File Set Up Guide

	Application Under Parent Attachment
Enrollment	Income Documentation (Pay Stub, SSI, TANF Statement, Statement of No Income.
	Child Care Subsidy Paperwork (CCAP, Aspire, Transitional)NA
	Get Agreement- From Finance
	Application Under Child Attachment
	Birth Certificate
ERSEA Uploads Initial Paperwork	Maine Care or Insurance Card
Fourth, Advante University	Head Start Eligibility Verification Form
Family Advocate Uploads Updates/Annual Paperwork	Signed Application
opuates/Annual Paper work	Internal Transition Form NA
	Enrollment Attachment Under Child
	CACFP Form
	Permission for Services (+ Continued annually)
	Enrollment Activity Sheets
	Internal Transition Form (As Applicable)
Family Services	Family Services Events
ranning Services	 Family Goal Strength Identified
	Attendance discussions / Follow UpNA
	Parent Education/Training attendance
	Documentation of Family Needs/Referrals
	Family Partnership Documentation
	Parent Involvement
	Family Services Outcomes Assessment Module
	Family Outcomes Assessment 1&2
	Family Services Attachment
	Receipt of Parent Handbook
	Attendance PlansNA
	Family Correspondence (Letters sent to family)
	Divorce/Custody/Protection OrderNA
	Family Case Manager ReleasesNA
	DHHS Child Protective Report Form, Safety Plans, Team meetings , releases, etcNA
	Home Emergency and Safety Check List
	Confidentiality Statement
	 Parent Agreement Parent Education Survey
	Subsidy ReleaseNA
	Hopes & Dreams worksheet (optional)
	Who is in my Family Activity (optional)
	 Wheel of Life activity (optional)
	 Plan Do Review (optional)
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File Set Up Guide

Mental Health &	Disability Concerns- Open Concern
	Log all developmental concerns here
Disabilities	Add Activity
NA Disability	Conversations about identified concern
	Log referrals, evaluations, CDS observations conducted prior to IFSP/IEP
NA Mental	Disability Attachment Under Child
	Disability referrals to other agencies for (CDS, Spurwink, etc.)
Health	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/IEP Report from Teacher
	Permission form for weighted blanket at nap
	IFSP or IEP tab-Add Activity
	 Conversations about IFSP/IEP or special education services Log all relatable activity: CDS observations, evaluations, CDS team meetings, any follow-up
	related to IFSP/IEP
	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

	Education Event	
Education		ASQ/ASQ SE EHS (Date Completed)
		Brigance SE (date completed by parent)/ completed by teacher if parent does not complete within 45 days
		Brigance Screening HS and Rescreen as Applicable
		TSG Assessment completed - Fall/Winter/Spring
		Toileting PlanNA
		Home Visits (including summary of visit)
		Parent Teacher Conferences
		Child Goal set (including summary of goal)
		Bus Safety (3x a year in public schools)NA
		Pedestrian Safety
		K Readiness Form completeNA
		K Transition ActivityNA
		Personal Safety
		Meeting with parent re: concerns for learningNA
		Classroom visit by parent and childNA
		Schedule modification conversationsNA
		Home language/Child language use survey complete
		Pre LAS complete (with score and level)NA
		PreK enrollment online completedNA
		Crib to cot parental waiverNA
	Educati	on Attachment
	_	
		Copy of Brigance Online Screening Summary and Rescreen as Applicable
		Copy of Brigance Self Help and Social Emotional Scales - Parent Report Complete
		Copy ASQ/ASQ SE Online Summary

File Set Up Guide

	 M-Chat ResultsNA TSG Child Profile & TSG Observations (annually) Positive Behavior Support Plan TSG Family Conference Form/Report Card - Fall/Winter/Spring Special Education Resources provided Kindergarten Readiness Form (Prior to trans. into kindergarten)NA Home Language Survey
HEALTH	Health- Attachment Authorization to Release Info - PCP Authorization to Release Info - Dental Hearing/Vision Screener Result Letter Audiologist Exam ReportNA Ophthalmologists Exam ReportNA Food Allergies and Dietary Restrictions FormNA Food Allergies and Dietary Restrictions FormNA Permission for Lead Screening Individual Health Plan (If Applicable)NA Physician Note (RTS, Care Plan)NA Physicians Health Plan (If Applicable)NA Physicians Health Plan (If Applicable)NA Dental Application Dental Exam Report [- 5 yr old)NA Dental Physician Note (RTS, Care Plan)NA Dental Apglication Dental Exam Report [- 5 yr old)NA Dental Exam Report [- 16 Applicable Lead Level Results Letter Asthma No Med Form Parent signed Incident Reports Controlled Medication Daily Log Record of Medication Daily Log Medication Authorization Form Immunization Licensing PlanNA Mult Child/Baby Exam Reports Immunization Status Immunization Tab-Attachment Immunization Tab-Attachment Dimmunization Records (from Immpact) Immunization Tab-Attachment Dimmation Tab-Attachment Dental Horne Dental Form MedicationNA