HUGS
QUALITY MANAGEMENT MONITORING TOOL

Region: _____ **County:** _____

Reviewer: _____ **Date of Audit:** _____

KEY: **YES = Y**
NO = N
NA = Not Applicable

	RECORD NUMBER										
											% of Compliance
ENROLLMENT REQUIREMENTS											
Referral Form in Primary Client Record (PH3825)											
Core family members located on Referral Form (PH3825)											
Initial contact within 15 business days of date referral received											
Initial Assessment completed and entered into electronic record within 60 days of enrollment (PH4060, PH4062, PH4064, PH4066, PH4068)											
Nutritional Assessment within 60 days of enrollment (See Program Guidelines for Documentation requirements)											
Medical Care Verification Prenatal: Once a trimester Post-partum: 6 week examination Infant/ Child: 7mo, 13 mo, 24 mo, 36 mo, 48 mo, 60 mo											
ONGOING											
Continuous Questionnaire Assessment completed and entered into electronic record every 6 months (PH4061, PH4063, PH4065, PH4067, PH4069)											
“Other” Visits: HUGS Documentation Record (PH 3828)											
“Other” Visits: Family Goal established and documented											
Developmental Assessment using Ages and Stages Questionnaire performed at: 4, 8, 12, 18, 24, 30, 36, 48 months											
Encounters match Documented Visits (Exception: Home Visit Attempt does not require paper documentation)											
Referral Tracker: Time between Identifying Problem and Making a Referral is 7 or fewer business days											

COMMENT SECTION

County Site: _____ **Date:** _____

Region: _____ **Reviewer:** _____