

Community Action of Southeast Iowa

Early Head Start

First Home Visit Checklist

Child's Name _____ Family Name _____

Family Member's Present _____

Home Visit Location & Time (Visits are to be completed at the family's home - if the family declines a visit at their home the supervisor is to be contacted to discuss the reason and provide options for an alternate meeting place with the family.)

Visit Location

- Client's Home
Visit Declined @ Home by family
NO Show @ Home

Visit Time

_____ to _____

Visit Declined at Home

Discussion with Supervisor on ___/___/___

Reason: _____

Alternate Visit Location: _____

FIRST HOME VISIT CHECKLIST

INTRODUCTIONS:

- Welcome
Signing in/out**
Open Door Policy
Parent Handbook Review
Education Services
Classroom Policies
Pedestrian/Transportation Safety
Well Child/Daily Health Check**
Attendance - importance of calling in within first hour, working phone number, available contacts, staff ratio
Phone and Photo Policy

OTHER DISCUSSION POINTS:

- Daily Sheets/Happy Grams
Spare Clothes
PBIS Handout (distributed 4x/yr.)
Developmental Milestones Information Sheet
Review Emergency Consent/Parent Permission Form
Incident and Behavior Reports
Work Verification (for Child/Staff Ratio)
Safe Sleep Information
Menu**/'CACFP-Foods Tried at Home'
Sign Language
Take digital pictures of child/child and family
Health Concerns and additional information
Allergies
Potty training/diapers (start with store brand?)
Special Needs/adaptations
Medications

CURRICULUM:

- Creative Curriculum Early Learning Framework**
Daily schedule, lesson plans
Lending Library Permission Form
Update Infant/Toddler Needs and Services Plan
Parent Questionnaire
Family Yearly Calendar

COMMENTS/NOTES:

Four horizontal lines for writing comments and notes.

SCREENINGS:

- Brigance (due within 45 days)
ASQ (do with family)
Other screenings (Do parents have questions?)

ASSESSMENT PROCESS:

- Purpose of Classroom Assessment Tool
Gathering information through observations
Shared at P/T conferences and end of year
Used for goal setting together

* Please note: Bold = needs completion/delivered
**Sample to show

Participant Signature _____ Date _____

Staff Signature _____ Date _____