



Home-Based EHS Education Procedure

1302.22 Home-Based Option
1302.20(b) Comprehensive Services
1302.47(1)(ii-viii) Safety Practices
1302.35 Education in Home-Based Programs

APPROACH:

The Home-Based Early Head Start (EHS) program option provides high-quality comprehensive services to pregnant women, infants and toddlers through weekly home visits and planned socialization play groups. The home-based option must provide the full range of comprehensive services. Home visit and play group activities provided must promote secure parent/child relationships and help parents provide high-quality early learning experiences in language, literacy, mathematics, social and emotional functioning, approaches to learning, science, physical skills and creative arts. Such activities are supported by research-based curricula including, ***Partners for a Health Baby*** and ***Creative Curriculum for Infants and Toddlers*** and other resources provided by the EHS program including ***Promoting First Relationships*** and ***Conscious Discipline***.

Home-Based Program Option Requirements

Program Services: Provide a minimum of 46 home visits each year of at least 1.5 hours in duration, and a minimum of 22 playgroups that are at least 2 hours in duration (*HSPPS 1302.22(c)(1)*).

Comprehensive Services: All program options must deliver the full range of services, as described in subparts C,D,E,F, and G of this part, except that 1302.30 through 1302.32 and 1302.34 do not apply to home-based options (*HSPPS 1302.20 (b)*).

Caseload: A program that implements a home-based option must maintain an average caseload of 10-12 families per home visitor with a maximum of 12 families for any individual home visitor.

Home Visit Guide

The below guide is to ensure all comprehensive services are provided to families enrolled in the home-based option. Home visitors will use this guide to support their visits and complete the individualized Home Visit Planning Form weekly and file in their debrief binder.

Home Visiting Guide:

Required Service	Topics Covered	Resources
Parent/Child Interaction Activity	<ul style="list-style-type: none"> • Greeting • Review plan for home visit • Provide parent/child interaction and play experience based upon parent input and child goals • Emphasize parent participation, cue taking, routines, observation and sharing developmental information 	<ul style="list-style-type: none"> • SHINE • Partners for a Healthy Baby • Creative Curriculum/TS GOLD • Conscious Discipline • Home Visit Planning Form • See 0-5 Child Individualization P&P • See School Readiness Goals 0-5 P&P
Parent Education, Information and Follow-up	<ul style="list-style-type: none"> • Provide strategies that promote emergent literacy and support the development of literacy and language skills for dual language learners (See SHINE PIRs). • Provide Birth to Three child development strengths-based parent education including strategies which encourage parents as their child's first teacher (See SHINE PIRs). • Provide information to support parents understanding of children's progress of learning and development • Provide Follow-up on disability and mental health as needed • Provide Individualized educational approach based on parent's learning style (See SHINE PIRs) 	<ul style="list-style-type: none"> • SHINE • Partners for a Healthy Baby • See Mental Health and Disabilities Overview P&P • See Mental Health Referral Process P&P • See Individual Family Service Plan P&P • Home Visit Planning Form
Health/Nutrition Education and Follow-Up	<ul style="list-style-type: none"> • Provide parent results of hearing and vision screenings • Facilitate and remind parents of scheduled well child exams, dental exams, and other health follow-up exams and evaluations. • Provide health and developmental education to families • Provide nutrition and growth assessment education 	<ul style="list-style-type: none"> • SHINE • See Support for Pregnant Mothers and Newborns P&P • See Health Data Recordkeeping and Tracking Procedure P&P • See Health Requirements WCE Dental Imms. <ul style="list-style-type: none"> • Screening P&P • See Health Screenings Hearing Vision Growth P&P • Home Visit Planning Form
Support, Advocacy, Resource and Referrals	<ul style="list-style-type: none"> • Identify family needs • Provide community resource information and referrals • Provide parent support • Partner with families to set Family Goals 	<ul style="list-style-type: none"> • SHINE • See Family Partnership and Goal Setting P&P • See Referrals- PFCE P&P • Home Visit Planning Form

Planning for Next Home Visit & Closure	<ul style="list-style-type: none">• Solicit parent input into next home visit plan• Review any other needs parents discussed and Home Practice reminder• Provide closure song, book or other activity.	<ul style="list-style-type: none">• SHINE• Home Visit Planning Form
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Setting of Home Visits: Home visits must take place primarily within the child's home. As much as possible, a regular schedule of home visits will be established with the family as early as possible after enrollment. Home visitors will share their Outlook Calendar with their Site Manager, Education Manager, PFCE Supervisor and Coach. The home visitors will update their monthly home visit schedule in Outlook by the first day of the month and keep all cancellations and rescheduled visits documented on their calendar. Other arrangements for home visit locations may be made with prior approval of the EHS Site Manager. Such approval may be granted when a family is homeless, has a work schedule that prohibits scheduling a home visit within reasonable hours or other compelling reason. Site Managers will document their approval in a case note of the Family Tab in Shine (Home Learning Follow Up).

Home visits may not be replaced by play groups, medical appointments or social services appointments. (HSPPS 1302.22(3)(ii)).

Duration of Home Visits: Home visits are scheduled at a minimum of 1.5 hours in length, and may be scheduled for a longer period of time when multiple children are served in the family in order to meet each child's needs. A scheduled 1.5-hour home visit may only be shortened at the family's request (during the actual home visit) due to an unanticipated emergent need.

Cancelled Home Visits: When a home visit is cancelled by the program (e.g. due to a calamity day, staff illness, agency training, holiday or other such reasons), the home visit must be made up at the earliest possible time. Home visits cancelled by the family are to be made up to the greatest extent possible. The minimum requirement of 46 home visits must be met by the end of the program year (HSPPS 1302.22(3)(i)). **See Appendix A; Home Base Participation Home** at the end of the procedure for more guidance. Home Visitors will document the reason for any home visit cancellation in SHINE as a Home-Based Visit Planning note in the Education Tab, noting which party cancelled; the home visitor or the family, following the guidance below.

- If you are cancelling the visit:
 - Status- choose "Staff Cancelled Home-Base Visit"
 - Put in the attempted date of visit
 - Enter a brief note on why the visit was cancelled and when it has been rescheduled
- If the family is cancelling the visit:
 - Status- "Attempted Home-Based Visit"
 - Put in the attempted date of visit
 - Reason- "Family cancelled home based visit"
 - Enter a brief note on why the visit was cancelled and when it has been

rescheduled

- If a visit was attempted but the family did not respond to communication or did not answer the door:
 - Status- “Attempted Home-Based Visit.”
 - Put in the attempted date of visit
 - Reason- Unable to enter family home.
 - Enter a brief note and if a post card was left at the home
 - **You are still required to attempt a home visit during the scheduled time even when a family does not confirm the visit.**

*The notes box is used to put any details about the cancellation and rescheduling information.

- Brief note reason why visit was cancelled and plan for rescheduling
- Example” Family sick. Visit rescheduled for tomorrow.

*If a home visit is cancelled due to ongoing barriers a home visitor will engage/problem solve with the family to identify a better day/time to ensure services continue. (See Attendance Policy and Procedure).

Education in Home-Based Programs

Home Visit Activities: Home visit activities must be planned jointly by the home visitor and parents in the parents’ home language, preferably by a bilingual home visitor or through a translator if a bilingual home visitor is not available. Such activities are planned using information from child assessments, screenings and individualized educational goals to meet each child’s special needs. All screenings and assessments of dual language learners must be conducted by staff who have completed the Agency’s Bilingual Assessment. (See **Observation and Assessment Procedure**)

Home Visit Experiences: Experiences provided must promote high-quality early learning experiences in the home and growth towards the goals in the ***Head Start Early Learning Outcomes Framework: Ages Birth To Five*** (HSELOF) (1302.35 (c)).

Home-Based Curriculum: The curriculum implemented in home visits and group socializations must be developmentally appropriate and research based. The curriculum must promote the parent’s role as the child’s teacher through experiences focused on the parent- child relationship and, as appropriate, the family’s traditions, culture, values, and beliefs. Align with the **HSELOF**, and as appropriate, state early learning standards, and, is sufficiently content-rich within the Framework to promote measurable progress toward goals outlined in the Framework. The curriculum has an organized developmental scope and sequence that includes plans and materials for learning experiences based on developmental progressions and how children learn.

Home visitors will be supported to effectively implement the curriculum and at a minimum monitor curriculum implementation and fidelity, and provide support, feedback, and supervision for continuous improvement of its implementation through the system of training and professional development.

See Curriculum Planning-EHS for more details.

Process for Changes to Curriculum

If the Education Department chooses to make significant adaptations to a curriculum or curriculum enhancement to better meet the needs of one or more specific populations, a program must: partner with early childhood education curriculum or content experts; and, assess whether the adaptation adequately facilitates progress toward meeting school readiness goals consistent with the process described in (HSPPS 1302.102 (b) and (c).

Parents will be provided with an opportunity to review selected curricula and instructional materials used in the program (1302.35 (d)).

Play Groups (Group Socializations)

Play groups must be planned jointly with families and conducted with both child and parent participation. They must be structured to provide age-appropriate activities for participating children that are intentionally aligned to school readiness goals, the HSELOF, and curriculum. The Group Socializations will encourage parents to share experiences related to their children's development with other parents to strengthen parent- child relationships and to help promote parents understanding of child developments (1302.35 (e)). Home visitors will document their planning in the EHS Play Group Lesson Plan form.

Attendance/participation will be documented in Playground. Parents will need to sign children in during Socialization. [ED1][KC2]

Play groups may only be provided at EHS centers. This ensures that the physical areas for learning, playing, sleeping, toileting and preparing food meet required OCC Licensing safety standards. (HSPPS 1302.47(1)(ii-viii).

Documenting Home-Based Services

Home Visits: See attached Screen Shots for documenting Home Visit Planning and Home Visit Completion. Home visit planning notes are only entered in the Education Tab. Completed Home visits are data entered into the Education tab in SHINE within 24 hrs. of the visit's completion. Documentation should be thorough, concise and will include all comprehensive services provided.

The program will ensure a minimum of 46 home visits by running monthly reports in the database system (Shine - ED114 Report).

Play Groups: Home visitors will document their planning in the EHS Play Group Lesson Plan form, and will submit their complete plan electronically to their Site Manager and Education Coach to review by the Friday prior to the scheduled Group Socialization. After each Group Socialization the Home Visitors will complete the Reflection on the EHS Play Group Lesson Plan, print the form, and place it in the Planning/Debrief binder. Home Visitors will document a Socialization note in Shine for each child/pregnant mom who attended. See attached Screen Shots for documenting a Socialization note.

Shine Home Visit Documentation (Education Tab)

▼ HOME-BASED VISITS AND SOCIALIZATIONS ✕ Cancel ✓ Save

Program Year: Early Head Start 2022-2023

HOME-BASED VISIT PLANNING +

HOME-BASED VISIT DOCUMENTATION ✕

✎ **Add New**

Home Visit Date: 08/01/2023

Objectives Observed:

See MTS

Parent Involvement:

Father Figure Involved: -

Describe parent involvement here...

School Readiness Domains Addressed in Visit:

- ☒ Social-Emotional
- ☒ Approaches to Learning & Play
- ☒ Language & Literacy
- ☐ Math & Science
- ☐ Social Studies
- ☐ The Arts
- ☒ Physical

PIR Services:

- ☐ Adult education (GED or college selection)
- ☐ Asset building
- ☐ Assistance to families of incarcerated individuals
- ☐ Child support assistance
- ☐ Emergency/crisis intervention

1. Planning Note: Click Planning Note to open a new note. This is used for when you have attempted a home visit, but it was cancelled or was a “no show”. Enter information and date (within 24 hrs.). Use guidance found above in the Cancelled Home Visit section.
2. Adding Documentation: Click Home Based Visit Documentation to enter home visit notes after visit is completed (within 24 hrs.).
3. Enter Home Visit Date
4. Note which objectives were observed and/or see “TS Gold.”
5. Click which School Readiness Domains were addressed in the visit.
6. Click Father Figure Involved “yes” or “no”
7. Describe Parent Involvement: Use this area to note all comprehensive services that were delivered during the visit. These are to include Parent/Child Interactions Activity, Parent Education Information, Health and Nutrition Education, Support/Advocacy/Resources/Referrals offered. (See example below)
 - Any Family Service, Health or Mental Health/Disabilities follow ups must be entered into those Tabs in Shine in accordance with their corresponding policy and procedure
 - Example: Needs Identified, Well Child Exam, update to family goal, resources given
8. Click all PIR Services that were addressed.

9. Enter Home Visit Note for next visit planning and any other important information the family shared during the visit (see example below).
 - Update: Enter any important information the family has shared with you about the child or family.
 - Plan: Enter brief note on plan for next home visit and how the parent contributed to the plan.
10. Save

Documentation Example: See Screen Shot below for further guidance.

Objectives Observed (step 4):


- See TS GOLD


Describe Parent Involvement note box (step 7):

- Parent Child Interaction Activity (PCIA): Creative Curriculum (CC) LL 21 “Will you read to me?” Coached Mary (mom) on floor time and opportunity for being face to face during reading. Observed Joe pointing and grabbing at book/pages while mom read to him.
- Parent Education (P.Ed): Partners for a Healthy Baby (PHB) 162 “Handling Solids and Foods Tried”- Discussed first foods and what to offer, barriers/concerns with trying new foods, routines during mealtimes.
- Health Nutrition Education (H/N Ed): Food Hero, gave out first foods handout
- Support[ED1][SP2], Advocacy, Resources, Referrals (SARR): Gas Shut off- referral given see Needs Identified Case Note

Home Visit Note (step 9): Update and Plan

- Update: “Mary reported that Joe has had difficulty sleeping through the night. She also reported that he is showing signs of wanting to crawl”
- Plan: Bring handout on toddler sleep. Find activity to support development of gross motor- mom will have a tummy time mat and a few desired toys available during visit.


HOME-BASED VISIT DOCUMENTATION 

 **Add New**

Home Visit Date: **3**

Objectives Observed: **4**

Parent Involvement: **6**

Father Figure Involved: 

7 Describe parent involvement here...

PCIA: CC LL21 "Will you read to me?" Coached Mary (mom) on floor time and opportunity for being face to face during reading. Observed Joe pointing and grabbing book/pages

P.Ed: PHB 162 "Handling Solids and Foods Tried" Discussed first foods and what to try/offer first, barriers/concerns with trying new foods and routines around mealtime

H/N Ed: Food Hero and first foods handout given

SARR: Gas shut off referral given -see Needs Identified Case Note

5 School Readiness Domains Addressed in Visit:

☒ Social-Emotional

☒ Approaches to Learning & Play

☒ Language & Literacy

☐ Math & Science

☐ Social Studies

☐ The Arts

☒ Physical

8 PIR Services:

☐ Adult education (GED or college selection)

☐ Asset building

☐ Assistance to families of incarcerated individuals

☐ Child support assistance

☐ Emergency/crisis intervention

☐ ESL training

☐ Housing assistance

☐ Infant care and safe sleep practices education

☐ Involvement in child learning

☐ Tobacco use education

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Update: "Mary reported that Joe has had difficulty sleeping through the night. She also reported that he is showing signs of wanting to crawl"

Plan: Bring handout on toddler sleep. Find activity to support development of gross motor- mom will have a tummy time mat and a few desired toys available during visit.


Completed Home Visit documentation in the Family Tab:

- Any[ED1] additional follow-up documentation outside of the visit will be completed in the family tab according to policy and procedure. Reach out to PFCE for clarification.

Shine Socialization Documentation

1 **SOCIALIZATION DOCUMENTATION** 

2 Socialization Date: **3** Socialization Theme:

4 Father Figure Involved: 

5 PIR Services:

☐ Adult education (GED or college selection)

☐ Asset building

☐ Assistance to families of incarcerated individuals

☐ Child abuse and neglect services

☐ Tobacco use education


6 Notes...

Created By: Sarah Emerson, Created On: 9/29/2021


▼ INCIDENTS: ILLNESS, ACCIDENT / INJURY, CHALLENGING BEHAVIOR

1. Click “Socialization Documentation”
 2. Enter Socialization Date
 3. Socialization Theme (Focus Topic)
 4. Click Father Figure Involved “yes” or “no”
 5. Click all PIR Services that were addressed.
 6. Enter Socialization Note (see below): the parent/guardian who participated, brief description of the activity/parent coaching opportunity, and what the parent would like to do next time.
- *If a family did not participate in the socialization do not enter any type of documentation. Leave it blank.

Socialization Documentation Example:

SOCIALIZATION DOCUMENTATION 

Socialization Date: **09/29/2021** Socialization Theme: **Self Help Skills**

Father Figure Involved: **Yes** 

PIR Services:

☐ Adult education (GED or college selection)

☐ Asset building

☐ Assistance to families of incarcerated individuals

☐ Child abuse and neglect services

☐ Child support assistance

☐ Domestic violence services

☐ Emergency/crisis intervention

☐ ESL training

☒ Housing assistance

☐ Infant care and safe sleep practices education

☒ Involvement in child learning

Sarah (Foster mom), identified areas in daily routine to promote self-help skills, coached on language and ways to involve child in those skills.
Plan for next meeting: Bed time routines

Created By: Sarah Emerson, Created On: 9/29/2021

Appendix A

Participation/Engagement

To support family engagement and participation, Home-Based Home Visitors are to regularly schedule home visits, send a reminder to families about upcoming visits and rescheduled missed or cancelled visits as earliest as possible. If there is no confirmation from a family, the home visitor will go to the home during the regularly scheduled visit to attempt visit.

UNABLE TO MAKE INITIAL CONTACT – POST-ENROLLMENT

Staff are expected to make all reasonable efforts to contact a family and complete initial contact once they've been enrolled into the program. If a family is unresponsive to communication

attempts, staff must ensure that 3 attempts on separate days, using a variety of contact methods (phone, email, text), are clearly documented in SHINE prior to processing a drop.

- If you're unable to reach the family by phone to complete initial contact, create an **"Attempted Contact"** case note in the Family Tab in SHINE documenting your attempt
- 2 additional contact attempts must be made by the HBHV. Each attempt is to be documented in the original **"Attempted Contact"** case note in the Family Tab in SHINE
- If staff are unable to contact the family on 3 separate days using a variety of contact methods, the HBHV will:
 - Mail a **"It's not too late"** (no initial contact) postcard to the family's address on file
 - Create a calendar reminder to process the drop 5 working days from the date the postcard was sent
 - Update the original **"Attempted Contact"** case note to reflect that a postcard was sent
 - If contact was not made, process the drop on the 5th day by submitting a **Child Change Request**

NO CALL/ NO SHOW PROCESS

A. NO CALL/NO SHOW

**When HBHV make the reminder call, ensure to let the family know you will be stopping by during the regularly scheduled time.*

***If staff are unsure how to proceed with a family, they may request an attendance consultation or reach out to PFCE for guidance.*

For **each week** the family is not present at the home visit with a No Call/No Show:

- When a HBHV arrives at the family home, but the family is not present, the HBHV will fill out and leave section 1 of the "We Missed You" postcard.
 - Staff will document attempt as "unable to enter family home"
 - Staff must continue to make reasonable efforts to contact the family utilizing multiple methods including but not limited to: phone call, text & email.

If the family responds:

- Staff will make note of absences reason
- Reschedule missed visit
- Document as a planning in the Ed. Tab

If the family does not respond to attempted contacts by the next scheduled visit (or 7 days) the HBHV will attempt visit at the family's home:

- If the family is not present, HBHV will fill out and leave section 2 of the "We Missed You" postcard.
 - HBHV will continue attempted contacts, explaining where the family is at in the no-call/no-show process. (For example, that their child will be dropped from the program by (blank) date.)
- If the family IS present, conduct the visit and address communication/attendance concerns.

If the family has not re-engaged by the end of the **5th day** from the date the **2nd postcard** was left:

- HBHV will notify the Site Manager that staff had not had contact with the family and that the family will be dropped from the program
- HBHV will complete a Child Change Request, and enrollment will process the drop.
- Enrollment will send a final “DROP” postcard to the family informing them of the drop and the next steps if they’re interested in re-engaging in services.

If there are continued or frequent no-call/no-show's that do not result in a drop, please reference the “Lack of Participation” section of this procedure.

LACK OF PARTICIPATION

A. If the family cancels 2 or more visits each month (that cannot be made up), with no improvement for 2 consecutive months:

There is a difference between lack of engagement and life circumstances that are presenting barriers to attending, despite the family's desire to do so. If the family chooses to not participate or shows resistance to home visiting:

- HBHV will connect with the family to discuss barriers and create a plan to increase participation. If lack of participation is due to illness or other circumstances
 - If the plan deviates from standard services: HBHV **MUST** submit an Attendance Consult Request Form to obtain director approval. This discussion/plan should address:
 - The reasons why a family is unable to participate
 - How and when they can participate in services in their current circumstances
 - How and when HBHV will support the family and communicate with them
 - A timeline for the family's ability to reengage fully in services
- HBHV will **create an attendance goal** in SHINE (*Family Life Practices>Type: Family Routines> Goal: Attendance*) Goal steps = the steps that were agreed upon in the plan that was created with the family, addressing barriers (routines, child care, etc.).
 - At a minimum, the goal will be set at a “Benchmark Zero” to show the discussion was had, barriers were addressed and supports were offered. If ongoing support is needed, the benchmark will need to be moved to a “One.”
 - HBHV will continue to document absences, supports offered, etc., as a follow-up to the Attendance Goal in SHINE AND
 - HBHV will continue to document attempts according to the guidance above as a planning note.

Remember to practice UPR and celebrate any improvement and small successes with the family. FA/SP may need to revisit the goal steps and adjust, in partnership with the family, to continue to see an increase in participation.

B. If HBHV is unable to create a plan with the family to increase participation and/or engagement: Contact PFCE Supervisor

HBHV will create an **Attendance Goal** in SHINE (*Family Life Practices>Type: Family Routines> Goal: Attendance*) Goal steps = the steps that staff will take to address barriers (routines, child care, etc.) and engage the family to create a plan to increase attendance. The goal will remain at a zero benchmark until staff and the family have partnered together to create a plan.

- One goal step must include: “PFCE will send the family an “**Participation Concern**

Letter.

- HBHV: send an email to your PFCE Supervisor requesting that an Attendance Concern Letter be sent to the family.
- PFCE Supervisor will send the “Attendance Concern” letter, notify staff that the letter has been sent, and add a follow-up note to the active attendance goal.
- HBHV will continue to document the support offered and attempts to create a plan with the family as a follow-up to the attendance goal
 - If an attendance plan is created in partnership with the family, the Attendance Goal steps should be changed to reflect the plan discussed with the family, and the goal should be advanced to benchmark 1 to become active.

C. HBHV will submit an Attendance Consultation Request form if:

- The family has not contacted staff within 7 days of the Attendance Concern Letter to create a plan
- There has been **NO** improvement in participation in 30 days, and attempts to set a goal have been unsuccessful
- Staff need team support to problem-solve attendance and/or communication issues

If there has been even a minor improvement, continue supporting the family and celebrating all successes!