



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

CENTER BASED

Required Documentation	"As Needed" Documentation
<p>Family Partnership Documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> DST Family Documentation (<i>most recent on top</i>) <input type="checkbox"/> (Quarterly) DST Family Case Management (long form) (<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"/> Late Arrival/Pickup Contract <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 <input type="checkbox"/> Continuing Enrollment Agreement (FD only)
<p>Education:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child Developmental History <input type="checkbox"/> ESI (PS) or Denver II (I/T) <input type="checkbox"/> DECA (PS) <input type="checkbox"/> Creative Curriculum Child Development and Learning Checklist (PS) <input type="checkbox"/> Creative Curriculum I/T Progress Record <input type="checkbox"/> CIP Fall/Winter (PS) – (Initial, Fall, Winter) <input type="checkbox"/> End-of-Year Conference (PS) <input type="checkbox"/> Child Individual Plan I/T Center Based (Initial, Fall, Winter, Spring) <input type="checkbox"/> Individualized I/T Daily Communication Logs 	

Required Documentation	"As Needed" Documentation
<p>Child Outcome Reports:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Creative Curriculum Profile (PS) <input type="checkbox"/> Creative Curriculum Profile (I/T) <input type="checkbox"/> DECA – Parent/Teacher Profile (PS only) <input type="checkbox"/> DECA – Child Annual Profile (PS only) 	
	<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 Analysis <input type="checkbox"/> UPCD Assessment <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"/> Child Observation and Individualized Positive Guidance Plan <input type="checkbox"/> Behavior Incident Report
<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"/> Medication Administration Authorization <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 <input type="checkbox"/> Special Diet/Allergy Information (NS generated) <input type="checkbox"/> Nutritional Assessment (NS generated) <input type="checkbox"/> Information from Outside Providers
<p>Attendance:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Classroom Sign-In/Sign-Out Logs 	
<p>Previous Year(s) Information:</p>	