

West Virginia Department of Health and Human Resources
RIGHT FROM THE START PROGRAM
QUALITY ASSURANCE REPORT
(10 Infants and 10 Prenatal Quarterly)



PROVIDER AGENCY		PERSON COMPLETING THE FORM	
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Please indicate Y (Yes), N (No), or N/A (Not Applicable)

Title: RN GN LSW TLSW

Client Name (Active File)	Date Received from Regional Lead Agency	Documentation of contact within 10 working days	Assessment & Service Care Plan complete	Rights & Responsibilities signed and in chart	Monthly contacts documented (At least one HV)	Tracking sheets codes & units properly used	"HITS" Screening Tool for Domestic Violence	SCRIPT Forms completed	Edinburgh Depression Scale (EPDS) <input type="checkbox"/> Prenatal <input type="checkbox"/> Postpartum	ASQ:3 & ASQ:SE	Outcomes & Evaluations Documented
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