

### 0-3 CHILD FILE CHECK LIST

Center \_\_\_\_\_  
 FE \_\_\_\_\_

Child's Name \_\_\_\_\_  
 Reviewer Name \_\_\_\_\_ 1<sup>st</sup> Date \_\_\_/\_\_\_/\_\_\_

**Bolded items apply as needed**

Reviewer Name \_\_\_\_\_ 2<sup>nd</sup> Date \_\_\_/\_\_\_/\_\_\_

				Comments
	Yes	No	Date	
1. Enrollment date				
Access/ SOAP				
Eligibility Verification / Acceptance				
Meets income eligibility	LI	OI		If OI, comment on acceptance:
Meets age eligibility-				DOB: ___/___/___ Age today ___ months
PROMIS application (9 pgs)				
Release of INFO to whom				
2. Eligible Child Health Form (4 pgs)				
PROMIS Immunizations				
PROMIS Nutritional Information				
Pregnancy Outcomes 0-6 months				
TB survey form				12 mo _____ 24 mo _____ (before attending PALS)
Growth Chart				2 wk ___ 1 mo ___ 2 mo ___ 4 mo ___ 6 mo ___ 9 mo ___ 12 mo ___ 24 mo ___ 36 mo ___
<b>Health IEP / Dental IEP</b>				
3. Well Child Medical Exam				2 wk ___ 1 mo ___ 2 mo ___ 4 mo ___ 6 mo ___ 9 mo ___ 12 mo ___ 24 mo ___ 36 mo ___
Lead Survey Form & Lead Test (at age 12 & 24 months)				12 months _____ 24 months _____
HCT/HGB count (at age 12 & 24 months)				12 months _____ 24 months _____
Dental exam (at age 12, 24 & 36 months)				12 mo ___ 24 mo ___ 36 mo ___ If follow-up/status?
<b>Medication admin form</b>				
4. Vision screening (after age 6 months)				Red Reflex ___ 6-11 mo ___ 12 mo ___ 24 mo ___ 36 mo ___
Hearing Screening				Birth-5mo ___ 6-11 mo ___ 12 mo ___ 24 mo ___ 36 mo ___
Social/Emotional = DECA				
Mental Health Observation				
Edinburgh				
<b>Individual Mental Health</b>				
5. ASQ _____ months				
Speech/Language Screener				
Child Goals				
6. <b>Parents Rights booklet reviewed</b>				
<b>Agency reports/logs</b>				
<b>Referral form</b>				
<b>Interagency parent permission</b>				
<b>Evaluation</b>				
<b>Diagnostic statement</b>				
<b>IEP/ISFP (504)</b>				
<b>Transition Plan</b>				
7. Parent Interest Survey				
Mapping Summary				
Family Partnership Agreement				
Expectation Agreement				
8. OHV#1				
OHV#2				
CPE completed # _____				
Required lessons				Lac, SL, S, PS, W, N, D, MH, GM, T, MM, SC, P, SC, PT
Referrals # and to whom				
9. Transition Plan (3 pages)				

Actions/needs: \_\_\_\_\_