Home Visiting Participation Agreement

Child/Participant Name(s): _____ **Date of Birth**: _____

These agreements establish understanding roles and responsibilities related participation in the OESD 114 Early Head Start program.

Family Role and Commitments	Home Visitor Role and Commitments
• Engage during each home visit activity and in discussions to support learning • Share health and dental exam results • Participate in planning for activities that support attachment and child development • Develop and work toward my family goals • Update any changes in my contact information • Participate in Play and Learn groups, parent workshops and leadership opportunities (like Policy Council) as available • Refrain from texting and answering phone calls during our time together unless it is an emergency • Participate in screening and ongoing assessment of my child's development	• Learn about and respect family culture and values • Share ideas to support learning in the home and community • Support families to maintain routine health and dental screenings and exams • Partner to assess and develop activities that support child(ren)s growth, development and attachment • Partner in developing and reaching family goals and support family in accessing community resources as needed • Partner to develop a Transition Plan for Preschool or other Early Learning Programs • Refrain from texting and answering phone calls during our time together unless it is an emergency

General Agreements for Home Visiting Participation

- We will keep our weekly 90-minute home visits. There are at least 46 home visits per year.
- We will reschedule home visits due to illness as soon as possible.
- We will follow state and local health recommendations for minimizing spread of illness such as wearing masks, monitoring for fever, handwashing, sanitizing, etc.
- Family will maintain a safe environment during in person home visits by not using tobacco, e-cigarettes, marijuana, alcohol or other illegal substances during the visit and securing pets, firearms and weapons before the visit.
- Nutrition, nurse, and mental health consultants are members of my team, are available for referrals, and support as needed to support family and program success.
- Confidentiality regarding participation in this home visiting program is respected by both Home Visitor and family. OESD 114 will not share information about my child or family without written consent.
- *For prenatal families only:* I consent to having my Home Visitor visit within two weeks of my baby's birth. Mental Health Program Manager will attend home visits during pregnancy and after birth.
- I consent to participate in vision, hearing, growth, developmental and social emotional development screenings and ongoing assessments for my child.

All staff in our program are mandated reporters. This means that any staff member that has a reasonable suspicion that a child has suffered child abuse or neglect is required to report those concerns to Child Protective Services (CPS).

I have read the above Agreements and understand the commitment I am making to participate in the OESD 114 Early Learning Home Visiting Program. I also understand that participation is voluntary and I can choose to exit the program at any time.

_____ _____

Parent/Guardian Signature Date

_____ _____

Staff Signature Date