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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 | | |
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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: | | |