Assessing Trauma and Child Development:

1. Maximize the child’s sense of safety. (Immediate)
   - In-home safety plans in place if the child remains in home
   - If out-of-home, safety plans or restrictions are developed about who may have access to the child and when
   - Child is with someone who makes them feel safe
   - Routines or rituals are continued. Special considerations are made for the child’s routines in calming and soothing care.

2. Support caregivers of the child in meeting the Child’s needs. (Immediate)
   - Caregiver knows and understands children age 0-5
   - Immediate physical needs of child are resolved
   - Caregiver has been given information about what has occurred in the child’s life and is prepared on how to handle difficult situations which may occur.
   - Caregiver has supports in place for respite that the child knows
   - Caregiver has people/professionals to contact if she has questions about the child’s behavior, mood, or needs
   - Routine and schedule in the home meets the needs of the child (naps, meals, transitions)

3. Determine 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
   - Fill out the Child Welfare Trauma Tool
   - Use decision tree to determine whether or not a referral should be made
   - If behavior changes are reported, refer back to the referral tool and decision tree

4. 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
Medical Care Checklist:

- [ ] Medical home is established/maintained for child
- [ ] Include information on medical home in court report
- [ ] Within 15 days of entering care, child has received comprehensive health examination (Well-child check/EPSDT)
- [ ] Provide pediatrician with collateral information regarding worker, parent, foster parent concerns of development and health of the child
- [ ] Child receives regular well-child check/EPSDT examination 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
- [ ] Provide results of well-child check to court/parties
- [ ] Include information in safety assessment/court report
- [ ] Ensure pediatrician referrals for further evaluation and/or services have been implemented
- [ ] Include information in safety assessment/court report
- [ ] Child receives all required immunizations at:
  - [ ] 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 report

Child Care Checklist:

- [ ] Child has been enrolled in daycare, if needed
- [ ] Payment has been arranged (change from private pay to Title XX)?
- [ ] Does the current childcare accept Title XX?
- [ ] Visit the childcare within 7 days to assess quality.
  - Date Visited: ________________

  Are 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.

  Check in at:
  - [ ] 2 weeks
  - [ ] 6 weeks
  - [ ] 4 months
  - [ ] Notes: __________________
  - [ ] __________________
  - [ ] __________________
  - [ ] __________________
  - [ ] __________________
  - [ ] __________________
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