



Family File Review Tool

Part of the PAT Portfolio of Fidelity and Quality Resources

Supervisor/
Parent Educator: _____ Date Completed: _____

Family Initials: _____ Enrollment Date: _____ # of Children Enrolled: _____

Child 1 DOB: _____ Child 2 DOB: _____ Child 3 DOB: _____

1. Intake and Enrollment		Yes	No
Intake Record	Present in the file		
	Completed by the end of the first visit in which a <i>Foundational Plan</i> was used		
	Sufficiently filled out		
Participation Agreement and Consent for Services	Present in the file		
	Signed by the end of the first visit in which a <i>Foundational Plan</i> was used		
	Re-signed annually after enrollment	Not yet due	
Notes/ Follow-Up			



2. Family Snapshot	Number enrolled	Present in the file		Completed within 90 days of enrollment OR 120 days for FCA			Reviewed/ updated annually*			Sufficiently filled out	
		Yes	No	Not yet due	Yes	No	Not yet due	Yes	No	Yes	No
Family Information Record											
Child Information Record											
Parent/Guardian Information Record											
Prenatal/Postpartum Record N/A											
Family-Centered Assessment (FCA)											
Notes/ Follow-Up											

* Reviewed/updated annually means that it was done one year after the prior record within a 30 day window (before or after the due date). This applies throughout the File Review Tool.

3. Goals	Total number currently active:	Present in the file		Goal Record is sufficiently filled out		Progress is recorded at least quarterly		
	Date/Area	Yes	No	Yes	No	Not yet due	Yes	No
Goal Record 1								
Goal Record 2								
Goal Record 3								
Notes/ Follow-Up								



4. Resource Connections (RC)	Total number currently active:	Present in the file		RC Record is sufficiently filled out		Progress is recorded at least quarterly			If communication occurred, release of information was obtained		
	Date/Category	Yes	No	Yes	No	Not yet due	Yes	No	N/A	Yes	No
RC Record 1											
RC Record 2											
RC Record 3											
Notes/ Follow-Up											

5. Parent/Guardian (P/G) Screening	P/G 1 Initials:		P/G 2 Initials:		P/G 3 Initials:	
	Yes	No	Yes	No	Yes	No
Depression screening completed at least annually.						
Intimate Partner Violence screening completed at least once.						
Notes/ Follow-Up						



6. Personal Visits <i>Review 6 randomly selected PVRs from the most recent 12 months</i>	PVR 1 Date:		PVR 2 Date:		PVR 3 Date:		PVR 4 Date:		PVR 5 Date:		PVR 6 Date:		Total Yes
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
1. A PAT Foundational Plan or Planning Guide was used to design and deliver the visit.													
2. Visit took place in the home (or shelter), except in extenuating circumstances.													
3. Strengths and protective factors were addressed/facilitated.													
4. A parent-child activity page was used.													
5. Observations of parent-child interaction were described in a specific, objective and concise manner.													
6. At least one Developmental Centered Parenting topic was addressed.													
7. Key knowledge points were shared with the family regarding Developmental Centered Parenting .													
8. At least one Family Well-Being topic was addressed.													
9. An individual child section was completed for each enrolled child, with specific, objective, and concise observations of at least one domain of child development.													



6. Personal Visits <i>Review 6 randomly selected PVRs from the most recent 12 months</i>	PVR 1 Date:		PVR 2 Date:		PVR 3 Date:		PVR 4 Date:		PVR 5 Date:		PVR 6 Date:		Total Yes
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
10. All items in the PVR were sufficiently filled out.													
11. The PVR was completed no more than 3 workdays after the visit.													
Notes/ Follow-Up													

7. Developmental Surveillance and Screening	Child 1 Initials: DOB/DD:			Child 2 N/A: Initials: DOB/DD:			Child 3 N/A: Initials: DOB/DD:		
	< 90 days old			< 90 days old			< 90 days old		
	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No
PAT Milestones present.									
PAT Milestones are up to date (updated within at least the last quarter).									
Developmental screening completed within 90 days of enrollment or birth.									
Developmental screening completed at least annually after initial screening.									



7. Developmental Surveillance and Screening	Child 1			Child 2			Child 3		
	Initials: DOB/DD:			N/A: Initials: DOB/DD:			N/A: Initials: DOB/DD:		
	< 90 days old			< 90 days old			< 90 days old		
	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No
Child Health Record completed within 90 days of enrollment.									
Child Health Record completed annually after initial.									
Most recent Child Health Record is sufficiently filled out.									
Issues identified through screening have been followed-up on.									
Notes/ Follow-Up									

8. Exit and Transition	Present (if applicable)		Sufficiently filled out? (if family has exited)	
	Yes	No	Yes	No
If the family is nearing a planned exit from the program, a Transition Plan Record is present.				
If family has exited, Family Service and Exit Summary is present within 30 days of exit.				
Notes/ Follow-Up				