

HOME VISITS

PURPOSE:

Home Visits are a vehicle for engaging in a process of collaborative partnership building between staff and families. The goal of this partnership is to establish mutual trust and to identify family strengths, capacities, needs, goals, and necessary services to support progress. The home visit is a time to review the progress of the child's development and education services, health screening and results, connect families with health resources within their community, and provide resources and referrals during times of emergency and crisis situations. The partnership that develops between staff and families should include other agencies that also provide services and support to the family in an effort to avoid any duplication of efforts.

HOME VISIT MODELS

HOME BASE

- Home visits will be conducted weekly and will last, at a minimum, 1 ½ hours.
- Head Start home based staff will ensure that 1 ½ hour home visits are completed with each family weekly during 32 total weeks of service over the course of the program year.
- Early Head Start home base programs will ensure that 1 ½ our home visits are completed with each family weekly for 45 weeks of total service or for home base services during the summer for children previously enrolled in center-based or combination programs to equal 45 weeks of total service during the program year.
- Healthy Start will offer weekly home visits for a minimum of 180 days after the birth of the baby or a minimum of 180 days after a post-natal first home visit. Home Visiting (or length of time to be enrolled) can continue up to three years of age. At that time every effort will be made to transition to the child to Head Start.
- Healthy Start will offer home visits based on the Level assigned (P-1,2,3,4:
 - Prenatal, weekly to quarterly home visits
 - Level 1: Weekly home visits
 - Level 1SS: Weekly (or more frequently), high needs such as in crisis because of homelessness, lack of food, baby's failure to thrive, need immediate access to resources, and/or developmentally delayed parents.
 - Level 2: Every other week home visits
 - Level 3: Monthly home visits
 - Level 4: Quarterly home visits
 - Level X: Creative Outreach, weekly to monthly contact due to families involvement with other agencies, domestic violence issues that causes relocation of family temporarily, entering residential treatment for substance abuse issues, child welfare issues, temporary relocation due to vacations, visits to Mexico, other family situations.
- Healthy Start home visits are documented using the Healthy Start Home Visit Record. Documentation is required for all additional contacts with families (e.g., phone calls and letters) using the progress notes form. Only one home visit is documented per family per day on the Home Visit Caseload Management Form.
- Any clients referred from DHS – Child Welfare/Self Sufficiency will be automatically eligible for intensive home visiting. DHS clients referred to Healthy Start for services will be informed that their participation is not mandatory but voluntary.
- At the end of each month, the complete week will be considered for tracking purposes.
- If the month ends on a Wednesday, Thursday, Friday, Saturday, visits completed that entire week

will go with the next months attendance form.

- Family Educators/Family Service Workers will contact the Education Manager/Healthy Start Supervisor for assistance with home visiting issues.
- The Family Educator/Family Service Worker will follow attendance policies and procedures as outlined in this policy.
- For pregnant teens enrolled in the EHS program, home visits will be conducted by the Family Advocate assigned to that center or by a Healthy Start Family Service Worker. With the pregnant teen, the family advocate/FSW will determine the frequency of home visits. (Best practice would indicate weekly home visits.)
- Staff will utilize the home visit curriculum, “Partners for a Healthy Baby,” “Parents As Teachers,” and other curriculum identified in the Curriculum and Classroom Daily Plans policy. Other materials that staff may find on the internet, magazines, or by attending training must have prior approval by the Supervisor before being utilized on home visits.

CENTER BASE

- Two home visits (at minimum) that are education-focused must be completed with the family
- These home visits are **not** to focus on the Family Partnership Plan except for a brief introduction to the process and follow up as needed.
- Additional visits (a minimum of 3 per year) for Family Partnership Plan and follow up or to address social services are required.
- Family issues that arise during the visit should be addressed during the visit and follow-up provided.
- Child and Family Advocates should contact the Family and Community Development Director or their Education Manager for assistance with home visit attendance and/or family issues.
- The center base CFA will follow attendance policies and procedures as outlined in this policy.

HEAD START 3-DAY COMBINATION MODEL

- Education staff will complete a minimum of nine 1 ½ hour visits during the program year (unless otherwise determined for specific sites). For children that enroll after the beginning of the year, one home visit should be completed for each month that they are enrolled in the program (including the month they are enrolled.) The visits will be inclusive of all content areas.
- Family Partnership Plans may be conducted in conjunction with education visits by Child and Family Advocates.
- Additional visits for Family Partnership Plan follow up or to address social services are to be conducted as needed.
- Child and Family Advocates should contact the Family and Community Development Director or their Education Manager when unable to resolve family issues or attendance issues.
- Family issues that arise during the visit should be addressed during the visit and follow-up provided.
- The CFA will follow attendance policies and procedures as outlined in this policy.

EARLY HEAD START 2-DAY COMBINATION MODEL

- Education staff will complete a minimum of 16 1 ½ hour visits during the program year (unless otherwise determined for specific sites). For children that enroll after the beginning of the year, two home visits should be completed for each month that they are enrolled in the program (including the month they are enrolled.) The visits will be inclusive of all content areas throughout each month.

- Family Partnership Plans may be conducted in conjunction with education visits by Child and Family Advocates.
- Additional visits for Family Partnership Plan follow up or to address social services are to be conducted as needed.
- Child and Family Advocates should contact the Family and Community Development Director or their Education Manager when unable to resolve family issues or attendance issues.
- Family issues that arise during the visit should be addressed during the visit and follow-up provided.
- The CFA will follow attendance policies and procedures as outlined in this policy.

FULL DAY

- Two home visits (at minimum) that are education-focused must be completed with the family
- Family issues that arise during the visit should be addressed during the visit and follow-up provided, including referral to the Family Advocate.
- The Teacher should work in partnership with the Family Advocate to resolve family issues for assistance with attendance or family issues.
- The Teacher will follow attendance policies and procedures as outlined in this policy.
- The Family Advocate will complete the Family Partnership Plan home visits (minimum of 3 home visits with monthly contacts)

FAMILY CHILD CARE

- Two home visits (at minimum) that are education-focused must be completed with the family
- Family issues that arise during the visit should be addressed during the visit and follow-up provided, including referral to the Family Advocate.
- The provider should work in partnership with the Family Advocate to resolve family issues for assistance with attendance or family issues.
- The provider will follow attendance policies and procedures as outlined in this policy.
- The Family Advocate will complete the Family Partnership Plan home visits (minimum of 3 home visits with monthly contacts)

EDUCATION HOME VISITING

Ensure that parents are aware that the focus of the home visit is on the parent and that home visits will occur **whether the child is present or not**. Include information that may be useful to the parent's self-improvement, such as record keeping, behavior management, nutrition, and child development.

- Home visits **must be** conducted with the parent or legal guardian.
- Encourage all family members present (adults and children) to become involved in the visit.
- The following guidelines outline what must occur on home visits:
 1. With the parent, develop an individualized plan for each visit to include an overall goal and specific activities to reach or work toward that goal.
 2. Coordinate home activities with classroom activities when appropriate.
 3. Promote activities and experiences that:
 - § are appropriate to the child's developmental level
 - § will coincide/support IFSP goals (where appropriate)
 - § will develop a positive self-image
 - § will develop reading and math readiness skills which are age appropriate
 - § will encourage children to organize their experiences and understand concepts
 - § integrate health/safety, mental health and nutrition education (**Home base** must conduct activities that involve children in the selection of and preparation of

- nutritious foods at least once per month)
4. Orient parents to the screening process and complete the developmental screening (ASQ) and provide follow up information upon completion of the screens.
 5. Complete or update existing ASQSE developmental behavior screening with families.
 6. Orient parents to the on-going assessment process and solicit parent input as appropriate for completion of the assessment using the Portage Guide Birth to Six Tool for Observation and Planning (TOP.)
 7. Education home visits should include a planned activity (required for home base and combination models; as should be planned as appropriate for center base) with the parent and their child which is developmentally appropriate and meets some aspect of the child goals (mutually identified with the parent.)
 8. Assist parents in becoming the teacher on home visits and promote the development of parenting skills.
 9. With parents, develop goals and specific activities for the next visit and for follow-up activities.
 10. Encourage parents to utilize materials readily available in the home.
Materials brought by the home visitor are meant to support the parent's contribution to the activity and should not be the sole source of materials. Keep your contributions minimal. Use materials readily available in the home. Homemade materials and equipment can be used to achieve the same goals as most store bought materials and equipment. Provide families an additional opportunity to plan and construct using their own resources.
 11. Ensure coverage of all component areas on the home visit form. For Home base programs, ensure all components are covered over the course of a month.
 12. With the parent, **evaluate the home visit in writing** on the form.

COMPLETING THE HOME VISIT FORM

To assure compliance with the guidelines the Home Visit Form should be utilized in the following manner. These items must be planned for and recorded on the Home Visit Form **before** the visit.

A. Header:

- \$ Family name (use full name)
- \$ Home visitor's name (use full name).
- \$ Number of home visit, Date and Time of home visit
- \$ Expected Outcomes: record the overall focus of the visit to express what you plan to accomplish and check the appropriate box regarding whether the visit is a child health and developmental services visit (which includes education, health, mental health, nutrition, etc.) or a family and community partnerships visit (which includes social services, family goal setting referrals to and from agencies, etc.) or both.

B. Activity Examples:

- \$ Record any screens and or assessments you plan to complete and/or discuss with the parent (ASQ, ASQ-SE, DECA)
- \$ Record plan to complete Developmental History form with the parent
- \$ Record plan to discuss parent calendar, theme calendars, menus, and other information that may be sent home on a regular basis
- \$ Record the parent/child activities planned for education as well as any information pertaining to nutrition, health, mental health, or social services. Be specific with the description of the activity so that the reader will be able to get a clear picture of

the intended activities. (e.g., Discuss immunization updates; or: make banana milkshakes and draw/write a recipe for a family cook book.)

C. *Materials:*

§ Record materials you will need to bring to the visit for each activity planned to include handouts, flyers, newsletter, calendars (to be gone over with parents) as well as all materials needed for the planned parent/child activity.

D. *General Program Information:*

§ Record information to parents about the program (i.e. Center Day time and place, field trip reminders, school closures, etc.)

§ Discuss a variety of ways parents can be involved (not only as classroom or bus volunteers) and record when and how the parent plans to volunteer.

The following portions of the home visit form will be completed **during** the home visit:

E. *Comments:*

§ Record parent/child information from parents regarding health, mental health, and nutrition (i.e. completed dental visit; immunization clinic dates; WIC visits, etc.).

§ Record information from parents in the social services area (i.e. follow-up from Family Partnership Plan and/or need for social services information from the home visitor.)

§ Pertinent information from the parent for component managers and directors to be passed on in memo form.

F. *Comments about the Home Visit:*

§ Encourage parents to record their own comments about the activities successes or concerns they have.

§ Refer the parent back to the goal of the visit, or recall a comment parents made earlier in the visit to help elicit responses.

§ Be respectful of parent's literacy skills but do not assume that they are incapable of writing.

§ Assist parents to make a comment when needed.

§ If parents do not care to write a comment, ask permission to write a comment using their words; include your initials as documentation.

G. *Parent Signature:*

§ Ask the parent to sign the home visit form, signifying that the home visit has taken place (this form **must be signed**.)

§ Give parent the yellow copy- retain the white copy in the child's file.

PLANNING THE NEXT HOME VISIT-- during the home visit, document a plan for completion of the next scheduled home visit. Complete the following information on a blank home visit form as appropriate.

A. *The Header:*

§ Use a blank home visit form to plan the next visit.

§ Complete the following information:

1. Family name (use full name); time; date and number of visit
2. Home visitor's name (use full name)
3. Expected Outcomes: Record the overall focus of the visit to express what you

plan to accomplish and check the appropriate box - if the visit is a child health and developmental services visit (which includes education, health, mental health, nutrition, etc.), or a family and community partnerships visit (which includes social services, family goal setting referrals to and from agencies, etc.), or both.

B. *Plan the Activities with the Parent:*

§ List the parent/child activity examples for the next home visit and/or the activities to be completed with the parent

C. *List materials*

§ List materials the parent and Home Visitor will need to provide for each planned activity

FAMILY ADVOCATE HOME VISITS

- Family Advocates will ensure monthly family development contacts are completed per year with a minimum of 3 home visits per year and additional contacts as determined by family need.
- Documentation of health tracking and Family Partnership Plan goals should appear on the Home Visit forms, Face Sheets, and Progress Notes as appropriate.
- Follow-up visits or contacts for family development issues can be completed as determined by family need and documented on the Home Visit forms and in progress notes.
- Home visits **must be** conducted with the parent or legal guardian

COMPLETING THE FAMILY DEVELOPMENT HOME VISIT

To assure compliance with the above guidelines the Home Visit Forms should be utilized in the following manner, with the first sections being completed **before** the home visit:

1. Initial Family Development Home Visit

A. *Header*

§ Child/Family name (use full name)

§ Home visitor's name (use full name)

§ # of Family Development Home Visit

§ Date and time of Home Visit

B. *Expected Home Visit Outcomes:*

The purpose or expected goal/outcome of the visit is addressed here. On the initial Family Development Home Visit, this would include completion of the Family Partnership Plan and tracking and planning for health component requirements. Mark the appropriate box for Child Health and/or Family/Community Partnerships.

C. *Activities Examples:*

List the topics, activities, and issues you plan to cover during this visit. This is to be completed before the home visit. Examples include:

§ Complete Family Partnership Plan

§ Follow up on status of Well Child, Dental exams (EHS screen) and WIC Nutrition Assessment, to include follow up visits and treatment needed/completed

§ Vision and Hearing Screens

§ Immunizations

§ Parent Involvement Activities (If this parent holds a leadership role, remind them of their role or ask if they have need of assistance)

§ Child Care Billing (ERDC eligibility, renewal dates, co-pay)

D. *Materials:*

List/identify the materials, forms, articles, handouts, equipment and supplies that will be

utilized to complete each topic/activity to be covered on the visit. This portion is completed before the home visit.

E. *General Program Information:*

Write information about upcoming activities, meetings, classes, etc. Some examples may include:

§ Field trip to fire station 10/15

§ Parent Meeting Tuesday @ 6:30 pm – child care provided

These portions of the home visit form will be completed **during** the home visit:

F. *Comments:*

This portion is completed during the home visit. Document important and relevant information that the parent shares during the home visit and/or the results of the activity.

Examples of possible comments may include:

§ Family Partnership Plan Completed – 1 goal written

§ Well Child exam completed 8/29, F/U with Dr. for copy

§ No dentist, family to contact DHS regarding available dentist who accepts new patients with medical card – F/U on 10/15

§ Parent interested in career ladders – F/U with Human Resources

G. *Comments about Home Visit:*

Here parents are to write their comments about the home visit. At this time schedule the next home visit and record the dates in the space provided in the upper right hand corner of the form. Begin to prepare the next Home Visit form with Activities planned for follow up from the current visit.

H. *Signature:*

Have parents sign the form.

2. **Family Development Follow Up Visit**

A. *Header:*

Refer to #1-A

B. *Expected Home Visit Outcomes:*

Continue Family Partnership and follow up on previously noted concerns

C. *Activities Examples:*

§ Continue/Review Family Partnership Plan

§ Discuss/Review and develop goals

§ Discuss any Emergency/crisis needs, plan developed, referrals

§ Health Component Follow up (specify as needed – Insurance, WCE/Dental/Nutrition Assessments, vision, hearing, developmental history)

§ Child Care Subsidies

D. *Materials:*

Refer to #1-D

E. *General Program Information:*

Refer to #1-E

F. *Comments:*

Refer to #1-F

G. *Comments about the Home Visit:*

Refer to #1-G

H. *Signature*

KEY POINTS IN HOME VISITING:

1. **Plan a time with the parent for the first and all subsequent visits.**
 - Develop a regular schedule for conducting home visits.
 - Combination, Center Base, and Home Based visits **must be** conducted during non-class hours.
 - Full Day, and Family Advocate home visits may be conducted during class hours
 - Home visits for Home Base Programs **must** be held in the home.
 - For center and combination classrooms, home visits can occur in a variety of locations, preferably at the child's home, but on occasion, alternate locations can be used.
 - Be sensitive to maintaining confidentiality when the home visit takes place in a public setting or when there are visitors in the home during a home visit.
 - Set a time and place that is as convenient as possible for both parents and home visitor.
 - For parents that cannot commit to a date due to an irregular schedule, establish and record a time you will get back with them or they are to get back to you to set a specific date and time to ensure completion of the required visits.

2. **Complete documentation immediately.**
 - File the white copy of the completed form in the Education or Social Services section of the child's file (as appropriate.)
 - Record appropriate information in the Progress Notes, to include a plan for subsequent follow up contacts/visits. Refer to the home visit form for reference as needed.
 - Ensure pertinent information is recorded on the Internal Referral Form and passed on to component directors or managers within **one week** of the home visit.

3. **Document home visit attendance accurately as required.**
 - Use the Home Visit Attendance Form to record your scheduled home visits and track contacts.
 - Be sure dates and times on the Home Visit Attendance Form correspond with the dates and times on the Home Visit Forms.
 - If a scheduled visit does not take place, cross out the date and time on the Home Visit Form and write in the new date and time (do not throw away home visit forms).
 - On the Home Visit Attendance Form document why the scheduled visit did not take place (ex. no show) and write in the next scheduled time and date. Continue this procedure until the visit is completed.
 - For Education Home Visits, if a home visit cannot be conducted due to a change in the parent's schedule there must be at least 3 attempts made by the home visitor to try to reschedule the visit.
 1. Document all attempts on the back of the Home Visit Attendance Form.
 2. Attempts to reschedule must be made on different days, at varying times and in different ways (i.e. phone calls, notes home, notes left at the house). A standardized note is available, or you may create your own.
 3. Reminders of previously scheduled home visits are a good idea because they confirm intentions to make a contact at a specific time. However, they are not to be counted as a contact because they are not for the purpose of rescheduling. Also, an unanswered phone call to contact the person is not to be counted as a contact - it is

- an unsuccessful attempt.
4. If you show up for a home visit and no one is home:
 - § Leave a note with the date and time you were there, the center phone number and a time that you could be reached to set up a new appointment.
 - § Return to the center and try to call the parent.
 - § If you are unable to locate the parent at that time, send a note home with the child the next school day asking the parent to contact you for a time the visit could be rescheduled.
 5. It is the Home Visitor's responsibility to ensure that parents are contacted immediately if unable to keep the scheduled appointment. If the home visitor cancels a home visit (due to illness or otherwise) it must be made up at a later date. Refer to the Attendance Policy for Combination and Home Base for information regarding home visit attendance and dropping a family from the program due to lack of home visits.

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