

Community Action of Southeast Iowa – Head Start/Early Head Start
Family Development Specialist – First Home Visit Checklist

Child's Name: _____ Parent's 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.)

Home Visit Location or Result

_____ Client's home
_____ Visit declined at home by Family
Discussed with Supervisor on: _____
Alternate location: _____
_____ No show for visit

Visit Time

Start Time: _____
End Time: _____

Best way to communicate with family:

_____ Telephone
_____ Personal Contact
_____ Notes/Sign in and out folder
_____ Email: _____
_____ Other: _____

FIRST HOME VISIT CHECKLIST:

- _____ Open Door Policy
- _____ Parent Involvement Opportunities (*complete survey*)
 - Family Meals / PACT
 - Parent Group meetings
 - Policy Council
 - In-Kind: volunteering & home connection forms
- _____ Family Handbook Review
 - Center emergencies/cancellations
 - Health policies
 - Arrival & departure, car seats, parking at your site, pedestrian safety
 - Photo/cell phone policy, visitor conduct/ cursing
 - Attendance policy, importance of calling in, extended leave requests
 - Mandatory reporter, custody, confidentiality, records
 - Facebook – Follow us!

FORMS:

- _____ CACFP form (*fill out form*)
- _____ Review parent permission release
- _____ Review emergency medical consent (get insurance #)
- _____ Review screening consent (check for initials)
- _____ Review/discuss health history/allergies
- _____ Review/discuss nutrition assessment
- _____ Diet Modification form (*if applicable*)
- _____ EHS Work Verification (*turn in for staffing pattern*)

TOPICS DISCUSSED:

COMMENTS:

FAMILY SERVICES:

- _____ Strength & Needs Assessment
- _____ Family Partnership Agreement
- _____ ReadyRosie Parenting Curriculum (*show video*)
- _____ Special releases (if applicable)

REFERRALS/RESOURCES GIVEN:

HEALTH:

- _____ Physical (*turn in*)
- _____ Immunizations (*turn in*)
- _____ Discuss other screenings (*Hearing, Vision, Lead*)
- _____ Health Concerns or additional information

Parent/Guardian Signature

Date

Staff Signature

Date