

Child File Monitoring Cover Sheet - HS/EHS & FCC

Date: _____ Center: _____ Location ID.: _____ Staff Reviewed _____

Rating Sections

A. Enrollment Met Not Met
 B. Health/Nutrition Met Not Met
 C. Child Development Met Not Met
 D. Disabilities/MH Met Not Met
 E. Family Services Met Not Met
 F. 45/60/90 Day Compliance Met Not Met

M= 80% and above, NM= 79% or less

Comments:

Please review and fix all "Not Mets"/initial/and return to FS Dept. by _____

Plan of Action/ Follow-up	Who's Responsible	Date Due

Reviewer

Family Worker/Home Visitor

Supervisor

Date

Copies to: Supervisor Area Manager FW/HV Copy to Return to FS Dept No Follow Up Needed