



Spokane Head Start/ECEAP/EHS

TABLE OF CONTENTS CHILD/FAMILY FILE

HEAD START/EARLY HEAD START	
Required Documentation	“As Needed” Documentation
Legal:	<input type="checkbox"/> Authorization to Disclose and Receive Information (Head Start Forms A-Z) <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"/> Consent for Screening, Assessment, and Exchange of Information
Enrollment: <input type="checkbox"/> CACFP Enrollment Form - Copy to Nutrition Specialist (<i>document status in ChildPlus</i>)	<input type="checkbox"/> Continuing Enrollment Agreement
Education: <input type="checkbox"/> Child Developmental History <input type="checkbox"/> Ages and Stages Questionnaire <input type="checkbox"/> Ages and Stages Questionnaire: Social / Emotional <input type="checkbox"/> Parent / Teacher Conference forms	<input type="checkbox"/> Individualized I/T Daily Communication Logs
Health and Nutrition: <input type="checkbox"/> Certificate of Immunization Status (CIS) or Certificate of Exemption (COE) – signed*	<input type="checkbox"/> WIC Information Request <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"/> Immunization Exclusion Order <input type="checkbox"/> Other Information from Providers*
Attendance: <input type="checkbox"/> Classroom Sign-In/Sign-Out Logs	<input type="checkbox"/> Nutrition Diet Request: Food Allergy/Intolerance Form – (NOTE: Part of Health and Nutrition)

*Scan and attach in ChildPlus. Retain original in file for updates.