



# EHS Infant Transition Plan



E-427a

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Expected Transition Date: \_\_\_\_\_

Goals & Actions/Strategies	Date Completed	Initials
First Home Visit: Provide resources to help parents understand the requirements/expectations of their child's future enrollment. <ul style="list-style-type: none"> <li>• Share center contact information or home visitor contact information.</li> <li>• Introduce family to new staff.</li> <li>• Discuss requirements, routines, and curriculum.</li> </ul>		
Scheduled time for family and child to visit/meet Early Head Start classroom before enrollment. Date and time of visit(s):		
Schedule conference with parent 6 months before transitions (Child's 10-month birth date). <ul style="list-style-type: none"> <li>• Date and time of meeting:</li> </ul>		
Discuss and determine with family where their child will attend/transition to (e.g. another Early Head Start classroom, daycare, or family). <ul style="list-style-type: none"> <li>• Where:</li> <li>• Date and time of classroom visit(s):</li> <li>• If possible, schedule time for new teacher to visit in current classroom:</li> </ul>		
If child transitions to another classroom. Provide resources to help parents understand the requirements/expectations of their child's future teacher. <ul style="list-style-type: none"> <li>• Share center contact information.</li> <li>• If possible, introduce family to new staff.</li> <li>• Discuss requirements, routines, and curriculum.</li> </ul>		
Determine if child is up to date on health screenings. Develop a plan with the parent to update or continue regular health screenings.		
Review with the new teacher the current development status (education services, health, disabilities, family service) of infant.		

Goals & Actions/Strategies	Person Responsible	Timelines	Date Completed	Initials

**Initial Please** (Parent/guardian may sign this section during the 6 months meeting before their child is expected to transition.):

\_\_\_\_ I give Kids Central, Inc. staff permission to share information (e.g. health records, development screenings and assessments, mental health records) about my child with (childcare choice): \_\_\_\_\_  
I may rescind this consent in writing at any time.

\_\_\_\_ I do not give Kids Central, Inc. staff permission to share information about my child to another childcare or public-school system.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

