

## Clarification of Definitions on Hartford Monthly Contact Log

- All columns on the monthly contact log should be completed for all families.
- The columns for ASQ and immunizations should be completed for all of MOB's children, not just the target child. To differentiate between children, place a 1 next to target child, a 2 next to the second child, a 3 next to the third and so on. For example, if the family had two children that were up to date on their immunizations, under the immunization column you would put 1Y, 2Y.

### Clarifications for required fields

**# Home Visits Completed-** this column should indicate the number of home visits that actually took place in the home, whether or not they were scheduled. Home visits should last a minimum of 30 minutes and a maximum of one hour (except for special circumstances). Visits lasting less than 30 minutes should not be counted.

**# Home Visits Attempted-** this column should indicate the total number of home visits that were attempted including those that were completed and those that were scheduled but did not happen. You would include those visits that were scheduled but the family cancelled. You would not include those visits that were scheduled but the FSW cancelled.

**Creative Outreach-** this column should indicate whether or not the family was on creative outreach at any time during that month. Should be answered yes or no

**# of Social Events Attended-** should only include event hosted by your NFN program

**# Office/Other Visits Completed-** this column should indicate the number of visits that occurred outside of the home. In this column, you should only document visits in which FSWs covered similar material that she would cover in a home visit (i.e. curriculum, parent-child interaction, etc.). You would not count casual visits with moms where you did not discuss any program related materials.

**Acute-** Was the family acute at any time during that month? Should be answered yes or no. Refer to the policy manual for a definition of acute.

**Parent(s) provided with education about Injury prevention?-** should be answered yes or no

**Parent(s) uses tobacco? –** should be answered yes or no

**Parent(s) provided with education about hazards of tobacco?** Should be answered yes or no. This included information about the dangers of exposure to second hand smoke.

**Parent(s) referred to smoking cessation program?** Should be answered yes or no. Should be answered yes if you referred them to a program, regardless of whether or not they were interested in it or they followed up on it.

**ASQ Done? (C-completed, D-Delay noted, R=referral made))-** mark C if an ASQ was completed that month, mark D if any delay was not, and mark C if you made a referral based o the results of the ASQ. This should be answered for all of the mother's children (see above for instructions).

**Shaken Baby Syndrome Info Given** – should be answered yes or no

**Immunizations UTD?-** Are child's immunizations up-to-date? Should be answered yes, no, or don't know. This should be answered for all of the mother's children (see above for instructions).