



Elkhart and St. Joseph Counties Head Start Consortium

FACS - Parent Face to Face Contact Checklist

2023-2024

Complete a CACFP form

Health requirements

- ✓ Medicaid / Health insurance policy #
- ✓ Medical Providers and Contact Information
- ✓ Well child Exam, Lead, Hemoglobin, Immunizations. Appt date if applicable: ____/____/____
- ✓ Dental Exam. Appt date if applicable: ____/____/____

Transportation Items

- ✓ Update Contact Information 1520
- ✓ Explain COS process and complete as needed
- ✓ Discuss child returned to school policy
- ✓ Transportation Talking Points, Policies and Procedures (Copy to Family and Emergency Contacts)
- ✓ Wristband 30 Days:
 - Child's Last name, First name D.O.B
 - Parent's Name
 - Site and Classroom
 - Enrolled date and Program

Parent Commitment / Attendance Policy

- ✓ Complete Parents' Commitment to the Consortium Talking Points
- ✓ Discuss Attendance policy.
- ✓ Explain Community Comment
- ✓ Discuss When Child is Sick

Volunteer Items/ In Kind/ site Meeting/ Policy Council

- Encourage/Explain Volunteer Opportunity
 - ✓ In-kind parent engagement- Site Meetings, Fatherhood, Policy Council, SAT, PTC, HV)
 - ✓ In-Kind duties - (nutrition activity, art projects, read stories, help with lunch, share career, sanitize toys, help with laundry, prepare literacy bags, and classroom support).
 - ✓ Volunteer Talking Points

Family Engagement Items

- Develop/Complete Family Partnership (FPA) Goal Setting
 - ✓ Complete needs assessment with the family
 - ✓ Family outcomes worksheet review with family
 - ✓ Completed Family Partnerships Form Each family must have one signed.
 - ✓ Completed a Referral form.
 - ✓ Completed the FPA with a Family Measurable Goals, strengths, Necessary steps, dates, community resources.
 - ✓ Fatherhood
 - ✓ Employment /school/job training
 - ✓ Discuss Parenting Curriculum: Triple P / Love and Logic / Conscious Discipline

Communication

Best Way to Communicate: Phone Email Text Other: _____

Address Questions/Concerns Parent/Guardian May Have

- Parent Contact Verification
 - ✓ Signed and dated / parent and Staff

Parent/Guardian Signature(s) _____
(Firma[s] de Padre/Guardián)

_____ *Date / Fecha*

FACS Signature(s) _____

_____ *Date / Fecha*

Items to have with you on Face-to-Face Contact:

- CACFP
- Face to Face Contact Checklist
- Needs Assessment – N.A.
- COS / 1520 Contact information
- Family Partnership Agreement - FPA
- Family Outcomes worksheet
- Referral Form
- Fatherhood and Employment Form
- In-kind
- Parent Commitment Talking Points
- Volunteer Talking Points