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| **Enrollment Section** | * Child Application- **Application tab**
* Head Start Eligibility Verification Form, unsigned- **Enrollment tab - Eligibility section**
* Income – **Attachment under parent**
* Birth Certificate and/or MaineCare Card **Enrollment Attachment**
* Permission for Services (Screening permission side only )

**Enrollment Attachment** | * File Access Log
* File Set Up
* Child Application, signed
* Head Start Eligibility Verification Form, signed
* Copy of Income (pay stub, SSI, TANF statement, statement of no income)
* Child Care Subsidy Paperwork ( CCSP, ASPIRE, Transitional)-located in fiscal
* Birth Certificate and/or MaineCare Card
* Internal Transition Form (If Applicable
* Enrollment Activity Sheets
* Permission for Services
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| **Education**  **Section****(Red)** | * ASQ-SE EHS (Cycle Date Completed) **Education Event**
* Copy of ASQ-SE EHS

**Education Attachment*** Brigance Screening HS

**Education Event*** Copy of Brigance Screening HS

**Education Attachment*** Rescreen if needed **Education Event**
* Brigance Self Help and Social Emotional Scales- Parent Report Complete **Education Event**
* Copy of Brigance Self Help and Social Emotional Scales- Parent Report Complete **Education Attachment**
* M-Chat results **Education Event**
* TSG Child Profile **Education Attachment**
* Family Conference Form-Fall/Winter/Spring **Education Attachment**
* Kindergarten Transition Form (Prior to trans. Into kindergarten) **Education Attachment**
* Home Language Survey, if applicable **TSG**
 | * Home Based Home Visit / Socialization Plan
* Home Based -Include for family members
* Combo Classroom Home Visit Plan
 |
| Notes: |
| **Health and Nutrition****Blue Section** | * Hearing and Vision Results Form

**Health- Attachment*** Immunization Records

**Immunization Tab*** Health History (Interview)

**Health Information Tab*** Food Allergies and Dietary Restriction Info

**Health Information Tab*** Food Allergy Plan by Physician

**Health- Attachment*** Food Allergies and Dietary Restrictions Form

 **Health- Attachment*** Food Allergy Classroom list

 **Emergency Board-Food Allergy Folder*** Child Incident / Accident Reports

**Health- Incident Report*** Health Follow up documentation

**Health- Attachment*** Permission for Lead Screening

**Health- Attachment*** Immunization Exemption Form

**Immunization Tab-Attachment*** Health History

**Health Information Tab*** Well Child Exam Reports

**Health-Attachment*** Individual Health Plan (if applicable)

**Health-Attachment** * Physician’s Note/Health Plan

 **Health- Attachment*** Dental Application

**Health-Attachment** * Dental Exam Report 3-5 (must be completed by Dentist)

**Health-Attachment** * Dental Hygiene Report

**Health-Attachment** * Food Allergies and Dietary Restrictions Form

**Health- Attachment*** HS & Infant Health/Nutrition Questionnaire

**Application Tab*** Permission to Release and Obtain Information

**Health-Attachment** * Medication Incident Report

**Health Tab-Attachment** * Immunization Exemption Form

**Immunization Tab-Attachment*** Asthma No Med Form

**Health-Attachment*** Pregnancy PIR Checklist (only enrolled pregnant mom)

**Pregnancy Tab-Attachment*** Prenatal Depression Scale

**Pregnancy Tab-Attachment*** Home Based Prenatal Visit Checklist

**Pregnancy Tab-Attachment*** Lead Permission Form

 **Health- Attachment** * Lead Level Results Letter

 **Health- Attachment; copies to parent/physician** | * Medical Emergency Cards *(copy)*

 **Emergency Card Book*** EHS Food List (children under age 1)

**Center kitchen-Where child’s classroom is*** Original Individual Health Plan *(if applicable)* IHP

**Emergency Backpack-With Child’s Medication*** Medication Incident Report-Original- **Child’s File**

 Copy- **Health Manager, Parent, IC Physician*** Medication Authorization Form

 **Emergency Backpack-**  **With Child’s Medication** * Medication Monthly Class List

 **Emergency Board- Kept**  **In Medication Folder;**  **when filled send to**  **Health Manager to file.** * Record of Medication Given Log

 **Needs Health Managers**  **signature quarterly and**  **returned and kept in**  **child’s file*** Physicians Medical Health Plan

 **Emergency Backpack-**  **With Child’s Medication*** Controlled Medication Daily Log

 **Medication Lock Box-** **with Child Medication**  |
| Notes: |
| **Family Services Green Section** | **Family Services Tab*** Family Outcomes Assessment

**Event*** Family Partnership Goal

**Event*** Family Correspondence (letters sent to family)

**Communication log*** Aspire Release/TCC/CCSP (if applicable)

**Attachment*** DHHS Child Protective Report Form, Safety Plans, family Team meetings (if app.), releases, etc.

**Attachment*** Family Case manager releases **Attachment**
* Parent Education/Training attendance
* Socialization attendance (Home Based only)

Documentation of Family Needs/Referrals  **Event**Documentation of Family Strengths **Event*** Attendance Goals

**Event*** Divorce/Custody/Protection Order **Attachment**
 | * Parent Agreement / Home Based Parent Agreement
* Confidentiality Statement
* Family Development Plan (Goal Sheet)
* Divorce/Custody/Protection Order (Also attached to emergency card)
* Family Outcomes Assessment Discussion Guide if used
* Emergency and Safety Checklist
* Family Circle Activity
 |
| Notes: |

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| **Mental Health & Disabilities Yellow Section** | * Disability referrals to other agencies for (CDS, Tri-County etc.) **Disability Concerns**
* PROMISE Parent Refusal of Services **Disability Attachment**
* Release of Information and Consent Form for CDS or special services **Disability Attachment**
* Copy of IFSP / IEP **Disability Attachment**
* Evaluation Reports and Plans of Care for special services

**Disability Attachment*** Progress notes from providers/Plan of Care / Team Strategies/Release of Information and Consent Form for CDS or special services Release of

**Disability Attachments*** Conversations about developmental concerns

**Disability Concerns-Add Activity*** Conversations about IFSP/IEP or special education services

**IFSP or IEP tab-Add Activity*** Referral to Mental Health Services **Mental Health Transaction**
* Release of Information and Consent Form for mental health services **Mental Health Attachment**
* Individual Mental Health Observation

**Mental Health Observation*** Individual Mental Health Report/Assessment **Mental Health Attachment**
 |  |
| Notes: |