

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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Title: RN ☐ GN ☐ LSW ☐ TLSW ☐

Please indicate Y (Yes), N (No), or N/A (Not Applicable)

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	Forms sent to RCC within five (5) working days of service date	SCRIPT Forms completed	Edinburgh Post Natal Depression Scale (EPDS) Prenatal <input type="checkbox"/> Postpartum <input type="checkbox"/>	Cases closed in appropriate manner with closure codes	Outcomes & Evaluations Documented
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