



KCI Child File Check List

Early Head Start Home Base Program

E-434

Codes

- F = Filed the Form
- X = Missing Form
- N = Not Applicable
- O = Over Due
- ✓ = Reviewed Form
- I = Incomplete Form
- P = In Progress or Not Due

FAMILY SERVICES

FCP-600 or FCP-607 Head Start Application																				
Income Documentation																				
FCP-612 Change of Status (If applicable)																				
Custody Orders (If Applicable)																				
E-444 Parent Home Visitor Agreement																				
FCP-615 Strength Form																				
FCP-618 Family Goals and Services Plan Worksheet																				
FCP-617 Activity Service Form																				
Parent Interest Survey																				
E-327 Staffing Reports																				

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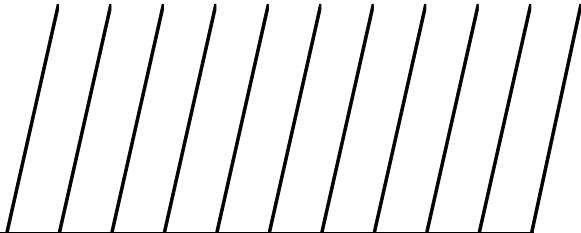


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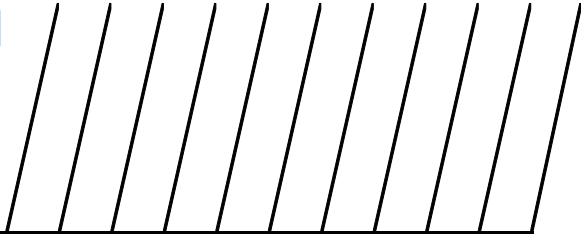


EDUCATION

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-422 Home Visit Reports										

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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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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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Attendance Letter (If applicable)																				
Visit Make-Up Schedule/Plan																				
E-480 One Call Now Parent Sign-up Request																				

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