



Head Start
Operations Manual

Record Keeping
& Reporting

Subject: Change of Status
Section: Record Keeping & Reporting
Program: Early/Preschool Head Start

REGULATION REFERENCE:

45 CFR 1304.51(g)

POLICY:

A Change of Status must be used to document ***any*** changes pertaining to a child's enrollment status (i.e., EHS transition, transfer, termination, withdrawal, etc.).

PROCEDURE:

1. Change of Status is completed by classroom staff at the end of each week to document any change in the enrollment status of children.
2. The Change of Status has three (3) sections.
 - I. Withdrawals
 - II. Enrolled Child Transfer Requests
 - III. Early Head Start Transitions
3. Classroom staff must inform the Family Service Manager **immediately** **when there is a change in the enrollment status** of children so that the Family Service Manager can submit the Change of Status Form to the ERSEA CTL via email.
4. A copy will be retained by the Family Service Manager.
5. For continuity of services, Preschool Head Start children will not be permitted to transfer in the last 30 days of the program.
6. All Enrolled Child Transfer Requests are subjected to Selection Committee approval.

Subject: Classroom File Maintenance
Section: Record Keeping & Reporting
Program: Early/Preschool Head Start

REGULATION REFERENCE:

45 CFR 1304.51(g)

Alabama DHR Minimum Standards 56:4 (Children's Records)

DHHS Administration Regulations 45 CFR Part 92.42

POLICY:

All children and family information (files) will be maintained.

PROCEDURE:

1. Enrolled children files are to be stored in alphabetical order.
2. The storage cabinet with enrolled children and family files must be kept locked.
3. **Enrolled children** files will be stored in a separate location from inactive and waitlist children files.
4. Inactive (terminated/abandoned) and waitlist children files are to be stored in an accessible location and separate from enrolled children files.
5. Returning children records should be stored in an accessible location for the upcoming program year. (Reference: ***Returning Children*** policy to see what should be brought forward.)
6. Files of children transitioning from Preschool Head Start should be stored (alphabetically) away from returning children files. The storage location should be accessible for potential referencing.
7. Transitioning children information ***not forwarded to PHS*** from Early Head Start should be stored away from enrolled/returning children files. The storage location should be accessible for potential referencing.
8. All program information such as In-Kind, FACSpro Reports, group contacts (not forwarded) from current program year should be boxed at the end of each program year.
9. All storage containers should indicate program year and ***specific*** enclosed information on the outside. For example, group contacts, In-Kind, children records, etc., 2003-2004.
10. *Early/Preschool Head Start children and family files are to be maintained for the current year plus 3 years after services provided.*

11. At the beginning of the fourth (4) year, center level staff should shred "only" the four year old confidential information pertaining to a family. Confidential records would include, demographic, medical, personal (social security number, insurance card, phone numbers, birthday, income) information of the family.
12. Central office will follow the same procedures. The previous program year files will be retained at the central office. After one year, records will be stored in a designated location.

Subject: Classroom Files
Section: Record Keeping & Reporting
Program: Early/Preschool Head Start/Pre-K

REGULATION REFERENCE:

45 CFR 1304.51(g)

Alabama DHR Minimum Standards 56:4 (Children's Records)

POLICY:

The Partnership Head Start program will maintain files according to local, state and federal requirements on all enrolled children.

PROCEDURE:

1. Classroom staff is responsible for maintaining accurate and current information on enrolled children.
2. Each child's file will be kept in order according to the Child Individual File Tracking form.
3. Each child's file will contain a Child Individual File Tracking form with all of the forms marked off as they are placed in the file, and dated.
4. Area Team Leaders will track all children's files using the Classroom File Tracking form to ensure that all files are maintained and in order.

Subject: Record of Access to Children's Files
Section: Record Keeping & Reporting
Program: Early/Preschool Head Start

REGULATION REFERENCE:

45 CFR 1304.51(g)

Alabama DHR Minimum Standards 56:4 (Children's Records)

POLICY:

The Partnership Early/Preschool Head Start will establish and maintain efficient and effective record keeping that provides confidentiality of all children and family information.

PROCEDURE:

1. All staff (other than authorized staff) should document their name, date, title and reason for reviewing a child's file.
2. A child's file ***will not*** be taken out of the center unless the child is being transferred to another center.
3. All documentation is required to remain in the child and/or family file unless authorized to be taken out. If a document is requested concerning a child and/or family, a copy must be made from the original.

Subject: Update of Client Information
Section: Record Keeping & Reporting
Program: Early/Preschool Head Start

REGULATION REFERENCE:

45 CFR 1304.51(g)

POLICY:

An Update of Client Information must be used to document ***any*** changes pertaining to a child and/or family (i.e., child/family name, address, phone number, insurance, etc.).

PROCEDURE:

1. **Update of Client Information is completed by:** Any staff person who discovers a change concerning a child or family information should complete an Update of Client Information.
2. The Update of Client Information has four (4) sections:
 - I. Change of Personal Information
 - II. Change Emergency/Release to
 - III. Change Other Information
3. Classroom staff must submit an Update of Client Information to the Area Team Leader. The Area Team Leader is responsible for reviewing the form for accuracy.
4. All original Update of Client Information forms must be submitted to Data Entry within seven (7) days after a change has been identified and changed. A copy will be retained at the center in child's file.



Head Start Child Individual File Tracking (EHS)

Place in child's file. **Do not** send to Central Office.

Child's Name:		In File	Initials of staff placing form in file	Date placed in file	Comments
Classroom:					
Section 1: Access to Records					
Child Pre-Admission Record (pg. 1 & 2)					
Blue Slip (expiration date)					
Major Accident (if applicable)					
Medication Folder	Authorization for Administering Medication (if applicable)				
	Medication Administration Log (if applicable)				
	Medication Prescriber/Parent Authorization (if applicable)				
Perm For Spec Ed Services (if applicable)					
Section 2: Development Screening					
Developmental Re-Screen (if applicable)					
Family Conference (Home Visit 1)					
Family Conference (Parent Conference 1)					
Family Conference (Home Visit 2)					
Family Conference (Parent Conference 2)					
Family Conference (Parent Conference 3)					
Child Planning Form					
Section 3: Health History (pg. 1 & 2)					
Health Care Plan (if applicable)					
Well Baby Check (expiration date)					
Health Screening Summary: vision, hearing					
Health Screening Summary Re-Screen : vision, hearing (if applicable)					
Informed Consent/Medical Emergency					
Infant Toddler Feeding Instructions					
Staff Observation 1					
Staff Observation 2					
Minor Accidents (if applicable)					
Dental Exam & Treatment					
Section 4: Parent Observation Form					
Parent-Child Interaction/Parent's Report Form					
DECA					
IFSP (if applicable)					
Special Needs Report of Progress (if applicable)					
Section 5: Client Intake Form					
Birth Certificate					
Insurance Card					
Transportation by Parent					
Completed FPA Action Plan					
Family Transaction Form					
Delegation of Parental Authority (if applicable)					
Child Individual File Tracking Sheet					



Head Start Child Individual File Tracking (PHS)

Place in child's file. Do not send to Central Office.

Child's Name: _____	In File	Initials of staff placing form in file	Date placed in file	Comments
Classroom: _____				
Section 1: Access to Records				
Child Pre-Admission Record (pg. 1 & 2)				
Blue Slip (expiration date)				
Major Accident (if applicable)				
Medication Folder	Authorization for Administering Medication (if applicable)			
	Medication Administration Log (if applicable)			
	Medication Prescriber/Parent Authorization (if applicable)			
Perm For Spec Ed Services (if applicable)				
Section 2: Development Screening				
Developmental Re-Screen (if applicable)				
Child Progress & Planning (Home Visit 1)				
Child Progress & Planning (P. Conference 1)				
Child Progress & Planning (Home Visit 2)				
Child Progress & Planning (P. Conference 2)				
Section 3: Health History (pg. 1 & 2)				
Health Care Plan (if applicable)				
Physical (expiration date)				
Health Screening Summary: vision, hearing, blood pressure, pulse				
Health Screening Summary Re-Screen : vision, hearing, blood pressure, pulse (if applicable)				
Informed Consent/Medical Emergency				
Staff Observation 1				
Staff Observation 2				
Minor Accidents (if applicable)				
Dental Exam & Treatment				
Section 4: Parent Observation Form				
Parent's Report Form				
DECA				
IEP (if applicable)				
Special Needs Report of Progress (if applicable)				
Section 5: Client Intake Form				
Birth Certificate				
Insurance Card				
Completed FPA Action Plan				
Family Transaction Form				
Delegation of Parental Authority (if applicable)				
Child Individual File Tracking Sheet				



Center: _____ Classroom: _____ Teacher: _____ Date: ___/___/___		Children's Initials												Comments
Section 1: Access to Records														
Child Pre-Admission Record (pg. 1 & 2)														
Blue Slip (expiration date)														
Major Accident (if applicable)														
Medication Folder	Authorization for Administering Medication (if applicable)													
	Medication Administration Log (if applicable)													
	Medication Prescriber/Parent Authorization (if applicable)													
Perm For Spec Ed Services (if applicable)														
Section 2: Development Screening														
Developmental Re-Screen (if applicable)														
Child Progress & Planning (Home Visit 1)														
Child Progress & Planning (P. Conference 1)														
Child Progress & Planning (Home Visit 2)														
Child Progress & Planning (P. Conference 2)														
Section 3: Health History (pg. 1 & 2)														
Health Care Plan (if applicable)														
Physical (expiration date)														
Health Screening Summary: vision, hearing, blood pressure, pulse														
Health Screening Summary Re-Screen : vision, hearing, blood pressure, pulse (if applicable)														
Informed Consent/Medical Emergency														
Staff Observation 1														
Staff Observation 2														
Minor Accidents (if applicable)														
Dental Exam & Treatment														
Section 4: Parent Observation Form														
Parent's Report Form														
DECA														
IEP (if applicable)														
Special Needs Report of Progress (if applicable)														
Section 5: Client Intake Form														
Birth Certificate														
Insurance Card														
Completed FPA Action Plan														
Family Transaction Form														
Delegation of Parental Authority (if applicable)														
Child Individual File Tracking Sheet														



Center: _____ Classroom: _____ Teacher Asst: _____ Date: ____/____/____		Children's Initials												Comments
Section 1: Access to Records														
Child Pre-Admission Record (pg. 1 & 2)														
Blue Slip (expiration date)														
Major Accident (if applicable)														
Medication Folder	Authorization for Administering Medication (if applicable)													
	Medication Administration Log (if applicable)													
	Medication Prescriber/Parent Authorization (if applicable)													
Perm For Spec Ed Services (if applicable)														
Section 2: Development Screening														
Developmental Re-Screen (if applicable)														
Child Progress & Planning (Home Visit 1)														
Child Progress & Planning (P. Conference 1)														
Child Progress & Planning (Home Visit 2)														
Child Progress & Planning (P. Conference 2)														
Section 3: Health History (pg. 1 & 2)														
Health Care Plan (if applicable)														
Physical (expiration date)														
Health Screening Summary: vision, hearing, blood pressure, pulse														
Health Screening Summary Re-Screen : vision, hearing, blood pressure, pulse (if applicable)														
Informed Consent/Medical Emergency														
Staff Observation 1														
Staff Observation 2														
Minor Accidents (if applicable)														
Dental Exam & Treatment														
Section 4: Parent Observation Form														
Parent's Report Form														
DECA														
IEP (if applicable)														
Special Needs Report of Progress (if applicable)														
Section 5: Client Intake Form														
Birth Certificate														
Insurance Card														
Completed FPA Action Plan														
Family Transaction Form														
Delegation of Parental Authority (if applicable)														
Child Individual File Tracking Sheet														



Head Start Child Individual File Tracking (Pre-K)

Place in child's file. Do not send to Central Office.

Child's Name:		In File	Initials of staff placing form in file	Date placed in file	Comments
Classroom:					
Section 1: Access to Records					
Child Pre-Admission Record (pg. 1 & 2)					
Blue Slip (expiration date)					
Major Accident (if applicable)					
Medication Folder	Authorization for Administering Medication (if applicable)				
	Medication Administration Log (if applicable)				
	Medication Prescriber/Parent Authorization (if applicable)				
Perm For Spec Ed Services (if applicable)					
Section 2: Development Screening					
Developmental Re-Screen (if applicable)					
Parent Conference Verification					
Child Progress & Planning (Home Visit 1)					
Child Progress & Planning (P. Conference 1)					
Child Progress & Planning (Home Visit 2)					
Child Progress & Planning (P. Conference 2)					
Section 3: Health History (pg. 1 & 2)					
Health Care Plan (if applicable)					
Physical (expiration date)					
Annual Student Health Screening Record—OSR					
Annual Student Health Screening Record Re-Screen —OSR					
Health Screening and Physical Exam Parent Report					
Informed Consent/Medical Emergency					
Staff Observation 1					
Staff Observation 2					
Minor Accidents (if applicable)					
Dental Exam & Treatment					
Section 4: Parent Observation Form					
Parent's Report Form					
DECA					
IEP (if applicable)					
Special Needs Report of Progress (if applicable)					
Section 5: Client Intake Form					
Birth Certificate					
Insurance Card					
Eligibility/Affirmation for TANF					
Proof of Residence					
AL Pre-K Parent Contract					
Pre-K Code of Student Behavior					
Completed FPA Action Plan					
Family Transaction Form					
Delegation of Parental Authority (if applicable)					
Child Individual File Tracking Sheet					



Community Action Partnership of North Alabama

RECORDKEEPING & REPORTING GUIDE FOR 2009- 2010

RECORDKEEPING & REPORTING GUIDE FOR 2009-2010

Key: **App**-Applicant, **ATL**-Area Team Leader, **CF**- Classroom File, **CGI/II**-Caregiver I/ II, **CHS**-Child Health Services, **CSS**-Classroom Support Staff, **CTL**-Content Team Leader, **C**-Copy, **CPF**-Center Personnel File, **CS/DE**-Computer Services, **CVN**-Center Visit Notebook, **DS**-Disability Services, **DRV**-Driver, **EDS**-Education Services, **Emp**-Employee, **F**-Central Office File, **FD**-Facilities Director, **Fis**-Fiscal, **FS**-Family Services, **FSM**-Family Service Manager, **FST**-Family Service Translator, **HR**-Human Resources, **J**-Janitor, **LS**-Licensing Services, **MHS(RS)**-Mental Health Services/Resource Specialist, **OA**-Other Agency, **O**-Original, **P**-Post in classroom, **P/G**-Parent/Guardian, **PRO**-Provider, **PS**-Preschool Head Start, **RS**-Resource Specialist, **Sec**-Secretary, **SNA**-Special Needs Aide, **Sup**-Supervisor, **T/TA**-Classroom Staff, **Veh**-Vehicle

Form & Service Area	Completed by	Activity/Monitor/Review/Track	Completion Due	Routing (Direction in which the form travels)
Application for Employment (classroom positions) ADM	APP	Applications for employment for classroom positions will be maintained by the HR Coordinator	Upon receipt	Original -Applicant⇒ Human Resources
Application for Employment (non-classroom positions) ADM	APP	Applications for employment for non-classroom positions will be maintained by the Human Resource Coordinator.	Upon receipt	Original -Applicant⇒ Human Resources
Area Meeting Information ADM	ATL	ATL will submit agenda, sign-in sheets & minutes for Area meetings.	Upon completion	Original –Area Team Leader ⇒ Secretary ⇒ Central Office File
Employee Time & Attendance Record (Time Sheet) ADM	EMP	Employees must accurately record all time actually spent on the job performing assigned duties or other work-related duties.	Bi-weekly	Original - Employee⇒ Supervisor⇒Fiscal
Employee's Request for Leave of Absence (Educational Leave) ADM	EMP	A written request to take job-related college courses during work hours.	Prior to Registration	Original -Employee ⇒ Supervisor ⇒ Adm ⇒ CEO⇒Human Resources⇒ Employee
Leave of Absence Request for Family or Medical Leave ADM	EMP	A written request completed by staff requesting Family Medical Leave.	As needed	Original - Employee⇒ Human Resources
New Hire Reporting Form ADM	New & Existing EMP	New Hire Reporting Form to be completed by new employees and staff returning from unemployment.	O-EMP⇒HR	Original - Employee⇒ Human Resources

RECORDKEEPING & REPORTING GUIDE FOR 2009-2010

Key: **App**-Applicant, **ATL**-Area Team Leader, **CF**- Classroom File, **CGI/II**-Caregiver I/ II, **CHS**-Child Health Services, **CSS**-Classroom Support Staff, **CTL**-Content Team Leader, **C**-Copy, **CPF**-Center Personnel File, **CS/DE**-Computer Services, **CVN**-Center Visit Notebook, **DS**-Disability Services, **DRV**-Driver, **EDS**-Education Services, **Emp**-Employee, **F**-Central Office File, **FD**-Facilities Director, **Fis**-Fiscal, **FS**-Family Services, **FSM**-Family Service Manager, **FST**-Family Service Translator, **HR**-Human Resources, **J**-Janitor, **LS**-Licensing Services, **MHS(RS)**-Mental Health Services/Resource Specialist, **OA**-Other Agency, **O**-Original, **P**-Post in classroom, **P/G**-Parent/Guardian, **PRO**-Provider, **PS**-Preschool Head Start, **RS**-Resource Specialist, **Sec**-Secretary, **SNA**-Special Needs Aide, **Sup**-Supervisor, **T/TA**-Classroom Staff, **Veh**-Vehicle

Form & Service Area	Completed by	Activity/Monitor/Review/Track	Completion Due	Routing (Direction in which the form travels)
Out of Town Travel Expense Statement ADM	EMP	To be completed when employee attends out of town training, including one-day training sessions outside of our service area.	Immediately Upon Return from Trip	Original - Employee⇒ Supervisor⇒ Fiscal
Partnership Auditing Tool PAT ADM	ATL FSM	Utilized by ATL and FSM to Monitor Classrooms.	ATL-3 x monthly FSM-3 x monthly	Original – Center Visit Notebook
Partnership Auditing Tool (PAT) Follow-up Form ADM	ATL FSM	Utilized by ATL and FSM to Monitor follow-up.	ATL-3 x monthly FSM-3 x monthly	Original – ATL+FSM ⇒STL Copy – ATL+FSM ⇒Center Visit Notebook
Personnel Action Form (PAF) ADM	ATL	Complete PAF on newly hired or terminated staff, staff that change positions/locations/classrooms/hours/ days, etc.	As needed	Original - ATL ⇒Adm.⇒ Human Resources
Personal/vacation Leave Request ADM	EMP	A written request completed by staff requesting to use Personal/vacation Leave Request. Must be approved by supervisor.	As needed	Original - Employee⇒ Supervisor
Purchase Requisition/ Purchase Orders ADM	EMP	A properly completed Purchase Order is required for each purchase (exceptions noted in Financial Procedures Manual).	As needed	Original - Employee⇒ Supervisor⇒ ATL ⇒ Classroom Staff ⇒Fiscal⇒ Secretary⇒ Employee

RECORDKEEPING & REPORTING GUIDE FOR 2009-2010

Key: **App**-Applicant, **ATL**-Area Team Leader, **CF**- Classroom File, **CGI/II**-Caregiver I/ II, **CHS**-Child Health Services, **CSS**-Classroom Support Staff, **CTL**-Content Team Leader, **C**-Copy, **CPF**-Center Personnel File, **CS/DE**-Computer Services, **CVN**-Center Visit Notebook, **DS**-Disability Services, **DRV**-Driver, **EDS**-Education Services, **Emp**-Employee, **F**-Central Office File, **FD**-Facilities Director, **Fis**-Fiscal, **FS**-Family Services, **FSM**-Family Service Manager, **FST**-Family Service Translator, **HR**-Human Resources, **J**-Janitor, **LS**-Licensing Services, **MHS(RS)**-Mental Health Services/Resource Specialist, **OA**-Other Agency, **O**-Original, **P**-Post in classroom, **P/G**-Parent/Guardian, **PRO**-Provider, **PS**-Preschool Head Start, **RS**-Resource Specialist, **Sec**-Secretary, **SNA**-Special Needs Aide, **Sup**-Supervisor, **T/TA**-Classroom Staff, **Veh**-Vehicle

Form & Service Area	Completed by	Activity/Monitor/Review/Track	Completion Due	Routing (Direction in which the form travels)
Consent for Release & Receipt of Confidential Information DS	T/TA	Needed for referral to LEA/EI. Review for parent signature, witness signature and in/out of city limits.	1 week after receipt	Original - Area Team Leader ⇨ DS (Can be faxed to DS)
Disability Determination Letters DS	OA	Do not complete.	Upon Receipt	Original -OA⇨ Area Team Leader ⇨DS
Documentation from other agencies DS	OA	Do not copy for your files. Copies will be sent back.	Upon Receipt	Original -OA⇨ATL⇨DS
Parent-Child Interactions Rating Form DS	T/TA	Complete @ enrollment. Review for completeness & parent signature. Track.	5 days after enrollment	Original - Classroom Staff ⇨ Classroom File
Parent's Report Form DS	T/TA	Complete @ enrollment. Review for completeness & parent signature. Track.	5 days after enrollment	Original - Classroom Staff ⇨ Classroom File
Service Provider Sign-In/Out Sheet DS	T/TA	Completed each time service provider enters classroom. Also completed each time provider signs child out & in for special services.	End of Month	Original - Classroom Staff ⇨ Classroom File Copy - Classroom Staff ⇨ Area Team Leader ⇨DS
Special Needs Aide Weekly Report DS	CSS	Complete weekly with hours worked and issues.	End of each week	Original - DS ⇨ File

RECORDKEEPING & REPORTING GUIDE FOR 2009-2010

Key: **App**-Applicant, **ATL**-Area Team Leader, **CF**- Classroom File, **CGI/II**-Caregiver I/ II, **CHS**-Child Health Services, **CSS**-Classroom Support Staff, **CTL**-Content Team Leader, **C**-Copy, **CPF**-Center Personnel File, **CS/DE**-Computer Services, **CVN**-Center Visit Notebook, **DS**-Disability Services, **DRV**-Driver, **EDS**-Education Services, **Emp**-Employee, **F**-Central Office File, **FD**-Facilities Director, **Fis**-Fiscal, **FS**-Family Services, **FSM**-Family Service Manager, **FST**-Family Service Translator, **HR**-Human Resources, **J**-Janitor, **LS**-Licensing Services, **MHS(RS)**-Mental Health Services/Resource Specialist, **OA**-Other Agency, **O**-Original, **P**-Post in classroom, **P/G**-Parent/Guardian, **PRO**-Provider, **PS**-Preschool Head Start, **RS**-Resource Specialist, **Sec**-Secretary, **SNA**-Special Needs Aide, **Sup**-Supervisor, **T/TA**-Classroom Staff, **Veh**-Vehicle

Form & Service Area	Completed by	Activity/Monitor/Review/Track	Completion Due	Routing (Direction in which the form travels)
Special Needs Report of Progress DS	T/TA	Complete monthly with input from therapist.	End of Month	Original - Parent Copy - Class Support Staff
Accidental Poisoning Report Form CHS	EMP	If a child gets poisoned, staff will ensure this form is thoroughly completed and submitted to the Central Office, within 24 hours of incident.	Next work day	Original - Classroom Staff ⇒ Child Health Staff ⇒ Other Agency Copy - Classroom Staff ⇒ Classroom File
Authorization for Administering Medication CHS	T/TA P/G PRO	Completed when parents request medication be given at the center. Must be completed by parent, provider and teaching staff.	As needed	Original -P/G & Provider & T/TA⇒CHS⇒DE⇒ Central Office File Copy -P/G & Provider & Classroom Staff ⇒ Classroom File
Consent for Dental Treatment CHS	FSM	Parent/guardian must sign before dental provider can begin treatment, if a Head Start staff transports children for services.	As needed	Original -FSM⇒P/G⇒FSM⇒CHS⇒ Central Office File Copy -FSM⇒T/TA ⇒Classroom File
Daily Attendance/Health Record CHS	T/TA	Check to insure that there is a daily entry for each child. Total should not exceed number of children times operational days. Health check completed on each child within 30 minutes of arrival.	Weekly	FSM
Daily Record Attendance and Meal Participation in Child and Adult Food Program (USDA) CHS	T/TA	Complete at point of service each meal. Attached to Daily Record of meals, and monthly summary.	Weekly	Original -T/TA⇒ATL⇒ Child Health Services ⇒ Central Office File Copy - Classroom Staff ⇒ Classroom File

RECORDKEEPING & REPORTING GUIDE FOR 2009-2010

Key: **App**-Applicant, **ATL**-Area Team Leader, **CF**- Classroom File, **CGI/II**-Caregiver I/ II, **CHS**-Child Health Services, **CSS**-Classroom Support Staff, **CTL**-Content Team Leader, **C**-Copy, **CPF**-Center Personnel File, **CS/DE**-Computer Services, **CVN**-Center Visit Notebook, **DS**-Disability Services, **DRV**-Driver, **EDS**-Education Services, **Emp**-Employee, **F**-Central Office File, **FD**-Facilities Director, **Fis**-Fiscal, **FS**-Family Services, **FSM**-Family Service Manager, **FST**-Family Service Translator, **HR**-Human Resources, **J**-Janitor, **LS**-Licensing Services, **MHS(RS)**-Mental Health Services/Resource Specialist, **OA**-Other Agency, **O**-Original, **P**-Post in classroom, **P/G**-Parent/Guardian, **PRO**-Provider, **PS**-Preschool Head Start, **RS**-Resource Specialist, **Sec**-Secretary, **SNA**-Special Needs Aide, **Sup**-Supervisor, **T/TA**-Classroom Staff, **Veh**-Vehicle

Form & Service Area	Completed by	Activity/Monitor/Review/Track	Completion Due	Routing (Direction in which the form travels)
Dental Exam Treatment Record CHS	PRO	Completed by the Head Start contracted provider when a child is treated.	As needed	Original -Provider⇒ Classroom Staff⇒FSM⇒ATL⇒ Child Health Services
Developmental Capabilities for Toilet Training CHS	T/TA	Completed by staff in conjunction with parents when child is ready to be potty trained. Ensure child is developmentally able to begin potty training.	As needed	Original - Classroom Staff ⇒ Classroom File Copy - ⇒Parent
Emergency Drill Record/Safety Equipment Check CHS	T/TA	Completed by classroom staff.	Posted in the classroom	Original - Classroom Staff ⇒Post
Emergency Information CHS	EMP	Completed by staff, volunteers, and bus personnel. Center staff put a copy in the classroom Emergency File.	At Employment, then annually	Original - Employee⇒ Human Resources Copy - Employee⇒ Center Personnel File
Family Nutritional Input Questionnaire CHS	CHS	Completed by parents if child is outside acceptable Height/ weight / BMI range- CHS will initiate.	As requested by CHS	Original -FSM⇒ Classroom Staff ⇒ Classroom File Copy - FSM⇒ Classroom Staff ⇒P/G Copy -FSM⇒ Child Health Services ⇒ Central Office File

RECORDKEEPING & REPORTING GUIDE FOR 2009-2010

Key: **App**-Applicant, **ATL**-Area Team Leader, **CF**- Classroom File, **CGI/II**-Caregiver I/ II, **CHS**-Child Health Services, **CSS**-Classroom Support Staff, **CTL**-Content Team Leader, **C**-Copy, **CPF**-Center Personnel File, **CS/DE**-Computer Services, **CVN**-Center Visit Notebook, **DS**-Disability Services, **DRV**-Driver, **EDS**-Education Services, **Emp**-Employee, **F**-Central Office File, **FD**-Facilities Director, **Fis**-Fiscal, **FS**-Family Services, **FSM**-Family Service Manager, **FST**-Family Service Translator, **HR**-Human Resources, **J**-Janitor, **LS**-Licensing Services, **MHS(RS)**-Mental Health Services/Resource Specialist, **OA**-Other Agency, **O**-Original, **P**-Post in classroom, **P/G**-Parent/Guardian, **PRO**-Provider, **PS**-Preschool Head Start, **RS**-Resource Specialist, **Sec**-Secretary, **SNA**-Special Needs Aide, **Sup**-Supervisor, **T/TA**-Classroom Staff, **Veh**-Vehicle

Form & Service Area	Completed by	Activity/Monitor/Review/Track	Completion Due	Routing (Direction in which the form travels)
Head Lice Notification CHS	T/TA	Completed by staff and sent to parents whenever there are cases of lice in the center.	When lice is discovered on a child in the classroom	Original - Classroom Staff⇒FSM Copy - Classroom Staff⇒ Parent Copy - Classroom Staff⇒Post
Child's Health History-page 1 CHS	T/TA	This form must be completed by the staff through discussion with the parent at time of application. Parent will review and initial at 2nd & 3rd enrollment; when child enrolls. Follow directions on the form. Entered by DE @ App; Entered by FSM @ enrollment	Application Enrollment	Original - Classroom Staff⇒FSM⇒ Area Team Leader ⇒DE⇒DS⇒ Child Health Services ⇒ Central Office File Copy -T/TA⇒ Classroom File
Health Screening Summary CHS	FSM FST	Completed by the FSM/FST within 30 days of child's enrollment. Entered by FSM	Begin within 2 weeks. Complete w/in 30 days	Original -FSM/FST⇒ Classroom Staff⇒ Parent/Guardian C-FSM/FST⇒ Classroom Staff⇒ Classroom File Copy -FSM/FST⇒ ATL ⇒DE⇒ Central Office File
Health Supply Inventory & Request CHS	FSM FST	Completed by FSM if first aid supplies are needed, after reviewing the First Aid checklist.	Monthly/as needed	Original - Area Team Leader ⇒ Child Health Services⇒ Central Office File Copy -ATL⇒ File

RECORDKEEPING & REPORTING GUIDE FOR 2009-2010

Key: **App**-Applicant, **ATL**-Area Team Leader, **CF**- Classroom File, **CGI/II**-Caregiver I/ II, **CHS**-Child Health Services, **CSS**-Classroom Support Staff, **CTL**-Content Team Leader, **C**-Copy, **CPF**-Center Personnel File, **CS/DE**-Computer Services, **CVN**-Center Visit Notebook, **DS**-Disability Services, **DRV**-Driver, **EDS**-Education Services, **Emp**-Employee, **F**-Central Office File, **FD**-Facilities Director, **Fis**-Fiscal, **FS**-Family Services, **FSM**-Family Service Manager, **FST**-Family Service Translator, **HR**-Human Resources, **J**-Janitor, **LS**-Licensing Services, **MHS(RS)**-Mental Health Services/Resource Specialist, **OA**-Other Agency, **O**-Original, **P**-Post in classroom, **P/G**-Parent/Guardian, **PRO**-Provider, **PS**-Preschool Head Start, **RS**-Resource Specialist, **Sec**-Secretary, **SNA**-Special Needs Aide, **Sup**-Supervisor, **T/TA**-Classroom Staff, **Veh**-Vehicle

Form & Service Area	Completed by	Activity/Monitor/Review/Track	Completion Due	Routing (Direction in which the form travels)
Hepatitis B Declination Form CHS	EMP	When staff reports a true blood exposure has occurred and staff decline to have the Hepatitis B immunization.	24 Hrs. after true exposure	Original -EMP⇒ Child Health Services ⇒Other Agency Copy -EMP⇒ Center Personnel File
EHS Infant / Toddler Feeding Instructions CHS	T/TA	Completed on children under 18 months enrolled in EHS Turn in with enrollment paperwork and with each Well Baby visit.	Within 5 days of WBC	Original - Classroom Staff ⇒FSM⇒ Area Team Leader ⇒DE⇒ Central Office File Copy -T/TA⇒ Classroom File
Informed Consent/ Medical Emergency CHS	T/TA	Completed at enrollment. Encourage parents to initial all procedures.	Enrollment/ within 10 days	Original -T/TA⇒FSM⇒ Area Team Leader ⇒ Central Office File Copy - Classroom Staff⇒ Classroom File
Health Notification CHS	FSM	Complete to inform parent of needed immunization or exam. Schedule appointment w/parent & complete bottom 1/2.	As needed	Original -FSM⇒P/G Copy -FSM⇒ Classroom File
Major Accident Report Child, Staff & Volunteers CHS	EMP	Completed within 24 hours and forwarded to CO within 48 hours. Notify CHS once medical attention is required.	48 Hours	Original - Employee⇒ Child Health Services⇒Fiscal Copy - Employee ⇒ Center Personnel File

RECORDKEEPING & REPORTING GUIDE FOR 2009-2010

Key: **App**-Applicant, **ATL**-Area Team Leader, **CF**- Classroom File, **CGI/II**-Caregiver I/ II, **CHS**-Child Health Services, **CSS**-Classroom Support Staff, **CTL**-Content Team Leader, **C**-Copy, **CPF**-Center Personnel File, **CS/DE**-Computer Services, **CVN**-Center Visit Notebook, **DS**-Disability Services, **DRV**-Driver, **EDS**-Education Services, **Emp**-Employee, **F**-Central Office File, **FD**-Facilities Director, **Fis**-Fiscal, **FS**-Family Services, **FSM**-Family Service Manager, **FST**-Family Service Translator, **HR**-Human Resources, **J**-Janitor, **LS**-Licensing Services, **MHS(RS)**-Mental Health Services/Resource Specialist, **OA**-Other Agency, **O**-Original, **P**-Post in classroom, **P/G**-Parent/Guardian, **PRO**-Provider, **PS**-Preschool Head Start, **RS**-Resource Specialist, **Sec**-Secretary, **SNA**-Special Needs Aide, **Sup**-Supervisor, **T/TA**-Classroom Staff, **Veh**-Vehicle

Form & Service Area	Completed by	Activity/Monitor/Review/Track	Completion Due	Routing (Direction in which the form travels)
Medical Report for Person giving care to children CHS	EMP	Physical and TB test must be obtained by all Head Start personnel every 2 years.	Upon Employment /every 2 yrs.	Original - Employee ⇒ Human Resource⇒ Central Office File Copy -EMP⇒ Center Personnel File
Medical Information Letter CHS	FSM	Completed & mailed at 1 st round of acceptance or given to parents of late enrollees	At acceptance	Original -FSM⇒P/G
Medication Prescriber / Parent Authorization CHS	P/G & PRO	Completed by the parent, physician and staff before a child can be administered medication in the center.	As Requested	Original -P/G & PRO⇒ Classroom Staff⇒ Child Health Services⇒ Central Office File Copy -P/G & PRO⇒ Classroom Staff ⇒Classroom File
Minor Accident Report Adverse Drug Reaction CHS	EMP	Completed by staff when a child has a minor injury on Head Start property.	End of Week	Original – Employee ⇒ P/G Copy - Employee ⇒ATL⇒ Central Office File Copy - Employee ⇒ Classroom File
Minor Accident Report for Staff and Volunteers CHS	EMP	Completed by staff when there is an accident involving a staff person or volunteer.	End of Week	Original – Employee ⇒ P/G Copy - Employee⇒ Classroom File Copy - Employee ⇒Child Health Services⇒ Central Office File
Monthly Summary of Meal Participation (USDA) CHS	T/TA	Completed each month. Attached to the top of Daily Record of meals, and monthly summary.	3rd of each month	Original - Classroom Staff ⇒ Area Team Leader⇒Child Health Services Copy - Classroom Staff⇒ File

RECORDKEEPING & REPORTING GUIDE FOR 2009-2010

Key: **App**-Applicant, **ATL**-Area Team Leader, **CF**- Classroom File, **CGI/II**-Caregiver I/ II, **CHS**-Child Health Services, **CSS**-Classroom Support Staff, **CTL**-Content Team Leader, **C**-Copy, **CPF**-Center Personnel File, **CS/DE**-Computer Services, **CVN**-Center Visit Notebook, **DS**-Disability Services, **DRV**-Driver, **EDS**-Education Services, **Emp**-Employee, **F**-Central Office File, **FD**-Facilities Director, **Fis**-Fiscal, **FS**-Family Services, **FSM**-Family Service Manager, **FST**-Family Service Translator, **HR**-Human Resources, **J**-Janitor, **LS**-Licensing Services, **MHS(RS)**-Mental Health Services/Resource Specialist, **OA**-Other Agency, **O**-Original, **P**-Post in classroom, **P/G**-Parent/Guardian, **PRO**-Provider, **PS**-Preschool Head Start, **RS**-Resource Specialist, **Sec**-Secretary, **SNA**-Special Needs Aide, **Sup**-Supervisor, **T/TA**-Classroom Staff, **Veh**-Vehicle

Form & Service Area	Completed by	Activity/Monitor/Review/Track	Completion Due	Routing (Direction in which the form travels)
Notification Injury Insurance Form CHS	T/TA	This insurance form is completed by the parent and staff when a child has had an accident that requires medical attention. Send with Major Accident Report for Children.	W/in 48 hours	Original Classroom Staff ⇒ Child Health Services ⇒ Fiscal Copy - Classroom Staff ⇒ Classroom File
Outdoor-Indoor Cleaning Log CHS	T/TA J	Completed daily and initial by person who cleans the assigned area.	Weekly	Original - Classroom Staff/Janitor⇒ CF Copy -T/TA or J⇒ File
Physical Exam CHS	PRO	Completed by the child's physician and forwarded to the center or Head Start Central Office within 90 days of child's enrollment.	Enrollment	Original -PRO⇒P/G⇒ Classroom Staff⇒ FSM⇒Central Office File ⇒ Central Office File Copy -PRO⇒ Classroom File
EHS Prenatal Health History CHS	FSM CHS	Completed at enrollment for enrolled pregnant women (EHS ONLY).	Enrollment	Original -FSM/CHS⇒ Child Health Services⇒DE⇒ Central Office File Copy -FSM/CHS⇒CGI/II⇒ Classroom File
EHS Post Partum Health History CHS	FSM CHS	Completed 2 weeks after delivery of baby.	2 weeks after delivery	Original - FSM ⇒Child Health Services⇒DE⇒ Central Office File Copy ⇒ Classroom File
Second Serving/Late Child CHS	T/TA	Completed when child arrives late, is given a meal outside the scheduled meal time. Or when a child needs a second serving.	Monthly with Meal Participation	Original - Classroom Staff ⇒ ATL ⇒ Central Office File Copy - Classroom Staff⇒ Classroom File
Staff Observation of Health and Behavior CHS	T/TA	Completed by T/TA, FSM follow up on concerns. Reflects ongoing health and behavior observations.	1st-4weeks after enrollment 2nd March	Original - Classroom Staff⇒FSM

RECORDKEEPING & REPORTING GUIDE FOR 2009-2010

Key: **App**-Applicant, **ATL**-Area Team Leader, **CF**- Classroom File, **CGI/II**-Caregiver I/ II, **CHS**-Child Health Services, **CSS**-Classroom Support Staff, **CTL**-Content Team Leader, **C**-Copy, **CPF**-Center Personnel File, **CS/DE**-Computer Services, **CVN**-Center Visit Notebook, **DS**-Disability Services, **DRV**-Driver, **EDS**-Education Services, **Emp**-Employee, **F**-Central Office File, **FD**-Facilities Director, **Fis**-Fiscal, **FS**-Family Services, **FSM**-Family Service Manager, **FST**-Family Service Translator, **HR**-Human Resources, **J**-Janitor, **LS**-Licensing Services, **MHS(RS)**-Mental Health Services/Resource Specialist, **OA**-Other Agency, **O**-Original, **P**-Post in classroom, **P/G**-Parent/Guardian, **PRO**-Provider, **PS**-Preschool Head Start, **RS**-Resource Specialist, **Sec**-Secretary, **SNA**-Special Needs Aide, **Sup**-Supervisor, **T/TA**-Classroom Staff, **Veh**-Vehicle

Form & Service Area	Completed by	Activity/Monitor/Review/Track	Completion Due	Routing (Direction in which the form travels)
EHS/PHS Brigance Developmental Screen DS	T/TA	Each HS child will be screened w/in the child's initial 45 calendar days of each child's enrollment. Use the child's PIR age at the time of enrollment. Check the math. Entered by Data Entry	45 Mandated Days after enrollment	Original - Area Team Leader ⇒DS⇒DE⇒ Central Office File Copy - Classroom Staff ⇒ Classroom File
EHS/PHS Brigance Classroom Profile DS	T/TA	Completed or revised with each new enrollment and Brigance Screen/re-screen—within 45 days of each child's enrollment and after; re-screens in 3 weeks	45 Mandated Days after enrollment	Original - DS⇒ DE⇒Central Office File Copy -Classroom Staff ⇒ Classroom File
LELA Assessment	T/TA	LELA Assessment is to be completed within the 1 st 30 days. This must be submitted to C.O. by end of August to forward to Montgomery. 2 nd assessment due by end of May to forward to Montgomery.	1st-End of August; 2nd End of May	Original -Classroom Staff ⇒ ATL ⇒ Kristie Hamby to enter on computer⇒ Montgomery, AL Copy -Classroom File
EHS Lesson Plans EDS	CGI/CGI I-EHS	Lesson plans will be reviewed as ATL observe activities during visit. Lesson plans may be posted or kept on clipboard in classroom.	Posted in the classroom	Original -CGI/CGII⇒Post CGI/II ⇒cc.net ⇒then send to ATL/ERS Monitored by Area Team Leader
PHS Lesson Plans EDS	T/TA	Lesson plans will be reviewed as ATL observe activities during visit. Lesson plans may be posted or kept on clipboard in classroom.	Posted in the classroom	Original - Classroom Staff ⇒Post T/TA ⇒cc.net ⇒then send to ATL/ Monitored by Area Team Leader

RECORDKEEPING & REPORTING GUIDE FOR 2009-2010

Key: **App**-Applicant, **ATL**-Area Team Leader, **CF**- Classroom File, **CGI/II**-Caregiver I/ II, **CHS**-Child Health Services, **CSS**-Classroom Support Staff, **CTL**-Content Team Leader, **C**-Copy, **CPF**-Center Personnel File, **CS/DE**-Computer Services, **CVN**-Center Visit Notebook, **DS**-Disability Services, **DRV**-Driver, **EDS**-Education Services, **Emp**-Employee, **F**-Central Office File, **FD**-Facilities Director, **Fis**-Fiscal, **FS**-Family Services, **FSM**-Family Service Manager, **FST**-Family Service Translator, **HR**-Human Resources, **J**-Janitor, **LS**-Licensing Services, **MHS(RS)**-Mental Health Services/Resource Specialist, **OA**-Other Agency, **O**-Original, **P**-Post in classroom, **P/G**-Parent/Guardian, **PRO**-Provider, **PS**-Preschool Head Start, **RS**-Resource Specialist, **Sec**-Secretary, **SNA**-Special Needs Aide, **Sup**-Supervisor, **T/TA**-Classroom Staff, **Veh**-Vehicle

Form & Service Area	Completed by	Activity/Monitor/Review/Track	Completion Due	Routing (Direction in which the form travels)
EHS Infant/Toddler Gram EDS	CG & P/G	Top portion filled out by parent, Bottom portion filled out by T/TA reflecting the child's daily activities, food, diapering. Ensures daily communication with parents per Performance Standards. Completed daily by parent and caregiver.	Daily	Original -CGI/II⇒P/G Copy -Classroom File Monitored by Area Team Leader
EHS Child Individual Profile EDS	CGI/II	Use the Individual Child's Profile to Plan. Monitor individual goals, DAP activities and Individualization. CC.NET; Outcome report #s to FACsPro	Sept., Jan., April	Original - Classroom Staff ⇒FACSPRO Monitored by Area Team Leader
PHS Creative Curriculum Individual Child Profile EDS	T/TA	On-going assessment. Check for class patterns for strengths/weakness to aid in classroom planning. ATL notifies E-CTL of any discrepancies or needs. CC.NET	Sept. , Jan., April	Original ⇒ Classroom Staff ⇒FACSPRO & CC.Net
PHS Child Progress and Planning Report EDS	T/TA	Data entry must have dates, parent signatures, and check PC or HV. Child Progress and Planning Report (top 4 quadrants) reflect observations and individual goals for each child (used for planning individualization). Individualization Plan--Each child's plan will be documented and implemented in classroom. Stated in positive terms. <u>Parent Conferences and/or Home Visits must be at least 6-8 weeks apart.</u>	1st HV Oct.; 1st Parent Conference Dec; 2nd HV Feb 2nd PC April	Original - Classroom Staff ⇒FACsPRO & CC.Net Copy - Classroom Staff ⇒ Classroom File Additional Copy to parent when requested. Monitored by Area Team Leader

RECORDKEEPING & REPORTING GUIDE FOR 2009-2010

Key: **App**-Applicant, **ATL**-Area Team Leader, **CF**- Classroom File, **CGI/II**-Caregiver I/ II, **CHS**-Child Health Services, **CSS**-Classroom Support Staff, **CTL**-Content Team Leader, **C**-Copy, **CPF**-Center Personnel File, **CS/DE**-Computer Services, **CVN**-Center Visit Notebook, **DS**-Disability Services, **DRV**-Driver, **EDS**-Education Services, **Emp**-Employee, **F**-Central Office File, **FD**-Facilities Director, **Fis**-Fiscal, **FS**-Family Services, **FSM**-Family Service Manager, **FST**-Family Service Translator, **HR**-Human Resources, **J**-Janitor, **LS**-Licensing Services, **MHS(RS)**-Mental Health Services/Resource Specialist, **OA**-Other Agency, **O**-Original, **P**-Post in classroom, **P/G**-Parent/Guardian, **PRO**-Provider, **PS**-Preschool Head Start, **RS**-Resource Specialist, **Sec**-Secretary, **SNA**-Special Needs Aide, **Sup**-Supervisor, **T/TA**-Classroom Staff, **Veh**-Vehicle

Form & Service Area	Completed by	Activity/Monitor/Review/Track	Completion Due	Routing (Direction in which the form travels)
Classroom Calendar EDS	T/TA	Ensure Classroom Staff send calendars out to parents each month. Check for accuracy in spelling, grammar, and events. Opportunities to visit and assist in the classroom should be encouraged.	1st day of the month-posted on information board	Original - Classroom Staff ⇒ Post Copy - Classroom Staff ⇒ P/G
EHS Transitioning Folder EDS	EHS/PG	Use checklist on transition folder to monitor that all conferences and updates have been completed.	Set up when child is 29 months	Original -CGI/II⇒P/G Copy -CGI/II⇒ Area Team Leader ⇒ Classroom File
EHS Family Conference Form EDS	CGI/II	Caregivers will list developmental accomplishments for each domain. Family input will be included. Next steps will include specific at home activities that support children's needs. Caregivers will enter in data systems. Copy provided to parents, when requested.	1 Home Visit & 1 Parent Conference each semester; try to have five –six weeks apart	Original - Classroom Staff ⇒ FACSPRO & CC.Net Copy - Classroom Staff ⇒ Classroom File Monitored by Area Team Leader
PHS Head Start Daily Schedule EDS	T/TA	Schedule reflects daily routines and events. Post in classroom.	Posted in the classroom	Original - Classroom Staff ⇒ Area Team Leader ⇒CHS Copy - Classroom Staff ⇒ Post Monitored by Area Team Leader
PHS Field Trip Log EDS	T/TA	Check for completion of field trip log. All spaces must have the appropriate marks and signatures per DHR requirements. Dates on log must match the field trip date. This DHR form required for walking trips.	Upon completion	Original - Classroom Staff ⇒ Classroom File

RECORDKEEPING & REPORTING GUIDE FOR 2009-2010

Key: **App**-Applicant, **ATL**-Area Team Leader, **CF**- Classroom File, **CGI/II**-Caregiver I/ II, **CHS**-Child Health Services, **CSS**-Classroom Support Staff, **CTL**-Content Team Leader, **C**-Copy, **CPF**-Center Personnel File, **CS/DE**-Computer Services, **CVN**-Center Visit Notebook, **DS**-Disability Services, **DRV**-Driver, **EDS**-Education Services, **Emp**-Employee, **F**-Central Office File, **FD**-Facilities Director, **Fis**-Fiscal, **FS**-Family Services, **FSM**-Family Service Manager, **FST**-Family Service Translator, **HR**-Human Resources, **J**-Janitor, **LS**-Licensing Services, **MHS(RS)**-Mental Health Services/Resource Specialist, **OA**-Other Agency, **O**-Original, **P**-Post in classroom, **P/G**-Parent/Guardian, **PRO**-Provider, **PS**-Preschool Head Start, **RS**-Resource Specialist, **Sec**-Secretary, **SNA**-Special Needs Aide, **Sup**-Supervisor, **T/TA**-Classroom Staff, **Veh**-Vehicle

Form & Service Area	Completed by	Activity/Monitor/Review/Track	Completion Due	Routing (Direction in which the form travels)
PHS Field Trip Request EDS	T/TA	Check for completion of request. ATL initial and date upon review. Purchase orders should be included for special events or transition trips, when needed. Events needing purchase orders MUST be requested FOUR WEEKS prior to trip. Request for advance funds form must be completed and turned in to receive money; when funds are available in the budget.	Must submit 4 wks. Prior to trip, when money is requested	Original - Classroom Staff ⇒ ATL⇒CTL⇒Director Copy - Classroom Staff ⇒ Classroom File
EHS Group Schedule EDS	CGI/II	Schedule computed in blocks of time--reflects activities that groups of children may participate	Posted in the classroom	Original -CGI/II⇒ Area Team Leader ⇒ CHS Copy -CGI/II⇒ Classroom File Monitored by Area Team Leader
EHS Individual Schedule EDS	CGI/II	Schedules will reflect changes as child ages [Every 4 months for infants and young toddlers]. Schedule completed in blocks of time reflecting each child's rhythms and patterns throughout the day.	Posted in the classroom	Original - CGI/II⇒ Center Visit Notebook Monitored by ATL
EHS/PHS Alabama Minimum Standards Materials <u>Verification Form</u> for Classroom Operation (Fall) EDS	T/TA	Check status of all required items. Verify minimum standards materials available in classroom. Mark items needing follow up. Checklist should be placed in the Center Visit Notebook. ATL to follow-up as needed.	September	Original - Classroom Staff ⇒ Center Visit Notebook Copy - Classroom Staff ⇒ Area Team Leader ⇒EDS
EHS/PHS Alabama Minimum Standards and Education Enhancement Materials Checklist (Spring) EDS	T/TA	Check status of all items. Mark items needing follow up. Checklist should be placed in the Center Visit Notebook. ATL to follow-up as needed. In April, attach checklist to classroom order.	April	Original - Classroom Staff ⇒ Center Visit Notebook Copy - Classroom Staff ⇒ Area Team Leader ⇒EDS

RECORDKEEPING & REPORTING GUIDE FOR 2009-2010

Key: **App**-Applicant, **ATL**-Area Team Leader, **CF**- Classroom File, **CGI/II**-Caregiver I/ II, **CHS**-Child Health Services, **CSS**-Classroom Support Staff, **CTL**-Content Team Leader, **C**-Copy, **CPF**-Center Personnel File, **CS/DE**-Computer Services, **CVN**-Center Visit Notebook, **DS**-Disability Services, **DRV**-Driver, **EDS**-Education Services, **Emp**-Employee, **F**-Central Office File, **FD**-Facilities Director, **Fis**-Fiscal, **FS**-Family Services, **FSM**-Family Service Manager, **FST**-Family Service Translator, **HR**-Human Resources, **J**-Janitor, **LS**-Licensing Services, **MHS(RS)**-Mental Health Services/Resource Specialist, **OA**-Other Agency, **O**-Original, **P**-Post in classroom, **P/G**-Parent/Guardian, **PRO**-Provider, **PS**-Preschool Head Start, **RS**-Resource Specialist, **Sec**-Secretary, **SNA**-Special Needs Aide, **Sup**-Supervisor, **T/TA**-Classroom Staff, **Veh**-Vehicle

Form & Service Area	Completed by	Activity/Monitor/Review/Track	Completion Due	Routing (Direction in which the form travels)
Family of Readers FS	FSM	FSM will document mtgs., # in attendance, RIF, Reading Challenge, STAR and SAFE.	Monthly	Original -FSM ⇨ Classroom File Copy - Faxed to FS-CTL
Substitute Packet FS	HR	This packet should be completed at NEO by HR, with required documentation and copy to each center where they will work. File is complete and on site before working.	Upon completion	Original -NEO/HR Copy Each classroom worked
Family Partnership Plan of Action FS	FSM	This form is used to document family goals and family services. Completed by FSM and Family Translators (as needed). FSM will enter process & goal into FACSPRO.	Upon completion	Original - FSM ⇨Classroom File when complete
Family Service Transaction FS	FSM	This form is used to document services to enrolled families. Completed by staff that assist families in receiving a service.	Upon completion	Original -FSM⇨FACsPro ⇨ Classroom File (When complete)
Literacy Survey FS	FSM T/TA	This form is to be completed at enrollment and at last Parent Conference. Entered by FSM.	Enrollment Last PC	Original - FSM ⇨ FACSPRO
Parent Survey/ Questionnaire FS	FSM	This form is completed by parents in April & submitted FSM. FSM will review an accumulative outcome from participating families.	April	Original -FSM send to FS-CTL
Reading Is Fundamental Class list & Book list FS	T/TA CGI/C GII	Each child must have a book with the correct distribution number (1,2,3) under the book selected. Extra books must be returned. Class list will be completed by T/TA; submitted to FSCTL by Sept 1, 2009. Each classroom's books must be accounted for. Check for accuracy.	Return 1 week after each distribution (Nov., Feb., April)	Original - Classroom Staff ⇨FSM⇨ Area Team Leader ⇨FS-CTL Copy - Classroom Staff ⇨Classroom File
Transition Roster FS	T/TA	Read instructions carefully as noted on grid.	2nd Home Visit	Original - Classroom Staff⇨ATL⇨ FS-CTL Copy - Classroom Staff ⇨ CF
Transition Report FS	T/TA	This report is included in Transition Packet that is given to parents at the end of school.	2nd Home Visit	Original - Classroom Staff ⇨P/G Copy - Classroom File

RECORDKEEPING & REPORTING GUIDE FOR 2009-2010

Key: **App**-Applicant, **ATL**-Area Team Leader, **CF**- Classroom File, **CGI/II**-Caregiver I/ II, **CHS**-Child Health Services, **CSS**-Classroom Support Staff, **CTL**-Content Team Leader, **C**-Copy, **CPF**-Center Personnel File, **CS/DE**-Computer Services, **CVN**-Center Visit Notebook, **DS**-Disability Services, **DRV**-Driver, **EDS**-Education Services, **Emp**-Employee, **F**-Central Office File, **FD**-Facilities Director, **Fis**-Fiscal, **FS**-Family Services, **FSM**-Family Service Manager, **FST**-Family Service Translator, **HR**-Human Resources, **J**-Janitor, **LS**-Licensing Services, **MHS(RS)**-Mental Health Services/Resource Specialist, **OA**-Other Agency, **O**-Original, **P**-Post in classroom, **P/G**-Parent/Guardian, **PRO**-Provider, **PS**-Preschool Head Start, **RS**-Resource Specialist, **Sec**-Secretary, **SNA**-Special Needs Aide, **Sup**-Supervisor, **T/TA**-Classroom Staff, **Veh**-Vehicle

Form & Service Area	Completed by	Activity/Monitor/Review/Track	Completion Due	Routing (Direction in which the form travels)
Transition Packet FS	T/TA	Transition Packet includes Transition Report and any information parent would like forwarded to child's next placement. * Refer to Transition Roster.	2nd Home Visit	Original - Classroom Staff ⇒P/G
Sign In/Out Form Child Care Facilities DHR-CD-1951 (A) FS LS	T/TA	This form is used to document daily sign in/out (am & pm) of enrolled children. Submitted to ATL of each cluster at the end of each month. Review for completeness of each authorized person name (first & last) and time in & out. ATL should forward to Child Health Services RS to use as documentation with USDA.	End of Month	Original -T/TA⇒CHS Copy -T/TA⇒CF
Change of Status ERSEA	FSM	Form to be completed by FSM and faxed to ERSEA-CTL weekly to change enrollment status of a child.	Weekly	Original -FSM ⇒ERSEA-CTL
Client Intake Packet ERSEA	EMP	All blanks on the Client Intake Form must be completed with the required information or documented n/a if not available. The Intake Form, child's birth certificate, child's insurance/Medicaid card, income verification (if needed), IEP/IFSP, Health History, Blue Slip, Customer Survey. Items are to be stapled together in order as listed above. During the months of Jan-July, Intake Packets will include an addressed envelope.	Upon completion	Original – Employee ⇒DE⇒ Central Office File Copy -EMP⇒ Classroom Staff ⇒ Classroom File
Community Survey ERSEA	EMP	This form is to be completed at time of intake by parent. This form is used to determine community needs. Other community members will complete this form during our Community Assessment.	Upon completion	Original – Employee ⇒DE⇒ Community Action Partnership

RECORDKEEPING & REPORTING GUIDE FOR 2009-2010

Key: **App**-Applicant, **ATL**-Area Team Leader, **CF**- Classroom File, **CGI/II**-Caregiver I/ II, **CHS**-Child Health Services, **CSS**-Classroom Support Staff, **CTL**-Content Team Leader, **C**-Copy, **CPF**-Center Personnel File, **CS/DE**-Computer Services, **CVN**-Center Visit Notebook, **DS**-Disability Services, **DRV**-Driver, **EDS**-Education Services, **Emp**-Employee, **F**-Central Office File, **FD**-Facilities Director, **Fis**-Fiscal, **FS**-Family Services, **FSM**-Family Service Manager, **FST**-Family Service Translator, **HR**-Human Resources, **J**-Janitor, **LS**-Licensing Services, **MHS(RS)**-Mental Health Services/Resource Specialist, **OA**-Other Agency, **O**-Original, **P**-Post in classroom, **P/G**-Parent/Guardian, **PRO**-Provider, **PS**-Preschool Head Start, **RS**-Resource Specialist, **Sec**-Secretary, **SNA**-Special Needs Aide, **Sup**-Supervisor, **T/TA**-Classroom Staff, **Veh**-Vehicle

Form & Service Area	Completed by	Activity/Monitor/Review/Track	Completion Due	Routing (Direction in which the form travels)
Eligibility Form ERSEA	EMP	Staff must sign both front and back pages. Staff must complete the priority grid and total the 2nd page of the Eligibility Form. Staff must mark family as income eligible or over-income and what documents they viewed to determine eligibility.	Upon completion	Original – Employee ⇒DE ⇒F Copy -EMP⇒ Classroom Staff ⇒ Classroom File
In-Kind ERSEA/DE	T/TA	Check for signatures and check math. Originals to DE. Do not keep a copy.	Weekly	Original --T/TA⇒ATL⇒DE
Monthly Average Attendance Analysis Report ERSEA	FSM	This report indicates the reason(s) for attendance being below 85% for the month.	3rd of each month	Original -ERSEA-CTL will send as needed Copy -ATL
Returning Child Status Form ERSEA	T/TA CGI/C GII	Staff must have parents complete a Returning Child Status Card on all returning children.	Upon completion	Original -T/TA⇒FSM⇒ATL⇒DE
Maintenance/Work Order Request Facilities Dir.	ATL	Employee will initiate by entering into FACSPRO system. This will make Facilities Director aware of the problem. Copy to supervisor.	As needed	Original -⇒ATL⇒FD⇒FACS Pro
Mileage Log Facilities Dir.	DRV	Driver will complete mileage log every time the vehicle is driven. Can be filed with Daily Inspection Log.	End of Month	Original -DRV⇒F

RECORDKEEPING & REPORTING GUIDE FOR 2009-2010

Key: **App**-Applicant, **ATL**-Area Team Leader, **CF**- Classroom File, **CGI/II**-Caregiver I/ II, **CHS**-Child Health Services, **CSS**-Classroom Support Staff, **CTL**-Content Team Leader, **C**-Copy, **CPF**-Center Personnel File, **CS/DE**-Computer Services, **CVN**-Center Visit Notebook, **DS**-Disability Services, **DRV**-Driver, **EDS**-Education Services, **Emp**-Employee, **F**-Central Office File, **FD**-Facilities Director, **Fis**-Fiscal, **FS**-Family Services, **FSM**-Family Service Manager, **FST**-Family Service Translator, **HR**-Human Resources, **J**-Janitor, **LS**-Licensing Services, **MHS(RS)**-Mental Health Services/Resource Specialist, **OA**-Other Agency, **O**-Original, **P**-Post in classroom, **P/G**-Parent/Guardian, **PRO**-Provider, **PS**-Preschool Head Start, **RS**-Resource Specialist, **Sec**-Secretary, **SNA**-Special Needs Aide, **Sup**-Supervisor, **T/TA**-Classroom Staff, **Veh**-Vehicle

Form & Service Area	Completed by	Activity/Monitor/Review/Track	Completion Due	Routing (Direction in which the form travels)
Daily Inspection Log Facilities Dir.	DRV	Driver will complete inspection of vehicle prior to first trip of the day and complete log. PM should forward a copy of maintenance and repairs to LS. Can be filed with transportation paperwork.	End of month	Original-DRV ⇒F
Child's Preadmission Record LS	T/TA	Completed @ enrollment. All spaces filled, 5 parent signatures, enrollment date, staff signature present @ bottom. 2 nd preadmission to be added completed by staff in English if parent needs a translator. All forms signed by parent & staff. Statement at bottom states translated by with staff signature.	Sept. 1- thereafter, 5 days after enrollment	Original-T/TA⇒CF⇒Place in red notebook Copy-T/TA⇒FSM
Staff Record Checklist LS	T/TA ATL	This form is used by staff and ATL to ensure that required paperwork is present and current in the Licensing Staff Folder. (Current info is to be on file with HR, also.) Complete checklist noting dates of expiration as applicable. Follow-up is required on paperwork that is or will expire during the program year. ATL will review new hires monthly, until complete. If follow-up is needed. ATL will make staff aware of needed follow-up.	New hires will be checked monthly until complete. Current information folders kept in center files.	Original--T/TA Copy -ATL
Training Certificate LS	EMP	When staff receive training in or out of agency, a training certificate is used for documentation. Training will be divided into Licensing topics and certificate is completed by staff. Staff will give certificate of their training to their supervisor and center staff will place a copy in Licensing Staff Folder. Supervisor will forward original to HR for training entry and filing. New Staff Training on newly hired staff provided after Pre-Service will be documented on training certificates as 30 day training and forwarded to HR for entry and filing.	All Training submit upon completion	Original-⇒HR⇒F Copy-EMP⇒CF (Applies to center staff)

RECORDKEEPING & REPORTING GUIDE FOR 2009-2010

Key: **App**-Applicant, **ATL**-Area Team Leader, **CF**- Classroom File, **CGI/II**-Caregiver I/ II, **CHS**-Child Health Services, **CSS**-Classroom Support Staff, **CTL**-Content Team Leader, **C**-Copy, **CPF**-Center Personnel File, **CS/DE**-Computer Services, **CVN**-Center Visit Notebook, **DS**-Disability Services, **DRV**-Driver, **EDS**-Education Services, **Emp**-Employee, **F**-Central Office File, **FD**-Facilities Director, **Fis**-Fiscal, **FS**-Family Services, **FSM**-Family Service Manager, **FST**-Family Service Translator, **HR**-Human Resources, **J**-Janitor, **LS**-Licensing Services, **MHS(RS)**-Mental Health Services/Resource Specialist, **OA**-Other Agency, **O**-Original, **P**-Post in classroom, **P/G**-Parent/Guardian, **PRO**-Provider, **PS**-Preschool Head Start, **RS**-Resource Specialist, **Sec**-Secretary, **SNA**-Special Needs Aide, **Sup**-Supervisor, **T/TA**-Classroom Staff, **Veh**-Vehicle

Form & Service Area	Completed by	Activity/Monitor/Review/Track	Completion Due	Routing (Direction in which the form travels)
EHS Infant DECA Classroom Profile MHS	CG I /CGII	Completed or revised with each new enrollment and DECA Screen/re-screen for children 1 month to 18 months—within 30 days of enrollment and after rescreen.	w/in 2-4 weeks of enrollment; Failed rescreens @ 8 wks—due 30 days after enrollment.	Original – MHS ⇨ DE Copy – Classroom File
EHS Toddler DECA Classroom Profile MHS	CG I /CGII	Completed or revised with each new enrollment and DECA Screen/re-screen for children 18 months to 36 months—within 30 days of enrollment and after rescreen.	w/in 2-4 weeks of enrollment; Failed rescreens @ 8 wks—due 30 days after enrollment.	Original – MHS ⇨ DE Copy – Classroom File
PHS DECA Classroom Profile MHS	T/TA	Completed or revised with each new enrollment and DECA Screen/re-screen for children 3-5—within 2-4 weeks of enrollment; Failed rescreens @ 8 weeks—due 30 days after enrollment.	w/in 2-4 weeks of enrollment; Failed rescreens @ 8 wks; due 30 days after enrollment.	Original – MHS ⇨ DE Copy 3rd page only – Classroom File
Behavior Concerns Observation Summary MHS	T/TA	Completed for all behavior concern incidents.	With Intervention or after observation	Original -Classroom file Copy-MHS
Behavior Intervention Request MHS	T/TA	Complete for behavior concerns. Send with consent form and documentation of behavior	After completion	Original ⇨Area Team Leader ⇨ Mental Health-RS Copy- Classroom Staff⇨ File

RECORDKEEPING & REPORTING GUIDE FOR 2009-2010

Key: **App**-Applicant, **ATL**-Area Team Leader, **CF**- Classroom File, **CGI/II**-Caregiver I/ II, **CHS**-Child Health Services, **CSS**-Classroom Support Staff, **CTL**-Content Team Leader, **C**-Copy, **CPF**-Center Personnel File, **CS/DE**-Computer Services, **CVN**-Center Visit Notebook, **DS**-Disability Services, **DRV**-Driver, **EDS**-Education Services, **Emp**-Employee, **F**-Central Office File, **FD**-Facilities Director, **Fis**-Fiscal, **FS**-Family Services, **FSM**-Family Service Manager, **FST**-Family Service Translator, **HR**-Human Resources, **J**-Janitor, **LS**-Licensing Services, **MHS(RS)**-Mental Health Services/Resource Specialist, **OA**-Other Agency, **O**-Original, **P**-Post in classroom, **P/G**-Parent/Guardian, **PRO**-Provider, **PS**-Preschool Head Start, **RS**-Resource Specialist, **Sec**-Secretary, **SNA**-Special Needs Aide, **Sup**-Supervisor, **T/TA**-Classroom Staff, **Veh**-Vehicle

Form & Service Area	Completed by	Activity/Monitor/Review/Track	Completion Due	Routing (Direction in which the form travels)
Behavior Intervention Strategies MHS	MHS	Document strategies, signatures, follow-up.	Upon completion of follow-up	Original - MHRS ⇨ Classroom Staff ⇨ File Copy - Mental Health-RS ⇨ Central Office File
Consent for Release of Information MHS	T/TA MHS	Needed for referral to Mental Health Center. Review for parent signature, witness signature and dates.	After completion	Original -OA⇨ Central Office File Copy - Area Team Leader ⇨T/TA⇨ CF
Mental Health Child Observation Consent MHS	T/TA	Must have parental consent for an observation by MHS.	After signature obtained	Original - Area Team Leader ⇨ MHRS Copy - Classroom Staff ⇨ CF
Mental Health Observations MHS	MHS	Completed during child observations.	At time of visit	Original – MHS Copy – Center visit notebook/classroom file
Parent Observation MHS	T/TA	Complete @ enrollment. Review for completeness & parent signature. Track.	5 days after enrollment	Original - Classroom Staff ⇨ Classroom File



Head Start
Update of Client Information
Child's Name Suzy Sunshine
Center-Classroom ID# 3600A
Classroom Name Sunnyville

I. Change of Personal Information

A. Change Address/Phone:

Address: 350628 Sunshine Way

City: Sunnyville State: AL Zip: 36002

Phone:

Home (256)123-4567

Work (256)890-1234

Message (____)_____

Other (____)_____

B. Change Legal/Guardian Name:

(FACSpro Intake Form must be completed on ALL new family members)

Child Parent

Change From: _____

Change To: _____

C. Change of Custody:

(FACSpro Intake Form must be completed on ALL new family members)

Foster Natural Relative Other

Date: ____/____/____

New Family Name: _____

Parent/Guardian: _____

II. Change Other Information

Insurance: Add Drop Effective Date: ____/____/____

Medicaid #: 5000006981238

Insurance Company: _____

Insurance #: _____

Parent Signature: Rayne Cloud _____ Date: 08/25/08

Staff Signature: Ms. Helpful _____ Date: 08/25/08



Head Start Update of Client Information

Child's Name _____
Center-Classroom ID# _____
Classroom Name _____

I. Change of Personal Information

A. Change Address/Phone:

Address: _____

City: _____ State: ____ Zip: _____

Phone:

- Home (____) _____
- Work (____) _____
- Message (____) _____
- Other (____) _____

B. Change Legal/Guardian Name:

(FACSprou Intake Form must be completed on ALL new family members)

- Child
- Parent

Change From: _____

Change To: _____

C. Change of Custody:

(FACSprou Intake Form must be completed on ALL new family members)

- Foster
- Natural
- Relative
- Other

Date: ____/____/____

New Family Name: _____

Parent/Guardian: _____

II. Change Other Information

Insurance: Add Drop Effective Date: ____/____/____

Medicaid #: _____

Insurance Company: _____

Insurance #: _____

Parent Signature: _____ Date: ____/____/____

Staff Signature: _____ Date: ____/____/____