

**Visit Information****PC1ID:** LK89070219124**Date of Visit:** 04/20/16**Reviewed By:** Dobrien

<b>1. Primary Caretaker's Identifier</b> LK89070219124		<b>2. Home Visitor's name</b> O'Brien, Donna ▼	
<b>3. Date of Visit</b> 04/20/16		<b>4. Start Time of Visit</b> 10:30 AM ▼	
<b>5. Type of Visit</b> (check all that apply) <input checked="" type="checkbox"/> 1. In primary participant's home (go to item 7) <input type="checkbox"/> 2. In father figure home (go to item 7) <input type="checkbox"/> 3. Outside of PC1 or father figure's home (answer 6a) <input type="checkbox"/> 4. Attempted - Family not home or unable to meet after visit to home (DO NOT complete rest of the Home Visit Log)			
<b>6. If outside participant's home, where?</b> (check all that apply) <input type="checkbox"/> 1. Medical provider office <input type="checkbox"/> 2. Other service provider office <input type="checkbox"/> 3. Home visiting office <input type="checkbox"/> 4. Hospital <input type="checkbox"/> 5. Other			
<b>7. Total Length of Visit</b> <b>Hours</b> <input type="text" value="1"/> <b>Minutes</b> <input type="text" value="0"/>		<b>8. Who participated in this home visit?</b> (check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> 1. Primary Caretaker 1             <input type="checkbox"/> 2. Primary Caretaker 2             <input type="checkbox"/> 3. Other Biological Parent             <input type="checkbox"/> 4. Father Figure (if not PC2 or biological parent)             <input checked="" type="checkbox"/> 5. Target Child(ren)             <input type="checkbox"/> 6. Grandparent         </div> <div> <input checked="" type="checkbox"/> 7. Target Child Siblings             <input type="checkbox"/> 8. Home Visiting Program Supervisor             <input type="checkbox"/> 9. FSW (not primary)             <input type="checkbox"/> 10. Father Advocate             <input checked="" type="checkbox"/> 11. Other                       Specify : ECST, Shannon         </div> </div>	
<b>9. Curriculum used during visit</b> (check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1. Partners for a Healthy Baby             <input type="checkbox"/> 2. Parents as Teachers             <input type="checkbox"/> 3. Healthy Babies, Healthy Families: San Angelo Curriculum             <input type="checkbox"/> 4. Partners for Learning Curriculum and Activity Cards             <input type="checkbox"/> 5. Helping Babies Learn             <input type="checkbox"/> 6. Growing Great Kids         </div> <div> <input type="checkbox"/> 7. 24/7 Dads             <input type="checkbox"/> 8. Boyz 2 Dads (Teen Dads)             <input type="checkbox"/> 9. Inside Out Dads (Incarcerated Dads)             <input type="checkbox"/> 10. Mom as Gateway (Moms with Non-custodial Dads)             <input type="checkbox"/> 11. Parents as Teachers (Focus on Fathers)             <input type="checkbox"/> 12. Other         </div> </div>			

**Child Development/Parent Child Interaction****PC1ID:** LK89070219124**Date of Visit:** 04/20/16**Child Development**

Primary (1)	Non-Primary (2)
10. <input checked="" type="checkbox"/>	10. Provide education, information or activities on child development and age-appropriate behavior
11. <input type="checkbox"/>	11. Provide developmentally appropriate toys, books or activities
12. <input type="checkbox"/>	12. Other

**Parent/Child Interaction**

Primary (1)	Non-Primary (2)
13. <input type="checkbox"/>	13. Provide education, modeling or activities on parent/child interaction
14. <input type="checkbox"/>	14. Provide education, information or activities re: child management (including discipline)
15. <input type="checkbox"/>	15. Discuss feelings about baby
16. <input checked="" type="checkbox"/>	16. Provide support or positive feedback to parent(s) regarding the stresses of parenting
17. <input type="checkbox"/>	17. Address infant basic care needs (sleeping, bathing, diapering, dressing, etc.)
18. <input type="checkbox"/>	18. Discuss Shaken Baby Syndrome
19. <input type="checkbox"/>	19. View video 'Portrait of a Promise' with family (Shaken Baby Syndrome film)
20. <input type="checkbox"/>	20. Other

**Health Care****PC1ID:** LK89070219124**Date of Visit:** 04/20/16**Health Care**

Primary (1)	Non-Primary (2)
21. <input type="checkbox"/>	21. Provide general health information
22. <input type="checkbox"/>	22. Provide child health information
23. <input type="checkbox"/>	23. Provide dental health information
24. <input type="checkbox"/>	24. Provide infant/child feeding info & support
25. <input type="checkbox"/>	25. Provide Breast Feeding info & support
26. <input type="checkbox"/>	26. Provide nutrition/food preparation info
27. <input type="checkbox"/>	27. Provide family planning information
28. <input type="checkbox"/>	28. Provide safe sex or STD information
29. <input type="checkbox"/>	29. Provide education/information regarding prenatal care & pregnancy
30. <input type="checkbox"/>	30. Provide info on health providers or services
31. <input type="checkbox"/>	31. Provide FASD information
32. <input type="checkbox"/>	32. Provide advocacy/support or accompany to medical providers and services
33. <input type="checkbox"/>	33. Provide info/equipment relating to child safety (car seats, child proofing home, etc.)
34. <input type="checkbox"/>	34. Provide information on smoking cessation
35. <input type="checkbox"/>	35. Provide SIDS information
36. <input type="checkbox"/>	36. Other

**Family Functioning/Self Sufficiency****PC1ID:** LK89070219124**Date of Visit:** 04/20/16**Family Functioning**

Primary (1)	Non-Primary (2)
37. <input type="checkbox"/>	37. Address issues re: violence in the household
38. <input checked="" type="checkbox"/>	38. Discuss family relations
39. <input type="checkbox"/>	39. Discuss substance abuse issues
40. <input type="checkbox"/>	40. Discuss Mental Health Issues
41. <input checked="" type="checkbox"/>	41. Teach / foster communication skills
42. <input type="checkbox"/>	42. Other

**Self Sufficiency**

Primary (1)	Non-Primary (2)
43. <input type="checkbox"/>	43. Teach how to use calendar or appointment book
44. <input type="checkbox"/>	44. Teach home management or housekeeping skills
45. <input type="checkbox"/>	45. Teach to use public transportation or provide maps or directions
46. <input type="checkbox"/>	46. Discuss employ options/help parent(s) look for job
47. <input type="checkbox"/>	47. Teach money management
48. <input type="checkbox"/>	48. Addressed needs for baby-sitting or day care
49. <input checked="" type="checkbox"/>	49. Teach problem solving/decision-making skills
50. <input type="checkbox"/>	50. Discuss educational and training options
51. <input type="checkbox"/>	51. Teach job readiness, job seeking skills
52. <input type="checkbox"/>	52. Other

**Crisis Intervention/Program Activities****PC1ID:** LK89070219124**Date of Visit:** 04/20/16**Crisis Intervention**

Primary (1)	Non-Primary (2)
53. <input type="checkbox"/>	53. Help resolve problems and handle crises
54. <input type="checkbox"/>	54. Other

**Program Activities**

Primary (1)	Non-Primary (2)
55. <input checked="" type="checkbox"/>	55. Complete forms/Introduce program
56. <input type="checkbox"/>	56. Videotape families
57. <input checked="" type="checkbox"/>	57. Assess needs, develop or review IFSP
58. <input type="checkbox"/>	58. Attend support group, parenting group, play group
59. <input type="checkbox"/>	59. Attend recreational activity
60. <input type="checkbox"/>	60. Other

**Concrete Activities****PC1ID:** LK89070219124**Date of Visit:** 04/20/16**Concrete Activities**

Primary (1)	Non-Primary (2)
61. <input type="checkbox"/>	61. Provide or arrange for transportation
62. <input type="checkbox"/>	62. Provide or arrange for food, clothes, diapers, or household goods
63. <input type="checkbox"/>	63. Address legal needs
64. <input type="checkbox"/>	64. Provide info and/or assistance with housing
65. <input checked="" type="checkbox"/>	65. Provide advocacy/support with and/or accompany to non-medical providers & services
66. <input type="checkbox"/>	66. Translation
67. <input type="checkbox"/>	67. Provide labor and delivery support
68. <input type="checkbox"/>	68. Discuss child support issues
69. <input type="checkbox"/>	69. Discuss visitation issues
70. <input type="checkbox"/>	70. Discuss parental right issues
71. <input type="checkbox"/>	71. Other