

FIRST ENROLLMENT CONTACT TRACKING FORM

This form is to be used by the Family Partnership Assistant when making the initial home visit.

Date: _____ Child: _____ Center: _____
Staff completing form _____ Person(s) present: _____

**Parent refused home visit. An Alternate location was agreed upon.

**Parent signature needed here if home visit refused: _____

The following topics are to be discussed this visit, place your initials on the line provided by each topic as it is discussed.

- _____ 1. Review in handbook, Your Head Start, What is Head Start, What to do with this parent handbook and your parent packet, grievance procedure, volunteering in your child's Head Start center.
- _____ 2. Review in hand book program schedule, clothing, early arrival and pick ups, attendance, program termination, release policy, Inkind, Parent Center Committees /Policy Council, parent activities, parent activity fund, family literacy, cultural diversity.
- _____ 3. Review EPSDT/Well Child and Preventative Health Care. Give parent the physical exam forms. Discuss importance of timeliness w/ annual physical exam.
 - 3.a Complete screening for risk of lead exposure form. If the parent has one or more "yes" answers, attach the form to the physical form. If the parent has no "yes" answers, leave completed screening form in the child's record. If child has never had a lead screening test, advise parent of the need as part of his/her EPSDT screening. Give handout on lead to parent.
 - 3b. Complete General health history form (not needed if returning child).
 - 3c. Complete health history 2A for new enrollees or health history update for returnees. Complete health history 2B (not necessary for returning children).
 - 3d. Explain and complete "Parent Permission for Medical and Dental Screening."
- _____ 4. Review "Immunization Requirements" section in handbook. Explain need for up to date immunizations. Verify immunization status. A copy of immunization record must be on file at center before child attends.
- _____ 5. Review dental program and children needing dental treatment, Fluoride supplement program section in handbook. Complete dental form.
- _____ 6. Review Partnership and Social Services. Get parent to fill out Family Partnership Agreement Introduction, PIR checklist, parent training assessment.
- _____ 7. Review "What is child abuse and neglect", "How to help", "Child abuse/ neglect reporting", with parents in handbook.
- _____ 8. Review obtaining birth certificates and social security cards in handbook. **TennCare**- Children who have no medical insurance coverage may be eligible for TennCare. Children who are covered by medical insurance plan other than TennCare may also be eligible for TennCare through Medicaid Spend Down at DHS. Children in these two categories should be referred for TennCare. Please initial here if referred (begin tracking form) _____ Referred to sign up for TennCare.
- _____ 9. If all day child care is needed, please see parent handbook for certificates instructions, extended child care services.
- _____ 10. Check interest/home location/ transportation plan. (Use change of status form)
- _____ 11. Verify information on application/ family member etc. (Use change of status form).
- _____ 12. Review USDA form (required only for families that are over the income guidelines). **Have all families fill out USDA Addendum form.** Give WIC information to family.
- _____ 13. Review SIDS and breast feeding information. (Not in packet)
- _____ 14. Explain that the following parent/ teacher staff will be done prior to class attendance, (unless refused), a conference early in the school year, a Mid Year Home visit, and an End of the Year Conference.
- _____ 15. Review and leave Community Resource Guide.

The above initialed topics were discussed with me by: _____

Parent/ Guardian signature _____

Date sent to SPO: _____ By: _____