Standard 6-1.C

(from Best Practices Standards 2014-2016 effective through 12/31/16)

6-1.C The home visitor reviews and implements with the family activities developed during supervision to address the risk factors and stressors identified in the Parent Survey/Family Stress Checklist (or other HFA approved tools), during initial home visits and over the course of services.

Intent: *Based upon the activities discussed with the supervisor, the home visitor reviews and addresses with families the risk factors and stressors identified in the Parent Survey/Family Stress Checklist over the course of a family's enrollment in home visit services, ensuring that families are offered ongoing opportunities and support to make positive healthy changes in their lives.* ***Please Note:*** *it is not expected that a home visitor discuss all of the risk factors and stressors at one time, or that the home visitor "enforce" behavior-change or issue-resolution prior to a family's readiness to do so. However, evidence of implementing the activities discussed in supervision to address those issues over the course of services is present, implementation is collaborative in nature (meaning family input and changing family dynamics are incorporated), and discussions/activities are documented in the family file. Documentation of the content of these discussions in the home visit notes clearly links back to the initial assessment and the activities to support the family developed during supervision.*

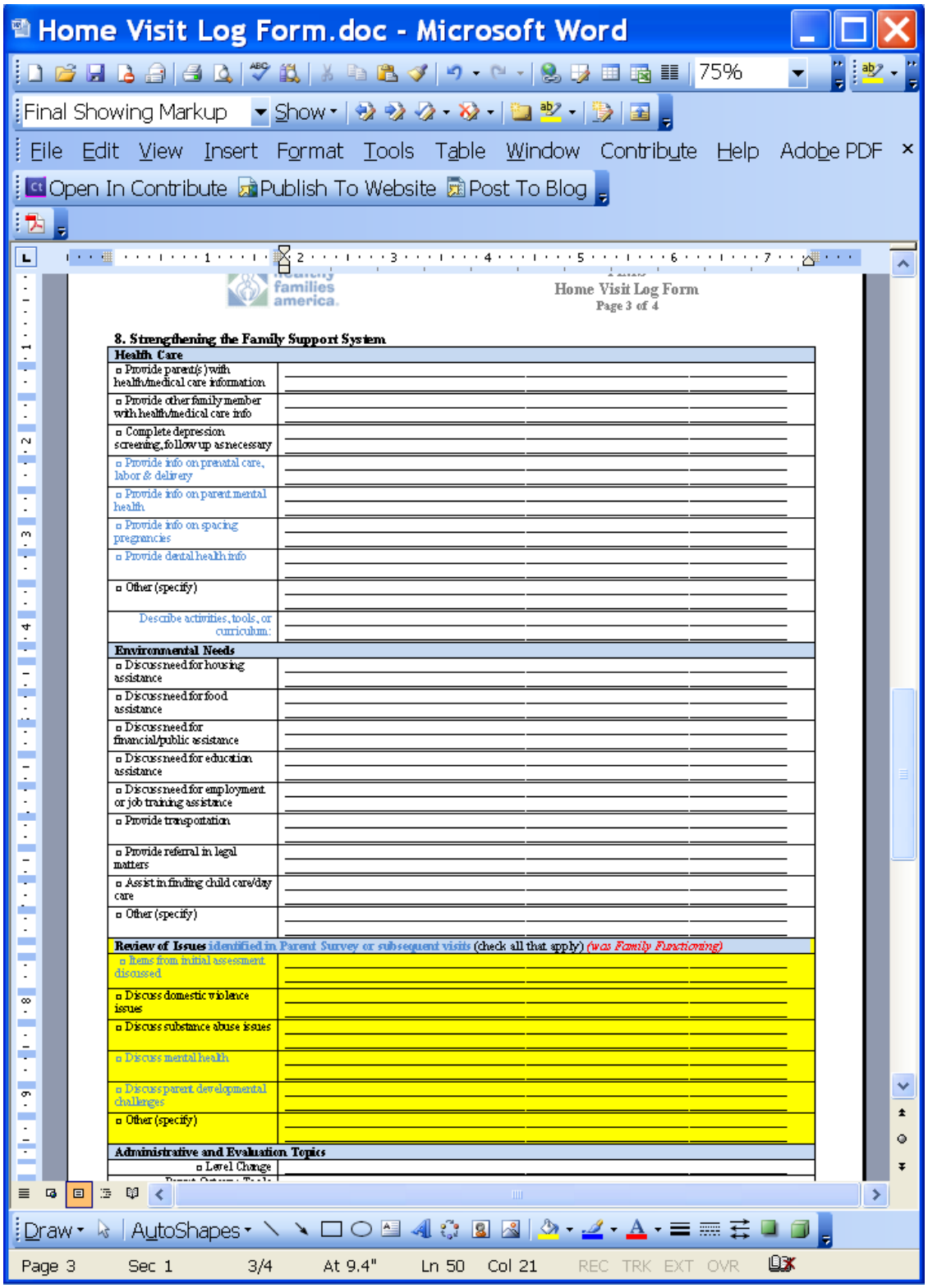
6-1.C		RATING INDICATORS
3	-	The home visitor implements with families the activities developed during supervision to address all issues identified in the Parent Survey/Family Stress Checklist (or other HFA approved tool), during the course of service.
2	-	Past instances may have occurred when the home visitor did not implement with families the activities developed during supervision to address all issues identified in the Parent Survey/Family Stress Checklist (or other approved tool), during the course of service; however, recent practice indicates that this is now occurring.
1	-	Either the home visitor did not implement the activities developed during supervision to address issues identified in the Parent Survey/Family Stress Checklist (or other approved tool), with the family and/or no activities were developed in supervision to address issues identified in the Parent Survey/Family Stress Checklist.

☺ Tip: Sites are encouraged to discuss the risk factors and stressors identified by the family and review progress as an integrated part of Family Goal Plan development.

Using PIMS to Provide Evidence of Compliance

A copy of the PIMS **Home Visit Form** provides evidence for this standard. Highlight the section "Review of Issues identified in Parent Survey or Subsequent Visits." Remember that as with most accreditation standards, you may need to support the sample form with a narrative interpretation.

Example



Standard 6-2

(from Best Practices Standards 2014-2016 effective through 12/31/16)

[**6-2.A** relates to site policy for development of Family Goal Plans.]

6-2.B The **home visitor and family collaborate** to set meaningful goals with the family and develop specific objectives taking into consideration family needs, cultural ideologies and concerns. Once the goals are developed, the home visitor and family identify family strengths, resources, and competencies specifically related to supporting parents in accomplishing the goals and objectives developed, and build on these strengths to help overcome barriers that may arise.

Intent: *The home visitor and family work together to develop goals and break those goals into meaningful and manageable steps/objectives. There is a clear conversation and partnering between the home visitor and parent that supports growth in families. Breaking larger goals into small steps assists parents in developing problem solving skills, increases their sense of power over their situations, and supports adult brain development. Steps are incremental, measurable, and functional for the family.* ***Please Note:*** *Many sites develop goals and specific objectives/strategies for both the family and parent-child interaction/child development needs; however, from time to time the family's capacity for goal achievement and/or the complexity of the family's desired goal may warrant only one goal being worked on at a time. The focus is not so much about how many goals the families complete, but about the skills parents build in the process of developing and working on goals. The process also supports parental empowerment, enhances family functioning, and builds protective factors. The more success a family has the more they change their world view.*

Goal setting is an opportunity for the home visitor to discuss with the family issues that impact parental attachment, child development, healthy parenting and healthy lifestyle issues (e.g. issues identified in the Parent Survey/Family Stress Checklist (or other HFA approved tools), and any additional issues identified from other tools used by the site in an open, honest way. Families experience the greatest success when their home visitor clearly understands the family's values and works within a culturally sensitive framework to assist families in developing functional goals.

The goal setting process is designed to support competency development and growth based upon the family needs, cultural ideologies, and strengths that will support goal achievement. Therefore the identification of needs and strengths applies to both the family goals and the parent-child interaction/child development goals. Interacting with families to identify what strengths and competencies they have to address their needs develops critical thinking and problem solving skills and promotes protective factors.

6-2.B	RATING INDICATORS
3	- The home visitor and family collaborate to set meaningful goals and develop specific objectives taking into consideration family needs and concerns. Once the goals are developed, the home visitor and family identify family strengths, resources, and competencies specifically related to supporting parents in accomplishing the goals and objectives developed.
2	- Past instances were found when the home visitor and family did not collaborate to set meaningful goals, develop specific objectives, and/or identify family strengths, resources, and competencies; however, recent practice indicates the site is now consistently applying these practices.
1	- The home visitor and family do not collaborate to set meaningful goals, develop specific objectives and/or identify family strengths, resources, and competencies specifically related to supporting parents in accomplishing the goals and objectives developed.

☺ Tip The goal setting process takes time. Sites may use more than one tool or strategy to develop goals and specific objectives to achieve the goals.

☺ Tip: Identification of strengths and needs may be ongoing. Documentation of these conversations may be found in home visit notes, the tools each site uses to "think about" strengths and needs with families, and/or in actual Family Goal Plans. Typically, family needs are identified first with the strengths/competencies developed that are specific to those needs. Often, needs are developed into goals and strengths are used to support the parent in accomplishing the goals. Sites are encouraged to articulate in their policy and procedures how this collaboration is demonstrated and which tools are used to identify strengths and needs for both family and child goals. *Exploring the parent's values assists parents in identifying what they want for their family and increases motivation for change.*

[**6-2.C** relates to Supervisor's and Home Visitor's review of Family Goal Plans.]

6-2.D The Family Goal Plan is used throughout the course of services in the development of home visit activities and the identification of resources and referrals for the family.

Intent: *The Family Goal Plan process provides a framework for home visitors to ensure that families are getting what they need from site services. Home visitors use the Family Goal Plan as the guide for home visits, to design activities and provide resources and referrals that support families in accomplishing their goals. Home visitors support parents in attaining their goals through home visit activities that connect to the steps/objectives on the Family Goal Plan, celebrate the progress the parents have made on each step, and share with families how the progress they make impacts both themselves and their children. In order to support the growth in families, home visitors ensure families have a copy of their Goal Plan, review with families the progress that they are making on their specific objectives and goals. These conversations/activities support the family in addressing barriers, developing contingency plans, and celebrating the successes that they have accomplished, thereby increasing confidence. Celebrating the successes greatly increases a family's capacity for making positive, healthy changes and build family resiliency. There should always be current relevant goals (that have been agreed upon but not yet achieved) to guide service delivery. Collaboration between the home visitor and family strongly reinforces success in goal achievement and celebration of accomplishments.*

Please Note 1: *If sites utilize a checkbox, be sure to include the details of the conversation in a narrative.* ***Please Note 2:*** *the site determines how often the Family Goal Plan should be re-developed or updated. The formal update, or re-development, of a Family Goal Plan should be frequent enough to ensure meaningful and relevant goals are being set. Collaboration between the*

supervisor and home visitor strongly reinforces success in goal achievement and celebration of accomplishments. ***Please Note 3:*** *while families should be provided a copy of their Goal Plan, home visitors should be cautious about doing so in circumstances where IPV issues are being addressed on the goal plan.*

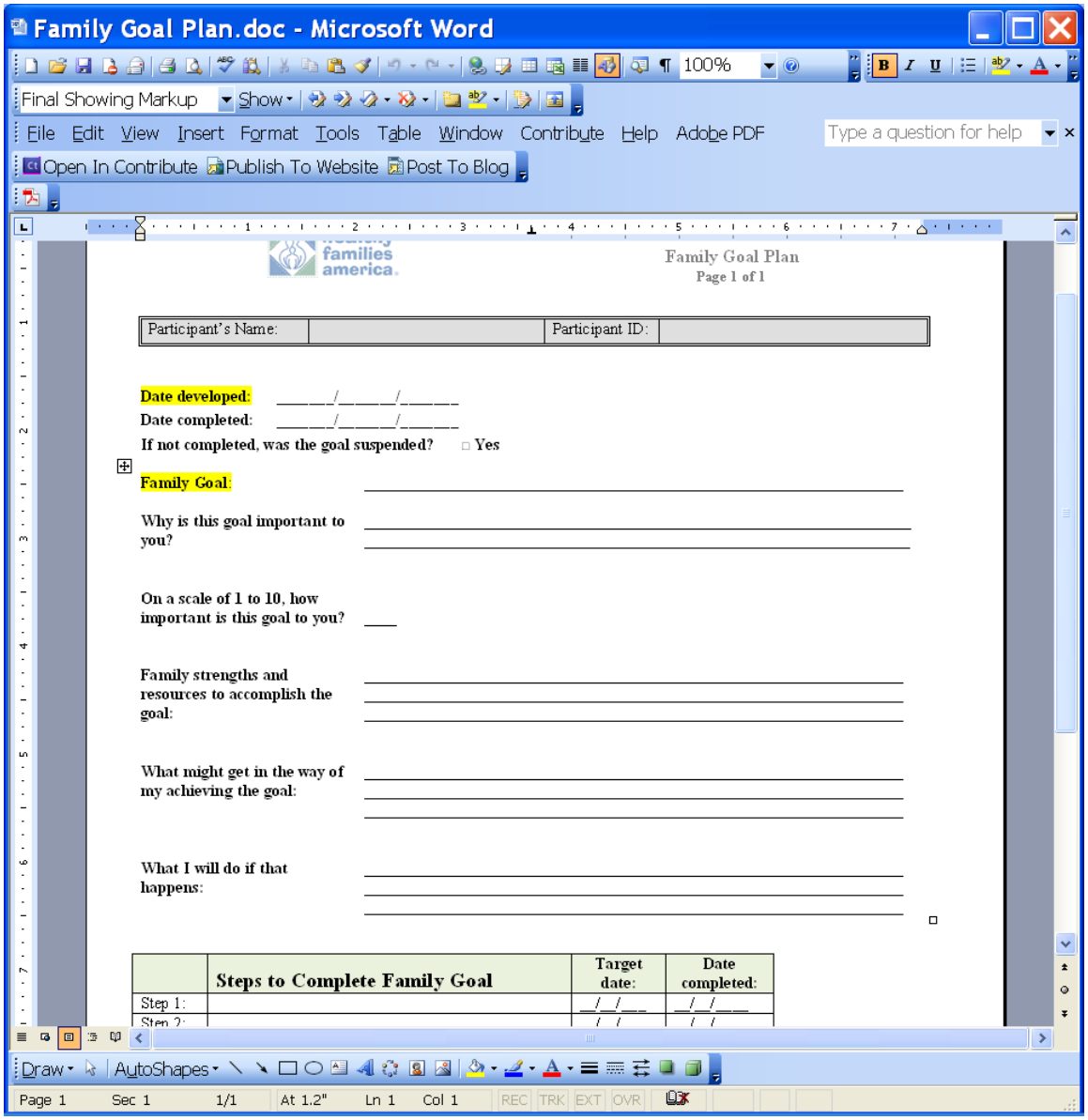
6-2.D	RATING INDICATORS
3	- The Family Goal Plan is used in the development of home visit activities, and in the identification of resources. Practice can include a variety of mechanisms such as: - continually reviewing current goals and documenting when steps are achieved - celebrating and/or affirming when steps/goals are accomplished - keeping goals current (e.g., the timeframes reflect future activities) - developing new goals when prior goals are accomplished - developing home visit activities related to the steps/goals - providing resources & referrals to families based upon steps/goals - modifying goals that are no longer meaningful to families thereby increasing opportunities for success - retiring goals that the family no longer wishes to pursue and assisting them in setting or identifying new goals - creating contingency plans that "plan for" potential barriers as appropriate - addressing barriers by building on family strengths and competencies - ensuring steps/goals for children are anchored in the family's general routines
2	- Past instances were found when the Family Goal Plan was not used in the development of home visit activities, and the identification of resources; however, recent practice indicates the site is now consistently applying these practices.
1	- The Family Goal Plan is not used in the development of home visit activities or the identification of resources.

☺ Tip: Sites are also encouraged to document home visitor/family conversations regarding the Family Goal Plan in home visit notes. Notes should detail the content of these discussions including review of current goals, any revisions to plans that may be developed and successes celebrated. As each specific objective or strategy is accomplished, home visitors are encouraged to record the "date accomplished" on the Family Goal Plan document indicating ongoing review of progress.

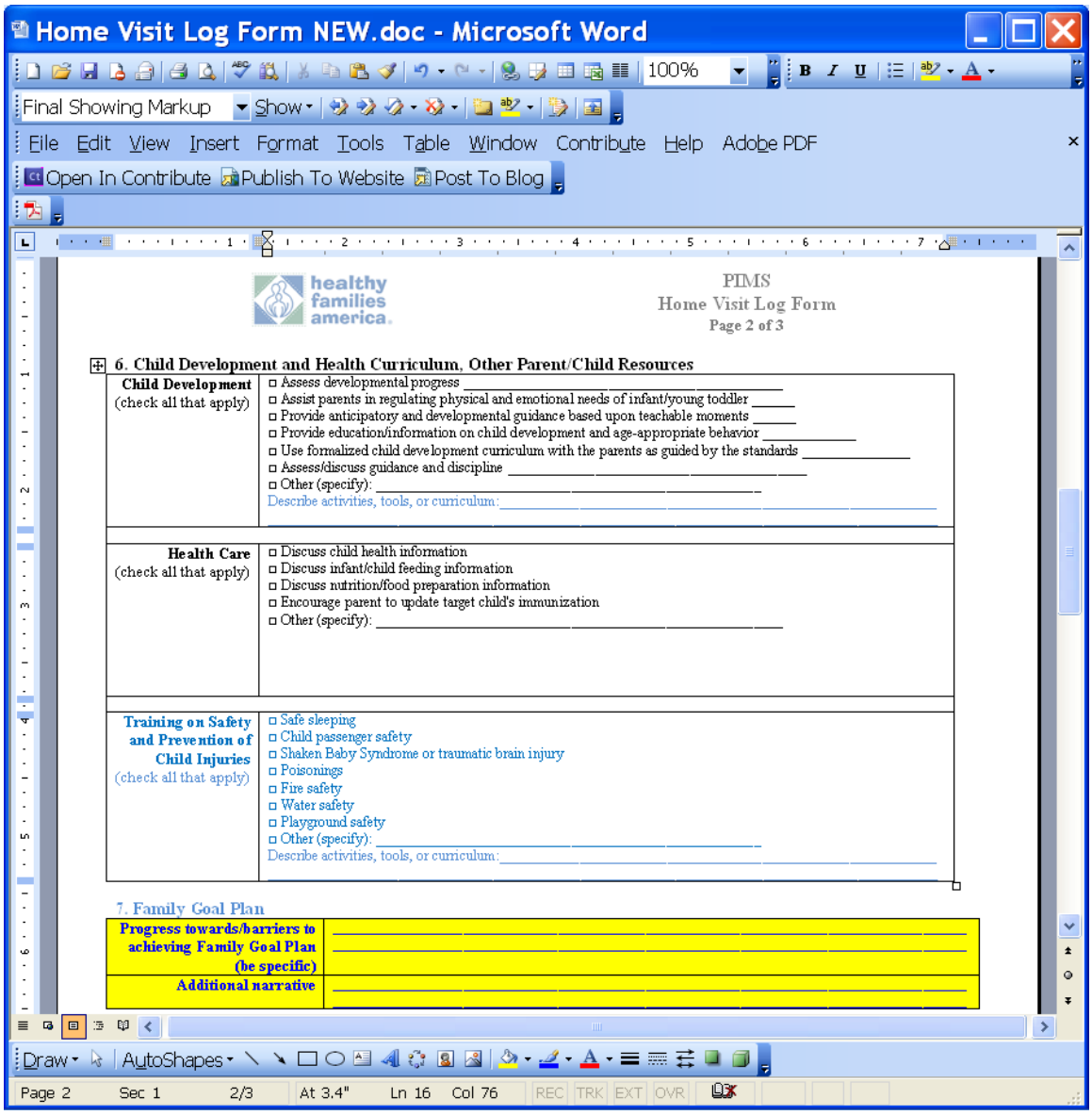
Using PIMS to Provide Evidence of Compliance

A copy of the PIMS Home Visit Form and PIMS Family Goal Plan Form provide evidence for this standard. In the Home Visit Form, highlight the section “Family Goal Plan.” Remember that as with most accreditation standards, you may need to support the sample form with a narrative interpretation.

Example



Family Goal Plan progress notes are documented in Section 7 of the Home Visit Log Form.



Standard 6-3.B

(from Best Practices Standards 2014-2016 effective through 12/31/16)

6-3.B The site routinely assesses, addresses, and promotes positive parent-child interaction, attachment, and bonding with all families, and utilizes CHEEERS on all home visits in accordance with its policy.

Intent: *Sites are to document observations of parent-child interaction and how they used these observations to develop and implement home visit activities and strength-based interventions that promote positive parent-child interaction. HFA requires that CHEEERS is used as a parent-child observation strategy during each home visit (with exception of when it is documented that the child is not present or not awake, or when a separate measurement tool is being used during that particular visit, i.e. KIPS, NCAST or PICCOLO). CHEEERS is also documented prenatally beginning in the 2nd trimester, as discussed in HFA Core training for Home Visitors. It is also expected that any group session being counted as a home visit (1/month allowed while a family is on Level 1) also should include some documentation of CHEEERS. In both situations (prenatal and groups), not all aspects of CHEEERS are required to be documented*

. *It is helpful for staff to document how they build on parental competences and promote healthy relationships in a thoughtful way using teachable moments (e.g. if parents struggle to understand what their baby is communicating to them, the home visitor might identify when they observe the parent being empathic, thereby building the parents' skills). Other sites may incorporate videotaping to promote parental sensitivity, understanding, and a secure attachment. As above, it is important to document parental competencies and struggles and what the home visitor is doing to promote and support the parent-child relationship.*

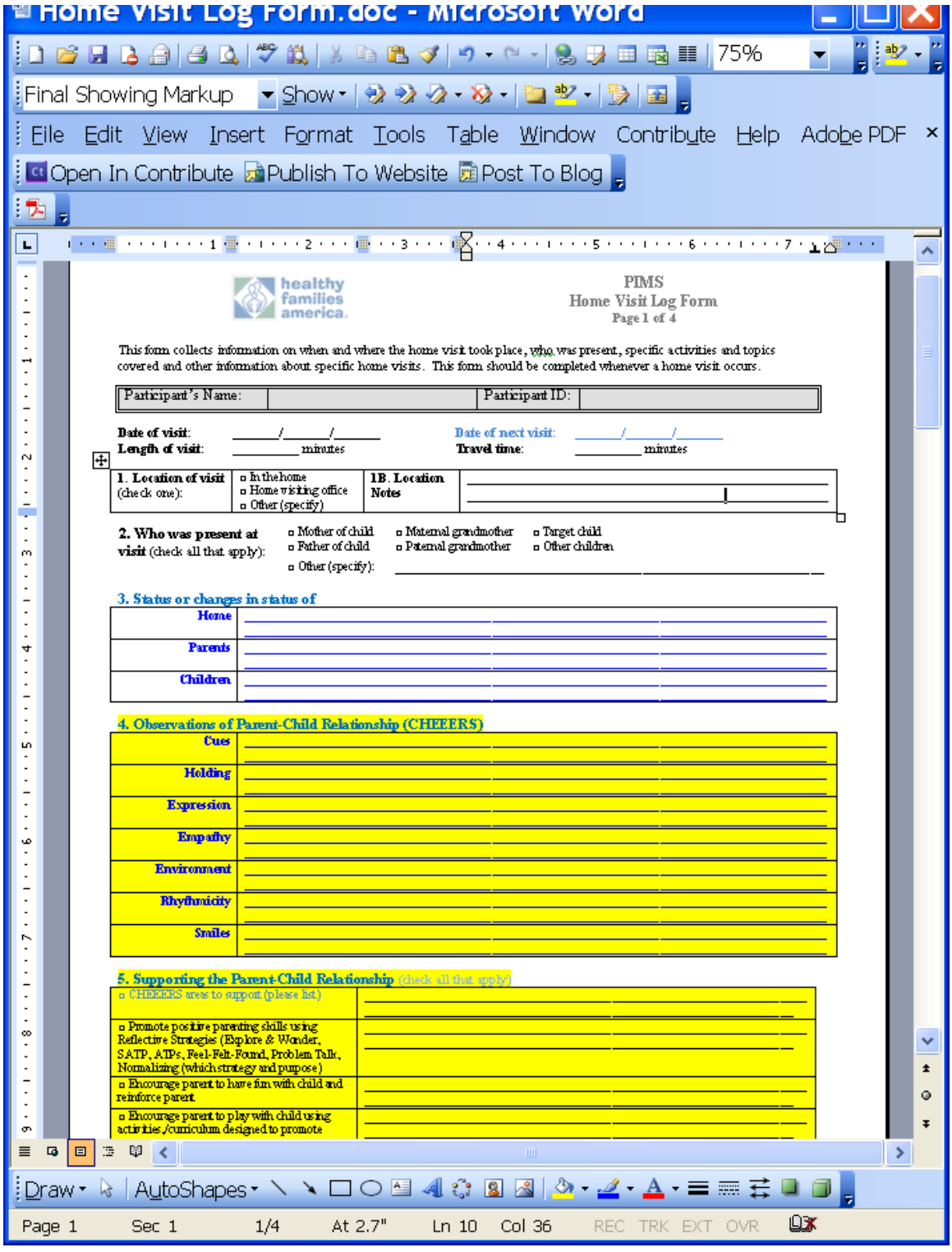
6-3.B		RATING INDICATORS
3	-	Home visitors routinely assess, address, and promote positive parent-child interaction, attachment, and bonding with all families, utilizing CHEEERS on all home visits.
2	-	Past instances were found when the home visitor did not routinely assess, address, and promote positive parent-child interaction, attachment and bonding with all families utilizing CHEEERS; however, recent practice indicates this is now occurring.
1	-	Home visitors do not routinely assess, address, and promote positive parent-child interaction, attachment and bonding with all families utilizing CHEEERS.
NOTE:		**This is a Sentinel Standard**

☺ Tip: Promotion of the parent-child relationship begins prenatally, and the use of the HFA's *Great Beginnings Start Before Birth* prenatal training and parenting materials is encouraged.

Using PIMS to Provide Evidence of Compliance

A copy of the PIMS Home Visit Form provides evidence for this standard. In the Home Visit Form, highlight the sections 4 and 5, "Observations of Parent-Child Relationship" and "Supporting the Parent-Child Relationship." Remember that as with most accreditation standards, you may need to support the sample form with a narrative interpretation.

Example



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PIMS
Home Visit Log Form
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This form collects information on when and where the home visit took place, who was present, specific activities and topics covered and other information about specific home visits. This form should be completed whenever a home visit occurs.

Participant's Name:		Participant ID:	

Date of visit: _____/_____/_____ **Date of next visit:** _____/_____/_____
Length of visit: _____ minutes **Travel time:** _____ minutes

1. Location of visit (check one):	▫ In the home ▫ Home visiting office ▫ Other (specify)	**1B. Location Notes**	_____

2. Who was present at visit (check all that apply):
▫ Mother of child ▫ Maternal grandmother ▫ Target child
▫ Father of child ▫ Paternal grandmother ▫ Other children
▫ Other (specify): _____

3. Status or changes in status of

Home	
Parents	
Children	

4. Observations of Parent-Child Relationship (CHEEERS)

Cues	
Holding	
Expression	
Empathy	
Environment	
Rhythmicity	
Smiles	

5. Supporting the Parent-Child Relationship (check all that apply)

▫ CHEEERS areas to support (please list)	
▫ Promote positive parenting skills using Reflective Strategies (Explore & Wonder, SATP, ATPs, Feel-Felt-Found, Problem Talk, Normalizing (which strategy and purpose)	
▫ Encourage parent to have fun with child and reinforce parent	
▫ Encourage parent to play with child using activities/curriculum designed to promote	

Page 1 Sec 1 1/4 At 2.7" Ln 10 Col 36 REC TRK EXT OVR

Standard 6-4.B

(from Best Practices Standards 2014-2016 effective through 12/31/16)

6-4.B The home visitor ***routinely*** builds skills and shares information with families on appropriate activities designed to promote healthy child development and parenting skills.

Intent: *Home visitors observe, build skills, and share information regarding healthy child development and parenting with families based upon naturally occurring experiences as well as through curriculum and other resources. Parenting skills, such as guidance and discipline, toilet training, weaning from the breast, etc., are included as child development activities and occur within the context of parent-child interaction. A parent who has the ability to understand what their child is able to do developmentally and the intent of the baby's behavior will be much more likely to have empathy within the relationship. Child development activities are designed to promote the parent-child interaction thereby impacting the relationship established over time between the parent and child. Whenever possible, home visitors are encouraged to organize child development information into activities in which the parent is encouraged to play with the child while the home visitor shares the developmental stimulation the baby is receiving. Child development and parenting documentation should indicate not only what the child is able to do, but also how the parent responds and what the home visitor does to take advantage of teachable moments to increase parents' knowledge. Home visitors are encouraged to take advantage of "teachable moments" and share appropriate information with families when it is most meaningful (emergent curriculum).*

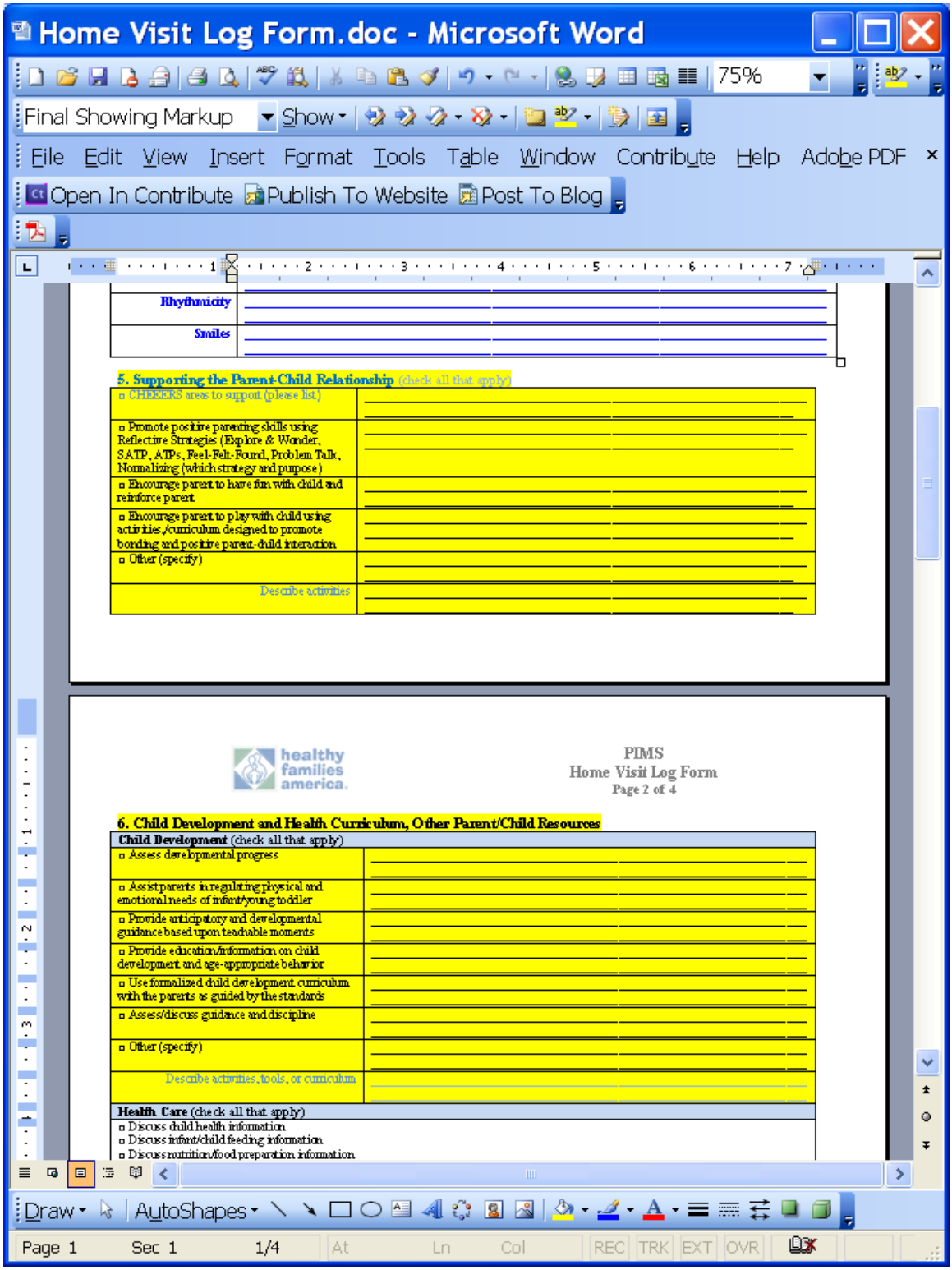
6-4.B	RATING INDICATORS
3	- The home visitor routinely shares information with all families on appropriate activities designed to promote healthy child development and parenting skills.
2	- Past instances were found when the home visitor did not routinely share information with all families on appropriate activities designed to promote healthy child development and parenting skills; however, recent practice indicates this is now occurring.
1	- The home visitor does not routinely share information with all families on appropriate activities designed to promote healthy child development and parenting skills.

☺ Tip: Sites are encouraged to document observations of child development and what information is shared with families. It is helpful for staff to document how they build on parental competencies and promote child development and parenting skills in a thoughtful way (e.g. if parents struggle to understand what their baby is communicating to them, the home visitor might ask parents what they think the baby might be communicating, explore what parents already know about their child and anchor the conversation to what children are able to do within a particular developmental age).

Using PIMS to Provide Evidence of Compliance

A copy of the PIMS Home Visit Form provides evidence for this standard. Highlight the sections "Supporting the Parent-Child Relationship" and "Child Development and Health Curriculum." Remember that as with most accreditation standards, you may need to support the sample form with a narrative interpretation.

Example



Standard 6-4.C

(from Best Practices Standards 2014-2016 effective through 12/31/16)

6-4.C The home visitor ***routinely*** shares information with families designed to promote positive health and safety practices.

Intent: *Health and safety practices include sharing prevention strategies as well as addressing any health and safety issues observed in the home. Content shared with families may include smoking cessation, SIDS, "shaken baby" strategies, baby-proofing, feeding and nutrition, selection of child care providers or alternative caretakers, in addition to any culturally based safety issues. It is expected that home visitors will address any health or safety concerns that could be detrimental to parents and their children. Additionally, home visitors support the development of a healthy and stimulating home environment.*

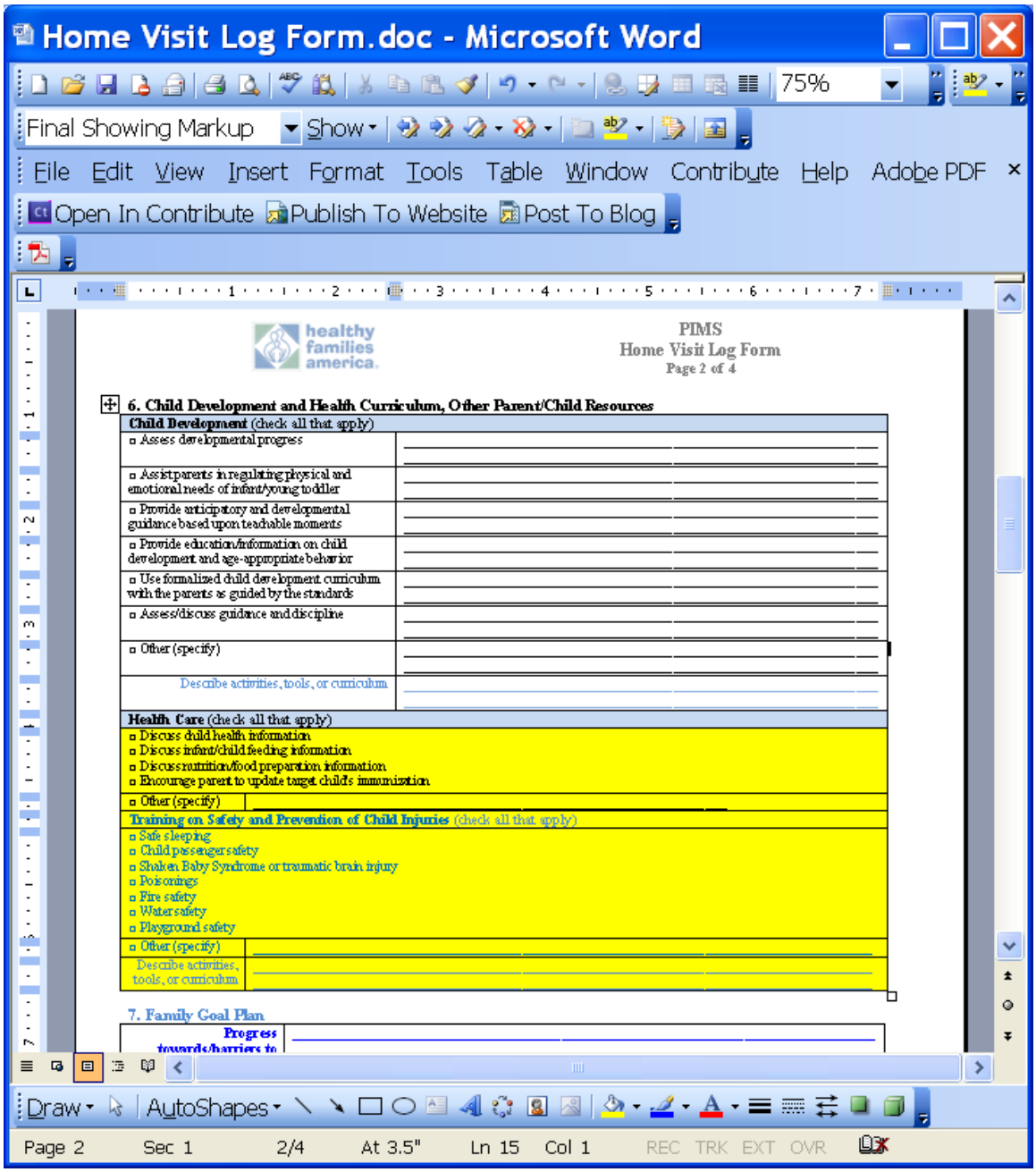
6-4.C	RATING INDICATORS
3	- The home visitor routinely shares information with all families designed to promote positive health and safety practices.
2	- Past instances were found when the home visitor did not routinely share information with all families designed to promote positive health and safety practices; however recent practice indicates this is now occurring.
1	- The home visitor does not routinely share information with all families designed to promote positive health and safety practices.

☺ Tip: Sites will have mechanisms for insuring how home visitors use safety checklists and/or share information with families. Staff is encouraged to document the content of health and safety discussions in home visit notes.

Using PIMS to Provide Evidence of Compliance

A copy of the PIMS Home Visit Form provides evidence for this standard. Under "Child Development and Health Curriculum", highlight the sections "Health Care" and "Training on Safety and Prevention of Child Injuries." Under "Strengthening the Family Support System", highlight "Health Care". Sites may have additional safety checklists that they will want to submit for evidence. Remember that as with most accreditation standards, you may need to support the sample form with a narrative interpretation.

Example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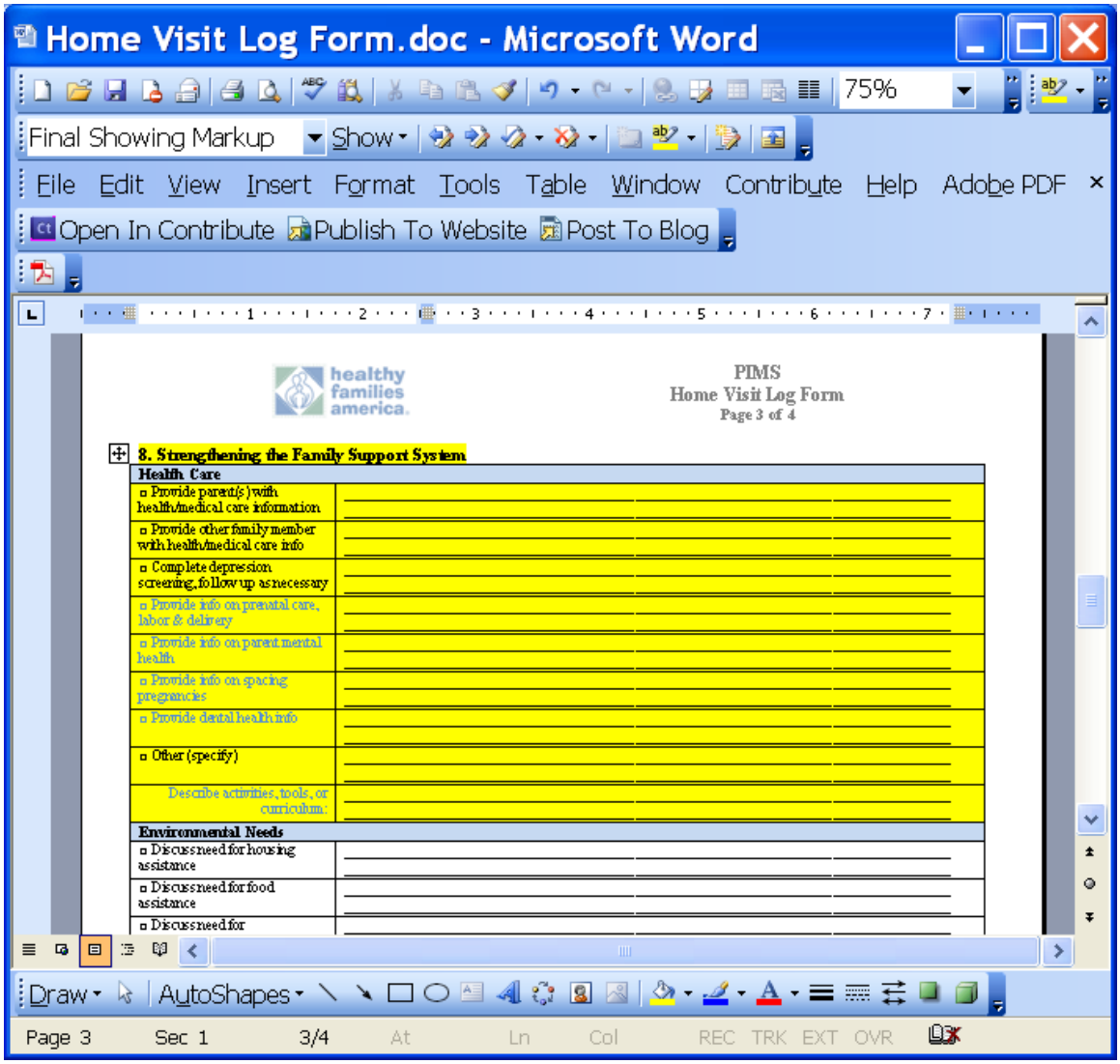
6. Child Development and Health Curriculum, Other Parent/Child Resources
Child Development (check all that apply)
Assess developmental progress
Assist parents in regulating physical and emotional needs of infant/young toddler
Provide anticipatory and developmental guidance based upon teachable moments
Provide education/information on child development and age-appropriate behavior
Use formalized child development curriculum with the parents as guided by the standards
Assess/discuss guidance and discipline
Other (specify)
Describe activities, tools, or curriculum
Health Care (check all that apply)
Discuss child health information
Discuss infant/child feeding information
Discuss nutrition/food preparation information
Encourage parent to update target child's immunization
Other (specify)
Training on Safety and Prevention of Child Injuries (check all that apply)
Safe sleeping
Child passenger safety
Shaken Baby Syndrome or traumatic brain injury
Poisonings
Fire safety
Water safety
Playground safety
Other (specify)
Describe activities, tools, or curriculum
7. Family Goal Plan
Progress
Page 2 Sec 1 2/4 At 3.5" Ln 15 Col 1 REC TRK EXT OVR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8. Strengthening the Family Support System
Health Care
Provide parent(s) with health/medical care information
Provide other family member with health/medical care info
Complete depression screening, follow up as necessary
Provide info on prenatal care, labor & delivery
Provide info on parent mental health
Provide info on spacing pregnancies
Provide dental health info
Other (specify)
Describe activities, tools, or curriculum:
Environmental Needs
Discuss need for housing assistance
Discuss need for food assistance
Discuss need for
Draw
AutoShapes
Page 3
Sec 1
3/4
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Ln
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REC TRK EXT OVR

Standard 6-6.A

(from Best Practices Standards 2014-2016 effective through 12/31/16)

6-6.A The site has policy and procedures for administration of a standardized developmental screen/tool that specifies how and when the tool is to be used with all target children participating in services, unless developmentally inappropriate, and requires that all staff who administer the tool are trained in its use.

Intent: *The policy and procedures indicate how the developmental screens are used with all target children and when the screens are to be administered. At a minimum, sites are to screen all target children a minimum of twice per year for children under the age of three and annually for children ages three through five years. Additionally, the policy must specify any instances when the site would not be administering a developmental screen (i.e., receiving early intervention services, etc.).* ***Please Note:*** *A screening tool is used to determine the need for further assessment, typically an in depth assessment completed by a partnering community agency specializing in early intervention.*

6-6.A	RATING INDICATORS
3	- No 3 rating indicator for standard 6-6.A.
2	- The site has policy and procedures for administration of a standardized developmental screen/tool that specifies how and when the tool is to be used with all target children participating in the site, unless developmentally inappropriate. The policy and procedures, at a minimum, require screening children under the age of three twice per year, and annually for children ages three through five years.
1	- Any of the following: the site does not have policy and procedures to administer the standardized developmental screen/tool; the policy and procedures do not specify how and when the screen/tool is to be used with all target children in the site, unless developmentally inappropriate; and/or the policy and procedures do not require screening children under the age of three twice per year, and annually for children ages three through five years.

☺Tip: Sites are encouraged to indicate in their policy and procedures the process for determining when a child has a revised screening schedule due to premature birth or other reasons.

☺Tip: Sites are encouraged to screen more frequently than the minimum required in the standard.

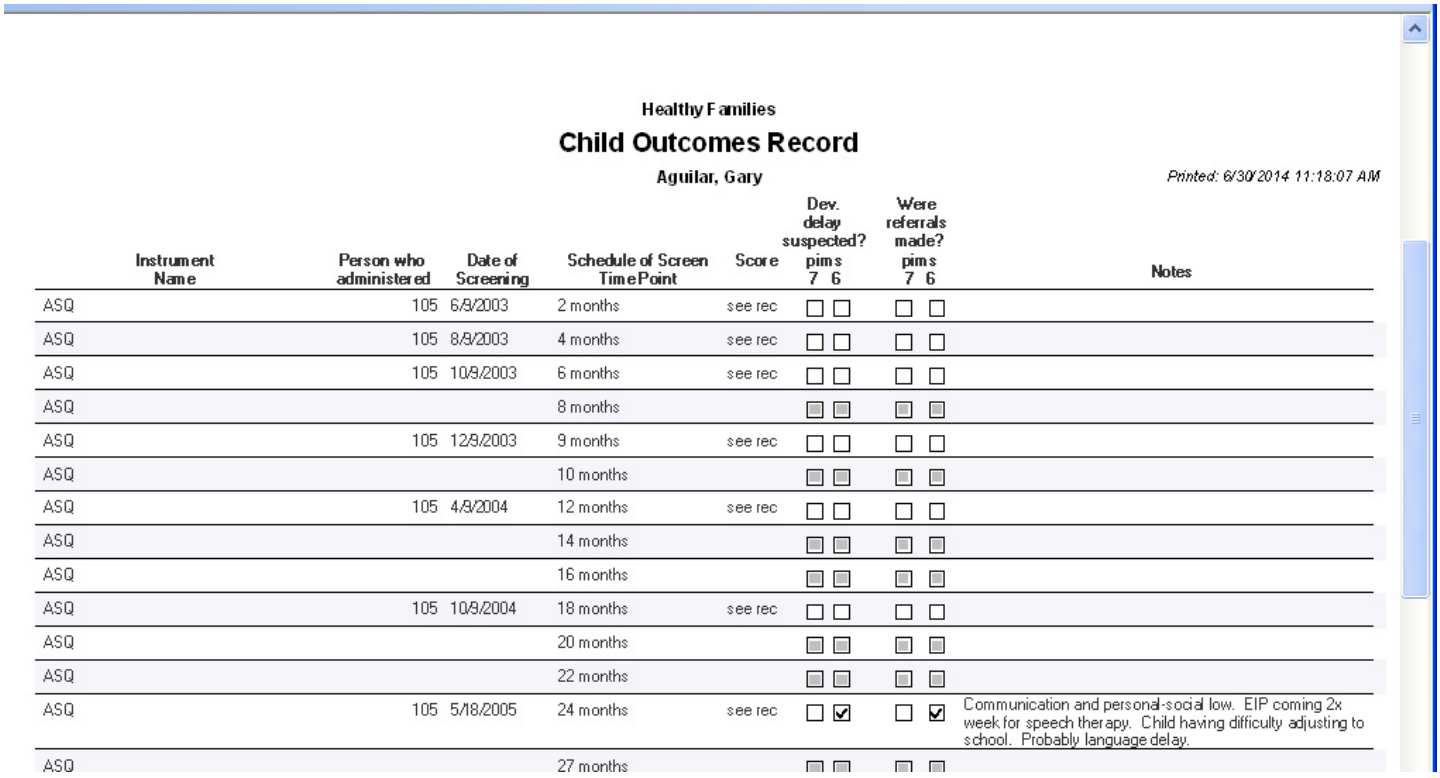
Using PIMS to Provide Evidence of Compliance

Sites are asked to submit a sample tracking form as pre-site evidence. This can be generated from a target child's outcome records. Remember that as with most accreditation standards, you may need to support the quantitative data from PIMS reports with a narrative interpretation.

How to Run this Report

1. From the **Home Form** screen of any participant with a child who has had developmental screens administered, open the child's records.
2. Select **Outcomes** on the Child Navigation Bar.
3. At the bottom of the screen for **Child Outcomes History**, click the **Print** button. A summary of all the records entered for the child will be displayed.
4. Be sure to de-identify the record before submitting with the self-study.

Example



Healthy Families

Child Outcomes Record

Aguilar, Gary

Printed: 6/30/2014 11:18:07 AM

Instrument Name	Person who administered	Date of Screening	Schedule of Screen Time Point	Score	Dev. delay suspected? pims 7	Dev. delay suspected? pims 6	Were referrals made? pims 7	Were referrals made? pims 6	Notes
ASQ	105	6/9/2003	2 months	see rec	☐	☐	☐	☐	
ASQ	105	8/9/2003	4 months	see rec	☐	☐	☐	☐	
ASQ	105	10/9/2003	6 months	see rec	☐	☐	☐	☐	
ASQ			8 months						
ASQ	105	12/9/2003	9 months	see rec	☐	☐	☐	☐	
ASQ			10 months						
ASQ	105	4/9/2004	12 months	see rec	☐	☐	☐	☐	
ASQ			14 months						
ASQ			16 months						
ASQ	105	10/9/2004	18 months	see rec	☐	☐	☐	☐	
ASQ			20 months						
ASQ			22 months						
ASQ	105	5/18/2005	24 months	see rec	☐	☑	☐	☑	Communication and personal-social low. EIP coming 2x week for speech therapy. Child having difficulty adjusting to school. Probably language delay.
ASQ			27 months						

Standard 6-6.B

(from Best Practices Standards 2014-2016 effective through 12/31/16)

6-6.B The site ensures that a standardized developmental screen/tool is used to monitor child development at specified intervals, unless developmentally inappropriate, and is administered according to the developers' instructions to ensure valid results (i.e. administered during the specified window of time).

Intent: *All target children are screened for potential developmental delays according to the minimum frequency recommended by the Association for the Academy of Pediatrics. Staff are not required to screen children that are enrolled in early intervention services (special needs) and are receiving in-depth developmental assessments. It is recommended that sites request a copy of the developmental assessment from the family or from the early intervention service provider with permission from the family so that the home visiting site can support the developmental activities of the early intervention team.*

6-6.B	RATING INDICATORS
3	- The site uses the standardized developmental screen/tool at specified intervals, and ensures all target children in the site (unless developmentally inappropriate) are screened a minimum of twice per year for children under the age of three and annually for children ages three through five years.
2	- Past instances were found when the site did not ensure all target children in the site (unless developmentally inappropriate) were screened a minimum of twice per year for children under the age of three and annually for children ages three through five years; however, recent practice indicates this is now occurring and all children have completed the most recent developmental screen.
1	- Any of the following: the site does not use the standardized developmental screen/tool; the site does not use the standardized developmental screen/tool at the specified intervals to ensure all target children in the site (unless developmentally inappropriate) were screened a minimum of twice per year for children under the age of three and annually for children ages three through five years, or all children have not completed the most recent developmental screen.
Note:	**This is a Sentinel Standard**

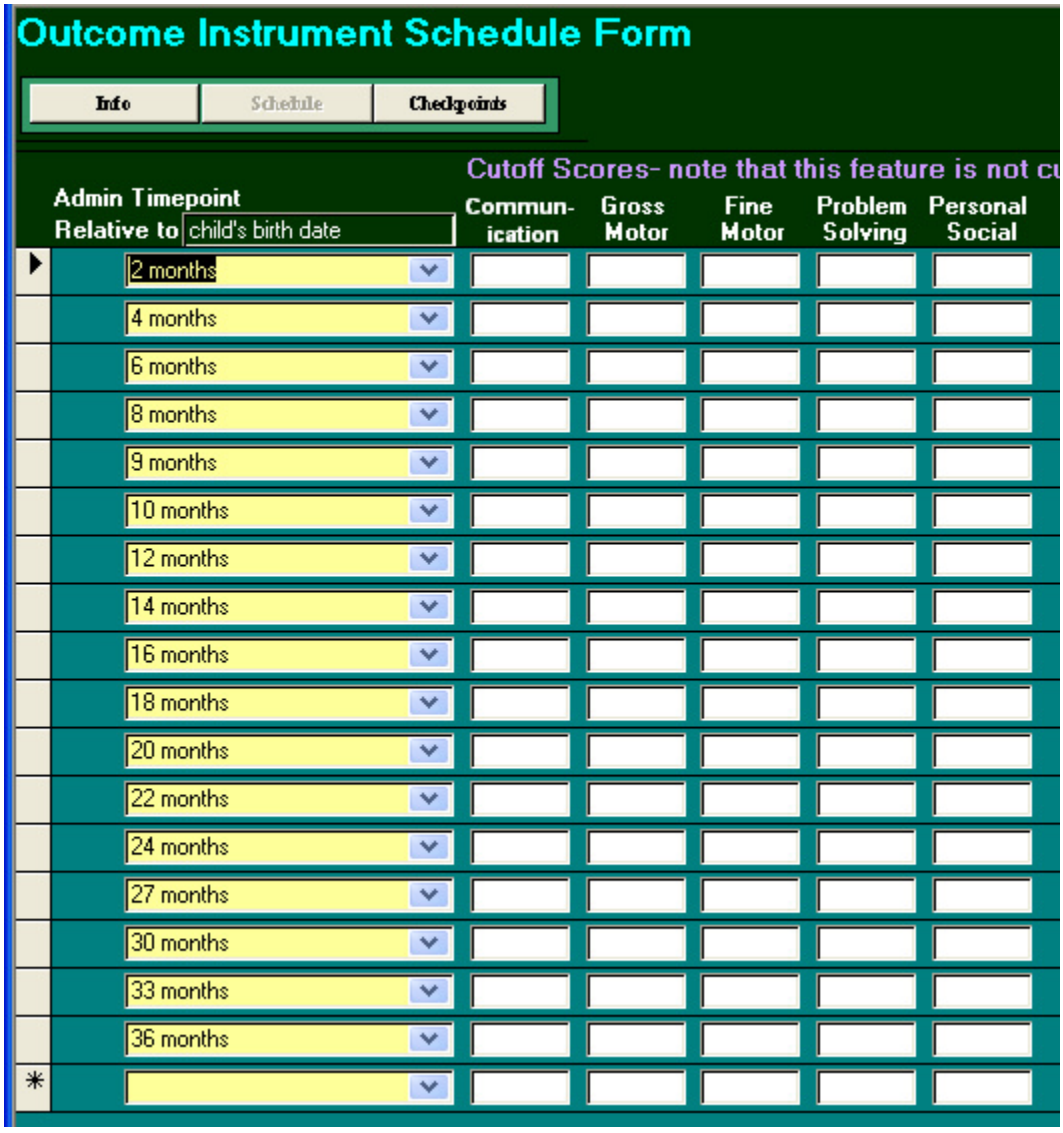
☺ Tip: Sites are encouraged to indicate in the family files when a child has a revised screening schedule due to premature birth or other reasons, when screens are missed due to families being on creative outreach or when families decline the opportunity to screen the child.

Using PIMS to Provide Evidence of Compliance

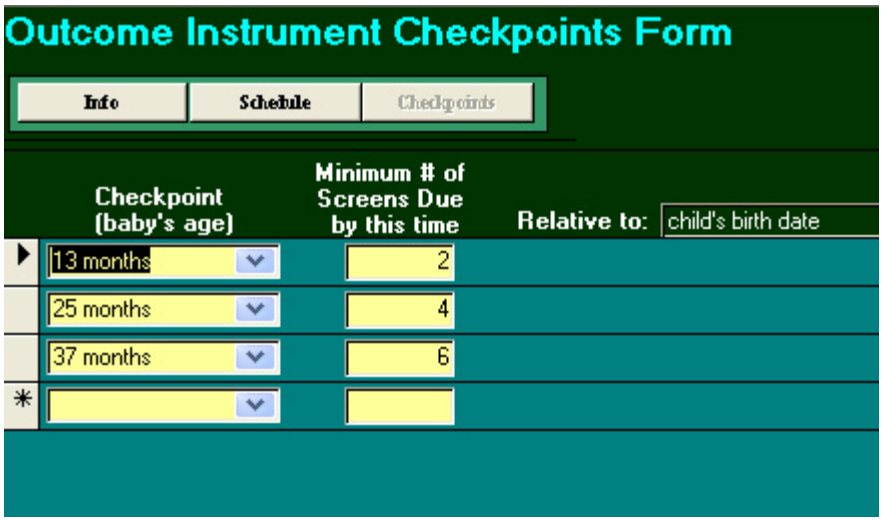
The report **PIMS56: Child Outcome Checkpoints to Date** and **PIMS17: Child Outcomes Completed by FSW** address this standard. Remember that as with most accreditation standards, you may need to support the quantitative data from PIMS reports with a narrative interpretation.

Tips for Monitoring PIMS Data Related to Standard

When the PIMS data base is initially set up (or upgraded from version 6 to 7), outcome instruments, their administration schedule and checkpoints are set in **Site Definitions**. Shown below are examples for the ASQ developmental screening instrument. The schedule shows all screening intervals available for the ASQ through 36 months.



HFA standards require that each child have at least two developmental screens administered each year through three years, and annually thereafter (for sites that offer services up to five years). The checkpoints listed below allow for the one-month window for screening around the child's age at 12, 24 and 36 months.



Child development screens are entered via the child's PIMS records under "Outcomes". Each screen record has a Notes box available for supporting narrative. For example, if a developmental delay is indicated, the notes box can be used to record a plan of action, such as "FSW will work on floor play activities and retest in a month."

Use **PIMS56: Child Outcome Checkpoints to Date** to generate a report of all current target children and a summary of their outcome screens. The report will show how many developmental screens are expected and completed based on the child's age and the checkpoints established in the Site Definitions for each outcome tool. Alternatively (or as a supplement), you can use **PIMS17: Child Outcomes by FSW** to list each developmental screen administered for each child. For the reports to yield useful data, make sure that child records are updated with all developmental screens.

How to Run these Reports

Child Outcome Checkpoints to Date

1. From the **Reports** screen, select **Standard Reports**.
2. Select **Category** Child Outcomes and **Report** Child Outcome Reports to Date.
3. Under **Report Parameters**:
    - In the **Site** box, choose a cutoff date of today
    - In the **Case Status** box, select **Target Children Only** and **Participants** "Currently Presumed Active"

Child Outcomes by FSW

4. From the **Reports** screen, select **Standard Reports**.
5. Select **Category** Child Outcomes and **Report** Child Outcomes Completed by FSW.
6. Under **Report Parameters**:
    - In the **Site** box, choose a cutoff date of today.
    - In the **Date Range** box, choose a range of dates.
    - In the **Case Status** box, select **Target Children Only** and **Participants** "Currently Presumed Active".

Example 1 – Child Outcome Checkpoints to Date

Healthy Families ('1L000')

PIMS56: Child Outcome Checkpoints to Date

Participants Presumed Active at Any Time Between 1/1/02 and 12/31/05 (n = 65)
All caseloads
Group filter not applied
Site's Cutoff Date is 12/31/2005
Target Children Only (n = 60)
This report currently includes only ASQ, ASQ-SE, and KIPS
Includes checkpoints occurring before parent's latest home visit date or site's cutoff date, whichever comes first

Aguilar, Gary (child of Aguilar, Verna)

Participant's Service Start:	11/21/02	**Birth Date:**	4/9/03	**Current FSW:**	105
Latest Home Visit Date:	1/16/06	**Child's Age at Cutoff:**	32 months		
Participant's Retention:	37 months	**Child's Age at Latest HV:**	33 months		

Outcome Tool	Last Checkpoint	Checkpoint Date	# Screens Expected	# Screens Completed On Time	# Screens Completed To Date
ASQ	25 months	5/9/2005	4	6	8
ASQ-SE	25 months	5/9/2005	4	2	2
KIPS	6 months	5/21/2003	1	1	1

Bailey, Allyn (child of Bailey, Mildred)

Participant's Service Start:	4/17/03	**Birth Date:**	8/7/03	**Current FSW:**	105
Latest Home Visit Date:	3/16/05	**Child's Age at Cutoff:**	28 months		
Participant's Retention:	22 months	**Child's Age at Latest HV:**	19 months		

Outcome Tool	Last Checkpoint	Checkpoint Date	# Screens Expected	# Screens Completed On Time	# Screens Completed To Date
ASQ	13 months	9/7/2004	2	4	6
ASQ-SE	13 months	9/7/2004	2	0	0
KIPS	6 months	10/17/2003	1	0	0

Barker, Thomas (child of Barker, Harriet)

Participant's Service Start:	7/10/02	**Birth Date:**	7/15/02	**Current FSW:**	105
Latest Home Visit Date:	1/16/03	**Child's Age at Cutoff:**	41 months		

In the above example, Gary Aguilar has met the standard of having at least four ASQ screens completed within 25 months of birth. He has actually had eight screens completed by the age of 33 months. He should have had four ASQ-SE screens completed with 25 months of birth but has had only two.

Example 2 – Child Outcomes Completed by FSW

Healthy Families ('IL000')

PIMS17: Child Outcomes Completed by FSW

HFA Credentialing Standards 6-4B, 6-8 B

Includes child outcome tools conducted between 1/1/2002 and 12/31/2005 regardless of enrollment status

Target Children Only

All Active, Terminated, and Pending Participants (n = 68)

Group filter not applied

FSW: 104 (n = 15 screenings)

Cannon, Paulit (child of Cannon, Patty)
Date of Birth: 7/26/02 Parent: Cannon, Patty

Development Tool	Admin Timepoint	Min Due Date	Max Due Date	Date Complete	Child's Age	Develop Delay	Referral Date	Refer PIMS 6
ASQ	4 months	10/26/2002	12/26/2002	11/22/02	3 months	No		No
ASQ	6 months	12/26/2002	2/26/2003	1/22/03	5 months	No		No

Maxwell, Moon (child of Maxwell, Jasmine)
Date of Birth: 3/16/02 Parent: Maxwell, Jasmine

Development Tool	Admin Timepoint	Min Due Date	Max Due Date	Date Complete	Child's Age	Develop Delay	Referral Date	Refer PIMS 6
ASQ	4 months	6/16/2002	8/16/2002	8/8/02	4 months	No		No
ASQ	6 months	8/16/2002	10/16/2002	9/24/02	6 months	No		No
ASQ	8 months	10/16/2002	12/16/2002	11/21/02	8 months	No		No
ASQ	12 months	2/16/2003	4/16/2003	3/27/03	1 year	No		No
ASQ	18 months	8/16/2003	10/16/2003	9/25/03	1 year, 6 months	No		No

Standard 6-6.C

(from Best Practices Standards 2014-2016 effective through 12/31/16)

6-6.C Those who administer developmental screenings have been trained in the use of the tool before administering it, and supervisors also receive this training.

Intent: *Staff must be trained before administering developmental screens, and must follow its own policies regarding administration of the tool in a home visit setting. This training is conducted by an individual that understands the use of the tool in a home visit setting. When possible, this training should include information that details the critical function behind each of the developmental questions.*

6-6.C RATING INDICATORS

3 - All staff using the tool, and their supervisors, have been trained in its use prior to administering.

2 - Past instances where found when training of direct service staff and supervisors was not received until after staff had administered tool, these staff have since been trained, and recent practice indicates the site is now ensuring that all staff receives training prior to their first administration.

1 - Evidence exists to indicate that staff administer the tool prior to being trained and/or supervisors have not received this training.

☺ Tip: Document the first administration of the developmental screen in training logs along with the date the staff member was trained in the use of the tool. Keep content of the training in training files.

Using PIMS to Provide Evidence of Compliance

The report **PIMS45: Staff Training on Instruments** helps to address this standard. The training topic in the Staff Training Entry form labeled **Use of developmental screening tools** addresses compliance with this standard. The date of the training when this topic was first covered is compared with the date of the earliest child development screen provided by each staff.

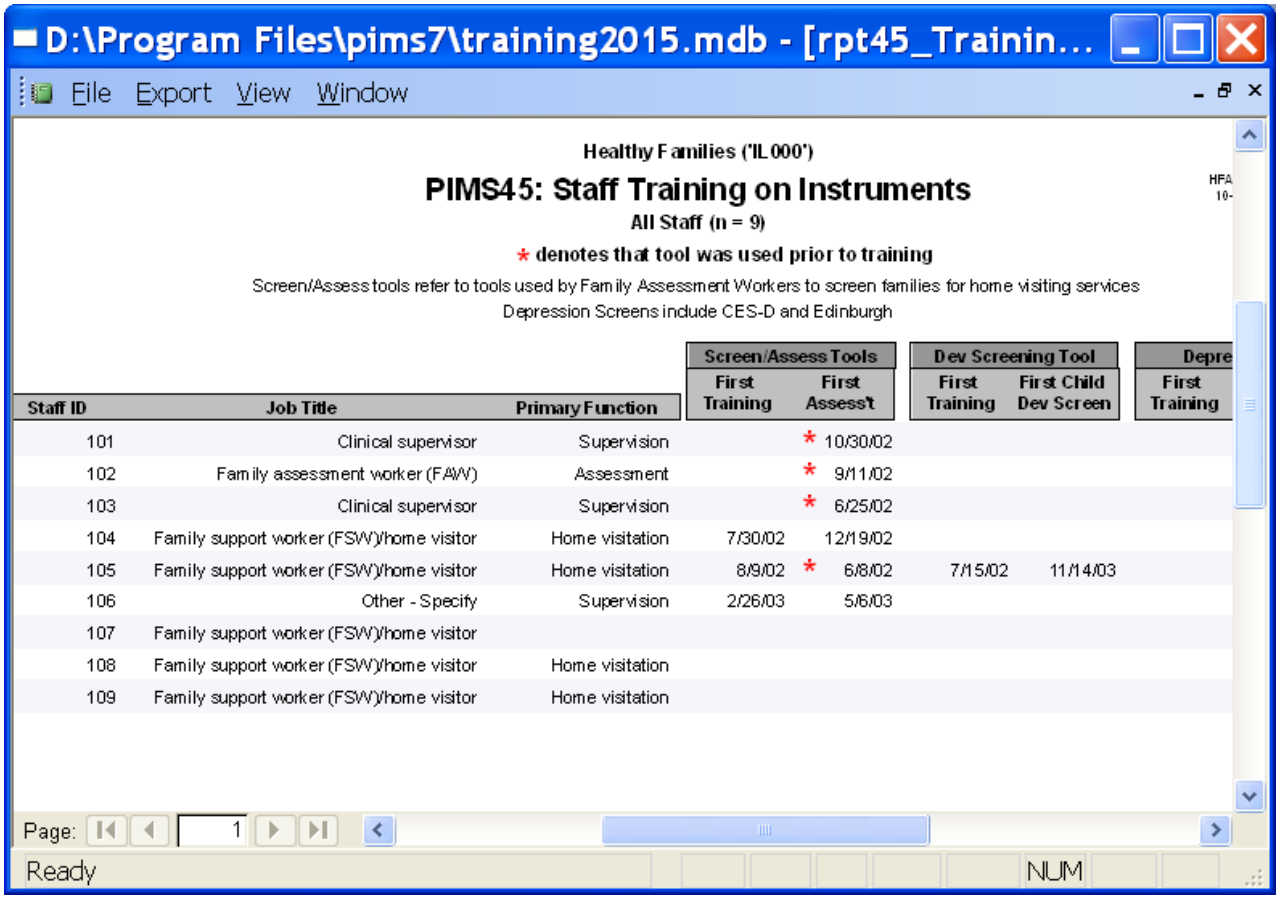
Tips for Monitoring PIMS Data Related to Standard

Sites will want to make sure that **Staff Training** records are current. Use **PIMS45: Staff Training on Instruments** to list current staff, their training dates on the developmental screening tool, and dates that they first administered the screen.

How to Run this Report

5. From the **Reports** screen, select **Standard Reports**.
6. Select **Category** Program and Staff and **Report** Staff Training on Instruments.
7. Under Report Parameters “Case Status/Employment Status” choose “Currently Presumed Active.”

Example



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File Export View Window

Healthy Families ('IL000')

PIMS45: Staff Training on Instruments

HFA 10-

All Staff (n = 9)

*** denotes that tool was used prior to training**

Screen/Assess tools refer to tools used by Family Assessment Workers to screen families for home visiting services

Depression Screens include CES-D and Edinburgh

			Screen/Assess Tools		Dev Screening Tool		Depre
Staff ID	Job Title	Primary Function	First Training	First Assess't	First Training	First Child Dev Screen	First Training
101	Clinical supervisor	Supervision		* 10/30/02			
102	Family assessment worker (FAW)	Assessment		* 9/11/02			
103	Clinical supervisor	Supervision		* 6/25/02			
104	Family support worker (FSW)/home visitor	Home visitation	7/30/02	12/19/02			
105	Family support worker (FSW)/home visitor	Home visitation	8/9/02	* 6/8/02	7/15/02	11/14/03	
106	Other - Specify	Supervision	2/26/03	5/6/03			
107	Family support worker (FSW)/home visitor						
108	Family support worker (FSW)/home visitor	Home visitation					
109	Family support worker (FSW)/home visitor	Home visitation					

Page: 1

Ready NUM

In the above example, note the following:

- Staff 101, 102, 103, and 107 either have not yet performed child development screens or do not perform child development screens. The standard is not applicable to these staff.
- Staff 105 received training in this tool before conducting child development screens.

Standard 6-7.B

(from Best Practices Standards 2014-2016 effective through 12/31/16)

6-7.B The site tracks target children suspected of having a developmental delay and follows through with appropriate referrals and follow-up, as needed.

> ***Intent****: Sites are encouraged to collaborate with early intervention services for children who are dually enrolled in HFA and early intervention to avoid duplication of services and to encourage consistency. Early intervention services can be difficult for parents to understand. The home visitor can be a great liaison for the family into various services that are offered through early intervention. If a family declines early intervention services, be sure to document this in the family's file, as well as the home visitor's continuous efforts to advocate for early intervention services. Be sure to document any joint meetings attended and referrals that home visitors made to support parents.*
>
> *It is critical to support parents by tracking referrals and supporting the parent in following-through with in-depth evaluations and therapy. It is recommended that screens and developmental assessments administered by early intervention services be kept in the family files (however, this is not a requirement). At the site level the program manager/supervisor is aware of any challenges with referral sources for early intervention services and assists by advocating with referral entities/partners to reduce these barriers.*

6-7.B	RATING INDICATORS
3	- Evidence indicates the site tracks target children suspected of having a delay and follows through with appropriate referrals and follow-up, as needed.
2	- Past instances were found when the site did not track target children suspected of having a delay and follow through with appropriate referrals and follow-up, as needed; however, recent practice indicates this is now occurring.
1	- Insufficient evidence to indicate that the site tracks target children suspected of having a developmental delay and follows through with appropriate referrals and follow-up, as needed.
NA	- No children identified with a developmental delay.
Note:	**This is a Sentinel Standard**

Using PIMS to Provide Evidence of Compliance

The reports **PIMS58: ASQ Referrals** and **PIMS58A: ASQ Referrals Summary** address this standard. Remember that as with most accreditation standards, you may need to support the quantitative data from PIMS reports with a narrative interpretation.

PIMS58 lists children according to the case status parameter selected (usually "currently presumed active") and a quantitative summary for each child as follows:

- The number of ASQ screenings conducted
- The number of ASQs flagged as having suspected delays
- The number of referrals made based on suspected delays
- The number of delays confirmed from the referral

- The number of referrals for delays where services were received.

There is also a quantitative summary of data discrepancies:

- The number of referrals without suspected delays based on the ASQ
- The number of confirmed delays without suspected delays and subsequent referral based on the ASQ
- The number of services received without corresponding suspected delay and confirmed delay.

PIMS58A provides a quantitative summary of ASQ referrals for the site.

Tips for Monitoring PIMS Data Related to Standard

For the reports to yield useful data, make sure that all the following data is entered for all target children:

- All ASQ screens
- All referral records based on suspected delays
- Updates to referral records that indicate whether follow-up services were received or not, and action subsequent to the referral.

Use **PIMS21: Referrals Information** to print a summary of referrals for families within a date range to monitor dispositions of referrals.

How to Run this Report

8. From the **Reports** screen, select **Standard Reports**.
9. Select **Category** Child Outcomes and **Report** ASQ Referrals.
10. Under **Report Parameters**, choose Case Status parameter of “currently presumed active” and a data cut-off date of today.

Example 1 – ASQ Referrals by Individual

Healthy Families ('IL000')

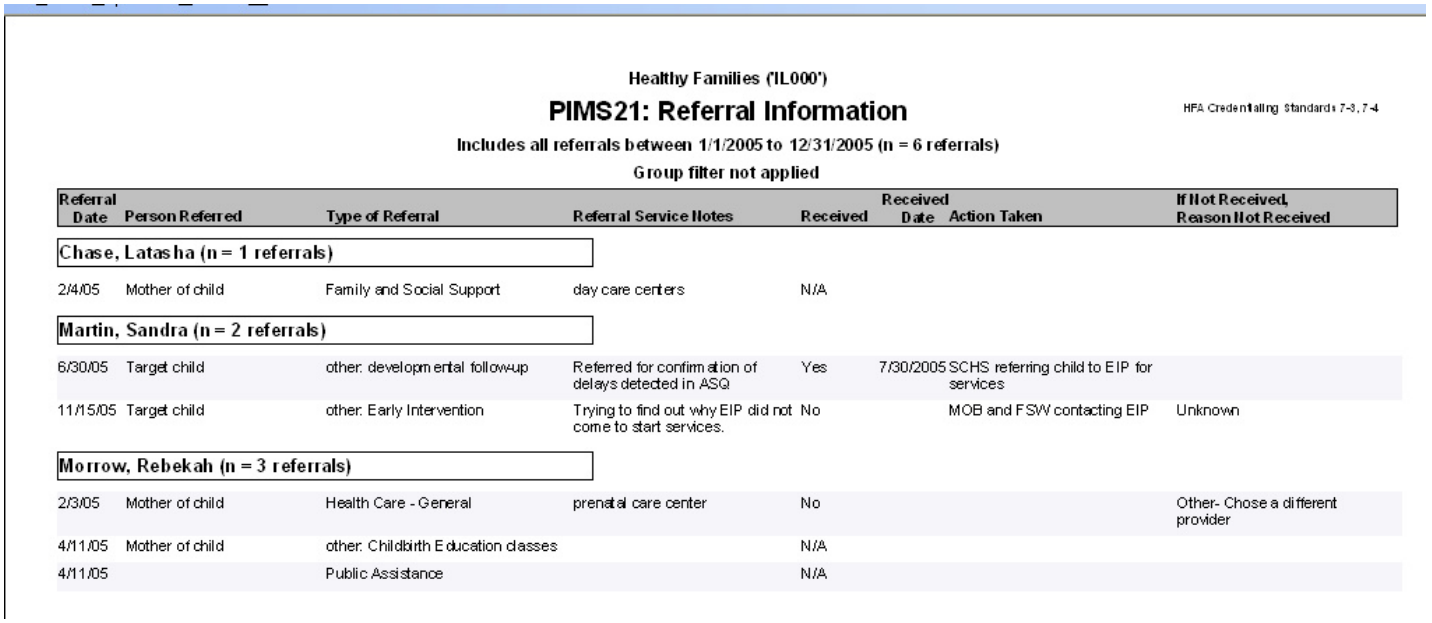
PIMS58: ASQ Referrals

Participants Currently Presumed Active (n = 21)
All caseloads
Group filter not applied
Site's Cutoff Date is 12/31/2005
Target Children Only (n = 21)

							Data Quality Issues		
Child Name	Parent Name	# ASQs Received	# ASQs with Suspected Delays	# Referrals Related to Suspected Delays	# Delays Confirmed from Referral	# Referrals with Service Received	# Referrals without Suspected Delay	# Confirmed Delays without Suspected Delay & Referral	# Services Received w/o Suspected & Confirmed Delay
Children with One or More Suspected Delays									
Aguilar, Gary	Aguilar, Verna	8	1	1	0	0	0	0	0
Barker, Thomas	Barker, Harriet	5	2	1	0	0	0	0	1
Maldonado, Jeffrey	Maldonado, Pat	11	1	1	0	0	0	0	1
Martin, Steven	Martin, Sandra	7	3	3	1	1	0	0	0
Roman, Michael	Roman, Deloris	5	1	1	0	0	0	0	0
	Total 5 children	**36**							
Children with no Suspected Delays									
Brown, Stephanie	Warner, Fannie	5	0	0	0	0	0	0	0
Chase, Cleotilde	Chase, Latasha	5	0	0	0	0	0	0	0
Copeland, Faustina	Copeland, Cecelia	4	0	0	0	0	0	0	0

In the above example, Steven Martin has had seven ASQs, three of which were flagged as having suspected delays, and three referrals for the delay. One referral agency confirmed the delay, and he received intervention services as a result.

Example 2 – Referrals by Individual



Healthy Families ('IL000')

PIMS21: Referral Information

HFA Credentialing Standards 7-3, 7-4

Includes all referrals between 1/1/2005 to 12/31/2005 (n = 6 referrals)

Group filter not applied

Referral Date	Person Referred	Type of Referral	Referral Service Notes	Received	Received Date	Action Taken	If Not Received, Reason Not Received
Chase, Latasha (n = 1 referrals)							
2/4/05	Mother of child	Family and Social Support	day care centers	N/A			
Martin, Sandra (n = 2 referrals)							
6/30/05	Target child	other: developmental follow-up	Referred for confirmation of delays detected in ASQ	Yes	7/30/2005	SCHS referring child to EIP for services	
11/15/05	Target child	other: Early Intervention	Trying to find out why EIP did not come to start services.	No		MOB and FSW contacting EIP	Unknown
Morrow, Rebekah (n = 3 referrals)							
2/3/05	Mother of child	Health Care - General	prenatal care center	No			Other- Chose a different provider
4/11/05	Mother of child	other: Childbirth Education classes		N/A			
4/11/05		Public Assistance		N/A			

In the above example, we see a summary of the details of Steven Martin's referrals. His delay was confirmed by agency SCHS, and he was referred to Early Intervention Program services. Although that connection was made, Early Intervention did not begin services. The notes show that the FSW is assisting the family in following up with Early Intervention to obtain needed services.

Example 3 – ASQ Referrals Summary for the Site

In the example below, 19 of 21 currently active target children have received at least one ASQ screen. Five children had suspected delays, and all were referred to additional services. One of the five had a confirmed delay and received services for the delay.

Healthy Families ('IL000')

PIMS58A: ASQ Referrals Summary

Participants Currently Presumed Active (n = 21)
All caseloads
Group filter not applied
Site's Cutoff Date is 12/31/2005
Target Children Only (n = 21)

	#	n	%	
children receiving ASQs	19			
children with suspected delays	5	19	26%	of children receiving ASQs
children with referrals for suspected delays	5	5	100%	of children with suspected delays
children with confirmed delays	1	5	20%	of children with referrals for suspected delays
*children receiving services for confirmed delay	1	1	100%	of children with confirmed delays

*Note that services received related to confirmed delays cannot be determined from PIMS 6 data, because outcome tool administration was not linked to specific referral records.