

# HOME VISITOR NEW EMPLOYEE TRAINING DOCUMENTATION



Name: \_\_\_\_\_

ChildPlus				
General Topic	Specific Topic Introductions	Date	Trainee Initials	Trainer Initials
Service Manual	<input type="checkbox"/> ChildPlus.net Manual			
Computer/Login	<input type="checkbox"/> Add to Email Distribution List			
	<input type="checkbox"/> Create ChildPlus Logon			
	<input type="checkbox"/> Setup Computer for New Employee Use			
	<input type="checkbox"/> General Computer use (Logon, e-mail, Internet/CCS Portal)			
ChildPlus Orientation	<input type="checkbox"/> ChildPlus Logon			
	<input type="checkbox"/> Entering a New Application			
	<input type="checkbox"/> Entering Family/Child Data			
	<input type="checkbox"/> Abandon, Enroll, Transfer, Drop & Re-enroll			
	<input type="checkbox"/> Scheduling and Documenting Home Visits			
	<input type="checkbox"/> ChildPlus Reports			

Family Services				
General Topic	Specific Topic Introductions	Date	Trainee Initials	Trainer Initials
Service Manual	<input type="checkbox"/> Program Services Manual			
Family Services Overview	<input type="checkbox"/> Introduction to Family Services			
	<input type="checkbox"/> Head Start Performance Standards			
	<input type="checkbox"/> Roles and Responsibilities			
ERSEA	<input type="checkbox"/> Eligibility			
	<input type="checkbox"/> Recruitment			
	<input type="checkbox"/> Selection			
	<input type="checkbox"/> Enrollment			
	<input type="checkbox"/> Attendance			
Family Services	<input type="checkbox"/> Family Needs Assessment			
	<input type="checkbox"/> Referrals			
	<input type="checkbox"/> Family Goals			
	<input type="checkbox"/> Referral Processes			
	<input type="checkbox"/> Confidentiality			
	<input type="checkbox"/> Documenting Family Services in C+			
	<input type="checkbox"/> Resource, (Community Resource Directory (CRD), 211)			
Transition	<input type="checkbox"/> Transition Plan Checklist			
	<input type="checkbox"/> EHS to HS			
	<input type="checkbox"/> HS to Kindergarten			
Parent Engagement	<input type="checkbox"/> Parent Orientation			
	<input type="checkbox"/> Parent Committee/Meetings			
	<input type="checkbox"/> Policy Council, governance			
	<input type="checkbox"/> Parent Education Opportunities			
	<input type="checkbox"/> Parent Training Log			

Family Services continued				
General Topic	Specific Topic Introductions	Date	Trainee Initials	Trainer Initials
Child File / Documentation	<input type="checkbox"/> Child File			
	<input type="checkbox"/> Case Management			
Legal	<input type="checkbox"/> Rights of Parents, custodial and non-custodial			
	<input type="checkbox"/> Court Orders			
	<input type="checkbox"/> Subpoenas			

Parent Engagement				
General Topic	Specific Topic Introductions	Date	Trainee Initials	Trainer Initials
Overview	<input type="checkbox"/> Introduction to PFCE			
	<input type="checkbox"/> Parent Engagement and School Readiness			
Parent Engagement Opportunities	<input type="checkbox"/> Building Relationship with Families			
	<input type="checkbox"/> Child Assessment and Screenings			
	<input type="checkbox"/> Home Visit			
Legal	<input type="checkbox"/> Involving fathers			
	<input type="checkbox"/> Rights of Parents, custodial & non-custodial			
	<input type="checkbox"/> Court Orders			
	<input type="checkbox"/> Subpoenas			

Health Services				
General Topic	Specific Topic Introductions	Date	Trainee Initials	Trainer Initials
Service Manual	<input type="checkbox"/> Program Services Manual			
	<input type="checkbox"/> Health Care Plan			
Dental Health & Diet History	<input type="checkbox"/> Completion			
	<input type="checkbox"/> Documentation in ChildPlus			
	<input type="checkbox"/> PIR Updating			
Individual Health Plan (IHP)	<input type="checkbox"/> Procedure			
Immunizations	<input type="checkbox"/> Assessment			
	<input type="checkbox"/> Interpretation & Calculation			
	<input type="checkbox"/> Documentation – CIS & C+			
Well-Child & Dental Exam	<input type="checkbox"/> Performance Standards			
	<input type="checkbox"/> Documentation Child File & Child Plus			
	<input type="checkbox"/> EPSDT Schedule			
	<input type="checkbox"/> Preschool			
Parent Education	<input type="checkbox"/> Infant Toddler			
	<input type="checkbox"/> Fluoride Education & Documentation			
	<input type="checkbox"/> Diaper Changing			
	<input type="checkbox"/> Tooth brushing			
	<input type="checkbox"/> Breast Feeding			

Health Services continued				
General Topic	Specific Topic Introductions	Date	Trainee Initials	Trainer Initials
Head Lice	<input type="checkbox"/> Procedure			
Child Health Summaries	<input type="checkbox"/> Program System			
Emergency Situations	<input type="checkbox"/> Procedure			
	<input type="checkbox"/> Emergency Notebook			
Documentation	<input type="checkbox"/> Child File			
	<input type="checkbox"/> ChildPlus			
Referrals and Follow-up	<input type="checkbox"/> Documentation Expectations			
	<input type="checkbox"/> Health Referral Letter			
	<input type="checkbox"/> Health Concern Letter Form			
	<input type="checkbox"/> Parent Refusal Letter			
	<input type="checkbox"/> Health Requirement Reminder Form			
	<input type="checkbox"/> Treatment Tracking			
	<input type="checkbox"/> ChildPlus.net			
Incident Accident Report	<input type="checkbox"/> Minor Incident/Accident/Illness Report			
	<input type="checkbox"/> CCS Online Incident Form			
	<input type="checkbox"/> Expectations			

Nutrition Services				
General Topic	Specific Topic Introductions	Date	Trainee Initials	Trainer Initials
Service Manual	<input type="checkbox"/> Program Services Manual			
Pre-Attendance	<input type="checkbox"/> Planning (special diets, allergies)			
	<input type="checkbox"/> Health, Dental & Diet History			
CACFP	<input type="checkbox"/> Rules & Regulations			
	<input type="checkbox"/> EF/E/IEA			
Screening – Anthropometrics & Anemia	<input type="checkbox"/> Height and Weight			
	<input type="checkbox"/> Head Circumference			
	<input type="checkbox"/> Anemia			
Health & Nutrition	<input type="checkbox"/> Pregnant & Breast Feeding Women			
	<input type="checkbox"/> Nutrition Education/Curriculum			
	<input type="checkbox"/> Food Experiences			

Education Services				
General Topic	Specific Topic Introductions	Date	Trainee Initials	Trainer Initials
Services Manual	<input type="checkbox"/> Program Services Manual			
Education Services Overview	<input type="checkbox"/> Performance Standards			
	<input type="checkbox"/> Training and Support Services			
	<input type="checkbox"/> Education Timelines/Calendar			
Roles and Responsibilities	<input type="checkbox"/> Home Visitor			
	<input type="checkbox"/> Teacher			
	<input type="checkbox"/> Case Management			
Partners For a Healthy Baby	<input type="checkbox"/> Curriculum Books			
	<input type="checkbox"/> Pedestrian Safety			
Home Visits	<input type="checkbox"/> Developmental Parenting			
	<input type="checkbox"/> Home Visiting Rating Scales (HOVRS A+v2)			
Curriculum Planning	<input type="checkbox"/> Timelines			
	<input type="checkbox"/> Home Visit Planning & Documentation			
	<input type="checkbox"/> Drop Box			
	<input type="checkbox"/> Parent Input			
	<input type="checkbox"/> Plans for Individualizing/IFSPs			
	<input type="checkbox"/> Integrated Components (MH, Nutrition, Health, Safety)			
Individualization	<input type="checkbox"/> Family Conference Forms			
	<input type="checkbox"/> Child Plus Documentation			
	<input type="checkbox"/> Individual Child Goals Form for Teacher			
	<input type="checkbox"/> Equipment Needs (Budgets, Inventory)			
	<input type="checkbox"/> Emergency Situations/Incident-Accident Forms			
In-Kind	<input type="checkbox"/> Home Learning Plans			
Screening	<input type="checkbox"/> Developmental – ASQ			
	<input type="checkbox"/> Behavioral – ASQ - SE			
	<input type="checkbox"/> Rescreen/Referral			
On-going Assessment & Child Outcomes Reporting	<input type="checkbox"/> Anecdotal Observations			
	<input type="checkbox"/> TSG Checkpoints			
	<input type="checkbox"/> Teaching Strategies Gold Reports			
	<input type="checkbox"/> CS Monitoring			
Documentation	<input type="checkbox"/> Child File Sections			
	<input type="checkbox"/> ChildPlus			
Socializations	<input type="checkbox"/> Group Socializations			
	<input type="checkbox"/> Routines/Schedules/Meals			
	<input type="checkbox"/> Daily Staffing Plan			
	<input type="checkbox"/> Emergency Notebook			
	<input type="checkbox"/> Sign-In/Sign-Out Book			
	<input type="checkbox"/> Volunteers/In-Kind			
Behavior Management	<input type="checkbox"/> Education Staff Responsibilities			
	<input type="checkbox"/> Positive Guidance			
	<input type="checkbox"/> Circle of Security			
	<input type="checkbox"/> Behavior Incident Report Forms			

Disability Services				
General Topic	Specific Topic Introductions	Date	Trainee Initials	Trainer Initials
Service Manual	<input type="checkbox"/> Program Services Manual			
Disability Overview	<input type="checkbox"/> Head Start Performance Standards			
	<input type="checkbox"/> Disability Service Plan			
	<input type="checkbox"/> Role of Specialists			
	<input type="checkbox"/> Parent Support Resources			
	<input type="checkbox"/> IHPs/Supportive Materials/Equipment			
	<input type="checkbox"/> Documenting in Child's File			
	<input type="checkbox"/> Teacher Tip Sheet			
	<input type="checkbox"/> Developmental Disabilities Grant			
	<input type="checkbox"/> CAPE classrooms			
Sensory Screenings	<input type="checkbox"/> Hearing screening process			
	<input type="checkbox"/> Vision screening process			
	<input type="checkbox"/> Equipment Checkout			
When to Refer	<input type="checkbox"/> Parent Input			
	<input type="checkbox"/> Screeners			
	<input type="checkbox"/> Observations			
Child Find	<input type="checkbox"/> Referral Process (ITN or SPS)			
	<input type="checkbox"/> Paperwork			
	<input type="checkbox"/> Notifying Disability Specialist			
	<input type="checkbox"/> Participation of DST			
Disability Paperwork	<input type="checkbox"/> Parent Consent			
	<input type="checkbox"/> Assessment Results			
	<input type="checkbox"/> IEP/IFSP			
Transitioning of Children with IEPs/IFSPs	<input type="checkbox"/> EHS to HS			
	<input type="checkbox"/> HS to HS			
	<input type="checkbox"/> HS to Other			
Child Plus	<input type="checkbox"/> Documentation			

Mental Health				
General Topic	Specific Topic Introductions	Date	Trainee Initials	Trainer Initials
Service Manual	<input type="checkbox"/> Program Services Manual			
Mental Health Orientation	<input type="checkbox"/> Performance Standards			
	<input type="checkbox"/> Overview of Services			
	<input type="checkbox"/> Behavior Screening			
Working with Parents	<input type="checkbox"/> Staff/Parent Collaboration			
	<input type="checkbox"/> Child Development and Growth			
	<input type="checkbox"/> Responding to Child Needs			
Mental Health Consultants (MHC)	<input type="checkbox"/> MHC Role			
	<input type="checkbox"/> MHC Documentation			
Referrals	<input type="checkbox"/> When to Make a Referral			
	<input type="checkbox"/> To Whom to Make a Referral			
	<input type="checkbox"/> Forms			
Documentation	<input type="checkbox"/> Child File			
	<input type="checkbox"/> PIR Log			
	<input type="checkbox"/> ChildPlus and MH Referrals			
Training	<input type="checkbox"/> Crisis Prevention Institute (CPI)			
	<input type="checkbox"/> Circle of Security (CoS): Classroom Edition			
	<input type="checkbox"/> ARC Framework			