# **Electronic and Paper File Guide**

ERSEA Uploads Initial Paperwork  Family Advocate Uploads Updates/Annual Paperwork	Application Under Parent Attachment - Income Documentation (Pay Stub, SSI, TANF Statement, Statement of No Income Child Care Subsidy Paperwork (CCSP, Aspire, Transitional)  Application Under Child Attachment - Birth Certificate - Maine Care or Insurance Card  Enrollment Attachment Under Child -CACFP Form -Permission for Services (+ Continued annually) -Enrollment Activity Sheet -Head Start Eligibility Verification Form - Unsigned -Pre-K Enrollment Paperwork-(Partnerships Only) -Internal Transfer Forms (As Applicable)	<ul> <li>File Set Up</li> <li>Child Application, signed</li> <li>Head Start Eligibility Verification Form, signed</li> <li>Copy of Income (pay stub, SSI, TANF statement, statement of no income)</li> <li>Birth Certificate</li> <li>Internal Transition Form (If Applicable Enrollment Activity Sheets</li> <li>Permission for Services</li> </ul>

# **Education**

## **Education Event**

- ASQ-SE EHS (Cycle Date Completed)
- Copy of ASQ-SE EHS
- Copy of Brigance Screening HS and Rescreen as Applicable

**Digital File** 

- Brigance Self Help and Social Emotional Scales-Parent Report Complete
- TSG Child Profile
- TSG Assessment- Fall/Winter/Spring
- Toileting Plan

### **Education Attachment**

- Brigance Screening HS and Rescreen as Applicable
- M-Chat Results
- TSG Child Profile & TSG Observations (annually)
- Copy of Brigance Self Help and Social Emotional Scales- Parent Report Complete
- Family Conference Form-Fall/Winter/Spring
- Kindergarten Transition Form (Prior to trans. Into kindergarten)
- Home Language Survey, if applicable

 Home Based Home Visit / Socialization Plan – FE Only

**Paper File** 

**HEALTH** 

Food Allergies

Dental Home Health Insurance

WIC

Chronic Health Condition Agency Worker Medical Home

Digital File	Paper File
Health- Attachment	- Childs Health Passport (sent home at
- Authorization to Release Info	end of year)
- Hearing/Vision Screener Result Letter	
- Audiologist Exam Report	
- Ophthalmologists Exam Report	
- Food Allergies and Dietary Restrictions Form	
- Permission for Lead Screening	
- Individual Health Plan (If Applicable)	
- Physician Note (RTS, Care Plan)	
- Physicians Health Plan	
- Dental Application	
- Dental Exam Report (1-5 yr old)	
- Dental Hygiene Report - Medication Incident Report- If Applicable	
- Lead Level Results Letter	
- Asthma No Med Form	
- Parent signed Incident Report	
- Food Allergy Plan by Physician	
- Well Child/Baby Exam Reports	
- Controlled Medication Daily Log	
- Record of Medication Given Log	
- Medication Authorization Form	
- COV-19 Parent Agreement	
- Health Insurance Card Copy	
- Immunization Licensing Plan	
- Copy of Maine Care or Insurance Card	
Health- Incident Report	
- IR without parent signature	
- *IR with parent signature uploaded in Health	
Attachments*	
Immunization Tab	
- Immunization Status	
Immunization Tab-Attachment	
- Immunization Records (from ImmPact)	
- Immunization Exempt Form (If Applicable)	
Health Information Tab	
Food Allowsian	

	Digital File	Paper File
Family Services	Family Services Events  - Family Outcomes Assessment - Family Partnership Goal - Family Correspondence (letters sent to family) - Documentation of Family Strengths - Attendance Goals - Divorce/Custody/Protection Order - Family Outcomes Assessment Family Services Outcomes Assessment Module - Family Outcomes Assessment 1&2	<ul> <li>Parent Agreement / Home Based Parent Agreement</li> <li>Confidentiality Statement</li> <li>Subsidy Releases (if applicable)</li> <li>Family Development Plan (Goal Sheet)</li> <li>Divorce/Custody/Protection Order (Also attached to emergency card)</li> <li>Family Assessment Questionnaire Discussion Guide if used</li> </ul>
	Family Services Attachment  - Parent Education/Training attendance - Documentation of Family Needs/Referrals - Divorce/Custody/Protection Order - Family Case Manager Releases - DHHS Child Protective Report Form, Safety Plans, family Team meetings (if app.), releases, etc Socialization attendance (Home Based only) - Aspire Release/TCC/CCSP (if applicable) - Family Circle Activity - Emergency and Safety Check List - Releases to Obtain Information IE: Case Manager, DV Agencies, DHHS, Specialists	<ul> <li>Family Outcomes Assessment</li> <li>Family Partnership Goal</li> <li>Emergency and Safety Checklist</li> <li>Family Circle Activity</li> </ul>
Mental Health	Disability Concerns	
& Disabilities	<ul> <li>Conversations about IFSP/IEP or special education services</li> <li>PROMISE Parent Refusal of Services</li> <li>Disability Attachment Under Child</li> </ul>	

- Disability referrals to other agencies for (CDS, Tri-County etc.)
- Release of Information and Consent Form for CDS or special services
- Copy of IFSP / IEP
- Evaluation Reports and Plans of Care for special services
- Progress notes from providers

## **IFSP** or **IEP** tab-Add Activity

Log all relatable activity ( Language\_Rach)

## **Mental Health Transaction**

- Referral to Mental Health Services
- 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