

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
- Income Information (Including FIS, Third Party Documentation, etc.)
- Directions to Home
- Change of Status

Child Development Information

- Home Visit Plans
- EHS Inkind Tracking
- GOLD Development and Growth Report**
- Fall _____ Fall _____
- Winter _____ Winter _____
- Spring _____ Spring _____
- Summer _____ Summer _____

Screeners

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

Family Partnership Process

- Family Partnership Agreement**
- Family Outcome Tool
- Family Partnership Goal Sheet (review monthly)
- Support Tools** (PAT tool box, Strengths & Interest, YJT)

Family Information

- Getting to Know Your Child and Family
- Home Safety Checklist**/**
- Pedestrian Safety Training
- Parental Consent Form*
- Other Parent Address**
- PIR Misc/Child Plus PIR data questions

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 (begin 6 mo. prior)

- Transition Activities Log
- Transition Recap
- Miscellaneous

Forms to pass onto HS setting

- Refer to EHS Transition to HS document on nmcaehs.com website, under transition tab

Key * Review document each September

** Review as needed

Early Head Start Family Partnership Agreement

Family Name: _____ Child Family Specialist: _____

Congratulations! You have been selected to take part in our Early Head Start program. Early Head Start is a home visiting program designed to support you as your child's first and most important teacher. Through weekly home visits and parent-child socialization groups, your family will partner with our team to support the development of your young child. ***Your role is to be your child's first and most important teacher and we are here to support your family along the way.***

As your home visitor, it is a privilege to be invited into your home each week. It is my responsibility to support your family and child development goals through weekly home visits, developmental screenings, and socializations. I will:

- offer you many ways to join in the program
- give support in your home language
- ensure you have a safe place to share personal information and keep confidentiality at all times
- offer activities that support your relationship with your child
- support regular attendance by letting you know if I need to change a home visit as soon as possible and try to change it for later that week
- identify needs, interests, strengths and goals that support your family's well-being
- support, link and partner with community resources and agencies
- team with agencies you partner with to support shared goals
- support your child and family's physical, mental and emotional health
- support parenting through Your Journey Together activities

As my child's first and most important teacher I understand:

- that socialization opportunities are a part of the program and are important growth experiences for my child. If I have trouble attending, I will talk to my home visitor about what supports I may need
- sharing information with my home visitor can support goal progress
- I will provide a space to meet that is free from interruptions such as phone and television
- I will participate in the activities I have chosen with my home visitor
- weekly home visits will help my child learn and be ready for school
- if I am unable to keep my weekly home visits on a regular basis, I will complete an Attendance Success plan
- if at any time the program no longer fits my schedule, and attendance cannot be maintained, my child may be placed back on the wait list
- identifying needs, interests, strengths and goals will support my family's well-being
- my home visitor will support, link and partner with community resources and agencies with my permission
- my home visitor will partner with agencies I work with to support shared goals with my permission
- a healthy child is a child that is ready to learn and grow! Hearing and vision screenings, immunizations, well child checks and dental care for my child are requirements to be part of this program

At any point during the program year, a Program Services Coordinator may come with your home visitor to your home and may contact you for program input. You are welcome to contact the Program Services Coordinator at any time with questions or feedback. Thank you for being part of Early Head Start!

Parent Signature/Date: _____ 2nd yr Initial/Date: _____ 3rd yr Initial/Date: _____

EHS Staff Signature/Date: _____ 2nd yr Initial/Date: _____ 3rd yr Initial/Date: _____

EHS PARENTAL CONSENT AND ACKNOWLEDGEMENT FORM

At this home visit orientation session I, parent/guardian of _____, (please print) have learned about program policies that will help to keep my child safe and healthy in order to promote a strong foundation for growth and development. My initials next to each item below indicate my acknowledgement and consent.

Developmental and Health Screenings and Assessments

_____ I give my consent for the following screenings and assessments to be performed and also understand that screening and/or assessment results will be shared with me in a timely and effective manner. **(1), (2)**

_____ Ages and Stages Questionnaire 3 (ASQ-3)

_____ Devereux Early Childhood Assessment Infant/Toddler (DECA I/T)

_____ I understand that NMCAA Early Head Start staff will be supporting my child's developmental progress using the Teaching Strategies GOLD online assessment tool.

_____ Hearing Screening

_____ Vision Screening

_____ I understand that a healthy child is a child that is ready to learn and grow! Required screenings, immunizations, and any health and/or dental follow up treatments for my child are requirements for participation in the Early Head Start Program. My home visitor will advise me about the procedures for accomplishing these requirements as well as help make arrangements for payment if necessary.

Attendance

_____ I understand that full participation is encouraged in the Early Head Start Program and will maximize my child's opportunities for growth. I am aware that if home visit attendance becomes sporadic, my home visitor will work with me to improve attendance and that an Attendance Success Plan may be part of this process. If at any time the program no longer fits my schedule, and attendance cannot be maintained, my child may be placed back on the waitlist.

_____ I understand that socialization opportunities are also a part of the program and are important growth experiences for my child. If I have having trouble attending, my home visitor will work with me to identify ways in which to remove any barriers.

Consultation

_____ I understand that throughout the program year, my home visitor may consult with a mental health professional to obtain advice on how best to promote social-emotional wellbeing and mental health of my child and family. As part of my enrollment in the program, I will have access to mental health services as I decide they are necessary. **(3)**

Media/Gift Release

_____ I grant permission to have pictures/videos taken of my child and/or family. These pictures may be used in displays, bulletin boards, recruitment, community news, educational publications and stories. **Disclaimer: This release does not allow for NMCAA to use children's pictures on any social media sites including but not limited to Facebook or Twitter.**

_____ Throughout the year staff may release my name, address, and/or phone number to agencies/organizations that might offer a gift/contribution to my child and/or family. (Gifts/contributions may not always be available)

Mandated Reporter/Parent Handbook Review

_____ I understand that all NMCAA Child Development Program staff are required by law to immediately report to Child Protective Services any suspected abuse and/or neglect. We all have a role to report suspected child abuse and/or neglect to ensure a safe environment for children in our community.

_____ I have access to a Parent Handbook that I can refer to for program information. This Handbook was reviewed with me by my home visitor and can be found at <http://www.nmcaa.net> Early Childhood, Family Corner, Early Head Start. I can also talk with my home visitor about any questions I might have.

Consent is voluntary, remains in effect for one year, and may be revoked by the undersigned at any time. Revocation is not retroactive and therefore does not apply to an action that occurred before the consent was revoked.

Parent/Guardian Signature:

Date:

1st Recertification Signature:

Date:

2nd Recertification Signature:

Date:

