Project PLAY
Positive Learning for Arkansas' Youngest

Child Care & Child Welfare Partnership Toolkit

This toolkit is designed to enhance the important partnership between child care providers and family service workers in the child welfare system, with the goal of ensuring that children in the foster care system get the best care possible. As the division directors of the Arkansas Department of Human Services (DHS)/Division of Children and Family Services (DCFS) and the Division of Child Care and Early Childhood Education (DCCECE), we know how important it is that we work together in the interests of the child. It is critical that child care providers understand the impact of abuse and neglect on children, the special role they can play in the lives of foster children and how they can partner with child welfare staff. It is equally important that child welfare staff understand the impact that experiences in child care have on children's development and to partner with child care staff.

We hope that you will find the resources in this toolkit helpful in improving communication to meet the needs of children in foster care. These resources were designed to provide 'food for thought' about appropriate sharing of information, and so it is not necessarily that you use every tool in this kit, or every form exactly as written. What is important is that child care providers and child welfare staff enhance their communication and partnership for the benefit of the children in both of their care. Both of your work is critical to the health, safety, and well-being of young children. Working together we can help ensure these children receive the best child care possible! In this toolkit you will find:

- A brief article about the impacts of trauma on young children and what caregivers can do to help.
- An "Information Exchange Guide" designed to 'jump-start' the sharing of information between the child care provider and the family service worker (caseworker). You may choose to use this communication guide as is, or incorporate pieces of it into your normal paperwork. The important thing is to share information when that sharing is in the best interest of the child and maintains confidentiality laws.
- A "Child Progress Update" form that teachers may want to complete and give to the family service worker to let them know how the child is doing in the preschool classroom. This information may be useful for the family service worker in the ongoing development of the child's case plan and in reporting to the court.
- Information about how to obtain immunization records when needed.
- "Saying Goodbye" – Suggestions for creating a smooth transition when it is time for the child to leave the center.
- A "Developmental Milestones" handout with information on typical behavior for children of different ages and suggestions for teachers/caregivers/parents to promote healthy development in young children.

For best practice, we all agree that sharing information is permitted if in ***best interest of the child****. The toolkit is designed to help facilitate communication between important adults in the child's life.*

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Child Care Center and Child Welfare Information Exchange

Child Care Center Information:

Name of Child Care Center:	Name of Director**:**
Address:	Telephone Number:
Name of child's teacher:	Name of assistant/co-teacher:
Names and roles of other staff involved (e.g. mental health consultant, speech therapist, etc.):	

DHS - Division of Children and Family Services Information:

Name of Family Service Worker: Phone number(s):	Family Service Worker email:
Name of DCFS Supervisor: Phone number(s):	Supervisor email:
Name of usual transporter (if known): Phone number(s):	Transporter email:
Name of Health Service Worker: Phone number(s):	Health Service Worker email:
Names and roles of other staff involved (e.g. therapist, speech therapist, etc.):	

The information on this form should be treated as confidential to protect the privacy of child and family.

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Sharing information is permitted if it relates to providing the best possible care and services for a child in foster care. The Division of Children and Family Services (DCFS) encourages parents, family service workers, and child care providers working together in the child's best interest. This information should not be shared with those not involved in the care and support of the child.

Child Information

(Can be obtained from conversation with the resource parent, family service worker, health service worker, or other involved team member):

Child's Name:	**Child's Date of Birth:**

Child and Family History Information:

About how long has the child been in DHS custody?
Who did the child live with prior to entering foster care (parents, siblings, others)?
Child's current living situation (who lives there, how long child has lived there)?
Current involvement with biological parent(s). Indicate whether the child will have visitation and whether parent(s) may be in contact with child care staff.
How many resource families (foster families) has child lived with?
How many child care facilities has child been enrolled in since coming into DCFS custody?

Medical and developmental assessment (Health Service Worker is most likely to have this information)

Results of Any Developmental Assessments (such as information about developmental delays or strengths):
Known Health Issues (such as Allergies, Medications, and Illnesses):
Does center have copy of immunization record? ☐ Yes ☐ No If no, contact Health Service Worker or see INC form in this Toolkit for acquiring through Department of Health.

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Additionally child care providers may ask for:

_____Copy of Medi-Alert. This form describes the child's medical information that was gathered when they first came into the care of DCFS including allergies, physical or mental health problems, special needs, etc.

_____Information on the child's trauma or other history that would help the teachers in understanding the child's needs and providing sensitive care. For example, based on the child's history, teachers can be alert for specific fears (e.g. men, women, punishment, being left alone, loud voices, sleeping, toileting, etc.)

Notes:

Best Practice Tips for Ongoing Two-way Communication:

Over time, both the child care staff and the child's family service worker will have additional information about the child. As new information becomes available, all parties can contribute to "best practice" by sharing pertinent information in the best interest of the child. Below are suggestions of the kinds of information to share that might be helpful in serving the child.

*** Note, that communication is best when it goes both ways. Some of the information below may be provided by Family Service Worker, some by the teacher or resource family.***

Developmental and/or Health Assessments updates

Sharing assessments provides teachers with information needed to address any special needs the child may have. This information helps the teacher make adaptations to the classroom curriculum and daily schedule and provide support to the child in areas where he/she might have fallen behind.

If known fill in next expected dates

Doctor visit(s): _____

Developmental evaluation: _____

Findings:

Suggested Classroom Adaptations:

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Schedule Updates

The more teachers and families know about any upcoming changes in the child's daily schedule, the better they can prepare the child**. The goal is to lessen scary experiences (and resulting behavior problems) by preparing the child with age appropriate, nurturing words and actions to soothe and support coping skills.** If know, expected dates/times can be filled in below. If exact date is unknown, an estimate might also be helpful in the teacher being able to prepare the child:

Court Date / Times (or estimate)

Date/time(s): _____

Estimated date/time: _____

Notes:

Appointments / Visitation (or estimate)

Date/time(s): _____

Estimated date/time: _____

Notes:

Provide a copy of the classroom daily schedule. Copy given to:

Family Service Worker: _____

Foster parent: _____

Transporter: _____

Other: _____

Teacher suggestions of times of day to avoid if possible:

Lunch time: _____

Please avoid nap if possible: ☐ Yes ☐ No

(Some children really need their nap. Others rarely sleep at nap time. Teachers can share this information.)

Notes:

Notice of transition plans

Changes can't always be anticipated, but when they are known in advance teachers can help prepare children for upcoming changes in home placement, visitation, etc. (For example, the teacher and resource parents can make a plan for the classroom to say goodbye to the child.)

Notes:

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Teacher feedback on the child's progress in the classroom

The teacher might provide this to the child's resource parent, family service worker, CASA volunteer, or other team member. A progress report like the one included with this toolkit might be shared in court or with special service providers. List dates a progress report was prepared and who it was shared with.

Progress report(s)

Date completed: _____ Copy given to: _____

Date completed: _____ Copy given to: _____

Date completed: _____ Copy given to: _____

Case planning meetings

Teachers and other service providers (e.g. mental health consultant or other professionals who work in the child care setting) may also be able to help out by attending case planning meeting. These meetings can include any adults working together in the best interest of the child. Please indicate willingness to participate:

Name/relationship to child: _____

Name/relationship to child: _____

Name/relationship to child: _____

Expected dates of case planning meetings, if known:

_____ _____ _____ _____ _____

Notes:

Visitation

Finding a facility that is comfortable to the child for family visits can be a challenge for family service workers. Some child care centers may be willing to help in this important task. For a child who feels a sense of security in the child care setting, that may be a good location for visits. Familiar toys and surroundings can be a comfort for a child in foster care.

Child care director - Please initial below to indicate whether you would be willing to discuss providing a space for the child's parent to participate in supervised visitation at the child care center.

_____ yes _____ no

Notes:

Staying on top of all this information is easier said than done. Family service workers are bound by court orders that may not allow for advance notice and are busy with multiple clients. Child care providers have minimal time during the day for "extras." However, the more we can share, the better we can serve the child.

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Additional notes

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Child Progress Update from Child Care Provider

Instructions:

A staff member who is around the child day-to-day should fill out this form. Children grow and change. Think about what you have noticed about the child in the past few weeks. Think of an average rather than the child's best or worse day. Fill in the circle under the column that comes closest to what you are seeing. You can share a copy of the completed form with the foster parent and with the child's DCFS caseworker.

Child Care Center Information:

Name of Child: Date child was enrolled at center:

Name of Child Care Center: Telephone Number:

Name of Director or Teacher Completing the Update Form:

Date this form completed:

Child Adjustment in the Classroom

Please mark the answer that best describes the child's behavior during the past 30 days.	**Not at All**	**Sometimes**	**Often**	**Unknown or NA**
1. Child seeks help or comfort from teachers when needed	0	0	0	0
2. Child joins in play with other children in the class (Mark NA if child is under 2 years old)	0	0	0	0
3. Child uses toys and materials appropriately for age	0	0	0	0
4. Child seems fearful, anxious, or nervous	0	0	0	0
5. Child has temper tantrums or excessive crying	0	0	0	0
6. Child is aggressive with other children (fights, hits, bites, yells)	0	0	0	0
7. Child has toileting problems (frequent diarrhea or constipation, unusual behavior or fears, was toilet trained and now is not).	0	0	0	0
8. Child has eating problems (refuses to eat, frequent upset tummy, etc.)	0	0	0	0
9. Child has nightmares or does not sleep during naptime	0	0	0	0
10. Child arrives in the child care center ready for the day (fed, well-groomed)	0	0	0	0

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Child Development

Please mark the answer that best describes how you think the child is developing compared to other children his or her age. Think about what you have noticed in the past 30 days.	Below Age Level	About Age Level	Above Age Level	Unknown or NA
11. Child's verbal/language skills (talking, listening)	0	0	0	0
12. Child's fine motor skills (brings hands together, use a spoon, crayons, scissors, etc.)	0	0	0	0
13. Child's gross motor skills (crawling, pulling up, walking, running, jumping, throwing, etc.)	0	0	0	0
14. Pre-academic skills (listening to stories; naming colors, letters, or numbers, puzzles, etc.). Mark NA if child is under 3 years old.	0	0	0	0
15. Social-emotional skills (Infants – toddlers: calming down when soothed, seeking adult for help, greeting, etc. Preschoolers: recognize feelings and use feeling words, ask a peer to play, follow rules, get along with others, control strong impulses, take turns, share, engage in pretend play, etc.)	0	0	0	0

Please describe any special strengths you have noticed about the child:

Please describe any concerns you have about the child:

Has the child care center referred the child for testing or special services? Yes No

Has the child received any special services in the past 30 days? (Examples - speech therapy, mental health therapy, special education) Yes No

If yes, please list what type of service:

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Immunization Network for Children - INC

The Arkansas Department of Health maintains the Immunization Network for Children (INC). This is a registry of immunizations received for children living in Arkansas. Doctors and other medical providers in Arkansas report all immunizations given to children up to age 22 years to the INC.

Directors (or appointed staff) of licensed Child Care Center can apply for access to the registry. After being set up in the system, the director or appointed staff will receive a password to access children's immunization records. Access to a particular child's records then requires a permission form signed by the parent/guardian. The password cannot be exchanged between individuals even within the same center or agency. Anyone accessing the registry must follow HIPPA guidelines of confidentiality.

The INC is an important resource:

- It helps us ensure children have the shots they need to stay healthy.
- It can keep children from having to get unneeded extra shots due to missing records. (The INC can even access records of children from out of state)
- It can help child care centers have the records they need to comply with licensing and to get children's records updated periodically.

DCFS Health Service Workers can access medical and immunization records for all children in foster care. You may want to ask the child's family service worker for contact information for the health service worker in your area. Or go the Department of Health website:

http://www.healthy.arkansas.gov/programsServices/MeaningfulUse/Pages/ImmunizationRegistry.aspx

The INC Help Desk
Phone: 501-280-4080

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Saying Goodbye - Helping Children in Foster Care as They Leave a Child Care Center

For children in foster care staying enrolled at the same child care center when they move from family to family can be a 'best case scenario.' Staying with a teacher who has provided structure and nurturing can provide a feeling of safety and comfort as the child adjusts to changes in the home situation.

However, sometimes that is just not possible. When a child must leave a child care center the adults in his/her life can work together to try to ease the child's transition. Adults in a child's life might include resource family (foster parents), biological parents, teacher(s), child care director, family service worker, CASA volunteer, attorney, and others. The various important adults can work together to plan a supportive transition.

Possible elements of a child care transition plan are listed below. While not all of these activities may be possible in every situation, the main point is that transitions from child care should be planned in advance, with the understanding that it is difficult when children experience changes to their daily routine, especially when they are being separated from teachers and children they care about.

Ideas to Support a Smooth Transition

Put a check to the left of items which are "doable." List team members willing to help with that item.	
	Share information on dates/time table for transitions. The transition should not come as a surprise to the teacher or the child.
	Take photos of the child with teachers and peers. Print, label, date and give to child/family.
	Make a large card or poster with art work, pictures, and signatures of peers and teachers.
	Give the child a transition object to take along. This could be a classroom toy, blanket, or other object the child liked and used a lot.

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	Help the child keep track or hang on to special things (such as the 3 items above). Let the transporter or new family/teacher know what and where these things are and why they are important to the child.
	Words are more important than things. Make sure the child is hearing words of support and encouragement from the adults around him/her.
	Provide a good-bye party with special snacks. Make the child feel special. Let her know she will be missed.
	Arrange to call the teacher periodically as the child is adjusting to the new situation. It is distressing for children when adults they care about abruptly disappear from their lives.
	Try to provide similar routines and daily schedule in the new setting by informing new caregivers of previous routines.
	Make a "Welcome Packet" for the new child care center that outlines the child's strengths and likes/dislikes and includes contact information from the old child care center.
	If there was little or no advance notice, prepare a packet for the child with items similar to those described above. Deliver or mail the packet to the child.*

* Keep in mind that in some cases placement instability may be a factor for the child. We hope that quality childcare will support placement stability.

In all these efforts, the bottom line is to help every child feel he is wanted, cared for, and special to those around him.

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