



# Spokane County Head Start/ECEAP/EHS TABLE OF CONTENTS CHILD/FAMILY FILE

HOME BASED			
Required Documentation	C+	“As Needed” Documentation	C+
<b>Family Partnership Documentation:</b> <input type="checkbox"/> Family Services Events <ul style="list-style-type: none"> <li>• Case Management</li> <li>• Communication Log</li> <li>• Home Visits</li> <li>• Referrals</li> </ul> <input type="checkbox"/> FSPA/Goals Worksheet ( <i>Goals in C+</i> ) <input type="checkbox"/> Transition Plan Checklist (EHS)	*     * *	<input type="checkbox"/> Attendance Concern Notification <input type="checkbox"/> Enrollment Drop Notification	
<b>Legal:</b>		<input type="checkbox"/> Authorization to Disclose and Receive Information <input type="checkbox"/> Restraining Order <input type="checkbox"/> Dependency Plan <input type="checkbox"/> Protection Order <input type="checkbox"/> Temporary Custody Order <input type="checkbox"/> Subpoena <input type="checkbox"/> Parenting Plan <input type="checkbox"/> Child Protective Service Report	*
<b>Enrollment:</b>	*  *  *	<input type="checkbox"/> Declaration of No Income <input type="checkbox"/> CACFP Enrollment/Income Eligibility Application ( <i>for siblings who attend Stay N Plays</i> ) <input type="checkbox"/> Family Housing Survey <input type="checkbox"/> Transfer Request <input type="checkbox"/> Other Supporting Document	*
<b>Education:</b>		<input type="checkbox"/> Child Developmental History <input type="checkbox"/> Ages and Stages Questionnaire <input type="checkbox"/> Ages and Stages Questionnaire: Social / Emotional	

Required Documentation	C+	"As Needed" Documentation	C+
<b>Special Services:</b>		<input type="checkbox"/> Consent for Screening, Assessment and Exchange of Information <input type="checkbox"/> Authorization to Disclose and Receive Information <input type="checkbox"/> Evaluation Results <input type="checkbox"/> IEP/IFSP (current on top) <input type="checkbox"/> Mental Health Consultant Information <input type="checkbox"/> Mental Health Consultant Documentation <input type="checkbox"/> Behavior Incident Report	* * * * * *
<b>Health and Nutrition:</b> <input type="checkbox"/> Immunizations - Certificate of Immunization <input type="checkbox"/> Health, Dental, and Diet History <input type="checkbox"/> Sensory/Growth Screening Results <input type="checkbox"/> Well Child Examination Record <input type="checkbox"/> Dental Examination Record  <b>Pregnancy:</b> <input type="checkbox"/> Pregnancy Enrollment Information <input type="checkbox"/> Prenatal Home Visit Planning & Documentation	* * * * *     *	<input type="checkbox"/> Immunization 30-Day Notice • <input type="checkbox"/> Immunization Exclusion Order • <input type="checkbox"/> Individual Health Plan (IHP) • <input type="checkbox"/> Minor Incident/Accident/Illness Reports <input type="checkbox"/> Incident/Accident Report (CCS) <input type="checkbox"/> Growth Grids <input type="checkbox"/> Health Concern Letter • <input type="checkbox"/> Head Lice Notice / Bed Bug Notice <input type="checkbox"/> Health Requirement Reminder <input type="checkbox"/> Lead Exposure Risk Letter <input type="checkbox"/> WIC Information Request <input type="checkbox"/> Nutrition Diet Request: Food Allergy Intolerance <input type="checkbox"/> Nutrition Diet Request: Menu Adaptation <input type="checkbox"/> Nutrition Request for Fluid Milk Substitution <input type="checkbox"/> Request for Special Dietary Accommodation <input type="checkbox"/> Other Information from Providers	* * * * * * * * * * * *
<b>Home Services Planning &amp; Documentation</b> <input type="checkbox"/> Home Visit Planning & Documentation Forms			
<b>Previous Year(s) Information:</b>			

**Legend:**

• = Hard copy in file and entered in ChildPlus