



Public Health Nursing Data Dictionary

FY 24-25



Healthy Families San Diego County Multi-Site System

January 2025



Purpose of the Data Dictionary

This document presents all data collection requirements for Healthy Families San Diego County (HFSDC) Public Health Nursing (PHN) and provides guidance to PHN on data entry.

Please refer to the appropriate tool and assessment manuals for further definitions.

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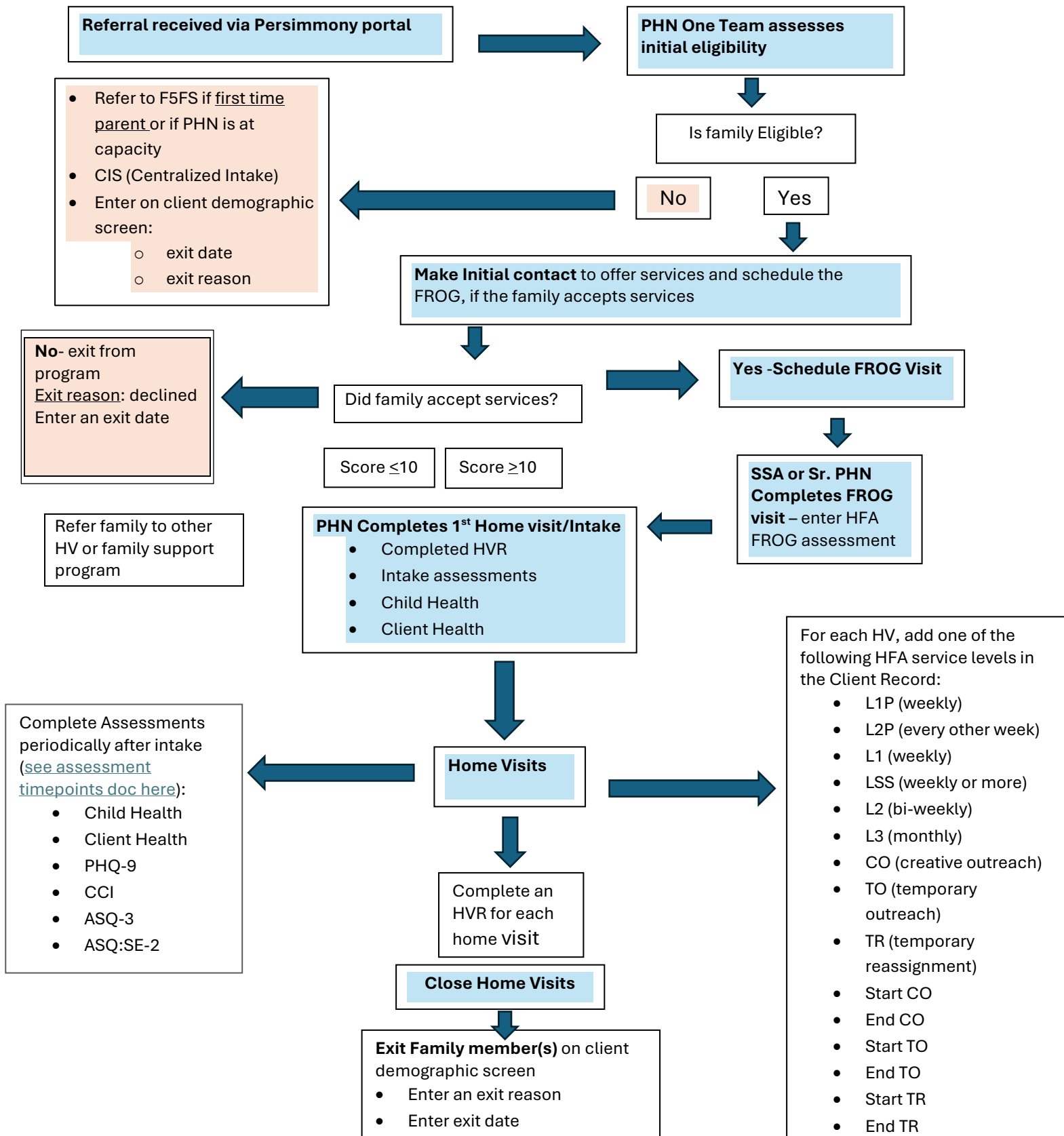
Acronyms

Acronym	Name
ROLES	
ONE	Office of Nursing Excellence
PHN	Public Health Nurse
SSA	Social Services Aide
PHN Sup	PHN Supervisor
Sr PHN	Senior Public Health Nurse
QAS	Quality Assurance Specialist
FTE	Full time equivalent
PHN Mgr.	PHN Manager
PM	Program Manager
PROGRAMS	
AAP-CA3	American Academy of Pediatrics – California Chapter 3
F5FS	First 5 First Steps (F5FS) HFSDC
SAY San Diego	Social Advocates for Youth, F5FS Central/North Central Site
Home Start	Home Start San Diego, F5FS East Region Site
Palomar	Palomar Health, F5FS North Coastal/North Inland Site

SBCS	South Bay Community Services, F5FS South Site
HVP	Home Visiting Program
MSS	Multi-site System
HFA	Healthy Families America
PHC	Public Health Center
ONE	Office of Nursing Excellence
NFP	Nurse-Family Partnership
PARTNERS & FUNDING	
F5SD	First 5 Commission of San Diego
FSC	Family Support Connection
F5FS	First 5 First Steps
CHVP	California Home Visiting Program
CFWB- CFS	Child and Family Well-Being Department- Child & Family Strengthening
CFWB- CS	Child and Family Well-Being Department- Child Safety (formerly CWS)
MIECHV	Maternal, Infant, and Early Childhood Home Visiting Program
CA-ES	California Early Start
HDS	Healthy Development Services
PCI-GC	Project Concern International- Global Communities Healthy Start
SDRC	San Diego Regional Center
BIH	Black Infant Health
NHA	Neighborhood House Association – Head Start-Services for Pregnant Women
Vista Hill PCM	Vista Hill Parent Care Perinatal Case Management
TOOLS	
ASQ-3	Ages & Stages Questionnaire, 3 rd Edition
ASQ:SE-2	Ages & Stages Questionnaire - Social-Emotional, 2 Edition
CCI	CHEERS Check-In
AAS	Abuse Assessment Screening
PHQ-9	Patient Health Questionnaire
PSS	Parent Satisfaction Survey
UISPP	University of Idaho Survey on Parenting Practices Modified
LEVELS	
CO (Level CO)	Creative Outreach
TO (Level TO)	Temporary Out of Area
TR (Level TR)	Temporary Re-Assignment
SS (Level SS)	Special Circumstances
FORMS & WORKSHEETS	
CalWIN	Cal-WORKs Information Network
COR	Contracting Officer's Representative (e.g., F5SD, County)
FPR	Family Progress Review
FSP	Family Service Plan
HIPAA	Health Insurance Portability and Accountability Act

HVCC Worksheet	Home Visit Completion & Caseloads Worksheet
HVR	Home Visit Record
PFU	Parent Follow-Up
P&P	HFSDC Policies & Procedures manual
QA Calls	Parent Experience Quality Assurance Calls
ROI	Release of information
SPS	Supervision and Professional Support
HFA FUNDAMENTALS	
ATP	Accentuate The Positive
BPS	Best Practice Standards
CAB	Community Advisory Board
CHEERS	Cues, Holding, Expression, Empathy, Rhythmicity/Reciprocity, & Smiles
CQI	Continuous Quality improvement
First Visit	Intake/enrollment visit
Foundations	Foundations for Family Support Core Training
FROG	Family Resilience and Opportunity for Growth
HFA RS	HFA Reflective Strategies
Parent(s)	Any primary caregiver, regardless of biological relationship
PCI	Parent-Child Interaction
PT	Problem talk
TA	Technical Assistance
They/Them	Inclusive of she/her and he/him pronouns
UR	Unknown Risk (FROG)
CURRICULUM	
BT	Baby TALK
M&B	Mothers and Babies
PATH	Parenting/Pregnancy, Timing, How important Framework
CPCK	Connected Parents Connected Kids
OTHER HELPFUL ACRONYMS	
ACEs	Adverse Childhood Experiences
EAP	Employment Assistance Programs
ER	Emergency Room
IZ	Immunizations
LMS	Learning Management System
NICU	Neonatal Intensive Care Unit
UR	Urgent Care

HFSDC Data Schematic – Flow of Services



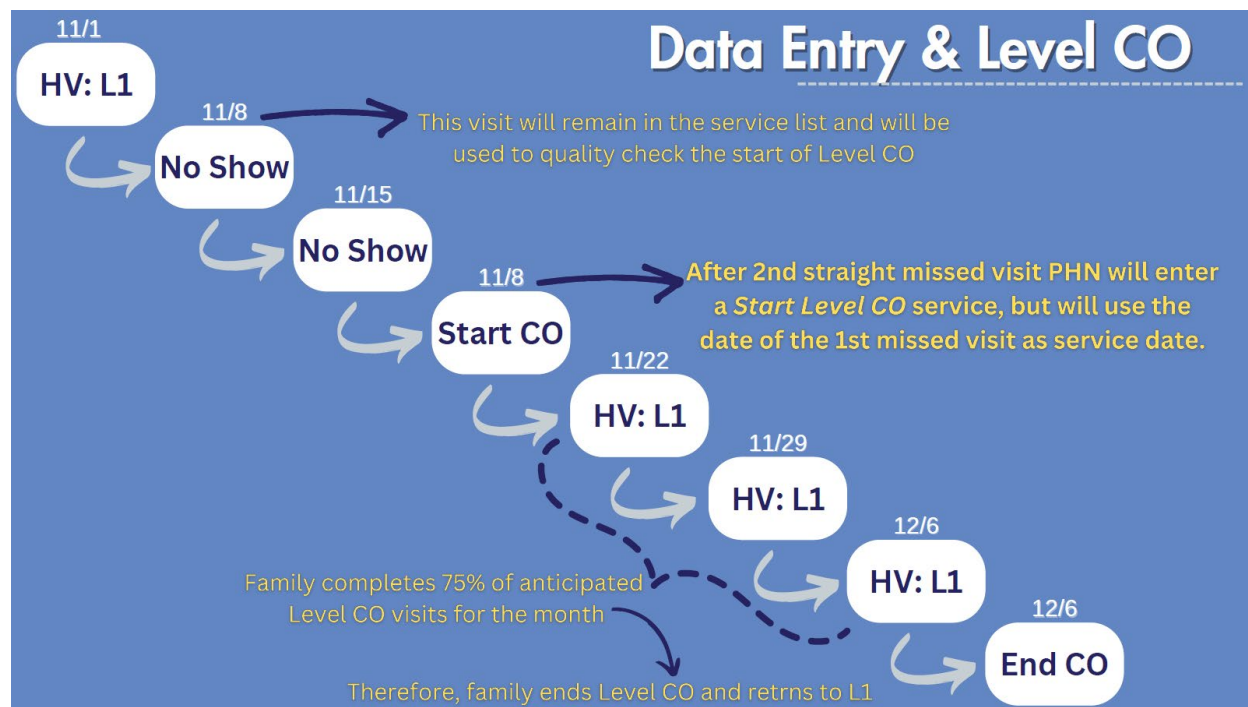
Service Levels

Service	Definition/Description
HV: L1P (Weekly)	Level 1P: weekly home visits that take place before the birth of the child. The frequency of service depends on the family's need. Each time you visit the family during the prenatal period you must enter this service for each member of the household present at the visit.
HV: 1b	Level 1b: If a Level 1 family requests reduced visits, the family will receive no less than bi-weekly visits. Offering reduced visits may begin no earlier than 3 mos. after birth of the target child or enrollment (for families that enroll after the birth of the target child).
HV: L2P (Every other week)	Level 2P: every other week home visits that take place before the birth of the child. The frequency of service depends on the family's need.
HV: L1 (Weekly)	Level 1: weekly home visits after the birth of a child. For families assigned to a weekly level of service, one parent group meeting per month may be counted as a home visit. The home PHN must be present in the parent group meetings for it to count as an L1 home visit. Additionally, the goals of a home visit need to be met for the group meeting to count as a home visit.
HV: LSS (Weekly or more)	Level SS: more than one home visit per week or more or weekly home visits plus other contacts during temporary periods of intense crisis. A family can only be assigned to LSS temporarily after any time after the intake enrollment visit.
HV: L2 (Biweekly)	Level 2: home visits every other week. These visits take place after the birth of the child and no sooner than 4 months of life.
HV: L3 (Monthly)	Level 3: monthly home visits. These visits take place after the birth of the child.
Start CO (Creative Outreach)	Use this service for the date a client is put on CO (Creative Outreach). Enter the date of the qualifying missed home visit (i.e., the 1st of two consecutive missed visits). This date is the beginning of Level CO. Please see the P&P to help determine when a family should be placed in creative outreach.
HV: CO	Level CO: the family is on CO due to disengaging from services. Choose this service when conducting Level CO creative outreach activities for a family (e.g., dropping off a note at the family's home). Home visits may occur while the family is in creative outreach. The home visit should be entered in Persimmony as the level of service the family was in <i>before creative outreach</i>. For example, if the family was in Level 1 before creative outreach, PHN should enter HV: L1 (Weekly) as a service in Persimmony for that family. OPTIONAL: Enter the creative outreach activity completed by the PHN (ex: sent a birthday card, texted a miss you GIF, etc.) in the service notes.

Service	Definition/Description
End CO	Use this service for the last date a client is on CO (Creative Outreach). For families that re-engage in service, enter the date of the first home visit following a discussion between the home visitor and supervisor to end creative outreach. The end of CO will be determined by the PHN and supervisor while considering the family's circumstances. Please see the P&P for further guidance. For families that do not re-engage back in service, exit the family from service and enter the date they were exited as "End CO". Note: PHNs should enter two services in Persimmony at the end of Level CO – "End CO (Creative O/E)" and the home visit completed with the family. Both services should have the same date. If the family was not re-engaged and the family was exited from the program, then enter "End CO (Creative O/E)" in Persimmony and exit family from Persimmony. Enter the exit date and exit reason in the client record.
Start TO (Temporary Out of Area)	Use this service for the first date a client is on TO. The day after the last home visit is considered the first day of TO. For instance, if the last home visit occurred on 6/16/2024, enter 06/17/2024 for the "Start TO" service activity.
HV: TO	The family is on TO due to a planned extended absence from the program. While in Level TO, the family will have very little contact with the PHN. PHN should find out from the family when they expect to return so that the PHN may contact them about re-engagement at that time.
End TO	Use this service for the last date a client is on TO. For families that resume home visits, enter the date of the first home visit following time spent in Level TO. For families that do not resume home visits when scheduled, place them on Level CO. Please note that PHN should enter two services in Persimmony at the end of Level TO – "TO" and the home visit completed with the family. Both services should have the same date.
Start TR (Temporary Re-Assignment)	Use this service for the first date a client is on TR. The day after the last home visit is considered the first day of TR. This will likely be the last home visit for the family before being reassigned to another PHN staff. For instance, if the last home visit occurred on 6/16/2024, enter 06/17/2024 for the "Start TR" service,
HV: TR	Level TR: the family is on TR due to any staff turnover that impacts their receipt of anticipated visits. While in Level TR, the family may have little contact with PHN staff. Supervisors should reach out to the family to develop a plan for contact while they are in Level TR (ex: check-in phone calls, letters/texts, mailings). Choose this service when conducting Level TR activities for a family. OPTIONAL: Enter the TR activity completed by the supervisor ((ex: sent a birthday card, texted a miss you GIF, etc.) in the service notes.
End TR	Use this service for the last date a client is on TR. For families that resume home visits, enter the date of the first home visit following the time spent in Level TR. For families that do not resume home visits when scheduled, place them on Level CO.

Service	Definition/Description
	Please note that PHNs should enter two services in Persimmony at the end of Level TR – “TR” and the home visit completed with the family. Both services should have the same date.

Families on Creative Outreach – How to Capture Services



Enter the date of the first “no-show” visit as the date that CO began. In the example above, this date is 11/8. After the 2nd straight missed visit enter a Start Level CO service, using the date of the 1st missed visit as a service date, which is 11/8. Once the family completes 75% of the expected visits, the family ends Level CO and returns to Level 1. In the example above the family is expected to have weekly visits (4/month), completes 3 consecutive weekly visits, which is 75% (3/4) of visits expected for a family on Level 1. Enter Level CO when conducting creative outreach activities for a family (e.g., dropping off a note at the family’s home). Enter all HFA services in the client record.

Referring Families to First Steps

Enter in Client Record:

- Exited Date: This is the date of the most recent home visit. If the family was on creative outreach, enter the date of the home visit prior to start of creative outreach
- Exited Reason: Transfer to Another HFA Site

Infancy/Toddler/Child Form	Age of Target Child at Enrollment	
	Prenatal - 3 mos. old	Over 3 mos. old
HFA Child Health	• Intake/Enrollment • Infancy 2 mos. • Infancy 6 mos. • Infancy 12 mos. • Toddler 18 mos. • Toddler 24 mos. • Toddler 30 mos. • Child 36 mos. • Child 42 mos. • Child 48 mos.	• Intake/Enrollment • Infancy 6 mos. • Infancy 12 mos. • Toddler 18 mos. • Toddler 24 mos. • Toddler 30 mos. • Child 36 mos. • Child 42 mos. • Child 48 mos.
HFA ASQ3	• Infancy 2 mos. • Infancy 4 mos. • Infancy 10 mos. • Toddler 14 mos. • Toddler 18 mos. • Toddler 24 mos. • Toddler 27 mos. • Toddler 33 mos. • Child 36 mos. • Child 42 mos.	• 2 mos. after enrollment • Infancy 4 mos. • Infancy 10 mos. • Toddler 14 mos. • Toddler 18 mos. • Toddler 24 mos. • Toddler 27 mos. • Toddler 33 mos. • Child 36 mos. • Child 42 mos.
HFA ASQ:SE-2	• Infancy 6 mos. • Infancy 18 mos. • Toddler 30 mos. • Toddler 48 mos.	• 4 mos. after enrollment • Infancy 6 mos. • Infancy 18 mos. • Toddler 30 mos. • Child 48 mos.
HFA CCI	• Infancy 4 mos. • Infant 7 mos. • Infant 10 mos. • Toddler 16 mos. • Toddler 22 mos. • Toddler 28 mos. • Toddler 34 mos. • Child 42 mos.	• 3 mos. after enrollment • Infant 7 mos. • Infant 10 mos. • Toddler 16 mos. • Toddler 22 mos. • Toddler 28 mos. • Toddler 34 mos. • Child 42 mos.
HFA Client Health & Demographics	• Intake/Enrollment • Infancy 2 mos. • Infancy 6 mos. • Infancy 12 mos. • Toddler 18 mos. • Toddler 24 mos. • Toddler 30 mos. • Child 36 mos. • Child 42 mos. • Child 48 mos. • Program exit	• Intake/Enrollment • Infancy 6 mos. • Infancy 12 mos. • Toddler 18 mos. • Toddler 24 mos. • Toddler 30 mos. • Child 36 mos. • Child 42 mos. • Child 48 mos. • Program exit
HFA PHQ-9 [†]	• Pregnancy 36 weeks • Infancy 2 mos. • Infancy 5 mos. • Infancy 12 mos.	• 2 mos. after enrollment • Infancy 5 mos. • Infancy 12 mos.

Additional Guidance on Assessment Timepoints

Families that enroll when the child is up to 2 years old:

- After completing the first timepoint, administer the next timepoint that reflects the child's age. For example, if a family enrolls when a child is 12 mos. old, complete the first CCI 3 mos. after enrollment (i.e., skip the 16 mo. timepoint). Then, complete the next timepoint when the child is 22 mos. old.
- There may be instances when the first timepoint falls at the same time or within one month of the second timepoint. When this occurs, consult your supervisor for directions.

Additional screenings

- Sites may administer additional screenings (i.e., PHQ-9, CCI, ASQ3, ASQSE-2) if clinical judgement indicates a need.

Assessments for subsequent children

[†]Screen the primary caregiver for depression (PHQ-9) 2 months after the birth of a subsequent child, with the 2 mos. after birth timepoint.

Families that exit program and re-enroll, families that transfer to PHN from First Steps region, or a different network

- Consult with AAPCA3 (jherbst@aapca3.org) for directions on assessment timepoints.

^{**}Intake timepoint should be completed at the Intake enrollment visit.

Assessments Entered into Persimmony

Family Resilience and Opportunities for Growth (FROG) Scale

Requirement(s):

HFSDC MSS requires that the FROG be administered to all families in no more than 2 visits.

Instructions:

Enter this assessment under the Primary Caregiver's record in Persimmony. The FROG is administered to every family accepted to PHN. Both the parent (most often the mother) and other caregiver (father/partner) should complete the FROG. Scores for both the primary caregiver and other caregiver should be reported on this assessment and entered under the primary caregiver's client record. If the other caregiver (most often father) is not present, do not enter "Unable to Rate".

Enter the FROG narrative into Persimmony and fully describe the concerns/needs and strengths expressed by the caregiver(s)/parent(s) during the FROG Scale conversation. Staff can use the [HFA Documentation Guidelines](#) for reference.

Activity Group:

HFA

Activity Type:

HFA FROG Assessment

Questions & Responses:

Parent Name #1:

- DOB

Parent Name #2

- DOB

Baby Name (or enter antepartum if mom is still pregnant)

- DOB or Due Date

HV Staff Name

- Date of FROG Visit

Introduction (who was present, anything that impacted the visit, etc.)

Guidance:

Social and Emotional Competence

1. The Family Environment: Enter narrative

Primary Caregiver #1 Score:

Other Caregiver #1 Score:

2. Perception of the Child: - Enter narrative

Primary Caregiver #1 Score:

Other Caregiver #1 Score:

Enter the numeric score for the **Primary Caregiver**. Scores must be between 0 and 56.

Do not enter a score if you are Unable to Rate **ALL 14 areas** of the FROG

Knowledge of Parental and Child Development

3. Infant and Child Development: - Enter narrative

Primary Caregiver #1 Score:

Other Caregiver #1 Score:

4. <u>Plans for Discipline:</u> - Enter narrative Primary Caregiver #1 Score: Other Caregiver #1 Score: 5. <u>Child Protective Services:</u> - Enter narrative Primary Caregiver #1 Score: Other Caregiver #1 Score:	
Parental Resilience	
6. <u>Positive Childhood Experiences:</u> - Enter narrative Primary Caregiver #1 Score: Other Caregiver #1 Score: 7. <u>Stressful Childhood Experiences:</u> - Enter narrative Primary Caregiver #1 Score: Other Caregiver #1 Score: 8. <u>Behavioral Health:</u> - Enter narrative Primary Caregiver #1 Score: Other Caregiver #1 Score: 9. <u>Mental Health:</u> - Enter narrative Primary Caregiver #1 Score: Other Caregiver #1 Score: 10. <u>General Stress Level:</u> - Enter narrative Primary Caregiver #1 Score: Other Caregiver #1 Score:	
Social Connections	
11. <u>Social Connections:</u> - Enter narrative Primary Caregiver #1 Score: Other Caregiver #1 Score: 12. <u>Intimate Partner Support:</u> - Enter narrative Primary Caregiver #1 Score: Other Caregiver #1 Score: 13. <u>Intimate Partner Conflict Management:</u> - Enter narrative Primary Caregiver #1 Score: Other Caregiver #1 Score:	
Concrete Supports	
14. <u>Concrete Support Services:</u> - Enter narrative Primary Caregiver #1 Score:	

Other Caregiver #1 Score:	
Completion of the FROG	
<u>Total Scores</u> Primary Caregiver #1 Score: Other Caregiver #1 Score:	
<u>Total # of Unknowns</u> Primary Caregiver #1 Score: Other Caregiver #1 Score:	
Identified Need(s) & Referral(s) for PHN follow up	
Staff Signature and Date:	
Supervisor Signature and Date:	

Patient Health Questionnaire-9 (PHQ-9)

Requirement(s):

HFSDC MSS requires that families are screened prenatally (if enrolled prenatally) or within 3 mos. of enrollment (if enrolled postpartum), and within 3 mos. of the birth of subsequent child.

Instructions:

Enter this assessment under the Primary Caregiver's record. The PHQ-9 tool is composed of 9 questions designed to be completed by the parent.

The PHQ-9 should be given at the second prenatal home visit (if applicable), and at 2 weeks, 2 mos., 5 mos., and 12 mos. postpartum. All 9 questions in the PHQ-9 must be completed. The PHQ-9 should be completed at 2 weeks postpartum, even if it was completed prenatally. The PHQ-9 must also be administered 2 mos. after the birth of a subsequent child.

PHQ-9s should be entered into Persimmony for subsequent pregnancies/births.

Enter and monitor PHQ-9 referrals on the Action Plan.

Activity Group:

HFA

Activity Type:

Pregnant/Infancy

Assessment:

HFA PHQ-9

Questions & Responses:

Guidance:

Timepoint:

- Pregnancy
- Infancy

Is this a new pregnancy (subsequent from target child)

- Yes
- No

Was the PHQ-9 Administered?

- Yes
- No

Indicate reason PHQ-9 was not completed:

- Parent declined PHQ-9
- Family in creative/temporary outreach (CO/TO)
- Unable to contact family
- Parent delivered prior to 2nd home visit
- Family dropped out
- Family in crisis
- Family moved
- Other (fill in the blank)

Date of Screening/Attempted Screening:

Over the last 2 weeks, how often have you been bothered by any of the following problems:*

1. Little interest or pleasure in doing things
2. Feeling down, depressed or hopeless
3. Trouble falling/staying asleep – sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about self/are a failure/have let self/family down
7. Trouble concentrating (reading/watching TV)
8. Slow speech/movement, or fidgety and restless
9. Thoughts would be better off dead or of hurting self

10. PHQ-9 Score Total

11. Score Category

- None (0)
- Minimal (1-4)
- Mild (5-9)
- Moderate (10-14)
- Moderately Severe (15-19)
- Severe (20-27)

12. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult
- Not Answered
- NA, PHQ-9 not completed

13. If score is 10+, was a referral made to mental health services?

- Yes
- Offered but referral declined*
- NA, already engaged** in mental health services.
- NA, score is < 10

***Not at all (0)**

Several days (1)

More than half the days (2)

Nearly every day (3)

*Offered but declined - HFA acknowledges parental autonomy and that it may take time for families to be ready to accept a referral for mental health services.

***“Engaged” includes caregivers who are *already*:

- enrolled in mental health services
- in the process of initiating mental health services
- on a wait list for mental health services
- pending assessment, insurance authorization, etc. for mental health services

CHEERS Check-In (CCI)

Requirement(s):

The HFSDC requires that sites administer the CCI three times before the child's 1st birthday and twice before each subsequent birthday.

Instructions:

Enter this assessment under the Target Child's record.

The (CCI) is designed to be completed based on the observation of a primary caregiver with one child. If there is more than one caregiver or child, focus the observation on one adult and one child only. The CCI should be completed for the same caregiver at each timepoint, if possible. If there are multiple target children, a separate CCI should be completed for each child.

The first CCI should be administered when the child is 3 months old. The CCI should then be administered 7 mos., 10 mos., 16 mos., 22 mos., 28 mos., 34 mos., and 42 mos. after birth.

Families That Enroll When Target Child Is More Than 3 Months Old:

Complete the first timepoint 3 mos. after enrollment. After completing the first timepoint, administer the next timepoint that reflects the child's age. For example, if a family enrolls when a child is 13 mos. old, complete the first CCI 3 mos. after enrollment). Then, complete the next timepoint when the child is 22 mos. old.

Activity Group:	HFA
Activity Type:	Infancy/Toddler/Child
Assessment:	HFA CHEERS Check In

Questions & Responses:

Was the CHEERS Check-In Administered?

- Yes
- No

If no, select reason:

- Parent declined tool
- Unable to contact family
- Family moved
- Family dropped out
- Family in creative/temporary outreach (CO/TO)
- Family in crisis
- Other (fill in the blank)

CHEERS Check-In Domain Scores

Cues (C1+C2/2)

Holding & Touching (HT1+HT2+HT3/3)

Expressions (EX1+EX2+EX3/3)

Empathy (EM1+EM2+EM3/3)

Rhythm and Reciprocity (RR1+RR2/2)

Smiles (S1+S2+S3/3)

CHEERS Check-In Total Score

Scanned completed CCI Score Sheet in family's record: ☐

Child Health/Child Follow Up (CFU)

Requirement(s):

The HFSDC requires that sites link families to a medical home (as needed), routinely share information with families about childhood immunizations, well child visits, and safe-sleep practices. Sites are also required to follow up with families when immunizations and well child visits are missed.

Instructions:

Enter this assessment under the target child's record. All target children must have repeated Child Health assessment. The assessment is entered under the child's record in Persimmony. The Child Health assessment is administered at intake (if family enrolls after birth of child) or at 2 mos. old (if family enrolls prenatally) then every 6 months until the child is 48 months.

*The Infant Birth Information section is only completed one time following the birth of the child. The Safe Sleep section is only collected at 30 days, 6 months, and 12 months.

Families That Enroll When Target Child Is More Than 3 Months Old:

Complete the first timepoint at intake/enrollment. After completing the first timepoint, administer the next timepoint that reflects the child's age. For example, if a family enrolls when a child is 13 mos. old, complete the first Child Follow-Up at intake/enrollment. Then, complete the next timepoint when the child is 18 mos. old.

Activity Group:

HFA

Activity Type:

Infancy/Toddler/Child/Timepoint

Assessment:

HFA Child Health

Questions & Responses:

*Infant Birth Child Information

1. Time Point

- Intake Enrollment
- Infancy 02 months
- Infancy 06 months
- Infancy 12 months
- Toddler 18 months
- Toddler 24 months
- Child 30 months
- Child 36 months
- Child 42 months
- Child 48 months

2. Multiple birth

- Yes
- No

If Multiple birth, indicate how many infants

- Twins
- Triplets
- Quadruplets or more

If Multiples, complete separate from for each child

3. Child type

- Target Child

4. Does your child have a medical provider/home?

- Yes
- No

Child Insurance Type

- Med-Cal
- Private Insurance (paid by you/other, or by a job)
- Tricare
- No Insurance Coverage
- Other (describe in Memo)

Medical Insurance Provider [Memo]

5. Where do you usually take Child for medical care?

- Doctor's/Nurse Practitioner's office
- Hospital Emergency Room
- Hospital Outpatient
- Federally Qualified Health Center
- Health Department
- Community Clinic
- Hospital Clinic
- Retail Store or Minute Clinic
- None
- Other (describe in Memo)

6. Does your child have a dental care provider?

- Yes
- No

Breastfeeding

1. Has the infant/child ever received breastmilk?

- Yes
- No

If not breastfed, why not?

Does the infant/child continue to receive breastmilk?

- Yes
- No

If no, how old was the infant/child when s/he stopped receiving breastmilk?

- Less than one week [Mark the box]
- One week or more,
 - specify number of weeks [Memo]

Reason for stopping breastfeeding

- Infant w/health conditions preventing breastfeeding
- Medically contraindicated
- Lack of support
- Personal preference
- Returned to school
- Returned to work
- Maternal Pain
- Low milk volume
- Anatomical Barrier (infant)

During the time that infant was breastfed, was it exclusive?

- Yes
- No, stopped exclusive breastfeeding
- No, never exclusively breastfed

Is infant/child exclusively breastfed?

Until what age was child fed breast milk exclusively? (Specify in weeks)

Well Child Visits & Medical

1. Well Child visit(s) completed since last home visit (check all that apply and enter date in memo)

- 3-5 days after birth ☐
- By 1 month ☐
- 2 months ☐
- 4 months ☐
- 6 months ☐
- 9 months ☐
- 12 months ☐
- 15 months ☐
- 18 months ☐
- 24 months ☐
- 30 months ☐
- 36 months ☐
- 48 months ☐
- 60 months ☐
- No well child visits completed ☐

2. Did parent mention any barriers(s) in completing Well Child Visits?

- Yes
- No

If yes, specify barrier(s)

Emergency Room (ER) Use

1. ER use since last home visit reviewed w/parent

- Yes
- No
- N/A-Antepartum

Child went to ER/Urgent care (UC)/medical office since last HV

- Yes
- No

ER/UC (visits for any reason) since last HV

- Yes
- No

How many times? [Memo]

Medical visits due to an injury since last home visit

- Yes
- No
- Unknown

How many times? [memo]

Note: Medical visits due to an injury may be the same occurrence as the ED visit date

Where was child taken for treatment?

- Emergency room
- Urgent Care
- Medical Office

Date

Where was child taken for treatment?

- Emergency room
- Urgent Care
- Medical Office

Date

Where was child taken for treatment?

- Emergency room
- Urgent Care
- Medical Office

Date

Immunizations

1. Is your child up to date on immunizations (IZ)?

- Yes
- No, against my personal beliefs
- No, unable to attend all well child visits
- No, medical exemption (allergic reaction, immunocompromised)
- No, pending medical appointment
- No, other reason (describe in memo)

Enter date child completed all expected IZ through age

Has your child completed all required IZ up to 06 months?

- Yes
- No
- Still pending completion

Enter date child completed all expected IZ through 06 months [Memo]

Has child completed all required IZ up to 18 months

- Yes
- No
- Still pending completion

Enter date child completed all expected IZ through 18 months

Child Family Well-Being (CFWB) (formerly CWS)

1. Is the family currently receiving services from CFWB?

- Yes
- No
- Unsure

2. Has PHN made any CFWB reports on this family

- Yes
- No

Infant birth child sleep habits

1. *Safe sleep and interaction

During a typical week, how many days do you(and/or a family member) read, tell stories, and or sing songs to your child?

- 1
- 2
- 3
- 4
- 5
- 6
- 7

How often do you place your infant to sleep on their back?

- Always
- Sometimes
- Never
- N/A -infant in the hospital at the time of visit

How often does your infant sleep on soft bedding?

- Always
- Sometimes
- Never
- N/A -infant in the hospital at the time of visit

How often does your infant sleep on a firm, flat surface?

- Always
- Sometimes
- Never
- N/A -infant in the hospital at the time of visit

How often does your infant sleep in an environment free of smoke?

- Always
- Sometimes
- Never
- N/A -infant in the hospital at the time of visit

Client Health/Parent Follow Up (PFU)

Requirement(s):

The HFSDC MSS requires that sites collect demographic data on families to inform continuous quality improvement efforts to better serve families.

Instructions:

Enter this assessment under the primary caregiver's record in Persimmony.

The Client Health assessment must be completed for the primary caregiver in each family (most often the mother) at the intake enrollment visit, 2 mos., 6 mos., 12 mos., 18 mos., 24 mos., 30 mos., 36 mos., 42 mos., 48 mos. after birth and upon exit from the program.

Activity Group:

HFA

Activity Type:

Infancy/Toddler/Child/Timepoint

Assessment:

HFA CLIENT Health

Questions & Responses:

Guidance:

1. Timepoint

- Intake Enrollment
- Infancy 02 mos.
- Infancy 06 mos.
- Infancy 12 mos.
- Toddler 18 mos.
- Toddler 24 mos.
- Child 30 mos.
- Child 36 mos.
- Child 42 mos.
- Child 48 mos.
- Program exit

2. Are you participating in this program voluntarily?

- Yes
- No

3. Date of Initial Home Visit

4. Does the client have a medical home?

- Yes
- No

5. Does the client have a dental home?

- Yes
- No

6. Does the client have Medical insurance?

- Yes
- No

Health insurance type

- Med-Cal
- Private Insurance (paid by you/other, or by a job)
- Tricare
- No Insurance Coverage

- Other (describe in Memo)

Insurance Provider Name

7. Have you had continuous health insurance for the last 6 mos.

- Yes
- No

8. Marital status

- Single, never married
- Married
- Not married but living together with partner
- Separated
- Divorced
- Widowed

9. Is there a second parent/partner of the target child

- Yes
- No

If yes...

2nd parent/partner Involvement with Target Child

- Emotionally and financially involved
- Emotionally involved only
- Paying child support only
- Not involved
- Does not know about child
- Deceased
- Unknown
- Other (Please Specify in memo)

2nd Parent/Partner Marital Status

- Single, never married
- Married
- Not Married but living together with partner
- Separated
- Divorced
- Widowed
- Unknown

2nd Parent/Partner Gender identity

- Male
- Female
- Non-Binary/Gender Expansive
- Declined to self-identify
- Prefer to self-describe (specify in memo)

2nd Parent/Partner Ethnic Category

- Hispanic
- Non-Hispanic

Not married, living with partner –
primary caregiver is living with a
partner that they are not married to.

- Declined to self-identify
- Unknown

2nd Parent/Partner Primary Language

- English
- Spanish
- Other (specify in memo)
- Unknown

2nd parent/Partner Race category

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Declined to self-identify
- Unknown

Has the 2nd parent/partner been involved in the last home visits? (Participated in more than 1 home visit)

- Yes
- No
- N/A, no other parent/partner
-

10. Number of Household Members (Including client)
[Memo]

Client Demographics

1. Education (Select Only the Highest Level Completed)

- Less than 7th Grade
- 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade, no diploma
- GED (General Equivalency Diploma)
- Post HS vocational or Technical Training Program
- Some College-no degree
- College Graduate- Associate's Degree
- College Graduate- Bachelor's Degree
- Some Graduate School
- Graduate Degree

2. Currently in School, Vocational/Technical Training

- Full time- 12 semester hours or equivalent
- Part time- 7 to 11 semester hours or equivalent
- Part time-6 or fewer semester hours or equivalent
- No
- Unknown

3. Type of Education Program Currently Enrolled in (check all that apply)

- Post-high school vocational/certification/technical training
- College
- Adult school
- High School
- Middle School

4. Current Employment Status (select one)

- Full time employment (+35 hrs per wk)
- Part time employed (<35hrs per wk)
- Odd jobs/irregular part time
- Unemployed, looking
- Unemployed, not looking
- Medical Leave/disability
- Disability/Paid Family Leave
- Other (Please specify in memo)

5. Client's total yearly income not including benefits

- Less than or equal to \$6000
- \$6000-\$9000
- \$9001-\$12000
- \$12,001-\$16,000
- \$16,001-\$20,000
- \$20,001-\$30,000
- Over 30,000
- Client dependent on parent or guardian
- Unknown or Refused

6. Household Total Yearly Income not including Benefits

- Less than or equal to \$6000
- \$6000-\$9000
- \$9001-\$12000
- \$12,001-\$16,000
- \$16,001-\$20,000
- \$20,001-\$30,000
- Over 30,000
- Unknown or Refused

7. Type of housing

- Owns, shares own home, condo, or apartment
- Rents or shares own home or apartment
- Lives in public housing
- Lives with parent or family member
- Other (please specify in memo)
- Homeless and sharing housing

- Homeless-living in an emergency/transitional shelter
- Homeless and some other arrangement (specify)

8. Does the client meet the agency's low-income criteria/threshold?

- Yes
- No
- Unknown

9. Legal History (Check all that apply)

- Current Juvenile probation
- Current adult probation/parole
- Previous juvenile incarceration
- Previous juvenile probation
- Previous adult incarceration
- Previous adult probation/parole
- No legal history
- Unknown or refused to answer

Social Support

1. Who is the primary caregiver?

- Child's biological mother
- Child's Biological father
- Child's Grandmother (paternal or maternal)
- Child's Grandfather (paternal or maternal)
- Child's Stepmother
- Child's Stepfather
- Child's Aunt
- Child's Uncle
- Child's Cousin
- Adoptive Parent
- Foster Parent
- Other (describe in memo)

2. Who does your client feel loved or supported by?

Check ALL that Apply

- Father/Mother of the baby
- Partner (Not the father/ mother of the baby)
- Family
- Friend
- No one

3. If the client sees or talked to the baby's biological father/mother, how often does this occur?

- Not at all
- Less than once a week
- At least once a week but not daily

- Daily
- No opportunity to assess.

Nutrition

- 1. Within the past 12 mos., did the client worry whether their food would run out before they got money to get more?**
 - Often true
 - Sometimes true
 - Rarely true
 - Never true
- 2. Within the past 12mos., the food the client bought just didn't last and they didn't have money to get more.**
 - Often true
 - Sometimes true
 - Rarely true
 - Never true
 - No opportunity to assess

Birth Control and Pregnancies

- 1. In the last 6 mos., have you been using any form of birth control?**
 - Yes
 - No

If yes, please indicate the reason

- To prevent another pregnancy
- Other reason(s), specify in memo

If no, do any of the following apply?
(check all that apply)

- Female Partner
- Plan to become pregnant
- Currently Pregnant
- Not sexually active

Thinking about all the times you've had sexual intercourse in the last 6 mos., about how often did you use birth control?

- Some of the time
- About half of the time
- Most of the time
- Every time

- 2. Do you plan to use birth control in the next six mos.?**
 - Yes

It is recommended that PHN begin this conversation using the PATH Framework to be family centered and trauma informed

- No

If yes indicate the reason

If no, do any of the following apply (check all that apply)

- Female partner
- Plan to become pregnant
- Not sexually active/abstinence
- Currently pregnant

Substance Use

1. Has the client used Alcohol within the past 14 days?

- Yes
- No
- Declines to answer
- No opportunity to assess

2. Has the client used Drugs within the past 14 days?

- Yes
- No
- Declines to answer
- No opportunity to assess

If yes, drug(s) used

- Cocaine
- Heroin
- Marijuana
- Opiates
- Methamphetamines
- Other (describe in memo)
- Poly-drug use (describe in memo)
- Prescription Drug Abuse

3. Has the client used any form of nicotine within the past 14 days?

If yes, type of tobacco/nicotine used

- Cigarettes
- Cigar
- E-Cigarette
- Hookah
- Kreteks (Clove Cigarettes)
- Patch
- Pipe
- Smokeless tobacco (chew, Dip)
- Dissolvable Tobacco (Gums, Mints, Orbs, etc.)
- Multiple/other types (describe in Memo)

Postpartum Clients**Postpartum Clients Topic Completion**

- Yes, Postpartum
- N/A, Beyond Postpartum
- N/A-Antepartum

1. Main Contraception Method

- Tubes tied (Female Sterilization)
- Vasectomy (Male Sterilization)
- Birth control pills, patch, vaginal ring
- Condoms
- Shots or injection (Depo-Provera, Lunelle)
- Implants (Implanon)
- IUD (Mirena or Paragard)
- Natural Family Planning (Rhythm, temperature)
- Withdrawal (pulling out)
- Not having sex
- Not using contraception
- Other (please specify in memo)

2. Use of main Contraception Method

- All the time
- Most of the time
- Sometimes
- Not using contraception

3. Pregnancy Since Birth of Target Child

- Yes
- No

If yes, Estimated date of conception EDC

Pregnancy outcome

- Still pregnant
- Live birth
- Miscarriage
- Abortion
- Stillbirth

4. Has the Client been to the emergency dept, for any reason since baby was born

- Yes
- No
- Unknown

How many times?

List dates:

5. Postpartum check-up completed?

- Yes
- No

• Unknown 6. Did the client have gestational diabetes during her pregnancy? • Yes • No • Unknown 7. Did the client have Pregnancy Induced Hypertension during her pregnancy? • Yes • No • Unknown 8. Did the client experience pre-eclampsia during her pregnancy? • Yes • No • Unknown	
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Ages and Stages Questionnaire 3 (ASQ-3) Scores Only

Requirement(s):

The HFSDC MSS requires at least 3 screenings before the target child's 1st birthday and at least 2 screenings prior to each subsequent birthday.

Instructions:

Enter this assessment under the target child's record. All target children must have the ASQ-3 (Score Only) assessment. At a minimum this must be administered at:

- 2, 4, and 10 mos. (year 1)
- 14 and 18 (year 2)
- 24 and 27, and 33 mos. (year 3)
- 36 and 42 mos. after birth. (year 4)

Families That Enroll When Target Child Is More Than 3 Months Old

Complete the first timepoint 2 months after enrollment.

Report the ASQ-3 numeric score and the responses for each developmental domain.

Children Born Premature

If the child is born premature (before 37 weeks gestation) the PHN will need to administer the ASQ-3 based on the child's adjusted age. Use the [ASQ calculator](#) to determine which age interval of the screening tool is appropriate based on the child's age and adjusted date of birth. This tool is available as an application for [Android](#) and [iPhone](#).

****Reminder: If a home visit is missed/rescheduled when a screening was planned, use the [ASQ calculator](#) to determine if the ASQ3 version is still age appropriate, and adjust accordingly prior to screening.**

Charting

Enter and monitor ASQ-3 referrals in the Action Plan & Family Service Plan

Non-Target Children

The ASQ-3 will be administered to non-target children as needed or upon parent's request.

Activity Group:	HFA
Activity Type:	Infancy/Toddler/Child
Assessment:	HFA ASQ-3

Questions & Responses:	Guidance:
Child's Name Child Type: • Index Child • Non-index Child Child DOB: Date of Screening/Attempted Screening: Was child born premature? • Yes • No Age adjusted DOB: __/__/__	Refer to P&P for guidance on Tracking Children with Suspected Delays
Was the ASQ-3 administered? • Yes • No, already receiving services for developmental concern • No, (specify other reason in memo) Communication Score: ____	
Gross Motor Score: ____	
Fine Motor Score: ____	
Problem Solving Score: ____	Yes Sometimes Not yet Response missing
Personal/Social Score: ____	
Score Summary • Scores White in all areas • At least 1+ domain in the black • At least 2+ domains in the gray	
If score is at least 1+in black or 2+ domains in the gray, did the client receive a referral? • Yes • Offered, but declined • N/A, already engaged in EIS* (Early Intervention Services)	**"EIS" is Early Intervention Services (HDS, CA-ES, SDRC, private insurance and school districts). Child must be currently enrolled in developmental services to not require an ASQ-3. Refer to P&P for guidance.

Ages and Stages Questionnaire: Social-Emotional (ASQ:SE-2) Scores Only

Requirement(s):

The HFSDC MSS requires at least 1 screening prior to each subsequent birthday.

Instructions:

Enter this assessment under the target child's record. All target children must have the ASQ:SE-2 (Score Only) assessment. At a minimum this must be administered at:

- 6 mos. (year 1)
- 18 mos. (year 2)
- 30 mos. (year 3)
- 48 mos. (year 4) after birth.

Families That Enroll When Target Child Is More Than 3 Months Old

Complete the first timepoint 4 mos. after enrollment.

Report the ASQ:SE-2 numeric score and the responses for each developmental domain.

Children Born Premature

If the child is born premature (before 37 weeks gestation) the PHN will need to administer the ASQ:SE-2 based on the child's adjusted age. Use the [ASQ calculator](#) to determine which age interval of the screening tool is appropriate based on the child's age and adjusted date of birth. This tool is available as an application for [Android](#) and [iPhone](#).

****Reminder: If a home visit is missed/rescheduled when a screening was planned, use the [ASQ calculator](#) to determine if the ASQ3 version is still age appropriate, and adjust accordingly prior to screening.**

Charting

Enter and monitor ASQ:SE-2 referrals in the Action Plan & Family Service Plan

Non-Target Children

The ASQ:SE-2 will be administered with non-target children as needed or upon parent's request.

Activity Group:	HFA	
Activity Type:	Infancy/Toddler/Child	
Assessment:	HFA ASQ-3	

Questions & Responses:	Guidance:
Child's Name Child Type: • Index Child • Non-index Child Child DOB: Was the ASQ:SE-2 administered? • Yes • NA, already receiving services for developmental concern • No, (specify other reason in memo) Date of Screening/Attempted Screening: ASQ:SE-2 ____ version completed Scanned completed ASQ:SE-2 in client record ASQ:SE-2 Total Score: Is ASQ:SE-2 Total Score above, close to, or below the cut off? • Above (Black) • Close to (Gray) • Below (White) If score is Above (Black), did the client receive a referral? • Yes • Offered by declined • N/A, already engaged** in Early Intervention Services (EIS) Follow Up Action Taken (select at least one) Rescreen at next designated interval • Yes • No Provided learning activities • Yes • No	***"Engaged" includes children who are <i>already</i>: • enrolled in EIS • in the process of initiating EIS • on a wait list for EIS • pending assessment, insurance authorization, etc.

Home Visit Record (HVR)

Requirement(s):

The HFSDC MSS requires an HVR to be completed after every home visit. The HVR is where the notes of the visit are documented to track the status and progress of the family staff are working with. The HVR includes the following HFA Elements:

- CHEERS
- Family Service Plan (FSP)
- Curricula Use
- Screenings/Assessments and follow-ups
- Health and Safety
- Safer Sleep Practices
- PHN support of Family Goals (FG)
- Referrals
- Plans for the next visits

Instructions: Enter this assessment under the primary caregiver's record. Complete all sections of the HVR for every home visit. Use CHEERS to observe PCI at each visit, expect for when the CCI is administered.

Activity Group: HFA

Activity Type: Infancy/Toddler/Child/Timepoint

Questions & Responses:

Guidance:

Family Information

1. Pregnancy Status

- Antepartum
- Postpartum

2. Service Level

- L 1 – Weekly
- L1b - Biweekly
- L 2 - Biweekly
- L 1P – Prenatal at 28 weeks or greater)
- L 2P (Prenatal < 28 weeks)
- L 3 – Monthly
- Level Creative Outreach - (CO)
- Level Special Service (SS)
- Level Temporary Reassignment (TR)
- Level Temporary Out of Area (TO)

3. Parent / Caregiver Name #1

4. Parent/ Caregiver Name #2

5. Child's Name

6. Child DOB

7. If multiple Target Child, were all target children present?

- Yes
- No
- N/A – Only one target child

Observation of Environment

1. Observation of Environment Topic Completion

- Yes
- No (specify reason in memo field)

2. Check all that apply: **

- Safe for child
- Space for HV activities
- Light
- TV off
- Room well-kept
- Age-appropriate toys available
- Fresh air - well ventilated
- Unchanged from last visit
- Other

3. Observation of Child

Observation of Primary Child Topic Completion**

- Prenatal
- Absent
- Awake
- Asleep
- Engaged
- Healthy
- Sick

****Safe for child** – There are no hazards in the home (ex. Things they can pull of a table, if there is hard flooring there are pillows or blankets down for support)

Space for child – Parent/ caregiver has a designated location for the visit (ex. floor, living room, an open space)

Light – There is good lighting in the home for child to see clearly

TV off – TV is not a distraction during the home visit

Room well-kept – Room is tidy (ex. There is no trash on the floor, there is an area for BA to be in safely) and safe for child to wonder around and explore

Age- appropriate toys available – Developmentally appropriate toys, items in the home for child to interact with and learn from

Fresh air - well ventilated – Air quality in the home is appropriate based off temperature.

Unchanged from last visit – Same scene as previous home visit.

****Prenatal** - MOM is currently pregnant with child

Absent – BA is not present during the home visit (ex. with other caregiver, at childcare, in another room, etc.)

Awake – BA is physically awake during the majority of visit.

Engaged – BA is engaged during the visit. BA is able to participate in home visit activities brought my PHN (based off age & development).

Healthy – BA is in good health, based off of FSS's clinical observation. There is no discussion on health concerns for BA by primary caregiver.

Sick – BA is sick and or is recovering.

4. Observation of Primary Caregiver

- Observation of Primary Caregiver Topic Completion
 - Yes
 - No (Specify reason in memo field)

Check all that apply**

- Engaged
- Disengaged
- Pre-occupied
- Sick
- Healthy
- Other

**** Engaged** – Primary caregiver is attentive to child(ren) and aware of their surroundings. They are participating in visit activities (Baby Talk, Mothers & Babies, any other items brought for the intent of the visit).

Disengaged – Primary caregiver is not focused on child(ren). They are not engaged in visit activities. Primary caregiver is distracted (ex. on their cell phone, on a phone call, busy tending to needs of other children in the home, etc.)

Pre-occupied – Primary caregiver has company over that you are unaware of.

Sick – Primary caregiver is getting over a cold (any other sickness). Other people in the home are in their own area (sick and or recovering). They are “out of it” and not able to maintain their focus and be fully present during the visit.

Healthy – Primary caregiver is in good health (physically and mentally) based on your clinical judgment.

Other – Observations noted by the staff that are not listed above.

CHEERS

CHEERS Topic Completion:

- Yes, in-person visit
- Yes, parent/caregiver reporting see “I”
- Yes, Antepartum

Was the CCI Completed at the visit?

- Yes
- No

If yes, were CCI scores like typical CHEERS observations?

- Yes
- No

CHEERS – Cues, Holding, Expression, Empathy, Rhythmicity / Reciprocity, Smiles

Documents at least 3 domains using the 3-part framework:

- 1- What does the baby do? 2- Parent’s response?
3. Baby’s response?

Each domain will have a field to enter a narrative and the following drop-down options to select a frequency:

Often -Action was seen for less than half of the visit. Parent partially demonstrated the domain addressed)

CHEERS must be completed at every HV, except when the CCI is administered.

Prenatal

- 2nd trimester – complete at least one domain
- 3rd trimester – complete at least 2 domains

Postnatal – at least 3 domains expect

When documenting Reflective Strategies, it is helpful to include why the strategy was used and how the parent responded.

Some - Action was seen for more than half of the visit. Parent demonstrated the domain addressed.
Most - Action was seen more majority of the visit.

Family Service Plan (FSP)

FSP Implementation Integrated (check all that apply)

- Social Emotional Competence
 - Family Environment
 - Perception of the Child
- Parenting and Child Development
 - Infant & Child Development
 - Plans for Discipline
 - CWS
- Parental Resilience
 - Behavioral Health
 - Mental Health
 - General Stress Level
- Social Connections
 - Social Connections
 - Intimate Partner Support
 - Intimate Partner Conflict
- Concrete Supports
 - Concrete Resources

FSP Progress Documentation & New Concerns (if any)**

FSP Implementation Cont.

FSP Implementation Integrated Cont. (Check Box)

- Curriculum Implementation & Discussions that Support FSP
 - Baby Talk (BT):
 - Activities
 - Sign w/Me
 - Dev Perspectives
 - Health & Safety
 - Homemade Toys
 - Newborn Encounter
 - Prenatal
 - Parenting Topics
 - Protocols
 - Trauma Informed
 - Group Encounters
 - Other
 - Baby Talk Title/Age
- Mothers & Babies (M&B)
 - Activity/ Session #
 - Session 1
 - Session 2
 - Session 3
 - Session 4
 - Session 5

** (What PHN did to support the family? Example Reflective Strategies: "Used PT to understand mom's challenges with tummy time." etc.)

○ Session 6 ○ Session 7 ○ Session 8 ○ Session 9 ○ N/A • Safer Sleep ○ Safe sleep materials shared with caregivers prenatally through – 12 mos. old. Describe add activity / materials / curriculum	
FSP Implementation Cont.	
Immunizations • Promotion of required IZ for children (education, strategies) ○ Describe: • Other Implementations and Discussions ○ Describe: Screenings & Assessments • Applicable Screenings Addressed During the Visit ○ Yes ○ No ○ N/A • Check all that apply: ○ ASQ-3 ○ ASQ: SE2 ○ CCI Tool ○ Child Follow-Up ○ Parent Follow-Up ○ PHQ-9 ○ GAD-7 ○ Intake Enrollment ○ Total Assessment Scores that require follow-up: ▪ (E.g. rescreening, referrals, addition to FSP) ▪ Drop down options • Added to Assessment/Action Plan • N/A - No Screening Tools Used	
PHN Support of Family Goal Plan	
PHN Support of Family Goal Process	

- (E.g. Use of Problem Talk, vision boards: “PHN SATP’d Mom for her attempts to practice breathing)
- Updates to Family Goal Plan (Check all that apply)
 - New Family Goal
 - Progress
 - Revised
 - Goal Met
 - Transition Plan
 - In Development
 - Not Discussed
- PGN reviewed Family Goal Plans with Family
 - Yes
 - No

Level Changes (if applicable)

Level Change discussed at this visit (e.g. change in visit frequency)

- Yes
- No

Discussion with the family:

Referrals, Plans for Next Visit

Referrals –See Action Plan for Referral Status & Follow-up

- Plan for Next visit

PHN Signature and Date:

PHN & Supervisor attests that typing their name above constitutes their signature.