



Early Childhood  
Developmental  
Health Systems

EVIDENCE TO  
IMPACT CENTER

# Family-Engaged Developmental Monitoring in Practice: Considerations for Providers, Programs and Systems

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# Early Childhood Developmental Health Systems (ECDHS): Evidence to Impact Center



- The **ECDHS: Evidence to Impact Center** supports states and communities to build equitable and family-centered early childhood systems that improve the health and well-being of young children and their families
- The Center is led by ZERO TO THREE with several leading health and early childhood organizations





## Funding Acknowledgement

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# Objectives



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- Describe how family-engaged developmental monitoring can be implemented across early childhood systems.
- Identify approaches to leveraging resources and community partnerships to support families as they become involved in their child's development.

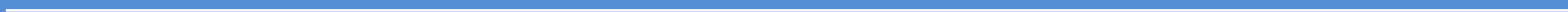


# Housekeeping

- Use the chat to introduce yourself, chime in, and ask questions!
- Join us on the Jamboard!
- Let's start with a quick poll:
  - What part of the early childhood field do you represent?
  - “I know the difference between family-engaged developmental monitoring (also known as monitoring/surveillance) and screening”
  - “Family-engaged developmental monitoring is fully implemented in my program/system”



# **Promoting Positive Child and Family Wellbeing through Family-Engaged Developmental Monitoring**





## The Evolution of Early Identification

- Historically, the focus of early identification has been on detecting the presence of a developmental delay or disability. This attends to only a subset of children and misses those vulnerable to adverse outcomes
- The process should be universal for **all** children, and therefore needs to include the elicitation of parent opinions and concerns
- Centering the family voice and experience is an evolution away from focusing on the identification of disorders
- Switching to a focus on family well-being, inclusive of family priorities and needs such as concrete and social supports, can lead to positive outcomes for **all** young children

# BACKGROUND: A Roadmap for Advancing Family-Engaged Developmental Monitoring



CDC's Learn the Signs. Act Early Campaign

CDC's Act Early Response to COVID-19 project

Coordinated and Integrated Data Systems for Early Identification (CIDSEI) project





## BACKGROUND: A Roadmap for Advancing Family-Engaged Developmental Monitoring (cont'd)

- Supported by the CDC's Learn the Signs. Act Early Campaign and created in partnership with the Association for University Centers on Disabilities
- The *Roadmap* introduces and describes family-engaged developmental monitoring (FEDM) as a key component of a framework for children's healthy development and family wellbeing
- Evidence-informed:
  - Literature
  - Phases 1 & 2 of the project
  - CIDSEI HMG Affiliate Work Group and CIDSEI Advisory Committee
- Key definitions and concepts delineated
- Program and Systems-level Self-Assessments



## Terminology

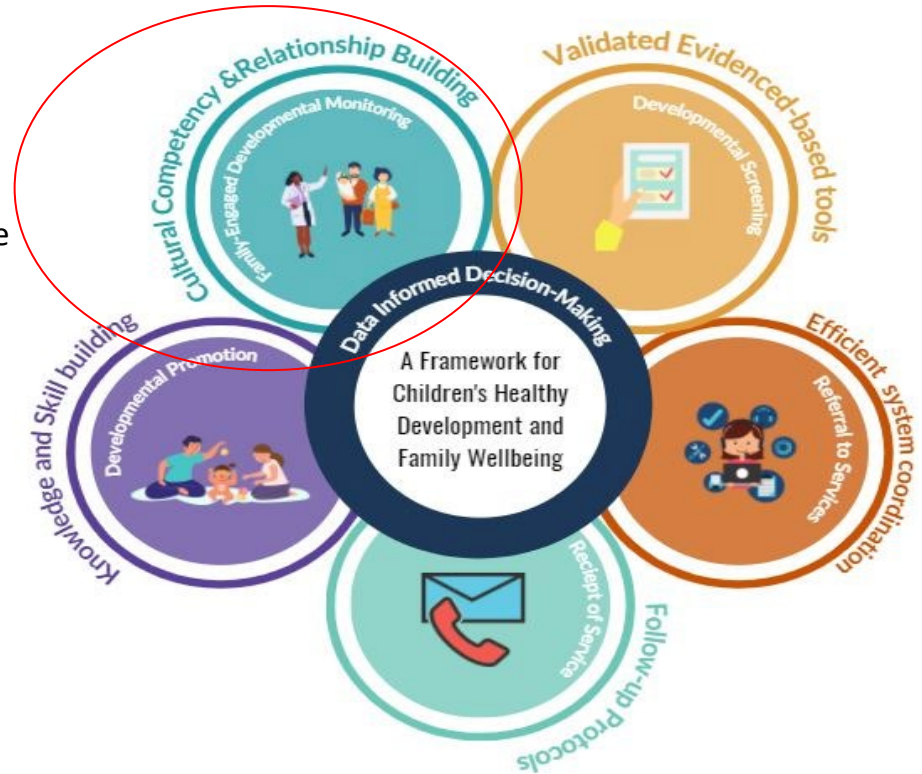
For the purposes of the Roadmap and this presentation:

- **“Provider”** refers to all those that interact with young children and their families, inclusive of medical, education, social service, community-based, faith-based, and other child serving sectors
- **“Family”** refers to the people with whom the child has a close personal relationship and who are responsible for the well-being and development of the child
- **“Early Identification”** means the timely detection of concern for developmental delay or disability
- Child development requires a **“holistic approach”** that considers multiple factors across the social ecology that may contribute to overall health and well-being, inclusive of **“social drivers of health”** (community and societal factors that can impact health outcomes)



# A Framework for Children's Healthy Development & Family Well-Being

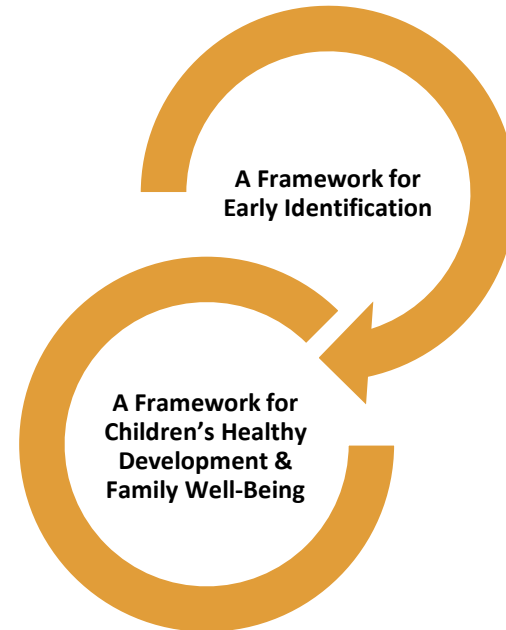
- Framework describes the process needed to support child and family wellbeing, inclusive of early identification
- Inclusive of ongoing monitoring of young children who are not in need of early intervention but have identified risk factors for developmental delay
- Includes developmental promotion (re: education/interaction) activities as a discrete component
- Universal strategies:
  - Developmental promotion (ongoing)
  - FEDM (ongoing)
  - Screening (at recommended ages)
- Targeted strategies:
  - Referral to services
  - Receipt of services





# Reframing The Early Identification Process

- Broader conceptualization of the process
- Asset-based approach with overall goal of promoting positive outcomes
- Recognizes families as leaders in their child's development





## Family-Engaged Developmental Monitoring (FEDM)

- FEDM is an intentional partnership of families and providers combining their knowledge to recognize child's developmental milestones and identify opportunities for support and education
- Three essential attributes:



Families are the experts




Holistic picture of child's development



Development is discussed  
longitudinally

# Family & Provider Strategies



<p><b>Family Strategies</b></p> <ul style="list-style-type: none"><li>• Families share observations and opinions about child's skills/behavior</li><li>• Families voice what healthy development means to them or what they feel their child needs right now</li></ul>	 <p>Families are regarded as the expert on their child's development</p>	<p><b>Provider Strategies</b></p> <ul style="list-style-type: none"><li>• Providers elicit family goals, questions, and concerns routinely</li><li>• Providers ask family opinion of their child's development</li><li>• Providers identify parent priorities - for growth and support</li></ul>
<ul style="list-style-type: none"><li>• Families learn about factors that support or hinder development</li><li>• Families gather perspectives from multiple adults or programs who interact with their children</li></ul>	 <p>Information is gathered to inform a holistic approach to the child's development</p>	<ul style="list-style-type: none"><li>• Providers gather information about family strengths, risk factors, etc.</li><li>• Providers ask about other program/provider insights from families directly or from other providers who support them</li></ul>
<ul style="list-style-type: none"><li>• Families note and reflect on their children's development over time (tools can be helpful!)</li><li>• Families share how long any risk factors or concerns have been present</li><li>• Families revisit questions or progress with the same provider</li></ul>	 <p>Development is discussed over time</p>	<ul style="list-style-type: none"><li>• Providers ask families how their child's development or their own concerns have changed over time</li><li>• Providers re-engage with the family to revisit questions, concerns, and developmental progress</li></ul>



# Is “Family-Engaged Developmental Monitoring” Different than Developmental- Monitoring and Surveillance?

**Family-engaged developmental monitoring is not a new or different concept; rather, it encompasses and expands upon the existing practices of developmental monitoring and surveillance to establish common terminology and actions across early childhood-serving providers, and intentionally includes the phrase “family-engaged” to center families as key partners in the process.**



## Distinguishing between Developmental Promotion and FEDM

- The Roadmap supports a clearer delineation between developmental promotion and FEDM
- Developmental promotion promotes child development and shared knowledge between provider and family







## Difference between FEDM and screening

- As part of FEDM providers can use monitoring tools, such as “Learn the Signs. Act Early.” milestone checklists. Using tools such as milestone checklists is different than general developmental screening!
- Screening relies on the use of standardized and validated measures
- Screening is recommended for all children at 9, 18, and 30 months and when concerns arise as per AAP guidelines. FEDM can and should happen from birth and ongoing



## FEDM: An Approach to Advancing Equity

- Practicing FEDM can support shifting the power dynamic back into the hands of families
- Developmental screening and evaluation may not be the best method of early identification for all families, due to historical institutionalized and structural racism
- FEDM is more accessible than components like screening, lending itself to broad utilization and acting as a strategy for targeted universalism



# **A Family-Engaged Developmental Monitoring Self-Assessment for Early Childhood Programs and Providers**





## Families are regarded as the expert on their child's development

Do you celebrate milestones with families as they share their child's strengths?

Do you directly and routinely elicit parent priorities, concerns, and questions?

Do you allow information provided by the family to shape your view of the child?

If a family's views of the child's development does not align with your own, do you ask clarifying questions to better understand factors that may contribute to the difference?

Does a family's priority for concerns or support shape your considerations for future support?

## Development is discussed over time

Do you routinely elicit information on progress and concerns?

Do you ask families how they have seen their child progress over time?

Do you ask families how long a concern has been present or if it has changed over time?



# Information is compiled to inform a holistic approach to the child's development

**Depending upon your professional or programmatic scope, do you gather information about the child's:**

Family-level support network, such as family or community members who interact positively with the child, who support the family in times of need?

Community-level support network, such as faith-based organizations?

Involvement in other programs or services, such as: early care and education programs, parent education or support groups, food banks?

Family-level risk factors, such as a child's underlying health conditions, family-level trauma, parental mental health, or substance use?

Community -level risk factors, such as neighborhood violence, discrimination in service access or delivery, poverty?

Positive parenting practices, such as reading together, serve-and-return interactions, creating rich opportunities for play?

Basic needs, such as food insecurity, access to medical care, unemployment, and housing?



# Self- Assessment for Systems





## Families are regarded as the expert on their child's development

Are families' priorities, concerns, questions and feedback on programs used to inform systems design and improvement?

Do you include families in advocacy and policy work?

Are families represented on your leadership or decision-making teams?

Are partners trained on how to elicit parent priorities, concerns, and questions directly and routinely?

When partners elicit parent priorities, concerns, and questions, are they shared alongside other contextual information and referrals?





## Information is compiled to inform a holistic approach to the child's development

Are family's culture, language and lived experience incorporated into your decision making?

Are your partnerships reflective of the priorities and needs of families in your community or state?

*Does your system have the ability to collect, monitor, and analyze information about:*

Family-level support network, such as family or community members who interact positively with the child, who support the family in times of need?

Community-level support network, such as faith-based organizations?

Involvement in other programs or services, such as: early care and education programs, parent education or support groups, food banks?

Family-level risk factors, such as a child's underlying health conditions, family-level trauma, parental mental health or substance use?

Community or societal-level risk factors, such as neighborhood violence, discrimination in service access or delivery, poverty?

Positive parenting practices, such as reading together, serve-and-return interactions, creating rich opportunities for play?

Basic needs, such as food insecurity, access to medical care, unemployment and housing?



## Development is discussed over time

Does your system have the ability to document, monitor, and analyze family responses longitudinally to questions such as:

- Family-level goals and priorities?
- Information on progress or concerns at every interaction/visit?
- What risk factors or assets are present?
- How long a concern has been present?

Is data collected over time and used to inform the community about gaps, barriers, challenges, and opportunities to strengthen the early childhood system and advocate for community change?



# Family-Engaged Developmental Monitoring in Practice

- Take the self-assessment(s) to determine which FEDM activities you are already engaging in and which could be incorporated into your work:
  - Program/provider level
  - System level
- Leverage existing resources such as the CDC Act Early materials and app, other developmental apps, etc. to support FEDM activities with the families you serve





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Early connections last a lifetime

# Optimizing Early Detection of Developmental Delays and Implementation of Services





# Detection of Developmental Delays

- An estimated 3 million children under 18 years have a developmental disability (Young, 2021)
- Disability rates are highest among AI/AN populations (5.9%) and Blacks (5.1%); White non-Hispanic (4.3%); Asian (2.3%) (Young, 2021)
- Disability rates are highest among children living in poverty (6.5%); not in poverty (3.8%); Bottom household income quartile (7.0%); top quartile (2.8%) (Young, 2021)
- Up to 13% of children (birth-3 years) have IDEA Part C-qualifying developmental delays (Rosenberg, et al., 2008)
- Only 2-3% of children receive Part C intervention services (Macy et al., 2014)
- Racial/ethnic and socio-economic disparities in detection exist (Angell, et al., 2018)
- Impact of COVID while not fully assessed, likely has aggravated all these findings

# Call for Developmental Surveillance & Screening 2006



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American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

## POLICY STATEMENT

### **Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening**

Organizational Principles to Guide and  
Define the Child Health Care System and/or  
Improve the Health of All Children



# Developmental Monitoring, Screening, or Both?

## National Survey of Children's Health: Ages 10 months to 3 years old (2007)

Implemented Developmental Services	Percent Receiving IFSP n=91,642	Adjusted Odds Ratio
Developmental Monitoring only	2.74	2.41
Developmental Screening only	3.59	2.48
Developmental Monitoring & Developmental Screening	8.38	6.25
Neither	1.31	

Findings: Developmental monitoring and developmental screening, in tandem, increase the odds that a family will connect with Part C IDEA and receive services.





# Developmental Surveillance/Monitoring

*A flexible, longitudinal, continuous, and cumulative process whereby knowledgeable health care professionals identify children who may have developmental problems*

- Five Components
  - Eliciting and attending to the **parents' concerns** about their child's development
  - Documenting and maintaining a developmental history
  - Making **accurate observations** of the child
  - Identifying risk and protective factors
  - Maintaining an accurate record of documenting and process and findings



# Bright Futures Recommendations & Limitations

- Recommendations for Preventive Pediatric Health Care
  - Developmental surveillance at every routine well visit
- Limitations
  - Discussion on surveillance limited to already described components of surveillance plus screening and then focuses discussion on screening (page 78, 4<sup>th</sup> ed.)
  - Table 1: Developmental Milestones for Developmental Surveillance at Preventive Care Visits (pages 85-87, 4<sup>th</sup> ed.)
    - A sampling of milestones by developmental domain at specific ages corresponding to well visit periodicity
    - Intended for discussion with parents for the purposes of surveillance of a child's developmental progress and for developmental promotion
    - No cognitive domain (the most common delay in >5yo)

# Eliciting Parents' Concerns

- Strengths
  - Having and not having concerns—high sensitivity and specificity (70-94%)
  - Hear parents' observations and concerns in their own words
  - Parents learn that their observations are of interest to the professional
  - Improves parent-professional collaboration (especially those of limited formal education)
  - Provides foundation for child- and family-focused team-based care



## Eliciting Parents' Concerns (cont'd)

- Limitations
  - Parents may not think about development in domains
  - May not understand some terms (e.g., development)
  - Language barriers and challenges with interpretation (e.g., 'emotional' or 'concerns')
  - Lack of association of behaviors with potential delays
  - Lack of appreciation with evolving presentation of delays (“...used to but is doing better now”)
  - Professional’s bias
  - First-time parent
  - Very young child or infant
    - Lack of ‘comparing’ with other children
    - More subtle indications of concern



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# Development

Orione Conceição  
Pexel.com



How a baby or young child plays, learns, speaks, acts, and moves

# Learn the Signs. Act Early Parent/Caregiver Developmental Monitoring Resources



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### Milestone Moments

**Milestones Matter!**  
Look for milestones to watch for in your child and tips for how you can help your child reach and grow through each stage.

### What most children do by month 18\*

Milestones matter for your child's plays, learns, speaks, acts, and moves. Offers important clues about 18 or her development. Check the milestones your child most reached by 18 months.

**Social/Emotional Milestones**

- Move away from you that he looks to make sure you are close by
- Points to show you something interesting
- Pushes hands for you to wash them
- Looks at at a line paper as if to wash them
- Holds you close then by pushing away through clothes or lifting up foot

**Language/Communication Milestones**

- Takes to play then or moves quickly besides "no" and "stop" if you say "No" or "Stop"
- Follows one-way directions without any gestures, like giving you the pencil (holding)

**Cognitive Milestones (Learning, thinking, problem-solving)**

- Copies you doing clothes, like sweeping with a broom
- Plays with a toy in a specific, like passing it to you

**What are some things you and your child do together?**

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**What are some things you and your child do together?**

### Your baby at 9 months\*

Milestones matter how your baby plays, learns, speaks, acts, and moves. Offers important clues about his or her development. Check the milestones your baby has reached by 9 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

**What most babies do by this age:**

**Social/Emotional Milestones**

- Is shy, angry, or fearful around strangers
- Shows anger facial expressions, like frowns and angry, and vocalized
- Looks when you call his name
- Reacts when you show him, reacts to you (e.g., cries)
- Smiles or laughs when you play peek-a-boo

**Cognitive Milestones (Learning, thinking, problem-solving)**

- Looks to expect when dropped out of sight
- Brings two blocks together

**Movement/Physical Development Milestones**

- Gets to a sitting position by himself
- Moves things from one hand to the other hand
- Looks forward to "peek-a-boo" (not brought forward)
- Sits without support

**Language/Communication Milestones**

- Makes different sounds like "mama" and "dada"
- Lets items up to be picked up

**It's time for developmental screening!**  
At 18 months, your child's doctor should screen for developmental concerns. American Academy of Pediatrics, an international for all children by the developmental screening.

### Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or can't do that concerns you?
- Has your baby not yet skills before the age listed?
- Does your baby have any special healthcare needs or was he/she born prematurely?

**You know your baby best.** Don't wait. If you baby is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your baby's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

- Ask for a referral to a specialist who can evaluate your baby more.
- Call your state or territory's early intervention program to find out if your baby can get services to help. Learn more and find the number at [cdc.gov/DESI](http://cdc.gov/DESI).

For more on how to help your baby, visit [cdc.gov/ZeroToThree](http://cdc.gov/ZeroToThree).

Don't wait. Acting early can make a real difference!

### Help your baby learn and grow

As your baby's first teacher, you can help his or her learning and brain development. Try these simple tips and activities, it's a sure way. Talk with your baby's doctor and teachers if you have questions or for more ideas on how to help your baby's development.

- Repeat your baby's sounds and say simple words using those sounds. For example, if your baby says "bababa," repeat "bababa." Then say "Dada."
- Place toys on the ground or on a play mat. Watch your watch and encourage your baby to crawl, scoot, or roll to get them. Continue when she reaches them.
- Watch your baby's face when "No" or "Stop" or "Share" is said. For example, leave and say "No" when you are leaving. You can also teach simple baby sign language to help your baby tell you what he wants before he can use words.
- Play games, such as peek-a-boo. You can cover your head with a cloth and say "If your baby pulls it off."
- Play with your baby by turning books, rolling a ball, and putting them back together.
- Play games with your baby, such as peek-a-boo, your turn. This by passing a ball back and forth.
- "Read" to your baby. Reading can be taking about pictures. For example, when looking at books or magazines, name the pictures as you point to them.
- Limit screen time (TV, videos, internet, etc.) to 30 minutes per week. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.
- Find out about choking risks and safe foods for your baby. Let him practice feeding himself with the fingers and using a spoon with small amount of water. Do not let your baby and enjoy reading together. Don't drink, eating or messy and fast.
- Ask for help when you need it. For example, instead of saying "That's okay," say "Yes to it!"
- Help your baby get used to touch with different textures and colors. Foods can be smooth, round, or bumpy. Your baby might not like every food he tries. Give him a chance to try foods again and again.
- Say a quick and cheerful goodbye instead of saying "see you" to your baby when you are leaving. Even if it's late, it will help to start him used to what to expect. Let him know when you return by saying "Daddy's back!"

To see more tips and activities download CDC's Milestone Tracker app.

[www.cdc.gov/actearly](http://www.cdc.gov/actearly) | 1-800-CDC-INFO | (1-800-232-4636)

Learn the Signs. Act Early.

Welcome to Milestones in Action - a FREE library of photos and videos of developmental milestones.

2 months | 4 months | 6 months | 9 months | 1 year  
1.8 months | 2 years | 3 years | 4 years | 5 years

### Amazing Me

It's Busy Being 3!

Illustrated by Allison Valentine

### WHERE IS BEAR?

A Terrific Tale for 2-Year-Olds

Written by Libby Mortise  
Illustrated by Allison Valentine

### Baby's Busy Day

Being One is So Much Fun!

Written by Jill Hirsch | Illustrated by Allison Valentine

English & Spanish  
Other languages

[www.cdc.gov/actearly](http://www.cdc.gov/actearly)

**CDC Learn the Signs. Act Early**

# Learn the Signs. Act Early Parent/Caregiver Developmental Monitoring Resources



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- Educational
- Free
- Empower family members to actively engage and advocate in support of their young child's optimal development
- Parent vetted
- Written in plain language and at 5<sup>th</sup> and 7<sup>th</sup> grade reading level
- For infants and children 2 months to 5 years of age
- Fun memento of a child's developmental progress
- Function as a tool for presenting parent's concerns when they arise
- Promote parent engagement, collaboration, and team-based approach with the parent a member of the care team
- Increases likelihood of follow through with referral when recommended



## Learn the Signs. Act Early

*“I think it (LTSAE resources) helps all parents because we as parents cannot just know what our kids should be doing at certain ages, so this helps us learn more about this. This also helps me in talking to my doctor and asking him questions about my kid’s (development)...”*

[NY—Spanish parent]



# Implementing LTSAE Developmental Monitoring in the Early Childhood System—Examples



- Medical system (obstetrics, prenatal classes, newborn nurseries, primary care)
- Child Find
- Early care and education settings/center-based care
- Community health worker/family navigator outreach
- Health fairs, libraries
- Parent Mentor programs
- Incarcerated parents
- PRAMS (Pregnancy Risk Assessment Monitoring System)
- Universally-offered home visiting & other home visiting programs



# Oregon's Universally-Offered Home Visiting Program

- Every family with a newborn or adopted child up to six months of age is offered a home visit (up to 3)
- A home visiting nurse calls on the family after they leave the hospital
- Family is provided a welcome packet with information and resources and support in any additional services the family deems beneficial
- CDC Learn the Signs. Act Early Milestone Moments booklet is included in the packet



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**Thank you!**

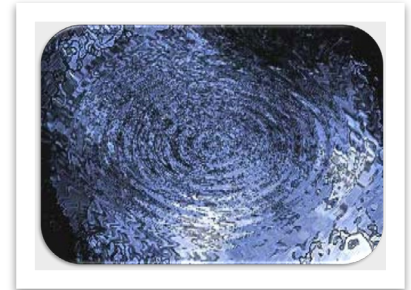
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# Family-Engaged Developmental Monitoring (FEDM) in Practice



# FEDM – Family Experience



Learn the Signs.  
Act Early.



# SPAN Parent Advocacy Network (SPAN)

**Mission:** To empower families, youth and young adults, inform and involve professionals and others interested in the healthy development and education of children -- to enable them to become fully participating and contributing members of our communities and society.

**Empowered Parents:  
Educated, Engaged, Effective!**



Learn the Signs.  
Act Early.



**Early  
Childhood**



**Family  
Engagement**



**Health  
Mental  
Health**



**Individual  
Assistance**



**Leadership  
Development**



**Organizational  
Capacity  
Building**

**Parent &  
Professional  
Development**



**Policy &  
Systems  
Advocacy**



**Youth  
Engagement**



# New Jersey - State Team

- The Bogg's Center on Developmental Disabilities (UCEDD/LEND)
- Department of Health
- Department of Children and Families
- Department of Education
- Department of Human Services
- Autism and Developmental Disabilities Monitoring Network
- Head Start Association
- Family Success Centers

- Family Child Care Association
- Child Care Resource & Referral Agencies
- American Academy of Pediatrics
- Autism Center for Excellence
- Pediatric Residency Advocacy Collaborative
- Reach Out and Read
- And many others!





# Act Early COVID-19 Response Project

- Ambassador-led State Team
- Needs Assessment - Lack of awareness about the differences and overlaps in monitoring vs. screening
- Train-the-Trainer (parent-led trainings) for EC programs
- Parent Champions Training
- “Noteworthy” Newsletters
- Exceptional Parent Magazine Article (highlights LTSAE & resilience resources)
- Act Early Materials - Baby’s Busy Day Books and Developmental/Resilience Toolkits

**SUPPORTING THE DEVELOPMENTAL HEALTH AND RESILIENCY OF YOUNG CHILDREN AND THEIR FAMILIES**  
A Toolkit for Families of 3-5 Year Old Children



**CLASSIC GAMES TO PLAY**  
Fun Games to play that teach children life skills.

**HIDE AND SEEK**  
This game teaches about problem-solving, where can you hide for the longest time?

**RED LIGHT, GREEN LIGHT**  
This game teaches patience. To win, children must listen for directions, be patient, and control their bodies.

**SIMON SAYS**  
This game teaches about listening. To play this game, children learn to pay attention to instructions by listening for the words, “Simon says.”

**MUSICAL CHAIRS**  
Teamwork and dealing with disappointing feelings are skills learned when playing musical chairs.



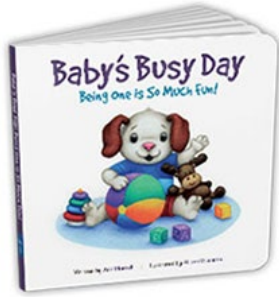
**MAKING MEMORIES**  
There are many ways to make memories with your children. Here are some ideas to start with.

- Create a special routine, like reading a book together at bedtime every day.
- Let your child help you prepare a meal and gather to eat as a family.
- Make household tasks fun. Have your child match pairs of clean socks, race to pick up the most toys, or dust while dancing to songs.
- Make a work of art. Work together to make a card for a friend's birthday. Use a blank t-shirt and let your child decorate it with markers or write a story and create pictures together. Let your creativity run wild!
- Pretend play. Pretend that your child is an astronaut going to a new planet, a bus driver driving a bus, or a Vet helping animals feel better.
- Play a classic game together. A list of well-known and loved games is shown on the right.

APRIL 2021



# Printed Materials



## Milestones Matter

Track your child's developmental milestones and try brain building tips to add learning to everyday moments!

**Track Your Child's Development**  
Track how your child plays, learns, speaks, acts, and moves with CDC's Milestone Tracker app—*and share all progress and any concerns with their doctor during well-child visits.*  
[www.cdc.gov/360/station/tracker](http://www.cdc.gov/360/station/tracker)

**BY 2 MONTHS:** Smiles at you

**BY 6 MONTHS:** Laughs with you

**BY 12 MONTHS:** Plays games with you, like "peek-a-boo!"

**BY 18 MONTHS:** Points to show you something interesting

**Brain Building Tip:**  
Suggested Age: 0-2 years  
We're surrounded by words that are ready for reading. Try reading right aloud to your child and talk to them about what they mean. It doesn't matter if it's a book, magazine, or billboard - it all counts! Reading to your child, anywhere and everywhere, helps them develop a rich, diverse vocabulary. Find more tips at [www.vroom.org](http://www.vroom.org)

**Do you have concerns about how your child plays, learns, speaks, acts or moves? Visit [www.cdc.gov/concerned](http://www.cdc.gov/concerned) and talk with your child's doctor.**

## Los indicadores del desarrollo son importantes

Haga el seguimiento de las indicaciones del desarrollo de su niño y pruebe las actividades para el desarrollo del cerebro a fin de incluir momentos de enseñanza en todo momento del día.

**Haga un seguimiento de los indicadores del desarrollo de su hijo.**  
Haga el seguimiento de cómo su niño juega, aprende, habla, actúa y se mueve, usando la aplicación Espigas al Desarrollo de los CDC y coméntenle al médico los progresos del niño y cualquier preocupación que tenga durante las visitas de rutina. [www.cdc.gov/360apps](http://www.cdc.gov/360apps)

**A LOS 2 MESES:** Le sonríe a usted

**A LOS 6 MESES:** Se ríe con usted

**A LOS 12 MESES:** Juega con usted, como a "¿Dónde está el bebé?"

**A LOS 18 MESES:** Señala para mostrarle a usted algo interesante.

**Para el desarrollo del cerebro:**  
Edad sugerida: 0-2 años  
Espigas colócalas de palabras listas para que las leamos. Tómele un tiempo en voz alta a su hijo las palabras que vean en estas y dígasle lo que significan.  
Hay imágenes que están en un libro, en una revista o en una valla publicitaria. (Solo cuando leamos a su hijo, todo el tiempo y dondequiera que estemos, guíe a su hijo que descubra un vocabulario rico y diverso. Para más consejos visite [www.vroom.org](http://www.vroom.org).

**¿Hay algo que le preocupe con relación a si el niño no está alcanzando, o sobre la forma en que juega, aprende, habla, actúa o se mueve? Visite [www.cdc.gov/concerned](http://www.cdc.gov/concerned) y hable con el médico de su hijo.**



# Act Early Ambassador Goals

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- Goal 1: Work with 5-10 local pediatric clinics to integrate LTSAE materials, including the CDC's Milestone Tracker app, as a method to conduct developmental surveillance between well-child visits.
- Goal 2: Promote the use of LTSAE materials and child monitoring/screening by NJ's Early Care and Education programs and facilitate the sustainable integration of LTSAE into their policies and practices.



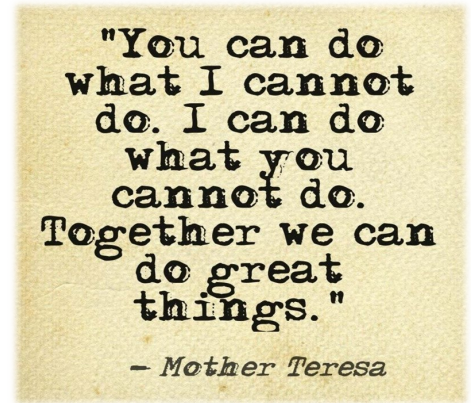
# Opportunities to Promote Act Early Resources at SPAN

- Oversee multiple projects focused on improving Early Childhood and Family Engagement outcomes
- Collaborate with other SPAN projects to reach families with young children and the professionals who serve them
- Many opportunities and platforms to share
  - Infant Child Health Committee
  - Community of Care Consortium



# Opportunities for Promoting FEDM

- Ongoing collaborations with existing partners
  - Department of Children and Families (Help Me Grow, Early Childhood Comprehensive Systems Prenatal-3, Home Visiting/Universal Home Visiting)
  - Department of Health (Title V, WIC)
  - Boggs Center on Developmental Disabilities (UCEDD & NJLEND)
  - Autism & Developmental Disabilities Monitoring (ADDM) Network
- Develop new partnerships
  - NJ Pediatric Residency Advocacy Collaborative
  - Reach Out and Read



# Help Me Grow/Early Childhood Comprehensive Systems Prenatal-Three

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- State Parent Lead
- Child Developmental Passport
- Developmental Health Promotion Parent Champions
- Opportunity to participate in the Coordinated and Integrated Data Systems for Early Identification (CIDSEI) National Advisory Council to provide input for developing the FEDM Roadmap



# Leveraging CDC's “Learn the Signs. Act Early.” and Help Me Grow/Early Childhood Comprehensive Systems Collaboration to Support NJ Families with Young Children

## Customized LTSAE & HMG Materials

Folders, Tote Bags, Pens, Brochures. & More



## L TSAE/HMG/ECCS Trainings & Presentations

Developmental Health Promotion & Family Engagement

- Infant Child Health Committee Meeting
- Partnership for Families Meeting
- Governor’s Council on the Prevention of Developmental Disabilities
- Pediatric practices participating in the Reach Out & Read NJ program
- Pediatric Practices participating in the NJ Chapter of American Academy of Pediatrics’ Early Identification & Referral for Autism ECHO
- Federally Qualified Health Centers
- Family Engagement Specialists @ County Resource & Referral Agencies
- Community Health Workers
- Mental Health Clinicians @ Head Start/Early Head Start Programs
- And more!



## Partnership with Reach Out & Read (ROR)

Alignment of LTSAE/HMG/ECCS Goals & Priorities

- Noteworthy Newsletters – ROR NJ book suggestions
- Parent Champions on ROR NJ Advisory Committee
- ROR NJ joint abstract submissions with State Parent Lead/L TSAE Ambassador
- Health Provider Outreach & Engagement Workgroup
- LTSAE/ROR Developmental/Resilience Toolkits



# NJ's Child Developmental Passport

**Help Me Grow NJ**  
**Child Developmental Passport**  
*(A parent tool for tracking your child's health and wellness)*

**Learn the Signs. Act Early.**

**Developmental Tracker**  
*Based on National Academic Pressions' Birth to Five Developmental Milestones*

Developmental Milestone	Child Age (Months)	Met at Milestone	Parent/Teacher/Healthcare Provider (Initials)	Screening Tool Used (e.g., ASQ, M-CHAT, etc.)
1 Month				
2 Months				
3 Months				
4 Months				
5 Months				
6 Months				
7 Months				
8 Months				
9 Months				
10 Months				
11 Months				
12 Months				
1 Year				

**Be Alert:** Your child is not yet at all developmental milestones. Please call your pediatrician or child health care provider to discuss your child's development. There are signs and symptoms that indicate a child may have a developmental delay. Please call your pediatrician or child health care provider to discuss your child's development. There are signs and symptoms that indicate a child may have a developmental delay. Please call your pediatrician or child health care provider to discuss your child's development.

**Get Help:** Your child needs to be screened. Please call your pediatrician or child health care provider to discuss your child's development. There are signs and symptoms that indicate a child may have a developmental delay. Please call your pediatrician or child health care provider to discuss your child's development.

*Learn the Signs. Act Early.*

**Developmental Screening & Autism Screening**

**Screening** (Check for developmental delays) | **Autism Screening** (Check for autism spectrum disorders)

Child's Age	Screening		Autism Screening		Other Screenings
	Done?	Result?	Done?	Result?	
18 months					
24 months					
36 months					
48 months					
60 months					
72 months					
84 months					
96 months					
108 months					
120 months					

**Be Alert:** Your child is not yet at all developmental milestones. Please call your pediatrician or child health care provider to discuss your child's development. There are signs and symptoms that indicate a child may have a developmental delay. Please call your pediatrician or child health care provider to discuss your child's development.

**Get Help:** Your child needs to be screened. Please call your pediatrician or child health care provider to discuss your child's development. There are signs and symptoms that indicate a child may have a developmental delay. Please call your pediatrician or child health care provider to discuss your child's development.

*Learn the Signs. Act Early.*

**Milestone Moments**

**Milestones Matter!**  
 Look inside for milestones to watch for in your child and tips for how you can help your child learn and grow from birth to age 5.

**MY CHILD'S PROVIDERS:** Doctor \_\_\_\_\_  
 Child Care Provider/Teacher \_\_\_\_\_  
 Family Member \_\_\_\_\_  
 Other \_\_\_\_\_

*Learn the Signs. Act Early.*

**My Child's Developmental Tracker**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Milestone (Month/Year)	Child's Age	Met at Milestone	When did you observe this milestone? (Date)	Who observed this milestone? (Name)	Is screening needed? (Yes/No)
2 months					
4 months					
6 months					
8 months					
10 months					
12 months					
18 months					
24 months					
30 months					
36 months					
48 months					
60 months					
72 months					
84 months					
96 months					
108 months					
120 months					

**MY CHILD'S PROVIDERS:** Doctor \_\_\_\_\_  
 Child Care Provider/Teacher \_\_\_\_\_  
 Family Member \_\_\_\_\_  
 Other \_\_\_\_\_

*Learn the Signs. Act Early.*

**Ask about developmental screening any time you have a concern about your child's development. Developmental screening is recommended for all children at ages 9, 18, and 30 months. Autism screening is recommended at ages 18 and 24 months.**

Your provider can refer you to a specialist.

Screening	Screening Age	When did the screening occur? (Date)	Screening Results	Was screening done for Autism?

**Early Intervention:** Public Support \_\_\_\_\_  
 Medicaid/Specialist \_\_\_\_\_  
 Other \_\_\_\_\_

*Learn the Signs. Act Early.*

**Learn the Signs. Act Early.**



# Parent Champions

Nothing For Us Without Us!!!

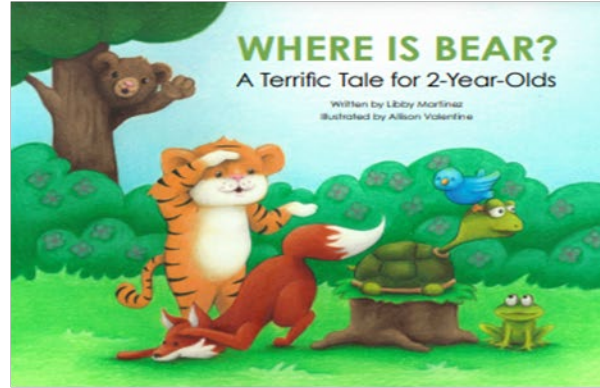


Allyson Williams  
of Children and Families

Learn the Signs.  
Act Early.



# Printed Copies of Children's Books



Learn the Signs.  
Act Early.



# Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

## INTEGRATING MILESTONE CHECKLISTS INTO THE STANDARD DELIVERY OF WIC SERVICES

With Technical Assistance received from the CDC & the Association of State Public Health Nutritionists (ASPHN)

- Pilot in 3 WIC clinics in Ocean County WIC:
  - 0-4 years old enrolled: 21,000+
  - 0-4 years old participating: ~21,000
- All in-person appointments who have a child 2 months or older receive a checklist
- Families connected to resources



# Accomplishments of the Pilot



- From March to June 2023
  - 1891 paper checklists provided
  - Milestone Tracker App added to NJ WIC Shopper App and averaging 9,500 clicks per month
- Integrating an automated system with WOW
  - Personalized checklists to be delivered to families via email based on date of birth of their child instead of WIC appointment date
- Encouraging other WIC clinics across the state to begin integration



## DEVELOPMENTAL SURVEILLANCE OR MONITORING

Done by parents, teachers  
& health professionals

On-going process  
begins at birth

Sample tool:  
"Learn the Signs. Act Early."  
Milestones Checklist

## DEVELOPMENTAL SCREENING

Formal process  
Recommended by the  
American Academy of Pediatrics  
at 9, 18, 24 or 30 months

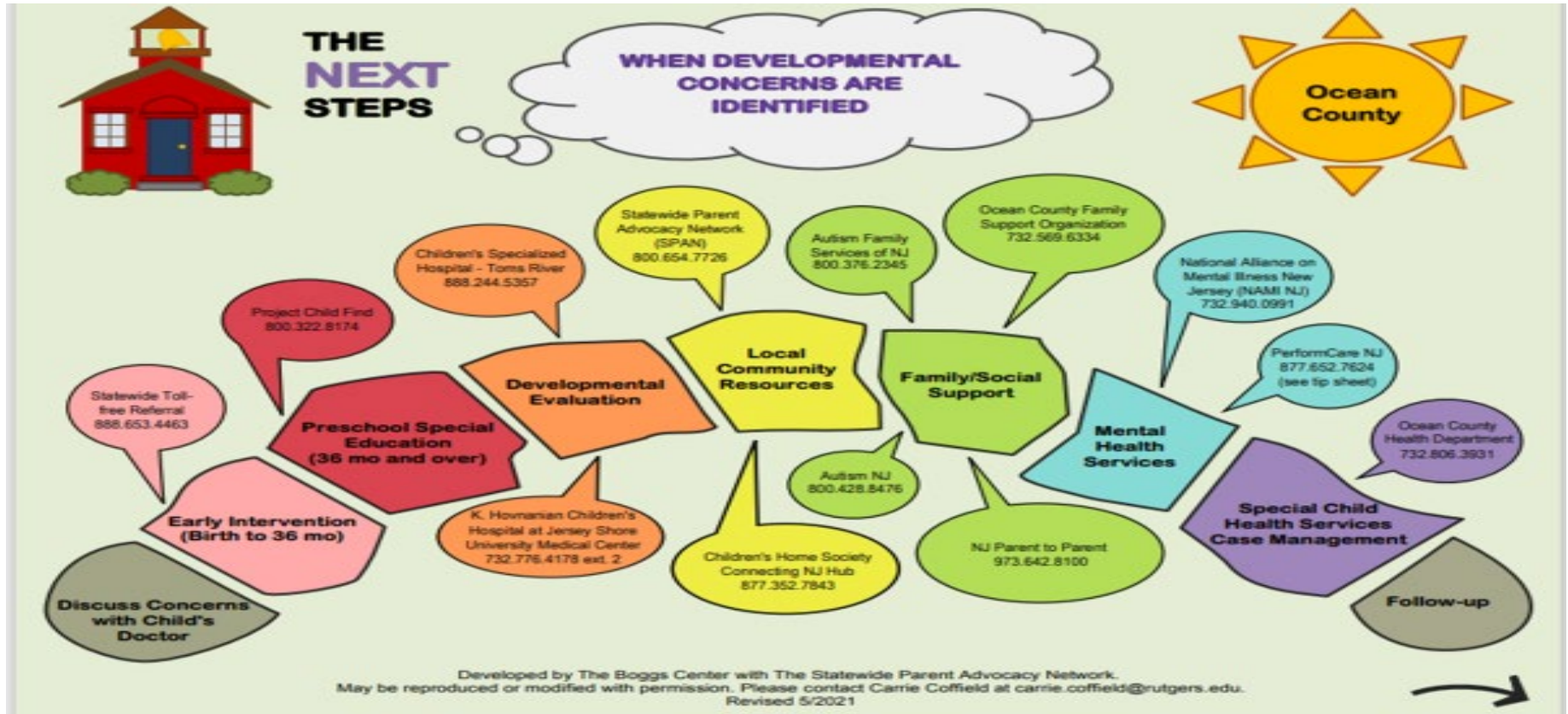
Done by health professionals  
May be done by teachers  
with special training

Uses a valid screening tool  
Sample tool:  
Ages & Stages Questionnaire

Both  
look for  
developmental  
milestones

Important for  
tracking signs of  
development  
& identifying  
concerns

# Next Steps Flow Chart



## Additional Resources – Ocean County Tip Sheet

### Discuss Concerns with Your Child's Doctor

If you or your child's primary caretaker has noticed that your child has not reached age-appropriate milestones, ask your child's doctor or nurse practitioner for a referral to a specialist. During your appointment, you should also bring up any vision, hearing, or dental concerns.

### Contact NJ Early Intervention (Birth to 3 years old)

The Early Intervention System is the primary point of entry for health and social services. The statewide toll-free number listed on the chart will connect you to someone who will guide you through the enrollment process.

### Contact Preschool Special Education (3 to 5 years old)

Your local school district can give you information on transition planning, school placement, and more.

NJ Department of Education – Office of Special Education Programs  
609-292-4469

### Schedule a Developmental Evaluation

An evaluation team will assess your child for developmental delays, make a diagnosis if needed, and recommend a treatment plan.

### Connect with Local Community Resources

Community resources include advocacy groups, parent workshops, and recreational programs. In addition to the Local Community Resources listed on the flow chart, you may also contact:

#### Home Visiting Programs:

Healthy Families – Preferred Children's Services, Inc.  
732-458-1700 ext. 1205

Nurse-Family Partnership - VNA of Central Jersey/VNA Health Group  
732-502-5158

Parents as Teachers – St. Francis Community Center  
609-494-8861

#### Community Resources:

Parents of Autistic Children (POAC)  
732-785-1099

The Arc Ocean County  
732-363-3335

### Find Family/Social Support

Consider joining a support group to share experiences and resources.

FACES 4 Autism  
609-892-3444

Family Support Center of NJ  
800-372-6510

Mom2Mom  
877-914-6662

New Jersey Self-Help Clearinghouse  
800-367-6274

### Contact Mental Health Services

PerformCare NJ connects children and their families to a variety of behavioral health and developmental disability services.

### Contact Special Child Health Services Case Management

Your county's Special Child Health Services (SCHS) Case Management Unit will coordinate family-centered care for your child.

### Follow-up

Keep in touch with your child's pediatrician, case manager, child care providers, and teachers.

# Your Next Steps

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- Use Act Early materials to promote FEDM:  
[www.cdc.gov/actearly](http://www.cdc.gov/actearly)
- Find your Act Early Ambassador/Act Early State Team and receive access to customized/printed materials that may be available for your state:  
<https://www.cdc.gov/ncbddd/actearly/ambassadors-list.html>





## Your Next Steps (cont'd)

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- Partner with family organizations to reach families with young children
  - Find a Parent Center: <https://www.parentcenterhub.org/find-your-center/>
  - Find a Family-to-Family Health Information Center or Family Voices Affiliate Organization: <https://familyvoices.org/affiliates/>
  - Find a Parent to Parent Program: <https://www.p2pusa.org/parents/>
- Help improve FEDM and early identification efforts in your state





# Thank You

*Deepa Srinivasavaradan*  
[deepas@spanadvocacy.org](mailto:deepas@spanadvocacy.org)





Early Childhood  
Developmental  
Health Systems

EVIDENCE TO  
IMPACT CENTER

# Q & A

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# Let's "jam"!

- We will be using the Jamboard to brainstorm together about the following:
  - Page 1: What barriers do you see in implementing family-engaged developmental monitoring in your work?
  - Page 2: STRATEGY BRAINSTORM: Family-engaged developmental monitoring in **healthcare**
  - Page 3: STRATEGY BRAINSTORM: Family-engaged developmental monitoring in **home visiting**
  - Page 4: STRATEGY BRAINSTORM: Family-engaged developmental monitoring in **early care and education**
  - Page 5: STRATEGY BRAINSTORM: Family-engaged developmental monitoring in **social services**
  - Page 6: STRATEGY BRAINSTORM: Family-engaged developmental monitoring **across the early childhood system**
- Feel free to navigate to the page that resonates with you!
- This is your chance to share your strategies and ideas, as well as get ideas from others that you can apply to your work



# Family-Engaged Developmental Monitoring- Now What?

- Read the Roadmap
- Complete the appropriate self-assessment! (available for the provider/program level and the system level)
  - Based on the self-assessment, identify opportunities for your program or system to increase FEDM practices
- Explore the CDC Learn the Signs. Act Early campaign!



# ECDHS: Evidence to Impact Center Feedback Survey

Please take a moment to complete a brief survey to support the Evidence to Impact Center in improving its training and technical assistance offerings and assessing program outcomes over time.

The survey is anonymous, voluntary, and should take **no longer than 10 minutes** to complete.

To complete the survey, please click on the link in the chat or scan the QR code below on a mobile device:





**Enduring Material content is available 9/25/2023-9/30/2024.**

## **Accreditation and Designation Statements**

- The American Academy of Pediatrics (AAP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.
- The AAP designates this Other (Internet Live & Internet Enduring) Activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- This activity is acceptable for a maximum of 1.0 AAP credits. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Members of the American Academy of Pediatrics.
- PAs may claim a maximum of 1.0 Category 1 credits for completing this activity. NCCPA accepts AMA PRA Category 1 Credit<sup>™</sup> from organizations accredited by ACCME or a recognized state medical society.

## **MOC Statement:**

- Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn up to 1.0 MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABP MOC credit.

*If you do not successfully complete all components of the activity and evaluation assessment ABP MOC Part 2 Points will not be awarded.*



## ECDHS: Evidence to Impact Center Presents "Family-Engaged Developmental Monitoring in Practice: Considerations for Providers, Programs and Systems"

✓ You are registered!

Includes a Live Web Event on 09/25/2023 at 3:00 PM (EDT)

Overview | Speakers | Handouts | About CEU's | CME Guidelines | Contents

Key:  Complete  Done  Done  Done  Done

- Family-Engaged Developmental Monitoring in Practice: Considerations for Providers, Programs and Systems  
09/25/2023 at 3:00 PM (EDT) | 90 minutes
- CEU Survey  
Select the "Open Survey" button to begin.
- Verification Code  
Enter code to continue.

### ECDHS "Family-Engaged Developmental Monitoring in Practice: Considerations for Providers, Programs and Systems" CEU Evaluation

If you would like, please share more information about your experience here:

How do you plan to use what you learned in the training experience?

To receive CEU's you must enter this code in the e-Learn platform: 78386023.

- I have copied the code to my CEU's.
- I do not want CEU's.

Would you be willing to provide feedback through a brief survey to support the Evidence to Impact Center in improving its training and technical assistance offerings and assessing program outcomes? This additional survey is anonymous and should take no longer than 10 minutes.

If you have already completed the "Additional Feedback Survey" for this event, please skip this question.

- Yes
- No

- To receive credit for today's training, please complete the following under the "Contents" tab:
  - Select "CEU Survey."
  - Enter the verification code provided at the end of the CEU Evaluation. (The verification code is case sensitive.)
  - Complete the CEU Evaluation quiz.
  - Once all items are completed the certificate will become available for download.
- You have 30 days to return to the Event page and complete all items to receive credit.

[https://elearn.zerotothree.org/p/ECDHS-FEDM-September-25-2023#tab-product tab contents 5](https://elearn.zerotothree.org/p/ECDHS-FEDM-September-25-2023#tab-product%20tab%20contents_5)





Early Childhood  
Developmental  
Health Systems

EVIDENCE TO  
IMPACT CENTER

***Upcoming Webinar:***  
*Improving Program Outcomes for  
Children and Families: The IDEAS  
Impact Framework*

**Monday, October 30**  
**3-4:30 pm EDT**

Registration coming soon at  
[earlychildhoodimpact.org/events!](https://earlychildhoodimpact.org/events/)





**Thank you for participating!**

Visit [earlychildhoodimpact.org](https://earlychildhoodimpact.org) for more resources, events, and information.

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