COLLEGE OF SOUTHERN IDAHO EARLY HEAD START
0-3 YEAR OLD ACCESS LOG FOR CONFIDENTIAL MATERIALS
(To be used by all persons viewing child's file.)

Enrollment Date _____ Child's Name _____ DOB ____/____/____

_____ _____
Family Educator II Signature Family Educator II Signature

_____ Date of Transfer _____ _____
Family Educator II Signature Family Educator II Signature

Name	Date(s)	Name	Date(s)

FILING ORDER

	Date Placed in File
1. SOAP/Data Plan	
Problem/Need/Concern	
Eligibility Verification & Acceptance	
PROMIS – Eligible Child	
PROMIS – Consents	
PROMIS – Family Members	
Release of Information	
USDA/Over Income	
Other _____	
2. PROMIS – Eligible Child Health Form (4 pgs.)	
PROMIS – Child Immunizations	
PROMIS – Nutritional Information	
Child Nutrition Risk Assessment Form	
CACFP Infant Feeding form	
PROMIS – Pregnancy Outcomes, 0-6 months	
TB Survey (at and after 12 months of age)	
Health IEP	
Growth Chart – Weight for Length	
Other _____	
3. **Medication Administration Form**	
Well Child Medical Exam	
Medical Follow-Up	
Health Check Documentation	
Lead Screening Results/ Refusal 12 mo_____ 24 mo_____	
HCT/HGB Count (after 12 months of age)	
Dental Exam (after 12 months of age)	
Dental Follow-Up	
Oral Health Risk Assessment	
Dental IEP	
4. Vision Screening (after 6 months of age)	
Hearing Screening (after 6 months of age)	
DECA (Parent & Teacher)	
Mental Health Observation	
Mental Health Follow-Up	

	Date Placed in File
5. ASQ/Speech & Language	
Child Goals	
Other	
6. **Disabilities**	
Copy of Referral Form	
Release of Information	
Evaluation	
Diagnostic Statement	
IFSP (504)	
Individual Transition Plan	
Parent Handbook (Date rvwd w/Parent)	
Agency Reports/Therapy Logs	
Other_____	
7. Program Expectations Agreement	
Parent Interest Survey	
Mapping Summary	
Family Partnership Agreement	
Participation Alert	
Participation Action Plan	
Other _____	
8. OHV #1	
OHV #2	
CPE's	
Nurse Home Visit Request Form	
Nurse Home Visit	
Referrals	
Other_____	
9. Transition Survey	
Transition Action Plan	
Transition Check List	
10. Expectant Mother's File	

Bold items apply as needed

EHS CHILD SERVICE LOG

DATE Services Took Place	CODE	PROBLEM/NEED/CONCERN	DATE RESOLVED (all elements completed)
	1	DEVELOPMENTAL SCREENING Re-test & Follow-Up	
	2	VISION SCREENING Re-test & Follow-Up	
	3	SPEECH & LANGUAGE SCREENING Re-test & Follow-Up	
	4	HEARING SCREENING Re-test & Follow-Up	
	5	PHYSICAL & FOLLOW-UP	
	6	DENTAL & FOLLOW-UP	
	7	IMMUNIZATIONS	
	8	GROWTH CHART	
	9	DISABILITIES IEP & FOLLOW-UP	
	10	MENTAL HEALTH	
	11	SOCIALIZATION CONCERNS	
	12	HOME VISIT CONCERNS	
	13	TRANSPORTATION CONCERNS	
	14	PARTICIPATION CONCERNS	