East Missouri Action Agency, Inc.
A Community Action Agency
HEAD START
"An Equal Opportunity Employer"

CONTACT SHEET

Center _____ **Child's Name** _____
Parent's Name _____

Date	Code	Comments	Staff Initial

H – Home Visit **PM – Parent Meeting** **H – Health** **O - Other**
C – Center Visit **P – Phone Call** **R - Referral** **N - Note**