

Tri-County Head Start/Early Head Start

Home 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

_____ 1st year EHS Entry Date
 _____ 2nd year EHS Entry Date
 _____ 3rd year EHS Entry Date
 _____ 4th year EHS Entry Date

_____ 1st year HS Entry Date
 _____ 2nd year HS Entry Date
 _____ 3rd year HS Entry Date

Section 1 – DCF Forms	
	Comprehensive Check List
	DCF Enrollment Form
	Physical
	Immunization Record
	Notarized Medical Authorization Form
	Hemoglobin Results
	Consent for height, weight, hearing, vision, blood pressure & hemoglobin
	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
Section 2 – ERSEA	
	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 rd Party Contact Form (if applicable)
	Notarized Signature Authorization Form (if applicable)
	Emergency Information/Release Permission/Changes/Identification
	Missed Visits (if applicable)
	Attendance Plan (if applicable)

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	Family Contact Form (if applicable)
	Change of Status (if applicable)
	Home Visiting Agreement
	Child Drop Information (if applicable)
Section 3 – Family Partnership	
	Tracking Form
	Family Goal Statement
	Family Partnership Agreement
	Needs Assessment
Section 4 – Medical/Dental/Nutrition	
	Consent to Release Information
	Dental Exam Follow Up
	Dental Reminders
	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
	Fire Drill/Emergency Drill
Section 5 – Family Development	
	Correspondence with Parents
	Getting to Know You Survey
	Referrals & Follow Ups (if applicable)
	Permission for mental health, photo/video, and internet
	Confirmation of Receipt
Section 6 – Mental Health	
	Progress Notes (if applicable)
	Referral
	Observation or Intervention Notes
	Permission of Observe
	MDT Meeting Notes
	Behavior Support Plan
	Behavioral Incident Reports

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Section 7 - Education	
	Child Individual Plan
	Education Communications to and from parent
	Home Visits
	First Home Visit/Education Orientation
	Incident/Accident Reports
	Teaching Strategies Gold Spring Checkpoint
	Teaching Strategies Gold Winter Checkpoint
	Teaching Strategies Gold Fall Checkpoint
	Teaching Strategies Gold Permission
	Battelle Developmental Inventory Permission Form
	School Attending/Transition (if applicable)
Section 8 - Disabilities	
	Progress Notes (if applicable)
	Eligibility Staffing (if applicable)
	FDLERS/Child Find Referral/0-3 Intervention Referral
	ELKS Occupational Therapy Referral with doctor's RX
	Referral Forms (if applicable)
	Permission for Services
	Battelle Developmental Inventory
	Ages & Stages
	Other: