

**EARLY HEAD START HOME BASED  
HOME VISIT TRAINING GUIDE  
INDEX 2022-23**

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## HOME BASED HOME VISIT TRAINING GUIDE

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or On Going	Form Name
<b>1302.35 (a)(b)(c)(d)</b>	<b>HB Education. Coordinator</b>	<b>HB Teachers</b>	<b>Ongoing</b>	<b>HVR/WGC</b>

### Curriculum

The home based education curriculum includes the 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 children to achieve their goals, and the environment and materials needed to support the implementation of the education plan. The home based teachers will implement the Parents as Teachers Foundational curriculum. PAT is an evidence-based research informed curriculum. PAT is aligned with *T.S. GOLD and the Head Start Early Learning Outcomes framework* 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

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### 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:

Philosophy and Theoretical Framework	Human Ecology and Family Systems Developmental Parenting Attribution Theory Empowerment and Self-Efficacy
Personal Visit Approach and Content	Parent educators facilitate, reflect, and partner with families. Focus on healthy pregnancies, parent-child interaction, Development-centered parenting and family well-being.
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/transitions, 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.

**ELL**

- If a parent requests an interpreter, the teacher will seek assistance from the HB Education Coordinator and the Executive Director of PACT.

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 socializations, his/her signature is required on the paperwork.

**Children's Use of the Home Language** (resource from HS Bulletin 78 ELL)

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.
- Introduce the different alphabets or writing systems of the home languages.
- 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.
- Introduce new vocabulary words in English and find out what that word would be in the child's home language.

Teachers will implement research-based strategies and activities for children who are dual language learners that recognizes bilingualism and biliteracy as strengths and for infants and toddlers focus on the development of home language while providing experiences that expose both parents and children to English.

## **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 curriculum milestones and TS GOLD assessment. At a minimum, the following are provided:

- **Physical**, including gross and fine motor development and health knowledge and practice.
- **Social and Emotional** including self-regulation, self-concept, emotional and behavioral health, and social relationships.
- **Approaches to Learning** including music, creative movement & dance, art, and drama
- **Language and Literacy** including receptive and expressive language, book appreciation, phonological awareness, alphabet knowledge, print concepts and early writing.
- **Cognitive and General Knowledge** including math and science concepts and logic and reasoning skills.

Tasks for children are broken down into small steps which are attainable by the child. Encouraging children for the process, and not the product, enhances the child's self esteem. The teachers strive to increase the family's understanding of the child's need for a positive self-image. They share specific methods with the family for enhancing the child's social & emotional development.

The parents are included in curriculum development and are a resource for integrating cultural activities and specific family customs into the program. Parents are included in planning all aspects of the program. The parent curriculum planning is documented on the Home Visit Report (HVR) and the Socialization Plan. The parents are used as a resource for information about their child and their community. Their ideas and interests are integrated into individual activities, small group activities, and field trips. The teacher requests ideas from parents for cultural activities and activities specific to family customs.

### **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 of 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

## **Assessment**

Teachers receive training on use of the TS GOLD assessment during new staff training. TS GOLD offers online training courses called MY Courses.

Teachers have one year to complete the following three courses

1. Objectives and Dimensions for Development and Learning
2. Intro to Teaching Strategies
3. Gold Introduction

In addition the Interrater Reliability Certification must be completed every three years.

## **PORTFOLIO**

(See Screening and Assessment Training Guide for more instructions on Portfolios)

HBT will keep a folder with the following printed items. This folder will be given to the parents at the end of the program year, or when the family drops from the program.

Items to be included:

- Work samples
- Maximum of 12 pictures and anecdotal notes from TS GOLD assessment portfolio for each collection period
- Family Conference Reports for each reporting period
- Other individual reports from TS GOLD as desired by the parent or teacher

(See Screening and Assessment Training Guide for full details.)

## **Curriculum**

PACT supports teachers to effectively implement curricula with fidelity through:

- Monitoring
- aligned forms
- observation tools
- training by the producers of the curriculum with certification (PATNC)
- support, feedback and coaching

## **HOME VISIT GOALS**

The overall goals for a home visit will include:

- \* Build the parent/child relationship
- \* 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.

The teachers will develop learning plans in advance. Yearly, monthly, and weekly planning will reflect the long term goals of the program as well as individual interests, strengths, and developmental needs of the children. Weekly plans will provide a balance of child-initiated and adult-directed activities, including home routines and transitions to support social- emotional, and physical development, as well as math, literacy and language skills which promote school readiness outcomes.

## **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 education coordinator is responsible for ensuring that the assessment includes parent and teacher partnership in promoting the growth and development of each child.

For very young children, learning depends on trusting relationships they build with the important adults in their life. Secure attachments help young children develop strong social and emotional skills. When children know they are safe, loved, and cared for, then they are ready to venture out to explore the world around them. When adults encourage and share a child's excitement about new discoveries, children gain confidence in themselves as learners.

## **WEEKLY GOAL CHARTS**

The *Weekly Goal Chart* is introduced and explained to parents on the Intake visit by the HBT. Teachers will use the child's developmental age and/or *Talking is Learning: Family Staycation Kit* activities handbook when choosing the goal. The objective will be written in a full sentence which states specifically what will be accomplished. This could be how much time the parent will spend with the child doing an activity such as reading.

The *Weekly Goal Chart* objective may come from the child’s screening, IEP/IFSP, TS GOLD, Vroom, ASQ activity pages, *Talking is Learning: Family Staycation Kit Handbook*, PAT parent/child activities, parent’s choice with guidance, or other curriculum resource. A minimum of one objective is written each week.

The parent completes the bottom section which asks if the child enjoyed the activity and if the parent feels the child accomplished the goal. The parent signs and returns the form to the teacher. **This signature also verifies if a Home Visit was completed. The HBT will upload form as attachment into Child Plus in the Family Service section where Home Visits are scheduled. The original form is mailed to the Central Office.**

The number of completed weekly goals will be used for Family Engagement Outcomes. Weekly Goal charts/ Inkind must have time recorded in order to count as being completed.

**Writing the Goal Chart**

The school readiness objectives are written to show what you want the child or parent to do. The action needs to be measurable so anyone could evaluate the child’s progress.

- Set realistic goals
- The written objective is a measurable goal of something one tries to reach
- Use observable words: Child will: name, match, draw, point to, hop, write, say, imitate or parent will: make, spend 10 minutes, talk to, write....
- Words that are not specific are difficult to measure (for example); enjoy, participate, identify, listen, know and understand.

Examples of weekly goals

Difficult to measure	Easy to measure
Mary will work on spelling her name.	Mary will name the letters in her name
Mary will begin to learn her ABC’s	Mary will point to 5 letters
Mary will use more tools	Mary will draw with markers and chalk
Mary will identify shapes	Mary will match 3 shapes
Mary will play with blocks	Mary will stack 3 blocks

The weekly goal states what goal will be worked on with the child throughout the week. If necessary the skill should be broken down into small steps that the child can achieve during the one week period. **THE GOAL SHOULD BE MEASURABLE AND SPECIFIC.**

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



## TASK ANALYSIS

Task analysis refers to choosing a terminal or long-term teaching objective and breaking that goal into several sequential smaller steps or target behaviors. These target behaviors are tailored to meet the individual learning characteristics of a particular child. A terminal objective for the child is determined based upon his/her present skill level. For example, a terminal objective for a child who can match colors but is unable to name any, might be to work with the child to name two colors upon request. Depending upon the child's rate of learning and his/her present skill level, this goal may take a considerable amount of time to accomplish. To assure that the child is successful, you would break the task down into a series of smaller, sequential steps which the child could achieve in a shorter time. This procedure aids in specifying the behavior you wish to teach and provides a step-by-step progression for the child in attaining the desired terminal behavior.

An example of task analysis of names "nose" follows:

**Planned objective:** Will name "nose"

**Present behavior:** Points to his/her nose when asked, "Where is your nose?"

1. Will point to nose of another person
2. Will point to nose on a picture of a face
3. Will repeat "nose" in imitation when you point to his/her nose and say "What is this?"
4. Will say "nose" when you point to his nose and say "What is this?"

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 style of learning. It may be necessary to break the task into smaller steps for the child to achieve success; or it is possible that the child will reach the terminal 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 terminal goal.

**Planned objective:** Jane will draw a square upon request

**Present Behavior:** Jane can grasp a crayon and draw a circle

Physical: Jane will trace over a square with mother guiding her hand

Visual: Jane will connect dashes to complete square

Visual: Jane will copy a square

Verbal: Jane will draw a square with verbal cues, "across-down-over-up."

On Request: Jane will draw a square upon request.

An example of task analysis of using spoon to feed 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.

**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.

### **TYPES OF AIDS:**

Aids – for doing something:

Physical Aid – Must specify what kind of physical aid

Examples: Holding Mom’s hand  
Holding a chair or table  
Mom guiding hand  
Template

Visual Aid - Must specify what kind of visual aid

Examples: In imitation (or with a model)  
With an initial model  
Copying  
With dots or dashes  
Choice of 2

Verbal Aid - With verbal directions (be specific)

Examples: For a circle – “around and stop”

On Request No Aid

Aids for naming something (when you want the child to talk):

Must use Verbal Aids

Model: (Say it for the child each time)  
This is a dog. What is this?  
This is a dog. What is this? etc.

Initial Model: (Say it for the child once)  
This is a dog. What is this?  
What is it again? etc.

Choice of 2: Is this a dog or a cat?

Initial Consonant: This is a d\_\_.

On request: What is this?

## TERMS FOR APPROPRIATE SKILLS/ACTIVITIES- EHS

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, listens to a story, retell a story in own words, sequence events of a story, describe characters, tell likes/dislikes, follow 2-step directions, respond to direction words (over, under, next to, in etc.), describe feelings or actual events, make up own story

**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. **Recognition of:** letters, numbers, colors, shapes, sizes, textures, differences/similarities, name, grouping (classifications), characteristics. **Math Skills:** counting, sorting, grouping by characteristics, comparing, (bigger/smaller, etc.), measuring

**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 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, zipping, snapping, buttoning, tying, dressing, grooming, hygiene (bathing, washing hands, brushing teeth), organizing belongings, and maintaining routine chores. throwing, catching, bouncing, lifting, running, hopping, skipping, jumping, following physical task directions. **Fine Motor Skills:** coloring (not necessarily in the lines), cutting, pasting, writing, drawing, tracing, lacing, sorting, manipulating (puzzles/games with small pieces)

### **Inkind Record Report**

**THE PARENT SHOULD ALWAYS HAVE AN EXTRA SUPPLY OF INKIND FORMS** – Only one week should be recorded on each form. Therefore if there is a missed visit or visits are missed due to Winter Break, etc. they will have forms to record the time spent working with their child each week.

### **Checklist for Quality Improvement in Inkind 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 the child. 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/HV Record Report* and verified that the time is accurate.

**It is the Teacher's responsibility to train the parents on completing the inkind forms.**

- ✓ Discuss concerns with parents regarding validity of 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.
- ✓ Give examples of acceptable/unacceptable inkind
- ✓ Stress the need for continued and reasonable inkind with documentation.
- ✓ Stress that inkind should reflect time spent working on the weekly goal.
- ✓ Give a weekly goal chart with an activity from PAT or TS GOLD or ASQ or VROOM or Creative Curriculum to guide teaching strategies
- ✓ Get signatures from anyone that has worked with the child on the activities listed (must be 18 years of age).
- ✓ Time should only be recorded when the parent is in control of the activity

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.** Please make sure it is clear enough for office staff to read so they can enter it in the computer.

### **Prenatal inkind**

Prenatal families should also complete inkind weekly. Use the *Prenatal Inkind/weekly goal chart Report form*

### **III. The Experiences Through Which Children Will Achieve These Goals**

The teachers will use the Parents as Teachers (PAT) Foundational curriculum to develop curriculum plans that will help the child achieve developmentally appropriate goals (DAP). 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 TS GOLD assessment system is used on each Home Visit to document and observe and discuss the child's ongoing growth and development. The education coordinator is responsible for ensuring that the curriculum includes parent and teacher partnership in promoting the growth and development of each child.

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 HVR will include documentation of specific dates, area, names, week and visit number.
- 3) The group socialization plan will document the topic for the group experiences, parent/child activities, and group discussions along with school readiness learning objectives.
- 4) The lesson plan (HVR) will include: materials for use on the visit, individualized objectives and observation notes that will be used for discussion/planning with the parent.
- 5) The teacher will also integrate mental health, physical health, hygiene, dental health, safety & nutrition activities into the curriculum on a regular basis and document on the HVR & socialization plans. (see HB EHS timeline)
- 6) Staff will use the *Head Start Philosophy Regarding Guidance and Discipline* which is included in the Parent Handbook, to provide the parents with information on appropriate discipline while attending PACT activities.

During socializations and home visits, the teacher will provide opportunities for children to experience success. Teachers will help children work through difficulties and should 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.

#### **Health activities/hand washing**

The HBT will use the home and socialization environment to promote healthy habits. The home visits and socialization plans will integrate health, nutrition, and safety education into the education program. **Teachers will start each home visit and socialization by modeling hand washing and having children wash their hands before using the materials. If handwashing is not possible, the teacher will use hand wipes and/or sanitizer.**

## **Dental Education**

Dental activities such as tooth brushing and preparing for a visit to the dentist will be conducted monthly.

## **Nutrition**

Nutrition education will be included at each socialization and 9 monthly home visits in EHS if the child is 12 months or older. Non-perishable food or food items in the home will be used on the nutrition focused home visits. **(See Subpart 1302-D Health Program Services, Home Visit Nutritious Activities)** Teachers will model Go, Slow, Whoa terminology and use activities from Head Start/Body Start and IMIL to promote positive nutrition habits. The plans will also include health education relating to visits to the doctor and dentist, role-playing, healthy habits, as well as materials to promote an understanding of health care. There are ideas in the *Head Start Nutrition Education Curriculum*, *Tickle Your Appetite* book, *Healthy Moves for Healthy Children Cards*, *My Plate*, USDA emails from the Health Coordinator, and the Home Base Nutrition Activity Shared Ideas book.

## **Safety visits**

Monthly home visits centered on safety topics will occur following the appropriate time line. Safety topics include: Home safety including a checklist to identify concerns, home emergency plans for tornado, fire and earthquake, toy safety and recalls, car seat and pedestrian safety, extreme weather safety, child supervision to reduce accidents and safety around animals and the outdoors.

## **Physical Activity**

Teachers should include time and activities for healthy movement activities to promote physical well-being. Each visit should have at least 10 minutes of gross motor movement which is classified as MVPA (moderate to vigorous physical activity). This would be things such as dancing, jumping, skipping, brisk walking, including outdoor play. Every member of the family should be asked to participate if able.

Teachers will use the EHS Timetable to schedule and plan for health, nutrition, and safety activities.

## **Arts and music**

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.

## **PAT Curriculum (see PAT Foundational Curriculum for further details)**

All Home Based Teachers and the Recruiter/Substitute for Home Base receive standardized training through Parents as Teachers National Trainers for implementing the curriculum with fidelity. The program is a Curriculum Partner which helps promote and monitor the delivery of PAT with fidelity.

The personal visit plan using the PAT model has five components. These components provide a framework for the visit. The acronym is ROADS which stands for: rapport, observations, activities, discussion and summary. They are not delivered individually, but integrated in such a way that the visit flows naturally.

**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? (See the FAN Pocket guide)
- ★ 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.

**Observations-** 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.

- ★ Observation should not be limited to the observation section. Parent Educators and Parents share observations of any new changes in the child's life or experiences. These include emerging skills, relationships and behavior. These observations should be shared as they occur just as "teachable moments". Teachers should observe and discuss the child's developmental characteristics and identify emerging skills throughout the visit.
- ★ Significant observations should also be recorded on the HVR and possibly captured for use in the child's portfolio. 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.

### **ACTIVITIES** – Parent/child interactions

Planned activities should be documented on the HVR prior to the home visit. Activities should be included for *Approaches to Learning, Language and Literacy, Cognitive, Social-Emotional, and Perceptual Motor and Physical Development* 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.

These activities are planned using the PAT Curriculum as a guide. There should be a balance of quiet and active activities, such as books, puzzle, games, snacks, gross motor activities, songs, finger-plays, or art. Activities usually follow a particular theme or topic. Activities should be individualized and developmentally appropriate. The learning environment may be the kitchen table, outdoor space, or on the floor

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. An example would be to use pans for comparing size, making musical sounds, counting, stacking, etc. Daily routines such as hand washing should also be used to teach self-help skills and patterning.

One reason this is important is so parents feel confident in being able to duplicate the teaching the HBT has modeled. If the teacher only uses items they have brought into the home, the parent may feel unable to implement the learning objectives because the teacher has taken the items back.

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 rationale 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 IFSP or assessment. 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.

## **DISCUSSION**- of parenting topics and family well-being

It is important to remember that discussions are not interviews, they are conversations. The second page of the HVR is used to document the discussion time with the parent. This page should be completed before entering the home as part of the lesson plan. This will help the teacher remember to collect needed forms and handouts and other information to discuss with the parent.

The second page of the HVR is composed of the following:

- Parent Engagement- this section has information about PACT program events and parent planning for home visits and socializations.
- Education- this section includes review of inkind times, documentation of observations and sharing screening and assessment results or progress and special needs or child development concerns and handouts.



- Health/Developmental centered parenting topics- this is the section for documenting health needs, prep for health screenings, and discussion and handouts on developmental topics including, sleep, mental health, safety, discipline, nutrition, transitions, attachment, or any other concerns.
- Family well-being- this section is for attendance, social service needs, and family strengths, concerns and protective factors.

**All of the above sections should be covered weekly**

This part of the Home Visit should last a minimum of 20 minutes and in the case of very young children, the parent discussion time could compose 45 minutes or more.

This is the time to review hand-outs and other parent concerns. Facilitate a comfortable exchange of information by using open-ended questions. It is very important to be an active listener during this time of the home visit.

**SUMMARY/CLOSING**

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 shared 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. This can be documented under protective factors.
- ★ The parent follow-up (weekly goal chart) 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.

This is also the time to address and document support on the *Health Progress Sheet and Family Action Plan*. Do all documentation while at the home if possible. This will help you remember information accurately.

This time could be used to refer families to other agencies, discuss the school readiness totes, and get suggestions from parents concerning future needs or materials. Parent planning is documented on the HVR.

HBT should use the HVR page one and two to summarize the visit and document any parent comments, observations or child/parent initiated activities.

**FAN**

In addition to the PAT approach, HBT have been trained in using the FAN- Facilitating Attuned Interactions. This approach works well with any curriculum and adds skills and resources for building strong relationships.

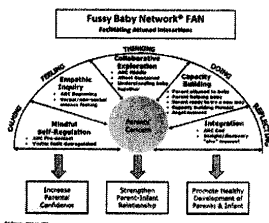
The HBT will use the ARC of Engagement throughout the visit. The HBT and HB ED Coordinator will use the Reflective Learning Tool as part of the monitoring and support process.

## FAN Pocket Guide

### ARC OF ENGAGEMENT:

- Pre:** How am I? *What do I need to do to be fully present?*
- Begin:** What's it been like *for you* to take care of your baby these past few \_\_\_\_\_?
- Middle:** Have we gotten to what you *most wanted* to talk about?
- End:** If you were to describe baby in *three words* today, what would they be?  
What would you like to *remember* from our time together?
- Post:** *How am I now? What do I need to repair or replenish?*

### MOVE on the FAN where the Caregiver needs you to go—Matching/Attunement Process



- Observing** – What does the Caregiver need now?
- Offering** – Which process will match what the Caregiver is showing me?
- Checking** – Is this working?
- Re-attune** – Moving on the FAN based on Caregiver's response or my response (MSR)

### MINDFUL SELF-REGULATION: Be Fully Present

- Awareness of self (regulation/dysregulation); Balance: Strategies to bring awareness to the present; Connection Reading the cues and decide where to move on FAN

### EMPATHIC INQUIRY: “What has it been like for you?”

- Listen with acceptance
  - Amplify positive feelings
  - Accept, validate, explore, and/or contain negative feelings
  - Validate and explore both sides of ambivalence

### COLLABORATIVE EXPLORATION: “Let’s think about this together”

- SEE THE BABY THE CAREGIVER SEES: Tell me more ...
- What do you think might be causing the concern?
- What have you tried? What helps, even a little? What does not help? Why might that be?
- How do you know things are going well? When things are getting harder?
- What are the views of other people who are important to you?
- How ready do you feel to start?
- What first steps might you take?
- What would it feel like (be like) for you to try these new ways?

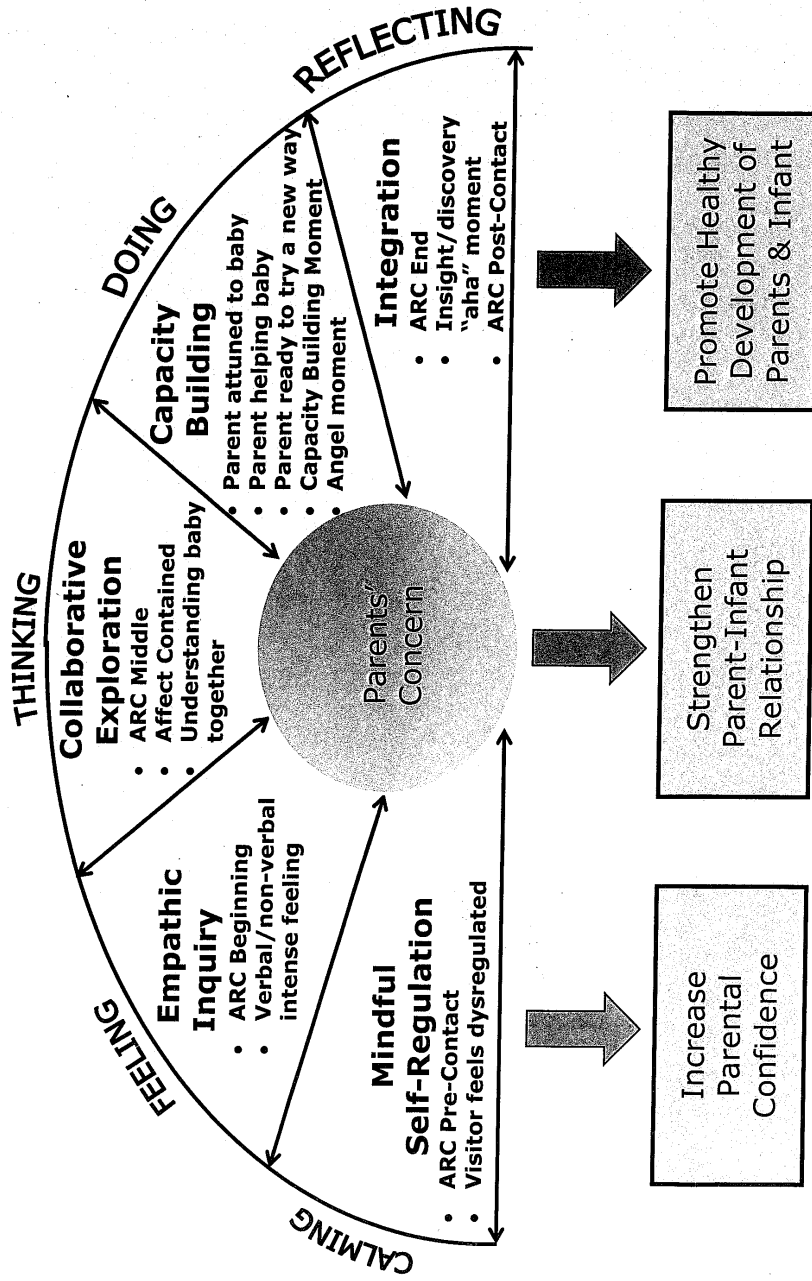
### CAPACITY BUILDING: “Support during action”

- MAGIC QUESTION: What’s your hunch?
- WATCH FOR and HIGHLIGHT what caregivers are already doing to help
- OFFER A DROP OF INFORMATION AND EXPLORE: Say it in one breath
- FUSSY BABY/CAPACITY BUILDING MOMENTS:
  - Acknowledge: “This is the cry you were telling me about”.
  - Affirm: “Please feel free to do whatever you need to do?”
  - Support: “I’m here with you.”
- ANGEL MOMENTS: Protect/reflect affect when emotional connection is made

### INTEGRATION: Building a Coherent Narrative

- Watch for and validate caregiver’s discoveries/Ah-ha moments
- What would you like to hold on to/remember from our visit? Three words.

**FAN**  
Facilitating Attuned Interactions



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Erikson Institute Fussy Baby Network

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or On Going	Form Name
1302.35 (f)	HB Education Coordinator	HB Teachers	Ongoing	Family Conference Forms/ASQ

### Curriculum Implementation and Assessment

Timeline	Task	Form
1 <sup>st</sup> two weeks (within 45 days)	Teacher talks with the family to discuss their goals for the child and their understanding of their child’s current development. Child is screened	<i>HVR ASQ and ASQ-SE</i>
Week 3	Visit 3-complete Ed Survey for school readiness form with parent	<i>Education Survey for school readiness</i>
1 <sup>st</sup> two weeks-end of fall collection period (October)	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.	<i>Weekly Goal Charts PAT activity pages TS GOLD activities</i>
1 <sup>st</sup> two weeks-end of fall collection period (October)	The teacher provides intentional learning opportunities in the home or at 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.	<i>Home Visit Report</i>
1 <sup>st</sup> two weeks-end of fall collection period (October)	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.	<i>Portfolio, PAT Milestones  TS GOLD app</i>
ongoing	Parents are given opportunity to assess their child’s development and assist the teacher in their data collection.	<i>Portfolio HVR TS GOLD app</i>
October fall outcome deadline and within one week after checkpoints are due	Teachers finalize checkpoints on TS GOLD and submit Fall Family Engagement outcomes to their supervisor  Teachers create and print TS GOLD Family Conference Report to share with family (2 copies)  HBT uses the <i>individual child report</i> to identify children’s level of development. HBT will use this information to improve child outcomes and guide planning.	<i>Weekly Goal charts  Family Conference Form Individual Child report  Child outcomes worksheet</i>
Nov 1-Jan	The teacher continues home activities for the parents to	<i>TS GOLD, Goal Charts, Home Visit</i>

	work on school readiness goals with their child; providing learning opportunities; assessing the children (with documentation to support learning).	<i>Report</i>
Winter outcomes deadline and within one week after checkpoints are due	<p>Teachers finalize checkpoints on TS GOLD and submit Winter Family Engagement outcomes to their supervisor</p> <p>Teachers create and print TS GOLD Family Conference Report to share with family (2 copies)</p> <p>HBT uses the <i>individual child report</i> to identify children's level of development. HBT will use this information to improve child outcomes and guide planning.</p>	<p><i>Weekly Goal charts</i></p> <p><i>Family Conference Form</i> <i>Individual Child report</i></p> <p><i>Child outcomes worksheet</i></p>
Feb1-April	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).	<i>Goal Charts, Home Based Home Visit Report</i>
Spring outcomes deadline and within one week after checkpoints are due.	<p>Teachers finalize checkpoints on TS GOLD and submit Spring Family Engagement outcomes to their supervisor</p> <p>Teachers create and print TS GOLD Family Conference Form to share with family (2 copies)</p> <p>HBT uses the <i>individual child report</i> to identify children's level of development. HBT will use this information to improve child outcomes and guide planning.</p>	<p><i>Weekly Goal charts</i></p> <p><i>Family Conference Form</i> <i>Individual Child report</i></p> <p><i>Child outcomes worksheet</i></p>
May-July or summer checkpoint due date.	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).	<i>Goal Charts, Home Based Home Visit Report</i>
Summer outcomes deadline and within one week of checkpoints due date.	<p>Teachers finalize checkpoints on TS GOLD and submit Spring Family Engagement outcomes to their supervisor</p> <p>Teachers create and print TS GOLD Family Conference Form to share with family (2 copies)</p> <p>HBT uses the <i>individual child report</i> to identify children's level of development. HBT will use this information to improve child outcomes and guide planning.</p>	<p><i>Weekly Goal charts</i></p> <p><i>Family Conference Form</i> <i>Individual Child report</i></p> <p><i>Child outcomes worksheet</i></p>
Visit # 46 or before the end of the program year	The teacher will meet with the family to review progress on the child's school readiness goals and discuss transition plans. Give parent the completed portfolio.	<i>Portfolio</i> <i>Transition Plan checklist</i>

- See screening and assessment training guide.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Form Name
1302.22	HB ED Coord.	EHS HBT	HV Checklist Attendance reports

### **Home Visit weeks and time**

EHS- A total of 46 home visits (45 plus the Intake) are provided to each family during the program year. This may vary with a prenatal family.

The home visit is 1 ½ hours in length (or 1 ¾ hours for a double family enrollment). The home visits 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 HB Education Coordinator. Home visits should be scheduled at a time when there are minimal distractions. The teacher should take into consideration times not conducive for the home visit. Things to consider include school, work, nap or sleep schedules of family members. Evening or weekend visits may be necessary to accommodate the needs of the family.

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 informal activities, materials, and individual objectives. The HVR must also reflect any Health, Social Services, or Disability Services the teacher is working on or needs to address with the family. 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

### **Regular and rescheduled home visits**

All home visits are 1 ½ hours in length. Home Visits are in the child’s home unless approved by the HB Education Coordinator due to extenuating circumstances. Extenuating circumstances may include inclement weather such as flooding and impassable roads due to snowfall or ice. In these circumstances the HBT may contact the HB Education Coordinator to see if a virtual visit could temporarily replace the in person visit. The HB Education Coordinator will make the decision based on availability of parent’s technology resources and the current or projected weather conditions. If approved, the HB Education Coordinator will document and send approval notice to HBT.

The teacher and parent may decide to complete two home visits back to back which means the teacher would be in the home for three hours. A maximum of three (3) visits per family can be made in one week. Any variation needs to be approved by the Education Coordinator. Every attempt should be made to complete 46 Home Visits in EHS with each family. Home visits that are missed due to program or teacher reasons, must be rescheduled. Efforts to complete visits will be documented in Child Plus. If the teacher experiences trouble with a child’s attendance, she/he should contact the Family & Community Services Coordinator and follow the procedures outlined in the Work Plans.

Dental and medical appointments and educational staffings or social service appointments cannot be counted as home visits.

### **Scheduling Home Visits**

The HBT will use child plus to schedule home visits once they have completed intakes with families and before going on the first week of Home Visits.

Using Child Plus/desktop or CP mobile/online, follow the instructions below:

- Log into CP and find the family you want to schedule for HV
- Select the Family Services tab
- Click green tab *Add Event*
- Select *HB Home Visit*
- Put the child's Intake date in for *Initial Date*
- In *Description* box put the current year, ex- 22-23 Home Visits
- *Associated with* – use child's name
- *Caseworker*- use your name
- *Progress*- choose *completed*
- *Click save*

Now click on that entry, it should still be on your screen. It will come up as HB Home Visit. Complete the following steps:

- ✓ Click on the ... three dots above cancel- it should give option to schedule home visits, click that option. For desk top version –choose *blue schedule visits*
- ✓ Choose for a HB program
- ✓ Start on the first day for that child's first visit
- ✓ Continuing until the last day before winter break
- ✓ Agency worker-choose yourself
- ✓ Hours- 1
- ✓ Minutes-30 or 45 depending on how many enrolled from that family.
- ✓ Description can be left blank or HV
- ✓ Counter starts at 1
- ✓ Click ok- or schedule HVs when list of scheduled home visits pops up-hit **save**

In January you will complete this process again, but will start the counter at whatever visit number was completed in December plus 1. If at perfect attendance this would be visit 20. Complete this process just once each semester for each child. You will have to delete or add if children drop or newly enroll.

### **Attendance**

When you have completed a home visit, or if visit was canceled for the week, go into child plus and find the scheduled home visit that you completed or missed. For example, if you completed a home visit on 9/8/22- click on that date. Then complete the following:

- Action type-direct
- Action date- enter date visit was completed-if visit was canceled do not enter a date.
- Type of contact-Home Visit
- Status-choose action completed if home visit was completed, choose family cancelled if they cancelled the home visit and are not making it up that week, choose staff cancelled if you canceled or program canceled and it will not be made up in same week that it was scheduled. Put explanation of why visit was canceled in action notes.
- Enter actual hours and minutes- leave blank if visit was missed
- Click green ok or save

If the home visit is made up the next week:

- Go into scheduled home visit for the child
- The top should say HB Home Visit and it should have a list of your scheduled home visits. Click the blue add action tab in middle right of screen.
- Complete this as before with action type Direct
- Scheduled date can be blank
- Action date is date you completed visit
- Type of contact-Home visit
- Description –make up visit for HV # \_\_\_\_\_
- Status-action completed
- Enter hours and minutes
- Click green ok

This process records your attendance and can be accessed by Coordinators using Report number 4140.

### Before the Visit

1. **Plan the Activity-** Using the PAT online Curriculum, HBT will spend time reading the Parents as Teachers resources for Parent Educators. These materials help the HBT understand how to present the activity and explain what the activity teaches. Be sure to individualize for the child's interests, age and developmental level. (It is easier to plan the same activity for all children and adjust it for developmental level.) You may need separate activity for infants.
2. **Gather all needed materials-** pack your bag(s) with all of the items needed for the activities you plan for each child.

### Preparing Each Child's File

1. **Write the HVR-** this is your lesson plan. Be sure to check the *Time Table* and to individualize the objectives.
2. **Write new *Weekly Goal Chart*.** Choose the goal a week in advance using ASQ, TS GOLD, Vroom, PAT and parent input. Add a resource from the previous resources so the parent knows how to extend and teach the goal in a fun and engaging manner.
3. **Find and copy handouts** (check Time Table and Hand-Out grid) Some hand outs are required, but most are given according to family's needs. Be sure to use reliable resources from the curriculums and resource list.
4. **Check Health Progress Sheets** and make sure you write a note on second page of the HVR as a reminder to document and discuss any needs on the progress sheet. Check your Health Reports sent from Health Services Coordinator to know what needs discussed and documented.
5. **Check Social service forms, referrals, support offered, FAP** and be sure to document on the second page of the HVR. Be sure to have extra referral forms and releases with you. There could be needs arise during the home visit.
6. **Check Special services/Disabilities progress sheet** (if applicable). Write a note or check the appropriate box on page two of the HVR.
7. **Transition Plan (if applicable)-** check box on second page of the HVR and plan for activity or hand-out presentation.
8. **Write up any Health, Social Services, or Special Needs releases you may need.**

**Place all of the above in the front of that child's binder**



### During the Visit

1. Touch base with the parent about how things have been since your last visit. (FAN)
2. Talk about and assess last week's weekly goal. Collect the chart/inkind form and mark HV completed.
3. Ask the parent about any other objectives you need for assessment.
4. Introduce the new Home Visit Activity and discuss what the parent thinks the child's reaction will be and make sure the parent is ready to move on. Explain the objectives you will be looking for during the activity.
5. Give materials for the Home Visit Activity or explain what they might have in the home for the Activity. Allow and encourage the parent to lead all activities.
6. Document for ongoing assessment using concise, objective notes on the HVR and taking pictures using the ipad. Ask the parent what they noticed.
7. Continue above step until you have completed all of the planned Home Visit activities or you are out of time.
8. Give the new *Weekly goal chart*. (This was chosen last week using the TS GOLD Family Conference Form, and includes a resource to help extend the activity). It helps if this new goal goes along with the HV activity.
9. Ask if the parent has any questions or if there are other concerns they would like to discuss.
10. Plan future home visits with the parent.
11. Give reminders for upcoming socializations, parent center meetings or rescheduled home visits.
12. Go over health, social services, transition, and special needs.
13. Get signatures for any needed releases.
14. Give and highlight handouts.
15. Finish with the FAN questions- What do you want to remember from our visit today? Give me three words to describe your child.

**Be sure to check the returned inkind for signatures and gather all of your materials before you leave. (most of the above can be accomplished during a virtual home visit or over the phone and then you can do a drop off of materials, hand-outs and to get signatures.)**

### After the Home Visit

1. Document on the front page of the HVR what you saw the child do or what the parent reported to you, if you did not do it in the home.
2. Document on the **Health progress sheet** if needed.
3. Document on any **Social Service** forms as needed
4. Document on any **Special Service Progress** sheets
5. Fax any signed releases to appropriate agency
6. Copy all Health, Social Service Forms (FAP) and Special Needs progress sheets once a month and send copies to the Central Office.
7. Place the original HVR in child's file.
8. Upload signed Inkind form to Child Plus then mail the original Inkind form to the Central Office each week.
9. Put original forms back in child's file after making copies.

### **Home Visit Report Form (HVR)**

A home visit is planned weekly by the teacher and parent for each enrolled child, prior to the home visit, using the *Home Visit Report form (HVR)*. This could be less than weekly for Prenatal mothers.

The *PRENATAL HVR* will have space to document:

- List of materials and activities
- Objectives in the areas of:
  - Developmental topics
  - Family strengths and protective factors
  - Family well-being
  - Special topics
- Strengths- based observations

### **HB HVR for children birth to 3**

The *Home Visit Report* will include time for active and quiet activities, outdoors when possible, child-initiated, and parent/teacher directed activities. The planned informal activities will include objectives to individualize for the child and to meet the school readiness goals. The teacher will also document specific, objective, and concise anecdotal notes for each objective. These notes will be used to rate the child's skill level for school readiness outcomes. The planned activities will be developmentally appropriate and provide for physical development of large and small muscles, social-emotional development, approaches to learning, language and literacy as well as cognitive development.

The *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 month 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. Indoor and outdoor space can be utilized to develop the physical development of the child. Be sure these activities are MVPA which means they are vigorous enough to raise the child's heart rate. It is ideal for all children and adults present to participate in the gross motor activities if physically able. The Education Coordinator observes and provides feedback to each teacher to ensure these procedures are being implemented.

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 children 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.

On page two on the HVR, the items should be marked with a (√) if they are reviewed or (√) N/A if not applicable. Any additional items that are reviewed/discussed with the parent should be documented. Teachers must document handouts given to the parents on the HVR or the Handout Grid. Each visit should include 1-3 handouts from the PAT curriculum.

**The HVR is kept in the child’s file. If more than one visit is completed in the same week, then multiple HVRs will need to be completed, one for each visit.**

#### **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.

Websites for HB Teachers to utilize frequently for information and training are:

ECLKC- HS [eclkc.ohs.acf.hhs.gov](http://eclkc.ohs.acf.hhs.gov)

Rapid Response for Home Visitors and Institute for the Advancement of FSP-  
[institute4fsp.org](http://institute4fsp.org)

NAEYC.org

NHSA.org

Vanderbilt.edu

NCECDTL and other National Centers connected with OHS and Head Start

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

<b>Home Base Resources</b>	<b>Development area</b>
High 5 Mathematize	math
MESS Marvelous exploration through science and stories	science
Anti-bias curriculum	Social studies
Supporting Early Literacy in the Natural Environment	Language and literacy
Learning to Read and Write	Language and literacy
Chef Combo	Nutrition and health
Early Sprouts	Nutrition and science
Link Language	literacy
Partner with Parents	Family engagement
Making It Better	Mental health/self-regulation
Developmental Parenting	Family engagement
EHS What to Expect Series	All areas
EHS Babies Can’t Wait	Social/emotional/cognitive
EHS Teenagers and Their Babies	Social/emotional
EHS Partners for a Healthy Baby	All areas
ASQ-3 Learning Activities	All areas

## **Inventory**

Materials are an important part of the curriculum. Head Start and Parents as Teachers believes the home environment and home-made materials are the best items to be used for the home based program. In addition, home based teachers have a basic inventory listing office and home visit supplies. Teachers also have 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.

## **RECORD KEEPING**

Education files are the responsibility of the Education Coordinator. Education files are kept in locked file cabinets. 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. This file will be taken to each home visit. No other child's file or confidential paperwork should be taken into another families' home. These files will be set up after the Intake visit and before Visit #1. The Home Based Education Coordinator will supply the teacher upon request, with binders, folders, dividers, tabs and labels.

### **Each Binder will contain:**

#### **Family & Community Service:**

- Permission and Consent from Parents – copy
- Permission for Publicity and Public Relations for Foster Children, if applicable
- Parent/Guardian ID form, if applicable
- Social Service Releases

Social Service files will be maintained in Child Plus

#### **Health:**

- Follow Up Progress sheets - until completed
- Health Screening Progress sheet
- All medical alerts, medication and dietary forms- if applicable Emergency care information-copy
- Emergency care information-copy

**Disability Services/Screening:**

- Special Services Progress Sheets
- IEP/IFSP copy, if applicable (not on prenatal)
- Copy of most recent developmental screenings (ASQ and ASQ SE)

**Education Services:**

- Time table
- Family Conference Report from TS GOLD (after fall collection)
- Transition Plan- if applicable
- Home Visit Report forms (for current week and past week)
- Weekly Goal Charts
- Inkind Record Report (3-4 extras for parents)

**The teacher will maintain files at office site that contain the following forms for each child:**

- 1) 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) Health History (copy)
- 6) Action Plans from other agencies (copy)
- 7) Social Service Release of Information, copy if applicable
- 8) Copies of child's health screenings including: physical, immunizations, lead and TB, vision and hearing (if site is DCFS licensed)
- 9) Authorization for Release of Protected Health Information, copy
- 10) Payment Request-if applicable
- 11) Illness/accident reports (copies)
- 12) Releases for Health Screenings (copies)
- 13) Parent Authorization for health and developmental procedure (copy)
- 14) Child's Application or Prenatal Application-copy
- 15) Change of Family Status forms, stapled to front of application (copy)
- 16) Parent-Teacher agreement
- 17) Education Survey for School Readiness/ Family Cultural Survey
- 18) File maintenance checklist (attached to the front of the file)

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.

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 1, the Parent-Home Based Teacher Agreement (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 Handbook includes this agreement – the parent may check each item on the Parent Handbook copy and sign as their copy of the agreement. There may be some that the parent cannot agree to do, and that is acceptable. This list is only to let the parent know what we expect of them.

There is a different parent/teacher agreement for prenatal families, specific to the needs of pregnant mothers. This should be completed following the *Prenatal Timeline*.

The parent keeps the copy in the Parent Handbook, and the original copy is kept in the child's file. The agreement is reviewed about the 17<sup>th</sup> visit and any problems are discussed at that time. This agreement can be reviewed at other times, if needed.

### **Permission and Consent from Parent form**

On the Intake visit, the Permission and consent from Parents form is explained to the parent, completed, and signed. **The form is mailed to the Central Office as part of the Intake paperwork and a copy is kept in the child's file.**

If PACT staff desire to use a child's picture or any other identification information, they must check the form to verify permission to release said information for stated purpose has been obtained from the parent. A copy of any NO responses should be posted in the Health & Safety Notebook at socializations.

**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.

### **Education Survey for School Readiness**

HBT complete this form with families on visit #3. The information from this form helps plan for individualized goals. This form is two-sided and includes the Child/Family Cultural Survey/ Language Acquisition survey on the back side.

### **Child/Family Cultural Survey**

This form is completed with the family on visit #6 in conjunction with PAT Foundational Visit #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 the original. Do not send a copy to the CO. The bottom part of cultural survey is the *Language Acquisition Survey*. 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.

### **Intake Home Visit and Intake Home Visit Form**

The Intake home visit is the first visit made to the selected family. **The Intake Visit for home based must be a minimum of 1 ½ hours.**

#### Prenatal Intake Visit

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. On the prenatal intake visit, the prenatal medical care for the mother should be discussed and assistance offered if needed. **No HVR is completed for this visit. Instructions are on the Prenatal Timetable and Prenatal Intake packets are used in order to complete the required paperwork for the Intake Visit. The signed *Permission and Consent Form* is documentation that the family is officially enrolled.**

#### Child Intake Visit

**For this visit, the teacher uses a Child Intake packet along with instructions on the child EHS HB Timetable. The signed *Permission and Consent form* is documentation the family has completed the enrollment process.** The teacher and parent set up a weekly home visit time, discuss the Parent Orientation meeting, and plans for the child's medical and developmental screenings

For families that are enrolled throughout the year the Intake visit is completed and that is the child's enrollment date.

Pregnant women enrolled in EHS will maintain attendance based on an **Intensive** or **Moderate** home visit schedule. Intensive home visits are weekly from the time of enrollment to the time of delivery. Moderate home visits are monthly during the 1<sup>st</sup> trimester, biweekly during the 4<sup>th</sup>, 5<sup>th</sup>, & 6<sup>th</sup> months, and weekly from the 7<sup>th</sup> month until delivery.

### **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 Family & Community Services Coordinator by phone when a family drops from the program. The Family and Community Services Coordinator will process drops in Child Plus and notify managers and clerical. The teacher is responsible for printing child's *Individual Child Report* from TS GOLD as soon as the drop is reported to the Family & Community Services Coordinator. This report should include all current year checkpoints and be placed in child's education file before file is sent to the Central Office in Camp Point.

### **File Maintenance Checklist**

Staff use the *File Maintenance Checklist*, developed by program options, to maintain children's files in the field. The forms (attached to the front of the child's files) will also be used 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 the file, or submit form to appropriate coordinator. Before the Family Advocate or HBT brings files to CO, the files should be gathered by child: past years' files, family file, education file, DCFS file and, papers from the Health and Safety Notebook. When children drop during mid-year, the combined files will be hand carried by Family Advocate or HB Teacher to Central Office at the next staff meeting. At the end of the year, children's files at the end of each program year will be hand carried to the Central Office, as designated in End of Year Checkout Procedures, by Teachers and Family Advocates. For full-year programs, combined children's files will be returned at Intake Training by the Teachers.

### **Change of Family Status form**

If application information changes after submission, the Teacher is to complete a *Change of Status Form* for any updates to the application that include:

1. Changes, additions, or removal of family members, including name changes
2. Delivery of baby by pregnant woman
3. Change of employment/education for parent(s)
4. Change of custody

Change of Status forms should be emailed to the Family and Community Services Coordinator, who will make the needed changes in the Child Plus system.

For address and phone number changes, the Teacher is responsible for updating that information in the Child Plus database system as soon as he or she becomes aware of it.

### **Transfers and re-enrollments**

No child will be transferred or re-enrolled without the approval of the Family & Community Services Coordinator. Home Based Teachers will communicate with the F & C Services Coordinator 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 F & C Services Coordinator will contact the Home Based Teachers who will be receiving the child. Arrangements concerning the child's files will be made at this time.

When a child wishes to re-enroll or transfer from a Center Based Option into a Home Based Option the F & C Services Coordinator will contact the Home Based Teacher and tell her what week number and visit number the Home Based Teacher will start with on the HVR. The Home Based Teacher begins her visits according to what week number the child completed in the Center Based program.

**If the HBT needs to adjust their work hours, they must call their supervisor for prior approval.**



### **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. There are two different Time Tables, one for Prenatal and one for EHS.

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

The EHS *Home Based Time Table* is dated by visit number 1 through 45 and each activity listed on the *Home Based Time Table* must be completed on the corresponding Home Visit.

*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.

### **Parent Education Handouts HB**

There is a hand- out grid for EHS. The grids have PAT parent education and PACT required hand-outs. A handout grid may be placed in each child's file. Teacher dates when handouts are discussed and given to parents. The teacher may choose to use the grid as a resource only and document all hand-outs given on the HVR in appropriate spaces provided. 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.

### **Family Conference Form**

Teachers complete and print two copies of the *Family Conference Form* within one week after checkpoints are finalized.

The Family Conference Form creates an individual plan to promote school readiness for each child. Using this system the teacher describes the child's strengths in the areas of: social/emotional, physical, language, cognitive, literacy and math development if age appropriate.

The teacher then plans for the child's development with input from the parent by selecting goals based upon the child's current developmental levels. This is indicated by the parent initialing the chosen goals on the FCF. A copy of the FCF is given to the parent. The signed original, with initials by the chosen goals, is filed in the child's file and used to plan weekly goal charts. This report is for children who have been in the program for 8 weeks and have at least 6 weeks remaining in the program.

**Note: you cannot create a FCF unless checkpoints have been finalized. Once you start in a section, you can always return to it by clicking the EDIT link in the top right corner of the box.**

Step 1.

Log into TS GOLD  
Go to Family tab  
Click family conference forms  
Go to change view on right to select the correct collection period.  
A list of your children will appear, if checkpoints are finalized.

Select the child you want and click Create  
Enter today's date and family member's full name and click SAVE or continue on

Describe the child's strengths as supported by your observation data. Choose one strength in the areas of social/emotional, physical, language, literacy, cognitive and math if age-appropriate. Click save and continue.

#### Step 2

Customize strengths by attaching data observations.  
The documentation supports the level. Do not choose an item that is "not yet" because this part is about strengths. Click save and continue

#### Step 3

Plan for Development and Learning  
Choose two or three goals in each learning domain by clicking in the box beside the objective. You can also add goals from child's IFSP or other service plans by typing them in the box provided. You can modify goals by choosing the edit option. Always save your changes before exiting the program or changing to another child.

#### Step 4

Print 2 copies in the PDF format. Parent and staff signature lines will appear. One copy is for the family. The signed copy is for the child's education file.

#### Step 5

The Fall family conference form is shared with the family within 2 weeks of finalizing the checkpoints. Document this on the HVR. The school readiness goals are selected by the parent after reviewing the child's strengths and data. Parents should initial their top six goals to work towards during the next collection period. These goals become your weekly goal charts. They may need to be broken down into smaller, measurable goals in order to be attainable.

The HB Education Coordinator will enter the date for the initial Family Conference Form in Child Plus as the child's individualized curriculum.

#### Winter and the FCF (Feb)

Teacher creates a new FCF after checkpoints are finalized. The initial goals are reviewed for progress and determination of whether the child is developing as expected or not developing as expected happens. If the child has an IFSP or IEP, goals from those plans are used as part of the child's development and learning plan. These can be typed into the FCF by the teacher. If the child does not have an IFSP or IEP and assessment shows they are not developing as expected, the teacher will contact the Disabilities Coordinator about a possible referral.

#### Spring FCF

Teacher creates another FCF form after the spring checkpoints are finalized. The teacher continues to assess if the child is developing as expected or not according to the Teaching Strategies GOLD developmental guidelines. Follow the same steps as for winter.

A summer Family Conference Form does not need to be completed as the HBT will present the family with the child's portfolio to show the child's whole year progress.

### **Child Outcomes Worksheet**

The teacher will evaluate the overall progress children have made towards school readiness goals after each checkpoint collection period. Teachers will complete this form the first week of November, February, and May. Teachers will use this form to reflect on teaching practices and plan for intentional teaching practices to increase outcomes. Teachers will send a copy to their supervisor.

### **Transportation Requests**

Anytime a child or family needs transported by PACT staff, the HBT will complete a *transportation request*, including parent signature and after the transportation is provided, send the original form to the Family & Community Services Coordinator at the Central Office.

### **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 had ASQ-3 screening in EHS which is still current. Teacher completes the top part of the form and forwards it onto their supervisor.

### **ASQ and SE screening summary pages**

HBT will complete ASQ screenings following timelines specified in the *screening and assessment training guide* and dependent on the child's age. After the screening is completed, the HBT will scan and email the summary pages to the HB ED coordinator. If the HBT thinks the child needs watched or referred the HBT needs to document that in the email or on the screening. The HB ED Coordinator will upload the screening as an attachment in Child Plus and enter the screening date. HB ED Coordinator will forward any concerns onto Disability Coordinator.

## **V. WHAT SUPERVISORS AND TEACHING STAFF DO TO ASSURE SERVICES TO FAMILIES**

The Home Based Education Coordinator supports staff through observations, training, feedback and supervision of curriculum implementation and fidelity. Staff receive ongoing training and professional development pertaining to curriculum implementation.

### **Safety & Wellness Check-Ins**

The Home Based Teachers are invited to discuss their caseload with Management staff four times each year. These check-ins can be conducted by phone, virtual format or in person. They are completed in September, November, February and April/May. The results are used for self-assessment and continuous program improvement plus to help monitor staff

wellness. Discussion about specific children will be documented on the *Class Roster for Child Case reviews*.

### **Family Events**

HBT should contact the closest center to get times, dates and activity information about planned family events. Family Advocate will send flyer/information page to HB Education Coordinator for distribution to appropriate HBT. This information should be shared with all enrolled families.

### **Transition Plan Packets and checklist**

EHS Teachers must assist parents in becoming their child's advocate as they transition from EHS to HS or another education setting. In EHS, the planning must be undertaken for each child and family at least six months prior to the child's third birthday. (30 months) Entry and start date for EHS Transitions can begin when child turns 25 months, but not before and no later than 30 months, unless child is not enrolled until after they turn 30 months. If child is 30 months or more when enrolled, start Transition packet immediately and enter date in CP.

The EHS teachers identify the children who will be transitioning out of the current program using the classroom list given to them during Intake training.

The HBT will request the Transition Packets from the Disability/Transition Coordinator.

When the HBT starts the packet, enter the date on the checklist and also into Child Plus. To enter it into CP:

- Log into Child Plus with your user name and password
- Find the correct child
- Click on the *Education Tab* in the colored line
- Click on the colored *add event*
- Choose the **Denver/Transition** in the drop down
- Put the date the transition plan was introduced to the parent in the *event date*
- Under *status* choose **complete**
- **Click Save**

The report #2511 using custom filter **class age 2** will show completed dates and also children who are the correct age to be starting transition plans.

HBT retains the paper copy of the *Transition Checklist* in the child's file.

The teacher covers the information using the handouts as a resource. The teacher retains the information in the packet and when all of the information has been discussed with the parent in detail, it is given to the parent. This should occur in June

### **Safety Tips**

Home based teachers need to plan for their own safety while serving families. The caregiver must be taken care of in order to be ready and able to meet the needs of their caseload. Home based teachers should consider the following while conducting agency business:

- ✓ Wear your name badge especially when going into homes or area where you are not known such as during recruitment

- ✓ Have your personal contact and emergency information with you
- ✓ Trust your feelings. Never make a visit if you feel unsafe. Discuss with your supervisor
- ✓ Be observant for strangers or unusual activity in the area of the home visit.
- ✓ Stand to the side of the door while waiting to be let inside.
- ✓ Locate the exits. Try to meet in a central room where exits are visible.
- ✓ Keep your gas tank full, especially in the winter
- ✓ Consider carrying emergency items such as; flashlight, cell phone, first aid kit, water, fix a flat, blanket, candy, boots, gloves
- ✓ If asking directions or for assistance, stop at post office or police station
- ✓ Introduce yourself to the community such as personnel at convenience stores or local restaurant
- ✓ Lock your purse in the trunk, keep your keys in your pocket or on elastic wrist band
- ✓ If the family is not home, leave a note and call the central office
- ✓ If there are animals in the yard, honk until someone comes to the door.
- ✓ Do not put yourself in the position of being left alone with a child in their home, even of the parent asks.

### **Outside Training**

HBT will self-report any training they attend outside the agency on the Gateways Registry. Log into Gateways page:

- Click on My Registry box
- Click on the box labeled Learn
- Scroll down and click on add new (it is orange)
- Fill in the box with the training information including the following information:
  - Training title
  - Trainer's name
  - Contact hours
  - Date of training
- Then hit save

This training will show up on section six of your Professional Development Record. Print this Record at the end of program year and give it to your supervisor.

### **Staff Leaving PACT employment**

Staff who are ending their employment with the home based program of PACT must complete the form *Termination or transfer to new Position for HB staff*. This form outlines who receives the resources or items returned by the HBT. The HB Education Coordinator is responsible for collecting the form and guiding the staff in completing the process.