### KCI Child File Check List Home Base Program

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| FAMILY SERVICES                                | - 1 | / | / | / | / | / | / | / | / | / |
|--|-----|---|---|---|---|---|---|---|---|---|
| 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                          |     |   |   |   |   |   |   |   |   |   |
| Go Engage Family Goals [] Updates: []1 []2 []3 |     |   |   |   |   |   |   |   |   |   |
| FCP-617 Activity Service Form                  |     |   |   |   |   |   |   |   |   |   |
| Parent Interest Survey                         |     |   |   |   |   |   |   |   |   |   |
| E-327 Staffing Reports                         |     |   |   |   |   |   |   |   |   |   |
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| <u>FAM</u>   | ILY SERVICES   |     |     | _   | ot  | $oldsymbol{oldsymbol{oldsymbol{oldsymbol{L}}}$ | $oldsymbol{ol{ol{oldsymbol{ol}}}}}}}}}}}}}}}$ | $oldsymbol{ol{ol{oldsymbol{ol}}}}}}}}}}}}}}}$ | $oldsymbol{oldsymbol{igl}}$ |     | / |
| FCP-600 or FCP-607 I   | Head Start Application   |     |     |     |     |  |   |   |                             |     |   |
| Income Documentation   | 1  |     |     |     |     |  |   |   |                             |     |   |
| FCP-612 Change of St   | tatus (If applicable)  |     |     |     |     |  |   |   |                             |     |   |
| Custody Orders (If App   | olicable)  |     |     |     |     |  |   |   |                             |     |   |
| E-444 Parent Home Vi   | sitor Agreement  |     |     |     |     |  |   |   |                             |     |   |
| FCP-615 Strength For   | m  |     |     |     |     |  |   |   |                             |     |   |
| Go Engage Family Go  | als: [ ] Updates: [ ]1 [ ]2 [ ]3   |     |     |     |     |  |   |   |                             |     |   |
| FCP-617 Activity Servi   | ce Form  |     |     |     |     |  |   |   |                             |     |   |
| Parent Interest Survey   |  |     |     |     |     |  |   |   |                             |     |   |
| E-327 Staffing Reports   | ;  |     |     |     |     |  |   |   |                             |     |   |
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| <b>EDUCATION</b>  |   | /   | /   | /   | /   | /   | / / | / / |
| E-400 1st Home Visits   | Ť |     |     |     |     |     |     |     |
| E-400 1st Parent Conferencs, Dated COR Family Report, & VKRP Reports  |   |     |     |     |     |     |     |     |
| E-400 2nd Home Visit & Dated COR Family Report  |   |     |     |     |     |     |     |     |
| E-400 2nd Parent Conferencs, Dated COR Family Report, & VKRP Reports  |   |     |     |     |     |     |     |     |
| E-427 Transition Plan (see E-400)   |   |     |     |     |     |     |     |     |
| ASQ:SE  |   |     |     |     |     |     |     |     |
| Ages & Stages Questionnaires  |   |     |     |     |     |     |     |     |
| ASQ Developmental Screening Results   |   |     |     |     |     |     |     |     |
| VALLS (Children transitioning to Kindergarten)  |   |     |     |     |     |     |     |     |
| VALLS Summary Report (If applicable)  |   |     |     |     |     |     |     |     |
| E-422 Home Visit Reports  |   |     |     |     |     |     |     |     |
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| HEALTH  |     |    |   |    |  |  |  | /   |  |  |  |   |     |
| Physical [ ] Hgb [ ] Lead                               |     |    |   |    |  |  |  |     |  |  |  |   |     |
| Immunization Record (on Physical or Separate- Required) |     |    |   |    |  |  |  |     |  |  |  |   |     |
| H-314 Health Screenings [] Hearing [] Vision [] Hg      | Ιb  |    |   |    |  |  |  |     |  |  |  |   |     |
| Growth Charts [ ] 1st. [ ] 2nd.                         |     |    |   |    |  |  |  |     |  |  |  |   |     |
| H-328 Child Nutritional Assessment                      |     |    |   |    |  |  |  |     |  |  |  |   |     |
| H-331 Health History                                    |     |    |   |    |  |  |  |     |  |  |  |   |     |
| H-311 Consents & Permissions                            |     |    |   |    |  |  |  |     |  |  |  |   |     |
| H-324 Dental Exam and Treatment Record                  |     |    |   |    |  |  |  |     |  |  |  |   |     |
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| 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 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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| DIS  | ABILITIES  | - / | /   | /   | / | /   | /   | /   | /   | /   | / i |  |
| IEP (If applicable)  |  |     |     |     |   |     |     |     |     |     |     |  |
| D-505 IFSP/IEP Activity (I   | f applicable)  |     |     |     |   |     |     |     |     |     |     |  |
| Sign-In Sheet for provider   | s (Monthly) (If applicable)  |     |     |     |   |     |     |     |     |     |     |  |
| H-311 Referral to Mental I   | Health Provider (If applicable)  |     |     |     |   |     |     |     |     |     |     |  |
| Mental Health Treatment I  | Plans (If applicable)  |     |     |     |   |     |     |     |     |     |     |  |
| D-506 Referral to for Spec   | cial Education (If applicable)   |     |     |     |   |     |     |     |     |     |     |  |
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| H-311 Referral to Mental   | Health Provider (If applicable)  |     |     |     |     |     |     |     |     |     |     | ı |
| Mental Health Treatment  | Plans (If applicable)  |     |     |     |     |     |     |     |     |     |     | ı |
| D-506 Referral to for Spe  | cial Education (If applicable)   |     |     |     |     |     |     |     |     |     |     | Ī |
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| FAMIL  | LY CONTACT   |   | /   | /   | /   | /   | /   | /   | /   | /   | /   |   |
| FCP-609 Contact Note or  | r E420 Teacher Contact Notes   |   |     |     |     |     |     |     |     |     |     |   |
| Attendance Letter (If appl   | licable)   |   |     |     |     |     |     |     |     |     |     |   |
| Visit Make-Up Schedule/I   | Plan   |   |     |     |     |     |     |     |     |     |     |   |
| E-480 One Call Now Pare  | ent Sign-up Request  |   |     |     |     |     |     |     |     |     |     |   |
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|  | E420 Teacher Contact Notes   |     |     |     |     |     |     |     |     |     |   |
| Attendance Letter (If appl   | icable)  |     |     |     |     |     |     |     |     |     |   |
| Visit Make-Up Schedule/F   | Plan   |     |     |     |     |     |     |     |     |     |   |
| E-480 One Call Now Pare  | ent Sign-up Request  |     |     |     |     |     |     |     |     |     |   |
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