FY 21

CHILD/FAMILY FOCUSED CONSULTATION

REQUIRED Forms/Documents

The following forms are REQUIRED to be completed as part of the Child/Family Focused Consultation process, meaning there is a direct data variable linked to our evaluation of model fidelity for each form. They are listed in the order that they are discussed in the SEC Curriculum that details the Child/Family Focused Consultation processes.

Form/Document	Notes
1. Referral/Checklist	-May be completed by Resource Center staff then sent to SEC to facilitate communication.
2. Child Care Participation Agreement	-Give to provider to sign this at first face to face meeting *If provider signs agreement then chooses NOT to participate in services, SEC completes the EXIT form *If provider chooses to NOT participate in services BEFORE signing the agreement –do NOT complete EXIT form
3. Child/Family Focused Needs Description Key	-Use the needs identified here to drive *Action Plan*/Training/Coaching activities
4. Family Consent	-Give to family member to sign after first explaining the need/benefits of SEC services. This must be signed BEFORE any identifying information about the child is shared with the SEC
5. Release of Information	-Family must sign before any information about the child/family is shared with other professionals/organizations. (ex. Early On, community referrals, etc.)
6. Contact Log	-Complete within 24 hours of visit -Keep updated throughout services – *final numbers will be asked for on the Exit Form*
7. Formal Observation/Assessment	- Complete within **30-45 days** of *Child Care Participation Agreement* signed by provider and family -eDECA IT/C – Pre and Post assessments from **both** Family and Provider (4 in total) -*Don't upload* form -update data base with the date eDECA was completed and the scores of each assessment (pre/post)
8. Action Plan	-Plan to be completed between **45-60 days** from initial referral -Review Action Plan every 3 months or every 10th visit
9. Satisfaction Survey for Families	-*Discuss with family when first starting services to help explain expectations of service* -Give to family upon exiting services within 2 business days of closure -Available by paper copy (with self-addressed stamped envelope to state coordinator) or email
10. Satisfaction Survey for Provider	- *Discuss with provider when first starting services to help explain expectations of service* -Give to provider upon exiting services within 2 business days of closure -Available by paper copy (with self-addressed stamped envelope to state coordinator) or email *if program has more than 1 case open simultaneously, give survey to provider after EACH exit. (Ex. provider has 2 child/family focused and 1 programmatic case open – survey is given to family and provider when *each* child/family focused case is exited- and when programmatic case is exited; reflecting services received for each case individually)
11. Community Trainings*	-Track all *formal* Community/Provider trainings in Excel Spreadsheet to reported in Quarterly Narrative Reports in Egrams. *formal trainings are trainings above and beyond the typical consultation information sharing with providers. Generally, they are scheduled in 1-4 hour time slots and can be advertised within the community. *SEC must be registered in MiRegistry to provide community trainings. Ask your Resource Center staff for details.

*Note that information (data) gathered in both the previous Intake and Exit forms are now collected directly in the data base/website. Hard copies are located on the website under *Printable Forms*: "Child/Family Focused Data Collection Form"

Social Emotional Consultation Referral Form FY21

(Fillable PDF available on website: Printable Forms)

Date of referral (mm/dd/yyyy): __ __ / __ __ / __ __ __ __	
Provider name:	License number:
Who initiated the referral? ☐ Resource Center Staff ☐ SEC ☐ Self-Referral ☐ SUD Coordinator/Specialist ☐ Other, specify: _____	Name of person who initiated the referral (first & last): Contact number of person who initiated the referral: (__ __ __) __ __ __ - __ __ __ __
Type(s) of consultation requested: ☐ Programmatic Consultation ☐ Child/Family Focused Consultation ☐ Unsure/Undecided	Was the SEC referral Checklist (included in this form) completed? ☐ Yes ☐ No

PROVIDER CONTACT INFORMATION

Date provider information collected (mm/dd/yyyy):	Provider type: ☐ Licensed Center ☐ Enrolled Subsidized Unlicensed ☐ Registered Family Home ☐ Provisional License ☐ Licensed Group Home ☐ Licensed exempt (Family, Friend, Neighbor)	Provider star rating (if applicable):

Provider street address : PO Box :

City : State : Zip code :

Office ph: ( )

Name of director/registrant/licensee (first & last) :

Ph: ( ) Cell: ( ) Email :

Is the director/registrant/licensee the primary contact person for this provider? ☐ Yes ☐ No

Name of primary contact person (first & last name):

Ph: ( ) Cell: ( ) Email :

*Communication preference : ☐ Call phone ☐ Call cell ☐ Text ☐ Email

*Time of communication preference : ☐ AM ☐ PM ☐ Evening

Initial Concern:

SEC Referral Checklist FY21

Use this brief checklist to help you identify if a link to a social and emotional consultant might be helpful to your program. A checked box *to even one* of the criteria listed warrants an appropriate referral:

1. Staff need training to recognize social and emotional typical and atypical milestones.	☐
2. Staff need training in trauma/ACES/substance misuse in order to provide appropriate (trauma informed) care for infants, toddlers, young children and their families.	☐
3. Staff need support to screen children annually for social and emotional health using a published assessment tool like the Ages and Stages Questionnaire.	☐
4. Staff need more support when challenging behavior or situations (divorce, trauma, substance misuse, etc.) occur in our care setting and/or community.	☐
5. There is a child or children whose behavior or emotions are very frustrating or worrisome to staff/families.	☐
6. One or more staff feel stressed or burned out.	☐
7. One or more child(ren) has been asked to leave or had their day shortened in the past year.	☐
8. Moving from one activity to the next throughout the day feels chaotic or overwhelming to staff/child(ren).	☐
9. Staff are having trouble with or are concerned about certain families' well-being (divorce, traumatic events, substance misuse, etc.)	☐
10. Staff have difficulty getting along with one another and/or with families of children they care for.	☐
11. Children are reprimanded for expressing their emotions (e.g. "Stop crying, there is nothing to be sad about")?	☐
12. Staff need help to promote each child's unique temperament and developmental level (e.g. can active children explore freely, are slow to warm children given time to transition, etc.)?	☐
13. The provider needs support to write/implement a policy to prevent expulsion[1] and suspension for infants, toddlers and preschoolers (e.g. written documentation that all staff/families are aware of)?	☐
14. The provider needs support to write/implement a discipline/positive guidance policy in place (e.g. steps for how to support children with challenging behavior)?	☐

[1] *Expulsion* refers to terminating the enrollment of a child or family in the regular group setting because of challenging behaviors. *Suspension* includes all other reductions in the amount of time a child may attend the regular group setting.

For RC Staff Only:	**YES**	**NO**
Was a referral made to the Social Emotional Consultant?	☐	☐
Date referral sent to SEC: Click here to enter a date.		
Notes: Click here to enter text.		

CHILD CARE PARTICIPATION AGREEMENT

Child Care Program Name: _____

Date: _____

Social Emotional Consultation services are available to child care providers, to support increasing quality care around social and emotional health for children, staff and families. There is no cost to the provider for these services. There are two types of consultation services available. A provider may request one or both services.

- ☐ **Child-family focused consultation** for families and child care providers who wish to assist a child from birth through five years of age who is having emotional or behavioral difficulties at child care. This type of consultation involves: child observation and assessment; development of an Action Plan by the child's team (family; provider and consultant); and training and support for family and providers to implement the plan.

- ☐ **Programmatic consultation** to promote the social-emotional development of all infants, toddlers, preschoolers and staff in a child care program. This type of consultation involves: program assessment, development of a programmatic action plan, and training and support for staff to implement the plan.

As a participant in consultation services, your child care program has the following ***RIGHTS:***

- To receive fair, non-discriminatory services that respect the dignity of all staff and families.
- To receive confidential services.
- To receive free and voluntary services.
- To receive quality services that are regularly evaluated.
- To terminate services at any time.
- To decide whether or not to implement consultant's recommendations.

As a participant in consultation services, your child care program has the following ***RESPONSIBILITIES:***

- To maintain the confidentiality of the children and families receiving services.
- To make the areas where child care is provided available for observation by the consultant.
- To be available for *consistent and regular* face-to-face or phone meetings, including parent-provider meetings, if applicable.
- To complete a pre and post assessment, along with a final satisfaction survey.
- To contact the consultant within an appropriate timeframe, if it is necessary to cancel and reschedule observations or meetings.
- To implement those strategies agreed upon by a child's team and written in an Action Plan, if applicable.

As a representative of _____
(Child Care Program Name), I understand our ***rights and responsibilities*** and agree to participate in the consultation services as outlined above.

_____
Name/Title (print)

_____
Signature Date

CHILD/FAMILY FOCUSED needs Description Key

This information is gathered on **Step 4** of the Child/Family Focused Data Collection under "Reason for Referral". Please use this key when discussing with the family/provider to gather more detailed information on they types of needs a child is experiencing.

AGGRESSION (A)

1. Biting
2. Hair pulling
3. Head butting
4. Property destruction
5. Hitting
6. Spitting
7. Swearing
8. Bullying
9. Verbal aggression
10. Kicking
11. Scratching
12. Other

DEVELOPMENTAL (D)

1. Clingy
2. Cognitive delay
3. Problem focusing
4. Disruptive
5. Doesn't listen to care provider/parent
6. Trouble saying "no"
7. Cries for parent/guardian
8. Trouble with sharing
9. Withdrawn
10. High activity level
11. Impulsive
12. Play problems (initiating, maintaining)
13. Does not seek adult help/resource
14. Attachment problems
15. Poor social skills
16. Rejected by peers

REGULATORY (R)

1. Can't adjust to change in routine
2. Doesn't sleep or rest as needed
3. Toileting problems
4. Feeding difficulties/eating
5. Tantrums
6. Controlling
7. Running away
8. Unable to self-regulate (easily frustrated, screaming)
9. Gaze aversion/lack of eye contact
10. Demanding
11. Irritable
12. Other

PHYSICAL (P)

1. Hearing/language (may appear to not understand)
2. Problems focusing (vision)
3. Gross motor difficulties (bumps into things, unusual gait, etc.)
4. Fine motor difficulties (can't use scissors, fork, etc.)
5. Chronic ear infections
6. Elevated lead level
7. Other

SENSORY INTEGRATION (SI)

1. Perseveration
2. Repetitive speech/echoing
3. Sensitivity to noise, touch, personal space, etc.
4. Under-responsive to stimuli
5. Excessive touching of others/objects
6. Twirling/spinning
7. Easily distracted
8. Other

EXTERNALIZED BEHAVIOR-NOS (EB)

1. Seductive/sexual acting out
2. Fearful
3. Risky behavior
4. Doesn't like to come to child care
5. Bizarre behaviors (unusual body movements, obsessive-compulsive behaviors, makes strange noises, hears voices)
6. Self-mutilation
7. Depressed/sad affect
8. Oppositional/defiant
9. Other

FAMILY CONSENT FORM

Social Emotional Consultation (SEC) services are available to assist families and child care providers with infants, toddlers and preschoolers (birth through age five) who are having difficulty while in child care. Your Social Emotional Consultant is a trained professional with experience working with children and families. Consultation services in your areas are operated by_____ (your local Community Mental Health Services Program). There is no charge for these services.

The SEC who works with you and your child care provider, will observe your child at child care and possibly at home, to gather information about your child. Based on these observations and other information, the consultant will make some recommendations to help the child care experience be more enjoyable and successful for your child. (Recommendations may include things like teaching the child new skills, helping the provider adjust the way she/he interacts with the child, or helping your family through a stressful situation.) The consultant will discuss the recommendations with you and ask if you agree with them. If so, the consultant will work with you and your child care provider to make a plan, and then help put the plan into practice. Consultation services last from a few weeks to 6 months or even longer, depending on the situation.

It is important to remember that a referral to SEC does not mean anything is "wrong" with your child, the child care provider, or the family. It's also important to remember that for this program to be successful, the family, the child care provider, and the consultant must all work together for the good of the child.

You are a very important part of these services. As part of this process, you will be asked to complete a formal assessment of your child before SEC services, and again after SEC services. Also, you will be asked to complete a survey at the end of services to get your feedback on how you felt this service worked for you and your family, and how it can be improved. We are always trying to improve our quality of services and your responses are *critical* to keeping this service available for other families and child care providers.

SEC services are confidential. The consultant will not share information with any other person without your written permission. You may withdraw from SEC services at any time.

*****

- I have been informed about SEC services, as described above.
- I have been informed of my confidentiality/privacy rights.
- I give permission for my child to participate in Social Emotional Consultation services.

_____

Parent/Guardian signature Date Phone No

_____

Parent/Guardian signature Date Phone No

Full name of child _____

Name of child care provider _____

RELEASE OF INFORMATION

This form authorizes the release of protected health information records, including developmental testing, protected under the Regulations in 45 CFR (HIPPA).

- Social Emotional Consultation services, via my Social Emotional Consultant _____(name of SEC) has my permission to release information about my child, _____ (Child's Name), to the persons identified below.
- The persons identified below agree that all information will be discussed in a respectful and confidential manner.
- I understand that I may withdraw my permission to release information at any time.

_____

Parent/Guardian Name (PRINT) Signature Date

_____

Parent/Guardian Name (PRINT) Signature Date

_____

Child Care Director Name (PRINT) Signature Date

_____

Child Care Staff Name (PRINT) Signature Date

_____

SEC Consultant Name (PRINT) Signature Date

_____

Other Person/Agency Name (PRINT) Signature Date

_____

Other Person/Agency Name (PRINT) Signature Date

Contact Log

<table>
<tr><td colspan="3">Provider Name:</td><td colspan="3">Consultant ID:</td></tr>
<tr><td>Date of attempt (mm/dd/yyyy):</td><td>Method of attempt:</td><td>Did you make contact?</td><td>What type of contact did you make? (select all that apply)</td><td>Length of consultation session in minutes, if applicable</td><td>Content of consultation, if applicable</td></tr>
<tr><td></td><td>❑ Phone
❑ Text ❑ Email
❑ Mail ❑ In-person

❑ Other (specify):

❑ Provider contacted consultant</td><td>❑ Yes
❑ No</td><td>❑ Consultation
❑ Scheduling
❑ Referral
❑ Other</td><td></td><td></td></tr>
<tr><td></td><td>❑ Phone
❑ Text ❑ Email
❑ Mail ❑ In-person

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❑ Scheduling
❑ Referral
❑ Other</td><td></td><td></td></tr>
</table>

ACTION PLAN (EXAMPLE*)

**SEC COULD REPLACE WITH eDECA plan that can be generated online after completing the eDECA assessment.*

Child's Name: **Age**: **Date**:

People Present:

A. DECA-I/T T-Scores:	DECA-I/T Score Range (Strength, Typical, Area of Need)
A/R_____	_____
IN_____	_____
SR_____	_____
TPF_____	_____

B. Description of Challenging Behavior(s) (what we see and hear):

C. Function of Challenging Behavior(s) (the "why" behind the challenging behavior; the outcome that results):

D. Plan of Action (what we agree to do to help meet goal(s) and prevent at-risk or challenging behavior and strengthen underlying social and emotional skills)

Social-Emotional Area	Strengths	Goals	Strategies	Person Responsible	Date
Attachment	Home: Care Setting:	Home: Care Setting:	Home: Care Setting:		
Initiative	Home: Care Setting:	Home: Care Setting:	Home: Care Setting:		
Self-Regulation	Home: Care Setting:	Home: Care Setting:	Home: Care Setting:		
Other Area:					

E. Immediate Intervention Strategies (what we agree to do when the challenging behavior occurs)

F. Date, Time, Location of Next Meeting:

_____ _____

Parent/Guardian Signature Date Caregiver/Provider Signature Date

_____

Consultant Signature Date

Satisfaction Survey for Families

Date: _____

Please help us improve our services by filling out this survey and returning it in the enclosed envelope. Your responses will be confidential. Your feedback is very important to us.

Thank you in advance for your cooperation!

Please list your response for each item according to the scale below:
0=strongly disagree 1=disagree 2=neutral 3=agree 4=strongly agree N=not applicable / no opinion

1.	The consultant responded to my referral in a timely manner.	0	1	2	3	4	N
2.	The consultant's role was clearly explained to me.	0	1	2	3	4	N
3.	I felt I had a good relationship with the consultant.	0	1	2	3	4	N
4.	I believe that the consultation service was helpful.	0	1	2	3	4	N
5.	I felt listened to by the consultant.	0	1	2	3	4	N
6.	The consultant respected my opinions.	0	1	2	3	4	N
7.	The consultant answered my questions.	0	1	2	3	4	N
8.	I learned new parenting techniques through my work with the SEC.	0	1	2	3	4	N
9.	My child's behavior has improved.	0	1	2	3	4	N
10.	Overall, I am satisfied with the consultation service I received.	0	1	2	3	4	N

11. What is ONE thing you're doing differently because of the consultation service you received?

_____

12. What was the BEST thing about your experience with the consultant?

_____

13. What is ONE thing that could have been BETTER? How can the consultation service be improved?

_____

14. Would you recommend this consultation service to other parents?

_____

15. Other comments:

_____

OPTIONAL Consultant's Name: _____

OPTIONAL Your Name: _____

Satisfaction Survey for Child Care Providers

Date: _____

Please help us improve our services by filling out this survey and returning it in the enclosed envelope. Your responses will be confidential. Your feedback is very important to us. Thank you in advance for your cooperation!

Please list your response for each item according to the scale below.

0=strongly disagree 1=disagree 2=neutral 3=agree 4=strongly agree N=not applicable / no opinion

1.	The consultant responded to my referral in a timely manner.	0 1 2 3 4 N
2.	The consultant's role was clearly explained to me.	0 1 2 3 4 N
3.	I felt I had a good relationship with the consultant.	0 1 2 3 4 N
4.	I believe that the consultation service was helpful.	0 1 2 3 4 N
5.	I felt listened to by the consultant.	0 1 2 3 4 N
6.	The consultant respected my opinions.	0 1 2 3 4 N
7.	The consultant answered my questions.	0 1 2 3 4 N
8.	I learned new ways to help children with challenging behaviors.	0 1 2 3 4 N
9.	This service positively affected the way I relate to children.	0 1 2 3 4 N
10.	Overall, I am satisfied with the consultation service I received.	0 1 2 3 4 N
11.	I feel the referring situation has improved.	0 1 2 3 4 N

12. What is ONE thing you're doing differently because of the consultation service you received? (Write on back if needed)

13. Would you recommend this consultation service to other childcare providers? Why or why not?

14. How can this consultation service be improved?

15. Other comments:

OPTIONAL Consultant's Name: _____

OPTIONAL Your Name: _____