

**Early Head Start Master File Review Form
Playing Field**

Teacher/ CB Family Advocate: _____ Child Name: _____ DOB: _____

Enrollment Date: _____ 45 Days: _____ DCPC Reviewer: _____ Date: _____

Folder Contents	✓	Notes/comments					
Yellow Folder: Forms & Enrollment Information							
Early Head Start Application/Income Verification							
EHS Enrollment Agreement (with permissions)		Expires:					
1. Permission to Videotape (update as needed)							
2. Permission to Transport (annually)							
3. Permission to Post Pictures (if applicable)							
4. EHS Transport Car Seat Safety							
5. Sunscreen/Insect Repellant							
EHS Parent Handbook Orientation							
Child Care Enrollment		Expires:					
Contract (for child care)							
Change of Status if applicable							
Misc. Release of Info (School, Dane County)							
Sect 1 – Permissions (Medical Home, Follow-up, Dental, Lead, Hearing, Newborn)							
<ul style="list-style-type: none"> • Auth. for Release of medical information for medical home required(annually) • Other releases as applicable 							
Sect 2 – Well Child Exams and Immunizations		Medical Home Expires:					
<ul style="list-style-type: none"> • EPSDT well child exams (Date order) Refer to EHS Physical Tracking chart for most up-to-date status based on individual clinic requirements		Lead expires:					
		Newborn expires:					
		Other releases Expire:					
Sect 2 – Well Child Exams and Immunizations		Nwbrn____	2mo____	4mo____	6mo____	9mo____	12mo____
<ul style="list-style-type: none"> • EPSDT well child exams (Date order) • Immunization record (WIR reports, etc) as needed • Waiver form (if applicable) • Growth charts as needed if applicable 		15mo____	18mo____	24mo____	30mo____	36mo____	
Sect 3 – Required Follow-up (if applicable)		Refer to EHS database for current immunization status information					
<ul style="list-style-type: none"> • Follow-up documentation (Date order) • Nurse notes or ISR's 		Immunization status: Not UTD at time of enrollment _____					
		UTD at enrollment _____					
		Current status: UTD ___ Complete ___ Other ___ Waiver ___					
Sect 4 – Health Forms		HRQ Expires: _____					
<ul style="list-style-type: none"> • Health Risk Questionnaire (annually) • Health History & Emergency Care Plan • Health Action Plan for identified conditions (asthma, allergy, seizure, other) as needed • Nutrition Assessment 		HCA Expires: _____					
		Type of Action Plan/Expires: _____					

Sect 5 – Dental (Not required for PIR until age 3) • Examination forms • Follow-up if applicable • Authorization for fluoride treatment		Dental exam date: _____ F/U needed: No ___ Yes ___ If yes, date of F/U _____ Date of most recent fluoride Treatment: _____ Authorization for fluoride treatment expires: _____
Sect 6 – Hearing/Vision Screen • Hearing/OAE or WCC records • Vision		
Sec 8 – • Health & Development History (yearly) • Intake for Child under 2 years – Child Care Centers		H&D Hx Expires:

Folder Contents	✓	Notes/comments
Green Folder: Family Partnership Agreement		
• Family Profile (At Enroll, yrly PIR update, Drop)		
• Family Partnership Agreement(s) (every 3 months)		Scanned into C+ by CBFS. Date of most recent:
Pink Folder <i>Disabilities (as applicable)</i>		
• Permission for Release of Information updated yearly		
• Initial IFSP and Updates (every 6 months) Refer to disabilities database for up-to-date history		
• Health, Dev. Notes or other Eval reports if applicable		
• Transition plan/ IEP if applicable		
Red Folder: Log Notes		
• Contact logs if applicable		
• Suspected Child Abuse/Neglect Reports (placed in manila envelope in back of file) if applicable		
Manila Folder: Development Screening Tools		
• GOLD Assessment Report (Schedule and format TBD/Implemented August 2012)		
• Child Development Goals Conference Web		
• ASQ 3		Date Completed:
• ASQSE		Date Completed:
Green Folder: Transition Folder for HS		
• Transition Portfolio checklist		
• Transition Meeting		Meeting Date:
Orange Folder: DCPC Child Care (if applicable) Maintained by 0-3 Enrollment/Database Specialist for Child Care		