

Monthly Help Me Grow Update Call  
June 20, 2014



**Central Coordination**

The SFY15 Contacts for Central Coordination have been e-mailed to each county.

**The following actions and deadlines for submission are required:**

1. Sign and Date the Contract on page 12
2. Complete the Standard Affirmation and Disclosure Form

**The signed Agreement and Disclosure form (with original signatures) must be received by ODH (via US-mail or UPS/FEDEX overnight) no later than Monday July 14, 2014 at 4:00PM.**

ODH will notify you when the Contract and Disclosure Form have been received and become effective.

- Once each contract is returned and executed the Q1 payment will be made. This first payment will be a full payment for a project and budget period starting 7/1/2014.

*If you identify an error in the contract, please notify your Program Consultant. DO NOT cross out, write on, type, or in any other way amend a contract yourself. ODH Legal must make all changes to contracts. Please also note...the contractor information on each contract is the same as the information entered by the administrative agent for the EI grant in GMIS. If you need to make changes to contractor address, representative name, and contact information...you MUST make an official request to ODH GSU. Once the change has been approved and made we can update contracts. Please note, any changes that need to be made will delay the execution of a contract and a possible delay in payments.*

# Monthly Help Me Grow Update Call

## June 20, 2014

### Early Intervention

#### ODH's Early Intervention program works with DODD & stakeholders to craft position statement:

- A [Position Statement](#) created jointly by the Ohio Department of Health, the Ohio Department of Developmental Disabilities, and stakeholders articulating the mission, principles, and vision for Early Intervention in Ohio was sent out on June 4. Find it here: [http://www.helpmegrow.ohio.gov/~media/HelpMeGrow/ASSETS/Files/Professionals%20Gallery/HMG%20Early%20Intervention/EI%20Memos/Early\\_Intervention\\_Mission\\_Principles\\_Vision\\_June2014.ashx](http://www.helpmegrow.ohio.gov/~media/HelpMeGrow/ASSETS/Files/Professionals%20Gallery/HMG%20Early%20Intervention/EI%20Memos/Early_Intervention_Mission_Principles_Vision_June2014.ashx)
- Ohio Early Intervention is seeking 2 – 4 families who would be willing to participate in some public messaging for EI. We are looking for families in EI who live somewhat close to ODH, with the means to travel here. If you have someone in mind and willing, please send your EI program consultant all of the following: family/parent's name and a short statement as to why you think their story is important to share.

The Hammond Family has shared their EI journey. Go read this inspirational lift written by Mom Crystal here: <http://www.helpmegrow.ohio.gov/News%20and%20Notes/Family%20Story%20-%20The%20Hammonds.aspx>

To all EI Stakeholders,

Have you ever wanted to give an opinion about a form *before* it became required? Now is your chance to provide input into Ohio's newly drafted IFSP. We reviewed your public comment when rules were out, gathered up a great group of EI system providers, and now have a newly designed IFSP which incorporates the Evaluation & Assessment information and the Child Outcomes into one document for your input. Who better to tell us what works or doesn't work than you? We are open to all feedback, including, but not limited to input about:

- Document flow
- Alignment with draft rules
- What about this form looks like good/reasonable and why
- What about this form looks unreasonable or difficult and why
- 

The form is posted on the HMG website here on the EI Updates

page: <http://www.helpmegrow.ohio.gov/Early%20Intervention/EI%20Updates/EI%20Updates.aspx>

Please send all feedback to [Kim.Hauck@dodd.ohio.gov](mailto:Kim.Hauck@dodd.ohio.gov) or [Wendy.Grove@odh.ohio.gov](mailto:Wendy.Grove@odh.ohio.gov) by July 3, 2013

Also, we would like volunteer counties to pilot test this form in July. If you would be willing to pilot the form, send an email to Kim Hauck at her email above.

Monthly Help Me Grow Update Call  
June 20, 2014

NEWS ABOUT THE EARLY INTERVENTION SYSTEM OF PAYMENT (EISOP)

- Updated Approved Provider List - The most recent list of approved EISOP providers is finished and will soon be available on the HMG website
  - Current Guidelines for the Federal Poverty Level - Attached is the current guidelines for 185 % of the poverty level used by both EI and BCMH to determine eligibility for program approval.
  - Paying for Evaluations - EISOP will again pay for an evaluation. The ODH consultant will need to find out the date of the evaluation and then a letter of approval will be issued with the date the application was received until one day after the evaluation date. This has been arranged to assist with the 30 day TRS timeline as the family can go ahead and schedule the first appointment with a provider as soon as ODH gets the EISOP application. Please make sure families understand the letter of approval will be for the evaluation (first appointment) only.
- A new rule went into effect from DODD on MAY 1, 2014 which changed the processes for the children you serve in Early Intervention as the CBDD Resolution of Complaints rule no longer applies to children in early intervention.
    - Effective May 1, 2014, if a parent wishes to file a formal complaint about the early intervention system or any EI services (including those received through a County Board of DD), you should make the parent aware of their right to file a complaint through ODH.
  - Reminder that a diagnosis is NOT REQUIRED in the emailed referral from OCCSN, but should be treated as a regular EI System referral.

STATE OF OHIO RFP OPPORTUNITY NOTICE

*Title: Professional Development for Providers of Part C Early Intervention Services*

*Index #: DDD005*

*RFP Number: CSP902015*

*Opening Date: June 25, 2015 at 1:00 p.m.*

*The following*

*link <http://www.procure.ohio.gov/proc/viewProcOpps.asp?oppID=11462&level=1&disclaimer=N>*

## Monthly Help Me Grow Update Call June 20, 2014

*will navigate you to the details page for the bid opportunity. Clicking on the link that reads "Click to View Document" will provide the document in PDF format.*

**EI Monitoring**

**SFY14 Timely Receipt of Services Baseline:** The SFY14 baseline analysis for TRS is still underway. Completed missing data files and records for verification were due yesterday, so the final analysis is in progress. Congratulations and findings memos are scheduled to be sent Thursday, July 17<sup>th</sup>.

**SFY14 45 Day Baseline:** The SFY14 45 Day baseline analysis process is scheduled to begin in late July. Each county will receive a memo to inform them whether they will be included in the analysis prior to the start of the process.

**2014 Family Questionnaire:** A schedule for tasks related to the 2014 Family Questionnaire is currently being developed. Counties should expect to see more details about this in the coming weeks.

**EI Data**

### Early Intervention Referrals by Month

*Total number of children referred to EI each month where each referral began a unique referral period. Each child is only counted only once per month if multiple unique referrals are made, but children may be duplicated in the fiscal year.*

Month	SFY12	SFY13	SFY14 to Date	% Change
July	1,941	2,001	2,045	
August	2,243	2,178	2,077	
September	2,026	1,688	2,020	
October	2,047	2,034	2,260	
November	1,969	1,771	1,831	
December	1,706	1,461	1,746	
January	2,280	2,033	2,075	
February	2,145	1,865	1,969	
March	2,152	1,939	2,177	<b>11%</b>
<b>SFY to Date</b>	<b>18,509</b>	<b>16,970</b>	<b>18,200</b>	<b>7%</b>
April	2,124	2,009		
May	2,193	2,042		
June	2,045	1,838		
<b>SFY Total</b>	<b>24,871</b>	<b>22,859</b>		

From previous month  
From previous SFY

- There were 18,200 unique referrals made to Early Intervention in SFY14 to date, which is 7% higher than the previous fiscal year through March, and slightly lower than SFY12 through March.
- Referrals have followed the same pattern over the past few fiscal years, with numbers dropping slightly in December, declining again in November and December, and then evening out the rest of the fiscal year.



# Monthly Help Me Grow Update Call June 20, 2014

## Early Intervention Child Counts by Month

*Unduplicated count of children who had an active IFSP in Early Intervention on the first day of the specified month.*

Month	SFY12	SFY13	SFY14 to Date	% Change
July	15,136	13,172	10,256	
August	14,797	12,845	10,278	
September	14,545	12,310	9,983	
October	14,411	11,725	10,092	
November	14,242	11,415	10,113	
December	14,103	11,073	10,221	
January	13,911	10,856	10,196	
February	13,804	10,688	10,096	
March	13,770	10,562	10,025	-1%
<b>SFY Average to Date</b>	<b>14,302</b>	<b>11,627</b>	<b>10,140</b>	<b>-13%</b>
April	13,680	10,374		
May	13,593	10,507		
June	13,438	10,454		
<b>SFY Average</b>	<b>14,119</b>	<b>11,332</b>		

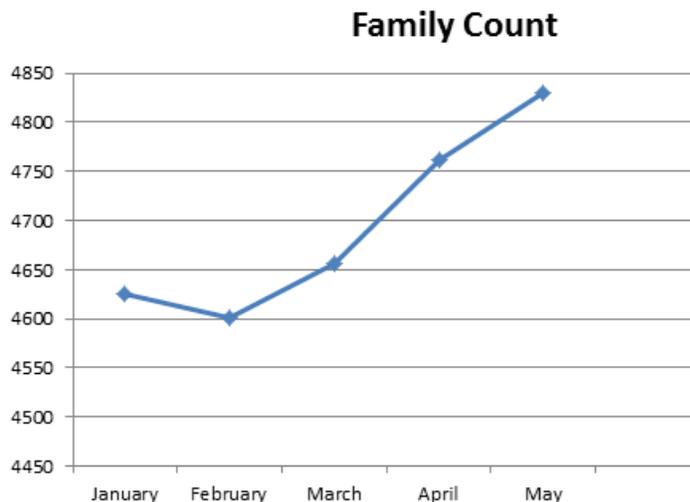
From previous month  
From previous SFY

- The number of children served in Early Intervention at a single point in time decreased steadily throughout SFY12 and SFY13, but has had little variation since the beginning of SFY14.
- For all of SFY14 thus far, there have been, on average, slightly over 10,000 children served in Early Intervention statewide at any point in time.

### Home Visiting

#### Family Counts

- January 2014 4,626
- February 2014 4,601
- March 2014 4,657
- April 2014 4,762
- May 2014 4,830



## Monthly Help Me Grow Update Call June 20, 2014

### **SFY15 Contracts**

All SFY15 contracts with approved Help Me Grow Home Visiting Providers needed to be returned to ODH by June 20, 2014. If you have not yet returned your SFY15 contract, please contact your Program Consultant immediately. If executed contracts are not in place by 7/1/2014, home visiting services may need to be suspended.

### **Home Visiting Credentials**

We are still working with some agencies to ensure that all Home Visitors who are providing services to families and billing for services are credentialed. According to O.A.C. 3701-8-06.2 (H) Home visiting contractors who meet the following criteria shall be reimbursed for home visiting services:

(3) The home visitor shall meet all of the requirements for education and training, and be credentialed as a HMG home visitor in accordance with rule 3701-8-03 of the Administrative Code before serving an eligible individual in HMG home visiting.

When it is determined that a Home Visitor provided services to a family without an active credential, it will be necessary to recoup any and all funds associated with the services delivered by that Home Visitors.

Please make sure your agency has a policy and procedure in place to ensure all of your Home Visitors have an active Home Visiting credential and a method for tracking renewal dates.

### **SAVE THE DATE: Supervisor Day – September 4, 2014**

We are working on the plans for a one day meeting for all Help Me Grow Home Visiting Supervisors. It will be held in Columbus. The agenda is being worked out, but will include:

- Administrative supervision strategies for HMG HV
- How to access and use data
- Individualized TA opportunities with administration, program consultants, and Early Track
- Networking opportunities

On Wednesday September 3, 2014, ODH will be sponsoring training in Columbus on Reflective Supervision with Dr. Robert Gallen.

### **SAVE THE DATE(S): Regional Meetings**

The Help Me Grow Home Visiting Team is working on securing dates and locations for a set of regional meetings starting the end of September, 2014. These meetings will give us an opportunity to check in on program implementation, crosswalk new rules, and discuss next steps for successful program growth. More to come!!!

### **Shaken Baby Syndrome Prevention**

Deaths and injuries from shaken baby syndrome (SBS) can be prevented by helping adults understand normal crying, practice methods to soothe crying babies and learn how to safely relieve the stress of caring for young children.

The key element of the SBS prevention plan is the presentation of a consistent, strong message to parents by health professionals on repeated occasions: during the pregnancy, at the time of birth and during follow-up medical visits.

## Monthly Help Me Grow Update Call June 20, 2014

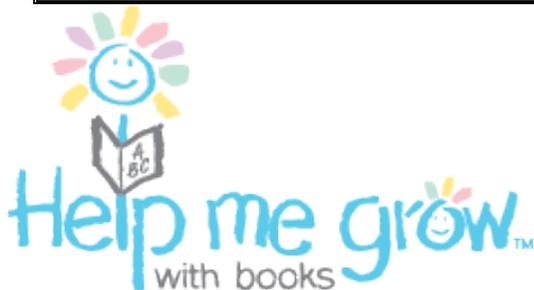
Additional opportunities exist for presenting the message to families participating in the Help Me Grow program or seeking child care from licensed centers or certified home providers. After the Teaching Tool is presented by a trusted health professional, parents can be guided to complete a Certificate that affirms their new knowledge and individual plan to safely respond to stressful crying.

### *Downloadable Shaken Baby Syndrome Education Materials*

Claire's Law requires ODH to make SBS prevention materials available for download from its Web site. ODH does not have funds to supply these materials to order; however, anyone may download and print unlimited copies.

<http://www.odh.ohio.gov/en/odhprograms/cfhs/shaken/prevention.aspx>

### Help Me Grow with Books



ODH and Help Me Grow will be continuing the Help Me Grow with Books initiative in SFY15. Help Me Grow with books is a program for both HV and EI families to help provide opportunities during early childhood to build that strong foundation for academic and life success.

<http://www.helpmegrow.ohio.gov/Resources/Help%20Me%20Grow%20with%20Books.aspx>

## WHAT CHILDREN LIKE IN BOOKS

Here is a simple guide to the kinds of books most suitable for children at different ages.

### INFANTS (6-12 months)

- Board books with photos of babies
- Sturdy, brightly-colored board books to touch and taste
- Books with pictures of things they see every day – balls, bottles, chairs, dogs
- Small books sized for small hands

### YOUNGER TODDLERS (12-24 months)

- Sturdy board books they can handle and carry
- Books that show children doing familiar things – sleeping, eating, playing
- Goodnight books for bedtime
- Books about saying goodbye and hello
- Books with only a few words on the page
- Books with simple rhymes or predictable text

<https://www.facebook.com/OhioHelpMeGrow>



## Monthly Help Me Grow Update Call June 20, 2014

### **OLDER TODDLERS (24-36 months)**

- Books with pictures and names of many different things
- Books with board pages – but also books with paper pages
- Silly books and funny books
- Books with rhyme and rhythm, and repeated text they can learn by heart
- Books about children and families
- Books about food, animals, trucks, and other favorite objects

### **PRESCHOOLERS (3-5 years)**

- Books that tell stories
- Books about kids who look like and live like them – and also books about different places and different ways of living
- Books about going to school or daycare
- Books about making friends
- Books with simple text they can memorize
- Counting books, alphabet books, search and find books



### **Early Track**

The Early Track re-architecture development is continuing, with a target finish date of August 1, 2014. We are not anticipating any releases for new development until August 2014.

### **Translation Services**

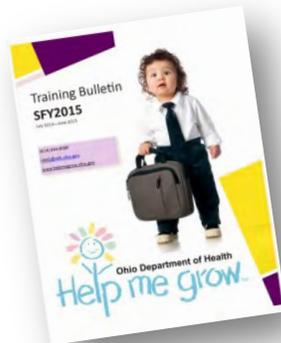
Reminder to EI Service Coordination Contractors, Home Visiting Contractors and Central Coordination Contractors!!

Interpreter services are offered through ODH, which is why interpreter costs which were budgeted in SFY15 EI SC grants were unallowable.

See attachment titled **Affordable Language Services** at back of this call handout for a reminder on how to access these services when needed. Also, understand that this service can be utilized for service providers on the IFSP as well as Service Coordinators.

# Monthly Help Me Grow Update Call June 20, 2014

## Professional Development/Training



In this year's Training Bulletin you will all of the professional development opportunities offered by ODH/Help Me Grow in the coming year. We are excited to announce several new training opportunities, including:

- Growing Great Kids P-36
- Genetics for Health Professionals
- HFA Parent Survey for Community Outreach
- Infant and Toddler Social Emotional Series
  - Working With Local Child
  - Motivational Interviewing
  - Childhood Trauma
  - Social-Emotional Development in Infant
  - Engaging Parents-Building a Trust
  - Keeping Children Safe-Identifying Abuse
  - The Continuum of health stress
  - Strategies to enhance Social-emotional development
  - Compassion Fatigue In Home Visiting
  - Working with Parents-Considerations
  - Parent Stress Management
  - Improving the Parent-Child Relationship
  
- We will be monitoring in-person training enrollment in SFY15 to ensure that every available seat in trainings are full. Please make sure to withdraw from training sessions you cannot attend. We will also not be increasing capacity of trainings due to location space concerns and contractual obligations with our trainers.
- Please make sure you are registering for all in-person training sessions you want to attend. If you haven't registered for training and just "show up" there will not be materials and/or space for you to attend and you will be asked to leave.
  
- Karen Auble has joined the Help Me Grow team as our new Professional Development Consultant. Karen will be working not only on the logistical issues of over 50 trainings but also working with each program team in developing a set of core competencies for home visitors and service coordinators. Karen can be reached at [karen.auble@odh.ohio.gov](mailto:karen.auble@odh.ohio.gov). **WELCOME!!**

Monthly Help Me Grow Update Call  
June 20, 2014

- **FIN has scheduled 2 repeat Webinars that are eligible for HMG contact hours, DODD CPDU's or a Certificate of Attendance.**
    - "Cochlear Implantation for Congenital Hearing Loss"/June 24 at 10 am
    - "Craniofacial Conditions Affecting Speech and Language"/July 22 at 10 AM
- To register go to the FIN web page [www.akronchildrens.org/FIN](http://www.akronchildrens.org/FIN)  
On the home page scroll to "Upcoming Events", click on link for the Webinar you want to watch, on the event page for the Webinar, click "Attend this Event live on Webex", after filling in and submitting the registration you will receive an email from Webex with the link for the Webinar.

Resources



The Centers for Disease Control and Prevention's (CDC) Division of Violence Prevention (DVP) is pleased to announce the official release of *Essentials for Parenting Toddlers and Preschoolers*, a free, evidence-based resource developed by CDC that gives parents ways to interact more positively with their children. The resource is available now via: <http://www.cdc.gov/parents/essentials/index.html>. Available are a variety of dissemination options that are available to share as a resource both within your agency and across your networks. The CDC's "Go Kit" for *Essentials for Parenting Toddlers and Preschoolers* features the following:

- Sample web text
- Sample outreach text
- Web badge with code
- Social media messages and visuals for Facebook, Twitter, Pinterest
- Video links to embed
- Instructions on how to syndicate the content
- Ideas for customization

---

**[Maternal stress in pregnancy tied to autism-like traits in offspring](#)**

Women who were most stressed during their pregnancies had an increased likelihood of having children with autism-like characteristics such as clumsiness and odd speech patterns, Canadian researchers found. The study in the journal *Psychiatry Research* suggested that the impact of maternal stress on child development was most pronounced during the first trimester of pregnancy. [Disability Scoop](#) (6/3)

## Monthly Help Me Grow Update Call June 20, 2014

### County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

The *County Health Rankings & Roadmaps* program is a collaboration between the [Robert Wood Johnson Foundation](#) and the [University of Wisconsin Population Health Institute](#). We believe America can become a nation where getting healthy, staying healthy, and making sure our children grow up healthy are top priorities. We have a vision of an America where we all strive together to build a national [culture of health](#) that enables all in our diverse society to lead healthy lives, now and for generations to come.

#### **About the *County Health Rankings & Roadmaps***

The annual *County Health Rankings* measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income, and teen births in nearly every county in America. The annual *Rankings* provide a revealing snapshot of how health is influenced by where we live, learn, work and play. They provide a starting point for change in communities. That is why we also provide the *Roadmaps* that provide guidance and tools to understand the data, and strategies that communities can use to move from education to action. The *Roadmaps* are helping communities bring people together from all walks of life to look at the many factors that influence health, focus on strategies that we know work, learn from each other, and make changes that will have a lasting impact on health.

<http://www.countyhealthrankings.org/>

---

#### **Early Brain and Child Development Training Modules**

Source: American Academy of Pediatrics - June 6, 2014

The Early Brain and Child Development (EBCD) initiative, a program of the American Academy of Pediatrics (AAP) has produced [five training modules](#) for primary care health professionals. The modules focus on early brain development, toxic stress, adverse childhood experiences, supporting parents, cultivating community relationships, and advocacy. Each one takes about 45 minutes to complete, incorporates real time learning, and is designed to be fun and interactive. The modules are adaptable to a variety of needs and situations: groups and individual learners are both intended audiences. Find the modules here: <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/EBCD/Pages/educationModules.aspx#>

---

<https://www.facebook.com/OhioHelpMeGrow>



## Monthly Help Me Grow Update Call

June 20, 2014

### **Immigrant Parents and Early Childhood Programs**

**Source: Migration Policy Institute - June 12, 2014**

The Migration Policy Institute (MPI) has released a new report, *Immigrant Parents and Early Childhood Programs: Addressing Barriers of Literacy, Culture, and Systems Knowledge* (June 2014). The report identifies the challenges immigrant and refugee families face as they try to engage in their young children's education, particularly those with low literacy or limited English proficiency, it also highlights strategies that can be used to address these challenges. It is based on field research in six states, expert interviews, a literature review, and a sociodemographic analysis. Find it here: <http://www.migrationpolicy.org/research/immigrant-parents-early-childhood-programs-barriers>

---

### **Infant, Toddler, and Early Childhood Mental Health Competencies: A Comparison of Systems**

**Source: ZERO TO THREE and the Erikson Institute - June 4, 2014**

ZERO TO THREE and the Erikson Institute recently published a new report, [Infant, Toddler, and Early Childhood Mental Health Competencies: A Comparison of Systems](http://www.erikson.edu/wp-content/uploads/ZTT-Infant-Mental-Health-report-v7.pdf) (2014) by Jon Korfmacher, which looks at how different state working groups have articulated the knowledge and skills needed by early childhood mental health providers, and how these competencies are being used. The report includes a comparison of early childhood mental health competency systems across six states - California, Colorado, Florida, Michigan, Ohio and Vermont. Find it here: <http://www.erikson.edu/wp-content/uploads/ZTT-Infant-Mental-Health-report-v7.pdf>

---

### *Updated! Early Childhood State Policy Profiles and Young Child Risk Calculator*

**Source: National Center for Children in Poverty - June 5, 2014**

The National Center for Children in Poverty (NCCP) released updated Early Childhood State Policy Profiles, highlighting state policies in the areas that affect the health and well-being of young children in low-income families. NCCP has also updated the Young Child Risk Calculator, an interactive tool that shows how many children in each state are experiencing serious risks to their development. The tool allows users to select from five age groups: 0-3, 3-5, 6-8, 0-6, and 0-9, as well as three economic and seven other risk factors known to affect children's development.

The Early Childhood State Policy Profiles and Young Child Risk Calculator are products of the Improving the Odds Project for Young Children Project at NCCP.

Find it here: [http://nccp.org/profiles/early\\_childhood.html](http://nccp.org/profiles/early_childhood.html)

---

## Monthly Help Me Grow Update Call June 20, 2014

The Consumer Product Safety Commission announces new safety standards for soft infant and toddler carriers effective September, 2014. Read more....

<http://www.cpsc.gov/onsafety/2014/04/new-childrens-safety-standard-soft-infant-and-toddler-carriers/>



## Needs Assessment Community Forum

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS) is charged with administering the Title V Maternal and Child Health Block Grant (MCHBG) Program in Ohio. To properly administer the MCHBG program, ODH works collaboratively with other organizations to conduct a state-wide, comprehensive Needs Assessment (NA) every five years.

Findings from the Needs Assessment focus on:

- Identifying State priorities to address the needs of the MCH population
- Guiding the allocation of MCH Block Grant funding

Ohio kicked off its Needs Assessment (NA) process with a stakeholder survey sent to over 2700 individuals to identify emerging health related trends and needs not being met throughout the state. [Click here](#) to review the survey results that have been compiled, a report summary fact sheet and a full report.

The next step in the NA process is to conduct 10 Regional Community Based Forums to prioritize the top unmet needs. We encourage you to attend as the feedback from these forums is very important for setting the Maternal and Child Health Block Grant priorities and determining funding for the five year period beginning October 1, 2016. You can view a list of the forums below:

Listed below are links to the invitation for each Regional forum

<a href="#">Region 1</a> <a href="#">Wood County Educational Service Center</a>
<a href="#">Region 2</a> Norwalk, OH
<a href="#">Region 3</a> Cuyahoga County Board of Health Offices
<a href="#">Region 4</a> Summit County Board of Developmental Disabilities
<a href="#">Region 5</a> Richland County Public Health

<https://www.facebook.com/OhioHelpMeGrow>



Monthly Help Me Grow Update Call  
June 20, 2014

<u>Region 6</u> Cincinnati, OH
<u>Region 7</u> Lima, OH
<u>Region 8</u> Dayton, OH
<u>Region 9</u> Columbus, OH
<u>Region 10</u> Hocking County Board of Development Disabilities

[Map listing the 10](#)

MCH Needs Assessment Community Forums

**Register here...**

<http://odhmchcommunityforums.eventbrite.com/>

<https://www.facebook.com/OhioHelpMeGrow>





Thank you for choosing Affordable Language Services for your interpreting needs. We appreciate the opportunity to be of service to you.

Below you will find instructions as well as tips for using the telephonic interpretation service. We hope these will be helpful in making the telephonic interpreting process not only successful but a more comfortable experience for everyone.

## **User Instructions for Telephonic Interpretation**

---

Affordable Language Services & partner Telelanguage Services provides over-the-phone interpretation in over 150 languages, 24 x 7 days a week. Following are instructions on how to access an interpreter in any of the over 150 languages.

### **Incoming calls:**

1. Get an outside line.
2. Dial **1-866-350-2971**
3. Give your **Organization Access Code = \_\_\_\_\_**  
(For security reasons, keep this code from public view)
4. Give your name and any **information that you require for billing purposes to the operator and the language needed.**  
Examples: name of person that requires an interpreter, case number, reason for appointment etc...  
(Please provide correct spelling of last name)
5. You will be connected to an interpreter.
6. Speak to the customer in the first person-DIRECTLY. This allows the conversation to flow smoothly and shorten the call.
7. When done - simply thank the interpreter and disconnect the call.

### **Outgoing call:**

1. Begin at Step #2 above.
  2. Once interpreter is on the line, you may add on the non-English speaking person you need to communicate with. If you have 3-way calling available at your station, obtain a second dial tone and add the third party to the call.
- 

Code is 4238

### Contacts List:

If you experience problems, have a complaint or would like to make a commendation, please call the 24-hour Customer Care Line at:

Customer Support Contact Information		
Technical Support	Technical or Connectivity	800-514-9237 X2171

For any other problems, contact Affordable Language Services at 513-745-0888 and speak to either Elizabeth at ext. 5021 or Cathaleen at ext. 5020.

## **Tips for using Telephonic Interpretation**

- Telephonic Interpretation is always consecutive. This means there are pauses while the interpreter repeats each statement in the respective language.
- Remember to speak in the first person as you would during a “normal” conversation.
- Give the interpreter specific questions to relay.
- Group your thoughts and questions to help the flow of the conversation.
- Expect interpreted comments to run a little longer than the English phrases as interpreters convey the meaning and do not interpret word-for-word.
- If you do not know which language your client speaks, ask our interpreter coordinator to help you.
- Try to speak at an even pace and make pauses for interpretation.
- Interpreters merely transform information from one language into another. Do not hold the interpreter responsible for what your client does or does not say.
- Always remember that concepts and terminology specific to your industry often require explanation or elaboration in other languages.

Again, if you have any questions or concerns regarding this process please feel free to contact our office at 513-745-0888.

Again, thank you and we look forward to working with you.

Affordable Language Services Staff



where great stories begin™

# MILESTONES OF EARLY LITERACY DEVELOPMENT

Babies learn best from caring adults. From birth, it's important for parents to notice and *respond* to what interests their child. Reading aloud and talking together *every day* creates secure relationships and a strong foundation for learning. Books should be part of *every* family's naptime, playtime, and bedtime routines.



	6 TO 12 MONTHS	12 TO 24 MONTHS	2 TO 3 YEARS	3 TO 4 YEARS	4 TO 5 YEARS
<p><b>MOTOR DEVELOPMENT</b></p> <p><i>What your child is doing</i></p>	<p>holds head steady</p> <p>sits in lap without support</p> <p>grasps book, puts in mouth</p> <p>drops, throws book</p>	<p>holds and walks with book</p> <p>no longer puts book in mouth right away</p> <p>turns board book pages</p>	<p>learns to turn paper pages, 2 to 3 pages at a time</p> <p>starts to scribble</p>	<p>turns pages one at a time, and from left to right</p> <p>sits still for longer stories</p> <p>scribbles and draws</p>	<p>starts to copy letters and numbers</p> <p>sits still for even longer stories</p>
<p><b>COMMUNICATION AND COGNITION</b></p> <p><i>What your child is saying and learning</i></p>	<p>smiles, babbles, coos</p> <p>likes and wants your voice</p> <p>likes pictures of baby faces</p> <p>begins to say "ma", "ba", "da"</p> <p>responds to own name</p> <p>pats picture to show interest</p>	<p>says single words, then 2- to 4-word phrases</p> <p>gives book to adult to read</p> <p>points at pictures</p> <p>turns book right-side up</p> <p>names pictures, follows simple stories</p>	<p>adds 2-4 new words per day</p> <p>names familiar objects</p> <p>likes the same book again and again</p> <p>completes sentences and rhymes in familiar stories</p>	<p>recites whole phrases from books</p> <p>moves toward letter recognition</p> <p>begins to detect rhyme</p> <p>pretends to read to dolls and stuffed animals</p>	<p>can listen longer</p> <p>recognizes numbers, letters</p> <p>can retell familiar stories</p> <p>can make rhymes</p> <p>learning letter names and sounds</p>
<p><b>ANTICIPATORY GUIDANCE</b></p> <p><i>What parents can do</i></p> <p><i>Ask questions and wait for your child to answer</i></p> <p><i>Read and speak in your first language</i></p>	<p>talk back and forth with your baby; make eye contact</p> <p>cuddle, sing, talk, play, read</p> <p>point at and name things: nose, ball, baby, dog...</p> <p>follow baby's cues for "more" or "stop"</p> <p>play games such as "peek-a-boo" or "pat-a-cake"</p>	<p>smile and answer when your child speaks or points</p> <p>let your child help turn the pages; keep naming things</p> <p>use books in family routines: naptime, playtime, bedtime; on the potty; in the car, bus</p> <p>use books to calm or distract your child while waiting</p>	<p>ask "Where's the dog?" or "What is that?"</p> <p>be willing to read the same book again and again</p> <p>as you read, talk about the pictures</p> <p>keep using books in daily routines</p>	<p>ask "What happens next?" in familiar stories</p> <p>point out letters, numbers</p> <p>point out words and pictures that begin with the same sound</p> <p>together, make up stories about the pictures</p>	<p>relate the story to your child's own experiences</p> <p>let your child see <i>you</i> read</p> <p>ask your child to tell the story</p> <p>encourage writing, drawing</p> <p>point out the letters in your child's name</p>
<p><b>WHAT TO READ</b></p>	<p>board and cloth books; books with baby faces; nursery rhymes</p>	<p>board books; rhyming books; picture books; books that name things</p>	<p>rhyming books; picture books that tell stories; search and find books</p>	<p>picture books that tell longer stories; counting and alphabet books</p>	<p>fairy tales and legends; books with longer stories, fewer pictures</p>

**LET YOUR CHILD CHOOSE WHICH BOOK TO READ. FIND STORIES ABOUT THINGS YOUR CHILD LIKES.**



where great stories begin™

# INDICADORES DEL DESARROLLO INICIAL DE LA LECTOESCRITURA

Los bebés aprenden más de los adultos que los cuidan. Desde el nacimiento, es importante que los padres observen y *respondan* a los intereses del niño. Leer en voz alta y hablar *todos los días* crea cariño y una base sólida para el aprendizaje. Los libros deben formar parte de las rutinas familiares de la siesta, la hora del juego y de ir a la cama.



## 6 A 12 MESES

### DESARROLLO MOTRIZ

**Qué hace su hijo**

sostiene bien la cabeza  
se sienta en el regazo sin ayuda  
sujeta el libro, se lo lleva a la boca  
deja caer o arroja los libros

### COMUNICACIÓN Y CONOCIMIENTO

**Qué dice y aprende su hijo**

sonríe, balbucea, gorjea  
le gusta su voz y desea escucharla  
le gustan las imágenes de las caras de bebés  
empieza a decir "ma", "ba", "da"  
responde a su propio nombre  
palmea las imágenes en el libro para mostrar interés

### ORIENTACIÓN ANTICIPATORIA

**Qué pueden hacer los padres**

**Haga preguntas y espere que su hijo responda**

**Lea y hable en su primer idioma**

hable y responda a su bebé; haga contacto visual  
abráselo, cante, hable, juegue, lea  
señale y nombre las cosas: nariz, pelota, bebé, perro...  
siga las indicaciones del bebé para "más" o "basta"  
juegue con el niño a "cu-cú" o "a las palmas"

### QUÉ PUEDEN LEER

libros de cartón y de tela;  
libros con caras de bebés;  
canciones de cuna

## 12 A 24 MESES

sostiene el libro y camina con él  
no se lleva el libro a la boca enseguida  
voltea las páginas de libros de cartón

dice palabras sueltas, luego frases de 2 a 4 palabras  
le da el libro al adulto para que lo lea  
señala las imágenes  
voltea el lado correcto del libro hacia arriba  
 nombra imágenes, sigue historias sencillas

sonríe y responda cuando su hijo hable o señale  
deje que el niño ayude a voltear las páginas; siga nombrando cosas  
use libros en las rutinas familiares: para la hora de la siesta, del juego o de dormir; cuando va al baño; en el automóvil o autobús  
use libros para calmar o distraer a su hijo mientras esperan

libros de cartón, libros de rimas, libros de imágenes, libros que nombran cosas

## 2 A 3 AÑOS

aprende a voltear las páginas de papel, 2 a 3 páginas a la vez  
empieza a hacer garabatos

aprende 2 a 4 palabras nuevas por día  
 nombra objetos familiares  
le gusta el mismo libro una y otra vez  
completa oraciones y rimas en historias conocidas

pregunte "¿Dónde está el perro?" o "¿Qué es eso?"  
esté dispuesto a leer el mismo libro una y otra vez  
mientras lee, hable sobre las imágenes  
siga usando libros en las rutinas diarias

libros de rimas, libros de imágenes que cuentan historias; libros de buscar y encontrar

## 3 A 4 AÑOS

voltea las páginas una a la vez y de izquierda a derecha  
se queda sentado sin moverse con cuentos más largos  
garabatea y dibuja

recita frases enteras de libros  
empieza a reconocer las letras  
empieza a detectar la rima  
juega a leerles a muñecos y peluches

pregunte "¿Qué sucede ahora?" en los cuentos conocidos  
señale letras y números  
señale palabras e imágenes que empiezan con el mismo sonido  
juntos, inventen historias sobre las imágenes

libros de imágenes que cuentan historias más largas; libros con el alfabeto y los números

## 4 A 5 AÑOS

empieza a copiar letras y números  
se queda sentado sin moverse con cuentos más largos aun

puede escuchar durante más tiempo  
reconoce números y letras  
puede repetir cuentos conocidos  
puede hacer rimas  
aprende los nombres y los sonidos de las letras

relacione la historia con las experiencias propias de su hijo  
asegúrese de que su hijo lo vea leer  
pídale a su hijo que cuente la historia  
motívelo a escribir y dibujar  
señale las letras del nombre de su hijo

cuentos de hadas y leyendas; libros con historias más largas y menos imágenes

**DEJE A SU HIJO ELEGIR QUÉ LIBRO DESEA LEER. BUSQUE HISTORIAS SOBRE COSAS QUE LE GUSTAN A SU HIJO.**



where great stories begin™

## TALKING WITH PARENTS ABOUT BOOKS

The Reach Out and Read model depends upon the advice healthcare providers give to parents.\* Using books in the exam room allows the medical provider to model book sharing directly and to comment on the child's response to the book. Here are some suggestions for making literacy development part of your standard anticipatory guidance.

### The first year

- *Babies love your voice: sing, talk, and read aloud as often as possible.*
- *As you observe the baby looking at pictures: She's really looking, moving her arms with excitement, and talking.*
- *Babies love picture books and books with rhymes.*
- *You're teaching your baby that sitting on your lap and being read to feels good and that books are enjoyable.*
- *It's okay if your child eats the book! This is how babies explore and learn about their world.*

### 12 to 18 months

- *If you ask **What's that?** and then name the picture, your baby will learn the names for things.*
- *Once babies start to walk, holding them on your lap can be a struggle. Some children will want to move around during a story. That's OK.*
- *Read stories every day, but let your child help decide how long you read.*
- *When your child grabs the book, she is showing a healthy drive for independence. She's not being bad.*

### 18 to 36 months

- *Stories are a good way to help toddlers increase their attention spans. If your toddler listens to a story for five minutes, that's a long time. As children grow, they will sit longer.*
- *Sometimes you don't have to read what's actually written on the page. You can just talk about the pictures, or make up a story about what's happening.*
- *Children learn by imitating. Does she ever read to her teddy bears or dolls? Does she see **you** read?*
- *One way children learn to read – and learn new words – is by hearing the same story again and again. It might be boring to you, but it isn't to him. Toddlers enjoy the repetition.*

### 3 years and up

- *Talk about the pictures, and the story. Ask **who, what** and **where** questions. And remember to give your child time to answer.*
- *Your child might want to tell **you** a story. Every time she retells a favorite story, or changes the story, she is practicing using language in a very important way.*
- *Scribbling and pretend writing is the first step toward real writing. Does he ever pretend to write? Do you ever show him the letters in his name?*
- ***Do you have a library card?** Going to the library regularly opens up the world inside books. Notice your preschooler's interests and let her help choose which books to take home.*

**Reading aloud and talking together every day helps create secure relationships and a strong foundation for learning. Books can become an important part of every family's naptime, playtime, and bedtime routines.**

\*Our **Leyendo Juntos** initiative provides special materials/training for providers who serve Latino families. Click [here](#).



---

## News Release

---

John R. Kasich / Governor  
Lance D. Himes / Interim Director

**FOR IMMEDIATE RELEASE**

**June 9, 2014**

Contact: Office of Public Affairs 614.644.8562

### **Measles Outbreak Expands to Highland County in SW Ohio**

*Health officials urge caution when traveling with infants to measles outbreak areas*

COLUMBUS – The Ohio Department of Health (ODH) and the Highland County Health Department have confirmed a case of measles in southwest Ohio. The new case involves an infant less than six months old whose family traveled in mid-May to north-central Ohio, where six counties are experiencing a measles outbreak. At this time, ODH has confirmed only one case in Highland County, but that number could rise.

Ohio's continuing measles outbreak is part of the largest outbreak in the U.S. since 1994. If your family plans to travel to affected areas of Ohio, the U.S., or abroad, this is a good time to check with your healthcare provider to make sure you are up-to-date on immunizations. The Centers for Disease Control and Prevention (CDC) website lists U.S. and international "Measles Cases and Outbreaks" at <http://www.cdc.gov/measles/case-outbreaks.html>.

When individuals are fully vaccinated, the measles-mumps-rubella (MMR) vaccine is 97 percent effective in preventing measles.

"Contracting measles is especially serious for infants younger than one year of age," said ODH State Epidemiologist Dr. Mary DiOrio. "Parents with infants too young to be vaccinated should consider not traveling with them to areas where measles outbreaks are occurring."

Governor John R. Kasich signed an executive order today that allows licensed pharmacists to administer the MMR vaccine (effective June 9, 2014) to individuals 18 years and older pursuant to Amended Emergency Rule 4729-5-38.

"It's important to give individuals more opportunities to receive an MMR vaccination," DiOrio said.

Symptoms for measles include fever, cough, runny nose, red eyes, sore throat, and a red rash appearing three to five days after the start of the symptoms. Those who are not up-to-date on their immunizations should contact their healthcare provider or local health department and receive the MMR vaccine if there is no medical reason not to do so.

ODH and its local public health partners support the vaccine recommendations set forth by the Advisory Committee on Immunization Practices and CDC. These recommendations include vaccination schedules for when both children and adults should receive their vaccinations.

For more information about measles, visit the ODH website at <http://www.odh.ohio.gov/>.

###



# Ohio Measles Outbreaks

## Situation

Ohio is currently experiencing an outbreak on measles. On April 21, 2014, the Ohio Department of Health was notified by the Knox County Health Department about suspected measles cases. The first identified cases were unvaccinated travelers returning from the Philippines, which has been experiencing a large measles outbreak for several months. As of early June, the illness had spread to seven north-central Ohio counties (Ashland, Coshocton, Holmes, Knox, Richland, Stark and Wayne). The illness has also spread to Highland County which is in south-west Ohio. As of June 12, there are 314 confirmed measles, making it the largest outbreak in the U.S. since 1994. Up-to-date statistics are posted on the ODH website at <http://www.odh.ohio.gov/features/odhfeatures/Measles%202014.aspx>.

## Response

Vaccination is the most effective way to minimize the spread of measles. When individuals are fully vaccinated, the mumps-measles-rubella (MMR) vaccine is 97 percent effective in preventing measles. ODH, in collaboration with the Centers for Disease Control and Prevention (CDC), is working with affected local health jurisdictions to investigate these outbreaks and institute prevention and control measures.

As of early June, ODH had distributed more than 16,600 doses of the MMR vaccine to local health jurisdictions. The majority of the vaccine (15,730 doses) was distributed in response to the measles outbreak, and local health jurisdictions had administered 10,200 doses by then.

Vaccinations are important for all Ohioans planning to travel to measles outbreak areas across the U.S. and abroad. CDC information on measles outbreaks and travel is available at <http://www.cdc.gov/measles/cases-outbreaks.html>. Ohioans are urged to talk with their healthcare provider to make sure that they are up-to-date on their vaccinations. Contracting measles is especially serious for infants younger than one-year-old – but MMR vaccination is not routinely recommended for them. Parents are encouraged to talk with their healthcare provider before traveling with an infant to a measles outbreak area.

## Chronology

- June 6: More than 16,000 doses of the MMR vaccine have been distributed to Ohio's local health jurisdictions to date, and they have administered more than 10,000 doses thus far.
- May 29: CDC holds a national press conference to announce that the U.S. is experiencing its largest measles outbreak since 1994.
- May 8: ODH Bureau of Infectious Diseases staff members begin to provide periodic on-site assistance to affected local health jurisdictions.
- May 2-3: ODH develops measles guidance for Ohio schools in collaboration with CDC and distributes it to school nurses, Head Start Programs and local health jurisdictions.
- May 1: ODH establishes a regularly updated measles homepage on its website containing an overview of the measles outbreak, number of confirmed cases, links to the local health jurisdictions in affected counties, and a list of Frequently Asked Questions about measles.
- May 1: ODH issues measles guidance to healthcare providers.
- April 24: ODH and its public health partners begin regular conference calls with CDC regarding the measles outbreak.
- April 23: ODH alerts Ohio hospitals about the suspected measles cases.
- April 21: Knox County Health Department alerts ODH about a possible measles outbreak.

# Complications from Measles FAQs

## What are some complications that might occur after a measles infection?

About 30% of measles cases develop one or more complications, including

- **Pneumonia**, which is the complication that is most often the cause of death in young children.
- **Ear infections** occur in about 1 in 10 measles cases and permanent loss of hearing can result.
- **Diarrhea** is reported in about 8% of cases.

These complications are more common among children under 5 years of age and adults over 20 years old.

Even in previously healthy children, measles can be a serious illness requiring hospitalization. As many as 1 out of every 20 children with measles gets pneumonia, and about 1 child in every 1,000 who get measles will develop **encephalitis**. (This is an inflammation of the brain that can lead to convulsions, and can leave the child deaf or mentally retarded.)

Measles also can make a pregnant woman have a miscarriage, give birth prematurely, or have a low-birth-weight baby.

## Can measles lead to death?

For every 1,000 children who get measles, 1 or 2 will die from it. It can also cause SSPE which is subacute sclerosing panencephalitis. SSPE is a very rare, but fatal degenerative disease of the central nervous system that results from a measles virus infection acquired earlier in life. Data shows us that during the outbreak of measles in the United States during 1989-1991, a rate of 4-11 cases of SSPE per 100,000 cases of measles.

*Save the date for the*

**2014**

**Ohio Infant Mortality  
Summit**

**Dec. 3-4, 2014**

**Greater Columbus Convention Center**

*Presented by the*



**Ohio Collaborative**

*to Prevent Infant Mortality*

*and partners*

details to follow

***Every Baby Matters!***

# REGISTRATION

## The Ohio Department of Health



### Sponsors



### *Community Approach to Breastfeeding Support Workshop Series*

**PURPOSE:** Increase breastfeeding throughout the African American community.

The 2-day workshop will provide culturally appropriate and relevant strategies, information, applicable skills and action steps for attendees with an interest in maternal and child health relative to improving breastfeeding.

**Workshop Attendees:** Staff from OIMRI, WIC, BCMH and HMG Programs

**[Registration via OhioTrain](#)**

**<https://oh.train.org/>**

**Course ID Number: 1050412**

**Please create an account, if you do not already have one. Enter the Course ID#.**

**You will only be able to register for one 2-day session.**

**Your registration is not final until you receive a confirmation e-mail.**

**Day 1: 9:00 a.m. – 4:00 p.m.**

**Day 2: 8:30 a.m. – 4:00 p.m.**

**Toledo Area**

***June 23-24, 2014***

Holiday Inn French Quarter  
10630 Fremont Pike  
Perrysburg, Ohio 43551

**Columbus**

***September 15-16, 2014***

Ohio Fire Academy  
8895 E. Main Street  
Reynoldsburg, Ohio 43068

**Cleveland Area**

***September 29-30, 2014***

Medina County Health Department  
4800 Ledgewood Drive  
Medina, Ohio 44256

**Columbus**

***October 20-21, 2014***

Ohio Child Care Resource & Referral Association (OCCRRA)  
2760 Airport Drive, Suite 160  
Columbus, Ohio 43219



## 2014 Early Childhood Ohio Regional Conferences

### Call for Presentations

As part of the Early Learning Challenge Grant and the Comprehensive Professional Development System project (CPDS), the departments of Education, Job and Family Services, Health, Mental Health and Addiction Services, and Developmental Disabilities, and the Ohio Child Care Resource and Referral Association (OCCRRA) are calling for presenters and presentations for the regional Early Childhood Ohio (ECO) conferences in October, 2014.

Conferences will be held on Fridays and Saturdays on the dates specified below. The Friday agenda for each conference will be repeated on Saturday, with morning / afternoon sessions alternated so that participants who attend both days will have maximum opportunity to attend their desired sessions. See attached [\*Sample Daily Conference Agenda\*](#) for an example daily agenda.

Conference Location	Dates
Dayton	October 3-4, 2014
Chillicothe	October 17-18, 2014
Canton	October 24-25, 2014

### Presentations

Presentations will be structured as either a Super Session or as a Standard Session, and topics for sessions will follow SUTQ and/or ELDS themes. See attached [\*Suggested ECO Conference Topics\*](#) for additional information and for examples of topics appropriate for the conferences.

- Super Sessions – consist of a morning seminar type information sharing session (up to 1.5 hours) and an afternoon workshop (up to 3 hours) where participants can put into practice the knowledge gained from the morning session (up to 4.5 hours in total)
- Standard Sessions – consist of a seminar type forum for information sharing and question/answer interaction (up to 1.5 hours)

Presentations, whether Super Session or Standard Session, should cover topics and concepts that are not otherwise available to programs or professionals via existing Professional Development (PD) and Technical Assistance (TA) offerings.

A key theme of the conferences will be collaboration and coordination across systems, and sessions at the conference should demonstrate and reinforce the concepts of collaboration and coordination. We are seeking proposals that demonstrate collaboration among professional development networks (e.g., co-presenters representing a combination of or teams of State Support Teams, Child Care Resource and Referral agencies, Early Childhood Mental Health consultants, Health Promotion consultants, and Comprehensive Professional Development System coordinators) and do not have to be limited or constrained within one region.



Proposals for conference presentations should be submitted for review and approval via the Ohio Professional Registry at <https://login.occrra.org/>. You must have an Ohio Professional Registry Profile and an Instructor Profile to submit a proposal. Instructions for creating an Ohio Professional Registry Profile and Instructor Profile, along with instructions for submitting a presentation proposal, are included in this packet.

There are a limited number of presentation slots available for the conference events. It is likely that not all proposals will be selected for presentation at the conference events this year. However, the cross-agency proposal evaluation team will review all proposals thoroughly and for those not selected for the 2014 conference events, the review team may offer suggestions for modifications or other items that would make the presentation eligible for the 2015 conference events.

#### Key Dates

July 15, 2014 - Proposals for topics must be submitted to [CPDSConference@occrra.org](mailto:CPDSConference@occrra.org)

July 15 - 31, 2014 - Proposals will be evaluated, with clarifications of proposal details possible

July 31, 2014 - Selected proposals announced

August 1 – September 26, 2014 – Session content updated and session materials prepared

October, 2014 – Conferences held in Dayton, Chillicothe, and Canton

#### Questions?

Send questions related the ECO conferences to [CPDSConference@occrra.org](mailto:CPDSConference@occrra.org)



## Suggested CPDS Regional Conference Topics

### SUTQ / Administrator Topics

Domain	Program Focus
Learning & Development	<ul style="list-style-type: none"> <li>• <b>Selecting and using a screening / assessment tool</b></li> <li>• Using technology in the classroom</li> <li>• Curriculum alignment, evaluation, and selection</li> </ul>
Administrative & Leadership Practices	<ul style="list-style-type: none"> <li>• <b>Developing a CQI system / developing policies / procedures</b></li> <li>• Leadership skills</li> <li>• Time management, delegation, and teamwork</li> <li>• Stress management</li> <li>• Ohio Professional Registry overview and tutorial</li> </ul>
Staff Qualifications and Professional Development	<ul style="list-style-type: none"> <li>• Developing PD plans for staff</li> </ul>
Family and Community Partnerships	<ul style="list-style-type: none"> <li>• <b>Family &amp; Community engagement</b></li> <li>• Diversity and inclusion</li> </ul>

### ELDS / Professionals Topics

ELDS Domain	Child & Professional Focus
Overarching Concepts	<ul style="list-style-type: none"> <li>• <b>Putting curriculum into practice</b></li> <li>• Child development overview</li> <li>• Brain development overview</li> <li>• Play as an instructional strategy</li> </ul>
Cognition & General Knowledge	<ul style="list-style-type: none"> <li>• Sensory processing</li> <li>• Self-regulation</li> </ul>
Language and Literacy	<ul style="list-style-type: none"> <li>•</li> </ul>
Physical Wellbeing and Motor Development	<ul style="list-style-type: none"> <li>• Child health and nutrition</li> </ul>
Approaches Toward Learning	<ul style="list-style-type: none"> <li>• Working with multiple age groups</li> </ul>
Social and Emotional Development	<ul style="list-style-type: none"> <li>• Attachment/relationships with family, caregivers</li> <li>• Interactions between children and teachers</li> <li>• Dealing with challenging behaviors</li> <li>• Effects of poverty</li> </ul>

**Bolded topics are possible super sessions, which will span multiple individual session**

# Ohio Family and Children First Regional Areas



**West Region**

**East Region**

## Regional Office Staff

### West Region

**Joyce Calland, Regional Coordinator**  
 OSU Extension  
 1512 South US Hwy 68, Suite B-100  
 Urbana, OH 43078  
 (937) 484-1526 (ph)  
 (937) 484-1540 (f)  
 (937) 232-4255 (c)  
[calland.11@osu.edu](mailto:calland.11@osu.edu)

### East Region

**Chad Hibbs, Regional Coordinator**  
 30 E. Broad Street, 8<sup>th</sup> Floor  
 Columbus, OH 43215-3430  
 (614) 466-1427 (ph)  
 (614) 728-0170 (f)  
 (614) 329-0679 (c)  
[Chad.Hibbs@mha.ohio.gov](mailto:Chad.Hibbs@mha.ohio.gov)

## State Office Staff

**Angela Sausser Short, Director**  
 Ohio Family and Children First  
 30 E. Broad Street, 8<sup>th</sup> Floor  
 Columbus, OH 43215-3430  
 (614) 752-4044 (ph)  
 (614) 728-0170 (f)  
[Angela.Sausser@mha.ohio.gov](mailto:Angela.Sausser@mha.ohio.gov)

**Tammy Payton, OFCF Administrative Asst.**  
 Ohio Family and Children First  
 30 E. Broad Street, 8<sup>th</sup> Floor  
 Columbus, OH 43215-3430  
 (614) 752-4044 (p)  
 (614) 728-0170 (f)  
[Tammy.Payton@mha.ohio.gov](mailto:Tammy.Payton@mha.ohio.gov)