

Reach-Up Inc. Center Base Initial Home Visit Report

Date: _____ Site: _____

Child's legal name: _____ Child likes to be called: _____

Child's favorite activity: _____

What should we know about your child: _____

Number of children in this classroom: _____ Ages: _____ Days: _____ - _____ Class time: _____

The classroom is licensed for this number of children _____ Parent Email Address: _____

COMPLETE AND COLLECT:

- Home Language Survey-keep in child's file
- Child Skills Checklist – keep in child's file

PARENTS ARE INFORMED OF:

All items located in Parent handbook (on website)

- Attendance
- Field trips / Permission Slips
- Conferences / Home Visits
- Pets in the classroom
- Assessments / Goals and Objectives
- Planning Day / Monthly Calendar
- Developmentally appropriate activities
- Screenings
- Cold Weather or Snow days
- Backpacks- each child needs a backpack without wheels and large enough for folders
- Proper Clothing for daily outdoor play
- Health: dental, physical, immunizations, sick child contagious illnesses, first aid, and medication
- Mental Health
- Meals/Snack/Menu
- Recruitment / 100 % Enrollment
- Confidentiality
- Transportation / Back-up days when Head Start cannot transport. EHSCCC, HSCCC, Tech College not applicable
- Information on Bus / Pedestrian Safety ***provide Parent with document**

Provide the following to families through Reach Up's website:

- Parent Handbook
 - Menu
 - Education Philosophy
 - Allergy Prevention and Response Plan
 - Handling and Disposal of Bodily Fluids
 - Nap time Policy
 - *Daily Schedule
 - *Infant/Toddler Report Forms (EHSCCC)
 - *Maltreatment of minor mandated reporting
 - *Emergency Preparedness Plan
 - *Days of Service Calendar/Vacation breaks
- *Posted in the classroom*

I have received information addressing bus/pedestrian safety. I understand the importance of using a seat belt and my child being in a proper child restraint when traveling in a vehicle

Parent / Guardian Signature

Staff Signature

This home visit was done: _____ at the home _____ at the center _____ other Interpreter present _____
No Yes

Dates of unsuccessful attempts to schedule home visit: _____
(See teacher's contact log for details)

Due to unsuccessful IHV parent received bus/pedestrian safety via: Child's backpack _____ Sent US mail _____
Date Date

White: Child's File

Canary: Transportation Coordinator

Pink: Parent