

# On-Site Consultation and Referral Form

## Instructions



## Licensed Child Care On-Site Consultation Referral

**All questions and sections of this form must be completed**

### Section 1: Contact Information

The DEL licensor will complete this form when referring a licensee for consultation

### Section 2: Referral Details

The DEL licensor will attach the compliance agreement to this referral. If there are multiple issues identified for technical assistance, the licensor will use the “detail” section to describe the issues that should be addressed during the on-site consultation.

### Section 3: Consultation Information

This section is for consultant use only. The consultant will attempt to establish an appointment with the licensee within 48 business hours of receiving the referral.

### Section 4: On-site Consultation Results

This section is for consultant use only. The consultant will use this section to document the initial and final referral results. The consultant will clearly document results of the on-site consultation including the initial findings, resources provided and any scheduled follow-ups. Additional onsite consults; technical assistance and resource referral details related to this original referral will also be documented on this form.

### Section 5: Referral Completion

The completed referral form will be kept in the licensing file, in the Licensing Activity, Section IV and noted in FamLink. The DEL licensor will notify the licensee of any further follow-up.

## On-Site Consultation and Referral Form

SECTION 1: Contact Information																			
Date of referral:	Compliance Agreement attached: <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Licensor's name:	Probationary License conditions attached: <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Phone:																			
Email:																			
SECTION 2: Referral Details																			
Reason for referral:	<input type="checkbox"/> Compliance Agreement <input type="checkbox"/> Probationary License <input type="checkbox"/> Ongoing Technical assistance <input type="checkbox"/> Other:																		
Topic Area:	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Business</td> <td style="width: 33%;"><input type="checkbox"/> Facility Environment</td> <td style="width: 33%;"><input type="checkbox"/> Age Grouping</td> </tr> <tr> <td><input type="checkbox"/> Program</td> <td><input type="checkbox"/> Nurture/Care</td> <td><input type="checkbox"/> Group Size</td> </tr> <tr> <td><input type="checkbox"/> Failure to Report</td> <td><input type="checkbox"/> Behavior Management/ Guidance</td> <td><input type="checkbox"/> Capacity</td> </tr> <tr> <td><input type="checkbox"/> Staff Qualifications</td> <td><input type="checkbox"/> Nutrition</td> <td><input type="checkbox"/> Supervision</td> </tr> <tr> <td><input type="checkbox"/> Character</td> <td><input type="checkbox"/> Reports/Record keeping</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Health &amp; Sanitation</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Business	<input type="checkbox"/> Facility Environment	<input type="checkbox"/> Age Grouping	<input type="checkbox"/> Program	<input type="checkbox"/> Nurture/Care	<input type="checkbox"/> Group Size	<input type="checkbox"/> Failure to Report	<input type="checkbox"/> Behavior Management/ Guidance	<input type="checkbox"/> Capacity	<input type="checkbox"/> Staff Qualifications	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Supervision	<input type="checkbox"/> Character	<input type="checkbox"/> Reports/Record keeping	<input type="checkbox"/> Other:	<input type="checkbox"/> Health & Sanitation		
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<input type="checkbox"/> Character	<input type="checkbox"/> Reports/Record keeping	<input type="checkbox"/> Other:																	
<input type="checkbox"/> Health & Sanitation																			
Describe specific issues that should be addressed with the consultant about reason for referral:																			
<b>Urgency – On-site visit to occur within:</b> <input type="checkbox"/> 48 hours <input type="checkbox"/> 1 week <input type="checkbox"/> 2 weeks																			
SECTION 3: Consultant Use																			
Consultant:																			
Consultant Assigned by:																			
Consultant Name:	Date Consultant Assigned:																		

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Consultant Phone Number:	Consultant Email:
<b>SECTION 4: Onsite Consultation Results</b>	
Date(s) Licensee Contacted:	
Date of On-site Consultation:	
Consultation Summary:	
<b>SECTION 5: Consultation Referral completion</b>	
Date On-Site Consultation Referral Form was sent to licensur:	
Consultant signature:	Date: