Southern Seven Early Head Start

Home Based
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Visit Plan and Record</td>
<td>3</td>
</tr>
<tr>
<td>Early Head Start Home Visit Plan Form</td>
<td>5</td>
</tr>
<tr>
<td>Head Start Home Visit Plan Form</td>
<td>7</td>
</tr>
<tr>
<td>ChildPlus.Net Entry of Home Based Visits</td>
<td>9</td>
</tr>
<tr>
<td>Attendance Agreements</td>
<td>10</td>
</tr>
<tr>
<td>Chronic Absenteeism</td>
<td>11</td>
</tr>
<tr>
<td>Socialization Day Schedule</td>
<td>12</td>
</tr>
<tr>
<td>Socialization Plan</td>
<td>13</td>
</tr>
<tr>
<td>Socialization Plan Form</td>
<td>14</td>
</tr>
<tr>
<td>Socialization Day Sign-In</td>
<td>15</td>
</tr>
<tr>
<td>Socialization Sign-In Sheet</td>
<td>16</td>
</tr>
<tr>
<td>Socialization Day Schedule</td>
<td>17</td>
</tr>
<tr>
<td>Parent/Home Based Advocate Agreement Option</td>
<td>18</td>
</tr>
<tr>
<td>Parent/Home Based Advocate Agreement Form</td>
<td>19</td>
</tr>
<tr>
<td>Weekly Visit Schedule</td>
<td>20</td>
</tr>
<tr>
<td>Home Based Visit Schedule Form</td>
<td>21</td>
</tr>
<tr>
<td>Home Based Monitoring</td>
<td>22</td>
</tr>
<tr>
<td>Home Based Advocate Self Checklist</td>
<td>23</td>
</tr>
<tr>
<td>Personal Visit Observation</td>
<td>25</td>
</tr>
<tr>
<td>Home Safety Checklist</td>
<td>28</td>
</tr>
<tr>
<td>Participation In-Kind Form</td>
<td>29</td>
</tr>
<tr>
<td>Child and Infant Safety Checklist</td>
<td>30</td>
</tr>
</tbody>
</table>
Southern Seven EHS

Service Area: Home Based  
Procedure: Home Visit Plan and Record  
References:  

The top section of the form includes information about the child, the parent(s) name, and specifics about the delivery of the visit. List the child’s age in the months or years and months depending on the age. There is room to include the adjusted age for children born prematurely. This adjustment for age should be made until the child is two years old. Chronological age is the length of time since birth. Adjusted age is the chronological age minus the number of weeks that the child is born prematurely.

In the **Before the Visit Section**, review and record the essential information and materials you will need to complete the personal visit.

- Review the previous Visit Record, Teaching Strategies Gold and the goals from the Family Partnership Agreement. It is important to keep the goals and desired outcomes in sight at all times when working with families. Select the personal visit plan to be used and plan parent/child activities. Review the rationale for the activity to be shared with the parent(s) during the visit.
- List materials and books needed as well as the Born to Learn handouts and any other handouts that will be used.
- List additional materials needed to complete the visit, including an activity for a sibling that is not enrolled in the EHS or THS program video, or DVD segments.
- Consider any additional resources necessary for the visit and consider discussion points.
- If a screening needs to be done, indicate the screening tools needed.

Following the visit, complete information about The Visit: Parts 1 and 2

- List everyone who participated in the visit.
- Check the boxes to indicate whether the Follow-Up Activity was completed.
- Check if parent observations of the child since the last visit were discussed.
- Check the appropriate box to indicate if a suggestion was given to the family about using a resource was accessed.
- List the observations of the child made during the visit that were discussed with the parents. Observations are divided into the four domains: language, intellectual, social/emotional and gross/fine motor. Descriptions included here are to be specific, objective, and concise.
- Check boxes in the next section to document that information was shared with the parent about emerging development or what the parents can expect in the coming weeks and months.
- Record observation and discussion with the parents related to three areas under the Enhancing Child Development heading.
Parent/Child Interaction: List objective, strength-based observation about how the parent(s) and child related to each other during the visit. Ask yourself questions such as:

- How does the parent act as a consultant to the child?
- Does the child look to the parent for help or praise?
- How does the child initiate interaction with the parent?
- How does the parent support the child during the activity?
- How does the parent show that she or he is reading the child’s cues?
- What does communication look like for parent and child?
- Did the parent(s) communicate or work toward a goal around interaction?

Routines and Home Environment: Comments in this section should be on the design of the learning environment and the appropriateness and consistency of the rules and routines that are typical for the child and family. It is not meant that the condition of the home be evaluated or documented here. Ask yourself questions such as:

- How does the parent interact as an authority for his or her child?
- As the designer of the child’s environment, how does the parent foster and support learning?
- How is the child responding to any established routines?
- How does the home environment support the child’s development?
- How has the family handled transitions and changes in routines?
- Did the parent communicate or work toward a goal around environment and routines?

Family Strengths: Each family has strengths and it is important that we acknowledge them. Use this space to record specific strengths or the family not covered under the other two categories or areas that parents themselves raise for discussion. The emphasis is on what is observed in the family that is enhancing child development or ideas given to the family that could support optimal development.

- Include any additional parental discussion under Parent Comments, Questions and Concerns.
- Under Summary, check boxes to indicate that key observations were recapped and upcoming program events were discussed. It is important to set the next visit date with the parent(s) and to record it in the space provided on the form.
- List resources suggested to the family at the visit, if any.
- Indicate the Follow-Up activity given to the family.

As a final step, complete the section After the Visit.

- Fill in the actual time the visit lasted, in minutes.
- Was the plan completed as planned? If not indicate why.

Home Visit Plans should be sent to the Home Based Supervisor upon completion of the visit.
Southern Seven Early Head Start
HOME VISIT PLAN

Date of Visit: ___________________  Time of Visit: ________  Home Visit #: _______

Child’s Name: __________________________________________________________

DOB:  __________________________  Age: _________________

Parent/Guardian Name(s): ________________________________________________

**Before The Visit**
Review previous Personal Visit Record, Teaching Strategies Gold, and Child Development and Parenting Goals.

Partners for a Healthy Baby Topic: _________________________________________

Snack: _______________________________________________________________

Activity/Activities: ____________________________________  ☐ Review Rationale

Materials/Book Needed: __________________________________________________

Discussion Points from Personal Visit Plan: __________________________________

Parent Handouts: _______________________________________________________

Additional Resources: ___________________________________________________

Additional Discussion Points: ______________________________________________

Activity for Sibling(s): ____________________________________________________

Screening on this Visit:  ☐ Developmental  ☐ Health  ☐ Hearing/Vision  ☐ N/A

Instrument to be Used: ___________________________________________________

**The Visit (Part 1)**
Participants (check all that apply)
☐ Parent
☐ Enrolled child(ren). If child(ren) not present, why not? ________________
☐ Others present _________________________

Follow-Up of Previous Visit:
Was the follow-up activity completed? ☐ Yes  ☐ No
Were parent observations discussed?  ☐ Yes  ☐ No
Were suggested resources accessed by family?  ☐ Yes  ☐ No  ☐ N/A
The Visit (Part 2)
Child observations discussed with parent(s) (SOC - be Specific, Objective, Concise)

Language: ____________________________________________________________
_____________________________________________________________________
Cognitive: _____________________________________________________________
_____________________________________________________________________
Social-Emotional: _______________________________________________________
_____________________________________________________________________
Gross/Fine Motor:_______________________________________________________
_____________________________________________________________________
Health & Safety: _______________________________________________________
_____________________________________________________________________

Information shared about emerging development during the coming months? ☐ Yes ☐ No
If no, please explain: __________________________________________________

Screening results shared: ☐ Yes ☐ No ☐ N/A Re-Screening needed: ☐ Yes ☐ No

Recommendations: _____________________________________________________
Enhancing Child Development (observations and key points discussed)
Parent-Child Interaction:___________________________________________________
Routines and Home Environment:__________________________________________
Family Strengths:________________________________________________________
Parent Comments, Questions, and Concerns:_______________________________
_____________________________________________________________________

Follow-Up
☐ Recap key observations ☐ Highlight upcoming program events Next visit date: _____________
Resources Suggested:_____________________________________________________
Follow-Up Activity Given:_________________________________________________
Plan Completed: ☐ Yes ☐ No If not, why: _______________________________________
Key Points of the Visit:___________________________________________________
Parent Comments:_______________________________________________________
_____________________________________________________________________

Home Based Teacher’s Signature Date
______________________________________   ____________________________
Parent Signature Date
______________________________________   ____________________________

Revised 08/13, rm
The Visit (Part 1)

Participants (check all that apply)
- Parent
- Enrolled child(ren). If child(ren) not present, why not? ________________
- Others present ________________

Follow-Up of Previous Visit:
- Was the follow-up activity completed?  □ Yes  □ No
- Were parent observations discussed?  □ Yes  □ No
- Were suggested resources accessed by family?  □ Yes  □ No  □ N/A
The Visit (Part 2)
Child observations discussed with parent(s) (SOC – be Specific, Objective, Concise)
Language: ____________________________________________________________
_____________________________________________________________________
Cognitive: _____________________________________________________________
_____________________________________________________________________
Social-Emotional: _______________________________________________________
_____________________________________________________________________
Gross/Fine Motor:_______________________________________________________
_____________________________________________________________________
Health & Safety: ________________________________________________________
_____________________________________________________________________
Information shared about emerging development?  □ Yes □ No
If no, please explain: ____________________________________________________
Screening results shared:  □ Yes □ No □ N/A  Re-Screening needed: □ Yes □ No
Recommendations: _______________________________________________________
Enhancing Child Development (observations and key points discussed)
Parent-Child Interaction:_________________________________________________
Routines and Home Environment: __________________________________________
Family Strengths: _______________________________________________________
Parent Comments, Questions, and Concerns: _________________________________
_____________________________________________________________________
Follow-Up
□ Recap key observations □ Highlight upcoming program events Next visit date: _____________
Resources Suggested: _____________________________________________________
Follow-Up Activity Given: _________________________________________________
Plan Completed: □ Yes □ No If not, why: ______________________________________
Key Points of the Visit: ___________________________________________________
Parent Comments: _______________________________________________________
Southern Seven EHS

Service Area: Home Based
Procedure: ChildPlus.Net Entry of Home Based Visits

In ChildPlus.Net choose a participant and completed the following steps:
1. Click on the “Family Services” tab.
2. Click on “Add Event.”
   • An “event” should be used to represent one month of visits.
3. Complete the following fields (this should be completed at the beginning of each month):
   • Initial Date (first scheduled visit of the month).
   • Event Type (select Home Based Home Visit).
   • Click in Description box.
4. Click on the blue schedule home visits prompt and complete the following:
   • Enter first and last scheduled visit dates for the month (using your scheduled time).
   • Agency Worker - usually this is prefilled but if not select yourself from the drop down box.
   • Total Time – this should be 1 hour and 30 min.
   • The “add counter” feature should be turned on and start at 1 (for the first month). For the following months, the number will start at the appropriate numbered home visit (for example, if the first month four visits were offered the next month the counter would need to start at 5).
   • Click the blue “schedule home visits” at the bottom of the screen.
5. In Section 2 of the screen your visits are listed. After the “actions” occur you will need to fill in the following:
   • Action Date – the date the action occurred (If the family cancels use the date you received the information or if they no show use the date you were no showed. If staff cancel, list the date you notified the family).
   • Status – use only of one of 3 options.
     Action Completed – home visit occurred.
     Family Cancelled – this includes family cancelling and No Shows – change time to 0.
     Staff Cancelled – staff cancelled visit – change time to 0.
   • Event Notes – used for documentation such as both parents participated in home visit, family cancelled due to ill child, etc.
6. If you need to add additional or make up visits during the month:
   • Click on the monthly event you want (the first month of entry there will only be one to choose from).
   • In section 2 – click on Add Action and complete the following:
     • Action Type – select direct.
     • Scheduled – date it is to occur.
     • Type of Contact – Home Based Home Visit.
     • Description – example Home Based Home Visit #5.
     • Agency Worker – select your name.
     • Total Time – 1 hour and 30 minutes.
     • Follow steps in #5 to complete the data entry.

When you enter visits ChildPlus.Net transfers this to others enrolled in the “family.”

ChildPlus.Net entry of scheduled visits should only occur after parent and Home Based Teacher have agreed to monthly calendar.
Southern Seven EHS

Service Area: Home Based
Procedure: Attendance Agreements
References: Head Start Performance Standard – 1305.8(b)

When attendance falls below 85% for a given month and when there is no illness or other extenuating circumstances, there may be a need for an Attendance Agreement. Parent Coordinators and Teachers contact the parent to set up a mutually convenient time to discuss attendance and to address any concerns the parent may have. Staff re-emphasize the importance of regular and consistent attendance. Parents and staff identify the reasons for the absences and together create strategies to resolve the issue. It is important for staff and families to work together on this agreement. It should be individualized based on the family’s situation. The plan includes time for a follow up. It is important to schedule this during the meeting.

A copy of the attendance agreement is provided to the parent, a copy is maintained in the child’s center file (correspondence section), and a copy is sent to the ERSEA Specialist.

During the follow up meeting, please remember to celebrate any and all improvements.

Home Based
If the family cancels or no shows the Home Based Teacher reviews the “Parent/Home Based Teacher Agreement” regarding home visits. The Home Based Teacher re-emphasizes the importance of regular and consistent participation. Parents and staff identify the reasons for the missed appointments and create strategies to resolve the issue. If additional support is needed, the Home Based Teacher can contact the ERSEA Specialist and he/she can accompany them on a home visit and discuss this with the family too.
Southern Seven EHS

Service Area: Home Based
Procedure: Chronic Absenteeism
References: Head Start Performance Standard – 1305.8(c)

In the event that chronic absenteeism persists and multiple attempts to contact the family, through phone calls, home visits, and letters (that are documented), the Site Supervisor or Parent Coordinator will contact the ERSEA Specialist to request that a certified letter be sent to the parent. The ERSEA Specialist will prepare the letter and send to the site to sign and mail it to the parent. The parent will be given two weeks to contact the site or Administrative Office or for the child to return to school. If parent does not contact the site or Administrative Office, the ERSEA Specialist will seek approval from the Early Childhood Administrator for dropping the child and enrolling the next child on the waiting list. Prior to speaking the Early Childhood Administrator, the ERSEA Specialist will request a copy of any correspondence relating to attendance to review and share with the Early Childhood Administrator.

Home Based
For the Home Based Program, if a family is a “no show” for two consecutive weeks and does not contact the Home Based Teacher, the Home Based Teacher contacts the ERSEA Specialist to request that a certified letter be sent to the parent. The ERSEA Specialist will prepare the letter and send it to the Home Based Teacher to sign and mail. The parent is provided with an additional week to contact the Home Based Teacher to schedule a home visit. If the parent does not contact the Home Based Teacher, the ERSEA Specialist will seek approval from the Early Childhood Administrator for dropping and enrolling the next child on the waitlist.

This procedure was approved by the Policy Council on Monday, August 19, 2013 and the Board of Health on Thursday, August 22, 2013.
Southern Seven EHS

Service Area: Home Based
Procedure: Socialization Day Schedule
References: Head Start Performance Standards - 1306.33(a)(2); 1306.33(a)(3)

1306.33(a)(2) “Provide, at a minimum, two group socialization activities per month for each child (a minimum of 21 group socialization activities each year).

1306.33(a)(3) “Make up planned Home Visits or scheduled group socialization activities that were canceled by the grantee or by program staff when this is necessary to meet the minimums stated above. Medical or social service appointments may not replace Home Visits or scheduled group socialization activities.”

1. Home Based Teachers will schedule two socialization days each month or a minimum of 21 socialization days each year.

2. Reschedule socialization days that are cancelled by the home based Teacher.

3. Home Based Teachers will provide an opportunity for community awareness and participation of other child care providers.
Southern Seven EHS

Service Area: Home Based
Procedure: Socialization Plan
References:

The Socialization experience should reflect parent-child activity and be relative to the lesson planning that you do for each individual family. Each experience should include:

2. Discussion/Parent Meeting – Sharing and topic discussion (please indicate specific topic) also allow for parent to guide conversation and bring up any interests or concerns. This may also be the place where you may or may not bring in a speaker or handouts specific to the area of focus.
3. Parent-Child Activities - Design room to allow for children and parents to have time to share developmental experiences. There should also be a specific parent child activity that should be guided by the parent as a one on one experience with the child. Be prepared to discuss the rationale for each activity. Your rationale statements may include the following: to enhance your understanding of….; to provide opportunities for you to practice….; opportunities to observe….; to explore different ways to…
4. Home Based Staff should indicate the types of materials, toys etc. that are brought to the socialization.
5. Book Sharing - Allow for books to be read to children and the opportunity for children to look at books. Parents should be encouraged to read the book.
6. Family Style Meal or Snack – Provide nutritious meal or snack and encourage conversation related to nutrition and the importance of eating together as a family.
7. Closing - End socialization on time, as a sign of respect for the participants. Ask parents if they would like to share any of their observations, questions, or reaction. Make sure you announce any upcoming events, etc. Thank everyone for taking the time to attend and contribute to the meeting.
8. After completion, send a copy of the socialization plan to the Home Based Supervisor.
# Southern Seven Early Head Start

## SOCIALIZATION PLAN FORM

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Materials</th>
<th>Activity</th>
</tr>
</thead>
</table>
| **Greeting**  
(arrival, informal conversation, and opening activity) |          |          |
| **Opening Discussion**  
(sharing, topic discussion and handouts) |          |          |
| **Parent-Child Observation Activities**  
(materials and activities) |          |          |
| **Book Sharing** |          |          |
| **Family Style Meal** |          |          |
| **Closing Comments** |          |          |

Topic: _________________________  Date: ________________  Time: _________
Southern Seven EHS

Service Area: Home Based
Procedure: Socialization Day Sign-In
References:

This form is to be filled out for every Socialization/Family Fun Day. Please forward to the Home Based Supervisor upon completion. The information will be used at the end of the Early Head Start Year for reporting purposes.
Southern Seven Early Head Start
SOCIALIZATION SIGN-IN SHEET

Location and Time: 

<table>
<thead>
<tr>
<th>Parent/Caregiver</th>
<th>Child’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised 08/13, rm
<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>EVENT</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Southern Seven EHS

Service Area: Home Based
Procedure: Parent/Home Based Teacher Agreement Option
References:

In order to promote a healthy learning environment, the Home Based Teacher will complete an agreement with each family at the first visit. The agreement allows families to know of expectations of the Home Based Program. It also allows the parents to know what is expected of them during home visits.

Once the agreement is completed, the Home Based Teacher will give each family a copy for their records and place the duplicate copy in the child’s file. If at any time, the agreement has been revised, the Home Based Teacher will complete the revised version and place the duplicate copy in the child’s file and give the original to the family.
Southern Seven Early Head Start  
PARENT/HOME BASED TEACHER AGREEMENT FORM

Home Based Teacher: ________________________  Child’s Name: ____________
Home Visit Time: ____________________________  Parent: _________________

Home Based Teacher Agrees as Follows:

____  I will be on time for the home visit or let the parent know when I will not.
____  I will be prepared for the home visit with materials and information discussed in planning.
____  I will show the parent how to use the materials in their home to teach.
____  I will model learning activities during the visit that are planned for the child.
____  I will present and discuss material on health, nutrition, community services, and notices of meetings & Socialization/Family Days.
____  I will leave materials as needed for the parent to use during the rest of the week.
____  I will plan activities for the child and/or Socialization/Family Days with the parent.
____  I will assist in linking the family with any services needed.
____  I will advise parents of procedures in Parent Handbook.
____  I will utilize the home/outside environment for home visits.
____  I will respect the confidentiality of the children, parents, and staff in the program.
____  I will share and explain our approach to child development and the curriculum we use.

Parent Agrees as Follows:

____  I will be home for each visit or let the home based Teacher know by telephone or by a note on the door.
____  My child and I will be dressed and ready for our home visits and Socialization/Family Days.
____  I understand the visit time is just for the parents, children, and home based Teacher.
____  I will join in the activities with the home based Teacher as we work with my child and not do other work.
____  I will plan activities for my child and/or Socialization/Family Days with the Home Based Teacher.
____  I will model activities when the home based Teacher is there to help me.
____  I will return home visit worksheets to the home based Teacher.
____  I will keep track of all Head Start materials left with me and return them to the home based Teacher.
____  I will attend Socialization/Family Days with my Head Start child as often as possible. I understand I should attend functions with my children.
____  I will join in regular cooking experiences and outdoor activities that we plan.
____  I will respect the confidentiality of staff, children, and other parents in the program.
____  I understand that second hand smoke poses a health risk, therefore, I will not smoke during home visits.

_________________________________  __________________________________
Signature of Home Based Teacher  Signature of Parent

_________________________________  __________________________
Date  Date

ORIGINAL: Parent  COPY: Child’s File

Revised 08/13, rm
Southern Seven EHS

Service Area:     Home Based
Procedure:       Weekly Visit Schedule
References:

Home Based Visit Schedule

The following form is designed for the safety of each Home Based Teacher. The Home Based Teacher will fill out the Home Based Visit Schedule on a weekly basis. The Home Based Teacher is responsible for ensuring that their immediate supervisor has a copy of the form prior to the first home visit completed for the week. If a visit has been rescheduled due to a cancellation, the supervisor needs to be notified of changes.
Southern Seven Early Head Start  
HOME BASED VISIT SCHEDULE FORM

Home Based Teacher: ________________________  Date: ________________

<table>
<thead>
<tr>
<th>MONDAY</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Parent’s Name</td>
<td>Child’s Name</td>
<td>Phone Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TUESDAY</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Parent’s Name</td>
<td>Child’s Name</td>
<td>Phone Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WEDNESDAY</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Parent’s Name</td>
<td>Child’s Name</td>
<td>Phone Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THURSDAY</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Parent’s Name</td>
<td>Child’s Name</td>
<td>Phone Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FRIDAY</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Parent’s Name</td>
<td>Child’s Name</td>
<td>Phone Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

______ # of visits scheduled
The Self Check List

The Self Check List is designed as part of the self-monitoring process for the Home Based Teacher. The Home Based Teacher has the opportunity to evaluate their own performance and their overall satisfaction in services provided to each family. Each Home Based Teacher will complete the Self Check List yearly. During the Home Based monthly meetings, there will be a portion of the meeting set aside to discuss any concerns or questions regarding the Self Check List. Each Home Based Teacher should determine strengths that they find to share with the group.

The Personal Improvement Plan

The Personal Improvement Plan is a monitoring tool for the Home Based Teachers in the area of social services. The Personal Improvement Plan will be completed at the beginning of each school year. Throughout the school year the Home Based Supervisor will meet individually with each Home Based Teacher and review the Personal Improvement Plan. Based on the Plan, the Home Based Supervisor and Home Based Teacher will develop Competency Goals on areas recognized for improvement. Before the school year ends, the Home Based Supervisor and Home Based Teacher will meet to see if goals were met.

The Personal Visit Observation

The Personal Visit Observation is also a monitoring tool designed to help support the Home Based Teacher. Throughout the school year, each Home Based Teacher will have the opportunity to have Service Team and/or Site Supervisor evaluate Home Based Visits. After the visit is completed, the Home Based Teacher will be able to see areas of strength and areas that need strengthened.
<table>
<thead>
<tr>
<th><strong>Have I completed the following for my families?</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Established the ground rules with your families: i.e.: no tv's on during home visit, parent must be in the room, and family sees home visits time as protected time between parent, child and home base teacher, no outside visitors during visits?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shown up for the visit at the time that I told the parent?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visits lasted for 90 minutes or more?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did I bring the necessary tools needed to provide experiences in the home? Experiences such as gross motor, fine motor, problem solving, literacy, food experiences and various sensory experiences?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used items in the home to enhance the lesson plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Got on the floor with the parent and the child(ren)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performed ASQ or Denver screening within the first 45 days of program entry?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Established on-going health care and dental homes for each family?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisted family with getting shot records up to day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Showed that we are tracking shot records per EPSDT schedule?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Made referrals when needed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documented IFSP in lesson plans when applicable?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Included the parent in the development of the curriculum and approach to child development/education?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encouraged the parent to observe their child and give you feedback about their observations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encouraged the parent how to slowly build trust? i.e.: respond to child’s cries and cues – communicate using child’s language, etc.?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talked with parents about ways to build independence? i.e.: brushing teeth, washing hands, wiping spills, etc.?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talked with parents about child rearing practices that support child and provide clear consistent limits and expectations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorporated the child’s culture in the lesson plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provided toddlers, infants the opportunity to explore the environment, develop fine motor skills, gross motor skills, etc.?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviewed the parent/family goal with parent(s)? Addressed parent’s growth needs, i.e.: education, self-esteem, employment, parenting, physical health and mental health?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviewed literacy goals – conducted literacy activity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed a risk assessment form with all pregnant moms?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provided prenatal follow-up opportunities with doctors?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Given dental information and screenings to pregnant moms?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invited dads to participate in all aspects of the program?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Have I completed the following for my families?</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Provided a monthly newsletter to each of my families.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Told my parents that socialization is a part of the program and that attendance is important for the development of the children?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviewed the activities and experiences of the parent and child since the last home visit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planned a literacy activity with the family?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offered information about health, nutrition and/or mental health education?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed a home safety data sheet with the family?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reminded parent about the parent meeting and how it connects to the policy council?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reminded and allowed parent to volunteer in the program?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorporated the parents in the transition process and wrote transition activities in the child’s lesson plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For DCFS referred families: Referred to the goals in the service plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussed and addressed child development needs? i.e.: nutrition, motor skills, physical health, language/literacy, physical health.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closed session with review, goal setting and positive affirmation of parent’s efforts?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Southern Seven Early Head Start
PERSONAL VISIT OBSERVATION

Home Based Teacher: ___________________________  Date: ________________

Time Scheduled/Arrived: _______________  Parent’s Name: ___________________

Child’s Name/Age: ______________________________   _____________________

Observer’s Name/Position: ________________________   _____________________

__ Reviewed past visits and was prepared with any follow-up information.
__ Collected necessary materials for the visit (handouts, video(s), activities, book, forms).
__ Arrived on time (within 10 minutes of scheduled time).

During the personal visit, Home Based Teacher will cover the following five components:

A = Achieved   E = Emerging   NI = Needs Improvement   N/A = Not Applicable

1. **Rapport-Building**

__ Engaged the family in conversation about what is going on in their life.
__ Demonstrated a warm attitude through smile, voice, touch, body language, etc.
__ Referred to previous visit.

2. **Observation of Child, Parent and Interaction**

__ Asked the family to share developmental achievements since the last visit.
__ Pointed out observations of the child as they relate to development.
__ Shared observations of family strengths.

3. **Discussion**

__ Addressed parental concerns or questions.
__ Assisted parents in developing ways to strengthen their parenting skills.
__ Provided positive feedback and encouragement to parent.
__ Encouraged and provided positive feedback toward the child.
__ Facilitated parents’ understanding of their child.
__ Shared age-appropriate child development information.
__ Shared appropriate neuroscience information.
__ Used handouts during the visit, individualizing the information.
__ Encouraged parents to share information with other caregivers.
4. **Parent-Child Activity**

   _ Told the parents the rationale that supports the activity.
   _ Involved the parents in the activity with the child; modified to meet individual need.
   _ Assisted parents in reading child's cues.
   _ Balanced attention between the child and parents.
   _ Suggested other age appropriate activities that reinforce the rationale.
   _ Shared written materials, as needed.
   _ Balanced needs of the family and the plan for the visit.

5. **Summary**

   _ Talked with the parents about the Follow-Up Activity to be done between this visit and the next.
   _ Shared a strength of the parents in relation to raising their child.
   _ Reminded parents of the next group meeting (date and topic).
   _ Scheduled the next personal visit.
   _ Concluded the visit in approximately one hour.

**Home Based Teacher skills observed during the personal visit.**

**Effective Communication Skills**

   _ Offered suggestions and gave concrete examples.
   _ Verbally reflected parents' and child's feelings.
   _ Attuned to emotional level of family.
   _ Listened carefully to what the parent said.
   _ Asked open-ended questions rather than yes/no questions.
   _ Encouraged conversation rather than a question/answer session.
   _ Waited for parents to complete their comments before responding.
   _ Showed support for parents' efforts.
   _ Demonstrated comfort with silence.
Strengths of the Home Based Teacher observed during the personal visit: 

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Suggestions: ___________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Comments on the personal visit: __________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Signature of the Observer: ________________________________________________

Signature of the Home Based Teacher: _____________________________________
Southern Seven EHS

Service Area: Home Based
Procedure: Home Safety Checklist
References:

The Home Safety Checklist can help the Home Based Teacher and family learn about the risks of injury at home, in the car, and outdoors. It may also be used to help develop family goals during the family partnership process. The Safety Checklist should be completed at the first visit. A copy of the Safety Checklist will be given to the child’s family at the next visit and the original will be kept in the child’s file. Home Based Teachers should review it periodically with the family.
<table>
<thead>
<tr>
<th>Month:</th>
<th>Year:</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Home Based was Served In:</td>
<td></td>
</tr>
<tr>
<td>Family/Child Name:</td>
<td></td>
</tr>
</tbody>
</table>

**Week 1**

<table>
<thead>
<tr>
<th>Date</th>
<th>Follow-Up Activity</th>
<th>Family Time Spent on Activity</th>
<th>Weekly Visit Time</th>
<th>Total Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Week 2**

<table>
<thead>
<tr>
<th>Date</th>
<th>Follow-Up Activity</th>
<th>Family Time Spent on Activity</th>
<th>Weekly Visit Time</th>
<th>Total Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Week 3**

<table>
<thead>
<tr>
<th>Date</th>
<th>Follow-Up Activity</th>
<th>Family Time Spent on Activity</th>
<th>Weekly Visit Time</th>
<th>Total Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Week 4**

<table>
<thead>
<tr>
<th>Date</th>
<th>Follow-Up Activity</th>
<th>Family Time Spent on Activity</th>
<th>Weekly Visit Time</th>
<th>Total Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Week 5**

<table>
<thead>
<tr>
<th>Date</th>
<th>Follow-Up Activity</th>
<th>Family Time Spent on Activity</th>
<th>Weekly Visit Time</th>
<th>Total Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Southern Seven Head Start/Early Head Start
CHILD AND INFANT SAFETY CHECKLIST

Follow this link to view the form or it has been attached to the end of these procedures:

# Child and Infant Safety Checklist

The Safety Checklist can help you learn risks for injury at home, in the car, at childcare centers, at schools, and on playgrounds. The Safety Checklist also tells you what to do to reduce risk. It is impossible to eliminate every risk for every child. For this reason, you must know how to respond to an emergency.

<table>
<thead>
<tr>
<th>Action</th>
<th>I follow this safety precaution (✓ = yes)</th>
<th>Purchase of safety item is required for all shaded boxes (✓ = item purchased)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Make sure that every person in the car “buckles up” correctly.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have children who are less than 12 years old ride in the BACK seat and use correct child restraints or lap-shoulder restraints for age.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Use a rear-facing infant safety seat for infants until they weigh at least 20 lb (9 kg) and are 1 year old.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Secure all car seats in the BACK seat of the car.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Secure the seat according to the manufacturer’s instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- To see if the seat is secure, try to push the seat forward, backward, and side-to-side. Tighten the belt to be sure that the seat does not move more than 1/2 inch (1 cm).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- For proper adjustment, the seat belt buckle and latch plate (if needed) must be located well below the frame or toward the center of the seat.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Wait until a child weighs 20 lb (9 kg) and is at least 1 year old and can sit with good head control before using a convertible seat or toddler seat in the forward-facing position. Secure these seats in the BACK seat of the car.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Use a belt-positioning booster seat for children who weigh 40 to 80 lb (18 to 36 kg). Secure the seat with a 3-point seat belt (lap and shoulder belt) in the BACK seat of the car.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If a shield is provided, fasten it close to the child’s body.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Properly install the tether harness if required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Children cannot be properly restrained with a lap-shoulder belt until they are at least 4 feet 9 inches (58 inches or 148 cm) tall, weigh 80 lb (36 kg), and can sit in the automobile seat with their knees bent over the edge. Always use a combination lap-shoulder belt to restrain children sitting in an automobile seat.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- The shoulder belt should fit across the shoulder and breastbone. If it crosses the child’s face and neck, use a belt-positioning booster seat to be sure that the belt is properly placed. Do not hook the shoulder belt under the child’s arm.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- All children 12 years old or younger should ride in the BACK seat.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>I follow this safety precaution (\checkmark) = yes</td>
<td>Purchase of safety item is required for all shaded boxes (\checkmark) = item purchased</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>General Indoor Safety</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Place a sticker with emergency phone numbers near or on the phone. Include numbers for the EMS system, police, fire department, local hospital or physician, the poison control center in your area, and your telephone number.</td>
<td>□ Safety item—Phone sticker with emergency response numbers</td>
<td></td>
</tr>
<tr>
<td>8. Install smoke detectors on the ceiling in the hallway outside areas where children sleep or nap and on each floor at the head of stairs. Test the alarm monthly and replace batteries twice a year (for example, in the fall and spring when the time changes to and from daylight saving time).</td>
<td>□ Safety item—Smoke detector</td>
<td></td>
</tr>
<tr>
<td>9. Make sure that there are two unobstructed emergency exits from the home, childcare center, classroom, or other area where children are likely to be present.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Develop and practice a fire escape plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Make sure that a working fire extinguisher is available.</td>
<td>□ Safety item—Fire extinguisher</td>
<td></td>
</tr>
<tr>
<td>12. Make sure that all space heaters are safety approved. They should be in safe operating condition. They should be placed out of a child’s reach and at least 3 feet from curtains, papers, and furniture. The heaters should have protective covers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Make sure all wood-burning stoves are inspected yearly and vented properly. Place stoves out of a child’s reach.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Make sure that electrical cords are not frayed or overloaded. Place out of a child’s reach.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Install “shock stops” (plastic outlet plugs) or outlet covers on all electrical outlets.</td>
<td>□ Safety item—Plastic outlet plugs</td>
<td></td>
</tr>
<tr>
<td>16. To prevent falls, always keep one hand on an infant sitting or lying on a high surface such as a changing table.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Place healthy full-term infants on their back or side to sleep. Do not place infants on their stomach to sleep.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Make sure the crib is safe:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ The crib mattress fits snugly with no more than two fingers’ width between the mattress and crib railing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ The distance between crib slats should be less than 2 3/8 inches (so the infant’s head won’t be caught).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Do not put any fluffy material, stuffed animals, or fluffy blankets or comforters in the crib with the infant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Be sure that stairs, railings, porches, and balconies are strong and in good repair.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>I follow this safety precaution (✔ = yes)</td>
<td>Purchase of safety item is required for all shaded boxes (✔ = item purchased)</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Keep halls and stairs lighted to prevent falls.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Put toddler gates at the top and bottom of stairs. (Do not use accordion-type gates with wide spaces at the top. The child’s head could become trapped in such a gate, and the child could strangle.)</td>
<td></td>
<td>☐ Safety item — Toddler gates (NOT accordion-type)</td>
</tr>
<tr>
<td>Do not let your child use an infant walker.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To prevent falls, put locks (available at hardware stores) on all windows. Put gates on the lower part of open windows.</td>
<td></td>
<td>☐ Safety item — Window locks, gates</td>
</tr>
<tr>
<td>Store medicines and vitamins in child-resistant containers out of a child’s reach.</td>
<td></td>
<td>☐ Safety item — Child-resistant containers</td>
</tr>
<tr>
<td>Store cleaning products out of a child’s sight and reach.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Store and label all household poisons in their original containers in high locked cabinets (not under sinks).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Do not store chemicals or poisons in soda bottles.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Store cleaning products away from food.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Install safety latches or locks on cabinets that contain potentially dangerous items and are within a child’s reach.</td>
<td></td>
<td>☐ Safety item — Safety latches or locks on cabinets</td>
</tr>
<tr>
<td>Keep purses that contain vitamins, medicines, cigarettes, matches, jewelry, and calculators (which have easy-to-swallow button batteries) out of a child’s reach.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Install a lock or hook-and-eye latch on the door to the basement or garage to keep children from entering those areas. Put a lock at the top of the doorframe.</td>
<td></td>
<td>☐ Safety item — Latch on basement, garage doors</td>
</tr>
<tr>
<td>Keep plants that may be harmful out of a child's reach. (Many plants are poisonous. Check with your poison control center.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make sure that toy chests have lightweight lids, no lids, or safe-closing hinges.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>I follow this safety precaution (✓ = yes)</td>
<td>Purchase of safety item is required for all shaded boxes (✓ = item purchased)</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Kitchen Safety</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. To reduce the risk of burns:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Keep hot liquids, foods, and cooking utensils out of a child’s reach.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Put hot liquids and food away from the edge of the table.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Cook on back burners when possible and turn pot handles toward the center of the stove.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Avoid using tablecloths and placemats that can be pulled, spilling hot liquids or food.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Keep high chairs and stools away from the stove.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Do not keep snacks near the stove.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Teach young children the meaning of the word hot.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Keep all foods and small items (including balloons) that can choke a child out of reach. Test toys for size with a toilet-paper roll. If a toy can fit inside the roll, it can choke a small child.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Keep knives and other sharp objects out of a child’s reach.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bathroom Safety</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. Bathe children in no more than 1 or 2 inches of water. Stay with infants and young children throughout bath time. Do not leave small infants or toddlers in the bathtub in the care of young siblings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. Use skid-proof mats or stickers in the bathtub.</td>
<td>☑ Safety item—bath mats or stickers</td>
<td></td>
</tr>
<tr>
<td>36. Adjust the maximum temperature of the water heater to 120° to 130°F (48.9° to 54.4°C) or medium heat. Test temperature with a thermometer.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Keep electrical appliances (radios, hairdryers, space heaters, etc) out of the bathroom or unplugged, away from water, and out of a child’s reach.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Firearms</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. If firearms are stored in the home, keep them locked and out of a child’s sight and reach. Lock and unload guns individually before storing them. Store ammunition separate from the firearms.</td>
<td>☑ Safety item—trigger lock, lockboxes for firearms</td>
<td></td>
</tr>
<tr>
<td><strong>Outdoor Safety</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. Make sure playground equipment is assembled and anchored correctly according to the manufacturer’s instructions. The playground should have a level, cushioned surface such as sand or wood chips.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>I follow this safety precaution (√ = yes)</td>
<td>Purchase of safety item is required for all shaded boxes (√ = item purchased)</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 40. Make sure your child knows the rules of safe bicycling:  
  ■ Wear a protective helmet.  
  ■ Use the correct-size bicycle.  
  ■ Ride on the right side of the road (with traffic).  
  ■ Use hand signals and wear bright or reflective clothing.                                                                                      |                                            | ☐ Safety item—Bicycle helmet                                                            |
| 41. Do not allow children to play with fireworks.                                                                                                                                                               |                                            |                                                                                  |
| 42. Make sure your child is properly protected while roller skating or skateboarding:  
  ■ Wear a helmet and protective pads on the knees and elbows.  
  ■ Skate only in rinks or parks that are free of traffic.                                                                                           |                                            | ☐ Safety item—Helmet and protective padding                                             |
| 43. Make sure your child is properly protected while riding on sleds or snow disks:  
  ■ Sled only during daylight hours and only in a safe, supervised area away from motor vehicles.                                                                                      |                                            |                                                                                  |
| 44. Make sure your child is properly protected while participating in contact sports:  
  ■ Proper adult instruction and supervision are provided.  
  ■ Teammates are about the same weight and size.  
  ■ Appropriate safety equipment is used.                                                                                                           |                                            | ☐ Safety item—Safety equipment for contact sports                                       |
| 45. To reduce the risk of animal bites, teach your child  
  ■ How to handle and care for a pet.  
  ■ Never to try to separate fighting animals, even when a familiar pet is involved.  
  ■ To avoid unfamiliar animals.                                                                                                                     |                                            |                                                                                  |
| 46. If you have a home swimming pool, make sure the pool is totally enclosed with fencing that is at least 5 feet high and that all gates are self-closing and self-latching. There should be no direct access (without a locked gate) from the home into the pool area. In addition:  
  ■ An adult must always supervise children while they swim. Never allow a child to swim alone.  
  ■ Change young children from swimsuits into street clothes, and remove all toys from the pool area at the end of swim time.  
  ■ All adults and older children should learn CPR.  
  ■ Pools on nearby properties should be protected from use by unsupervised children.                                                                 |                                            | ☐ Safety item—5-foot fence around swimming pool with self-closing, self-latching gate     |
Note: Much of the safety information presented in this table is based on the SAFEHOME program and the Children’s Traffic Safety Program at Vanderbilt University in Nashville, Tenn. The Massachusetts Department of Public Health developed the SAFEHOME program as part of its Statewide Comprehensive Injury Prevention Program. The Federal Division of Maternal and Child Health funded the SAFEHOME program. The Department of Transportation and the Tennessee Governor’s Highway Safety Program funded the Children’s Traffic Safety Program.