



# Spokane Head Start/ECEAP/EHS

## TABLE OF CONTENTS CHILD/FAMILY FILE

HEAD START/EARLY HEAD START	
Required Documentation	“As Needed” Documentation
<p><b>Legal:</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Authorization to Disclose and Receive Information</li> <li><input type="checkbox"/> Restraining Order</li> <li><input type="checkbox"/> Dependency Plan</li> <li><input type="checkbox"/> Protection Order</li> <li><input type="checkbox"/> Temporary Custody Order</li> <li><input type="checkbox"/> Subpoena</li> <li><input type="checkbox"/> Parenting Plan</li> <li><input type="checkbox"/> Consent for Screening, Assessment, and Exchange of Information</li> </ul>
<p><b>Enrollment:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Emergency Release and Treatment Authorization</li> <li><input type="checkbox"/> CACFP Enrollment Form - Copy to Nutrition Specialist (<i>document status in ChildPlus</i>)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Application</li> <li><input type="checkbox"/> Annual Income Worksheet</li> <li><input type="checkbox"/> Continuing Enrollment Agreement</li> <li><input type="checkbox"/> Language Line Forms</li> <li><input type="checkbox"/> FSPA Worksheet</li> </ul>
<p><b>Education:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Child Developmental History</li> <li><input type="checkbox"/> Ages and Stages Questionnaire</li> <li><input type="checkbox"/> Ages and Stages Questionnaire: Social / Emotional</li> <li><input type="checkbox"/> Parent / Teacher Conference forms</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Individualized I/T Daily Communication Logs</li> </ul>
<p><b>Health and Nutrition:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Certificate of Immunization Status (CIS) or Certificate of Exemption (COE) – signed*</li> <li><input type="checkbox"/> Well Child Exam Record</li> <li><input type="checkbox"/> Dental Exam Record</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> WIC Information Request</li> <li><input type="checkbox"/> Nutrition Diet Request: Menu Adaptation*</li> <li><input type="checkbox"/> Nutrition Request for Fluid Milk Substitution*</li> <li><input type="checkbox"/> Request for Special Dietary Accommodation*</li> <li><input type="checkbox"/> Immunization Exclusion Order</li> <li><input type="checkbox"/> Other Information from Providers*</li> <li><input type="checkbox"/> Nutrition Diet Request: Food Allergy/Intolerance</li> </ul>
<p><b>Attendance:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Classroom Sign-In/Sign-Out Logs</li> </ul>	

\*Scan and attach in Child Plus. Retain original in file for updates.