**Site:** **Classroom:       Date Completing Staffing:**

**Team Members Title**

**\* Due 1st Friday of every month – This form must be completed by the whole team.**

**Purpose:** The team will meet together to complete self-monitoring to ensure timelines and program requirements are being met. The team self-monitoring will allow the team to work together to ensure full compliance.

**Performance Standard 1302.50 Family Engagement (b)(6):** Implement procedures for teachers, home visitors, and family support staff to share information with each other, as appropriate and consistent with the requirements in part [1303](https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/part-1303-financial-administrative-requirements) subpart C, of this chapter; FERPA; or IDEA, to ensure coordinated family engagement strategies with children and families in the classroom, home, and community.

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| **ERSEA** | | | |
|  | How many children are enrolled in your caseload? | Give Number: | Notes: |
|  | How many participants have dropped, transitioned or transferred from your caseload? | Give number: | Name participants: |
|  | Socialization Attendance: Are appropriate attendance codes being entered after each Kid Zone? | ☐Yes ☐No ☐NA | If no, explain: |
|  | Home Visit Attendance  Have you had to complete any home visits due to attendance? (After two consecutive unexpected absences). | ☐Yes ☐No ☐NA | If yes, for what children? |
|  | Home Visit Attendance Are any of your families on Attendance Action Plans? | ☐Yes ☐No ☐NA | If yes, which families/children? |
|  | Home Visit Attendance Are approved Attendance Action Plans uploaded into ChildPlus? | ☐Yes ☐No ☐NA | If no, explain: |
|  | Home Visit Attendance Are all families with Attendance Action Plans following their plans? | ☐Yes ☐No ☐NA | If no, what families are they and explain their situation: |

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| **Family Engagement** | | | |
|  | Are there any emergent child/family issues? | ☐Yes ☐No ☐NA | If yes, what families are they and explain their situation: |
|  | Does a Multi-Disciplinary Team Meeting (MDT) need to be scheduled for any children/families? | ☐Yes ☐No ☐NA | If yes, what families are they and explain their situation:  If yes, please reach out to your center manager to schedule the Multi-Disciplinary Team Meeting. |
|  | Are there any families with legal paperwork? (Custody, Parenting Plans, restraining orders, legal etc.) | ☐Yes ☐No ☐NA | If yes, what families are they and explain their situation:  Have all the people that need to know about this situation been notified and have a copy?  ☐ Receptionist (Front desk binders)  ☐ Program Manager  ☐ Bus Driver/Bus Aid (Bus Emergency Binder)  ☐ Home Visitor (Emergency Binder) |
|  | Do Communication Logs show on-going communication with families – notes entered into ChildPlus with each family? | ☐Yes ☐No ☐NA | If no, explain: |
|  | How many Preliminary Family Outcomes Assessments are complete in ChildPlus? | Give Number: | If not complete, explain: |
|  | How many Mid-Year Family Outcomes Assessments are complete in ChildPlus? | Give Number: | If not complete, explain: |
|  | How many End of Year Family Outcomes Assessments are complete in ChildPlus? | Give Number: | If not complete, explain: |
|  | Are current Family Needs Assessments entered into Childplus (in family goal event) and marked “yes” in the family services tab? | ☐Yes ☐No ☐NA | If no, explain: |
|  | Are all Family Partnership Agreements (Family Goal) entered into Childplus (in family goal event) and marked “yes” in the family services tab? | ☐Yes ☐No ☐NA | If no, explain: |
|  | Have you completed the monthly follow-up on the family goal and entered the action in ChildPlus for each family? | ☐Yes ☐No ☐NA | If no, explain: |
|  | How many families have reached their Family Goal and entered as an action completed in ChildPlus? | Give number: | Name Participants: |
|  | Do any families/children have referrals in family services area? | ☐Yes ☐No ☐NA | If yes, which families/children? |

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| **Education:** | | | |
|  | From the ChildPlus report 2511 how many of the ASQ-3 are completed within the required timeline? | Give number: | If not completed for which children and please explain: |
|  | From the ChildPlus report 2511 how many of the ASQ-SE 2 are completed within the required timeline? | Give number: | If not completed for which children and please explain: |
|  | From the ChildPlus Report 2511, is all the children screening information entered? | ☐Yes ☐No ☐NA | If no, explain: |
|  | Are all EHS Home Visits Documentation entered into ChildPlus? | ☐Yes ☐No ☐NA | If no, explain: |
|  | From the documentation status report in TS Gold, how many total observations do you have entered? | Total amount:  How many Home Goals (HG)?  How many School Readiness Goals (SRG)? | If not completed, please explain why: |
|  | From the documentation status report in TS Gold are you introducing a variety of objectives from all domains? | ☐Yes ☐No ☐NA | If no, explain: |

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| **Special Services** | | | |
|  | How many children are currently on an IEP/IFSP? | Give number: | Which children? |
|  | Is a copy of the current IEP/IFSP’s in the file? | ☐Yes ☐No ☐NA | If no, which children and explain: |
|  | Are there any developmental concerns? | ☐Yes ☐No ☐NA | If yes, which children? Explain the concern: |
|  | Do the children listed above have referrals in Special Services? | ☐Yes ☐No ☐NA | If yes, which children have an in-house referral?  If yes, which children have an out of agency referral? |
|  | Are you developing portfolio labels for children that are on IEP/IFSP’s (2 per visit) | ☐Yes ☐No ☐NA | If no, which children and explain: |
|  | Which Information Guidance Sheet do you have to support for children who are on IEP/IFSP’s? |  | How many for each:  Developmental delay:  Speech:  Cognitive:  Physical:  Adaptive:  Sensory Disorder:  Autism: |
|  | How many labeled observations (IEP/IFSP) are entered into TS Gold per child? |  | Child’s Name:       How many :  Child’s Name:       How many :  Child’s Name:       How many :  Child’s Name:       How many :  Child’s Name:       How many :  Child’s Name:       How many :  Child’s Name:       How many : |

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| **Mental Health** | | | |
|  | Are there any children on current positive behavior support plans? | ☐Yes ☐No ☐NA | If yes, which children? Describe their plan/agency: |
|  | Are you individualizing in the lesson plan for children on a positive behavior support plan following their specified goal? | ☐Yes ☐No ☐NA | If no, which children and explain: |
|  | How many labeled observations (PBSP) are entered into TS Gold per child? (Twice per month) |  | Child’s Name:       How many :  Child’s Name:       How many :  Child’s Name:       How many : |
|  | Are there any social emotional concerns? | ☐Yes ☐No ☐NA | If yes, which children? Explain the concern: |
|  | Do the children listed above have referrals in Mental Health Services? | ☐Yes ☐No ☐NA | If yes, which children have an in-house referral?  If yes, which children have an out of agency referral? |

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| **Health / Dental / Nutrition** | | | |
|  | How many children are currently on Health Care Plans? | Give Number: | Which children? |
|  | Are there any children on current Medical Alerts? | ☐Yes ☐No ☐NA | If yes, which children? |
|  | Are there any children with Medication Allergies? | ☐Yes ☐No ☐NA | If yes, which children? |
|  | Are there any children on current Food Substitutions? | ☐Yes ☐No ☐NA | If yes, which children? |
|  | Immunizations: Are any children past-due on their immunizations per current WAIIS Summaries? | ☐Yes ☐No ☐NA | If yes, which children? |
|  | Immunizations: Are any children exempt status on their immunizations? | ☐Yes ☐No ☐NA | If yes, which children? |
|  | Are all new immunization dates entered into ChildPlus and original CIS? | ☐Yes ☐No ☐NA | If no, which children? |
|  | Are Medical/Dental Homes complete within timeline for all participants? | ☐Yes ☐No ☐NA | If no, explain: |
|  | Are all Growth Assessments complete within timeline for all participants? | ☐Yes ☐No ☐NA | If no, explain: |
|  | Are all Vision Screenings complete within timeline for all participants? | ☐Yes ☐No ☐NA | If no, explain: |
|  | Are all Hearing Screenings complete within timeline for all participants? | ☐Yes ☐No ☐NA | If no, explain: |
|  | Are Current Well Child Exams in the file and in ChildPlus for all participants? | ☐Yes ☐No ☐NA | If no, for which children and explain: |
|  | Are Dental Exams in the file and ChildPlus for all participants? | ☐Yes ☐No ☐NA | If no, for which children and explain: |
|  | Are all Nutrition Assessments complete within timeline for all participants? | ☐Yes ☐No ☐NA | If no, for which children and explain: |
|  | Are all Health Status Determinations complete within timeline for all participants? | ☐Yes ☐No ☐NA | If no, for which children and explain: |
|  | Are all Lead Screenings complete within timeline for all participants? | ☐Yes ☐No ☐NA | If no, for which children and explain: |
|  | Do any families/children have referrals in Health Dental Nutrition area? | ☐Yes ☐No ☐NA | If yes, which families/children? |
|  | How many Accident Injury Reports were reported in the last month? | Number: | Is follow-up needed, explain? |

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| **Transportation** | | | |
|  | How many participants are using our transportation services for program events? | Give number: | Comments: |
|  | Are there any children/family concerns with transportation services? | ☐Yes ☐No ☐NA | If yes, which families/children and explain their situation:  If yes, please reach out to your center manager to schedule the Multi-Disciplinary Team Meeting. |
|  | Is attendance being affected due to lack of transportation? | ☐Yes ☐No ☐NA | If yes, which families/children and explain their situation:  If yes, please reach out to your center manager to schedule the Multi-Disciplinary Team Meeting. |