

Quality Assurance Family File Review

Name of Family: _____

Child's Birth/Due Date: _____

PC1 ID: _____

Enrolled Date: _____

Level: Level 2P Level 1P/1 Level 2 Level 3 Level 4 Level CO/TO Level TR Closed

Family	Completed	Date	Uploaded to MIS
Service Agreement/Family Rights/Confidentiality <i>GA-3.B</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
HFNY informed consent (CHSR/MIS) <i>GA-3.B</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Consent to Exchange info (each instance) <i>GA-3.C</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Confidentiality reviewed or updated <i>GA-3.B</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Consent for photo/video <i>GA-3.B</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Goal achievement/acknowledgement certificate <i>6-2.B</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Level achievement/acknowledgment certificate <i>4-2.D</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

Initial Engagement	Documentation Found	Date
Original referral uploaded to MIS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Attempt to engage family w/in 5 days of referral <i>1-2.B</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Offer of services and screen w/in 5 days of contact <i>1-2.B</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All engagement documented (<i>successful and attempted, up to 30 days</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Engagement Log form completed for each month <i>1-2.B</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Contact with referral source w/in 10 days of receiving (<i>if requested</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

General	Documentation Found	Date
Baseline form complete	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
ID and Contact Info form complete; information up to date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Target Child ID and Birth Outcomes form complete	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
FROG Scale completed w/in 30 days of enrollment <i>2-1.C</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
FROG Scale submitted for review w/in 2 days of administering <i>2-1.B</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
FROG Scales uniformly documented & scored (check last three) <i>2-1.B</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Follow-up forms completed (6, 12, 18, 24, 36, 48 month)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
TC Medical form up to date (well-child visits & immunizations) 7-2.B, C	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
PC1 medical form up to date 7-3.B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Service referrals made & follow-up with family 7-3.B, C, D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Child Abuse protocols taken and documented GA-4.B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Level CO activities completed & documented for 92 days 3-3.B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Service Plan developed and form is up to date 6-1.B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Case notes are current to reflect anything not in other logs or forms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Depression Screen	Documentation Found	Date
During the FROG Scale conversation (PHQ-2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Within 30 days of the first prenatal home visit (PHQ-9) 7-4.B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Within 3 months of the target child's birth or enrollment (PHQ-9) 7-4.C	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
At least once within 3 months of subsequent births (PHQ-9) 7-4.D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Referrals and activities for elevated scores or suicidal ideation 7-4.E	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Family Goal Plan / Transition Plan	Documentation Found	Date
Initial Plan developed with family w/in 90 days of enrollment 6-2.B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Goal discussions with family documented 6-2.B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Plan updated/modified/retired as needed 6-2.B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Goal achievement celebrated and documented 6-2.B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Transition plan developed and documented 4-4.B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

CHEERS Check-In	Documentation Found	Date
CCI tool used at least twice per year per target child 6-3.D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
CCI tool used approximately every six months per target child 6-3.D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
CCI areas scored 4 or less are addressed on Service Plan form 6-3.D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Developmental Screenings	Documentation Found	Date
ASQ screens used at least twice per year per target child 6-5.B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
ASQ-SE screens used at least once per year per target child 6-5.C	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Referral made for scores indicating possible delay 6-5.D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Home Visit Narratives	Evidence in at least the last four visits		
HV logs are documented within 6 days of the visit date	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
At least 75% of required visits occurred in the last three months 4-2.B	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
CHEERS observed in at least two domains on all visits 6-3.B	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
PCI is addressed and promoted based on CHEERS observation 6-3.C	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Reflective strategies used (consistently) 6-1.C, 6-2.C, 6-3.C & 6-4.B, C	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Curriculum used (routinely) 6-1.C, 6-2.C, 6-3.C & 6-4.B, C	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Info and activities promoting development shared (routinely) 6-4.B	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Info promoting health and safety practices shared (routinely) 6-4.C	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Info promoting safer sleep practices shared (birth-1 year) 6-4.D	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Level change discussed and celebrated with family (as needed) 4-2.D	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Service Plan activities implemented (consistently) 6-1.C	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Referrals for DV/SU/MH w/in 3 months of disclosure (as needed) 7-3.C	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Follow-up to determine if services were received (as needed) 7-3.D	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Outcome of QA Activity	
Reviewed with Home Visitor during supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Supervision Note:
If not reviewed with the home visitor, why?	
Supervisor comments (include strengths identified and areas to address).	
Home Visitor explanation for outstanding items, if applicable.	

Improvement plan, if applicable (include corrective actions needed and due dates).

Home Visitor initials: _____

Date: _____

Supervisor initials: _____

Date: _____