

# QCCN Support Visit

Name of Centre: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Support Consultant: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Previous Visit: \_\_\_\_\_ First Visit from QCCN: \_\_\_\_\_

- Infant
- Toddler
- Preschool
- Kinder
- School Age

Tour of Centre:  yes  no

QCCN Master Binder:  yes  no

Review of Form:  yes  no

Reflective Practice Institute Completed  yes  no  
 Name and Number of Staff Requiring Training:

Items Remaining to be completed: (please explain reasons QCCN components were not completed and action plan to move forward)

Monthly Statistical Data: Stats Submitted Sheet:  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

Current Link  yes  no

# QCCN Support Visit

## Children - QCCN Core

### DISC Preschool Screen (DPS)

Age Calculations  yes  no

Samples Reviewed  yes  no

School Age Program  none  Completed

Referrals Sent  yes  no  pending

# Score under 6 \_\_\_\_\_

# of Referrals \_\_\_\_\_

# of Parent Refusals \_\_\_\_\_

Signed Consent Annually  yes  no

Signed Follow Up  yes  no

**Discussion:** (annual DPS; Signed consent; issues arising from referrals; how to talk to parents;)

### Short Term Specialized Support Funding

Centre Receives SSF  yes  no

Regional Support visit received  yes  no

Start Date \_\_\_\_\_

Date of visit \_\_\_\_\_

**Short Term Specialized Support Funding Discussion:** (Further support for environmental adaptations observed; effective use of supports; visual schedules observed and in use; ISP available and familiar to staff)

## QCCN Support Visit

### Speech and Language Developmental Checklist

When was the tool last used: \_\_\_\_\_

School Age Program  none completed

Referrals Sent  yes  no  pending

# of Referrals \_\_\_\_\_

# of Parent Refusals: \_\_\_\_\_

Staff directed parent to self-referral  yes  no

Referred by Resource Consultant  yes  no

Referral sent to: \_\_\_\_\_

Signed Consent Completed:  yes  no

**Discussion:** (importance of catching before they enter school; 10% of children have some type of speech issues;)

### Children's Actions, Relationships and Emotions (C.A.R.E.) Checklist

When was the tool last used: \_\_\_\_\_

Referrals Sent  yes  no  pending

# of Referrals \_\_\_\_\_

# of Parent Refusals: \_\_\_\_\_

School Age Program  none completed

Staff directed parent to self-referral  yes  no

Referred by Resource Consultant  yes  no

Referral sent to: \_\_\_\_\_

Signed Consent Completed:  yes  no

**Discussion:** (environmental supports, Transitions, Staff/child interactions, schedules)

# QCCN Support Visit

## Families - QCCN Core

### Parent Surveys:

Date Survey was distributed: \_\_\_\_\_

Number of Surveys distributed: \_\_\_\_\_

Number of surveys Returned: \_\_\_\_\_

<b>Staff:</b> How are the results of the survey shared with staff? (if not shared why)	<b>Families:</b> How are the results of the survey shared with families? (if not shared why)
<b>Discussion:</b> How has the information of the survey been used to enhance the program? Ex: what you've done well, how you've considered suggestions and comments for enriching the environment. If information is not site specific, what comments/suggestions have families shared that have brought value to the program ex: what they would like to see, what you are doing well, contributions to the program.	

## ENVIRONMENT - QCCN Core

### Environmental Rating Scales:

**All indicators checked off in each item**

When was ITERS Last used: \_\_\_\_\_

Yes  No

Feedback Form Completed

Yes  No

When was ECERS Last used: \_\_\_\_\_

Yes  No

Shared/Visible for families

Yes  No

When was SACERS Last used: \_\_\_\_\_

Yes  No

Resource and Inventory List(s) completed  Yes  No

<b>Discussion:</b> Has the information of the Environmental Rating Scales been used to enhance your program? Ex: what you've done well, considerations made to the environment, purchases/and or resources borrowed
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# QCCN Support Visit

## EDUCATORS - QCCN Tools

How are the following QCCN Resource Tools used: (if not used where there any issues/barriers/further support or resources needed)

<b>QCCN Developmental Reference Charts:</b>	<b>Program Profile:</b>	<b>ELECT Reference Charts:</b>
<b>Developmental Profiles Textbook</b>	<b>Brigance Readiness Binder</b>	<b>QCCN Master Binder and USB:</b>
<b>Early Years Curriculum Plan Criteria:</b> (Observations/Interests; Developmental Outcomes: Actual Happenings; Reflective Questions)		
<b>Caregiver Interaction Scale:</b> (How is it used, barriers to use, how can they implement required changes)		

## QCCN Support Visit

### ACTION ITEMS:

(list items and timelines for completion)	Completion Due Date	Completion Criteria ( email, phone call, visit)	Follow up visit date & comments

### REVIEW:

<b>QCCN Barriers Identified:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> DPS</li> <li><input type="checkbox"/> Speech &amp; Language</li> <li><input type="checkbox"/> CARE</li> <li><input type="checkbox"/> Parent Survey</li> <li><input type="checkbox"/> Referrals</li> <li><input type="checkbox"/> Developmental Tools</li> <li><input type="checkbox"/> Caregiver Interaction Scale</li> <li><input type="checkbox"/> Environmental Rating Scales</li> <li><input type="checkbox"/> Curriculum Planning</li> </ul>	<b>Supports Available:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ministry of Education: licensing issues or concerns</li> <li><input type="checkbox"/> Niagara Region Public Health: menus, environmental safety issues, parent supports, illness/outbreak reporting and infection control</li> <li><input type="checkbox"/> Speech Services Niagara: emergent literacy &amp; speech and language issues</li> <li><input type="checkbox"/> Resource Consultant Supports</li> <li><input type="checkbox"/> Pathstone Mental Health – early years counselling &amp; consultation resources</li> <li><input type="checkbox"/> Family and Children’s Services Niagara</li> </ul>
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### ECCDC Additional Supports:

<b>Coaching &amp; Mentoring Supports</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pedagogy &amp; Practice: Curriculum Design, Observations &amp; Documentation</li> <li><input type="checkbox"/> Environmental Design: Indoor room arrangement, Outdoor Learning Environments</li> <li><input type="checkbox"/> Family Engagement Strategies</li> <li><input type="checkbox"/> Reflective Practice Tools</li> </ul>	<b>Resource Lending Library Services</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Membership</li> <li><input type="checkbox"/> Resource Library</li> <li><input type="checkbox"/> Bulk Purchasing</li> </ul>
<b>Training Services</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Advertised Training Recommendations</li> <li><input type="checkbox"/> Customized Training Requests</li> </ul>	<b>Operational Supports</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Staffing</li> <li><input type="checkbox"/> Board of Directors</li> </ul>
<b>Recommended Next Steps:</b>	