**Help Me Grow ECE Site Implementation Plan**

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| **Site Information** |
| Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Program Type: [ ]  Center [ ]  Family Child CareSite 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |