

FINANCIAL & ADMINISTRATIVE REQUIREMENTS

PERFORMANCE STANDARD 1303

SUBPART A – FINANCIAL REQUIREMENTS

SUBPART B – ADMINISTRATIVE REQUIREMENTS

SUBPART C – PROTECTIONS FOR THE PRIVACY OF CHILD RECORDS

SUBPART D – DELEGATION OF PROGRAM OPERATIONS

SUBPART E – FACILITIES

SUBPART F – TRANSPORTATION

Child File Sign In Record

Child's Name _____

Staff members and all other authorized persons accessing files must complete the sign in record prior to examination of the file. Please note all documents removed from and returned to the file under comment section.

EF: Explore File – *exploring* the file for informational purposes only

UF: Update File – *updating* the file by adding/removing documents, making changes, etc.

RF: Review File – reviewing/monitoring the file for compliance and accuracy

[illegible]

Child File Checklist

HS Ranking # _____

WVEIS # _____

☐ HS ☐ HS O.I. ☐ PK[Moved from PK to HS - ☐ ___/___/___ Date]K Eligible? ☐ Yes ☐ NoCan the child be photographed? ☐ Yes ☐ No

Child's Name _____ DOB ___/___/___ Age _____ Home Language _____

Site/Classroom _____ Family Advocate _____

Teacher _____ Assistant Teacher _____

Enrollment Date

1st day attended ___/___/___

Screening Timelines (calendar days from enrollment date)

30 ___/___/___

45 ___/___/___

New Information for Internal County Transfer: Transfer Date ___/___/___ County _____ Classroom _____

FA _____ Teacher _____ Asst. Teacher _____

EL – Eligibility Section

- ☐ Emergency Release
- ☐ (Court Order/FPO, etc.)
- ☐ (EHS/HS/PK Drop/Add/Transfer)
- ☐ (EHS Transition documents)
- ☐ (Returning Child form)
- ☐ Application/Enrollment documents
- ☐ Birth Certificate
- ☐ (Social Security Card/Number)
- ☐ (Medical Card/Number)
- ☐ Income & Eligibility Verification
- ☐ Supporting Income Documents
- ☐ Selection Criteria
- ☐ (Acceptance/Documentation)
- ☐ Parent-Staff Contract
- ☐ (Internet Safety Permission)
- ☐ Emergency Relocation
- ☐ Pesticide Notification
- ☐ WVEIS form
- ☐ (Other documents/Contact Notes)
- ☐ (Release of Information)

FS – Family Services Section

- ☐ Family Demographics
- ☐ HV Checklists/Documentation
- ☐ Direct Services
- ☐ (Social Services Referral)
- ☐ FS other documents/contact notes
- ☐ Family Goal Divider
- ☐ Goal Setting and Service Plan
- ☐ Goal other documents/Contact Notes
- ☐ Outcomes ☐ 1st ☐ 2nd

* most recent on the top

AT – Attendance Section / Bus

- ☐ Attendance Agreement
- ☐ Attendance Referral
- ☐ Attendance Plan
- ☐ Staff/Parent/Dr. Notes
- ☐ Attendance Records
- ☐ (Contact Notes/Logs/Notes)
- ☐ (Bus Divider)
- ☐ (Bus Rules/Danger Zones)
- ☐ (Bus Stop Change Request)
- ☐ Tentative Bus Application
- ☐ (Bus Records/Contact Notes)

DS – Disabilities Section

- ☐ (IEP Amendment)
- ☐ (IEP)
- ☐ (IEP Progress Report)
- ☐ (Evacuation Plans
- ☐ Bus ☐ Center)
- ☐ (Screening/Evaluation copies for IEP)
- ☐ (504 Plan)
- ☐ (Assessments/Medical Documents)
- ☐ (Release of Information)
- ☐ (Other documents/Contact Notes)

CD – Child Development Section

- ☐ Home Visit
- ☐ 1st HV
- ☐ 2nd HV
- ☐ Parent Conference
- ☐ 1st PC
- ☐ 2nd PC
- ☐ School Readiness Individualized Learning Plan *
- *most current date on top
- ☐ Initial ☐ 1st PC ☐ 2nd PC ☐ Final
- ☐ ELRS Reports
- ☐ Initial ☐ Mid ☐ Final
- ☐ Staffing Focus
- ☐ Field Trip Permission
- ☐ (Other documents/Contact Notes)

End of Year Review:

Teaching Staff _____ Date ___/___/___

Family Advocate _____ Date ___/___/___

FA/Health Specialist _____ Date ___/___/___

CD Manager/Specialist _____ Date ___/___/___

MH Specialist _____ Date ___/___/___

Child's Name _____ DOB ____/____/____ Age _____

Enrollment Date _____ Screening Timelines (calendar days from enrollment date)
1st day attended ____/____/____ 30 ____/____/____ 45 ____/____/____

PH – Physical Section

- ☐ Physical Exam
- ☐ (Doctor Referral/follow-up)
- ☐ Birth History
- ☐ (Communicable Conditions letter)
- ☐ (Incident Reports)
- ☐ (Other documents/Contact Notes)
- ☐ (Release of Information)
- ☐ **Growth Chart Divider**
- ☐ Height/Weight Growth Chart
 - ☐ 1st ☐ 2nd *
 - * most current on top
- ☐ (Other documents/Contact Notes)

DN – Dental Section

- ☐ Dental Exam (Oral Health)
- ☐ (Dentist Referral)
- ☐ (Treatment Documentation)
- ☐ (Other documents/Contact Notes)
- ☐ (Release of Information)

IM – Immunizations Section

- ☐ Child Plus Immunization report
- ☐ Immunization records
- ☐ (Referral/Follow-up/Catch-up plan)
- ☐ (TB information)
- ☐ (Other documents/Contact Notes)
- ☐ (Release of Information)

SC – Screening Section

- ☐ Screening Summary
- ☐ Screening Permission Pamphlet
- ☐ Vision Screening
- ☐ (Vision referral/follow-up)
- ☐ Hearing Screening
- ☐ (Hearing referral/follow-up)
- ☐ Speech Screening
- ☐ (Speech referral/follow-up)
- ☐ Developmental Screening
- ☐ (Dev. referral/follow-up/observation)
- ☐ Self Help/Soc-Emo. Screening
- ☐ (SH/SE referral/follow-up)
- ☐ (Child & Family Support Plan)
- ☐ Nutritional Screening
- ☐ Lead Risk Assess./HCT/HGB Screening
- ☐ **(HCT/HGB Scores)**
- ☐ (Other documents/Contact Notes)
- ☐ (Release of Information)

MD – Medication Section

- ☐ (Individual Health Plan)
- ☐ (Dr's notes/scripts/medication info)
- ☐ (Special Dietary Needs Form)
- ☐ (Referral/follow-up)
- ☐ (Other documents/Contact Notes)
- ☐ (Medication Transport Log)
- ☐ (Medication Return Log)
- ☐ (Release of Information)

MH – Mental Health Section

- ☐ (SES Referral)
- ☐ (Permission to Observe/Work with)
- ☐ (Informed Consent)
- ☐ (Observation)
- ☐ (SES Notes)
- ☐ (SES Plan)
- ☐ (Family Team Meeting Summar)
- ☐ (Placement Modification Approval form)
- ☐ (SES Discharge Summary)
- ☐ (Release(s) of Information)
- ☐ (Other documents/Contact Notes)
- ☐ **(Transition Interventionist) divider**
 - ☐ Lesson Plan(s)
 - ☐ Home Visit Note(s)
 - ☐ Guidelines
 - ☐ Closure

FR – File Review Section

- ☐ (File Review)
- ☐ (Other documents/Contact Notes)

Child File Checklist Instructions:

1. In the child's file Place page 1 in front of the EL section and page 2 in front of the PH section.
2. Ensure all forms/documents, etc. are completed thoroughly, including using first/last names.
 - a. Use BLUE INK only and neat / legible handwriting/signatures.
 - b. Leave nothing blank. Place a single line through field for no information unless noted. DO NOT write "None" or "N/A".
3. File paperwork by MOST RECENT first and check corresponding box on the checklist. () items in parenthesis may not be in all files.
 - a. Use dividers to separate program years in ALL sections. If document is current, leave in current program year.
4. Update and review files at minimum every other week for accuracy and to address any needs.