**Initial Home Visit Checklist (7/2023)**

This is to be completed before or after the Initial Home Visit

Family’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
|  Check when completed | Teacher Responsibilities |
|  | Staff at site reviewed physical file and ChildPlus prior to initial home visit |
|  | Review and update Emergency Card with family |
|  | Review and update Permissions for Services with family |
|  | Review and update medical, dental and service provider releases with family |
|  | Review Parent Handbook and have parent sign |
|  | Review Attendance Policies  |
|  | Review Classroom Schedule  |
|  | Have parent sign Parent Agreement /Home Based Parent Agreement |
|  | Have parent sign Confidentiality Agreement |
|  | Complete CACFP form (not needed for Connors / Spruce) |
|  | Complete Dual Enrollment Form if needed (Spruce, Cob 4, Hillview 1, Connors) |
|  | Complete Home Language Survey (HS) / Child Language Use Form (LPS) |
|  | Complete Parent Social/Emotional Scales |
|  | Discuss policy Council / seek Reps |
|  | Create toileting plan w/parent (if needed) |
|  | Discuss Talking Points |
|  | Enter Initial Home Visit in the Education Tab of ChildPlus  |
| Check when completed | Family Services Responsibilities |
|  | Extended Care ONLY: Have parent sign Extended Care Parent Agreement |
|  | Extended Care ONLY: Discuss & have parent sign fee agreement (from fiscal) |
|  | Complete Emergency and Safety Checklist |
|  | Complete Parent Education Survey |
|  | Discuss policy Council / seek Reps |
|  | Discuss Health Summary |
|  | Complete Family Outcomes Assessment (or set apt in 30 days to do so) |
|  | Assist families in goal setting process. Document new goals, update older goals |
|  | Create Family Partnership Event for current year. Add actions under this to document completion of Emergency Home & Safety Checklist, Outcomes Assessment, Parent Education Survey |