

Healthy Families New York/Home Visiting Program

Home Visit Log

This is a two page form.

1. Primary Caretaker 1's Identifier			
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Last Name (3 let)	FI	Birth Date (Month/Day/Yr)	Date of Intake (Month/Day/Yr)

2. Home Visitor's Name	3. Family Signature (Optional)
<div style="display: flex; justify-content: space-around; width: 100%;"> First Last </div>	

4. Date of Visit	5. Visit was:
<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="text-align: center;"><input type="text"/><input type="text"/> Month</div> <div style="text-align: center;"><input type="text"/><input type="text"/> Day</div> <div style="text-align: center;"><input type="text"/><input type="text"/> Year</div> </div>	<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled
6. Start Time of Visit:	
<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <input type="checkbox"/> am <input type="checkbox"/> pm </div>	

7. Type of Visit (Check all that apply)

1. In participant's home

2. Outside of participant's home

2a. If outside participant's home, where?

1. Medical provider office

2. Other service provider office

3. Home visiting office

4. Hospital

5. Other (Specify _____)

3. Attempted—Family not home or unable to meet after visit to home (**DO NOT complete rest of the Home Visit Log**)

8. Total Length of Visit	9. Who participated in this home visit? (Check all that apply)
<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="text-align: center;"><input type="text"/><input type="text"/> Hours</div> <div style="text-align: center;"><input type="text"/><input type="text"/> Minutes</div> </div>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> 1. Primary Caretaker 1 <input type="checkbox"/> 2. Primary Caretaker 2 <input type="checkbox"/> 3. Biological Parent (<i>if not Primary Caretaker 1 or 2</i>) <input type="checkbox"/> 4. Father Figure (<i>if not PC2 or Biological Parent</i>) <input type="checkbox"/> 5. Target Child </div> <div style="width: 50%;"> <input type="checkbox"/> 6. Grandparent <input type="checkbox"/> 7. Target Child Siblings <input type="checkbox"/> 8. Home Visiting Program Supervisor <input type="checkbox"/> 8a. Observation by Supervisor <input type="checkbox"/> 9. Other (Specify _____) <input type="checkbox"/> 10. Family Support Worker (Not Primary) <input type="checkbox"/> 11. Father Advocate </div> </div>

If visit took place, complete page two.

Date Form Submitted	Reviewer's Initials	Date of Data Entry	Initials of Data Entry Operator

Second Page of New York's Home Visiting Program Home Visit Log

Primary Caretaker 1's Identifier						Date of Visit					
Last Name (3 let)			FI		Birth Date (Month/Day/Yr)			Date of Intake (Month/Day/Yr)			
											Month
											Day
											Year

Activities engaged in during home visit (check all those that apply to this visit).

Child Development	Self Sufficiency
10. ASQ	41. Teach how to use calendar or appointment book
11. Provide education, information or activities on child development and age-appropriate behavior	42. Teach home management or housekeeping skills
12. Provide developmentally appropriate toys, books or activities	43. Teach to use public transportation or provide maps or directions
13. Other (Specify _____)	44. Discuss employ options/help parent(s) look for job
Parent/Child Interaction	
14. Provide education, modeling or activities on parent/child interaction	45. Teach money management
15. Provide education, information or activities re: child management (including discipline)	46. Addressed needs for baby-sitting or day care
16. Discuss feelings about baby	47. Teach problem solving/decision-making skills
17. Provide support or positive feedback to parent(s) regarding the stresses of parenting	48. Discuss educational and training options
18. Addressed infant basic care needs (sleeping, bathing, diapering, dressing, etc.)	49. Teach job readiness, job seeking skills
19. Discuss Shaken Baby Syndrome	50. Other (Specify _____)
Crisis Intervention	
20. View video "Portrait of a Promise" with Family (Shaken Baby Syndrome film)	51. Help resolve problems and handle crises
21. Other (Specify _____)	52. Other (Specify _____)
Health Care	
Program Activities	
22. Provide general health information	53. Introduce program/complete forms
23. Provide child health information	54. Video tape families
24. Provide dental health information	55. Assess needs, develop IFSP
25. Provide infant/child feeding info & support	56. Attend support group, parenting group, play group
26. Provide Breast Feeding info & support	57. Attend recreational activity
27. Provide nutrition/food preparation info	58. Other (Specify _____)
Concrete Activities	
28. Provide family planning, safe sex, or STD information	59. Provide or arrange for transportation
29. Provide education/information regarding prenatal care & pregnancy	60. Provide or arrange for food, clothes, diapers, or household goods
30. Provide info on health providers or services	61. Addressed legal needs
31. Provide advocacy/support or accompany to medical providers and services	62. Provide info and/or assistance with housing
32. Provide info/equipment relating to child safety (car seats, child proofing home, etc.)	63. Provide advocacy/support with and/or accompany to non-medical providers & services
33. Provide information on smoking cessation	64. Translation
34. Other (Specify _____)	
Family Functioning	
35. Address issues re: violence in the household	65. Provide Labor and Delivery Support
36. Discuss family relations	66. Discuss child support issues
37. Discuss substance abuse issues	67. Discuss visitation issues
38. Discuss Mental Health Issues	68. Discuss parental rights issues
39. Teach, foster communication skills	69. Other (Specify _____)
40. Other (Specify _____)	