

## Early Head Start First Home Visit:

Child's Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_ Have parent initial the daycare menu. Attach to this form.

\_\_\_\_ Discuss the Curriculum (Creative Curriculum for Infants, Toddlers, and Two's), Learning Games and Hello Highlight book/magazine.

\_\_\_\_ Monthly review of lesson plan/child individualization and required parent signature.

\_\_\_\_ Daily Activity Record (take a blank copy and review with parents)

\_\_\_\_ Complete the Teacher's Report and Scoring Form for the Self-Help and Social and Emotional Scales Brigance screening tool (for children two years old and older) through parent interview

### Ask the family member the following questions:

<b>Arrival</b>
<ol style="list-style-type: none"> <li>1. What time will you usually arrive at the center?</li> <li>2. Who will bring your child to school each day?</li> <li>3. What will help you and your child say good-bye to each other in the morning?</li> </ol>
<b>Diapering and Toileting</b> <i>(Note: Early Head Start provides diapers and wipes. If parent choose dot provide a diaper cream or ointment, it must be accompanied by a prescription)</i>
<ol style="list-style-type: none"> <li>1. What size diaper does your child wear?</li> <li>2. Is your child beginning to use the toilet or is already toilet trained? If so, are there any special instructions for toileting?</li> </ol>
<b>Sleeping</b>
<ol style="list-style-type: none"> <li>1. How will I know that your child is tired and needs to sleep?</li> <li>2. When does your child usually sleep (night, nap schedule)?</li> <li>3. How long does he or she usually sleep?</li> <li>4. What helps your child to fall asleep?</li> <li>5. <i>We put babies on their backs.</i> Is your baby used to sleeping on his/her back? <b>Y or N</b></li> </ol>

6. How does your child wake up? Does he/she wake up quickly or slowly?

**Eating** (*Note: Any “special formula” requires a prescription. Also, if a child is under 12 months old they will not be served table foods unless a physician note is provided. A prescription from a physician is needed to document allergies.*)

**Babies:**

1. Are you breast feeding or bottle feeding your baby?
  - If breast feeding, will you come to the center to breast-feed? **Y or N**
  - If so, at what time?
  - If not, will you send expressed breast milk?
2. If bottle feeding, what kind of formula do you use?
3. How do you prepare the bottles?
4. How much does your baby drink at one time?
5. How often do you feed your baby a bottle?
6. Does your baby drink bottles of water during the day? **Y or N**
7. Is your baby eating solid foods (baby food)? **Y or N**
  - If so, which ones?
  - When?
  - How do you prepare your baby’s solid foods?
  - How much does your baby eat at one time?
8. Does your baby eat any finger foods? If so, which ones?

*We hold babies for all bottle feedings and for other feedings until able to sit unassisted in a chair.*

**All Children:**

1. What are some of your child’s favorite foods?
2. What foods does your child dislike?
3. Is your child allergic or sensitive to any foods? **If so, please list them.**
4. Are there any foods you don’t want your child to eat?

**Dressing ( *Reminder: Families should send an extra set of clothes to be kept at school.* )**

1. Is there anything special we should know about dressing and undressing your child?

**Awake Time**

1. How does your baby like to be held?
2. What position does your baby prefer when awake? We put babies on their stomach for tummy time throughout the day.
3. What language do you speak and sing with your child at home? What language does your child use?
4. What does your child do when he/she is awake?
5. How do you play with your child?

**Departure ( *Note: Persons picking up your child must be listed on the EHS/Childcare paperwork.* )**

1. Who will pick up your child?
2. What time will you usually come to pick up your child?

**Family Information**

1. Tell me about your family.
2. Are there any family traditions you would like to share?
3. Anything else you would like to share about your family?

\_\_\_\_\_  
Parent Signature/Date

\_\_\_\_\_  
Teacher Signature/Date