

**Migrant Seasonal Head Start Child File Checklist**

Site: \_\_\_\_\_ Room # \_\_\_\_\_ FA Name: \_\_\_\_\_

Last, First Middle Name: \_\_\_\_\_

Enrollment Date (1st day child attended): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Service timelines: 45 days: \_\_\_\_\_ 60 days: \_\_\_\_\_ 90 days: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date(s): \_\_\_\_\_

*Instructions: Determine 45, 60 and 90-day time frames by adding 45, 60 and 90 calendar days to the entry date. Review the child's file with the employee responsible for the file to identify and mark forms in the "complete" column or missing/incomplete forms in the "in-complete" column. Make comments in the "comment" column. Review the file later to verify completion of incomplete forms.*

Archive Key		Item	Form #	Due By	In File	Complete	In complete
*	1	Family Cover Sheet	Child File 3	1st Day			
*	2	Binder Spine	Child File 6	1st Day			
*	3	File Log In	Child File 7	1st Day			
*	4	Child File Check List MSHS	Child File 8 MSHS	1st Day			
	5	Restraining Orders, Parenting Plans etc.	Court Copy	1st Day			
*	6	Emergency Information Form	Child File 9	1st Day			
*	7	Picture of Parent/Guardian ID	Copy	1st Day			
	8	<b>ENROLLMENT</b>	<b>1st Tab</b>	1st Day			
	9	Enrollment Cover Sheet	Enrollment 35	1st Day			
	10	Enrollment Form Checklist	Enrollment 36	1st Day			
	11	Basic Information Form/Eligibility Comment Sheet	Enrollment 1	1st Day			
	12	Getting to Know My Child	ChildPlus Application Printout	1st Day			
	13	ERSEA Checklist	Enrollment 3	1st Day			
	14	Enrollment Verification Checklist	Enrollment 4	1st Day			
	15	Birth Certificate (Copy)	Copy	1st Day			
	16	ChildPlus Online Applications (Family Information, Income & Contacts, Applicant & Family Member Information, Applicant Eligibility & Enrollment Information, Eligibility Criteria, and Eligibility Verification)	ChildPlus Application Printout	1st Day			

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	17	Income Story	ChildPlus Application Printout	1st Day			
	18	Income Cover Sheet in Pink (placed in plastic page protector)	Cover Sheet (Pink)	1st Day			
	19	Income Calculation Worksheet A/B (Placed in plastic page protector)	Enrollment 8/9	1st Day, only if used if not enough room in CP			
	20	Proof of income (placed in the plastic page protector)	Enrollment 11	1st Day			
	21	Self-Declaration of family income (placed in the plastic page protector)	Enrollment 12	1st Day, If Applicable			
	22	Statement of no income (placed in the plastic page protector)	Enrollment 13	1st Day, If Applicable			
	23	Migrant/Seasonal Verification	ChildPlus Application Printout	1st Day			
	24	Copies to prove migrant move	Copies of Proof	1st Day			
	25	Over Income Special Needs Referral	Enrollment 14	1st Day			
	26	Applicant of a Staff Person Referral	Enrollment 7	1st Day			
*	27	Seedlings Management Letter	Enrollment 37	1st Day			
*	28	Stay Home if Sick Letter	Enrollment 37	1st Day			
*	29	Enrollment Agreement	Enrollment 37	1st Day			
*	30	Permission Form	Enrollment 37	1st Day			
*	31	Video Recording Acknowledgement Form	Enrollment 37	1st Day			
*	32	Code of Conduct for Parents and Visitors	Enrollment 37	1st Day			
*	33	Hatch Tablet Letter	Enrollment 37	1st Day			
*	34	Acceptance Letter	Enrollment 37	1st Day			
	35	<b>FAMILY SUPPORT</b>	<b>2nd Tab</b>	1st Day			
*	36	Family Staff Contact Log Cover Sheet (Pink)	Family Support 13	As Needed			
*	37	Family Staff Contact Log	Family Support 1	As Needed			
**	38	Referral Forms Related to Family Support	Child File 16	As Needed			
**	39	Attendance Action Plan	Family Support 8	As Needed			
**	40	Family Leave Of Absence Agreement	Family Support 10	As Needed			
	41	Records Request	Family Support 11	As Needed			
**	42	Any other correspondance in regards to family support	Copies	As Needed			
	43	<b>CHILD DEVELOPMENT</b>	<b>3rd Tab</b>	1st Day			

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*	44	Home Language Survey	Print out	30 Day Timeline			
*	45	VIP Letter	Child Develop. 13	3 days after visit (30 days)			
*	46	ASQ-3 Result Form	Child Develop. 16	3 days after visit (30 days)			
*	47	ASQ 3 Questionnaire (only the one the parent/adult completes)	ASQ 3	30 Day Timeline			
*	48	Classroom Baseline Tool Form	Child Develop. #15	Before 1st Checkpoint is Finalized			
	49	Kinder Transition Plan	Child Develop. #9	As needed for kinder children			
	50	Kinder Assessment Form	Child Develop. # 28	AS needed for kinder children			
*	51	TS Gold Report Card	TS Gold Print Out	After 2nd and 3rd Visit			
	52	Individual Child Profile Report	TS Gold Print Out	After the last visit or when a child withdraws from program			
	53	TS Gold Observations (all Checkpoints)	TS Gold Print Out	Print and file after every Checkpoint			
*	54	Toileting Action Plan	Child Develop. 4	As Needed			
*	55	Transition Plan	or 7	As Needed			
*	56	Field Trip Permission Form	Child Develop. 11	As Needed			
*	57	Child Protection Unit Letter	Child Develop. 12	As Returned by Parent (Preschool only)			
*	58	Home Goals In-kind Forms	Child Develop. 10	When Child Withdraws or last week of program			
*	59	Infant/Toddler Daily Record Activity	Child Develop. 14	When Child Withdraws or last week of program			
	60	<b>SPECIAL SERVICES</b>	<b>4th Tab</b>	1st Day			
	61	IEP/IFSP	Copy	1st Day, If Applicable			
	62	Evaluations	Copy	As Needed			
	63	IEP/IFSP Information-Guidance Sheet	Special Services 13	As Needed			
	64	Intervention Plan	Special Services 14	As Needed			
**	65	Referral Form	Child File 16	As Needed			

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	66	ASQ-3 Results Form	Child Develop.#16	As Needed			
**	67	Original Speech and Language Checklist Birth-3 En/Sp (Parent and Teacher Checklist)	Special Services 5	As Needed			
**	68	Original Speech and Language Checklist Preschool (Parent and Teacher Checklist)	Special Services 6	As Needed			
**	69	Observation Permission Form	Special Services 7	As Needed			
**	70	Staffing Notes	Special Services 8	As Needed			
**	71	Consent to Release or Exchange Information	Child File 15	As Needed			
	72	<b>MENTAL HEALTH</b>	<b>5th Tab</b>	1st Day			
**	73	Referral Form	Child File 16	As Needed			
**	74	Referral Packet Checklist	Mental Health 2	As Needed			
**	75	Observation Permission Form	Mental Health 3	As Needed			
**	76	Consent to Release or Exchange Information	Child File 15	As Needed			
	77	Plan or Notes	Copies/print out	As Needed			
**	78	Infant/Toddler Observation Checklist	Mental Health 9	As Needed			
**	79	Preschool Observation Checklist	Mental Health 10	As Needed			
	80	Seedlings Positive Behavior Support Plan	Mental Health 17	As Needed			
*	81	ASQ-SE 2 Results Form	Mental Health 6	3 Days after ASQ-SE 2 is shared at the visit			
*	82	ASQ-SE 2 Screening Questionnaire (only the one the parent/adult completes)	ASQ - SE 2	Within 45 Days			
	83	Staffing Notes	Special Service 8	As Needed			
	84	Frequency Chart	Mental Health 11	As Needed			
	85	<b>HEALTH/DENTAL/NUTRITION</b>	<b>6th Tab</b>	1st Day			
*	86	Physical Health Status	Copy from ChildPlus	1st Day			
	87	Dental Health Status	Copy from ChildPlus	1st Day			
*	88	Health History	Copy from ChildPlus	1st Day			
*	89	Nutrition Assessment For Preschool	Copy from ChildPlus	1st Day			
	90	Nutrition Assessment For Infant	Copy from ChildPlus	2nd Day			
*	91	Medical/Dental Home Form	HDN 4	1st Day			
***	92	Medical Insurance Card	Copy	1st Day			

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	93	Vaccine Cover Sheet (Pink Paper)	Cover Sheet (Pink)	1st Day			
***	94	Certificate of Immunization Status (CIS) Signed by HNCS	Print out	1st Day			
*	95	Other Immunization Information	Print out or Copy	As Needed			
*	96	Notice of Child's Conditional Immunization Status	Print out	As Needed			
*	97	Notice of Exclusion for Immunization Non-compliance	Print out	As Needed			
	98	Certificate of exemption	Print Out	As Needed			
*	99	Letter to Parent Immunizations Needed	HDN 34	As Needed			
	100	Well Child Exam Cover Sheet (on pink paper)	Cover Sheet (Pink)	1st Day			
***	101	Well Child Exam (Most recent first)	Copy	60 Day Timeline			
**	102	Follow-up documentation regarding Medical	Copy	As Needed			
	103	Dental Exam Cover Sheet (on pink paper)	Cover Sheet (Pink)	1st Day			
***	104	Dental Exam (Most recent first)	Copy	60 Day Timeline			
*	105	3rd party permission form	Copy	As Needed			
*	106	3rd party results	Copy	As Needed			
**	107	Follow-up documentation regarding Dental	Copy	As Needed			
	108	Health Screenings Cover Sheet (on pink paper)	Cover Sheet (Pink)	1st Day			
*	109	Health Screening Card	HDN 19	30 Day Timeline			
*	110	BMI for age from Child Plus (Growth Chart)	Child Plus Print Out	30 Day Timeline			
*	111	Vision Documentation/Results	Copy	30 Day Timeline			
*	112	Vision Screening Birth to Three	HDN 25, If used	30 Day Timeline			
*	113	Hearing Documentation/Results	Copy, if used	30 Day Timeline			
*	114	Hearing Screening Birth to Three	HDN 26, If used	30 Day Timeline			
*	115	Parent Request to Provider Capillary Finger Stick Lead Screening/Test	HDN 38	As Needed			
*	116	Lead Documentation/Results (Most recent first)	Copy	As Received			
*	117	Parent Notification of Lead Screening Results	HDN 31	As Needed			

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	118	Iron Screening Documentation	Copy	As Received			
*	119	Follow-up documentation regarding Health Screenings	Copy	As Needed			
	120	USDA/CACFP Cover Sheet (on pink paper)	Cover Sheet (Pink)	1st Day			
*	121	Food Substitution Letter to Provider	Health Nutrition #4 Diet Order	1st Day, If Applicable			
*	122	Request for Special Dietary Accommodations	OSPI CNS October 2017	1st Day, If Applicable			
*	123	Copy of Infant Meal Form (Original in USDA binder)	OSPI CNS August 2017	1st Day, If Applicable			
*	124	Copy Request for Fluid Milk Substitution - Child Care (Original in USDA Binder)	OSPI CNS August 2016	1st Day, If Applicable			
	125	Health Care Plan / Medical Alert Cover Sheet (on Pink paper)	Cover Sheet (Pink)	1st Day			
*	126	Letter to Provider for Health Care Plans	HDN 13	1st Day, If Applicable			
*	127	Health Care Plan Generic	HDN 14	1st Day, If Applicable			
*	128	Health Care Plan Asthma	HDN 15	1st Day, If Applicable			
*	129	Health Care Plan Severe Allergy	HDN 16	1st Day, If Applicable			
*	130	Health Care Plan Seizure	HDN 17	1st Day, If Applicable			
*	131	Medical Alert History Seizure	HDN 41	1st Day, If Applicable			
	132	Medical Alert	HDN 42	1st Day, If Applicable			
**	133	Referrals Cover Sheet	Cover Sheet (Pink)	1st Day			
**	134	Referrals for Growth Assessment	Child File 16	As Needed			
**	135	Referral for Hearing	Child File 16	As Needed			
**	136	Referral for Vision	Child File 16	As Needed			
**	137	Referral for Dental	Child File 16	As Needed			
**	138	Referral for Physical	Child File 16	As Needed			
**	139	Referral for Lead	Child File 16	As Needed			
**	140	Referral to Health Care Provider	HDN 7	As Needed			
	141	Other Health Cover Sheet (on pink paper)	Cover Sheet (Pink)	1st Day			
*	142	Medication Consent and Chart	HDN 10	1st Day, If Applicable			
**	143	Medication Log	HDN 11	1st Day, If Applicable			
	144	Accident/Injury Report	HDN 18	As Needed			

**	145	Consent to Release or Exchange Information For any Health/Nutrition	Child File 15	As Needed			
**	146	Miscellaneous Health Information	Cover Sheet (Pink)	As Needed			
***	147	Health Letters and Education	Copy	As Needed			
***	148	Other health information (ex: covid test results)	Copy	As Needed			
**	149	Dr's notes, Return to school, other diagnosis letters (including COVID-19 test results)	Copy	As Needed			
	150	<b>Transportation</b>	<b>7th Tab</b>	1st Day			
*	151	Transportation Procedures for Parents	Transportation 1	1st Day, If Applicable			
**	152	Child Returned to School Report (1,2,3,4)	Transportation 2	As Needed			
**	153	Final 3rd Return Transportation Letter	Transportation 3	As Needed			
**	154	Final 4th Return Transportation Letter	Transportation 4	As Needed			

<b>Archiving Key</b>	
No * means do not archive, leave original in the file.	
* means archive and obtain a new/updated one.	
** means archive only if you are completely done with the item, including there is an outcome. For example if you have a referral for vision and the family is still pending a visit with the eye doctor, you would not archive. But you can archive if the family already went to the eye doctor and has the results in the file.	
*** means archive everything but the most recent one. For example if the family has more than one family goal, keep the most recent one in the file and archive all the other ones.	

<b>Comments</b>	

