

# EARLY HEAD START CHILD/FAMILY INFORMATION ACTIVITIES AND INVENTORY

Child:

DOB:

Date of Entry:

CFS:

**Recruitment (R&H)**  
 Intake  
 Eligibility Verification Page  
 Child's Health History\*  
 Directions to Home  
 Disclosure with Parental Consent

**Enrollment/Orientation Home Visit**  
 Review Intake  
 Review Child's Health History\*  
 Family Partnership Agreement\*  
 Parental Consent Form\*  
 Parent Handbook  
 Child Abuse Reporting Policy (see parent handbook )  
 Community Resource Directory

**Enrollment Paperwork**  
 Getting to Know Your Child and Family  
 Home Safety Checklist \*/\*\*  
 Pedestrian Safety Training\*  
 IFSP (if applicable)  
 Other Parent Address (if applicable)

**Completed w/in 45 days of Enrollment**  
 ASQ 3 Screener  
 Hearing & Vision Screen  
 DECA I/T

**Completed w/in 3 months of Enrollment**  
*(need PSC approval to complete outside 3 months)*  
 Family Outcomes Tool  
 Family Partnership Goals

**Parent Satisfaction Survey Completed**  
 1st yr      2nd yr      3rd yr  
*Reminder -give at time of Transition (if prior to annual)*

**Application Packet**  
 Eligibility Verification Page  
 Intake  
 Directions to Home  
 Change of Status

**Child Development Information**  
 Home Visit Plans  
 EHS Inkind Tracking

**GOLD Development and Growth Report**  
 Fall      Winter      Spring      Summer

**Screeners**  
 DECA I/T (within 45 days, then annually)  
 ASQ 3 Screener (within 45 days)

**Family Partnership Process**  
 Family Partnership Agreement\*  
 Home Practices Spring      Fall  
 Needs Assessment  
 Family Partnership Goal Sheet Support  
 Tools\*\* (PAT tool box, Strengths & Interest, YJT)

**Family Information**  
 Getting to Know Your Child and Family  
 Family Home Safety Checklist\*/\*\*  
 Pedestrian Safety Training  
 Parental Consent Form\*  
 Other Parent Address\*\*

**Key**    \* Review document each September  
          \*\* Review as needed

**Health Information**  
 Disclosure with Parental Consent\*  
 Child's Health History\*  
**Health documents found in ChildPlus**  
 Well Child Checks/Waiver  
 Dental Exams  
 Hemoglobin/Hematocrit  
 Lead  
 Hearing Screen (within 45 days)  
 Vision Screen (within 45 days)  
 Immunization Records/ Wavier

**Health/Mental Health Forms as needed**  
 Medical Referral  
 Head Start Medical Follow-up  
 Mental Health Release  
 Mental Health Child/Family Referral  
 Mental Health Referral/Screening Report  
 Mental Health Treatment Follow-up

**Special Services Forms (as needed)**  
 IFSP              ISP              IEP  
 Referral for special needs U/H-53  
 Diagnostic Report U/H-55R

**Transition Planning**  
*(begins at 30 mo or 6 mo. prior to next education setting)*  
 Transition Activities Log on CP  
 Transition Recap Form  
 Miscellaneous

**Forms to pass onto HS setting**  
 Forms to share with next educational setting (with Parental Disclosure if outside out program) refer to the Transition Recap Meeting form on nmcaehs.com website, under the transition tab.