

4-1-2007

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December 18, 2006

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Introduction:

**“From birth to age three your child has a lot to learn...
..but not all children are learning as well as they can.
Your child deserves a good start in life.”
(Birth to Three Website, 2006)**

Growing up, children aging from birth to three are expected to experience many different developmental milestones. However, at times, many children experience delays in development and need external support and care to promote growth and prevent further delays. The Birth to Three Program can help children develop educationally, as well as socially.

The Birth to Three program is offered to a child (under the age of 36 months) of any Connecticut resident who has a diagnosed medical condition such as Down syndrome, spina bifida, autism, blindness, deafness, or others that have a high probability of resulting in a developmental delay or shows significant delays in development such as talking or walking. It is a federal program found throughout the United States aimed at early intervention with children with special needs. The program can provide service coordination, developmental screening, resource identification, and development of an individualized family service plan, therapeutic intervention and transition planning to

preschool services for the child nearing age three. To have BTT services, the child needs to be referred and evaluated. Anyone who has a concern about a child's development may make a referral. This includes parents, guardians, foster parents and family members; professionals such as pediatricians, other physicians, social workers, nurses, and child care providers; or others who have contact with the child. If someone other than the child's parents makes the referral, the parents will be contacted for their permission before any action is taken.

Participation in the BTTP is completely voluntary. Once a referral is made, a local early intervention program will contact the family to evaluate the child's development. According to the Birth to Three website (2006), specific areas of development that are evaluated include:

- cognitive development
- physical development, including vision, hearing, motor and health
- communication development
- social or emotional development
- adaptive skills development (known as self-help or daily living skills)

Once the child is evaluated, the specialist will work with the family to create the Individualized Family Service Plan, which will explain the child's strengths and weakness to help promote development, as well as plan where and when the specialist will meet with the family and child.

Found also on the Birth to Three website (2006), as a result of an increasing in enrollment of the program, funding for Birth to Three has changed:

Enrollment in the Birth to Three System has continued to climb over the past seven years, from 5,303 in fiscal year 1997 to 9,403 in fiscal year 2003 - a 77% increase. The state budget shortages in recent years prevent the state from increasing funding for Birth to Three each year. Changes were required for the fiscal year

beginning July 1, 2003 that would decrease expenditures and increase revenue in order to continue to operate the Birth to Three System as an entitlement. In addition to changes such as how providers are paid, how insurance companies reimburse for early intervention services, and which children are eligible, another change is that families are now asked to pay a portion of the cost of services.

The state budget shortages in recent years prevent the state from increasing funding for Birth to Three each year; therefore, many families establish a schedule of fees to pay to the program to receive services. The schedule of fees considers the cost of such services relative to the financial resources of the parents or legal guardians of eligible children. In most cases, services are delivered in setting that are natural for that child, including the family home, child care settings, and other places where children usually spend time. The Birth to Three Program's strength is based on the involvement of the family with the child. After weekly sessions with the specialist, family members are encouraged to work with their child on his or her development skills.

The family's presence at the session is essential in the development of the child, for they are witnessing first hand the skills the specialist is working on with the child. However, in Connecticut, especially in Hartford, many of the families who receive services are of a lower-socio economic status. Therefore, many families are unable to be at home with their child or children when the specialist has their weekly session because the parents need to be at work. Throughout Connecticut, there are many daycare centers that have many children who receive the Birth to Three (BTT) services. As a result, daycare workers are responsible for hosting the specialist when he or she comes into the classroom to work with the child receiving the BTT services.

Significance:

Children with special needs are born with a disadvantage, which can only become worse as they get older without special attention and support. The first few years of life are extremely important to the future growth and development of the child. Therefore, the Birth to Three Program is an essential beginning step to help the child reach a higher potential, not only in education, but also in society overall.

Studying the Birth to Three Program in daycare centers is important because the Birth to Three Program is focused on family involvement. When families cannot attend sessions with their children as a result of having conflicts relating to work or other commitments, specialists from the Birth to Three Program (BTTP) see the child in the daycare centers. As stated above, the BTTP's success stems from the family's involvement with the child, and therefore it is important to examine if the daycare providers can provide the same type of support and involvement with the child. has. Having a child who has delays in development can be taxing on parents' time, for much attention has to be given to the child to promote growth. When the child needs to be put into daycare, the role of caretaker is transferred to the daycare providers, and the teachers of the daycare are now responsible for working with child on his or her development. At home, parents are able to provide one-on –one attention to their child, whereas at daycare centers, daycare providers are responsible for many children aside from the child with a disability. Therefore, I believe it is important to examine how having the Birth to Three services at the daycares affect the child, as well as the daycare providers.

Research Question:

My research question is as followed: According to the perspectives of day care providers, what are the challenges and benefits of having the Birth to Three Program in daycare centers? What improvements, if any, can be made?

While performing my research, I was guided with questions such as: what is it like for the daycare providers to have Birth to Three children in their classrooms? In what ways are the daycare workers involved in the program? How does the program affect the daycare workers, the child with special needs, as well as the other children? Overall, in what ways is the Birth to Three Program seen as successful at daycare centers? Through speaking with specialists in the Birth to Three Program, as well as many daycare providers, I hoped to answer such questions.

Thesis:

According to the daycare providers interviewed, daycare workers perceive that the program contributes positively to the daycare classroom when the specialist and child are integrated with the rest of the class, and are not working behind closed doors. A challenge, which calls for improvement in daycare centers with the Birth to Three Program, according to the daycare providers, is communication among the specialists, daycare providers, as well as the parents of the child receiving services from the program.

Literature Review/ Conceptual Framework:

Early intervention programs such as the Birth to Three has been heavily studied, for the impact they have had on education system has been positive. There have been many scholarly articles written about the effects the program has had on children as they develop during the most crucial stages of their lives. As explained before, family

involvement is crucial for the success of this early intervention program, and much of the time with the program takes place at the home setting with the specialist, child and parent. Beth Ramaley, a past Educational Studies and graduate of Trinity College conducted her research project in 2004 on the Birth to Three Program. Her project was titled, “ Birth to Three Effectiveness,” and her research question asked, “Is the Birth to Three Program in Hartford effective at meeting the needs of low income children with developmental delays?” (Ramaley, 2004). Many of her sources in her paper related to my topic as well, so therefore, I decided to read Beth’s research before conducting my own. In her paper, Beth cites Craig T. and Sharon Landesman Ramey (1998) which also applies to my research as well. According to Ramey et al. there are six principles that each early intervention program should include. Ramey et al.’s principles are:

1. Principle of developmental timing.
2. Principle of program intensity.
3. Principle of direct (vs. intermediary) provision of learning experiences.
4. Principle of program breadth and flexibility.
5. Principle of individual difference in program benefits.
6. Principle of ecological dominion and environmental maintenance of development.

When examining the Birth to Three Program, all of Ramey et al.’s principles apply.

Principle 1, developmental timing relates to the idea that intervention should take place in the earlier stages of a child’s life. The second principle, Principle of program intensity represents the idea that intense action should take place in order to ensure progress with development rather than lax intervention. For the Birth to Three child, services are offered at convenient times for the family. As I learned throughout the semester, many of the daycare centers accept children with special needs, and the families of the children connect with the BTTP to visit the child during the daycare hours. Many of the children

who receive services at the daycare, also see the specialist in the home setting, when the time is convenient for the family.

The third principle, Principle of direct provision of learning experiences, describes how the program applies to not only the child but also the family. The Birth to Three Program seeks to educate all parties involved, so that together the family, child and specialist can work together to ensure development. Beth Ramaley (2004) quoted in her paper from Wasik, B.H., Ramey, C.T., Bryant, D.M.& Sparling, J.J. (1990) who cited Bronfenbrenner (1974) who wrote that “ the family seems to be the most effective and economical system for fostering and sustaining the child’s development. Without family involvement, intervention is likely to be unsuccessful”(Bronfenbrenner, Wasik, 1982). Following in her footsteps of researching the Birth to Three Program, I felt the quotation also applied to my study.

Ramey et al.’s fourth principle, the Principle of program breadth and flexibility relates to how each family should be offered a wide range of services that can help better the development of the child. As Beth Ramaley (2004) stated in her paper, “ Intervention programs should offer a broad spectrum of services to its participants...Birth to Three accomplishes this by offering a substantial number of services to each child. In most cases, the child will not need all of the services, but they can, and usually do, receive more than one of them” (Ramaley, 9). According to the Birth to Three Website (2006), The services include:

Assistive technology devices and services, audiological services, speech and language services, family training, counseling, and home visits, health services necessary to benefit from other early intervention services, medical services for Birth to Three diagnostic or evaluation purposes only,

nutrition services, occupational therapy, physical therapy, psychological services, service coordination, special instruction, social work services, transportation or mileage reimbursement when necessary to receive other early intervention services, vision and mobility services.

Also, the Birth to Three aims at making the sessions convenient for the families. For example, when parents cannot be at home with the child as a result of work conflict, the specialist will make arrangements to meet at the daycare centers for the visit. Flexibility comes into play when arranging for the daycare center to also work with the Birth to Three Program to make the program more available and easier for the families.

The fifth principle, Principle of individual difference in program benefits examines how children with developmental delays are diverse, and should not be categorized as one entity. Children in the Birth to Three Program are evaluated based on their sign of delays, and then the specialist will work with the family to create the Individualized Family Service Plan which details where and when the specialist will meet with the child, and what actions and activities need to take place in order to promote development and growth for the family and child. The Individualized Family Service Plan is aimed to outline the procedures and steps to be taken in order to help the child develop.

The final principle, Principle of ecological dominion and environmental maintenance of development relates to the location of where the intervention takes place. As stated earlier, the Birth to Three looks to work with the child in a natural setting, such as the home, or daycare. The hope is that the child will feel comfortable in a setting that is familiar and will therefore be able to develop.

Looking specifically at children receiving early intervention at daycare centers, it is important to examine sources that explain how parents of the child may fall out of the loop with the child's development. According to the article, "The Gap: Parental Knowledge about Daycare," by authors Shpancer, Bowden, et al. (2002), in a study, parents answered only "45% of questions correctly and reported a lack of knowledge regarding both general center characteristics and specific group characteristics of their child's daycare facilities" (Shpancer, Bowden, et al., 639). This article was significant to my study, and one of the first articles I read when researching, because it shows that family involvement is crucial. It is important for families who have children with special needs to be fully aware of the attention and support their child is receiving when they are not present.

Examining the experience of some daycare workers who take care of children with disabilities at daycare, it is a worthwhile experience. According to Templeman (1989), author of "Integration of Children with Moderate and Severe Handicaps Into A Daycare Center," The experience is also beneficial for teachers and childcare providers. They [the daycare providers] express pride in having been able to help the child develop the skills" (Templeman, 317). Because my research is focused on the different perspectives of daycare providers, I thought Templeman's piece was very significant to my study.

Methodology:

I contacted a Birth to Three Program, pseudonym Little Stepping Pebbles, in Hartford this semester to help guide me through my research. With the help of the Director of the Program, Pamela Springtime, I was able to determine a series of questions

to research for my qualitative study throughout the semester. My research would also be helpful to the Little Stepping Pebbles BTTP to improving their involvement with the daycare centers in Hartford. Much of my work was done independently. Along with working at Little Stepping Pebbles every Friday for four hours to do office work, and gain BTT information, I was able to contact daycare centers and conduct seven formal interviews that were tape recorded, as well as have three informal phone conversations with daycare workers. I was able to interview two daycare directors as well, one through phone conversation, and the other through a formal interview. I also had three formal interviews with Little Stepping Pebbles specialists. In total, my twelve interviews with daycare providers represented six daycare centers in Hartford.

Through working with Little Stepping Pebbles, I was able to attend two evaluations of children who were referred to the program, as well as attend two daycare sessions with the specialist. When interviewing daycare providers, I was unaware of knowing whether or not there were BTT children presently at the daycare centers as a result of privacy issues.

Towards the end of my interviewing, I had to switch to phone interviews, for many daycare workers were too busy to sit down and have a formal personal interview. I interviewed daycare workers to discover their opinions on how having the Birth to Three Program affected them. I was very interested in learning how involved the daycare workers and teachers were with the child, the specialist, as well as the child's family. Many of my interview questions were centered on learning of what the daycare teachers did when the specialist came in to work with the child. I also wanted to know how much the daycare providers worked with the child outside of the time the specialist was not

present. I was also interested in learning how much the daycare providers, specialist and family members of the child communicated. Many of the daycare workers I interviewed were very forthcoming with responses, and were interested in opening up lines of communication for changes and improvement with the program in the daycare centers.

Ethnographic Description of Setting:

The Birth to Three's Mission Statement states that the program is intended, "To strengthen the capacity of families to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities (The Birth to Three Brochure). The Birth to Three Program was formed as a result of the Individuals with Disabilities Act (IDEA) of 2000. The IDEA was aimed at aiding families who have disabled children with state funding, and to provide services that could promote early intervention. As stated earlier, The Birth to Three Program is aimed at helping children under the age of 36 months with their disability. To evaluate the child, a referral from a family member, guardian or caretaker, as well as a Pediatrician, must be made. Evaluations usually last about an hour to two hours, where the specialist will test the child on certain skills.

According to the Birth to Three Website (2006),

Eligibility is limited to those children under age three who show a developmental delay of two standard deviations below the mean in one area of development, or one and one-half standard deviations below the mean in two areas of development.

Once the evaluation is over, the Birth to Three Specialist will meet with the family to create the Individualized Family Service Plan. If the family cannot meet with the specialist in the home, the specialist can make arrangements to meet the child at the daycare centers. Families are encouraged to make arrangements to meet with the

specialist aside from the specialist's visit to the daycare center so that families can continue to be involved with the development of the child.

Analysis and Interpretation of Evidence:

In the beginning of my research, I had the negative mindset that I would discover unhappy daycare providers who felt the program was not seen positively by being offered in the daycare centers. I realized I was hoping to find negative results, and therefore changed my attitude when going into interviews. As my researched deepened, I found that many daycare providers were satisfied with the program and believed that it was an overall success. However, there were many responses to questions that suggested that daycare workers did not have a background with working with children with special needs, and often found it hard to give the child direct special attention. I thought it was interesting to compare my three formal interviews with the specialists at Little Stepping Stones to the other interviews conducted with the daycare providers. I was delighted to find that many of the suggestions for improvement were the same: more communication among the daycare providers, specialist, and family members of the child. It was through conducting many interviews, formal and informal that I found patterns in the daycare providers' responses.

By conducting the formal interviews, as well as informal phone conversation interviews with daycare providers, as well as specialists, I tried to determine whether or not having the Birth to Three Program was seen as a success according to the daycare providers. It was interesting to listen to daycare providers from different daycare centers responding to the questions.

For example, one of my interviews with a daycare provider in Hartford, Molly Ringla (pseudonym) believed that the Birth to Three Program has positive effects on all parties involved. When asked about her involvement with the child receiving special needs, she responded that she was very interested in the development of the child. She said, *“Because the Bt3 Program is focused around family support, you want parents to feel that you’re the next best thing than “mom” to help her child with his/her development.”* Like so many others I interviewed, she reported that sometimes when the specialist came into the classroom, the child would either stay and work on her skills or leave the classroom to work one-on-one with the specialist. According to Molly, when the specialist would leave with the child, she felt she was not as involved, for she was not able to observe the development skills the child was working on and said:

Sometimes I am confused with what the Specialist will write down for the teachers to work on, and when she comes back the following week, and asks me if I noticed any improvement, I do not know what to tell her because I was unsure of what specific things I needed to look for during the week.

The sheet that Molly is referring to is known as the “Instructional Plan/Service Provider Contact Sheet” [attached at the end of this paper]. After each session, the specialist fills out the form for the teacher to sign, and send home to the parents. The form had the specialist’s report on the session, indicating what he or she worked on with the child, observations of improvement or lack of improvement, as well as activities that should be worked on during the week. However, Molly felt that when the child left with the specialist, she was unable to really relate to what the sheet reported, for she was not able to observe personally. According to Molly, when the child and specialist was involved with the entire classroom, working on development skills, everyone was motivated to

help the child with the special need, and was able to understand what the child needed to work on outside of the session with the specialist. Molly said, “*I really love when all of the children are involved with the little one and specialist. We all are able to work on our development skills.*” Interviewing another childcare provider at a different daycare center, I found a similar response. According to Linda (pseudonym),

At times, the child will leave with the specialist to work on necessary development skills. However, I have seen most progress with the child when she is working with other children, as well as having all day care teachers present. When the specialist and child are behind closed doors, I am unable to fully understand what I need to work on with the child outside of the session. I feel like that hour spend with the specialist goes to waste because we as teachers are unable to continue her work with the child when she is not there.

When asked how often she communicates with the specialist, Molly reported that as a result of the hectic daycare setting, it is hard for the specialist and a daycare staff to communicate. I found that when I interviewed a specialist from Little Stepping Pebbles, the specialist Georgia (pseudonym) also noted that it is hard for the daycare providers and her to touch base. According to Georgia:

We try to chat at the end of the session, but sometimes the teachers are very caught up with the rest of the class. But then again, it depends on the age of the kids...the toddlers are always on the move, so it gets to be very crowded. We usually communicate through the form I fill out at the end of the session.

No matter who I was interviewing, whether it was a Birth to Three Specialist or a daycare provider, all suggested that communication needed to be improved among the daycare providers, specialist and parents of the child. At one visit to interview a daycare director, Jessica (pseudonym) I caught the director in a very distressed state. She had just met with

a daycare teacher who was frustrated with the Birth to Three Program, and the visit the specialist had just made. According to Jessica, she reported:

Communication eliminates confusion. Many of the teachers have expressed frustration for not having enough time to speak with the specialist before or after the session. Sometimes there are directions on the review sheet that are unclear to the teacher, and she is unaware of what she needs to work on during the week.

When asked what could be improved, she responded that she would like to see there be more communication. She suggested, like so many others, that parents of the children, as well as the daycare workers and specialist need to communicate more, whether it be meeting for an hour, or just making regular phone calls. She suggested that the specialist and the daycare worker find time either before or after to discuss what she may have worked on with the child throughout the week.

Another interview conducted with a daycare provider, Marsha Mae, (pseudonym) showed that communication was a need for improvement between the daycare provider and specialist. When asked about her involvement with the program, she felt she was left out of the loop when the specialist came, and as a result was not able to fully understand the development skills needed to be worked on during the week. Although she was very interested in working with the child, and felt the program was an overall success, she felt she was affected by her lack of information. During the week, she responded that she tried to work on many of the skills, but would often be consumed with working with other children. According to Marsha Mae:

I love working with the children at such a young age. I have a soft spot for that little one especially, (name of child with special need could not be revealed) but when she leaves the classroom to work on her skills that I know she needs to, I feel disconnected. Her mother will come in at the end of the day, and I cannot fully explain whether or not she had a good day or if she improved in

some way. But when she is in here working with the specialist and the other children, playing clapping games or singing songs, her entire face is lit up with a smile, and that to me makes me feel like I'm completely involved in her growth.

Overall, she felt she was still very involved. However, when asked if she talks to the specialist before or after the session, she reported that she tries to allow one specific teacher to talk to her, to keep the line of communication consistent. She suggested that one teacher should be assigned to communicating with the specialist, as well a parent on a regular basis, and that the specialist should make a point to follow up with the teachers every week.

Conclusion:

According to my research, there were three consistent suggestions for improvement for the Birth to Three Program in daycare centers. According to the daycare providers, communication needs to be more frequent. Secondly, there needs to be weekly or at least monthly meetings where specialist, day care teacher, as well as the parents should meet to discuss development. And third, there needs to be more integration into the classroom, or assign a day care teacher to leave the room to work along side the specialist outside of the classroom. To continue answering my research question of, "According to the perspectives of day care providers, what are the challenges and benefits of having the Birth to Three Program in daycare centers," the program contributes positively to the day care classroom when the specialist and child are integrated with the rest of the class, and are not working behind closed doors.

I found that all of the daycare providers believed it was successful and beneficial having the Birth to Three Program offered at daycare centers, but there is always room for improvement. All agreed that communication was essential to the success of the

program. The evidence above shows that involvement is positive when the specialist and the child is involved with the rest of the classroom, not working on the development skill behind a closed door. I found that the daycare providers understood what the report sheet stated more clear when they were able to witness the development skills needed first hand. It appeared that just reading notes on paper was not sufficient enough to involve the daycare workers with the child. I feel that by the daycare providers being able to observe the specialist working with the child, and working alongside, it will open up the lines of communication, which will allow more of an understanding for what each party needs to do in order to promote growth and development in the child.

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Interview Questions for Daycare Workers

1. What is your role in the daycare on a daily basis?
2. What happens when the Birth to Three Specialist comes into the daycare to work with a student?
3. What do you feel is the best teaching style or activities that could be done that you feel would fit the needs of everyone involved?
4. How would you like to connect the intervention with the Birth to Three program with the rest of the classroom?
5. In what ways are you involved with the specialist when she comes to work with the student?
6. Have you had any background with working with a special needs student?
7. How does having a Birth to Three student effect the classroom/daycare setting?
 - How does having the specialist come into the daycare affect you?
8. How often do you, the specialist, as well as the parents of the child communicate?
9. What types of special activities are dedicated to the child with special needs outside of their time with the specialist?
 - How much time do you dedicate to working with the child on their development skills when the specialist is not there?
10. Do you feel you have a significant understanding of the child's special needs, or do you feel you need more information in regards to the child?
11. What is a positive and negative to having the Birth to Three Program at Daycares?
 12. Do you have any suggestions to improve the Birth to Three Program in daycare?

Interview For Specialists

1. What is your name and position at Little Stepping Pebbles?
2. How long did you work for a daycare center before teaching at Little Stepping Pebbles?
3. What do you do when you go to the daycare centers?
4. What are the daycare teachers doing while you are there?
5. How long do you work with the child?
6. Do you and the teachers communicate before or after the session?
7. How often do you communicate with parents?
8. Do the daycare workers work with the child on their skill developments?
9. In regards to seeing the child in daycare, what is a pro and con to the program?
10. Do you have any suggestions to improve the program at daycare?