**Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Enrollment Date: \_\_\_\_\_\_\_\_\_\_CFS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program Year:\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewed: Oct Date/Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ April Date Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Date/Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
|  | **Document**  \*Starred items reviewed & resigned annually  ***Italicized items in Child Plus* *or Learning Genie (not required in file)*** | **In File** |
| Application | ***Application packet*** ***CP*** | |
| Optional Forms (Other Parent Address, Directions to Home) | ***CP*** |
| Change of Status |  |
| **Family Information Forms: (Reviewed & signed annually)** | \*Family Partnership Agreement  *CP: Family Services Information Tab - Mark YES and enter date signed* |  |
| \*Home Safety Checklist |  |
| ***Program Information Report (PIR)*** *(completed at drop and annually)* ***CP*** | |
| Family Partnership | ***Family Outcomes Tool (FOT)***  *(inital due w/in 3mo of enrollment)* Fall: Spring: | ***LG*** |
| ***Needs Assessment:*** *(initial is due w/in 3mo of enrollment)* Date:  *CP: Family Services Information Tab - Mark YES and date when initial completed* | ***LG*** |
| Optional Tools (Circle of Support, etc) |  |
| Family Partnership Goal Sheet *(Due within 3mo & reviewed monthly in Child Plus)* |  |
| Prenatal Information | PAT Foundation Visits 1-8 & PAT Planning Guides with Parent Signatures |  |
| Optional PAT Tools (Personal Visit Records) |  |
| ***In-Kind (in Learning Genie*** and/or Paper Forms) |  |
| **Health:** | Release of Health Information | |
| Release of Oral Health Information | |
| Prenatal Exams *(R&H documents in CP)* | ***CP*** |
| Dental Exams *(R&H documents in CP)* | ***CP*** |
| Prenatal Nutrition Assessment |  |
| Postnatal Nutrition Assessment |  |
| 2 Week Newborn Visit *(CFS will support family in coordinating with the Health Department; if this is not possible, the CFS will complete the 2 Week Newborn visit within 2 weeks of birth)* |  |
| **Screeners** | Edinburgh Depression Scale *(completed each trimester, and within 30 days of baby’s birth at a minimum)* |  |
| **Mental Health:** | Mental Health Referral & Release (MH6) or Mental Health Disclosure with Parental Consent |  |
| **Other** |  |  |
|  |  |
|  | |

**Expectant File Review Guidance**

**Policy**: Child and family records are maintained to support documentation per Head Start Performance Standards and Program Policies and Procedure.

**Procedure:** CFS will use the Child File Review as a checklist to remain in the file for the duration of the program year. A **new** checklist will be used for each program year. Documents are maintained in the order listed on the checklist. Files are kept in a locked cabinet at the CFS’s site. Report of actual or suspected child abuse or neglect documentation should be kept in a separate file for the remainder of the child’s enrollment. Files will be reviewed by PSC at minimum twice annually.

**Dropped or Transferring Files** When an expectant family’s child is born, a 2 week Newborn Visit must be completed by the Health Department; if this cannot happen the CFS must complete the visit within 2 weeks of the birth. An application for the new baby is completed by the R & H. Once the baby appears on the wait list, the baby will be enrolled, and the expectant family will be dropped. Follow “Program Drop File Procedure” on Weebly – Policy and Procedure – ERSEA. CPS reports are returned to the file when the family is dropped.