

Facilitator Guide:  
Early Childhood Screening Through the Infant and  
Early Childhood Mental Health Lens



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## Objective/Purpose

This discussion guide has been created for early childhood screening teams around the state of Minnesota to promote healing-centered, culturally responsive, and trauma-informed screening through the lens of Infant and Early Childhood Mental Health. The first three sections explore the foundations of infant and early childhood mental health. Each subsequent section of the guide will follow a rhythm of:

**LEARN** (information to take in)

**PRACTICE** (exercises to put learning into practice)

**APPLY** (application to your unique setting)

Each section is meant to be used as a stand-alone resource to explore and process within a group of screeners.

# Defining Infant and Early Childhood Mental Health

Infant and Early Childhood Mental Health (IECMH) is the developing capacity of a child prenatal up to 6 years old to...

Develop and form close relationships

Experience, regulate, and express emotions

Explore the environment and learn

All in the context of family, community, and culture

- *Zero to Three*, 2017<sup>1</sup>

Dr. Barbara Stroud's reflections on the definition help us to expand our thinking:

"Family culture is present in all caregiving interactions. It is within culturally informed relationships that all development unfolds. Children learn to experience, regulate, and express emotion as defined by their cultural communities. Children form protective relationships with caregivers that can ensure their safety within inequitable and racist environments. Children bring their cultural self to learning environments using exploration, yet some are encouraged while others are punished."

- *Dr. Barbara Stroud*, 2022<sup>2</sup>

Watch the video [InBrief: Early Childhood Mental Health](https://www.youtube.com/watch?v=L41k2p-YRCs) (www.youtube.com/watch?v=L41k2p-YRCs) to learn more about Infant and Early Childhood Mental Health.<sup>3</sup>

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<sup>1</sup> Infant and Early Childhood Mental Health. (2017). [Zero to Three](https://www.zerottthree.org/issue-areas/infant-and-early-childhood-mental-health/). <https://www.zerottthree.org/issue-areas/infant-and-early-childhood-mental-health/>

<sup>2</sup> Stroud, B. (2022, Nov. 7) Back to Basics: Remembering What We Know. Infant & Early Childhood Conference, Minnesota Association for Children's Mental Health, Minnetonka, Minnesota.

<sup>3</sup> Center on the Developing Child at Harvard University. (2015, June 19). [InBrief: Early Childhood Mental Health](https://www.youtube.com/watch?v=L41k2p-YRCs). YouTube. [http://www.youtube.com/watch?v=L41k2p-YRCs](https://www.youtube.com/watch?v=L41k2p-YRCs)

# Guiding Principles of Infant and Early Childhood Mental Health

Development of a child prenatally through the transition to kindergarten is a time of significant growth and learning. Screening provides an important opportunity to gain a deeper understanding of the child's developmental stages and can open access to opportunities for early intervention and support. Being able to look at the screening process from an infant and early childhood mental health lens will promote healthy social and emotional development. The following are nine guiding principles of infant and early childhood mental health found in [A Guide to Infant & Early Childhood Mental Health](#):

## **1. The brain is developing rapidly in the first years of life**

The experiences children have early in life are essential to physical and mental health and form a foundation for all future brain development.

## **2. Development is the product of the interaction of genes and all experiences, beginning prenatally**

From birth, children are active participants in their own development as they learn to select, engage, and interpret situations based on their earliest experiences. This back-and-forth process shapes future development.

## **3. All early learning happens in relationships**

Promotion, prevention, and intervention for healthy development must involve those who are in the closest relationship to an infant/child and should be multi-generational and sensitive to families' and caregivers' values and culture.

## **4. The field of IECMH is inherently intergenerational**

Programs that address the needs of the caregiver, the child, and the relationship between them have been shown to enhance early experiences with positive developmental outcomes.

## **5. Early prevention and intervention can shift the balance from risk to resilience**

The earliest years of a child's life are a time of robust development and profound vulnerability. Policy and practice must aim to intervene early in order to help young children and families thrive.

## **6. Self-awareness leads to better service for families**

Reflecting on one's own culture, values, and beliefs, and the impact that systems of oppression have had on our lives is an essential competency for Infant and Early Childhood professionals and crucial to providing diversity-informed, culturally-attuned services.

## **7. The multidisciplinary field of IECMH is one of its defining characteristics**

Anyone who touches the lives of children and their caregivers has a role to play in promoting IECMH by attending to the caregiver-child relationship.

## **8. Working with young children and their families requires a specialized set of competencies**

Infant and early childhood professionals are multidisciplinary, thus a professional development system that recognizes their unique qualifications should be integrated across disciplines.

**9. Programs and services for infants, young children, and their families should be organized within connected systems**

Systems must coordinate and align all the components that make up a comprehensive early childhood system, early learning guidelines, and quality improvement initiatives.

- *A Guide to Infant & Early Childhood Mental Health, 2023*<sup>4</sup>

## Resources

The Irving Harris Foundation's ["Diversity-Informed Tenets for Work with Infants, Children, and Families"](https://diversityinformedtenets.org/the-tenets/english/) (<https://diversityinformedtenets.org/the-tenets/english/>) are a set of strategies and tools for strengthening the commitment and capacity of professionals, organizations, and systems that serve infants, children, and families to embed diversity, inclusion, and equity principles into their work.

The Minnesota Association for Children's Mental Health's [A Guide to Infant & Early Childhood Mental Health](https://macmh.org/resource/books-for-sale/) (<https://macmh.org/resource/books-for-sale/>) is a guide to infants and young children from prenatal to age 6. In keeping with Infant and Early Childhood Mental Health (IECMH) principles, the guide also focuses on children's parents and caregivers and the relationships between them.

The Minnesota Association for Children's Mental Health's [Toolkit for Healing-Centered Practice](https://macmh.org/infant-and-early-childhood/resources-for-healing-centered-practice/) (<https://macmh.org/infant-and-early-childhood/resources-for-healing-centered-practice/>) contains resources and modules for further learning specific to supporting children and families who have experienced stress and trauma.

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<sup>4</sup> Minnesota Association for Children's Mental Health Infant & Early Childhood Division. (2023). A Guide to Infant & Early Childhood

# The Importance of Reflection in Early Childhood Work

Reflective consultation/supervision (RS/C) is a specific formalized practice within the early childhood field; however, reflection itself is a necessary piece of early childhood work regardless of one's access to the formalized process.

Work in the early childhood realm involves navigating complex systems, understanding various influences, and being in tune with the many connected relationships, emotions, and histories that each person brings to services.<sup>5</sup>

## Navigating Complex Systems

The work of supporting healthy development for young children is one that takes many important relationships. From the moment a family finds out about a pregnancy until the child transitions to kindergarten, they may have interactions with many early childhood professionals such as home visitors, early educators, therapists, pediatricians, early childhood screening teams, and more. For early childhood systems to be coordinated for a positive family experience, it takes early childhood professionals to align and communicate services. The process of coordination can take time and look different for each family. Given these ideas, it can be complex to navigate.

## Various Influences

Infant and early childhood development is a cumulative process where developmental skills build upon each other and depend on the environments that the young child is exposed to. At any given moment, different experiences can influence the way in which development progresses. For example, a toddler is identified as having low vision and gets glasses will now have different opportunities to develop skills that they didn't have before the vision screening. As early childhood professionals, it is critical that we pay attention to the various influences that impact development and meet young children and families in those places to best support each individual child's trajectory.

## Relationships, Emotions, and Histories

As infant and early childhood professionals, we all bring our own personal experiences to the work. This may be our experiences with our own families we were raised in, experiences as a parent ourselves, or experiences in other professional settings. These experiences bring us to this work with many different feelings about how to engage young children and their families. Our cultural backgrounds and beliefs can play a large role in how we view what is best for the young children and families we work with. Being aware of our own beliefs, values, bias, and emotions in this work is critical to providing the best services possible for each individual family that all also

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<sup>5</sup> Huffhines L, Herman R, Silver RB, Low CM, Newland R, Parade SH. Reflective supervision and consultation and its impact within early childhood-serving programs: A systematic review. *Infant Ment Health J.* 2023 Nov;44(6):803-836. doi: 10.1002/imhj.22079. Epub 2023 Aug 3. PMID: 37537782; PMCID: PMC10837315.

have their own set of beliefs, values, and histories.

Reflection includes slowing down and noticing the feelings that the work elicits, acknowledging those emotions as providing important information to inform practice. Reflection is a way of being—embodying that “how you are” in relationships is as important as “what you do”.<sup>6</sup>

## What is Reflective Supervision/Consultation?

Within the formalized RS/C process, professionals are able to examine with a trusted consultant the thoughts, feelings, and reactions evoked in the course of working closely with pregnant women, infants, young children, and their families. Over time and with a reliable reflective consultant, the experience of RS/C offers a safe learning relationship where strengths are supported, and vulnerabilities are partnered around.<sup>7,8</sup> Reflective practice aims to cultivate the development of self-awareness and reflective capacity which are necessary for the provision of high-quality services to young children and their families/caregivers.

One hallmark of RS/C is exploration of the parallel process. Attention is given to all of the relationships including between supervisor and professional, professional and caregiver, etc. Conscious attention is paid to how each of these relationships affects the others, and what information the relationships might provide to us about how we can intentionally affect relationships as professionals.<sup>9</sup>

RS/C also offers opportunities for professionals to increase self-awareness by identifying and addressing their own biases in the context of a safe learning relationship. This increased self-awareness is critical to the provision of culturally responsive services.<sup>9</sup>

Lastly, within the RS/C process there is often more emphasis on the reflective consultant’s ability to listen and wait, inviting the supervisee to express their thoughts and feelings. This emphasis allows the supervisee to discover solutions, concepts, and perceptions on their own without interruption from the supervisor/consultant.<sup>9</sup>

Over 30 years of clinical experience and empirical evidence indicates that RS/C increases the quality of infant mental health services by reducing vicarious trauma, staff turnover, and bias while increasing professional

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<sup>6</sup> Pawl, J. H., & St. John, M. (2023). How You Are Is as Important as What You Do...in Making a Positive Difference for Infants, Toddlers and Their Families. Zero to Three.

<sup>7</sup> Emily Schrag Fenichel. (1992). Learning Through Supervision and Mentorship to Support the Development of Infants, Toddlers and Their Families. Zero to Three.

<sup>8</sup> Shahmoon-Shanok, R., & Geller, E. (2009). [Embracing complexity across disciplines: Reflective supervision and postdegree training integrate mental health concepts with speech-language therapy and graduate education](https://doi.org/10.1002/imhj.20231). *Infant Mental Health Journal*, 30(6), 591– 620. <https://doi.org/10.1002/imhj.20231>

<sup>9</sup> [Best Practice Guidelines for Reflective Supervision/Consultation](https://mi-aimh.org/wp-content/uploads/2019/01/Best-Practice-Guidelines-for-Reflective-Supervision-and-Consultation.pdf). (2018). Alliance for the Advancement of Infant Mental Health. <https://mi-aimh.org/wp-content/uploads/2019/01/Best-Practice-Guidelines-for-Reflective-Supervision-and-Consultation.pdf>



knowledge and improved practice, job satisfaction, efficacy, and responsiveness.<sup>10,11,12,13</sup> This has led to a general consensus in the multidisciplinary field of infant mental health that RS/C is inextricably both a best practice and an essential component for those providing relationship-focused prevention, intervention, and treatment.<sup>14,15</sup>

A reflective lens will be applied throughout this guide in order to help us slow down, get curious, consider multiple perspectives, and explore the implications of our work as screeners.

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<sup>10</sup> Gilkerson, L., & Kopel, C. C. (2005). [Relationship-based Systems Change: Illinois' Model for Promoting Social-Emotional Development in Part C Early Intervention](https://journals.lww.com/iycjournal/abstract/2005/10000/relationship_based_systems_change__illinois__model.10.aspx). *Infants & Young Children*, 18(4), 349. [https://journals.lww.com/iycjournal/abstract/2005/10000/relationship\\_based\\_systems\\_change\\_\\_illinois\\_\\_model.10.aspx](https://journals.lww.com/iycjournal/abstract/2005/10000/relationship_based_systems_change__illinois__model.10.aspx)

<sup>11</sup> Virmani, E. A., & Ontai, L. L. (2010). [Supervision and training in child care: Does reflective supervision foster caregiver insightfulness?](https://doi.org/10.1002/imhj.20240) *Infant Mental Health Journal*, 31(1), 16–32. <https://doi.org/10.1002/imhj.20240>

<sup>12</sup> Watson, C., Gatti, S. N., Cox, M., Harrison, M. E., & Hennes, J. (2014, January 1). [Reflective supervision and its impact on early childhood intervention](https://experts.umn.edu/en/publications/reflective-supervision-and-its-impact-on-early-childhood-interven-2). Experts@Minnesota; Emerald Group Publishing Ltd. <https://experts.umn.edu/en/publications/reflective-supervision-and-its-impact-on-early-childhood-interven-2>

<sup>13</sup> Harrison, L. (2016). Transitions in children's everyday lives. [Early Childhood Australia](https://www.earlychildhoodaustralia.org.au/our-publications/everyday-learning-series/everyday-learning-index/2016-issues/transitions-childrens-everyday-lives/). <https://www.earlychildhoodaustralia.org.au/our-publications/everyday-learning-series/everyday-learning-index/2016-issues/transitions-childrens-everyday-lives/>

<sup>14</sup> Michigan Association for Infant Mental Health (MI-AIMH). (rev. 2017). Competency Guidelines for Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health.

<sup>15</sup> Fitzgibbons, S. C., Smith, M. M., & McCormick, A. (2018). Safe Harbor: [Use of the Reflective Supervisory Relationship to Navigate Trauma, Separation, Loss, and Inequity on Behalf of Babies and Their Families](https://bluetoad.com/publication/?i=527071&article_id=3194926&view=articleBrowser). *ZERO to THREE*, 39(1), 74–82. [https://bluetoad.com/publication/?i=527071&article\\_id=3194926&view=articleBrowser](https://bluetoad.com/publication/?i=527071&article_id=3194926&view=articleBrowser)

# Engaging Families in the Screening Process

## Learn

As we begin to think about partnering with families in the screening process, we can consider the Diversity-Informed Tenet 6:

### **Tenet 6. Understand That Language Can Hurt or Heal**

Diversity-informed practice recognizes the power of language to divide or connect, denigrate or celebrate, hurt or heal. We strive to use language (including body language, imagery, and other modes of nonverbal communication) in ways that most inclusively support all children and their families, caregivers, and communities.

*- Irving Harris Foundation, 2018<sup>16</sup>*

Our initial conversations with families are an opportunity to set the tone for how the screening process can go. Often the screening process is a family's first experience for the rest of the relationship. Utilizing language that is strengths-based and considers that all families have different understandings and experiences with screening helps us to engage families from many different backgrounds. When we don't slow down and consider the language we use, we can make assumptions about things like family structures, preferences, and cultural backgrounds. For example, assuming that the child being screened is the biological child of the caregiver or assuming that the child comes from a two-parent household with a mom and a dad.

**Consider using the questions and phrases below in initial conversations with families to begin to get to know each individual involved in the child's screening process:**

"Who is in \_\_\_\_\_ (the child's) family?"

"What do you enjoy most about \_\_\_\_\_ (the child)?"

"What are your hopes for \_\_\_\_\_ (the child's) screening?"

"We are here to partner with you through \_\_\_\_\_ (the child's) screening process. How would you like the screening process to go?"

We can also consider Tenet 5 which reminds us to honor diverse family structures as we begin to engage families in the screening process:

### **Tenet 5. Honor Diverse Family Structures**

Families decide who is included and how they are structured; no particular family constellation or organization is inherently optimal compared to any other. Diversity-informed practice recognizes and strives to counter the historical bias toward idealizing (and conversely blaming) biological

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<sup>16</sup> Tenets in English - [Diversity Informed Tenets for Work with Infants, Children & Families](https://diversityinformedtenets.org/the-tenets/english/). (2018). The Tenets; Irving Harris Foundation. <https://diversityinformedtenets.org/the-tenets/english/>

mothers while overlooking the critical child-rearing contributions of other parents and caregivers including second mothers, fathers, kin and felt family, adoptive parents, foster parents, and early care and educational providers.

- *Irving Harris Foundation, 2018*<sup>16</sup>

## Practice

When we consider engaging families in the screening process, it can be helpful to reflect on the family's context. Families come to screening with many different ideas, assumptions, and possible concerns about what it means for their child.

**Consider the different families that you may be working with and the ways they come to the screening process.**

### Family one:

They have a positive experience in Early Childhood Family Education (ECFE) and a strong relationship with the teacher. The teacher refers the child to screening because they have turned three.

### Family two:

They have never engaged with a school setting or anyone from your screening team. The pediatrician is the person recommending the child gets screened due to a delay in walking.

### Family three:

They are an immigrant family who does not speak any English. The child stays home with the parent and is involved in home visiting. The home visitor is the person who refers the family to screening and has a good relationship with the screening team. The child has been referred because the home visitor is concerned about speech development.

In all of these scenarios, there are valid feelings and perspectives that will be important to reflect on as we plan a successful screening for the child.

**For each of the above family scenarios, take 10 minutes to reflect on the following questions as a group.**

- How might you make an initial connection with this family?
- What might you be holding in mind as far as the family's perspective and experience?
- As you consider Tenet 6, prepare 1-2 questions or phrases for each scenario that are individualized to the family.

## Apply

**Think of a time you struggled to engage a family in the screening process. Take 10 minutes to journal and consider the prompts below as questions to reflect on. Then share your reflections with the group.**

- What made it hard to engage with this family?
- What was it like for you as you struggled to engage them?
- What kinds of feelings did you notice in yourself?
- What kinds of impulses did you notice in yourself?
- Did your own feelings/impulses give you any clues about what the child or family might have been feeling/experiencing?
- What kind of family history or experiences may have impacted how this family engaged?
- Looking back, what do you imagine the family may have been feeling during your conversations about screening?
- If you could go back to the conversations with this family, how would you change your approach?

## Resources

The website for the [Diversity-Informed Tenets for Work with Infant, Children and Families](https://diversityinformedtenets.org) (https://diversityinformedtenets.org) expands on the Tenets and includes full pdf versions of the Tenets themselves.

Created by the Center for Inclusive Child Care, the tipsheet [Working with Infants and Toddlers: The Importance of Family Partnerships](https://www.inclusivechildcare.org/sites/default/files/courses/swf/Working%20with%20Infants%20and%20Toddlers-The%20Importance%20of%20Family%20Partnerships.pdf), (https://www.inclusivechildcare.org/sites/default/files/courses/swf/Working%20with%20Infants%20and%20Toddlers-The%20Importance%20of%20Family%20Partnerships.pdf) contains advice for supporting families in early childhood settings.

## Building Trust in Short-Term Relationships

### Learn

As a multidisciplinary field of early childhood professionals, we have many opportunities to positively influence the lives of children and their families. If we think of the early childhood field as a collective of professionals all working towards the same goal of supporting the developmental outcomes of young children through the context of the relationship with their families, it allows us to consider the collective impact we are making. Regardless of the length of the relationship with a child, we have the opportunity to make a positive impression on their lives.

If we place this idea in the context of early childhood screening teams, the relationship between children and their families may be short-term. It may also be the first interaction a child and their family has with a school system. As an early childhood screener, you have a unique opportunity to begin a relationship with children and their families on behalf of the system. In order to build strong relationships, we must start by thinking about building trust. Let's look at ideas that can support building trust with families in the context of screening.

There is a famous infant mental health quote by Dr. Jeree Pawl that says, "How you are is as important as what you do".<sup>6</sup> The following considerations will support the "how we are" piece of our job as screeners, which cultivates trust even in the smallest everyday moments.

- Use open-ended questions and observation to gather information
- Don't be afraid of parents feelings/worries about their child
- Be aware that parents have their own histories (and their own experiences of screening/assessment, school or special education, and other services.)
- Try not to personalize the challenges of engaging some parents
- Focus on strengths- help parents recognize their own strengths and the strengths of their children
- Acknowledge the special relationship between the parent/caregiver and the child

*-A Guide to Infant & Early Childhood Mental Health, 2023<sup>4</sup>*



***How You Are  
is as important as  
What You Do  
- Dr. Jeree Pawl<sup>6</sup>***

## Trust

By definition, trust is an assured reliance on the character, ability, strength or truth of someone or something. One in which confidence is placed.<sup>17</sup> Another definition of trust offers the following definition: Trust is an individual's or group's willingness to be vulnerable to another party based on the confidence that the latter party is benevolent, reliable, competent, honest, and open.<sup>18</sup>

Trustworthiness, then, is typically judged according to these five main facets:

- Benevolence: The degree to which the other party takes your best interests to heart and acts to protect them
- Reliability: The extent to which you can depend upon another party to come through for you, to act consistently, and to follow through
- Competence: Belief in the other party's ability to perform the tasks required by his or her position
- Honesty: The degree to which the other person or institution demonstrates integrity, represents situations fairly, and speaks truthfully to others
- Openness: The extent to which the other party welcomes communication and shares information with the people it affects

When we think about the five main facets of trust mentioned above, families have to believe that screening teams are qualified, fair, and dependable, as well as have their child's best interests in mind. With families being in a short term relationship with screening teams, they may be relying on other family's experiences with the screening process to understand how trustworthy they are. Each time screening teams are communicating with families, it is a chance to continue to build trust with the family and future families that they may engage with.

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<sup>17</sup> Beacham, S. (2023, May 19). [Trust: A Crucial Element for Building Relationships](https://blog.ofbyforall.org/trust-a-crucial-element-for-building-relationships). Blog.ofbyforall.org. <https://blog.ofbyforall.org/trust-a-crucial-element-for-building-relationships>

<sup>18</sup> Hoy, W.K., & Tschannen-Moran, M. (2003). [The conceptualization and measurement of faculty trust in schools: The Omnibus T-Scale](https://www.researchgate.net/publication/313772743_The_conceptualization_and_measurement_of_faculty_trust_in_schools_the_omnibus_T-scale). In W. K. Hoy & C. G. Miskel (Eds.), *Studies in leading and organizing schools* (pp. 181-208). Greenwich, CT: Information Age.  
[https://www.researchgate.net/publication/313772743\\_The\\_conceptualization\\_and\\_measurement\\_of\\_faculty\\_trust\\_in\\_schools\\_the\\_omnibus\\_T-scale](https://www.researchgate.net/publication/313772743_The_conceptualization_and_measurement_of_faculty_trust_in_schools_the_omnibus_T-scale)

## Obstacles to Building Trust

### Bad First Impressions

The way parents and other family members are received the first time they interact with early childhood teams can set the tone for the duration of their relationship. Families who feel ignored or slighted by the professionals they are interacting with are unlikely to re-engage with services, especially if they had been hesitant to come to the school in the first place.

### Poor Communication

Whether it is miscommunication, or a lack of communication on the part of both families and early childhood teams, these issues can create tension and distrust.

### Past Experiences

Family members' prior experiences with early childhood teams also have a significant impact on how willing they are to trust those involved in the screening process. Family members whose own experiences were negative may not feel comfortable entering our spaces, or may not trust that people they are working with will value their input.

### Family Members' Lack of Self-Confidence

There may be families that see the power dynamics between early childhood professionals and themselves and be intimidated by the interactions. Families may not see themselves as having knowledge or education in early childhood and therefore not see themselves as someone who can support their child's early childhood development.

### History of Racism and Impact on Child Development

Read the article [How Racism Can Affect Child Development](https://developingchild.harvard.edu/resources/racism-and-eecd/).

(<https://developingchild.harvard.edu/resources/racism-and-eecd/>).<sup>19</sup> Because of the long history of race related discrimination in many spaces, including early childhood, families coming from different cultural backgrounds may have a hard time trusting that systems have the best interest of their children in mind. Trust is built over time in child-caregiver relationships as a caregiver is responsive, nurturing, and attentive to a child.

### Time

The time we're able to take with a child and family during the screening process can impact trust. Sometimes when we're rushed for time, we don't lean into a family's story. We may miss important details and things that the family wants to share with us.

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<sup>19</sup> Harvard University. (2022). [How Racism Can Affect Child Development](https://developingchild.harvard.edu/resources/racism-and-eecd/). Center on the Developing Child at Harvard University. <https://developingchild.harvard.edu/resources/racism-and-eecd/>

## **Building Trust with Families**

### **Assess the Level of Trust with Early Childhood in Your Community**

Working with your teams to gain a deeper understanding of the trust your team has in your community can be a great starting place to understand how to deepen relationships with families. This could be done through conversations with families, teachers, and other community members.

### **Create Opportunities to Get to Know Families**

Depending on your team size and makeup, it could be beneficial to create opportunities to get to know families within your community outside of the screening process. This could be spending time in preschool classrooms or child care centers to build relationships, attending Early Childhood Family Education classes, or showing up to community events.

### **Begin Relationships on a Positive Note**

When starting conversations with families about the screening process, work to incorporate positive messages about the process. This could include asking about their children's strengths, asking about their parenting strengths, or talking about the highlights of the screening process.

### **Highlight Screening Successes**

Families cannot be expected to place trust in early childhood screening teams if they do not know a lot about what they do and the benefit of early childhood screening. Identify ways to communicate with parents and other family members about the benefits of screening and strengths of early intervention.

### **Demonstrate That You Care**

It is critical that families know and believe that our early childhood teams have their children's best interest in mind at all times. Being able to hear, see, and value the children and families engaging in early childhood services is a great way to build trust.

### **Show Respect for All Families**

One way to show respect to families is to not make assumptions about the way a family would like to be treated and opening up communication. A few examples of questions to ask families include how they would like to be addressed (name, pronouns, etc.), what ways would they feel most comfortable during the screening process (child staying close to them), and do they have any cultural or religious beliefs that would be beneficial for the team to know. We know from Diversity-informed Tenet #7 that families are best supported when services are available in their native languages. If working with an interpreter is part of a family's screening process, it is important to think about scheduling enough time to gather screening information without the family feeling rushed.



## Treat Parents as Individuals

Resist the stereotyping of parents based on race, ethnicity, socioeconomic status, or any other characteristic. Recognize the diversity that occurs within cultural groups, as well as that which occurs between them.<sup>20</sup>

## Be Open with Parents

Making information easily accessible to families, providing it in language they can understand, and ensuring that they know who to talk to if they have questions is a good place to start in demonstrating openness.

## Take Parents' Concerns Seriously

Listen, respond, and follow through. Depending on the situation, consider inviting families to help generate solutions. Be sure that they know what is being done to address their concerns.

## Remember That Trust-Building Takes Time

Families whose past encounters with the early childhood community have been negative may have no reason to expect things will be different now. Rebuilding trust takes time and a serious commitment to establishing strong relationships. As an early childhood field, we all have a responsibility to play a role in building trust with young children and their families.

- Adapted from Cori Brewster and Jennifer Railsback in *"Building Trust with Schools and Diverse Families: A Foundation for Lasting Partnerships"*, 2003<sup>21</sup>

With all trust being built upon the foundation of relationships, incorporating the five key principles of Early Relational Health authored by Dr. Junlei Li and Thelma Ramirez from the Harvard University Graduate School of Education can begin to give us principles to consider as you plan for relationships with future children and families.

- Trust Parents: All parents are capable of, and strive to provide the care their children need.
- Focus on Simple, Everyday Interactions: These are the building blocks of Early Relational Health.
- It Takes a Village to Raise a Child : All families benefit from familial, community, and professional supports and resources.
- Meet Families Where They Are: Reach across geographical, logistical, and developmental touch points.
- Build Parallel Relationships: Health and well-being for children, caregivers, and professionals are built from reciprocal, responsive relationships.

- Junlei Lei and Thelma Ramirez, 2023<sup>22</sup>

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<sup>20</sup> Voltz, D. L. (1994). [Developing Collaborative Parent: Teacher Relationships with Culturally Diverse Parents. Intervention in School and Clinic](https://doi.org/10.1177/105345129402900506), 29(5), 288-291. <https://doi.org/10.1177/105345129402900506>.

<sup>21</sup> Brewster, C. and Railsback, J. (2003). *Building Trust with Schools and Diverse Families: A Foundation for Lasting Partnerships*. Portland, OR: Northwest Regional Educational Laboratory.

<sup>22</sup> Li, J., & Ramirez, T. (2023). [Early Relational Health: A Review of Research, Principles, and Perspectives](https://www.gse.harvard.edu/sites/default/files/2023-09/ERH-Report_final.pdf). The Burke Foundation. [https://www.gse.harvard.edu/sites/default/files/2023-09/ERH-Report\\_final.pdf](https://www.gse.harvard.edu/sites/default/files/2023-09/ERH-Report_final.pdf)

## Practice

Trust is built over time in child-caregiver relationships as a caregiver is responsive, nurturing, and attentive to a child. One tool to begin to think about the way you build trust with young children and their families is by using The Simple Interaction Tool.

Explore [The Simple Interactions Tool](https://www.simpleinteractions.org/the-si-tool.html) (<https://www.simpleinteractions.org/the-si-tool.html>) website and review the four dimensions; Connection, Reciprocity, Inclusion, and Opportunity to Grow.

Possible ways to learn on the website would be to watch videos or read about each dimension. By the end of your exploring, take time to download The Simple Interactions Tool.

**Take 10 minutes to discuss as a group how each of the five dimensions play a role in your work when building trust with families. Consider the following questions:**

- Which Simple Interaction dimension feels most natural to you?
- When during a screening (or before a screening) might it feel natural to infuse one or more of these dimensions?

## Apply

**Take 10 minutes to journal and consider how building trust, the five key principles for early relational health, and The Simple Interaction Tool all pair together to support your work in building trust with families.**

- Consider what types of experiences, both personally and professionally, have cultivated trust in your own relationships.
- What types of trust-building experiences do you hope a parent/caregiver would give their child?
- What are three actionable steps you will be taking to support continued growth in the area of building trust with families?

# Separations and Reunions

## Learn

Children will have a variety of experiences with separations and reunions from their primary caregivers. Some children will have separated multiple times before screening, while some less frequently if at all. The lived experience of each child will play a role in their response to the screening environment and is important to consider when finding ways to make it a successful experience for all children and families.

Separation is a normal part of the developmental process for many families and can also cause stress. For a young child and their caregiver, separation can include a variety of feelings. How a separation goes is influenced by several factors, including the temperaments of both child and caregiver, the developmental stage of the child, stress or tiredness, past experiences of separation, and the various feelings on the part of the caregiver about being away from their child.

Caregivers may have conflicting feelings about separation. When taking the perspective of a caregiver, we might consider feelings of:

- Uncertainty around the screening team's ability to care for their child
- Worry about how the child will respond to separation
- Relief to be away from their child
- Grief or guilt about leaving their child

Each of these feelings could lead to a caregiver's hesitancy about separating from their child. It's important that we stay curious and avoid judgment regardless of a parent's ease or difficulty with separating.

When screening involves separation between a caregiver and their child, the following strategies can help support its success:

- Create a welcoming environment for both the caregiver and child to feel comfortable during the screening process.
- Be intentional about building trust with both the caregiver and the child starting with the first interaction.
- Communicate with caregivers before screening and during screening about the separation process.
- Explain to the caregiver and child what is going to happen during the screening so they know what to expect.
- Ask parents how the screener can make the time together the most successful.
- Provide positive signals- Convey warmth and confidence in everyone's abilities to navigate separation.
- Reassure caregivers that you will come and get them if the child stays unsettled or upset.

There may be situations in which caregivers and/or children do not feel comfortable with separating during the screening process and that is okay. To make the screening most successful, it will be beneficial to consider when accommodations may be necessary, such as allowing space for caregivers to be present in the screening room.

Reunions between the caregiver and the child are just as important as the separation. The reunion can build confidence for the caregiver, the child, and the relationship between them.

The following strategies can help support successful reunions:

- Communicate with caregivers about the time you had with the child.
- Focus on the strengths of the child that you noticed during screening.
- Acknowledge the relationship between the caregiver and child (i.e. “It’s so great when our grownup comes back”)
- Let parents know they have been missed even if the child seems fine

## Practice

Think of a time when a separation was difficult for a caregiver and/or child during the screening process. Things you might consider include the family’s culture, the child’s age, the stress or trauma they may have experienced, and their attachment to their caregiver.

**Take 10 minutes to journal and consider the prompts below as questions to reflect on. Then share your reflections with the group.**

- What might this experience have been like for the child?
- What might this experience have been like for the parent?
- What was it like for you?

**After reflecting on a scenario where separation was difficult during a screening, and as you learn about how separation might be stressful for caregiver and child, consider a future screening you will conduct.**

**Use the template on the next page to create a plan for separations and reunions during the screening process and how to make them successful in your unique setting. Share your plan with the group after completing the exercise.**

## Building Supports for Successful Separations and Reunions in Early Childhood Screenings

Support For:	Separation	Reunion
Parent		
Child		
Caregiver		

## Resources

The following Daniel Tiger resources might be utilized to help caregivers prepare their children for the screening process:

[Daniel Tiger Series – Grownups Come Back to You Song](https://tpt.pbslearningmedia.org/resource/5f11d0fc-77d3-434e-883d-064e95b767ba/5f11d0fc-77d3-434e-883d-064e95b767ba/)

(<https://tpt.pbslearningmedia.org/resource/5f11d0fc-77d3-434e-883d-064e95b767ba/5f11d0fc-77d3-434e-883d-064e95b767ba/>)

[Daniel Tiger Going Away and Coming Back Activity](https://static.pbslearningmedia.org/media/alfresco/u/pr/The%20Fred%20Rogers%20Company/Going%20Away%20and%20Coming%20Back%20Video%20and%20Lesson%20Plans_273c1d6a-3e99-4e3c-adc5-0312edae9c53/3%20Going%20Away%20and%20Coming%20Back.pdf)

([https://static.pbslearningmedia.org/media/alfresco/u/pr/The%20Fred%20Rogers%20Company/Going%20Away%20and%20Coming%20Back%20Video%20and%20Lesson%20Plans\\_273c1d6a-3e99-4e3c-adc5-0312edae9c53/3%20Going%20Away%20and%20Coming%20Back.pdf](https://static.pbslearningmedia.org/media/alfresco/u/pr/The%20Fred%20Rogers%20Company/Going%20Away%20and%20Coming%20Back%20Video%20and%20Lesson%20Plans_273c1d6a-3e99-4e3c-adc5-0312edae9c53/3%20Going%20Away%20and%20Coming%20Back.pdf))

The following document [Daily Separations and Reunions](https://eclkc.ohs.acf.hhs.gov/transiciones/articulo/daily-separations-reunions)

(<https://eclkc.ohs.acf.hhs.gov/transiciones/articulo/daily-separations-reunions>) from the Head Start Early Childhood Learning and Knowledge Center explores daily separation and reunions and the opportunity they present to build positive transitions.

On the next page, a direct excerpt from the Minnesota Association For Children’s Mental Health’s [A Guide to Infant & Early Childhood Mental Health](#) offers further strategies on navigating parent-child separation.

## Facilitating Parent-Child Separation: Strengthening the Connection

Separation is a normal, yet challenging, developmental process for both parent and child (and sometimes teachers). Children's distress at separation tends to emerge at around six months and continue until the end of the second year of life (or longer, depending on many factors). Having it come and go with different stages of development is normal and the same principles apply to other separations like bedtime.

Helping parents and children manage the anxiety and distress that come with separation can be a powerful relationship-enhancing opportunity — learning to trust that parents always come back, that another adult can be trusted to care for a child's needs.

Separation means different things at different times to both parent and child — Typically, the younger the child, the more difficult it is for the parent to separate — both parent and child are biologically wired to remain close to each other to ensure the infant's survival. It is the quality of the reunion that tells us more about the relationship.

Healthy separation requires a trusting relationship with the alternative caregiver for both mother and baby. Having parents question our competence as caregivers may not feel good, but is normal, especially for a protective parent (think Mama Bear).

Parents' and children's reactions to separation is influenced by many things, including:

- Temperament of both parent and child (e.g., more easy-going vs. more reactive);
- The developmental stage of the child;
- Fatigue, stress, not feeling well (An "off day"!) ;
- Past experiences of both parent and child;
- The conflicting feelings on the part of the parent about being away from her child which may include: concern over the child's emotional and physical well-being, relief to be away from the child, grief or guilt about leaving the child, worry about the caregiver's competence, jealousy for the child's affection (What if she loves her teacher more than me?).

## Facilitating Parent-Child Separation: Strengthening the Connection

### Strategies

- Help the parent understand that parent-child separation is a process that occurs in stages.
- Explain that developmentally children begin having difficulty separating from their primary caregivers at about six months of age when they realize the parent exists even when the baby can't see them. This separation difficulty can return during other stages as well.
- Offer parents and children plenty of time to become accustomed to you and your setting before expecting them to separate.
- Start with short separations and increase over time.
- Acknowledge and reassure parents that their discomfort is natural and to be expected and that you are there to assist.
- Ask the parent what would be most helpful to their child and to them in this process.
- Offer to contact the parent if the child is unable to settle (and follow through so the parent knows you can be trusted).
- Reassure parents that you will be honest with them about how the child is doing. If possible send pictures or texts about the child.
- Let the parent know they have been missed, even if the child seems fine.
- Name the child's feelings "I wonder if you are sad because you are missing mommy. What would you like to do today while you wait for her?"
- Let other children know that their friend is sad because they miss their parent. This helps teach children empathy and reassures them that you are taking care of the child.
- Avoid judging a parent's ease or difficulty with separation.

- *A Guide to Infant & Early Childhood Mental Health*, 2023 <sup>4</sup>



# Environmental Considerations

## Learn

There are eight primary sensory systems identified by the Occupational Therapy (OT) profession which are important to consider when it comes to the screening space. Every individual is affected by sensory input and will bring their experience of sensory input into the screening space. Understanding these systems can help us to better support all children and families engaging in the screening process.

### **The eight sensory systems include the following:**

**Sight:** the body's ability to perceive and make sense of one's surroundings using visible light

**Smell:** the body's ability to detect and recognize smells

**Sound:** the body's sense of detecting, locating, and identifying sounds in our environment, including those that can be tuned out

**Taste:** the body's ability to detect the chemicals in food and differentiate between sweet, salty, sour, bitter, and umami (savory) sensations

**Touch:** the body's ability to perceive pressure, temperature, traction, and pain

**Balance:** the body's sense of balance, motion, and orientation in space

**External Body Awareness:** the body's intrinsic ability to locate itself and its extremities in space using receptors in the skin, muscles, joints, and ligaments; also responsible for knowing how much effort to use when performing simple tasks

**Internal Body Awareness:** the body's ability to recognize and interpret its own internal cues (i.e. hunger, thirst, tiredness, and pain)

Sensory processing challenges occur when there is a breakdown in how the brain takes in the environmental sensory information provided by the central nervous system. The brain may have difficulty recognizing, interpreting, or responding appropriately to the input.

### **Here is how processing challenges with each sensory system might show up for young children:**

**Sight:** Children may have trouble recognizing variations in color or brightness, gauging the size and distance of objects, reading, or concentrating in bright, busy environments

**Smell:** Children might have trouble identifying hazardous substances, or they may be able to detect very faint scents others can't perceive; they may also be hyper-aware of smells associated with food and cooking

**Sound:** Children might be able to hear background noises others tune out or can't detect, have a hard time controlling the volume of their voices, or experience delays in their speech and language development

**Taste:** Children might have an unusually high or low appetite or very particular food preparation requirements

**Touch:** Children might have an unusually high or low pain threshold and be very particular about the texture of their clothing, toys, and other surfaces

**Balance:** Children might appear clumsy or hyperactive; they may also have difficulty tracking objects visually or performing fine and large motor tasks

**External Body Awareness:** Children might have trouble knowing their own strength, or they may appear clumsy and frequently bump into things

**Internal Body Awareness:** Children may have disproportionately weak or strong reactions to normal bodily urges (i.e. feeling hungry or needing to use the bathroom); they may not be able to recognize pain or symptoms of exhaustion, or have difficulty gauging the severity of such symptoms

## Practice

In light of what you have just learned about sensory processing, consider the following scenario:

A three-year-old girl Ava arrives with her mom for the screening appointment. They are 10 minutes late for their noon appointment. Mom appears to be talking quickly and seems frazzled. She states she left work early and picked Ava up from daycare to make it to this appointment. Ava is crying while covering her ears. While walking back to the screening room, Ava trips and falls. Once in the room, Ava sits in the chair with her mom next to her, yet appears to have a hard time staying in her chair and is moving from side to side.

**Take 10 minutes to journal and consider how Ava's sensory systems might be processing information at this moment.** Do any of the sensory systems stand out as particularly relevant or prominent?

**Then discuss as a group how each area might be playing a role in what you're seeing with this child/family.** Make sure to consider the caregiver's various sensory systems along with the child's.

- Sight: how might she be perceiving her surroundings?
- Smell: what might she be smelling?
- Sound: what might she be hearing and/or tuning out?
- Taste: what might she be tasting?
- Touch: how might she be perceiving pressure, temperature, and pain?
- Balance: how is her body oriented in space?
- External Body Awareness: how is she recognizing her body externally?
- Internal Body Awareness: how is she recognizing her body's internal cues?

## Apply

Think about the sensory experience of the screening environment for a child. Consider what they might be seeing, tasting, touching, smelling, or hearing. In addition, consider what senses they may be asked to use during the screening process (sight, touch, body awareness).

Oftentimes we work in the space that is given to us and might not have the opportunity to have a screening space set up how we would like.

**Take 10 minutes to think about your dream screening space, and what it would include. While creating your dream space, reflect on the following questions and then share your reflections with the group:**

- How might the screening environment be similar to a space the child has experienced before?
- How might the screening environment be different from a space the child has experienced before?
- What can I do to set the screening space up for the most success for each individual child?
- What are a few ways I can adjust my environment and be flexible for a child who may be struggling during the screening process? (Examples might include lowering the lights or back facing the window).

## Resources

Carol Kranowitz, author and service provider, offers books and resources to support children, families and providers who are dealing with Sensory Disorders via her website, [Out Of Sync Child](https://out-of-sync-child.com) (<https://out-of-sync-child.com>).

This video, [Babies 8 Sense and How They Develop](https://pathways.org/watch/babys-8-senses/) (<https://pathways.org/watch/babys-8-senses/>), is from the Pathways Foundation website, which provides free tools to maximize all children's motor, sensory, and communication development. Their website also contains videos in both English and Spanish about typical and atypical motor development that can help parents and teachers be alert to motor issues, as well as videos about strategies to support infant motor development.

In this [Sensory Processing FAQ](https://childmind.org/article/sensory-processing-faq/?gclid=CjwKCAiAhJTbBRAvEiwAln2qBw0IPnb8i66y4bEmpIQnVi5DbJNl_UIOG9lLeAZuhKI-X-qHmsKKyhoC-8AQAvD_BwE) ([https://childmind.org/article/sensory-processing-faq/?gclid=CjwKCAiAhJTbBRAvEiwAln2qBw0IPnb8i66y4bEmpIQnVi5DbJNl\\_UIOG9lLeAZuhKI-X-qHmsKKyhoC-8AQAvD\\_BwE](https://childmind.org/article/sensory-processing-faq/?gclid=CjwKCAiAhJTbBRAvEiwAln2qBw0IPnb8i66y4bEmpIQnVi5DbJNl_UIOG9lLeAZuhKI-X-qHmsKKyhoC-8AQAvD_BwE)), The Child Mind Institute discusses Sensory Processing Disorder; what it is, how it's treated, and why it's controversial.

This podcast episode, [Supporting the Sensory Needs of Young Children](https://www.inclusivechildcare.org/podcast-inclusion-matters/supporting-sensory-needs-young-children) (<https://www.inclusivechildcare.org/podcast-inclusion-matters/supporting-sensory-needs-young-children>), from Center for Inclusive Child Care includes guest Alyssa Mason, Pediatric Occupational Therapist from M Health Fairview. She discusses the sensory systems and sensory needs of young children in our care.

To learn more about how the brain processes sensory input and how sensory processing issues might show up, check out the [Twenty-One Senses](https://www.twentyonesenses.org/about-the-senses/) (<https://www.twentyonesenses.org/about-the-senses/>) website.

# Looking Through the Developmental Lens

## Learn

Because children come to the screening process at various ages and stages of development, it is important to consider what we know about the process of development for young children when we're screening. We know that all early learning happens in the context of relationships and that development unfolds cumulatively over time. Development is transactional and happens in the back-and-forth interactions between young children and their caregivers as they cue and respond to one another in both directions. Development is not a simple step-by-step process but rather a complex and ever-changing process that includes both periods of disorganization and growth. Development can be impacted by stress and trauma as stressors may lead to regression in previously acquired development. Development also unfolds in the context of familial and communal culture as each family and community has their own unique expectations and norms for development.<sup>4</sup>

## Brain Development and the Significance of Early Years

We know that during the early years of life children are the most vulnerable and resilient. This can be explained by the rapid development of the brain during the first few years of life. On one hand because of the rapid brain development infants and young children are the most susceptible to the negative impacts of high-level stress that include stress, trauma, neglect and exposure to toxic substances. On the other hand, due to the rapid rate at which the brain develops during the prenatal period into the first few years there is potential for the brain to recover from negative experiences by rewiring itself to accommodate for a healthier trajectory.<sup>5</sup> Due to the early years being the most influential on one's brain development an early childhood screening can be pivotal in a child and caregivers life.

**Watch the video** from the University of Minnesota titled [Child Development Core Story, Part 1: Brain Architecture](https://www.youtube.com/watch?v=SpqLzFew9bs&t=165s) (https://www.youtube.com/watch?v=SpqLzFew9bs&t=165s) as a group.<sup>23</sup> This video explores the research that explains how early brain development affects the courses into one's adult life.

We might identify development as typical when it is fairly consistent across domains of fine and gross motor, language, cognitive and problem-solving, social-emotional, and self-help skills. We would consider development as delayed when one or more of these areas of development is delayed but the child is still acquiring the underlying skills in a predictable sequence, simply at a slower rate. We would consider development atypical when a child displays uneven skill development and the underlying skills have not necessarily been acquired. In this case, the ability to demonstrate skills may also be inconsistent.<sup>4</sup>

Because all early development happens in the context of relationships, there are certain dynamics within caregiver-child relationships may impact development and could cue us into the need for additional support for young children and their families. The following "red flags" identified by Dr. Carol Siegel can be useful to keep in mind as we interact with children/caregivers in the screening setting:

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<sup>23</sup> UMN - CEHD. (2013, February 26). [Child Development Core Story, Part 1: Brain Architecture](https://www.youtube.com/watch?v=SpqLzFew9bs&t=165s). YouTube. https://www.youtube.com/watch?v=SpqLzFew9bs&t=165s

- Caregiver difficulties recognizing or responding sensitively to their child's cues
- Caregiver providing inconsistent patterns of responses to their child's cues
- Caregiver frequently ignoring or rejecting the child or seeing them as "difficult"
- Caregiver is distressed by the child's behavior
- Caregiver speaks about the child in negative terms or often appears angry or upset with the child
- Caregiver attributes negative intent that is developmentally inappropriate to a child's behavior
- Child expresses emotions in fearful or intense ways
- Lack of joy in the caregiver-child interactions

- *A Guide to Infant & Early Childhood Mental Health, 2023*<sup>24</sup>

## Practice

Read the following information about Dual Language Learners and take time to reflect on the questions that follow. It's important to consider development when screening children who are dual language learners (DLL). We know that the following factors affect the way children who are Dual Language Learners (DLL) develop language and literacy:

- Differences in home language experiences
- When and why families have immigrated
- The age at which children were first exposed to English
- The conditions under which they were first exposed to English
- Family resiliency and strengths

- *National Academies of Sciences, Engineering, and Medicine 2017*<sup>25</sup>

The Head Start Early Childhood Learning and Knowledge Center suggests the following important steps to take when screening DLLs:

- Assess the child's language skills in his or her home language and English
- Allow the child to use knowledge, skills, and abilities in either language
- Determine if there are any developmental concerns and if further evaluation is needed
- Screen for domains other than language skills
- Conduct the screening in the language with which the child feels most comfortable
- Keep families involved throughout the screening process. Their involvement ensures that results are as reliable as possible

- *The Head Start Early Childhood Learning and Knowledge Center, 2019*<sup>26</sup>

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<sup>24</sup> Siegel, C. (2009.) [Guidelines for referral: red flags](https://ceed.umn.edu/wp-content/uploads/2017/05/guidelinesforreferralsredflags.pdf). Center for Early Education and Development. <https://ceed.umn.edu/wp-content/uploads/2017/05/guidelinesforreferralsredflags.pdf>

<sup>25</sup> 25 Rutakanishi, R. & Le Menestrel, S. (Eds.). (2017). [Promoting the educational success of children and youth learning English: promising futures](https://www.nap.edu/read/24677/chapter/13). The National Academies Press. pp. 401-430). <https://www.nap.edu/read/24677/chapter/13>

<sup>26</sup> Special Considerations: Developmental Screening of Children Ages Birth to 5 Who Are Dual Language Learners (DLLs) | ECLKC. (2019, March 12). [eclkc.ohs.acf.hhs.gov](https://eclkc.ohs.acf.hhs.gov); Head Start Early Childhood Learning & Knowledge Center. <https://eclkc.ohs.acf.hhs.gov/child-screening-assessment/article/special-considerations-developmental-screening-children-ages-birth-5-who-are-du-al-language-learners>

**Take 10 minutes to reflect on the following questions as a group:**

- How do consideration of the following factors influence how you think about your role in the screening process?
  - Differences in home language experiences
  - When and why families have immigrated
  - The age at which children were first exposed to English
  - The conditions under which they were first exposed to English
  - Family resiliency and strengths
- How do you imagine each of these factors might impact the development of language and literacy? Spend time considering each.
- Are the suggestions made by the Head Start Early Childhood Learning and Knowledge Center attainable in your screening setting? If not, what adjustments have you made?

## **Apply**

Considering the chronological age of a child you're screening, while also asking the question, "how old does this child seem?" can provide important information regarding domains of development that might be delayed or atypical. It can be a place to start as we consider where development is impacted and/or if additional support is needed. It can also help us discern when our own biases about typical development might be playing a role in how we see a family.

Think about a child you recently saw for screening where you noticed development might be delayed or atypical in one or more areas.

**Take 10 minutes to journal and consider the prompts below as questions to reflect on. Then share your reflections with the group.**

- What was the chronological age of the child?
- How old did the child seem?
- What led you to the conclusion that development was delayed or atypical?
- What information did you gather about factors that might be impacting this child's development? How might these factors be intersecting for the child/family?
- Consider the primary relationship quality, stress/trauma, language, access to services and supports, etc.

## Resources

This video, [The Science Behind Early Childhood Development](https://developingchild.harvard.edu/resources/inbrief-the-science-of-early-childhood-development/), (https://developingchild.harvard.edu/resources/inbrief-the-science-of-early-childhood-development/) is from the InBrief series and it addresses basic concepts of early childhood development, established over decades of neuroscience and behavioral research. These concepts help illustrate why child development (particularly from birth to five years) is a foundation for a prosperous and sustainable society. [The Science Behind Early Childhood Development Video Transcript](https://harvardcenter.wpenginpowered.com/wp-content/uploads/2007/03/InBrief-The-Science-of-Early-Childhood-Development2.pdf) (https://harvardcenter.wpenginpowered.com/wp-content/uploads/2007/03/InBrief-The-Science-of-Early-Childhood-Development2.pdf).

This video, [Developmental Milestones: Baby Talk from First Sounds to First Words](https://www.youtube.com/watch?v=a7WAFwKi88Q&list=RD30IO3gXeoUs) (https://www.youtube.com/watch?v=a7WAFwKi88Q&list=RD30IO3gXeoUs) is best suited for parents; Einstein speech-language pathologist Nancy Tarshis shows parents what to expect, how to encourage communication, and what to do if they are concerned that their child has a developmental delay.

This tip sheet, [Special Considerations: Developmental Screening of Children Ages Birth to 5 Who Are Dual Language Learners \(DLLs\)](https://eclkc.ohs.acf.hhs.gov/child-screening-assessment/article/special-considerations-developmental-screening-children-ages-birth-5-who-are-dual-language-learners) (https://eclkc.ohs.acf.hhs.gov/child-screening-assessment/article/special-considerations-developmental-screening-children-ages-birth-5-who-are-dual-language-learners) includes considerations to help programs be thoughtful and intentional around their screening of dual language learners.

The following [milestone checklists](https://www.cdc.gov/ncbddd/actearly/pdf/LTSAE-Checklist_COMPLIANT_30MCorrection_508.pdf) (https://www.cdc.gov/ncbddd/actearly/pdf/LTSAE-Checklist\_COMPLIANT\_30MCorrection\_508.pdf) include information on typical developmental milestones at various ages from the Center for Disease Control and Prevention and the American Academy of Pediatrics. These milestones are helpful to hold in mind as we consider typical, atypical, and delayed development and when we might suggest additional support for a child/family around a particular area of development. Although the developmental milestones included on CDC's milestone checklists are not developmental guidelines or standards for children's development, they were established for at ages by which at least 75% of children would be expected to exhibit them, in an effort to make even one missing milestone more "actionable" (likely to prompt screening and possible referral). This change was made in 2022 and was intended to reduce the "wait and see" approach often taken when a child is missing an average age milestone.

# Culturally-Responsive Screening Practices

## Learn

With ever-evolving terminology regarding the relationships amongst culture and assessment, curriculum, and screening, Dr. Carla Evans from The Center for Assessment provides us with some helpful definitions relative to schools to consider culturally-responsive screening practices in our own context:

**Culturally sensitive:** The awareness that cultural differences and similarities between people exist without assigning value to them.

**Culturally relevant:** Intentional linkages between students' heritage and community cultural practices and the learning that takes place in schools. Teachers link students' cultural identities with their academic identities when they act as cultural bridge builders and translators between students' everyday lived cultural experiences and the intended learning targets.

**Culturally responsive:** Schools adapt to students and acknowledge that students have many assets that can be leveraged, and schooling can be adapted to the students who walk through the classroom doors.

**Culturally sustaining:** Students' heritage and community cultural practices are resources to honor, explore, and extend.

*- Dr. Carla Evans, 2021<sup>27</sup>*

Cultural responsiveness goes beyond affirming and valuing children's cultures to also include active work on the maintenance and development of children's cultures.<sup>28</sup> As we aim to move towards culturally responsive and sustaining screening practices, we might consider how we can adapt our screening settings and acknowledge the inherent assets that each unique individual and family brings.

When we consider culture it's also important to expand our view of culture. A useful conception of the term culture refers to the lived practices, beliefs, and values of particular individuals, families, and groups — the taken-for-granted customs and ways of being, acting, and communicating of a group.<sup>29</sup> What children absorb through family practices, beliefs, and values make up the foundation of their understanding of the world.<sup>30</sup>

Culture is made up of not only the aspects of ethnic macro culture (i.e. celebrations, diets), but the micro level of

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<sup>27</sup> Evans, C. (2021, November 3). [Creating Culturally Responsive Assessment](https://www.nciea.org/blog/culturally-sensitive-relevant-responsive-and-sustaining-assessment/) | Center for Assessment. Center for Assessment. <https://www.nciea.org/blog/culturally-sensitive-relevant-responsive-and-sustaining-assessment/>

<sup>28</sup> Hargraves, V. (2022, November 22). [Culturally responsive pedagogy in ECE](https://theeducationhub.org.nz/culturally-responsive-pedagogy-in-ece/) – THE EDUCATION HUB. The Education Hub. <https://theeducationhub.org.nz/culturally-responsive-pedagogy-in-ece/>

<sup>29</sup> Ang, L. (2010). [Critical perspectives on cultural diversity in early childhood: Building an inclusive curriculum and provision](https://doi.org/10.1080/09575140903562387). Early Years, 30 (1). <https://doi.org/10.1080/09575140903562387>

<sup>30</sup> Guo, K., & Dalli, C. (2012). [Negotiating and creating intercultural relations: Chinese immigrant children in New Zealand early childhood education centres](https://doi.org/10.1177/18369391120370031). Australasian Journal of Early Childhood, 37 (3), 129-136. <https://doi.org/10.1177/18369391120370031>



norms for everyday actions and interactions.<sup>31</sup> Cultural identities are fluid and multiple rather than fixed by tradition, nationality, or ethnicity, and they continuously evolve as they are renegotiated and rearticulated.<sup>29</sup>

Our own assumptions around an individual or family's familiarity with particular tools or equipment, experiences, or communication strategies, can unintentionally marginalize particular groups of children and families.<sup>32</sup> Our awareness of the varied cultural identities that a child/family brings to the screening setting can increase our flexibility and better support the child and family's comfort with and adjustment to a screening setting.

The [Diversity-Informed Tenets](https://diversityinformedtenets.org/the-tenets/overview/) (<https://diversityinformedtenets.org/the-tenets/overview/>) are again useful to consider as we aim for equitable, culturally responsive screening practices.<sup>16</sup> These are a set of ten strategies and tools for strengthening the commitment and capacity of professionals, organizations and systems that serve infants, children and families to embed diversity, inclusion and equity principles into their work.

**Take 10 minutes to read the entire document. Then reflect on the following questions as a group:**

- Which tenets stand out to you?
- Which seem most relevant to your screening work?
- Which might be confusing or hard to digest?

## Practice

Tenet 1 reminds us that self-awareness is the place we start in order to begin our journey towards quality and equitable services for children and families:

### Tenet 1. Self-Awareness Leads to Better Services for Families

Working with infants, children, and families requires all individuals, organizations, and systems of care to reflect on our own culture, values and beliefs, and on the impact that racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression have had on our lives in order to provide diversity-informed, culturally attuned services.

- *Irving Harris Foundation, 2018*<sup>16</sup>

Use the graphic on the next page, the social identity wheel from the University of Michigan, to fill in information around your own various identities.<sup>33</sup>

**Then take 10 minutes to journal and consider the prompts below as questions to reflect on.**

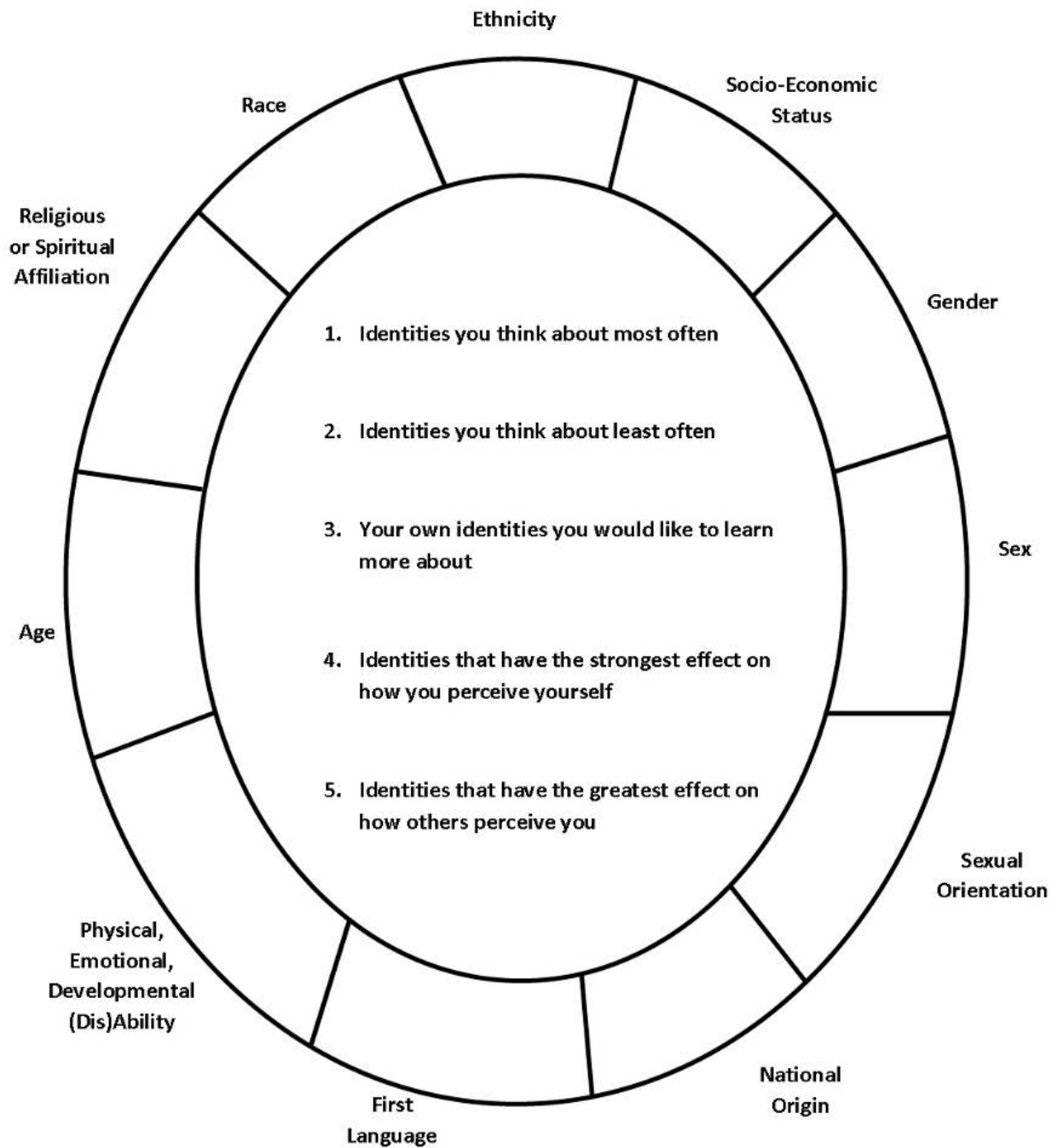
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<sup>31</sup> De Gioia, K. (2013). [Cultural negotiation: Moving beyond a cycle of misunderstanding in early childhood settings](#). Journal of Early Childhood Research, 11 (2) 108–122. <https://doi.org/10.1177/1476718X12466202>

<sup>32</sup> Barron, I. (2009). [Illegitimate participation? A group of young minority ethnic children's experiences of early childhood education](#). Pedagogy, Culture & Society, 17 (3), 341-354. <https://doi.org/10.1080/14681360903194350>

<sup>33</sup> [Social Identity Wheel – Equitable Teaching](#). (n.d.). University of Michigan. <https://sites.lsa.umich.edu/equitable-teaching/social-identity-wheel/>

- Which of your own identities do you think of most often? Least often?
- Which of your own identities would you like to learn more about?
- Which identities have the strongest effect on how you perceive yourself? How others perceive you?



Adapted for use by the Program on Intergroup Relations and the Spectrum Center, University of Michigan.

Resource hosted by LSA Inclusive Teaching Initiative, [University of Michigan](http://sites.lsa.umich.edu/inclusive-teaching/) (<http://sites.lsa.umich.edu/inclusive-teaching/>).

## Apply

Consider your own screening setting and imagine you were observing yourself during a screening.

**Take 10 minutes to journal and consider the prompts below as questions to reflect on. Then share your reflections with the group.**

- To what extent does race, gender, sexuality, ability, or class impact screening delivery in your setting?
- To what extent do you see bias and assumptions in the communication between the screener and children/families? Consider verbal and non-verbal cues.
- How do children react to the screener's communication style and language?
- Is the screener shifting focus and power away from the most privileged in the conversations?
- Is the screener making conversations accessible to everyone who wants to participate?
- Could the identity differences between the screener and the child/family be contributing to a difference of opinion or perspective?
- Is the screener listening to people whose identities and experiences differ from their own?
- How might reflecting on the way the screener communicates help improve the screening environment, equity, and overall child/family support?
- Do all the children/families hear and react the same to what the screener communicates, both verbally and nonverbally?
- How does the screener adjust their communication to connect with each child/family, if at all?
- Is the screener listening to the child/family? What does the screener's "listening" look like?
- Is the screener providing a safe place for people who have been historically marginalized people to share and speak out?

## Resources

[Parenting in a New Context: Strategies for Practitioners Supporting Refugee and Immigrant Caregivers](https://www.youtube.com/playlist?list=PLmW1ACrTaZlOK-32JBLF0Wey1pz3OpnHT)

(<https://www.youtube.com/playlist?list=PLmW1ACrTaZlOK-32JBLF0Wey1pz3OpnHT>) is a podcast mini-series made for, and by, mental health practitioners. In these four episodes, a variety of guests discuss important topics for providers relevant to those working with refugee and immigrant caregivers, with the goal of enhancing mental health providers' and family therapy practitioners' ability to effectively engage refugee and immigrant caregivers. The podcast is a partnership between the Refugee Trauma and Resilience Center at Boston Children's Hospital, the Center for Resilient Families at the University of Minnesota, and the National Child Traumatic Stress Network.

[Early Risers](https://www.npr.org/podcasts/983816754/early-risers) (<https://www.npr.org/podcasts/983816754/early-risers>) is a podcast from Little Moments Count and MPR with frank facts, engaging stories, and real how-tos for anyone who cares about raising children with a clear-eyed understanding of cultural differences, race, and implicit bias. Hosted by Dianne Haulcy of The Family Partnership.

This video, [Recognizing Bias and Promoting Equity in Early Childhood](https://www.youtube.com/watch?v=PJs1aByD2Ao), (https://www.youtube.com/watch?v=PJs1aByD2Ao) by SAMHSA, explores a mental health consultant's promotion of an anti-bias approach and how it opens the door to relationship-based dialogue between the caring adults in a child's life.

The book [Don't Look Away: Embracing Anti-Bias Classrooms](https://bookshop.org/p/books/don-t-look-away-embracing-anti-bias-classrooms-iheoma-iruka/14309002?ean=9780876598436) (https://bookshop.org/p/books/don-t-look-away-embracing-anti-bias-classrooms-iheoma-iruka/14309002?ean=9780876598436) leads early childhood professionals to explore and address issues of bias, equity, low expectations, and family engagement to ensure culturally responsive experiences.

In this video, [Teaching Children About Race Dr. Wanjiku Njoroge](https://www.youtube.com/watch?v=n28l7F6GcPI), (https://www.youtube.com/watch?v=n28l7F6GcPI) Dr. Wanjiku Njoroge, Infant Psychiatrist, Assistant Professor, Researcher and more, is Dr. Stroud's guest on this timely interview, on the topic of teaching issues of race to young children. Dr. Njoroge has interviewed children under 5 and their parents on issues of racial understanding. What do young children already know and how can we as caregivers inform their learning? As always, we welcome you to share this content with others.

# Experiences of Stress and Trauma

## Learn

As human beings, we are biologically wired to experience stress to support our growth and safety. Positive stress can be thought of as short-lived stress that promotes growth and development. Think of an infant learning to crawl to a toy just out of reach. Tolerable stress includes experiences that are time-limited, such as a child falling off of their bike. Toxic stress is strong, frequent, and uncontrollable stress that can pose threats to a child's life or physical safety. When toxic stress is at play for too long, with too little support, it can become traumatic. The long-term effects of stressful experiences for children are greatly impacted by the amount of adult support they have and can vary depending on their developmental stage. As early childhood professionals, it's important for us to keep in mind that what overwhelms an infant or toddler can be very different from what overwhelms an adult or even an older child, especially if there is no adult support to buffer the stressor.

A child and family's experience of stress and trauma are important factors to consider when screening. We need to keep in mind what families' former experiences of stress might be, and also ask curious questions around these experiences to gather information that gives us clues about the child's experience. This will help us to better explore when stress and trauma have impacted development and when additional support for a child/family might be needed.

Stress and trauma can impact development and may show up during the screening process. **These are some common responses that may be seen in children's behaviors:**

- The brain experiences a state of high alert
- The body defers future needs (including digestion, sleep, immune system functioning, physical growth as well as learning, exploration, and play) so that the nervous system can manage and ensure survival
- Difficulty regulating their attention and arousal
- Expressing emotions in fearful or intense ways
- Difficulty utilizing adults for safety and connection

If we notice or gain information suggesting the challenges listed above, we can wonder about a child's experience of stress and trauma. We can be mindful about how our presence can support a positive experience for the child and their family through structure, predictability, flexibility, and creating nurturing spaces.

With stress and trauma, the emphasis is on a child's *perception*. Our perceptions are strongly influenced by our cultural, communal, and societal context. Consider that what I might view as stressful or traumatic to a child might not be perceived as such by this particular child or their family. Consider that routes to healing and growing are also informed by culture and community. How can I allow the family to share about what types of supports are helpful to them and their child within their community?

Learning to cope with stress and adversity is an important part of healthy development. **Watch the following video** from the Center on the Developing Child: [Toxic Stress Derails Healthy Development](#)

(<https://www.youtube.com/watch?si=fBzgwzBxB7RCfkso&v=rVwFkcOZHJw&feature=youtu.be>)<sup>34</sup>

**Take 10 minutes to reflect on the following questions as a group:**

- What stands out from the LEARN section (video included)?
- What is new information?
- Is there anything that feels confusing or difficult to engage with from the LEARN section?

## Practice

Imagine you are doing a screening with a 2-year-old and their caregiver. Before the screening, the caregiver discloses to you over the phone that something traumatic has happened to the child and they get overstimulated when they leave the house.

**Take 10 minutes to journal and consider the prompts below as questions to reflect on.**

- How would you create a safe screening space for this child and caregiver?
- What might be your next steps in getting the family the support they need?

## Apply

Consider how the screening environment can support children and families who have experienced stress and trauma, in light of the guidance in the LEARN section.

**Take 10 minutes to journal and consider the prompts below as questions to reflect on.**

### Structure and Predictability

- How are structure and routine provided during a screening?
- How can I use language and/or visuals to organize the time/space?

### Nurturing

- How do I convey warmth with my tone of voice, eye contact, or posture?
- How can I provide a physical space that feels safe/cozy if a child needs to use it?

### Flexibility

- How do I acknowledge that different children have different needs based on their experiences (stress or trauma may require I adjust my expectations for a child's ability to regulate their attention, arousal, or emotions)?

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<sup>34</sup> Center on the Developing Child at Harvard University. (2011, September 29). 3. [Toxic Stress Derails Healthy Development](https://www.youtube.com/watch?si=fBzgwzBxB7RCfkso&v=rVwFkcOZHJw&feature=youtu.be). YouTube. <https://www.youtube.com/watch?si=fBzgwzBxB7RCfkso&v=rVwFkcOZHJw&feature=youtu.be>

- Where can I be flexible with expectations for the screening time?

## Resources

[The National Child Traumatic Stress Network](https://www.nctsn.org/) (<https://www.nctsn.org/>) website contains a wealth of information around the impact of various stressors on children and families.

[The Minnesota Association for Children's Mental Health's Endorsement registry](https://macmh.org/infant-and-early-childhood/endorsement/registry/) (<https://macmh.org/infant-and-early-childhood/endorsement/registry/>) includes a list of professionals with competency in infant and early childhood mental health, many of whom are clinicians. This is a space where you can find early childhood mental health clinicians and/or other early childhood professionals who hold an IECMH lens in their particular discipline.

The Minnesota Association for Children's Mental Health's [Toolkit for Healing-Centered Practice](https://macmh.org/infant-and-early-childhood/resources-for-healing-centered-practice/) (<https://macmh.org/infant-and-early-childhood/resources-for-healing-centered-practice/>) contains resources and modules for further learning specific to supporting children and families who have experienced stress and trauma.



# Addressing Screening Results with Caregivers

## Learn

During or after the screening process, there may be times when concerns need to be addressed with caregivers. By being thoughtful about our process of addressing concerns, we can support the caregiver-child relationship and increase the likelihood that a family will access the supports and services that best promote their child's healthy development.

**The following questions can support us in organizing our thoughts, experiences, and observations about a child during screening:**

- What do I know about the family? Have there been any recent changes in the family or their life?
- What are the family's concerns? What is their understanding of the "problem"?
- Has there been a significant change in the child's development and/or behavior?
- Is what I'm seeing "typical" for this age or do I feel like it's "bigger" than that? Why?
- What else do I need to know to better understand the concerns?
- What are the child's and family's strengths? Strengths of the caregiving environment?
- What questions would I ask others who care for my child?
- How can I support this child more?
- How do I know if it's time to make a referral?

*- A Guide to Infant & Early Childhood Mental Health, 2023<sup>4</sup>*

**If it's determined that a concern might need to be raised, the following tips can be helpful to keep in mind when addressing concerns with families and/or making referrals for additional assessment:**

- Be sensitive to a parent/caregiver's readiness for information. Too much information may be overwhelming.
- Be genuine and caring. Approach the opportunity for extra support positively.
- Balance the concerns raised with genuine positives about the child.
- Value the parent/caregiver's knowledge. Approach the conversation as a partner rather than an expert and recognize that the parent's perspective might provide important information.
- Avoid abbreviations or specialized words. Avoid using diagnostic terms.
- Recognize that the caregivers may worry about having their child "labeled". Screening doesn't label or diagnose. Screening may lead to referrals for further screening or evaluation by Early Childhood Special Education or medical professionals.
- Give the caregiver(s) time to talk about how they feel, if they choose.
- Emphasize that the final decision about what to do next is theirs.

- Support the caregiver(s) in making a realistic plan for the next steps.

- *A Guide to Infant & Early Childhood Mental Health, 2023*<sup>4</sup>

When we observe signs or gather information suggesting that support in a certain area of development might be needed for a child/family it can be helpful to have connections to these supports and information for families about how various services can support domains of development.

**The following list provides some information about various services that might be useful to share with families when one is relevant:**

- Occupational therapy: Intervention focused on overcoming sensory challenges and improving self-care, play and self-regulation skills.
- Physical therapy: Intervention focused on improving motor skills, strength, balance, endurance, and coordination.
- Speech and language services: Intervention focused on improving communication, language, feeding and eating.
- Mental health services: Intervention focused on social-emotional skills and enhancing child-caregiver relationships. Services available to children and families include both outpatient/clinic-based therapy, in-home/community-based therapy, preschool day treatment, and medication consultation.
- Home visiting: A voluntary, home-based service ideally delivered prenatally through the early years of a child's life, it provides social, emotional, health-related and parenting support and information to families and links them to appropriate resources.
- Pediatric well child visits: Regular visits with a pediatrician to monitor development across several domains, and be connected to additional resources.

## Practice

There is a wide range of how caregivers might react when we share concerns about a child's development or behavior. Some possible reactions include anger, fear, sadness, anxiety, defensiveness (not seeing a concern), guilt/worry (that a concern is "their fault"), or little reaction at all.

**Take 10 minutes to journal and consider the prompts below as questions to reflect on.**

**Reflect on a past experience where you had to share a concern or red flag that came up during the screening process with a caregiver:**

- What kind of reaction did the caregiver(s) have to what you brought up? What do you make of why they responded in the way they did?
- How did you feel in light of the caregiver(s) response to the information? What did your own feelings lead you to say or do?
- Pick a tip from the above list that you feel you utilized well and share.
- Pick a tip from the list above that you didn't use that may have supported the process.

**Imagine a scenario where screening results did not suggest a need for additional services, and yet a caregiver is looking for additional support for their child.**

- How might you validate their concerns although they may not fall into the realm of qualifying for services?
- How might you direct the family?
- What additional support(s) might be useful?

## Apply

Imagine you are following up with a family after a screening for a 4-year-old where the screening results showed and/or it appeared that the child's ability to utilize spoken language was not developmentally typical for their chronological age.

**Take 10 minutes to journal on this scenario and consider the prompts below as questions to reflect on.**

- How do you imagine you might feel before delivering this information?
- How do you imagine the caregiver might respond to the information?
- What factors might contribute to how the caregiver hears the information?

**Take 10 minutes to discuss or write out a sample script for how you might talk to the caregiver about your concerns.** Consider how you might help parents feel both empowered and capable when sharing concerns with them.

## Resources

This tip sheet, [Tips for Talking with Parents about Developmental Concerns](https://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/tipstalkingparents.pdf) (https://www.cdc.gov/ncbddd/actearly/pdf/parents\_pdfs/tipstalkingparents.pdf) from the Center on the Developing child includes information about how to talk with caregivers when concerns arise.

This tip sheet, [Tips for sharing developmental Concerns with Families](https://www.inclusivechildcare.org/sites/default/files/courses/swf/Sharing%20Developmental%20Concerns%20with%20Families.pdf) (https://www.inclusivechildcare.org/sites/default/files/courses/swf/Sharing%20Developmental%20Concerns%20with%20Families.pdf) from Center for Inclusive Child Care, addresses having challenging conversations when developmental red flags might be present.

This podcast episode, [Sharing Concerns with Families-- Observations and Recordings: Part One](https://www.inclusivechildcare.org/podcast-inclusion-matters/sharing-concerns-families-observations-and-recordings-part-one) (https://www.inclusivechildcare.org/podcast-inclusion-matters/sharing-concerns-families-observations-and-recordings-part-one) from Center for Inclusive Child Care, begins a series on the sensitive topic of how to share developmental concerns with families.

The [2023 Minnesota Home Visiting Directory](https://www.mnfamilyhomevisiting.org/) (https://www.mnfamilyhomevisiting.org/) was prepared by the Minnesota Coalition for Family Home Visiting and features various local public health, tribal health, nonprofit, early childhood family education, early head start, and community-based home visiting programs and organizations across the state of Minnesota.

The [HelpMeConnect website](#)

(<https://helpmeconnect.web.health.state.mn.us/HelpMeConnect/Topics/PregnantandExpectantFamilies?loc=6200%20County%20Rd%2032%2C%20Richfield%2C%20MN%2055423&geo=44.889928%2C-93.308826>) has a comprehensive list of services and supports that can be shared with families beyond early childhood screening.