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KCI Child File Check List

Codes			/	/ /	/ /	'	' /	' /	' /	' /		
•F = Filed the Form	→ = Reviewed Form	_ /		' /								
•X = Missing Form	I = Incomplete Form											
• N = Not Applicable	P = In Progress or Not Due									/		
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	Y SERVICES	+	_	_	$oldsymbol{oldsymbol{oldsymbol{eta}}}$		_	\vdash	_	\vdash	<u>'</u>	
FCP-600 or FCP-607 Hea	ad Start Application											
Income Documentation	(If an altack I.e.)											
FCP-612 Change of Statu	,											
Custody Orders (If Applic	able)											
FCP-615 Strength Form	ad Camira a Dlaw Wadalaa at											
FCP-618 Family Goals and Services Plan Worksheet												
FCP-617 Activity Service Form FCP=601 Verification Form for Full-Year Classrooms												
	ected Child Abuse (If applicable)											
Parent Interest Survey												
E-327 Staffing Reports												
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FCP-600 or FCP-607 Hea	ad Start Application											
Income Documentation	o (If applicable)											
FCP-612 Change of Statu												
Custody Orders (If Applic	able)											
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)												
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Parent Interest Survey			-									
E-327 Staffing Reports			1									

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	& Dated COR Family Report										
E-400 1st Parent Confe	erencs & Dated COR Family Report										
E-400 2nd Home Visit 8	& Dated COR Family Report										
E-400 2nd Parent Conf	ferencs & Dated COR Family Report										
E-427 Transition Plan											
Ages & Stages Question											
ASQ Developmental So											
ASQ:SE Social-Emotional Screening											
E-429 Infant Feeding P	lan (If applicable)										
E-406 Antecedents Bel	haviors Consequeces (If applicable)										
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KCI Child File Check List

Early Head Start Program

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P = In Progress or Not

HEALTH	1	/	/	/	/	/	/	/	/	/	/	/	/	
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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• O = Over Due

DISABILITIES

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DIS	ABILITIES	- /	/	/ ,	Ι,	/	/	/	/	/	/ /	
IFSP (If applicable)												
D-505 IFSP/IEP Activity (I	,											
Sign-In Sheet for provider												
H-311 Referral to Mental I	Health Provider (If applicable)											
Mental Health Treatment	Plans (If applicable)											
D-508 Referral to Early In	tervention (If applicable)											
D-506 Referral to for Spec	cial Education (If applicable)											
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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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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 Sig	n-up Request											
E-407 Field Trip Permission												

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<u>FAMIL</u>	Y CONTACT								L		/
E-402 Monthly Attendance											
E-401 Attendance Trackin	g										
FCP-602 Unexplained Absentee Follow-Up (If applicable)											
Attendance Letters to Pare	ents (Copy with date sent)										
FCP-609 Contact Note or	E420 Teacher Contact Notes										
E-480 One Call Now Pare	nt Sign-up Request										
E-407 Field Trip Permission	on										