



2009-2010 HIPPA COPA CHECKLIST



Primary/Secondary Caregivers Data		
<input type="checkbox"/> Eligibility Information	<ul style="list-style-type: none"> • First Name* • Last Name* • Gender • Application Date (date parents sign application)* • Birthdate* • Education Level • Employment Status • Address (city, state, zip, county and township)* • # in Family (immediate family only) • # in Household 	
<input type="checkbox"/> Income	<ul style="list-style-type: none"> • Income (monthly/weekly/yearly) 	
Child Data		
<input type="checkbox"/> Child Application	<ul style="list-style-type: none"> • First Name* • Last Name* • Application Date (date parent signs application)* • Gender* • Birthdate* • Primary Language* • Ethnicity/Race* • Social Security Number • Parental Status • Program Model (Use HIPPA PF%) • Program Option • Hours per day 	
<input type="checkbox"/> Growth Assessment	<ul style="list-style-type: none"> • Date (initial date of assessment) • Height • Weight • Due Date (2 years from initial due date) 	
<input type="checkbox"/> Developmental Screening	<ul style="list-style-type: none"> • Has child completed routine screening.....Yes/No • Screening Date • Instrument • Result (passed or failed) <ul style="list-style-type: none"> ○ If passed you may submit ○ If failed you need to select a 'Screening Decision' and comment 	
Attendance		
<input type="checkbox"/> Attendance	<ul style="list-style-type: none"> • Child Data Sheet – Visits* <ul style="list-style-type: none"> ○ Visit Date* ○ Visit Type* 	
HR - Staff Information		
<input type="checkbox"/> Staff Profile	<ul style="list-style-type: none"> • Status (defaults to active) • Title, First Name, Last Name* • Employee ID (registry number) • Work Phone • Email • Social Security Number 	
<input type="checkbox"/> Employment Information	<ul style="list-style-type: none"> • Initial Hire Date* • Position* • Staff Classification • Agency • Site • Employment Type* • Salary • Salary Type 	<ul style="list-style-type: none"> • PIR – will always be other • Termination Date (if applicable)* • Termination Reason (if applicable) *
<input type="checkbox"/> Credentials	<ul style="list-style-type: none"> • Education Level/Degree* 	<ul style="list-style-type: none"> • Permits*

	<ul style="list-style-type: none">• Major• Enrolled toward next degree*• Currently in College*• Yrs of Experience in: (you must enter hours)*<ul style="list-style-type: none">○ Teaching○ Parent Training○ Community Organization○ Other	<ul style="list-style-type: none">• Certifications*
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* Required for MIS reports