



Office of Head Start Monitoring Protocol Child File Guide

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File Review

Child Files

ERSEA Key Indicator #2—Eligibility

- ▶ Is there a signed statement in the file verifying the child's eligibility?
- ▶ Did the signed statement indicate which documents, in accordance with 1305.4(d), were examined to determine whether the child was eligible to participate in the program?
- ▶ Indicate the documents examined to determine eligibility (as detailed on the signed statement).
 - Individual Income tax Form 1040
 - W-2 Forms
 - Pay Stubs
 - Pay Envelopes
 - Written statements from employers
 - Documentation of categorical eligibility
 - Other
- ▶ Did the signed statement indicate the eligibility status of the child?
- ▶ In which eligibility category did the program enroll the child?
 - Income Eligible
 - Categorically Eligible
 - Income Eligible and Categorically Eligible
 - Between 100-130% of poverty
 - Over-Income (Counted as 10% max/ 49% max for AIAN)
 - No eligible category determination made by program
- ▶ Is there source documentation in the child's file?
- ▶ If there is source documentation in the child file, please indicate the type(s) of documentation.
 - Individual Income tax Form 1040
 - W-2 Forms
 - Pay Stubs
 - Pay Envelopes
 - Written statements from employers
 - Documentation showing current status as recipients of public assistance
 - Other
- ▶ If present, review the source documentation and indicate whether you agree with the program's determination of eligibility? If you disagree, explain why.



Child Health & Safety Key Indicator #1—Access to Health & Dental Care

- ▶ Has a determination been made by a health care professional as to whether or not the child was up-to-date on a schedule of age-appropriate preventive and primary health care (including EPSDT)?
- ▶ Did the health care professional determine the child was up-to-date on a schedule of age-appropriate preventive and primary health care (including EPSDT)?
- ▶ Has the program assisted parents in making arrangements to bring their children up-to-date on a schedule of primary and preventive health care?
- ▶ On what date was a determination made as to whether the child was up-to-date on a schedule of age-appropriate preventive and primary health care (including EPSDT)?
- ▶ Does the child have a known, observable, or suspected health, dental, or developmental problem?
- ▶ Did the child receive further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional?
- ▶ Did the child receive follow-up treatment as recommended by the licensed or certified professional?
- ▶ Did the program develop or is the program in the process of developing a follow-up plan for the child?
- ▶ Did the child receive health procedures or developmental screenings administered through the program or by contract or agreement?
- ▶ Did the file contain evidence of parent/guardian consent for health procedures and developmental screenings administered or scheduled through the program?
- ▶ Was parent/guardian consent obtained prior to any health procedures and developmental screenings being performed?

Child Health & Safety Key Indicator #2—Screening and Referrals

- ▶ Were all sensory screenings (vision and hearing) completed?
- ▶ What was the latest date on which either of the sensory screenings (vision or hearing) was completed?
- ▶ Did the program make an attempt to complete the sensory screenings for the child within 45 days (30 days for programs operating shorter durations) of the child's date of entry?
- ▶ Were all screenings for developmental concerns (including motor, language, cognitive, and perceptual skills) completed?
- ▶ What was the latest date on which any of the screenings for developmental concerns was completed?
- ▶ Did the program make an attempt to complete the developmental screenings for the child within 45 days (30 days for programs operating shorter durations) of the child's date of entry?



- ▶ Were all screenings for social, emotional, and behavioral concerns completed?
- ▶ What was the latest date on which any of the screenings for social, emotional, or behavioral concerns was completed?
- ▶ Did the program make an attempt to complete the social, emotional, and behavioral screenings for the child within 45 days (30 days for programs operating shorter durations) of the child's date of entry ?
- ▶ List the screenings that were completed more than 45 days after the child's entry into the program (30 days for programs operating shorter durations). Indicate the date of each screening and how many days after the 45 (30) day timeframe each screening was completed.
- ▶ Does the child have a suspected or identified disability? (Includes children with current IEPs or IFSPs as well as children with screening results that indicate a possible disability or need for an evaluation)
- ▶ Did the Disabilities Coordinator make a prompt referral to the LEA or Part C agency?