**The Michigan IECMHC Model Fidelity Check List (FY19)**

**For the Month of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Required Components** | **Fidelity Standard** | **Completed?** |
| --- | --- | --- |
| Referral/Intake | 1. Referral through Resource center 2. Referral checklist completed 3. Site visit w/ QIC 4. Team meeting to determine approach 5. Child Care Participation Agreement completed 6. If Targeted- Reviewed family rights 7. If Targeted- Signed Family Consent 8. Intake form completed | 1. Yes/No \_\_\_ 2. Yes/No \_\_\_ 3. Yes/No \_\_\_ 4. Yes/No \_\_\_ 5. Yes/No \_\_\_ 6. Yes/No \_\_\_ 7. Yes/No \_\_\_ 8. Yes/No \_\_\_ |
| Observation and Assessment | 1. Track observations 2. Targeted- 100% of DECA's completed for all children referred 3. Programmatic- CHILD completed for 100% of classrooms/sites   - CAREgiving Checklist completed for HB sites | 1. Yes/No 2. # of DECAs completed \_\_\_\_ 3. # of CHILD completed\_\_\_\_\_ 4. # of CAREgiving Checklists completed \_\_\_\_ |
| Action Planning | 1. Team meeting held with family/provider to complete plan   *(\*Action Plan completed within 45-60 days OR 6-8 visits from SECs initial contact with provider)*   1. 100% of completed plans for active cases 2. Review of Action Plans   *(\*Must have 1 Goal included to reflect the date for team review of Action Plan- updated at initial action plan meeting and each review meeting- at least every 3 months)*  4. Use of CSEFEL Pyramid Framework/strategies  5. Use of DECA strategies | 1. # of planning meetings\_\_\_\_ 2. # of active cases \_\_\_\_\_\_   # of Action Plans completed\_\_\_\_\_  \_\_\_\_% of Action Plans completed for case load   1. # of Action Plan Reviews completed \_\_\_\_ 2. Yes/No\_\_\_\_\_\_\_ 3. Yes/No\_\_\_\_\_\_\_ |
| Onsite Coaching | 1. 1 visit per Site/Child minimum of biweekly 2. 1-2 hours per visit | 1. # of Visits \_\_\_\_\_\_ 2. # of coaching hours \_\_\_\_\_\_ |
| Coaching | 1. 1 visit per Site/Child (range from weekly – monthly) 2. *1-2 hours* per visit (Minimum *20-25 hrs* of coaching per week) 3. *5-15 hrs* of preparation, follow-up and data entry per week 4. Use of coaching strategies 5. Implementation meetings, minimum *2 hrs* per month | 1. # of Visits \_\_\_\_\_\_ 2. # of hours coaching per hours \_\_\_\_\_\_\_\_\_ 3. # hours for preparation, follow-up and data entry \_\_\_\_\_ 4. CEFEL/DECA Strategies used (Y/N) \_\_\_ 5. # implementation meeting hrs \_\_\_\_ |
| Provider/Family Satisfaction | 1. 100% of Provider/Family surveys completed upon exit | 1. #of cases Exited \_\_\_\_\_ # of Surveys completed \_\_\_\_\_   % of surveys completed \_\_\_\_\_\_\_\_ |
| Training: Provider & Formal Community | 1. Varies | Yes/No \_\_\_\_\_\_ |
| Reflective Supervision | 1. Reflective supervision, minimum 2hrs per month (Recommended: Individual ***and*** Group setting) | # of Individual hours\_\_\_\_\_  # of Group hours\_\_\_\_\_\_\_ |
| Administrative Supervision | 1. Administrative supervision, minimum 2hrs per month | Yes/No\_\_\_\_\_ |