Child Health and Developmental Services

Task: Initiating Follow-up Plan of Action

Task	Person Responsible Time Frame
Complete the Initial Data section on the Form for each child with an identified Enter the Child's Name Enter the Child's Classroom Circle the identified area of concern. In behavioral list the concerning behavior not listed note the concern under "Other Concerning behavior not listed note the concern under "Other Concerning behavior not listed note the concern under "Other Concerning behavior not listed note the concerning listed	cern. Family Advocate of concern. e concern is the condition is
- Provide a very brief description of the 2. Complete the Implementation Portion Form.	ncern
 Enter the date Contact Teacher to discuss concern. comments in the space provided. Enter the date that teacher was concern. Initial in the space provided Contact the parent to discuss concern or comments in the space provided. Enter the date that parent was contact. 	any concerns or ed st any concerns
 Initial in the space provided Discuss with the teacher and/or parer what the expected outcome will be ar required to meet the outcome. List the and the necessary steps in the Plan of Action Form. 	rhat steps will be rected outcome ction portion of
 List the expected outcome in the space List each step needed to reach the expected outcome in the space 	cted outcome.
 Determine and note who will be responsible. Establish and note when each step were schedule a time that the FSW will foll each step has been completed. Document provided. 	e due. up to ensure Upon development of plan and

1	Submit a copy of the initial plan to the Health Services		Upon completion
4.	Manager	Family Advocate	of initial plan
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5.	Enter each plan or action in ChildPlus	Family Advocate	As updated
6.	Maintain all Plan of Action Forms in a dedicated Binder	Family Advocate	Ongoing
7.	Bring Plan of Action Binder to each FSW Meeting for	Established	Maradal
•	review by Health Services Manager	Family Advocate	Monthly
8.	Monitor Plans of Action regularly to ensure that plans are	Family Advocate	Weekly
0	being met or updated as needed	Health Services Manager	Monthly
9.	Ensure scheduled follow-up is completed and		
	documented. For each follow-up:		
-	Contact the person responsible to ensure that each step was completed.		
_	Enter notes regarding the status of each step.		
_	If expected outcome has not been achieved:		
	- Determine which additional steps will be needed to		
	achieve the expected outcome and list in the provided		
	space.		
	- Determine and note who will be responsible for each		
	step.		
	- Establish and note when each step will be due.		
	- Schedule a time that the FSW will follow-up to ensure		
	each step has been completed. Document time in space		
	provided.	Family Advocate	As needed
10.	Once a plan is complete and all concerns have been	•	
	resolved ensure all of the data has been entered into		
	ChildPlus	Family Advocate	Upon completion
11.	Sign and date the bottom of the Plan of Action Form		
	indicating that the concern has been resolved and that all		
	information has been entered into ChildPlus.	Family Advocate	Upon completion
12.	Forward the Plan of Action for to the Health Services		
	Manager for review	Family Advocate	
13.	Review the completed plan of action and ensure		
	resolution	Health Services Manager	Upon receipt
14.	Forward the Plan of Action form to teacher for filing	Health Services Manager	Following review
15.	File the Plan of Action form in the child's file	Teacher	Upon receipt