

Range of Good Practice within Caregiver Connections

Issue	Range of Good Practice	My Comments – Mark
Focus on child versus focus on the center or fcch	Working on provider and/or child/family issues are co-equal and co-mingled	Kadija Johnson focuses heavily on the goal of always getting back to the program & the relationships between the adults
Focus on parents	Involving the parents to get background information and make referrals are our basic parameters	Caregiver Connections does not focus on the parents and providers should be trained how to work with parents. We help in the referral process for counseling and other services.
What constitutes a referral	Not the end result in terms of follow-through but the sincere attempt to offer parents and providers a referral to another service	I think, perhaps we should have a written referral form with procedures spelled out (for EI and the schools) so that we can distinguish between an informal suggestion and a formal referral for outcome measurement purposes.
Who we should serve	Child care centers and fcchs that are not funded by the Board or Head Start	The issue here is that many children who are in board funded pre-k programs in private centers also have their children in child care and we would obviously want to work with all parties involved.
How long observation should be	As needed – no specific time – range of 10 minutes in a hallway to prolonged all-morning and sometimes-afternoon observations. Sometimes observations have to be done more than once for various reasons.	On the one hand I think that in most cases at least one prolonged visit is necessary (especially if our primary goal is to relate to the providers and their program. On the other hand sometimes time limits suggest rapid referral to EI or the schools without any observation) I think encouraging and reading written teacher observations is a good direction)
Objective, minimal contact observation versus active involvement with the children as part of observation/modeling	The range was between virtually no contact with the child to very active intervention	I'm in the middle on this one – I like to do some interaction with the targeted child and others to make it more natural after I've engaged in objective observation to understand the overall context.
Helping the teachers advance through the process of supporting her and the other staff versus a very gradual process instructing them on best practices	One can tell the providers that they need to do something differently or help them to discover certain practices through the parallel process of supporting them as you want them to support the children and parents ala Kadija Johnson.	I think the gradual, parallel process approach works best for long term consultations but there are situations where the teachers and parents want very specific information or feedback. I think we should encourage more of the former than the latter.
Closing cases to increase ability to accurately measure effectiveness of expulsion reduction & other outcome measures.	There was no final determination on "closing" child cases but the sentiment was against it and using other techniques to measure expulsion reduction.	Given the program orientation that I support I do see value in determining a beginning, middle and end and "re-beginning" of child and program cases but it doesn't really make that much difference – it's more a technical, measurement issue.
Waiting List policy	Range of approaches from responding within 24 hours to having a fixed 1-½ month waiting list. Some kind of triage is the middle ground.	I strongly feel that we've got to do some kind of triaging and that having long waiting lists will ultimately diminish our value and make us too similar to every other service

