**Quality Assurance**

 **FRS Call Observation**

**FRS: Reviewer: Date of Observation:**

**Name of Family: PC1 I ID:**

**Parent/Caregiver is:** [ ]  Mom [ ]  Dad [ ]  Other:

|  |
| --- |
| **FRS Call Observation** |
| 1. Introduced self and program *(including asking if it was a good time to talk, and inquiring about what they know about the program)*
 | [ ]  Yes | [ ]  No |
| 1. The tone of the call was engaging and respectful *(i.e., energetic, curious, mindful of time)*
 | [ ]  Yes | [ ]  No |
| 1. If completing the screen, confirmed information on the referral, including inquiring about another parent/caregiver)

*(When the screen is negative: linking to community services and resources)* | [ ]  Yes | [ ]  No |
| 1. Used a conversational approach when providing an overview of how Healthy Families partners with families to support them in their parenting role, giving examples of different activities and information that can be provided, and the structure of home visits (*in-home.*)Asked the family about any questions or concerns they might have.
 | [ ]  Yes | [ ]  No |
| 1. Explained, offered, and scheduled an initial engagement visit *(including asking for a good time to visit when both parents/caregivers can participate, confirming the date, time and location for the visit, and providing information about how the family can contact the FRS.)*
 | [ ]  Yes | [ ]  No |
| 1. If the family declines the initial engagement visit, the FRS explored and was curious, using a variety of approaches such as the Feel Felt Found method and open questions, about the reasons why the parent on the call was ambivalent to move forward with the program and/or declined an initial engagement visit*.* Encouraged the family to reach out again if they change their mind (*providing time frames depending on due date, or T.C. DOB.)*
 | [ ]  Yes | [ ]  No |

**Comments:**

**Strengths:**

**Areas for Professional Development:**

**Reviewed and discussed with FRS:**

Supervisor initials: Date: FRS initials: Date:

 **Quality Assurance**

 **FRS Refusal Call Follow-up**

**FRS: Reviewer: Date of Call:**

**Name of Family: PC1 I ID:**

**Parent/Caregiver is:** [ ]  Mom [ ]  Dad [ ]  Other:

|  |
| --- |
| **FRS Refusal Call Follow-up** |
| 1. Ask if the FRS introduced themself and provided an overview of how Healthy Families partners with families to support them in their parenting role giving examples of different activities that can be provided, the structure of home visits (*in-home*) as well as answering any questions they may have had.
 | [ ]  Yes | [ ]  No |
| 1. Ask if the FRS was respectful, engaging and considerate of their timeand demonstrated a genuine interest in their family.
 | [ ]  Yes | [ ]  No |
| 1. Ask if there is any particular reason they are not interested. Encourage the family to reach out again if they change their mind *(providing time frames depending on due date, or TC DOB.)*
 |

**Comments:**

**Strengths:**

**Areas for Professional Development:**

**Reviewed and discussed with FRS:**

Supervisor initials: Date: FRS initials: Date: