

EHS Monthly Home Visit Follow-Up/In Kind Tracking

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Month/Year:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dual Enrolled:** Yes No

**Health**

Does the child have medical insurance: Yes No Follow-up? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WIC (Lead & Hemoglobin) Date/Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WBC Date/Conversation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dental Date/Conversation/Curriculum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Screenings (Due within 45 days) and Follow-up**

Vision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hearing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASQ: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_eDeca: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Engagement**

Family Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Need Identified Follow-Up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other service provider updates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Need Identified Follow-up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Socialization Ideas:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In-Kind Tracking**

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| --- | --- | --- | --- | --- |
| Date | Description | Activity | Hours | Family Miles |
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Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7/23 Reference: HS 1303.4 EHS & HS Teams/EHS/Enrollment

IN-KIND GUIDANCE

*Share with parents what in-kind is and how it is earned (refer to What is In-Kind)*

Each year, as part of the grant that provides the Head Start funding keeping your child‛s program

operating, our program must receive 25% of our funding from local donations of time, money, materials,

and services in order to continue to receive the grant. That means we need help from parents and the

local community to continue to operate these programs. Parent involvement in their child‛s education is

key to their future success and in-kind is a great way to be involved.

Examples of ways parents can help with in-kind:

* Attending playgroups
* Participating in at-home extended learning activities
* cleaning/fixing/gardening to keep the center looking great
* prepping materials for groups and or home visits
* taking their child to required program health appointments
* serving on Policy Council
* Completing and tracking activities on the in-kind activity calendars

**Description**

* Use this column to record a description of the in-kind activity.
	+ Ex. 30 Month Well-Child Check
* For activities completed by parents in the home between visits, write “I-K “ and the date of the hv plan that lists the specific activities.
	+ Ex. IK 6/24/23
* For activities completed from the EHS In-Kind calendars, write the code at the bottom of the calendar
	+ Ex. IK Caldendar Cognitive 0;W2

**Activity Codes**

* HA Home Activity
* HL Health Activity
* MP Material Preparation
* MT Meeting (IFSP, Transitions etc. )

**Hours**

* Use the “in-kind hours” column to record the amount of drive time and/or time spent on an activity.
* Travel time to and from program required health and dental appointments and meetings. Time spent at appointments will not be counted.

7/23 Reference: HS 1303.4 EHS & HS Teams/EHS/Enrollment