



## Healthy Start Evaluation Manual

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# Healthy Start Evaluation Manual

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## **Appendices**

Appendix A: **Healthy Start Forms and Where to Get Them**

# I. Frequently Asked Questions About the Healthy Start Evaluation

## *General Form Questions*

### *Can I use pen on the forms?*

Yes, please only use pens on the forms—pencil doesn't appear dark enough to scan. You may use pens with either black or blue ink on the forms. Be sure to completely fill in the bubble.

### *Can I fold, bend, use “whiteout”, or paperclip the forms?*

Yes, although please make an effort to keep forms neat and flat. Forms with too much folding will not run through the scanner and may need to be transferred. White-out does not interfere with scanning.

### *Can I staple the forms?*

No. Forms need to be free of staples to be read by the scanner. Forms that have staples removed tend to rip and get caught in the scanner.

### *Can I make notes on the forms?*

Yes, as long as you do not mark across any of the “bubbles” or text boxes, BUT **please do not write across the serial number at the bottom, right hand corner of all forms** (with the exception of the first page of the New Baby Questionnaire, which has the serial number on the bottom, left hand corner) **or the over the corner brackets**. Forms will not scan if this number is marked through.

### *Can I use a Xerox Copy of the forms?*

NO. With the exception of the Consent Form (which can be copied) all forms are printed with special scannable software, which will not accept Xerox copies. However, we do encourage you to keep a copy of all forms for your records, sending the original to NPC.

### *When is it too late to complete a form?*

You must fill out forms within 90 days of when the form is due.

### *How long do I have to mail a form in after completion of that form?*

As long as forms were completed within the correct time period (90 days of due date) then you may submit the forms at any time. However, to keep your program's data up-to-date, please submit your data to the administrator at your program within one week of completion. **We strongly encourage programs to submit data to NPC within 30 days of the time the form is complete.**

## *Common Form Errors*

- All forms MUST have complete worker ID, child ID, date of form completion, child's date of birth and program county information. Without this information, the forms are INVALID for the evaluation.

- Please fill in the bubbles *and* the numbers! Bubbles that are under the written numbers must be filled in. Also please double check that you are bubbling in the correct number. **The number written in and the number bubbled below must match exactly.**
- If a family has a subsequent birth, do not forget to enter the new child ID number on the next Family Update item #33.
- Parent Surveys do not always coincide with Family Updates. Parent Surveys are not required at 18, 30, 42, or 54 months.
- **Please make sure to always complete a Parent Survey I and a Family Intake form on every Intensive Service family.** These forms record critical baseline information.

### *1. Screening, Consent, and OCCF Family Manager Data Entry*

#### *How do we get the baby's Healthy Start ID number?*

If the family agrees to participate in Healthy Start and its program evaluation (the first check box option on the Welcome to Healthy Start Consent Form) you should enter the client information in the OCCF Family Manager to obtain an ID number.

The OCCF Family Manager database assigns a Healthy Start ID number to the baby's record after data entry. This can be done either pre- or postnatal. The information you should enter into the OCCF Family Manager is the same information collected on the consent form. For more information on the OCCF Family Manager, contact [occfwebsupport@fc.state.or.us](mailto:occfwebsupport@fc.state.or.us).

It is important to write the baby's ID number on the family's consent form, and/or to keep a list of ID numbers and family names for families who consented to the screen and completed the New Baby Questionnaire. After data entry, the Healthy Start ID number should be added to the child/family's chart so it can be used when sending required data to NPC for the Healthy Start Evaluation.

Be sure to record the child's ID number on the consent form, and keep a copy for your program records. **You must include the child's ID number on each and every form you complete.**

#### *Should we enter people who refuse to participate in the program evaluation into the OCCF Family Manager?*

Yes. If a family agrees to participate in Healthy Start, but not the evaluation (the second check box option on the Welcome to Healthy Start Consent Form) you should still enter the client's information into OCCF Family Manager (the OCCF Family Manager is for program documentation). However, you should indicate that they did not agree to the program evaluation by selecting the appropriate consent field in the Family Manager. Information about these families will NOT be provided to NPC. NPC will request from programs the number of documented refusals to share information at the end of the fiscal year.

#### *Should we enter people who refuse services (are not interested in Healthy Start) into OCCF Family Manager?*

That depends. If a family declined any service from Healthy Start (the third check box option on the Welcome to Healthy Start Consent Form) keep documentation of these

families for your own records, but do not enter them into the OCCF Family Manager. At the end of each fiscal year, you can submit the number of families who declined service to NPC Research for inclusion in your reach rates.

## ***2. Prenatal Services***

### ***What do we do if we serve a family prenatally?***

Families served prenatally can be entered into the OCCF Family Manager database. You should also enter as much information as possible on the baby. If you do not know the baby's name, you can put a zero in that field. For the date of birth, you should enter the estimated date of birth for the child, and on the field for "birth type" you should pick "estimated." Entering this information will allow you to obtain an ID number on the child so that you can include it on the NBQ and send it to NPC (you no longer need to wait until the baby is born to send in the NBQ). **Once the baby is born, you will need to edit the child's information, replacing the estimated date of birth with the actual date of birth, as well as updating name and gender fields (in Family Manager), if necessary.**

If a prenatal family is participating in **Intensive Services**, please complete the first part of the Family Intake form during the prenatal period, and keep this form in the child's file. When the baby is born, complete the second half of the Family Intake and send it to NPC (these instructions are also printed on the Family Intake form).

### ***What if we serve a family prenatally and they drop out of the program before the baby's birth?***

If you served the family prenatally and obtained an ID number through the OCCF Family Manager, you should send in an exit form on that child.

However, if you did not obtain an ID number through the OCCF Family Manager database for the client, you should include that family in your count of families served prenatally, but who exited before the birth of the baby (and before an ID number was obtained), to NPC Research for inclusion in your "reach rate." This information will be requested by NPC at the end of the fiscal year.

## ***3. Twins/<sup>2</sup><sup>d</sup> Births***

### ***What do we do if the family has twins?***

Enter both children into the OCCF Family Manager database and record their ID numbers. Choose the ID number of the first-born child as a tracking number for the family and submit all subsequent information using that target child's ID number. The other twin's ID number should be reported on item "C" of the New Baby Questionnaire (under the "Program Use Only" section). Child-specific data, such as the ASQ, will be collected for both children, but only reported for the firstborn twin.

### ***What about screening a second child born to a family already receiving Intensive Service?***

**You do not need to re-screen the family.** However, you should get a new ID number for the sibling from the OCCF Family Manager database. Record the new sibling's ID number on item 33 of the next Family Update form you complete for the target child.

As a reminder, evaluation forms should only be submitted for the first-born child—do not submit evaluation forms (Family Intakes, Family Updates, etc.) for the additional sibling(s).

#### ***4. NBQ and Eligibility for Services***

##### ***How do I record eligibility for services on the NBQ?***

If the NBQ results in a negative screen, fill in the bubble, “Not eligible (negative screen)”.

If the NBQ results in a positive screen, you will choose one of the bubbles below “Eligible (positive screen, mark one below)” indicating whether the family is interested, declines, or is not offered IS (the latter should be used ONLY if the family is already enrolled in another program similar to Healthy Start)

If the NBQ results in a positive screen and the family is “Interested if available”, you must do one of two things: 1) Complete and submit a Family Intake to verify that a first home visit was completed, OR 2) if a first home visit was not completed, you must complete and submit an Exit Form, selecting the “Reason for Exit” under “Family never completed home visit”.

**Important!** All families who have “interested if available” checked on the NBQ must have either a Family Intake or an Exit form submitted to NPC Research.

#### ***5. Kempe***

##### ***Do I need to submit a Kempe form for every family?***

Every family who receives a first home visit with Intensive Services should have a Kempe form submitted.

##### ***How do I complete the Child’s Date of Birth section for a prenatal screen?***

Leave the date of birth section blank and send the Kempe to NPC Research.

#### ***6. Family Intake and Parent Survey I***

##### ***What forms do we fill out if an Intensive Service family enters the program when the target child is older than 1 month?***

Remember that HFA standards encourage screening and enrollment during the first month after the baby’s birth. However, in the rare case where a family is enrolled after this time, you will still enter the family into the OCCF Family Manage database to obtain an ID number. You should also fill out a Family Intake form as well as Parent Survey I (regardless of age of the child, as these forms establish the “baseline” for a child entering the program). If a child is enrolled when s/he is over 3 months old, you may **skip** the 6-month Family Update and Parent Survey II. Wait until the child is 12 months old to fill out the Family Update and Parent Survey II.

##### ***When completing the section on family service needs and resources, should I answer based on what I think the family needs, or what the family says they need?***

The purpose of this section is to identify family issues and track how Healthy Start is responding to them. For this reason, it is important for you to use your best judgment as a skilled home visitor to indicate what you believe the family needs to thrive, regardless of whether the family acknowledges the need. For example, a family may not acknowledge the need for drug/alcohol services, but if it is your informed opinion that the family needs these services to thrive, please indicate that the family needs this service.

***What if the parent refuses to do the Parent Survey?***

Parent Survey forms are voluntary. Let the parent know that participation is voluntary. Tell the parent: “Answering the questions will help us plan better programs for you and other parents. But whether you answer the questions or not will not affect your eligibility to continue to receive Healthy Start services.” If a parent refuses to complete the Parent Survey, home visitors should complete the bottom of the form (which includes the reason for not completing the form) and submit to NPC.

***What if the family has two parents/caregivers who would like to fill out the Parent Survey forms separately?***

Tell both parents/caregivers to fill out the forms. When you (the home visitor) receive the surveys from the parents, then you must decide which parent is the primary caregiver, or most involved with the Healthy Start program, and send in that parent’s/caregiver’s form to NPC Research (you can retain the other parent’s form for your records). You should always send in Parent Surveys from that same parent in the future so that the same parent is tracked over time.

***7. Family Intake & Update***

***When do I submit a Family Update if the Family Intake was done late (e.g., when baby was over one month old)?***

The general rule is that you should submit all forms based on the child’s birth date, regardless of when the prior form was submitted. So if the Intake was completed when the child was 2 months old, submit a Family Update at the child’s 6-month birth date. However, if the Family Intake was completed when the child was over 3 months old, skip the 6-month Family Update, and wait until 12 months (see question # 4).

***If the baby is born premature, what date do I base the ASQ on (the developmental or birth date)?***

Always use the baby’s date of birth as the basis for indicating ASQ and Family Update months on the Family Update. You may use adjusted scoring guidelines on the ASQ as applicable.

***I connected a family I'm providing home visits to with education assistance early in the first month of service, prior to completing the Family Intake form. Should I indicate this as “service currently used” since I’ve already connected them or “family lacks needed service” since they lacked the service at the time of their Healthy Start enrollment?***

If the family member lacked the needed service prior to their enrollment with Healthy Start, you should indicate, “family lacks needed service” on the Family Intake, despite the fact that you may have already started this connection to service. However, on the subsequent Family Update (item #11) you should mark “Yes” that the family “lacked the needed service since the last Update/Intake” and indicate that “Yes” the family was connected to the service, even if you weren’t the one who connected them.

***8. Parent Surveys I and II (A and B)***

***Page 1 of the Parent Survey I and Parent Survey II (A and B) gives "language barrier" as an option for indicating why the survey was not completed. Does this mean that we don't have to administer these survey forms to families that don't speak English or Spanish (for example, if they only speak Russian)?***

That is correct. We will not survey families that cannot understand what we are asking, whether that is because they speak a language that we do not have a form translated in or because of a developmental disability. However, every effort should be made to translate or interpret for the parent so that s/he can complete at least the Parent Survey I and Parent Survey 2A.

## ***9. Exit/Re-Entry***

### ***Do we need to send an Exit/Re-entry form when a family changes workers?***

**No.** You should not fill out an exit/re-entry form if a family switches a family support worker. The first time the new worker sends in a data form with their worker identification number on it our system will automatically update the worker for that family in our database.

### ***There's no place to exit subsequent births or twins anymore – what should we do?***

Siblings and twins no longer require an exit form. For subsequent births, enter the child's information into the OCCF Family Manager database to obtain an ID number. Enter this ID number on the Family Update form. For twins, indicate that it was a "multiple birth" on item C of the New Baby Questionnaire, and enter the twin's ID number.

### ***What time period do I report for families who were previously in Healthy Start, and now are exiting for a second time?***

Record only the time period for the second series of program services. The services for the first time the parent was in Healthy Start have already been recorded.

### ***If a family meets their family goals but the child is exited prior to their third birthday, do I mark the reason for exit as, "Child reached age limit of program"?***

No, mark "Other" as the exit reason and indicate "Excellent progress" on the Family's Status at Exit. Only use the exit reason, "Child reached age limit of program" if child is 3 (or 5 depending on your program) at the time of exit.

## ***10. Creative Outreach***

### ***Do I need to fill out an exit form when I place a family on creative outreach?***

No. You only should fill out an exit form when you are ending unsuccessful creative outreach on that family (typically after 90 days), or if during the creative outreach process you locate the family and they refuse further Healthy Start services.

### ***I've been unable to reach a family on my caseload. I've tried a variety of ways to locate them, but have been unable to do so for over 90 days now. How will the evaluation and program know that I tried to locate this family for 3 months after my last visit with them, and that I didn't just "do nothing"?***

The exit form you complete for the family will document your attempts to locate the family. Under "Service Information" on the exit form, you should indicate (1) the dates of your first and last home visits with the family, (2) the date you placed the family on creative outreach (typically this can be the first date you unsuccessfully tried to contact them, and (3) the date you are ending creative outreach (which should be at least 90 days after the start of creative outreach). If you are unsure as to the reason why the family has disengaged and aren't comfortable choosing from the options listed on the Exit form, bubble "Other" and explain

that the family has ended Creative Outreach and the reason is unknown. However, please try your best to determine that family's reason for disengagement.

The case file you keep on that family should include documentation of creative outreach attempts. These files should be housed at your program office—you do not need to send this documentation to the evaluation team.

***After a couple months of having a family on creative outreach, I've successfully reengaged them in service. Do I need to fill out a re-entry form?***

You do not need to complete a re-entry form for clients you re-engaged during the creative outreach process, since they hadn't been formally exited. On the next Family Update that you complete, indicate on question #4 how many days the family was on creative outreach. If you mistakenly exited a family, please let the evaluation know.

***A family I'm serving was on creative outreach when their last Family Update and parent survey were due. Should I complete it upon their reengagement in the program? Do I need to redo an Intake form?***

Continue to do evaluation forms based on the child's age and evaluation manual recommendations even though you are not providing home visits to this family. On the next Family Update you complete, indicate how many days the family was on creative outreach since the last completed Family Update (see question # 4). You do not need to do a new Family Intake for this family.

## ***11. Rates of Abuse and Neglect***

***Are the Healthy Start screened/referred families (those not receiving on-going home visiting services) being tracked for their rates of abuse and neglect?***

Yes, we report this information in the annual Healthy Start of Oregon Status Report, if they consented to the program evaluation.

***Is the only way you track the rates of abuse and neglect for Intensive Service families through the Family Updates?***

We do ask some questions on the Family Intake and Updates about services received or pending cases on the family through Oregon Department of Human Services, Children, Adults, and Families Division (CAF). However, we get information on actual founded abuse cases through a data sharing agreement with OCCF and CAF.

***How does Healthy Start measure/evaluate if child abuse is reduced in their population?***

NPC sends a list of the Healthy Start ID numbers for all Healthy Start families to OCCF. OCCF adds identifying information to each family's ID number, and forwards the information to CAF. CAF then matches these families with any confirmed cases of child maltreatment, and sends de-identified data back to NPC. CAF also provides NPC with data about the number of confirmed cases of child maltreatment for non-served families with children aged 0–2 in the same counties. CAF never releases families' names. All data NPC receives is by Healthy Start ID number.

## ***12. Miscellaneous***

***Does NPC Research have any direct contact with screened/referred families or Intensive Home Visiting families?***

No. NPC Research uses information that is sent to us from the Healthy Start programs and information that we receive through the OCCF Family Manager database.

***Do we need to notify the evaluation if the family changes workers?***

No. There is no need to notify the evaluation because this will change automatically in our database when the next form for the family is received with the new worker's ID on it.

***When are trainings for the HOME held and by whom?***

HOME trainings are held on an as-needed basis, as we feel it is important for workers to understand the tool as best they can. However, funding limits the number of trainings that can be held. A HOME training video/DVD was distributed to all sites at the July 2004 Quarterly Managers Meeting. Additional copies can be requested directly from NPC Research, (503) 243-2436.

***When are trainings for the Healthy Start Evaluation and forms held and by whom?***

You will receive orientation to the evaluation forms by your program. In addition, a Healthy Start Evaluation DVD was distributed to all programs in September 2007. Additional copies can be requested directly from OCCF.

***To whom should I direct program related questions such as enrollment, service level assignment, number of home visit required, and/or when to exit a family from service?***

Direct these questions to Karen Van Tassel at the OCCF office at (503) 378-5120 or [karen.vantassell@state.or.us](mailto:karen.vantassell@state.or.us).

## II. Program Description

Healthy Start is a statewide home visiting program designed to preventing child maltreatment using the research-based Healthy Families America (HFA) program model. Healthy Start is a key component of Oregon's system of supports and services for families with young children. Healthy Start promotes wellness for Oregon families with first-born newborns by offering universal, accessible, and non-stigmatizing services tailored to the family's unique situation. The primary goals of Healthy Start are to: (1) prevent child maltreatment and to (2) support school readiness. Healthy Start attempts to reach all consenting first-birth parents to offer screening, referral, and information. Families may also receive a Welcome Baby gift packet filled with information about parenting and child development. Families that are identified through Healthy Start's screening process as being at higher risk for adverse childhood outcomes are offered ongoing home visiting service. Services are offered to new families either during the prenatal period or at the time of birth (or soon after).

### *Screening and Referral Services*

*Screening.* Healthy Start attempts to reach all first-born children by identifying parents parentally or at the time of the child's birth. Screening systems vary across programs, and are designed to be cost-effective, locally-organized systems that build on existing community resources and networks. Using a research-based screening tool, the New Baby Questionnaire, Healthy Start workers or volunteers screen new parents for characteristics associated with poor child and family outcomes, such as social isolation, lack of prenatal care, depression, substance abuse, and financial stress. Families who have few, or no, characteristics that place them at risk for poor outcomes, receive short-term information and referral services. For example, families may receive a packet of child development and parenting information, or a telephone call with information about community resources such as parenting support groups or breast-feeding assistance. For more information about screening processes, see the Healthy Start Policy and Procedure Manual and the Healthy Start Training Manual for Home Visitors.

***Healthy Start  
is voluntary***

Families are free to decline screening, assessment, and/or service at any time.

### *Intensive Services*

Families who have positive risk screens are offered Intensive Home Visiting Services (if caseloads allow). Using the research-based HFA model, Healthy Start offers up to 5 years of home visiting services for Oregon's highest risk families. Newly enrolled families receive weekly home visits from a qualified and trained Healthy Start Family Support Worker. Visits decrease in frequency as the family's needs decrease. Programs use the HFA system of well-defined levels of service to determine the frequency of home visits based on a family's current issues and resources. FSWs have limited caseloads in order to support their intensive work with families (see Healthy Start Policy and Procedure Manual for more information).

Home visits focus on supporting parents in their role as the child's first teacher, providing evidence-based parenting and child development information, coaching, and support. FSWs also help parents to access needed community resources, including basic tangible supports such as food, clothing, baby supplies and housing, as well as more specialized assistance such as mental health counseling, substance abuse treatment, or health services. FSWs also work

with parents to make sure children are developing positively, providing regular developmental assessments and monitoring of children's immunization status and access to preventive health care. Some programs also provide parent support groups, parent-child play groups, and other activities to support parents and their children.

### III. Overview of Data Management System

Healthy Start is specifically required by Oregon legislation to document the results of comprehensive assessment and the outcomes for families as these relate to Oregon’s Early Childhood Benchmarks. Evaluation data are also used to monitor the program’s adherence to Healthy Families America credentialing standards.

All sites participate in the statewide data collection and evaluation system. Findings are reported annually in two areas:

- \* **Implementation and service outputs:** What level of services is being provided?
- \* **Outcomes for children and families:** Is the program reaching its intended goals?

This information is useful for stakeholders including families, program staff, program management, and the Oregon legislature and other policymakers.

The Healthy Start Evaluation focuses on outputs and outcomes of Healthy Start programs. Measurement occurs at entry into the Healthy Start system, either during the prenatal period or when the child is born, and thereafter, at 6 month intervals. The evaluation provides data to monitor adherence to the Healthy Families of America performance standards.

**Outcomes are tracked only for higher risk families receiving Intensive Service.** Table 1 shows key outcomes that are tracked for Healthy Start families.

**Table 1. Key Outcomes for Oregon Healthy Start**

Key Healthy Start Program Outcomes
Children free from maltreatment
Children typically developing
Early intervention for children who need it
Regular health care and immunizations
Frequent family literacy activities
Adequate basic resources
Good parenting skills
Adequate support networks
Early, comprehensive prenatal care for second pregnancies
Family satisfaction

*If families provide consent*, demographic information about the families screened through the Healthy Start collaboration is entered at the local level into the Oregon Commission on Children and Families “Family Manager” data system, and a Healthy Start identification number is obtained. In order to protect the confidentiality of children and their parents/guardians, this ID number is then used in place of a name or other identifier, by

local Healthy Start staff on all evaluation forms. Outcome information on child and family progress is collected at the local level by Healthy Start workers *only for families receiving Intensive Service*. This information is transmitted on a monthly basis to NPC Research. Neither children's names nor those of their parents or guardians are included in the data files at NPC Research.

***Child maltreatment***

On an annual basis, the Oregon Department of Human Services, Children, Adults, and Families Division (CAF) reviews all children screened/served by Healthy Start for victimization reports. To assess the rate of child maltreatment by service type, victimization information about founded cases of abuse and neglect is transmitted to NPC Research at an individual (de-identified) level.

***Reporting results***

Implementation and outcome data are analyzed and reported by NPC Research. Participation rates for the number of families screened and served, as well as key outcomes are reported to local projects.

## IV. Consent Forms & Overview of Confidentiality Procedures

The Healthy Start program and its evaluation have developed stringent confidentiality procedures to protect the rights of participants and allow for the sharing of critical program and outcome information. Throughout the evaluation, *family privacy is protected*. The Healthy Start evaluation procedures for ensuring informed participant consent, confidentiality, and data security are reviewed annually by the Institutional Review Board (IRB) at Portland State University, to ensure protections are adequate and in compliance with Federal guidelines for research involving human participants.

At the time Healthy Start workers approach families to describe the Healthy Start program, parents are asked to sign a consent form on which they can indicate one of three levels of initial consent:

- “I agree to participate in Healthy Start and its program evaluation” – this indicates full consent for the Healthy Start screening and program services and for sharing of information with the evaluation.
- “I agree to participate in Healthy Start but not the program evaluation” – this indicates that the participant agrees to participate in Healthy Start (including completing the NBQ screen) but does NOT want information shared with the evaluation.
- “I am not interested in Healthy Start” – this indicates that the parent is declining Healthy Start services, including screening services. **Important:** IF the parent declines Healthy Start, this includes declining to complete the NBQ. If a parent completes the NBQ, but isn’t interested in other Healthy Start services or the evaluation, they should indicate consent level #2.

If families do not agree to participate in the evaluation, they still may choose to receive Healthy Start services, but are not included in the evaluation. Families also are informed that they are free at any time to decline to answer evaluation questions without affecting the services they are receiving.

Identification numbers for Healthy Start babies and their families are assigned to ensure privacy. Data files maintained at NPC Research (the contracted Healthy Start evaluators) do not include children’s names or the names of their parents or guardians. All information is transmitted to NPC Research by identification number only.

Healthy Start workers who obtain family consent should review the consent form in detail with the family. Typically, the consent form is reviewed in person with the parent. However, verbal consent may be granted (over the telephone) if the Healthy Start worker mails the consent form and HIPAA form to the parent, documents the date verbal consent was given, and documents the date they sent the forms in the mail. If the family accepts Healthy Start Intensive Services, the worker must obtain the signed consent form from the parent and maintain it in their records. On the following pages are suggested “talking points” to go over with the family to ensure that they understand the detailed consent language on the second page of this form.

## Talking Points for Home Visitors for the Healthy Start Consent Form “Welcome to Healthy Start”

As the family’s first contact with Healthy Start, it is important for you (the FSW or other staff) to help the parent understand the consent form (located on the back, or attached to, the “Welcome to Healthy Start” form). Below, we go through the “key points” to go over with families when they sign the consent forms. We suggest that you go over the consent form verbally with the parent, summarizing the key points below.

### About the Healthy Start Program

- This paragraph tells you that if you participate in Healthy Start, that you:
  - **Will be contacted** by phone or in person to learn about services, and
  - **Agree to fill out a short questionnaire**, called the New Baby Questionnaire, **which will tell us about whether you’re eligible for additional services.**
- **It also tells you that everything in Healthy Start is voluntary**, and you can skip any question that you don’t want to answer. Even if you sign the consent form, you can always change your mind later.

### About the Healthy Start Evaluation & Confidentiality

- This part tells you about our evaluation and how we keep your information confidential:
  - **The Healthy Start program has an evaluation** that helps us know whether the program is working for families.
  - **The evaluation is very important** for helping us improve the program and for our funding, *but* you can be in Healthy Start even if you don’t want to be in the evaluation
  - If you participate in the evaluation, all the information you provide will be kept **confidential** but shared with the researchers for evaluation purposes only.
  - This means your name and information about you or your family will **not be shared with** those outside of Healthy Start or the evaluation team without your permission.
  - I do need to tell you that the only exception to this is that Healthy Start workers are required by law to report child abuse or neglect if they witness it.

### Benefits of Healthy Start

- Here we are just saying that if you participate in Healthy Start, we hope you will get some valuable information and other services that can help you as a new parent. And, as I said before, participating in the evaluation helps the program to continue to improve our services.

## **HIPPA**

- This section is about a federal standard called HIPAA [Health Insurance Portability and Accountability Act] that protects your private health information and the health information of your child(ren). By checking off this box you are showing that you received our HIPAA form describing your rights and the protections of your personal information.

## **Questions**

- If you have any questions, this paragraph just tells you who to call to get more information.

After the parents read and understand the consent form, have them complete the “Welcome to Healthy Start” form with their level of consent and contact information. Copy the form and keep one for your program’s records.

On the next page is a copy of the Healthy Start consent form. Programs may make modifications to this form with the following exceptions:

1. Questions 1-10 (family information) must be included in the consent form.
2. Consent check boxes cannot be reworded or other options added
3. The detailed consent language on the back of the change may not be modified, as this language has been approved by the Portland State University Institutional Review Board for compliance with ethical treatment of participants in research projects.

# Welcome to Healthy Start!



Having your first child brings big changes in your life. Everyone having a baby has lots of questions and could use some extra support. That is why the Healthy Start program is here. Just having your first baby makes you eligible! Our services are voluntary and they are free.

Your participation begins when you sign this Consent Form and complete the New Baby Questionnaire. Your answers to the Questionnaire are confidential and will help us to make sure you get the support you need for your baby. Your responses also help Healthy Start of Oregon understand the needs of families that are giving birth to their first child and evaluate future funding and program support.

I've read and understand the information on the back of this page, and: *(please check one box):*

- I agree to participate in Healthy Start and its statewide program evaluation, including filling out the New Baby Questionnaire.
- I agree to participate in Healthy Start, including filling out the New Baby Questionnaire, but not the statewide program evaluation.
- I am not interested in Healthy Start, and decline to complete the New Baby Questionnaire. *Would you share why?* \_\_\_\_\_

\_\_\_\_\_  
**Your Signature** (Baby's parent)

\_\_\_\_\_  
**Today's Date**

**Important:** Your initials here indicate that you received a copy of the HIPAA *Notice of Privacy Practices* form from the Healthy Start Program providing this screen.

\_\_\_\_\_  
**Your Initials (Baby's parent)**



1. Your name (include middle initial)  
\_\_\_\_\_
2. Your date of birth \_\_\_\_\_
3. Street address \_\_\_\_\_
4. City & Zip \_\_\_\_\_
5. Phone ( \_\_\_\_ ) \_\_\_\_\_
6. Spouse/Partner name (if applicable)  
\_\_\_\_\_

7. Due date if pregnant \_\_\_\_\_  
*If baby is born:*
8. Baby's full name:  
\_\_\_\_\_
9. Baby's date of birth \_\_\_\_\_
10. Baby's gender: Male   
Female

Thank you for completing this form!

## V. Overview of Data Collection Procedures

### 1. Consent, Screening and Assessment Forms

**Consent Forms.** A consent form (“Welcome to Healthy Start”) should be completed for each family who is approached by Healthy Start, **even if that family declines to participate.** These refusals should be documented on the consent form as evidence that an attempt was made to offer Healthy Start services to the family. Consent forms with all documented refusals should be maintained by the program office for end of the fiscal year reporting. Many of the items on the consent form are required elements for data entry in the OCCF Family Manager. **Be sure to record the baby’s ID number on the consent form, as well as on the New Baby Questionnaire. Of course, you will not have an ID number for families who decline Healthy Start services.**

**ID Numbers:** Sites **MUST** keep a list of Healthy Start ID numbers assigned to each child that is screened along with the child’s name and family name for monitoring purposes. You will use this ID number on all forms you submit on the family.

**Screening Forms (New Baby Questionnaire).** The New Baby Questionnaire should be completed for all families who consent to the screening. The completed Questionnaire for all families who consent to sharing their data with the evaluation should be mailed to NPC Research. This process is summarized in Table 2 below. For more detail and example forms, see this manual, Section VI, Directions for Screening and Assessment.

**Kempe Family Stress Inventory Scoring Sheet.** **ALL families who accept and receive Intensive Services must receive** a Kempe Assessment. Results of the Kempe Assessment should be noted on the Kempe Family Stress Interview Scoring Sheet (bubble sheet) and submitted to NPC Research. **Note that the Scoring Sheet does not replace the Kempe write-up, which includes the detailed information that you will need to work with the family.**

**Table 2. Data Collection For Screening and Assessment**

What is collected?	<ul style="list-style-type: none"> <li>• Consent (“Welcome to Healthy Start”) and Screening form (New Baby Questionnaire) for all families</li> <li>• Kempe Scoring Sheet for all families who accept and receive Intensive Service.</li> <li>• Items from the Consent Forms are entered onto OCCF Family manager to obtain an ID number.</li> </ul>
Who collects?	<ul style="list-style-type: none"> <li>• Health Care Providers, Home Visitors, others. (This depends on local Healthy Start site structure.)</li> </ul>
When?	<ul style="list-style-type: none"> <li>• Consent &amp; NBQ: At birth (some parts can be completed prenatally), or at the time the family is approached about screening and service. The goal for Healthy Start is to screen the family within 2 weeks of the baby’s birth.</li> <li>• Kempe Assessment: In accordance to timeline suggested in</li> </ul>

	Policy and Procedures Manual.
Where do forms go?	<ul style="list-style-type: none"> <li>• Screening (NBQ) and Kempe Scoring Forms are completed locally, and then sent to NPC Research (each form should be identified by the ID number obtained from the OCCF Family Manager database).</li> <li>• Consent Forms: A copy of the detailed consent language should be provided to families. Programs must keep copies of all consent forms for their records.</li> </ul>

## 2. Data Collection for Intensive Service Families

The following table lists forms used in the Healthy Start evaluation for measuring family outcomes for Intensive Service families. The table also lists the child's age in months when the forms are due. Following the table is a list of the forms, along with brief descriptions of who completes them and when they should be completed. Ideally forms should be completed within one month of the scheduled due date. The evaluation will not accept forms completed more than 90 days of the scheduled due date. Due dates are **always** based on the child's birth date, even if prior forms were completed late.

**Table 3. Data Collection for Intensive Service Families**

Measurement Tools	Child's Age in Months												
	1 Mo*	4 Mos	6 Mos	8 Mos	12 Mos	18 Mos	24 Mos	30 Mos	36 Mos	42 Mos	48 Mos	54 Mos	60 Mos
<b>Kempe</b>	X												
<b>Family Intake</b>	X												
<b>Parent Survey I</b>	X												
<b>Parent Survey II (A and B)</b>			X		X		X		X		X		X
<b>Family Update</b>			X		X	X	X	X	X	X	X	X	X
<b>Developmental screen: ASQ</b>		X		X	X	X	X	X	X		X		X
<b>Developmental Screen: ASQ-SE</b>			X		X	X	X	X	X		X		X
<b>HOME</b>					X		X		X		X		X

\*or 1<sup>st</sup> month of service

1. **Family Intake Forms:** The Family Intake is **completed by the home visitor** when the child is one month old or during the first month of service. Both the Family Intake and the Parent Survey I establish a baseline against which progress will be measured. If the family is served prenatally, complete the Family Intake through question 8 during the family's first month of service, then complete the remainder of the form after the baby is born. This form should be completed even if the family is on Creative Outreach. Please see detailed instruction for completing the Family Intake in Chapter VII.

2. **Parent Survey I:** The Parent Survey I should be **completed by the parent** during the first month of service, typically the first month after the child's birth. If the family is served prenatally, then this form should be completed when the child is born. Although the goal is to administer the Parent Survey in a way that allows parents to complete the surveys confidentially, the home visitor may assist parents/guardians who need help completing the survey (e.g., because of literacy and/or language issues). If a visitor assists a parent in completing the form, or completes the form for the parent, it should be noted on item E on the bottom of the form. Please see detailed instructions for administering the Parent Survey in Chapter IX.
3. **Parent Survey II (A and B):** The Parent Survey II (A and B) should be **completed by the parent** when the child is 6, 12, 24, 36, 48, and 60 months old. Although the goal is to administer the Parent Survey in a way that allows parents to complete the surveys confidentially, the home visitor may assist parents/guardians who need help completing the survey (e.g., because of literacy and/or language issues). If a visitor assists a parent in completing the form, or completes the form for the parent, it should be noted on item F on the bottom of the form. Please see detailed instructions for administering the Parent Survey in Chapter IX.  
  
\*Please note that Parent Surveys are administered less frequently than Family Updates.
4. **Family Update:** The Family Update is **completed by the home visitor** when the child is 6, 12, 18, 24, 30, 36, 42, 48, 54, and 60 months old. **Forms should be completed as close to the child's birth date as possible.** Forms can be completed up to one month early. Forms will not be accepted if completed later than 90 days (3 months) after the child's birth date. NPC Research sends regular reports to each site that identify which forms are upcoming for each family and worker to aid in tracking. Table 3 summarizes when each form should be completed. Forms should be turned in to your program's data manager immediately after you complete them. Please see detailed instruction for completing the Family Updates in Chapter VIII.
5. **Ages and Stages Developmental Screening (ASQ):** The Ages and Stages Developmental Screening is **completed by the home visitor** when the child is 4, 8, 12, 18, 24, 30, 36, 48, and 60 months old for program purposes. Screenings conducted closest to a Family Update can be reported on that update for use as an evaluation measure of child/family progress. For example, a 4-month ASQ Screening can be reported on the 6-month Family Update.
6. **Ages and Stages – Social-Emotional Screening (ASQ-SE):** The Ages and Stages Social-Emotional Screening is **completed by the home visitor** when the child is 6 months old, and every 6 months after that. Screenings conducted closest to a Family Update can be reported on that update for use as an evaluation measure of child/family progress.
7. **HOME Forms:** The 12- and 24-Month HOME is **completed by the home visitor** when the child is 12 months old, and again when the child is 24 months old. The 36, 48, and 60-Month HOME is conducted when the child reaches 36, 48, and 60 months. Please see detailed instruction for completing the HOME forms in Chapter X.

### ***3. Exiting or Re-Entering Families***

Complete a **Family Exit/Re-Entry Form** (see detailed instruction for completing the Exit/Re-Entry Form in Chapter XI) to let NPC Research know when families are discharged from Intensive Service. This form summarizes the family service history including the start and end dates at each service level, time on creative outreach, total number of visits and the total number of home visitors who served the family.

If a family exits for a second time (exited the program, then re-entered, and is now exiting again) only record information since the latest re-entry on the exit form. If a family is moving to another county but still intends to receive service, **they must be exited by their original county** (with the Exit/Re-entry form) and re-entered (with another Exit/Re-entry form) by the new county when the family begins service there. Please note that the family should always have the same State ID number, even when they move to another county.

**If a family re-enters service after being discharged** use the Exit/Re-Entry form to let NPC Research know that the family has resumed service. Complete the back of the form (Re-Entry) and mark the circumstances of the re-entry (e.g., a family transferred from a different county's Healthy Start program, or had moved away, but is now back).

### ***4. Transmitting data***

Evaluation forms are collected at each site and sent to NPC Research on a monthly (or more frequent) basis. Contact NPC Research with any questions about data management. In order for data tracking and quarterly reports to be accurate, it is extremely important that all forms are turned in to the site and to NPC on a timely basis. Data collected during the prior month should be completed and sent to NPC postmarked by the 10<sup>th</sup> of each month. For example, data collected during June should be submitted to the site and mailed to NPC by July 10.

Please print out copies of the Healthy Start Data Transmission Sheet (next page) to include in each mailing to NPC Research. This will help us verify the number of forms you are including in each mailing. If the forms we receive do not match the number and/or type you've indicated on the transmission sheet, we will contact you to remedy the discrepancy.

You should also be sure that each form you are including in the mailing has the "Minimum Required Fields" completed (please see pages 6 & 7). If any of the required fields are left blank, program managers will receive a Data Error Summary Sheet via e-mail requesting the missing data. The forms listed in the Data Error Summary Sheet will not be processed until the data is received.

**IMPORTANT! In order for quarterly and annual reports to be accurate, all data must be received by NPC Research in a timely manner. Please make sure workers submit paperwork promptly, and that the paper work is submitted quickly to NPC for processing.**

**Send all data from the prior month postmarked by the 10<sup>th</sup> of the following month to:**

Healthy Start  
NPC Research  
4380 SW Macadam Ave, Suite 530  
Portland, OR 97239  
(503) 243-2436, ext. 117  
[healthystart@npcresearch.com](mailto:healthystart@npcresearch.com)

## HEALTHY START DATA TRANSMISSION SHEET

\*This sheet should accompany all form mailings to NPC

Please mail forms to: NPC Research c/o Healthy Start Evaluation  
4380 SW Macadam Ave., Ste. 530  
Portland, OR 97239

Today's date<sup>1</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_ County \_\_\_\_\_

Name & Phone (of person mailing packet) \_\_\_\_\_

Included in this packet are:

<b>FORM</b>	<b># of Forms</b>
New Baby Questionnaire	
Kempe Scoring Sheets	
Family Intake	
Family Update	
Parent Survey I	
Parent Survey II (Part A)	
Parent Survey II (Part B)	
H.O.M.E Inventory: 12 & 24 Months	
Preschool H.O.M.E.: 36, 48 & 60 Months	
Exit / Re-Entry	

PLEASE NOTE: If you need to order additional forms, please send request to: [HealthyStart@npcresearch.com](mailto:HealthyStart@npcresearch.com)

<sup>1</sup> Remember, forms should be mailed by the 10<sup>th</sup> of each month so they can be received by NPC Research by the 15<sup>th</sup>.

## Healthy Start Evaluation Forms: Minimum Required Fields

- This table lists the fields for each evaluation survey that NPC is required to have in order to process (scan) the evaluation form into our databases.
- Please make sure each form you send has the required fields indicated below completed.
- If the fields are not completed, we will be unable to process the form (and it will appear as missing in our tracking reports) until we receive the missing information via e-mail in the monthly Data Error Summary Sheets.
- Please note that this is not the minimum amount of data you should fill in on a form, as all forms should be as complete as possible.

<u>Survey</u>	<u>Required Fields</u>
New Baby Questionnaire	1. Today's date 2. Baby's date of birth 4. Baby's gender A. Child ID number B. Program County D. Healthy Start Intensive Service Status
Kempe Family Stress Inventory	Worker ID Child's ID Worker's County Date of Kempe Child's Date of Birth
Family Intake	Worker ID Child ID County of Service Today's Date Child's Date of Birth 1. Date of First Home Visit
Family Update	Family Update Type Child's age Worker ID Child's ID number County of Service Child's Date of Birth 1. Today's date 33. (If response is yes, ID number must be entered)
Parent Survey I	1. Today's Date 2. Baby's birth date A. Worker ID B. Child's ID number C. County of Residence
Parent Survey II (A and B)	1. Today's date 2. Baby's birth date A. Parent Update type B. Worker ID

C. Child ID's number  
D. County of Residence

\*NOTE: Part B should always be submitted in a sealed, confidential envelope

HOME 12 - 24

Worker ID  
Child's ID number  
County of service  
Today's Date  
Child's Date of Birth  
Child's Age (in months)  
HOME Survey type

HOME 36-48-60

Worker ID  
Child's ID number  
County of service  
Today's Date  
Child's Date of Birth  
Child's Age (in months)  
HOME Survey type

Exit/Re-Entry

\*Note: if Exiting, fill out information under "Exit Information". If Re-Entering, fill out information under "Re-Entry Information" on the back of the form.

Worker ID  
Child's ID number  
County of service  
Today's Date  
Child's Date of Birth

\*For Exit Forms only

- An exit reason should be bubbled in
- First and last home visit should be written and bubbled in (if had a home visit)
- If creative outreach is exit reason, creative outreach dates should be written and bubbled
- If had a home visit, number of home visitors, number of home visits, and family's status should be completed

## VI. Directions for Screening and Assessment

The goal of Healthy Start is to provide screening to all first birth families. Programs determine a screening process for completing the New Baby Questionnaire that meets their local needs. Please refer to the [Healthy Start Training Manual for Home Visitors](#) for more details on the screening process. A Spanish language version of the New Baby Questionnaire is also available.

Below you will find detailed procedures for administering the New Baby Questionnaire, completing the Kempe Interview Scoring Sheet, and a review of basic data entry procedures for using Family Manager.

### *New Baby Questionnaire*

**Step 1. Obtain Consent.** Completing the New Baby Questionnaire is entirely voluntary. Families must sign the consent page in order to proceed with completing the New Baby Questionnaire and any other forms. Please note that Consent Forms can also be used to document attempts to offer screening. **Please see detailed instructions for obtaining consents in Chapter IV “Consent Forms & Overview of Confidentiality Procedures.”**

**If a family consents to “participate in Healthy Start and its program evaluation” (option #1),** have the family complete the New Baby Questionnaire. Enter items 1-10 (from the Consent form) into Family Manager to obtain a Healthy Start ID Number (choose Consent Type ID = Full). Remember to first search to see if the family or caregiver is already in the database. Instructions for data entry can be found in the [Family Manager Phase I Data Entry Instructions Manual](#). A brief introduction is given at the end of this chapter.

If there are multiple births (twins, triplets, etc.), enter the first-born child as the primary client (First Born Client 1). Next, link the twin or sibling to the family (caregiver) by selecting the appropriate family from the Family item. Fill in the remainder of the information for the twin/sibling. Make note of the twin/sibling ID number in your files and record these ID numbers on the Consent Form and NBQ.

**If a family consents to “participate in Healthy Start but not the program evaluation,”** you may enter them into Family Manager, but make sure to choose Consent Type ID = Partial and **do not send forms to NPC Research**. However, it is important to keep the consent and screening forms for your records, as you will report on these families to NPC at the end of the fiscal year.

**If a family does not want to participate in screening/service** ("Am not interested in Healthy Start") **do not send forms to NPC Research**. However, it is important to keep the consent forms for your records for end-of-the-year reports of families served. If a family refuses service and a signature cannot be obtained, the home visitor should document the attempt to provide screening/service by indicating the parent has refused and writing the date on the form. Again, keep the consent form documenting the refusal for your records.

**For families who consent to service and evaluation:**

**Step 2. Administer the New Baby Questionnaire.** In this chapter, you will find a sample interview protocol of how a worker may ask a family the New Baby Questionnaire questions. This protocol has been developed to assist you with the New Baby Questionnaire if you prefer to have workers ask the NBQ questions (rather than the parent completing the questionnaire on their own). You may choose to use it or develop your own style of asking these questions.

**Step 3. Score the New Baby Questionnaire.** If the family receives any two risk indicators (listed below), or scores positive for either depression (“Yes” to both items 19 a and b) or substance use (item 21), they should be considered at higher risk (a "positive" screen), and therefore eligible for Healthy Start Intensive Services.

**Step 4. Enter family information into Family Manager** and obtain a State ID Number (see below). Be sure to record the baby's ID number on the Consent form and on the NBQ form.

**Step 5. Indicate Intensive Service status:** At the bottom of the second (back) page, please indicate the results of the screening and further actions taken. This section is **extremely important**, as the evaluation uses this information in calculating which families are offered Intensive Services for data reporting and tracking.

**Important!** Note that this process changed in July 2008, and requires that programs determine and record, for all eligible (high risk) families, whether they are interested in Intensive Services even if space is not available in the program. If the family is “interested, if available” but Intensive Services are **not** offered because of space limitations, **an Exit form must be completed for the family to record this information.**

In the “program use only” box, item “D. Healthy Start Intensive Service” has the following options:

- **Not eligible, negative screen:** Family has fewer than two risk factors or did not have either depression or substance abuse as a risk factor
- **Eligible (positive screen, mark one below):** Family is eligible for Intensive Services.
  - **Interested if available:** Family eligible for and interested in receiving Intensive Services if there is room in the program.
  - **Declined, parent too busy:** Family was eligible for, but declined, Intensive Services because the parent didn't have time to participate.
  - **Declined, feels services are not needed:** Family was eligible for, but declined, Intensive Services because the parent did not feel that services were needed.
  - **Declined, other (explain):** Provide a brief description of why the family declined. If reason is unknown indicate “reason unknown”
  - **Not offered, already enrolled in another (non-HS) service:** Family was eligible for Intensive Service but was already receiving other services (e.g., the Nurse-Family Partnership program).

***Select the correct Intensive Service status:***

If the family is not eligible, fill in the bubble “Not eligible (negative screen)” and submit to NPC Research.

If the family is eligible, bubble an option beneath “Eligible (positive screen, mark one below)” to select the outcome that applies to the family, e.g., “Interested, if available”, “Declined” (and reason), or “Not offered, enrolled in other program”.

**Important!** If the family is eligible and interested, you must also complete and submit EITHER a Family Intake after the first home visit OR an Exit Form if there is no first home visit occurs.

If there is no first home visit after the family is eligible and interested, you will complete the “Reason for Exit” on the Exit Form in the section, “Family never completed a first home visit” and submit to NPC Research (see Chapter XI).

***Step 6. Complete and submit to NPC the Family Intake and the Kempe Assessment and fill in the Interview Scoring Sheet for all families accepting Intensive Services and receiving a first home visit.***

*Directions for Scoring the New Baby Questionnaire*

**Families are eligible for Healthy Start Intensive Services if**

1. They have depression (“YES” to #19A & 19B), or
2. They have drinking/drug use issues (“YES” to #21), or
3. They have any two or more risk factors below:

<b>ITEM</b>	<b>Response Marked</b>	<b>Risk Factor</b>
Item 7b:	= Mother is 17 years old or younger	Teen parent
Item 13:	= No	Unmarried parent
Item 14a:	= More than 12 weeks	Late prenatal care
Item 14b:	= Less than 5 times	Lack of comprehensive prenatal care
Item 15:	= Less than HS diploma	Less than HS education
Items 16 & 17	= Currently unemployed or Seasonal work	<b>Both</b> mother and spouse/partner (if present) not employed and/or seasonally employed in an unstable job situation
Item 18:	= Some <b>or</b> Most of the time	Trouble paying for basic expenses
Item 19A & 19B	= YES	Depression - Must say yes to both items to score positive for depression.
Item 20:	= Some <b>or</b> Serious problems	Problems in marital/family relationships
Item 21	= YES	Drinking/drug use issues

## *New Baby Questionnaire Interview Guide*

This protocol has been developed to assist you with the New Baby Questionnaire. You may either have the parent(s) fill out the Questionnaire themselves, or you may ask the questions in an interview format. Healthy Start of Oregon programs vary on how they facilitate the completion of this information. This protocol was created particularly for programs that interview their families to collect this information. **At this point the parent/family has already consented to being asked to answer the following questions.** These are simply suggestions about how to address questions to families, and it is not expected that programs would follow this guide word-for-word. There is also a helpful scoring sheet (see previous page) that will assist you in scoring the New Baby Questionnaire to determine if the family is eligible for Healthy Start Intensive Services.

Report on the NBQ information gathered from any reputable source. You may include information that you learn from doctors, counselors, community partners, etc., about the family, even if it is different from what the family reports. Please use your clinical judgment in recording what you believe to be the most accurate information.

*Explanation of data-sharing consent (marked "Agree to participate in Healthy Start and its program evaluation" on the Consent form).* Also, please see the "Talking Points for Home Visitors" in Chapter IV, Consent and Confidentiality Procedures. Healthy Start of Oregon is engaged in ongoing program evaluation to make sure that the program is meeting its goal of providing positive support to families with new babies. Part of this evaluation involves collecting information about who participates in Healthy Start. If you agree to share data with Healthy Start's program evaluation, some basic demographic information will be entered into the Healthy Start database, such as baby's date of birth and gender. In addition, answers to the New Baby Questionnaire will be used in the program's ongoing evaluation to ensure that the program is serving the families who most need support and service. All of your information will be kept confidential, and no one outside the program and its contracted program evaluators will have access to your information.

### *The following introduction may be made:*

"On the information sheet you indicated that you would be willing to complete the New Baby Questionnaire. The New Baby Questionnaire is made available to all families who have just given birth to their first baby. The Questionnaire is one page, front and back, and contains some simple questions about you, your baby, and what's going on in your life right now. Answering the questions will help us to see if there are any community programs or services that might be of assistance to you, your family, and your baby. It should only take a few minutes to answer these questions."

*Please note that the following are only suggestions for how you can ask the questions on the NBQ. Feel free to make any changes appropriate to your program.*

1. Please fill in the date that you filled out this questionnaire.
2. Please fill in your baby's date of birth. Note, if the mother if the baby has not yet been delivered, you can leave this item blank.
3. Mark "yes" or "no" to the question, Are you currently pregnant?

**"I have just a few questions about your baby."**

4. Is your baby a boy or a girl?
5. What racial or ethnic group would you say best describes your baby?

**"Now I have a few questions about you."**

OR, if interviewing a partner, spouse, or guardian, you would say, "Now I will ask you questions about the Mother of this baby (or use baby's name)."

6. Is the first time either you (parent) or your spouse/partner has been a parent?
- 7a. What is your birthday? What year were you born?
- 7b. How old are you?
8. What racial or ethnic group would you say best describes you?
9. Do you speak English? Does anyone in your home speak English?
10. What language do you usually speak at home?
11. What county do you live in?

**"Now I will ask you some health-related questions."**

- 12a. Do you have health insurance for yourself?  
If yes: What type of health insurance do you have? For example, OHP, private health insurance, or any other health insurance?
- 12b. Do you have health insurance for your baby?  
If yes: What type of health insurance does your baby have? For example, OHP, private health insurance, or any other health insurance?
13. Are you married now?
- 14a. How far along were you with this pregnancy when you first went to see a doctor or nurse for prenatal care?
- 14b. How many times did you see your (doctor/nurse/midwife) for this pregnancy?

Please note that for first-time adoptive parents, questions 13a and 13b should be completed if adoptive parents know about the birth mother's prenatal care.

**"The next questions are general questions about your life."**

15. What is the highest level of school that you have finished?

16. Do you have a job now? [or after maternity leave is over]  
If yes: Do you work full time or part time? How many hours?
17. Does your spouse or partner have a job right now? (or after s/he gets back from maternity or paternity leave)  
If yes: Does s/he work full time or part time? How many hours?
18. Sometimes people have a hard time paying their bills. About how often would you say you have trouble paying for basic living expenses like, for example, rent, food, or electricity? Would you say never, some of the time, or most of the time?

**"While the next few questions may or may not apply to you, please answer them as best you can."**

- 19 a and 19b. Sometimes people feel sad or depressed. During the past month, have you often been bothered by feeling down, depressed, or hopeless? Have you been often been bothered by having little interest or pleasure in doing things? ?
20. Everyone has problems with their family relationships at times. Would you say you have few or minor problems, some problems, or serious problems with your family? [By family, we mean spouse/partner or anyone else you consider to be your family.]
21. Some people use drugs and/or alcohol more than others. Do you or your partner feel a need to (or has someone asked you or your partner to) cut down on your drinking or drug use?
22. How many people do you know that you could turn to for support, or talk to about problems, concerns, or things that are bothering you?
23. Thank you very much for answering these questions for me. Do you have anything that you'd like to ask? [Other program-specific information can be added here.]

## Directions for the Kempe Family Stress Interview Scoring Sheet

The Kempe Family Stress Interview should be conducted with all families who agree to participate in Healthy Start Intensive Services. The Kempe Family Stress Inventory Scoring Sheet should be used to record the family's scores from the Kempe Assessment. You should use the appropriate form and documentation for the narrative notes for the Kempe Assessment (see Healthy Start Home Visitor training materials). The NPC Research evaluation form is only for recording the results of the Kempe assessment.

Complete the Worker ID, Child's ID number, the home visitor's county of employment, and the date of the Kempe.

Indicate scores for primary caregiver (typically the mother) and for second parent figure (e.g., the father), if present. Please note that KEMPE items 1, 2, 3, and 4 request additional information. If the parent scores a 5 or higher on any of these items, workers should indicate which items listed are of concern to the family.

**IMPORTANT:** Even if a family is on creative outreach, the FSW must submit a Kempe form on the family when one is due.

### *Prenatal Kempe Assessment*

The Kempe may be administered before the birth of the baby if the family screens eligible for Intensive Services and your program decides to begin Intensive Services prenatally. Please remember that you will need to enter the baby's additional information (actual date of birth, gender if not known prenatally, and name if not known prenatally) in Family Manager after the birth of the baby.

If you've conducted the Kempe on a family prenatally, you do not need to re-administer the Kempe once the baby is born.

## Directions for Data Entry and Form Processing Procedures

Procedures for data entry vary by site. Below we provide the basic guidelines for entering data in Family Manager to obtain Healthy Start Identification Numbers.

**Step 1.** Use the data entry procedure covered by the Oregon Commission on Children and Families: Family Manager Phase I Data Entry Instructions manual to enter the needed demographic information and enter the client as a Healthy Start program family. All programs should have the Family Manager manual. If you have not received this information, please notify the Healthy Start State Coordinator or download the manual off the NPC Web site ([www.npcresearch.com](http://www.npcresearch.com)). These procedures should be followed to determine whether the family/caregiver is already entered in Family Manager and, if not, to create a new entry for the family. Then you will need to enter consent form items 1-5 on the “Add a Family” screen and items 6-9 on the “Add/Edit a Child” screen and obtain the child’s ID number. Record the ID number on all of the family’s paperwork, including the Consent Form.

**Step 2.** Copy the New Baby Questionnaire and send the **original** to NPC Research, keeping the copy for your records. NPC Research will enter the New Baby Questionnaire information into the Healthy Start database. Keep the consent form for your records; do not send it to NPC.

NOTE: If two New Baby Questionnaires have been filled out on a family, one prenatally and one postnatally, the rule on choosing which New Baby Questionnaire to keep is 1) choose the New Baby Questionnaire that qualifies the family for Intensive Service, if the two results are different or 2) if the results are the same, choose the earliest-dated New Baby Questionnaire.

**Step 3.** When completed, send the Kempe Family Stress Interview Scoring Sheet to NPC Research. A Kempe Scoring Sheet should be completed for every family who accepts Healthy Start Intensive Services and receives a home visit.

## VII. Directions for the Family Intake Form

**Overview.** The Family Intake expands on information obtained during the screening and assessment process in order to establish a baseline against which future progress will be measured. **The home visitor completes it during the first month of service for Intensive Service families only.**

**IMPORTANT:** Even if a family is on creative outreach, the FSW must submit a Family Intake form on the family when one is due.

The Family Intake is divided into two sections:

### I. Demographic Information

### II. Basic Services and Resources

**IMPORTANT:** Always fill in the bubbles for Worker ID, Child ID, County of Service, Today's Date, Child's Date of Birth, and Date of First Home Visit.

#### *I. Demographic Information*

##### 1. Date of first home visit

##### 2. Is/was the family served by Healthy Start prenatally?

Did your Healthy Start program serve this family before the baby was born?

##### 3. Is this family a Healthy Start family?

Choose *Yes* if this family is receiving any Healthy Start services. If *No*, enter the program name currently serving the family, and do not send form to NPC. (A few counties use this form for other programs besides Healthy Start.)

##### 4. Gross monthly family income

Choose the category that best describes the financial resources for this family. Family is defined as newborn child and primary caregiver(s). If the family lives with parent(s) or relatives and shares expenses, use the caregiver(s) personal income. If the family lives with parent(s) or relatives and the caregiver has no personal income, use the gross monthly income of the household.

##### 5. Size of family supported by income

Choose the number of people supported by the family income. If the baby is not born, do not include the baby in this number.

#### *II. Basic Services and Resources*

##### 6. Which services or resources does the family currently use?

The purpose of this section is to document the family's service needs and resources at the point of entry into the program. As such, this provides a baseline snapshot of the family's involvement with services, as well as documenting the family's service needs in a variety of areas. It is not expected that the family's needs will have been met at this initial point in time. However, if you have connected a family to a service that they lacked at the time of their

Healthy Start enrollment, but prior to completing this form, indicate “Family lacks needed service” on the intake. On the 6 month Family Update, you should then indicate that you’ve connected the family with service. This helps establish a true baseline of a family’s need at the time of enrollment.

Please choose one of the following options for each of the items a to indicate which services the family current needs or uses.

**Service Currently Used:** Fill in this bubble if any member of the family currently receives this type of assistance.

**Service Not Needed:** Fill in this bubble if the family doesn’t currently receive assistance and none of the family members need the service.

**Family lacks needed service:** If the family doesn’t receive assistance, but any one person in the family currently needs this service or resource. Use this option to indicate a family lacked the needed service at the time of their Healthy Start enrollment, even if you connected them to service prior to the completion of this form.

**a. Dental services**

Services related to dental health/hygiene (e.g., a dentist).

**b. Drug/alcohol treatment**

Needs or uses services for substance abuse issues, including further assessment if a drug/alcohol problem is suspected. Includes AA/NA group attendance.

**c. Domestic violence assistance**

Needs or utilizes services related to domestic violence issues in the family (e.g., shelter, anger management).

**d. Education assistance**

Including obtaining GED, attending college, tutoring, literacy, etc.

**e. Housing**

Assistance in finding, paying for, or maintaining housing.

**f. Job training or employment services**

Assistance or support maintaining, improving, or finding employment.

**g. Mental health services**

Family needs or uses mental health services, including assessment if mental health issues are suspected.

**h. Medicaid/OHP**

OHP = Oregon Health Plan (or other publicly funding insurance), assistance obtaining, qualifying, working with, or maintaining Medicaid or OHP.

**i. Public health nursing services (Babies First!, CaCoon, MCM)**

**j. TANF or other cash assistance**

TANF was formerly welfare/AFDC. Family needs assistance obtaining, working with, or maintaining cash assistance. Family needs assistance obtaining, working with, or maintaining other forms of cash assistance (e.g., disability payments).

**k. Other (specify)**

**7. Has baby been born?**

If baby has not been born, fill in the bubble for "No," but do not fill out the remainder of this form until baby is born. When the baby is born, complete the remaining survey questions and update the baby’s birthdate in Family Manager from the estimated date to the actual date.

**8. How many times did you visit with the family prenatally?**

Include all face-to-face visits with the family prior to the birth of the target child. Please use two-digit numbers when reporting this information. For example, if you visited the family 8 times, you would write in “08.”

**9. How many other contacts did you have with the family prenatally?**

This includes telephone as well as other contacts you have had with the family. Please use two-digit numbers. For example, if you contacted the family 8 times prior to the birth of the target child, then you would write in “08”.

**10. Was baby premature?**

Choose “Yes” if the baby was born at thirty-six (36) weeks or less gestational age.

**11. Who is baby’s primary caregiver(s)?**

Choose the best description of baby’s primary caregiver at this time. **Please choose only one response! If mother and father jointly act as primary caregiver, choose “Mother and second parent figure” then specify the second parent figure on question 12.**

- Mother only
- Mother and second parent figure
- Father only
- Other\_\_\_\_\_

**12. If there is a second parent figure, specify:**

- No second parent figure
- Specify second parent figure if applicable:\_\_\_\_\_

***Coding instructions***

Please fill in bubble for *Yes, No, or DK(Don’t Know)* for questions 13-15. Answer these questions to the best of your knowledge at this time.

**13. Is this family receiving services from DHS Child Welfare?**

This includes both voluntary and involuntary services related to parenting and maintaining the safety of the child.

**14. Have you made any DHS Child Welfare reports on this family?**

Indicate yes only if a formal report has been made to DHS Child Welfare, e.g., through the Child Abuse hotline or other formal referral source. Do not include reports made for spousal abuse. Child abuse/neglect reports do not have to be substantiated.

**15. At this time, do you know of any other DHS Child Welfare reports on this family?**

Indicate yes only if you have knowledge of other child abuse/neglect reports (e.g., if parents or caseworker informs you) on the family.

***Coding instructions***

Please fill in the bubble for *Yes, No, or DK (Don’t Know)* for questions 16-22.

**16. Did mother smoke during pregnancy?**

Yes, if mother smoked at any time during her pregnancy.

**17. Does mother currently smoke?**

Yes, if the mother currently smokes (even if not in the home). This question tracks passive smoke exposure.

**18. Does anyone else currently living in household smoke?**

This question tracks passive smoke exposure. Please indicate, “yes” even if the individual typically goes outside when smoking.

**19. Does baby have a primary health care provider?**

Yes, if baby is linked to pediatric health care provider or family practitioner at this time.

**20. Does the primary caregiver have a primary health care provider?**

The definition of a primary health care provider according to HFA is "the primary individual, provider, medical group, public and/or private health agency, or a culturally recognized medical professional where participants can go to receive a full array of health, mental health and medical services."

**21. Is mother breast-feeding baby (either totally or part time)?**

Yes, if mother is breast-feeding at all, even if supplementing with formula.

**22. Does the baby have any special health needs?**

If “Yes,” specify special health needs in the space provided. Note any special health needs such as jaundice or suspected failure to thrive.

**23. What prenatal care did the mother receive?**

Choose the best description of the mother’s prenatal care. For first-time adoptive parents, this question should be completed based on the biological mother’s information (if known).

Early, comprehensive prenatal care

Criteria: a) Five or more total checkups and b) Care beginning at or before 3<sup>rd</sup> month/12 weeks gestation.

Limited prenatal care

Criteria: a) Less than five checkups and/or b) Care beginning at or after 3<sup>rd</sup> month/12 weeks gestation.

No prenatal care

Unknown: Use this only if you do not know the type/frequency of the mother’s prenatal care.

**24. Are any of the following events known to have occurred in the family during the past six months?** Please fill in the bubbles for all answers that apply to this family.

Marriage

Criminal activity (*family involvement in*)

New partner

Divorce, separation, or break-up with partner

New job

Death of a family member

Obtained GED

Medical crisis or major illness of family member

Graduated from school

Unplanned job loss or unstable employment

Off public assistance (TANF)

On public assistance (TANF)

**25. Is there anything else you want to tell us about this family?**

This is a general notes section that you can use for your own notes or to indicate something to the evaluation team.

## VIII. Directions for the Family Update Form

**Overview.** The Family Update provides information about child and family outcomes. **The home visitor completes a Family Update at six-month intervals at the child's 6, 12, 18, 24, 30, 36, 42, 48, 54 and 60 month birthdays.**

NOTE: Forms are due if the family exits within 30 days prior or 90 days after the baby's birth date. For example, the worker should do the 18-month Family Update if a child exits at their 17 (30 days prior) 18, 19, or 20 (90 days after) birthday.

The Family Update is divided into the following six sections:

- |  |                                     |
|--|-------------------------------------|
| <b>I. Service History</b>                  | <b>IV. Current Issues</b>           |
| <b>II. Current Family Status</b>           | <b>V. Health</b>                    |
| <b>III. Basic Services &amp; Resources</b> | <b>VI. Developmental Screenings</b> |

**IMPORTANT:** Please fill in the bubbles for Family Update type, Child's Age, Worker ID, Child's ID, County of Service, and Child's Date of Birth.

### ***I. Service History***

#### **1. Today's Date**

#### **2. What level of service does the family currently receive?**

Please see the Healthy Start Program Policies and Procedures Manual for criteria for each level.

- Level 1
- Level 1 SS
- Level 2
- Level 3
- Level 4
- Level X

#### **3. Has the family been discharged from service?**

- Yes
- No

If yes, please remember to send in an Exit Form on this client.

#### **4. Indicate the number of days this family was on Creative Outreach since the last Family Update/Intake.**

See the Healthy Start Policies and Procedures manual for definitions of Creative Outreach.

### ***II. Current Family Status***

#### **5. Who is the child's primary caregiver(s)? (Mark only one)**

- Mother only
- Mother and second parent figure
- Father only

Other \_\_\_\_\_

**6. Specify second parent figure:**

- Biological father
- Step-father
- Mother's live-in partner
- Grandmother
- No second parent figure
- Other \_\_\_\_\_

**7. Is the child living with a new primary caregiver since the last Family Update/Intake?**

- No
- Yes, primary caregiver is now the other parent
- Yes, primary caregiver is now another relative
- Yes, primary caregiver is now a foster parent
- Yes, other (explain) \_\_\_\_\_

**8. Mother's employment**

Choose the best description of mother's current employment status from one of the following options. Employment is defined as paid employment.

- Employed full-time (35 hours/week or more)
- Employed part-time
- Employed seasonally (e.g., full or part-time worker during summer or holiday season)
- Not employed, actively seeking work
- Not employed, not seeking work
- On maternity leave

**9. Second parent figure's employment: (If no second parent figure, go to #10)**

Choose the best description of second parent figure's current employment status from one of the following options:

- Employed full-time (35 hours/week or more)
- Employed part-time
- Employed seasonally
- Not employed, actively seeking work
- Not employed, not seeking work
- On maternity leave

**10. How has the family income situation changed in the past 6 months?**

- Improved                       Stayed the same                       Worsened

***III. Basic Services and Resources***

The purpose of this section is to document the family's service needs and the extent to which Healthy Start is meeting those needs. This section should reflect any service needed or received SINCE THE LAST FAMILY UPDATE or INTAKE.

**IMPORTANT:** If the family had a need for a service at Intake, you should use the 6-Month Update to show the status of that need by the time of the update. If a family needed a service at Intake, DO NOT indicate that the service is no longer needed at the UPDATE without also indicating whether Healthy Start helped to connect them (or not).

## EXAMPLES:

If, at intake, a family needed “Dental Services”, and you provided that family with dental services, indicate “NO” to the first question (Did anyone lack this service), and indicate “YES” for the question of whether Healthy Start connected the family with service.

If Healthy Start had NOT met this need, you would indicate “YES” to whether anyone needed the service and “NO” to whether Healthy Start connected the family with services. For the “NO” response, you would then indicate whether you attempted to connect the family and found services to be unavailable or the family ineligible.

Finally, if you HAD provided the family with dental services, even if the family still needs more assistance in this area, you would mark “YES” to the question of whether the family lacked needed services, and “YES” to whether you connected that family with services.

### 11. Which services or resources does the family currently use?

Please choose one of the following options for each of the items a-k to indicate which services the family currently lacks. This should be based on your best judgment of the family’s current needs, even if the family does not recognize the need at this time.

*Service Needed ("Did anyone in the family lack the needed service since the last Family Update/Intake?")* Mark "Yes" next to every service that someone in the family had a need for, and "No," next to the services that no one in the family needed.

*Family Connected with Service ("Did you connect any family member to the needed service?")*: If you connected any member of the family with a needed service (even if other services are still needed by this or another family member), mark, "Yes" next to each service you connected a family member with, and mark, "No," next to needed services that you did not connect a family member with.

*No Service ("Indicate here if the family member is not eligible for service, the service is not available, or family member declines service")*: If you did not connect any family member to the needed service (marked "No" on the previous question), and a family member will *not* be connected with service because the person is not eligible for service, the service is not available, or the family member declines, mark here.

#### a. Dental services

Services related to dental health/hygiene (e.g., a dentist).

#### b. Drug/alcohol treatment

Needs or uses services for substance abuse issues, including further assessment if a drug/alcohol problem is suspected. Includes AA/NA group attendance.

#### c. Domestic violence assistance

Needs or utilizes services related to domestic violence issues in the family (e.g., shelter, anger management).

#### d. Education assistance

Including obtaining GED, attending college, tutoring, literacy, etc.

#### e. Housing

Assistance in finding, paying for, or maintaining housing.

**f. Job training or employment services**

Assistance or support maintaining, improving, or finding employment.

**g. Mental health counseling**

Family needs or uses mental health services, including assessment if mental health issues are suspected.

**h. Medicaid/OHP**

OHP = Oregon Health Plan (or other publicly funding insurance), assistance obtaining, qualifying, working with, or maintaining Medicaid or OHP.

**i. Public health nursing services (Babies First!, CaCoon, MCM)**

**j. TANF or other cash assistance**

TANF was formerly welfare/AFDC. Family needs assistance obtaining, working with, or maintaining cash assistance. Family needs assistance obtaining, working with, or maintaining other forms of cash assistance (e.g., disability payments).

**k. Other (specify)**

***IV. Current Issues***

**12. Is this family receiving service from DHS Child Welfare?**

Please answer *Yes*, *No*, or *Don't Know*. Services may be voluntary or involuntary services for parenting or to support the safety of the child.

**13. Since the last Family Update/Intake, did you make a child abuse/neglect report to DHS Child Welfare on this family?**

If "No," skip to #15.

Reports are formal reports to the DHS Child Welfare System (e.g., calls to the hotline), but do not have to be founded. Do not include reports made for spousal abuse.

**14. What was the reason for the report? (Mark all that apply)**

- Child neglect (e.g., unsupervised, unfed, poor living situation)
- Threat of harm (e.g., violence, drugs, illegal activity in the home)
- Physical abuse (of the child)
- Sexual abuse (of the child)
- Emotional/psychological abuse (of the child)
- Other \_\_\_\_\_

Please fill in the bubble for *Yes*, *No*, or *Don't Know* to questions 15-18:

**15. Since the last Family Update/Intake, has there been a DHS Child Welfare investigation?**

To the best of your knowledge, was there an investigation into the safety of the child by DHS Child Welfare (an investigation is typically the result of a report, and is to determine whether the report was founded or unfounded). Do not include reports made for spousal abuse.

**16. Was a DHS Child Welfare case opened on the family since the last Family Update/Intake?**

To the best of your knowledge, was a DHS Child Welfare case opened on any family member?

**17. Were any children removed from the home?**

To the best of your knowledge, were any children removed, even temporarily, from the family's home by DHS Child Welfare?

**18. Since the last Family Update/Intake, do you know of any other DHS Child Welfare reports on this family?**

Do you know of any DHS/Child Welfare reports (other than any made by you) on this family? Do not include reports made for spousal abuse.

**19. Are any of the following events known to have occurred in the family since the last Family Update/Intake?** (Mark all that you are aware of)

- |   |   |
|---|---|
| <input type="checkbox"/> Marriage                     | <input type="checkbox"/> Criminal activity ( <i>family involved in</i> )  |
| <input type="checkbox"/> New partner                  | <input type="checkbox"/> Divorce, separation, or break-up with partner    |
| <input type="checkbox"/> New job                      | <input type="checkbox"/> Death of a family member                         |
| <input type="checkbox"/> Obtained GED                 | <input type="checkbox"/> Medical crisis or major illness of family member |
| <input type="checkbox"/> Graduated from school        | <input type="checkbox"/> Unplanned job loss or unstable employment        |
| <input type="checkbox"/> Off public assistance (TANF) | <input type="checkbox"/> On public assistance (TANF)                      |

## ***V. Health***

**20a. Are the target child's immunizations up-to-date?**

Choose the best description for the child's current immunization status, preferably based on review of the immunization record. If you marked "No immunizations, lack of parent follow-through," then mark "Yes" or "No" to the question asking whether you made a referral for immunizations.

**20b. Primary source of immunization data**

Choose the primary source that you used for determining the status of the child's immunizations:

- Immunization card or other health record:** Completed by doctor's office or parent, maintained by parent, maintained by health clinic or doctor, or copy held by parent.
- Alert System**
- Other** (e.g., parent report). We encourage workers to use reliable sources other than parent report for this information.

**21. Has the target child received regular well-child checkups?**

*Yes*, if child is receiving regularly scheduled well-child checkups at this time.

**22. Specify the child's health insurance**

Please fill in one of the following bubbles:

- Private insurance:** If child has health insurance, through family's HMO or other private company. If coverage is only partial or benefits are limited, fill in this bubble.
- Medicaid/OHP:** If child has health insurance through the Oregon Health Plan.
- No insurance:** If child is uninsured at the present time.
- Other** \_\_\_\_\_

**23. Specify the primary caregiver's health insurance**

Please fill in one of the following bubbles:

- Private insurance:** If primary caregiver has health insurance, through family's HMO or other private company. If coverage is only partial or benefits are limited, fill in this bubble.

- Medicaid/OHP:** If primary caregiver has health insurance through the Oregon Health Plan.
- No insurance:** If primary caregiver is uninsured at the present time.
- Other** \_\_\_\_\_

Please fill in the bubble for *Yes, No, or Don't Know* to questions 23-25:

**24. Has the family used emergency services for *routine* health care since the last Family Update/Intake?**

Has the family gone to emergency room or emergency clinic for non-urgent illnesses, injuries, or preventative care that could be addressed at a regular health care providers office.

**25. Has the child received medical care for an injury since the last Family Update/Intake?**

**26. Does the child receive passive smoke exposure?**

Note any regular passive smoke exposure from sources at home or outside the home such as day-care providers.

**27. How would you rate the child's health, overall?**

Criteria for categorizing health as Very Good, Good, Fair, or Poor:

Criteria for Assessing the Health of Children (0 - 5 years old) <sup>1</sup>	
Very Good	Weight gain is within normal range; infrequent minor health conditions (e.g., colds, minor ear infections, etc.); child appears to be thriving
Good	Frequent mild health problems or mild chronic conditions without significant consequences (e.g., no long term health concerns or impacts on daily living)
Fair	One or more chronic conditions requiring some ongoing medical care but with effective treatment (e.g., effective management of asthma)
Poor	One or more serious chronic conditions requiring daily care and regular medical intervention, usually involving specialists, usually marginally or poorly compensated (e.g., treatment is of limited effectiveness)

**28. How would you rate the child's nutrition, overall?**

Use the following criteria for categorizing nutrition as Very Good, Good, Fair, or Poor:

**Very Good:** Agree with all 4 statements in Infant Criteria, below (if child is under 1year) or in Older Child Criteria, below (if child is 1-5 years)

**Good:** Agree with 3 statements

**Fair:** Agree with 1- 2 statements

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<sup>1</sup> Adapted from recommendations provided by:  
 John D. Stull, MD, MPH  
 Director, MD/MPH Program  
 Department of Public Health and Preventive Medicine  
 Oregon Health & Sciences University

**Poor:** None of the statements are true

<b>Criteria for Assessing the Nutrition of Children<sup>2</sup></b>	
Infant Criteria	<ol style="list-style-type: none"><li>1. Baby is fed breast milk, iron-fortified formula or a combination of these (no goat, cow, or evaporated milk).</li><li>2. Parent knows when the baby is hungry or has had enough to eat.</li><li>3. Baby is offered food that is developmentally appropriate and healthy.</li><li>4. Parent describes feeding time with the baby as always or usually pleasant.</li></ol>
Older Child (1-5 year) Criteria	<ol style="list-style-type: none"><li>1. Parent describes mealtimes with the child as always or usually pleasant.</li><li>2. Parent offers the child 3 meals and in-between snacks each day.</li><li>3. Parent offers developmentally appropriate and healthy foods.</li><li>4. The child is allowed to determine what and how much they will eat.</li></ol>

Please fill in the bubble for *Yes*, *No*, or *Don't Know* to questions 29-33.

**29. Is the child linked to a primary health care provider?**

The definition of a primary health care provider according to HFA is "the primary individual, provider, medical group, public and/or private health agency, or a culturally recognized medical professional where participants can go to receive a full array of health, mental health and medical services."

**30. Does the primary caregiver(s) have a primary health care provider?**

**31. Is mother continuing to breast-feed this target child (either totally or part-time)?**

**32. Is the mother currently pregnant (with a new child)?**

If *yes*, also indicate whether:

- a. The pregnancy was planned
- b. The mother received early (1<sup>st</sup> trimester) and comprehensive (5 or more checkups) prenatal care
- c. You referred the mother to prenatal services.

**33. Has mother given birth to a child since the last Family Update/Intake?**

If *yes*, fill in the OCCF Family Manager Child ID for the new child.

NOTE: Forms in which the mother has given birth to a new child since the last update or intake must include the new child's ID number in the space provided.

## ***VI. Developmental Screening***

Because Healthy Start uses the ASQ and ASQ-SE, it is assumed that screening will be completed using those tools. However, if a different developmental screening was completed by a partner agency (and information from that screen has been provided to you), it is not necessary to complete the ASQ or ASQ-SE. In this situation, please note the developmental status on the most recent screening and include the partner agency and the name of the screening tool under question 38, below.

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<sup>2</sup> Criteria adapted from Bright Futures in Practice: Nutrition; Appendix A: Nutrition Questionnaire for Infants and Appendix B: Nutrition Questionnaire for Children.

Please fill in the bubble for *Yes*, *No*, or *Don't Know* to questions 33-35:

**34. Does the child have a diagnosed developmental delay?**

Diagnosis typically must be made by Early Intervention services and requires an IFSP/IEP for the child. **If the child has a diagnosed developmental delay, you should indicate whether or not the child is receiving EI services (see item 36). If the child is receiving EI services, it may be the case that EI is doing the developmental screen (rather than HS) for that child. If so, please indicate that on item 35.**

**35. Is the child's development being tracked by Early Intervention?**

This question indicates if the child is receiving regular developmental screening through Early Intervention services. If “yes” (child’s development is being tracked by EI), then ASQ screening by Healthy Start is optional; programs would be expected to be working closely with EI on developmental supports for the child, but duplicative screening is not required (or recommended).

**36. Is the child receiving Early Intervention Services?**

If the child is receiving Early Intervention Services, mark yes. It is possible that a child could be receiving EI services but not be having EI do the developmental assessments.

**37a. Indicate the child’s most recent developmental screening.**

Choose the appropriate developmental screening option. If you have two screenings, such as 8 and 12 months, choose the most recent one. ASQs should be conducted based on the child’s birth date, not on the child’s developmental age. Always indicate the most recent screening completed, for instance, a 4-month ASQ Screening can be reported on the 6-month Family Update. Please note that Social/Emotional subscale should be completed at 6-month intervals.

**37b. Indicate the child’s developmental status on the most recent screening.**

Choose the appropriate description. If *Delays indicated*, answer #37c. If *Other*, then please list.

- Normal
- Delays indicated
- Other \_\_\_\_\_

**37c. If delays were indicated, please indicate what action has been taken.** Mark all that apply. If *Other*, please specify.

- Referred family to early intervention services
- Successfully connected family to early intervention services
- Parent declined early intervention services
- Provided parent with information to support child's development
- Other (specify) \_\_\_\_\_

**38a. Indicate the child’s most recent ASQ-SE developmental screening.**

Choose the appropriate socio-emotional developmental screening. If you have two screenings, such as 8 and 12 months, choose the most recent one. Please note that the new Social/Emotional subscale should be completed at approximately the same time as the other ASQ subscales, however the times are not exactly similar.

**38b. Indicate the child’s developmental status on the most recent ASQ-SE screening.**

Choose the appropriate description. If *Delays indicated*, answer #38c. If *Other*, then please list.

- Normal

- Delays indicated
- Other \_\_\_\_\_

**38c. If delays on the ASQ-SE were indicated, please indicate what action has been taken.**

Mark all that apply. If *Other*, please specify.

- Referred family to early intervention services
- Referred family to other mental health services
- Successfully connected family to early intervention services
- Successfully connected family to other mental health services
- Parent declined early intervention services
- Provided parent with information to support child's development
- Other (specify) \_\_\_\_\_

**39. If there is anything else you would like to tell the evaluators about this family, please include that information here.**

NOTE: If the family is on Creative Outreach at the time the form is due, fill in as much information as possible. Depending on how many visits you've had with the family since the last intake/update and prior to their going on creative outreach you should be able to provide information about:

- Immunizations (items 20a and 20b)
- Connection to primary care provider (items 29 and 30)
- Prenatal care for subsequent pregnancies (item 32)
- ASQ and related referrals (items 34 – 38c)
- Demographic information (items 5-10)
- Adequacy of basic resources (item 11a-k)

## IX. Directions for the Parent Survey I and II (A and B) Forms

Parent Surveys provide an opportunity for parents to provide confidential information directly to the Healthy Start evaluation team. This information is critical to ongoing program development and improvement, and is best obtained in a manner that allows parents to “have a voice” in the evaluation process in a way that protects their confidentiality. Information about key parent outcomes provided by parents is a critical part of the evaluation process. Parent satisfaction with services and relationships with Healthy Start staff provides key information about the quality of relationships that staff build with Healthy Start clients. In the past, Parent Surveys have been collected and used by Healthy Start programs. In 2005, a change in procedure was implemented in order to provide an avenue for parent input that protects their confidentiality. This procedure is outlined below.

**IMPORTANT:** For tracking purposes, please submit a parent survey for EVERY PARENT, even if the parent declines to complete the survey, or is on creative outreach. Home visitors should complete the entire bottom “For Program Use Only” section, including why the survey is not being completed, and submit the incomplete questionnaire to NPC Research.

1. The home visitor fills out the information on the bottom part of the first page of the Parent Surveys, prior to presenting the survey to the parent, including:
  - a. Update Point (6-, 12-, 24-, 36-, 48-, or 60-month time period),
  - b. Worker ID,
  - c. Child ID,
  - d. County,
  - e. If the survey being completed (if no, please indicate why not), and
  - f. If the survey is being filled out by the FSW for the parent.
  
2. Home visitors should bring the Parent Survey (I or II-A and II-B) to the parent during a home visit, and present the form to them as something we would encourage them to complete as part of our ongoing efforts to improve Healthy Start’s services to families (see “Tips” below). Workers should be trained in how to approach parents about the parent survey to encourage parents’ participation. **Home visitors should not leave the Parent Survey with the parent, but should collect the survey after it has been completed.**
  
3. Home visitors should provide the parent with the survey and give the parent sufficient privacy to complete the survey, and/or any assistance she/he may need in completing it. Although the goal is to have the parents complete the survey confidentially, some parents may need assistance from the home visitor in completing the survey (e.g., if there are language and/or literacy issues). If the home visitor does assist the parent, please indicate this in the “For Program Use Only” section, #F.
  
4. Parents should be asked to complete the Parent Survey I and Parent Survey II-A and return it to the home visitor. Parents should be asked to complete the Parent Survey II-B, place it in the envelope, seal the envelope and return it to the worker.

5. Home visitors should review and photocopy the Parent Survey I and Parent Survey II-A. Home visitors should keep the Parent Survey II-B in the sealed envelope and turn in all parent surveys to the program with their other evaluation forms to be returned to NPC with the usual monthly (or more frequent) submission of evaluation forms.

6. If the parent needs help reading or completing the survey, the home visitor should provide any assistance needed; however, if the parent cannot complete the survey in privacy, the survey item #E (“Is survey being filled out for the caregiver by Healthy Start worker?”) on the Parent Survey I and item #F on the Parent Survey IIs in the “For Program Use Only” section should be marked “YES.”

7. For tracking purposes, if the parent declines or does not complete the survey for any other reason, the home visitor should complete the “For Program Use Only” section, indicating for item #D (on PS I) or item #E (on PS IIs) that “Caregiver declines” and ***return the unanswered survey to the program to return to NPC Research. Programs should send in both completed and declined Parent Survey forms with their regular monthly (or more frequent) data submissions to NPC.***

***Who completes the Parent Survey?***

The parent who is the primary caregiver completes the remainder (non-shaded portion) of the Parent Survey. In most cases, the parent completing the survey will be the mother. However, if the father (or second parent figure) is present and involved, you may ask him/her to complete a survey as well. If both parents complete the survey, return the survey completed by the primary caregiver to NPC. The other form may be kept for your records. Please let us know if any questions are confusing for the parents; we will keep track of suggestions as we consider form changes each year.

***When are the Parent Surveys conducted?***

Home visitors ask the parent/primary caregiver to complete the Parent Survey I during the first month after the child’s birth (or during the first month of service). Parent Survey II (A and B) is completed when the child is 6, 12, 24, 36, 48 and 60 months of age. ***Spanish versions of Parent Surveys are available.***

***Tips for Conducting Parent Surveys***

- **Be positive when you introduce the survey.** For example, you can say: “Here are some questions about you, your child and your family. Some of the questions may seem a little personal, but they’ll help our program know about services families need and find helpful so that we can continue to improve.”
 

<u>Words to Use</u>	<u>Words Not To Use</u>
Interesting, helpful	Test, evaluate
- **Participation is voluntary.** Let the parent know that participation is voluntary. Tell the parent: “Answering the questions will help us plan better programs for you and other parents. But whether you answer the questions or not will not affect your eligibility to receive home visits.”
- **Be helpful.** Offer to amuse or hold the baby while the parent completes the survey. For some parents, reading the questions aloud may be appropriate. Please note on the survey, in the area

provided, whether you or the parent filled out the survey.

- **Explain questions neutrally.** If the parent asks you to explain a question on the survey, describe it in a neutral way. Reframe the question by *normalizing* the issue such as: “Some people feel \_\_\_\_ and other people feel \_\_\_\_\_. How do you feel?”
- **Do not leave the survey with parent.** Please do not leave the survey with the parent(s). One reason not to leave the survey with the parent is that the survey may get lost. A second reason is that there is a strong chance that if the survey is left with the parent others in the household may affect what the parent will say on the survey. Responses from the parents should be from the primary caregiver with no input from others.

### *What’s On the Parent Surveys?*

<b>Literacy and Activities</b>	<p>Parent Survey I question 7, and Parent Survey II-A question 3 are designed to gather general information about literacy and play activities in the home.</p> <p>Parent Survey II-A questions 4, 5, 6, 7, 8, and 9 are designed to gather more specific information about literacy activities, including use of the library and reading with the child.</p>
<b>Good Things about Being a Parent and Hard Parts of Parenting</b>	<p>Parent Survey I questions 4a-4n and Parent Survey II-A question 12 include questions to help new parents focus on what they find most enjoyable about their child.</p> <p>Parent Survey I questions 4a-4n and Parent Survey I-A question 12 also include questions drawn from the standardized <i>Parenting Stress Index</i>,<sup>1</sup>. These questions ask the parent “What is hard for you right now?” Three areas are measured:</p> <p><b>Depression.</b> Includes questions such as “I don't enjoy things as I used to” and “I feel alone and without friends.”</p> <p><b>Parent role stress.</b> Includes questions such as “I find myself giving up more of my life to meet my child’s needs than I ever expected,” and “I feel trapped by my responsibilities as a parent.”</p> <p><b>Perception of the child as difficult.</b> Includes questions such as “My child makes more demands than most children,” and “My child is more of a problem than I expected.”</p>
<b>Parenting Ladder (Parent Survey II-A only)</b>	<p>The Parenting Ladder (Parent Survey II-A questions 10 and 11) was designed for the evaluation to measure parent perceptions of child rearing skills, stress and stress-coping skills, and social support resources. Using the visual representation of a ladder, parents rate themselves from 0 (low) to 3 (high) on the following three items:</p> <ul style="list-style-type: none"> <li>• Knowledge of how children grow and develop</li> <li>• Confidence that you know what is right for your child</li> <li>• Ability to help your child learn</li> </ul> <p>Parents are asked to rate where they are <i>NOW</i>. They are also asked to think back</p>

<sup>1</sup> Abidin, R. (1990). *Parenting Stress Index*. (3<sup>rd</sup> edition). Charlottesville, VA: Pediatric Psychology Press.

## X. Directions for the HOME Forms

The HOME (Home Observation for Measurement of the Environment) Inventory is used by the Healthy Start evaluation to measure the extent to which Healthy Start children, whose families receive Intensive Home Visitation Services, are living in nurturing and supportive environments. The HOME Inventory assesses the following outcome indicators:

- Nurturing, responsive care
- Family effectiveness as child's first teacher

Numerous studies show that the child's early learning environment is related to being ready to learn when the child reaches kindergarten age. In particular, the HOME is a strong predictor of developmental outcomes for kindergarten children, particularly in the cognitive and language areas.

The HOME was originated by Betty Caldwell and Robert Bradley in 1978 at the University of Arkansas, Little Rock and has been widely used, nationally and internationally. Three separate versions of the HOME are available to assess the home environment of children: the Infant/Toddler version is for children aged 1 to 3 years, the Preschool version is for children aged 3 to 5 years, and the School-Age version is for children aged 6 to 10 years. The current evaluation only obtains information based on the first two HOME Inventory tools (12 and 24-month; and 36, 48, and 60-month).

**Training Video:** A training video for the HOME assessment is available from NPC Research. Please contact [healthystart@npcresearch](mailto:healthystart@npcresearch) to obtain a video or CD.

**HOME "Review Sheet."** A simple guide for information needed during the HOME assessment is included at the end of this chapter. We recommend copying this form for home visitors to use during the HOME assessment.

### *Overview*

The HOME Inventory is designed to give a picture of the home learning environment from the child's point of view:

- Scores are based on both *observations* and *information obtained from the parent* during a home visit at a time when the child is awake and engaged in a normal routine for that time.
- After the visit, the home visitor answers either *Yes* or *No* to a series of questions relating to family support for children's learning. Questions are grouped into a series of categories as follows.

## Sub-Scales on the HOME

12 and 24-month HOME	36, 48, and 60-month HOME
<p><b>I. Responsivity.</b> The extent to which the parent responds to the child’s behavior verbally, emotionally, and physically.</p> <p><b>II. Acceptance.</b> Parent acceptance of less than optimal behavior and avoidance of undue restriction and punishment.</p> <p><b>III. Organization.</b> Regularity and predictability (without monotony) of the environment, safety of the physical environment, and access to family and community supports.</p> <p><b>IV. Learning Materials.</b> Provision of play and learning materials capable of stimulating development.</p> <p><b>V. Involvement.</b> Active involvement of the parent in the child’s learning and stimulation of mature behavior.</p> <p><b>VI. Variety.</b> Opportunities for variety in daily stimulation and inclusion of the child in daily family life.</p>	<p><b>I. Learning Stimulation.</b> Provision of appropriate toys, games, and reading materials. The child must have access to the items and be allowed to play with them when s/he wants to.</p> <p><b>II. Language Stimulation.</b> The extent to which the parent encourages language development.</p> <p><b>III. Physical Environment.</b> Safety of the physical environment.</p> <p><b>IV. Warmth and Acceptance.</b> The extent to which the parent/caregiver emotionally and verbally responds to the child, illustrating warmth and affection in the relationship.</p> <p><b>V. Academic Stimulation.</b> Parent/caregiver encouragement of academic behaviors.</p> <p><b>VI. Modeling.</b> Parent/caregiver involvement in modeling and encouraging social maturity.</p> <p><b>VII. Variety of Experience.</b> Opportunities for variety of daily stimulation.</p> <p><b>VIII. Acceptance.</b> Parent/caregiver acceptance of less than optimal behavior and avoidance of undue restrictions and punishment.</p>

### *Timing*

**12 and 24-Month HOME:** Healthy Start sites administer the 12 and 24-month HOME Inventory to each family participating in Intensive Service around the child’s 1st and 2nd birthdays.

**36, 48, and 60-Month HOME:** Healthy Start sites administer the 36, 48, and 60-Month HOME Inventory to each family participating in Intensive Service at the child’s 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> birthdays.

## ***Administration***

Healthy Start home visitors have built a strong relationship with parents by the time of the first administration of the HOME Inventory. Using the HOME will have two major advantages, since it provides:

- An opportunity for the parent and home visitor to review the child’s learning environment together.
- Normative information on the child’s environment for the evaluation.

## **Talking about the child’s daily routine**

The HOME is conducted through a conversation/observation format where the parent is asked to describe a typical day for the child. As the day is reviewed, information necessary to score the inventory can be obtained with follow-up questions relating to daily routines, trips for the child out of the home, and discipline. *Sample questions are provided for these areas (see end of this chapter).* However, in most cases, this information flows naturally from the conversation.

## **Talking about the child’s toys and play materials**

The second part of the conversation focuses on the toys and other learning materials in the home. The visitor asks the child’s favorite toys and/or play materials. As the parent and visitor look at the child’s favorite toys and play materials, necessary information can be obtained through follow-up questions. *Sample questions are provided.*

We recommend that the home visitor alert the parent to the coming conversation during the previous visit. The visitor might say,

“Let’s spend some time next week looking over what [child] is doing right now; what s/he is playing with, what s/he’s interested in. That will give us a chance to think about what s/he needs to continue to grow and develop as well as s/he is right now.”

## ***Scoring***

**Review and score the HOME Inventory as soon as possible after your visit.** You do not have to refer to the Inventory during the visit, although you may wish to have the sample questions at hand.

**Items are scored as either *Yes* or *No*.** Items are scored as *Yes* if the behavior is observed or the parent reports the item to be characteristic of the child’s environment. Items are scored as *No* if the behavior is not observed or if the conditions do not exist. Refer to the appropriate “Coding Instruction” at the end of this chapter for a discussion of individual items. The total score is the number of items that were answered *Yes* for each section.

## ***What if you don’t observe a particular behavior during the home visit, but you have seen it on a previous visit?***

For example, this week the parent did not caress or kiss the child at least once during the visit, but last week, the parent did several times. We are trying to maintain standardized conditions for the evaluation. **Therefore, we request that you report *only* what you observed during this particular home visit for items requiring specific observation during the visit:**

- Starred items 1 – 6, 8 – 14, 16, 17, 29, 35 on the 12 and 24-Month version
- Starred items 15, 17, 19 – 25, 27 – 32, 52 – 55 on the 36, 48, and 60-Month version

You may have information *about other items* from earlier home visits (like regularity of health care or regularity of any alternative care giving arrangements). You do not have to inquire about these conditions again.

Either before or after you complete filling out the HOME, *please put some additional pieces of information on the form:*

- Your Worker ID number
- Child’s Healthy Start ID number
- County of Service
- Date of visit/assessment
- Child’s date of birth
- Childs initials (optional—this is to help with your own record keeping)
- Child’s age in months at time of assessment
- Which HOME time period you are completing it for (i.e., 12, 24, 36, 48, or 60 months)

***Using the information from the HOME***

We will report the information in aggregate form for the Healthy Start projects across the state. Because there is normative information for the HOME Inventory, we can report the percentage of children who have supportive (above average) environments. We can also look at changes in environments over time by comparing scores at 12 months with scores at 24 months, 36 months, 48 months, and 60 months.

In addition, information can be useful to you as you work together with families to strengthen parent-child relationships. Looking at the sub-scales can help you pinpoint areas of strength and areas for growth. Ranges for scores on the sub-scales are included in this section. By looking at these ranges, you can pinpoint whether the child’s environment is in the upper fourth of the range, in the middle half, or in the lowest fourth.

**HOME 12-24 Months  
Score Summary**

Subscale	Subscale Items	Percentile Range		
		Lowest Fourth	Middle Half	Upper Fourth
I. Responsivity	1-11	0-6	7-9	10-11
II. Acceptance	12-19	-	-	-
III. Organization	20-25	-	-	-
IV. Learning Materials	26-34	0-4	5-7	8-9
V. Involvement	35-40	0-2	3-4	5-6
VI. Variety	40-45	-	-	-
	Poor	Fair	Good	Very Good
TOTAL SCORE	0-25	26-36	37-40	41-45

**HOME 36-48 Months  
Score Summary**

Subscale	Subscale Items	Percentile Range		
		Lowest Fourth	Middle Half	Upper Fourth
I. Learning Stimulation	1-11	0-2	3-9	10-11
II. Language Stimulation	12-18	0-4	5-6	7
III. Physical Environment	19-25	0-3	4-6	7
IV. Warmth and Affection	26-32	0-3	4-5	6-7
V. Academic Stimulation	33-37	0-2	3-4	5
VI. Modeling	38-42	0-1	2-3	4-5
VII. Variety of Experience	43-51	0-4	5-7	8-9
VIII. Acceptance	52-55	0-2	3	4
<b>TOTAL SCORE</b>		0-29	30-45	46-55

*When are trainings for the HOME held and by whom?*

HOME trainings are held on an as-needed basis, as we feel it is important for workers to understand the tool as best they can. However, funding limits the number of trainings that can be held. A HOME training video/DVD was distributed to all sites at the July 2004 Quarterly Managers Meeting. Additional copies can be requested directly from NPC Research, [healthystart@npcresearch](mailto:healthystart@npcresearch).

## Sample Questions 12 and 24-Month HOME Inventory

The following are sample questions taken from the 12- and 24-Month HOME Inventory, that illustrate how to formulate questions related to the item numbers.

*Let's spend some time talking about [child] today and looking at how things are going and what s/he is learning.*

(Be sure to say something nice about the child during visit. Observation of the parent's response will enable you to score item 11).

*First, let's talk about what a typical day is like for [child]; what you do, what happens.*

7. How about messy things... Does [child] sometimes like to play in his/her food or the bath? How do you handle that?
14. How are you managing discipline at this age? What works best for [child]? Do you ever feel you have to slap his/her hand or spank him/her? Have you had to in the past week?
21. - 22. How about time out of the home? Where are some of the places you take him/her? How often?
36. Do you find yourself making conversation with [child] while you're working around the house?
42. Does [child] like you to read to him/her? How often does s/he like you to do that?
43. How do you handle meal times? Does [child] eat with you or separately?

*Now, let's look at some of [child]'s toys, some of his/her favorite things to play with.*

37. What are some of the things you're helping [child] to learn at this age?
38. How does s/he usually get started playing with a *new toy*? Do you show [child] how to work it and try and get him/her involved or does s/he usually figure it out by him/herself?
39. Do you sometimes sit and play with [child] or does s/he usually get started by him/herself and play alone?
40. How do you usually decide what kinds of toys to select and offer [child] to play with at this age? What are some of your guidelines?
45. How about books? Does [child] have any of his/her own yet?

**CODING INSTRUCTIONS**  
**12 and 24-Month Version**  
**Home Observation for Measurement of the Environment (HOME)<sup>1</sup>**

***I. Emotional and Verbal Responsivity of the Parent***

- 1. Parent spontaneously vocalizes to child at least twice during the visit (excluding scolding).** “Vocalizes” refers to any sound or words emitted by the parent. For example, s/he may say, “S-s-s” or “Sweet baby,” or any random words or sounds. In order for this item to be scored positively, the parent’s vocalizations must have occurred spontaneously as opposed to having occurred in response to some vocalization by the child.
- 2. Parent responds verbally to child’s vocalizations or verbalizations.** Again the parental response may be either a complete word or words or merely clearly differentiated sounds, e.g., “ta-ta”; “tsk-tsk,” or “You talking to Mommy?” The key factor here is that the parent is responding to the child’s vocalization, not ignoring it. If the child does not vocalize during the interview, thereby denying the parent an opportunity to respond, the score would still be *No*.
- 3. Parent tells child the name of object or person during the visit.** The parent does not have to say, “That’s an apple,” or “We call this a purse,” in order to obtain credit on this item. What is being measured here is the adult’s sensitivity to the child’s search for labels of objects around him. Credit for this item may be earned by a pattern of emphasis with the voice. For example, “Do you remember Amelia?” referring to the interviewer. S/he has “taught” the word with her intonation and supplied a referent for the child.
- 4. Parent’s speech is distinct, clear, and audible.** A positive score on this item is determined by whether the interviewer is able to understand what the parent says. This item should not be interpreted as meaning that dialect usage mandates a negative score. What is important is whether the interviewer can understand and communicate with the parent.
- 5. Parent initiates verbal interchanges with visitor.** The parent talks with the visitor, asking questions or making spontaneous comments. The key words here are “initiates” and “spontaneous.” In order to be credited on this item the parent must demonstrate some initiative in asking two or three questions or making comments that go beyond the bare minimum needed to give an answer. It is not necessary that the parent do this on all questions; however, occasionally s/he should take the initiative in the conversation and be a little wordy.
- 6. Parent converses freely and easily.** The parent expresses ideas freely and easily and uses statements of appropriate length for conversation (e.g., gives more than brief answers). In order to receive credit on this item, spontaneity is not as important as fluency. That is, the parent will be talking about things that are very close to them, and it should be very easy for the parent to express ideas on this subject. A *No* would be given to a person who, throughout the visit, tends to speak in one-word sentences or to use

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<sup>1</sup> From the 1984 Administration Manual, Revised Edition, Home Observation for Measurement of the Environment, Bettye M. Caldwell & Robert H. Bradley, University of Arkansas at Little Rock

headshakes. An occasional exception would not earn credit; the characteristic speech pattern should be noted.

7. **Parent permits child to engage in “messy” play.** Included may be such things as playing with sand, mud, water, finger-paints, or, for young babies, food.
8. **Parent spontaneously praises child at least twice.** Parent spontaneously praises child’s qualities or behavior twice during the visit. In scoring this item, do not hesitate to read the parent’s affect – any achievement reported with pride should count (can dress himself, has a good disposition, etc.). However, occasionally a parent will indicate approval of their child’s behavior by making what appears to be a negative statement, “I tell you, this kid is really bad.” If the parent says that with a smile on their face and immediately follows the statement with some rather remarkable achievement, “Would you believe he climbed out of his crib, got his bottle, and climbed back in all by himself?” from which one can obviously infer that the parent is proud of him, then consider this one instance of praise. Do not credit this kind of semantic reversal if it stops with the negative term; score only if some proof of positive feeling is offered.
9. **Parent’s voice conveys positive feelings toward child.** When speaking of or to child, parent’s voice conveys positive feeling. What you are looking for here is evidence that the parent feels good about their child (e.g., sounds animated when s/he speaks about him, does not use a flat or querulous tone of voice).
10. **Parent caresses or kisses child at least once during the visit.** Under “caresses” would be included a hug, a stroke of hair, patting an arm or leg, reaching out affectionately and touching the face, etc. Blowing a kiss as well as actually establishing physical contact may be counted as a kiss.
11. **Parent responds positively to praise of child offered by visitor.** In order for the parent to earn credit on this item, the interviewer must remember to offer some praise of the child. Make certain that your praise is genuine (i.e., do not try to force praise that you do not feel as you look at the child). Usually you will have no trouble deciding how to score this, as a parent might agree with you, add more facts to encourage your further, beam, etc. However, sometimes you will get little more than a “thank you” said without feeling or an embarrassed smile. If so, find more than one occasion to praise the child. If you consistently get a response that shows no feeling or pleasure, then score *No*. Be alert to observe the parent’s facial expression when you offer a remark.

## ***II. Acceptance***

12. **Parent does not shout at child.** A positive score on this item requires that the parent not raise her voice to a level above that required by the distance between parent and child.
13. **Parent does not express overt annoyance with or hostility toward child.** A parent would receive a *No* on this item if s/he complains that the child is hard to take care of, that he is wearing her out, if s/he calls him “bad” without the affectionate joke described above, says he will not mind, and so on. Examples that would fail to receive credit would be remarks such as, “I don’t know what I’m going to do with this kid,” or “This kid is driving me up the wall.” A parent might tell a child to stop doing something several times during the interview and still be credited for this term if her general tone is positive.

- 14. Parent neither slaps nor spans child during the visit.** Occasionally a visitor will feel that s/he does not know whether a parent is playing or seriously slapping or spanking a child. The best guide to use in such instances is the child's behavior. If the child reacts with pleasure or happiness, chances are this represents a style of positive interaction between him and his parent. If he frowns or looks unhappy or whimpers or cries, you can feel pretty confident that, however the parent intended it, he does not perceive it as pleasurable. Score *No* accordingly.
- 15. Parent reports that no more than one instance of physical punishment occurred during the past week.** Most parents define physical punishment as spanking; some apparently seem to regard it as true punishment only if something other than the hand has been used. Some parents regard restraint and shaking a child also as involving physical punishment. When in doubt, take the parent's definition.
- 16. Parent does not scold or criticize the child during the visit.** This item is obviously similar to #13 above. However, the main difference is that on this item the parent must make the negative remark *directly toward the child*. That is, "You are a bad boy," not, "He (speaking to interviewer) is a bad boy." If such a remark occurs even once, score *No*, otherwise score *Yes*.
- 17. Parent does not interfere with child's actions or restrict child more than three times during the visit.** Restrictions and interference here refer to such things as: taking a toy away from a child; putting a child who has climbed up on the sofa back down on the floor; putting a child who is crawling around the floor into a playpen or crib; slapping a child as he starts to pick up the visitor's handbag. In the last instance, the item would be applicable to both items #17 and also #14. The restrictions may also be verbal, such as, "Stop that;" "Get out of there." Do not code as interference any action taken to prevent the child from harming himself (e.g., running into the street).
- 18. At least ten books are present and visible in the home.** The word "visible" was added to this item to make it an observation and not an interview item. However, being able to observe whether there are books present in the home might require a request to go through the entire house or apartment without being invited to do so by the parent. In such instances, do not hesitate to ask about the books that the family has. The intent of this item is to find out something about whether the child is growing up in a reading family, or in a family that values having books around. For example, there might be a set of encyclopedia on the shelf that have obviously not been read. Even so, credit would be given for the item, as the presence of books indicates that the family values their possessions.
- 19. Family has a pet.** Pet refers to an animal that the family takes care of and the child can play with or look at (i.e., one that stays in the home on a semi-permanent rather than temporary basis, such as a dog, cat, bird, turtle, goldfish, or hamster as opposed to a captured grasshopper, a lame bird, or a jar full of lightening bugs, etc.).

### *III. Organization*

- 20. Childcare, if used, is provided by one of three regular substitutes.** The intent of this item is to determine whether the child's social environment is reasonably predictable and stable. Thus if the parent says that s/he leaves her baby with her 10-year-old daughter, this would still be scored positively even though the interviewer might question the 10-year-old's ability to provide adequate care. Credit the father as a substitute on this item also (if he is regularly used for child care).
- 21. Child is taken to grocery store at least once a week.** This item attempts to get at the breadth of experience that the young child has. A grocery store is a very stimulating environment for a young child. Any size store is a very stimulating environment for a young child, so any store that s/he gets taken to should be credited. Do not worry about whether it is a supermarket or a tiny neighborhood hole-in-the-wall.
- 22. Child gets out of the home at least 4 times a week.** The child may go no farther than the yard in order for credit to be given on this item. The intent of the item is exposure to sounds and sights and objects and people other than those routinely available within the house or apartment.
- 23. Child is taken regularly to a doctor's office or clinic.** This item is intended both to assess the regularity and consistency of the environment and also whether the environment offers the necessary conditions for growth and development. Scoring should be pretty much in terms of the age of the child (i.e., approximately once a month up to about eight or nine months of age and once every six months to a year thereafter).
- 24. Child had a special place for toys and treasures.** This item relates to the regularity and predictability of the environment for the child. The special place may be a closet, drawer, a plastic basket, or even a cardboard box or paper bag. It need not be a fancy chest especially sold for the purpose of containing children's toys. It does not have to be in a special room. The availability of the special place to the child either to remove or return toys by himself is the essence of this item. The special place does not have to belong exclusively to the key child; it may be shared with another sibling.
- 25. Child's play environment appears is safe.** Examples of hazards are: broken glass lying around, furniture with obvious wood splinters on it, an uncovered rotary fan, boards with nails sticking out, unprotected stairs for a pre-walking baby, house so close to the street that child could not safely play in the yard, pot handles extending over edge of the stove, etc. Overcrowding or clutter would not count as a hazard unless it existed to the extent that it could injure the child.

### *IV. Learning Materials*

- 26. Child has access to large muscle activity toys or pieces of equipment.** Examples are crib gym, ball, rocking horse, jump seat, door swing, or any of the items mentioned in #28. If such equipment had not been provided by the parent but is available in the apartment or housing project, the item should be credited so long as the infant or young child is granted access to it. Also, the item need not be identified by the family as "belonging" to the child (the child might share it with siblings). However, it must be available to the child. Thus, for

all the toy items, credit would not be given if someone had bought the toy for the child but it had been lost, broken, or stolen. In such cases it would not be available to the child.

27. **Child had push or pull toy.** Examples are toy lawnmowers, vacuum or carpet sweepers, corn poppers, music boxes on a stick, xylophone that is pulled by a string, wagon, etc.
28. **Child has stroller or walker, kiddie car, scooter, or tricycle.** These items are all self-explanatory—anything with wheels that a child can ride on.
29. **Parent provides toys for child to play with during the visit.** In order to be credited on this item, the parent must make some special effort to see to it that the child has something interesting to do during the time they will be talking to the interviewer. If the interview is conducted in a room that contains a number of toys or the child's toy box, one should assume that the parent has taken special efforts to have something available to entertain the child during the interview. If, however, the child tires of what is available and begins to whimper or to ask for something to do, this item should not be scored unless at that time the parent makes some special effort to bring out a new toy or do something else to interest the child.
30. **Provides learning equipment appropriate to age – cuddly toy or role-playing toys.** This is an item that has a certain amount of age flexibility. For children up to about 18 months a teddy bear or other stuffed animal or doll would provide the tactile experience presumably offered by a cuddly toy. For children between roughly 18 months and age three, any kind of doll or stuffed animal that stimulates make-believe would be credited. It may occasionally be more difficult to decide on this item when the key child is a boy, as families are often loathe to provide their boys with anything that is “sissy.” In such cases a cowboy suit or policeman's or fireman's hat might be acceptable. Cowboy boots would not.
31. **Provides learning facilitators, such as mobile, table and chair, high chair, play pen.** What is essential here is that the parent provides the child with a piece of equipment considered necessary for learning, not just with a toy. (Mobile was included in order to having something applicable to young infants.)
32. **Child has simple eye-hand coordination toys.** These toys include items to go in and out of a box or other receptacle, fit together toys, building toys, and beads to string. The items should be fairly small and should require precise hand movement. The child should not be able to move around and manipulate them at the same time.
33. **Child has complex eye-hand coordination toys.** The parent provides eye-hand coordination toys that permit combinations, such as stacking or nesting toys, blocks or building toys. Obviously this item is similar to the previous one. The key feature here is combinations. Good examples are Rocker Stackers, Bristle Blocks, Duplos or Legos, Nuts and Bolts, or Tinker Toys.
34. **Toys for literature and music.** The parent provides books, CDs, tapes, or toy musical instruments. The “literature” part (books, talking CDs, tapes) of this item seldom causes any trouble, although the “music” part does. A CD player that the child himself may manipulate would be a perfect example in that both story CDs and music CDs could be played on it. Again, consider the age of the child in scoring this item. For example, a rattle with a musical jingle would be acceptable for a baby but not for a toddler. The

radio is acceptable if the child is allowed to turn it on and select a station. The same would be true for a CD player that belongs to the entire family. If the family CD player is accepted, then the toys must be available (one for literature and one for music) in order for credit to be given on this item.

Throughout items #29 - #34, the key to scoring is that the child be allowed to manipulate the play with the item even though he may not choose to do so. For example, the parent may report that s/he has bought blocks for her child but that the child never plays with them. In such instances inquire in order to determine whether this is because he is not interested or whether s/he has kept them from him. "Provides" requires that the child is not forbidden to touch, handle or play with the item. The parent does not have to be the one who bought the items. What is critical is that the items be available to the child.

## *V. Parent Involvement with the Child*

- 35. Parent keeps child in visual range and tends to look at the child often.** "Often" means frequently enough to ensure safety of the child and to keep some kind of interpersonal contact with the child—the sort of thing lovers do when in the same room but out of reach of one another.
- 36. Parent "talks" to child while doing household work.** "Talking" to the child in this item means that the parent in the course of their own work activities finds a way of including the child in what s/he is doing. The parent may talk directly to the child; for example, "Well, Mommy's going to wash these dishes now;" or s/he may simply talk to the child as s/he goes about their work, "I don't see how one family can get a house so dirty."
- 37. Parent consciously encourages developmental advance.** The key word in this item is "consciously," as it is indicative of a teaching attitude on the part of the parent. Credit on this item is given to the parent who finds little ways to help their child learn to roll over, who occasionally puts a toy out of reach to encourage the child to crawl for it, who gives them a spoon to let him/her try to feed himself/herself, who tries to teach them to play patty-cake.
- 38. Parent invests "maturing" toys with value via the parent's attention.** Maturing toys are those that, the first time the child is introduced to them, call for abilities a little bit beyond any the child had demonstrated to date. Thus, they involve the acquisition of new skills and offer the child a challenge. Many times parents will buy such toys, put them down in front of the child, and assume that the child should take it completely from there. Success on this item requires that the parent "talks up" the new toy, sits down and play with it themselves with pleasure and glee, or shows the child how it can be used and encourages the child to play with it. The encouragement should be participatory, not merely offering some command like "Go play with the fancy blocks I bought you."
- 39. Parent structures child's play period.** Parent recognizes the short attention span of the young child and makes occasional suggestions as to things the child might wish to do. Structuring need not involve any request that the child play. For example, the parent who notes a fretful child and who goes and gets a corn popper and puts in down in front of the child is structuring his play period. Credit should also be given for a more verbal

parent. For example, one who says, "Why don't you go and get your corn popper and play with it."

- 40. Parent provides toys that challenge the child to develop new skills.** Parent understands the child's ability and interest level and finds materials that will challenge the child to show further development. Credit should be given even if the parent appears to overestimate the skills that her baby is ready to begin to acquire.

## *VI. Variety*

- 41. Father provides some care every day.** The "father" does not necessarily have to be a husband or the parent or even a biological father of the child. He must, however, be someone *who plays a fathering role*, such as the parent's boyfriend(s)/partner(s), parent's father. IF there is no father or father figure in the home, score *No* for this item. For credit to be given, father does not have to live in the home 24 hours a day, but must have some daily contact with the child.
- 42. Parent reads stories to child at least three times weekly.** This should refer to a children's book or magazine and, except with young infants, should be more than merely turning pages of a magazine and saying words.
- 43. Child eats at least one meal per day with parent(s) plus one other adult parent figure.** This may be any meal, and the child may either be helped or placed in high chair at table. He may be fed in a feeding table provided the table is pulled right up to the table and the child is conversationally included at the table. **In one-parent families with no person who either is the father or who plays the father role, this receives an automatic *No*.**
- 44. Family visits or receives visits from relatives approximately once a month.** No further explanation needed. Define "relative" loosely.
- 45. Child has three or more books of his own.** The books may be shared with siblings, but they should be recognized as belonging primarily to the child. They may have formerly belonged to an older sibling.

## Sample Questions 36, 48, and 60-Month HOME Inventory

The following are sample questions taken from the 36, 48, and 60-Month HOME Inventory, which illustrate how to formulate questions related to the item numbers.

*Let's spend some time talking about [child] today and looking at how things are going and what s/he is learning. First let's talk about what a typical day is like for [child], what you do, what happens in your family.*

1., 11., & 33.

Is there anything to help him/her learn colors and sizes and shapes? How do you encourage learning about colors and shapes? Now let's look at some of [child]'s toys. What are some of his/her favorite things to play with, now?

2. What about puzzles? Does [child] have any of his/her own yet? Puzzle pieces have a tendency to get lost. Have you been able to keep track of all the pieces?

6. & 36. Is there anything to help him/her learn numbers? How do you encourage learning numbers?

7., 13., & 37.

How about books? How many books does [child] have? Is s/he interested in the alphabet? Are you beginning to encourage him/her to read a few words?

8. (If books are not visible during visit) Do you enjoy reading when you have some free time? When you read books do you use the library or is it easier to buy books?

9. & 10. Do you enjoy reading magazines or the newspaper? How often do you get a chance to read them? What do you subscribe to?

14. Different parents have different rules. Some parents have rules about manners, some stress taking turns, sharing, politeness, not to fight, or to say "please" when their child asks for something. What is important to you for [child] right now? Has this come up yet? How do you usually handle it?

16. Sometimes children talk about their activities and experiences? Does [child] ever tell you about what s/he has been doing?

18. Is [child] willing to eat whatever you fix, or does s/he tell you what s/he wants? Does s/he usually eat what you fix whether s/he likes it or not?

20. Do you have a place where you play outside? What is it like?

26. Do you find time during the day to cuddle with [child]? Maybe while you're watching TV or reading a story?

34. Does [child] know any nursery rhymes? Prayers? Songs? TV Commercials? *If appropriate, you may want to ask the child:* Do you know any songs or nursery rhymes? Where did you learn that
39. Lots of families find the TV to be a lot of company. Do you usually leave it on all day or just turn it on for special programs?
41. & 42. Does [child] ever get angry and negative about you or some of the things around? Tell me about some of the times this might happen. How do you handle it?
- Has [child] ever gotten angry enough to hit you? How did you handle it? (If it hasn't happened) How do you think a parent should handle a situation like that?
44. How about time out of the home? Where are some places you take [child]? How often? Do other family members ever take [child] places? Where?
45. Has [child] ever been on a trip out of town? Where did you go? When?
47. When playtime is over, what happens? Do you try to get [child] to pick up the toys or do you pick up the toys yourself?
50. Do you usually feed [child] early or does the whole family eat together?
51. When you go to the grocery, are there certain items that [child] would like to get? What do you do?
55. How are you managing discipline at this age? What works best for [child]? Do you ever feel you may have to slap his/her hand or spank him/her? Have you had to in the past week?

## CODING INSTRUCTIONS 36, 48, and 60-Month HOME

### *I. Learning Stimulation*

The first seven items must be present in the home, in usable condition (cannot be broken or have parts missing), and the child must be allowed to play with them when s/he wants to. They cannot be kept in storage, or on the top shelf in a closet where the child does not have access to them.

- 1. Toys to learn colors and sizes and shapes.** This does not have to refer to one toy that teaches all these things. However, if the parent has bought a single toy that teaches all these things, credit should be given. Examples of individual toys that merit credit for these items are shape sorting cubes, press-outs, puzzles, and peg boards.
- 2. Three or more puzzles.** This item is more or less self-explanatory. However, the puzzles must be appropriate to the child's age, and all of the pieces must be present. Many times a parent will say, "oh yes, he has lots of puzzles, but I don't know where the pieces are." Thus it is a good idea to inquire about all the parts.
- 3. Music player and at least 5 children's records, tapes, or CDs.** The CD player may be that of the parents as long as the child has their own CDs and is permitted to hear them and use the CD player to play his/her own CDs.
- 4. Toys or games permitting free expression.** Examples of toys allowing free expression would be clay, finger paints, play dough, crayons, and paint and paper.
- 5. Toys or games necessitating refined movements.** Examples: paint by number (very simple level), dot book, coloring books, crayons, scissors and paper, paper dolls, and stringing beads.
- 6. Toys or games facilitating learning numbers.** This could include puzzles with numbers, blocks, books, games, and playing cards.
- 7. Ten children's books.** These must be children's books and must be in readable condition. They need not be the sole property of the child but may be shared with siblings or have been handed down by older children.
- 8. At least ten books are present and visible in the home.** The word "visible" was added this item to make it an observation rather than an interview item if possible. However, being able to observe without going through the entire home is usually difficult. In such instances do not hesitate to ask about the reading habits of the family. A simple question like, "Do you enjoy reading when you have some free time?" and "When you read books do you use the library or is it easier to buy books?"

The intent of the item is to find out something about whether the child is growing up in a family that reads and values having books around. There might be a set of encyclopedias

on the shelf, which appears to be unopened. Nonetheless, presence of the books would indicate that the family values their possession and credit would thus be given.

9. **Family buys a newspaper daily and reads it.** This is also designed to get at the reading habits of the family. The question should not be scored “yes” unless the paper is read daily. It does not have to be read in its entirety, but the news should be sampled fairly completely (more than comics and TV section). It is acceptable if only one parent reads the paper.
10. **Family subscribes to at least one magazine.** When discussing books it is usually easy to ask if the parent ever finds time to read magazines. Any magazine the family might subscribe to is acceptable, including children’s magazines such as “Highlights” and “Jack and Jill”.
11. **Child is encouraged to learn shapes.** A parent might mention that “A ball is round,” or “That block is square” when s/he is playing with the child. With an older child who uses paper and pencil the parent might take the time to draw different shapes for the child.

## *II. Language Stimulation*

12. **Toys to learn animals.** Examples for this could include toy animals, books about animals, circus games, and animal puzzles.
13. **Child is encouraged to learn the alphabet.** For this item any attempt to introduce the child to the letters is acceptable. Teaching her to write her name, talking about and pointing out letters in books or magazines, and working with chalk board are usually the most common forms of teaching the letters.
14. **Parent teaches child some simple manners, such as to say, “Please,” “Thank you,” and “I’m sorry.”** The concern here is with explanations rather than mandates or rules that either have no follow through or rely only on punishment. Mandates do not count as teaching. This is often a difficult item to get an answer to. One approach might be: “At school each teacher had different rules: There are sharing, politeness, not to fight, or to say “please” when the child asks for something. What is important to you for Jane right at this time when s/he is three years old? Has this come up yet? How do you usually handle it?”
15. **Parent uses correct grammar and pronunciation.** To receive credit the parent must be able to communicate with the interviewer. Pronunciation with enough precision that the parent can be understood is more important than precise grammar. The parent may have challenges with the English language, but precise grammar in another language that the child is learning.
16. **Parent encourages child to relate experiences or takes time to listen to him relate experiences.** This is designed to find out whether the parent takes an active interest in the child’s experiences and activities. Does s/he actively inquire about what s/he did when he was across the street at a friend’s birthday party or what s/he did at school in the morning? In order for this to receive credit the parent must make an active effort to have the child relate his/her experiences.

17. **When speaking of or to child, parent's voice conveys positive feeling.** Is the parent pleased with their child? Does the parent enjoy their child and talk about him/her in a pleasant, joyful manner rather than talk in a flat tone that communicates, "S/he's here, so I'll put up with him/her."
18. **Child is permitted some choice in lunch or breakfast menu.** "Permitted" and "some" are the key words in this item. An opener to the discussion of food could be, "Is s/he willing to eat whatever you prepare, or does s/he tell you what s/he wants?" "Does s/he usually eat what you fix whether s/he likes it or not?"

### *III. Physical Environment*

19. **Building has no potentially dangerous structural or health defects** (e.g., plaster coming down from the ceiling, stairway with boards missing, rodents). The interviewer should use his or her good judgment in scoring this item. Some of the most common concerns for this item are: open gas fires in a small home, and the presence of bleach, cleaning fluids, and other poisons within easy reach of a small child. Overcrowding or clutter in the home would not count as a hazard unless it is to such an extent that it could injure the child.
20. **Child's outside play environment appears safe and free of hazards.** (No outside play area requires an automatic *No.*) Once again the interviewer should use good judgment on the scoring. Examples of typical hazards are: broken glass lying around, junk cars abandoned in the yard or along the side of the street, open ditches or a house so close to the street that a child could not safely play in the yard, and boards with nails sticking up out of them.
21. **The interior of the home is not dark or perceptually monotonous.** On this item the interviewer can take into account the lack of lighting, drawn drapes, lack of pictures or plants, or a seeming lack of effort to dress the home up and make it attractive.
22. **Neighborhood has trees, grass, birds – is esthetically pleasing.** This, of course, would be a case where junk cars and garbage and other debris are not present.
23. **Home has 100 square feet of living space per person.** In making a rough calculation for this item, we use as a general rule of thumb a 9x12 room as being about the right amount of space for one person. A little simple math is then all that is required for scoring.
24. **The rooms are not overcrowded with furniture.** Is the furniture arranged in a manner so that all of the exits are free and easily accessible? Does the living area allow for freedom of movement and room for the children to play, unless another specified area is designated as a play area?
25. **All visible rooms of the home are reasonably clean and minimally cluttered.** The interviewer will have to use his or her good judgment based on the degree of neatness/cleanliness that can be expected with children.

#### *IV. Warmth and Acceptance*

- 26. Parent holds child close ten to fifteen minutes per day** (e.g. during TV, story time, or visiting). This may not be possible at one sitting especially if the parent has several children wanting her attention. A couple of minutes several times a day will receive credit. The parent may find time to hold the child and talk to him/her when s/he comes home from work or they may sit down and watch TV together.
- 27. Parent converses with child at least twice during visit.** (Scolding and suspicious comments are not counted.) This item involves parental conversation, not just vocalization, which can be any sounds or words exchanged with the child. The parent must make an effort to converse with the child and ask question, to talk about things, or to engage in verbal interchange other than scolding or degrading comments.
- 28. Parent answers child's question or request verbally.** In order to receive credit for this item the parent must make an effort to answer the question for the child. If the parent is unable to answer it at the moment s/he may tell the child s/he doesn't know but that they will look up the answer later. Responses such as "I am busy, go away" or "Don't bother me now" do not receive credit.
- 29. Parent usually responds verbally to child's talking.** The key here is that the parent recognizes and acknowledges the child's vocalizations and does not ignore them. For a score of *Yes*, the response may be a word or series of words or sounds such as, "uh huh," "um" or "sure." If the child does not vocalize in any way during the interview, thereby giving no opportunity for response, the score would be *No*.
- 30. Parent spontaneously praises child's qualities or behavior twice during visit.** The key word here is "spontaneous," but since most parents enjoy talking about and are proud of their children, this is not too hard to observe. Frequently a parent will tell you how well her child throws a ball or runs and will brag about how well s/he dresses him/herself or can get his/her own drink.
- 31. Parent caresses, kisses or cuddles child at least once during visit.** This need not be a wild burst of showy affection. Simple signs of concern such as a parent gently tucking the child's shirt in, holding the child on his/her lap, holding a hand, or a gentle pat on the shoulder would all receive a *Yes*.
- 32. Parent sets up situation that allows child to "show off" during visit.** Does the parent consciously get the child to sing a song, count, show how a toy works or anything that allows the child to do something to impress the visitor?

## *V. Academic Stimulation*

- 33. Child is encouraged to learn colors.** Any attempt by the parent to teach colors. Common times are when the child is being dressed, when playing with toys, or watching cars go by.
- 34. Child is encouraged to learn patterned speech** (e.g., nursery rhymes, prayers, songs, TV commercials). Frequently this is a good time to include the child and ask him if he know any songs or nursery rhymes. The parent will usually beam with pride and encourage the child to sing or recite a poem. Many families say a blessing before meals, and the children are encouraged to join in. Also many children learn and are able to repeat the popular TV commercials. Be sure to inquire where the child learned these, as they may have been learned at church or in daycare. If this is the case be sure to continue to probe to find out whether or not the parent or other members of the family actually teaches the child any of these things.
- 35. Child is encouraged to learn spatial relationships** (up, down, under, big, little, etc.). This is one most parents do without really being aware of it. A child is told to pick his toys “up” and put them “in” the box. However, credit should be given only if there is evidence of deliberate and planned clarification of the meaning of these confusing prepositions.
- 36. Child is encouraged to learn numbers.** Any attempt at teaching the child numbers is given a *Yes* score. Counting the child’s toes or fingers, asking the child, “How old are you?” and showing him/her by holding up a certain number of fingers are examples of such activities.
- 37. Child is encouraged to learn to read a few words.** This is another area where ability increases with age. At the lowest level (age three) credit is given for making an attempt to teach the child to recognize his/her printed name. Another acceptable procedure is to use books to teach the child the association between “D” for dog and the association of a picture with a dog.

## *VI. Modeling*

- 38. Some delay of food gratification is demanded of the child** (e.g., not to whine or demand food unless within ½ hour of meal time). This can usually be scored during a discussion of food and eating habits; however, it is often not necessary to ask the parent directly whether the child snacks any time s/he is hungry or whether s/he must wait until mealtime.
- 39. Family has TV, and it is used judiciously, not left on continuously.** Not having a TV requires an automatic *No*. Any scheduling is scored *Yes*. If the TV is turned on in the morning and left on all during the day, regardless of what is on, a score of *No* is given. To get at this item, the interviewer might say something like, “I’m sure you find the TV a lot of company. Do you usually leave it on all day or just turn it on for special programs?”
- 40. Parent introduces interviewer to child.** In many cases the child already knows the interviewer; however, the parent must still remind the child of the visitor’s name. A

formal introduction is not necessary for credit. A comment such as, “You remember Mary, don’t you?” or “Show Mary the new book you got for your birthday” will receive credit. The object is for the parent to make the child aware of the visitor’s name and the fact that s/he has come to visit both of them and not just the parent.

- 41. Child can express negative feelings without harsh reprisal.** In this case “harsh” does not necessarily mean physical punishment but it should connote some punishment such as deprivation of privilege. Examples of negative feelings would be “I hate you, you mean old lady!” “I hate squash, and I won’t eat it!” or a tantrum where the child kicks, screams, and throws.
- 42. Child is permitted to hit parent without harsh reprisal.** In this case “permitted to hit” includes any and all times **without physical punishment** from the parent. For items 41 and 42, if the parent states this hasn’t happened yet, ask her what s/he would do if it did occur. Most parents are very willing to talk about their child’s behavior, their discipline, and you will find little difficulty in asking, “Does Johnny ever get angry and negative about you or some of the things around?” “Tell me about some of the times this might happen?” “Does he ever get angry enough to hit you?” “How do you think a parent should handle that kind of thing?”

## *VII. Variety of Experience*

- 43. Real or toy musical instrument.** Examples will include a piano, drum, toy xylophone, guitar, and radio (either real or toy).
- 44. Family members have taken child on one outing (picnic, shopping, excursion) at least every other week.** Family member can include anyone in the child’s immediate family such as an aunt, uncle, or older sibling as long as they are over twelve years old. These outings may include the barber shop, dime store, picnic in the park, zoo, drive-in movie, ice cream shop, etc. and must occur two or three times a month.
- 45. Child has been taken by family member on a trip more than 50 miles from his home during the past year (50 mile radial distance not total distance).** This item is pretty much self-explanatory, and each interviewer will have to be the judge as to whether or not the area of the trip meets the requirements.
- 46. Child has been taken by a family member to a scientific, historical, or art museum within the past year.** This is pretty much self-explanatory in that almost any type of museum will do; a local art center, a clock museum, natural history museum, or an art display even if held in a local bank or other display area.
- 47. Tries to get child to pick up and put away toys after play session, without help.** Does the parent actually ask and try to get the child to pick up his or her own toys after each play session or before going to bed rather than doing it herself because it is easier? Some typical probing questions might be, “Do you pick up the toys yourself or try to get him to do it each day? Is it something you would rather have him do than do it yourself?”
- 48. Parent uses complex sentence structure and some long words in conversing.** If the parent makes an attempt at carrying on a regular conversation instead of just finding a

way to answer all of the questions with “Yes” or “No” or “I don’t know” and not giving any explanation, this should be scored *yes*.

**49. Child’s artwork is displayed some place in house (anything that the child makes).**

Occasionally this can be observed, but it is often necessary to get at this through direct questioning. If the parent mentions that the child enjoys coloring and drawing during the discussion of toys, this presents an excellent opportunity to inquire about what he likes to do with his/her creations when s/he completes them or when s/he brings something home from daycare or school.

**50. Child eats at least one meal per day, on most days, with mother (or mother figure) and father (or father figure).** (One-parent families get an automatic *No*.)

This can be any meal during the day. The child must eat with the family either at the table or in a highchair pulled up to the table. In the case of large families where part of the family sits in the dining room and part in the kitchen, credit is given if they all eat and sit down together. This usually comes up easily during a discussion of food and can be approached with a question like, “Do you usually feed Johnny early or does the whole family eat together?”

**51. Parent lets child choose certain favorite food products or brands at grocery store.**

A good opener is as follows: “I guess Johnny sees a lot of things advertised on TV. Does he want to get some of these things when you go to the store?” “Now that food prices are so high are you able to let him select certain items?” In order to receive credit, the child must express a desire for a product and be allowed to get it not just select an item the parent has asked him to find.

### *VIII. Acceptance*

**52. Parent does not scold or derogate (put down) child more than once during visit.**

In this item all remarks must be made to the child; that is, the parent must tell the child that s/he is a bad and not simply tell the interviewer that the child is bad. If this occurs more than once during the visit the item should be scored *No*.

**53. Parent does not use physical restraint, shake, grab, pinch child during visit.**

In a younger child the parent might be apt to hold the child in her lap even though the child struggles to get down. An older child might be placed in a chair to keep him/her out of the way, or s/he might be jerked back for handling items on a table or pulled away if s/he tried to climb on the interviewer’s lap.

**54. Parent neither slaps nor spanks child during visit.**

This item goes hand in hand with number 53. In this item the slaps and spanks must be in anger or as a reprimand for some wrongdoing. An affectionate pat on the bottom as the parent sends the child out to play does not mean the item should receive a *No*.

**55. No more than one instance of physical punishment occurred during the past week.**

In this case the interviewer must take the word of the parent. The parents must act as a team. Even if the parent states that this week was most unusual, and the child received more than one spanking, the item should receive a *No*. Definitions of “physical punishment” seem to vary considerably. Many parents consider restraint and shaking a child as physical punishment. If in doubt, take the parent’s definition.

## 12 & 24 Month HOME Review Sheet

OBSERVE	ASK ABOUT (if needed)
<p><b>Toys or materials:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Gross motor/locomotion</li> <li><input type="checkbox"/> Fine motor</li> <li><input type="checkbox"/> Music</li> <li><input type="checkbox"/> Cuddly</li> <li><input type="checkbox"/> For learning/stimulation</li> <li><input type="checkbox"/> Place to keep toys</li> <li><input type="checkbox"/> 3 books of child's own</li> </ul> <p><b>Household:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 10 books</li> <li><input type="checkbox"/> Pet (can be asked)</li> <li><input type="checkbox"/> Safety for child</li> </ul> <p><b>Parent-Child Interactions:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Kissing/caressing</li> <li><input type="checkbox"/> Discipline</li> <li><input type="checkbox"/> Tells child name of object/person</li> <li><input type="checkbox"/> Responds to child's vocalizations</li> <li><input type="checkbox"/> Praises child</li> <li><input type="checkbox"/> Visual contact with child</li> <li><input type="checkbox"/> Helps child focus/structure play</li> </ul>	<p><b>Parent-Child Interactions:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Messy play</li> <li><input type="checkbox"/> Talking to child while doing housework</li> <li><input type="checkbox"/> Parent approach to play, new toys, learning</li> <li><input type="checkbox"/> Reading frequency</li> <li><input type="checkbox"/> Discipline, physical punishment</li> <li><input type="checkbox"/> How picks out toys</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Childcare (number of caregivers)</li> <li><input type="checkbox"/> Outings, grocery store, doctor's office</li> <li><input type="checkbox"/> Pets (if not visible)</li> <li><input type="checkbox"/> Visits from relatives</li> <li><input type="checkbox"/> Care provided by father figure</li> <li><input type="checkbox"/> Mealtimes (together)</li> </ul>

## XI. Directions for the Exit/Re-Entry Information Form

**IMPORTANT: Complete an Exit Form for all families who were eligible and interested in receiving Intensive Services as indicated in Section D on the NBQ, even if they never completed an initial home visit.**

Please begin by filling out all items at the top of the form.

### **Worker ID**

Fill in your 4-digit employee ID and then fill in the corresponding bubbles below the written numbers.

### **Child's Healthy Start ID**

Please enter the exiting child's ID number and then fill in the corresponding bubbles below the written numbers.

### **County of Service**

Fill in the county of service the family is exiting from.

### **Today's Date**

Fill in the date you are completing this form in the space provided in the upper left hand corner of the form and then fill in the corresponding bubbles below the written numbers.

### **Child's date of birth**

Fill in the birth date of the child you are exiting and then fill in the corresponding bubbles below the written numbers.

## ***I. Exiting Information***

### **Reason for exit**

There are two categories of possible reasons for exit. One is for families who did not complete their first home visit, and the other is for a family that had at least one home visit.

If the family was eligible for and interested in receiving Intensive Services (as indicated on the NBQ) BUT never received a first home visit, you must complete the "Family never completed a first home visit" section under Reason for Exit. If this is the case, the "Family had at least one home visit" section will be left blank.

Alternatively, if the family was eligible for and interested in receiving Intensive Services AND received a first home visit, you will complete the "Family had at least one home visit" section under Reason for Exit. If this is the case, the "Family never completed a first home visit" section will be left blank.

**Please only mark one selection in the Reason for Exit section, depending on whether the family had an initial home visit or not.** If multiple reasons exist, choose the reason you feel is the **primary** reason for exit.

***Family never completed a first home visit:***

**○ Unable to contact (not offered)**

Family was eligible for and interested in receiving Intensive Services (as indicated on the NBQ) but you were unable to contact them to formally offer Intensive Services.

**○ Family moved (not offered)**

Family was eligible and interested, but moved before you could formally offer them Intensive Services. If an initial home visit was scheduled, please use the “HV scheduled, unable to complete” bubble below. Note that you should attempt to connect the family with other Healthy Start programs if the family tells you they are moving to another Oregon location.

**○ Not offered, caseload full**

Family was eligible and interested, but services were not offered because the program was at capacity.

**○ Not offered, didn't meet local eligibility criteria**

Family was eligible and interested, but services were not offered because the family didn't meet your program's additional eligibility criteria.

**○ HV scheduled, unable to complete**

Family was interested and eligible, and initially agreed to participate in Intensive Services. However, even after initially agreeing, the family did not complete the first home visit (either active refusal of services, or unable to successfully complete the visit despite creative outreach attempts, or family moved before first home visit delivered).

**○ Declined, too busy**

Family was interested and eligible, but even after initially agreeing to IS, family has decided not to participate in Healthy Start because they are too busy (refusal happened by phone or other method of contact).

**○ Declined, feels services are not needed**

Family was interested and eligible, but even after initially agreeing to IS, family has decided not to participate in Healthy Start because they are too busy (refusal happened by phone or other method of contact).

**○ Other (please explain)**

***Family completed at least one home visit:***

**○ Unable to locate family**

If you have not been able to locate a family to whom you provided service (e.g., family does not appear to be living at the address), use this exit reason.

**○ Child removed from custody**

If you can no longer provide service to a family because the child has been removed from custody (by DHS child welfare, foster care, etc), use this exit reason.

**○ Child reached age limit of program**

Please use this exit code if the child you are serving has reached the maximum age of children served by your Healthy Start program. Note that a family can age out and also successfully complete (“graduate”) from the program. Indicate family status at exit in the service information section.

**○ Concerns about FSW safety**

Use this code if services are discontinued in order to protect worker safety.

**○ Parent no longer interested**

If you have provided some home visit(s) to a family, but they (or another family member) tell you they no longer wish to receive services, use this exit reason. This option may also be used when parents continually miss visits, avoid contact with the home visitor, etc. (after period of Creative Outreach has been completed).

**○ Parent too busy**

If you have provided at least one home visit post assessment to a family, but they tell you they no longer have time because of other commitments, use this exit reason.

**○ FSW left, family declines further services**

**○ Family transferred to a non-Healthy Start program**

**○ Family moved out of service area**

If the family receiving home visiting services has moved out of the county/ies served by your Healthy Start Program, use this exit reason.

**○ Other (please explain)**

Use this for any other exit reasons not covered above. Further, if the family achieved their goals but the child is not yet 3 years old, mark "Other" as the exit reason and indicate “Excellent progress” on the Family’s Status at Exit. Because Healthy Start provides ongoing preventive services to children and families, “graduation” before reaching the 3-year birth date represents an unusual circumstance.

**You can also use this reason if you’ve completed 3 months of Creative Outreach for a family and are not certain as to the why they have been unresponsive to your attempts to reengage them. Just be sure to note that they have completed Creative Outreach and you don’t know why they aren’t responding in the space provided. However, try to use your best clinical judgment to indicate the reason the family has disengaged, if at all possible.**

## ***II. Service Information***

Complete this section only if the family received some intensive services (at least one home visit). **If the family was exited previously, report only on the time period from the most recent re-entry. Record Creative Outreach dates only if Creative Outreach occurred after the last home visit.**

Fill in the following:

- **Date of first home visit (month, day, year)** Please enter the date of the family's first home visit and then fill in the corresponding bubbles below the written numbers.
- **Date of last home visit (month, day, year)** Please enter the date of the family's last home visit and then fill in the corresponding bubbles below the written numbers.
- **Date final Creative Outreach started (month, day, year).** This refers to the final period of Creative Outreach provided to the family (if applicable) prior to exiting the family for lack of engagement in program services. This does not refer to other Creative Outreach episodes that may have occurred during the family's participation. Please enter the date and then fill in the corresponding bubbles below the written numbers.
- **Date final Creative Outreach ended (month, day, year).** This refers to the final period of Creative Outreach provided to the family (if applicable) prior to exiting the family for lack of engagement in program services. This does not refer to other Creative Outreach episodes that may have occurred during the family's participation. Please enter the date and then fill in the corresponding bubbles below the written numbers.
- **Number of FSWs** –Indicate the total number of home visitors who worked with this family during their participation in Healthy Start (during this service period).
- **Total number of home visits received during this service period.**
- **Indicate the family's status at exit:**
  - Excellent progress, most family/program goals met
  - Good progress, some family/program goals met
  - Little progress, most family/program goals NOT met

### ***III. Re-Entry Information***

IMPORTANT: You should fill out a re-entry form when a family that has been exited from your program returns to your program **OR** a family that has been exited from another Healthy Start program begins services with your program.

Re-Entry Information is located on the back of the Exit and Re-Entry form. Please begin by filling out the information under “Re-Entry Information” at the top portion of the form.

#### **Worker ID**

Fill in your 4-digit employee ID and then fill in the corresponding bubble below the written numbers.

#### **Child’s Healthy Start ID**

Please enter the exiting child’s ID number and then fill in the corresponding bubbles below the written numbers.

#### **Worker’s County**

Fill in the county of service the family is exiting from.

#### **Today’s Date**

Fill in the date you are completing this form in the space provided in the upper left hand corner of the form and then fill in the corresponding bubbles below the written numbers.

#### **Child’s date of birth**

Fill in the birth date of the child you are exiting and then fill in the corresponding bubbles below the written numbers.

#### **Why is family re-entering Healthy Start?**

Please choose **one** of the reasons listed for the family re-entering the program. Please choose “Other” only if there is another reason than one that has been listed on the form and explain.

- Family moved away, but is now back
- Family requested re-entry
- Family transferred from another Healthy Start program
- Other (please explain)

## **XII. Directions for the Staff Exit Survey**

The purpose of the Staff/Volunteer exit survey is to collect information about workers' experiences with the Healthy Start program and the reasons why staff leave the Healthy Start program. Supervisors or Program Managers should provide a copy of the Exit Survey and a stamped envelope addressed to NPC Research (see below) to any staff member (FSW, Administrative Assistant, Volunteer Coordinator, Supervisor, Manager, etc.) who has worked for the program as an employee (paid out of the program budget), and to volunteers serving in a staff capacity, before the staff person leaves her/his position. Staff should be encouraged, but not required, to complete the survey and mail it directly to NPC Research.

If the individual has already left the program, Program Managers or Supervisors should mail a survey to their home address.

Please provide a stamped envelope addressed to NPC Research, Attention: Healthy Start, 4380 SW Macadam Ave., Suite 530, Portland, OR 97239-6408.

Any questions regarding the exit survey should be addressed to Karen Van Tassell (503-378-5120) or Beth Green (503-243-2436).

## HEALTHY START STAFF & VOLUNTEER EXIT SURVEY

Please complete the following survey about your experiences as a staff or volunteer with the Healthy Start Program. Your answers are confidential, and will help us to continue to Healthy Start's services and work environment. Please mail your completed survey, using the envelope provided, to NPC Research, Attention: Healthy Start, 4380 SW Macadam Ave, Suite 530, Portland, OR 97239.

1. What was the County or Region of the Healthy Start program for which you worked (*optional*)? \_\_\_\_\_
  
2. What role(s) did you have (*check all that apply*)?
  - Administrative Assistant/Clerical/Data Entry or equivalent
  - Family Support Worker (FSW)
  - Supervisor
  - Manager
  - Other (*please describe*): \_\_\_\_\_
  
3. How long did you work for this Healthy Start program? \_\_\_\_\_  
(years/months)
  - a. If you worked in more than one role/position in this program, how long were you in your current position?  
\_\_\_\_\_ (years/months)
  - b. Have you worked for any other Healthy Start program or in any other capacity for Healthy Start? If so, please describe:  
\_\_\_\_\_
  
4. What are your reason(s) for leaving (*mark all that apply*):
  - Leaving for another position (*please indicate why below*)
    - Better pay
    - Better hours
    - Better benefits
    - Less stress
    - Different type of work
    - Got a promotion
    - Other: \_\_\_\_\_

*continues next page.....*

- Was burned out
- My Healthy Start position was cut
- Moving/moved
- Going to school or other training
- Unhappy with my job
- To take care of/spend more time with family
- Other (*please describe*): \_\_\_\_\_

5. The best part about this job was:

6. The biggest challenge for me in this job was:

7. How would you rate your satisfaction with this job? Please circle one.

- 1=very satisfied
- 2=satisfied
- 3=neutral
- 4=dissatisfied
- 5=very dissatisfied

8. Please tell us a little more about yourself (*optional*):

- a. Race/ethnicity: \_\_\_\_\_
- b. Gender: male/female
- c. Age: \_\_\_\_\_

9. Is there anything else you'd like to tell us about your experience with Healthy Start and/or your reasons for leaving the program?

*Thank you for completing this survey!*  
*Please mail the completed form to: NPC Research, Attention: Healthy Start,*  
*4380 SW Macadam Ave, Suite 530, Portland, OR 97239*

### XIII. Directions for the Home Visit Completion and Caseload Management Form (HVC Form)

**Form description:** The Home Visit Completion and Caseload Management Form is designed to be used in its electronic form to: (1) Document home visits completed for each family and worker, and (2) to document and monitor caseloads. The form is an EXCEL worksheet that is available from NPC Research ([healthystart@npcresearch.com](mailto:healthystart@npcresearch.com)). Although it can be completed as a paper-and-pencil form, the summary information will not auto-calculate.

**When to complete the forms:** Family Support Workers should complete Forms on a quarterly basis. Information about home visiting should be entered for all families on the FSW's caseload during the quarter, even if that family only received Creative Outreach, or only received service for part of the quarter. Home Visit completion rates will also be calculated on an annual basis for the Annual Healthy Start Status Report.

**What to do with the forms:** Excel spreadsheets should be **emailed** to Ashley Snoddy ([snoddy@npcresearch.com](mailto:snoddy@npcresearch.com)) **quarterly**. Information for the quarter must be received by the last day of the month **following** the end of the quarter in order to be included in that quarter's report. For example, for the January-March quarter, HVC forms should be emailed to NPC no later than the 30th of April.

Below we provide detailed description and instructions for completing the HVC form.

#### ***Detailed Form Description and Instructions.***

1. **FSW Name:** Type in your (home visitor's) name.
2. **FSW ID number:** Type in your FSW ID number.
3. **FSW FTE:** Enter the % of full time equivalent that you work as a Healthy Start home visitor. For example, if you work full time as a Healthy Start home visitor full time, you would write in 100% or 1.0. If you worked half time, you would write in 50% or .50.
4. **County Name:** Type in your county name.
5. **Start Date:** First day of the month you are recording.
6. **End Date:** Last day of the month you are recording.
7. **Family Initials (optional).** Enter the family initials, if that is helpful to you. This is not required.
8. **Family ID (required).** Enter the family's Healthy Start ID number (Healthy Start ID number of the primary, or first born child). REQUIRED.
9. **Family on Creative outreach ONLY? (Y/N).** IMPORTANT! This cell must be completed. A warning will be generated if something other than a "Y" or "N" is entered, or if this cell is left blank. Enter a "Y" if the family was on Creative Outreach (Level X) for the entire period being recorded, even if the family received home visits. If the family was on Level X for the entire period, only one level of service should be recorded for the family.

Use the next set of columns (yellow, if you are filling this out electronically) to document the home visits for the first level of service received by each family this month. For many families, this will be

the only level of service. However, if a family started out the month as Level 1 (for example) and then was changed mid-month to Level 2 (for example), you would record information here for the **first level** of service that the family received (Level 1 in this example) in the **yellow** columns, and for the **second level** of service (Level 2 in this example) in the **orange** columns. If there were a **third level** of service provided (say, the family moved from Level 2 to Level X), this information would be entered in the **blue** columns.

10. **First Level of Service (yellow columns).** Enter the first level of service that the family was on during this reporting period. Use the following level designations:

**Levels of Service**

1xx = 1 SS (more than weekly)	X = Creative Outreach
1 = Level 1 (weekly)	1p = weekly prenatal
2 = Level 2 (2x/month)	2p = 2 times per month prenatal
3 = Level 3 (monthly)	3p = monthly prenatal
4 = Level 4 (quarterly)	4p = quarterly prenatal

11. **Weeks on this level.** Indicate the number of weeks the family was on this first level of service. Estimate to the nearest full week if services ended or levels changed mid-week.
12. **Total visits expected at this level.** Enter the number of visits expected for these weeks based on the family’s service level. For example, if the family was on Level 1 for 2 weeks, the number of expected visits would be **two**. If the family was on Level 4 for a month, it is possible that the family would have zero expected visits for the month.
13. **Visits completed at this level.** Enter the number of visits completed for this family for their first level of service. Include all visits, whether or not they occurred in the family’s home.

If the family had only one Level of Service during the reporting period, stop here. The remaining cells will be calculated automatically based on what you’ve entered. Go on to the next family and enter their home visit information, until you’ve entered all the families who were on your caseload during the reporting period.

The next columns (orange and blue) should be used to record information for the Second and Third levels of service (if needed) that a family was on during the reporting period. Leave 2nd and 3rd level of service BLANK if the family did not change level of services during the reporting period. If CO only is “YES” there should only be one level of service (level X) recorded for that family.

14. **Second level of service (orange columns).** Enter the second level of service that the family was on during the reporting period, if applicable. If no second level, leave the remaining cells blank.
15. **Weeks on this level.** Indicate the number of weeks the family was on the second level of service. Estimate to the nearest full week if services ended or levels changed mid-week.

16. **Total visits expected at this level.** Enter the number of visits expected for the weeks at this second level of service, based on the family's service level. For example, if the family was on Level 1 for 2 weeks, the number of expected visits would be **two**.
17. **Visits completed at this level.** Enter the number of visits completed for this family for their second level of service. Include all visits, whether or not they occurred in the family's home.
18. **Third level of service (blue columns).** Enter the third level of service that the family was on during the reporting period, if applicable. If no third level, leave the remaining cells blank.
19. **Weeks on this level.** Indicate the number of weeks the family was on the third level of service. Estimate to the nearest full week if services ended or levels changed mid-week.
20. **Total visits expected at this level.** Enter the number of visits expected for the weeks at this third level of service, based on the family's service level. For example, if the family was on Level 1 for 2 weeks, the number of expected visits would be **two**.
21. **Visits completed at this level.** Enter the number of visits completed for this family for their third level of service. Include all visits, whether or not they occurred in the family's home.

**Important!** Note that the total number of weeks of service across all Levels of Service should not exceed the number of weeks in the reporting period. In other words, if the reporting period is 12 weeks long, the total weeks on all levels for a given family should not be greater than 12.

Once you have completed entering each family's home visit information, the remaining cells of the form will automatically calculate. You will notice that you cannot enter information into these cells - they are "locked" so that the underlying calculations cannot be changed. Each of these auto-calculated cells is described below.

### ***Auto-Calculated Information***

The cells at the bottom of the form calculate automatically, as follows:

1. **Totals:** At the bottom of the table are a number of totals:
  - a. **Total Row, Column C** = Total families not on creative outreach only (e.g., total number of NO's in this column) during the reporting period.
  - b. **Total Row, Columns F, G, J, K, N & O** are the total expected and completed visits across all families for the reporting period.

**Percentage of Home Visits Completed:** Underneath the "Totals" column, you will see a cell labeled "**Percentage of Families Meeting Home Visit Standard**" (cell F40). This is the total number of families meeting the HFA completion standard divided by the number of families NOT on CO only. So, if the total number of families meeting the HFA completion standard is 5 families, and the total number of families not on CO only is 10, the Percentage of families meeting the standard is 50%. To meet the HFA standard for home visiting for the month, this percentage should be 75% or HIGHER. However, remember that HFA standards are actually calculated across a one-year period by NPC, and there may be month to month variations in completion rates for a given home visitor.

### ***HFA Standards: End of Month***

This table represents the home visitor’s caseload at the end of the reporting period. That is, if two levels of service were reported for any families, the caseload information is calculated based on the family’s service levels during the second service period (the sheet automatically assumes that families who have only one level reported stay the same across the entire period). If any family has a third level of service, the caseload information is calculated based on family service levels during the third level of service. To calculate properly, the FSW’s correct FTE must be entered at the top of the sheet.

The table includes the following:

<i>Standard</i>	<i>Met?</i>	<i>Actual</i>	<i>Adjusted</i>
30 or fewer FTE-adjusted Caseload Points	A “YES” here means that at the end of the month the worker had 30 or fewer total Caseload points (if full time) or fewer than the equivalent caseload points based on their FTE (e.g., a 50% FTE worker had 15 or fewer caseload points). A “NO” means this standard was not met.	This cell calculates the actual caseload points based on the last level of service reported for the month.	This cell calculates the FTE-adjusted caseload points, that is, the caseload points the worker would have if she were full time. For full time workers, Actual will equal Adjusted.
25 or fewer FTE-adjusted total families?	A “YES” here means that means that the worker had 25 or fewer (full time workers, or fte-adjusted for part time) total families (including those on Creative Outreach only) across the entire reporting period. For example, if a half time worker had 13 families during the month, this would read “NO”. Exited families are included, as this form can’t accommodate exits in the calculations.	Total ACTUAL number of families served during this month.	Total number of families, adjusted to reflect full time status. That is, the number of families the worker would have had, if she were full time. For full time workers, Actual will equal Adjusted.
15 or fewer FTE-adjusted total families?	A “YES” here means that the worker had 15 or fewer Level 1 families at the end of	Actual number of level one families as of the last level of services reported.	The number of Level One families the worker would have had if she were full

<i>Standard</i>	<i>Met?</i>	<i>Actual</i>	<i>Adjusted</i>
	the month (last level of service reported). For part time workers, a "YES" means that the worker had 8 or fewer Level 1 families.		time. For full time workers, Actual will equal Adjusted.

***End of Quarter Caseload***

This table shows the number of families at each level of service, as of the end of the reporting period, as described previously. For each level of service, the table shows: (1) the number of families at that level of service as of the end of the period; and (2) the total caseload points for those families, at each level.

Questions about the Home Visit and Caseload Management Form? Email Ashley at: [snoddy@npcresearch.com](mailto:snoddy@npcresearch.com)

## XIV. Data Tracking Report and Data Error Summary Sheets

*Please note: Data Tracking and Data Error Summary Sheet activities are pending final budget negotiations for the 2009-2011 biennium.*

### Data Tracking Report

The Data Tracking Report lists forms that are overdue (based on the start of the Fiscal Year) as well as forms that are coming due in approximately the next three months. The report is an Excel file that lists the program county, worker ID, worker name, child ID, child's date of birth, the name of the survey, the target date (date the form was/is due) and the due status (due or overdue). A "notes" column is provided for program record keeping. Because this report is provided to you in Excel format, it can be sorted and manipulated by you to best meet your local needs. The following is an example of a Data Tracking Report Excel file created in April 2008:

	A	B	C	D	E	F	G	H	I	J
1	County	Wkr ID	Wkr Name	Child ID	DOB	Survey Name	Target Date	Due Status	Notes	
2	CountyName		WorkerName1	9735197	15-Mar-08	Parent Survey I (0 mo.)	15-Mar-08	Overdue		
3	CountyName	24	WorkerName1	9123516	24-Mar-06	12 & 24 HOME (24 mo.)	24-Mar-08	Overdue		
4	CountyName	24	WorkerName1	9123516	24-Mar-06	Family Update (24 mo.)	24-Mar-08	Overdue		
5	CountyName	24	WorkerName1	9123516	24-Mar-06	Parent Survey A (24 mo.)	24-Mar-08	Overdue		
6	CountyName	24	WorkerName1	9123516	24-Mar-06	Parent Survey B (24 mo.)	24-Mar-08	Overdue		
7	CountyName	83	WorkerName2	9353214	03-Jun-03	36, 48, 60 HOME (60 mo.)	03-Jun-08	Due		
8	CountyName	83	WorkerName2	9353214	03-Jun-03	Family Update (60 mo.)	03-Jun-08	Due		
9	CountyName	83	WorkerName2	9353214	03-Jun-03	Parent Survey A (60 mo.)	03-Jun-08	Due		
10	CountyName	83	WorkerName2	9353214	03-Jun-03	Parent Survey B (60 mo.)	03-Jun-08	Due		
11	CountyName	83	WorkerName2	9220642	24-Sep-06	Family Update (18 mo.)	24-Mar-08	Overdue		
12	CountyName	83	WorkerName2	9220642	24-Sep-06	Parent Survey A (12 mo.)	24-Sep-07	Overdue		
13	CountyName	83	WorkerName2	9220642	24-Sep-06	Parent Survey B (12 mo.)	24-Sep-07	Overdue		
14	CountyName	85	WorkerName3	9762035	23-Oct-04	36, 48, 60 HOME (36 mo.)	23-Oct-07	Overdue		
15	CountyName	85	WorkerName3	9762035	23-Oct-04	Family Update (36 mo.)	23-Oct-07	Overdue		
16	CountyName	85	WorkerName3	9762035	23-Oct-04	Family Update (42 mo.)	23-Apr-08	Overdue		
17	CountyName	85	WorkerName3	9762035	23-Oct-04	Parent Survey A (36 mo.)	23-Oct-07	Overdue		
18	CountyName	85	WorkerName3	9762035	23-Oct-04	Parent Survey B (36 mo.)	23-Oct-07	Overdue		
19	CountyName	85	WorkerName3	9255349	26-Mar-07	12 & 24 HOME (12 mo.)	26-Mar-08	Overdue		
20	CountyName	85	WorkerName3	9255349	26-Mar-07	Family Update (12 mo.)	26-Mar-08	Overdue		
21	CountyName	85	WorkerName3	9256666	28-Nov-06	Family Update (18 mo.)	28-May-08	Due		
22	CountyName	85	WorkerName3	9591742	09-Nov-07	Family Update (6 mo.)	09-May-08	Due		
23	CountyName	85	WorkerName3	9591742	09-Nov-07	Parent Survey A (6 mo.)	09-May-08	Due		
24	CountyName	85	WorkerName3	9591742	09-Nov-07	Parent Survey B (6 mo.)	09-May-08	Due		
25	CountyName	89	WorkerName3	9502819	23-Oct-07	Family Update (6 mo.)	23-Apr-08	Overdue		
26	CountyName	89	WorkerName3	9502819	23-Oct-07	Parent Survey A (6 mo.)	23-Apr-08	Overdue		

**Timing of Tracking Reports:** The Data Tracking Report is produced twice a year and emailed to programs approximately 45 days after the end of Quarter 2 (December) and Quarter 4 (June). A cover letter accompanies each Data Tracking Report describing the date parameters for forms that are overdue and/or coming up due in the next several months.

**What to do with the Tracking Report:** The Data Tracking Report is designed to help programs:

1. Track upcoming forms due for Intensive Service families
2. Alert staff to forms that were missed or are overdue

The Tracking Report is primarily for your program’s record keeping and use. Some programs have one central staff person monitor the entire report, while others separate the report by worker and have each worker responsible for monitoring his or her report.

In addition to program record keeping, programs can use the report to communicate with NPC about data on the report by writing comments/questions in the “notes” column of the electronic excel file. Some examples of information you may want to communicate to us:

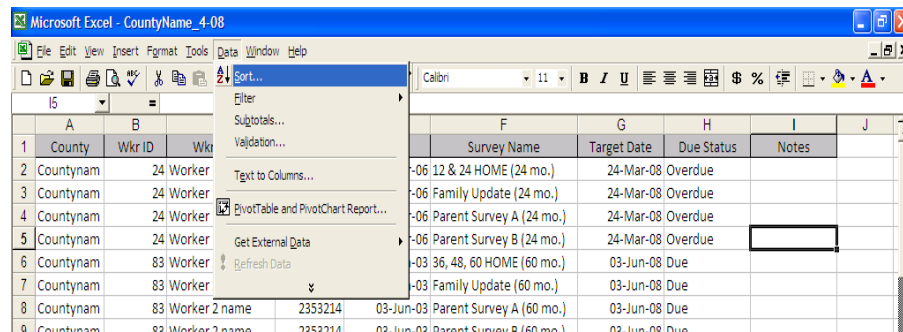
1. A worker missed a form for a family and it’s too late to complete it
2. A parent declined to complete a Parent Survey
3. A child ID on your report should have been exited the home visitor can’t remember if the exit form was sent in
4. The program previously sent in an overdue form, but feel you put the wrong ID number on the form
5. A worker is unable to find a Child ID she is expecting to see on the report

Notes entered on the electronic Excel file should be sent to [snoddy@npcresearch.com](mailto:snoddy@npcresearch.com) within one month of receiving the report. NPC will update your data and help you resolve your data questions.

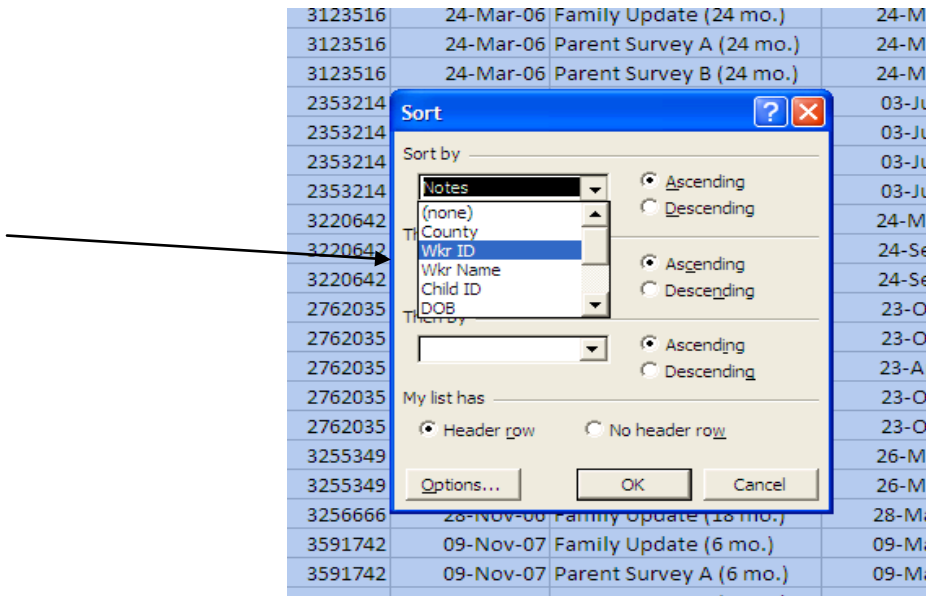
### ***Sorting and Filtering the Tracking Report***

***Sorting:*** You can sort an Excel file by any of the columns in the file. For instance, in the Data Tracking report, you may wish to sort the file by Worker ID.

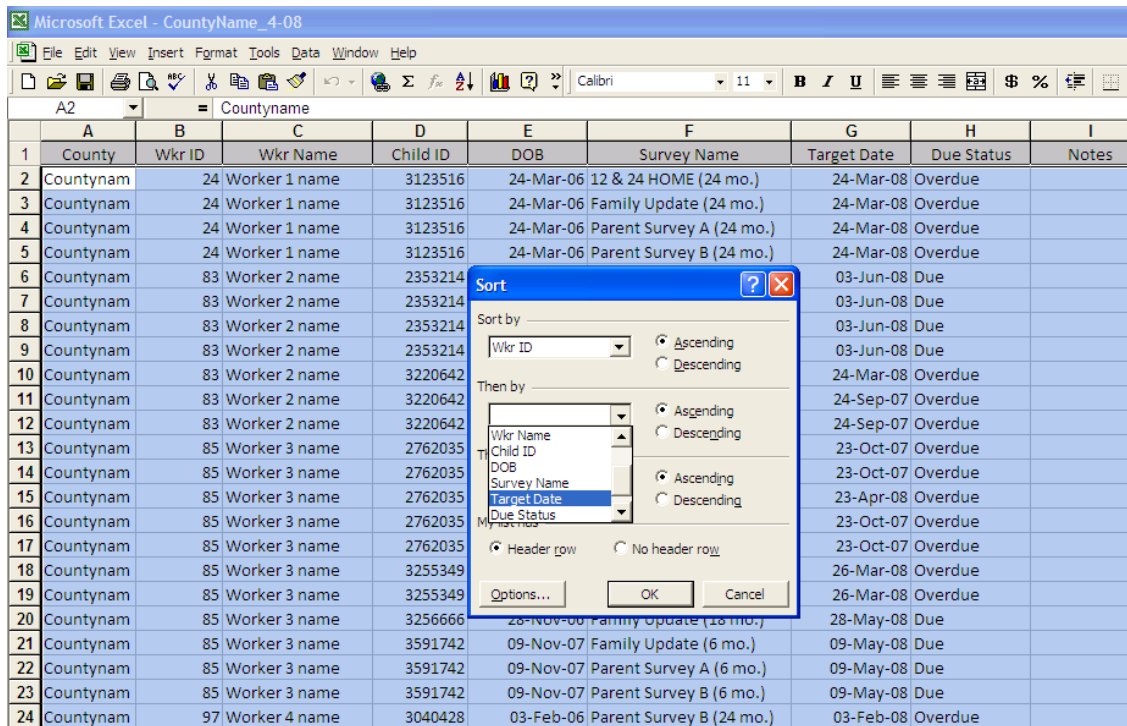
1. With the Excel file open, from the toolbar, select “Data” then “Sort.”



2. In the dialogue box that comes up after selecting “Sort” you will see a list of variables in the excel file you have open. Choose the variable you want to sort by (in this example, Wkr ID). Next, press “OK”; your document will then sort in ascending order by worker ID.

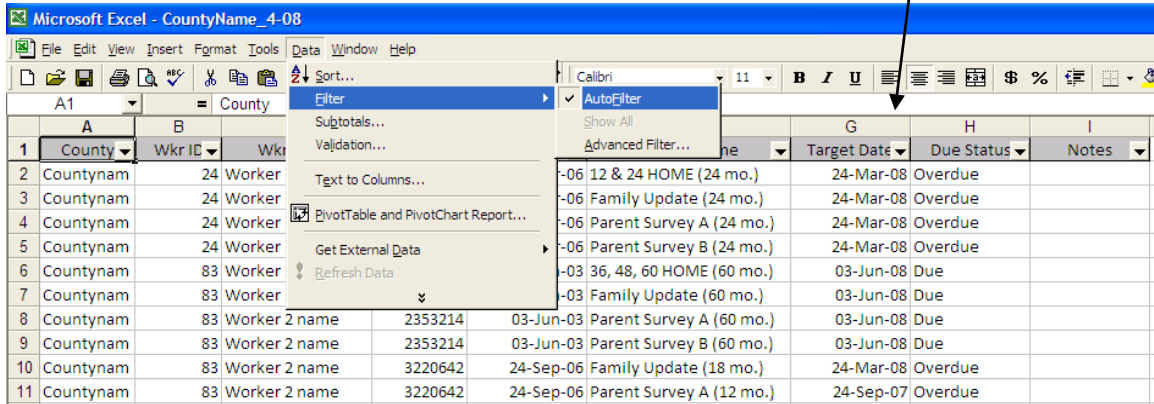


3. If you want to sort by more than one item, you would continue to add variables as you did above. Using the drop down arrow, select the second item by which you wish to sort your document. In the example below, we are choosing “Target Date” as a second sort option.

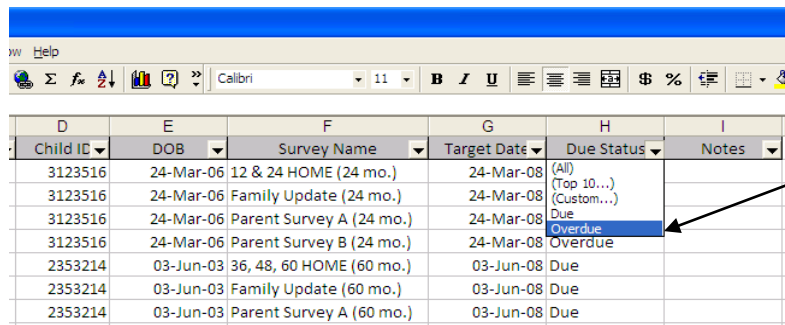


**Filtering:** You should use caution when using filter because it will temporarily eliminate (hide) the data you don't want to see. You should either “Save As” a copy of the report before you do this or filter your report, print off what you need, and then close the document WITHOUT saving it.

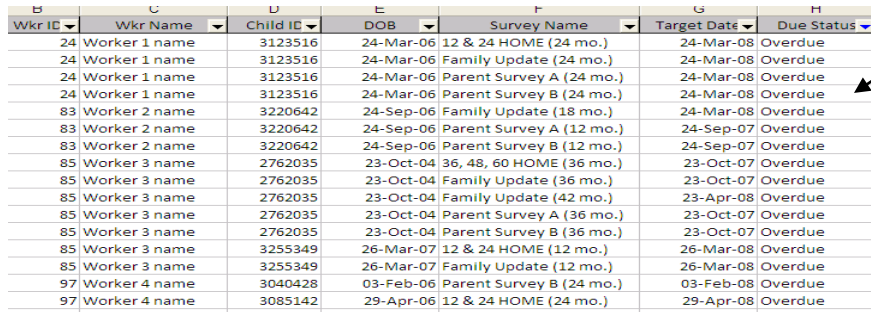
1. If, for instance, you only want to see overdue forms in your spreadsheet, from the toolbar, select “Data” then “Filter”, then “AutoFilter.” This will add down-arrows to each of the variables in your excel file.



2. Next, select the down arrow of the variable you are interested in filtering on. In this case, “Due Status.” You will then see the options under that variable. Select “Overdue.”



3. All of the “Due” forms in your report will temporarily drop out, leaving only the “Overdue” forms for you to view (see below). If you’ve saved an original copy of your report somewhere else, saving the file with this filter will save only the overdue forms. If you haven’t saved a copy of your report, don’t save the filter or else you will lose all of the data you filtered out (any data that didn’t have an “overdue” status).



- If you wanted to filter within the overdue forms (for example, by worker), you would then click on the “Wkr Name” drop down box, and select the name of the worker of interest (in this example, Worker 1 name).

	A	B	C	D	E	F	G	H
1	County	Wkr ID	Wkr Name	Child ID	DOB	Survey Name	Target Date	Due Stat
2	Countynam	24	(All)	3123516	24-Mar-06	12 & 24 HOME (24 mo.)	24-Mar-08	Overdue
3	Countynam	24	(Top 10...)	3123516	24-Mar-06	Family Update (24 mo.)	24-Mar-08	Overdue
4	Countynam	24	(Custom...)	3123516	24-Mar-06	Parent Survey A (24 mo.)	24-Mar-08	Overdue
5	Countynam	24	Worker 1 name	3123516	24-Mar-06	Parent Survey B (24 mo.)	24-Mar-08	Overdue
10	Countynam	83	Worker 2 name	3220642	24-Sep-06	Family Update (18 mo.)	24-Mar-08	Overdue
11	Countynam	83	Worker 2 name	3220642	24-Sep-06	Parent Survey A (12 mo.)	24-Sep-07	Overdue
12	Countynam	83	Worker 2 name	3220642	24-Sep-06	Parent Survey B (12 mo.)	24-Sep-07	Overdue
13	Countynam	85	Worker 3 name	2762035	23-Oct-04	36, 48, 60 HOME (36 mo.)	23-Oct-07	Overdue
14	Countynam	85	Worker 3 name	2762035	23-Oct-04	Family Update (36 mo.)	23-Oct-07	Overdue

- You will notice that your file now only shows the overdue forms for the worker you selected.

	A	B	C	D	E	F	G	H	I
1	County	Wkr ID	Wkr Name	Child ID	DOB	Survey Name	Target Date	Due Status	Notes
2	Countynam	24	Worker 1 name	3123516	24-Mar-06	12 & 24 HOME (24 mo.)	24-Mar-08	Overdue	
3	Countynam	24	Worker 1 name	3123516	24-Mar-06	Family Update (24 mo.)	24-Mar-08	Overdue	
4	Countynam	24	Worker 1 name	3123516	24-Mar-06	Parent Survey A (24 mo.)	24-Mar-08	Overdue	
5	Countynam	24	Worker 1 name	3123516	24-Mar-06	Parent Survey B (24 mo.)	24-Mar-08	Overdue	
43									
44									

- You may use the same process for filtering other variables (Wkr ID, Survey Name, etc), allowing you to filter out what’s best for your needs!

### ***Data Error Summary Sheets***

The Data Error Summary Sheet is sent electronically to program managers to help us communicate about forms and other data arriving at NPC that we are unable to process for a variety of reasons, including:

***Missing Data Elements:*** We will not scan forms missing certain data fields used for linking, verifying, or reporting data. For a list of fields that must be present in order for forms to be scanned, see Chapter 5 of the Evaluation Manual.

***Incorrect Data:*** We will not scan forms if we identify incorrect data. For instance, if we notice a Parent Survey I was completed at 6 months instead of a Parent Survey II, or the current date was

written in as a birth date on an 18 month form, we will bring it to your attention for correcting prior to scanning.

**NOTE:** Data corrections or communications to NPC should be made in a different colored font directly into the Data Error Summary document and emailed back to [snoddy@npcresearch.com](mailto:snoddy@npcresearch.com) by the 15th of the following month.

**Family Manager Errors:** The Data Error Summary Sheet may also be attached to an Excel spreadsheet identifying errors we noticed in Family Manager during the Quarterly Report data preparation process. These cases require clean up in Family Manager and will be accompanied by instructions for doing so (also see section “Correcting Family Manager Errors” below). The following is an example of an Excel spreadsheet detailing errors in Family Manager:

	A	B	C	D	E	F	G
1	Child ID	FM Gender	Client Type	FM DOB Type	FM DOB	FM Screendate	Screendate Birthdate Difference
2	9147698	0					
3	9162027		0		7/20/2206		
4	9260065				4/27/2007	10/14/1006	More than 10 Months
5	9279007	0		0			
6	9295607				12/7/2006	12/8/3006	More than 1 Year
7	9295617				12/15/2006	12/6/3006	More than 1 Year
8	9990742			0			
9	9991295				3/26/1976	3/26/2007	More than 1 Year
10	9572479				11/8/2008	10/19/2007	More than 10 Months
11	9599571				11/8/2007	1/9/2007	More than 10 Months
12	9622029				11/29/1988	11/30/2007	More than 1 Year
13							
14							

### **Correcting Family Manager Errors**

#### **FM Gender**

If a 0 is present, Gender needs to be changed to a valid value. Go into Family Manager and change the 0 to a:

- 1 for “female”
- 2 for “male” or
- 3 for “unknown”

#### **Client Type**

If a 0 is present, Client Type needs to be changed to a valid value. Go into Family Manager and change the 0 to a:

- 1 for first birth, 2 for twin of first birth, etc.

#### **DOB Type**

If a 0 or a 3 is present, the Date of Birth Type needs to be changed to a valid value. Go into Family Manager and change the 0 or 3 to a:

- 1 for “estimated birth date” or
- 2 for “actual birth date”

#### **FM DOB**

An error in this field could mean one of two things:

1. The Screendate-Birthdate difference is too large for the typical Healthy Start process. If this is the case, you'll see a comment in the Screendate-Birthdate cell. For example, the DOB was entered as 3/2/2005 and the Screen date was entered as 3/2/2007, making the time between birth and screening "More than 1 Year".
2. The date falls outside the set parameters for the child's date of birth. The child's date of birth should be updated to reflect the child's actual or estimated birth date. Often, the mother's DOB accidentally gets entered into this field. Another common mistake is to enter 3006 instead of 2006. Please go into Family Manager and change the child's DOB if needed.

### ***FM Screen Date***

An error in this field could mean one of two things:

1. The Screendate-Birthdate difference is too large for the typical Healthy Start process. If this is the case, you'll see a comment in the Screendate-Birthdate cell. For example, the DOB was entered as 3/2/2005 and the Screen date was entered as 3/2/2007, making the time between birth and screening "More than 1 Year".
- 1) The date falls outside the set parameters for the family's screen date. The screen date should be updated to reflect the actual screen date. Often, the mother's DOB accidentally gets entered into this field. Another common mistake is to enter a 3006 instead of 2006. Please go into Family Manager and change the family's screen date if needed.

### ***Screendate-Birthdate Difference***

If this cell is present and you see a comment in this cell "*More than 10 months*", it means that the screen date is more than 10 months before the child's birth date. This requires a modification of the DOB or screen date to create a realistic time frame between the screen date and the child's birth date.

If you see a comment in this cell "*More than 1 Year*", it means that the screen date is more than a year after the child's birth date. Go into Family Manager and change whichever date is incorrect or let NPC know that the dates are correct as they were entered into Family Manager.

## **Appendix A: Healthy Start Forms and Where to Get Them**

Following is a list of Healthy Start Forms. Please see below for information about whom to contact for printed copies of the forms.

### **Healthy Start Forms:**

Consent Form (English)  
Consent Form (Spanish)  
New Baby Questionnaire (English)  
New Baby Questionnaire (Spanish)  
Kempe Family Stress Interview Scoring Sheet  
Family Intake  
Family Update  
Parent Survey I (English)  
Parent Survey I (Spanish)  
Parent Survey II (A and B)(English)  
Parent Survey II (A and B)(Spanish)  
HOME Inventory, 12 and 24-Month  
HOME Inventory, 36, 48, and 60-Month  
Exit and Re-Entry Information

### **Where to Get Healthy Start Forms:**

Please contact:

[healthystart@npcresearch.com](mailto:healthystart@npcresearch.com)

or

NPC Research  
4380 SW Macadam Ave., Suite 530  
Portland, OR 97239  
503-243-2436  
[www.npcresearch.com](http://www.npcresearch.com)