

# Tri-County Head Start/Early Head Start

## Center Based Child's Family File Checklist

Child's Name: \_\_\_\_\_

Drop Date: \_\_\_\_\_

**You MUST sign the Confidentiality of Record Form when viewing a file.**

Enrollment Date

\_\_\_\_\_ 1<sup>st</sup> year EHS Entry Date  
 \_\_\_\_\_ 2<sup>nd</sup> year EHS Entry Date  
 \_\_\_\_\_ 3<sup>rd</sup> year EHS Entry Date  
 \_\_\_\_\_ 4<sup>th</sup> year EHS Entry Date

\_\_\_\_\_ 1<sup>st</sup> year HS Entry Date  
 \_\_\_\_\_ 2<sup>nd</sup> year HS Entry Date  
 \_\_\_\_\_ 3<sup>rd</sup> year HS Entry Date

<b>Section 1 – DCF Forms</b>	
	Comprehensive Check List
	DCF Enrollment Form
	Physical
	Immunization Record
	Notarized Medical Authorization Form
	Hemoglobin Results
	Health Screenings Consent Form
	Hearing/Vision Results
	Change of Address/Phone Number (if applicable)
	Disciplinary Form
	Permission for Food-Related Activities
	Distracted Adult Brochure – September
	Distracted Adult Brochure – April
	Influenza Brochure
<b>Section 2 – ERSEA</b>	
	Confidentiality of Record Form
	Reapplication (if applicable)
	Eligibility Priority Criteria Form
	ERSEA Verification Form
	Child's Application
	Proof of Categorical Eligibility (Foster Care, Homelessness, Public Assistance)
	Applicant Interview Form
	Proof of Age
	Head Start Eligibility Verification Form
	Acceptance Letter
	3 <sup>rd</sup> Party Contact Form (if applicable)
	Notarized Signature Authorization Form (if applicable)
	Emergency and Release Permission Form/Identification/Changes to list
	Arrival/Departure Policy
	Absentee Reports (if applicable)

# Tri-County Head Start/Early Head Start

## Center Based Child's Family File Checklist

	Attendance Expectations
	Attendance Plan (if applicable)
	Family Contact Form (if applicable)
	Transportation Agreement (Head Start Only)
	Field Trip Transportation Agreement (Head Start Only)
	Child Drop Information (if applicable)
<b>Section 3 – Family Partnership</b>	
	Tracking Form
	Family Goal Statement
	Family Partnership Agreement
	Needs Assessment
<b>Section 4 – Medical/Dental/Nutrition</b>	
	Consent to Release Information
	Dental Exam Follow Up
	Health Record
	Nutrition History/Menu Survey
	Modified Meal Form (if applicable)
	CCFP Medical Statement (if applicable)
	Health Care Plan (if applicable)
	BMI Results
	Doctor's Notes
	Reminders of immunization, physical, health or dental needs
	Consent to Brush Teeth
<b>Section 5 – Family Development</b>	
	Correspondence with Parents
	Getting to Know You Survey
	Referrals & Follow Ups (if applicable)
	Mental Health Observation and Media Consent Form
	Confirmation of Receipt
<b>Section 6 – Mental Health</b>	
	Progress Notes (if applicable)
	Referral
	Observation or Intervention Notes
	Permission of Observe
	MDT Meeting Notes
	Behavior Support Plan
	Behavioral Incident Reports