

HCAP Head Start & Early Head Start

Program

Education User's Guide to ChildPlus

HCAP Head Start

Version 1.0 July 2019

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Center-based attendance and meals records are to be updated on a daily basis by the teaching staff. The detailed procedures are provided below.

1. Navigate to the Entry Express module and Attendance tab (red arrows below).

ChildPlus								-		x
Ser <u>v</u> ices	<u>T</u> o-Do List	Entry E <u>x</u> press	Management	<u>D</u> ashboard	Rep <u>o</u> rts	Setup	Enter Report # 🝷	Community	Help	\$
Attendance	Attendance Scan	ning Sommary Atten	dance Enrollment	Family Services 🝷	Health In-Kind	Assessn	nent			
Selection site,	classroom and da	te.								

2. Select a Site, Classroom, and date.

Chil	dPlus								
Serv	ices	<u>T</u> o-	-Do Li	st E	intry	' E <u>x</u> press	Ma	nagement	<u>D</u> ashboard
Attend	lance	Atten	dance S	canning	Su	mmary Atter	ndance	Enrollment	Family Services 🝷 He
Select	a site,	classro	oom and	d date.					
Site									
< No	Site	>			•		-	1. Se	elect Site
Classr	oom								
< NC	Class	room	>					2. Se	elect Classroom
Date	Maur			@ 201	7 @				
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	78	9 1	10 11	12 1	3				
1	4 15	16 1	17 18	19 <mark>2</mark>	0		-	3. Se	elect Date
2	1 22	23 2	24 25	26 <mark>2</mark>	7				
2	8 29	30 3	31 1	2	3				
	4 5	6	7 8	91	0				
<u>N</u> ext	<u>P</u> rev	Tod	<u>a</u> y M	londay	<u>1</u> st				

Note that the calendar is color-coded for your convenience:

- Red dates indicate weekends.
- Black dates indicate where Attendance Record has not been entered yet.
- **Bold Black** dates indicate the Classroom is closed (i.e. Holidays, Teacher Workday, Cancelled).
- Bold Green dates indicate that an Attendance record has been entered and saved.
- 3. Once you have made the above selections, the Attendance Record for the selected date appears, as shown below.

Attendance

前 Delete Attendance

崎 🔓 🖉 Attachments (0) 🛛 📙 Save ×

Mon May 1, 2017 - 442 Site - 442 I

Classr <u>o</u> om Status	Оре	en		▼ Classroom Notes	No	n-Particip	ant Me	als	Change	All: Set <u>u</u> p	<u>A</u> ppl	у
20 Participants	*	Att		Absence Reason		Break- fast	Lunch	Arrival Time	Departure Time	Program	CP ID	
Aaaaa, Child 1		Ρ	•			\checkmark	\checkmark	8:00 AM	2:00 PM	HS	77774	*
Bbbbb, Child 2		Ρ	•			\checkmark	\checkmark	8:00 AM	2:00 PM	HS	79935	L
Ccccc, Child 3		Ρ	•			\checkmark	\checkmark	8:00 AM	2:00 PM	HS	84472	L
Ddddd, Child 4		Ρ	•			\checkmark	\checkmark	8:00 AM	2:00 PM	HS	81815	L
Eeeee, Child 5		Α	•	Other	-					HS	75876	L
Fffff, Child 6		Ρ	•			\checkmark	\checkmark	8:00 AM	2:00 PM	HS	54340	L
Hhhhh, Child 8		Α	•	Other	-					HS	79635	L
Iiiii, Child 9		Ρ	•			\checkmark	\checkmark	8:00 AM	2:00 PM	HS	16240	L
Jjjjj, Child 10		Ρ	•			\checkmark	\checkmark	8:00 AM	2:00 PM	HS	75955	L
Kkkkk, Child 11		Ρ	•			\checkmark	\checkmark	8:00 AM	2:00 PM	HS	39033	
LIIII, Child 12		Ρ	•			\checkmark	\checkmark	8:00 AM	2:00 PM	HS	69031	
Nnnnn, Child 14		Ρ	•			\checkmark	\checkmark	8:00 AM	2:00 PM	HS	83131	
Ooooo, Child 15		Α	•	No Transportation	-					HS	73443	
Ppppp, Child 16		Α	•	No Transportation	•					HS	76850	Ŧ
	A-4	P-1	6			16	16					
Added by Teacher	r HS 5	/1/17	71	2:21 PM HST			Last up	dated by	Teacher HS S	5/2/17 12:3	1 PM H	ST
Attendance Notes	for A	aaaa	, c	Child 1 on 5/1/17 (CACFP Status	: FRE	E)			0) ne 🖓	26.	27
												*

Click on a participant's name to go to their individual attendance and manage their follow-ups.

4. Entering Attendance and Meals

In an effort to simplify entering center-based Attendance, ChildPlus defaults each child as being Present and eating all meals for the day. When entering Attendance, the Teacher simply needs to update the children who did not come to school, come late, leave early, or who missed meals using the following procedures:

		Attendance Codes
^	Absent	Child absent: transportation problems, family situations, approved leave,
~	Absent	etc.
Е	Excused	Child absent: any health reason, child's doctors appt, etc.
LE	Left Early	PD: child left class before lunch; FD: child left before lunch and/or snack
Р	Present	Child arrived to class on time and completed school day.
Т	Tardy	Child arrived to class after breakfast
тіс	Tardy/Loft Farly	Child arrived to class after breakfast and left class before lunch and/or
	Taluy/Left Early	snack
U	Unexcused	Child absent: no contact from parent/guardian
N	Not Schodulod	Child absent: DOE/HS dually enrolled child who is not required to attend
IN	Not Scheduled	HS on certain days as indicated on their IEP

		At	tendance Reasons
А	Absent	Approved Leave	For extended absences, no longer than 30 calendar days, due to vacations, emergency trips, funeral leaves, etc. Approval from Education Manager is required.
A	Absent	Family Related Absence	Anything related to the family or sibling(s) that prevent the child from attending school, family emergencies, court, etc.
А	Absent	Inclement Weather	Tsunami, hurricanes, floods, vog, etc.
А	Absent	No Transportation	Vehicle is unavailable, broken, or no means of transportation
E	Excused	Health Reasons	Child's doctor and dental appointments, asthma, ukus, injury, anything on Non-Admission of III Children, provisional memo's
Ν	Not Scheduled	Off-Site Visit	Child being serviced by DOE (IEP only)
U	Unexcused	Unexcused	Unable to contact family

- 5. If a child did not come to school, use the proper codes and reasons listed above.
- 6. If a child missed a meal, uncheck the appropriate meal boxes (orange arrows below).

Attendance					前 Delete Attendar	nce		5	G 0	Attachments	5 (0)] <u>S</u> ave ×
Mon May	1,	2	01	L7 - 4	442 Site 4	42	Ι	Ļ				1
Classr <u>o</u> om Status	Оре	en		•	Classroom Notes	Nor	n-Particip	ant Mea	als	Change	All: Set <u>u</u> p	<u>A</u> pply
20 Participants	*	At	tt.		Absence Reason		Break- fast	Lunch	Arrival Time	Departure Time	Program	CP ID
Aaaaa, Child 1		Ρ	•				\checkmark	\checkmark	8:00 AM	2:00 PM	HS	77774 🔶
Bbbbb, Child 2		Ρ	•				\checkmark	\checkmark	8:00 AM	2:00 PM	HS	79935
Ccccc, Child 3		Ρ	•				\checkmark	\checkmark	8:00 AM	2:00 PM	HS	84472
Ddddd, Child 4		Ρ	•				\checkmark	\checkmark	8:00 AM	2:00 PM	HS	81815
Eeeee, Child 5		Α	•	Other		-					HS	75876
Fffff, Child 6		Ρ	•				\checkmark	\checkmark	8:00 AM	2:00 PM	HS	54340
Hhhhh, Child 8	\rightarrow	Α	•	Other		•					HS	79635
Iiiii, Child 9		Ρ	•				\checkmark	\checkmark	8:00 AM	2:00 PM	HS	16240
Jjjjj Child 10		Ρ	•				\checkmark	\checkmark	8:00 AM	2:00 PM	HS	75955
Kkkkk, Child 11		Ρ	•					\checkmark	8:00 AM	2:00 PM	HS	39033
LIIII, Child 12		Ρ	•				\checkmark	\checkmark	8:00 AM	2:00 PM	HS	69031
Nnnnn, Child 14		Ρ	•				\checkmark	\checkmark	8:00 AM	2:00 PM	HS	83131
Ooooo, Child 15		А	•	No Tran	sportation	-					HS	73443
Ppppp, Child 16		А	•	No Tran	sportation	-	T				HS	76850 🚽
	A-4	P-	16				15	16				
Added by Teacher	HS 5	/1/1	17 1	2:21 PM	HST			Last up	dated by ⁻	Teacher HS !	5/2/17 12:3	1 PM HST
Attendance Notes	for Jj	jjj, C	Chilo	d 10 on 5	5/1/17 (CACFP Status: I	FREE)				0	9 ♥ 🖯	Z @ _7
												-

Click on a participant's name to go to their individual attendance and manage their follow-ups.

- 7. If teaching staff and classroom volunteers ate meals supplied by HCAP, record these meals as follows:
 - a. Click on the Non-Participant Meals function (green arrow above).

b. Enter the number of meals consumed by the volunteers into the **Non-CACFP** row (green rectangle below).

c. When complete, click on **OK** (green arrow below).

Note that the Attendance and Meal counts for the day are shown beneath the Attendance Record (red rectangle above).

Non-Participant Meals Breakfast AM Snack Lunch PM Snack Supper Non-CACFP 2 0 4 0 0 CACFP 0 0 0 0 0 <u>0</u>K Cancel

If the child is absent for the day, enter any pertinent information into the child's Attendance Notes.
 a. From the Attendance Record, select the child for whom an Attendance Note will be entered (green arrow below).

 \times

b. Click on the **Clock Icon** (**blue arrow** below) and describe the issue in the **Attendance Notes** field.

Jiiii, Child 10		Ρ	•		\mathbf{V}	\checkmark	8:00 AM	2:00 PM	HS	/5955
Kkkkk, Child 11		Ρ	•			\checkmark	8:00 AM	2:00 PM	HS	39033
LIIII, Child 12		Ρ	•		\checkmark	\checkmark	8:00 AM	2:00 PM	HS	69031
Nnnnn, Child 14		Ρ	•		\checkmark	\checkmark	8:00 AM	2:00 PM	HS	83131
Ooooo, Child 15		А	•	No Transportation					HS	73443
Ppppp, Child 16		Α	•	No Transportation 🔹					HS	76850 -
	A-4	P-	16		15	16				
Added by Teache	r HS 5	/1/1	17 1	2:21 PM HST		Last	updated	by Jin Zeng	5/31/17 4:0	02 PM HST
Attendance Notes	s for K	kkkk	ς C	hild 11 on 5/1/17 (CACFP Status: FR	EE)			(9 ₩5 ᠿ	
										۵. ج

Click on a participant's name to go to their individual attendance and manage their follow-ups.

- 9. When done with entering the Attendance Record, click on **Save** (black arrow above).
- 10. If the Attendance Record was made for the wrong day, the record can be deleted by clicking on **Delete Attendance (purple arrow** above).

How to Set Up Attendance Alert (by Teaching Staff)

After taking attendance, when a child meets one of the following criteria, teacher requires to create an Attendance Follow-Up to alert a Responsible Staff (FA or Child Health & Development Specialist).

When to send Attendance Alert:	Sent Alert to:
a. 2 Consecutive Unexcused Absences	Family Advocate
b. 3 Consecutive Absences	Family Advocate
c. 3 Consecutive Excused/Health Absences	Child Health & Development Specialist
d. Attendance Success Plan	Family Advocate

1. Go to Entry Express and click on the Attendance subtab.

- 2. Select your Site and your Classroom (for example Dole).
- 3. Click on a child's name that you want to alert a FA or Health Staff.

ChildPlus															
Ser <u>v</u> ices	<u>T</u> o-D	o Lis	st	Entry	E <u>x</u> pr	ress	Manag	emer	nt	[<u>D</u> ashbo	ard	Rep <u>o</u> rts	Setup	Enter Repo
Attendance	Family S	ervice	es -	Health											
					ŀ	\tter	ndance						៣ <u>C</u> ancel Ad	d	
Please select	a date.					10		, 1 5	-		17	Vo	ur Cito	Vou	
					L '	VIOI	i iviay	10	, 2	20	11/-	τO	ur site	- rou	i Class
Site		_		_		c.		0			_	clas		New Dee	
Your Site	_			•		Classr	om Status	Ope	en		•	Clas	ssroom Notes	Non-Par	ticip <u>a</u> nt Meals
Classroom				, v		12	Participants		Att	t.			Absen	ce	
Your Class				Ť									Reaso	on	
						<u>Aaaaa</u>	Child 1		Ρ	•					
						Bbbbb	<u>, Child 2</u>		P	•					
Date				-		CCCCC,	Child 3		P	-	Other				-
May	Ð		2	017 🕑		Feeee	child 5		D	• •	Other				•
C M	т м	т	Г	c		Fffff. C	hild 6		P	-					
<u> </u>	1 VV	1	Г	3		Gqqq	g, Child 7		P	•					
30 1	23	4	5	6		Hhhhh	, Child 8		Ρ	•					
78	9 10	11	12	13		<u>Iiiii, Ch</u>	ild 9		Ρ	•					
14 15	16 17	18	19	20		<u>Jijiji, C</u> ł	nild 10		Ρ	•					
21 22	23 24	25	26	27		Kkkkk,	Child 11		P	•					
28 20	20 21	1	20	2		<u>LIIII, C</u> ł	nild 12		Ρ	•					
		. 1	2	10						_					
45	6 /	8	9	10				A-1	P-1	1					

- 4. ChildPlus will bring you to the selected child's attendance page.
- 5. Choose child's Teacher on **Staff Responsible for Attendance Alerts** field.

Child 4 Ddddd	× +									
Ch Male	nild 4 D	0dddd → /11 6y 0m Cl	PID: 5570	09			F	J Flags	Send N	vlessage.
Application	Enrollment	Family Services	Health	Immunizations	Disabilit	y Menta	al Health	Birth	Education	Attendance
Attendance	Attachmen	ts (0)								
Participatio	n Records									
Last Year	2016-20	17 Head Start		Enrolled 8/10/	16	Your Site	• Your C	lass		
Prior Year	2015-20	16 Head Start		Completed 5/2	6/16	HB Hond	lulu • HB	Honol	ulu	
✓ Attendar	nce Follow-L	In								
Staff Respons	ible for Atten	dance Alerts	HS, Tead	ther		•				
Due Date	Days Left	Follow-Up		Respons	ible Staff		Comple	ted N	lotes	
There are cu	urrently no fol	low-up records f	for this p	articipant. Click	'Add Fol	low Up' b	elow to a	dd on	e.	

6. Click on the green **Add Follow Up** button.

taff Respon	sible for Attend	ance Alerts HS, Te	acher	-	
Due Date	Days Left	Follow-Up	Responsible Staff	Completed	Notes
here are o	currently no follo	w-up records for this	s participant. Click 'Add Follow Up	below to add	one.
There are o	currently no follo	ow-up records for thi	s participant. Click 'Add Follow Up	o' below to add o	one.
There are o	currently no follo	ow-up records for this	s participant. Click 'Add Follow Up	' below to add (one.

7. Select a Due Date, by default is today's date.

∨ At	tenda	ance	e Foll	ow-Up)												
Staff I	Respo	nsib	le for /	Attenda	nce Ale	rts	HS,	Fead	her		•						
Due	Date	[Days L	eft	Follow	v-Up			R	Responsible Staff		Complet	ed Not	Notes			
5/15	2017	-	Due To	day					н	S, Tea	acher						
٩	Wednesday, September 13, 2017 May, 2017				€												
	Sun	Мо	n Tu	e Wed	Thu	Fri	Sat									Add Follow Up	Delete Follow Up
			1 2	2 3	4	5	6										
	7		B 9	9 10	11	12	13										
-	14	1	5 16	5 17	18	19	20		-							1	
1	21	2	2 23	3 24	25	26	27		//13/17		with attendance c	ode All	checke	d	•	Refresh	
	28	2	9 30	31	1	2											
	4			5 7													
				Clear													
Early	/ Den	arti	Ire N	lone													

8. Select a follow-Up option.

✓ Attenda	nce Follow-Up)								
Staff Respon	sible for Attenda	nce Alerts	HS, Teacher		•					
Due Date	Days Left	Follow-Up	Follow-Up Responsible Staff			Completed	Notes			
5/15/17	Due Today	a. 2 Cons	ecutive Unexc 🔻	HS, Teacher						
		a. 2 Cons b. 3 Cons c. 3 Cons d. Attend	ecutive Unexcused ecutive Absences ecutive Excused/H ance Success Plan	d Absences lealth Absences	-				Add Follow Up	Delete Follow Up
Attendance Details Show attendance between					ance co	de All ch	ecked	•	Refresh	
Attendanc	e A 1/1 10)(

9. Choose a Responsible Staff (Family Advocate or Health Staff).

an Respons	sible for Attenda	nce Alerts	HS, Teacher		•							
Due Date	Days Left	Follow-Up		Responsible S	taff	Completed	Notes					
5/15/17	Due Today	a. 2 Cons	ecutive Unexcus	HS, FA	•							
				Last Name	First Name	Primary Sit	e	Position	^			
				HS	FA	Dillingham	Office	Family Advocate	-			
				x								

10. Input any attendance pertinent information into the Note field. Click **OK** when done.

nce Follow-U	р								
sible for Attenda	ance Alerts	HS, Teacher		•					
Days Left	Follow-Up		Responsible Staff	Completed	Notes				
Due Today	a. 2 Cons	ecutive Unexcus	HS, FA		Teacher: The child has 3 consecutive absences.				
nce Details					Teacher: The chilc consecutive abser	Delete Follow Up			
nce between	00%	and 9/13/1	7 📼 with attenda	nce code All ch	ок	Cancel	1.		
	ible for Attenda Days Left Due Today nce Details nce between	nce Follow-Up ible for Attendance Alerts Days Left Follow-Up Due Today a. 2 Cons nce Details nce between E A 1/1 100%	Ince Follow-Up ible for Attendance Alerts HS, Teacher Days Left Follow-Up Due Today a. 2 Consecutive Unexcus Ince Details Ince between and 9/13/1 A 1/1 100%	Ince Follow-Up HS, Teacher Days Left Follow-Up Responsible Staff Due Today a. 2 Consecutive Unexcus HS, FA Ince Details Image: and 9/13/17 Image: with attenda Ince between Image: and 9/13/17 Image: with attenda	Ince Follow-Up ible for Attendance Alerts HS, Teacher Days Left Follow-Up Responsible Staff Completed Due Today a. 2 Consecutive Unexcus HS, FA Ince Details Ince between and 9/13/17 with attendance code All character	Ince Follow-Up ible for Attendance Alerts HS, Teacher Days Left Follow-Up Responsible Staff Completed Notes Due Today a. 2 Consecutive Unexcus HS, FA Teacher: The child consecutive abser Ince Details and 9/13/17 with attendance code All che OK	Ince Follow-Up ible for Attendance Alerts HS, Teacher Days Left Follow-Up Responsible Staff Completed Notes Due Today a. 2 Consecutive Unexcus HS, FA Teacher: The child has 3 consecutive absences. Teacher: The child has 3 consecutive absences. Teacher: The child has 3 consecutive absences. Ince Details nce between and 9/13/17 with attendance code All che OK Cancel	Ince Follow-Up ible for Attendance Alerts HS, Teacher Days Left Follow-Up Responsible Staff Completed Notes Due Today a. 2 Consecutive Unexcus HS, FA Teacher: The child has 3 consecutive absences. Up nce Details nce between and 9/13/17 with attendance code All che OK Cancel	

11. Click Save button	on the top right corner of the screen.
------------------------------	--

Education Home Visit

Education Home Visits are being tracked under the child's **Education** module. Teaching staff perform these activities twice a year.

Whenever these activities occur for a child, the event is recorded in ChildPlus as follows:

- 1. Select the child from your **Participants** list (orange arrow below)
- 2. Select the Education service module (black arrow below)

ChildPlus Ser <u>v</u> ices <u>T</u> o-	Do List	Entry E <u>x</u> press	Mana <u>g</u> ement	<u>D</u> ashboard	Rep <u>o</u> i	rts Setup	Enter Report #	•						– Hel	□ × □ 🛱
Search		c	hild-9111 × +												
Participants (20)		Change List <	Child-9) -				P	Flags 🖂 Se	end Mess	age		5	ЭG	📙 <u>S</u> ave
AAA, Child-1		9/02/12	Male DOB:	1/23/14 4y 4m	CPID: 899	990									
BBB, Child-2		8/25/13	Enrolled 8/8/	(17 (315d) Year	1		2	017-2018 H	lead Start • ١	our Site	• Your Cl	ass • 2017-2	2018 Hea	d Start (Grant.000
CCC, Child-3		12/18/13	Application Enrollme	nt Family Servic	es Health	Immunizations	Disability Ment	al Health E	Birth Educa	tion Att	endance	PIR			
DDD, Child-4		10/28/12	Events Requirement		nformation	Attachments ("]								
EEE, Child-5		4/03/13	_ <u>Events</u> _ <u>Requirement</u>		normation	Attachments (c	<i>n</i>		- 1	•					
FFF, Child-6		3/31/14	Education Events							<u>O</u> pt	tions	Add Event	Add	Multiple	e E <u>v</u> ents
GGG, Child-7		2/05/13						Expiration	Days Until		Needs	Needs	Needs N	Veeds	Received
HHH, Child-8		12/19/12	Exp. Event Type		Date	Status		Date	Expiration	Actions	Referral	Follow-Up	Eval.	Тх	Тх
		1/23/14	Developmental A	ssessment	10/23/17	No Concern				0					
J J J, Child-10		11/05/15	1st Team Confer	ence	10/20/17	Completed				0					
KKK, Child-11		7/02/14	Developmental S	creening (AS	9/14/17	No Concern				0					
LLL, Child-12		A/17/14	Child: Pedestrian	Safety Traini	8/21/17	Completed				0					
NNN Child 14		6/06/13	Behavioral Health	n Screening(A	8/11/17	No Concern				0					
000 Child-15		4/30/14	1st Education Ho	me Visit	8/07/17	Completed				0					
PPP Child-16		4/30/13	Parent: Pedestria	n sarety frai	8/07/17	Completed				0					
000 Child-17		4/20/13													
RRR. Child-18		6/11/14													
SSS. Child-19		7/16/14	Event Expires in: (More than 1	5 days	🕛 Less than	15 days 🛛 🛞	Expired	🖉 Not	conside	red for r	equiremen	nts due t	o statu	IS
TTT, Child-20		2/13/13													

3. Click on Add Event button (green arrow above).

4. Select an **Event Type** of **1**st Education Home Visit or **2**nd Education Home Visit (black arrow below).



- 5. Fill in the **yellow-shaded** areas shown below:
 - a) Enter the date of your home visit into the **Event Date** area.
 - b) Select a **Status** of **Completed**.
 - c) Select your name from the staff list under Agency Worker.

6. Click on the **Clock Icon** (**blue arrow** below) if any and enter any pertinent information into the **Event Notes** area.

7. Click on "Save" button (green button below)

Event Dat	e ^{PIR}	5/1/17 🔳				
Status Descriptic	n	Completed	•			
Agency W	/orker	HS, Teacher	•			
Event Not	es	8/7/2017 1:43 PM Describe your hom	Teacher HS e visit.		(L) [
Actions						Add Action
Action	Action Date	Description	Status	Agency Worker		
This event	has no actions	associated with it. Click	"Add Action" to add one			
					Save	Cancel

Home Visit - (HB-HS/EHS)

The procedure for entering Home-Based Attendance is an easy 2-step process:

- 1. Enter the child's Home Visit schedule.
- 2. Enter Attendance as home visits occur or are cancelled.
- 3. Make up home visits if cancelled.

The detailed procedures for each of these steps are provided below.

A. Enter Home Visit Schedule

Before home-based Attendance can be entered into ChildPlus, a schedule for the home visits must be created. This creates a basis for entering actual Attendance records. The home visit schedule is entered as follows for **each month**:

1. Select a child from **Participants** list (**blue arrow** below) then click on the **Family Services** (green arrows below) module under **Services** main menu (red arrows below).

ChildPlus														- =	x
Ser <u>v</u> ices	<u>T</u> o-Do List	Entry E <u>x</u> pre	ss Manage	ement <u>D</u> e	ashboard	Rep <u>o</u> rts	Setup Ent	er Report # 🝷						Help	¢
Sear			Child 9 Iiiii 🗙	+											
Parti pants	(12) ^ (Change List <	Ch Ch	ild 9 Iii	ii's Fam	nily 🚽 👘			P Fla	gs 🖂 Send I	Message		99	G Bsa	ave
Aaaaa, Chilo	11	7/19/13	Fema	ale DOB: 12/	12/11 5y 5m	CPID: 79711									
Bbbbb, Chile	d 2	9/18/12	Application	Enrollment F	amily Services	Health Immu	nizations Disa	bility Mental Hea	alth Birti	h Education	Attendance I	PIR			
Ccccc, Child		4/11/12													
Ddddd, Chil	ld 4	9/07/11	<u>Events</u> Fa	mily Outco <u>m</u> e	s <u>F</u> a y Sen	vices Information	Attachments	; (0)							
Eeeee, Child	15	1/03/13	Family Sen	ices Events								-		Add Evo	unt
Fffff, Child 6		1/27/12			-				1.1.61		-	e). ((_
Ggggg, Chil	ld 7	6/09/13	Date 🔻	Event		Description		Associated		Progress	Time	Staff		Actions	
Hhhhh, Chil	ld 8	2/05/12	5/01/17	Home Visit (H	IB)	Child 9: May 20	16/2017	Family			1 h 30 m	HS, Teacher		4	
Iiiii. Child 9		2/12/11	5/01/17	Family Notes		Child 9: May 20	17	Family			0 h 0 m	HS, FA		0	
liiii Child 10	0	3/19/13	4/03/17	Home Visit (H	IB)	Child 9: April 20	16/2017	Family			16 h 0 m	HS, Teacher		9	
SJJJJ, CHIRCH	U 1 4 4	10/10/10	4/03/17	Family Notes		Child 9: April 20	17	Family			0 h 0 m	HS, FA		0	
KKKKK, Child	311	10/18/12	3/01/17	Home Visit (H	IB)	Child 9: March 2	2016/2017	Family		Completed	13 h 3	HS, Teacher		8	
LIIII, Child 1	2	11/28/12	3/01/17	Family Notes		Child 9: March 2	2017	Family			0 h 0 m	HS, FA		0	_
			2/01/17	Home Visit /H	IR)	Child Q: Fab 201	6/2017	Family		Completed	12 h 3	HS Teacher		7	*
												Filt	er		

 Click on Add Event (black arrow above). Select Home Visit – (HB-HS/EHS) from the dropdown list under Event Type.



- 3. Fill in the yellow-shaded fields of the event template as shown below:
 - a. Enter the date of the first planned Home Visit into the Initial Date field.
 - b. Enter the program term in **Description** field.
 - c. Select your name from the dropdown list under Case Worker.

Add Home Visit -	(HB-HS/EHS)				~ ∨ © 읍
Initial Date	8/12/19 🔲	Schedule Home Visits	Associated With		•
Description	Jason: August 201	9-2020	Case Worker	HS Teacher	•
Family Outcome		•			
					≝ B Ø ₽ ∠²
Event Notes	Type new notes he	ere (the date, time and your	name will be added auto	matically)	<u>ـ</u>
					Ψ
					÷
					· · · · · · · · · · · · · · · · · · ·

- 4. Click on Schedule Home Visits (red arrow above).
- 5. When the **Schedule Home Visits** template appears (shown below):
 - a. Enter the initial planned Home Visit date of the month into the ... starting date field
 - b. Enter the last date of the month into the ... and continuing until date field.
 - c. Enter **1** for **Start the counter at** field. (Input the next number based on your previous month's last home visit number. for example, if last home visit number of the previous month is 8, the **Start the counter at** for current month is 9.)
- 6. Click on Schedule Home Visits (red arrow below).

Schedule Home Visits	Х
 For a Home-Based Program For a Center-Based Program 	
Schedule a home visit the same day each week starting 8/6/19 📼 and continuing until 8/30/19 📼	
Agency Worker Total Time Total Time 1 Hours 30 Minutes	
Description	
Home Visit	
Add a counter after the description (for example Home Visit 1, Home Visit 2, etc.)	
Start the counter at 1 📮	
<u>S</u> chedule Home Visits <u>C</u> ancel	

7. In the Actions area, note that individual Actions have been created for each scheduled Home Visit, as shown below.

Event Notes	Тур	e new notes her	e (the date, time and your	name will be added au	tomatically)		<u>ــــــــــــــــــــــــــــــــــــ</u>
					21		~
							÷
							-
Actions							Add <u>A</u> ction
Scheduled	Action Date	Action Type	Description	Status	Case Worker	Referred To	Time
8/27/2019		Direct	Home Visit 4		HS Teacher		1h 30m
8/20/2019		Direct	Home Visit 3		HS Teacher		1h 30m
8/13/2019		Direct	Home Visit 2		HS Teacher		1h 30m
8/6/2019		Direct	Home Visit 1		HS Teacher		1h 30m

B. Entering Home-Based Attendance

Home-based Attendance is entered as follows:

- 1. Navigate to the child's Family Services area.
- 2. Select the child's **Home Visit (HB-HS/EHS)** event from the scrollable list of Family Service Events.
- 3. At the Actions area, select the desired Home Visit Action from the scrollable Actions list (red arrow above). This opens the Action as shown below.
- 4. Enter the home-based Attendance as follows (refer to yellow-shaded fields below):
 - a. Enter the date of the Home Visit (or attempted Home Visit) into the **Action Date** field (this should be the same date as the **Scheduled** date).
 - b. Select one of the following Status codes from the dropdown list:
 - i. Completed,
 - ii. Family Cancelled, or
 - iii. Staff Cancelled.
 - c. Enter Home Visit notes into the Action Notes field.
 - d. Click save button (red arrow below).

Direct schedu	led for 8/6/19						~ ~ ©	ß
Action Type Scheduled	Direct 8/6/19 III	•	Type of Contact Description	Home V Home V	'isit 'isit 1			•
Action Date	8/6/19 🚥		Status	Comple	ted			•
			Case Worker	HS Tead	her			•
			Total Time	1	Hours	30	Minutes	
							**C 🗗 🖉	i Co 🖉
Action Notes	Enter your home visit notes.							^
								~
								^
						s	ave Canc	el

C. Entering Makeup Home Visits

If there was Home Visit cancelled by HS Staff, a Makeup Home Visit must be done within that week. If there was Home Visit cancelled by the Family, try 1 attempt to make up the Home Visit within that week.

Makeup Home Visits can be entered as follows:

- 1. Navigate to the child's Family Services area.
- 2. Select the child's **Home Visit (HB-HS/EHS)** event from the scrollable list of Family Service Events.
- 3. At the Actions area, click on Add Action (red arrow below). This opens a new Action as shown below.

Add Home Visit -	(HB-HS/EF	IS)			~ ∨ ⊚ 읍
Initial Date	8/6/19	Schedule Home Visits	Associated With		-
Description	Jason: August	2019-2020	Case Worker	HS Teacher	•
Service Area		•			
Issue		-	Closure Expected		
Source of Information		•	Progress		•
Family Outcome		•	Date Closed		
			Result		-
					┉岛៧吶↗
Event Notes	Type new note	es here (the date, time and y	our name will be added autom	natically)	
			mm		

Actions							Add <u>A</u> ction
Scheduled	Action Date	Action Type	Description	Status	Case Worker	Referred To	Time
8/27/2019		Direct	Home Visit 4		HS Teacher		1h 30m
8/20/2019		Direct	Home Visit 3		HS Teacher		1h 30m
8/13/2019		Direct	Home Visit 2		HS Teacher		1h 30m
8/6/2019	8/6/2019	Direct	Home Visit 1	Family Cancelled	HS Teacher		1h 30m

Save and Add Another

Cancel Add

Save

- 4. Enter the makeup Home Visit as follows (refer to yellow-shaded fields below):
 - a. Select Action Type Direct from the dropdown list.
 - b. Enter the original date of the missed Home Visit into the Scheduled field.
 - c. Enter the date of the makeup Home Visit into the Action Date field.
 - d. Select Home Visit for Type of Contact.
 - e. Enter **Home Visit # Makeup** into the **Description** field. This indicates which missed Home Visit was made up. For example, if you made up Home Visit 1; enter **Home Visit 1 Makeup**, or if you made up Home Visit 12; enter **Home Visit 12 Makeup**.
 - f. Select Completed from Status dropdown list.
 - g. Select your name from Case Worker dropdown list.
 - h. Enter Total Time of 1 Hours 30 Minutes.

Add Action					^	~ ◎ 凸
Action Type Scheduled Action Date	Direct 8/6/19 = 8/8/19 =	•	Type of Contact Description Status Case Worker	Home Visit Home Visit 1 Completed HS Teacher	Makeup	•
			Total Time	1 Hou	urs <mark>30</mark>	Minutes
Action Notes	Enter your notes.		8008			
				Save and Add Anoth	ner Sav	e Cancel Add

i. Click **Save** button (green button above).

Actions							Add <u>A</u> ction
Scheduled	Action Date	Action Type	Description	Status	Case Worker	Referred To	Time
8/27/2019		Direct	Home Visit 4		HS Teacher		1h 30m
8/20/2019		Direct	Home Visit 3		HS Teacher		1h 30m
8/13/2019		Direct	Home Visit 2		HS Teacher		1h 30m
8/6/2019	8/8/2019	Direct	Home Visit 1 Makeup	Completed	HS Teacher		1h 30m
8/6/2019	8/6/2019	Direct	Home Visit 1	Family Cancelled	HS Teacher		1h 30m
				Sa	ave and Add Anoth	ler Save	Cancel Ac

j. Click Save button (green button above).

Team Conference

Team Conference is being tracked under the child's **Education** module. Teaching staff perform these activities twice a year.

Whenever these activities occur for a child, the event is recorded in ChildPlus as follows:

- 1. Select the child from your **Participants** list (orange arrow below)
- 2. Select the Education service module (black arrow below)

ChildPlus														-	= x
Ser <u>v</u> ices	<u>T</u> o-Do List	Entry E <u>x</u> press	Management	<u>D</u> ashboard	Rep <u>o</u> r	ts Setup	Enter Report #	-						He	p 🖯 🌣
Search		C	hild-9111 × +												
Participants		Change List <	Child-9) -				P	Flags 🖂 Se	nd Mes	sage		5	ЭG	📙 <u>S</u> ave
AAA, Child-		9/02/12	Male DOB:	1/23/14 4y 4m	CPID: 899	90									
BBB, Child-2	2	8/25/13	Enrolled 8/8/	'17 (315d) Year	1		2	017-2018 H	ead Start • ۱	our Site	Your Cl	ass • 2017-2	2018 Head	d Start	Grant.000
CCC, Child-		12/18/13	Application Enrollme	nt Family Service	es Health	Immunizations	Disability Ment	al Health E	Birth Educat	tion Att	endance	PIR			
DDD, Child-	-4	10/28/12				(С.								
EEE, Child-5		4/03/13	Events Requiremen	nts Education In	formation	Attachments (0)		1	•					
FFF, Child-6		3/31/14	Education Events						-	Opt	tions	Add Event	Add	Multipl	e Events
GGG, Child-	-7	2/05/13						Expiration	Days Until		Needs	Needs	Needs N	Inode	Received
HHH, Child-	-8	12/19/12	Exp. Event Type		Date	Status		Date	Expiration	Actions	Referral	Follow-Up	Eval.	Tx	Tx
III, Child-9		1/23/14	Developmental A	ssessment	10/23/17	No Concern				0					
J J J, Child-1	10	1/05/13	1st Team Confere	ence	10/20/17	Completed				0					
KKK, Child-1	11	11/27/12	Developmental S	creening (AS	9/14/17	No Concern				0					
LLL, Child-1	2	7/02/14	Child: Pedestrian	Safety Traini	8/21/17	Completed				0					
MMM, Child	d-13	4/17/14	Behavioral Health	n Screening(A	8/11/17	No Concern				0					
NNN, Child	-14	6/06/13	1st Education Ho	me Visit	8/07/17	Completed				0					
000, Child	-15	4/30/14	Parent: Pedestria	n Safety Trai	8/07/17	Completed				0					
PPP, Child-1	16	4/30/13													
QQQ, Child	-17	4/20/13													
RRR, Child-	18	6/11/14	Event Evening in 1					From Same al							
SSS, Child-1	19	7/16/14	Event Expires in: (o days	U Less than	io uays 🛞	Expired	V NOT	conside	red for r	equiremer	its due to	o statu	5
TTT, Child-2	20	2/13/13													

- 3. Click on Add Event (green arrow above).
- 4. Select an **Event Type** of **1**st **Team Conference** or **2**nd **Team Conference** (**black arrow** below).



- 5. Fill in the yellow-shaded areas shown below:
 - a) Enter the date of the conference into the **Event Date** area.
 - b) Select a **Status** of **Completed**.
 - c) Select your name from the staff list under Agency Worker.
 - d) Click on the **Open Note** icon (green arrow below).

Status Completed Description Agency Worker HS, Teacher	
Agency Worker HS, Teacher *	
Event Notes	
Actions	Add Action
Action Date Description Status Agency Worker	
This event has no actions associated with it. Click "Add Action" to add one.	

- 6. This causes the **Notes** field to open in a separate window as shown below.
- 7. Click on the Clock Icon (blue arrow below) if any and type in the following character string: "tconf" followed by pressing the Enter key. This causes the Team Conference template to populate inside the Notes field as shown below.

		x
	0 ₩ 8	
5/1/2018 2:22 PM Teacher HS		Î
1. Does the child have any developmental concerns regarding screenings? What is the current status? Is follow-up need (Developmental Assessment, Developmental <u>Screenings-ASQ</u> 3, Behavioral <u>Screenings-ASQ</u> SE)		
2. Does the child have any health screening concerns? What is the status? Is follow-up needed? (vision, growth, hearing, blood pressure)		
3. Did the child receive all health requirements? What is the status? Is follow-up needed? (Current Health Record (<u>PE</u>), Immunizations up-to-date, Dental, <u>Pre-K</u> Health Record Supplemental, Medical Home, Lead)		
4. Does the child have a medical diagnosis, medical condition or allergies? What is the status? Is follow-up needed? (Sp Consent for Administration of Medication/Implementation Plan, Medical Conditions, Religious Statement)	oecial Care	Plan,
5. What is the families circumstance? What is the status? Is follow-up needed? (Family goals, custody issues, TROS, Medi	a Consent)	
6. Does the child attend school regularly? What is the status? Is follow-up needed? (Attendance Success Plan)	♥	Ŧ
	<u>о</u> к	<u>C</u> ancel

- 8. Fill in the template and describe the Team Conference in detail.
- 9. Click on **OK** (red arrow above).
- 10. Click on "**Save**" button (green button on previous page)

Parent Conference

Parent Conference is being tracked under the child's **Education** module. Teaching staff perform these activities twice a year.

Whenever these activities occur for a child, the event is recorded in ChildPlus as follows:

- 1. Select the child from your **Participants** list (orange arrow below)
- 2. Select the Education service module (black arrow below)

ChildPlus															= x
Ser <u>v</u> ices <u>T</u> o	o-Do List	Entry E <u>x</u> press	Managemen	<u>D</u> ashboard	l Rep <u>o</u> i	rts Setup	Enter Rep	ort # 🔻						He	lp 🔂 🌣
Search	🔻	Cł	hild-9111 × +												
Participants (20		Change List <	A Child	-9111 -				F	⁾ Flags 🖂 S	end Mes	sage		5	ЭG	📙 <u>S</u> ave
AAA, Child-1		9/02/12	Male DC	B: 1/23/14 4y 4m	CPID: 899	990									
BBB, Child-2		8/25/13	Enrolled 8	/8/17 (315d) Year	1			2017-2018	Head Start •	Your Site	• Your Cl	ass • 2017-	2018 Hea	d Start	Grant.000
CCC, Child-3		12/18/13	Application Enroll	ment Family Servi	ces Health	Immunizations	Disability	Mental Health	Birth Educa	tion Att	endance	PIR			
DDD, Child-4		10/28/12													
EEE, Child-5		4/03/13	Events Requirer	nents Education	Information	Attachments (0))			<u> </u>					
FFF, Child-6		3/31/14	Education Events						-	l Op	tions	Add Event	Add	Multipl	e Events
GGG, Child-7		2/05/13						Expiratio	n Davs Until		Needs	Needs	Needs	Needs	Received
HHH, Child-8		12/19/12	Exp. Event Type		Date	Status		Date	Expiration	Actions	Referral	Follow-Up	Eval.	Тх	Тх
111, Child-9		1/23/14	Developmenta	l Assessment	10/23/17	No Concern				0					
J J J, Child-10		1/05/13	1st Team Con	erence	10/20/17	Completed				0					
KKK, Child-11		11/27/12	Developmenta	l Screening (AS	9/14/17	No Concern				0					
LLL, Child-12	_	7/02/14	Child: Pedestr	an Safety Traini	8/21/17	Completed				0					
MMM, Child-1	3	4/17/14	Behavioral He	alth Screening(A	8/11/17	No Concern				0					
NNN, Child-14		6/06/13	1st Education	Home Visit	8/07/17	Completed				0					
000, Child-15		4/30/14	Parent: Pedes	rian Safety Trai	8/07/17	Completed				0					
PPP, Child-16		4/30/13													
QQQ, Child-17		4/20/13													
KRR, Child-18		7/15/14	Event Expires in:	More than	15 days	 Less than 	15 days	Expired	🖉 Not	conside	red for r	equireme	nts due t	to statu	IS
TTT Child 20		2/12/14	Event Expires in.		is days	. 2035 (1011	ro dayo	. cspired		conside	ica ior i	equiterret	no que	io state	
TTT, Child-20		2/13/13													

- 3. Click on Add Event (green arrow above).
- 4. Select an **Event Type** of **1**st **Parent Conference** or **2**nd **Parent Conference** (**black arrow** below).



- 5. Fill in the **yellow-shaded** areas shown below:
 - a) Enter the date of the conference into the **Event Date** area.
 - b) Select a **Status** of **Completed**.
 - c) Select your name from the staff list under Agency Worker.
- 6. Click on the **Clock Icon** (**blue arrow** below) if any and enter any pertinent information into the **Event Notes** area.
- 7. Click on "Save" button (green button below).

Event Date ^{PIR}	5/1/17 🔲			
Status Description	Completed	•		
Agency Worker	HS, Teacher	•		
				Ļ
Event Notes	5/1/2017 3:35 P Describe your p	M Teacher HS arent conference.		Ů♥₽₽₽₽
Actions				Add Action
Action Action Da	te Description	Status	Agency Worker	
This event has no activ	ons associated with it.	Click "Add Action" to add one		
			Save and Add Another	Save Cancel Add

Pedestrian Safety Training: Child

When the training is completed, the event needs to be recorded into ChildPlus as follows:

- 1. Navigate to the child's **Education** module (green-shaded area below).
- 2. Click on **Add Event** button (red arrow below).
- 3. Scroll down and select Pedestrian Safety Training: Child (gray-shaded area below).

Services	To-Do List	Entry Express	Management	Dashboard	Repor	ts Setup	Enter Report # 🔻			
Search	🔻	Mi	io K-on 🗙 +							
Participants	(12) ^	Change List < 11/11/14	Mio K-	ON ▼	CDID: 5	2404		🏳 Flags 🛛 Send Message		∽9G₿save
B. Tomcat		6/20/13	Enrolled 8/8/	/17 (335d) Year 2	(+1)	0494		2017-2018 Head Start • 1132 Site •	1132	018 Head Start Grant.000
BB, Iowa		5/08/13	Application Enrollmo	nt Eamily Sonvice	Hoolth	Immunizations	Disability Montal I		DI	
Captain, Am	narica	9/30/12			s nealui	Infinunizations				
Cvn, Enterp	orise C.	12/28/12	<u>Events</u> Requirement	nts Education <u>I</u> nf	ormation	Attachments (0))			
D, Bruce W.		7/30/14	Education Events							
England, Ar	thur	5/28/13	Education Events				_	Options	Add Event	Add Multiple Events
K, King		12/27/13	Exp. Event Type		Date	Status	A	dd Education Event	×	Needs Needs Received Eval. Tx Tx
K-on, Mio		3/14/13	3rd Individualize	d Curriculum	4/27/18	Completed		1st Education Home Visit		
Luke, Child		2/08/13	2nd Individualize	d Curriculum	1/26/18	Completed		1st Parent Conference		
Setsuna, Se	iei F.	10/10/13	Developmental A	ssessment	11/02/17	Completed		1st Team Conference		
Z, Barry		4/04/14	1st Team Confer	ence	10/30/17	Completed		2nd Education Home Visit		
			1st Parent Confe	rence	10/26/17	Completed		2nd Team Conference		
			1st Individualized	l Curriculum	10/09/17	Completed		Behavioral Concern		
			Child: Pedestrian	Safety Traini	8/03/17	Completed		Behavioral Health Screening(ASQ-SE)		
			1st Education Ho	me Visit	8/01/17	Completed		Child Referral Form		
			Media Release C	onsent Form	8/01/17	Completed		Developmental Assessment		
			Parent: Pedestria	n Safety Trai	8/01/17	Completed		Developmental Checklist (EHS)		
			2nd Education H	ome Visit	5/09/17	Completed		Developmental Concern		
			3rd Parent Confe	rence	5/09/17	Completed		Field Trip		
			3rd Individualize	d Curriculum	4/28/17	Completed		Full Day Child Care Agreement		
			Media Release C	onsent Form	3/13/17	Completed		Media Release Consent Form		
			2nd Parent Confe	erence	2/22/17	Completed	L	Pedestrian Safety Training: Child		
			2nd Individualize	d Curriculum	2/06/17	Completed		Pedestrian Safety Training: Parent		
			Developmental A	ssessment	10/25/16	No Concern		School Readiness Assessment		
			1st Education Ho	me Visit	10/21/16	Completed			Cancel	
			Child: Pedestrian	Satety Traini	10/21/16	Completed				
			Parent: Pedestria	n Safety Trai	10/21/16	Completed		0		
			Benavioral Health	n Screening(A	10/20/16	No Concern		0		
			Developmental S	creening (AS	0/20/16	No Concern		0		
			iviedia keléásé C	onsent Form	9/23/10	completed		U		

Pedestrian Safety Training: Child

- 4. Fill in the **yellow-shaded** areas shown below:
 - a. Enter the **Date of the Training** into the **Event Date** area.
 - b. Select **Completed** in **Status** area.
 - c. Select your name from the staff list under Agency Worker area.
 - d. Click on **Clock Icon** (blue arrow below) if any and enter any pertinent information into the **Event Notes** area.
- 5. Click on "Save" button (red arrow below).

Add Pedestri	an Safety Trainii	ng: Child		
Event Date PIR	7/4/10			
Event Date	//4/10 📖			
Status	Completed	-		
Agency Worker	HS, Teacher	•		
				1
Event Notes	7/5/2018 9:36 input any pert	AM_HS, Teacher inent information as need		
Actions				Add Actio
Action Action	Date Description	Status	Agency Worker	
This event has no a	actions associated with it.	Click "Add Action" to add one		1
			Save and Add Another	Save Cancel A

Field Trip

The Field Trip event needs to be recorded in ChildPlus as follows:

- 1. Navigate to the child's Education module (yellow-shaded area below).
- 2. Click on Add Event button (red arrow below).
- 3. Select Field Trip (gray-shaded area below).



Field Trip

- 4. Then "Field Trip" template will pop-up, fill in the **yellow-shaded** areas on the template shown below:
 - a) Enter the date of the field trip into the **Event Date** area.
 - b) Select a **Status** of Completed.
 - c) Enter the place of this field trip into **Description** area.
 - d) Select your name from the staff list under Agency Worker area.
 - e) Click on **Clock Icon** (**blue arrow** below) if any and enter any pertinent information into the **Event Notes** area as needed.
- 5. Click on "Save" button (green button below)

ield Tri	р					^	v ©
Event Dat	e PIR	<mark>6/20/18 </mark> ■					
Status		Completed	•				
Descriptic	on	Name of Locatio	on				
Agency W	/orker	HS, Teacher	•				
						_	
						∇	
						BBC [30
Event Not	es	6/28/2018 1:29	PM FA HS				
		Input any correl	ative information if need				
Actions							Add
Action	Action Date	Description	Status	Agency W	orker		
This event	has no actions	associated with it. (Click "Add Action" to add one				
elete Event a	and Actions					Save	Can

Field Trip

- 6. If transportation is provided for this trip, navigate to the child's PIR module (Red Arrow below).
- 7. Scroll down to **Transportation** section (**yellow-shaded** area below) and select "**Yes**" to the "**Is transportation provided for this child?**"

Ser <u>v</u> ices	<u>T</u> o-Do List	Entry E <u>x</u> press	Management	<u>D</u> ashboard	Rep <u>o</u> rts	Setup	Enter Re	eport # 👻	
Search	•	Add Family An	narica Captain 🗙 🕂						
Participants A, Peter C.		Change List <	Amaric Male DOB:	a Captair	CPID: 84843				P Flags ⊠ Send Message 음 Print 역 3 등 음 Save
B, Torncat BB, Iowa	Cat 6/20/13 Enrolled 8/8/17 (328d) Year 1 (+1) 2017-2018 Head Start • 1132 Site • 1132 • 2 2018 Head Start Grant.000								
Capitalin, Amarica 9/30/12 Cvn, Enterprise C. 12/28/12 D Reuce W. 7/30/14 Pire Attachments (0) D Reuce W. 7/30/14 Participation Records									
England, Ar	thur	5/28/13	Last Year 201	7-2018 Head Start	E	nrolled 8/8/	17	1132 Site •	• 1132
K, King		12/27/13	Prior Year 201	6-2017 Head Start	١	Vaitlisted 1/2	7/17	Kaimiloa E	el. • < No Classroom >
K-on, Mio		3/14/13	L						
Luke, Child1	1 :: г	2/08/13	Auto	• C.19 - Co	mpleted a p	ofessional	dental ex	xam ^{PIR}	Å
Z Barny	iei F.	4/04/14	Auto	▼ C.19.a - N	leeds dental	treatment	PIK		
z, barry		,,,,,,,,	Auto	▼ C.19.a.1 -	Received de	ntal treatm	ent Pik		
			Auto	▼ C.20 - Up	to date on p	preventative	and prir	mary oral h	ealth care Pik
			Auto	▼ C.28 - Ne	ewly Enrolled	PIK			
			If the participant is co	unted for question	C.28, how sho	uld question	C.29 be o	calculated? P	IR
			Auto	•					
			✓ Mental Health Did a Mental Health professional: No Consult with program staff about the child's behavior/mental health? PIR No Provide 3 or more consultations with staff during program year? PIR No Consult with parent/guardian about the child's behavior/mental health? PIR No Provide 3 or more consultations with parent/guardian during program year? PIR No Provide 3 or more consultations with parent/guardian during program year? PIR No Provide an individual mental health assessment? PIR No Facilitate a referral for mental health services? PIR Mo Was the child referred for services outside of the program during the year? PIR No if so, did the child receive mental health services during the program year? PIR						
✓ Transportation									
Yes 👻 Is transportation provided for this child? PIR									

Accident

Accident Reports are entered into ChildPlus as follows:

- 1. Navigate to the child's Education service module (yellow-box area below).
- 2. Click on Add Event button (red arrow below).
- 3. Select Accident from Event Type options (gray-shaded area below).

£	Female DOB:	Abad 5y 10m CPID:	•	Pria	gs 🖾 Send Message	5
-	Abandoned 7/11/18 ·	• Year 0		2018-2019 Head Start •	• < No Classro	om > • 2018-2019 Head S
Appl	ication Enrollment Fami	ily Services Health	Immunizations	s Disability Mental Health Birth	Education Attendan	ce PIR
Eve	nts Reguirements Edu	ucation Information	Attachments ((0) Medication Dispensing Log		
Educ	ation Events				Options	Add Event Add Mi
Exp.	Event Type	Date	Status	Add Education	Event	× Needs Nee Eval. T
No	health events have been e	ntered for this indi	idual. Click "Ad	dd Event" above to 1st Parent Co 2nd Educatio 2nd Educatio 2nd Parent Co 2nd Team Co Accident ASQ-3: 04 M ASQ-3: 08 M ASQ-3: 12 M ASQ-3: 12 M ASQ-3: 20 M ASQ-3: 20 M ASQ-3: 30 M ASQ-3: 30 M	Inference Inference In Home Visit Ionference Iontherence Ionths I	

- 4. Then Accident template will pop- up, fill in **yellow-shaded** areas on the template on next page:
 - a) Enter the accident date into the **Event Date** area.
 - b) Select **Concern** in the **Status** area
 - c) Provide a brief description of the Accident in the **Description** area.
 - d) Select your name from the staff list under Agency Worker.
 - e) After accident happened, teachers need to notify the child's parents or guardians. When the parents or guardians are notified, check **Parents/Guardians Notified** box and input the data as follow:
 - i. Who was notified: the parents/guardians' name
 - ii. By whom: the teacher name who notify the parents/guardians
 - iii. The date and time when the teacher notify into **Date Notified** and **Time Notified**
 - f) Click on the **Open Note Icon** (green arrow on next page). This causes the Notes field to open in a separate window as shown below.
 - i. Click on the **Clock Icon** (**blue arrow** on next page) if any and type in the following character string "**accrpt**" followed by pressing the **Enter** key. This causes the report template to populate inside, fill in the detail of the accident.
 - ii. Click on **OK** (red arrow on next page).

Accident



		^
Notes	0 ♥ 8 2	
6/8/2017 2:33 PM Teacher HS	4	^
Date of Accident:		
Time of Accident:		
Location of Accident:		
Describe what happened:		
Describe injury:		
First Aid given by:		
Type of First Aid given:		
Medical follow-up:		
Parent notified (date and by whom):		
Hartford Insurance form given to parent:		
Notes:		
		~
		÷
	ŧ –	
	<mark></mark> К <u>С</u> а	ancel

Accident

- 5. Scroll down and click on Add Action (red arrow on previous page) and fill in the yellowshaded areas below as follows:
 - a) Action Type: Follow-Up.
 - b) Enter Today's Date into Action Date field.
 - c) Status: Awaiting Feedback: Education Manager.
 Note: This will place the accident report on the appropriate Education Program Manager's To-Do-List.
 - d) Click on **Save** button (**black arrow** below).

Follow Up			~ ~ @ 吕
Action Type Scheduled Date Action Date ^{PIR} Description Status	Follow Up • 7/12/18 • Awaiting Feedback: Education Manag	Agency Worker Provider Provider Type Funding Cost	HS Teacher HS Tea
	Treatment Received for a Diagnosed Chr Treatment received for specific conditions C Anemia Asthma Hearing Diffic	onic Condition C.8.a1 ^{PIR} 29 PIR ulties □ Vision Problems	s 🗆 High Lead Level 📄 Diabetes
Action Notes			
Delete Action			Save Cancel
6. Click on Sav	e button (blue arrow below).		


Medication Dispensing Log

- 1. Select a child on the **Participants list (red** arrow below).
- 2. Select Education tab, then select Medication Dispensing Log subtab.

ChildPlus										↔		≡ x
Ser <u>v</u> ices	<u>T</u> o-Do List	Entry E <u>x</u> pres	s Management	<u>D</u> ashboard	Rep <u>o</u> rts	Setup	Enter Re	port # 🔻		Communi	iy Hel	p 🗗 🚺
Search		👬 Add Family	Child01 HS × +									
Participants		Change List <	Child0	1 HS 👻				F	J Flags 🖂 Send Message	5	ЭG	📙 <u>S</u> ave
HS, Child01	1	1/21/14	Male DOB: Enrolled 1/22 Application Enrollme Events Reguiremen Medication Dispens	1/21/14 4y 6m 2/18 (198d) Year nt Family Service nts Education Inf ing Log	CPID: 93416 1 s Health II formation	mmunizations Attachments ((Disability	2017-2018 H Mental Health Ition Dispensing	Head Start • Puuhale El. • Puuhale El. • 20 Birth Education Attendance PIR Log	17-2018 Head	l Start (Grant.000
			Drag a column header	r here to group by	, that column			Т				
			Today's Teaching St	aff !	Medication		Prescri	Dosage	Route	Time be	given	
			No records have been	n entered. Click "/	Add Medicati	ion Dispensin <u>o</u>	Log" abov	e to add one.				Þ

3. Click on the green button Add Medication Dispensing Log (blue arrow above).

4. Enter **Today's Date** and the name of **Teaching Staff**.

					Pri	save	Cancel	Delet
foday's Dal	te	Teaching Staff		Medication		Prescription Date	e	
8/8/18		HS, Teacher	-	Drug Name		8/6/18 🗆		
nstructio	ns							
Dosage	-		Route		Time to be give	en		
2 capsule	2/1	teaspoon / 1 tab / etc	Injection A	pplied to skin / intak	evetc. Morning / N	loon Afternoon	n / etc.	
Side Effect	s				λ /		0580	202
Evoiration	Date	Dorter Accrevel/Date		medic	ation bottle.			
8/17/19		Doctor's name and D	late					
0/11/10								
Daily Log								
Daily Log	1	Time 1 Teaching	g Staff 1	Dosa	ge 1			
Daily Log Date 1 8/8/18		Time 1 Teaching 8:15 HS, Te	g Staff 1 acher	• 1 ca	ge 1 psule Ac	tual Date, tin	me, and dos	sage
Daily Log Date 1 8/8/18 Date 2		Time 1 Teaching 8:15 HS, Te Time 2 Teaching	g Staff 1 acher g Staff 2	Dosa 1 ca Dosa	ge 1 psule Ac	tual Date, tin ven to the chi	ne, and dos ild.	sage
Daily Log Date 1 8/8/18 Date 2 8/8/18		Time 1 Teaching 8:15 HS, Te Time 2 Teaching 12:15 HS, Te	g Staff 1 acher g Staff 2 acher	Dosa T ca Dosa T ca	ge 1 psule Ac ge 2 giv	tual Date, tin ven to the chi	ne, and do: ild.	sage

Medication Dispensing Log

5. Follow the information printed on the medication bottle to enter **Medication**, **Prescription Date**, **Dosage**, **Route**, **Time to be given**, **Side Effects**, **Expiration Date**, and **Doctor Approval/Date** fields (**red** lines above).

6. Enter actual **Date**, **Time**, **Teaching Staff**, and **Dosage** after giving a child medication. (blue arrow above).

The ASQ-3 Developmental Screening is a 45-day requirement that is performed by the Teacher. All new enrollees are required to have the ASQ-3 done. <u>If the child has an IEP, please refer to</u> <u>the ASQ-3 for Child with IEP</u>. The procedure for entering the ASQ-3 Developmental Screening into ChildPlus is provided below.

- 1. Navigate to the child's Education service module (yellow-shaded area below).
- 2. Click on Add Event (red arrow below).
- 3. Select the **Event Type** of **Developmental Screening (ASQ-3)** from the list (**gray-shaded** area below).

Ser <u>v</u> ices	<u>T</u> o-Do List	Entry E <u>x</u> press	Management	<u>D</u> ashboard	Rep <u>o</u> rt	s Setup	Enter Report #	•		
Search		An	narica Captain 🗙 🕂							
Participants A, Peter C. B. Tomcat		Change List < 11/11/14 6/20/13	Amarica Male DOB: 9 Enrolled 8/8/	a Captai	n ▼ CPID: 8484	13		P Flags ⊠ Send	d Message t • 1132 Site • 1132 • 2	떠 한 등 몸 Save
BB, Iowa		5/08/13	Application Enrollmer	t Family Service	es Health	Immunizations	Disability Ment	al Health Birth Educatio	Attendance PIR	
Captain, Am		9/30/12			es riealui	inindinizations		arrieatti birti Luucato	Attendance Pitt	
Cvn, Enterpr	rise C.	12/28/12	Events Requirement	ts Education Ir	nformation	Attachments (0))			
D, Bruce W. England. Arthur	7/30/14 5/28/13	Education Events						Options Add E	vent Add Multiple Events	
K, King		12/27/13	Exp. Event Type		Date	Status		Add Education Event		× Needs Needs Received Eval. Tx Tx
K-on, Mio Luke, Child1 Setsuna, Sei Z, Barry	l iei F.	3/14/13 2/08/13 10/10/13 4/04/14	1st Education Hot 1st Individualized 1st Parent Confer 1st Team Confere 2nd Individualized Behavioral Health Child: Pedestrian Developmental As Developmental So Developmental So Developmental So Developmental So Developmental So Developmental So Developmental So Parent: Pedestrian	ne Visit Curriculum ence d Curriculum J Curriculum Screening(A Safety Traini ssessment creening (AS creening (AS creening (AS creening (AS sponsent Form onsent Form Safety Trai	8/04/17 10/09/17 11/13/17 10/25/17 1/26/18 4/27/18 8/08/17 8/08/17 8/08/17 3/16/17 6/20/18 8/08/17 8/04/17 8/08/17	Completed Completed Completed Completed Completed No Concern Concern No Concern No Concern No Concern No Concern Completed Completed Completed		1st Education Home Vii 1st Parent Conference 1st Team Conference 2nd Education Home V 2nd Parent Conference Behavioral Health Screen Developmental Assess Developmental Assess Developmental Screeni Field Trip Full Day Child Care Agr Individualized Transitio Media Release Consen Parent: Pedestrian Safety Train School Readiness Asse	sit isit ening(ASQ-SE) ment at (EHS) ng (ASQ-3) eement n Plan t Form t Form ty Training ing: Child ssment Car	cel
			Event Expires in:) More than 1	5 days	! Less than	15 days 🚫 I	Expired 🔗 Not co	onsidered for require	ements due to status

- 4. Fill in the **yellow-shaded** areas below, using the sample below as a guide, as follows:
 - a. Enter **the date that the Developmental Screening was administered** into the **Event Date** field.
 - b. Status:
 - No Concern: if the child doesn't have any black or gray scores.
 - Concern: if the child has 1 or more black or gray scores.
 - c. Enter the instrument that was administered (ASQ-3: 36 Months, ASQ-3:42 Months ASQ-3: 48 Months, ASQ-3: 54 Months or ASQ-3: 60 Months) into the Description area.
 - d. Enter the number of Black and Gray scores (Black: x Gray: y) into the Results area.

~ ~ ◎ 台

e. Select your name from the staff list under Agency Worker.

Add Developmental Screening (ASQ-3)

Event Date	_e pir	<mark>7/4/18 ■</mark> a		Needs	:	Assessment - C 29a	PIR	
Status Descriptio Results	'n	Concern ASQ-3: 32 Month Black: x Gray: y	•	ь c d	Formal Ev Treatment Treatment	aluation - C.29a ^{PIR} : : for a Diagnosed Chro	onic Conditio	n C.8.a ^{PIR}
Agency W	orker	HS, Teacher	•	е				
5								3002
Event Not	es	7/2/2018 4/20 PM asgscore	FA HS					Ţ
Actions								Add Action
Action	Action Date	Description	Status			Agency Worker		
This event	has no actions a	associated with it. Click	"Add Action" to add one					
						Save and Add Anothe	Save	Cancel Add

f. Click on the **Clock Icon** (blue arrow on previous page) if any the **Event Notes** area and enter the following character string: "asqscore" followed by pressing the **Enter** key.

Event Notes

		╚┉₿◪₧↗
7/2/2018 4:20 PM Communication: Gross Motor:	FA HS	i
Fine Motor: Problem Solving:		L.
Personal - Social:		· · · · · · · · · · · · · · · · · · ·

g. This causes the ASQ Score template to populate inside the Event Notes area. Enter the child's actual scores into the template. If the score is in the Black range, add a suffix of " - B" after the score. If the score is in the Gray range, add a suffix of " - G" after the score.

Event Notes



- 5. If Status is No Concern, jumps to Step 6. If Status is Concern, go to next line.
 - Scroll down to the Action area and click on Add Action (green arrow on Page 2).
 - Fill in the **Yellow-Shaded** area below:
 - A. Action Type: Follow Up
 - B. Action Date: Today's Date
 - C. Status: "Awaiting Feedback: Education Manager"
 - D. Click on **Save** (red arrow below)

Action Type	Follow Up 🔫	Agency Worker		-
Scheduled Date		Provider		•
Action Date PIR	7/4/18 🔤	Provider Type		
Description		Funding		
Status	Awaiting Feedback: Education Manag.	👻 Cost	0	
	Treatment Received for a Diagnosed Treatment received for specific conditio Anemia Asthma Hearing D	d Chronic Condition C.8.a1 ^{PIR} ions C.9 ^{PIR} Difficulties □ Vision Problem	ns 🗆 High Lead Level	□ Diabetes
Action Notes	Treatment Received for a Diagnosed Treatment received for specific conditio Anemia Asthma Hearing D	d Chronic Condition C.8.a1 ^{PIR} ions C.9 ^{PIR} Difficulties □ Vision Problem	ns 🗌 High Lead Level	□ Diabetes ⑤ ♥ ြ @ फ ∠²
Action Notes	Treatment Received for a Diagnosed Treatment received for specific conditio	d Chronic Condition C.8.a1 ^{PIR} ions C.9 ^{PIR} Difficulties	ns 🗌 High Lead Level	□ Diabetes ③ ♥ 日 図 № ∠ ²

- <u>Uncheck</u> the Needs Follow-Up Assessment check box if it is checked (red circle below). ChildPlus counts all children with a check in this box as having a possible disability for the PIR.
- 7. Click on "Save" button (red arrow below).

Add De	evelopmer	ntal Screening	(ASQ-3)			~ ~ ◎ 읍
Event Da	ate PIR	7/4/18		Needs:	al	
Status Descripti Results	ion	Concern ASQ-3: 32 Mont Black: x Gray: y	• h	☐ Follow ☐ Forma ☐ Treatn ☐ Treatn	-Up Assessment - C.29a PIR I Evaluation - C.29a ^{PIR} hent hent for a Diagnosed Chronic	Condition C.8.a ^{PIR}
Agency \	Worker	HS, Teacher	•			
Event Nc	otes	7/2/2018 4:20 Pf Communication: Gross Motor: 00 Fine Motor: 30 Problem Solving Personal - Social	M FA HS 50 B G : 50 : 50			© = 2 D L ²
Action	Action Date	Description	Status		Agency Worker	Add Action
This even	t has no actions	associated with it. (lick "Add Action" to add one.		,	•
					Save and Add Another	Save Cancel Add

ASQ-3 for Child with IEP

The ASQ-3 Developmental Screening is a 45-day requirement that is performed by the Teacher. All new enrollees are required to have the ASQ-3 done. The procedure for entering the ASQ-3 Developmental Screening for child with an IEP into ChildPlus is provided below.

- 1. Navigate to the child's **Education** service module (**yellow-shaded** area below).
- 2. Click on Add Event (red arrow below).
- 3. Select the **Event Type** of **Developmental Screening (ASQ-3)** from the list (**gray-shaded** area below).

	<u>T</u> o-Do List	Entry E <u>x</u> press	Management	<u>D</u> ashboard	Rep <u>o</u> rt	s Setup	Enter Report #	•	
Search		An	marica Captain 🗙 🕂						
Participants		Change List <	Amaric	a Captai	n 🗸	2		🏳 Flags 🖾 Send Message	여 별 ဌ 믬 <u>s</u> ave
B. Tomcat		6/20/13	Enrolled 8/8/	17 (324d) Year	(+1)	5		2017-2018 Head Start • 1132 Site • 1132 • 2	
BB, Iowa		5/08/13	Application Enrollme	nt Family Service	s Health	Immunizations	Disability Menta	Health Birth Education Attendance PIR	
Captain, Am		9/30/12				ininianizations		Particular birth Education Patendonee Fix	
Cvn, Enterp	rise C.	12/28/12	<u>Events</u> Requiremen	ts Education <u>I</u> r	formation	Attachments (0))		
D, Bruce W.		7/30/14	Education Events					Options Add B	vent Add Multiple Events
England, Ar	thur	5/28/13	Education Events						Noods Noods Possived
K, King		12/27/13	Exp. Event Type		Date	Status		Add Education Event	Eval. Tx Tx
K-on, Mio		3/14/13	1st Education Ho	me Visit	8/04/17	Completed		1st Education Home Visit	
Luke, Child	1	2/08/13	1st Individualized	Curriculum	10/09/17	Completed		1st Parent Conference	
Setsuna, Se	iei F.	10/10/13	1st Parent Confer	ence	11/13/17	Completed		2nd Education Home Visit	
Z, Barry		4/04/14	1st Team Confere	ence	10/25/17	Completed		2nd Parent Conference	
			2nd Individualize	d Curriculum	1/26/18	Completed		2nd Team Conference	
			3rd Individualized	d Curriculum	4/27/18	Completed		Behavioral Health Screening(ASQ-SE)	
			Behavioral Health	Screening(A	8/08/17	No Concern		Developmental Assessment	
			Behavioral Health	Screening(A	8/08/17	No Concern		Developmental Screening (ASO-3)	
			Child: Pedestrian	Safety Traini	8/10/17	Completed		Field Trip	
			Developmental A	ssessment	10/23/17	No Concern		Full Day Child Care Agreement	
			Developmental S	creening (AS	0/00/17	No Concern		Individualized Transition Plan	
			Developmental S	creening (AS	3/16/17	No Concern		Media Release Consent Form	
			Field Trip	are calling (toll	6/20/18	Completed		Parent: Pedestrian Safety Training	
			Media Release C	onsent Form	8/08/17	Completed		School Readiness Assessment	
			Media Release C	onsent Form	8/04/17	Completed		Sendor Readiness Assessment	
			Parent: Pedestria	n Safety Trai	8/08/17	Completed		Can	cei
				_		~	-		
			Event Expires in:	More than 1	5 days	(!) Less than	15 days 🛛 🛞 E	Expired 🛛 🖉 Not considered for require	ements due to status

ASQ-3 for Child with IEP

- 4. Fill in the **yellow-shaded** area below, using the sample below as a guide, as follows:
 - a. Enter Today's Date into the Event Date field.
 - b. Status: Concern
 - c. Enter **IEP** into the **Description** field.
 - d. Select your name from the staff list under Agency Worker.
 - e. Click on the **Clock Icon** (blue arrow on page 2) and enter **Child has an IEP** and **any pertinent information** into the **Event Notes** field.
- 5. Click on **Save** (red arrow below).

Add De	evelopmer	ntal Screening (ASQ-3)				^	~ @	> ₽
Event Da Status Descripti Results	ite ^{PIR}	7/4/18 🚥 Concern IEP	•	Needs:	: Referral Follow-Up / Formal Eval Treatment Treatment f	Assessment - C.29a ^{PIR} uation - C.29a ^{PIR} or a Diagnosed Chroni	ic Conditic	on C.8.	a ^{PIR}
Agency V	Worker	HS, Teacher	•						
Event No	otes	7/5/2018 9:36 AM	HS, Teacher					30	
		The Child has IEP input any pertinent	information as need						
Actions								Add	Action
Action	Action Date	Description	Status		A	gency Worker			
This event	t has no action:	s associated with it. Clic	k "Add Action" to add one.				1		
						Save and Add Another	Save	Ca	ncel Adc

The events of ASQ-3 04 Months to ASQ-3 33 Months are used for Early Head Start only. They are performed ChildPlus by the Home Visitor. The procedure for entering the events into ChildPlus is provided below:

- 1. Navigate to the child's Education module (yellow-shaded area below).
- 2. Click on **Add Event** button (red arrow below).
- 3. Select one of ASQ-3 04 Months, ASQ-3 08 Months, ASQ-3 12 Months, ASQ-3 16 Months, ASQ-3 20 Months, ASQ-3 24 Months, ASQ-3 30 Months and ASQ-3 33 Months (gray-shaded area below).

Services <u>T</u> o-Do List Entry Ex	<u>x</u> press Management <u>D</u> ashboard	Reports Setup Enter Rep	ort # 🔻	
Search 🔻	Amarica Captain 🗙 🕂			
Participants (12) A Change List A, Peter C. 11/11/ P. Tararat	Amarica Captain	▼ PID: 84843	☐ Flags ⊠ Send Message	∽DGBsave
B, Iomcat 0/20/ BB Iowa 5/08/	/13 Enrolled 8/8/17 (324d) Year 1	(+1)	2017-2018 Head Start • 1132 Site • 1132 • 2	-2018 Head Start Grant.000
Captain, Amarica 9/30/	Application Enrollment Family Services	Health Immunizations Disability	Mental Health Birth Education Attendance PIR	
Cvn, Enterprise C. 12/28/	/12 Events Requirements Education Infor	mation Attachments (0)		
D, Bruce W. 7/30/ England Arthur 5/28/	/14 Education Events		Options Add Ever	Add Multiple Events
K. King 12/27/	/13 Exp. Event Type D	ate Status	Add Education Event	Needs Needs Received
K King 12/2/ K-on, Mio 3/14/ Luke, Child1 2/08/ Setsuna, Seiei F. 10/10/ Z, Barry 4/04/	Exp. Event Type D 13 1st Education Home Visit 8 1st Individualized Curriculum 10 13 1st Team Conference 10 2nd Individualized Curriculum 11 3rd Individualized Curriculum 14 Behavioral Health Screening(A 8 Behavioral Health Screening (AS 8 Developmental Screening (AS 8 Parent: Pedestrian Safety Train 8 Parent: Pedestrian Safety Train 8 Parent: Pedestrian Safety Train 8	ate Status V(04/17 Completed V(04/17 Completed V(04/17 Completed V(04/17 Completed V(17) Completed V(17) Completed V(17) Completed V(17) Completed V(17) No Concern V(17) No Concern V(18) No Concern V(19) Completed V(23) No Concern V(20) Completed V(20) Completed	Add Coloration Home Visit 2nd Education Home Visit 2nd Parent Conference Accident ASQ-3: 04 Months ASQ-3: 09 Months ASQ-3: 20 Months ASQ-3: 20 Months ASQ-3: 20 Months ASQ-3: 20 Months ASQ-3: 20 Months ASQ-3: 21 Months ASQ-3: 23 Months ASQ-5E2: 12 Months ASQ-5E2: 12 Months ASQ-5E2: 12 Months ASQ-5E2: 36 Months Developmental Concern Behavioral Concern Developmental Concern Developme	ents due to status

- 4. Fill in the **yellow-shaded** areas below, using the sample below as a guide, as follows:
 - a. Enter **the date that the Developmental Screening was administered** into the **Event Date** area.
 - b. Status:
 - No Concern: if the child doesn't have any black or gray scores.
 - Concern: if the child has 1 or more black or gray scores.
 - c. Enter the number of Black and Gray scores (Black: x Gray: y) into the Results area.
 - d. Select your name from the staff list under Agency Worker.

Event Dat Status	e PIR	7/4/18 Concern	×	Referral Follow-Up Formal Evi Treatment	Assessment - C.29a ^{PIR} aluation - C.29a ^{PIR}		
Results		Black: x Gray: y		Treatment	for a Diagnosed Chronic	c Condition	C.8.a PIR
Agency W	/orker	HS, Teacher	*				
Event Not	es	7/2/2018 4:20 PM asgscore	FA HS			(5 × t	
Actions							Add Action
Action	Action Date	Description	Status		Agency Worker		
This event	has no actions	associated with it. Clic	k "Add Action" to add one.				
					Save and Add Another	Save	Cancel Add

e. Click on the **Clock Icon** (blue arrow on previous page) if any the **Event Notes** field and enter the following character string: "asqscore" followed by pressing the **Enter** key.

		᠐ᢟᡛ᠒ᡆ᠈
Event Notes	7/2/2018 4:20 PM FA HS	<u>.</u>
	Communication:	
	Gross Motor:	
	Fine Motor:	U
	Problem Solving:	
	Personal - Social:	*

f. This causes the ASQ Score template to populate inside the Event Notes field. Enter the child's actual scores into the template. If the score is in the Black range, add a suffix of " - B" after the score. If the score is in the Gray range, add a suffix of " - G" after the score.

		☺▫₽◪▫∠↗
Notes	7/2/2018 4:20 PM FA HS	2.
	Communication: 50	
	Gross Motor: 0 - B	
	Fine Motor: 30 - G	U. Contraction of the second se
	Problem Solving: 50	
	Personal - Social: 50	· · · · · · · · · · · · · · · · · · ·

- 5. If Status is No Concern, jumps to Step 7. If Status is Concern, go to next line.
 - Scroll down to the Action area and click on Add Action (green arrow on previous page).
 - Fill in the **yellow-shaded** area below:
 - a) Action Type: Follow Up.

Event

- b) Action Date: Today's Date.
- c) Status: "Awaiting Feedback: Education Manager".
- 6. Click on "Save" button (red arrow below).

Add Action				~ ~ ◎ 읍
Action Type Scheduled Date Action Date ^{PIR} Description Status	Follow Up *	Agency Worker Provider Provider Type Funding Cost	0	* * *
Action Notes	☐ Treatment Received for a Diagnosed Chro Treatment received for specific conditions C. ☐ Anemia ☐ Asthma ☐ Hearing Difficu	nic Condition C.8.a1 ^{PIR} 9 PIR Ities 🗆 Vision Problems	; 🗌 High Lead Level	□ Diabetes ⑤ 弐 日 ② ℃ ょ ^ヵ
			Save and Add Another	Save Cancel Add

- Uncheck the "Needs Follow-Up Assessment" check box if it is checked (red circle below). ChildPlus counts all children with a check in this box as having a possible disability for the PIR.
- 8. Click on "Save" button (red arrow below).

Event Date	e PIR	7/4/18		Needs:	Referral Follow-Up A	ssessment - C.29a PIR		
Status Descriptio Results	on	Concern ASQ-3: 32 Month Black: x Gray: y	-	- F - 1 - 1	Formal Evalu Treatment Treatment fo	uation - C.29a ^{PIR} or a Diagnosed Chroni	ic Condition	ı C.8.a ^{PIR}
Agency W	'orker	HS, Teacher	-					
Event Notes		7/2/2018 4:20 PM Communication: 5 Gross Motor: 0 - B Fine Motor: 30 - G Problem Solving: 5 Personal - Social: 5	FA HS 0 0 50				(b) nc (c)	
Actions								Add Action
Action	Action Date	Description	Status		Ag	gency Worker		
This event	has no actions a	associated with it. Clic	k "Add Action" to add one.				ł	
						Save and Add Another	Save	Cancel Add

The ASQ:SE-2 Behavioral Health Screening is a 45-day requirement that is performed by the Teacher. The procedure for entering the event into ChildPlus is provided below.

- 1. Navigate to the child's Education module (yellow-shaded area below).
- 2. Click on Add Event (red arrow below).
- 3. Select the Event Type of Behavioral Health Screening (ASQ-SE2) (gray-shaded area below).

Ser <u>v</u> ices	<u>I</u> o-Do List	Entry E <u>x</u> press	Management	Dashboard	l Rep <u>o</u> rt	s Setup	Enter Report #	•			
Search		Ar	marica Captain 🗙 🕂								
Participants	(12) ^~	Change List <	Amarica	a Capta	in 🚽			🏳 Flags 🖾 Send Message		99G	B Save
A, Peter C.		6/20/13	Male DOB: 9 Enrolled 8/8/1	/30/12 5y8m 7 (32/d) Vear	 CPID: 8484 1 (+1) 	3		2017-2018 Head Start • 1132 Site •	1132 • 2017-2	018 Head Start	Grant 000
BB. Iowa		5/08/13	Application Enrollmon	Fomily Soni	cos Health	Immunizations	Disability Monta	Litesth Dirth Education Attendant		ono media start	Grancooo
Captain, Am	narica	9/30/12		r Family Servi	ces Health	Infinitunizations		Attendant			
Cvn, Enterp	rise C.	12/28/12	Events Requirement	s Education	Information	Attachments (0))				
D, Bruce W.		7/30/14	Education Events					Options	Add Event	Add Multip	le Events
England, Ar	thur	5/28/13	Education Events					Options	Add Event	Noods Noods	Pecoived
K, King		12/27/13	Exp. Event Type		Date	Status		Add Education Event	×	Eval. Tx	Tx
K-on, Mio		3/14/13	1st Education Hor	ne Visit	8/04/17	Completed		1st Education Home Visit			
Luke, Child1	1	2/08/13	1st Individualized	Curriculum	10/09/17	Completed		1st Parent Conference			
Setsuna, Se	iei F.	10/10/13	1st Parent Conference	ence	11/13/17	Completed		2nd Education Home Visit			
Z, Barry		4/04/14	1st Team Confere	nce	10/25/17	Completed		2nd Parent Conference			
			2nd Individualized	Curriculum	1/26/18	Completed		2nd Team Conference			
			3rd Individualized	Curriculum	4/27/18	Completed		Behavioral Health Screening(ASQ-SE)		
			Behavioral Health	Screening(A	8/08/17	No Concern		Developmental Assessment			
			Behavioral Health	Screening(A	8/08/17	No Concern		Developmental Checklist (EHS)			
			Child: Pedestrian S	Safety Traini	8/10/17	Completed		Developmental Screening (ASQ-3)			
			Developmental As	sessment	10/23/17	No Concern		Field Trip			
			Developmental Sc	reening (AS	8/08/17	Concern		Full Day Child Care Agreement			
			Developmental Sc	reening (AS	8/08/17	No Concern		Media Release Consent Form			
			Developmental Sc	reening (AS	3/16/17	No Concern		Parent: Pedestrian Safety Training			
			Field Trip		6/20/18	Completed		Pedestrian Safety Training: Child			
			Media Release Co	nsent Form	8/08/17	Completed		School Readiness Assessment			
			Media Release Co	nsent Form	8/04/17	Completed			Cancel		
			Parent: Pedestrian	Safety Trai	8/08/17	Completed					
			Event Expires in: 📿) More than	15 days	(!) Less than 1	15 days 🛞 E	xpired 🔗 Not considered fo	r requiremen	ts due to stati	us

- 4. Fill in the **yellow-shaded** areas, using the sample below as a guide, as follows:
 - a) Enter **the date that the Behavioral Health Screening was administered** into the **Event Date** area.
 - b) Status:
 - **No Concern**: the child's total score is in the white area on the summary.
 - **Monitor**: the child's total score is in the gray area on the summary.
 - **Concern**: the child's total score is in the black area on the summary.

^{2.} ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the baby's total score on the scoring graphic. Then, check off the area for the score results below.

	\$			dana da
no or low risk	25	monitor 3	s refer>	55+ (90%ile)

Note:

36 Month Information Summary: A score >=75 is a **Monitor**, A score >=105 is a **Concern**.

48 Month Information Summary: A score >=70 is a **Monitor**, A score >=85 is a **Concern**.

60 Month Information Summary: A score >=70 is a **Monitor**, A score >=95 is a **Concern**.

- c) Enter the instrument that was administered into the **Description** area. The instruments are:
 - ASQ:SE-2: 36 Month
 ASQ:SE-2: 60 Month
 - ASQ:SE-2: 48 Month
- d) Enter "child's numeric score, Y/N" into the Results area. The Y/N (Yes or No) indicator is used to indicate whether the child's guardian expressed concern over the child's behavior.
- e) Select your name from the staff list under Agency Worker.
- f) Click on the **Clock Icon** (**blue arrow** on Page 3) and enter summarize parental concern if any into **Event Notes** area.

Event Da	ite PIR	7/4/18 🔳				
Status		Concern	+			
Descripti	ion	ASQ-SE: 48 Mo	onth			
Results		85, N				
Agency \	Norker	HS Teacher	•			
		no, reacher				
						50°. 2
Event Notes		7/5/2018 2:06 Summarize pa	PM HS Teacher rental concerns, if any			
Actions						Add Action
Action	Action Date	Description	Status	Agency Worker		
This even	t has no actions	associated with it.	Click "Add Action" to add one.			
elete Event	and Actions				Save	Cancel

- 5. If Status is No Concern, jump to step 7. If Status is Concern or Monitor, go to next line
- 6. Click on Add Action (green arrow on previous page), fill in the yellow-shaded areas, using the sample below as a guide, as follows:

~ ~ • B

- a) Action Type: Follow Up.
- b) Enter Today's Date into the Action Date area.
- c) Select a Status of Awaiting Feedback: Education Manager.
- d) Click on "Save" button (green arrow below).

Follow Up			~ ~ @ 🖯
Action Type Scheduled Date Action Date ^{PIR} Description Status	Follow Up Follow Up	Agency Worker Provider Provider Type Funding Cost	HS, Teacher - - - 0
Action Notes	Treatment Received for a Diagnosed Chr Treatment received for specific conditions (Anemia Asthma Hearing Diffic	ronic Condition C.8.a1 ^{PIR} C.9 PIR culties □ Vision Problem	is 🗆 High Lead Level 🗆 Diabetes ⓒ ಶ 🖨 🖄 다 🧷
Delete Action			Save Cancel

7. Click on "Save" button (green button on previous page)

ASQ:SE-2 for 6 Months to 30 Months

The ASQ:SE-2 Behavioral Health Screening is a 45-day requirement that is performed by the Home Visitors. The procedure for entering ASQ:SE-2 Behavioral Health Screening into ChildPlus is provided below.

- 1. Navigate to the child's Education service module (yellow-shaded field below).
- 2. Click on Add Event (red arrow below).
- 3. Select the Event Type of from the list (gray-shaded field below):
 - ASQ:SE-2: 6 Months
 - ASQ:SE-2: 12 Months

- ASQ:SE-2: 24 Months
- ASQ:SE-2: 30 Months

ASQ:SE-2: 18 Months

Ser <u>v</u> ices	<u>T</u> o-Do List	Entry E <u>x</u> press	Ma	anagement	<u>D</u> ashboar	d Rep <u>o</u> r	ts Setup	Enter Report #	-		
Search		An	narica	Captain 🗙 🕂							
Participants A, Peter C. B, Tomcat BB Jowa		Change List 11/11/14 6/20/13 5/08/13	5	Amaric Male DOB: Enrolled 8/8/	a Capta 9/30/12 5y 8r 17 (324d) Yea	nin	43		P Flags ⊠ Send Message 2017-2018 Head Start • 1132 Site • 113	ත ල	G 🛛 Save
Captain, An	narica	9/30/12	Appli	cation Enrollme	nt Family Serv	ices Health	Immunizations	Disability Menta	al Health Birth Education Attendance	PIR	
Cvn, Enterp	rise C.	12/28/12	Ever	nts Re <u>q</u> uiremen	ts Education	Information	Attachments (0	0)			
D, Bruce W. England, Ar	thur	7/30/14 5/28/13	Educa	ation Events					<u>O</u> ptions	Add <u>Event</u> Add Mul	tiple E <u>v</u> ents
K, King		12/27/13	Exp.	Event Type		Date	Status		Add Education Event	× Needs Nee	ds Received
K, King K-on, Mio Luke, Child Setsuna, Se Z, Barry	1 iei F.	3/14/13 2/08/13 10/10/13 4/04/14		1st Education Ho 1st Individualized 1st Individualized 1st Parent Confer 1st Team Confer 2nd Individualized 3rd Individualized Behavioral Health Eehavioral Health Child: Pedestrian Developmental S Developmental S Developmental S Developmental S Developmental S Developmental S Field Trip Media Release C Parent: Pedestria	me Visit Curriculum rence d Curriculum d Curriculum d Curriculum S Screening(A Safety Traini Safety Traini Safety Traini creening (AS creening (AS creening (AS onsent Form onsent Form n Safety Trai	8/04/17 10/09/17 11/13/17 10/25/17 11/26/18 4/27/18 8/08/17 8/08/17 8/08/17 3/16/17 6/20/18 8/08/17 8/08/17 8/08/17	Completed Completed Completed Completed Completed Completed No Concern No Concern Concern No Concern No Concern No Concern No Concern No Concern Completed Completed Completed Completed Completed		2nd Education Home Visit 2nd Parent Conference 2nd Team Conference Accident ASQ-3: 04 Months ASQ-3: 08 Months ASQ-3: 12 Months ASQ-3: 12 Months ASQ-3: 24 Months ASQ-3: 24 Months ASQ-3: 24 Months ASQ-3: 24 Months ASQ-3: 30 Months ASQ-3: 30 Months ASQ-3: 30 Months ASQ-52: 12 Months ASQ-52: 12 Months ASQ-52: 12 Months ASQ-52: 24 Months ASQ-52: 24 Months ASQ-52: 30 Months ASQ-52: 36 Months Behavioral Concern Behavioral Concern Behavioral Health Screening(ASQSE2) Child Referal Form Developmental Assessment Developmental Concern Developmental Screening (ASQ-3) Field Trip Full Day Child Care Agreement Media Release Consent Form		Τχ
			Fven	t Expires in:) More than	15 days	() Less than	15 days 🛞	Pedestrian Safety Training: Child	Cancel	atus

Behavioral Health Screening (ASQ:SE-2)

- 4. Fill in the **yellow-shaded** areas, using the sample below as a guide, as follows:
 - a) Enter the date that the Behavioral Health Screening was administered into the Event Date field.
 - b) Status:
 - No Concern: the child's total score is in the white area on the summary.
 - Monitor: the child's total score is in the gray area on the summary.
 - Concern: the child's total score is in the black area on the summary.
 - 2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the baby's total score on the scoring graphic. Then, check off the area for the score results below.

		Concessioners of
no or low risk	1 monitor 25	35 refer

Note:

6 Month Information Summary: A score >=30 is a Monitor, A score >=45 is a Concern.
12 Month Information Summary: A score >=40 is a Monitor, A score >=50 is a Concern.
18 Month Information Summary: A score >=50 is a Monitor, A score >=65 is a Concern.
24 Month Information Summary: A score >=50 is a Monitor, A score >=65 is a Concern.
30 Month Information Summary: A score >=65 is a Concern.

- c) Enter the instrument that was administered into the **Description** field. The instruments are:
 - ASQ:SE-2: 6 Months
 ASQ:SE-2: 24 Months
 - ASQ:SE-2: 12 Months ASQ:SE-2: 30 Months
 - ASQ:SE-2: 18 Months
- d) Enter "**child's numeric score**, **Y/N**" into the **Results** field. The Y/N (Yes or No) indicator is used to indicate whether the child's guardian expressed concern over the child's behavior.
- e) Select your name from the staff list under Agency Worker.
- f) Click on the Clock Icon (blue arrow on next page) and enter summarize parental concern if any into Event Notes field.

Behavioral Health Screening (ASQ:SE2)

Event Dat	te PIR	7/4/18	а				
Status Descriptio Results	on	Concern ASQ-SE: 48 Mo 85, N	nth	- b C d			
Agency W	Vorker	HS, Teacher		·e			
Event Not	tes	7/5/2018 2:06 F	PM HS Teacher				∃⊠∿∠²
		Summarize par	ental concerns, if any				
Actions		-	a : 1				Add Action
Action	Action Date	Description	Status		Agency Worker		
This event	has no actions	associated with it.	Click "Add Action" to ad	d one.			
Delete Event a	and Actions					Save	Cancel

Behavioral Health Screening (ASQ:SE2)

- 5. If Status is No Concern, click on **Save**. Otherwise, click on **Add Action**:
 - Fill in the **yellow-shaded** fields, using the sample below as a guide, as follows:
 - a) Action Type: Follow Up.
 - b) Enter Today's Date into the Action Date area.
 - c) Select a Status of Awaiting Feedback: Education Manager.
 - d) Click on Save (green arrow below).

Follow Up			~ ~ @ 8
Action Type Scheduled Date Action Date ^{PIR} Description Status	Follow Up + 7/4/18 = Assiting Feedback Education Manag	Agency Worker Provider Provider Type Funding Cost	HS, Teacher
Action Notes	Treatment Received for a Diagnosed Treatment received for specific condition Anemia Asthma Hearing Di	Chronic Condition C.8.a1 Pisons C.9 PIR Ins C.9 PIR Ifficulties □ Vision Problem	ns □ High Lead Level □ Diabetes ⓒ ☜ 읍 @ ⑮ ピュッ
Delete Action			Save Cancel

Behavioral Concern

The Behavioral Concern event is entered into ChildPlus by the Teaching Staff when the Staff feels it is warranted. The Concern is sent to an Education Manager. The procedure for entering Behavioral Concern into ChildPlus is provided below.

- 1. Navigate to the child's **Education** service module (yellow-shaded area below).
- 2. Click on Add Event (red arrow below).
- 3. Select the **Event Type** of **Behavioral Concern** from the list (**gray-shaded** area below).

Services To	o-Do List	Entry Express	Management	Dashboard	Report	ts Setup	Enter Report #	·			
Search		М	io K-on 🗙 🕇								
Participants (12	<u>2) ^ C</u>	hange List <	Mio K-	on 🗸				🏳 Flags 🖂 Send Messa	age	995.	3 🛛 Save
A, Peter C.		11/11/14	Female DOF	3: 3/14/13 5y 3m	CPID: 58	494					
B, Tomcat		6/20/13	Enrolled 8/8/	17 (335d) Year 2	(+1)			2017-2018 Head Start • 1132	Site • 1132 017-2	2018 Head Star	t Grant.000
BB, Iowa		5/08/13	Application Enrollme	nt Family Services	: Health	Immunizations	Disability Mental	Health Birth Education Atte	ndance Plf		
Captain, Amari	ica	9/30/12									
Cvn, Enterprise	e C.	12/28/12	Events Requiremen	ts Education Info	ormation	Attachments (0))				
D, Bruce W.		7/30/14	Education Events					Ontir		Add Multie	ale Events
England, Arthu	ır	5/28/13	EGGGGGGT EVENTS					Optic	Add Event	Noods Noods	Pacoinad
K, King		12/27/13	Exp. Event Type		Date	Status		Add Education Event	×	Eval. Tx	Tx
K-on, Mio		3/14/13	3rd Individualized	d Curriculum	4/27/18	Completed		1st Education Home Visit			
Luke, Child1		2/08/13	2nd Individualize	d Curriculum	1/26/18	Completed	I	1st Parent Conference			
Setsuna, Seiei P	F.	10/10/13	Developmental A	ssessment	11/02/17	Completed		1st Team Conference			
Z, Barry		4/04/14	1st Team Confer	ence	10/30/17	Completed	I	2nd Education Home Visit			
			1st Parent Confe	ence	10/26/17	Completed	I	2nd Team Conference			
			1st Individualized	Curriculum 1	10/09/17	Completed		Behavioral Concern			
			Child: Pedestrian	Safety Traini	8/03/17	Completed	1	Behavioral Health Screening(AS	SQ-SE)		
			1st Education Ho	me Visit	8/01/17	Completed		Child Referral Form			
			Media Release C	onsent Form	8/01/17	Completed		Developmental Assessment			
			Parent: Pedestria	n Safety Trai	8/01/17	Completed		Developmental Checklist (EHS)			
			2nd Education H	ome Visit	5/09/17	Completed		Developmental Concern	1-21		
			3rd Parent Confe	rence	5/09/17	Completed		Field Trip	رد ي		
			3rd Individualized	d Curriculum	4/28/17	Completed		Full Day Child Care Agreement			
			Media Release C	onsent Form	3/13/17	Completed	I	Media Release Consent Form			
			2nd Parent Confe	rence	2/22/17	Completed		Pedestrian Safety Training: Chil	ld		
			2nd Individualize	d Curriculum	2/06/17	Completed	I	Pedestrian Safety Training: Pare	ent		
			Developmental A	ssessment	10/25/16	No Concern	I	School Readiness Assessment			
			1st Education Ho	me Visit	10/21/16	Completed			Cancel		
			Child: Pedestrian	Safety Traini 1	10/21/16	Completed				1	
			Parent: Pedestria	n Safety Trai 1	10/21/16	Completed		0			
			Behavioral Health	Screening(A 1	10/20/16	No Concern		0			
			Developmental S	creening (AS	10/20/16	No Concern		0			
			Media Release C	onsent Form	9/23/16	Completed		0			

Behavioral Concern

- 4. Fill in the **yellow-shaded** area, using the sample below as a guide, as follows:
 - a. Enter Today's Date into Event Date field.
 - b. Status: Concern.
 - c. Enter Social-Emotional/Behavioral into the Description field.
 - d. Select your name from the staff list under Agency Worker.
 - e. Click on **Clock Icon** (**blue arrow** below) and enter your detail description of your concern into **Event Notes** field.
 - f. Scroll down to the Action area and click on Add Action (green arrow below).

Add Be	havioral	Concern				~ ~	″ ◎ ¦}
				Needs:			
Event Dat	e PIR	7/10/18 🔳		Referral			
Expires				Follow-U	p Assessment		
Status		Concern	•	Formal Ev	valuation		
Descriptio	on	Social-Emotional/Be	havioral	Treatmen	t		
Results				Treatmen	t for a Diagnosed Chroni	ic Condition	C.8.a PIR
Agency W	/orker	HS Teacher	•				
Provider			•				
Provider T	уре		-				
Closed Da	ate						
Event Not	ec	7/12/2010 2:20 04	UC Taradhan			0	
Eventinot		Fully describe your	concern, including as mu	ch detail as needed			
Actions							Add Action
Action	Action Date	Description	Status		Agency Worker		
This event	has no actions	s associated with it. Clic	and Action" to add one.				
					Save and Add Another	Save	Cancel Add

Behavioral Concern

- 5. Fill in the **yellow-shaded** area under **Add Action**, using the sample below as a guide as follows:
 - a. Action Type: Follow Up.
 - b. Enter Today's Date into Action Date area.
 - c. Status: Awaiting Feedback: Education Manager.
 - d. Click on Save (black arrow below).
- 6. <u>Uncheck</u> Follow-Up Assessment (red circle on Page 2) if it is checked.
- 7. Click on Save (red arrow on Page2).

Add Action			~ ∨ ◎ 읍
Action Type	Follow Up 🔫	Agency Worker	HS Teacher -
Scheduled Date		Provider	•
Action Date PIR	7/12/18 🔳	Provider Type	•
Description		Funding	•
Status	Awaiting Feedback: Education Manag 🝷	Cost	0
	Treatment Received for a Diagnosed Chro	nic Condition C.8.a1 PIR	
	Treatment received for specific conditions C.	g PIR	
	□ Anemia □ Asthma □ Hearing Difficu	Ilties 🗌 Vision Problems	High Lead Level Diabetes
Action Notes			Ů‴₽◪₽∠~
			A
			-
		_	T
		Sa	we and Add Another Save Cancel Add

Developmental Concern

The Developmental Concern event is entered into ChildPlus by the Teaching Staff when the Staff feels it is warranted. The Concern is sent to an Education Manager. The procedure for entering Developmental Concern into ChildPlus is provided below.

- 1. Navigate to the child's **Education** service module (yellow-shaded area below).
- 2. Click on Add Event (red arrow below).
- 3. Select the **Event Type** of **Developmental Concern** from the list (**gray-shaded** area below).

Services To-Do List	Entry Express	Management	Dashboard	Repo	rts Setup	Enter Report #	·				
Search 💀 🔻	м	lio K-on 🗙 🕂									
Participants (12) AV	Change List <	Mio K-	on 🗸				🏳 Flags 🖂 Send Message		5)G A	Save
A Deter C	11/11/14			CDID: 5							
P. Tomost	6/20/13	Encolled 8/8	B:3/14/13 Dy 3 /17 (225d) Voor	m CPID: 5	8494		2017-2019 Hand Start + 1122 Site	. 1122	2010 Lload	Start Gran	+ 000
PP Jowa	5/08/13	Enroned 8/8/	17 (5550) Teal	2 (11)			2017-2016 Head Statt • 1152 Site	• 1152 017-2	:010 Heau	Start Gran	1.000
Contain Amarica	9/30/12	Application Enrollme	nt Family Servic	es Health	Immunizations	Disability Mental	Health Birth Education Attendan	ce Plf			
Capitaliti, Affidatica	12/29/12	Events Requirement	nts Education I	nformation	Attachments (0))					
Cvn, enterprise C.	7/20/14]	-								
D, Bruce w.	5/20/14	Education Events					Options	Add Event	Add N	Iultiple Eve	ents
England, Arthur K. King	12/27/13	Exp. Event Type		Date	Status		Add Education Event	x	Needs Ne	eds Rece	ived
K-on Mio	3/14/13	expire rene type		bute	otatas		1st Education Home Visit		Eval.	Tx T	x
Luko Child1	2/08/13	3rd Individualize	d Curriculum	4/27/18	Completed		1st Parent Conference	J			
Sateuna Saiai E	10/10/12	2nd Individualize	d Curriculum	1/26/18	Completed		1st Team Conference				
	4/04/14	Developmental A	ssessment	11/02/17	Completed		2nd Education Home Visit				
Z, Barry	4/04/14	1st Team Confer	ence	10/30/17	Completed		2nd Parent Conference				
		1st Parent Confe	rence	10/26/17	Completed		2nd Team Conference				
		1st Individualized	d Curriculum	10/09/17	Completed		Behavioral Concern				
		Child: Pedestrian	Safety Traini	8/03/17	Completed		Behavioral Health Screening(ASQ-SE	E)			
		1st Education Ho	ome Visit	8/01/17	Completed		Child Referral Form				
		Media Release C	onsent Form	8/01/17	Completed		Developmental Assessment				
		Parent: Pedestria	in Safety Trai	8/01/17	Completed		Developmental Concern				
		2nd Education H	ome Visit	5/09/17	Completed		Developmental Screening (ASO-3)				
		3rd Parent Confe	erence	5/09/17	Completed		Field Trip				
		3rd Individualize	d Curriculum	4/28/17	Completed		Full Day Child Care Agreement				
		Media Release C	onsent Form	3/13/17	Completed		Media Release Consent Form				
		2nd Parent Conf	erence	2/22/17	Completed		Pedestrian Safety Training: Child				
		2nd Individualize	d Curriculum	2/06/17	Completed		Pedestrian Safety Training: Parent				
		Developmental A	ssessment	10/25/16	No Concern		School Readiness Assessment				
		1st Education Ho	ome Visit	10/21/16	Completed			Cancel			
		Child: Pedestrian	Safety Traini	10/21/16	Completed	L			1		
		Parent: Pedestria	n Safety Trai	10/21/16	Completed		0				
		Behavioral Healt	h Screening(A	10/20/16	No Concern		0				
		Developmental S	creening (AS	10/20/16	No Concern		0				
		Media Release C	onsent Form	9/23/16	Completed		0				

Developmental Concern

- 4. Fill in the **yellow-shaded** area, using the sample below as a guide, as follows:
 - a. Enter Today's Date into Event Date field.
 - b. Status: Concern.
 - c. Enter **one or more developmental areas of concern** shown below into the **Description** field.
 - Cognitive

Add Developmental Concern

• Speech/Language

- Motor
- Self Help

~ ~ ◎ 읍

- d. Select your name from the staff list under Agency Worker.
- e. Click on **Clock Icon** (**blue arrow** below) and enter your detail description of your concern into **Event Notes** field.
- f. Scroll down to the Action area and click on Add Action (green arrow below).

				Needs				
Event Dat	te PIR	7/10/18 🔳			Referral			
Expires				<	E Follow-Up	Assessment		
Status		Concern	•		Formal Ev	aluation		
Description	on	Self Help, Cognitiv	ve		Treatment	t		
Results					Treatment	t for a Diagnosed Chron	ic Conditio	n C.8.a PIR
Agency V	Vorker	HS Teacher	•					
Provider			•					
Provider ⁻	Туре		•					
Closed D	ate							
							e 👘	300/
Event No	tes	7/12/2018 3:38 PM	1 HS Teacher					<u>^</u>
		Fully describe you	r concern, including as n	nuch detail	as needed			
Actions								Add Action
Action	Action Date	Description	Status			Agency Worker		
This event	has no action	s associated with it. Clie	ck "Add Action" to add one					
						Save and Add Another	Save	Cancel Add

Developmental Concern

- 5. Fill in the **yellow-shaded** area under **Add Action**, using the sample below as a guide as follows:
 - a. Action Type: Follow Up.
 - b. Enter Today's Date into Action Date field.
 - c. Status: Awaiting Feedback: Education Manager.
 - d. Click on Save (black arrow below).
- 6. Uncheck Follow-Up Assessment (red circle on Page 2) if it is checked.
- 7. Click on Save (red arrow on Page2).

Add Action			~ ∨ ◎ ⊟
Action Type	Follow Up 🔫	Agency Worker	HS Teacher -
Scheduled Date		Provider	-
Action Date PIR	7/12/18 🔲	Provider Type	•
Description		Funding	-
Status	Awaiting Feedback: Education Manag 🝷	Cost	0
	\Box Treatment Received for a Diagnosed Chro	onic Condition C.8.a1 PIR	
	Treatment received for specific conditions C	9 PIR	
	🗆 Anemia 🛛 Asthma 🗌 Hearing Diffic	ulties 🗌 Vision Problems	\Box High Lead Level \Box Diabetes
Action Notes			
			<u>~</u>

Save and Add Another

Cancel Add

Developmental Assessment

The Developmental Assessment (Creative Curriculum) is a 90-day requirement that is performed by the Teaching Staff. The actual results of the Creative Curriculum Assessment (checkpoints) are entered into the My Teaching Strategies (MTS) website. However, the first assessment administered to the child must be recorded into ChildPlus to satisfy the 90-day timeline requirement. The procedure for entering this initial Developmental Assessment into ChildPlus is provided below.

- 1. Navigate to the child's **Education** module (**yellow-shaded** field below) and click on **Add Event** (**red arrow** below)
- 2. Scroll down and select the **Event Type** of **Developmental Assessment** (gray-shaded area below)

Services	To-Do List	Entry Express	Management	Dashboard	Report	s Setup	Enter Report #	· J				
Search		Mi	io K-on 🗙 🕇									
Participants		Change List <	Mio K-	on 🗸				Flags Send N	Message		995	a 🛛 Save
A, Peter C. B, Tomcat		11/11/14 6/20/13	Female DOB Enrolled 8/8/	: 3/14/13 5y 3m 17 (335d) Year 2	CPID: 584 (+1)	494		2017-2018 Head Start •	1132 Site • 1132	2017-20	18 Head Star	t Grant.000
BB, Iowa		5/08/13	Application Enrollmer	it Family Services	Health	Immunizations	Disability Mental	Health Birth Education	Attendance P			
Captain, Am Cvn, Enterpr	narica rise C.	9/30/12 12/28/12	Events Requirements Education Attachments (0)									
D, Bruce W. England, Arthur		7/30/14 5/28/13	Education Events						Options A	dd Event	Add Multip	ole Events
K, King		12/27/13	Exp. Event Type		Date	Status	4	Add Education Event		×	leeds Needs Eval. Tx	Received Tx
K-on, Mio Luke, Child1 Setsuna Sei	ei F.	3/14/13 3rd Individualized Curriculum 4/27/ 2/08/13 2nd Individualized Curriculum 1/26/			4/27/18 1/26/18	Completed Completed		1st Education Home Visit 1st Parent Conference 1st Team Conference				al. Tx Tx
Z, Barry		4/04/14	Developmental A: 1st Team Confere	nce 1	0/30/17	Completed Completed		2nd Education Home Visi 2nd Parent Conference	it			
			1st Parent Confer	ence 1	0/26/17	Completed	I	2nd Team Conference				
			1st Individualized	Curriculum 1	10/09/17	Completed	I	Behavioral Concern				
			Child: Pedestrian	Safety Traini	8/03/17	Completed	I	Behavioral Health Screeni	ing(ASQ-SE)			
			1st Education Hol	me VISIT	8/01/17	Completed	l l	Developmental Assessme	Int			
			Parent: Dedectrior) Safety Trai	8/01/17	Completed	ľ	Developmental Checklist	(EHS)			
			2nd Education Ho	me Visit	5/09/17	Completed	I	Developmental Concern				
			3rd Parent Confer	rence	5/09/17	Completed	I	Developmental Screening) (ASQ-3)			
			3rd Individualized	Curriculum	4/28/17	Completed	I	Field Trip	mont			
			Media Release Co	onsent Form	3/13/17	Completed	I	Media Release Consort 5	orm			
			2nd Parent Confe	rence	2/22/17	Completed	I	Pedestrian Safety Training	q: Child			
			2nd Individualized	l Curriculum	2/06/17	Completed	I	Pedestrian Safety Training	g: Parent			
			Developmental As	ssessment 1	0/25/16	No Concern	I	School Readiness Assess	ment			
			1st Education Hor	me Visit 1	0/21/16	Completed				Cancel		
			Child: Dedectrian	Safety Traini 1	0/21/16	Completed						

- 3. A "**Developmental Assessment**" template will pop-up. Fill in the **yellow-shaded** areas on the template, using the sample below as a guide, as follows:
 - a) Enter the date that the Assessment was administered into the **Event Date** area.
 - b) Select a **Status**:
 - Concern: if the child has IEP or scoring below age level on MTS.
 - No Concern: if the child is developing at age level on MTS.
 - c) Select your name from the staff list under Agency Worker.
- 4. Click on the **Open Note Icon** (green arrow below). This causes the Notes field to open in a separate window shown on next page.

Event Date	e PIR	7/11/19 🔳			
Status		Concern	•		
Agency W	lorker	_	- -		
, igeney ••	onter				
Closed Da	ate				
Event Not	es				***
					l de la companya de l
					^ ~
Actions		Description	Chature	A	Add Action
Action	Action Date	Description	Status	Agency worker	
This event	nas no action	s associated withit. Click	Add Action to add one.		
				Save and Add Another	Save Cancel Add

- 5. Click on the **Clock Icon (green arrow** below) if any and type in the following character string "**devass**" and pressing the **Enter** key. This causes the developmental assessment template to populate inside, fill in the scores.
- 6. Click on **OK** (red circle above).

	🕒 🖤 🗗 🖾 🗅
Please input result as Concern or No Concern	\uparrow
Social/Emotional:	
Physical:	
Language:	
Cognitive:	
Literacy:	
Math:	
Science & Technology:	
Social Studies:	
The Arts:	
	OK Cancel

- 7. If Status is No Concern, jump to step 9. If Status is Concern, go to step 8
- 8. Click on **Add Action** (green arrow on previous page). Fill in the yellow-shaded areas, using the sample below as a guide, as follows:
 - a) Action Type: Follow Up.
 - b) Enter Today's Date into the Action Date area.
 - c) Select a Status of Awaiting Feedback: Education Manager.
 - d) Click on "Save" button (green arrow below).
- 9. Click on "Save" button (green button on page 2).

Action Type	Follow Up	Agency Worker	HS, Teacher •
Scheduled Date		Provider	•
Action Date PIR	7/4/18	Provider Type	
Description		Funding	•
Status	Awarting Feedback Education N	lanag Cost	0
	Treatment Received for a Diag Treatment received for specific co	nosed Chronic Condition C.8.a1 ^{Pl onditions C.9 ^{PIR} aring Difficulties □ Vision Problem}	R ms □ High Lead Level □ Diabetes
Action Notes	Treatment Received for a Diag Treatment received for specific co	nosed Chronic Condition C.8.a1 ^{Pil} onditions C.9 ^{PIR} aring Difficulties	R ms □ High Lead Level □ Diabetes ල ా ⊕ @ ம ⊮
Action Notes	Treatment Received for a Diag Treatment received for specific co	nosed Chronic Condition C.8.a1 ^{Pil} onditions C.9 ^{PIR} aring Difficulties Uvision Probler	ھ ms □ High Lead Level □ Diabetes ن اللہ اللہ اللہ اللہ اللہ اللہ اللہ الل

School Readiness Assessment

When a staff completes the School Readiness Assessment form, the staff needs to create an

School Readiness Assessment event in ChildPlus. The procedure for entering the event into

ChildPlus is provided below.

- 1. Navigate to the child's **Education** module (yellow-shaded area below)
- 2. Click on Add Event (red arrow below).
- 3. Select an Event Type of School Readiness Assessment (gray-shaded area below).

Ser <u>v</u> ices	<u>T</u> o-Do L <u>ist</u>	Entry E <u>x</u> press	Manageme <u>nt</u>	<u>D</u> ashboard	Rep <u>o</u> r	ts Setup	Enter Report #	•	
Search	🔻	An	narica Captain 🗙 🕂						
Participants A, Peter C. B, Tomcat BB, Iowa	(12) ^ (Change List < 11/11/14 6/20/13 5/08/13	Amarica Male DOB: 9 Enrolled 8/8/1	a Captai /30/12 5y 8m 7 (324d) Year	N ▼ CPID: 8484 1 (+1)	43	Dirability Mont	Flags Send Message 2017-2018 Head Start • 1132 Site • 1132 • 2017	ශ ල ි සි 🗎 Save -2018 Head Start Grant.000
Captain, Am	narica rise C	9/30/12	Events Reguirement	Education I	nformation	Attachments (0		al Health Birth Education Allendance Pix	1
D, Bruce W.	thur	7/30/14	Education Events					<u>O</u> ptions Add <u>E</u> ver	t Add Multiple E <u>v</u> ents
K, King	ului	12/27/13	Exp. Event Type		Date	Status		Add Education Event X	Needs Needs Received Eval. Tx Tx
K-on, Mio Luke, Child Setsuna, Se Z, Barry	l iei F.	3/14/13 2/08/13 10/10/13 4/04/14	1st Education Hor 1st Individualized 1st Parent Confere 2nd Individualized 3rd Individualized Behavioral Health Behavioral Health Child: Pedestrian 3 Developmental Sc Developmental Sc Developmental Sc Developmental Sc Field Trip Media Release Cc Parent: Pedestrian	ne Visit Curriculum ence I Curriculum Screening(A Safety Traini sessment reening (AS reening (AS reening (AS nsent Form Safety Trai	8/04/17 10/09/17 11/13/17 10/25/17 1/26/18 4/27/18 8/08/17 8/08/17 8/08/17 8/08/17 8/08/17 8/08/17 8/08/17 8/08/17 8/08/17	Completed Completed Completed Completed Completed No Concern No Concern No Concern No Concern No Concern No Concern Completed Completed Completed		1st Education Home Visit 1st Parent Conference 1st Team Conference 2nd Education Home Visit 2nd Parent Conference Behavioral Concern Behavioral Health Screening(ASQ-SE) Child Referral Form Developmental Assessment Developmental Concern Developmental Concern Developmental Concern Developmental Screening (ASQ-3) Field Trip Full Day Child Care Agreement Media Release Consent Form Pedestrian Safety Training: Parent School Readiness Assessment Cancel	
			Event Expires in: 🧔) More than 1	5 days	! Less than	15 days 🛛 🛞 B	Expired 🖉 Not considered for requirement	ents due to status

School Readiness Assessment

- 4. Fill in the **yellow-shaded** area shown below as follows:
 - a. Enter the Date of "Date report completed" into Event Date field.

HCAP Head Start School Readiness Assessment Report to Kindergarten from Head Start

I, _____, give my child's Head Start teacher permission to share information (parent/guardian name)

about my child's growth & development via the School Readiness Assessment form with

______, the Elementary School that he/she will be enrolling in for kindergarten.

Parent/guardian signature:	Date:				
Kindergarten child will be attending	Date	e report com	oleted:		
Child:	Birth Date:				
Head Start Preschool :	Teacher:				
Dates attended program: to					
Category	Does Independently	Does with help	Not yet	Notes (optional)	

- b. Select Completed in Status field.
- c. Select your name from the staff list under Agency Worker field.
- d. Click on **Clock Icon** (**blue arrow** below) and enter any pertinent information into the **Event Notes** field.
- 5. Click on Save (red arrow below).

Add Scho	ol Readir	ness Assessmen	t			~ ~	0	}
Event Date P	IR	7/4/18 🔲						
Status		Completed	•					
Agency Worl	ker	HS, Teacher	•					
						-		
Event Notes		7/11/2018 10:54 AM input any pertinent in	HS Staff formation as needed	i		() ÷	300	
Actions							Add Ad	tion
Action	Action Date	Description	Status		Agency Worker			
This event	has no action:	s associated with it. Click	"Add Action" to add o	ne.		1		
					Save and Add Another	Save	Cancel	Add

2305 Report: Monthly Attendance

The 2305 report provides a monthly attendance report. This report is only useful for Centerbased classes. The report shows individual attendance for the selected month(s) as well as the associated individual and Classroom ADA. Once the report is launched and the template appears (see below), perform the following template setup steps:

1. Select the desired starting month and number of months for the report (blue rectangle below).

2. Select Present from the list of Attendance Codes (red rectangle below):

- Present
- Tardy
- Left Early

- Tardy and Left Early
- Not Scheduled

3. Click on either **Preview** or **Print** (**black arrows** below). This will cause the report to generate and either be displayed as a Preview on your computer screen, or Print a hardcopy on the printer.



The following is a sample of the 2305 report output.

6/22/2018 10:02 AM		HCAP Head Start 2305 - Monthly Attendance																	Pa	age 1 of 1 teacher															
		Y	Your Site - Your Class March 201															018	8																
		Т	r I	FR SA	SU	M	TU	w	TH	FR	<u>SA</u>	SU N	1 1	U	w	TH	FR	<u>SA</u>	<u>su</u>	M	U	w	тн	FR :	<u>SA</u>	<u>su</u> <u>r</u>	4	TU	NT	H	FR SA	Present	Present Monthly		
20 Participants		1		2 3	4	5	6	Z	8	9	<u>10</u>	<u>11</u> 1	2 1	13	14	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>	20	21	<u>22</u>	23	24	25 2	<u>5</u>	27 1	8 2	9	30 31	(Operio days)	ADA	Enroll	Term
AAA, Child-1	H	I P	0	P		P	P	P	P	P		F	2	P	P	Ρ	Ρ			W	C	С	С	С		1	ŧ.	P	PI		н	15	100	8/23/17	
BBB, Child-2	H	I P	2	P		P	P	E	Р	P		F	2	P	Α	Е	Е			W	С	С	С	С) I	f.	P	PF		н	11/15	73%	8/8/17	
CCC, Child-3	H	I P	2	P		P	P	Ρ	Ρ	Ρ		F	2	P	Р	Ρ	Ρ			w	С	С	С	С		ł	ŧ.	P	PF	2	н	15	100	8/8/17	
DDD, Child-4	H	I P	2	P		E	P	P	Ρ	P		F	2	P	A	Ρ	Ρ			w	С	С	С	С		1	ł.	P	PF		н	13/15	87%	8/8/17	
EEE, Child-5	H	I E		E		P	P	P	Ρ	Ρ		F	2	P	Р	Ρ	Е			w	С	С	С	С		1	ł.	E	P		н	11/15	73%	11/27/17	
FFF, Child-6	H	I P	2	P		P	P	LE	Р	P		F	2	P	Р	Е	Ρ			w	С	С	С	С		ł	I.	P	P		н	14/15	93%	8/8/17	
GGG, Child-7	H	I P	2	P		P	P	LE	P	P		F	2	P	P	Е	Ρ			w	С	С	С	С		1	ł.	E	PF		H	13/15	87%	8/8/17	
HHH, Child-8	H	I P	2	P		P	Ρ	Е	Е	Е		6		E	Е	Е	Е			W	С	С	С	С		ł	I.	P	EF		н	6/15	40%	11/11/17	
III, Child-9	H	I P	2	P		P	P	Е	Р	Е		F	2	P	Р	Ρ	Ρ			W	С	С	С	С		3	ł.	P	P		н	13/15	87%	8/8/17	
J J J, Child-10	H	I P	2	P		P	P	P	Р	Ρ		F	2	P	Р	Ρ	Ρ			W	С	С	С	С		1	ŧ.	P	PI		н	15	100	8/8/17	
KKK, Child-11	H	A	4	E		P	P	Ρ	Ρ	Е		6		P	А	А	Е			W	С	С	С	С		-)ł	ŧ.	P	P		н	8/15	53%	8/14/17	
LLL, Child-12	H	I P	2	P		P	P	Е	Е	Е		F	2	P	Р	Ρ	А			W	С	С	С	С		ł	ŧ.	P	P		н	11/15	73%	9/7/17	
MMM, Child-13	H	E		E		P	P	Ρ	Ρ	Ρ		F	Þ	P	Р	Ρ	Ρ			W	С	С	С	С		ł	ŧ.	P	PI	P	H	13/15	87%	1/12/18	
NNN, Child-14	H	E		E		Ρ	Ρ	Ρ	Ρ	Ρ		F	2	P	А	Е	Ρ			W	С	С	С	С		ł	ŧ.	P	PF		н	11/15	73%	8/8/17	
000, Child-15	H	P	>	P		P	P	Ρ	Ρ	Ρ		F	>	P	Р	Ρ	Ρ			w	С	С	С	С		1	ł.	P	PI		н	15	100	8/8/17	
PPP, Child-16	H	E		E		Е	E	P	Ρ	Ρ		F	>	A	LE	Ρ	Ρ			W	С	С	С	С		ł	ł.	P	PE	E	н	9/15	60%	8/8/17	
QQQ, Child-17	H	E		E		P	Ρ	Ρ	Ρ	Ρ		F		P	Ρ	Ρ	Ρ			W	С	С	С	С		1	ł.	P	PI		H	13/15	87%	8/8/17	
RRR, Child-18	H	E	:	E		P	P	Ρ	Ρ	Ρ		F		P	Р	Ρ	Ρ			w	С	С	С	С		1	ŧ.	P	PI		H	13/15	87%	8/8/17	
SSS, Child-19	H	I P	2	P		P	Ρ	Е	Ρ	Ρ		F		P	Ρ	Ρ	А			W	С	С	С	С		ł	ŧ.	E	PF		н	12 / 15	80%	8/8/17	
TTT, Child-20	H	I P	>	P		Е	E	E	Ρ	Е		F	2	P	Ρ	Ρ	Т			W	С	С	С	С		ł	ł.	P	PF	2	н	11/15	73%	9/6/17	
Presen Pct. Presen		nt 13	3	13		17	18	14	18	15		1	8	18	15	14	14											17	19 1	9		Classroom:		2	
		nt 68	5	65		85	90	70	90	75		9	0	90	75	70	70											35 9	95 9	5		81%			
	Not Preser	nt 7	• I I	7		3	2	6	2	5		1.5	1	2	5	6	6											3	1 1	ı I					
2330 Report: Consecutive Absences

The 2330 report will list all of the children, along with their corresponding Primary Adult and phone number, who have had consecutive absences during a specified date range. Once the report is launched and the template appears (see below), perform the following template setup steps:

1. Enter the **Begin Date** and **End Date** for the desired reporting period (**blue rectangle** below).

2. Always enter 1 (blue circle below).

3. Select **Present** from the list of **Attendance Codes** (**red rectangle** below). Select **Present** for **Not Scheduled** when there is child who has IEP in your class (green arrow below).

4. Click on either **Preview** or **Print** (**black arrows** below). This will cause the report to generate and either be displayed as a Preview on your computer screen, or will Print a hardcopy on the printer.

ChildPlus Services To	-Do List Entry Expr	ress Management	Dashboard Repo	rts Setup Enter Rep	ort# 🔻	– = × Help 🗄 🌣
Select a Report	2330 - Consecutive Absence	es ×				
General Custo	m Filters Individuals					[]] <u>P</u> rint
Program Term Program Option Group Agency Site Classroom Responsible Staff	2017-2018 Head Start <all> < All Groups > Group By Agency • HCAP Head Start Your Site Your Class Don't filter by r •</all>		Reporting Period Begin 3/1/18 End 3/31/18 Show Attendance Notes Show Attendance Notes Show All Adult Family or Only include participants w for 1 or more consecut	this a absent status ive days of attendance	>	
Status All Dropped Dropy/Wait Drop/Accept Completed	Grouping None Site Classroom	Report Type © Detail Summary Worksheet Individual	Use Attendance Prefe Use Custom Settings Present Tardy Left Early Tardy and Left Early Absent Excused Unexcused Not Scheduled	Present Present Present Present Absent Absent Present Prese	"Present" for child who has IEP	

The following is a sample of the 2330 report output.

6/26/2018 8:56:13AM teacher Program 1	HCAP Head Start 2330 - Consecutive Absences ogram Term: 2017-2018 Head Start, Site: Your Site, Classroom: Your Class, Enrollment Status: Enrolled Reporting Period: 3/1/2018 - 3/31/2018										
HCAP Head Start											
Your Site							_				
Participant Name	Attendance Date	Attendance Code	Absence Reason	Case Worker	Family Members*	Phone Number					
BBB, Child-2	3/14/18	A	NoTransportatio			(),))	1				
	3/15/18	E									
	3/16/18	E	Health Reasons								
HHH, Child-8	3/07/18	E	Health Reasons				1				
	3/08/18	E	Health Reasons								
	3/09/18	E	Health Reasons								
	3/12/18	E	Health Reasons								

3015 Report: Health Requirements

The 3015 report provides a complete status of the 30-45-90 day timeline requirements for each of your children. Once the report is launched and the template appears (see below), perform the following template setup steps:

1. Select your **Program Term** from the list of available options (red arrow below).

2. Check the **All** box for **Requirements To Report** (blue arrow below) or choose any specific events of your interest.

3. Depend on what data that you need, choose one or more of the event status to include in your report:

4. Click on either **Preview** or **Print** (**black arrows** below). This will cause the report to generate and either be displayed as a Preview on your computer screen, or will Print a hardcopy on the printer.

ChildPlus											= x
Ser <u>v</u> ices <u>T</u> o	-Do List Entry E <u>x</u> pres	s Management	<u>D</u> ashboard	Rep <u>o</u> rts	Setup	Enter Report	:# -			Help	₿\$
Select a Report	3015 - Health Requirements	×									
General Custo	m Filters								🕒 <u>P</u> rint	Preview	×
Program Term Program Option Group	2017-2018 Head Start <all> < All Groups > Group By Agency •</all>	• • •	Requirements To 36MLead Bloo TB (0 Days) Hearing Scree Vision Screeni Blood Pressur	Report od Test-HS (0 D ening (45 Days) ing (45 Days) re (90 Days)	ays)		-		ł		
Agency	HCAP Head Start	•	Include required e	vents that are .							
Site	Your Site	•	Complete and	d do not expire	during en	rollment					
Classroom	Your Class	•	(current thro	ugh end of enr	ollment)						
Responsible Staff	staff Don't filter by r ▼										
		Advanced Setup	that expire o	on or before	11/8/16						
Status	Grouping	Report Type	🗹 Incomplete b	ut not Past Due							
	O None	Detail	Include events that	t are due on or	before	10/10/17 📼					
Waitlisted	 Site Classroom 	Summary Worksheet	Show Sub-Eve	ants	Delore						
Accepted	Order Participants By	Individual	Show Medica	id and Insuranc	e Informat	ion					
Dropped	Last Name		Show SSN								
Drop/Wait	○ Days Remaining		Entry Date for nor	-enrolled Parti	cipants (6/26/18 🔲					
Abandoned	Order Requirements By		Advanced Reg	uirement Set Se	tup						
	Due In Date		Use Advance	ed Requiremen	t Set Setup)					
	Event Date										

Example for the Include required events that are ...

Select a Report	3015 - Health Requiremer	its ×	
General Custo	m Filters I <u>n</u> dividuals		
Program Term	2017-2018 Head Start	-	Requirements To Report I All
Group	< All Sroups >	•	 ✓ TB (0 Days) ✓ Hearing Screening (45 Days) ✓ Vision Screening (45 Days)
	Group By Agency 🔻		Blood Pressure (90 Days)
Agency	HCAP Head Start	•	Include required events that are
Site	Your Site	•	Complete and do not expire during enrollment
Classroom	Your Class	•	(current through end of enrollment)
Responsible Staff	Don't filter by r 🔹	•	Complete but expire during enrollment
		Advanced Setup	that expire on or before 11/8/16
Status	Grouping	Report Type	Incomplete but not Past Due

Select this to see any health events that were completed (red arrow above).

Select a Report	3015 - Health Requirements	×	
General Custo	m Filters		
Program Term Program Option Group	2017-2018 Head Start <all> < All Groups ></all>	• •	Requirements To Report ☑ All ☑ 36MLead Blood Test-HS (0 Days) ☑ ☑ TB (0 Days) ☑ ☑ Hearing Screening (45 Days) ☑ ☑ Vision Screening (45 Days) ☑
	Group By Agency 🔹		☑ Hold Octeming (B Days)
Agency	HCAP Head Start	•	Include required events that are
Site	Your Site	-	Complete and do not expire during enrollment
Classroom	Your Class	-	(current through end of enrollment)
Responsible Staff	Don't filter by r 🔻	-	Complete but expire during enrollment
		Advanced S <u>e</u> tup	that expire on or before
Status	Grouping	Report Type	Incomplete but not Past Due
Select this	to see any heal	th events that	at were completed but expired (red arrow above).

Select a Report	3015 - Health Requirements	×	
General Custor	m Filters I <u>n</u> dividuals		
Program Term	2017-2018 Head Start	•	Requirements To Report 🗹 All
Program Option	<all></all>	•	TB (0 Days)
Group	< All Groups >	•	 ✓ Hearing Screening (45 Days) ✓ Vision Screening (45 Days)
	Group By Agency 🔹		Slood Pressure (90 Days)
Agency	HCAP Head Start	•	Include required events that are
Site	Your Site	•	Complete and do not expire during enrollment
Classroom	Your Class	-	(current through end of enrollment)
Responsible Staff	Don't filter by r 🔹	-	Complete but expire during enrollment
		Advanced S <u>e</u> tup	that expire on or before
Status	Grouping	Report Type	Incomplete but not Past Due
Soloct this t		overte that we	re not done and next the due date (red arrow

Select this to see any health events that were not done and past the due date (red arrow above).

Select a Report	3015 - Health Requirements 🗙	
General Custor	m Filters	
Program Term Program Option Group	2017-2018 Head Start <all> • < All Groups > •</all>	Requirements To Report Image: All Image: Solution of the second
	Group By Agency 🔹	🗹 Blood Pressure (90 Days)
Agency	HCAP Head Start -	Include required events that are
Site	Your Site 🔹	Complete and do not expire during enrollment
Classroom	Your Class 🔹	(current through end of enrollment)
Responsible Staff	Don't filter by r 🔹	Complete but expire during enrollment
	Advanced S <u>e</u> tup	that expire on or before
Status	Grouping Report Type	Incomplete but not Past Due

Select this to see any health events that are not completed but not past the due date yet (red arrow above).

The following is a sample of the 3015 report output.

6/26/ 10:38 teach	2018 am er		HCAP Head Start 3015 - Health Requirements									Page 1 ChildPlus
HCA Your	P Head Start Site - Your Class		Frog	ram rerm: .	2017-2016	nead Start	, alte: four alte	e, Classroor	n: tour Cia	sss, Enroliment Status: Enrolled		
	Due In	Health Event	Event Date	Due Date	Days Elapsed	Days Until Due	Requirement Status	Expiration Date	Current thru end of Enroll	Event Status	Description	Results
AAA	Child-1	Bom: 9/2/12 5y 9	9m 2017-3	2018 Head	Start				~	Enrolled 08/23/17 Entry: 8	23/17 (307 days) Progra	m Entry: 8/23/17 (307 days)
	0	тв	8/11/17	8/22/17		0			 Image: A start of the start of	No Concern	Read 08/14/17	0mm
	45	Hearing Screening	9/19/17	10/06/17	28	0			 Image: A set of the set of the	Absent on Screening Date	OAE	absent
	45	Vision Screening	9/20/17	10/06/17	29	0			 Image: A set of the set of the	No Concern		R 20/40, L 20/40
	90	Blood Pressure	9/19/17	11/20/17	28	0			 Image: A set of the set of the	Absent on Screening Date		absent
	90	Child Health History	9/29/17	11/20/17	38	0			 Image: A set of the set of the	Concern		
	90	Dental Exam	10/18/17	11/20/17	57	0			 Image: A set of the set of the	No Concern	Assessment	No needs
	90	Growth Assessment	9/13/16	11/20/17		0			 Image: A set of the set of the	No Concern		H=41.00" W=34lb 1oz %=11
	90	Nutrition Assessment	9/29/17	11/20/17	38	0			 Image: A set of the set of the	No Concern		
	90	Physical Exam Suppleme	8/10/17	11/20/17		0		08/10/18	 Image: A start of the start of	No Concern		
BBB	Child-2	Bom: 8/25/13 4y 1	10m 2017-:	2018 Head	Start				~	Enrolled 08/08/17 Entry: 8	1/8/17 (322 days) Progra	m Entry: 8/8/17 (322 days)
	0	тв	6/13/17	8/07/17		0			 Image: A set of the set of the	No Concern	Read on 6/15/17	0mm
	45	Hearing Screening	8/15/17	9/21/17	8	0			 Image: A set of the set of the	Unable to Condition	OAE	refused
		loss a la la	0100147	0.04147		· ·	1		1		1	D 20110 1 20110

3065 Report: Health Event Status

The 3065 report lists every specified Health Event for a Child with a specified Status that occurred during a specified Date range. This report is very helpful in analyzing Health Events and their statuses. Once the report is launched and the template appears (see below), perform the following template setup steps:

- 1. Select the desired Event Types (red arrow below)
- 2. Select the desired Status Types (blue arrow below)
- 3. If desired, select the Health Events Between date range (green arrow below).

4. Click on either **Preview** or **Print** (**black arrows** below). This will cause the report to generate and either be displayed as a Preview on your computer screen, or will Print a hardcopy on the printer.



The following is a sample of the 3065 report output.

6	/2	5/2	018
1	0:0	01/	AM

HCAP Head Start 3065 - Health Event Status

Page 1 of 1 teacher

Program Term: 2017-2018 Head Start, Site: Your Site, Classroom: Your Class, Enrollment Status: Enrolled Event Types: Growth Assessment, Status Types: CON - Concern

HCAP Head	Start
Your Site	

Event	Date	Status	Description	Results/Action	Agency Worker	Provider	Туре	Funding	Cost	Treatment
										Received
CCC, Child-3			Birthday: 12/18/2013	Enroll	ed Curre	nt Status Date: 8/	8/2017	1		
Growth Assessment	07/21/17	CON					D			
DDD, Child-4			Birthday: 10/28/2012	Enroll	ed Curre	nt Status Date: 8/	8/2017	1		
Growth Assessment	12/01/17	CON		+			D			
HHH, Child-8			Birthday: 12/19/2012	Enroll	ed Curre	nt Status Date: 10	/30/20)17		
Growth Assessment	03/28/18	CON					s			
III, Child-9			Birthday: 1/23/2014	Enroll	ed Curre	nt Status Date: 8/	8/2017	1		
Growth Assessment	03/28/18	CON			ويتفصين فتعتقد		S			
Growth Assessment	01/27/17	CON					D			
KKK, Child-11			Birthday: 11/27/2012	Enroll	ed Curre	nt Status Date: 8/	14/201	7		
Growth Assessment	03/28/18	CON					S			