

Interdisciplinary Staffing Checklist and Notes - Early Head Start

Child:	Date of Birth:	Primary Language of Child:
Parents/Guardians:		Primary Language in Home:

Overview Staffing Date:						Enrollment Date:					
The Overview Staffing must be completed by September 30 th , or within 30 days of start date. Check below if complete/up-to-date and in the family file. Remember to document on the <i>Family Contact Log</i> that Staffing occurred (no additional notes necessary).											
<i>Family File Access Log</i>	<i>Emergency Treatment and Consent Form</i>	<i>Declining Early Learning Health Services (if needed)</i>	<i>Pregnancy Health History OR Health History (0-12 months) OR Health History (1-5 years)</i>	<i>Child Supplemental Food Plan AND/OR Child Health Plan (if needed)</i>	Immunizations	Well-Child Exam	Dental Exam	<i>Authorization to Release and Exchange Confidential Health Information</i>	<i>ASQ AND ASQ-SE</i>	<i>Family Connections OR Family Connections - EHS Home-Based</i>	<i>Consent for Use of Interpreter (if needed)</i>

Date:						
Attendance: <input type="checkbox"/> Teacher <input type="checkbox"/> Teacher Assistant <input type="checkbox"/> FSS/FA <input type="checkbox"/> Home Visitor <input type="checkbox"/> Supervisor <input type="checkbox"/> Center Director <input type="checkbox"/> PSESD Coach/Consultant <input type="checkbox"/> Other						
Parent as Child's First Teacher	Child/Family Strengths	Child/Family Needs (including Attendance)	Child/Family Goals	Follow-Up Plan	Person Responsible and Timeline	✓ if Done

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Second Staffing Date:

If the second staffing is also the Transition Staffing, complete items in the "Notes for Transition Staffing" section on page 5. Check below if complete/up-to-date and in the family file. Remember to document on the *Family Contact Log* that Staffing occurred (no additional notes necessary).

<i>Emergency Treatment and Consent Form</i>	<i>Declining Early Learning Health Services (if needed)</i>	Health Screenings	Immunizations	Well-Child Exam	Dental Exam	<i>Authorization to Release and Exchange Confidential Health Information</i>	ASQ AND ASQ-SE	<i>Family Connections OR Family Connections - EHS Home-Based</i>	<i>Consent for Use of Interpreter (if needed)</i>	Family Support Home Visit	Parent-Teacher Conference

Date:

Attendance: Teacher Teacher Assistant FSS/FA Home Visitor Supervisor Center Director PSESD Coach/Consultant Other

Family Partnership in Education	Child/Family Strengths	Child/Family Needs (including Attendance)	Child/Family Goals	Follow-Up Plan	Person Responsible and Timeline	✓ if Done

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Third Staffing Date:

If the third staffing is also the Transition Staffing, complete items in the "Notes for Transition Staffing" section on page 5. Check below if complete/up-to-date and in the family file. Remember to document on the *Family Contact Log* that Staffing occurred (no additional notes necessary).

<i>Emergency Treatment and Consent Form</i>	<i>Declining Early Learning Health Services (if needed)</i>	Health Rescreen (if needed)	Immunizations	Well-Child Exam	Dental Exam	<i>Authorization to Release and Exchange Confidential Health Information</i>	<i>ASQ AND ASQ-SE Rescreen (if needed)</i>	<i>Family Connections OR Family Connections - EHS Home-Based</i>	<i>Family Strengths and Goal Planning Form</i>	Family Support Home Visit	Parent-Teacher Conference	<i>Consent for Use of Interpreter (if needed)</i>

Date:

Attendance: Teacher Teacher Assistant FSS/FA Home Visitor Supervisor Center Director PSESD Coach/Consultant Other

Family Engagement Opportunities	Child/Family Strengths	Child/Family Needs (including Attendance)	Child/Family Goals	Follow-Up Plan	Person Responsible and Timeline	✓ if Done

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Fourth Staffing Date:

Also complete items in the "Notes for Transition Staffing" section on page 5. Check below if complete/up-to-date and in the family file. Remember to document on the *Family Contact Log* that Staffing occurred (no additional notes necessary).

<i>Emergency Treatment and Consent Form</i>	<i>Declining Early Learning Health Services (if needed)</i>	Immunizations	Well-Child Exam	Dental Exam	<i>Authorization to Release and Exchange Confidential Health Information</i>	<i>Family Connections OR Family Connections - EHS Home-Based</i>	<i>Family Strengths and Goal Planning Form</i>	Family Support Home Visit	Parent-Teacher Conference	<i>Consent for Use of Interpreter (if needed)</i>

Date:

Attendance: Teacher Teacher Assistant FSS/FA Home Visitor Supervisor Center Director PSESD Coach/Consultant Other

Parent-Child Relationship	Child/Family Strengths	Child/Family Needs (including Attendance)	Child/Family Goals	Follow-Up Plan	Person Responsible and Timeline	✓ if Done

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Notes for Transition Staffing

When a child leaves the program at any time during the program year, their final Staffing is considered a Transition Staffing. This Staffing involves additional steps, as listed below, to make sure there is a smooth transition for the child/family and that there is proper documentation and archiving of the family file.

Check if complete:

- Check "Returning" on *Expectant Mother Application*, if applicable, **OR** complete *Early Learning Application* for newborn.
- If returning for the next program year, complete the following:

Re-Enrollment Forms for Returning Children	
Document	Action
<input type="checkbox"/> <i>Emergency Treatment and Consent Form</i>	New form required
<input type="checkbox"/> <i>Certificate of Immunization Status (CIS)</i>	Update as needed
<input type="checkbox"/> <i>Pregnancy Health History OR Health History (0-12 months) OR Health History (1-5 years)</i>	Review and Re-Sign New form required for 3 rd year
<input type="checkbox"/> <i>Food Introduction Record</i>	Update as needed
<input type="checkbox"/> <i>Authorization to Release and Exchange Confidential Health Information</i>	New form as needed
<input type="checkbox"/> <i>Child Supplemental Food Plan</i>	New form as needed
<input type="checkbox"/> <i>All Child Health Plans</i>	New form as needed
<input type="checkbox"/> <i>Declining Early Learning Health Services</i>	New form as needed
<input type="checkbox"/> <i>Family Connections</i>	New form required
<input type="checkbox"/> <i>Consent for Use of Interpreter</i>	New form as needed

- Copy made of family file and archived, if transitioning to preschool/another program
- Transition to preschool documents, if applicable, including *Early Learning Application*
- ChildPlus updated