



EHS Home Based File Checklist

Child's Name: _____ Enrollment Date: _____ CFS: _____ Program Year: _____

Reviewed: Oct Date/Initials: _____ April Date Initials: _____ Other Date/Initials: _____

	Document *Starred items reviewed & resigned annually <i>Italicized items in Child Plus or Learning Genie (not required in file)</i>	In File
Application	<i>Eligibility Verification Page and Application</i>	CP
	Optional Forms (Other Parent Address, Directions to Home)	
	Change of Status (<i>101-130 and OI in separate file w/attached waitlist</i>)	
Family Information Forms: (Reviewed & signed annually)	*Family Partnership Agreements <i>CP: Family Services Information Tab - Mark YES and enter date signed</i>	
	*Parental Consent Form	
	*Disclosures with Parental Consent (<i>CPS, Social Service Providers, etc</i>)	
	*Family Home Safety Checklist	
	*Pedestrian Safety Training	
	<i>Program Information Report (PIR) (completed at drop and annually)</i>	CP
Family Partnership	<i>Family Outcomes Tool (FOT) (initial due w/in 3mo of enrollment)</i> Fall: Spring:	LG
	<i>Needs Assessment: (initial is due w/in 3mo of enrollment)</i> Date: <i>CP: Family Services Information Tab - Mark YES and date when initial completed</i>	LG
	Optional Family Support Tools (YJT, Circle of Support, FSC Tools etc.)	
	Getting to know your child & family (<i>completed at enrollment & with transition recap</i>)	
	Family Partnership Goal Sheet (<i>Due within 3mo & reviewed monthly in Child Plus</i>)	
Child Development:	PAT Foundation Visits 1-8 & PAT Planning Guides with Parent Signatures	
	Optional PAT Tools (Personal Visit Records, Milestones, etc.)	
	<i>In-Kind (in Learning Genie and/or Paper Forms)</i>	
	ASQ 3 Screener (<i>within 45 days. Attached and documented in CP Health Tab also</i>)	CP
	DECA I/T (<i>within 45 days & annually; Attached and documented in CP Health Tab also</i>)	CP
	GOLD Checkpoint Learning & Development Reports: Fall: Winter: Spring: Summer:	
Health:	Hearing & Vision Screening Forms (<i>within 45 days</i>)	
	<i>Well Child Checks, Dental Exams, Lead & Hemoglobin (R&H documents in CP)</i>	CP
	*Release of Health Information	
	*Release of Oral Health Information	
	*Child's Health History	
Special Needs:	ISP, IFSP, IEP and/or related Disabilities Documents (<i>PSC uploads & tracks in CP Disabilities Tab, copy in file to support goals</i>)	
	*Disclosure with Parental Consent (ISD, other special needs providers)	
Mental Health:	Mental Health Referral & Release (MH6) or Mental Health Disclosure with Parental Consent	
Transition Planning:	<i>Transition Log (30mo or 6mo prior to next education setting)</i>	CP
	Transition Recap Forms	
	<i>Parent Survey Link Sent</i>	LG
Other		



Early Head Start Family Partnership Agreement

Child's Name _____ Child Family Specialist _____

Congratulations! You have been selected to take part in our Early Head Start program. Your Early Head Start home visitor will support you as your child's most important teacher through home visits and playgroups.

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. I will:

- offer you many ways to join in the program
- give support in your home language
- always keep confidentiality
- offer activities that support your relationship with your child
- offer 46 visits a year, and support attendance by letting you know if I need to reschedule to another day
- help identify needs, interests, strengths and goals that support your family's well-being
- support, link and partner with community resources and agencies as requested
- team with agencies you partner with to support shared goals
- support your child and family's physical, mental and emotional health

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

- playgroups can be important growth experiences for my child. If I have trouble attending, I will partner with my home visitor regarding supports I might need
- sharing information about my family and child with my home visitor will support goal progress
- we will need a space to meet our home visitor that is free from interruptions such as phone and tv
- my participation, using home materials whenever possible, is an important component of the activity we have chosen with our home visitor
- weekly home visits will help my child learn and be ready for school
- the importance of regular attendance (90%) and will complete an Attendance Success Plan if supports are needed.
- if at any time the program does not fit into my schedule, or attendance cannot be maintained, my child may be placed back on the wait list.
- my home visitor will support, link and partner with community resources and agencies when requested
- a healthy child is ready to learn and grow! Hearing and vision screenings, updated immunizations, well child checks and dental care for my child are requirements to be part of this program
- a supervisor/coach may come with my home visitor and may contact you for program information for continued program improvement

Parent Signature/Date _____

EHS Staff Signature/Date _____



EHS Parental Consent and Acknowledgement

At this enrollment visit, I parent/guardian of _____, have learned about program policies that will 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/Assessments

I give my consent for the following screenings and assessments to be performed and understand that screening and/or assessment results will be shared with me in a timely manner

_____ Ages and Stages Questionnaire (ASQ-3) _____ Devereaux Early Childhood Assessment Infant/Toddler (DECA I/T)

_____ Teaching Strategies GOLD online assessment tool

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 support me in accomplishing these requirements as well as make arrangements for payment if necessary.

Learning Genie

_____ 25% of our Head Start funding comes from you! Upon enrollment my child/family will be entered into Learning Genie. This app will support communication and will allow my home visitor to assign activities to do with my child in our home. Recording the time spent doing these activities in Learning Genie, along with documenting miles and time traveling to required health appointments supports our funding!

Consultation

_____ I understand that throughout the program year, my home visitor will consult with a mental health professional to learn how to best promote social-emotional wellbeing and mental health of families and children. I will have access to mental health services upon request.

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. *This release does not allow for NMCAA to use children's pictures on any social media.*

_____ 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 staff and volunteers are required by law to report any suspected abuse and/or neglect of children to Child Protective Services.

_____ I have access to the EHS 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 www.nmcaa.net/family_corner.asp. I can also talk with my home visitor about any questions I might have.

_____ I am aware that as a part of the Head Start/GSRP program my child's name, address, birthdate, and name of guardian will be entered into the Michigan School Data System, designed for state and federal data reporting. Occasionally, this system is used to determine additional benefits my child may be eligible for.

Parent/Guardian Signature: _____ Date: _____