



EHS Toddler Transition Plan



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"> • Share center contact information or home visitor contact information. • Introduce family to new staff. • Discuss requirements, routines, and curriculum. 		
Scheduled time for family and child to visit/meet Early Head Start classroom or home visitor before enrollment. <ul style="list-style-type: none"> • Date and time of visit(s): 		
Schedule conference with parent 6 months before child's third birth date. <ul style="list-style-type: none"> • Date and time of meeting: 		
Discuss and determine with family where their child will attend/transition to (e.g. Head Start classroom, Head Start Home Base, daycare, or family). <ul style="list-style-type: none"> • Where: • Date and time of classroom visit(s): • If possible, schedule time for new teacher to visit in current classroom or home visit: 		
Complete Head Start application 3 months before third birth date. (If applicable)		
Scheduled time for family and child to visit Head Start classroom, new home visitor, or another childcare: <ul style="list-style-type: none"> • Date and time of classroom visit(s): 		
If child is accepted into Head Start. Provide resources to help parents understand the requirements/expectations of their child's future childcare. <ul style="list-style-type: none"> • Share Head Start center contact information. • If possible introduce family to Head Start staff. • Discuss Head Start requirements, routines, and curriculum. 		

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.):

_____| 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.

_____| 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

