

Healthy Start Quarterly Reporting Form

Review Period:					# of R/R IC =	
Records (Prenatal):					# of R/R IA =	
Records (ICC):						
Records (Infant):					# of R/R OC =	
Total Records Reviewed:						
REVIEW ITEM	YES	NO	N/A	Total	COMMENTS	
1	Screen received by Coordinator w/in 10 days of screening date (15 days if not			0		
2	IC attempt within five days from receipt of screen			0		
3	2nd IC attempt within 10 days of 1st			0		
4	If high risk, face-to-face attempt prior to closure			0		
5	Number of records documenting no contacts			0		
6	IC actually made			0		
7	Each risk factor assessed for intervention			0		
8	Each intervention appropriate for risk			0		
9	Follow-up with provider within 30 days of 1st attempt to contact			0		
10	IPC completed on IC			0		
11	All IC components present in record			0		
12	Number of records documenting closure at IC			0		
13	Closed at IC and encounter/level met			0		
15	IA attempt within 10 days of IC			0		
16	IA actually completed			0		
17	If high risk, face to face attempt prior to closure			0		
18	IA of risk and need done			0		
19	Each risk factor assessed for intervention			0		
20	Each intervention appropriate for risk			0		
21	IPC for IA follow-up done			0		
22	Follow-up with provider within 30 days of IA			0		
23	Number of records documenting closure at IA			0		
24	Closed at IA and encounter/level met			0		
26	Participant provided only tracking contacts			0		
27	Participant provided tracking and face-to-face contacts			0		
28	IPC evaluated at each encounter			0		
29	Family Support Plan			0		
30	Appropriate referrals education and follow-up			0		
31	Number of encounters are consistent with level in CC			0		
32	Appropriate Closure			0		
33	Closure Activities Documented			0		
34	If high risk, face to face attempt prior to closure			0		
35	Lost to Follow Up			0		
	Current CC Level			0		
36	Number of records documenting participant at level 1 at 1st CC encounter			0		
37	Number of records documenting participant at level 2 at 1st CC encounter			0		
38	Number of records documenting participant at level 3 at 1st CC encounter			0		
	Other Healthy Start Services Provided by CC	#of				Was the Curriculum or Plan Followed and Documented in the Record?
		Rec's				
40	Parenting Education					
41	Childbirth Education					
42	Psychosocial Counseling					
43	Tobacco Cessation					
44	Nutrition Counseling					
45	Breastfeeding Education					
46	Interconceptional Counseling					
Summary of QA Review/Corrective Action Plan:						