

# 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 15th**.

\*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.

\*This form should be kept on file with the student files and should not be emailed to the ECS.

\*Program Support Forms will be used to document findings.