



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

HOME BASED

Required Documentation	"As Needed" Documentation
<p>Family Partnership Documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Home Services Planning and Documentation (HSPD) (<i>most recent on top</i>) <input type="checkbox"/> DST Family Documentation <input type="checkbox"/> DST Family Case Management (<i>long form</i>) (<i>if not recorded on DST Family Documentation</i>) <input type="checkbox"/> FSPA/Goals Worksheet <input type="checkbox"/> Transition Plan Checklist (EHS) 	<ul style="list-style-type: none"> <input type="checkbox"/> Other DST Family Case Managements <ul style="list-style-type: none"> • w/DST, Parent, Providers • Pre-Attendance <input type="checkbox"/> Attendance Concern Notification <input type="checkbox"/> Enrollment Drop Notification
<p>Legal:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Authorization to Disclose and Receive Information <input type="checkbox"/> Restraining Order <input type="checkbox"/> Parenting Plan <input type="checkbox"/> Child Protective Services Report <input type="checkbox"/> Dependency Plan <input type="checkbox"/> Restraining/Protection Order <input type="checkbox"/> Temporary Custody Agreement <input type="checkbox"/> Subpoena
<p>Enrollment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Release and Emergency Treatment Authorization <input type="checkbox"/> Agreement Form <input type="checkbox"/> Application <input type="checkbox"/> Income Statement <input type="checkbox"/> CACFP Enrollment Form (Copy to Nutrition Specialist) 	<ul style="list-style-type: none"> <input type="checkbox"/> Declaration of No Income
<p>Education:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child Developmental History <input type="checkbox"/> Denver II Screener/PDQ II <input type="checkbox"/> Ounce Scale Developmental Profiles <input type="checkbox"/> Child Individual Plans <input type="checkbox"/> Ounce Scale Observations Records <input type="checkbox"/> Ounce Scale observations (from socializations) 	
	<p>Special Services:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consent for Screening, Assessment and Exchange of Information <input type="checkbox"/> Summary Provider Analysis <input type="checkbox"/> UPCD Assessment <input type="checkbox"/> IFSP (current on top) <input type="checkbox"/> Mental Health Consultant Information <input type="checkbox"/> Mental Health Consultant Documentation

Required Documentation	"As Needed" Documentation
<p>Health and Nutrition:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Immunization (CIS) <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 <input type="checkbox"/> Growth Grids <input type="checkbox"/> ChildPlus report #455 (when child drops and/or end of school year) 	<ul style="list-style-type: none"> <input type="checkbox"/> Immunization Thirty Day Notice <input type="checkbox"/> Immunization Exclusion Order <input type="checkbox"/> IHP <input type="checkbox"/> Minor Incident/Accident/Illness Reports <input type="checkbox"/> Incident/Accident Report (CCS) <input type="checkbox"/> Health Concern Letter <input type="checkbox"/> Head Lice Notification <input type="checkbox"/> Health Requirement Reminder <input type="checkbox"/> Lead Exposure Risk Letter <input type="checkbox"/> WIC Information Request <input type="checkbox"/> Fluid Milk Allergy Letter <input type="checkbox"/> Food Allergy/Intolerance Information <input type="checkbox"/> Special Diet Request (<i>Parent generated</i>) <input type="checkbox"/> Special Diet/Allergy Information (<i>NS generated</i>) <input type="checkbox"/> Nutritional Assessment (<i>NS generated</i>) <input type="checkbox"/> Other Information from Providers
<p>Pregnancy:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pregnancy Enrollment Information <input type="checkbox"/> Prenatal/Post Partum Anticipatory Guidelines Checklist 	
<p>Attendance:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Socialization attendance
<p>Previous Year(s) Information:</p>	