

# 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.



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:

- wear a mask to protect the health and safety of children, staff and families
meet agency COVID19 vaccination requirements
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:

- masks are required for all persons over the age of two to reduce the transmission of COVID-19
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      \_\_\_\_\_ Hemoglobin/Hematocrit      \_\_\_\_\_ Height/Weight

\_\_\_\_\_ 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.

\_\_\_\_\_ 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 (such as additional food benefits distributed during the pandemic).

**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:

1<sup>st</sup> Recertification Signature:

Date:

2<sup>nd</sup> Recertification Signature:

Date: