

ACCREDITATION PREPARATION GUIDE

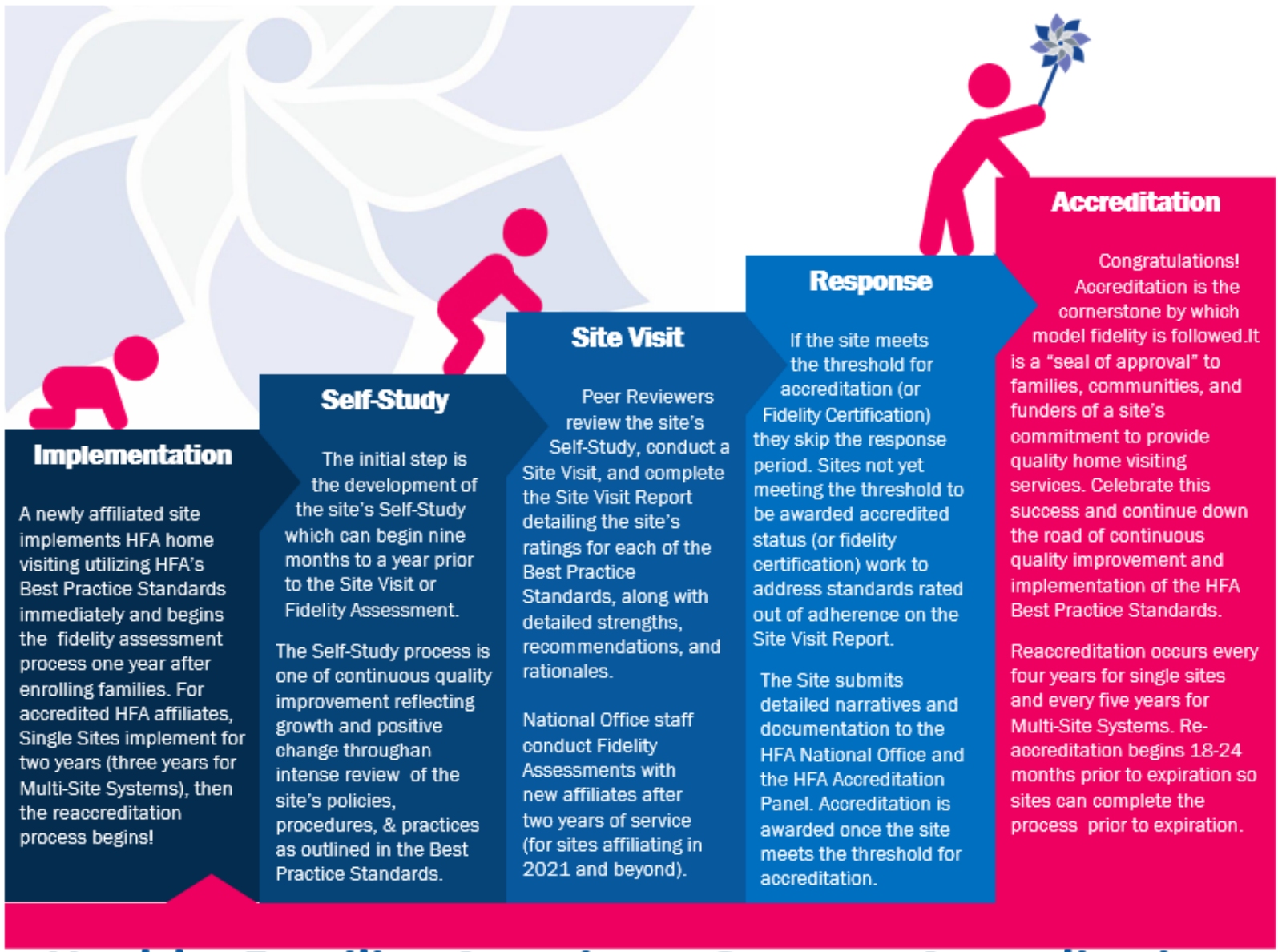
8th Edition Best Practice Standards



Instructions and resources to help sites prepare for HFA Accreditation.
www.HealthyFamiliesAmerica.org

Accreditation Preparation Guide

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Healthy Families America® Steps to Accreditation

Roles and Responsibilities

Site Staff

- Complete self-study
- Schedule interviews
- Be available and responsive
- Advise Peer Team on local travel and accommodations
- Orient Peer Teams to the organization of files
- Respond to pre-site questions from Peers
- Follow-up as needed after the site visit

Peer Reviewer

- Represent HFA
- Review self-study prior to visit
- Review family and supervision files and other documentation as needed
- Conduct interviews
- Develop consensus ratings
- Support on-site activities and Site Visit Report (SVR) development
- Communication and meetings with site leadership
- Writing and finalizing the SVR in HFAST

HFA National Staff

- Coordinate site visit date and assign Peers
- Send surveys to HFA site staff and site advisory board
- Available to provide TA and answer questions
- Finalize SVR with Peer Team
- Support site through entire accreditation process

HFA Accreditation Panel

- Review SVRs and Site Responses
- Upgrade Standards brought into adherence
- Make Accreditation Decisions

- If a policy is asked for, provide the individual policy in the self-study – do not reference the entire Policy and Procedure Manual. HFA encourages sites to utilize the sample P&P template, [Policies and Procedures](#).
- Provide documentation (i.e., forms, guidelines, policies, spreadsheets etc.) directly behind the narrative (whether electronic or paper). If the documentation is requested in another standard under the same Critical Element, you do not have to submit it again. Instead, reference the standard it was provided in originally. However, you may want to highlight a specific detail from that piece of documentation. In that case, it may make sense to resubmit it with highlights.
- You may wish to utilize [HFA spreadsheets](#) for standards -, unless you have a data system to collect and report data using HFA methodology. See definitions, methodologies, and links to all resources in the Glossary section of the Best Practice Standards.
- The self-study should be a stand-alone document with enough information to address standards required to have pre-site documentation in your self-study.

Staff and Advisory Group Surveys

HFA staff will email a survey link to your staff and advisory group members about 8-12 weeks prior to your site visit. Please be sure to send a list of staff and advisory group’s email addresses to HFA staff. The survey topics can be found in the 4th column of the Tables of Documentation. Below are examples of questions found in the surveys.

Sample Staff Survey Question				
Each family’s unique strengths and needs are explored with the family and factored into all areas of service delivery (initial engagement, home visiting, and supervision).				
Always	Most of the Time	Sometimes	Seldom	Never

Sample Advisory Group Survey Question					
The site puts a focus on quality by continuously evaluating the effectiveness of its services and taking action to continuously improve quality.					
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don’t Know

- Confirmation of Site Visit Date & Peer Review Team** (approximately 1-2 weeks prior to the due date of your self-study)
- You will receive a confirmation letter identifying the following:

- The dates of the site visit.
- The Peer Reviewer Team contact information including addresses.
- Information about how to submit your Self-Study

Submission of Self-Study (6 weeks prior to site visit)

- Send a copy of the completed self-study to each Peer Reviewer.
- Send a copy to your Training & TA Specialist.
- Keep a copy of the completed self-study for your site.

First Contact with Peer Reviewers

- The Peer Team will contact your program soon after receiving your self-study to discuss travel logistics.
- The Peer Team will need recommendations from you regarding the airport to fly into, as well as hotels in the area that you recommend.
- The Peer Team will reserve a rental car for the visit, unless the site plans to provide transportation for the peer team to and from the airport, and to and from the office each day.
- If you have not received communication from the Peer Team within 4 weeks of the visit, please feel free to call or email the Peer Team. If you are still unable to contact the Peer Team, please call your Training & TA Specialist for assistance.

Setting the Site Visit Agenda

- The Peer Team will coordinate with you in setting up the agenda for the site visit.
- The file/documentation review will always occur first with interviews following.
- The Peer Team will email a draft of the agenda to you 4 weeks prior to the visit so that you can schedule the individuals who will be interviewed. Please note there is some flexibility with the agenda. The Peer Team will work with you to make adjustments when needed.


Request for Additional Materials

- The Peer Team will conduct a review of your self-study over the course of the time leading up to the site visit.
- It is during this time that the team will identify additional documentation they would like to see pre-site or on-site.
- Be sure to include any updates or any new information since you put together the self-study. Particularly updates you have made to any policies or analyses, as updates to these cannot be accepted once the peers arrive on site.

- The Peer Team will email both a copy of the final agenda and any additional items the team would like to see on-site during the review period prior to the visit.

Selection of Family Files. The Peer Team will ask for an active caseload list approximately one week before the visit so the peer team can select which files will be reviewed. The list of all active families by home visitor should include:

- Participant/family ID
- Enrollment date
- Date of the focus child’s birth
- Current level of service
- Length in program
- Suspected developmental delay indicated (this may be a separate report)
- Elevated Depression Screens
- CPS Report made by staff



Active Families by Home Visitor

Give to Peer Review Team a week before the Site Visit for file selection.

FSS Name:				Supervisor's Name:			
#	Family Name/ID	Baby's DOB	Current Level	Length in Program	Developmental Delay indicated by ASQ	Elevated Depression Screen	CPS Report by HFA staff
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
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16							
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21							
22							
23							
24							
25							

Also include for the site (not by home visitor):
 - Three most recent Closed families which,

- closed while on Creative Outreach
- closed with planned closure

 - Family files with any participant deaths (open or closed files)

Additional Family Files will also be selected:

- 3 most recent closed files on Creative Outreach (Standard 3-3.B)
- 3 most recent files with a planned transition (Standard 4-4.B)
- Files in which either a participant or child death occurred (Standard GA-5.B)

Electronic Records? Advise the Peer Team if your records are maintained electronically and whether peers will be able to access them electronically while onsite. If they are not permitted to do so, it is your responsibility to print a hard copy of all file material for the files selected.

On-Site Visit Checklist

File/Documentation Review On-site

- The Peer Team will review records when they get on site (typically on Sunday).
- Before beginning the record review portion, the team will most likely want to sit down with you to go over the organization of your records.
- The Peer Team will need time and a private space in which to review the files and other documentation.
- The Peer Team will communicate which family files to pull a few days prior to the visit (typically Thursday) so the files are ready for review upon arrival. If the site has advised the electronic files cannot be accessed by the peers and need to be printed, peers will send the list of selected family files 5-7 days ahead of the visit (typically Monday). The peer team will select files based on the number of home visitors:
 - 1 - 5 home visitors: 3 files per home visitor
 - 6 - 11 home visitors: 2 files per home visitor
 - 12 or more home visitors: 1 file per home visitor
- Additional family files, as noted above, for Creative Outreach, Planned Transitions, CPS Reports or Participant/Child deaths, will be reviewed. The Peer Team may also ask for additional records, when needed, to support recent practice of a particular standard(s).
- The Peer Team will also review the corresponding supervision notes per FSS and family file selected.
- Please have Staff Meeting Minutes and Advisory Group Meeting Minutes available.
- Please have personnel files available for all HFA staff for review.
- You will need to be available throughout the review in case there are questions.



Welcome Meeting

- On the morning of day two (typically Monday), the site visit will start with an Welcome Meeting where the Peer Review Team will introduce themselves, provide an overview of what to expect during the next couple of days and provide an overview of the Accreditation Process. The team will also clarify their role as impartial, objective observers that do not provide technical assistance.

- All site staff should attend. You may invite others if you would like. We recommend advisory/governing board members, the executive director of the host agency, etc. Typically, all individuals who will be interviewed (excluding families) are recommended to attend.



Interviewing On-site

- The Peer Team will interview staff (program managers, supervisors, and direct service staff).
- In addition to staff, the team will interview the supervisor of the program manager, and one to two advisory board members and some families participating in the program.
- Staff may bring a file with them into the interview. This file should be selected by staff and can be used to illustrate practice.
- To help put staff at ease, you may consider mock interviews prior to the site visit.
- Family interviews are often conducted individually as well.

Sample Home Visitor Interview Questions:

- What strategies do you use to build trust with families, engage them, and retain them?
- When do you put a family on Creative Outreach? What do you do during that time? Do you discuss these families during supervision?
- What does a typical supervision session look like?
- How is child maltreatment handled at your site?

Sample Family Interview Questions:

- How did your home visitor build trust with you so you felt good about allowing them into your home?
- Was there a time you were not available for visits for a period of time? If yes, what did communication during that time look like?
- Has your home visitor been able to help connect you with other resources in your community? If yes, did they follow-up to be sure you were connected?

Compiling the Site Visit Report (SVR)

- After reviewing files/documentation and conducting interviews, the Peer Team will compile a preliminary SVR.

- A sample of this preliminary site visit report is included as a resource on [page 22](#).

The Exit Meeting

- First, the Peer Team will meet with the site leadership to seek any additional documentation of adherence. There should be no surprises at the formal exit meeting. While they are not able to give actual ratings, they will provide an overview of their preliminary findings.
- Once site leadership has been briefed, the Peer Team will present an overview of their preliminary findings to the entire staff including the strengths and areas that need strengthening.
- Again, no ratings will be provided.
- As with the Entrance Meeting, all staff should attend. You may invite others if you would like, such as advisory/governing board members, the executive director of the host agency, etc.
- Site visits will end mid-late afternoon on the last day of your visit.

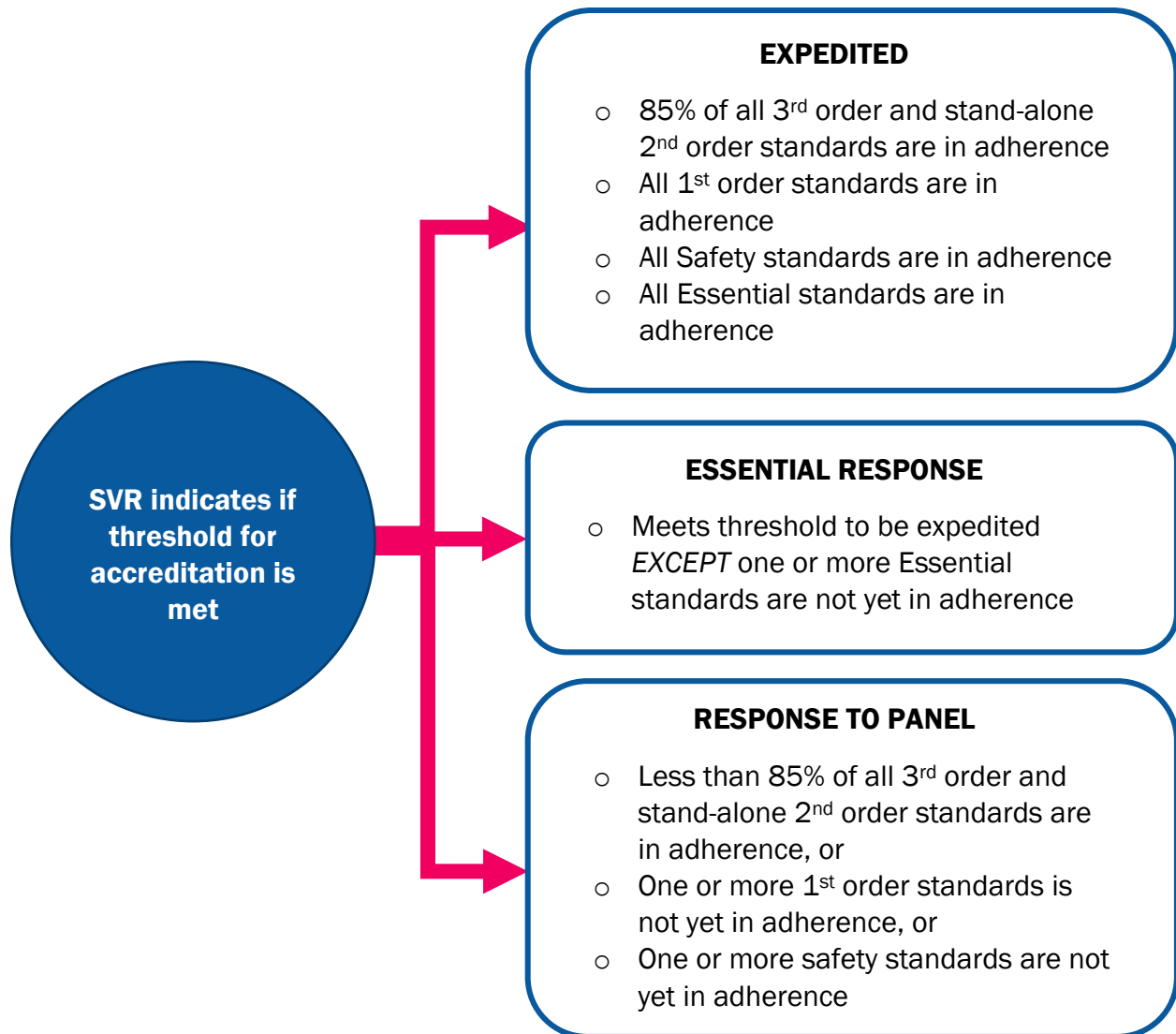


Next Steps

- The HFA Training & TA Specialist will finalize and send the SVR 4-6 weeks after the site visit.
- The HFA Training & TA Specialist will schedule a Post Site Visit Consultation with you to go over the SVR in detail and discuss next steps to complete the accreditation process including verifying adherence with GA-7 standards.

After the Site Visit

Here is what you can expect after you receive your written Site Visit Report (SVR)



There are 16 Essential Standards

- 2-1.B: The administration of the FROG scale to learn about family strengths and challenges.
- 3-3.B: The use of Creative Outreach as a trauma-informed strategy to build trust and re-engage families who have missed visits.
- 4-2.C: The use of HFA Level Change Forms to review family progress and decrease the frequency of home visits.

- 5-4.B: The development of an Equity Plan to support the site in achieving greater equity in all facets of its work.
- 6-1.C: The implementation of the Service Plan, the intentional work of the FSS to respond to concerns that families have shared.
- 6-2.B: The supports that FSSs provide around setting and achieving goals with families.
- 6-3.B, C and E: The use of CHEERS to observe, partner with and support families in developing nurturing parent child relationships, and the supervisor support to staff around this important aspect of their work.
- 9-1.D: The processes for hiring HFA direct service staff.
- 10-4.A, B and C: The Core trainings required of staff within certain timeframes
- 12-2.B: The provision of weekly reflective supervision to all direct service staff.
- GA-3.A: The policy and forms for rights and confidentiality, consents to release family information and process for addressing any complaints.
- GA-3.B: The practice of informing families of their rights and about the processes around confidentiality at the start of HFA services.

There are 6 Safety standards

- 9-3.B: Staff criminal background check
- 10-2.D: Child abuse and neglect Orientation prior to work with families
- 12-1.B: Frequency and duration of supervision
- GA-3.C: Site practices related to informed consent when sharing family information
- GA 4-A & B: Policy and practice around child abuse and neglect reporting.

National Office Standards

GA-7 standards are evaluated as the last activity and all GA-7 standards must be in adherence prior to receiving an award of accreditation. Sites are encouraged to begin working on these at the start of the accreditation process because it often involves collaboration with other departments within your organization. Follow the links below to find resources to assist you:

- [GA-7.A](#): All HFA required data, as defined in the [Overview of HFA Data Reporting Requirements](#), is accurate and up-to-date and is consistent with expectations for all affiliated sites.
- GA-7.B: The site is up to date with all fees.
- [GA-7.C](#): The site utilizes the HFA name, logo, and brand according to HFA graphic standards.

- [GA-7.D](#): The site notifies HFA national office in advance of participation in a research study involving the HFA model or participant families, past or present enrolled in HFA services; and provides information on the study as described in the [HFA Site Research Policy](#).
- [GA-7.E](#): The site notifies HFA national office of critical incidents at the local site level.

Accreditation!

Once accredited, sites will receive an Accreditation Certificate and letter of acknowledgement from Prevent Child Abuse America as well as a sample press release.



The HFA Best Practice Standards

The HFA Best Practice Standards establish the expectation for the policies and practices of HFA sites around the world. These standards have been constructed through research and consensus from the field and are updated every four years.

The HFA Accreditation process originally evolved during a time when the HFA network was experiencing rapid growth. During this expansion, HFA affiliate sites expressed a desire for it to “truly mean something” when sites called themselves “Healthy Families”. The accreditation process was initially developed out of this desire and need. Still today, HFA accreditation ensures sites are providing high-quality home visiting services in fidelity with the HFA model.

Accreditation is quite an achievement.

But the process is just as important. Through the completion of a self-study, a site visit, and additionally, potential responses to the HFA National Office, HFA sites have a unique opportunity to reflect on everything from their policies to their practices and receive feedback from objective reviewers. And while HFA sites always have Training & Technical Assistance Specialists available to them, the accreditation process is a time when these National-level staff become even more involved with the happenings at the local level, as they provide support to help sites achieve accreditation.

While the accreditation process is required every few years, sites are encouraged to embrace a philosophy of continuous quality improvement by making the HFA Best Practice Standards a part of everyday practices and ongoing activities.



The Organization of the Best Practice Standards

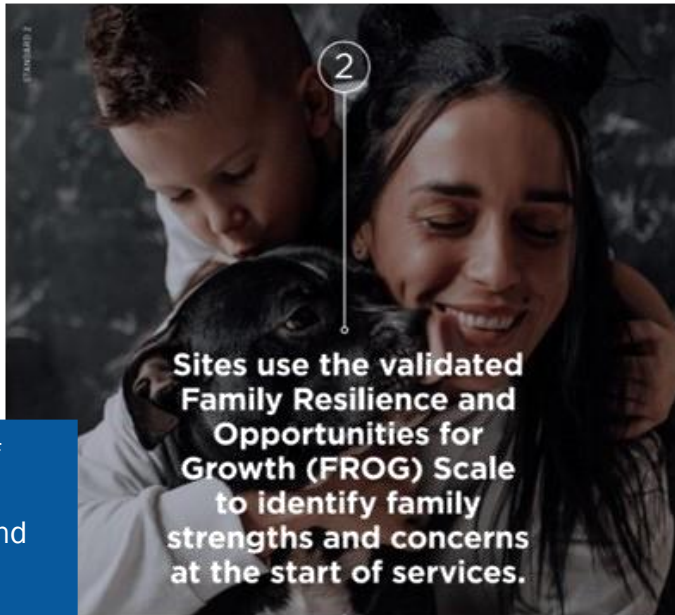
The HFA Best Practice Standards serve as the site’s guide to model implementation. In preparing for accreditation, it is very important to understand not just the content written within the standards, but how they are organized.

The Standards are broken down into 13 overall sections, which we call “First Order Standards”. They are labeled 1-12, and the 13th is called Governance and Administration.

First order standard
(Always bolded on a photo)



Within “Standard 2” the next level of standards are “Second-order standards”. Standards 2-1 is a second order standard.



Second order standard



2-1. The site is required to use the FROG Scale at the start of services to provide the family an opportunity to tell their story, to identify the presence of protective factors as well as factors that could contribute to increased risk for child maltreatment or other adverse childhood experiences, and to support the development of a service plan to support the unique needs of each family.

Intent: Parents/caregivers represent a broad variety of backgrounds, experiences, values, and cultural norms, and these are combined in unique ways in each individual family. What may appear as a risk factor in one family may be mediated by nurturing relationships and/or significant protective factors in another. By completing the Family Resilience and Opportunities for Growth (FROG) Scale, staff learn about each family's strengths and concerns and are better able to plan services and resources that will be of most interest and benefit to the family.

Third order standard
(Includes rating indicators)



2-1.A The site has policy and procedures requiring the FROG Scale be administered to identify risk and protective factors that could contribute to or mediate the risk for child maltreatment or other adverse childhood experiences. The policy and procedures also require documentation of these risk and protective factors be completed in narrative format that fully describes the concerns/needs and strengths expressed by the parent(s) during the FROG Scale conversation, and all items are scored in accordance with the guidelines of the tool. The policy and procedures identify who is responsible for administering the tool and the timeframe for completing the narrative, including supervisor review.

Intent: Site policy and procedures ensure the FROG Scale is administered objectively and reliably, and in a relationship-building, conversational style. Using a conversational style allows parents to share their story in a way that makes sense to them. When parents are not present, staff ensure the parent feels heard and valued. When parents are only partially present, staff ensure the families deserve, and receive, the same level of attention. Site policy also includes documentation of what was discussed and scored. When parents are not present, staff ensure the families deserve, and receive, the same level of attention. Site policy also includes documentation of what was discussed and scored. When parents are not present, staff ensure the families deserve, and receive, the same level of attention.

The FROG Scale is completed in as timely a way possible, i.e., no later than the fourth home visit (ideally within 30 days of enrollment though the fourth home visit may extend beyond 30 days if parents are not immediately receptive to weekly home visits).

Please Note: Some sites choose to use the FROG Scale to determine eligibility, in which case it will be completed prior to the first home visit.

Third-order standards are typically the most detailed, and contain a few different components, which we will explore on the next few pages.

2-1.A RATING INDICATORS

- 3 The site policy and procedures require:
 - 1) The FROG Scale is completed **on or before the second home visit (ideally within 15 days of enrollment)**.
 - 2) The FROG Scale is documented in narrative format detailing the presence of factors that could contribute to increased risk for child maltreatment or other adverse childhood experiences. Any area not yet documented is identified for later conversation and inclusion in the service plan when needs warrant (the same is true for any updated information a family shares at a later time).
 - 3) Responses from parents (or partner/significant other) present at the FROG visit are scored (0-4 or U) in all domains the parent shared information for. When staff do not explore a particular area of the FROG, the reason is documented.
 - 4) The timeframe for completing the narrative documentation and scoring is identified.

Now that you understand the difference between the first, second, and third order standards, let's dig deeper into the third order standards. Here's a walkthrough for Standard 7-1. B

This is the “third order standard language”. You can think of it as the elevator pitch for the standard overall – a concise way to encapsulate what this standard is all about!




This is the intent! Whenever you see blue text, you know you are looking at the intent of the standards. This helps to clarify the language above, going into more detail about the “why” of this standard.

7-1.B Focus children have a medical/health care provider.

Intent: A medical home is crucial to the health and optimal development of the child. In addition to being a vital resource for ongoing preventive health and wellness guidance, and medical interventions as needed, a medical home plays a crucial role in child abuse prevention, as it allows another professional consistent access to the child to provide support and monitoring for the well-being of the child. [An HFA Spreadsheet is available for this standard.](#)

7-1.B RATING INDICATORS

- 3** Ninety-five percent (95%) through one hundred percent (100%) of focus children have a medical/health care provider.
- 2** Eighty percent (80%) through ninety-four percent (94%) of focus children have a medical/health care provider.
- 1** Less than eighty percent (80%) of focus children have a medical/health care provider.

-  **TIP:** For focus children who currently do not have a medical/health care provider, be sure to indicate the reasons why and clearly document steps taken to link these children.
-  **TIP:** Sites are also encouraged to document the current medical/health care provider for all participating family members (children other than focus children and adults) – see standard 7-3.
-  **TIP:** Sites are encouraged to set goals/benchmarks (for Standard GA-2.B) when rates fall below the 80% threshold, and supervision time should be used to focus on exceptions, reasons, and problem-solving strategies to increase rates.

These are the rating indicators. They always appear with a green scale.

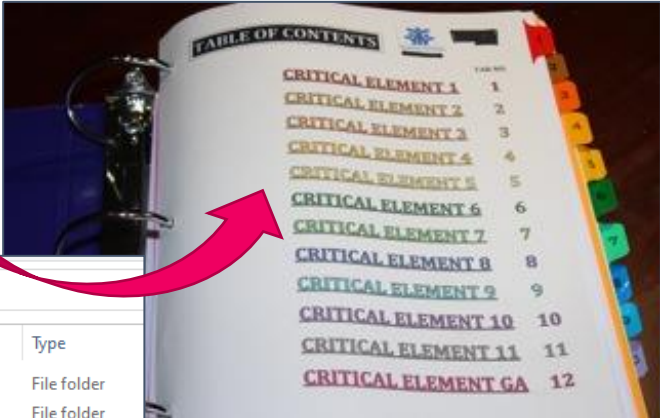
Notice the bolded text? This is to clearly demarcate the difference between a 2 and 3 rating!

Last, we have the Tips, which are always in a navy blue box following the standard. These tips are for the site. Peer Reviewers will not be holding the site to anything found in the tips. For instance, here is a tip about documenting the health provider for ALL participating family members. While having this as part of your practice would be great, it is not a requirement.

Appendix

Sample Self-Study Structure. Sample images below are for formatting purposes only. Information on the Self-Study is found on [page 4](#).

Organize your Self-Study folders by Critical Element



Name	Date modified	Type
Governance and Administration	6/11/2020 4:10 PM	File folder
Standard 1	5/21/2020 1:32 PM	File folder
Standard 2	5/21/2020 1:01 PM	File folder
Standard 4	6/11/2020 4:45 PM	File folder
Standard 5	6/11/2020 4:47 PM	File folder
Standard 6	6/11/2020 5:36 PM	File folder
Standard 7	6/12/2020 4:06 PM	File folder
Standard 8	6/12/2020 3:27 PM	File folder
Standard 9	6/10/2020 2:07 PM	File folder
Standard 10	5/21/2020 2:44 PM	File folder
Standard 11	6/12/2020 3:22 PM	File folder
Standard 12	6/12/2020 4:37 PM	File folder

Then, inside the folders (or tabs) label and organize files by their 2nd and 3rd order standards.

Name	Date modified	Type	Size
6.1.A Policy - HFA Service Plan Addres...	5/29/2019 12:18 PM	Microsoft Word D...	36 KB
6.2.A Policy - Development of Family ...	5/29/2019 12:19 PM	Microsoft Word D...	36 KB
6.3.A Policy - CHEERS	5/29/2019 12:20 PM	Microsoft Word D...	36 KB
6.4.A Policy - Child Development, Pare...	5/29/2019 12:22 PM	Microsoft Word D...	36 KB
6.5.A Policy - ASQ-3 and ASQ-SE-2 Scr...	5/29/2019 12:23 PM	Microsoft Word D...	36 KB
6.6.A Policy - Tracking and Follow Thro...	5/29/2019 12:25 PM	Microsoft Word D...	36 KB
6-3. D. PCI Tracker Feb 2020 12FSS	3/4/2020 3:08 PM	Microsoft Excel W...	178 KB
6-5.B ASQ's .12FSS 2-2020	3/4/2020 3:09 PM	Microsoft Excel M...	1,000 KB
6-5.C ASQSE's- 12FSS. 2-2020 (2)	3/4/2020 3:09 PM	Microsoft Excel M...	332 KB

Tables of Documentation. At the front of the HFA Best Practice Standards, just after the Glossary, you will find the Summary and Guidance for Data Collection Timeframes that lists the data collection required in the HFA Best Practice Standards.

SUMMARY OF GUIDANCE FOR DATA COLLECTION TIMEFRAMES

Tables of Documentation				
Summary and Guidance for Data Collection Timeframes				
<p>The Tables of Documentation provide a complete list of data requirements in the HFA Best Practice Standards (BPS). Also included is a column with recommended timeframes for ongoing monitoring and adherence to the standards, as it is helpful to have routine monitoring, measurement, and documentation of these activities support your site's Quality Assurance Plan (GA-2.A). These recommended timeframes may also be helpful as you develop and follow-up on your site's Quality Improvement Plan (Standard GA-2.B). When a site finds that any of these QA activities are following below expectations stated in the standards the site is also encouraged to include these items on their site Quality Improvement Plan for ongoing monitoring and improvement.</p>				
Measuring/Monitoring/Reporting Timeframes				
<p>- Annual - Site selects the most recent 12 months, most recent calendar year, or most recent fiscal year</p> <p>- Quarterly - Site selects the most recent three months, or most recent full quarter (Jan-Mar, Apr-Jun, Jul-Sept, Oct-Dec)</p>				
Standard	Required Timeframe	How to Measure Please Note: HFA Spreadsheets are available	What to report for Accreditation (see also Tables of Documentation by Standard)	Ongoing QA Recommendations
1-1.C Tracking Referrals and Site Capacity	Quarterly	<p>Submit report reflecting all families referred to your site in the most recent quarter:</p> <ol style="list-style-type: none"> Number of families referred by each referral source Their eligibility status <p>Include most recent plan with strategies to fill available slots or reduce gaps in service availability. Indicate which have been applied.</p>	HFA Spreadsheet or local data report and strategies.	Update Monthly

Also in the BPS are the [Tables of Documentation](#), found at the end of each Critical Element.

STANDARD 1

Tables of Documentation	
*Note: Submit Self Study Face Sheet with Self Study	
1. Initiate services early, ideally during pregnancy.	
Standard	Pre-Site Documentation to include in Self Study
1-1.A Eligibility Criteria	Submit a narrative description of: 1) Site eligibility criteria 2) how these criteria were selected, 3) the defined service area, and 4) the number of families the site has capacity to serve. Eligibility criteria are determined based on data collected from one or more sources and reviewed at least once every four years.
1-1.B Referring Organizations	<p>Submit a narrative identifying organizations within the community where families can be referred from, and the formal/informal agreements in place.</p> <p>Sites approved by the national office to implement HFA's Child Welfare Protocols have an MOU established with the local child welfare office. Sample MOU available.</p>
1-1.C Tracking Referrals and Site Capacity	<p>Submit report reflecting all families referred in the most recent quarter:</p> <ol style="list-style-type: none"> Number of families referred by each referral source Their eligibility status Include most recent plan with strategies to fill available slots or reduce gaps in service availability

Self-Study Work Plan. Download this [customizable work plan](#) to help you stay on track!

	A	B	C	D	E
1	Today's Date:		It is highly recommended that you give yourself a year to prepare for your self study an site visit.		
2	Site Visit Date:		Enter today's date, as well as your site visit date and self study due date to plan well. (This spreadsheet will not work unless you enter all 3 dates)		
3	Self-Study Due Date:		Please note: Any dates that are highlighted have already passed. Use this feature to keep track of progress OR be alerted where you need to catch up.		
4	Start planning on:				
5	Start Date	Standard	Person Responsible	Target Date	Update and Finalize By
6		- All policy Standards (See sample P & P Checklist) - Confirm data availability according to the Summary and Guidance for Data Collection Timeframes	Program Manager and Supervisors		All revised policies to be implemented by:
7					
8		Review recent data for			
9		1-2.C (identified prenatally or within two weeks)	PM, FAW Supervisor, FAWs	Implement strategies for improvement by:	
10		1-3.B (1 st home visit within 3 months)			
11		4-1.B (Level 1 for 6 months)	Supervisors		

Sample Site Visit Agenda for a typical 3-day site visit

Sunday, June 15

9:00 A.M. – 5:00 P.M.

Check in with Program Manager (PM) about any:

- updates to practice since the self-study was completed
- additional information requested by peers prior to the site visit
- changes to the agenda

PM/Supervisor to provide an overview of the family files, how organized and key home visit and assessment activities linked to file review.

Peers to review family files, supervision records, training records, advisory group meeting notes, team meeting minutes and any other relevant documentation.

Working Lunch

Debrief with Program Manager (request any additional evidence needed)

Monday, June 16

8:30 A.M. – 9:00 A.M.

Peers arrive

9:00 A.M. – 9:30 A.M.

Welcome Meeting with all staff and whomever else you would like to invite

9:30 A.M. – 10:00 A.M.

Interview 2 Advisory Board Members (15 minutes each) **Names**

10:00 A.M. – 10:15 A.M.

Regroup/Break


10:15 A.M. – 11:45 A.M.	FSS/FRS Interviews (individually, 30 minutes each)
	10:15 A.M. – 10:45 A.M. FSS/FRS 1 Name
	10:45 A.M. – 11:15 A.M. FSS/FRS 2 Name
	11:15 A.M. – 11:45 A.M. FSS/FRS 3 Name
11:45 A.M. – 12:45 P.M.	Working Lunch
12:45 P.M. – 2:15 P.M.	FSS/FRS Interviews (individually, 30 minutes each)
	12:45 P.M. – 1:15 P.M. FSS/FRS 4 Name
	1:15 P.M. – 1:45 P.M. FSS/FRS 5 Name
	1:45 P.M. – 2:15 P.M. FSS/FRS 6 Name
2:15 P.M. – 2:30 P.M.	Break/Regroup
2:30 P.M. – 3:30 P.M.	FSS/FRS Interviews (individually, 30 minutes each)
	2:30 P.M. – 3:00 P.M. FSS/FRS 7 Name
	3:00 P.M. – 3:30 P.M. FSS/FRS 8 Name
3:30 P.M. – 4:15 P.M.	Supervisor Interviews (individually, 45 minutes each)
	Peer 1 with Sup 1 Name
	Peer 2 with Sup 2 Name
4:15 P.M. – 4:45 P.M.	Peers Regroup/Review Documentation/Debrief
4:45 P.M. – 5:00 P.M.	Debrief with Program Manager (request any additional documentation needed)

Tuesday, June 17

8:30 A.M. – 9:30 A.M.	Personnel File Review & Any Other Documentation Still to Review
9:30 A.M. – 10:00 A.M.	Interview Program Manager- Name
10:00 A.M. – 10:20 A.M.	Interview Program Manager’s Supervisor - Name – Title
10:20 A.M. – 11:00 A.M.	Break/Regroup/Rate Standards
11:00 A.M. – 12:00 P.M.	Family Interviews (individually, 15 minutes each)
	<i>Identify language/interrupter needs for peers/families</i>
	<i>Site to invite families from a variety of FSS</i>
	11:00 A.M. – 11:15 A.M. Peer 1 with family 1 Name
	Peer 2 with family 2 Name
	11:15 A.M. – 11:30 A.M. Peer 1 with family 3 Name
	Peer 2 with family 4 Name

	11:30 A.M. – 11:45 A.M.	Peer 1 with family 5 Name Peer 2 with family 6 Name
	11:45 A.M. – 12:00 P.M.	Peer 1 & 2 with family 7 Name
12:00 P.M. – 1:00 P.M.	Peers to work on report – Working Lunch	
1:00 P.M. – 2:00 P.M.	Finalize Site Visit Report (SVR)	
2:00 P.M. – 2:30 P.M.	Pre-Exit Meeting with PM and whomever PM would like to attend – add names	
2:30 P.M. - 3:30 P.M.	Exit Meeting	

Family and Supervision File Checklist. The Peer Team utilizes this checklist when reviewing family files and supervision notes.

		Family and Supervision File Checklist							
		Peer Reviewer Name: _____							
Please keep recent practice in mind and ask for more files, when needed. When practice changes have been made, review additional recent files to ensure consistent implementation across all staff for at least three months prior to site visit.									
Family File Review (one family per column)	1	2	3	4	5	6	7	8	9
FSS & Supervisor Initials / Family ID									
Level of Service: Level P = Prenatal Level 1 = Weekly Level 2 = Bi-Weekly Level 3 = Monthly Level 4 = Qtrly									
Focus Child Date of Birth									
Date of 1st Home Visit									
GA-3.B Families informed of rights & confidentiality on/or before 1st HV (DATE / Yes/No) (Right to: respect, refuse, referral, planning, complaint phone # & process timeframe). Confidentiality: Reports to funders/evaluators, ROI process/referrals, when shared w/out consent, copy for family)									
GA-3.C Families informed and sign consent every time information is shared (Signature, specific info released, purpose, date of effect, timeframe (no more than 12 months), agency released, name of HFA site, can withdraw)									
FROG Scale - Please note: This may require review of 2-3 recent FROG Scales across staff to reflect recent practice, if older files selected do not yet reflect implementation of these standards. Additional files reviewed can be recorded on last page, if needed.									
2-1.B FROG Scale is documented uniformly and in accordance with site policy (Bullets 2 & 3 of policy 2-1.A: Narrative, all domains scored)									
2-1.C FROG Scale is administered in timeframe specified in policy.									

HFA Pre-Site/On-Site SVR. The Peer Team utilizes a paper or digital version to record notes and preliminary ratings.



**HFA PRE-SITE/ON-SITE
ACCREDITATION SITE VISIT REPORT (SVR)**

HFA Best Practice Standards 8th Edition

PLEASE NOTE: THIS FORMAT IS FOR PRELIMINARY SCORING AND INDIVIDUAL NOTE-TAKING PURPOSES ONLY. THE FORMAL SVR ENTERED INTO HFAST BY PEER TEAM.

Site Name: _____

Bolded and italicized standards = safety or essential standards
 Standards with (I) in front = interview paradigms
 Standards with (P) in front = could be rated pre-site (based on self-study)
 Standards with (F) in front = based on file or other documentation review

NOTES:

- Reasons for 1 rating (or on the "List of 1s" document)
- Planned Interview Topics based on initial review
- Reminders/Recommendations for Formal SVR

1. Initiate Services Early

Standard	Rating	Description & Notes
1		
1-1		Description of eligibility criteria and community relationships
P 1-1.A		<input type="checkbox"/> Description of eligibility criteria <input type="checkbox"/> Community data (include source and year) used in deciding these criteria <input type="checkbox"/> Geographic service area <input type="checkbox"/> Number of families projected annually based on site capacity <input type="checkbox"/> Reviewed by the site's community advisory board (CAB) in last 4 years <input type="checkbox"/> Reviewed by the site's community advisory board (CAB) in last 2 years (3 rating) <input type="checkbox"/> Adjusted as needed based on changing demographics or infrastructure
PF 1-1.B (max 2)		<input type="checkbox"/> Identifies referral partners <input type="checkbox"/> Formal/Informal agreements <input type="checkbox"/> If implementing Child Welfare Protocols (CWP), signed MOU with local child welfare office
PIF 1-1.C		<input type="checkbox"/> Quarterly tracks all families identified/referred <input type="checkbox"/> Eligibility status <input type="checkbox"/> Source of referral <input type="checkbox"/> Uses data to monitor capacity and apply strategies to fill slots or reduce gaps in service <input type="checkbox"/> Discusses opportunities for improvement with advisory board annually