## Home Visit Narrative: Content Instructions

### Visit Information

2. Home Visitor’s name:

<table>
<thead>
<tr>
<th>3. Date of visit:</th>
<th>4. Start time of visit</th>
</tr>
</thead>
</table>

5. **Type of visit** *(Check all that apply)*
- ☐ 1. In Primary Caretaker 1’s home, where TC resides
- ☐ 2. In Father Figure’s/OBP’s home, where TC resides
- ☐ 3. In other location/home, where TC resides (hospital for extended stay, grandparent or guardian home)
- ☐ 4. Attempted *(Family not home or unable to meet after visit to home (DO NOT complete rest of the Home Visit Log))*
- ☐ 5. Outside of PC1’s or Father Figure’s/OBP’s home
- ☐ 6. Group visit *(Level 1 only)*

6. If outside participant’s home, where? *(Check all that apply)*
- ☐ 1 Medical provider office
- ☐ 2 Other service provider office
- ☐ 3 Home visiting office
- ☐ 4 Hospital
- ☐ 5 Other

[Use comment box if 4, 5 or 6 are checked.]

For group visits (#6) the following tabs or sections are required:
- CHEERS/PCI/Reflective Strategies tab
- Health of Parents and TC sections
- Program Activities of Home Visitor section

The remaining tabs are optional.

7. **Total length of visit**
- ☐ 1. Primary Caregiver 1
- ☐ 2. Primary Caregiver 2
- ☐ 3. Other Biological Parent
- ☐ 4. Father Figure (if not PC2 or biological parent)
- ☐ 5. Target Child(ren)
- ☐ 6. Grandparent
- ☐ 7. Target Child Siblings

8. **Who participated in this home visit?** *(Check all that apply and use comment box)*
- ☐ 1. Primary Caregiver 1
- ☐ 2. Primary Caregiver 2
- ☐ 3. Other Biological Parent
- ☐ 4. Father Figure (if not PC2 or biological parent)
- ☐ 5. Target Child(ren)
- ☐ 6. Grandparent
- ☐ 7. Target Child Siblings
- ☐ 8 Home Visiting Program Supervisor
- ☐ 9. FSW (Not Primary)
- ☐ 10. Father Advocate
- ☐ 11. Other

9. **Changes to the household** *(Check all that apply)*
- ☐ Anyone new in the household? [Comment box if checked]
- ☐ Anyone leave the household? [Comment box if checked]

**Instructions:** If you checked “Yes” for either box here, indicate the person’s relationship to the participant/family, and any pertinent information shared by the family.

**Instructions:** The term “Home Visitor” on this form refers to either FSW or FA. For “Who participated,” check all those who were present, and if you check “Other,” indicate in the comment box who it was and their relationship to the target child.

As the fine print below box # 5, “Type of visit,” states, when conducting a Group Visit (item 6), you need to complete the following portions of the home visit narrative: the “CHEERS/Reflective Strategies” tab, “Health of Target Child and Parents” sections, and “Program Activities of Home Visitor” section. If you choose to, you can provide additional documentation. For instance, sections of the “Parent-Child-Interaction/Child Development/Curriculum” tab may apply to a group visit.
## CHEERS/PCI/Reflective Strategies

**CHEERS:** write 1-2 facts for each CHEERS aspect that represent the overall visit and frequency. For prenatal parents, document any one CHEERS aspect beginning at 24 weeks and any two CHEERS aspects at 31 weeks (frequency not required).

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cues</td>
<td>[comment box]</td>
</tr>
<tr>
<td>Holding</td>
<td>[comment box]</td>
</tr>
<tr>
<td>Expression</td>
<td>[comment box]</td>
</tr>
<tr>
<td>Empathy</td>
<td>[comment box]</td>
</tr>
<tr>
<td>Rhythmicity/Reciprocity</td>
<td>[comment box]</td>
</tr>
<tr>
<td>Smiles</td>
<td>Click or tap here to enter text. [comment box]</td>
</tr>
<tr>
<td>Overall Strengths</td>
<td>[comment box]</td>
</tr>
<tr>
<td>Areas to Focus Support</td>
<td>[comment box]</td>
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</tbody>
</table>

### Instructions:

CHEERS is an objective tool for observing Parent-Child Interaction (PCI), attachment, and bonding, and promoting parental strengths and addressing parental challenges in these areas. Here are key points to remember about CHEERS documentation:

- For every postnatal home visit, document each aspect of CHEERS with a unique example. If the target child is not present for the entire visit (for instance, the child was asleep), it is not possible to complete the CHEERS observation; you are not required to document it. Simply note under “Cues,” the reason that a CHEERS observation could not be completed and type “N/A” in the rest of the CHEERS comment boxes.
- For prenatal visits (as stated on the form), begin documenting observation of any one CHEERS aspect at 24 weeks and any two CHEERS aspects at 31 weeks. You do not need to document frequency (“most of the visit,” etc.) when documenting prenatal CHEERS.
- CHEERS observations document the interaction between one parent and one child. When both parents are present, for families on Level 1 or 2, you can 1) document CHEERS for each parent or 2) alternate visits (one visit observing dad, the next one, mom). For parents on Level 3 or 4, document CHEERS for each parent, including an example for mom and an example for dad within each aspect of CHEERS.
- Like the ASQ or other assessments, the CHEERS assessment is objective (based on what you see and hear, not your subjective feelings or interpretations) and neutral; we document the parents’ strengths and challenges regarding each CHEERS aspect, not just their strengths. An example for Cues:

  "TC arched her back and turned her head away from MOB when MOB held her close. MOB continued to hold TC close. This represents most of the visit."

An example of subjective, interpretive documentation for Cues:

"TC wanted to be put down. MOB ignored her cues. This represents most of the visit."

- Only your observations are documented in the CHEERS section, not your responses and/or interventions, which you document in other sections of the Home Visit narrative.
The basic recipe for documenting CHEERS:

1) For each CHEERS aspect, ask the key question from the “CHEERS Overview” handout to assess PCI, attachment and bonding. For instance, Cues: “Did the parent respond to the child’s cues?”

2) Choose an example of an interaction between parent and child that represents the overall visit. For instance, if your general assessment is that the parent did respond to the child’s cues, document an example that shows this. If their level of response was truly 50/50 (half the time the parents responded to the child’s cues, half the time they did not) use two examples, illustrating both sides.

3) Show the interaction between parent and child, documenting both of their roles. Where possible, when the child initiates and the parent responds, show the child’s response to give a complete picture of the interaction. For instance, “When TC fussied, MOB picked him up and said, ‘It’s OK. Mommy’s here.’ TC stopped fussing and fell asleep.”

4) Note the frequency of the example you describe. For instance, “This represents most of the visit” or “This represents all of the visit.” Again, use two different examples if (for example) the parent responded with empathy half of the visit and had of the visit did not.

Documentation example:

**Cues:** Kailin pointed to a toy truck and said “Truck.” FOB responded, “That’s Kailin’s truck.” Kailin pointed to a truck again and said, “Truck.” This represents most of the visit.

**Holding:** FOB and Kailin sat close to each other on the floor and played with Mr. Potato for most of the visit.

**Expression:** Kailin looked out the window and said, “truck.” FOB said, “Yes, that’s a truck.” FOB asked, “Does grandpa have a big truck?” This type of conversation represents most of the visit.

**Empathy:** FOB asked Kailin, “Do you want to put on Mr. Potato head’s glasses?” Kailin threw Mr. Potato Head’s glasses. FOB said, “No? OK.” This represents most of the visit.

**Rhythmicity/Reciprocity:** FOB and Kailin both initiated activities throughout the visit. FOB initiated by asking Kailin to attach Mr. Potato Head’s tongue. Kailin responded by doing so. Kailin initiated by pointing at his ball. FOB responded with, “That’s Kailin’s ball.”

**Smiles:** FOB smiled broadly and said, “Good job Kailin!” when Kailin attached a piece to Mr. Potato Head. Kailin responded by finding and attaching another piece. Kailin did not smile during the visit. This represents most of the visit.

**Overall Strengths:** note the parents’ overall strengths, skills and abilities related to any of the CHEERS aspects. Since the family generally demonstrates some strength or skill during every home visit, this section should be filled out for each visit.

**Areas to Focus Support:** note areas of challenge for the parents that need support related to any of the CHEERS aspects. Optionally, you can note how you plan to offer support to help the family address these specific challenges. Generally, there is at least one area where the family can develop; this section should be filled out for the majority of visits.

**CHEERS and Reflective Strategies:** CHEERS practice has two parts, both of which connect to the use of Reflective Strategies:

1) Observe and Promote CHEERS. You observe (assess) a parent and child’s PCI, bonding and attachment using CHEERS during your visits, and document your observations (as shown above). You promote CHEERS during home visits by using Accentuate the Positives (ATPs) to reinforce and build parents’ strengths and skills.

2) Address CHEERS. You address challenges or concerns identified through CHEERS during home visits by using any of the other Reflective Strategies (primarily), or through the use of curricula or handouts, videotaping the parent (so that they can observe themselves as a learning tool), and/or resources and referrals. There is no specific expectation regarding how often you use reflective strategies to address CHEERS.
Whether promoting CHEERS with ATP’s or addressing CHEERS with another reflective strategy or other intervention, it is helpful to note the specific aspect of CHEERS the home visitor is promoting or addressing in parentheses (as in the examples below) to show your work.

Examples of documentation addressing CHEERS through interventions other than reflective strategies include:

Reviewed curricula on language development to encourage FOB to talk to TC (Expression).
Provided an activity with turn taking to encourage MOB to engage in give and take with TC (Rhythmicity/Reciprocity).

*Please see examples of the use of Reflective Strategies to promote and address CHEERS in the next section.*

**Reflective Strategies: used to promote or address PCI/Cheers (check all that apply)**

<table>
<thead>
<tr>
<th></th>
<th>[comment box if checked]</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Accentuate the Positives (ATP)</td>
<td></td>
</tr>
<tr>
<td>☐ Strategic Accentuate the Positives (S-ATP)</td>
<td></td>
</tr>
<tr>
<td>☐ Feel, Felt, Found: Would This Work for You?</td>
<td></td>
</tr>
<tr>
<td>☐ Explore &amp; Wonder</td>
<td></td>
</tr>
<tr>
<td>☐ Normalizing</td>
<td></td>
</tr>
<tr>
<td>☐ Solution-focused Talk</td>
<td></td>
</tr>
</tbody>
</table>

Reflective strategies are strength-based communication tools designed to build on parents’ strengths and encourage their critical thinking and problem-solving skills. *In this section, only document the use of reflective strategies to promote or address CHEERS.*

When the CHEERS observation can be conducted, you are expected to use at least one ATP to promote CHEERS during each home visit. It’s helpful to note the CHEERS aspect addressed by the reflective strategy in parentheses to show your work.

Examples of the use of ATP’s to **promote** CHEERS:

Used ATP when MOB recognized TC’s fussing as a need to breastfeed and responded (Cues).
Used ATP when FOB and TC exchanged smiles and laughter (Smiles)

Examples of the use of reflective strategies to **address** CHEERS:

Used S-ATP to encourage FOB to let baby initiate activities during play (Rhythmicity/Reciprocity).
Used Explore and Wonder when TC turned away from the game, and MOB repeatedly tried to interest him in the game. MOB said to TC, “Come on, it’s fun!” (Cues).

At times, you will use reflective strategies to addresses matters unrelated to CHEERS. *In these cases, document the use of reflective strategies in the corresponding section of the narrative.* For instance, if you used an ATP when a father made progress on his FGP goal, document this in the FGP section. As above, also state what the reflective strategy was used to address. For instance:

Used ATP when MOB stated she completed 3 job applications last week.
Used Solution-focused Talk to help the parents identify different options for meeting the rent. Used Normalizing when FOB expressed that babies should “cry it out” rather than be picked up and soothed. Used Feel, Felt, Found to offer information about how to comfort TC when MOB said she felt exhausted and alone due to TC’s colic.

### Parent-Child Interaction/Child Development/Curriculum

<table>
<thead>
<tr>
<th>Parent Child Interaction Activities of Home Visitor (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Provide education, modeling or activities on parent/child interaction</td>
</tr>
<tr>
<td>☐ Provide education, information or activities re: child management (including discipline)</td>
</tr>
<tr>
<td>☐ Discuss feelings about baby</td>
</tr>
<tr>
<td>☐ Provide support or positive feedback to parent(s) regarding the stresses of parenting</td>
</tr>
<tr>
<td>☐ Address child’s basic care needs (sleeping, bathing, diapering, toileting, dressing, etc.)</td>
</tr>
<tr>
<td>☐ Discuss Shaken Baby Syndrome</td>
</tr>
<tr>
<td>☐ View video “Portrait of a Promise” with family (Shaken Baby Syndrome film)</td>
</tr>
<tr>
<td>☐ Provide information on the effects of technology on young children and families (TV, computer, tablet, cell phone)</td>
</tr>
</tbody>
</table>

[comment box] appears when one is checked in PCI Activities

**Instructions:** In each of the areas described above, first explore the parent’s knowledge and understanding of the topic areas to encourage them to come up with their own answers to any challenges they face before you offer suggestions or interventions. This approach builds parents’ ability to problem solve, think critically, and address issues when you’re not there!

In the statements above, “education” refers to instances where you taught parents a skill or gave information without using curricula or handouts. Use of curricula or handouts is documented below in the section, “Curriculum used during visit.”

“Modeling” refers to demonstrating a skill or behavior to the parents.

“Activities” could include games, creative projects, role plays, or practice of a new skill with a parent and child. Discuss the parents’ response to any of the above on the “Parents’ Response/Additional Comments” tab.

<table>
<thead>
<tr>
<th>Child Development Activities of Home Visitor (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Provide education, information or activities on child development and age-appropriate behavior</td>
</tr>
<tr>
<td>☐ Provide developmentally appropriate toys, books or activities</td>
</tr>
<tr>
<td>☐ Ask parent about concerns regarding their child’s development, behavior or learning</td>
</tr>
<tr>
<td>☐ Provide information on the social/emotional development of children and impacts of trauma</td>
</tr>
<tr>
<td>☐ Follow-up discussion of ongoing Early Intervention or CPSE (school district) services</td>
</tr>
</tbody>
</table>

[comment box] appears when one is checked in Child Development

As stated above, discuss the parents’ response to any of these activities on the “Parents’ Response/Additional Comments” tab.

<table>
<thead>
<tr>
<th>Curriculum used during visit (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Curricula</strong></td>
</tr>
<tr>
<td>☐ 1. Parents as Teachers</td>
</tr>
<tr>
<td>☐ 2. Healthy Babies, Healthy Families: San Angelo Curriculum</td>
</tr>
<tr>
<td>☐ 3. Growing Great Kids</td>
</tr>
<tr>
<td>☐ 4. Partners for a Healthy Baby (FSU)</td>
</tr>
</tbody>
</table>
### Supplemental Curricula

<table>
<thead>
<tr>
<th>☐ 5. Helping Babies Learn</th>
<th>☐ 6. 24/7 Dads</th>
<th>☐ 8. Mom as Gateway (Moms with Non-custodial Dads)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 7. InsideOut Dads (Incarcerated Dads)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ 12. Boyz 2 Dads (Teen Dads)</td>
<td>☐ 13. Other Curriculum</td>
<td>☐ 14. Other Supplemental Information (brochures, handouts, etc.) [comment box: “Describe materials and/or activities covered.”]</td>
</tr>
</tbody>
</table>

When one is checked, a comment box will appear with the instructions: “Describe which module, sections and/or activities were covered.”

Your program has a primary curriculum for use with families, and may offer supplemental curricula for use with families as well. In the comment box, describe the module, sections and/or activities covered related to curricula.

Again, discuss the parents’ response to any of the above on the “Parents’ Response/Additional Comments” tab.

### Health of Target Child and Parents/ Health Care

<table>
<thead>
<tr>
<th>Target Child (check all that apply)</th>
<th></th>
<th>[comment box if one of these checked]</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Appears healthy</td>
<td>☐ Health concern</td>
<td>[comment box if one of these checked]</td>
</tr>
<tr>
<td>☐ Physical needs appear unmet</td>
<td>☐ Tired or irritable</td>
<td>[comment box if one of these checked]</td>
</tr>
<tr>
<td>☐ Withdrawn/unresponsive</td>
<td>☐ Asleep</td>
<td>[comment box if one of these checked]</td>
</tr>
<tr>
<td>☐ Medical/well-baby appointment(s)</td>
<td>☐ Immunizations</td>
<td>[comment box if one of these checked]</td>
</tr>
<tr>
<td>☐ ER visit(s)</td>
<td></td>
<td>[comment box if one of these checked]</td>
</tr>
</tbody>
</table>

Instructions: Check all observations that apply to the target child during the visit, even if some observations occurred for only a brief time. For example, if the target child was asleep when you arrived and became irritable upon waking, you would check all applicable boxes and offer a description in the “Comment Box”. For instance, using the example from above, you might write, “TC was asleep when the visit started and became irritable as he woke up.”

Note: the boxes for “Medical/well-baby visits”, “ER visit(s)” and “Immunizations” are there to help you to remember to check in with the family on these topics. If you discuss any of these areas with the family, make sure to share any updated information they provide in the “Comment Box”.

Also include strengths and needs related to developmental milestones, health, and safety of the Target Child in your comments.

👉 TIP: Remember, this section is only for your observations. Your interventions, parents’ responses, next steps, etc. are documented in other sections.
## Parents or Other Caregiver (check all that apply)

- ☐ Appear(s) healthy
- ☐ Health concern
- ☐ Physical needs appear unmet
- ☐ Tired or irritable
- ☐ Withdrawn/unresponsive
- ☐ Asleep
- ☐ Medical/Prenatal appointment(s)
- ☐ ER visit(s)

[comment box if one of these checked]

Instructions: Check all observations that apply to the parents who were present, even if they were present for only a portion of the visit. Describe what you observed, and for each box you checked above, make sure you indicate which parent you are referring to. For example, you might write, “MOB said that she was tired because she worked a double shift yesterday. FOB said he was tired because he was up with TC last night.”

**TIP:** Remember, this section is for your observations. Your interventions, parents’ responses, next steps, etc. are documented in other sections.

## Health Care Activities of Home Visitor (check all that apply)

- ☐ Provide general health information
- ☐ Provide child health information
- ☐ Provide information on health providers or services
- ☐ Provide dental health information
- ☐ Provide advocacy/support or accompany to medical providers and services
- ☐ Provide education/information regarding prenatal care and pregnancy
- ☐ Provide labor and delivery information/support
- ☐ Provide breast feeding information and support
- ☐ Provide infant/child feeding information and support
- ☐ Provide nutrition/food preparation information
- ☐ Provide family planning, optimal birth spacing information
- ☐ Provide safe sex or STD information
- ☐ Provide FASD information
- ☐ Provide information/equipment relating to child safety (car seats, child proofing home, substances harmful to baby, etc.)
- ☐ Provide information on smoking cessation
- ☐ Provide SIDS and Safe Sleep information

[comment box] appears when one is checked in Health Care

**Instructions:** If you check any boxes above, be sure to provide details about the nature of the information or support you provided to the family in the comment box.

## Family Functioning/Self-Sufficiency/Crisis Intervention

## Family Functioning Activities of Home Visitor

- ☐ Address issues re: violence in the household
- ☐ Discuss family roles, relationships (fatherhood, grandparents) and/or cultural influences (beliefs and traditions related to child-rearing)
- ☐ Discuss substance abuse issues
| ☐ | Discuss Mental Health Issues |
| ☐ | Discuss Developmental Disability Issues |
| ☐ | Provide information and support regarding immigration and/or legal matters |
| ☐ | Provide coaching on and/or foster communication skills |
| ☐ | Discuss child protective issues |

[comment box] appears when one is checked in Family Functioning

**Instructions:** For any boxes checked, provide details about the nature of the information or support you provided to the family in the comment box. This section is intended for family issues that emerge after the Parent Survey is completed, rather than issues identified in the Parent Survey. For discussion of issues listed above that were *identified in the Parent Survey* (for instance, substance abuse, mental health, domestic violence, and/or developmental disability), check the appropriate box above, write “See Parent Survey” in the comment box, and document the issue(s) in the Parent Survey section to show that you are following up on these issues. Be sure to document any referrals and your efforts to follow-up on referrals connected to the issues above in the referral section below.

### Self-Sufficiency Activities of Home Visitor

| ☐ | Coach on how to use calendar or appointment book |
| ☐ | Coach on home management or housekeeping skills |
| ☐ | Coach on use of public transportation or provide maps or directions |
| ☐ | Discuss child welfare and services (SNAP, TANF, GA, EA, WIC) |
| ☐ | Discuss employment options/help parent(s) look for job |
| ☐ | Coach on money management |
| ☐ | Addressed needs for baby-sitting or day care |
| ☐ | Coach on problem solving/decision-making skills |
| ☐ | Discuss educational and training options |
| ☐ | Coach on job readiness, job seeking skills |

[comment box] appears when one is checked in Self-Sufficiency

**Instructions:** For any box or boxes checked, provide details about the nature of the information or support you provided to the family in the comment box.

### Crisis Intervention Activities of Home Visitor

| ☐ | Help resolve problems and handle crises |

[comment box] appears when one is checked in Crisis Intervention

**Instructions:** What is a crisis? A crisis is a situation in which all other plans must be suspended and the situation attended to *immediately* to insure the safety and well-being of the child and/or the family. In the comment box, document the situation and your response, as well as follow-up actions. In the case of any crisis, be sure to speak with a program supervisor immediately.

### Concrete Activities/Referrals

| ☐ | Provide or arrange for transportation |
| ☐ | Provide or arrange for food, clothes, diapers, or household goods |
| ☐ | Address legal needs |
| ☐ | Provide info and/or assistance with housing |
| ☐ | Provide advocacy/support with and/or accompany to non-medical providers & services |
| ☐ | Translation |
|☐ | Discuss child support issues |
|☐ | Discuss visitation issues |
|☐ | Discuss parental rights issues |

[comment box] appears when one is checked in Concrete Activities

**Instructions:** Concrete activities generally involve helping parents and families to access goods and services, or address non-medical matters, such as legal issues, housing, employment support or income assistance. As a home visitor, you may accompany parents to an appointment related to these issues, help them make a phone call to obtain services or advocate for themselves, or discuss related issues with the family. Document those activities here. Be sure to note any referrals and your efforts to follow-up on referrals connected to the issues above in the referral section below.

Example: Discussed MOB’s concerns about her SNAP grant (food stamps) being cut. Coached her on how to advocate for her family on this issue, and sat with her as she called her SNAP worker and left a message, asking to be called back.

### Referrals

| ☐ | Made referral (When checked and form is submitted, the user will be directed to the Service Referral form) |
|☐ | Follow-up on previous referral |

[comment box] appears when one is checked in Referrals

**Instructions:** List any referrals that you offered and/or your follow-up on previous referrals that you followed up on during the visit. Be sure to include the name of the referral agencies or programs, and the purpose of the referral.

Example: Natchez Counseling Center for MOB’s possible depression. Shared number to call and who to talk to for an appointment. Also, followed-up on referral to Kaken Clinic for family planning information. Parents have not set up an appointment, but said they are still interested and will call this week.

### Program Activities/ Screening Tools/ Parent Survey Content

#### Program Activities of Home Visitor

| ☐ | Introduce program and discuss child abuse and neglect reporting requirements |
|☐ | Complete forms |
|☐ | Discuss Level Change |
|☐ | Videotape families |
|☐ | Attended support group, parenting group, play group with parent(s) |
|☐ | Attended recreational activity with parent(s) |

[comment box] appears when one is checked in Program Activities

**Instructions:**

**Introduce program and discuss child abuse and neglect reporting requirements:** document any discussion you had with the family about your program’s policies related to mandated reporting, and any concerns related to child abuse and neglect.

**Complete forms:** indicate which forms you completed and who signed them.

**Discuss level change:** describe any discussion of Level Change with the family, including the family’s progress and any formal change that might be made to the frequency of visits.
**Screening Tools**

- ☐ Administer and/or discuss: ASQ screening results with family
- ☐ ASQ-SE screening results with family
- ☐ PHQ-9 screening results with family
- ☐ PSI screening results with family
- ☐ Other screening tools

[comment box] appears when one is checked in Screening Tools & Assessments. For ASQ and ASQ-SE, box includes instruction to state which month was administered.

**Instructions:** Describe any activity related to formal screens (ASQ, ASQ-SE, PHQ-9, PSI or any other screen) during the visit. This can include a screen that was administered during this visit, as well as any conversation to prepare for use of the screen or follow-up discussion after screening. If you brought curricula or handouts to address issues identified by a screen, document that in the Curriculum section, noting what curriculum you used and the screening tool results it was offered in response to.

**Parent Survey Content**

- ☐ Initial discussion with family
- ☐ Ongoing discussion of issues identified and related protective factors with family
- ☐ Discussion /Identification of emerging issues with family
- ☐ Implement planned activities or strategies with family

[comment box] appears when one is checked in this area

**Instructions:** During home visits you are expected to periodically address with the family any issues or challenges they identified in the Parent Survey. Use this space to capture any discussion of content from the Parent Survey.

- **Ongoing discussion of issues identified and related protective factors with family:** Describe your conversations regarding challenges, including Substance Abuse, Domestic Violence, Mental Health and Developmental Disability, and any discussions focused on building protective factors in any areas of challenge.

- **Discussion /Identification of emerging issues with family:** In addition to challenges identified in the Parent Survey, you are expected to discuss and identify any new challenges that emerge for the family over the course of home visiting. Document emerging challenges discussed with the family in the Family Functioning section, and write in the comment box here, “See Family Functioning.”

- **Implement planned activities or strategies with family:** Describe any planned activities implemented during the visit to address risk factors and stressors identified in the Parent Survey.

**Family Goal Plan/ Transition Plan**

**Family Goal Plan**

- ☐ New goal developed
- ☐ Discuss
- ☐ Develop activities and/or identify resources related to the family’s goal(s)
- ☐ Progress
- ☐ Revisions
- ☐ Goal(s) completed
- ☐ No discussion

[comment box] appears when one is checked in Family Goal Plan

**Instructions:**

- **New goal developed:** Identify and describe any new goals developed by the family.

- **Discuss:** Include a brief description of family goals addressed during the visit.

- **Develop activities/identify resources:** Describe any activities you offered the family and/or resources you provided to support the goal setting process, such as HFA’s “Values Cards” or “What I Want for My Child” worksheet.
**Progress:** Describe the family’s progress as they pursue their goals and any successes and challenges. Include your efforts to build the parent’s confidence and competence, to help them learn from the process of goal setting, and to encourage them to celebrate successes.

**Revisions:** Describe any changes made to the goal plan and how you responded to naturally occurring situations, i.e. ‘teachable moments’.

**Goal(s) completed:** Identify any goals completed by the family.

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**TIP:** The goal setting process, which builds skills, self-knowledge, and confidence, is more important than whether parents achieve a goal they set. Help parents experience success by encouraging them to set smaller, short-term, easily reachable goals first.

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### Transition Plan

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<thead>
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<tbody>
<tr>
<td>☐</td>
<td>Not applicable</td>
</tr>
<tr>
<td>☐</td>
<td>Initiated [comment box asks for date]</td>
</tr>
<tr>
<td>☐</td>
<td>Ongoing discussion</td>
</tr>
<tr>
<td>☐</td>
<td>Plan finalized</td>
</tr>
<tr>
<td>☐</td>
<td>Transition completed</td>
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<tr>
<td>☐</td>
<td>Parent declined</td>
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</tbody>
</table>

[comment box] appears when one is checked in Transition Plan

**Instructions:** This section is designed for you to describe your efforts to assure that families plan for and access any services they need after they leave the program, whether because they are graduating, moving outside the program’s service area, or for other reasons. This process typically takes 3-6 months. For families graduating from the program, the process should begin when the child is 4.5 years old. Steps for transition planning may include:

- Identification of resources and services needed or desired by the family after they leave the program
- Outlining steps to obtaining these resources and services and timeframes for action
- Following up with family about progress towards obtaining resources and services

**Not applicable:** Check this box if the parent is not currently planning to transition out of the program and/or no transition is approaching and write “N/A” in the comment box.

**Initiated:** Enter the date in which the transition plan starts. The process typically takes 3-6 months and it is put in place because the families are graduating, moving outside the program’s service area or for other reasons. For families graduating from the program the process should begin when the child is 4.5 years old (54 months).

**Ongoing discussion:** Describe your efforts and discussions with the families regarding the identification of resources and the steps to obtaining these resources and services and the timeframes for action. If the family chooses to do so, transition planning can be integrated into the FGP process. In this case, the home visitor can note ‘see FGP” here and document the transition planning efforts in the FGP Section above.

**Plan finalized:** Check this box and describe when the family arrived at a set transition plan.

**Transition completed:** Check this box and describe when the family transitioned out of the program, generally when documenting their last home visit.

**Parent declined:** check this box if the family declined to make a transition plan for any reason and describe the situation in the comment box.

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### Parents’ Response / Additional Comments

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### Parents’ or other Caregiver’s Response to Home Visit

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<table>
<thead>
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<tbody>
<tr>
<td>☐</td>
<td>Interested, engaged in discussion</td>
</tr>
<tr>
<td>☐</td>
<td>Asked questions</td>
</tr>
<tr>
<td>☐</td>
<td>Wanted more information</td>
</tr>
<tr>
<td>☐</td>
<td>Contributed observations and ideas</td>
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</tbody>
</table>

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HFNY: Home Visit Narrative/Log

8/27/17

Page 11 of 13
Instructions: In the comment box, describe in a few sentences all the observations that apply to the parents present, even if they were present only for a portion of the visit. Make sure you indicate which parent you are referring to or if you are referring to both parents in your description of how they responded to your interventions. Example: “Both parents were very interested in the discussion about toilet training the baby. MOB shared that she has been watching him go over to the corner when he has a bowel movement and he then says, ‘diaper off’. FOB wanted to know what else to watch for and what else they can do. Both parents smiled and agreed that they are working together on this.”

TIP: Keep in mind the importance of “leaving a trail.” Any concerns or issues observed or raised in the visit must be documented and your documentation should include a description of how you responded.

Additional Comments

Instructions: Generally, you should be able to find a section in the home visit narrative for all topics and discussions related to the family. However, if you need to add additional comments you may do so here.

Date of next scheduled visit:

Notes/ideas regarding next scheduled visit:

Instructions: Use this section to summarize any discussion and agreement between you and the family about plans for the next home visit. Provide a brief outline of your plans based on the events of the current visit, what the parents are interested in learning about, the child’s development, the family’s goals, and any assessments due, and note any handouts or materials you might want to bring with you for the family.

MIECHV Only

Typically, how often does a family member read, tell stories or sing to the target child? (check only one)

☐ 1. Every day of the week
☐ 2. Most days of the week
☐ 3. Several days of the week
☐ 4. Not at all

Is target child always placed to sleep on their back?

☐ Yes
☐ No

Is target child always placed to sleep without bed sharing or soft bedding?

☐ Yes
☐ No

Instructions: MIECHV programs need to ask these questions at every visit, make sure you check the answers!