

Head Start Child File Checklist 2023-2024



Site: _____ Room # _____ FA Name: _____

Last, First Middle Name: _____

Enrollment Date (1st day child attended): _____

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	In complete
*	1	Family Cover Sheet	Child File 1	1st Day		
*	2	Binder Spine	Child File 4	1st Day		
*	3	File Log in	Child File 7	1st Day		
*	4	Child File Checklist	Child File 8 HS	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	ENROLLMENT	TAB 1	1st Day		
	9	Enrollment Cover Sheet	Enrollment 35	1st Day		
	10	Enrollment Form Checklist	Enrollment 36	1st Day		
	11	Basic Information Form	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		
	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 B (placed in the plastic page protector)	Enrollment 9	1st Day		
	20	Proof of income (placed in the plastic page protector)	Copies of Proof	1st Day		

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	Item	Form #	Due By	In File	Complete	complete
	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 Over Income Special Needs Referral	Enrollment 14	1st Day, If Applicable			
	24 Applicant of a Staff Person Referral	Enrollment 7	1st Day, If Applicable			
*	25 Seedlings Management Letter	Enrollment 37	1st Day			
*	26 Stay Home if Sick Letter	Enrollment 37	1st Day			
*	27 Enrollment Agreement	Enrollment 37	1st Day			
*	28 Permission Form	Enrollment 37	1st Day			
*	29 Video Recording Acknowledgement Form	Enrollment 37	1st Day			
*	30 Code of Conduct for Parents	Enrollment 37	1st Day			
*	31 Acceptance Letter	Enrollment 37	1st Day			
	32 FAMILY SUPPORT	Tab 2	1st Day			
**	33 Referral Forms Related to Family Support	Child File 16	As Needed			
**	34 Attendance Action Plan	Family Support 8	As Needed			
**	35 Family Leave Of Absence Agreement	Family Support 10	As Needed			
	36 Records Request	Family Support 11	As Needed			
**	37 Any other correspondence in regards to family support	Copies	As Needed			
	38 CHILD DEVELOPMENT	Tab 3	1st Day			
*	39 Home Language Survey	TS Gold Print Out	45 Day Timeline			
*	40 VIP Letter	Child Develop. 13	3 days after visit (45 days)			
*	41 ASQ-3 Results Form	Child Develop. 16	3 days after visit (45 days)			
*	42 ASQ-3 Questionnaire	ASQ-3 screening	45 day timeline			
*	43 Classroom Baseline Tool Form	Child Develop. #15	Before 1st checkpoint is finalized			
	44 Kinder Transition Plan	Child Develop. #9	As Needed			
*	45 TS Gold Report Card	TS Gold Print Out	After 2nd and 3rd visit			
	46 TS Gold Individual Child Planning Report	TS Gold Print Out	After the last visit or when a child withdraws from the program			
	47 TS Gold Observations (all Checkpoints)	TS Gold Print Out	After every checkpoint period			
	48 Toileting Action Plan	Child Development 4	As Needed			
	49 Transition Plan	Child Development 5,6,7	As Needed			

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		Item	Form #	Due By	In File	Complete	complete
*	50	Field Trip Permission Form	Child Development 11	As Needed			
*	51	Child Protection Unit Letter	Child Develop. #12	As returned by parent(preschool only)			
*	52	Home Goals In-kind Forms	Child Development 14	When Child Withdraws/last week of program			
	53	SPECIAL SERVICES	Tab 4	1st Day			
	54	IFSP/IEP - Most recent on top	Copy	1st day or when available			
	55	Evaluations	Copy	As Needed			
	56	IEP/IFSP Information-Guidance Sheet	Special Services 13	As Needed			
	57	Intervention Plan	Special Services 14	As Needed			
**	58	Referral Packet Checklist	Special Services 4	As Needed			
**	59	Referral Form	Child File 16	As Needed			
**	60	Consent to Release or Exchange Information	Special Services 15	As Needed			
**	61	Observation Permission Form	Special Services 7	As Needed			
**	62	ASQ-3 Results Form	Child Develop. 16	within 3 days of completing the ASQ-3			
**	63	Speech & Language Checklist Birth-3	Special Services 5	As Needed			
**	64	Speech and Language Checklist Preschool	Special Services 6	As Needed			
**	65	Staffing Notes	Special Services 8	As Needed			
	66	MENTAL HEALTH	Tab 5	1st Day			
**	67	Referral Form	Child File 16	As Needed			
**	68	Referral Packet Checklist	Mental Health 2	As Needed			
**	69	Observation Permission Form	Mental Health 3	As Needed			
**	70	Consent to Release or Exchange Information	Child File 15	As Needed			
	71	Out of Agency Behavior Modification Plan or Notes	Copies / print out	As Needed			
	72	Seedlings Positive Behavior Support Plan	Mental Health 17	As Needed			
	73	Preschool/Infant Observation Checklist	Mental Health 10	As Needed			
*	74	ASQ-SE 2 Results Form	Mental Health 6	3 Days after ASQ-SE 2 is shared at the visit			
*	75	ASQ-SE 2 Screening Questionnaire	ASQ - SE 2	within 45 Days			
	76	Staffing Notes	Special Service 8	As Needed			
	77	Frequency Chart	Mental Health 11	As Needed			
	78	HEALTH/DENTAL/NUTRITION	Tab 6	1st Day			

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	Item	Form #	Due By	In File	Complete	complete
*	79	Physical Health Status	Copy from ChildPlus	1 st Day		
*	80	Dental Health Status	Copy from ChildPlus	1st Day		
*	81	Health History	Copy from ChildPlus	1 st Day		
*	82	Nutrition Assessment For Preschool	Copy from ChildPlus	1 st Day		
*	83	Medical/Dental Home	HDN 4	1 st Day		
	84	Medical Insurance Card	Proof of ins.	1 st Day		
	85	Vaccine Cover Sheet (on pink paper)	Cover Sheet (Pink)	1st Day		
***	86	Certificate of Immunization Status (CIS)	Print out	1st Day		
*	87	Other Immunization Information	Print out or Copy	As Needed		
*	88	Notice of Child's Conditional Immunization Status	Print out	As Needed		
*	89	Notice of Exclusion for Immunization Non-compliance	Print out	As Needed		
	90	Certificate of exemption	Print out	Prior to 1st day, if applicable		
*	91	Letter to Parent: Immunizations Needed During the Program	HDN 33	As Needed		
	92	Well Child Exam Cover Sheet (on pink paper)	Cover Sheet (Pink)	1st Day		
***	93	Well Child Exam	Copy	90 Day Timeline		
**	94	Follow-up documentation regarding Medical	Copy	As Needed		
	95	Dental Exam Cover Sheet (on pink paper)	Cover Sheet (Pink)	1st Day		
***	96	Dental Exam	Copy	90 Day Timeline		
*	97	Dental Permission Form	Copy	As Needed		
*	98	3 rd Dental party results	Copy	As Needed		
**	99	Follow-up documentation regarding Dental	Copy	As Needed		
	100	Health Screenings Cover Sheet (on pink paper)	Cover Sheet (Pink)	1st Day		
*	101	Health Screening Card	HDN 19	45 Day Timeline		
*	102	BMI for age from Child Plus (Growth Chart)	Child Plus Print Out	45 day timeline		
*	103	Vision Documentation/Results	Copy	45 Day Timeline		
*	104	Hearing Documentation/Results	Copy if Available	45 Day Timeline		
	105	Lead Documentation/Results	Copy	As Received		
	106	Iron Screening Documentation	Copy	As Received		

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		Item	Form #	Due By	In File	Complete	complete
**	107	Follow-up documentation regarding Health Screenings	Copy	As Needed			
	108	USDA/CACFP Cover Sheet (on pink paper)	Cover Sheet (Pink)	1st Day			
*	109	Food Substitution Letter to Provider	Health Nutrition #4 Diet Order	1st Day, If Applicable			
*	110	Request for Special Dietary Accommodations	OSPI CNS October 2017	1st Day, If Applicable			
*	111	Copy Request for Fluid Milk Substitution - Child Care (Original in USDA Binder)	OSPI/Child Nutrition Services	1nd Day, If Applicable			
	112	Health Care Plan, and Medical Alert Cover Sheet (on Pink paper)	Cover Sheet (Pink)	1st Day			
*	113	HCP Instruction for Parents	HDN 12	1st Day, If Applicable			
*	114	Letter to Provider for Heath Care Plans	HDN 13	1st Day, If Applicable			
*	115	Health Care Plan Generic	HDN 14	1st Day, If Applicable			
*	116	Health Care Plan Asthma	HDN 15	1st Day, If Applicable			
*	117	Health Care Plan Severe Allergy	HDN 16	1st Day, If Applicable			
*	118	Health Care Plan Seizure	HDN 17	1st Day, If Applicable			
*	119	Medical Alert History Seizure	HDN 41	1st Day, If Applicable			
*	120	Medical Alert	HDN 42	1st Day, If Applicable			
	121	Referrals Cover Sheet	Cover Sheet (Pink)	1st Day			
**	122	Referrals for Growth Assessment	Child File 16	As Needed			
**	123	Referral for Hearing	Child File 16	As Needed			
**	124	Referral for Vision	Child File 16	As Needed			
**	125	Referral for Dental	Child File 16	As Needed			
**	126	Referral for Physical	Child File 16	As Needed			
**	127	Referral for Lead	Child File 16	As Needed			
**	128	Referral to Health Care Provider	HDN 7	As Needed			
	129	Other Health Cover Sheet (on pink paper)	Cover Sheet (Pink)	1st Day			
*	130	Medication Consent and Chart	HDN 10	1st Day			
**	131	Medication Log	HDN 11	As Needed			
	132	Accident Injury Report	ChildPlus Print Out	As Needed			
**	133	Consent to Release or Exchange Information For any Health/Nutrition	Child File 15	As Needed			

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Archive Key	Item	Form #	Due By	In File	Complete	complete
*	134	Completed Medication Consent + Chart	HDN 10	As Needed		
*	135	Completed Medication Log	HDN 11	As Needed		
	136	Completed Medication Effectiveness	HDN 12	As Needed		
	137	Miscellaneous Health Information	Cover Sheet (Pink)	1st Day		
	138	Health Letters	Copy	As Needed		
*	139	Health Education Given	Copy	As Needed		
	140	COVID-19 Tests	Copy	As Needed		
	141	Transportation	Tab 7	1 st Day		
*	142	Transportation Procedures for Parents	Transportation 1	As Needed		
**	143	Child Returned to School Report (1,2,3,4)	Transportation 2	As Needed		
**	144	Final 3rd Return Transportation Letter	Transportation 3	As Needed		
**	145	Final 4th Return Transportation Letter	Transportation 4	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