EARLY HEAD START HOME BASED HOME VISIT TRAINING GUIDE
INDEX 2013-2014

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CURRICULUM
The EHS Home Based education curriculum includes goals for children’s development and learning. The written education plan outlines the experiences through which children achieve their goals, what staff and parents can do to help the children achieve their goals, and the environment and materials needed to support the implementation of the education plan.

The Home Based teachers will use the Parents as Teachers curriculum to establish the home visit guidance and education. Other resources are used to add depth or cover developmental areas lacking in the Parents as Teachers curriculum.

EDUCATION APPROACH
The home based teachers will implement the Parents as Teachers Curriculum. The goals of this curriculum include:

- giving the child a solid foundation for school success
- increasing the parents’ competence and confidence in giving the child the best possible start in life
- increasing parents’ knowledge of child development and appropriate ways to stimulate learning
- promoting a strong parent-child relationship
- developing true relationships between parents and schools
- providing a means for early detection of potential learning problems
- preventing and reducing child abuse and neglect

Education Approach
The home based education plan will provide an education program which is individualized to meet the needs of children from various populations by having a curriculum which is reflective of the needs of the population.

The Parents as Teachers Approach contains the following elements:

<table>
<thead>
<tr>
<th>Philosophy and Theoretical Framework</th>
<th>Human Ecology and Family Systems</th>
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<tr>
<td></td>
<td>Developmental Parenting</td>
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<td>Attribution Theory</td>
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<td></td>
<td>Empowerment and Self-Efficacy</td>
</tr>
<tr>
<td>Personal Visit Approach and Content</td>
<td>Parent educators facilitate, reflect, and partner with families. Focus on healthy pregnancies, parent-child interaction, Development-centered parenting and family well-being.</td>
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</tbody>
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| Structure of the Personal Visit    | Opening  
Parent-Child Interaction  
Development-Centered Parenting  
Family Well-being  
Closing |
| Screening                          | Family Centered assessment and child screening |
| Relationship between parenting and child development | 7 developmental topics addressed throughout the child’s development using key messages: sleep, attachment, nutrition, discipline, routines/transition, safety, and health. |
| Parenting behavior                 | Parenting behaviors: nurturing, designing/guiding, responding, communication, supporting learning. |
| Curriculum Structure               | Foundational Visits and Guided Planning Tools  
First visit, child development, parenting behaviors, developmental topics, brain development, family dynamics & culture, family supports, and planning as partners. |

**Multicultural Principles for HS Programs**

The 2010 IM, from OHS, indicated in the *REVISITING AND UPDATING THE Multicultural Principles for HS Programs* that knowledge of culture and home languages was essential for a teacher to provide instructional services to support children towards acquisition of English… The 2010 revised Multicultural Principles for HS Programs serving children from ages birth to five are listed below:

**Principle 1:** Every individual is rooted in culture

**Principle 2:** The cultural groups represented in the communities and families of each HS program are the primary sources for culturally relevant programming.

**Principle 3:** Culturally relevant and diverse programming requires learning accurate information about the cultures of different groups and discarding stereotypes.

**Principle 4:** Addressing cultural relevance in making curriculum choices and adaptations is a necessary, developmentally appropriate practice.

**Principle 5:** Every individual has the right to maintain his or her identity while acquiring the skills required to function in our diverse society.

**Principle 6:** Effective programs for children who speak languages other than English require continued development to the first language while the acquisition of English is facilitated.

**Principle 7:** Culturally relevant programming requires staff who both reflect and are responsive to the community and families served.

**Principle 8:** Multicultural programming for children enables children to develop an awareness of, respect for, and appreciation of individual cultural differences.

**Principle 9:** Culturally relevant and diverse programming examines and challenges institutional and personal biases.

**Principle 10:** Culturally relevant and diverse programming and practices are incorporated in all systems and services and are beneficial to all children and adults.
The teachers and parents can collaborate in helping young children become bilingual. Our teachers will encourage parents to maintain their home language. Parents must understand the importance of their child continuing to speak in their home language if they are to become bilingual. When teachers and children do not share the same language, then it is necessary to make the curriculum multi-linguistic. Suggestions for teachers include:

- encourage children to speak their home languages with adults who share that language.
- Ask parents to sing songs, tell a story, or read a book using their home language.
- Find story books in the children’s home language and/or have parents make story books in their home language to add to the curriculum.

If a parent requests an interpreter, the teacher will seek assistance from the Assistant Director of PACT.

I. The Goals for Children’s Development and Learning:

General and Individual Education goals

The home visit and socialization activities are designed to allow for success by the child. Each child and his family members are respected as unique individuals. Learning skills are planned and developed with parents for each child from the Ounce Scale and School Readiness Summary Report goals. At a minimum, the following are provided:

- **Physical** including beginning to understand and maintain safe and healthy practices. To achieve control of large and small muscles for movement, balance, self-care and exploration.
- **Social and Emotional** including self-regulation, self-concept, emotional and behavioral health, and social relationships.
- **Approaches to Learning** including the ability to stay focused, interested and engaged in experiences.
- **Language and Literacy** including the ability to use and understand English and/or home language.
- **Cognitive and General Knowledge** including the use of logic and reasoning skills to understand math concepts, scientific exploration and their history, culture and environment.

The EHS home based education plan will provide an education and child development approach for infants and toddlers based on the development of secure relationships; an understanding of the child’s family and culture; the development of trust and security; and the opportunity to explore sensory and motor experiences. The Program for Infant/Toddler Care (PITC) module is used to understand and develop secure relationships between teachers/parents and children. A triadic model approach is used to promote developmental parenting.

The parents are included in the curriculum development and are a resource for integrating cultural activities and specific family customs into the program. The parents are included in planning all aspects of the program. The parents’ active participation involves sharing knowledge about their child’s interests, resources, and needs; as well as choosing meaningful goals and experiences for their family. The parent curriculum planning is documented on the HVR (Home Visit Report) and the group socialization plan.
In the event that a child is enrolled that speaks another language, every attempt will be made to provide on a regular basis, an aide or volunteer who speaks the child’s language.

Materials and supplies will be provided for a bilingual program. When an interpreter is used during home visits or socialization, his/her signature is required on the Intake and/or HVR form and the socialization lesson plan.

II. What Staff and Parents Do To Help Children Achieve Their Goals

Goals for children’s development and learning are established in partnership with staff and parents and are based on the child’s ongoing assessment. The developmental areas that the curriculum will support include: approaches to learning, social and emotional, language, cognitive, and motor skills. The education coordinator is responsible for ensuring that the curriculum includes parent and teacher partnership in promoting the growth and development of each child.

The teachers will use the Parents as Teachers (PAT) curriculum to develop curriculum plans that will help the child achieve developmentally appropriate goals. The child’s educational experiences which focus on the relationship and interaction between the child and the parent will be implemented on each home visit. The Ounce Scale Profile and family journal will be reviewed on each home visit as an ongoing assessment of the child’s skill level.

Home visits and socializations will provide the opportunity to individualize the program by offering parents personal, one on one and group time. Procedures that will ensure that all development areas are being addressed will include:

1) The teacher and the parent working together to develop learning experiences that will support the parent’s ability to facilitate child development experiences which focus on the relationship and interaction between the parent and the child.

2) The teacher will document the learning experiences weekly on the HVR as well as the parent/child activities planned on each of the group socialization lesson plans.

3) The HVR will include documentation of specific dates, area, names, week and visit number.

4) The group socialization plan will document the topic for the group experiences, parent/child activities, and group discussions along with individual learning objectives for each age group.

5) The Linking Home Visit to Socialization form will include an individualized goal for the parent to do with the child at the socialization.

5) Using the PAT curriculum, Ounce Scale, and the SRSR goals for planning, the HVR will include: Discussion points-including the Ounce Scale or PAT Milestones and SRSR review, parent/child activity & book used, parent handouts, video segments, and observation notes that will be used for discussion/planning with the parent.

6) Integrate mental health, health, hygiene, dental, safety & nutrition activities into the curriculum on a regular basis and document on the HVR & socialization plans.
7) Child Management training guide and information for parents in the Parent Handbook

HOME VISIT GOALS
The overall goals for a home visit will include:
* Increasing parents’ feelings of confidence and competence as teachers of their child
* Increasing parents’ knowledge of child development
* To increase parents’ observation skills
* Providing opportunities for the parents to apply knowledge
* Prepare parents for the next stage of their child’s development/activities

To help parents attain these goals, the teacher will:
* Maintain rapport and develop a relationship with the family
* Provide appropriate child development information
* Help parents develop and implement their observation skills
* Support and reinforce the importance of the parents’ role as teachers of their children
* Solicit and respond to parents’ questions and concerns.

III. The Experiences Through Which Children Will Achieve These Goals

During socializations and home visits, the teacher will provide opportunities for parents and children to experience success. Teachers will help parents and children work through difficulties and support the child’s developing sense of self-confidence and self-worth. Teachers will help children set reasonable goals for themselves and do as much for themselves as possible to achieve these goals. The home visits and socialization plans will integrate health, nutrition, and safety education into the education program. Nutrition education will be included at each socialization and at nine monthly home visits. Non-perishable food or food items in the home will be used on these nine home visits. (See Section 1 Early Childhood Development & Health Services, Home Visit Nutritious Activities) The plans will also include health education relating to visits to the doctor and dentist, role-playing, healthy habits, as well as materials in the learning centers to promote an understanding of health care.

The home visit and socialization plans should support and encourage various ways and means for children to express their creative energies through music and movement, creative exploratory art, finger plays, puppetry, dramatic play, self-expression and other avenues for communication and expression. Ample opportunities should be planned for both indoor and outdoor activities.

SPECIFIC COMPONENTS OF A HOME VISIT
The visit will follow the PAT Curriculum and will include five specific components. Those components include:
RAPPORT-BUILDING - This component is fundamental to the visit. It represents establishing and building a relationship which supports all of the other components of the home visit.

- It begins with a friendly greeting, e.g., How are things going, What’s new since I saw you last? How have you been? What have you noticed that your child has done differently since our last visit?
- It is however, more than just a friendly greeting. It is engaging parents in conversation about what is going on in their life, how they are feeling about things. It is also important to take notice of parents and their surroundings. Have there been any changes, perhaps in room arrangements, hair style, etc?
- If the child is playing with a toy when the Teacher arrives, it is important to comment on, or join in, the child’s play. It is always good to use a child’s own toys and explain how they can be used. This reinforces the idea of following the child’s lead.
- Teachers must also observe cultural cues and be sensitive to family and community customs and norms. When Teachers respect family differences, parents feel recognized and valued.

ACTIVITIES - OBSERVATION - MILESTONES
One of the most important goals is to help parent become better observers of their child’s developing skills. The goal here is not only for the Teachers to be good observers, but also to help parents hone their observation skills.

Activities
Planned activities should be documented on the HVR prior to the home visit. Activities should be included for Approaches to Learning, Language, Cognitive, Social-Emotional, and Physical Development and Health learning areas. The visit must be flexible to meet the family’s needs so there may be times that the planned activities will not be carried out. Any variation from the plan should be documented on the HVR accordingly.

Observations
Within every home visit there is a section entitled Observations.

- Observation should not be limited to the observation section. Teachers should observe and discuss the child’s developmental characteristics and identify emerging skills throughout the visit.

- Teacher comments on parent-child interactions affirm the connection between the parent and child, and help the parent appreciate the significance of what she is doing for the development of her child.

- It is critical that teachers be positive, yet honest, in making comments about observations. A teacher’s response to what is observed is very meaningful to the parent.

The observation time would be a time to review the weekly goal chart left from last week. This activity would be reviewed to see if the developing skill has been completed, or if the family will continue to work on this skill or choose a new one. The same skill should not be left more than two weeks in a row. At this time the documentation on the Inkind form should be reviewed with the parent line the line.
<table>
<thead>
<tr>
<th>Timeline</th>
<th>Task</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st two weeks</td>
<td>Teacher discusses with the family their goals for the child and their understanding of their child’s current development.</td>
<td>Child/Family Cultural Survey, Language Acquisition Survey</td>
</tr>
<tr>
<td>1st 45 days</td>
<td>The child is screened.</td>
<td>ASQ and ASQ-SE(EHS) &amp; Denver Articulation if applicable</td>
</tr>
<tr>
<td>1st two weeks-Oct 31</td>
<td>Activities (that are aligned with the curriculum and assessment) are given weekly for families to work on School Readiness goals with their child. The weekly goals are broken down into small steps so that the long term goals can be achieved.</td>
<td>weekly goal charts</td>
</tr>
<tr>
<td>1st day-Oct 31</td>
<td>The teacher provides intentional learning opportunities in the home or socialization that will allow children to work on the School Readiness Goals. The teacher’s assessments of the child’s skills, interests and needs will be used to guide their planning.</td>
<td>Head Start &amp; Early Head Start Home Visit Report, Linking HV to Socialization plans and Socialization Plans</td>
</tr>
<tr>
<td>1st day-Oct 31</td>
<td>Child’s knowledge is assessed to establish a baseline. Every indicator on the assessment tool is rated and documentation is available to support the rating (work samples, photos, matrices, tallies, time samples rating scales, notes, diagrams, sketches, videotapes or audiotapes). The assessment is embedded into the curriculum so that progress can be monitored without “testing” the child.</td>
<td>PAT Milestones and Portfolio HVR is used for documenting observations</td>
</tr>
<tr>
<td>Nov 1st</td>
<td>Child’s screening results, parent input and teacher assessments are used to establish a baseline. Screenings are used for baseline only and not used for continuous assessment. This information is documented on the outcomes checklist and sent to Central Office for data compilation.</td>
<td>Outcomes and assessment portfolio</td>
</tr>
<tr>
<td>Visits/weeks 1-7</td>
<td>The individual child’s outcomes are evaluated by the teacher and family on or before visit #8. The teacher and family complete the School Readiness Summary and goals are chosen to prepare the child for transition to Head start or continued development. Send copy of SRSR to Supervisor</td>
<td>School Readiness Summary Report</td>
</tr>
<tr>
<td>Nov 1-Jan 31</td>
<td>The teacher continues home activities for the parents to work on school readiness goals with their child; providing learning opportunities; assessing the children (with documentation to support learning).</td>
<td>Goal charts, Home Visit Report, and Linking HV to Socialization Plans and Portfolio</td>
</tr>
<tr>
<td>Date</td>
<td>Task Description</td>
<td>Document/Portfolio</td>
</tr>
<tr>
<td>------------</td>
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<td>--------------------------------------------------------------</td>
</tr>
<tr>
<td>Feb 1</td>
<td>The teacher uses parent observations and assessments to evaluate the child’s learning. This information is documented on the outcomes checklists and sent to Central Office for data compilation. Send copy of updated SRSR to supervisor.</td>
<td>Outcomes and assessment portfolio</td>
</tr>
<tr>
<td>Ongoing</td>
<td>The teacher will discuss with the family the child’s progress on the established School Readiness goals. New goals can be written if the child achieves.</td>
<td>School Readiness Summary</td>
</tr>
<tr>
<td>Feb 1-April 30</td>
<td>The teacher continues home activities for the parents to work on school readiness goals with their child; providing learning opportunities; assessing the children (with documentation to support learning).</td>
<td>Goal Charts, Home Based Home Visit Report form, Linking Home Visits to Socialization Plans</td>
</tr>
<tr>
<td>May 1</td>
<td>The teacher uses assessments to evaluate the child’s learning. This information is documented on the outcomes checklists and sent to Central Office for data compilation. Send copy of updated SRSR to supervisor.</td>
<td>Outcomes and assessment portfolio</td>
</tr>
<tr>
<td>May-July</td>
<td>The teacher continues home activities for the parents to work on school readiness goals with their child; providing learning opportunities; assessing the children (with documentation to support learning).</td>
<td>Goal Charts, Home Based Home Visit Report form, Linking Home Visits to Socialization and Socialization Plans</td>
</tr>
<tr>
<td>By or before July 31</td>
<td>The teacher uses assessments to evaluate the child’s learning. This information is documented on the outcomes checklists and sent to Central Office for data compilation.</td>
<td>Outcomes and assessment portfolio</td>
</tr>
<tr>
<td>July</td>
<td>The teacher will meet with the family for the final discussion of child’s progress on the School Readiness Goals.</td>
<td>School Readiness Summary</td>
</tr>
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**Linking Curriculum and assessment**
The systematic approach relies on multiple methods and sources of information, such as detailed observation notes, work samples, videos, pictures, parent report, milestone checklists, etc. These records are used to determine which children are meeting key benchmarks, which are in the process of developing these skills and which children are not making adequate progress.

No matter which strategies are used, every teacher must find a way to ensure that each child gets individualized instruction based on the needs found in his/her assessment. Teachers need to use their observational skills to look for developmental and learning that are in a formative stage and give prompts, suggestions, models and hints to see what a child does with such help.

Recording information in a systematic way helps teachers to focus attention on each child’s development, on goals and objective, and on the way authentic assessment and good planning are linked. Teachers cannot rely on memory to recall children’s learning and accomplishments. The on-going assessment is used to track developmental strengths or concerns.

The purpose on on-going assessment:
- To monitor children’s development
- To guide individualized planning and decision making
- To identify children who might benefit from special help
- To report to parents
Teacher’s documentation and assessment are used:
  • To provide evidence of learning to parents
  • To guard against assumption that children have learned the skill
  • To make needed changes in response to what children have or have not learned.
Assessment helps decide:
  • Individualized planning
  • How long to work on a set goal or objective
  • When to make changes to help children learn

(See EHS/CC Infant Toddler Screening and Assessment Training Guide for full details.)

**DISCUSSION** - This is the opportunity for Teacher’s to address parenting issues. It is important to remember that discussions are not interviews, they are conversations.

  ★ A way to facilitate a comfortable exchange of information is by using “open ended questions”.
  ★ Solicit and respond to parents’ questions and concerns. The number of questions is likely to increase when their child is a toddler.
  ★ Let the parent know what to expect during the coming months. This helps parents establish realistic expectations for their child and be ready for upcoming changes in development.
  ★ Validate the importance of parenting, including the joys and challenges. Parents appreciate being reminded how hard and important their job is.

**PARENT-CHILD ACTIVITY** - Every visit includes experiences which promote parent-child interaction - developmentally appropriate activity, book sharing, and parent follow-up. The focus of the experiences is to emphasize the value of play and “hands-on” learning. After explaining the objectives and rational behind each activity, the teacher gives the activity to the parent. The individual objectives should correspond to and meet the needs of the child as documented on the child’s IEP or SRSR and Ounce Scale. The parent learns by trial and error, and should be allowed to try in their own way, with little interference from the teacher. This time includes all of the children present in the home with the teacher providing materials for the siblings also. The visit provides opportunities for creativity and self-expression. It is a time to demonstrate how to use every-day experiences and materials already in the home for teaching and learning. Opportunity should be provided for parent and child initiated activities during this time. For very young children, following their lead is recommended. The teacher should embed goals and assessment into the child’s play

  ★ It is very important to actively involve the parents in order to help them better understand their child’s learning process and the activity itself.

  ★ An explanation to the parent describing how the activity relates to the child’s development is essential.

  ★ Providing developmental interpretations of what is observed helps the parent understand the meaning of the child’s actions.
SUMMARY - This component is as essential as the previous four components. Parents have been exposed to so much important information, and will benefit from hearing again the few things you think are key. Every Summary has three components - key observations, parents’ strengths, and parent follow-up.

★ Under key observations, review and jot down the two or three most important points of the visit. Parents are more likely to remember just a few items and share this information with caregivers not in attendance at the visit.

★ Pointing out parents’ strengths affirms parents’ feelings of competence in their parenting role and as teacher of their child.

★ The parent follow-up is a reminder to parents about the importance of continuing to work with their child between visits. When parents have clear direction on how they can best promote the development of their child, it not only contributes to the skill development of the child, but also to the parents’ feelings of competence and confidence.

At a minimum, the last 20-30 minutes of the home visit are for planning future home visits and sharing socialization lesson plans; updating the Family Album, and SRSR and discussing family needs, parent education and other personal concerns. If possible during this planning time the child should be occupied with an activity, or given to another adult in the house, so that the parent can give their undivided attention to the planning process.

During the parent education/planning time, the Teacher explains the weekly handouts to the parent, highlighting any area he/she considers relevant, and discusses it with the parent. The Teacher should have prepared questions that relate to the handout in order to facilitate conversation and determine additional information that the family may need. The Teacher listens to the parent carefully for any concerns about which the parent might want to talk.

This is also a time for reminders of upcoming PACT activities. This time could be used to refer families to other agencies, get articles for the newsletter, discuss the Parent Lending Library, and get suggestions from parents concerning future needs or materials. Parent planning is documented on the HVR (✓) Ask for parent input for next visit - and list any ideas) The Home Visit report Form should be used to summarize the visit. Review the completed form with the parent, add observations and comments and get signatures. (See the Born to Learn and Foundational PAT Curriculum for Birth to Three for more information)

Home Visit
A total of 47 home visits plus the Intake visit are provided to each family during the program year. This may vary for prenatal families. The home visit is 1 ½ hours in length (or 1 3/4 hours for a double family enrollment.) The home visit must be made with the parent, step-parent, foster parent, or relative that is the primary caregiver, or other adult residing in the
home who acts as the primary caregiver. Any questionable situation should be referred to the Education Coordinator in consultation with the Parent Involvement Coordinator. Home visits must, over the course of a month, contain all Head Start components.

When possible, home visits are scheduled at a time with minimal disruptions. The teacher encourages parents to turn off electronics such as TV, cell phone and radio during the home visit and to discourage visitors and other distractions during the home visit time. It is encouraged that both parents be home and involved with the visit. The teacher works with the parents to locate space for the home visit which is reasonably clear of clutter and confusion and is physically comfortable for both the child and the adults. The Teacher enters the home with a written plan, the Home Visit Report (HVR) form, including a specific listing of parent-child activities, materials, and individual objectives. The plan should be flexible depending on the needs of the family. The whole visit may be done to meet the immediate needs of the family. Evening or weekend visits may be necessary to accommodate the needs of the family.

MAKE-UP VISITS
Make up visits are 1 ½ hours in length. A maximum of three (3) visits per family can be made in one week. The teacher and parent may also decide to do two back-to-back Home Visits where the Teacher would stay for three hours in order to complete the time requirement for two visits. Any variation needs to be approved by the Education Coordinator. Every attempt should be made to complete 48 home visits with each family. Home visits that are missed due to program or Teacher reasons, must be made up. Efforts to complete make-up visits should be documented on support offered form or make-up attempt log. If you are experiencing trouble with a family completing Home Visits contact the Social Service Coordinator and follow the procedures outlined in The Eligibility, Recruitment, Selection and Enrollment section of the Work Plans page 32-33. Dental and medical appointments and educational staffings cannot be counted as home visits. The top part of the first page of the HVR needs to be completed if there is a missed visit. Document the reason for missed visit and send white original to the CO. Keep the yellow NCR in child’s file.

DUAL ENROLLED FAMILIES
Families who have children enrolled in both the Head Start and Early Head Start Home Based programs may choose to have their home visits at the same time. This would mean the EHS and HS teachers would have overlapping time with the family. One teacher should arrive a minimum of 15 minutes before the other to have individual parent time. The other teacher would have a minimum of 15 minutes at the end of the visit with the parent. Each Home Based Teacher would be there for one and a half hours for a combined time because of the overlap of one and three fourths hours. Teachers must plan together before the home visit so they know which parts of the home visit can be combined. Most activities should be completed together with the whole family working together in the same room. There may be activities which are inappropriate or not safe for the EHS child. The EHS teacher will have a similar activity for the EHS child to do during that time.
Some of the benefits this type of visit offers are:
✓ showing the parent how to adapt materials and activities to fit all age levels
✓ more adults to work one on one with the children
✓ less stress in managing busy schedules for the family
**PRENATAL TO BIRTH OF BABY**

The HBT contacts the Health Coordinator when she receives the name of a pregnant mother for enrollment. The HB teacher will follow the Prenatal Timetable. Curriculums, resources and approaches appropriate for and available to PACT teachers to use with pre-natal families include: Parents as Teachers (PAT), Family Administered Neonatal Activities (FANA), Babies Can’t Wait, Partners for a Healthy Baby—Before Baby Arrives, What to Expect when You’re Expecting. Valid web, authors and agency resources include Early Head Start, The Ounce, T. Berry Brazelton and others as listed in the above curriculums.

The prenatal visits will include a 1 week Post-Partum Contact Visit and within 3 weeks of the baby’s birth, a Child Intake Visit. This Intake visit must be a minimum of 1 ½ hours.

When a mother delivers her baby, staff will contact the Assistant Director by phone. A Change of Status form will be completed and signed by the Teacher and sent to the Assistant Director, indicating information on the baby and verification of birth date. The mother will be dropped from the program and the newborn will be enrolled into EHS.

In the event of a pregnancy loss, HB services will be offered to help the parents through the grief process. Support for families in this situation will include:

- providing information about pregnancy loss and grief
- meeting with families to listen and support them
- helping family members recognize and understand the responses of others in their families and community.
- Working with family members to identify friends and family who can be supportive
- Making referrals to mental health services or support groups.

(see EHS tip sheet No. 49)

**The Post-Partum Contact Visit will be done within one week of the baby’s birth.** This contact visit can be done by phone or in person—this could be a courtesy visit done at the hospital (if the mother wishes). This Post-Partum Contact Visit will be documented on the HVR as PPC. The Post-Partum contact visit date is the drop date of the mother.

**The Child Intake Visit (for a newborn when we had the Pregnant woman enrolled)** will be conducted within 3 weeks of the baby’s birth. The EHS Child Intake form will be used for this HV—with NB (newborn) indicated by the items that need to be completed.

**Home Visit # 1** will be conducted within 30 days of the drop date of the pregnant woman. HVR will be week #1- visit #1 The Ages and Stages Questionnaire screening should be completed on visit #1.

When the baby is 6-8 weeks old, or before if indicated or at parent’s request, you will do the Eidenburgh Postnatal Depression Scale packet with the mother. Follow the instructions on the form and refer to section 2 Family and Community Partnership section 1304.4 (c) (2) (3).
IV. The Materials Needed to Support the Implementation of the Curriculum
Home Based Teachers use Parents as Teachers curriculum as their main source of guidance, but additional resources are used to expand and compliment and give further depth as needed.

Each teacher has access to the following resources at their office site.

<table>
<thead>
<tr>
<th>Home Base EHS Resources</th>
<th>Development area</th>
</tr>
</thead>
<tbody>
<tr>
<td>High 5 Mathematize</td>
<td>math</td>
</tr>
<tr>
<td>MESS Marvelous exploration through science and stories</td>
<td>science</td>
</tr>
<tr>
<td>Anti-bias curriculum</td>
<td>Social studies</td>
</tr>
<tr>
<td>What to Expect series</td>
<td>All areas</td>
</tr>
<tr>
<td>Babies Can’t Wait</td>
<td>Social-emotional/cognitive</td>
</tr>
<tr>
<td>Partners for a Healthy Baby</td>
<td>All areas</td>
</tr>
<tr>
<td>Early Sprouts</td>
<td>Nutrition and science</td>
</tr>
<tr>
<td>Hands On Heritage</td>
<td>Social Studies</td>
</tr>
<tr>
<td>A Sigh of Relief</td>
<td>Health and safety</td>
</tr>
<tr>
<td>Creative Curriculum Learning Games</td>
<td>All areas</td>
</tr>
<tr>
<td>Partner with Parents</td>
<td>Family engagement</td>
</tr>
<tr>
<td>Teenagers and Their Babies</td>
<td>Social-emotional</td>
</tr>
<tr>
<td>Developmental Centered Parenting</td>
<td>All areas</td>
</tr>
</tbody>
</table>

Additional resources are available in the Staff Resource Library. They are used to guide the provision of appropriate experiences, opportunities, materials, and interactions for all children. Basic developmental guidelines should be followed to ensure that appropriate age and stage considerations, as well as safety, are provided for the children enrolled in the program.

**PAT Curriculum (see PAT Curriculum PV-3 for further details)**
Homemade games, daily activities/routines, and materials in the home should be a part of every home visit. Emphasis is placed on the home as a teaching environment by use of household objects as educational materials and daily activities as teaching experiences. Home equipment and home –made materials should be used and documented on every home visit.

**Inventory**
Head Start Teachers have a Basic Inventory listing office and home visit supplies. There is a separate inventory for the socialization classroom. Teachers also have a Consumable Inventory listing supplies such as paper, paint, crayons… that are replaced yearly or as needed. Items that are identified as classroom furniture, office furniture, appliances, and machines will be issued a pre-numbered identification plate, which will be attached to that item and then tracked using that identification number. All other items that do not have a pre-numbered identification plate affixed to it will have “PACT” written on it with a permanent marker and tracked on the basic inventory. The inventories are completed a minimum of once a year by the Home Based Teacher. The Teacher signs the inventory and sends it to the Home Based Education Coordinator who also signs the inventory. The Coordinator updates the inventory list on the computer and files the hard copy with program records. If the update affects items with control numbers, the Office Manager is notified. If basic supplies are lost or broken or transferred, staff completes the form *Report of Lost, Broken, Stolen, or Transfer Items* and follows the directions on the bottom of the form.
**SCHOOL READINESS TOTES**
All HBT will have totes with age appropriate literacy materials. The items in these totes will be available for parents to check out weekly from September until two weeks before the end of the program year. Teachers are responsible for cleaning the items and requesting replacements. Teachers will bring inventoried and cleaned totes to the Central Office at the end of the program year. Parents are to be encouraged to use the items to promote literacy and reading time with their children and document their time on the *Inkind Record Report*.

**RECORD KEEPING**

**Education Files**
Education files are the responsibility of the Education Coordinator. Education files are kept in locked file cabinets or vehicles. Access is limited to component Coordinators, the Teacher assigned to serve the family, the supervisor, and office clerical staff responsible for record keeping.

**Children’s Working Files**
The teacher will set up and maintain a file on each child that is taken to each home visit. These files will be set up after the Intake visit and before Visit #1. The Home Based Education Coordinator will supply the teacher with binders, folders, dividers, tabs and labels for designating what form goes in the binder and where.

**Each Binder will contain:**
1) HVR Checklist
2) Timetable
3) Parent Education Handout Grid and any handouts for the visit
4) Emergency care information-copy
5) Permission and Consent from Parents – copy
6) Permission for Publicity and Public Relations for Foster Children, if applicable

The above items are located in tabbed sections in the child’s binder.

The following items are in specific folders/sections according to the Component:

**Social Service/ Parent Involvement folder:**
- Family Action Plan (if applicable)
- Support Offered forms, if applicable
- Volunteer Services Survey (original)
- Parent/Guardian ID form, if applicable
- Family Needs and Interest Survey - original
- Family Partnership Survey-until completed
- Social Service Referrals - until completed

**Health Folder:**
- Begin Sheet-Health screening information - until completed
- Follow Up Progress sheets - until completed
- Health Screening Progress sheet
- All medical alerts, medication and dietary forms- if applicable
Disabilities Services/Screening:
- Disability Progress Sheets
- IEP/IFSP copy, if applicable (not on prenatal)
- Copy of developmental screenings (Ages and Stages and Parent Questionnaire)

Education Services:
- School Readiness Summary Report (SRSR) (not on prenatal)
- Transition Plan- if applicable
- Home Visit Report forms (for current week and past week)
- Weekly Goal Charts
- Inkind (3-4 extras for parents)
- Linking HV to SA Form

The above forms are used for information or documentation during most home visits. It is important for these forms to be available and updated each week.

The forms below are useful for planning or while in the office, but once they are completed, do not have to be taken to each home visit.

The teacher will maintain files in her office that contain:

1) Yellow copies of the Home Visit Reports (HVR’s)
2) Children’s past files from previous enrollment
3) Copies of information/forms sent to Central Office if desired
4) Copy of Certified Birth Certificate of enrolled child
5) Verification of receipt (if applicable
6) Action Plans from other agencies (copy)
7) Social Service Release of Information, copy if applicable
8) Make-up visit attempt log, if applicable
9) Copies of child’s health screenings including: physical, immunizations, lead and TB, vision and hearing (if site is DCFS licensed)
10) Authorization for Release of Protected Health Information, copy
11) Payment Request-if applicable
12) Illness/accident reports (copies)
13) Releases for Health Screenings (copies
14) Parent Authorization for health and developmental procedure (copy)
15) Child/Family Cultural Survey
16) a copy of the child’s Application or Prenatal Application
17) copies of any Change of Family Status forms, stapled to front of application
18) Parent-Teacher agreement
19) Intake Visit Checklist
20) File maintenance checklist

All files will be used for self- assessment and record monitoring of the program and teacher. Teachers must be able to produce desired files upon request of Supervisor or Coordinators.
Home Based children who attend socializations in a licensed facility will have all the required DCFS paperwork included in the teacher’s child files. The teacher’s child files should be on site at the licensed site anytime the children are attending socialization there. See the form *Children’s records for DCFS files* and page 16 of section 10 (CB education records and training guide).

All files are confidential and need to be kept locked when in vehicle or office if teacher is not present.

**Parent-Home Based Teacher Agreement**

On visit one, an agreement between the teacher and parent is discussed and signed by both parties. The teacher should read each item on the agreement and check it if the parent agrees. The parent may check each item in the Parent Handbook and sign their copy of the agreement. There may be some items that the parent cannot agree to do. This is acceptable. This list is only to let the parent know what we expect of them. The teacher may need to emphasize the importance of being home for each visit and being willing to do make-up visits, as well as the procedure to follow if home visits must be canceled. For the prenatal families only – there is a different agreement specific to the needs of pregnant mothers.

The original form is kept in the prenatal/child’s file. The agreement is reviewed about the 17th visit and any problems are discussed at that time or as needed.

**Permission and Consent from Parents form**

The *Permission and Consent from Parents* form is completed, signed and copies made for the child’s file and the Health and Safety Notebook before the form is submitted to the Central Office.

If a parent states that they do not wish their child or family to be photographed for these purposes, the Education Coordinator is responsible for making Coordinators, Supervisors, and service personnel working with that child aware of this. A copy of any NO responses should be posted on the Health and Safety board at the socialization site.

If a foster child is enrolled, the teacher should note that on the form. *Foster parents or DCFS Caseworkers cannot sign THE PERMISSION FOR PUBLICITY. THE PERMISSION FOR PUBLICITY FOR FOSTER CHILD LETTER/FORM MUST BE MAILED TO THE Authorized agent of the DCFS guardian FOR PERMISSION FOR THE CHILD TO BE PHOTOGRAPHED FOR THE NEWSPAPER, ETC.* This form must be filled out according to the instructions on the form. In the event the press is present to cover a field trip or class event, or if someone other than a PACT staff member is taking pictures/videotaping activities and the Foster Child OR ANY CHILD does not have permission to be included-that child should be kept out of the picture, etc.
Newsletter
Home Based Teachers are required to turn in newsletter articles to the Parent Coordinator monthly. Articles should include program information and Home Visit and socialization themes. Articles are due into the central office by 4:30 of the due date on the program calendar.

Fun and Learning Handbook
The activities handbook called *Fun and Learning* is given to the child’s parent or guardian on the Intake visit. The activities handbook consists of activities that are developmentally appropriate children ages birth to 3 years old. These activities are documented on the *Inkind Record Report* by the parent.

Change of Family Status form
If at any time throughout the year family data changes, it is the Teacher’s responsibility to notify the Assistant Director by filling out a Change of Status form. Information to be noted includes:

1. New phone number
2. New address
3. New finding directions
4. Change in family name
5. New marriage
6. New additions, changes or removing of family members
7. Change in medical card, Kid Care, or Insurance status

The completed form should be mailed to the Central Office on the Teacher’s next office day. The Teacher should staple a copy of the completed Change of Family Status form to the front of the copy of the first 2 pages of the child’s/prenatal application that is in the child’s file. The Assistant Director will review the form when it is received and then forward it to the designee. The designee will make the change in the Child Plus computer data files and forward copies of the form to the Clerk/Typist, the Disability/Mental Health Coordinator and the Health Coordinator. The original *Change of Family Status* form is then stapled on the top of the child’s/prenatal original Application located in the Assistant Director’s lateral files.

Child/Family Cultural Survey
This form is completed with the family on visit #6 in conjunction with PAT Foundational plan #6. The parents are the resource for integrating cultural activities into the home visits and socializations. Teachers will use the information from this form to individualize for the children with activities specific to family customs or culture. Teacher keeps original- no copy needed at the Central Office.

Language Acquisition Survey
Form in English and Spanish
The Language acquisition survey is completed by the teacher when the family’s home language is other than English. The survey is designed to gather cultural and linguistic information about the child and family. The teacher uses the information to develop a plan for children’s continued use of the home language and a plan for children’s acquisition of English.
Teacher Observation of Parenting Skills form
This form will be completed by the EHS Teacher within 30 days of the child’s enrollment and a copy forwarded to the Parent Involvement Coordinator. Follow up will occur as indicated or applicable according to needs of the family. A second observation will be completed on the original form on each parent in June or after visit 39 if family has been enrolled since start of the program year.

The teacher will observe the following areas: Parent/child bond, appropriate expectations, consistent and positive discipline, child development knowledge, health & safety needs are met, and spending quality time with the child. The teacher will be able to observe these qualities of the parent through Home Visit time, at Socializations or during class time, by checking weekly goal chart and inkind record reports, and through interaction time at parent meetings.

Intake Home Visit and Intake Home Visit Form
There are two separate Intake Home Visit Forms - one is Prenatal Intake (this is used when doing an intake on a prenatal family) and the other is Child Intake Form (this is used when you are doing an intake with a family of an infant/toddler).

The intake home visit is the first visit made to the selected family. The Intake Visit for home based MUST BE 1 ½ HOURS.

The teacher and the parents set up a home visit time, (the prenatal family chooses what visit schedule will best suit their needs - INTENSE or MODERATE), discuss the Parent Orientation meeting, and plan for the child’s medical and developmental screenings. On the prenatal intake visit, the prenatal medical care for the mother should be discussed and assistance offered if needed. For this visit the teacher uses the appropriate Intake Visit Form, and marks a (√) by each item as it is discussed. Parents sign and date the form if they feel they will enroll in the program. The signed form is documentation that the family is officially enrolled. The enrollment date is the first day of EHS HB Week #1. Inkind for space for the Intake visit is verified on the intake form by circling “yes” the visit was done in the home.

Home Visit Report Form (HVR)
A home visit is planned weekly (or otherwise for the prenatal family) by the Teacher and parent for each enrolled family, prior to the home visit, using the Home Visit Report (HVR) form.

The PRENATAL HVR will have space to document: PAT activity and materials used, Discussion of parent handouts, video segment, Discussion points, Observations, Family Strengths, EHS Information shared, and any additional information that the parent would like to have further information on.

The PARENT/CHILD EHS Home Based HVR will have space to document lesson plans including: materials used, observations, and milestones to be observed/assessed, PAT parent-child activity, book used, parent handouts discussed, video segment, parent input for next home visit and/or socialization, program information shared, and family needs.
The HVR will show that all components are integrated in the home visit. Documentation will specifically show: Parent and Child Interaction/Education, Developmental-centered Parenting, Family well-being, and Parent Engagement have been discussed. When applicable, Special Needs and social services will be documented as being addressed. Whenever possible, the teacher should use materials and equipment in the home to help guide the parent in developing the child’s skills, using items that are readily available. If homemade materials/activities are used by the teacher, the teacher should offer a copy to the parent, so that learning can continue throughout the week. If purchased materials are used, the teacher should give the parent samples or ideas on how these could be replicated.

The HVR should clearly show homemade and home equipment that was utilized on the Home Visit. Each week the HVR form must reflect at a minimum of one activity and individualized objective planned in the 5 core learning domains including one gross motor activity. This activity should be something in which the whole family can participate and it meets the MVPA expectation of being intensive enough to raise the heart-rate. Indoor and outdoor space can be utilized to develop the physical development of the child.

Most activities should be planned and documented on the HVR prior to the home visit. Observations/discussions should be documented as they occur during the visit. If the parent or child have other activities they would like to do, the teacher may incorporate their ideas into the home visit if they are consistent with PACT’s curriculum or supportive of good child development. Document child’s lead or parent ideas on HVR.

All EHS information that is discussed, handed out, etc. must be documented in the space designated. (i.e. PACT Newsletter, Family Literacy, etc.) PAT Handouts must be dated on the EHS Handout Grid or the HVR.

Parent input for the next home visit and/or socialization should also be documented in the space provided.

Parents are encouraged to make comments and then sign the Home Visit Report. If the parent wants a copy of the HVR, the teacher will provide a copy. The teacher sends the original to the Central Office and keeps the duplicate in the child’s file. The HVR forms with Inkind attached are due no later than five days after the Teacher’s office day, unless a socialization activity is scheduled on the office day. If due to unusual circumstances these deadlines cannot be met, the teacher is to call and inform the Supervisor. In that case, the Supervisor and Teacher will jointly prioritize duties.

When Home Visits are not made on the scheduled day or time, but they are made at another time during the same week, then Teacher will use the original HVR to document the missed visit and the make-up visit. At the top of the HVR the code for missed visit is circled and reason why visit was rescheduled. The regular scheduled date will be put in the space marked scheduled visit time and the make-up visit date will be when the visit is actually completed. See ERSE section page 32/33 for more information.

If the home visit is missed and not rescheduled that same week, the first page of the HVR is sent to the Central Office with reasons documented for the missed visit and the top section completed. All duplicate copies of the HVR are returned to the Central Office at the end of the program year. Duplicate copies should be returned, filed by visit number and child.
**Child Plus attendance worksheets**  See ERSE section 5 of the Work Plans page 32.
Home Based Teachers will keep this report with them and document attendance on it daily. Home Based teachers will use the day/time slot indicated for each family on their monthly schedule to determine how to mark attendance. If a regularly scheduled Home Visit is canceled and made up in the same week, staff will mark HR/M or FR/M according to who canceled the visit. If a make-up visit is not made and the regularly scheduled visit was missed due to the fault of the staff member, it will remain an HR even if a make-up visit was attempted. Attempted make-up visits may be documented on the *Make-up Attempt Log*. A separate form should be used for each family and attempts documented throughout the year. A copy should be mailed to the Social Service Coordinator and the Teacher’s Supervisor. At the end of each month the Home Based Teacher will copy the attendance report to keep in her records and mail the original to the Central Office.

**Inkind Record Report**

The parent records the time they spent doing the listed activities. These activities are all related to the child’s individualized curriculum and are age and developmentally appropriate. The recorded time should be realistic for the attention span of infant and toddlers. The time recorded by the parent must reflect face to face interaction/teaching with the child. **These times should be reviewed by the teacher with the parent line by line on each home visit.** Any questionable time/activities should be adjusted at this time. It is the responsibility of the Teacher to go over the inkind and explain inkind to the parent.

The Teacher’s signature indicates he/she has reviewed the *Inkind Record Report* and verified that the time is accurate. The completed *Inkind Record Report* is attached to the *HVR* and is sent to the Central Office.

**It is the Teacher’s responsibility to train the parents on completing the inkind forms. A DVD on Inkind will be used on the Intake visit with all families.**

**Checklist for Quality Improvement in Inkind Record Report/:**

- ✓ Make checking validity of inkind with parent at each visit a priority. Your signature makes you accountable for the inkind.

- ✓ Make sure parents know that they don’t produce inkind simply to meet a program requirement, but that it is a way for them to learn how to observe and assess their child’s learning and development.

- ✓ Stress that inkind should reflect each week the goals being worked on (but not limited to).

- ✓ Get signatures from whoever worked with the child throughout that week

- ✓ Is parent in control of activity?

The teacher gives and collects inkind record reports weekly from each enrolled family.
Check to see if the amount of “teaching time” is feasible. It should be realistic for the attention span of infant/toddler children. Revise as necessary and discuss any changes with the parent.

If both parents worked with the child, BE SURE TO HAVE BOTH PARENTS SIGN THE FORM. If someone other than the parent has worked with the child, they must be 18 years or older to count their time. That person must sign the form where it says: “signature of other adult working with the child____________”. ANYONE LISTED AS WORKING WITH THE CHILD MUST SIGN THE FORM. If the line for Men in PACT has time listed, then there must be a man’s signature on the inkind record report. Please make sure it is clear enough for office staff to read so they can enter it in the computer.

WEEKLY GOAL CHART

Weekly Goal Charts are left with the parent beginning on the Intake Visit. Parents should refer to these charts when working with their children. The teacher and the parent will choose a goal for the parent to work on with the child weekly. This activity will be written on the Weekly Goal Chart as the goal. It will also be written on the HVR. The goal will be selected from the PAT curriculum, Parent Follow-Up Activity, the ongoing assessment or the SRSR Goals that were agreed upon by the teacher and the parent. The teacher will write the goal and find and attach a PAT activity page or Creative Curriculum Game Page or other guidance from assessment or curriculum that corresponds to the goal.

NOTE: THE GOAL IS WHAT YOU WANT THE CHILD TO DO. THE WEEKLY GOAL NEEDS TO BE MEASURABLE SO YOU CAN EVALUATE THE CHILD’S PROGRESS.

The goal lists a specific skill that will be worked on for that week. The goals should be attainable within 1-2 weeks. Each area of development (Language, Cognitive, Social/Emotional, Physical development and Approaches to Learning) should be covered every two months. The parent will be given a PAT activity page or Creative Curriculum Game Page that gives them ideas and activities to promote the goal. The parent activity pages are the parent’s to keep. The parent returns the completed Weekly Goal Chart with their assessment of if the child enjoyed and achieved the goal. The teacher keeps the goal chart in child’s portfolio.

The goal should be written in a full sentence which states who and specifically what will be accomplished. The WWWH format is strongly recommended. Who, Will do What, How often and with what aid

EXAMPLE: GOAL - Johnny will kick his legs alternately when excited.
Suggestions to develop skill: 1) Approach the child talking to him- may need to put arms out toward him
2) Hold an interesting toy about 12 inches above his chest

GOAL - Jane will feed self with a spoon
Suggestions to develop skill: 1) Jane will grasp spoon with right hand with mother guiding her
2) Jane will scoop up food with the spoon and bring up to her mouth

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The parent and the teacher will discuss what ways the parent will work on developing the skill with the child. Be sure to use home items and home-made materials to promote these skills.

In the next section, the parent records what their child’s response was to the goal and if they feel the child accomplished the goal.

The parent should record the time they spent working on the goal with their child on the Inkind Record Report. The parent includes the date, checks who worked with the child, the activity, and the teaching time.

When returning to the home the next week, review the Weekly Goal Chart with the parent. Make adjustments as needed and give additional instructions so that the parent understands and can complete the form thoroughly the next week. Extra time spent on teaching parents to record observations of goals at the onset will be beneficial throughout the program year and help the child progress towards school readiness and increase parent/child relationships. Parents should be encouraged to give the completed weekly goal chart back to the teacher as this is part of the child’s outcomes assessment.

School Readiness Summary Report (SRSR)
PACT provides an organized series of experiences to meet the individual differences and needs of participating children and their families. Service plans for each child and family are developed each year. For special needs children, the same process will be followed. The child’s IFSP goals will be considered when writing the SRSR. A School readiness Summary Report (SRSR)) is written on each enrolled child who has been in the program at least eight (8) weeks with no less than (8) more weeks to be enrolled before the end of the program year. New goals will be written to correspond with each family album age group. These goals will direct weekly goal charts for the remainder of the program year.

Writing the SRSR
Step 1
The first step for writing the SRSR begins on visit #1 with Ages and Stages screening. The results of the screening will be transferred to the top of the SRSR. Screening results will be recorded as OK, Potential Delay and or Referral in Process.

Transitions The teacher will mark “yes or no” to the question about child will be three before September first of the next school year. The transition plan will start with the completion of the Denver Articulation screening when the child is 30 months. Parents of children who are 30 months will receive transitioning information in their EHS Transition Packet. Teachers start the Transition Plan Checklist and send a copy to their supervisor. These families will need to complete a Head Start application for the next program year.

Step 2
Assessment continues using the Teaching Strategies GOLD and activities and documentation on home visits and at socialization. On visit #3 the teacher completes page #1 or the front of the SRSR. This information includes child’s age, number of years in EHS, screening results, temperament, strengths, interests and any concerns. The parent is asked to give the teacher three goals for their child to work towards during the year. All blanks need to be completed on
this form. If a section is not applicable then teacher should write N/A or answer the question “No” in that section.

**Step 3**

Using all information, the parent and teacher plan the SRSR goals during visit #6. As soon as the goals are selected, the teacher writes the SRSR. Enter the date the teacher actually writes the SRSR in the “date” space, and the date the teacher and parent discuss the completed SR should be included with the parent’s signature. Teacher should also assess if they feel the child is developing as expected at this time.

The bottom of page one asks for information about Pre-K services the child may be receiving. Teachers should get a release to discuss child’s progress with the Pre-K teacher.

**Step 4 EHS- writing measurable goals**

The teacher needs to attach a specific time-frame to the written goals.

Example- John will go up and down stairs (2 steps) holding adult hand 2 times a day by June 30, 2014

Who- usually the child or parent (John)
Will do what-the specific, measurable and or observable behavior to be performed (go up and down 2 stairs)
With what aid- what specific assistance (holding adult hand)
How often- (2 times a day)
By when- (June 30, 2014) will depend on age of the child.

On or before visit #8, the teacher will review and discuss the SRSR with the parent. At this time the parent signs and dates at the bottom of the form. Any adjustments can be made at this time. Copies are distributed as follows:

- copy– parent
- copy– Education Coordinator, then to clerical to file Due to HB Education Supervisor within one week of being signed by the parent.
- original– Kept by teacher to document review and dates achieved

Throughout the remainder of specified time period, the teacher will break down the goals and work on objectives on home visit activities and Weekly Goal Charts. The teacher should document in January, April and June the level of child’s development for each goal and the date reviewed with parent. Keep updated copy of SRSR in child’s file for review by supervisor upon request. The “Performance Review” sections will be completed using the teacher and parent’s observations and child’s individual assessment as a guideline. Use the terms: N-Not yet, E-emerging, and D-developed.

On visit # 46 the teacher will give child’s portfolio and final copies of SRSR goal pages to the parents. Teacher retains original SRSR forms in child’s file.
**Timetable for School Readiness Summary Reports**

<table>
<thead>
<tr>
<th>WHO NEEDS AN SRSR:</th>
<th>All enrolled children who have been in the program at least 6 weeks with no less than 8 more weeks to be enrolled.</th>
</tr>
</thead>
<tbody>
<tr>
<td>On visit # 3</td>
<td>Complete page 1 of SRSR with parent.</td>
</tr>
<tr>
<td>ON VISIT #6</td>
<td>Plan SRSR goals with parent using the school readiness outcomes, assessment tool, PAT milestones and child’s IEP.</td>
</tr>
<tr>
<td>After visit #6</td>
<td>SRSR is written by the teacher on office day.</td>
</tr>
<tr>
<td>ON or before VISIT #8</td>
<td>Review SRSR with parent on home visit. Adjust as needed. Sign. Distribute copies:</td>
</tr>
<tr>
<td></td>
<td>– Parent</td>
</tr>
<tr>
<td></td>
<td>- Education Coordinator</td>
</tr>
<tr>
<td></td>
<td>-Teacher retains original in child’s file.</td>
</tr>
<tr>
<td>VISIT #9-45</td>
<td>Teacher breaks down goals and works on them through home visit activities and Weekly Goal Charts. Document progress in Performance Review section. Document date achieved when completed.</td>
</tr>
<tr>
<td>January and April</td>
<td>Review child’s progress with parent and assess if child is progressing as expected or not, develop next steps if indicated and have parent sign. Send copies to Education Coordinator in January and April after Winter and Spring performance reviews and outcomes are completed. Write new goals as indicated by the child’s age or abilities.</td>
</tr>
<tr>
<td>2 WEEKS PRIOR TO END OF PROGRAM YEAR</td>
<td>Go over SRSR with parent, pointing out level of functioning. Fill in final review code. Have parent sign and date. Give a copy to parent. Keep original in child’s file.</td>
</tr>
</tbody>
</table>

**TASK ANALYSIS**

Task analysis refers to choosing a long term teaching objective (example from SRSR goal) and breaking that goal into several sequential smaller steps. These objectives or behaviors are tailored to meet the individual learning characteristics of a particular child. An objective for the child is determined based upon his/her present skill level, this goal may take a considerable amount of time to accomplish. To assure that the child is successful, the teacher would break the task down into a series of smaller, sequential steps which the child could achieve in a shorter time.

The procedures below aid in specifying the behavior you wish to teach and provide a step-by-step progression for the child in attaining the desired behavior.

An example of task analysis of using spoon to feel self:
Planned Objective: Will feed self with spoon
Present behavior: Grasps spoon with left hand, uses right hand to feed self with fingers
This is only an example of the progression one might use to teach this behavior. There are other ways also. The target behaviors you choose will be dependent upon the particular child’s present skill level and his/her style of learning.

It may be necessary to break the task into small steps for the child to achieve success; or it is possible that the child will reach the ESR objective without individual teaching of each sub-skill.

This process of task analysis often involves changing the condition under which the behavior occurs. Three types of conditions or aid are physical, visual, and verbal. The following example shows how by changing the conditions, the task becomes progressively less difficult and closer to the SRSR goal.

Planned Objective: Jane will self feed with a spoon
Present behavior: Jane can grasp a spoon with left hand and feeds self with fingers of right hand.

    Physical: Jane will grasp spoon with right hand with mother guiding her
    Verbal: Jane will scoop up food with spoon with verbal cues, “scoop-up-eat.”

An example of task analysis for a young infant kicking his/her feet:
Planned Objective: Johnny will kick his legs alternately when excited
Present behavior: Johnny kicks his legs at the same time while being talked to

    Physical: Johnny will kick his legs alternately with the assistance of his mother/father while she/he is talking to him.
    Visual: Johnny will kick his legs alternately while mother/father holds an interesting toy about 12 inches above his chest.

TERMS FOR APPROPRIATE SKILLS/ACTIVITIES

These activities will depend on the developmental level of each child.

LANGUAGE SKILLS - Responds to, but does not yet vocalize sounds, takes turns making sounds with parent(reciprocal vocalization), gurgles, and coos to show pleasure, vocalizes single syllables, such as ba, pa, ma and na, looks at books and points to familiar pictures names, names three pictures, initiates and carries on a short conversation.

COGNITIVE SKILLS - Focuses on high contrast objects, bats overhead objects, brings to mouth to explore, searches for objects which have been dropped or partly hidden, replaces a round shape into a shape sorter, takes things apart and tries to put them together again, matches identical pictures or objects.

SOCIAL-EMOTIONAL SKILLS - Can be comforted by caregiver, uses crying to alert parent to needs, stops crying briefly when parents approach, enjoys affectionate play, tries to be included in activity of the family, knows the difference between familiar people and strangers, says “no” often, follows 3 to 5 simple rules.
APPROACHES TO LEARNING- moves creatively to music- makes own music with toys or other items, uses imagination to use items in creative fashion, will make own creation out of various materials, will act out book or story or every-day situation using props or puppets, will use various art materials to express self, shows curiosity and cooperation towards their world and people in their world. Responds to the emotions of others, shows engagement and appropriate responses to materials and other people. Shows initiative and persistence when approaching tasks.

MOTOR SKILLS - Lifts head briefly when lying on his tummy, brings hands to midline, turns to either side, sits with support, holds toys with both hands, reaches and grasps items of interest, sits without support or help, bangs object on table, stands - holding to support, rolls, scoots or pulls body with arms, pulls self up to stand, stands alone, turns pages in a stiff book, uses index finger to point, runs, climbs, walks up stairs holding railing, kicks large ball forward, walks backward, runs, straddles and rides toy without pedals, scribbles spontaneously, etc.

Drops
When a child drops during the program year for any reason, regulations require replacement of the family within 30 days. As several attempts may need to be made before replacement is completed, it is important that the previous timelines set for intake procedures be strictly followed by all staff. The Home Based Teacher is required to notify the Assistant Director by phone when a family drops from the program. The Assistant Director will complete a Change of Status form for all drops and distribute as necessary.

File Maintenance Checklist
Staff use the File Maintenance Checklist (attached to the front of the child’s files at intake) when a child leaves the program in mid-year and for all children at the end of each program year. Staff will follow instructions on the form to shred form, retain form in file, or submit form to appropriate coordinator. All children’s files that drop mid-year will be hand carried by staff to the Central Office at the next staff meeting. All children’s files at the end of the program year will be hand carried to the Central Office as designated in End of Year Checkout Procedures. At the end of each program year, records for all children not returning are accumulated and placed in the locked record storage room. Children and family files are destroyed by the Office Manager five years after the end of the child’s enrollment in the program, unless instructed otherwise by the Executive Director.

Transfers and re-enrollments
No child will be transferred or re-enrolled without the approval of the Assistant Director. Home Based Teacher will communicate with the Assistant Director when they become aware that a child needs transferred or re-enrolled. If a child is being transferred or re-enrolled in the same program option, the Assistant Director will contact the Home Based Teacher who will be receiving the child. Arrangements concerning the child’s files will be made at this time.
When a child wishes to enroll or transfer from a Center Based Option into a Home Based Option the Assistant Director will contact the Home Based Teacher and tell her what Week number and visit number the Home Based Teacher will start on the HVR. The Home Based Teacher begins her visits according to what week number the child completed in the Center Based Option.

**Home Visiting Schedule**
This schedule is sent to the Central Office monthly or as changes occur. It will include the following information:

- Hour beginning and ending work
- Name of children and parents enrolled
- Total hours worked each day
- Telephone numbers
- The time frame of each visit
- Scheduled lunch time
- Office days and socialization dates

When a home visit is canceled, the Teacher is to call the Central Office to report a schedule change. The Teacher will also report their whereabouts for that time period so the Central Office can contact the staff member, if needed.

**Home Based Time Table**
The Home Based Time Table is used throughout the program year by the Teachers. It includes all four component areas of the Head Start Performance Standards. Each child’s binder will include a timetable for the teacher to use in documenting things completed on the home visit.

The time table will be used in conjunction with your PAT curriculum.

The Home Based Time Table is dated by visit number 1 through 47 and each activity listed on the Home Based Time Table must be completed on the corresponding Home Visit. It also includes guidelines for required socialization activities. Teacher dates and checks each line for the information or form discussed with parents.

The Home Based Time Table reminds the Teachers what activities should be discussed or completed with the parent. As new families enroll, the teacher begins with visit #1/ week #1. The Teacher has the flexibility to individualize the order of handouts.

The Home Based Time Table is revised every program year by the Program Coordinators and Executive Director, based on the revised Program Work Plans. Input is obtained from the staff, parents, and Policy Council members.

**Checklist-EHS home based HVRs**
This form is to be uses to document week and visit numbers and dates completed for each child. Each child’s working file will have this form so the teacher can document visits made or missed weekly.
Parent Education Handouts EHS HB
One of these grids is placed in each child’s file. Teacher dates when handouts are discussed and given to parents. Parents should be given handouts to meet their individual needs and child’s developmental level. One to three handouts should be given and documented weekly.

Reminders for Home Visits
This is an optional form teachers may use to remind them to cover these items monthly with each family as applicable.

Records Reminder
This form is useful to remind teachers of forms which need to be copied weekly or monthly and sent to the Central Office or their supervisor.

Parent Calendars for PACT activities
The teacher uses this to remind parents of program activities such as socializations, parent nights, newsletter due dates, home visits, and also appointments for health needs or community events. Teachers should give each family a monthly calendar specific for that child’s health and curriculum needs. The back side has space for the educational information.

Forward Screening for child plus entry
This form is completed when a child does not need to be screened at the beginning of the program year due to having an IEP, IFSP or had ASQ-3 or Denver Articulation screening in EHS which is still current. Teacher completes the top part of the form and forwards it onto their supervisor.
V. WHAT SUPERVISORS AND TEACHING STAFF DO TO ASSURE SERVICES TO THE FAMILIES

Child Case Reviews
Home Based Teachers will meet with an assigned coordinator in November and February/March to review each child’s individual strengths and needs. The Child Case Review will determine what children will have a Family Support Plan. However, you can request a formal Family Support Plan at any time throughout the year. The Child Case Review may also determine assistance the teacher needs to deliver services to the family.
(See more details in the Early Childhood Development and Health section of the Work Plans page 21)

Monthly Health and Inkind Reports Review

Every Home Based Teacher will meet monthly or as requested with their Home Based Education Supervisor to review Health and Inkind reports. The purpose of these meetings will be to increase the number of completed health screenings and Inkind. Meetings will be in person when possible and Teachers will receive updated reports to use in monitoring progress. Teachers are to copy their health progress and follow-up sheets and mail copies to Education Supervisor weekly.

Child Case Notes

This form may be used by staff to document any concerns which they want to discuss or share with a Supervisor or Coordinator. These are confidential and only used as a reflective piece to help problem solve a situation. Mail a copy to the appropriate supervisor.