



HOME VISIT LOG GUIDELINES



Healthy
Families NY

2023

Updated 8/24/23

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The following comprehensive instructions guide home visitors in where and how to document their home visits within the various sections of the Home Visit Log. If you have any questions related to the HV Log, this is the place to look first. See links below to instructions for each section of the Home Visit Log.

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VISIT INFORMATION

Visit Information
CHEERS/...
Parent-Child...
Health of TC...
Family Functioning/...
Concrete Activities/...
Program Activities/...
Family Goal Plan/...

Parents' Response/...
MIECHV Only

Visit Information

Home Visitor's name
Date of Visit
Start Time of Visit

Kane, Erica
02/21/21
10:00 AM

Type of Visit (Check any of the first 4 options that apply. The rest of the options can only be selected and de-selected individually.)

- ☐ 1. In **Primary Caretaker 1's** home, where TC resides
- ☐ 2. In **Father Figure's/OBP's** home, where TC resides
- ☐ 3. In **other location/home**, where TC resides, e.g. hospital-extended stay, grandparent or guardian's
- ☐ 4. **Outside** of PC1's or Father Figure's/OBP's home
- ☒ 5. **Virtual Visit (telephone only)**
- ☐ 6. **Virtual Visit (interactive platforms)**
- ☐ 7. **Attempted** - Family not home or unable to meet after visit to home (DO NOT complete rest of the Home Visit Log)
- ☐ 8. **Group Visit** (Level 1 only)

If outside participants' home, where? (select one)
--Select--

If virtual (non-Group) or outside participants' home, why? (select one)
--Select--

Total Length of Visit

Hours
Minutes

1
0

Who participated in this home visit? (check all that apply)

- ☒ Primary Caregiver 1
- ☐ Primary Caregiver 2
- ☒ Other Biological Parent
- ☐ Father Figure (if not PC2 or OBP)
- ☒ Target Child(ren)
- ☐ Grandparent

--Select--

- 1. Community safety advisory
- 2. Safety issues (family violence)
- 3. Home environment (infestation, heat, broken elevator, etc.)
- 4. PC1 refused visit in the home
- 5. Other household member/housing authority refused visit in the home
- 6. Supervised visitation
- 7. To better meet program goals (promote PCI/attachment, child development, family functioning)

Instructions: The term “Home Visitor” on this form refers to Family Support Specialists (FSS).

For items 1-4 under “Type of Visit,” pick one type that best reflects the setting of the majority of the visit. If the visit was truly split between two locations, you can choose more than one type. For instance, if half of the visit occurred at PC1’s home and half occurred at the library, check the boxes for items 1 and 4. If the visit was held outside of the home (item 4), indicate “where” and “why” by answering both of the questions listed below item 8. Select one answer from the drop-down menu for each question.

Items 5-8 can only be checked individually, not in combination with items 1-4. If the visit was virtual (items 5 and 6), choose the appropriate type of visit, either phone or interactive platform, and answer the “why” question below (the second of the two) using the drop-down menu.

☒ **8. Group Visit** (Level 1 only)

☐ Non Virtual
☐ Virtual (phone)
☐ Virtual (interactive platforms)

For group visits (#8), the following tabs or sections are required: CHEERS/PCI/Reflective Strategies tab, Health of Parents and TC sections, and Program Activities of Home Visitor section. The remaining tabs are optional.

Describe group visit

When “Group Visit” is selected (item 8), check boxes populate for each potential type of visit: non-virtual, virtual (phone) and virtual (interactive platforms). Check the appropriate box (one only) and describe the nature of the group in the comment box. Include such information as the number of families who attended, topics or resources reviewed, and activities completed. As the small print below the comment box states, the following tabs in the HV Log must be completed for group visits: CHEERS/Reflective Strategies tab, Health of Parents and TC sections, and Program Activities of Home Visitor section. All other tabs and sections are optional, but can be completed if information comes to light in these areas that you feel is important to capture.

Total Length of Visit

Hours: Minutes:

Who participated in this home visit? (check all that apply)

☒ Primary Caregiver 1
☐ Primary Caregiver 2
☒ Other Biological Parent
☐ Father Figure (if not PC2 or OBP)
☒ Target Child(ren)
☐ Grandparent

☐ Target Child Siblings
☐ Home Visiting Program Supervisor
☐ FSS (not primary)
☐ Father Advocate
☐ Other

Changes to the household (check all that apply)

☒ Anyone new in the household?
☐ Anyone leave the household?

Describe Household changes

0/500

Under “Who participated in this home visit,” check the boxes for all of those who actively engaged in the visit. If you check “Other,” a comment box will populate. Describe the person’s identity and their relationship to the target child here.

Under “Changes to the household,” a comment box will populate if you check the box for either item. When there is a new addition to the household, note in the comment box the person’s relationship to the family and any pertinent information shared by the family. When a person leaves the household, describe what you know about the reason for their departure. In both cases, the safety and well-being of the baby could be impacted. For instance, a person joining the household may have issues or behaviors that could place the child at risk, and the loss of a household member who was a key caregiver for the child could place the child at risk. It is important that you understand the situation as best you can and document it so that you can advocate for the safety of the child and family members. If it proves necessary, speak to your supervisor about contacting the appropriate authorities.

CHEERS/PCI/REFLECTIVE STRATEGIES

CHEERS: Write 1-2 facts for at least two CHEERS domains that represent the overall visit and frequency. For prenatal parents, document any one CHEERS domain at 24 weeks and any two CHEERS domains at 31 weeks (frequency not required)

Instructions: CHEERS is an objective tool for observing one to one Parent-Child Interaction (PCI). In response to what they observe, FSSs support attachment and bonding by promoting parental strengths and addressing parental challenges within the different CHEERS domains.

CHEERS Documentation Facts*

- 1) For every postnatal home visit (*except visits where the FROG or CHEERS Check-In were completed*) document at least 2 domains of CHEERS with a unique example. Choose 2 domains that represent the overall flavor of the visit:
 - *Ideally, select 1 domain where the parent exhibited a strength and 1 domain where there is a concern or there might be room for improvement*
 - *Document the Reflective Strategies used to promote and address. Also, where applicable, document resources you used (or plan to use) to address concerns related to CHEERS in the additional comment box*
 - *Capture additional observations that stood out to you regarding PCI in the comment box marked "OPTIONAL" just below the CHEERS domains.*
- 2) For twins: for families on Level 1 and 2, the minimum requirement is to document CHEERS for one child during one week and the second child during the next week. When possible, document CHEERS for both infants during the same visit, with separate examples for each child within the 2 CHEERS domains you document. For families on Level 3 and 4, document CHEERS for both children for each visit.
- 3) If the target child is absent or asleep for the entire visit, or present for less than half of the visit, you are still required to document CHEERS using the parent's report. Documenting frequency in these instances is not required.
- 4) For prenatal visits (as stated on the HV Log "form" in the MIS), begin documenting the observation of any one CHEERS domain at 24 weeks and any two CHEERS domains at 31 weeks. Documenting frequency in these instances is not required.
- 5) For prenatal visits, you can document your direct observations of the parent and/or the parent's own reporting of events outside of the home visit.
 - A prenatal example for Expression: *Mom smiled and said the baby was kicking during the night. Mom stated that she talked to him, saying, "Hello baby. Are you a night owl like Mommy?"*
- 6) CHEERS observations document the interaction between one parent and one child. For families on Level 1P, 1 or 2, when both parents are present, you can 1) document CHEERS for each parent separately, or 2) alternate visits, one visit observing one parent, the next the other parent. For parents on Level 3 or 4, document CHEERS for each parent at all home visits with separate examples in all domains of CHEERS.
- 7) Like the ASQ or other assessments, the CHEERS observation is meant to be **objective** (based on what you see and hear, not your feelings or interpretations) and **neutral** (capturing both parental strengths and challenges regarding each CHEERS domain, not just their strengths).
 - Here's an **objective** example for Cues: *"TC arched her back and turned her head away from Mom when Mom held her close. Mom continued to hold TC close. This represents most of the visit."*
 - Next, using the same scenario, an example of **non-objective** documentation for Cues (what you want to avoid): *"TC wanted to be put down. Mom ignored her cues. This represents most of the visit."*
- 8) Only your observations (or the parents) are documented in the CHEERS section, not your responses and/or interventions. Document these under the related topic area elsewhere in the HV Narrative.

*See further instructions related to the MIS in the section that follows

CHEERS Documentation Basics:

- 1) **For each CHEERS aspect, ask yourself assigned question below for each domain to assess PCI, attachment, and bonding:**

Cues: Did the parent *respond* to the child's cues?

Holding: What was the nature of the *holding/spatial closeness* between parent and child?

Expression: Was there a "conversation" between parent and child?

Empathy: Did the parent understand what the child was *feeling* and *experiencing*?

Rhythm & Reciprocity: Who *initiated* most activities/interactions? Was there a *give and take* between parent and child?

Smiles: Was there *joy* in their interaction?

- 2) **For the domains you document, choose an example of an interaction between parent and child that represents the overall visit.** For instance, if your general assessment is that the parent did respond to the child's cues, document an example that shows this. If the parent's level of response was truly 50/50 (half the time they responded to the child's cues, half the time they did not), use two examples to illustrate both sides.
- 3) **If the child initiates the interaction, show the parent's response, and (ideally) the child's response to the parent's intervention in order to capture the full interaction. Likewise, if the parent initiates the interaction, show the child's response, and (ideally) the parent's response to the child.** When the child initiates the interaction, the child's response to the parent's intervention tells us whether the parent was effective. For instance, "Baby fussed. Mom picked him up and said, 'It's OK. Mommy's here.' Baby stopped fussing and fell asleep." Where the parent initiates the interaction, the parent's response to the child can tell us how receptive the child is to the parent, or whether the parent can adapt their approach based on the child's needs and preferences. For example: "Dad said, 'Let's play with the ball.' Baby turned away. Dad said, 'OK. What would you like to play with?'"
- 4) **Note the frequency of the behavior** using one of three phrases available in the drop-down menu in the CHEERS section of the Home Visit Log on the MIS: "This represents most of the visit," "This represents all of the visit," or "This represents half of the visit." In the latter case, give an example of each "half."



The screenshot shows a form with two sections, C (cues) and H (holding). Each section has a dropdown menu with "-- Select --" and a text box for describing facts and frequency. A red arrow points from the dropdown menu to the text box.

Section	Dropdown Menu	Text Box
C (cues):	-- Select --	Describe Cues facts; 1) What does baby do? 2) How does parent respond? and 3) Frequency of the visit
H (holding):	-- Select --	Describe Holding facts; 1) What does baby do? 2) How does parent respond? and 3) Frequency of the visit

From the drop-down, choose the measure that best reflects what you observed. The phrase you select will populate in the comment box. When your example reflects half of the visit, you will need to give an additional example that reflects the other half of the visit. For this reason, when you select "This represents half of the visit" from the drop-down menu, this statement will populate twice. Here's an example of documentation with a frequency of "half" related to Expression:

"Estelle babbled at Mom. Mom continued to talk to FSS. Estelle babbled at FSS. This represents half of the visit. Estelle babbled at Mom. Mom responded, 'You're such a big talker now!' Estelle continued to babble at Mom. This represents half of the visit."

CHEERS: Write 1-2 facts for each CHEERS aspect for at least two domains that represent the overall visit and frequency. For prenatal parents, document any one CHEERS aspect beginning at 24 weeks and any two CHEERS aspects at 31 weeks (frequency not required).

☐ CHEERS Check-In Completed.

Did FSS observe TC?

No ▾

If no, check one of these checkboxes and document the parent's report in the text boxes below.

☐ TC asleep entire visit. ☐ TC asleep half of visit.
☐ TC absent entire visit. ☐ TC absent half of visit.

C (cues):

Describe Cues facts; 1) What does baby do? 2) How does parent respond? and 3) Frequency of the visit

– Select – ▾

- 5) **CHEERS Check In.** A CHEERS observation and documentation is not required when the CCI is conducted at a visit. When this is the case, check this box and move to the next tab: "Parent-Child Interaction/Child Development/Curriculum."
- 6) **Parent report.** Above the CHEERS domains there is a heading/question that asks, "Did the FSS observe TC?" and a drop-down menu for you to indicate "yes" or "no." Choosing "yes" indicates that the CHEERS documentation that follows is based on your direct observation. Choosing 'No' indicates that the CHEERS documentation that follows is based on the parent's report rather than your direct observation.
- 7) **TC absent or asleep.** Just below the box to indicate parent report or direct observation, there are check boxes for use when TC is absent or asleep for all or half of the visit. Only one of these can be checked. If TC is absent or asleep for the entire visit, documenting CHEERS is done using parent report.

If TC was absent or asleep for half of the visit, check the appropriate box and "TC was asleep for half of visit" or "TC was absent for half of visit" will populate in the comment box. Then document any two domains you were able to observe while TC was present. For frequency, since the child was absent for half of the visit and your observation represents the other half of the visit, choose "This represents half of the visit" for your documentation. Optionally, you can also note the approximate length of the observation in parentheses at the end of your example. For instance, if the baby was absent for the majority of the visit, state: (Baby present for 10 minutes only) or (Baby awake for 10 minutes only).

As stated previously, if you check either "TC absent entire visit" or "TC asleep entire visit," (whichever applies) document any two domains based on what the parent reports to you.

Postnatal documentation example:

Cues: André pointed to a toy truck and said "Truck." Dad responded, "That's André's truck." André pointed to another truck and said, "Truck." This represents most of the visit.

Holding: Dad and André sat close to each other on the floor and played with Mr. Potato Head. This represents most of the visit.

Expression: André looked out the window and said, "tree." Dad said, "Yes, that's a tree." André said "tree." This represents most of the visit.

Empathy: Dad asked André, "Do you want to put on Mr. Potato head's glasses?" André threw Mr. Potato Head's glasses. Dad said, "No? OK." This represents most of the visit.

Rhythmicity/Reciprocity: Dad handed André Mr. Potato Head's tongue. André inserted the tongue. Dad handed André another piece. This represents half of the visit. André rolled the ball to Dad. Dad rolled it back to André. André tossed the bean bag to Dad. This represents half of the visit.

Smiles: When André attached a piece to Mr. Potato Head, Dad smiled and said, "Good job André!" André responded by finding and attaching another piece. André did not smile during the visit. This represents most of the visit.

Instructions: CHEERS and Reflective Strategies. Reflective Strategies are communication skills designed to promote parental strengths and address parental challenges. The Reflective Strategies section shown above is for the purpose of capturing your use of Reflective Strategies *in response to the CHEERS observation only*.

Promote CHEERS Strengths. During home visits, you *promote* parental strengths and skills related to CHEERS by using Accentuate the Positives (ATP's). Whenever you conduct a CHEERS observation, you are expected to use *at least one ATP* to promote CHEERS strengths.

Address CHEERS Challenges. You *address* a parent's CHEERS related challenges by using any of the other Reflective Strategies (primarily), or through the use of curricula and handouts, videotaping the parent (so that they can learn by observing themselves), and/or resources and referrals. There is no specific expectation regarding how often you use Reflective Strategies to *address* CHEERS.

As stated in the instructions below, when applicable, note in the comment box any additional actions you took, or plan to take, to address concerns related to the CHEERS observation (other than Reflective Strategies), such as offering curriculum, activities, or other resources.

Reflective Strategies: used to promote or address PCI/CHEERS (check all that apply)

- ☐ Accentuate the Positives (ATP)
- ☐ Strategic Accentuate the Positives (S-ATP)
- ☐ Feel: Name & Tame
- ☐ Explore & Wonder
- ☐ Normalizing
- ☐ Solution-focused Talk

When applicable, note any additional actions you took, or plan to take, to address concerns related to the above CHEERS observation, such as offering curriculum, activities or other resources.

Describe the additional actions taken

When documenting your use of Reflective Strategies in response to the CHEERS observation, show your work by noting the specific aspect of CHEERS that you promoted or addressed in parentheses. For instance, as the prompt in the comment box for ATPs states, "Describe the parental strength and related CHEERS domain that prompted the ATP."

Documentation examples of the use of ATP's to *promote* CHEERS:

Used ATP when Mom recognized Baby's fussing as a need to breastfeed and responded (Cues).
Used ATP when Dad and Baby exchanged smiles and laughter (Smiles)

Documentation examples of the use of Reflective Strategies to *address* CHEERS:

Used S-ATP to encourage Dad to let Baby initiate activities during play (Rhythmicity/Reciprocity).

Used Explore and Wonder when Baby turned away from the game, and Mom repeatedly tried to interest him in the game. (Cues).

The documentation examples below cover interventions other than Reflective Strategies for addressing CHEERS:

*Reviewed curricula on language development to encourage Dad to talk to Baby (Expression).
Provided an activity with turn taking to encourage Mom to engage in give and take with Baby (Rhythmicity/Reciprocity).*

At times, you will use Reflective Strategies to address matters *unrelated* to CHEERS. In these cases, document your use of Reflective Strategies *in the corresponding section of the narrative*. For instance, if you ATP'd Dad for his progress on an FGP goal, document this in the FGP section. As above, also state what the Reflective Strategy was used to address. **For instance:**


*Used ATP when Mom stated she completed 3 job applications last week.
Used Solution-focused Talk to help the parents identify different options for meeting the rent.
Used Normalizing when Dad expressed that babies should "cry it out" rather than be picked up and soothed.
Used Feel: Name & Tame when Mom expressed strong emotion related to Baby's ongoing colic.*

PARENT CHILD INTERACTION/CHILD DEVELOPMENT/CURRICULUM

Visit Information	CHEERS/...	Parent-Child...	Health of TC...	Family Functioning/...	Concrete Activities/...	Program Activities/...
Family Goal Plan/...	Parents' Response/...	MIECHV Only				

Parent-Child Interaction Activities of Home Visitor (check all that apply)

- ☐ Partnered with parent to develop their understanding of **CHEERS** and its intent
- ☐ Provide education, information or activities re: **child management** (including discipline)
- ☐ Discuss **feelings** about baby
- ☒ Provide support or positive feedback to parent(s) regarding the **stresses of parenting**
- ☐ Address child's **basic care needs** (sleeping, bathing, diapering, toileting, dressing, etc.)
- ☐ Discuss **Shaken Baby Syndrome**
- ☐ View **video** 'Portrait of a Promise' with family
- ☐ Provide information on the effects of **technology** on young children and families (TV, computer, tablet, cell phone)

Describe Parent-Child Interaction topics, materials, and/or activities 

Child Development Activities of Home Visitor (check all that apply)

- ☐ Provide education, information, or activities on **child development** and age-appropriate behavior
- ☐ Provide developmentally appropriate **toys**, books, or activities
- ☐ Ask parent about **concerns** regarding their child's development, behavior, or learning
- ☐ Provide information on the **social/emotional development** of children and impacts of trauma
- ☐ **Follow-up** discussion of ongoing Early Intervention or CPSE (school district) services

Instructions: For each of the areas described above, when working with parents, first explore their knowledge and understanding of the topic area(s) to encourage them to problem-solve and identify their own solutions related to any challenges they face *before* you offer suggestions or interventions. This approach builds parents' ability to self-reflect, think critically, and address issues when you are not present – which is most of the time.

In the statements above, “education” refers to instances when you taught parents a skill or gave information without using curricula or handouts; use of curricula or handouts is documented below in the section “Curriculum used during visit.”

“Activities” could include games, creative projects, role plays, or practice of a new skill with a parent and child.

In the sections “Parent-Child Interaction Activities of Home Visitor” and “Child Development Activities of the Home Visitor,” check any boxes that apply and “Describe Parent-child interaction topics, materials, and/or activities” or “Describe Child Development topics, materials, and/or activities” appears in the comment box. In other words, document whatever supports or information you provided to the family to promote positive PCI and child development. Document the parents' *response* to any of these activities under the “Parents' Response/Additional Comments” tab.

Curriculum used during visit (check all that apply)

Primary Curricula

- ☐ Growing Great Kids: Prenatal through 36 months
- ☐ Growing Great Kids for Preschoolers
- ☒ Partners for a Healthy Baby by Florida State University
- ☐ Parents as Teachers Foundational 1 (Prenatal through 36 Months)
- ☐ Parents as Teachers Foundational 2 (Ages 3-6)
- ☐ Healthy Babies, Healthy Families: San Angelo Curriculum (to be phased out by Feb 2022)

Supplemental Curricula

- ☐ 24/7 Dad
- ☐ 24/7 Dad Adaptation for Teen Dads
- ☐ Baby TALK
- ☐ Great Beginnings Start Before Birth
- ☐ Growing Great Kids: Play With Me! (Ages 3-4)
- ☐ Just In Time
- ☐ Mind Matters: Overcoming Adversity & Building Resilience (trauma)
- ☐ Mom as Gateway (to prevent maternal gatekeeping and foster coparenting)
- ☐ Nurturing Fathers
- ☐ Parents as Teachers: Interactions Across Abilities (for children with or at risk for disabilities)
- ☐ Parents as Teachers: Partnering with Teen Parents
- ☐ Understanding Dad (to prevent maternal gatekeeping and foster coparenting)

Other Non Approved Curricula

- ☐ Inside Out Dad (Incarcerated Dads)
- ☐ Fathering in 15
- ☐ Parents as Teachers (Focus on Fathers)
- ☐ The Responsible Fatherhood Curriculum
- ☐ UNICEF Curriculum (Supporting Families for Young Child Wellbeing)
- ☐ Other Curriculum
- ☐ Other Supplemental Information (brochures, handouts, etc.)

My Eight Month Old

Your program has a primary curriculum for use with families, and may also offer supplemental curricula for use with families. As prompted in the comment box, describe the module, sections and/or activities covered related to curricula you offered the family.

Discuss the parents' response to any of the above on the "Parents' Response/Additional Comments" tab.

HEALTH OF TARGET CHILD AND PARENTS/HEALTH CARE

Visit Information	CHEERS/...	Parent-Child...	Health of TC...	Family Functioning/...	Concrete Activities/...	Program Activities/...	Family Goal Plan/...	Parents' Res
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Target Child (check all that apply)

- ☐ Appears healthy
- ☐ Health concern
- ☐ Physical needs appear unmet
- ☒ Tired or irritable
- ☐ Withdrawn/unresponsive
- ☒ Asleep

The baby was asleep when the visit started and became irritable as he woke up.

☐ Medical/well-baby appointments


☐ Immunizations

☐ ER visit(s)

Instructions: Check all observations that apply to the target child during the visit, even if some observations occurred for only a brief time. For instance, if the target child was asleep when you arrived and became irritable upon waking, you would check all applicable boxes and offer a description in the comment box. **For instance,** “Baby was asleep when the visit started and became irritable as he woke up.” Be sure to write a comment related to every item you check off.

Note: the boxes for “Medical/well-baby visits” and “ER visit(s)” and “Immunizations” are there to help you to remember to touch base with the family regarding these topics. If you discuss any of these areas with the family, make sure to share updated information they provide in the comment box.
For example: “ TC had a doctor appointment on 8/14. Dad said it went well and the doctor had no concerns about TC’s health. TC weighs 28lbs. now.”

Also include strengths and needs related to developmental milestones, health, and safety of the Target Child in your comments.

 **TIP:** Remember, this section is only for your observations. Your interventions, parents’ responses, next steps, etc. are documented in other sections.

Parents or Other Caregiver

(check all that apply)

☒ Appears healthy
 ☐ Health concern
 ☐ Physical needs appear unmet
 ☐ Tired or irritable
 ☐ Withdrawn/unresponsive
 ☐ Asleep

Parent/caregiver appears to be healthy.


39/2000

☐ Medical/Prenatal Appointment(s)
 ☐ ER visit(s)

Siblings Observations

Describe the observations of TCs' siblings

Instructions: Check all observations that apply to parents or caregivers who were present, even if they were present for only a portion of the visit. Describe what you observed, and for each box you checked above, make sure you indicate which parent you are referring to. **For example**, you might write, “*Mom said that she was tired because she worked a double shift yesterday,*” and/or “*Dad said he was sleepy because he was up with Baby last night.*” Be sure to write a comment for every item you check off. When siblings are present, describe any noteworthy observations related to them. **For instance**, “*Miriam (TC Sib) held Baby for a portion of the visit*” or “*Mom reported that Sam (TC sib) is struggling in school.*”

 **TIP:** Remember, this section is for your observations. Your interventions, parents’ responses, next steps, etc. are documented in other sections.

Health Care Activities of Home Visitor (check all that apply)

☐ Provide **general health** information
☐ Provide **child health** information
☐ Provide info on health **providers** or services
☐ Provide **dental** health information
☐ Provide **advocacy**/support or accompany to medical providers and services
☐ Provide education/information regarding **prenatal** care, pregnancy, or **postnatal** care
☐ Provide **labor and delivery** information/support
☒ Provide **breast feeding** information/support
☐ Provide infant/child **feeding** information/support
☐ Provide **nutrition**/food preparation information
☐ Provide **family planning** and optimal birth spacing information
☐ Provide **safe sex** or STD information
☐ Provide **FASD** information
☐ Provide information/equipment relating to **child safety** (child proofing home, substances harmful to baby, etc.)
☐ Provide information on **smoking cessation**
☐ Provide SIDS and **Safe Sleep** information
☐ Provide information on **prenatal smoking/alcohol/substance use**
☐ Provide **water temperature** safety information
☐ Provide **pool and tub** safety information
☐ Provide **car seat** information/equipment
☐ Provide information about **when to call the doctor**
☐ Provide information about **immunizations**
☐ Provide information about **fire safety**
☐ Provide information about **firearm safety**
☐ Provide information about **medication safety**
☐ Provide information about **cleaning product safety**
☐ Provide information about child safety related to **pets and pet food**
☐ Provide information about **choking hazards**
☐ Provide information about **emerging ability to roll over**

Mom shared that she was having difficulty with TC latching. Provided information about local breastfeeding support group and asked if Mom wanted to speak with the program's IBCLC. Mom said she would think about it.

Instructions: For any boxes checked, provide details about the nature of the information or support you offered the family in the comment box, and include information related to every box you check off.

For more information related to health information about required topics and timeframes, please refer to the HFNY Critical Health and Safety Topics List, found in the HFNY Policy #6 reference table.

FAMILY FUNCTIONING/SELF SUFFICIENCY/CRISIS INTERVENTION

Visit Information	CHEERS/...	Parent-Child...	Health of TC...	Family Functioning/...	Concrete Activities/...	Program Activities/...
Family Goal Plan/...	Parents' Response/...	MIECHV Only				

Family Functioning Activities of Home Visitor (check all that apply)

- ☐ Address issues re: **violence** in the household
- ☐ Discuss **family roles**, relationships (fatherhood, grandparents) and/or **cultural influences** (beliefs and traditions related to child-rearing)
- ☒ Discuss **substance abuse** issues
- ☐ Discuss **depression** or other **mental health** issues
- ☐ Discuss **developmental disability** issues
- ☐ Provide information and support regarding immigration and/or **legal** matters
- ☐ Provide coaching on and/or foster **communication** skills
- ☐ Discuss **child protective** issues

Describe Family Functioning topics, materials, and/or activities

Instructions: For any boxes checked, provide details about the nature of the information or support you offered the family in the comment box, and include information related to every box you check off. This section is intended for family issues that emerge *after* the Parent Survey/FROG is completed, rather than issues identified in the Parent Survey/FROG. For discussion of any issues listed above that were identified in the Parent Survey/FROG (for instance, substance abuse, mental health, domestic violence, and/or developmental disability), check the appropriate box above, write "See Parent Survey/FROG" in the comment box, and document the issue(s) in the Parent Survey/FROG section to show that you are following up on these issues. Be sure to discuss any new and significant issues that arise with your Supervisor so that these can be added to the family's Service Plan. Any issues that threaten the safety and/or health of the baby or the parents should be addressed with your supervisor immediately. Be sure to document any new referrals, and your efforts to follow-up on previous referrals related to the issues above, in the "Referrals" section below.

Self-Sufficiency Activities of Home Visitor (check all that apply)

- ☐ Discuss home **environmental concerns**/issues (lead, bugs, no beds, sub-standard housing, etc.)
- ☐ Coach on how to use **calendar** or appointment book
- ☐ Coach on home management or **housekeeping** skills
- ☒ Coach on use of public **transportation** or provide maps or directions
- ☐ Discuss **child welfare** and services (SNAP, TANF, GA, EA, WIC)
- ☐ Discuss **employment** options/help parent(s) look for job
- ☐ Coach on **money management**
- ☐ Address needs for **baby-sitting** or day care
- ☐ Coach on **problem solving**/decision-making skills
- ☐ Discuss **educational** and training options
- ☐ Coach on **job readiness** and job seeking skills

Describe Self-Sufficiency topics, materials, and/or activities

Instructions: For any box or boxes checked above, provide details about the nature of the information or support you provided to the family in the comment box.

Crisis Intervention Activities of Home Visitor

☒ Help resolve problems and handle crises

Describe Crisis Intervention topics, materials, and/or activities

Instructions: What is a crisis? A crisis is a situation in which all other plans must be suspended and the situation attended to *immediately* to insure the safety and well-being of the child and/or the family. The prompt in the comment box states, "Describe Crisis intervention, materials, and/or activities." These may include your discussions with the family, any resources or materials you provided, and any activities you completed, such as an assessment or phone call to a potential resource. In the case of any crisis, be sure to speak with a program supervisor immediately. Note any referrals and your efforts to follow-up on previous referrals connected to the issues above on the "Referrals" tab.

CONCRETE ACTIVITIES/REFERRALS

Visit Information	CHEERS/...	Parent-Child...	Health of TC...	Family Functioning/...	Concrete Activities/...	Program Activities/...	Family Goal Plan/...
Parents' Response/...	MIECHV Only						

Concrete Activities of Home Visitor (check all that apply)

- ☐ Provide or arrange for **transportation**
- ☐ Provide or arrange for food, clothes, diapers, or **household goods**
- ☐ Address **legal** needs
- ☒ Provide info and/or assistance with **housing**
- ☐ Provide **advocacy**/support with and/or accompany to non-medical providers & services
- ☐ **Translation**
- ☐ Discuss **child support** issues
- ☐ Discuss **visitation** issues
- ☐ Discuss **parental right** issues

Describe Concrete Activities topics, materials, etc.

Referrals (check all that apply)

- ☐ Made referral
- ☒ Follow-up on previous referral

Describe Referrals topics, materials, and/or activities

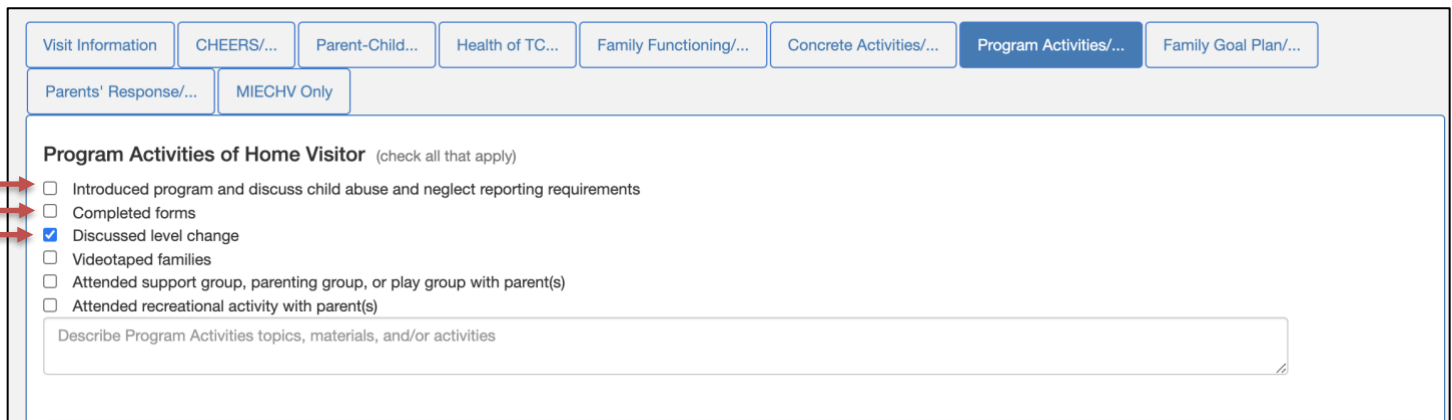
Instructions: Concrete activities generally involve helping parents and families access goods and services or address non-medical matters, such as legal issues, housing, employment support or income assistance. As a home visitor, you may accompany parents to an appointment related to these issues, help them make a phone call to obtain services or advocate for themselves, or discuss related issues with the family. Document those activities here. Be sure to note any referrals and your efforts to follow-up on previous referrals connected to the issues above in the “Referrals” section.

Example: *Discussed Mom’s concerns about her SNAP grant (food stamps) being cut. Coached her on how to advocate for her family on this issue. Sat with her as she called her SNAP worker and left a message.*

In the “Referrals” section, check one or both boxes as appropriate. As the prompt in the comment box states, “Describe Referrals topics, materials, and/or activities.” List any agencies or programs you referred the parent(s) to, the purpose of the referral, materials you reviewed or provided, and activities you completed related to the referral.

Example of a new referral and a follow-up: *Natchez Counseling Center for Mom’s possible depression. Shared phone number and process for making an appointment. Followed-up on referral to Kaken Clinic for family planning information. Parents said they have not called yet, but are still interested and will call this week.*

PROGRAM ACTIVITIES/ SCREENING TOOLS/ ASSESSMENT CONTENT



Visit Information CHEERS/... Parent-Child... Health of TC... Family Functioning/... Concrete Activities/... **Program Activities/...** Family Goal Plan/...

Parents' Response/... MIECHV Only

Program Activities of Home Visitor (check all that apply)

- ☐ Introduced program and discuss child abuse and neglect reporting requirements
- ☐ Completed forms
- ☒ Discussed level change
- ☐ Videotaped families
- ☐ Attended support group, parenting group, or play group with parent(s)
- ☐ Attended recreational activity with parent(s)

Describe Program Activities topics, materials, and/or activities

Instructions:

For the checkbox “Introduce program and discuss child abuse and neglect reporting requirements,” document any discussion you had with the family about your program’s policies related to mandated reporting, and any concerns related to child abuse and neglect.

For the checkbox “Completed forms,” indicate which forms you completed and who signed them.

For “Discussed level change,” describe any level change discussions with the family, the family’s progress towards meeting level change requirements, and any formal change that might be made to the frequency of visits.

Screening Tools (check all that apply, hover over cell for details)

Administer and/or discuss screening results with family

- ☒ ASQ (not completed)
- ☐ ASQ-SE (not completed)
- ☒ PHQ9 - TC ID (completed)
- ☐ Follow Up (not completed)
- ☐ Other screening tools

Describe Screening Tools topics, materials, and/or activities

Not Completed

Screening Tools (check all that apply, hover over cell for details)

Next due: 2 month ASQSE (optional)

Administered screening results with family

Due date: 3/30/2021

☒ ASQ-SE (not completed)

☐ PHQ9 - TC ID (completed)

☐ Follow Up (not completed)

☐ Other screening tools

Describe Screening Tools topics, materials, and/or activities

Instructions: Check the relevant box and “describe Screening Tools topics, materials, and/or activities,” as prompted in the comment box. Activities may include a screen that was administered during this visit, as well as any conversation to prepare for the use of a screen, or follow-up discussion after screening. If you brought curricula or handouts to address issues identified by a screen, document that in the Curriculum section, noting what curriculum you used and the screening tool results that prompted its use.

Assessment (FROG or Parent Survey) Content (check all that apply)

☐ Initial Discussion with family

☐ Ongoing Discussion of issues identified and related protective factors with family

☐ Discussion/identification of emerging issues with family

☐ Implement planned activities or strategies with family

Instructions: During home visits you are expected to periodically address any issues or challenges identified in the Parent Survey/FROG with the family. Use this section to capture any discussion of content from the Parent Survey/FROG.

In the checkbox, “Ongoing discussion of issues identified and related to protective factors with family,” describe your conversations regarding the parent(s) challenges, including Substance Abuse, Domestic Violence, Mental Health and Developmental Disability, and any discussions focused on building protective factors in any areas of challenge.

For “Discussion /Identification of emerging issues with family,” discuss and identify any new challenges that emerge for the family after the Parent Survey/FROG and over the course of home visiting. Document emerging challenges discussed with the family in the Family Functioning section, and write “See Family Functioning” in the comment box.

FAMILY GOAL PLAN/TRANSITION PLAN

Visit Information

CHEERS/...

Parent-Child...

Health of TC...

Family Functioning/...

Concrete Activities/...

Program Activities/...

Family Goal Plan/...

Parents' Response/...

MIECHV Only

Family Goal Plans for this case

Viewing, editing, or creating a Family Goal Plan will cause the Home Visit Log to attempt to save.
Any errors with the Home Visit Log will prevent you from viewing/editing/creating a Family Goal Plan.

+ New Family Goal Plan

Family Goal Plan

☐ Transition Plan

Goal Name

Start Date

Anticipated Goal Achievement Date

The goal name...

mm/dd/yy

mm/dd/yy

Goal Pertains to

Protective Factors

--Select--

☐ 1. Concrete Support in Times of Need

☐ 2. Knowledge of Parenting & Child Development

☐ 3. Parental Resilience

☐ 4. Social Connections

☐ 5. Social & Emotional Development of Child

For detailed information about the Family Goal Plan and the goal planning process, complete the FGP Study Guide or refer back to it. It can be found here: <https://tol397.wixsite.com/transeroflearning/selfpacedtrainings>

For “Goal Name,” choose a short phrase that identifies the goal. **For instance**, “*Healthy Birth*” or “*Mom returns to school.*” The start date is the date when you and the family finish identifying the goal, mapping out the action steps, and determining timelines, all of which lays the groundwork for the family to act on the goal. For the “Anticipated Goal Achievement Date,” work with the family to determine how much time they will realistically need to complete the goal.

After indicating who the goal is for under “Goal Pertains to” on the drop-down list, check off one or more Protective Factors that the family’s goal addresses and potentially strengthens. For instance, if a parent’s goal is to have a healthy birth, pursuing this goal will likely increase their “Knowledge of Parenting and & Child Development.” If a parent’s goal is to improve their own mental health, pursuing this goal will likely improve “Parental Resilience.” For more information on the FGP and Protective Factors, consult the FGP Study Guide.

Creation of Goal <div style="border: 1px solid #ccc; height: 100px; margin-top: 5px;"></div>	Goal Statement <div style="border: 1px solid #ccc; height: 100px; margin-top: 5px;"></div>
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In the “Creation of Goal” comment box, capture information from your discussions with the parents about their hopes and wishes for the future. For instance, “Mom stated she wants to be the first person in her family to go to college in order to be an example for her daughter.”

For the “Goal Statement,” use the parent’s own words where possible to describe the goal. Review the 3MMM’S section of the FGP Study Guide for help with crafting a clear statement that sets the parents up for success.

Strengths <div style="border: 1px solid #ccc; height: 100px; margin-top: 5px;"></div>	Potential Barriers <div style="border: 1px solid #ccc; height: 100px; margin-top: 5px;"></div>
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Use the strengths-based resources in FGP Study Guide to support parents in identifying strengths that can support their goal setting process. To inform your conversation about barriers to successful goal setting that the family identifies, consult the “Potential Obstacles to Goal Setting” section of the FGP Study Guide. Document your conversation with the parent(s) under “Potential Barriers.”

Steps to complete goal

Any changes to the steps (including deletions) will not be saved until you click the 'Submit' button below.

Step Number	Step Description	Anticipated Achievement Date	Achieved
No Goal Steps found...			

Add New Step:

Step Number	Step Description	Anticipated Achievement Date	Achieved
<input type="text"/>	<input type="text" value="Please describe the step..."/>	<input type="text" value="mm/dd/yy"/>	<input type="checkbox"/>

Review the 3MMM’S section of the FGP Study Guide for help with crafting goal steps that are specific, measurable, and have clear time frames. This approach will increase the likelihood that parents experience success in goal setting. Help the parents assign a target date by which they think they can achieve each step. Keep in mind that providing too much time can undermine parents’ motivation, while providing too little time may set parents up to fail. Try to find a happy medium to help assure parental success. Review this goal information at each home visit to check on progress. When a step has been completed, check the “Achieved” box.

Home Visit Log

PC11D: [redacted] Date of Visit: 12/09/20 TC Age: 3

Visit Information | CHEERS/... | Parent-Child... | Health of TC... | Family Functioning/... | Concrete Activities/... | Program Activities/... | Fa

MIECHV Only

Family Goal Plans for this case


Viewing, editing, or creating a Family Goal Plan will cause the Home Visit Log to attempt to save. Any errors with the Home Visit Log will prevent you from viewing/editing/creating a Family Goal Plan.

Goal Name	Start Date	Anticipated Achievement Date	Not Discussed	Status	Status D
For ORP and mom to eat healthier and be more active.	10/30/2020	01/30/2021	<input checked="" type="checkbox"/>	Active	10/30/202
For TC to be on a schedule	10/30/2020	12/30/2020	<input checked="" type="checkbox"/>	Active	10/30/202

+ New Family Goal Plan

Submit Approve Cancel

When the goal or goals are NOT discussed during the visit, check the “Not Discussed” box to help you and your supervisor keep track. Remember, the FGP should generally be discussed with the family at each visit.

 **TIP:** The goal setting process, which builds skills, self-knowledge, and confidence, is more important than whether parents achieve a goal they set. Help parents experience success by encouraging them to set smaller, short-term, easily reachable goals first.

Add New Family Goal Plan

Family Goal Plan

☒ Transition Plan

Transition Plan

☐ Transition Plan Refused? ☐ Consent signed by family?

Remember, a specific consent is needed for EACH resource.

Name of Organization/Provider Service Partners

Resources or services needed or identified...

Instructions: The Transition Plan is a tool for supporting families who are leaving the program, whether because they are graduating, moving outside the program’s service area, or for other reasons. We use the FGP for describe and track your efforts to help families plan for this transition and access to any services they may need after they leave the program. This process typically takes 3-6 months. For families graduating from the program, the process should begin when the child is 4.5 years old. If you have less than 3-months’ notice of a family’s departure the program, you are not required to complete a Transition Plan. Steps for transition planning may include:

- Identification of resources and services needed or desired by the family after they leave the program
- Outlining steps to obtaining these resources and services and timeframes for action
- Following up with family about progress towards obtaining resources and services

Engaging in the Transition Planning process is optional for families. If the family refuses to participate in transition planning, simply check the “Transition Plan refused?” and type “parent refused” or “parents refused” in all of the remaining boxes.

Regarding the “Consent signed by family?” check box, as stated above, you need to obtain a signed consent for each resource you refer the family to or contact on the family’s behalf. Check this box to indicate you have done so.

Regarding “Name of Organization/Provider Service Partners,” describe the “resources or services needed or identified” in the comment box, noting any pertinent details such as contacts at an agency, etc.

PARENTS' RESPONSE/ADDITIONAL COMMENTS

Visit Information	CHEERS/...	Parent-Child...	Health of TC...	Family Functioning/...	Concrete Activities/...	Program Activities/...
Family Goal Plan/...	Parents' Response/...	MIECHV Only				

Parents' or other Caregivers' Response to Home Visit (check all that apply)

☐ Interested and engaged in discussion
☐ Asked questions
☐ Wanted more information
☐ Contributed observations and ideas
☐ Not interested

Additional Comments

Add additional comments about the home visit

Date of next scheduled visit:

03/01/21


Notes/ideas regarding next scheduled visit:

Enter notes and ideas for next scheduled visit

Instructions: Check the box or boxes that best describes the parent or parents' response and level of engagement during the home visit. In the comment box, describe in a few sentences all the observations that apply to the parent or parents who were present, even if they were present for only a portion of the visit. Make sure you indicate which parent you are referring to, whether one or both, in your description of how they responded to your interventions. Example: "Both parents very interested in learning more about toilet training. Mom shared that Baby goes over to the corner when he has a bowel movement and says, 'diaper off.' Mom and Dad state they are working together on this."

Generally, you should be able to find a section in the home visit narrative for all topics and discussions related to the family. However, if you need to add information you can use the "Additional Comments" box.

Use the "Notes/ideas regarding next scheduled visit" to summarize any discussion and/or agreements between you and the family about plans for the next home visit. Provide a brief outline of your plans based on the events of the current visit, what the parents are interested in learning about, the child's development, the family's goals, and any assessments due. Note any handouts or materials you might want to bring with you for the family.

 **TIP:** Keep in mind the importance of "leaving a trail." Any concerns or issues observed or raised in the visit must be documented and your documentation should include a description of how you responded.

MIECHV ONLY

Visit Information	CHEERS/...	Parent-Child...	Health of TC...	Family Functioning/...	Concrete Activities/...	Program Activities/...
Visit Information	Parents' Response/...	MIECHV Only				

MIECHV Only

Typically, how often does a family member read, tell stories, or sing to the target child?

Is target child always placed to sleep on their back?

Is target child always placed to sleep without bed sharing or soft bedding?

Instructions: For families served through the MIECHV program, use the pull-down menu for each question and choose the appropriate answer. Please note: because these questions do not apply to prenatal families, these questions will only populate when the family is postnatal.

DOCUMENTATION EXAMPLES

See examples below of a few sections of the home visit log and what documentation might look like. This doesn't include CHEERS documentation examples. Please see the CHEERS Handbook for CHEERS Documentation Examples.

Parent-Child Interaction/Child Development/Curriculum

Parent Child Interaction Activities of Home Visitor (check all that apply)

- ☐ Partnered with parent to develop their understanding of **CHEERS** and its intent
- ☐ Provide education, information or activities re: **child management** (including discipline)
- ☒ Discuss **feelings** about baby
- ☐ Provide support or positive feedback to parent(s) regarding the **stresses of parenting**
- ☐ Address child's **basic care needs** (sleeping, bathing, diapering, toileting, dressing, etc.)
- ☐ Discuss **Shaken Baby Syndrome**
- ☐ View **video** 'Portrait of a Promise' with family
- ☐ Provide information on the effects of **technology** on young children and families (TV, computer, tablet, cell phone)

Dad said he is starting to "feel more connected" to TC now that TC is more active and responds to him "like she knows me." Used S-ATP to reinforce Dad developing his relationship with TC.

Child Development Activities of Home Visitor (check all that apply)

- ☒ Provide education, information, or activities on **child development** and age-appropriate behavior
- ☐ Provide developmentally appropriate **toys**, books, or activities
- ☐ Ask parent about **concerns** regarding their child's development, behavior, or learning
- ☐ Provide information on the **social/emotional development** of children and impacts of trauma
- ☐ **Follow-up** discussion of ongoing Early Intervention or CPSE (school district) services

Shared with parents how talking to TC stimulates TC's brain development. Described how to tell TC a story about what she sees, then encouraged Mom and Dad to try. Mom practiced by walking TC around the apartment and describing to TC what they were seeing. Dad took a turn and did the same. Also, offered ATP to Dad for his efforts.

Health of Target Child and Parents/ Health Care

Target Child (check all that apply)

- ☒ Appears healthy
- ☐ Health concern
- ☐ Physical needs appear unmet
- ☐ Tired or irritable
- ☐ Withdrawn/unresponsive
- ☒ Asleep
- ☒ Medical/well-baby appointments
- ☐ Immunizations
- ☐ ER visit(s)

TC was asleep for the first 5 minutes of the visit. Once awake, she appeared healthy and happy. TC fussed or cried briefly at points during the visit. Mom stated that TC had her 4 month well baby visit last week (rescheduled after missing it) and the doctor said TC is healthy and appears to be developing normally.

Parents or Other Caregiver (check all that apply)

- ☒ Appears healthy
- ☒ Health concern
- ☐ Physical needs appear unmet
- ☐ Tired or irritable
- ☐ Withdrawn/unresponsive
- ☐ Asleep
- ☐ Medical/well-baby appointments
- ☐ Immunizations
- ☐ ER visit(s)

Mom appears healthy. Dad said his back injury from work has been acting up and it makes it difficult for him to sleep.

Siblings Observations

Health of Target Child and Parents/ Health Care

Health Care Activities of Home Visitor (check all that apply)

- ☐ Provide **general health** information
- ☐ Provide **child health** information
- ☐ Provide info on health **providers** or services
- ☐ Provide **dental** health information
- ☒ Provide **advocacy**/support or accompany to medical providers and services
- ☐ Provide education/information regarding **prenatal** care & pregnancy
- ☐ Provide **labor and delivery** information/support
- ☒ Provide **breast feeding** information/support
- ☐ Provide infant/child **feeding** information/support
- ☒ Provide **nutrition**/food preparation information
- ☐ Provide **family planning** and optimal birth spacing information
- ☐ Provide **safe sex** or STD information
- ☐ Provide **FASD** information
- ☐ Provide information/equipment relating to **child safety** (car seats, child proofing home, substances harmful to baby, etc.)
- ☐ Provide information on **smoking cessation**
- ☐ Provide SIDS and **Safe Sleep** information

Mom stated she is concerned that TC is not getting enough food from breastfeeding alone. Used Solution Focused Talk to clarify mom's concern; mom said TC seems constantly hungry. Reviewed information shared previously about breastmilk being complete nutrition, and timeline for safely introducing solid foods (4-6 months). Mom stated that at TC's well baby visit, pediatrician said TC is doing well and not to worry. Encouraged Mom to follow up with pediatrician if she continued to have concerns.

Encouraged Dad to make an appointment to see his doctor about his back pain.

Family Functioning/Self-Sufficiency/Crisis Intervention

Family Functioning Activities of Home Visitor (check all that apply)

- ☐ Address issues re: **violence** in the household
- ☒ Discuss **family roles**, relationships (fatherhood, grandparents) and/or cultural influences (beliefs and traditions related to child-rearing)
- ☐ Discuss **substance abuse** issues
- ☒ Discuss **mental health** issues
- ☐ Discuss **developmental disability** issues
- ☐ Provide information and support regarding immigration and/or **legal** matters
- ☐ Provide coaching on and/or foster **communication** skills
- ☐ Discuss **child protective** issues

Discussed how cultural beliefs impacted parent's plans for discipline. Mom and dad noted that they were both spanked as children which was a part of their culture. However, they both noted that they don't plan to spank TC for discipline. Discussed family pressures from grandparents to spank as a form of discipline.

Discussed mom's depression and follow up on the Depression Management Action Plan. Mom noted she took a 10 min walk each day which was helping her feel better.

Self-Sufficiency Activities of Home Visitor

- ☐ Discuss home **environmental concerns**/issues (lead, bugs, no beds, sub-standard housing, etc.)
- ☐ Coach on how to use **calendar** or appointment book
- ☐ Coach on home management or **housekeeping** skills
- ☐ Coach on use of public **transportation** or provide maps or directions
- ☐ Discuss **child welfare** and services (SNAP, TANF, GA, EA, WIC)
- ☐ Discuss **employment** options/help parent(s) look for job
- ☐ Coach on **money management**
- ☒ Address needs for **baby-sitting** or day care
- ☐ Coach on **problem solving**/decision-making skills
- ☐ Discuss **educational** and training options
- ☐ Coach on **job readiness** and job seeking skill

Mom stated that starting next month MGM may not be able to provide child care for TC while Mom and Dad are working. Mom said she has a friend with parenting experience who may be able to care for TC. Discussed child care council as a source of providers. See Referrals

Crisis Intervention Activities of Home Visitor

- ☐ Help resolve problems and handle crises

Concrete Activities/Referrals

Concrete Activities of Home Visitor (check all that apply)

- ☐ Provide or arrange for **transportation**
- ☒ Provide or arrange for food, clothes, diapers, or **household goods**
- ☐ Address **legal** needs
- ☐ Provide info and/or assistance with **housing**
- ☐ Provide **advocacy**/support with and/or accompany to non-medical providers & services
- ☐ **Translation**
- ☐ Discuss **child support** issues
- ☐ Discuss **visitation** issues
- ☐ Discuss **parental right** issues

Provided family with a pack of diapers and some baby clothes.

Referrals

- ☒ Made referral (*When checked and form is submitted, the user will be directed to the Service Referral form*)
- ☐ Follow-up on previous referral

Provided Mom and Dad with the phone number for the county child care council so they can obtain a list of providers in their area.

Program Activities of Home Visitor

- ☐ Introduced program and discuss child abuse and neglect reporting requirements
- ☐ Completed forms
- ☒ Discussed level change
- ☐ Videotaped families
- ☐ Attended support group, parenting group, or play group with parent(s)
- ☐ Attended recreational activity with parent(s)

Discussed upcoming level change describing the new frequency of visits and reasons for level change. Parents expressed that they liked the current frequency of visits and were reluctant to change levels but also saw the benefit of less visits since they would have more family time. Parents agreed to level change and signed celebration certificates.

Screening Tools

Administer and/or discuss screening results with family

- ☒ ASQ
- ☐ ASQ-SE
- ☐ PHQ-9/2
- ☐ PSI
- ☐ Other screening tools

Dad asked whether TC was “on track” with her development. Reviewed the results for the 4 month ASQ (Dad was not present when it was given and reviewed) showing no concerns with TC’s development. Dad said he had no specific concerns or questions. He stated he just wanted to be sure TC was “healthy and happy.”

Assessment (FROG or Parent Survey) Content

- ☐ Initial Discussion with family
- ☒ Ongoing Discussion of issues identified and related protective factors with family
- ☐ Discussion/identification of emerging issues with family
- ☐ Implement planned activities or strategies with family

Discussed mom’s psychotherapy. Mom said she felt that it was helping her to address her depression, and said she felt “lighter” after her sessions with Ms. Bodkins.

Parents' Response/Additional Comments

Parents' or other Caregiver's Response to Home Visit

- ☒ Interested and engaged in discussion
- ☒ Asked questions
- ☐ Wanted more information
- ☐ Contributed observations and ideas
- ☐ Not interested

Dad and Mom gave this home visitor their full attention, and were open to input and to trying new activities. Mom stated she enjoyed describing to TC what she was seeing as they walked around the apartment; Mom said she wants to continue doing this. Mom said, "See you next week!" at the end of the visit. Dad said he would try to attend next week's home visit.

Additional Comments :

Date of next scheduled visit: 9/29

Notes/ideas regarding next scheduled visit:

Bring brochure on how to identify an appropriate child care provider. Bring curriculum and/or handout on language development and how to identify baby's cues.