

# Child Record Review Form



Subrecipient: \_\_\_\_\_ Site: \_\_\_\_\_

Classroom: \_\_\_\_\_ ECS: \_\_\_\_\_



Child's Last Name	First Initial	Birthdate <i>Documentation Required</i>	IEP <i>If applicable</i>	Quintile	Head Start Referral		Eligibility Factors	Partnering on Child Development	ASQ	Home Visit 1 & IDP	Home Visit 2 & IDP	Conf. 1 & IDP	Conf. 2 & IDP	Family Contact Forms	ECS Verification (Initials & Date) <i>*Minimally 25% of files to be reviewed</i>
					Date Sent	Date Rec. <i>If Returned</i>									
															<i>Record Date of Visit/Completed</i>
Ex: Jones	A.	8-18-2016		1	9/8/20	NR	1, 5, 6, 7		9/2	9/2		11/18			AB 10/23
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Name of Person Completing Form: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

The Child Record Review Form is to be completed by the program director (or designee) **by November 1st.**

\*The ECS verifies 25% of files for every classroom (4 files per classroom of 16) **by December 31st.**

\*Verify all files for probationary programs, new providers, or when any concerns are present.

Program Support Forms will document additional findings.