Two Week Newborn Home Visit Form

Head Start Performance Standards requires that each pregnant mother enrolled in our program receives a home visit within two weeks of giving birth. The focus of the home visit is to assess the well-being of the mother and the child and ensure that the family has a medical home for the baby. This visit does not take the place of a well-child check or medical care for the mother. The purpose of this form is to verify that an Early Head Start enrolled family has received a two week post partum home visit from a qualified health staff person.

Date of Visit: ______________________

Mother’s Name (first and last): ____________________________

Child’s Legal Name (first and last): ____________________________

DOB: ______________________

Visit completed by (name/title): ____________________________

Program/Agency: □ MIHP □ Healthy Futures □ Other ____________________________

Does this child have a medical home? □ Yes □ No

Topics covered in home visit:

□ Infant Health □ Infant Safety □ Feeding and Nutrition □ General Development
□ Family, Social Support, Parenting and Childcare

Resources and Referrals Shared:

Ways our program can support this new mother and child?

Signature ____________________________ Date ____________________________