**Help Me Grow ECE Site Implementation Plan**

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| **Site Information** |
| Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Program Type:  Center  Family Child Care  Site Contact Person Name: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Best Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Preferred Contact:  Phone  Email  If Center, # of Classrooms: Preschool\_\_\_\_\_\_\_ Toddler\_\_\_\_\_\_ Infant\_\_\_\_\_\_ # of Staffs: \_\_\_\_\_\_\_\_  Capacity total# \_\_\_\_\_\_\_\_\_\_ 0-3 Years\_\_\_\_\_\_\_\_\_\_\_\_3-5 Years\_\_\_\_\_\_\_\_\_\_\_  # of children with IEPs: \_\_\_\_\_\_\_\_\_\_ # of children with IFSPs: \_\_\_\_\_\_\_\_\_\_  Initial QRIS rating in Element 2: developmental and health screenings \_\_\_\_\_\_\_\_\_\_\_\_Goal Rating \_\_\_\_\_\_\_\_  Screening tool(s) to use:  ASQ-3 Paper  ASQ:SE-2 Paper  ASQ-3 online  ASQ-3 & ASQ:SE Online  Interest in developing a Screening and referral protocol:  Yes  No  Is your program requesting Lic701 form from parents annually?  Yes  No |

**Universal Screening implementation plan**

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| **IMPLEMENTATION PROCEDURES** | **CONTENT/ACTIONS** | **Who** | **WHEN** |
| Training(s) | Understanding Help Me Grow  ASQ-3  ASQ:SE-2  ASQ-3 & ASQ:SE-2  ASQ Online  **Comments:** | Program Director  Site Supervisor  Teachers  Office Staff \_\_\_\_\_\_\_\_\_\_\_  Coach  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Inform Parents of screening | Letter  Email  Parent Orientation  Enrollment packet  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Comments:** | Program Director  Site Supervisor  Teachers  Office Staff \_\_\_\_\_\_\_\_\_\_\_  Coach  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Distribute Screens to Parents and Caregivers | Email Family Access Link(s)  Paper Copy Sent Home  Enrollment Packet  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Comments:** | Program Director  Site Supervisor  Teachers  Office Staff \_\_\_\_\_\_\_\_\_\_\_  Coach  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Collect and score ASQs | Centralized Collection and Scoring  Collecting and Scoring by Individual Class  Use Tracking Form (Program or Class)  ASQ Online Management  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*\*For families who haven’t responded yet, send out 2ND/3rd reminder)  **Comments:** | Program Director  Site Supervisor  Teachers  Office Staff \_\_\_\_\_\_\_\_\_\_\_  Coach  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Inform Parents and Caregivers of Their Children’s Screening Results | Letter of Result & Activity Sheets Sent Home  Parent/Teacher Conference  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Comments:** | Program Director  Site Supervisor  Teachers  Office Staff \_\_\_\_\_\_\_\_\_\_\_  Coach  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Conduct referrals and document Follow-Up Actions | Parent/Teacher Conference for Possible Referrals  Referrals to Local Resources and Services (HMG, Regional Center, School District)  Develop and Implement Intervention strategies/adaptations  Onsite Child Support Team  Tracking Form documentation  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Comments:** | Program Director  Site Supervisor  Teachers  Office Staff \_\_\_\_\_\_\_\_\_\_\_  Coach  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Develop a Screening and referral protocol | Review and Evaluate Current Process  Meeting with Key Staff for Protocol Development  Create a Screening, Referral and Resource Binder  **Comments:** | Program Director  Site Supervisor  Teachers  Office Staff \_\_\_\_\_\_\_\_\_\_\_  Coach  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |