# Home Base In-Kind Home Base Unit:

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Select Activities from the Parent Guide. Write in Activity number and name of the activity. Be Specific. Check (X) the appropriate boxes in the table for time spent doing activities with child on each day. Time spent per activity per day cannot exceed maximum. Round off to the nearest half hour.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CURRICULUM UNIT: | | | | |  | | |  |
| DAY DATE | INKIND ACTIVITIES  DOCUMENT ACTIVITY NUMBER AND WRITE IN ACTIVITY | TIME SPENT DOING ACTIVITY | SOCIAL EMOTIONAL | PHYSICAL | COGNITIVE | LANGUAGE |  | TOTAL HRS PER DAY  4 MAX. |
| MON |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| TUES |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| WED |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| THUR |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| FRI |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| SAT |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| SUN |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| Total Hours | | | | | | | |  |

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| CURRICULUM UNIT: | | | | |  | | |  |
| DAY DATE | INKIND ACTIVITIES  DOCUMENT ACTIVITY NUMBER AND WRITE IN ACTIVITY | TIME SPENT DOING ACTIVITY | SOCIAL EMOTIONAL | PHYSICAL | COGNITIVE | LANGUAGE |  | TOTAL HRS PERDAY  4 MAX. |
| MON |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| TUES |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| WED |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| THUR |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| FRI |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| SAT |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| SUN |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| Total Hours | | | | | | | |  |

**Using the School Readiness Activity from Group:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | ¼ hr |  |  |  |  |  |  |
| ½ hr |  |  |  |  |
| Total Hours | | | | | | | |

|  |  |
| --- | --- |
| Time spent working on Planned Head Start Activities with my Head Start child this month: $9.30 per hr. x = |  |
| Providing space to carry out Home Visit: $2.50 per visit x = |  |
| Time spent with the Home Visitor planning each week’s activities:  $9.30 per hr. X = |  |
| Total In-Kind |  |

|  |  |
| --- | --- |
| Home Visit Dates | |
|  |  |
|  |  |
|  |  |
|  |  |

Parent/Guardian Signature Date

Home Visitor Signature Date

Month / Year 2020/2021

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CURRICULUM UNIT: | | | | |  | | |  |
| DAY DATE | INKIND ACTIVITIES  DOCUMENT ACTIVITY NUMBER AND WRITE IN ACTIVITY | TIME SPENT DOING ACTIVITY | SOCIAL EMOTIONAL | PHYSICAL | COGNITIVE | LANGUAGE |  | TOTAL HRS PER DAY  4 MAX. |
| MON |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| TUES |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| WED |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| THUR |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| FRI |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| SAT |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| SUN |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| Total Hours | | | | | | | |  |

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| CURRICULUM UNIT: | | | | | Home Visit | | |  |
| DAY DATE | INKIND ACTIVITIES  DOCUMENT ACTIVITY NUMBER AND WRITE IN ACTIVITY | TIME SPENT DOING ACTIVITY | SOCIAL EMOTIONAL | PHYSICAL | COGNITIVE | LANGUAGE |  | TOTAL HRS PER DAY  4 MAX. |
| MON |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| TUES |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| WED |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| THUR |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| FRI |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| SAT |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| SUN |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| Total Hours | | | | | | | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CURRICULUM UNIT: | | | | |  | | |  |
| DAY DATE | INKIND ACTIVITIES  DOCUMENT ACTIVITY NUMBER AND WRITE IN ACTIVITY | TIME SPENT DOING ACTIVITY | SOCIAL EMOTIONAL | PHYSICAL | COGNITIVE | LANGUAGE |  | TOTAL HRS PER DAY  4 MAX. |
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| ½ hr |  |  |  |  |
| TUES |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| WED |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| THUR |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DAY DATE | INKIND ACTIVITIES  DOCUMENT ACTIVITY NUMBER AND WRITE IN ACTIVITY | TIME SPENT DOING ACTIVITY | SOCIAL EMOTIONAL | PHYSICAL | COGNITIVE | LANGUAGE |  | TOTAL HRS PER DAY  4 MAX. |
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| ½ hr |  |  |  |  |
| Sat |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| Sun |  | ¼ hr |  |  |  |  |  |
| ½ hr |  |  |  |  |
| Total Hours | | | | | | | |  |