legs independently of each other	• Coach caregiver to move the child's arms and legs while they perform self-care routines, for example, when they bathe, diaper or dress them • During diaper changes, coach caregiver on how to use the wipes or washcloth to touch arms and legs while moving them. Explain to caregiver how cool temperatures wake muscles. • Determine with caregiver what the child likes to look at -- mirrors, lights, colorful objects, or their own toys. Present these to the child, and watch the child get excited and express interest. Child engagement aids practice.
	Lift their head to clear for breathing while lying on their stomach	• Coach caregiver on how to place the child on caregiver's chest or lap, and to use talking and singing sounds to get them to raise head. The therapist/teacher then coaches caregiver on how to provide gentle touch or tapping on lower neck and how to support the child's trunk for the neck to move alone. • Coach caregiver while the infant is lying on their stomach, to present a preferred toy in their visual field -- first at ground level, then a little higher, then a little higher. As they raise their head and stabilize themselves, coach caregiver to give child positive feedback.

AGE	DEVELOPMENTAL MILESTONE	USING OBJECTS AND MATERIALS FOUND IN THE HOME/COMMUNITY
	Smile	• Determine with caregiver what excites the child most (familiar people, pets, sounds). Introduce those people, pets, sounds, lights, toys, colors, etc., and when the child communicates excitement through body movement, caregiver mirrors that joy with smiles and attending to the child. • Ask caregiver what back-and-forth games they enjoy playing with the child. That game is used to coach the caregiver in eliciting a reciprocal smile. Caregiver can hold child at different distances from their face so as to determine the distance the child can best see them. Therapist/teacher discusses with caregivers how this can also generalize across different routine activities.
Six Months	Follow moving objects with their eyes	• Coach caregiver in supporting visual tracking during activities such as eating (e.g., tracking bottle or food passed around the table), dressing and diaper changes (e.g., tracking clothes and diaper), and when caregiver leaves and comes home (e.g., tracking caregiver when they say "bye-bye" and when they open the door upon returning). • Coach caregiver to hold objects (anything from the television remote to a wooden spoon) and move it in different directions in front of child for them to follow. Babies like to look at themselves, so caregivers can hold up a small mirror and move it in different directions for child to follow if the caregivers are alright with using the mirror. • Coach caregiver or family member to also move their face from side to side. The family can share a ball and throw it back and forth or bounce the ball. Blow bubbles and point to direction of bubbles. Keep bubble on wand and let child try to burst it. During all of these activities, coach the family on observing the child's eye movements, attention, and responses.
	Turn toward the source of normal sound	• Identify with caregiver potential times that specific sounds might be heard, such as when the family dog barks or comes into the room or when the doorbell rings. • Coach caregiver to play peek-a-boo games, to call child's name from different sides, even from behind child to see if they turn to find caregiver. Therapist/teacher coaches the caregivers to look for child's reflexive response to the sound, such as startling or stopping body or facial movements; and create joint attention opportunities by looking and pointing in the direction of the sound.

AGE	DEVELOPMENTAL MILESTONE	USING OBJECTS AND MATERIALS FOUND IN THE HOME/COMMUNITY
	Reach for objects and pick them up	• Coach caregiver how to rub the top of child's hand to help it open, place one of their fingers in their hand for the child to grasp, and then move it gently and say "you got it". • Coach caregiver to tune into what child is looking at and, if possible, position the object so they can reach for it such as a favorite food or toy. Therapist/teacher coaches the caregiver to determine an appropriate time to wait for child to do it themself, then use physical prompt to move child's arm towards the object, and provide child with the object no matter if he actually reaches. • Consider pairing this milestone with the tracking milestone to encourage reaching for objects/people the child is visually tracking. • Coach caregiver to hold objects facing the child for them to reach in front of them and then to either side. Babies love anything caregivers are holding - from the remote control to a small plastic container or water bottle. They can even put smaller objects inside a container that is closed tightly for child to shake. • As the child starts to sit propped up, place items at first within their reach, then as they hold themselves up more, move them further to either side. • If this is appropriate for the family and child, feeding is a great opportunity for reaching for foods of different sizes, shapes and textures and of course, for bringing them to their mouth.
	Switch toys from one hand to the other	• Coach caregiver to help child reach for and grab the child's socks and then give them to caregiver when getting dressed. • Explore with caregiver play and bath toys, and identify together which are easiest (e.g., light weight, fits her hand) for the child to grasp; discuss with family why these are the best for child at this time, and the ways to naturally integrate multiple opportunities to grasp and release across play, bath times, and meal times.
	Play with their toes	• Coach caregiver during diapering, playing, and dressing, to encourage child to lift her feet, including gently touching child by the bottom of her thighs and how to gently lift them. • When dressing, coach caregiver to put colorful socks on the child's toes when getting dressed to encourage child to reach for their feet.

AGE	DEVELOPMENTAL MILESTONE	USING OBJECTS AND MATERIALS FOUND IN THE HOME/COMMUNITY
		• Coach caregiver to tickle and kiss the baby's toes, cover them with a cloth, clap their feet together, play the little piggy game or any other game the caregiver prefers – help make this playful.
	Help hold the bottle during feeding	• Coach caregiver in learning the best positions for child to use two hands, and identifies objects that child can hold with two hands during different routine activities (e.g., holding their bottle (3 oz.) while eating or the small tube of diaper ointment or a toy during diaper changing.). • When this is a very new skill for the child, the caregiver can hold their hands over the child's hands to maintain hold of the item and then take their hands away when they feel the child can do it.
	Recognize familiar faces	• Coach caregiver to look for reactions that show child is asking for attention, and discusses the importance of responding to child's communicative intents such as "serve and return" interactions between caregivers and their children. This supports brain development and helps lay the foundation for future learning and development. • Coach caregiver to name family members when they see them in person or in photos so they connect the faces to the person. The same is true when looking at books or watching television shows and recognizing their favorite characters such as Elmo. This combines cognitive and communication skills and make the interactions rich.
	Imitate speech sounds	• Coach caregiver to imitate any of the child's spontaneous utterances and, at other times, initiate back and forth utterances using the same sounds the child already makes (this is another example of a serve and return interaction). • Encourage caregiver to talk to the child about what they are doing (e.g., "I'm rolling a sock.") and vocalize early sounds such as vowels and consonants (ex. /p/, /m/, /d/, /b/). • Encourage caregiver to pause to give the child a chance to try to respond. If the child vocalizes back, imitate the child's sounds. • Coach caregiver to immerse the child in bilabial sounds.
	Roll over	• Coach caregiver to put child sometimes on their belly and other times on their back for play time, and get down on the floor with them and lie down on the side and coach them to roll toward them.

AGE	DEVELOPMENTAL MILESTONE	USING OBJECTS AND MATERIALS FOUND IN THE HOME/COMMUNITY
		• Coach caregiver to roll the child over gently. Create the movements for the child. Provide a motivating toy or bottle or food item in their line of sight to help the child get there and roll their body.
12 Months	Get to a sitting position	• With the child sitting in a supported position, coach caregiver to put toys further away, so when child reaches out for her favorite toys, she ends up on all fours. Caregiver learns how to safely make child put weight on knees while playing on the caregiver's lap. • Coach caregiver to place them on their tummies so they have experience strengthening their arms to push up, and encourage them to roll over and push up. Give them opportunities to strengthen their core muscles like walking while holding onto furniture. • Coach caregiver to place child in the corner of the couch and see how they do for short periods of time.
	Pull to a standing position	• Coach caregiver to assist the child using their hand for child to hold to pull themselves up to a standing position or by using the furniture available in the home. • Coach caregiver to use toys that the child prefers to motivate/encourage the child to move to a standing position by positioning the toy at a certain level. This can be used during dressing and play routines.
	Stand briefly without support	• Caregiver can assist child to stand and gently release the child so that they can stand briefly without support. Coach caregiver to use a fun game or song they like to do at the same time and discuss with them the use of positive reinforcement. Guide caregiver verbally about how long to let the child stand briefly, about how to support the child with their hands, etc. during diaper changes, dressing, and bathing routines.
	Crawl	• Discuss with caregiver the multiple forms of moving that precede walking. Answering caregiver questions and providing information is part of coaching. • Coach caregiver to find opportunities to help child try to crawl/move instead of carrying her. • When child usually gets dressed, coach caregiver to show child her socks or a favorite toy and place them slightly out of reach, and wait for the child to try to move toward the object.

AGE	DEVELOPMENTAL MILESTONE	USING OBJECTS AND MATERIALS FOUND IN THE HOME/COMMUNITY
		• Coach caregiver, upon returning home, to greet child from a few feet away, on her level, to encourage child to move to greet her. • As the child's crawling skills evolve, the caregiver can sit across from the child a little further away to encourage child to crawl to them or make a game of it by having an older sibling join in a short "race". Coach caregiver on using verbal prompts to prepare the child to use a particular skill. For example, use "Go" before the race as a metaphor/example of verbal prompts that may be used to support the child during routines, especially for transition times.
	Imitate adults using a cup or telephone	• Initiate a discussion with the caregiver about different items that are found in the home that can be used to build imitation skills based on the family's culture. For example, pots and pans to drum using spatulas or wooden spoons; using a rag or a sponge to pretend to clean surface areas; and pretend to feed their stuffed animals, caregiver, older siblings, or dolls. If there are older children that live with the family, do they notice the child imitating them as well, when they are speaking on the phone, for example. Invite them to describe what the child does when they are imitating them and how the caregiver and older siblings can reinforce them. • Have other young children model using a cup. Have bananas available and model pretending it's a phone.
	Play peek-a-boo and patty cake or other social and interactive games with the family	• Discuss with caregiver what are the social, interactive games they usually play with their child or the games they used when they were growing up. These games may be specific to the family's culture. • Ask older siblings if there are any songs that they like to sing and that the child enjoys. • Make a list of songs with the caregiver that all family members can sing to the child and have them use hand gestures, clapping, tapping, dancing, and snapping with joyous smiles to increase attending.
	Wave bye-bye or hello	• This can be incorporated as a regular routine for when people come and go depending on the family's style or culture (not all cultures do this). Coach caregivers on how they can teach their child to do this if this is a priority for them. • Coach the family that, when people come in or leave the house, they wave or say "hi or bye" or what it is customary to do or say in their culture/language. When taking a walk in the neighborhood, model waving or saying "hi" or "bye."

AGE	DEVELOPMENTAL MILESTONE	USING OBJECTS AND MATERIALS FOUND IN THE HOME/COMMUNITY
	Put objects in a container	• Coach caregiver about using cups or bowls to place any dry snacks the child likes to eat (e.g., Gold Fish, Rice Chex, Cheerios, Puffs). Problem solve with the caregiver about what they have available in the home. • Recommend placing objects like small toys or objects into a box, bin, an empty diaper wipes container during clean-up routines or placing clothes into a laundry basket before bathing times. Can also introduce counting or naming of objects or colors at the same time. • Coach and reinforce caregivers in being verbally descriptive during routines when building language skills is a priority for them and they are comfortable doing this. For example, while the child is putting objects into the container, caregivers can say or sing, “In, in, in, we are putting the XX in.”
	Say at least one word	• Discuss with caregiver, during the routine activity, what words are relevant to that child and family. The words being taught by the caregiver should be functionally and developmentally appropriate for the child and what the caregiver feels is the most important to communicate. • Coach caregiver on the opportunities to practice these words during their everyday routines such as meal times, bathing times, transition times, and sleep times. Encourage caregivers to use verbal descriptions during their daily routine activities and to support imitation from the child whenever it occurs. • Help the caregiver pick out the words during routine activities that may be easiest to say. When eating, “yum, yum;” when washing, “wash, wash, wash” (emphasis on WAH); when changing diapers “pee pee” and “poo poo,” or the terms in the language the family uses. Recommend to family that everyone should use the same words.
	Make "ma-ma" or "da-da" sounds	• During interactions with the child, coach the caregiver on using consonant-vowel combinations that they commonly used in their family such as “ma-ma” for the mother, “da-da” or “pa-pa” for the father, or “ba-ba” for the bottle or breast. • Discuss with caregivers the common words or names used by the family in their culture.
18 Months	Like to push and pull objects	• Identify with caregiver what objects, such as laundry baskets (with or without light items inside), can be used to either push or pull. Another option is to place the laundry basket upside down and encourage the child to push it towards the caregiver; the same

AGE	DEVELOPMENTAL MILESTONE	USING OBJECTS AND MATERIALS FOUND IN THE HOME/COMMUNITY
		can be done with any small storage bins (with or without light items inside); a doll stroller; fill a reusable shopping bag with handles with few light weight items and use the handles to pull; use Tupperware lids to pull open to get access to favorite toy or snack; and zip-lock bags that are lightly sealed to pull open to get access to favorite snack or toy. Another example is a package of toilet paper or paper towels when the caregiver and child return from the market and are putting groceries and household items away.
	Say at least six words	• Discuss with caregiver, during the routine activity, what words are relevant to that child and family during routine activities. The words being taught by the caregiver should be functionally and developmentally appropriate for the child and what the caregiver feels is the most important to communicate. • Coach caregiver about the opportunities to practice these words during their everyday routines such as meal times, bathing times, play times, and sleep times. Coach the caregiver to use descriptive words whenever they talk to their child and during routine activities to verbally describe what is happening throughout the day. • Discuss with caregiver and identify the vocabulary of the activities and focus on those words.
	Follow simple directions ("Bring the ball" or "Turn the light off" or "Give me the cup")	• Discuss with caregiver the child's favorite activities, toys, or food items so that the caregiver can work on one-step directions (e.g. ,"Bring mommy your toy" or "Give mommy a kiss"). • Discuss with caregiver what types of reinforcement work for their child, and how this can be used during family routine activities to further engage the child. E.g., "Light on" and "light off" in the bedroom -- model this first; "in" or "out" with objects and buckets, boxes, bins or containers; commands such as "on" or "off" with socks and shoes.
	Pull off their shoes, socks and mittens	• Coach caregiver on how their children can use their own items of clothing or those of their caregivers during laundry, dressing, bathing, and play times. • Plan with caregiver and schedule visits before child usually gets dressed or changed, and coach caregiver to have child finish removing socks, shirt and pants. • Coach caregiver on how to ask child to raise legs to put on diaper, pants and raise arms to put on shirt.

AGE	DEVELOPMENTAL MILESTONE	USING OBJECTS AND MATERIALS FOUND IN THE HOME/COMMUNITY
		• Coach caregiver to model for the child by showing what "off "" means on a doll. Caregiver narrates actions on self, on child, or on siblings with great emphasis on the word "OFFFFFFF."
	Can point to a picture that you name in a book	• Coach caregiver to use cereal boxes, supermarket flyers, or anything around the house that has pictures such as photo albums (electronic or hard copy) or magazines. Can also coach caregiver to use pictures taken by caregiver on their phone to identify family members, pets, and places. When possible, suggest to caregiver to print out pictures of familiar family, pets and cut out story characters and show child. Label the pictures then ask child to point to or touch or look at the pictures.
	Feed themselves	• Discuss with caregiver the food items the child eats for meals and snacks and the child's history with self-feeding. Do not assume what foods they permit their child to eat because there may be dietary, religious and cultural restrictions (e.g., gluten-free, vegetarian, no sugar, halal, kosher). • Determine with caregiver which food item they would prefer to start with and provide your clinical expertise as to which would be a good food item to start with. • Self-feeding is a task to promote fine motor manipulation of fingers. Discuss with caregiver what they are comfortable doing as well as what other objects they can simulate these fine motor tasks with other than food. *Be mindful that some cultures do not expect children to feed themselves at this age. Determine with caregiver if this is culturally appropriate for their family and whether it's a priority for them. If this is a priority for the family, some recommendations for caregivers include: • Increase the availability of appropriate food on tray of highchair. • Discuss with caregiver about giving the child the opportunity to initiate hand-to-mouth before adult feeds them. • Give the child less food than you would ordinarily provide so that they are more eager to eat, and therefore more motivated to self-feed. Also, discuss with caregivers about scheduling the session around meal time so the child is hungry and the therapist/ teacher can discuss with the caregiver and verbally coach the caregiver what to do.
	Make marks on paper with crayons	• Coach caregiver on how to introduce pens, pencils, washable markers, or any writing utensils the family has at home to the child.

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		• If they go to the playground, coach caregiver on using a stick in the sand or small chalk on the sidewalk or blackboard or using their fingers with edible paints (food coloring and syrup) on paper. Recommend to make pieces available and ensure that there is always an adult present to make sure the child does not hurt themself. • Young children are often interested in drawing tasks that involve imitating what caregivers do. Coach caregiver to draw with them. They can draw more advanced things while naming them for recognition while the child scribbles and marks paper. • Remind caregivers to not be so concerned about how the child is holding the writing tool, but allow the child the freedom to explore with their hand and the tool. They should avoid correcting how they think the child should hold the writing tool as there is a developmental progression that occurs that you can demonstrate to them so they understand. It is also expected that the child uses the immature and mature patterns simultaneously, switching often between them when they are learning to draw.
	Walk without help	• Coach caregiver to give child maximum walking practice with one or two hands held. • Discuss with caregiver how most children walk miles supported before they let go and how that amount of walking practice may be provided. • Inform caregiver how children use their feet for balance and that barefoot is best. Wearing socks on slippery floors does not support walking without support. • Coach caregiver on how to place child with back to the wall and ask them to walk to the caregiver, while the caregiver moves back slowly to get child to take more steps. Explain to caregiver how children use their toes to grasp when walking, how walking facing wall is closest to walking alone and describe how holding one hand below the child's shoulder level is also close to walking alone. • Coach caregiver to place toys on a table or sofa for them to cruise along while holding and placing something the child is interested in at a distance from where the child is. • Coach caregiver on sending child between two caregivers - encouraging them to go from one to the other may entice the child to walk from person to person. • Coach caregiver on reinforcement and its importance in engaging children and rewarding them for skills they are learning.

AGE	DEVELOPMENTAL MILESTONE	USING OBJECTS AND MATERIALS FOUND IN THE HOME/COMMUNITY
	Point, make sounds, or try to use words to ask for things	• When coaching caregivers on any language skills, ask the caregiver about the routine activity where they would like to start teaching word items that are relevant to that child and family. • The words that the caregiver should start working on with the child should be functionally and developmentally appropriate for the child, and what the caregiver feels is the most important to communicate. • Coach caregiver to model pointing and labelling things around the house. Caregiver praises the child when they point or label or try to label.
Two Years	Use two- to three-word sentences Say about 50 words	• When coaching caregivers on any language skills, ask them about the routine activity where they would like to start teaching word items that are relevant to that child and family. • The words and sentences that the caregiver should start working on with the child should be functionally and developmentally appropriate for the child, and the words and sentences should be what the caregiver feels is the most important to communicate. • Coach caregiver to model object + action such as "bounce ball." When the child says "ball," caregiver bounces the ball. When the child points to milk or says "milk," the caregiver gives the child milk so that the child will learn to say "milk" when he/she wants it. Again, these are examples of promoting rich "serve and return" interactions between children and their caregivers.
	Recognize familiar pictures	• Discuss with caregiver what photos or pictures they have available and what routine activity to focus on first. One may suggest starting with family members and pets living in the home with the child. If the context is the supermarket, the child can help point to objects that look like the photos in the coupons or on flyer. • Recommend to caregiver to also use pictures of teachers, neighbors, and other caregivers. The caregiver can create a book with a photo album of familiar pictures or create an alphabet book with older siblings that include familiar places (e.g., the house, the child care program, the supermarket, the park).
	Kick a ball forward	• Explain that kicking a ball helps promote one-legged balance to go upstairs. • Coach caregiver to model and take turns kicking and to pair word "kick" while prompting child to kick.

AGE	DEVELOPMENTAL MILESTONE	USING OBJECTS AND MATERIALS FOUND IN THE HOME/COMMUNITY
		• When the family has no ball, the child can use an empty plastic bottle, a ball of rubber bands or hair elastics, a rolled-up sock, crumpled up paper or newspaper from advertisements and junk mail or an empty Tupperware container – anything that is light/empty that can be found in the home.
	Feed themselves with a spoon	• First, therapist/teacher must determine if eating with a spoon is culturally relevant since not all cultures eat with spoon/fork. For example, some families use their hands or chopsticks or use bread to pick up food. Do an observation of meal time to see how the routine typically occurs and then discuss with caregivers what has happened so far. • If the task is to teach the child how to grip spoon and how to scoop, you can use non-cooked food items to scoop like dried beans, rice, water, or lentils. Or verbally coach the caregiver to help the child use a utensil of their choice during meal times. • Share with caregivers that when children are first learning to feed themselves, they are messy and enjoy it. It helps to give them their own spoon to play with while you are still feeding them with another. • The caregiver puts their child's favorite food in a bowl. Coach caregiver to gradually put their hands over their child's hands to scoop hand-over-hand with them to get a feel of what it is like. Gradually let go and, if they hold the spoon, let them bring it to their mouth with encouragement. If the child does not continue with the help of hand-over-hand, coach caregiver to be patient, especially with the mess!
	Turn two or three pages together	• When books aren't available, see if there are any catalogs, magazines, grocery store coupon books, or free local newspapers available to support the child turning pages.
	Like to imitate their caregiver	• To coach caregivers, ask them what is the activity the child observes them doing the most. Examples include: if it's cooking/prepping meals, set child up with pots and pans to imitate cooking/stirring/serving food etc. If it's doing laundry, have the child help with putting clothes in the hamper. • Recommend that the caregiver verbally identify each object during routine activities. For example, name bottle, bowl and foods during meal/cooking times; clothing items and body parts during dressing time; water, bath toy, hot and cold during bathing times; and black car, train, or blue bus, people, and numbers during travel times.
	Identify hair, eyes, ears, and nose by pointing	• Coach caregiver to use their anatomy or that of a doll or stuffed animal to teach body parts.

AGE	DEVELOPMENTAL MILESTONE	USING OBJECTS AND MATERIALS FOUND IN THE HOME/COMMUNITY
		• Coach caregiver to teach the child their own body parts during dressing times or bathing times.
	Build a tower of four blocks	• Coach caregiver on stacking items found in the home such as small empty cardboard boxes from on-line orders, empty tissue boxes, shoe boxes, take-out containers of same size and shape, empty and cleaned plastic jars, measuring cups, plastic bowls, and Tupperware. Caregiver and siblings can color or paint the boxes with child. • Children stack their cookies or pancakes. The concept is placing an item on top of another and can be done in any play or meal activity even if what children stack together falls down. It's that much more fun to do it again.
Three Years	Throw a ball overhand	• If a ball is not available, coach the caregiver to create a ball by using adult socks rolled into a ball, a squeezy stress ball, a ball of rubber bands or hair elastics, crumbled paper from junk mail or flyers with some rubber bands wrapped around them. • Some families also haveuse small stuffed animals to practice throwing.
	Ride a tricycle Other motor activities that can be worked on when the tricycle is not appropriate/available	• Families may not have a tricycle for many different reasons (e.g., no space, not a routine form of play for the family, not a priority), and therefore, children may not have this experience. • Other alternative gross motor activities to coach caregiver on: o Caregiver can lie down on their back and lift their legs up and down and make circles like they are pedaling with their child copying them o Imitate animal movements like walking like a penguin, hopping like a frog. o Sit facing each other, hold hands and rock back and forth to the tune of Row, Row, Row, Your Boat or do a wheelbarrow walk. Caregiver holds the child's legs and child crawls using his hands moving forward. This is fun when done with siblings. o Jump in place and land with two feet firmly flat on the ground. o Caregiver can make a bridge with their body, or with two chairs and a blanket, or caregiver can place their legs up on a chair and let their child crawl over or under caregiver's legs or torso. o Play "Ring around the Rosy" and other similar games that are familiar to the family.

AGE	DEVELOPMENTAL MILESTONE	USING OBJECTS AND MATERIALS FOUND IN THE HOME/COMMUNITY
		○ Dance together to family's or child's favorite type of music. Ask the caregiver or caregiver what songs and music the child appears to enjoy when watching television or hearing music.
	Put on their shoes	• The dressing routine is a great learning opportunity for the child to practice putting on their shoes. • Coach caregiver that putting on shoes that are too big is easier at first. Slip on daddy's shoes or mommy's slippers to start. • Coach caregiver to model putting on shoes for the child. When caregivers are ready to leave the house, allow extra time to let the child put on their own shoes. The exploration of them trying without succeeding is part of their learning so it's okay if they go on backwards or on the wrong foot. • If caregiver prefers to use the child's shoes, the therapist/teacher may recommend to caregivers to use slip-on shoes first, and work up to Velcro and then laces as the child's skills grow.
	Open the door	• Coach caregiver to show the child how to rotate objects to open containers; this will help them learn how to move their wrists to rotate as if opening a door. • Coach caregiver on container play with old bubble containers and empty/cleaned peanut butter jars with smaller items hidden inside to encourage the child to open containers to get the items out. This is an important fine motor skill. Therapist/teacher coaches and reinforces caregiver to use verbal descriptions of what is happening – for example, the caregiver models opening the door and breaks it down verbally into steps: "Turn, turn, turn the knob and open the door."
	Turn one page at a time	• See the above section about turning pages. • Coach caregiver to take pages that you can group together to make it thicker, or cardboard to turn before using magazine or regular pages. • If the family has a deck of cards, photos or a matching game, practice flipping them over during play times. • During these play and reading activities, coach caregiver to take turns with the child when choosing books, turning pages, naming pictures, imitating actions, and talking about pictures.

AGE	DEVELOPMENTAL MILESTONE	USING OBJECTS AND MATERIALS FOUND IN THE HOME/COMMUNITY
	Play with other children for a few minutes	• Siblings or cousins are great to teach play skills. • If no siblings or cousins are available, find out if there are neighbors with children similar in age with whom the caregiver can arrange play dates. Local libraries have lots of free programs for toddlers and caregivers as well. • Assist caregiver in accessing resources in the community throughout the family's journey in Early Intervention.
	Repeat common rhymes	• It doesn't always have to be American rhymes. • Discuss with caregiver what short rhymes they would like their children to learn (in their language). Sometimes these short rhymes can be said during social interaction games like patty-cake, while walking around the neighborhood or as part of a fun song. • Make a list with the caregiver of nursery rhymes that they can sing and say with their child. • Determine with caregiver when rhymes can be done during the day or week. For example, the caregiver can designate bedtime rhymes that are more soothing and sing them each night.
	Say three- to five-word sentences	• Work with caregiver to identify words and sentences that are relevant to that child and family during a routine activity. • The sentences being taught by the caregiver should be functionally and developmentally appropriate for the child and what the caregiver feels is the most important to communicate. • Coach caregiver on the opportunities to practice these sentences during their everyday routines such as meal times, bathing times, play times, and sleep times. For example, when the child produces one word, coach the caregiver to model back two words; if the child says two words, the caregiver then models back three words.
	Name at least one color correctly	• Work with caregiver to identify the color of the child's favorite toy or to identify colors of items that the child uses on a regular basis to teach the child their first colors. • Coach caregiver to name the color of the child's cup or bowl or the color of their favorite toy, book, television character (e.g., Sesame Street) or clothes. For example, "Elmo is red and Cookie Monster is blue!"

AGE	DEVELOPMENTAL MILESTONE	USING OBJECTS AND MATERIALS FOUND IN THE HOME/COMMUNITY
		• Coach caregiver to create a card with the child's name on it using that color. Caregiver can color pictures with only that color crayon and say the name of the color to the child each time it comes up during their routines. For example, identify whenever the color "blue" appears at home, on clothes, at the supermarket, etc. When the child becomes more skilled in that color, the caregiver can present a new color using the same game.

The milestones above were derived from the **New York SDOH *Early Help Makes a Difference*** brochure (available in English and Spanish) at https://www.health.ny.gov/publications/0527/

***For Children Diagnosed with Autism Spectrum Disorder and Receiving Applied Behavior Analysis (ABA) Services:**

Reinforcers are key component to any ABA program. The *New York State Clinical Practice Guideline on Assessment and Intervention Services for Young Children (Age 0-3) with Autism Spectrum Disorders (ASD): 2017 Update Report of the Recommendations*, states that "*comprehensive parent-mediated interventions be implemented in the child's natural environment, whenever possible…the assumption is that the more a child is engaged with their parents, the more the child will then learn language and play as well as develop socially through ongoing interactions during critical developmental periods.*"

Keeping this key factor in mind, caregiver engagement can serve as an innate reinforcer for a child diagnosed with ASD. However, when choosing tangible items as reinforcers, it is essential that caregiver input is taken into consideration so that reinforcers can be found or developed from items that are in the child's home before resorting to other avenues. The use of reinforcers that are found at home and can be used during everyday routines of the child and family are that they increase the likelihood of a caregiver using that reinforcer regularly and appropriately, which in turn leads to mastery and generalization of a skill much more quickly.

If you want more information on caregiver-mediated ABA therapy or about family-centered best practices, please refer to the *New York City Department of Health and Mental Hygiene, Division of Family and Child Health, Bureau of Early Intervention Guidance for Teletherapy for Service Sessions and Evaluations During COVID-19 (Updated 4/13/2020)* as well as the on-line professional development training titled *Implementing Family Centered Best Practices* at https://www1.nyc.gov/site/doh/providers/resources/early-intervention-professional-development-and-trainings.page

RESOURCES

Professional Blogs

Childress, D. (March 10, 2016) *But Everyone Else Still Brings Toys…*, Early Intervention Strategies for Success. Virginia Early Intervention Professional Development at https://veipd.org/earlyintervention/2016/03/10/but-everyone-else-still-brings-toys/

Williams, C. and Ostrosky, M.M. (Sept. 12, 2018) *A Bagless Approach in Early Intervention? What is that?* Military Families Learning Network. *See under *Papers* for their published article. https://militaryfamilieslearningnetwork.org/2018/09/12/a-bagless-approach-in-early-intervention-what-is-that/

Early Intervention Best Practices

Division for Early Childhood. (2014). *DEC recommended practices in early intervention/early childhood special education 2014*. Retrieved from http://www.dec-sped.org/recommendedpractices

Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). *Agreed upon mission and key principles for providing early intervention services in natural environments*. Retrieved from http://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf

Papers

Dunst, C. J. (2006). *Parent-mediated everyday child learning opportunities: I. Foundations and operationalization*. *CASE*inPoint, Vol. 2, Number 2 https://fipp.org/static/media/uploads/caseinpoint/caseinpoint_vol2_no2.pdf

Dunst, C.J. (2006). *Parent-mediated Everyday Child Learning Opportunities: II. Methods and Procedures*. *CASE*inPoint, Vol. 2, Number 11 https://fipp.org/static/media/uploads/caseinpoint/caseinpoint_vol2_no11.pdf

Swanson, J., Raab, Melinda, Roper, N. and Dunst, C.J. (2006). *Promoting Young Children's Participation in Interest-Based Everyday Learning Activities*, FIPP *CASE*tools: Instruments and Procedures for Implementing Early Childhood and Family Support Practices. https://www2.waisman.wisc.edu/cedd//pdfs/casetools_vol2_no5.pdf
The paper includes checklists of activities for identifying interest-based everyday learning opportunities for infants (birth to 15 months) and toddlers (15 months to 36 months).

The Center for the Developing Child at Harvard University. *How Serve and Return Builds Brain Circuitry* at https://developingchild.harvard.edu/resources/serve-return-interaction-shapes-brain-circuitry/ and https://developingchild.harvard.edu/science/key-concepts/serve-and-return/

Williams, C. and Ostrosky, M.M. (Feb. 14, 2019). *What about MY TOYS? Common Questions About Using a Bagless Approach in Early Intervention.* Young Exceptional Children. Vol.23, Issue 2 https://journals.sagepub.com/doi/10.1177/1096250619829739

Tools to Promote Natural Environments And Best Practices

Early Childhood Technical Assistance Center: Improving Systems, Practices, and Outcomes. *Using the DEC Recommended Practices* https://ectacenter.org/decrp/ Professional checklists based on the **DEC Recommended Practices** that early interventionists may use to reflect on their integration of best practices in their work with EI children and families.

TEIS Calendar of Daily Activities for Infants and Toddlers https://teisinc.com/30-days-activities-infants-toddlers/ This resource provides activities by age-group and uses materials found in the family home.

Woods, J. (2009). *Family-guided approaches to collaborative early-intervention training and services: 12 step program to decrease toy bag dependence*. Retrieved from http://dmm.cci.fsu.edu/IADMM/materials/12steps.pdf

New York State Department of Health Bureau of Early Intervention Guidance

New York State Department of Health Bureau of Early Intervention. *Clinical Practice Guideline on Assessment and Intervention Services for Young Children (Age 0-3) with Autism Spectrum Disorders (ASD): 2017 Update Report of the Recommendations.* New York State Department of Health Bureau of Early Intervention at https://www.health.ny.gov/community/infants_children/early_intervention/autism/docs/report_recommendations_update.pdf

New York State Department of Health Bureau of Early Intervention, *Health and Safety Standards for the Early Intervention Program* (2010) https://www.health.ny.gov/community/infants_children/early_intervention/service_providers/health_and_safety_standards.htm#home_standards

Books

Crawford, M. J., & Weber, B. (2014). *Early intervention every day! : Embedding activities in daily routines for young children and their families***.** Baltimore, MD: Brookes Publishing. https://products.brookespublishing.com/Early-Intervention-Every-Day-P705.aspx

Rush, D.D. & Shelden, M.L, (2011). *The Early Childhood Coaching Handbook*. Paul H. Brookes Publishers, Inc. https://www.amazon.com/Early-Childhood-Coaching-Handbook/dp/1598570676