Reviewer:

Date:

FSS Supervisor:

FSS:

PC1 ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Documentation Tracking for Digital Binder | Confirm Scan/Entry  Yes No | | | Comments/Notes  (When applicable, note date of last data entry to forms or any other noteworthy information) |
| Referral in MIS case documents |  |  | |  |
| Screen Form completed |  |  | |  |
| Service Agreement Family Rights & Confidentiality (Formerly Family Assessment Consent, Service Agreement and Participant Bill of Rights) |  |  | |  |
| Case Conference form |  |  | |  |
| Service Plan (effective 3/15/2021)  Things to look for:  \*Initiated by date of case conference  \*Plans Implemented  \*Priority Area checked |  |  | |  |
| Baseline Form (Formerly Intake form) |  |  | |  |
| FROG Scale assessment (Formerly Parent Survey) |  |  | |  |
| HITS/AUDIT-C/PHQ-2 |  |  | |  |
| Engagement Log (Formerly Pre-Intake) |  |  | |  |
| Intake Record |  |  | |  |
| Informed Consent (if applicable) |  |  | |  |
| Smoke Free Home Visiting Policy |  |  | |  |
| Return Referral form |  | |  |  |
| Authorization for release of health information (Consents) |  | |  |  |
| Photo release (If applicable) |  | |  |  |
| Copies of all other correspondence in Case Notes |  | |  |  |
| Follow Up Form (No forms incomplete/invalid) |  | |  |  |
| Family Goal Plan  \*Family has active Family Goal Plan (FGP)  \*FGP reflects collaboration between family and FSS, includes goals that are meaningful to the family, and is completed using the three M’s method. |  | |  |  |
| Service referrals (appropriate follow up of referrals, no referrals pending follow up for more than 30 days) |  | |  |  |
| Big Three Referrals (DV/IPV, MH, SU) provided to family |  | |  |  |
| ASQ |  | |  |  |
| PHQ 9 |  | |  |  |
| ASQ-SE |  | |  |  |
| Cheers Check In as of (3/2019) |  | |  |  |
| TC Medical Form (Immunizations & Well Child Visits) |  | |  |  |
| PC1 Medical form (prenatal and postpartum visits) |  | |  |  |
| Level Change Forms (Criteria & Celebration Certificates) |  | |  |  |
| Narratives: Things to look for…  \*Notes are up-to-date (written within 10 days of visit date)  \*Evidence of tailored Creative Outreach efforts (if applicable) are documented into case notes  \*Logs paint a clear picture of intervention.  \*Evidence of PCI/brain development activities.  \*Evidence of CHEERS.  \*Evidence of connections to FGP and performance targets. (specify examples, if applicable)  \*FGP is active  \*Evidence of areas of concern (if applicable)  \*Objective/free of judgment.  \*Appropriate inclusion of family members.  \*Evidence of advance planning/Transition planning when possible. |  | |  |  |

FSS Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

FSS Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_