

Family Services

Child File Audit 2020-2021

Child's Name:			Center:		
Administration (Manilla)			Health (Blue)		
File	ChildPlus	Item	File	ChildPlus	Item
		3 Emergency Contacts (Other than Primary/Secondary Adult)			Immunization Form
		Medical/Dental Home Name/Contact Info			Physical Form
		Selection Criteria			Blood Pressure
		Signed Enrollment Application			Lead
		Eligibility Verification Form			Growth Assessment
		Court Documents (if Applicable)			Vision
		Proof of Income			Hearing
		Proof of Age			Dental
		Insurance Card			Health History
		Permission to Obtain			Speech and Language
		Program Permission Form			Development Screening (Brigance)
		CACFP Addendum			Behavior Screening (TABS)
		DHS KKS			Referrals (if Applicable)
		DHS Flu Form			Evaluation (if Applicable)
		Parent/Guardian Declaration			Individualized Health Plan (if Applicable)
		Code of Conduct			Behavior Incident Reports
		Attendance Contract			
		All Signatures Obtained			
Family Services (Purple)			IEP/IFSP (Red)		
File	ChildPlus	Item	File	ChildPlus	Item
		Family Needs Survey			Eligibility Report
		FPA Notification			IEP
		Parent Meeting Survey			IEP Expiration Date
		Family Outcomes Survey (Fall)			
		Family Outcomes Survey (Spring)			
		FPA Goal Sheet			
		KKS Parent Meeting Form			
			Comments		
Auditor Signature:			Date:		
Manager Signature:			Date:		