

Community Action of Southeast Iowa  
**Early Head Start**  
 Second Home Visit Checklist

Child's Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Family Members 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 \_\_\_\_  
**Best Way to Contact**  
 \_\_\_\_\_

**Visit Declined at Home**  
 Discussion with Supervisor on \_\_\_ / \_\_\_ / \_\_\_  
 Reason: \_\_\_\_\_  
 Alternate Visit Location: \_\_\_\_\_

**SECOND HOME VISIT CHECKLIST**

**ASSESSMENT/ CURRICULUM:**

- \_\_\_\_ Parents and Teachers share observations about child's growth  
 \_\_\_\_ **Share** samples of child's work  
 \_\_\_\_ **Share** activities
- Activities to promote growth and development
  - Promote community activities/library use
- \_\_\_\_ Does parent need information on anything else? (note below)

**INFORMATION to be Shared/Updated/Reminders Given**

- \_\_\_\_ **Review** Emergency contact information  
 \_\_\_\_ Work or School hour **changes?**  
 \_\_\_\_ Change of clothes for the new season (dressing in layers)  
 \_\_\_\_ Check cubbie/locker daily  
 \_\_\_\_ **Health Concerns and additional information**
- Allergies
  - Potty training/diapers (*start with store brand?*)
  - Special Needs/adaptations
  - Medications

**COMMENTS/ NOTES:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Complete a new report each time you make either your "second home visit" or make a home visit for any other reason.

\* **Please note: Bold = need completion/delivered**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_