

Oregon's Healthy Start

Program Forms



Oregon Commission on Children & Families
July 2009

Introduction

This manual describes forms used to document Healthy Start services throughout the state system. Many of the forms were revised by a state committee of Healthy Start program managers, supervisors and OCCF staff during the spring of 2007. Additional work has occurred in spring of 2009. All forms have been designed to meet Healthy Families America (HFA) quality assurance standards while at the same time, streamlining paperwork as much as possible.

Coding System. The following pages show forms utilized by the state system and provide descriptions for their purpose and use. A coding system establishes requirements for their use:

- **State Standardized & Required (SR).** Programs must use these specific forms. Cosmetic changes (such as adding the name of local program) are allowed, but the content of the existing form may not be modified.
- **Required (R).** Programs are required to have forms that meet this purpose. Sample forms are included but programs may prefer local versions as long as key information is captured.
- **Optional (O).** Programs have found these forms helpful in meeting best practice standards but they are not required. These forms may be modified as needed at the local level.

Availability. Forms in this manual are available electronically on a CD and/or are sent upon request. Changes to state standardized and required (SR) forms will be kept to a minimum and if needed, will occur at the beginning of the fiscal year (July).

Evaluation. NPC Research provides forms for the evaluation as follows:

- Consent to contact (Give Your Baby A Healthy Start)
- Consent to participate/screen (Welcome to Healthy Start)
- New Baby Questionnaire
- Family Assessment Interview Score Sheet
- Family Intake and Family Updates
- Parent Surveys I and II-A, II-B
- Exit/Re-Entry Report
- HOME
- Home Visit Completion/Caseload Management
- Staff Exit Survey

Evaluation forms are not included in this manual but are available either on the web at www.npcresearch.com/materials.php. Scannable forms are distributed on an as needed basis to programs. Detailed instructions for using these forms can be found in the Evaluation Manual ("Red Book") also available on the website.

Healthy Start Forms List - 2009-10

Revised 09-10	FAMILY FILE	Type	Eng/ Span	Comments
	Service Initiation			
	Give Your Baby a Healthy Start (Consent to Contact/Screen)	O	√	NPC Research
X	Welcome to Healthy Start (Consent to Participate)	SR	√	NPC Research
X	New Baby Questionnaire	SR	√	NPC Research
	Service Delivery			
	Ages & Stages Questionnaire (ASQ) & ASQ-SE	SR	√	
X	Authorization to Release Information	SR	√	
	Data Tracking Form	SR		Autofills due dates
	Exit/Re-Entry Report	SR		NPC Research
	Family Assessment Interview Narrative	SR		
X	Family Assessment Interview Score Sheet	SR		NPC Research
	Family Intake	SR		NPC Research
	Family Rights & Confidentiality	SR	√	
X	Family Update	SR		NPC Research
X	Home Observation for Measurement of Environment (HOME) Forms: 12-24 months, 36-48 months	SR		NPC Research
	Home Visit Record	SR		
X	Parent Surveys I and II-A, II-B	SR	√	NPC Research
X	Referral Tracking Form	SR		Blue paper
	Service Level Assignment (P, 1-SS, 1, 2, 3, 4, X)	SR		Green paper
	Contact Log and/or Service Log	R		
	Individual Family Support Plan (IFSP)	R	√	
	Immunization Tracking	R		
	Family Concerns & Community Resources	O		Use with KFSI
	Service Level X: Creative Outreach Tracking Form	O		Pink paper
	Transfer Summary Form	O		
	What I Would Like for My Child / Myself	O	√	Use with IFSP

Revised 09-10	Supervision and Training	Type	Eng/ Span	Comments
X	Case Plan	SR		
	Family Assessment Interview Inter-rater Reliability	SR		
X	Family Progress Documentation	SR		
X	General FSW Supervision Documentation	SR		
	Home Visit Completion / Caseload Management Form	SR		NPC Research
	QA Observation of Family Assessment Interview	R		
	QA Observation of Home Visit	R		
	QA Phone Surveys for Active Families	R		
X	Binder Organization & Review Calendar	O		
X	FSW Development Plan	O		
X	Implementation of Training into Practice <ul style="list-style-type: none"> ○ Prior experience or education ○ Self- Study or Training 	O		
	Training Logs	O		
	Training Topics Checklist	O		
	Administration			
	Healthy Start Program Budget & Expenditure Worksheet	SR		
	Individual Program Support Plan (IPSP)	SR		
	Staff Exit Survey	SR		NPC Research
	Medicaid Time Tracker Log	R		
	Staff Cultural Competency Survey	R		
	Screening and Acceptance Tracking Form	O		

Form Type:

- **State Standardized & Required (SR)**. Programs must use these specific forms. Cosmetic changes (such as adding the name of local program) are allowed, but the content of the existing form may not be modified.
- **Required (R)**. Programs are required to have forms that meet this purpose. Sample forms are included but programs may prefer local versions as long as key information is captured.
- **Optional (O)**. Programs have found these forms helpful in meeting best practice standards but they are not required. These forms may be modified as needed at the local level.

FORM DESCRIPTIONS

Service Delivery Forms (SR)

Authorization for Release of Information (SR)

Before confidential information about families is shared with other community resources, written consent from the family must be documented on the Authorization for Release of Information Form (ROI) or the DHS Release of Information form available on their website.

This form is available in both English and Spanish, and must be used any time information is shared with other providers on behalf of a family. Each provider/agency requires a separate form so as not to break confidentiality.

The form needs to identify the parent and child. Staff signs the form as a representative of the Healthy Start program.

This release is good for as long as the parent participates in the program unless otherwise stated, or unless the parent decides to revoke their permission. However, It is good practice for ROIs to be updated annually to ensure any changes in providers or agencies are recorded.

Data Tracking Form (SR)

The data tracking tool (Excel® spreadsheet) helps to track due dates and completion dates for all required forms in the Family File – for example, the Family Assessment Interview, ASQ, ASQ SE, IFSP, and other paperwork.

Step by step for using this form:

- Open the spreadsheet in Excel®
- Enter the Child's DOB and date of the first home visit in the two fields that are highlighted in bright yellow. The due dates for forms (except IFSP and Case Plan) will automatically fill in
- Print the document and place in the family file for on-going tracking by hand

Local programs may add to this tool as needed. Examples are: Parents As Teachers screening, doctor letter sent and annual ROI update.

Family Assessment Interview Narrative (SR)

The Kempe Family Stress Interview (KFSI) should be conducted with all families who agree to participate in Healthy Start Intensive Services.

Narrative notes should be objective and factual, with a concise report of what was said or heard during the interview. Sections at the bottom document referrals, recommendations for follow-up and other points including family strengths.

There are **two formats** of this form are available for writing up the interview:

1. "Form-fill" template for typing narrative on the computer
2. Lined format for hand-writing narrative

Family Rights and Confidentiality Policy (SR) English and Spanish

Family rights and program expectations are outlined on the front of this document that is *presented on the first home visit*. Instances where information may be shared without the family's consent are explained (i.e. mandated reporting).

The back describes confidentiality procedures including who can see material in the family file and how the information will be used for evaluation. The form must be signed and dated by the parent/guardian and the home visitor on or before the first home visit.

Home Visit Record (SR)

The Home Visit Record (HVR) is intended support staff by streamlining documentation of visits.

Things to consider when completing this document:

- Capture important issues or concerns that come up in the visit
- If a family shows no progress on the IFSP for that visit, reflect *no progress* and related discussion on the Activities/Discussions line
- Indicate if any referral information was discussed on the visit by using the checkboxes provided. Referral details are no longer documented on this form. Track and follow up referrals on the Referral Tracking form (blue).

There are **two formats** of the Home Visit Record available:

3. "Form-fill" template for typing information on the computer
4. Lined format for hand-writing notes

Working with a **form fill** document:

- Use the "tab" key to move from section to section or arrows to move throughout document
- Use the space bar or mouse to check or uncheck boxes
- To save the document, you **MUST** chose to **Save As** and change the name of the file
- NOTE: No spell check - Templates do not have spell check capability. To check for spelling errors in the form fill template:
 - Type the narrative in a separate Word document
 - Make any corrections needed including spell check
 - Copy and paste this narrative into the HVR template
 - **Save As** and change the name of the document

Referral Tracking Form (SR)

The Referral Tracking form is required as specific information about referrals is no longer captured on the home visit record. This change was necessary to meet best practice standards. *Referral tracking forms are printed on **blue paper** so it will stand out in the Family File.*

The first page sets the stage for referrals by summarizing a review of family linkages and needs at the time of intake. This section is only required at intake.

Following the linkages tables, each referral is entered in a separate row with the date and a letter code for the type of referral. Coding the referrals in this way can provide a quick picture of family linkages to needed community resources. Also included here is a tickler regarding Releases of Information (ROI). This is a Sentinel Standard.

Follow-up dates and results are entered for each referral as appropriate. The second page of the form can be duplicated to provide more referral space as needed.

Service Level Assignment Forms for P, 1-SS, 1, 2, 3, 4, and X (SR)

This system of level assignments objectively measures the gradual progress that families make toward 10 familiar focus areas, with new accomplishments recognized at each level.

Assignment forms list criteria for each level of service. *Service level assignment forms are printed on **green paper** so they stand out in the family file.*

Level P is for prenatal home visiting services with the visit frequency (weekly, bi-weekly, etc.) agreed upon by the family, FSW and supervisor. After the baby is born, the family is reassigned to Level 1.

Level 1 assignment criteria provide the baseline for all new postpartum families. Families are assigned to Level 1 (or 1-SS if needed) for the first six (6) months of postpartum service as they acquire skills and resources to progress through the other service levels.

After the initial six month postpartum period, families who meet the criteria for a new Service Level may be reassigned. New assignments to Levels 2, 3 or 4 require that at least 8 of the 10 criteria for the new level are met or exceeded and that all parties have discussed the level change. These discussions must be documented. Families may also be reassigned to Level 1 or 1-SS if needed when family circumstances change.

Families returning from Level X - Creative Outreach are assigned to their previous service level, unless file documentation demonstrates that they meet or exceed the criteria for another service level.

Service Delivery Forms (R)

Contact Log & Monthly Service Log (R)

Contact logs and/or monthly service logs are required in the Family File to document all service and attempts to provide service. OCCF provides two samples:

- Healthy Start Contact Log is a lined sheet with 4 columns: date, contact type, notes/comments and initials (for the person making the entry). Dated signatures are at the bottom of the page.
- Monthly Service Log is a lined sheet with the date and type of contact listed as (8 columns) home visit (HV), attempted HV, cancelled HV, drop-by, phone, agency contact, and other. Comments and initials are included in the final column. Dated signatures are at the bottom of the page.

Individual Family Support Plan (R)

While Individual Family Support Plans (IFSPs) are required, there is not a standardized form required across the state. However, all IFSP forms must include the following elements:

- (1) Family strengths/competencies
- (2) Goals
- (3) Steps to achieve goals
- (4) Review of progress

Programs often use an optional form such as "What I Would Like for My Baby" to help the parent begin thinking about goals.

Two sample IFSPs are available from OCCF as follows:

IFSP Version 1. This two-page version is available in both English and Spanish. The first page focuses on the parent. Together with the FSW, parents first reflect on:

- Things I have already accomplished,
- What I want (brainstorming list) and
- My strengths

Based on these, the parent now identifies (1) My goal, (2) Steps to reach goal and (3) When (estimated completion of step) and (4) My home visitor can help with.

The second page focuses on parenting with space for (1) My parenting goal, (2) Steps to reach goal and (3) When (estimated completion of step), (4) My home visitor can help with and (5) Who else can help. Places for signatures and dates complete the form.

Advantages

- Easy to read
- Open space and graphics create informal feeling

Disadvantages

- New form needed to update
- No space for monitoring

IFSP Version 2. This version offers opportunities for comprehensive planning. It is available in both English and Spanish. Page 1 begins the IFSP process. Here, the parent reflects on strengths, competencies and areas for potential goals:

- Strengths/competencies described as “what I can do well, my family, and friends and support.
- Parenting areas (Child Development, Childcare, Discipline, Nutrition/Health, Relationship w/Child, Safety and Other) with questions: “What is important to me?” and “What do I want to learn about.”
- Family areas (Employment/Education, Financial, Health/Family Planning, Housing, My Culture, Transportation and Other) with questions: “What is important to me?” and “What do I want to learn about.”

Page 2 provides boxes for three possible goals: (1) What I Want for Myself/My Family; (2) What I Want for My Baby, and (3) What I Want. The IFSP process often starts with only one goal, adding others over time.

Each box provides space for the parent to identify steps to take with a check box for completion. “How I will celebrate” provides something to look forward to. Separate check-in boxes ask the parent if s/he still wants to focus on the goal with a date. The bottom of the page includes signatures and dates for the parent(s), FSW, and supervisor.

Page 3 updates the IFSP goals after progress has been made. Separate check-in boxes and signatures are provided as on the initial IFSP.

Advantages

- Provides prompts for thinking about interests and needs
- Builds in monitoring

Disadvantages

- May look complex to some

Immunization Tracking (R)

Healthy Start programs have two ways of tracking immunizations:

1. Print a schedule of immunizations for the child from the Centers for Disease Control (CDC) website and/or
2. Use the web-based ALERT system

1. The CDC website (<http://www.cdc.gov/vaccines/recs/schedules/default.htm>) has an “Interactive Child Scheduler” where you enter the child’s birth date and an individual immunization schedule is produced with appropriate dates for coming immunizations. A column is provided for recording the date an immunization is received.

2. ALERT is a statewide immunization information system that was developed to achieve complete and timely immunization of all children age 0-18. A major barrier to reaching this goal is the continuing difficulty of keeping immunization records accurate and up-to-date. ALERT helps solve this problem by collecting immunization data from public and private health care providers and linking the records.

Healthy Start programs are considered as authorized users and can sign-up and access immunization information in ALERT via the online ALERT Registry (www.immalert.org). *If any immunizations have been entered by a provider, a child’s record can be printed. The record will show both immunizations taken and missing. A “smiley” face will indicate if the child’s immunizations are up-to-date.*

Service Delivery Forms (O)

Family Concerns and Community Resources (O)

This optional form is often used in connection with the Family Assessment Interview as a way to identify current issues and needs. The parent reviews the list under Family Concerns and checks any that are currently a concern. The Referrals to Community Resources section lists various options and parents check any that interest them.

The resource list may be modified to describe community options that may be available.

Creative Outreach (Level X) Tracking Form (O)

Creative outreach activities continue for a period of 90 days after a family has been assigned to Level X. *This form is printed on **pink paper** so that it's easily recognizable in the Family File.*

This optional form provides a way to monitor these activities. Notation provides information on FSW responsibilities while a family is on creative outreach. Contact typically starts on a weekly basis, becoming less frequent if the family fails to re-engage. Space is provided for describing the date, type of contact, and any notes or ideas to further the process. At the bottom of the form, the family is either re-engaged with appropriate level assignment or the case is closed after the requisite 90 days.

Family Transfer Summary Form (O)

Families are transferred when they move to another county and are still interested in receiving services. The referring program completes this form and transmits it to the new program.

What I Would Like For My Child (O)

This optional form, available in both English and Spanish, is often used in connection with the IFSP as a way to help the parent think about potential parenting goals. The parent reviews a list of child characteristics and rank four that they would like for their child from most to least important. Then the parent answers the following two questions:

- What do you think you can do *now* to help him/her develop these characteristics?
- How do you want to be remembered as a parent?

What I Would Like For My Family (O)

Available in both English and Spanish, this form builds on (and includes) "*What I would like for my child*" by adding a section for "*Myself*." The parents review a list of characteristics and rank 4 they would like for themselves from most to least important. Then the parent answers the following question:

- "What can you do *now* to develop these characteristics?"

Supervision & Training Forms (SR)

Supervision Documentation Overview

In a parallel process, the supervisor's relationship with FSWs mirrors the relationship of FSWs with families. Capturing this in writing can be a daunting task. Balancing documentation requirements with true reflective supervision is a challenge for many supervisors. The following documents have been developed with that in mind. They support supervisors to meet best practice standards for documentation (HFA Standard 11-2) while allowing for true reflective supervision.

General FSW Supervision Documentation (SR)

General FSW supervision documentation includes date and time spent, as well as reasons for cancellations and/or rescheduling for each supervisee.

In addition, documentation shows that supervisees are provided with (1) skill development, (2) professional support and encouragement, (3) held accountable for quality of their interactions with families including the following:

- Coaching and providing feedback on strength-based approaches and interventions used (e.g., problem-solving, crisis intervention, etc.),
- discussing home visit/assessment rates,
- assisting staff in implementing new training into practice,
- assessing cultural sensitivity/practices,
- providing guidance on use of curriculum,
- providing reflection on techniques and approaches,
- identifying areas for growth;
- identifying and reflecting on potential boundary issues, and
- sharing of information related to community resources.

Family Progress Review (SR)

Documentation for each family should be captured on this form. It is not necessary to document what occurred on home visits (duplicates home visit record) in most cases. To meet best practice standards, the following items must be captured:

- Coaching and providing feedback on strength-based approaches and interventions used (e.g., problem-solving, crisis intervention, etc.),
- Reviewing IFSP progress and process,
- reviewing family progress and level changes,
- discussing family retention and attrition,
- providing feedback on documentation,
- integrating results of tools (e.g., developmental screens & evaluation tools), and
- integrating quality assurance results that include regular, and routine review of assessments and assessment records, home visitor records, and all documentation used by the program.

Case Plan (SR)

The Case Plan is designed to ensure progress toward Healthy Start's program goals. Supervisors and FSWs work together to develop the Case Plan within the first 60 days of service. Information from the Family Assessment Interview, IFSP, Family Intake, FSW observations and other avenues are used to inform the Case Plan.

Case Plan goals are targeted to high priority needs and/or issues that may or may not have been identified by the family for the IFSP. Goals but relate to the Healthy Start goal areas of family functioning, parent-child relationships and child development.

Recognizing parent strengths, the Supervisor and FSW discuss potential barriers/challenges for each goal and develop strategies and activities to address the goals. Supervisors keep the Case Plan in the supervision file to discuss with the FSW as the family is reviewed. Case Plans are working documents and should be updated frequently, and at a minimum, every six months.

Family Assessment Interview Inter-Rater Reliability Check (SR)

After the observation, the FSW and Supervisor write up the KFSI separately and then scores are compared using the Family Assessment Interview Inter-Rater Reliability Check. This form has two columns, one for the scores from the FSW and the second for the supervisor's scores.

The administration of the FAI was done reliably if the total score falls within the same scoring range (0-20; 25-35; 40+) or there no more than a 5 point difference in the total.

The assessment is considered complete if there is no more than 1 Unknown for MOB or 2 Unknowns for FOB/SO.

Additional space on a second page allows for written documentation comments and review with the FSW. Both the supervisor and the FSW sign and date the form.

Supervision & Training Forms (R)

QA Observation of Family Assessment Interview (R)

As specified in the Healthy Start State Quality Assurance Plan, supervisors observe each FSW conducting a Kemp Family Stress Inventory (KFSI) at least every 365 days. FSWs new to using the KFSI are observed more frequently.

The Family Assessment Interview (FAI) Observation form asks the supervisor to rate the FSW's performance as either Satisfactory or Unsatisfactory on the following elements:

- Engagement of parent in process
- Presentation of HS Program
- Explanation of Consent Form
- Assessment Interview
 - All items covered
 - Tactful questions
 - Responded sensitively
 - Written Assessment
 - Accuracy
 - Thorough
 - Consistent with Interview

Additional open-ended questions provide information on any strengths identified and ideas/suggestions for next time. Space at the bottom of the form provides information on follow-up activities.

QA Observation of FSW Home Visit (R)

Supervisors accompany each FSW they supervise on a home visit at least once every 365 days and more frequently for new home visitors. The observation form for the FSW Home Visit shows 12 possible interventions such as discussion of child's health, promotion of positive parent-child interaction, and sharing child development information. The supervisor checks any that were observed and notes specifics.

The second page of the form provides space for comments on visit management, such as being on time, scheduling the next appointment, and establishing professional boundaries.

The supervisor also rates whether the FSW's documentation of the visit is consistent with the supervisor's observation.

Overall performance is described in terms of strengths identified, ideas for next time, and any necessary follow-up.

QA Phone Survey for Active Families (R)

Every 180 days (six months), supervisors contact two families per home visitor to determine parent satisfaction. While conducting these quality assurance (QA) calls is required, there is no standardized form for all to use. OCCF does provide a sample form for the survey.

The form provides introductory language and then asks six questions as follows:

1. What do you like best about Healthy Start?
2. What happens on the visits?
 - a. Talk about child development? How often?
 - b. Talk about goals? How often?
 - c. Bring activities to do with child? How often?
3. How long, on average, is each home visit?

4. How many times does FSW see you in a month?
5. How would you like to see HS changed?
6. Anything else you'd like to tell me?

The bottom of the form is for follow-up such as feedback to the worker, and if any corrective actions were taken.

Supervision & Training Forms (O)

Supervision Binder Organization & Review Calendar (O)

There are two samples of this optional form programs can be use to help supervisors organize each Supervision Binder (by FSW) as well as track quality assurance activities.

Documentation & Implementation of Learning (O)

There are two forms depending on the type of training/learning being documented. These optional forms help staff members think carefully about the training/learning they have experienced and identify how they can use the information in their work. Supervisors sign these forms indicating that they have discussed these topics with the staff member and approve that the required training topic is meet.

- **Self Study or Training** – This form is for Self Study and Training completed while working with Healthy Start. The top of the page lists the name of the staff member, type of training, title of the training, the date and the presenter. The form provides space for answers to the following questions:
 1. Three things I learned from this training that I can use in my work
 2. Were issues of cultural sensitivity addressed? If yes, in what way?
 3. Were required areas of knowledge addressed? If yes, which areas?
- **Professional Development or Education** – Professional experience and Education are something staff brings with them to the job. To understand and document the previous learning, supervisors discuss topics with the staff member to ensure knowledge and how it is used in the work we do. The top of the page lists the name of the staff member, type of learning and how/where this learning was obtained. The form provides space for the supervisor to note the discussion.

Training Logs (O)

Healthy Start staff members must enter required training into the web-based Training Tracker in a timely manner. Although not required, programs may find it advantageous for staff members also to complete paper training logs to have the information readily at hand in a training notebook. OCCF provides separate training logs for the following categories of training:

- Prior to service
- Core training
- Within 6 months of hire
- Within 12 month of hire
- Ongoing training

Training logs provide space for the staff member to enter the subject area, method by which the training was received, the presenter, the date, and number of hours.

Training Topics Checklist (O)

This checklist provides a quick glance at a newly hired person's progress in meeting training requirements during the first year of service and entering the training into the Training Tracker.

Training is grouped by 6 and 12 month requirements and includes additional training topics for managers and supervisors. Note that training titles/topics on the checklist are the same that are on the Training Tracker. Columns provide space to enter date training is completed and date entered into the Training Tracker. Each staff member keeps the checklist in their training binder, reviewing progress periodically with a supervisor.

Administration Forms (SR)

Budget & Expenditure Worksheet (SR)

Program managers use the Healthy Start Program Budget and Expenditure Worksheet to prepare the program budget. Revenue is apportioned by source: state General Fund, Medicaid Administrative Claiming, county General Fund, federal grant, private grant, in-kind and other (any other type).

Expenditures show salaries and benefits for core services personnel: FSW, Program Supervisor, Program Manager and Clerical Support Staff. Salaries are calculated for total FTE by people for each position. Thus, 1.5/3 indicates 3 people working at a position with a total of 1.5 FTE.

Expenditures also are shown for materials and services including office supplies, program supplies, mileage costs, dues and subscriptions, employee training, data processing, professional contracted services, rent, utilizes, and telephone.

All other expenditures, indirect costs and/or capital outlay must be itemized. Upon request, OCCF staff provides technical support to assist programs in completing the budget form.

Individual Program Support Plan (SR)

Programs complete an Individual Program Support Plan (IPSP) after receiving a Site Visit Overview Report from the annual site visit. The IPSP is prepared with input from the program staff, the local CCF and other community partners.

The IPSP addresses four categories: Service Initiation, Service Delivery, Staff Support and Governance & Administration. Each category shows strengths and areas of challenge from the Site Visit Overview Report. The program then sets goals for each category with objectives and strategies. Finally, an action plan is completed showing who will do what tasks when.

Administration Forms (R)

Medicaid Time Tracker Log (R)

Healthy Start staff are required to complete time studies on four randomly-chosen days each quarter for Medicaid Administrative Claiming purposes. These random time studies are then entered into the Medicaid Online Time Tracker (MOTT).

This form, an Excel® worksheet provides a simple way to document staff time on paper. The heading has a place for the name of the person completing the study and the date. The rest of the page is formatted into three columns. The right hand column lists the time, in increments of 15 minutes (7:00 – 7:15, etc.) from 7am to 7pm. The middle column is for the worker to note what activities occurred during that period. Codes are shown in the left hand column. The worker circles the appropriate code for that time period.

Staff Cultural Competency Survey (R)

Programs survey staff on cultural sensitivity as part of the cultural competency review, conducted every 760 days. A sample form is available from OCCF that asks staff members to agree/disagree with six statements such as:

- The materials (videos, handouts, fliers, brochures) I share with families represent their varying cultural backgrounds
- The program supports me in honoring the cultural beliefs and traditions of the families I serve without compromising my own cultural beliefs and traditions.

The survey also includes two open-ended questions relating to how the program can improve its service to be more culturally sensitive.

Administration Forms (O)

Screening and Acceptance Tracking Form (O)

Programs monitor screening and acceptance regularly and use the information to plan for more effective processes. Typically, programs use data bases for this function and use rates reported in NPC Research's semi-annual and annual status reports. For more up-to-date information, OCCF also provides an optional Excel® spreadsheet that tracks screening and acceptance on a monthly basis and calculates rates.

Screening. For each month, managers enter the expected first births (total expected divided by 12), the number of families identified/referred, the number who refuse screening, and the number screened. Screening rates are auto-calculated.

Initial Acceptance. For each month, managers enter the number of families with positive screens and of these, the numbers who are interested in Intensive Services, who are not interested and who are not asked if they are interested. Initial acceptance rates are auto-calculated.

Final Acceptance. For each month, managers enter the number of interested positive screen families who were offered available services and of these, the number with a first home visit. Final acceptance rate is then auto-calculated.