

Procedure

Create a family file (binder or file folder) by putting the sections and tab dividers in the order below. Insert the forms listed under each tab title in the order they appear. The forms listed in this document are hyperlinked. Check the appropriate box as each form is added to the section.

Clear Pocket Cover of Binder or First Page of File

- [Family File Access Log](#)

Front (no tab divider)

- File Order – EHS* (the first page of this document)
- [Emergency Treatment and Consent Form](#)
- [Family Contact Log](#)
- [Interdisciplinary Staffing Checklist and Notes - EHS](#)

File Tab Dividers (place each tab divider’s checklist in front of the contents)

1. Eligibility
2. Family Engagement
3. Child Development/Special Services
4. Health, Nutrition, and Safety
5. School District Information (if applicable)
6. Other (e.g. Restraining Order, copies of e-mail correspondence, etc.)
7. Last Program Year (documents from last program year, if applicable – no checklist necessary)

Required Family Visits Tracking

For the purpose of PSESD monitoring, track the date that each required visit was completed in the applicable table below:

Family Support Visits (quarterly)	Date Completed	Staff Initial
Enrollment (may also include 1 st Goal Setting Visit)		
Goal Setting (may also include Enrollment Visit)		
Goal Setting		
As Needed/Full-Year Programs: Goal Setting		
Transition		

Parent-Teacher Conferences (quarterly)	Date Completed	Staff Initial
Child Enrollment		
Fall Parent-Teacher Conference		
Winter Parent-Teacher Conference		
Full-Year Programs: Spring Parent-Teacher Conference		
Full-Year Programs: Summer Parent-Teacher Conference		
Transition		

Eligibility – *place most current documents in front*

- [Early Learning Application](#) (including Returning Child Info page and Housing Questionnaire, if applicable)
- [Eligibility Verification Form](#) (including [Income Worksheet](#), if applicable)
- Proof of income document(s) or [Statement of No Income](#)/handwritten statement (if applicable)
- Previous year PSESD application (if applicable)

Family Engagement – *place most current documents in front*

- [Family Connections](#) (pages 1-6)
- [Family Strengths and Goal Planning Form](#)(s)
- [Consent for Use of Interpreter](#) (if applicable)

Child Development/Special Services – *place most current documents in front*

- [Child Enrollment Information Form – Infant/Toddler](#)
- Copy of IFSP (if applicable)
- ASQ-3
- ASQ:SE-2
- [Developmental Concerns/Disabilities Process Checklist](#) (as needed)
- Copy of *MyTeachingStrategies GOLD* Development and Learning Report for each checkpoint period
- Copy of [Individual Development Support Strategies Form](#) from each home visit/parent-teacher conference
- [Release/Exchange of Confidential Mental Health Information](#) (as needed)
- [Request for Mental Health Observation/Consultation](#) (as needed)
- [Release/Exchange of Confidential Information \(Non-Health\)](#) (as needed)

Health, Nutrition, and Safety – *place most current documents in front*

- [Certificate of Immunization States \(CIS\)/Certificate of Exemption \(COE\)](#)
- [Health History \(1-5 years\)](#)
- [Health History \(0-12 months\)](#)
- [Authorization to Release and Exchange Confidential Health Information](#) (as needed)
- Child Health Plan and Provider Orders – Health (if applicable)
 - [Respiratory Disorder](#)
 - [Seizure Disorder](#)
 - [Skin Condition](#)
 - [Non-Food Allergies](#)
 - [Reflux – Infants and Toddlers](#)
 - [Other Health Conditions](#)
 - [Dietary Accommodations – Food Allergies/Intolerances](#)
 - [Child Supplemental Food Plan](#)
 - [Parent/Guardian Request for Milk Substitute](#)
- Medication forms (if applicable)
 - [Provider Orders and Parent/Guardian Authorization for Over the Counter \(OTC\) Medication at School Form](#)
 - [Provider Order for Medication at School Form – Supplemental](#)
 - [Parent/Guardian Authorization for Medication Administration at School and Medication Administration Record](#) (if applicable)
 - [Sunscreen Authorization Form – Bulk Container](#)
 - [Sunscreen Authorization Form – Individual Container](#)

- Health screening results
 - [Vision Screening Parent Interview \(0-3 years\) Part 1 of 3](#)
 - [Key Vision Development Milestones \(0-3 years\) Part 2 of 3](#)
 - [Vision Summary \(0-3 years\) Part 3 of 3](#)
 - [Vision Screening Referral Letter \(3-5 years\)](#)
 - [OAE Hearing Screening Form](#)
 - OAE Parent/Guardian Information Letter
 - [Hearing Screening Referral Letter](#)
 - Dental examination reports (most recent on top)
 - [SeaMar/Community Health](#) Consent Form
 - [SeaMar/Community Health](#) Evaluation Form (most recent on top)
 - Well-child examination reports (most recent on top)
 - Lead results
 - Hematocrit/Hemoglobin results
- USDA CACFP Enrollment Form
- [Food Introduction Record](#) (up to 24 months only)

School District Information (if applicable) – *place most current documents in front*

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Other (e.g. Restraining Order, copies of e-mail correspondence, etc.)
– *place most current documents in front*

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