Assessing Trauma and Child Development:

1. N	faximize the child's sense of safety. (Immediate)
] In-home safety plans in place if the child remains in
	home
I] If out-of-home, safety plans or restrictions are
	developed about who may have access to the child and
	when
I] If out-of-home, child has beloved objects that comfort
	her
] Child is with someone who makes them feel safe
Į] Routines or rituals are continued. Special considerations a
	made for the child's routines in calming and soothing care
	upport caregivers of the child in meeting the Child's nee
271	mmediate)
] Caregiver knows and understands children age 0-5
] Immediate physical needs of child are resolved
Ţ] Caregiver has been given information about what has
	occurred in the child's life and is prepared on how to
114	handle difficult situations which may occur.
k	Caregiver has supports in place for respite that the child
	knows Caregiver has people/professionals to contact if she has
ř	questions about the child's behavior, mood, or needs
T	Routine and schedule in the home meets the needs of
1 1	the child (naps, meals, transitions)
3 D	etermine if referral for a child is needed
] screen whether child is exhibiting symptoms that
-	indicate a need for referral
	Refer to chart of behaviors
	Ask the caregivers for weekly contact about the
	child's behavior, mood, and needs (eating, sleeping,
	or changes in play)
	Contact other care providers about any changes in
	mood or behavior in the child
1] Fill out the Child Welfare Trauma Tool
1] Use decision tree to determine whether or not a referral

[] If behavior changes are reported, refer back to the

should be made

referral tool and decision tree

Checklist for Infants and Toddlers

- If decision tree ends with referral, choose a therapist who is trained and skilled and make referral
- [] Consider factors of therapist's skill, availability and experience:
 - What tools or assessments does the therapist use to determine whether or not treatment is necessary?
 - Is the therapist trained in Child Parent Psychotherapy or Parent-Child Interaction therapy?
 - Is the therapist trained in any other evidence based model of therapy for children 0-5?
 - Does the therapist have ongoing training, consultation and/or supervision?
 - Are there cultural competency issues or special needs that need to be addressed?
 - Is the clinician willing to participate in the court process, school/daycare meeting, team meetings etc.?
 - · How soon will the child be seen?
 - · Who needs to accompany the child?
- [] Make referral to the chosen therapist

5. Provide collateral information to the therapist

- [] Information about the traumatic event that occurred
- [] Early Development Network (EDN) Part C Evaluation if they have been done
- [] Pertinent medical information
- [] Signed releases to daycare, medical, and other providers
- [] Access to the biological parents and/or the foster parents

6. Maintain ongoing collaboration with the therapist

- [] Framework for therapy is developed including:
 - [] Goals for treatment
 - [] Who is to be involved in the treatment
 - [] Transportation for those involved in treatment
- [] Therapist has provided you an assessment within 30 days of seeing the child
- [] Therapist is invited to monthly team meetings, school/daycare meetings, or court proceedings, if necessary
- [] Therapist provides monthly updates about the progress of treatment
- [] Monthly updates include recommendations regarding the needs of the child
- [] Recommendations are being followed





CAPTA/EDN Part C Evaluation and Services:

- [] Make CAPTA Referral to local EDN (Early Development Network) Program (PS-90) - copy in file
- [] Ensure EDN evaluation includes social-emotional assessment
-] Obtain PS-90/CAPTA referral outcome information from EDN – copy in file
- [] If parent is not responding to EDN for evaluation, request order from court

*If child qualifies for EDN:

- [] Obtain copy of MDE (Multi-Disciplinary Evaluation)
- [] Obtain copy of IFSP (Individualized Family Service Plan)
- [] Submit copies of MDE/IFSP to court/parties
- [] Attend IFSP meetings
- [] Submit copies of updated IFSP to court/parties
- [] Refer to Early Head Start (ages 0-2) or Head Start (ages 3-5)

*If child does not qualify for EDN:

- [] Obtain copy of MDE
- [] Submit copies of MDE to court/parties
- [] Re-Refer child for another EDN evaluation 6 months later if concerned with developmental delays
- [] Refer to Early Head Start (ages 0-2), Head Start (ages 3-5) or Pre-school program (ages 2-5)
- [] Include all above information in safety assessment and court report

Through the Eyes
OF THE
CHILD INITIATIVE

* Medical Care

Checklist:

[] Medical home is established/ maintained for child
,	[] Include information on medical home in court report
L	Within 15 days of entering care, child has received
	comprehensive health examination (Well-child check/EPSDT)
ſ	Provide pediatrician with collateral information regarding
L	worker, parent, foster parent concerns of development
	and health of the child
ſ] Child receives regular well-child check/EPSDT examination
١	by pediatrician at:
	[] Birth [] 1 month [] 2 months
	[] 4 months [] 6 months [] 9 months
	[] 1 year [] 15 months [] 18 months
	[] 2 years [] 3 years [] 4 years
	[] 5 years
[] Encourage parent(s) to attend well-child check
	[] Ensure parent has transportation
[] EPSDT examination includes screening for:
	[] Cognitive and language developmental delays
	[] Gross-motor developmental delays
	[] Social-emotional developmental delays
	[] Vision
	[] Hearing
_	[] Dental
L	Provide results of well-child check to court/parties
r	[] Include information in safety assessment/court report
L] Ensure pediatrician referrals for further evaluation and/or
	services have been implemented [] Include information in safety assessment/court report
ſ] Child receives all required immunizations at:
L	[] Birth-2 weeks [] 2 months [] 4 months
	[] 6 months [] 12 months [] 15 months
	[] 18 months [] 4 years
[Child receives lead testing at 12 months and 24 months
	Child receives eye exam by age 3 and every year thereafter
	[] Obtain results of eye exam
	[] Submit copies of eye exam to court/parties
	[] Includes results from eye exam in safety assessment/court report
[] Child receives dental exam by age 1 and every 6 months thereafter
	[] Obtain results of dental exam
	[] Submit copies of dental exam to court/parties
	[] Include results from dental exam in safety assessment/court
5	report



Child Care Checkl	* S‡:
-------------------	--------------

		if needed
] Payment has been arranged (change
		from private pay to Title XX)?
l] Does the current childcare accept
١		Title XX?
١] Visit the childcare within 7 days to
		assess quality.
		Date Visited:
I	٨	no the fellowing items arecent?
/		re the following items present?
		Positive relationships (Does the child
		seem happy-excited- engaged?)
	[] Plan for support if behavior changes
] Safe environment
] Best practice or developmentally
		appropriate activities
] Substantial amount for children to
		experience free playtime
] Does the staff have training on
		supporting children in out of home care?
	[] Discipline policy that matches
		developmentally appropriate
		expectations.

[] 6 weeks		
Notes:		
[] 4 months		
Notes:		