

First /Primero**Home Visit Form/Formulario de la Visita Familiar**Child's Name/*Nombre del Niño* _____Parent's Name/*Nombre del Padre* _____Date/*Fecha* _____Length of Visit/*Duración de la Visita*: _____Visit Location/*Lugar de la Visita*: Home/*Casa*: _____Center/*Centro* _____Alternate Location/*Otro lugar* _____Reason/*Razón* _____Staff Making Contact/*Personal Haciendo Contacto*: _____ Rescheduled/*Reprogramado*: Y or N / *S ó N*Reason for No Contact /*Razón para no tener contacto*: _____*Check off each item as completed / *Marque cada punto mientras lo completa*

<input checked="" type="checkbox"/>	Items to be reviewed with ALL families/ Artículos para ser revisados con todas las familias
	Family Portrait / Retrato Familiar
	Children's Bathroom Policy / La Política del Baño de los Niños
	Family of the Week or Family Album / La Familia de la Semana o Álbum de la Familia
	Parent Child Activity Record - homework and observations / Registro de Actividad de Padre y Niño - Tarea y Observaciones
	Newsletters / Boletines Informativos
	Screeners and Assessments - inform parents on the screeners we use and our on-going assessment process / Exámenes y Evaluaciones - informar a los padres sobre los exámenes que usamos, y nuestro proceso de evaluación continua.
	Complete ASQ SE Screener / Completar los exámenes ASQ SE
	School Readiness Goals / Metas para la preparación para la escuela
	Site specific information / Información específica del centro
Individual Family Information / Información Individual de la Familia	

<input checked="" type="checkbox"/>	Items to be reviewed for families that did Not attend orientation/ Artículos para ser revisados con las familias que No asistieron a la orientación
	Pedestrian Safety Guidelines (family handbook) / Revisar las Pautas de Seguridad para Peatones (en el manual para familias)
	Health Policies (family handbook) / Las Políticas de la Salud (en el manual para familias)
	Mealtime Policy and 6-week menu cycle / La Política de la Hora de Comer y el ciclo del menú de 6 semanas
	Evacuation Procedures / Los Procedimientos de la Evacuación
	Discipline Policy (family handbook) / La Política de la Disciplina (en el manual para familias)
	Behavioral concerns process (review BOR) and Introducing Behavior Tracking Process to Family Members / Proceso de preocupaciones de comportamiento (revisar BOR) e Introducir el Proceso de Seguimiento del Comportamiento a los Miembros de la Familia
	Spare clothes & Diapers (family handbook) / Ropa extra y pañales (en el manual de la familia)
	Volunteering/ Policy Council/ Center Committee Meetings (family handbook)/Ofreciendo ser Voluntario /El Consejo de Políticas / Reuniones del Comité del Centro (en el manual para familias)
	(HS Only) Field Trips (family handbook) / (Sólo HS) Días de Campo (paseos) (en el manual para familias)

Parents Signature / *Firma del Padre* _____Date / *Fecha* _____Child Development Staff Signature / *Firma de la Maestra* _____Date/*Fecha* _____Family Worker Signature / *Firma de la Trabajadora Familiar* _____Date/*Fecha* _____Interpreted by (if needed) *Firma del Intérprete* _____Date /*Fecha* _____

Family Portrait



Parent Name(s): _____

Child Name: _____

Date: _____ Center: _____

Interviewing Staff

Parent Signature

What activities does your family like to do together?

What are your family rules?

What are the three most important things you would like me to know about your family?

Mother/Mother Figure Involvement
What ways would you like to be involved in your child's education?

What type of music does your family listen to?

Father/Father Figure Involvement
What ways would you like to be involved in your child's education?

What are some activities you enjoy?

What are some of your families' favorite books to read together?

What are some activities you enjoy?

<p>Who are the important people (and pets) in your child's life?</p>	<p>What do you hope your child learns in our program?</p>	<p>What foods does your child enjoy?</p>															
<p>What helps your child when he/she is: Sad?</p>	<p>Angry?</p>	<p>Scared?</p>															
<p>What activities does your child enjoy:</p> <table border="0"> <tr> <td>Blocks/legos</td> <td>Sand box</td> <td>Cutting/gluing</td> <td>Baby dolls</td> <td>Pretend cooking</td> </tr> <tr> <td>Books</td> <td>Outside play</td> <td>Dress-up</td> <td>Coloring</td> <td>Water table</td> </tr> <tr> <td>Cars/trains</td> <td>Painting</td> <td>Play-doh</td> <td>Riding toys</td> <td>Puzzles</td> </tr> </table>			Blocks/legos	Sand box	Cutting/gluing	Baby dolls	Pretend cooking	Books	Outside play	Dress-up	Coloring	Water table	Cars/trains	Painting	Play-doh	Riding toys	Puzzles
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Give a copy of the Family Portrait to the Family Worker prior to filing in curriculum binder.

CHILDREN'S BATHROOM POLICY

POLICY: The Board of Directors, Policy Council, Executive Director and staff of Shasta Head Start Child Development, Inc., have determined that supervision of children in the bathrooms must be conducted by Shasta Head Start staff only. Parents or community volunteers are not allowed to oversee bathroom supervision, even if they have been fingerprinted.

EXCEPTION: The only exception to this rule is that a parent may accompany his/her own child to the bathroom when other children **are not** present.

REASONS: The reasons for Shasta Head Start's Children's Bathroom Open Door Policy, are as follows:

1. To assure staff's ability to supervise children at all times;
2. Safety for children and parents;
3. To keep children from playing in bathroom;
4. Sanitation issues;
5. Hygiene issues;
6. Children feel more safe - can see and know where adult is in case they need help; and
7. Title 22 licensing requires that children must be in visual view of supervising staff.

Family of the Week

Dear Parents: We will be starting a "Family of the Week" program. This is your child's time to share with the other children, parents and staff all about themselves and their families.

YOUR CHILD IS SCHEDULED FOR "FAMILY OF THE WEEK" ON: _____

We would like each family to put together a poster to hang in the center. How you do it and the materials you use are up to you; be as creative as you want! This is a good parent/child activity to do together. If you need paper, markers or other supplies, let us know and we will get these materials to you. Here are a few suggestions for posters:

PICTURES (SNAPSHOTS) of the featured child from birth to the present, and/or other family photos of pets, favorite outings, etc.

MAGAZINE PICTURES of favorite foods, toys and/or colors. **Your child should help with** cutting, taping or gluing. You could also have your child print their name, or you could trace their handprint.

LABEL EVERYTHING so teachers can talk about the poster throughout the week.

PETS we are unable to share pets in the classroom, but welcome pictures of your pets to share with the children.

COOKING PROJECTS to share any cultural or family recipes are welcome. Parents can share the recipe and we will do the rest! (These arrangements must be made in advance.)

YOUR CHILD'S FAVORITE CD AND/OR BOOK can be shared during one of our group times.

YOUR CHILD'S FAVORITE TOY(S) may be brought in to share.

DADS OR MOMS: Kids love to share what their parents do for a living: 1.) Could You Share about your job? 2.) Would you like to do some sort of presentation at the center? 3.) Could a picture be taken of you at work? For parents that are at home, talking about or taking pictures of you performing chores would be great.

The ideas are unlimited. Just let us know if you have any questions, or need help in any way. The kids look forward to sharing their posters and families. We would like parents to come into the center, if possible, the first day we feature their child. The kids are very proud when their parents come in for their special day.

We hope this is a good experience for you, and we look forward to meeting your family.

Don't forget: Any funds (if applicable) or time you put into this project is In-kind. Be sure to write it down!

Shasta Head Start Child Development, Inc.

Parent / Child Home Activity Record

Child's Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
Minutes per Activity	15	30	60	15	30	60	15	30	60	15	30	60	15	30	60	15	30	60	15	30	60
LLD-Language and Literacy Development																					
Reading																					
Story Telling																					
Visit Library																					
Writing																					
Cog – Cognitive Including Math, Science, Social Studies, and Logic & Reasoning																					
Counting																					
Shapes																					
Sorting																					
Observe Nature																					
Use Senses																					
Problem Solving																					
PD-HLTH – Physical Development and Health																					
Large Motor (jump,hop,run)																					
Small Motor (cut paper,write,color)																					
Cooking																					
Grocery Store																					
Self Care Tasks																					
SED- Social Emotional Development,																					
Feelings																					
Help Clean Up																					
Games with Rules																					
APL-Approaches to Learning Including Creative Art																					
Color, Paint,																					
Music, Dance, Drama																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

In order for teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in suggested activities and turn those observations in to the child's teacher. Thank you for your help!

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only

Grand Total Hours

(Total minutes ÷ 60) Staff's Signature:

Parent Observations

Please choose an activity and write an observation about your child on the sticky tab provided. Avoid using words that give your opinion, (She was “happy.” He “wanted” the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child’s name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child’s teacher.

Sample: 09.17.14 - “Today when I picked up Jasmine at school, she ran to greet me with a smile on her face.”

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Take your parent to a nearby park to play . PD-HLTH	Practice crossing the street you’re your parent. PD-HLTH	Make wet footprints on the sidewalk. PD-HLTH	Pretend to be a duck and waddle around. Ask someone to follow you. PD-HLTH	Act out Little Miss Muffet. APL
Take a bubble bath. What do bubbles feel like ? Make pictures in the bubbles. COG-SS	Look through family pictures and talk about what you see. SED	Look through magazines and cut out pictures of families. Talk about how they are different and the same as yours. SED	Visit a relative or call one on the phone. SED	Look at pictures of your family and talk about the events shown. SED
Visit the library and check out books . LLD	Ask your parent what a pair of something is. Have them show you five pairs. COG- M	Ask your parent to read a book with you. LLD	Teach your parent a song you learned at school. APL	Make a writing box for practicing. Add paper, pencils, old cards, junk mail, etc. LLD

Ask a parent to read your Raising a Reader book to you.

Week 1



School Readiness Goals for Preschool Children

Shasta Head Start has established School Readiness Goals to help ensure that children are ready for school and families are ready to support their children's learning. These goals will help children develop the skills, knowledge, and attitudes necessary for school and later learning in life. Together we will focus on achieving these goals by planning activities and individualizing for your child.

Domain: Social and Emotional Development

- I. Preschool children will demonstrate an increasing understanding in the ability to recognize and regulate emotions, attention, impulses, and behavior.
- II. Preschool children will build a healthy range of emotional expression and learning positive alternatives to aggressive or isolation behaviors.

Domain: Approaches to Learning

- I. Preschool children will increase their level of ability to begin and finish activities with persistence and attention.

Domain: Language and Literacy

Language –

- I. Preschool children will demonstrate increasing awareness that language can be broken into words, syllables, and smaller pieces of sound.
- II. Dual Language Learners will demonstrate increasing abilities to speak or use English.

Literacy -

- III. Preschool children will show increasing awareness of symbols and letters, awareness that letters make up words, and eventually that letters have sounds.

Domain: Cognition and General Knowledge

Scientific Reasoning

- I. Preschool children will demonstrate an increasing ability to recognize, understand, and analyze a problem and draw on knowledge or experience to seek solutions to a problem.

Mathematics Development

- II. Preschool children will demonstrate an increasing understanding of the use of numbers to describe relationships and solve problems.

Domain: Physical Development and Health

- I. Preschool children will demonstrate an increasing understanding of basic health and safety rules and respond appropriately to harmful and unsafe situations.



Introducing Behavior Tracking Process to Family Members

Dear Parents and Guardians,

Thank you for entrusting your child to us at Shasta Head Start. We take great pride in the quality of our early education program and are committed to providing every child with the support and opportunities they need to learn and grow.

In the classroom, children are learning how to play with others, follow routines, and develop important social and emotional skills. As part of this learning process, some children may experience challenges in managing their emotions and behavior. Please know that your child's well-being—and the well-being of all children in our care—is our highest priority as we work to support those who may need extra help in this area.

While we cannot share personal or confidential information about any specific child, we want to assure you that we are doing everything we can to help each child succeed in our program. When a child demonstrates ongoing challenging behavior, we begin using Behavior Observation Reports to better understand and address the situation. If this step becomes necessary for your child, we will partner closely with you to support their growth. This may include meetings with your child's teacher and a referral to our Mental Health Department, who will work with you and the teaching staff to develop strategies that help your child manage their emotions in a healthy way.

Our top priority is always safety in the classroom. If a child's behavior puts others at risk, we may need to temporarily reduce their classroom schedule and provide more intensive support.

We also ask for your help in talking with your child if they mention another child's behavior. We focus on sending the message that every child is an important member of our classroom community, and that some children may need help calming down and learning how to play gently. In the classroom, we use a variety of strategies to teach children how to express themselves, ask for space, and manage their emotions. We encourage you to speak with your child's teacher to learn more about these strategies and to practice them at home.

Please reassure your child that their teachers are there to keep everyone safe and that they can help their classmates by showing kindness, patience, and good social skills at school.

Thank you for being our partners in supporting your child's development.

Sincerely,

Shasta Head Start Staff

Behavior Observation Report (BOR) &/or Behavior Incident Report (BIR)

Select the appropriate option: ☐ BOR ☐ BIR*

*If BIR is selected, document the reason in the comment section at the end of the report and obtain signatures.

Child's Name: _____		Staff Name: _____
Date: _____	Time of Occurrence: _____	Classroom: _____
What Happened Before? <i>(from the child's perspective)</i>	Describe the Behavior Like a Camera Sees It <i>(form of behavior)</i>	What Happened Immediately After? <i>(from the child's perspective)</i>
Why is this happening? (refer to <i>Toward a Better Understanding of Children's Behavior</i> for support, if needed)		
<input type="checkbox"/> Developmental Stage <input type="checkbox"/> Environment <input type="checkbox"/> Lack of Skills <input type="checkbox"/> Unmet Emotional Need	<input type="checkbox"/> Individual Differences <input type="checkbox"/> Temperament <input type="checkbox"/> Sensory Motor Capacities <input type="checkbox"/> Disability	<input type="checkbox"/> Health Issue <input type="checkbox"/> Express Emotion <input type="checkbox"/> Other: _____
Possible Motivation/Function (select all that seem possible)		
<input type="checkbox"/> Obtain Desired Item <input type="checkbox"/> Obtain Desired Activity <input type="checkbox"/> Gain Connection to Person <input type="checkbox"/> Gain Sensory Stimulation	<input type="checkbox"/> Express Emotion <input type="checkbox"/> Initiate Social Interaction <input type="checkbox"/> Avoid Adults <input type="checkbox"/> Avoid Sensory Stimulation	<input type="checkbox"/> Avoid Task <input type="checkbox"/> Avoid Peers <input type="checkbox"/> Get Help <input type="checkbox"/> Other: _____
Location of Occurrence (select only one)		
<input type="checkbox"/> Indoor Play Area <input type="checkbox"/> Outdoor Play Area <input type="checkbox"/> Bus	<input type="checkbox"/> Eating Area <input type="checkbox"/> Sleeping Area <input type="checkbox"/> Center: _____	<input type="checkbox"/> Bathroom/Changing Area <input type="checkbox"/> Other: _____
Activity or Routine (select only one)		
<input type="checkbox"/> Arrival/Drop-Off Time <input type="checkbox"/> Meals/Snack <input type="checkbox"/> Nap/Quiet Time <input type="checkbox"/> Self-Care	<input type="checkbox"/> Large Group <input type="checkbox"/> Inside Play <input type="checkbox"/> Outdoor Play <input type="checkbox"/> Small Group Activity	<input type="checkbox"/> Departure/Pick-Up Time <input type="checkbox"/> Transition <input type="checkbox"/> Individual Activity <input type="checkbox"/> Other: _____
Others Directly Involved (select all that apply)		
<input type="checkbox"/> Teacher/Primary Caregiver <input type="checkbox"/> Associate Teacher <input type="checkbox"/> Aide	<input type="checkbox"/> Family Member <input type="checkbox"/> Family Child Care Staff <input type="checkbox"/> Support/Administrative Staff	<input type="checkbox"/> Peers/Classmates Initials: _____ <input type="checkbox"/> Other: _____
What happened later? What did others do? (select all that apply, even if written above)		
<input type="checkbox"/> Acknowledged Distress <input type="checkbox"/> Offered Comfort <input type="checkbox"/> Tried Soothing Strategies <input type="checkbox"/> Peers Move Away <input type="checkbox"/> Used Words to Connect with Child	<input type="checkbox"/> Adult Moved Closer <input type="checkbox"/> Acknowledged Feelings <input type="checkbox"/> Visual Reminder (first/then, visual cue) <input type="checkbox"/> Redirection <input type="checkbox"/> Time with Adult	<input type="checkbox"/> Physical Guidance <input type="checkbox"/> Family Contact <input type="checkbox"/> Social-Emotional Teaching Strategy (describe): _____ <input type="checkbox"/> Other: _____

Comments (include strengths as well as setting events (if known)): _____

All BIRs must be reviewed & signed by HT/SS and sent to Area Manager for approval prior to reviewing with parent. Parent/guardian signature will be obtained as acknowledgment of Behavior Incident. If the signature cannot be obtained quickly enough, staff can review the BIR with the parent (initial below) and retrieve signature later. The completed BIR will be scanned to Dis./MH Dept. within 48 hours of incident. Signatures are not required on BORs. Refer to [SOP 5.3.24.1 Behavior Incidents](#) for more information.

SS/HT Signature: _____ Parent/Guardian Signature: _____

I have reviewed with the parent/guardian (initial): _____ Reviewed: ☐ In-Person ☐ Phone ☐ Other: _____