TO: Superintendents of Schools, Special Education Directors
Providers of Child Care Services

FROM: Beth Bye, Commissioner, Office of Early Childhood
Charlene Russell-Tucker, Commissioner, State Department of Education

DATE: April 11, 2022

RE: Children who Attend Child Care Programs and Receive Support Services

This joint memo is issued by the Commissioners of the Office of Early Childhood and the State Department of Education to address the need to coordinate services for children who attend child care programs and receive support services. Coordination of these services is imperative to ensure children are receiving the support they need. Open, two-way communication and collaboration are key when managing each organization’s responsibilities and obligations in order to meet the needs of children and their families.

What types of supplemental services might children who attend child care receive?

- **Birth to Three Services:** A child who attends a child care program may have an Individual Family Service Plan (IFSP) and receive Birth to Three supports. These supports are provided to address the outcomes that the family has determined to be their priorities for their child. The focus of intervention is to increase the competence and confidence of the caregiver(s) to support the child’s learning and development through a coaching style of interaction.

- **Special Education Services:** A child who attends a child care program may have an Individualized Education Program (IEP) implemented by the school district. The specialized instruction and related services provided as a result of the IEP might be offered at a district location or at the child care program by school district personnel. The Planning and Placement Team (PPT), which includes the family, makes decisions regarding the Least Restrictive Environment (LRE) for the provision of services. At the invitation of the family, child care professionals are encouraged to provide input to the PPT, and when possible, attend the meeting.

- **Early Childhood Consultation Partnership (ECCP):** A child who attends a child care program may be referred to ECCP for a child level intervention. In partnership with the child care program and the child’s family, the ECCP Consultant co-creates an individualized action plan designed to support the child’s social emotional development. The ECCP Consultant works directly with the caregivers/teachers with the goal of building their capacity to implement the strategies outlined on the action plan. ECCP also provides classroom and center level consultation, which aims to support caregivers in addressing the social emotional needs within their classroom or program. The focus of ECCP services is to provide consultation that supports the caregivers/teachers and helps them build their capacity to meet the social emotional and/or behavioral needs of young children. For more information, visit [ECCP’s website](#).

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Affirmative Action/Equal Opportunity Employer
Why are these important?
All children should have access to high quality general education experiences/settings with children without disabilities. Young children may require support or specialized services in order to be able to participate and benefit from the program. The OEC Inclusion Statement addresses the values and benefits associated with inclusive practices:

The Office of Early Childhood (OEC) expects that all children and families have a sense of full belonging and are valued, respected, and supported. OEC policies, funding and services address the needs of children and families to ensure the right conditions for every child to achieve their full potential. This occurs through full participation in everyday activities at home, school and in the community. The OEC, providers, communities and schools adopt and promote the culture, practices and relationships necessary to foster inclusion and meaningful access and participation for the benefit of ALL children. All children, with and without disabilities or differences, their families and their caregivers benefit from inclusive environments.

What do the terms “natural environments” and “Least Restrictive Environment” mean?

School districts and early intervention programs providing services under the Individuals with Disabilities Education Act (IDEA) must follow specific requirements related to providing services to children. The terms natural environments and least restrictive environment are included in IDEA and reflect an emphasis on inclusion.

IDEA specifies that early intervention services (e.g., CT’s Birth to Three services) are, to the maximum extent appropriate, provided in natural environments, which may include the home, and community settings in which children without disabilities participate. The Birth to Three Service Guidelines related to natural environments also state that, “Natural environments are more than the places where children live, learn, and play. Natural environments are the routine activities, or what children do, as they participate in their everyday life at home and in the community.”

IDEA requires that students who are 3 through 21 years of age, and meet eligibility for special education and related services, receive free and appropriate education (FAPE) in the least restrictive environment (LRE). The LRE is based on each child’s unique strengths and needs and is decided by the Planning and Placement Team (PPT). In general, the goal is to maximize the time that children spend in environments with peers who are nondisabled and to provide for the accommodations and modifications that allow children to benefit from a general education environment. For preschool-age children, the general education environment may include a child care setting or a public school setting, although preschool is not a required grade.
What must be considered when children attend community based child care programs and receive support services?

There are many factors to consider when planning for a combination of supports and services. Often there is overlap in the mission and purpose for different services. Therefore, careful coordination is required across three main categories: child needs, coordination of services, and family needs. The planning team may agree on other factors that are also important to consider. Depending upon the purpose of the service and any legal or regulatory obligations, the weight given to the various priorities may vary.

Child needs:
- How the child’s learning and developmental needs will best be addressed by the combination of supports and services
- How the child’s social, emotional, and mental health needs will be addressed
- How the child will be supported to develop and maintain relationships with adults and peers
- How the child can have a consistent and predictable routine
- How the child will be supported through necessary transitions

Coordination of services:
- Where and when supports and services will be provided
- How often providers will communicate with other and what method of communication will be used
- The roles that the various providers will play with each other, the child, and the family
- The frequency for reviewing the plan for coordination of services
- How to minimize transitions

Family needs:
- How the process of coordinating services aligns with the guiding principles outlined in the Full, Equal, and Equitable Partnerships with Families
- The supports and services that the family needs, including their need for child care
- The role that families will play in the coordination of services and supports
- How each of the providers will partner with the family
- Connections for families
  - Resources such as the CT Parent Advocacy Center for supports and training
  - Opportunities to engage with families of children with and without disabilities
  - Full participation in program activities and opportunities

What factors must be considered for coordination of services?
The chart included on the following pages includes several common models for coordinating services. This list is not exhaustive and there may be overlap between models; however, the special considerations can be helpful when planning and engaging in ongoing coordination of services.
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|                    | A professional from a different organization travels to a child care program to provide services. | A special education teacher, a speech therapist, or another professional travels to a child care program to provide special education services. | - The nature of the services that will be provided in the child care setting  
  o Will the specialist work directly with the child and/or caregiver in the classroom? Note that in the case of Birth to Three services, the specialist should always be working directly with the caregiver and child.  
  o Do the goals for the child require intervention that occurs outside of the classroom (e.g., speech therapy focused on articulation)? For preschool special education, the requirements are related to the least restrictive environment (LRE) for each individual child and that LRE should be considered based on the child’s needs, not as a result of administrative or adult needs. In the case of Birth to Three services, the supports and services should include the provider and occur within the context of the natural environment (e.g., the classroom).  
  o How will the specialist consult with the classroom teacher?  
- The child care teachers’ responsibilities  
  o How will consultation and communication with the teacher, be handled so that the teacher can still meet their ongoing responsibilities (e.g., have a floater help so that the teacher has time to meet with the specialist, arrange another time to communicate)  
- How the itinerant service provider will interact with other children in the classroom  
  o Will the specialist work with a group of children? What communication is necessary and appropriate for families of other children regarding the service provider and their role? |
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| **Consultative Services** | A professional provides guidance and support to a teacher, focused on meeting a child’s needs. | ● How will services/strategies be implemented  
  o What is the role of the specialist providing consultation?  
  o What roles will teachers and families play in implementing services/strategies?  
  o How will data be collected and shared?  
 ● How arrangements will be made for visits and meetings  
  o Who will arrange meetings and coordinate communication?  
  o When will the consultant and teacher meet?  
  o How will the family be able to partner with all service providers?  
 ● The child care teachers’ ongoing responsibilities  
  o How will consultation or communication with the teacher be handled so that the teacher can still meet their ongoing responsibilities (e.g., have a floater help so that the teacher has time to meet with the specialist, arrange another time to communicate) |

| **Shared placements** | Children are enrolled in and attend multiple programs | ● How transportation and transition are handled  
  o Who will support the transportation provider to ensure the child’s needs are supported throughout the transition?  
  o How will the child move between programs?  
  o Who will be the contact at each program regarding transportation?  
 ● How communication between programs and with families will be addressed  
  o Who will arrange meetings and coordinate communication?  
  o When will the teachers and/or specialists meet?  
  o How will the family be able to partner with all service providers? |

| **Consultative Services** | An ECCP consultant visits a program to observe a child, consult with the teacher and family, and develop a plan to address the child’s social and emotional development.  
 Based upon family priorities, Birth to Three services are provided in a child care program. | ● How will services/strategies be implemented  
  o What is the role of the specialist providing consultation?  
  o What roles will teachers and families play in implementing services/strategies?  
  o How will data be collected and shared?  
 ● How arrangements will be made for visits and meetings  
  o Who will arrange meetings and coordinate communication?  
  o When will the consultant and teacher meet?  
  o How will the family be able to partner with all service providers?  
 ● The child care teachers’ ongoing responsibilities  
  o How will consultation or communication with the teacher be handled so that the teacher can still meet their ongoing responsibilities (e.g., have a floater help so that the teacher has time to meet with the specialist, arrange another time to communicate) |

| **Shared placements** | A child receives special education services in a school district program and also attends a community-based center. | ● How transportation and transition are handled  
  o Who will support the transportation provider to ensure the child’s needs are supported throughout the transition?  
  o How will the child move between programs?  
  o Who will be the contact at each program regarding transportation?  
 ● How communication between programs and with families will be addressed  
  o Who will arrange meetings and coordinate communication?  
  o When will the teachers and/or specialists meet?  
  o How will the family be able to partner with all service providers? |
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| **Shared placements (continued)** | | • How strategies and supports will be integrated across settings  
  o How will teachers and/or specialists ensure consistency and coordination across settings?  
  o Who will identify strategies to implement?  
  o How will data be collected and shared?  
  o What releases of information should be signed and on file? |
| **Remote services** | Services offered by professionals from outside of the child care program that use technology such as video conferencing. These services might involve any of the other types of relationships between providers. | • Due to public health concerns and in alignment with family priorities, Birth to Three services, ECCP, or special education services are provided remotely.  
*Note that specific policies and regulations may dictate the provision of services remotely. This document does not include consideration of such policies but instead is focused on the considerations that must be in place should services be provided remotely.  
• How communication will flow between programs and with families  
  o Who will arrange meetings and coordinate communication?  
  o When will the teachers and/or specialists meet?  
  o How will the family be able to partner with all service providers?  
• How services/strategies will be implemented  
  o What is the role of the professional providing consultation?  
  o What roles will teachers and families play in implementing services/strategies?  
  o How will data be collected and shared?  
• The child care teachers’ responsibilities  
  o If there is communication with the teacher, how will this be handled so that the teacher can still meet their ongoing responsibilities (e.g., have a floater help so that the teacher has time to meet with the specialist, arrange another time to communicate)? |