

EHS Child File Checklist 2023-2024



Site: _____ Room # _____ FA Name: _____

Last, First Middle Name: _____

Entry Date (date child is expected to start): _____ Date of Birth: _____

Service timelines (include actual dates): 45 days: _____ 60 days: _____ 90 days: _____

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	NOT complete
*	1	Family Cover Sheet	Child File 2	1st Day			
*	2	Binder Spine	Child File 5	1st Day			
	3	EHS Family Photo Cover Page	Child File 10	1st Day			
*	4	File Log in	Child File 7	1st Day			
*	5	Child File Checklist	Child File 8 EHS	1st Day			
	6	Restraining Orders, Parenting Plans etc.	Court Copy	1st Day			
*	7	Emergency Information Form	Child File 9	1st Day			
	8	Picture of Parent/Guardian ID (for Center Based)	Copy	1st Day			
*	9	Transportation Procedures for Parents	Transportation 1	1st Day			
	10	ENROLLMENT	TAB 1	1st Day			
	11	Enrollment Cover Sheet	Enrollment 35	1st Day			
	12	Enrollment Form Checklist	Enrollment 36	1st Day			
	13	Basic Information Form/Eligibility Comment Sheet	Enrollment 1	1st Day			
	14	Getting to Know My Child	ChildPlus Application Printout	1st Day			
	15	ERSEA Checklist	Enrollment 3	1st Day			
	16	Enrollment Verification Checklist	Enrollment 4	1st Day			
	17	Birth Certificate (Copy)	Copy	1st Day			
	18	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			
	19	Income Story	ChildPlus Application Printout	1st Day			
	20	Income Cover Sheet in Pink (placed in plastic page protector)	Cover Sheet (Pink)	1st Day			

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		Item	Form #	Due By	In File	Complete	NOT complete
	21	Income Calculation Worksheet A/B (placed in the plastic page protector)	Enrollment 8/9	1st Day			
	22	Proof of income (placed in the plastic page protector)	Enrollment 11	1st Day			
	23	Self-Declaration of family income (placed in the plastic page protector)	Enrollment 12	1st Day, If Applicable			
	24	Statement of no income (placed in the plastic page protector)	Enrollment 13	1st Day, If Applicable			
	25	Over Income Special Needs Referral	Enrollment 14	1st Day, If Applicable			
	26	Applicant of a Staff Person Referral	Enrollment 7	1st Day, If Applicable			
*	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	Acceptance Letter	Enrollment 37	1st Day			
	34	FAMILY SUPPORT	Tab 2	1st Day			
**	35	Referral Forms Related to Family Support	Child File 16	As Needed			
*	36	EHS Home Safety Checklist	Family Support 20	See Timeline			
**	37	Attendance Action Plan	Family Support 8	As Needed			
**	38	Family Leave Of Absence Agreement	Family Support 10	As Needed			
	39	Records Request	Family Support 11	As Needed			
**	40	Any other correspondence in regards to family support	Copies	As Needed			
	41	PRENATAL	TAB 3	1st day			
**	42	Proof of Pregnancy	Copy	As Needed			
**	43	Medical/Dental Home	HDN 4	1 st Day			
**	44	Medical Insurance Card	Copy	As Needed			
**	45	Prenatal History	EHS 3	As Needed			
**	46	Nutrition Assessment for Pregnant Women	EHS 1	As Needed			
**	47	Prenatal Needs Assessment	EHS 2	As Needed			
**	48	Prenatal Exams	Copy	As Needed			
**	49	Dental Exams	Copy	As Needed			

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		Item	Form #	Due By	In File	Complete	NOT complete
**	50	Pre/Post Natal Checklist	EHS 5	As Needed			
**	51	EHS Home Visit Planning / Documentation Form	Family Support 15	As Needed			
**	52	Post Natal Depression Scale	EHS 6	As Needed			
**	53	Two Week Post Natal Visit Form	EHS 4	As Needed			
**	54	Other Health Cover Sheet (on pink paper)	Cover Sheet (Pink)	1st Day			
**	55	Accident Injury Report	HDN 18	As Needed			
**	56	Referral to Primary Health Care Provider	HDN 7	As Needed			
**	57	Misc. Health Information (WIC etc.)	Copy	As Needed			
**	58	Consent to Release	Child File 15	As Needed			
	59	CHILD DEVELOPMENT	Tab 4	1st Day			
*	60	Getting To Know My Child	Child Development 2	1st visit - <u>only</u> for returning children that do not have the New Family Enrollment Profile			
*	61	VIP Letter "Very Important Person"	Child Development 13	Within first 3 visits			
*	62	ASQ-3 Results Form	Child Development 16	within 3 days of completing the ASQ-3			
*	63	ASQ-3 Questionnaire	ASQ-3	45 Day Timeline			
*	64	TS Gold Report Card	TS Gold Print Out	After Every Check Point Period and after sharing with family			
	65	TS Gold Individual Child Planning Report	TS Gold Print Out	After the last checkpoint period. Share at last visit or when child withdraws from the program			
	66	TS Gold Observations (all checkpoints)	TS Gold Print Out	After finalizing a checkpoint period			
	67	Transition Plan	Child Development 5	6 Months prior to child exiting program			
*	68	Field Trip Permission Form	Child Development 11	As Needed			
*	69	Home Goals In-Kind Forms	Child Development 10	When a child withdraws or at end of program			
	70	SPECIAL SERVICES	Tab 5	1st Day			
	71	IFSP - Most recent on top	Copy	1st Day or when available			
	72	Evaluations	Copy	As Needed			
	73	IFSP Information-Guidance Sheet	Special Services 13	As Needed			
	74	Intervention Plan	Special Services 14	As Needed			
	75	Referral Packet Checklist	Special Services 4	As Needed			
**	76	Referral Form	Child File 16	As Needed			

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		Item	Form #	Due By	In File	Complete	NOT complete
**	77	Consent to Release or Exchange Information	Special Services 15	As Needed			
**	78	Observation Permission Form	Special Services 7	As Needed			
*	79	ASQ-3 Results Form	Child Development 16	within 3 days of completing the ASQ-3			
**	80	Speech and Language Checklist Birth-3	Special Services 5	As Needed			
**	81	Staffing Notes	Special Services 8	As Needed			
	82	MENTAL HEALTH	Tab 6	1st Day			
**	83	Referral Form	Child File 16	As Needed			
**	84	Referral Packet Checklist	Mental Health 2	As Needed			
**	85	Observation Permission Form	Mental Health 3	As Needed			
**	86	Consent to Release or Exchange Information	Child File 15	As Needed			
	87	Out of Agency Behavior Modification Plan or Notes	Copies / print out	As Needed			
	88	Seedlings Positive Behavior Support Plan	Mental Health 17	As Needed			
**	89	Infant/Toddler Observation Checklist	Mental Health 9	As Needed			
*	90	ASQ-SE 2 Results Form	Mental Health 6	3 Days after ASQ-SE 2 is shared at the visit			
*	91	ASQ-SE 2 Screening Questionnaire	ASQ - SE 2	within 45 Days			
	92	Staffing Notes	Special Service 8	As Needed			
	93	Frequency Chart	Mental Health 11	As Needed			
	94	HEALTH/DENTAL/NUTRITION	Tab 7	1st Day			
*	95	Physical Health Status	Copy from ChildPlus	1 st Day			
	96	Dental Health Status	Copy from ChildPlus	1st Day			
*	97	Health History	Copy from ChildPlus	1 st Day			
*	98	Nutrition History and Assessment: Infants and Toddlers	Copy from ChildPlus	1 st Day			
*	99	Medical and Dental Home Form	HDN 4	1st Day			
	100	Medical Insurance Card	Proof of insurance	1 st Day			
	101	Vaccine Cover Sheet (on pink paper)	Cover Sheet (Pink)	1st Day			
***	102	Certificate of Immunization Status (CIS) Signed by the HNCS	Print out	1st Day			
*	103	Other Immunization Information	Print out or Copy	As Needed			
*	104	Notice of Child's Conditional Immunization Status	Print out	As Needed			
*	105	Notice of Exclusion for Immunization Non-compliance	Print out	As Needed			

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	Item	Form #	Due By	In File	Complete	NOT complete
	106	Certificate of exemption	Print out	Prior to 1st day, if applicable		
*	107	Letter to Parent Immunizations Needed	HDN 34	As Needed		
	108	Well Child Exam Cover Sheet (on pink paper)	Cover Sheet (Pink)	1st Day		
***	109	Well Child Exam	Copy	60-90 Day Timeline		
**	110	Follow-up documentation regarding Medical	Copy	As Needed		
	111	Dental Exam Cover Sheet (on pink paper)	Cover Sheet (Pink)	1st Day		
***	112	Dental Exam	Copy	60-90 Day Timeline		
*	113	3 rd party permission form	Copy	As Needed		
	114	3rd party results	Copy	As Needed		
**	115	Follow-up documentation regarding Dental	Copy	As Needed		
	116	Health Screenings Cover Sheet (on pink paper)	Cover Sheet (Pink)	1st Day		
*	117	Health Screening Card	HDN 19	45 Day Timeline		
*	118	Growth Charts	Print out from Child Plus	45 day Timeline		
*	119	Vision Screening Birth to Three	HDN 25	45 Day Timeline, If applicable		
*	120	Vision Documentation/Results	Copy	45 Day Timeline		
*	121	Hearing Screening Birth to Three	HDN 26	45 Day Timeline		
*	122	Hearing Documentation/Results	Copy if Available	45 Day Timeline		
*	123	Parent Request to Provider Capillary Finger Stick Lead Screening/Test	HDN 38	As Needed		
*	124	Lead Documentation/Results (Most recent first)	Copy	As Needed		
*	125	Parent Notification of Lead Screening Results	HDN 31	As Received		
	126	Iron Screening Documentation	Copy	As Needed		
*	127	Follow-up documentation regarding Health Screenings	Copy	As Needed		
	128	USDA/CACFP Cover Sheet (on pink paper)	Cover Sheet (Pink)	1st Day		
	129	CACFP Infant Meal Form	OPSI CNS (8/17)	1st Day, If Applicable		
*	130	Food Substitution Letter to Provider	USDA 4	1st Day, If Applicable		

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	Item	Form #	Due By	In File	Complete	NOT complete
*	131	Request for Special Dietary Accomodations	OPSI CNS	1st Day, If Applicable		
*	132	Request for Fluid Milk Substitution - ChildCare	OSPI/ Child Nutrition Services	1st Day, If Applicable		
	133	Medical Alerts	Cover Sheet (Pink)	1st Day		
*	134	Letter to Provider for Health Care Plans	HDN 13	1st Day, If Applicable		
*	135	Health Care Plan Generic	HDN 14	1st Day, If Applicable		
*	136	Health Care Plan Asthma	HDN 15	1st Day, If Applicable		
*	137	Health Care Plan Severe Allergy	HDN 16	1st Day, If Applicable		
*	138	Health Care Plan Seizure	HDN 17	1st Day, If Applicable		
*	139	Medical Alert History Seizure	HDN 41	1st Day, If Applicable		
	140	Medical Alert	HDN 42	1st Day, If Applicable		
	141	Referrals	Cover Sheet (Pink)	1st Day		
	142	Referrals for Growth Assessment	Child File 16	As Needed		
	143	Referrals for Hearing	Child File 16	As Needed		
	144	Referrals for Dental	Child File 16	As Needed		
	145	Referrals for Physical	Child File 16	As Needed		
	146	Referrals for Failed Lead	Child File 16	As Needed		
	147	Referral to Health Care Provider	HDN 7	As Needed		
	148	Other Health Cover Sheet (on pink paper)	Cover Sheet (Pink)	1st Day		
	149	Medication Consent and Chart	HDN 10	As Needed		
*	150	Medication Log	HDN 11	As Needed		
	151	Accident Injury Report	HDN 18	As Needed		
**	152	Consent to Release or Exchange Information For any Health/Nutrition	Child File 15	As Needed		
*	153	Completed Medication Consent + Chart	HDN 10	As Needed		
	154	Completed Medication Log	HDN 11	As Needed		
	155	Completed Medication Effectiveness	HDN 12	As Needed		
	156	Miscellaneous Health Information	Cover Sheet (Pink)	1st Day		
***	157	Health Letters and Education	Copy	As Needed		

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	Archive Key	Item	Form #	Due By	In File	Complete	NOT complete
***	158	Other health information(ex: covid test results)	Copy	As Needed			
**	159	Dr's notes, Return to school, other diagnosis letters (including COVID-19 test results)	Copy	As Needed			

Archiving Key

- 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.

Comments
