

PROGRAMMATIC CONSULTATION FY21

Optional Forms/Documents

The following best-practice tools are listed in the order that they are discussed in the SEC Curriculum that details the Programmatic Consultation processes. These documents/forms are NOT required, and are useful in the consultation process.

Form/Document	Notes
1. Programmatic Needs Description Key	The Reasons for Referral for Programmatic Consultation include: <i>Promoting Social-Emotional Development, Daily Routines, Environment, Caring Connections, Activities & Experiences, Partnerships between Teachers and Families, Staff Relations, Other not listed.</i> The Needs Description Key can be used as a tool when discussing initial needs with providers to help generate ideas, if Programmatic needs are not already apparent at Intake.
2. Frequently Asked Questions about SEC	-Used to help answer common questions that providers/families may have
3. Letter to Provider	-To inform provider about SEC services and ways to describe services to families.
4. Letter to Families	-To help providers describe SEC services to families.
5. When to Refer a Child due to Social Emotional Concerns	-Used to help identify the appropriate fit of SEC services by describing common developmental/behavioral red flags children may exhibit, categorized by age.
6. Cover Letter- Satisfaction Survey for Child Care Providers	-Used to describe the importance of garnering feedback from Providers about their experience with SEC services and request to complete the survey.

Social Emotional Consultation Referral Form FY21

(Fillable PDF available on website: Printable Forms)

Date of referral (mm/dd/yyyy): ____/____/____	
Provider name:	License number:
Who initiated the referral? <input type="checkbox"/> Resource Center Staff <input type="checkbox"/> SEC <input type="checkbox"/> Self-Referral <input type="checkbox"/> SUD Coordinator/Specialist <input type="checkbox"/> Other, specify: _____	Name of person who initiated the referral (first & last): Contact number of person who initiated the referral: (____) ____ - ____
Type(s) of consultation requested: <input type="checkbox"/> Programmatic Consultation <input type="checkbox"/> Child/Family Focused Consultation <input type="checkbox"/> Unsure/Undecided	Was the SEC referral Checklist (included in this form) completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

PROVIDER CONTACT INFORMATION		
Date provider information collected (mm/dd/yyyy):	Provider type: <input type="checkbox"/> Licensed Center <input type="checkbox"/> Registered Family Home <input type="checkbox"/> Licensed Group Home <input type="checkbox"/> Enrolled Subsidized Unlicensed <input type="checkbox"/> Provisional License <input type="checkbox"/> Licensed exempt (Family, Friend, Neighbor)	Provider star rating (if applicable):
Provider street address : PO Box : City : State : Zip code : Office ph: ()		
Name of director/registrant/licensee (first & last) : Ph: () Cell: () Email : Is the director/registrant/licensee the primary contact person for this provider? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of primary contact person (first & last name): Ph: () Cell: () Email : *Communication preference : <input type="checkbox"/> Call phone <input type="checkbox"/> Call cell <input type="checkbox"/> Text <input type="checkbox"/> Email *Time of communication preference : <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening		
Initial Concern:		

SEC Referral Checklist FY21

Use this brief checklist to help you identify if a link to a social and emotional consultant might be helpful to your program. A checked box *to even one* of the criteria listed warrants an appropriate referral:

1. Staff need training to recognize social and emotional typical and atypical milestones.	<input type="checkbox"/>
2. Staff need training in trauma/ACES/substance misuse in order to provide appropriate (trauma informed) care for infants, toddlers, young children and their families.	<input type="checkbox"/>
3. Staff need support to screen children annually for social and emotional health using a published assessment tool like the Ages and Stages Questionnaire.	<input type="checkbox"/>
4. Staff need more support when challenging behavior or situations (divorce, trauma, substance misuse, etc.) occur in our care setting and/or community.	<input type="checkbox"/>
5. There is a child or children whose behavior or emotions are very frustrating or worrisome to staff/families.	<input type="checkbox"/>
6. One or more staff feel stressed or burned out.	<input type="checkbox"/>
7. One or more child(ren) has been asked to leave or had their day shortened in the past year.	<input type="checkbox"/>
8. Moving from one activity to the next throughout the day feels chaotic or overwhelming to staff/child(ren).	<input type="checkbox"/>
9. Staff are having trouble with or are concerned about certain families' well-being (divorce, traumatic events, substance misuse, etc.)	<input type="checkbox"/>
10. Staff have difficulty getting along with one another and/or with families of children they care for.	<input type="checkbox"/>
11. Children are reprimanded for expressing their emotions (e.g. "Stop crying, there is nothing to be sad about")?	<input type="checkbox"/>
12. Staff need help to promote each child's unique temperament and developmental level (e.g. can active children explore freely, are slow to warm children given time to transition, etc.)?	<input type="checkbox"/>
13. The provider needs support to write/implement a policy to prevent expulsion ¹ and suspension for infants, toddlers and preschoolers (e.g. written documentation that all staff/families are aware of)?	<input type="checkbox"/>
14. The provider needs support to write/implement a discipline/positive guidance policy in place (e.g. steps for how to support children with challenging behavior)?	<input type="checkbox"/>

¹ *Expulsion* refers to terminating the enrollment of a child or family in the regular group setting because of challenging behaviors. *Suspension* includes all other reductions in the amount of time a child may attend-the regular group setting.

For RC Staff Only:	YES	NO
Was a referral made to the Social Emotional Consultant?	<input type="checkbox"/>	<input type="checkbox"/>
Date referral sent to SEC: Click here to enter a date.		
Notes: Click here to enter text.		

Programmatic Needs Description Key

Social Emotional Programmatic Consultation can be used to improve the following areas:

<p>1. Schedules, routines, and activities</p> <ul style="list-style-type: none"> • Visual schedules are posted and utilized • Provider-directed activities are less than 20 consecutive minutes • Large and small group activities are utilized • Clear <i>beginning</i>, <i>middle</i> and <i>end</i> of activities are emphasized • Use of Child AND Provider directed activities alternated throughout the day • Children are warned of changes in the daily routine <i>prior</i> to the change • Provider alters the provider driven activity when the majority of the children are not actively engaged or interested • Individualized support/cues are given to children needing more support (proactively)
<p>2. Transitions between activities</p> <ul style="list-style-type: none"> • Transitions are structured (use of music, song, lights, timers, etc.) • Warnings are given preemptively (e.g. 15, 10, 5, 1 minute intervals) • Children are actively engaged in the transition (song, dance, movement, etc.) • Expectations and steps of transitions are discussed proactively • Positive, descriptive feedback is given during and after transition (e.g. “Thank you for putting your leggos in the basket and singing along with us as we walk to lunch”.) • Individualized support is given when needed • Children who are waiting, remain actively engaged during transition
<p>3. Engaging in supportive conversations with children</p> <ul style="list-style-type: none"> • Provider acknowledges when a child communicates (or attempts to communicate) to him/her • Children are greeted/called by their names consistently during the day • Children are actively engaged in conversations • Provider joins children in play AND conversations about their play • Provider’s tone is consistently positive, calm and supportive • Provider responds to comments and ideas by asking questions and comments • Positive descriptive praise is used for skills, behavior and activities (e.g. “I noticed how you picked up that crayon and handed it back to your friend, when she dropped it. That was very kind.”) • Play is joined by the provider to expand ideas and interactions with other children • Alternative communication strategies are used with children who are nonverbal, delayed or dual language learners (e.g. visual/pictorial schedules, sign language, hand gestures or use of a translator etc.)
<p>4. Promoting children’s engagement</p> <ul style="list-style-type: none"> • General guidance is given around choice and engagement • Developmentally appropriate activities are provided for all children • Communication happens at eye level (talking, pictures, visual schedules etc.) • Opportunities for active engagement are offered during provider-directed large group activities • Assistance is given around free choice/organized activities • Choice is given in large group, small group and center activities • Positive, descriptive feedback is given regarding engagement during and after activities • Individual assistance is given for children engaged in challenging behavior to support engagement in the activity • Provider modifies instruction or activity when children lose interest
<p>5. Teaching children behavior expectations</p> <ul style="list-style-type: none"> • Behavior expectations/rules are limited in number, and posted with positive wording and with visuals • Expectations/rules are reviewed with children before and during an activity • Positive, descriptive feedback is given linking the behavior directly to the expectations/rules (e.g. “You kept the glue on the paper, only. Thank you for making a good choice.”) • Discussion is facilitated around critically thinking about the expectations/rules
<p>6. Providing Directions</p> <ul style="list-style-type: none"> • Directions are simple, short and specific • Tell children when they <u>can</u> do, not what they can’t do • Consistent, positive, descriptive feedback is given (e.g. “I see your walking feet. Thank you for being safe.”) • Expectations/directions are given <u>prior</u> to beginning an activity • Individual redirection is given to kids who are not engaged • Check in’s happen with the kids to ensure understanding of the directions • Individual directions are given when needed (additional prompt, nonverbal prompt along with verbal direction, picture prompts)

<p>7. Teaching social skills and emotional competencies</p> <ul style="list-style-type: none"> • Naturally occurring opportunities across the day are used to teach social skills/ emotional competencies • Structured activities or opportunities are given for children to work together • A variety of strategies are used to help children learn specific skills (discussion, role play, and describing observations of children in the classroom who demonstrated the skill) • Small/large- group settings are used to teach social skills/ emotional competencies (e.g., social stories “Tucker Turtle”, friendship skills, problem solving, emotional literacy) • Expected social skills AND emotional competencies are modeled while describing the behavior • Positive and descriptive comments are used with children who are using social skills and expressing their emotions in appropriate ways • Children are encouraged to reflect on their use of social skills/emotional competencies individually and in groups • Instruction is given on social skills/ emotional competencies (e.g., one-on-one instruction as needed, different prompting strategies) based on children’s developmental needs • Procedures/materials vary across children to account for individuality
<p>8. Collaborative teaming</p> <ul style="list-style-type: none"> • All adults are engaged with children during classroom activities/routines • All adults’ tone of voice are consistently positive with one another • Providers’ roles/expectations are clearly defined • Engagement with children happens from everyone who enters the room, including related services personnel/administrators, etc. • Nearly all interactions/conversations between adults are related to children or classroom activities • Caregiving duties, instruction giving, and roles are shared among team members/adults • Positive feedback is given to each adult about something that is going well with a child/activity • Children initiate and reciprocate positive interactions with all providers
<p>9. Using effective strategies to respond to challenging behavior</p> <ul style="list-style-type: none"> • Developmentally appropriate generic strategies are <i>consistently</i> implemented (e.g., time away from group or activity, redirection, planned ignoring) in response to challenging behavior that occurs • Children are told the expected behavior in positive terms (e.g. what they <u>can</u> do) when engaging in challenging behavior • Shortly after challenging behavior occurs, the child is reminded of posted behavior expectations/rules • Challenging behavior is used as an opportunity to teach an acceptable alternative behavior • Natural or logical consequence are used in response to challenging behavior, and stated actions are consistently followed through on • Children who have big feelings are assisted with problem solving related to the emotional experience and challenging behavior • Positive attention and positive, descriptive praise is given to the child when the child begins behaving appropriately
<p>10. Teaching children to express emotions</p> <ul style="list-style-type: none"> • A variety of strategies to teach children about emotion words are used (books, social stories “Tucker Turtle”, songs, games, videos, puppets, activities, role play etc.) • Both positive <u>and</u> negative emotions (comfortable and uncomfortable) are discussed • A variety of strategies are used to teach children how to recognize emotions in themselves, other children, or adults • Validation is given regarding children’s emotions by labeling them and helping children talk about their emotions • Children are provided with strategies to use when they have a big feeling to help themselves calm down • Emotions and appropriate ways to express emotions (coping strategies) are labeled and modeled by the providers • A variety of strategies are used to teach children how to respond to other children’s emotions • Individualized instruction on emotions is given based on children’s developmental needs. • Procedures and materials vary across children to account for individuality
<p>11. Teaching problem solving</p> <ul style="list-style-type: none"> • Children are supported as they work through the problem-solving process in naturally occurring situations • Children are engaged in generating solutions to common classroom problems • Problem-solving steps using visuals are taught intentionally • Visual reminders about problem-solving steps or possible solutions are provided consistently • Problem situations (not “problem children”) are used as examples during group situations to talk about how to problem solve • Positive, descriptive praise is given to children showing effective problem solving skills • Children are encouraged and supported to reflect on their own use of problem solving skills • Individualized instruction is given on problem solving based on children’s individual needs • Problem solving interactions with children <u>and</u> model problem-solving steps are used as examples

<p>12. Supporting friendship skills</p> <ul style="list-style-type: none"> • Children are encouraged to play with each other • Positive, descriptive feedback is given to children who are working together, helping each other or engaging in other friendship behaviors • A variety of strategies and materials (e.g., discussion, puppets, books) are used in small/ large-group activities to teach friendship skills (e.g., helping others, taking turns, organizing play) • Children are provided with planned opportunities to practice friendship skills (e.g., role playing, pairing up with a buddy) • Prompts and explicit teaching is given to individual children to show how to initiate and respond to their peers • Individualized assistance is given to help children maintain healthy interactions (multiple interaction exchanges) with their peers • A variety of strategies are used (e.g., peer buddies, structuring activities) to support peers in helping their friends learn and practice social skills • Friendship skills are modeled by provider in interactions with children or other adults • Children are supported in reflecting on interactions with their peers with children doing most of the talking
<p>13. Supporting children with persistent challenging behavior</p> <ul style="list-style-type: none"> • The functional assessment process is able to be described by the provider for children who have persistent challenging behavior • The provider participates in the development of a targeted/programmatic Action Plan by providing functional assessment data, ideas and strategies to team members • The provider is able to implement the targeted/programmatic Action Plan strategies • Progress is monitored by collecting data
<p>14. Communicating with families and promoting family involvement</p> <ul style="list-style-type: none"> • Families are offered ongoing opportunities to visit the caregiving space • Communication with families happens in a variety of ways (newsletter, open house, parent conferences, daily notes, bulletin/white board messages, texts, calls, emails, etc.) • Children’s families are represented in the space (e.g., photographs, family book, bulletin board) • Families are regularly provided with information on what is occurring in the caregiving environment • Children’s accomplishments are regularly celebrated, families are asked to join • Personal connections with each family are intentionally made in order to increase the personal knowledge of the family situation and share an appreciation for each family • A variety of different methods of communication with different families is used (e.g., home visits, phone calls, visits, notes, newsletter) to ensure that an effort is made to connect with all families • Mechanisms are in place to offer families an opportunity to share information about the family or child with the provider
<p>15. Involving families in supporting their child’s social emotional development and addressing challenging behavior</p> <ul style="list-style-type: none"> • Families are provided with information on the importance of social emotional development • Families are provided with information on community resources (e.g., parenting classes, mental health services) related to children’s social emotional development and challenging behavior • Families are given practical strategies that they can use during every day routines and activities to support their children’s social emotional development and prosocial behavior • Families and provider work together to develop strategies that families can use in all caregiving environments to address the root causes of challenging behavior • Families and providers work together to collect information on the behavior to determine if there is a need for more intensive support or planning, when there is a concern about social emotional development or behavior • Families are involved in the process of developing a targeted action plan for addressing challenging behavior • Families and providers work together to develop strategies that families can use at home to address their concerns about their child’s social emotional development
<p>16. OTHER (Specify)</p>

**FREQUENTLY ASKED QUESTIONS ABOUT
SOCIAL AND EMOTIONAL CONSULTATION (SEC)**

Programmatic Consultation: Social and emotional consultation that focus on the *program* as a whole, supports child care directors and other program leaders by linking a consultant with a provider to improve the social and emotional child care practices and/or policies to benefit all the children and adults in their settings (e.g., developing and implementing a pre- expulsion policy, using social stories to assist children in peer-to-peer relationships, conflict resolution strategies, etc.).

1. Am I the only child care provider getting this kind of service?

Absolutely not. There is a huge demand for this type of support! Child care providers across the country say that the number of infants, toddlers and preschoolers with challenging behaviors keeps increasing and that they want consultation and training to do a better job of caring for these children and supporting families.

2. Will our child care site have to pay for SEC services?

No. SEC services are free to child care providers and families.

3. Will information that I share with the SEC be shared with others?

The consultant won't share any information unless you give your permission in writing.

4. Once I sign up is SEC mandatory?

This service is optional and voluntary.

5. How long does SEC last?

However long it takes to meet the needs of the program/family. Previous cases have lasted anywhere from 3-12+ months.

Child/Family Focused Consultation: Child/Family focused consultation is centered on helping a provider and family address concerns related to a *particular child and/or family situation*.

6. Will families have to pay for SEC services?

No. SEC services are free to child care providers and families.

7. Will information that I or families' share with the SEC be shared with others?

The consultant won't share any information unless you and/or families' give permission in writing.

8. Why does the SEC consultant want to do a home visit? What is she looking for?

The consultant needs as much information as possible in order to figure out what might be causing a child's challenging behavior. A young child can't explain what's going on, so the consultant must rely on what the parents and child care provider tell her. The consultant also relies on her own observations of how the child interacts with other people. Being able to observe the child at child care **and** at home can be very helpful. For example, the consultant may find that the parent and the provider are responding very differently to the child's challenging behaviors. If this is the case, the consultant can help the parent and provider work together to be more consistent in how they respond to the child. However, home visits are optional.

9. Will you plan for a child without including me?

Never. Child care providers and families are the most important people on the SEC team. We look to you to help us learn about and plan for children. All ideas are generated from shared conversation.

**INTRODUCING SOCIAL EMOTIONAL CONSULTATION SERVICES
TO THE FAMILIES WITH CHILDREN IN YOUR CARE**

Dear Child Care Provider,

I am excited for the opportunity to provide Social Emotional Consultation (SEC) services to your child care setting! To ensure that families are informed and confidentiality is maintained, the following guidelines are described below:

To Protect the Confidentiality of Children in Your Program:

- If you feel a referral is warranted for an individual child, please talk with me in **general and non-identifying terms** about the situation. If individual consultation is warranted, I will provide you with information for speaking with the family and a consent form to use for requesting permission from the family.
- When initially consulting with me about a child, please use the child’s **gender and age only**. Using names and pointing out specific children should only be used with parent/legal guardian consent first.
- Please only talk to me about specific children in private, when no other families/adults are around.
- If creating a list of those who are using SEC services, only use children’s initials.
- Use blank forms, without children’s names, when discussing systems, policies, & forms (for example, health insurance, immunizations, or daily progress notes).

To Inform Families:

- Before SEC services begin, distribute the ‘Social Emotional Consultation- Family Letter’ included in this packet to all families of children enrolled in your program.
- If you issue a newsletter, I suggest adding a copy of the ‘Social Emotional Consultation-Family Letter’ to your next publication.
- If you have families who have additional questions beyond what is addressed in the letter and you are unsure how to address those, please consult with your Social Emotional Consultant.

My goal is to be pro-active in offering information about the Social Emotional Consultation Services that are available. However, no one can predict every question or concern that may arise. Please do not hesitate to contact me if you or your families need additional information. I look forward to working with you!

(Add SEC name and contact information here)

Dear Family Member,

We know it is important to you that your child enter kindergarten ready and eager to learn. Research shows that children that have healthy minds and bodies, get along well with others, and have involved families will do well in school. Our child care setting is taking part in a free support service to help all of the children we serve reach their full learning potential!

One way that we know can best help us, help your child(ren) is by using Social Emotional Consultation (SEC) services. Social Emotional Consultants work with caregivers and teachers. Their job is to offer training and guidance to improve the quality of programs for children birth to five years old. An SEC does not directly work with children, one on one. SECs offer support by first observing interactions between caregivers and children. If a caregiver or teacher feels it may be helpful for your child to receive more individualized support, you will be asked and need to give written consent first. Both the consultant and child care providers follow several rules to maintain children's confidentiality.

Social and Emotional Consultants work with child care providers and staff, as well as offer local trainings to promote social and emotional health. They use techniques that assist children in learning how to handle feelings in a healthy way, improve self-esteem, and get along with others. Individual consultation is available if there is a specific behavioral or developmental concern. A parent/legal guardian can also request SEC services.

Social and Emotional Consultants (SEC) can provide two types of consultation:

- **Programmatic consultation** promotes the social-emotional development of all infants, toddlers, preschoolers and staff in a child care program.
- **Child/Family Focused consultation** offers services to child care providers and families to assist a specific child who is having behavioral or emotional difficulties at child care.

Our child care facility looks forward to gaining additional knowledge and skills from working with our Social Emotional Consultant services. To continuously improve these services, this model of Social Emotional Consultation will be evaluated by Michigan State University. Rest assured that no information about your child/children or family is shared publicly. If you have any questions about this service, please contact us. Our goal is to provide excellent care to the children that you entrust to our care.

WHEN TO REFER A CHILD TO SEC DUE TO SOCIAL-EMOTIONAL CONCERNS

Below are possible reasons for referring a child to SEC. Note that most young children will engage in many of these behaviors from time to time as part of their normal development and don't need to be referred. The children who do need to be referred are those who engage in these behaviors frequently, or for long periods of time, or at an extreme level of intensity. For example, most have tantrums, but a toddler who has 4-5 tantrums a day, or whose tantrums last a half-hour, or who hurts himself during tantrums, probably needs help. Bottom line: if you are worried about the behavior of a particular child, please call a SEC consultant to find out if a referral is indicated.

INFANT (birth to 12 months)	TODDLER (12-36 months)	PRESCHOOLER (3-5 years)
<ol style="list-style-type: none"> 1. Shows little preference for any particular adult 2. Resists holding 3. Cries for prolonged periods 4. Is difficult to console 5. Rarely makes eye contact with others 6. Doesn't show interest in people or things going on around him or her 7. Doesn't respond to simple games like peek-a-boo 8. Doesn't smile; often appears sad 9. Has little energy; appears listless 10. Appears fearful or tense 11. Has strong reactions to environmental stimuli (light, sound, touch, movement) 12. Has sleeping difficulties (sleeps too much or too little) 13. Has eating difficulties; is not gaining weight or is losing weight; not growing physically 14. Rarely coos, babbles or vocalizes; no babbling or pointing or other gesture by 12 months 15. Shows any loss of language or social skills 	<ol style="list-style-type: none"> 1. Shows little preference for any particular adult 2. Shows no fear of strangers; goes with strangers easily 3. Shows excessive dependence on parent or other primary caregiver (e.g., clinginess) 4. Does not turn to familiar adults for comfort or help 5. Rarely makes eye contact with others 6. Doesn't respond when spoken to 7. Appears excessively irritable or fearful 8. Experiences frequent night terrors 9. Appears sad or withdrawn 10. Has limited use of words to express feelings 11. Is unable to comfort or calm self 12. Has difficulty with transitions 13. Doesn't explore the environment 14. Lacks interest in other people 15. Does not engage in play with peers 16. Has strong reactions to environmental stimuli (light, sound, touch, movement) 17. Exhibits inappropriate aggressive behaviors (e.g., biting, hitting, kicking, tantrums) 18. Has no real fear of danger 19. Has a very high activity level 20. Exhibits inappropriate sexual behavior 21. Fixates on a single object 22. Makes repetitive body motions such as rocking or hand-flapping 23. Laughs or giggles inappropriately 24. Has sleeping difficulties 25. Exhibits significant language delays, especially: <ol style="list-style-type: none"> a. No single words by 16 months b. No two-word spontaneous phrases by 24 months (although may be repeating words over and over) 26. Shows any loss of language or social skills 	<ol style="list-style-type: none"> 1. Exhibits any of the signs in Toddler Column 2. Is easily distracted; unable to focus on an activity 3. Has difficulty participating in group activities 4. Consistently prefers to play alone 5. Does not seem to understand idea of right and wrong 6. Exhibits lack of empathy toward others 7. Harms self, other people, or animals 8. Has difficulty with toileting 9. Repeats words or phrases over and over

COVER LETTER
SATISFACTION SURVEY FOR CHILD CARE PROVIDERS

(Date)

Dear (Child Care Contact Name) and Staff,

Thank you for your participation with the SEC services! Now that our consultation services have ended, we are asking you to take a few minutes to let us know how you feel about your experience with SEC.

Please fill out the attached, one-page SEC Satisfaction Survey for Child Care Providers and return it in the enclosed stamped, self-addressed envelope. Your responses will be confidential.

Your honest feedback is very important to us because we need it to improve our services for other providers and families. By completing this survey, you will help us do a better job with the children, families and child care providers we will work with in the future, , as well as ensure these services are available to continue.

Thank you so much for your assistance with this.

It was a pleasure to get to know and work with you. Please call if you have any future concerns or questions.

Take Care,

(Consultant Name)