

**CHILD FAMILY DEVELOPMENT PROGRAMS**  
**File Review Monitoring Checklist Program Self Assessment Data**

| F/U | Code         | Table of Contents ~ Item Reviewed  | YES | NO | N/A |
|-----|--------------|--|-----|----|-----|
|     |              | Returning Children: Consistant Codes   |     |    |     |
|     |              | Form 1-81a on cover of child's file  |     |    |     |
|     |              | Form 1-81a accurately reflects completed documentation                                       |     |    |     |
|     |              | CP2 Forms: How many to date:   |     |    |     |
|     |              | 30-Day Transportation Safety Training Documented   |     |    |     |
|     |              | TS Gold Family Invitation Documented on 1-81a  |     |    |     |
|     |              | Documentation that Community Resource Book provided to parent                                |     |    |     |
|     |              | Important information is recorded on Form 1-81   |     |    |     |
|     |              | Documents taken and returned are recorded on Form 1-81                                       |     |    |     |
|     |              | Form 5-10a – Signature Page Complete   |     |    |     |
|     |              | Form 5-10b – Table of Contents Complete  |     |    |     |
|     |              | Forms 5-10 & 5-10b consistently & accurately reflect follow-up & indicate person responsible |     |    |     |
|     |              | The program SOAP record keeping system is evident and followed by the DST                    |     |    |     |
|     |              | <b>OTHER:</b>  |     |    |     |
| F/U | Code         | Education ~ File Items Include   | YES | NO | N/A |
|     |              | Returning Children: Consistant Codes   |     |    |     |
|     |              | Form 1-81b on cover of child's file  |     |    |     |
|     |              | Form 1-81b accurately reflects completed documentation                                       |     |    |     |
|     |              | Returning Children: TS Gold Individual Child Report  |     |    |     |
|     |              | Returning Child: any center specific documents   |     |    |     |
|     |              | Form 5-10 – SOAP used by DST to tell the story of the child and family                       |     |    |     |
|     | A13          | Form 5-11a: Family Staffing - Education: Number to date:                                     |     |    |     |
|     | A12          | Form 2-6: Home Visit Forms - Education: Number to date:                                      |     |    |     |
|     | A11          | Form 2-7: Individual Planning Form(s). If returning child, updated?                          |     |    |     |
|     |              | Form 2-11: Specific Field Trip Permission Slips: Number to date:                             |     |    |     |
|     | A5, A6 & A14 | Family Conference Form (TS Gold & Shared with family): Number to date:                       |     |    |     |
|     |              | Form 2-30: Authorization to Act as Parent when applicable                                    |     |    |     |

|            |             |  |            |           |            |
|------------|-------------|--|------------|-----------|------------|
|            | A8          | Developmental Screenings - ASQ   |            |           |            |
|            | A9          | Behavioral Screening - ASQSE   |            |           |            |
|            |             | PBIS Forms   |            |           |            |
|            |             | Form 2-4: All About Me. If returning child was this reviewed w/ parent at start up?    |            |           |            |
|            | A10         | Form 2-2: Child Learning Profile. If returning child, was Profile updated at start up? |            |           |            |
|            |             | Form 2-28: General Walking Field Trip Permission signed by parent                      |            |           |            |
|            |             | Policy 2-27a: Child Guidance Policy signed by parent                                   |            |           |            |
|            |             | Form 2-18: TAT Letter signed by parent   |            |           |            |
|            |             | Form 2-12: Home Visit Agreement Letter signed by parent                                |            |           |            |
|            |             | Connections between home to school / school to home evident                            |            |           |            |
|            |             | Education F/U, TX or Referrals needed or in process:                                   |            |           |            |
|            |             | Education Correspondence to/from family and/or LEA                                     |            |           |            |
|            | A2          | Attendance   |            |           |            |
|            |             | Form 3-7: Permission to Exchange Confidential Information - Attached                   |            |           |            |
|            |             | <b>OTHER (list):</b>   |            |           |            |
| <b>F/U</b> | <b>Code</b> | <b>Social Service ~ File Items Include</b>   | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|            |             | Returning Children: Consistant Codes   |            |           |            |
|            |             | Form 1-81c on cover of child's file  |            |           |            |
|            |             | Form 1-81c accurately reflects completed documentation                                 |            |           |            |
|            |             | Returning Children: any centerspecific documentation                                   |            |           |            |
|            |             | Form 5-10 – SOAP used by DST to tell the story of the child and family                 |            |           |            |
|            | B13         | Family Staffing - Social Services: Number to date:                                     |            |           |            |
|            | B11         | Form 5-4: Family Plan and Goal Sheet   |            |           |            |
|            |             | Form 5-6: Child Application  |            |           |            |
|            |             | CP4: Supplemental Family Member Information  |            |           |            |
|            |             | CP3: Change of Status  |            |           |            |
|            |             | Legal Papers   |            |           |            |
|            |             | Family Correspondence  |            |           |            |
|            |             | CP5: Family Transactions   |            |           |            |
|            | B7          | CP5; Reciprocal Relationship Established within 90 days                                |            |           |            |

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|            |             |  |            |           |            |
|------------|-------------|--|------------|-----------|------------|
|            |             | 5-28a: Scaled Family Assessment Tool   |            |           |            |
|            | B12         | Form 2-6: SS Home Visit Forms: Number to date:                                 |            |           |            |
|            |             | Form 4-7: Family Interest Survey   |            |           |            |
|            |             | Form 1-71 Volunteer Declaration  |            |           |            |
|            |             | Form 1-20 Confidentiality Form   |            |           |            |
|            | B6          | Orientation Agenda - Copy of orientation agenda with parent signature          |            |           |            |
|            |             | CACFP Food Program Enrollment Form   |            |           |            |
|            |             | CP1: Enrollment/Drop Form  |            |           |            |
|            |             | Returning child: Form 5-30: Intent to Re-enroll                                |            |           |            |
|            |             | CP13: Eligibility Priority Criteria  |            |           |            |
|            |             | Form 5-6a: Income Verification Worksheet                                       |            |           |            |
|            |             | Eligibility Documents  |            |           |            |
|            |             | Enrollment Status (Wait list, Welcome Back, Selection)                         |            |           |            |
|            |             | CTA Forms 4-9 through 4-9e   |            |           |            |
|            |             | <b>OTHER (list):</b>   |            |           |            |
| <b>F/U</b> | <b>Code</b> | <b>Health ~ File Items Include</b>   | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|            |             | Returning Child: 3-44, CIS, end of the year health summary, etc.               |            |           |            |
|            |             | Form 1-81d on cover of child's file  |            |           |            |
|            |             | Form 1-81d accurately reflects completed documentation in the individual files |            |           |            |
|            |             | Form 5-10 – SOAP used by DST to tell the story of the child and family         |            |           |            |
|            |             | Form 3-11: Emergency Form  |            |           |            |
|            | C13         | Family Staffing - Health: Number to date:                                      |            |           |            |
|            | C3          | Form 3-46: Individual Care Plan  |            |           |            |
|            | C21         | Form 3-48: Asthma Information  |            |           |            |
|            | C2          | Form 3-1: Food Substitutions   |            |           |            |
|            | C20         | Milk Substitutions (USDA Form)   |            |           |            |
|            |             | Corespondance  |            |           |            |
|            |             | Form 3-19a: Exclusion  |            |           |            |
|            |             | Form 3-18: Head Lice   |            |           |            |
|            | C10         | Form 3-21: Incident Report - Listed on Injury Log: Number to date:             |            |           |            |

|            |             |   |            |           |            |
|------------|-------------|---|------------|-----------|------------|
|            | C17         | Form 3-22: Dental Home  |            |           |            |
|            | C18         | Form 3-22: Dental Care Status   |            |           |            |
|            | C19         | Form 3-22: Dental Exam  |            |           |            |
|            | C14         | Form 3-23: Medical Home   |            |           |            |
|            | C15         | Form 3-23: Medical Care Status  |            |           |            |
|            | C16         | Form 3-23: Medical Exam   |            |           |            |
|            |             | Fluoride Education Received: Number to date:  |            |           |            |
|            | C6          | Nutrition Information: Form 3-7 and Form 3-6 as needed  |            |           |            |
|            | C7          | Height/Weight and BMI: Number to date:  |            |           |            |
|            | C9          | Sensory Screening: Hearing Follow up/rescreen needed Yes ____ No ____                           |            |           |            |
|            | C8          | Sensory Screening: Vision Follow up/rescreen needed Yes ____ No ____                            |            |           |            |
|            | C5          | Immunization CIS Form: Up-to-Date or Complete Yes ____ No ____                                  |            |           |            |
|            |             | CP7: Mental Health Service, Observation and Action  |            |           |            |
|            |             | Form 6-9: Mental Health Evaluation Permission   |            |           |            |
|            |             | Policy 3-9: Health Services Policy  |            |           |            |
|            |             | Form 3-44: Health History   |            |           |            |
|            |             | Form 5-1: Permission Slip signed by parent  |            |           |            |
|            |             | Medication Permit and Log Form 3-8a   |            |           |            |
|            |             | Health F/U, TX or Referrals needed or in process:   |            |           |            |
|            |             | Form 3-7: Permission to Exchange Confidential Information - Attached                            |            |           |            |
|            |             | <b>OTHER (list):</b>  |            |           |            |
| <b>F/U</b> | <b>Code</b> | <b>Special Needs ~ File Items Include</b>   | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|            |             | Form 5-10 – SOAP used by DST to tell the story of the child and family                          |            |           |            |
|            |             | Returning Child: Eligibility Statement, current IFSP, Behavior plans, any other center specific |            |           |            |
|            |             | CP 8 Disability Worksheet   |            |           |            |
|            |             | ECSE Eligibility Statements from ESD  |            |           |            |
|            |             | Evaluation Report(s)  |            |           |            |
|            |             | Parent Notification of IFSP Meeting   |            |           |            |
|            |             | IFSP – Individual Family Service Plan   |            |           |            |
|            |             | Data Sheets (ECSE)  |            |           |            |

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|  |  |   |  |  |  |
|--|--|---|--|--|--|
|  |  | SPED Progress Reports   |  |  |  |
|  |  | Consultation, Conference Forms and/or Correspondence                |  |  |  |
|  |  | Permission to Exchange Confidential Information Form 3-7 - Attached |  |  |  |
|  |  | <b>OTHER (list):</b>  |  |  |  |