

CHATTERJEE Alyssa - ELD

From: William Scott [REDACTED]
Sent: Thursday, May 31, 2018 11:22 AM
To: Alyssa.Chatterjee@state.or.us; Rep Power; Rep.SalEsquivel@oregonlegislature.gov
Cc: PINHEIRO Lisa - ELD
Subject: Public Testimony to be read aloud at ELC Meeting today regards to proposed day care rules

Alyssa,

Here are my public comments that I request to be read today at the meeting before the action item is voted on.

5-31-18

To Early Learning Council

Public Comment to be read aloud during public comment time submitted by William Scott

There are extreme concerns that the ELD has not notified the licensed child care providers in the state of OR of the proposed rule changes, nor have they properly considered the financial impacts of those rule changes on providers, nor the increased costs that will have to be passed on to our parents. Why weren't providers notified by the U.S. Postal service for such a major rule revision?

I have spoken with centers in Clackamas County who were never notified of the proposed rule changes. Yesterday, I called two centers in Medford. Neither had been notified of the rule changes by the ELD.

In April, I requested an extension for public comment and requested a public hearing by email. We were never notified by ELD of the extension or the public hearing. We had contacted our state rep about the lack of communication with the state. Our state rep, Karin Power emailed us about the extension and public hearing. How hard is it for the state to reply to the emails that were sent?

We attended the public hearing in Salem on May 15. About 21 people attended. At the end of the public hearing, I publicly asked the audience, how many of you had been notified by the state of this meeting? Only three (3) people raised their hands. We were not notified.

I was told a new financial impact statement would be posted on your website by 4 pm yesterday. I checked this am. It was not posted. There was a link to a drop box account that did not work. I made a video of me clicking on the link that did not work. Yesterday morning I had to request that the proposed rules be posted on your website beside your agenda listing. They were finally posted about noon yesterday. The day before your meeting! Are you meeting all the State and Federal notice requirements?

ELC has been working for two years on these new rules I have been told. Two years is enough time for proper financial impact to be evaluated. My first reading of the new rules, I noted many financial impacts that were not noted by the state.

I was told these rules had to approved immediately or the state of OR would be cut off from Federal Child Care Dollars. You can approve the rules that only deal with the FEDs and delay all the rest of the rules until proper notice and financial impact is done. Due to poor notice to child care providers and improper financial impact statement, I ask you to postpone the rule changes, especially those that do not deal with the FEDERAL CHILD CARE DOLLARS.



Virus-free. www.avg.com

FERDER Cassandra L - ELD

From: Anna Pickel [REDACTED]
Sent: Thursday, May 31, 2018 11:24 AM
To: cassandra.l.ferder@state.or.us
Subject: Public Testimony for the ELC meeting today

Hi Cassandra. Below is my public testimony that I would like read during the meeting later today. I wish I was able to attend in person, but sadly I can not due to the time.

Early Learning Council,

I have been a family childcare provider since 2012. I own and operate a certified family 4 star SPARK rated program in SE Portland. I currently have 4 infants in my care, ranging from 1 year to 5 months old. Most babies begin daycare around 12 weeks old, but I have had infants in care as early as 6-8 weeks old. Infants don't outgrow their startle reflex until 4-6 months of age, which can make it incredibly difficult for many infants to sleep unless they are swaddled. Parents are being taught how to swaddle babies in the hospital, so this is a very common practice that is used in the babies home to help them calm down and sleep. Childcare providers being able to mimic what is happening at home is essential for young infants to adjust to a childcare setting. Getting adequate sleep is extremely important for infant mental health since a baby can't learn the necessary skills they need to thrive if they aren't getting enough restful sleep. I have significant concerns about the rule 414-350-0240 infant & toddler activity plan and safe sleep, specifically (i) swaddling or other clothing or covering that restricts the child's movement is prohibited. An infant that is unable to control their body movements, especially their arms, would have an extremely difficult time getting enough restful sleep in childcare without the use of a swaddle or at the bare minimum, a sleep sack. This rule is also written in an ambiguous way since "clothing or covering that restricts the child's movement" is very vague. Significant clarification on what this means is necessary to ensure that childcare providers and licensing specialists are both understanding what is or is not allowed. Does this mean sleep sacks are not allowed? I have received a different answer to this question depending on who I have asked. If the intent is not to ban the use of sleep sacks, that needs to be written in the rule. I'm also very worried about the impact this rule will have on both infants and providers. Minnesota has passed a similar rule and multiple news stories have come out within the past year regarding providers shaking young infants who were fussy and wouldn't sleep. This rule is taking away every tool available to providers to help fussy or colicky infants calm down so they can fall asleep. It would make much more sense for a rule to be written about specific policies needed in order for an infant to be swaddled in childcare. The provider could attend a training about how to properly swaddle and a specific type of blanket such as a SwaddleMe that uses velcro could be required so that the baby isn't having a loose blanket in their crib if they do get their arms loose. A rule with these limitations would be significantly more culturally sensitive and would align with infant health needs to ensure they can sleep while in childcare during the early months.

I have concerns regarding rule 414-350-0180 about infant & toddler furniture and equipment. It lists a high chair as one of the restrictive movement items that an infant can not spend more than 20 minutes in during a 2 hour period. High chairs being used while an infant is eating should not be included in this rule. Older infants who are self feeding might need longer than 20 minutes to eat until they are full. We shouldn't be required to remove a baby from their high chair until they have indicated that they are finished eating. Clarification for this rule is needed so that licensing specialists don't misinterpret this rule and then give providers a violation when they are truly just trying to meet the infants needs properly.

I attended the Childcare and Education Committee meeting on May 10th. Many of my above suggestions were given during public comments about swaddling, however the committee didn't seem interested in exploring

other options or doing additional research on how infants could be swaddled in a safe manner. There isn't one documented case in Oregon of an infant dying in childcare due to swaddling. Why are we banning something that is actual helpful to infants and has not been proven to harm them? I was also very concerned by the lack of representation of childcare on this committee. The two people who serve on the committee as representatives of that demographic didn't attend the meeting and haven't been vocal or even given input about these rule changes. This shows that childcare is not being represented properly and when we are voicing our concerns about the negative impact this will have, we are being ignored. It's incredibly important to listen to those that care for infants 10 hours a day, 300+ days a year because we are the ones who understand what these rules will look like in every day life. Talk with any parent currently needing infant care in Oregon. Many are sitting on wait lists for over 6 months while they wait for a spot to open up. Rules that make it impossible for childcare providers to properly care for infants will only lead to more providers eliminating infants from their programs, making it even harder for parents to access the care they so desperately need.

The rules that are up for a vote today need more time and additional consideration before they should be finalized. Some of them need to be written with enhanced clarification so that they are more black and white. Rules shouldn't be open to interpretation by licensing specialists. Parents and childcare providers are very concerned about some of these rules. Many public comments have been given in person and online. Please show us that you are listening and taking our comments into consideration. Thank you.

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Anna Pickel, Owner
Happy Go Lucky Childcare



FERDER Cassandra L - ELD

From: Savannah Turner [REDACTED]
Sent: Thursday, May 31, 2018 11:03 AM
To: cassandra.l.ferder@state.or.us
Subject: email testimony re: proposed childcare rules

Hello,
I was told that you were the person to contact in order to get email testimony read during the public comment period today!
Thank you so much!

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My name is Christy Savannah Turner and I would like to submit a public comment on proposed childcare regulation amendments.

I am a family childcare provider in Portland, I run an infant/toddler program. Safe sleep and good sleep hygiene are very important to me, and we follow strict rules to ensure that we follow safe sleep practices with the children in our care.

I am concerned about the potential for sleep sacks being disallowed by proposed rule 414-350-0240 (1) (i):
"Swaddling or other clothing or covering that restricts the child's movement is prohibited."
It seems as if the definition of clothing that "restricts the child's movement" leaves interpretation up to the discretion of individual licensors, and may result in banning sleep sacks of any kind.

Helping infants in child care learn to sleep well, and get enough sleep each day, is immensely important to the quality of care in my program. We keep the room cool and well-ventilated, and it is important that the babies have a safe option for keeping warm enough to fall asleep and sleep comfortably. Cold babies cannot sleep well, and poor quality sleep negatively impacts the infant, other children in the program, child care providers, and families. Properly-fitted sleep sacks are safe, and vital to the healthy sleep of some infants.

I advocate adding the following language to augment sections (i) in each of the four rule changes: "Properly fitted sleep sacks that do not restrict movement are allowed."

The AAP's most recent guidelines (2016) support sleep sacks: "Infant sleep clothing, such as a wearable blanket, is preferable to blankets and other coverings to keep the infant warm while reducing the chance of head covering or entrapment that could result from blanket use."

<http://pediatrics.aappublications.org/con.../138/5/e20162938>

Please consider specifically noting loose, non-restrictive sleep sacks are acceptable to make it explicitly clear to licensors, providers, and parents.

Thank you for your time and consideration.
Christy Savannah Turner, The Nest Playschool

FERDER Cassandra L - ELD

From: Crawmer Clan [REDACTED]
Sent: Thursday, May 31, 2018 1:44 PM
To: cassandra.l.ferder@state.or.us
Subject: Meeting comments for today

I have been a center director for 4 years, a home provider for 16 (1 year registered and the others as a certified provider). While a director I had an infant program with 48 infants between two locations.

Doctors and nurses most often requested to have their children be swaddled while they are young. Some parents children will not sleep without being swaddled. I've read this has to do with maintaining body temperature, sensory experience and shutting down overly active nerve endings in young infants. Some this is a family practice having been passed down for generations.

It saddens me to think that parents, doctors, nurses can no longer provide for infants needs here in Oregon (in a child care setting) if this rule passes as written.

Infant care is almost impossible to provide as it stands now. Many are considering shutting down their programs if this rule passes. Having less infant care in Oregon will cause more illegal programs to spout up and more bad press about child care in return.

Please, take the time to consider, this isn't an arbitrary rule, but one that will have shock waves that reverberate throughout Oregon as providers decide they can no long care for infants. Not due to training, education or years in the field, but due to a rule that causes an infants needs to go ignored. That need is swaddling.

Ruth Crawmer

Sent from my iPhone

FERDER Cassandra L - ELD

From: Renee Andersen [REDACTED]
Sent: Thursday, May 31, 2018 12:16 PM
To: cassandra.l.ferder@state.or.us
Subject: Public Comment, revised rules 2018

Early Learning Council,

I have been a family childcare provider since 1999. I own and operate a Registered Family In-Home Childcare, by myself. I am licensed for up to 10 children (2 under 2, w/ an additional 4 children up to kindergarten + 4 elementary age) & I currently have 1 infant, 5 months old. I have had infants in care as early as 6 weeks old. Infants do not outgrow their startle reflex until 4-6 months of age, which is the case with this one young man. He CANNOT sleep more than 20 mins without being swaddled (believe me, I've been trying!!). This Parents has acknowledged, that swaddling, combined with rocking, is the only way for her son to fall asleep & stay asleep. When I heard of the possible upcoming rule change, I was shocked! I tried to do it your way and all we were left with, was a tired, cranky infant who even had troubles eating because he was so upset he would spend his eating time screaming and crying. I was left exhausted and had very little left for the remaining children in care!

*****below is a copy from a fellow provider, but I too agree, 100%!*****

I, too, have significant concerns about the rule 414-350-0240 infant & toddler activity plan and safe sleep, specifically (i) swaddling or other clothing or covering that restricts the child's movement is prohibited. An infant that is unable to control their body movements, especially their arms, would have an extremely difficult time getting enough restful sleep in childcare without the use of a swaddle or at the bare minimum, a sleep sack. This rule is also written in an ambiguous way since "clothing or covering that restricts the child's movement" is very vague. Significant clarification on what this means is necessary to ensure that childcare providers and licensing specialists are both understanding what is or is not allowed. Does this mean sleep sacks are not allowed? I have received a different answer to this question depending on who I have asked. If the intent is not to ban the use of sleep sacks, that needs to be written in the rule. I'm also very worried about the impact this rule will have on both infants and providers. Minnesota has passed a similar rule and multiple news stories have come out within the past year regarding providers shaking young infants who were fussy and wouldn't sleep. This rule is taking away every tool available to providers to help fussy or colicky infants calm down so they can fall asleep. It would make much more sense for a rule to be written about specific policies needed in order for an infant to be swaddled in childcare. The provider could attend a training about how to properly swaddle and a specific type of blanket such as a SwaddleMe that uses velcro could be required so that the baby isn't having a loose blanket in their crib if they do get their arms loose. A rule with these limitations would be significantly more culturally sensitive and would align with infant health needs to ensure they can sleep while in childcare during the early months.

I have concerns regarding rule 414-350-0180 about infant & toddler furniture and equipment. It lists a high chair as one of the restrictive movement items that an infant can not spend more than 20 minutes in during a 2 hour period. High chairs being used while an infant is eating should not be included in this rule. Older infants who are self feeding might need longer than 20 minutes to eat until they are full. We shouldn't be required to remove a baby from their high chair until they have indicated that they are finished eating. Clarification for this rule is needed so that licensing specialists don't misinterpret this rule and then give providers a violation when they are truly just trying to meet the infants needs properly.

I (also) attended the Childcare and Education Committee meeting on May 10th. Many of my above suggestions were given during public comments about swaddling, however the committee didn't seem interested in

exploring other options or doing additional research on how infants could be swaddled in a safe manner. There isn't one documented case in Oregon of an infant dying in childcare due to swaddling. Why are we banning something that is actually helpful to infants and has not been proven to harm them? I was also very concerned by the lack of representation of childcare on this committee. The two people who serve on the committee as representatives of that demographic didn't attend the meeting and haven't been vocal or even given input about these rule changes. This shows that childcare is not being represented properly and when we are voicing our concerns about the negative impact this will have, we are being ignored. It's incredibly important to listen to those that care for infants 10 hours a day, 300+ days a year because we are the ones who understand what these rules will look like in every day life. Talk with any parent currently needing infant care in Oregon. Many are sitting on wait lists for over 6 months while they wait for a spot to open up. Rules that make it impossible for childcare providers to properly care for infants will only lead to more providers eliminating infants from their programs, making it even harder for parents to access the care they so desperately need.

The rules that are up for a vote today need more time and additional consideration before they should be finalized. Some of them need to be written with enhanced clarification so that they are more black and white. Rules shouldn't be open to interpretation by licensing specialists. Parents and childcare providers are very concerned about some of these rules. *Many public comments have been given in person and online. Please show us that you are listening and taking our comments into consideration.* Thank you.

FERDER Cassandra L - ELD

From: Gabriela Bailey [REDACTED]
Sent: Thursday, May 31, 2018 2:44 PM
To: cassandra.l.ferder@state.or.us
Subject: public testimony for the Early Learning Council Meeting today

To whom it may concern,

I am an Early Childhood Educator and Owner of a Preschool program in Beaverton Oregon.

I am writing to provide my testimony to the Early Learning Council for the revised Rules they will be voting on in today's Business Meeting.

I am happy to see the council's work and time they have spent on wording and editing our Licensing Regulations for Child Care Rules Book here in Oregon. We can see the work you've done and appreciate the council working with early childhood educators in the final stages of these revisions so we can be sure we have the correct verbiage in place for providers to follow when caring for children.

What i would like to say is:

1. I believe the SWADDLE rule needs more research done. I suggest you look at what other states are doing around infant care especially in regards of swaddling.

Some solutions i have is *yearly training (if needed yearly) of sleep training children,* getting a doctors note that the child needs to be swaddled and *parent permission.

Those are just a few ideas as there are a ton more we can research to have the best practices for child care and make sure each infant in Oregon when in a child care program is safely being cared for. Us Early childhood Educators can help with the research if the council would like our assistance.

2. I request for the updates and revised rules to be reworded. Some rules that were updated still are not simplified, some are still complicated, and some are just unnecessary.

So i request for all of the revisions to make sure, there is new and better verbiage, clarification on the words that are being use in our new regulations. We need clear and simplified verbiage.

We would like to see this done so all providers can read our regulations without getting confused or feeling as if the rules are contradicting or can not be open to licencors provide their personal opinions rather than following what is stated in the rules. We early childhood educators would love to be apart finalizing this revision. Just ask!

We really truly hope our efforts to be involved with the early learning council meetings,showing up, emailing and calling in to participate in the engagement session and be involved with this process. We desire to become apart of the councils village in the revising the new rules and the council will listen and take time to really concern what the early childhood educators are saying. We are here voicing ourselves at your monthly meeting, taking the time to provide testimony, we hope we can be respected and heard today. Thank you

Gabriela Bailey

KARIN POWER
STATE REPRESENTATIVE
DISTRICT 41
MULTNOMAH AND CLACKAMAS COUNTIES



HOUSE OF REPRESENTATIVES

May 21, 2018

Director Calderon,

I am writing to express my concern over the financial implications of certain proposed rules, and, in addition, over the fact that several child care centers in my district that are regulated by the state never received notice of the proposed rule revisions nor the public hearings and opportunities for public comment. I forwarded those notices along as I received them directly from your team, and I am dismayed about the communication breakdown in issuing notice and soliciting comments on these rules, and the significant financial implications that could impact centers if certain rules are adopted as proposed.

Some of these new rules in OAR 414-300-0160 do not explicitly grandfather in existing facilities at daycares and/or are unclear on when compliance would be required. I have a number of daycares in my district and have a young child in a daycare myself, and so I have a particular interest in making sure that rule changes are carefully considered in order to balance child safety and costs for working parents in Oregon. My district center constituents relayed that one center in Beaverton with a \$50,000 commercial playground will now be out of compliance with the new rules. All three centers that have communicated with me will also be out of compliance with their playground equipment as well. This was a rule that the Early Learning Division indicated would have no financial impact and I am unclear on whether these centers would need to redo these outdoor spaces.

My constituents also alerted me to a proposed change in OAR 414-300-0130 that references a table that would change teacher to student ratios for toddlers ages 30-35 months from 1:10 downward to 1:5 by year 2023. This downward ratio is extremely concerning for my constituents, as their classroom space setup and buildouts, teacher salaries, and operations are predicated upon stable enrollment projections. To meet these new requirements, I'd anticipate that the daycare tuition costs for toddlers would need to rise to the same levels as infants – and from my personal experience, these rule changes could easily cost a family an additional \$200-400 a month. This seems inapposite with our efforts to address the enormous cost of early childcare, and could drive families to delay or forgo returning to work after having a new child.

Accordingly, I am requesting that the rule adoption regarding these two subject areas be delayed past September 30th so that the Division can more fully explain and account for these unspecified costs to families and daycares that would be imposed by these rules. At a minimum, it's become evident to me that more discussion and consideration is merited. I look forward to continued productive conversation on these issues with you and your team, and please don't hesitate to contact me with any questions.

Best regards,

Rep. Karin Power





ALL OUR BABIES HELD IN MIND.



Oregon Infant Mental Health Association

We are a state wide network of parents and professionals developed to support the emotional health and well-being of all Oregon's infants, toddlers and their families.

We are dedicated to:

- Promoting broad awareness and understanding of the importance of early nurturing relationships.
- Building Oregon's capacity to support emotional health and well-being through interaction, study, and collaboration across systems.
- Providing Oregon with access to current resources from around the world.
- Informing policy makers, funders and other key stakeholders across systems of care of infant mental health principles and best practices.
- Advocating for the application of infant mental health principles and best practices.

Infant Mental Health Endorsement Vision for Oregon:

Promote the healthy social emotional development of children across Oregon by strengthening supports and promoting professional development for professionals across all sectors who contribute to the needs of young children.

Infant Mental Health Definition

A young child's capacity to experience, regulate, and express emotions, form close and secure relationships, and explore the environment and learn all within the context of the caregiving environment that includes family, community, and cultural expectations for young children.



ALL OUR BABIES HELD IN MIND.



Oregon Infant Mental Health Endorsement

Infant Mental Health Endorsement

- ▷ The formal process of recognizing experiences that lead to competency in the infant and early childhood family field
- ▷ Cross-sector and multidisciplinary



Michigan Association for Infant Mental Health 2017

Infant Mental Health Endorsement

4 Endorsement Categories:

- ▷ Infant Family Associate (IFA)
- ▷ Infant Family Specialist (IFS)
- ▷ Infant Mental Health Specialist (IMHS)
- ▷ Infant Mental Health Mentor (IMHM)

Which category is dependent primarily on:

- ▷ Educational attainment
- ▷ Field of work



Michigan Association for Infant Mental Health 2017

Core Competencies

4 Broad Areas of Professional Experience:

- ▷ specialized education
- ▷ work
- ▷ in-service training
- ▷ reflective supervision

36 or more core competencies in the areas of:

- ▷ Theoretical foundations
- ▷ Law, regulations, and agency policy
- ▷ Systems expertise
- ▷ Direct service skills
- ▷ Working with others
- ▷ Communicating
- ▷ Thinking
- ▷ Reflection



Attachment A

Building Oregon Expertise in Social Emotional Development: Multidisciplinary Infant Mental Health (IMH) Endorsement

Infant Mental Health Across Professions

The following are examples of how infant mental health fits within various professions:

Early Care and Education: Center and non-center based care providers have wonderful opportunities to help children gain social and emotional capacities through daily classroom experiences. Teachers can help children identify strong emotions—such as anger, excitement and sadness—and facilitate the healthy expression of those emotions. Child care providers have multiple occasions to partner with parents in understanding the social and emotional development of their infants and children. They can help promote the child-parent relationship.

Home Visitors: Home visitors promote healthy child growth and family functioning. Home visitors can provide relationship-based, parent-child assistance that enhances the capacities of parents and young children and provides parents with information regarding their role in the social and emotional development of their children.

Medical Providers: Primary health care providers can play a unique role in addressing infant mental health needs. Characteristics that make primary health clinicians well suited to address mental health issues in children include: long-term relationships with children and families, a focus on prevention and development, as well as a focus on the medical home model of care.

Child Welfare: Services to preserve and support families are particularly important for families with infants and toddlers who may need extra support in parenting. Infants and toddlers in foster care are at risk for mental health disorders. Foster and biological parents can be provided guidance in promoting the child-parent relationship and social emotional development.

Mental Health Clinicians: Infant mental health clinicians provide diagnostic assessments and relationship-based therapeutic intervention that supports the parent-child relationship. Common capacity-building interventions include teaching and training, clinical supervision, infant and early childhood mental health consultation, and parent-infant psychotherapy. Treatments are focused on improving adults' effectiveness in their interactions with young children.

Judicial: Judges work in a strategic position to bring infant mental health principles into consideration and practice as part of the decision-making process. Taking into consideration brain research and evidence-based practices better assures optimal early childhood social emotional outcomes.

This document was adapted, with permission, from the Wisconsin Alliance for Infant Mental Health's document, "Wisconsin Infant and Early Childhood Mental Health Competency and Endorsement System". We sincerely thank IMH partners in Wisconsin for their support.

ATTACHMENT B: Infant Mental Health Endorsement Targeted Professionals

Although only a partial listing, this illustrates the broad spectrum of professionals targeted by infant mental health endorsement.

Level I	Level II	Level III	Level IV
Infant Family Associate AA, CDA	Infant Family Specialist BA, BS, MA/MS, MSW, MEd	Infant Mental Health Specialist MA, PA, MPH, MSW, MD, BSN, JD, PhD, MA/MS	Infant Mental Health Mentor Clinical, Policy, Research/Faculty
MEDICAL PROVIDERS: Practitioners who serve infant/toddlers, Child birth educators, Doulas / Midwives, NICU staff, Nurses, Infant massage practitioners, Lactation specialists, Nutritionist, Dietician, child life specialist			
MENTAL HEALTH CLINICIANS: Clinical therapists, Counselors Mental health consultants, MH Specialists, Social Workers			
HOME VISITORS: Home Visiting programs serving pregnant mothers, infants, and toddlers; Community Health Worker; Public Health/ELD; Promotora, Doula; Navigators; Health Educator, Nurse home visitor, Lactation specialist			
PARENT SUPPORTS PEER MENTORING: Family to Family, Wrap-Around Initiative, Parent Educators, Family Advocate			
EARLY INTERVENTIONIST: Speech therapist, Occupational therapist, Physical therapist, Education/ Behavioral specialist			
EARLY CHILDHOOD EDUCATORS: Child Care and Education practitioners who serve infants and toddlers			
PUBLIC HEALTH: Women Infants and Children staff, Nutritionist, Dietician, Maternal child health Nurses			
LEGAL SYSTEM: Policy Maker, Legislator, Judicial, Law enforcement, Guardian ad litem, First responder, Advocates			
CHILD WELFARE: Self-sufficiency, Foster care, CASA (Court Appointed Special Advocate), Child Abuse Intervention and Prevention			



ORIMHA

Oregon Infant Mental
Health Association

Infant Mental Health Endorsement®

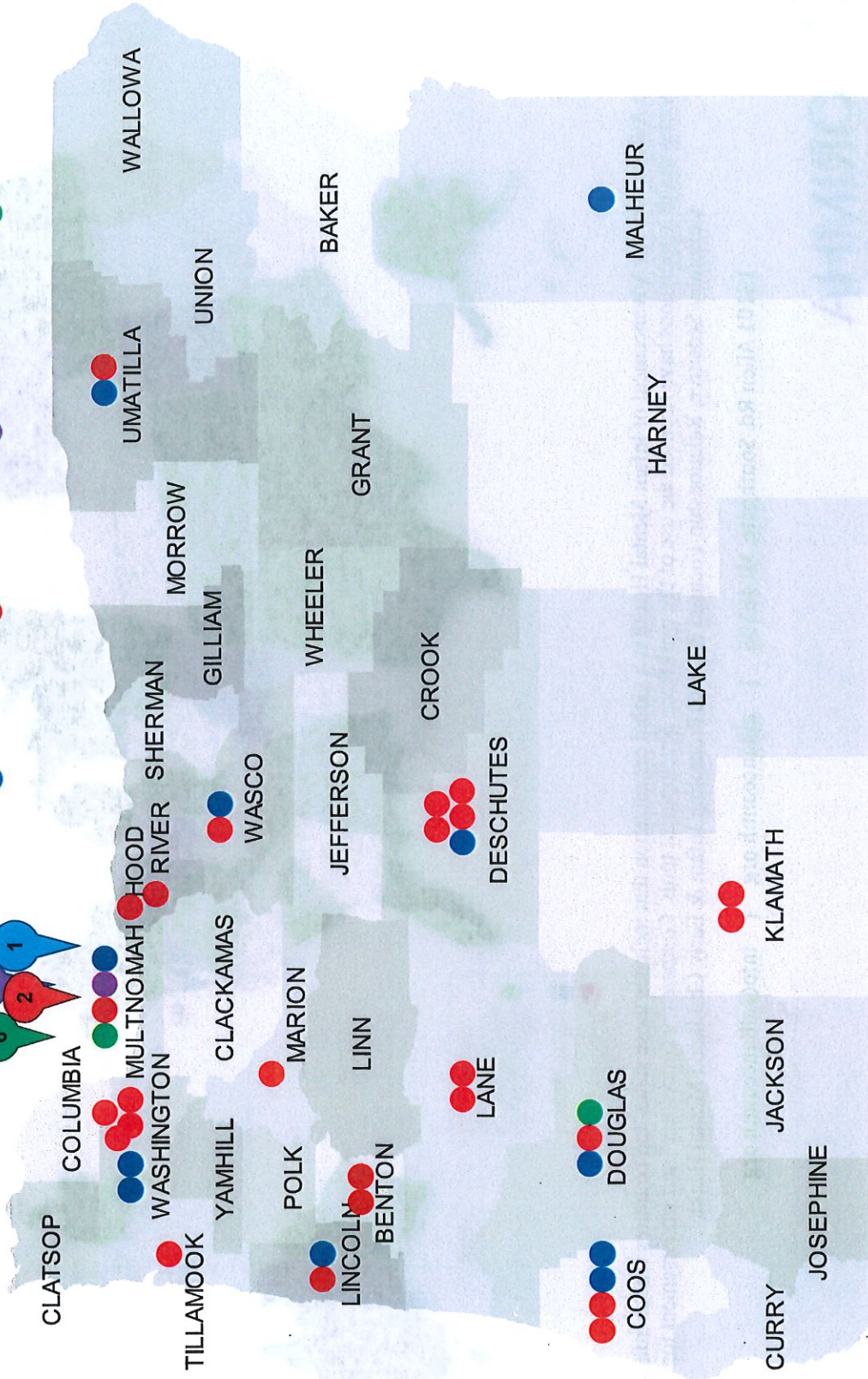
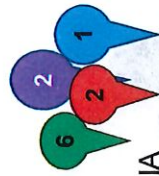
April 10, 2018 Endorsees: 46

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IFS:26

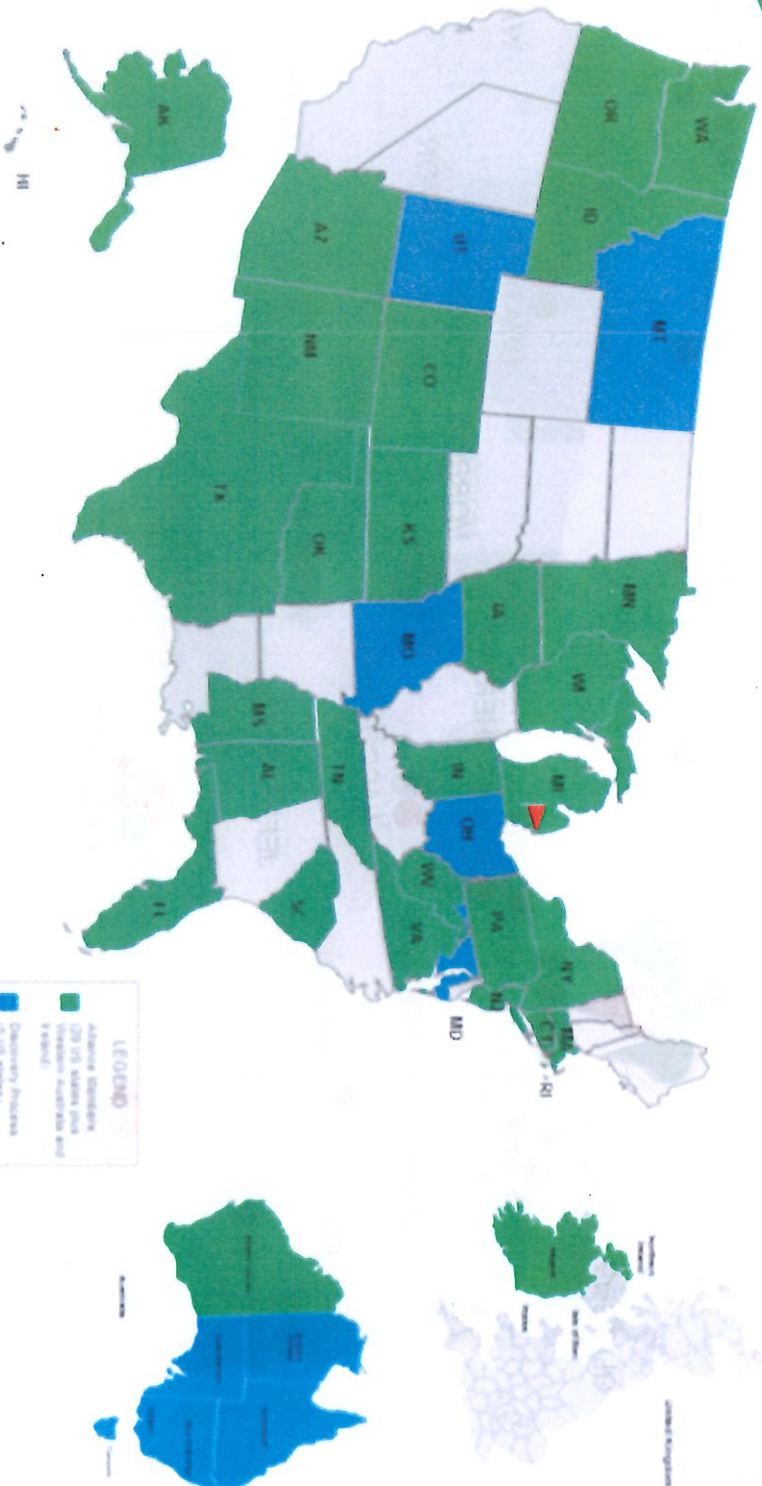
IMHS:2

IMHM-C:7





Alliance for the Advancement of Infant Mental Health



The Alliance for the Advancement of Infant Mental Health is a global organization that includes those states and countries whose infant mental health associations have licensed the use of the workforce development tools, *Competency Guidelines*® and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant & Early Childhood Mental Health.

13101 Allen Rd. Southgate, MI 48195 | allianceaimh.org | info@allianceaimh.org