

Shasta Head Start Child Development, Inc.  
**Education Staff Yearly Timeline For State Classrooms**

Month I & II Start-up July/Aug.	Month III & IV September/October	Month V November	Month VI December	Month VII January	Month VIII February	Month IX March	Month X April	Month XI May	Extended Year Month XII June
<input type="checkbox"/> Center set-up Start up checklist <input type="checkbox"/> Review Child Files <input type="checkbox"/> ECERS Environment <input type="checkbox"/> 1 <sup>st</sup> home visit (within 45 days of start) <input type="checkbox"/> Classroom Orientation <input type="checkbox"/> Bus &/or Ped Safety Parent Trng. 30-days <i>*For Bussing, have bus driver train and sign.</i> <input type="checkbox"/> 45 day screeners- ASQ 3, ASQ-SE <input type="checkbox"/> Lesson Plans <input type="checkbox"/> Review DRDP <input type="checkbox"/> Review IEP Goals and Objectives on identified children <input type="checkbox"/> Building Foundation Checklist to CDD <input type="checkbox"/> Begin Observations in Learning Genie <input type="checkbox"/> Licensing/Disaster plans <input type="checkbox"/> Set up system & begin portfolio –Fall Collections	<input type="checkbox"/> Complete DRDP 1 <sup>st</sup> rating <input type="checkbox"/> 1 <sup>st</sup> parent-teacher conference (Develop Child Goals) <input type="checkbox"/> Outcomes reports <input type="checkbox"/> Begin 8 wk. goal tracking -1 <sup>st</sup> cycle <input type="checkbox"/> What Your Child Is Learning <input type="checkbox"/> Referrals sent to Disabilities Depart. <input type="checkbox"/> Cont. portfolio Collections <input type="checkbox"/> On-going Observations <input type="checkbox"/> Lesson Plans <input type="checkbox"/> Family of Week <input type="checkbox"/> ECERS Environment  <input type="checkbox"/> Requirements for Late start families: Busing Safety (30 days), 1 <sup>st</sup> Home visit, 45 day screeners, on-Going Assessment	<input type="checkbox"/> Begin 8 wk. Goal tracking – 2 <sup>nd</sup> cycle <input type="checkbox"/> Address IEP Goals for Identified Children <input type="checkbox"/> Portfolio Collections <input type="checkbox"/> On-going Observations <input type="checkbox"/> Lesson Plans <input type="checkbox"/> Family of Week <input type="checkbox"/> ECERS Environment  <input type="checkbox"/> Requirements for Late start families: Busing Safety (30 days), 1 <sup>st</sup> Home visit, 45 day screeners, on-Going Assessment	<input type="checkbox"/> Portfolio Collections <input type="checkbox"/> On-going Observations <input type="checkbox"/> Lesson Plans <input type="checkbox"/> Family of Week <input type="checkbox"/> ECERS Environment  <input type="checkbox"/> Requirements for Late start families: Busing Safety (30 days), 1 <sup>st</sup> Home visit, 45 day screeners, on-Going Assessment	<input type="checkbox"/> Complete DRDP Rating Record- 2 <sup>nd</sup> rating <input type="checkbox"/> Outcomes reports <input type="checkbox"/> Review IEP Goals and Objectives <input type="checkbox"/> Portfolio-1 <sup>st</sup> collection due <input type="checkbox"/> On-going Observations <input type="checkbox"/> Lesson Plans <input type="checkbox"/> Family of Week <input type="checkbox"/> ECERS Environment  <input type="checkbox"/> Requirements for Late start families: Busing Safety (30 days), 1 <sup>st</sup> Home visit, 45 day screeners, on-Going Assessment	<input type="checkbox"/> 2 <sup>nd</sup> parent-teacher conference ( <b>update goals</b> ) <input type="checkbox"/> Individual Transition Plans <input type="checkbox"/> What Your Child is Learning <input type="checkbox"/> <b>Begin Transition activities</b> <input type="checkbox"/> Begin 8 wk. goal tracking -3rd cycle <input type="checkbox"/> Portfolio Collections <input type="checkbox"/> On-going Observations <input type="checkbox"/> Lesson Plans <input type="checkbox"/> Family of Week <input type="checkbox"/> ECERS Environment  <input type="checkbox"/> Requirements for Late start families: Busing Safety (30 days), 1 <sup>st</sup> Home visit, 45 day screeners, on-Going Assessment	<input type="checkbox"/> Portfolio Collections <input type="checkbox"/> On-going Observations <input type="checkbox"/> Transition Activities <input type="checkbox"/> Lesson Plans <input type="checkbox"/> Family of Week <input type="checkbox"/> ECERS Environment  <input type="checkbox"/> Requirements for Late start families: Pedestrian. Safety (30 days), 1 <sup>st</sup> Home visit, 45 day screeners, on-Going Assessment	<input type="checkbox"/> Complete DRDP Rating Record- 3rd rating <input type="checkbox"/> Outcome's report <input type="checkbox"/> What Your Child is Learning <input type="checkbox"/> Review IEP Goals and Objectives <input type="checkbox"/> Transition Activities <input type="checkbox"/> Complete Portfolio Collections <input type="checkbox"/> Complete On-going Observations <input type="checkbox"/> Lesson Plans <input type="checkbox"/> Family of Week <input type="checkbox"/> ECERS Environment  <input type="checkbox"/> Requirements for Late start families: Busing Safety (30 days), 1 <sup>st</sup> Home visit, 45 day screeners, on-Going Assessment	<input type="checkbox"/> End of the Year Celebrations <input type="checkbox"/> Transition Activities <input type="checkbox"/> Center closures- Shut down checklist <input type="checkbox"/> Lesson Plans <input type="checkbox"/> Family of Week <input type="checkbox"/> ECERS Environment  <input type="checkbox"/> Requirements for Late start families: Pedestrian. Safety (30 days), 1 <sup>st</sup> Home visit, 45 day screeners, on-Going Assessment	<input type="checkbox"/> Complete <b>Final Home Visits</b> <input type="checkbox"/> Portfolios to parents <input type="checkbox"/> On-going Observations <input type="checkbox"/> <b>Transition Activities</b> <input type="checkbox"/> Close out child files <input type="checkbox"/> Lesson Plans <input type="checkbox"/> ECERS Environment <input type="checkbox"/> Shut Down Checklist  <input type="checkbox"/> Requirements for Late start families: Busing Safety (30 days), 1 <sup>st</sup> Home visit, 45 day screeners, on-Going Assessment
<input type="checkbox"/> Center Orientation <input type="checkbox"/> Monthly Calendar <input type="checkbox"/> Bus Evacuation Drill <input type="checkbox"/> Fire/Disaster Drills <input type="checkbox"/> Child Supervision Monitoring Checklist <input type="checkbox"/> Parent/Child Activity Records <input type="checkbox"/> Second Step Letters <input type="checkbox"/> Review Child and Staff Files <input type="checkbox"/> Site Meeting <input type="checkbox"/> Safety Checklist <input type="checkbox"/> Center Maintenance Checklist <input type="checkbox"/> Staff with Family Workers (Bimonthly) & Individual Staffing's <input type="checkbox"/> Order supplies	<input type="checkbox"/> Parent Meeting <input type="checkbox"/> Monthly Calendar <input type="checkbox"/> Fire/Disaster Drills <input type="checkbox"/> Child Supervision Monitoring Checklist <input type="checkbox"/> Parent/Child Activity Records <input type="checkbox"/> Second Step Letters <input type="checkbox"/> Site Meeting <input 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