KCI Child File Check List
Early Head Start Program

E-435

Codes

- F = Filed the Form
- X = Missing Form
- N = Not Applicable
- O = Over Due

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FAMILY SERVICES

FCP-600 or FCP-607 Head Start Application											
Income Documentation											
FCP-612 Change of Status (If applicable)											
Custody Orders (If Applicable)											
FCP-615 Strength Form											
FCP-618 Family Goals and Services Plan Worksheet											
FCP-617 Activity Service Form											
FCP=601 Verification Form for Full-Year Classrooms											
FCP-606 Reporting Suspected Child Abuse (If applicable)											
Parent Interest Survey											
E-327 Staffing Reports											

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EDUCATION

E-400 1st Home Visits & Dated COR Family Report							
E-400 1st Parent Conferencs & Dated COR Family Report							
E-400 2nd Home Visit & Dated COR Family Report							
E-400 2nd Parent Conferencs & Dated COR Family Report							
E-427 Transition Plan							
Ages & Stages Questionnaires							
ASQ Developmental Screening Results							
ASQ:SE Social-Emotional Screening							
E-429 Infant Feeding Plan (If applicable)							
E-406 Antecedents Behaviors Consequeces (If applicable)							

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HEALTH

2 yrs. Physical [ ] Hgb [ ] Lead													
Well-Baby Check Up 18m 12m 9m 6m 4m 2m 6w													
Immunization Record (on Physical or Separate- Required)													
H-314 Health Screenings [ ] Hearing [ ] Vision [ ] Hgb													
H-315 Vision Observation (0-11 months)													
Growth Charts [ ] 1st. [ ] 2nd.													
H-328 Child Nutritional Assessment													
H-331 Health History													
H-311 Consents & Permissions													
H-324 Dental Exam and Treatment Record													
If Applicable													
H-323 Consent to Exchange Information													
H-303 Child Incident Report													
H-332 Exposure Notice													
H-302 Special Care Plan Children w/ Asthma													
H-325 Food Allergy Action Plan													
H-312 Seizure Care Plan													
H-300 Authorization to Give Medication													
H-338 Dietary Action Plan													
H-306(b) Sign and Symptom Record													
Follow-Up													
H-308 Medical/Dental Reminder/Referral													
Medical Correspondence													

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DISABILITIES

IFSP (If applicable)									
D-505 IFSP/IEP Activity (If applicable)									
Sign-In Sheet for providers (Monthly) (If applicable)									
H-311 Referral to Mental Health Provider (If applicable)									
Mental Health Treatment Plans (If applicable)									
D-508 Referral to Early Intervention (If applicable)									
D-506 Referral to for Special Education (If applicable)									

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FAMILY CONTACT

E-402 Monthly Attendance Montoring									
E-401 Attendance Tracking									
FCP-602 Unexplained Absentee Follow-Up (If applicable)									
Attendance Letters to Parents (Copy with date sent)									
FCP-609 Contact Note or E420 Teacher Contact Notes									
E-480 One Call Now Parent Sign-up Request									
E-407 Field Trip Permission									