NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Required Performance and Staffing Deliverables

for

Home Instruction for Parents of Preschool Youngsters (HIPPY) New Jersey Programs

Effective Date: July 1, 2026

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Section I - Summary Program Description:

The New Jersey Department of Children and Families (DCF) Division of Family and Community Partnerships (DFCP), administers this contract for Home Instruction for Parents of Preschool Youngsters (HIPPY) programs, in collaboration with the NJ Department of Human Services, Division of Family Development (DHS/DFD) and the NJ Department of Health, Division of Family Health Services (DOH/FHS).

HIPPY is an Evidence Based Home Visiting (EBHV) program designed to train parents to provide educational enrichment to their pre-school children, promote the health and well-being of women, parents/families, and their young children.

Home Instructors (also referred to as Home Visitors) work closely with families to develop a trusting relationship, assess parent/family strengths (*protective factors*) and promote a better understanding of the essential role of the parent (mothers, fathers and other responsible caregivers) in providing a nurturing, healthy and safe environment for their children. Also refer to Section II-C.

Section II - Required Performance and Staffing Deliverables

NOTE: After reviewing the required deliverables listed below, contractors must sign the statement at the bottom of this Section II to signify acceptance of all of them.

Please submit a complete copy of the content of Section II – Required Performance and Staffing Deliverables, starting with this page and ending with your signed Statement of Acceptance, as a single PDF document with the title heading: *Required Performance and Staffing Deliverables*.

A. Subject Matter - The below describes the needs the contractor must address in this program, the goals it must meet, and its prevention focus.

1) **The need for this program as indicated by data regarding the health and human services issues and parent and community perceptions is:**
Based on the 2020 NJ Needs Assessment all 21 counties in NJ are designated at-risk given that all counties contain geographic areas at the sub county (municipality level) or pockets that demonstrate indicators of risk.

2) **The goals to be met by this program are:**
While the overall goal of HIPPY is to prevent child maltreatment, the program addresses key factors that are known (evidence-based) to contribute to child neglect and abuse--prenatal health, infant/child

health, child growth and development, parenting skills/anticipatory guidance, parent-child bonding and interaction, school readiness, family/social support and adult relationships, education/employment, and linkages to needed treatment services, childcare and/or other community resources. Core goals are:

- Empower each parent to take an active role in each child's learning and reinforce basic skills;
- Build readiness skills for pre-school children bringing their school entry levels closer to those of the norm;
- Foster an appreciation for learning in the children through success with sensorial based activities; and
- Encourage the parent(s) to return to school to pursue their own academic goals.

Home visits are the key service delivery vehicle, and home visitors must adhere to the recommended schedule of visits to ensure that participating families benefit from the full impact of the program.

3) **The prevention focus of this program is:**
Emotional Abuse/Neglect, Homelessness, Physical Abuse, Sexual Abuse, Domestic Violence, Substance Use, and Use of Foster Care.

B. Target Population - The below describes the characteristics and demographics the contractors must ensure the program serves.

1) **Age:**
The target population for HIPPY enrollment are children aged 2.5 years old (30 months of age) up to children 4 years old (48 months of age). Families deemed eligible must enroll no later than the child's 4th birthday (48 months of age).

Families may stay enrolled in the program until the target child is 5 years (60 months of age) but no later than 6 years old (72 months of age) or kindergarten entry, whichever occurs first. It is the qualifying child which is the primary service recipient.

2) **Grade:**
N/A

3) **Gender:**
All

4) **Marital Status**:
N/A

5) **Parenting Status:**
N/A

6) **Will the program also serve the children of the primary service recipient?**
N/A

7) **DCF CP&P Status:**
N/A

8) **Descriptors of the primary service recipient:**
N/A

9) **Descriptors of the Family Members / Care Givers / Custodians of the primary service recipients also required to be served:**
Potential clients are screened for a variety of risk factors, including but not limited to teen parenthood, first-time or subsequent pregnancy, low income, inadequate or no prenatal care, unstable housing, social isolation, depression, substance use, domestic violence and other indicators that place a child at risk of abuse and neglect.

<u>For MIECHV funded programs:</u>
EBHV grantees must give priority in providing services to the following:

- Eligible families who reside in communities in need of such services, as identified in the statewide needs assessment required under subsection 511(b)(1)(A), taking into account the staffing, community resources, and other requirements to operate at least one approved model of home visiting and demonstrate improvements for eligible families;
- Low-income eligible families;
- Eligible families with pregnant women who have not attained age 21;
- Eligible families that have a history of child abuse or neglect or have had interactions with child welfare services;
- Eligible families that have a history of substance abuse or need substance abuse treatment;
- Eligible families that have users of tobacco products in the home;
- Eligible families that are or have children with low student achievement;
- Eligible families with children with developmental delays or disabilities; and
- Eligible families that include individuals who are serving or formerly served in the Armed Forces, including such families

that have members of the Armed Forces who have had multiple deployments outside of the United States

10) **Other populations/descriptors targeted and served by this program:**
N/A

11) **Does the program have income eligibility requirements?**
There are no income eligibility requirements.

C. Activities - The below describes the activities this program initiative requires of contractors, inclusive of how the target population will be identified and served, the direct services and service modalities that will be provided to the target population, and the professional development and training that will be required of, and provided to, those delivering the services.

The HIPPY model is an EBHV program that provides in-home health and parenting education, and supportive services to eligible at-risk families, especially those overburdened by stressors that may contribute to child neglect and abuse. All HIPPY programs around the world follow the HIPPY model: a developmentally appropriate curriculum, with role play as the method of teaching, staffed by home visitors from the community, supervised by a professional coordinator and with home visits interspersed with group meetings as the delivery methods.

The HIPPY model has four components:

- Curriculum
- Role Play
- Coordinators & Home Visitors
- Home Visits and Group Meetings

Each of the four features of the HIPPY model was chosen and developed in order to allow participation from parents who might otherwise not get involved with their children's education. Although HIPPY is for any parent who wants educational enrichment for his/her child, the HIPPY model was designed to remove barriers to participation due to lack of education, poverty, social isolation and other issues.

HIPPY is based upon a set standards also referred to as the Model Guidance, Requirements and Accreditation (MGRA) which provides a framework for program development and implementation and assures quality services.

In NJ, families are offered intensive, long-term home visitation services from age two through age five but no later than 6 years old or kindergarten entry, whichever occurs first. Services are strength-based and rely on parent/family input and active involvement. Participation in HIPPY is voluntary. Specially trained home visitors, who often share the families' culture and community, educate families on important issues: prenatal health, infant/child health and development, positive parenting practices, nurturing parent-child relationships, child safety, education and employment, and the prevention of child neglect and abuse. They also link parents/families to existing social service and health care resources.

On an ongoing basis, the home visitor will assist participating families with referrals for health, social service, childcare or other community supports as needed and mutually agreed upon. EBHV contractor staff are encouraged to link families with additional resources that provide services in the target community, including other DFCP programs (e.g., Family Success Centers, School-Linked Services, DV support, Strengthening Families childcare providers, etc.), as appropriate. In addition, contractors shall routinely review and update existing entries in state, county and local resource networks and directories, e.g. DFCP's online directory or NJ's 2-1-1 Partnership Database, to ensure complete, accurate and up-to-date information for families and professionals trying to locate EBHV services.

Client and staff safety is an important concern in home visitation programs. Field staff carry cell phones and are instructed to remain in regular contact with their office during the course of the day.

1) **The level of service increments for this program initiative:**
Children: Each full-time home visitor is expected to be assigned a total caseload of 20 children at any given time.

The HIPPY program will also track and report to NJ DCF DFCP the number of families served at any given time. Refer to Section II D.14.

Instruction to Contractor:
To determine the total expected level of service, multiply the expected number of full-time home visitors (use the number of Home Visitors you entered in Section II D.9) by the total expected individual caseload of 20 children each. For example, if the program is expected to employ 4 full-time Home Visitors, then multiple 4 x 20 = 80.

The total expected level of service for this program is:

2) **The frequency of these increments to be tracked:**
Monthly, Quarterly, Annually, and at any given time.

3) **Estimated Unduplicated Service Recipients:**
Refer to Section II C.1

4) **Estimated Unduplicated Families:**
Refer to Section II C.1

5) **Is there a required referral process?**
Yes

6) **The referral process for enabling the target population to obtain the services of this program initiative:**
Families can be self-referred, referred by health care or community-based providers, or via the local Connecting NJ (CNJ) program.

EBHV contractors are expected to be active partners with the local Connecting NJ (CNJ) agency and comply with the business agreements set forth to ensure easy linkages for eligible women/parents and families.

Families deemed eligible must enroll no later than the child's 4th birthday (48 months of age). Families may stay enrolled in the program until the target child is 5 years (60 months of age) but no later than 6 years old (72 months of age) or kindergarten entry, whichever occurs first.

While the HIPPY Model Guidance, Requirements, and Accreditation (MGRA) does not explicitly prescribe enrollment and service timelines in age-based terms, best practice supports a developmentally sequenced approach to enrollment and curriculum progression. Specifically, children are recommended to begin HIPPY no earlier than 30 months of age and to participate in at least one full year of the program prior to engaging in the Year 2 (age 5) curriculum.

This guidance is rooted in curriculum design. Earlier curriculum years rely heavily on structured role play as the primary instructional method, which helps parents build confidence and instructional skill. The Year 2 curriculum places greater emphasis on guided discussion and assumes prior experience with role play alongside a home visitor. Families who have participated in earlier years are therefore better prepared to engage effectively in Year 2 activities.

Additionally, program enrollment, progression, and transitions are aligned with the local school calendar whenever possible. This alignment supports continuity of services, smoother transitions into kindergarten, and clearer expectations for families and staff, while

maintaining fidelity to the HIPPY model and state contract requirements.

The estimated number of referrals that will need to be referred to this EBHV program in order to meet and/or maintain the expected Level of Service (LOS) as referenced in Section II C.1 is:

7) **The rejection and termination parameters required for this program initiative:**
Ideally a participant remains enrolled in HIPPY until the family is stable, has made progress in achieving key goals on the Goal Plan, has reached specified EBHV health and well-being performance indicators, and the target child reaches age 6 or kindergarten entry, whichever occurs first. For a variety of reasons, families may withdraw from the program earlier. Contractors are required to track length of participation, reasons for discharge and progress in reaching specified goals and objectives.

8) **The direct services and activities required for this program initiative:**
Generally, Home Visiting (HV) services are provided in the participant's home. There are no physical limitations that preclude enrollment or participation.

Once a family is referred to the program they receive an initial contact from the program within three working days and eligible families are offered enrollment into the program. Families that decline or are ineligible for home visiting services are still provided with information that is age appropriate and suitable community resources that will assist with the family's current needs. Based upon local business agreements/rules, programs should provide a status report and re-route these families back to CNJ for links to alternate services, as appropriate.

When a family enrolls in the EBHV program, the Home Visitor establishes a visitation schedule consistent with the appropriate level of intensity, as outlined in the HIPPY MGRA and HIPPY general guidelines.

The EBHV contractor is required to continue to engage in positive, documented outreach to enrolled but inactive families for a minimum of three months following the family's classification as inactive, and not to exceed four months, in accordance with EBHV/MIECHV and state contract requirements. Inactive status applies to families who remain enrolled in HIPPY but are not completing home visits or core program activities during the current service period. Inactive status may occur through one of two pathways. The first pathway includes

families who voluntarily request a temporary pause in services due to family circumstances. In these cases, the Home Visitor will maintain periodic, supportive check-ins, as appropriate, to sustain the relationship and support re-engagement when the family is ready. The second pathway includes families who become inactive due to an inability to be reached despite ongoing outreach efforts. In these cases, the Home Visitor will conduct and document repeated outreach attempts using multiple methods of contact, which may include phone calls, text messages, emails, home visit attempts, or other agreed-upon communication methods.

Families classified as inactive have not formally withdrawn from the program and have not been exited due to ineligibility, relocation, or other disqualifying factors. Families may re-engage in services at any point during the inactive outreach period without the need for re-enrollment, provided eligibility remains intact.

In accordance with EBHV requirements and HIPPY model guidance, after three months of documented outreach or check-in efforts, and not to exceed four months, the program will assess whether continued outreach is appropriate or whether the family should be formally exited.

While the HIPPY MGRA does not explicitly define “inactive status” or prescribe specific outreach timelines once a family becomes inactive, the approach outlined above is consistent with HIPPY practice and supports sustained family engagement. Continued outreach, clear documentation, supportive check-ins, and a clear distinction between inactive status and formal program exit align with the intent of the HIPPY model and promote continuity of services whenever possible.

The Home Visitor and the parent/family collaborate to complete an initial goal plan with each family upon enrollment, including but not limited to education on age-appropriate child growth and development, family literacy/book sharing, parent-child interaction, parent socialization/group meetings, developmental screening and other key areas. The Home Visitor and parent/family collaborate to continuously develop new goal plans. The Home Visitor will assist participating families with referrals for health, social services, childcare, or other community supports, as needed.

9) **The service modalities required for this program initiative are: (indicate any evidence-based practices, DCF program classifications, and non-evidence-based practices that are required.)**

a) **Evidence Based Practice (EBP) modalities:**
Home Instruction for Parents of Preschool Youngsters (HIPPY) Home Visiting Curriculum.

b) **DCF Program Service Names:**
HV, Home Instruction Parents of Preschool Youngsters (HIPPY)

c) **Other/Non-evidence-based practice service modalities:**
Contractors will adhere to the conceptual, practice, and administrative standards as set forth in the Standards for Prevention Programs developed by the New Jersey Task Force on Child Abuse and Neglect and have knowledge of the Protective Factors Framework.

10) **The type of treatment sessions [OR prevention services] required for this program initiative are:**
HIPPY services are provided to participating families primarily in the home setting via home visits. Also see Section II D.3

11) **The frequency of the treatment sessions [OR prevention services] required for this program initiative are:**
Home visits are conducted at a frequency that must be implemented in accordance with HIPPY MGRA and HIPPY general guidelines. This can include weekly, bi-monthly, monthly, quarterly, and under specific circumstances more frequently in accordance with the aforementioned guidelines.

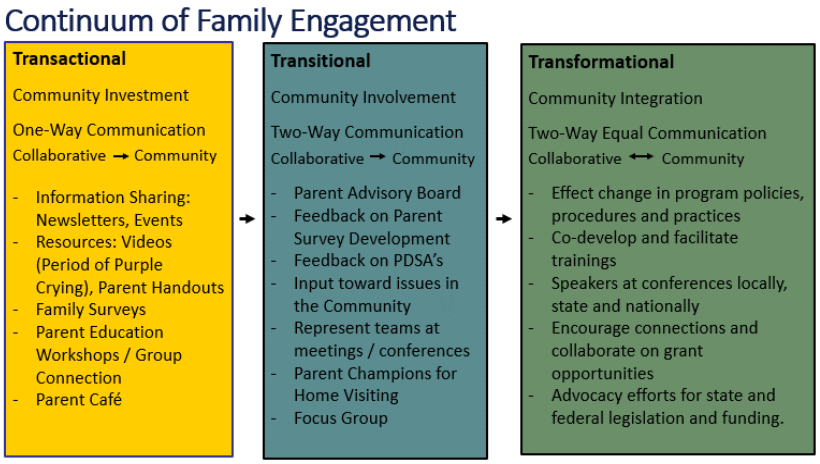
12) **Contractors are required to communicate with Parent/Family/Youth Advisory Councils, or to incorporate the participation of the communities the contractors serve in some other manner:**
EBHV contractors shall participate in a local advisory board in accordance with the HIPPY MGRA and HIPPY general guidelines.

The advisory board must be an organized active body, which meets at least quarterly to advise/govern the activities of planning, implementation, and assessment of program services. This includes but is not limited to a review of program practices, policies, quarterly/annual performance measures, Continuous Quality Improvement (CQI) efforts, providing input and timely recommendations with respect to program strengths, areas of growth, and improvement. EBHV contractors are encouraged to integrate and/or develop this advisory role within the broader perinatal and/or early childhood community.

The EBHV contractor and the advisory board must work as an effective team in the planning and developing of program practices, policies and

procedures. EBHV contractors must provide documentation of advisory board activities, have available meeting notes and attendance records when requested by DCF DFCP staff.

EBHV contractors must also prioritize parent leadership/engagement on the advisory board and make all efforts to include at least one parent at all times and provide an inclusive and welcoming environment for parents, including considerations such as location and time of day of the advisory board meeting. EBHV contractors should refer to the Continuum of Family Engagement and conduct parent leadership/engagement activities accordingly.



13) **The professional development through training, supervision, technical assistance meetings, continuing education, professional board participation, and site visits, required for this program initiative are:**

In an effort to provide effective oversight, optimize enrollment, and retention of eligible families in target communities contractors are monitored and assessed by the DCF DFCP Program Specialists on an on-going basis.

EBHV contractors are expected to:

Site Visits, Monitoring, and Technical Assistance

- Participate in at least annual DCF DFCP evaluative site visits, including but not limited to pre-site and onsite visit activities such as narrative responses as well as data, documentation, and verification requests.
- Participate in as needed DCF DFCP technical assistance sessions and general monitoring check-in sessions.
- Participate in as applicable DCF DFCP intensive monitoring which includes but is not limited to Enhanced Monitoring and/or

Program Improvement Plan (PIP) activities, meetings, reporting, and related trainings and activities.

All of the above may also be attended or conducted in collaboration with DCF Business Office staff, HIPPY US affiliate staff, or interested funding parties for partnered monitoring and observational purposes.

Professional Development and Training

- Attend Quarterly Supervisors' Meetings; this is required for supervisors and encouraged for managers/administrators.
- Attend DCF sponsored trainings and activities.
- Attend professional development, networking, and other related meetings and activities conducted by the HIPPY US affiliate.
- Ensure that all program staff attend EBHV model required pre-service and in-service training in accordance with the EBHV model's required timeframes, content, and hours.

Polices and Procedures

- Adhere to the HIPPY MGRA and HIPPY general guidelines.

Evidence Based Home Visiting Model Fidelity

- Adhere to the HIPPY MGRA in order to maintain HIPPY US model fidelity at all times.
    - Contractors will make timely payment to maintain EBHV model affiliation status and as required, to participate in the HIPPY US Accreditation process, fees, and timelines.

- Participate in all EBHV model fidelity related activities, reporting, documentation, and other requirements.
    - Adhere to timelines and deadlines and participate in HIPPY US affiliate site visits, file reviews, meetings, technical assistance sessions, trainings and the submission of documentation, as set forth by the HIPPY MGRA and HIPPY general guidelines.
    - Contractors are advised that HIPPY US affiliate site visits, technical assistance, and trainings may also be attended by DCF DFCP program staff, DCF Business Office staff, or other interested funding parties either in observation or for partnered monitoring purposes.

- Implement the HIPPY curriculum and participate in all required initial training and ongoing professional development activities.
    - Contractors will make timely payment to ensure for the continuous access to the curriculum for each individual user (if applicable). Agencies are permitted to use

supplemental curricula. This EBHV contractor utilizes the following supplemental curricula:

Supervision
Managers and supervisors must comply with EBHV model supervision requirements as outlined in the HIPPY MGRA and HIPPY general guidelines. This includes but is not limited to length of time, frequency, content, standardized use of a form or content, and data entry or storage requirements.

For MIECHV funded programs:

- Agencies must maintain records of employee time and effort, including:
  - Assurances that employees are tracking actual time spent on MIECHV rather than just reporting budgeted hours per day
  - Allocations of operationg and/or other costs for employees who are not funded 100% by MIECHV funds.
- Agencies may not use MIECHV funds to support direct medical, dental, mental health or legal services
- Agencies must adhere to 2 CFR Part 200 and 45 CFR Part 75 et al. as applies due to their sub-recipient designation.
- Agencies must adhere to 45 CFR §75.351-353 and the New Jersey MIECHV Subrecipent Monitoring Plan.
- Agencies must submit quarterly expenditure reports with MIECHV funding broken out by grant period.
- DCF posts the Federal Notices of Award (NOA) to its website to comply with DCFs obligation to notify subrecipeints of grant requirements consistent with 45 CFR Part 75. Agencies should review their Schedule of Estimated Claims (SEC) for the MIECHV funded program for the Federal Award Period and CFDA Numbers to identify the applicable Notice of Award (NOA).

14) **The court testimony activities, which may address an individual's compliance with treatment plan(s); attendance at program(s), participation in counseling sessions, required for this program initiative are:**
N/A

15) **The student educational program planning required to serve youth in this program:**
N/A

D. Resources - The below describes the resources required of contractors to ensure the service delivery area, management, and assessment of this program.

1) **The program initiative's service site is required to be located in:**
The program initiative's service site is not required to be physically located in the same geographic area the program is required to service since EBHV services are provided largely in-home through delivery of home visits. However, if the contractor will offer other in-person services to families (ex. parent activities/groups) it is recommended that the service site is located within the geographic service area or transportation supports are available.
See Section II D.2.

2) **The geographic area the program initiative is required to serve is:**
All EBHV contractors are expected to service the entire county unless previously approved. Contractors are not permitted to provide in-person or virtual services to clients residing outside of the contracted county of service described below.

The specific county of service and any major at-risk municipalities for this contract are:

3) **The program initiative's required service delivery setting is:**
HIPPY services are provided to participating families primarily in the home setting. At times, home visits may be conducted in an alternate mutually agreed upon setting or times, e.g. after school, work or community setting but must continue to follow the HIPPY MGRA and HIPPY general guidelines.

While home visits should be offered in-person, contractors may use an integrated approach combining in-person and virtual services. Programs should follow the HIPPY MGRA and HIPPY general guidelines for providing virtual services.

Contractors must maintain compliance with DCF minimum expectations for in-person home visits as outlined in Addendum A Program Outcomes. If a situation occurs that limits a home visitor's ability to conduct in-person home visits, contractors must adhere to the notification requirement outlined in Section II D.9.

4) **The hours, days of week, and months of year this program initiative is required to operate:**
HIPPY services are available 10 months (43 weeks) of the year, during the period from the last week of August through mid-June and are generally provided Monday through Friday. Visits must be able to

accommodate the participant's schedule and may be provided at alternate mutually agreed-upon times, including early morning, early evening, or on a weekend day.

5) **Additional procedures for on call staff to meet the needs of those served twenty-four (24) hours a day, seven (7) days a week?**
N/A

6) **Additional flexible hours, inclusive of non-traditional and weekend hours, to meet the needs of those served?**
See Section II D.3 and D.4

7) **The language services (if other than English) this program initiative is required to provide:**
All EBHV contractors are expected to provide home visiting services to families regardless of their ability to speak a specific language. Contractors must identify internal and external resources to serve families, including those that are hearing or visually impaired.

8) **The transportation this program initiative is required to provide:**
N/A

9) **The staffing requirements for this program initiative, including the number of any required FTEs, ratio of worker to youth, shift requirements, supervision requirements, education, content knowledge, credentials, and certifications:**

Education, Experience, and Background Checks
All EBHV program staff are required to meet the minimum education and experience required of the EBHV model. All EBHV program staff must undergo criminal/safety background checks. Verification of education, experience, and background checks must be kept on file at the agency level.

Staffing and Vacancies
Contractors must inform the DCF DFCP Program Specialist and the HIPPY US affliate in writing of any staffing changes (i.e. vacancy, leaves, promotions, transfers, etc.) within three business days of receiving notice. Upon request, contractors must also notify the DCF Business Office. Notification to the above forementioned parties must include at minimum, the name of the staff person and their position, the effective date of the change, the anticipated length of time (as applicable) and the contractor's contigency and coverage plan as applicable for the continuation of core program initiative services such as but not limited to home visits (in-person and/or virtual), supervision, reporting, etc. In the case of vacancies, contractors must also include a plan detailing the efforts to promote the vacant position and continue

to provide updates until the position is filled. Contractors are expected to actively promote all vacancies for the duration of the time period in which the position(s) remains vacant. Upon request, contractors must provide the DCF DFCP Program Specialist, DCF Business Office staff, and/or PATNJ state affiliate access to the vacancy listing via mechanisms such as but not limited to website links or copies of print materials.

Additionally, contractors are expected to maintain required staffing in accordance with the HIPPY MGRA and HIPPY general guidelines. Contractors must also adhere to DCF DFCP expecations as follows:

Managers [Enter Number of Required FTE Managers(s) here:

- The manager position must be assigned to the HIPPY program in accordance with at least minimum HIPPY MGRA standards and/or in the absence of such minimums, at a full time equivalence (FTE) obtained with the prior approval of DCF DFCP.
- Managers must attend trainings, conduct supervision, monitoring, and other day to day administrative functions as outined in the HIPPY MGRA, HIPPY general guidelines, and DCF DFCP expectations.
- Regardless of full time equivalency, managers are expected to actively participate in all HIPPY requirements and DCF DFCP expectations and to do so in accordance with the expected timelines.

Supervisors [Enter Number of Required FTE Supervisor(s) here:

- The supervisor position can not exceed of a ratio of 1 full time supervisor (minimum of 35 hours weekly) to 5 full time home visitors, which represents a 20% supervisor FTE per full time home visitor. For example, a supervisor with 5 full time home visitors is required to be 100% dedicated to the HIPPY program.
    - If the EBHV model does not require a full time equivalent supervisor position, it is permissible for the supervisor to hold more than one position in the program or within the agency but the supervisor must maintain EBHV model required FTE/ratios and can not be assigned to the role of a home visitor/carry a permanent caseload.
- Supervisors may not be assigned a permanent caseload (unless under limited circumstances when approval has been granted by DCF DFCP).
    - Supervisors may temporarily service a caseload during times of temporary coverage due to vacancies, leaves, etc. but must do so in consulation with the HIPPY US affliate to ensure EBHV model fidelity and with prior approval from DCF DFCP. Requests must detail the

number of families to be served, visit frequency required, and the anticipated length of time for coverage.

- Supervisors may not be assigned to more than one EBHV model.

Home Visitors [Enter Number of Required FTE Home Visitor(s) Positions here:

- All home visitor positions will be designated as full time (minimum of 35 hours a week) and are expected to be assigned a caseload of 20 children at any given time.
    - Contractors may also follow EBHV model guidelines as it relates to caseload building for new hires and those within their first 1 to 2 years in the role.
    - Caseload size may vary during times of temporary coverage due to vacancies, leaves, etc. but must do so in consulation with the HIPPY US affliate to ensure EBHV model fidelity.
- Home Visitors may not be assigned to more than one EBHV model.
- Home Visitors may not be assigned direct supervisory duties of other Home Visitors. Under limited circumstances, Home Visitors can serve in a lead role and provide ancillary supervisory duties. Home Visitor caseloads will not be adjusted and are expected to continue to serve the expected individual caseload for the EBHV model. Prior to implementation, contractors must receive approval from DCF DFCP and consult with the HIPPY US affliate to ensure contractual expecations and EBHV model fidelity is maintained.

10) **The legislation and regulations relevant to this specific program, including any licensing regulations:**
N/A

11) **The availability for electronic, telephone, or in-person conferencing this program initiative requires:**
See Section II D.3

12) **The required partnerships/collaborations with stakeholders that will contribute to the success of this initiative:**
Contractors are expected to be active partners with the local Connecting NJ (CNJ), attend monthly/quarterly meetings, and comply with the business agreements set forth, to ensure easy linkages for eligible pregnant women, parents and families.
Also see Section II C.12

13) **The data collection systems this program initiative requires:**
All HIPPY contractors are required to record visit information and track specified data in the identified data system. To ensure accurate monthly, quarterly, and annual report data, EBHV contractors must enter all documentation into the database by the 10th of the month for the previous month.

DCF collaborates with the NJ Dept. of Health (DOH) and Family Health Initiatives (FHI) in regards to the Connecting NJ data system known as CNJ Link. The CNJ Link data system is utilized by prenatal providers, Connecting NJ, EBHV contractors, and other core programs and partners. To ensure accurate monthly, quarterly, and annual report data, EBHV contractors must enter all documentation (which includes but is not limited to client referral status and outreach as well as enrollment and discharge status) into the CNJ Link database by the 10th of the month for the previous month.

14) **The assessment and evaluation tools this program initiative requires:**
All contractors will be required to track data and submit through the DCF EBHV Quarterly Progress Report.

DCF has established a standard quarterly progress report that is inclusive of a set of performance indicators for all EBHV contractors supported by the department. These EBHV Objectives include three areas of focus--1) process, 2) performance indicators and 3) system outcomes. Refer to Addendum A Program Outcomes. Contractors are required to collect, review, and analyze program performance data and report to DCF on a quarterly basis.

All contractors are required to send quarterly report data to the designated DCF Contract Administrator and the DCF DFCP HV Program Specialist. The following is the program year for collecting the data required.

- July 1st to September 30th
- October 1st to December 31st
- January 1st to March 31st
- April 1st to June 30th

DCF EBHV Quarterly Progress Reports are due no later than 15 days after the report end date and should accompany the agency's submission of its quarterly Report of Expenditures.

It is recognized by DCF that collection, analysis and reporting of data for these objectives is an ongoing process. Adjustments to performance measures may still be needed and will include the

federal MIECHV performance measures as well as state level performance measures. These targets continue to undergo review and analysis. DCF and/or federal funders may make revisions and further refinements to specific targets or add additional indicators after this analysis is complete. Adjustments will be made by DCF in consultation with HV partners, when applicable.

Continuous Quality Improvement (CQI) is an essential aspect of service delivery. Contractors must demonstrate progress in meeting established program targets, federal MIECHV performance measures and outcomes, EBHV model fidelity, and that CQI practices are utilized. The purpose of continuous quality improvement is to ensure that DCF funded contractors are effective in reaching and supporting families and helping families to achieve these core program objectives. Through this process, contractors identify areas for performance improvement to reach optimal levels of program functioning.

CQI is initiated throughout the program year and incorporates a systematic data collection and CQI approach that includes a data management component that supports regular data collection. The CQI process will include input/consultation from EBHV model specialists, the contractor agency, DCF staff, DCF Contract Administrator staff, and other stakeholders/local advisory boards (including parent representatives), as appropriate.

All contractors are required to develop at least one Plan, Do, Study, Act (PDSA) each quarter utilizing the DCF EBHV PDSA Template (See Addendum B). PDSAs will be shared with DCF via the CQI Reporting section of the DCF Quarterly Progress Report and must be available upon request. PDSAs must be focused on a topic within the DCF Quarterly Progress Report, EBHV model fidelity, or general EBHV program practices and services.

All PDSAs must follow the core elements of the DCF EBHV PDSA template to meet DCF's PDSA requirement.

All contractors should strive to reach the above-mentioned indicators, measures, outcomes, and to maintain EBHV model fidelity. As part of the CQI process, contractors respond to underperformance within the DCF EBHV Quarterly Progress Report and as part of ongoing monitoring and reporting to DCF and/or the HIPPY US affiliate.

Underperformance in any area is reviewed and addressed by the contractor. When underperformance occurs and is unable to be corrected additional actions will be put into place.

If related to EBHV model fidelity the HIPPY US affiliate may initiate a more intensive technical assistance and support approach.

When DCF DFCP initiates the process of a more intensive monitoring level this includes but is not limited to Enhanced Monitoring or a Program Improvement Plan (PIP). During this time period, DCF DFCP HV Program Specialists, EBHV model specialists (as needed), and contractors identify improvement goals and strategies. DCF and/or EBHV model specialists provide intensive technical assistance and support activities to assist the contractor in achieving the identified goals. If a program is placed on a more intensive monitoring level additional program data reports will be requested. PIPs can be shared with and/or developed in collaboration with the DCF Contract Administrator and the HIPPY US affiliate as appropriate.

E. Outcomes - The below describes the evaluations, outcomes, information technology, data collection, and reporting required of contractors for this program.

1) **The evaluations required for this program initiative:**
EBHV contractors must participate in the statewide evaluation and research study being conducted by Johns Hopkins University (JHU) and any other approved research projects in response to funding requirements. EBHV contractors must inform the DCF DFCP HV Program Specialist of their participation in any additional research/evaluation studies.

2) **The outcomes required of this program initiative** (which may include short term, midterm, and long-term outcomes):

a) Short Term Outcomes:
See Addendum A: Program Outcomes

b) Mid Term Outcomes:
See Addendum A: Program Outcomes

c) Long Term Outcomes:
See Addendum A: Program Outcomes

3) **Required use of databases:**
See Section II D.13

4) **Reporting requirements:**
In compliance with the HIPPY US model, all EBHV contractors must submit in accordance with the deadline all annual reports and comply with any other EBHV model reporting requirements and timelines as outlined in the HIPPY MGRA and HIPPY general guidelines. Upon

request the HIPPY contractor will provide a copy of these reports to the DCF DFCP HV Program Specialist for the purpose of collaborating with and validating ongoing EBHV model fidelity adherence.

Also See Section II D.14.

Contractors must also follow the DCF DFCP Critical Incident Report policy and utilize the provided form. See Addendum C.

F: Signature Statement of Acceptance:

By my signature below, I hereby certify that I have read, understand, accept, and will comply with all the terms and conditions of providing services described above as *Required Performance and Staffing Deliverables* and any referenced documents. I understand that the failure to abide by the terms of this statement is a basis for DCF's termination of my contract to provide these services. I have the necessary authority to execute this agreement between my organization and DCF.

Enter the name of the [region, county, municipality] the contractor will serve:

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:

Addendum A: Program Outcomes

Goals	Objectives	Activities	Performance Outcomes - Targets	
I. To enroll and maintain eligible families in Evidence Based Home Visitation Services.	Identify at-risk families according to home visitation program guidelines.	Agency has MOUs with key prenatal care, health & social service providers to identify eligible pregnant women/ parents for services. Agency coordinates outreach efforts with other HV providers and community programs; and partners with Connecting NJ.	See Required Staffing and Program Deliverables	families are referred for EBHV services.
	Complete the first (enrollment) home visit to eligible families according to home visitation program guidelines.	Agency confirms/updates contact information to enhance likelihood of locating families for enrollment. Home Visitor enrolls the families and completes the first (enrollment) home visit to determine their ongoing participation in the program.		At least 50% of referrals will complete the first (enrollment) home visit.
	Maintain ongoing program caseload capacity according to EBHV program guidelines and the level of service assigned to your agency as per the Annex A.	Complete home visits and develop a rapport with families to keep them enrolled in HV services.		Maintain LOS of at least 85% of capacity
	Enroll women prenatally in services according to home visitation program guidelines.	Agency has MOUs with key prenatal care, health & social service providers. HV staff conducts outreach, as needed, to enroll women while they are pregnant.	See Required Staffing and Program Deliverables	% of women/families are enrolled in EBHV services prenatally.
	Complete the expected number of home visits for each family according to home visitation program guidelines.	HV supervisor works closely with staff to monitor home visits and offer support as needed to maintain expected number of visits for each family.		80% of families receive the expected number of home visits.
	Maintain participant retention in program services over an extended period of time, as per home visitation program guidelines.	Adhere to EBHV model fidelity/critical elements, monitors progress toward client/family goals and offer assistance to help families progress and maintain program enrollment.		60% of families will remain enrolled for at least 1 year. 50% of families will remain enrolled for at least 2 years. 40% of families will remain enrolled for at least 3 years.

II. To improve health and well-being of participating families, pregnant women, new mothers, and target children.	**CHILD SAFETY**				
	Lead Screening				
	All children are up-to-date for lead screening by age 1		Educate parents on importance of protecting infants/ children from lead poisoning. Monitor/assist parents to schedule lead test by age 1. Provide follow-up, as needed.		**80%**
	Safe Sleep				
	Infants are always placed to sleep on their backs, without bed-sharing, or soft bedding	MIECHV-7	Educate parents on the importance of placing infants to sleep on their backs and its correlation to the reduction of SIDS.		**100%**
	EDUCATION & SCHOOL READINESS				
	Primary Caregiver Education	MIECHV-15	Provide support and resources to parents who enrolled in home visiting without a high school degree or equivalent with becoming enrolled in or maintaining continuous enrollment in middle school or high school, or completing high school or equivalent		**25%**
	School Readiness and Achievement				
	Parents support for children's learning and development *(read, told stories, and/or sang songs with child)*	MIECHV-11	Educate/demonstrate activities that support parental involvement, engagement, and an environment that supports learning. Educate/demonstrate activities that support child development and the identification of child developmental progress. Assess parent's ability to respond positively to the child. Educate/demonstrate activities that support positive parenting behaviors and acceptance.		**85%**
	Parent concerns re: child's dev., behavior or learning elicited	MIECHV-13	Parent viewpoints and concerns are elicited during home visits regarding their child's development, behavior, or learning.		**80%**

	FAMILY/SELF-SUSTAINABILITY				
	TANF families are connected to employment through One-Stop		Assist participants in developing and working toward educational/economic self-sufficiency service goals. Encourage & provide supports for TANF recipients to comply with WFNJ requirements to maintain benefits.		**95%**
	Mother/parent working or in school by the time child is 2 yrs. old				**75%**
II Continued: To improve health and well-being of participating families, pregnant women, new mothers, and target children.	**HEALTH**				
	Breastfeeding				
	New mother initiates breastfeeding		Discuss cultural issues, attitudes and practices surrounding breastfeeding with all pregnant women and new parents. Provide staff with additional training to enhance skills related to educating mothers, and providing assistance and referral for breastfeeding support services.		**90%**
	Enrolled infants breastfed, any amount, at 6 months of age	MIECHV-2			**60%**
	Health Insurance				
	Parenting women have health insurance	MIECHV-16	Discuss with women the importance of having insurance and a PCP for reproductive health/annual checkups. If she does not, refer and assist, as needed, to access a PCP. Encourage and monitor completion of an annual health checkup (GYN or other PCP).		**80%**
	All children have health insurance		Discuss importance and availability of health insurance for infants/children. Assist families to determine eligibility and secure health insurance for all eligible infants/children.		**100%**
	Increase Interpregnancy Interval/Reduce Subsequent Pregnancy				
	Increase interpregnancy interval (birth to conception) to 18 months		Educate pregnant women/new mothers about recommended time frames and health/social benefits of delaying subsequent pregnancy. Provide reproductive health/family planning information to all pregnant women/parents.		**90%**
	Decrease subsequent teen birth (<19 years)				**<20%**

	Medical Information (Pregnant, Parenting)				
	Pregnant women on schedule for prenatal care medical visits (ACOG Schedule)		Review ACOG recommended prenatal care medical visits with all pregnant women; monitor and assist with scheduling prenatal care visit appointments, as necessary.		**85%**
	Pre-term Births	MIECHV-1	Educate women during pregnancy, particularly those enrolled prior to 37 weeks with the importance of consistent prenatal care, healthy habits, and overall well-being.		**<10%**
	Parenting women keep 6-8 week postpartum medical visits	MIECHV-5	Educate women during pregnancy and after childbirth on the importance of completing recommended postpartum medical visits; monitor/assist customer in scheduling the postpartum medical appointment, as necessary.		**90%**
	Parenting women receive an annual primary care/women's health care visit		Discuss with women the importance of having insurance and a PCP for reproductive health/annual checkups. If she does not, refer and assist, as needed, to access a PCP.		**80%**
	Parenting women have a primary care provider (GYN, FQHC, local clinic)		Encourage and monitor completion of an annual health checkup (GYN or other PCP).		**100%**
	Medical Information (Target Child)				
	All children are up-to-date for well-child medical visits (AAP schedule)	MIECHV-4	Educates parents on importance of keeping up to date with well child medical visits for infants/children; monitors and assist parents to schedule, complete and track all AAP recommended well-child medical visits.		**90%**
	All children are up-to-date for immunizations		Educate parents on importance of protecting the health of infants/children and receiving up-to-date immunizations. Monitor and assist parents to schedule, complete and track recommended immunizations.		**90%**

	All children have a primary care provider (pediatrician/family practice)		Discusses the importance for all children to have a medical home. If infant/child does not, refer and assist the family, as needed, to access primary care for the child.		**100%**
	SCREENINGS, RESOURCES & REFERRALS - INFANT & CHILDREN (Birth to Age 3 TC only)				
	All children up-to-date for developmental screening (ASQ-3)	MIECHV-12	Educate parents about normal growth & development, and purpose of Ages & Stages Questionnaire (ASQ-3) to determine child's status/progress. Provide parents with age-appropriate activities that support growth & development. Use ASQ-3 in home setting per recommended HV schedule.		**95%**
	a. Of positive screens, children referred for dev. supports/services	MIECHV-18	Children with delays receive follow-up and/or further evaluation according to ASQ guidelines. Refer and assist family as needed, with accessing recommended services.		**100%**
	b. Children <u>received</u> recommended dev. supports/services	MIECHV-18			**80%**
	Intimate Partner Violence				
	Primary caregiver screened for intimate partner violence	MIECHV-14	All women are screened for intimate partner violence even if the participant states that he/she is not currently in a relationship. Provide support, referrals and linkages as appropriate.		**80%**
	Primary caregiver referred to IPV services	MIECHV-19			**60%**
	Tobacco Cessation				
	Pregnant women referred to tobacco cessation service (reported use)	MIECHV-6	Discuss the effects of tobacco use and risks of smoke exposure for infants/children. Refer and assist the family as needed, in accessing cessation or counseling services.		**80%**
	Parenting women referred to tobacco cessation service (reported use)	MIECHV-6			**80%**
	Depression				
	Postpartum women screened for depression (EDPS/PHQ-9)	MIECHV-3	Screen all women for depression utilizing the EDPS and provide support, referrals and linkages as appropriate.		**80%**

	a. Of positive screens, women referred for recommended services	MIECHV-17	Refer and assist family as needed, with accessing recommended services for depression.		**80%**
	b. Women <u>received</u> recommended services for depression	MIECHV-17			**60%**
	Parenting women screened for depression (EDPS/PHQ-9)	MIECHV-3	Discuss referrals to community resources and activities to support the parent such as stress reduction techniques, self-care and healthy eating.		**80%**
	a. Of positive screens, women referred for recommended services	MIECHV-17	Refer and assist family as needed, with accessing recommended services for depression. Discuss referrals to community resources and activities to support the parent such as stress reduction techniques, self-care and healthy eating.		**80%**
	b. Women <u>received</u> recommended services for depression	MIECHV-17			**60%**
	Parent Child Interaction				
	Parenting women receive an observation of PCI (DANCE/HOME/CCI)	MIECHV-10	Conduct observation of parent child interaction (PCI) in accordance with EBHV model fidelity schedule and approved tool.		**80%**
	WIC				
	Eligible pregnant women enrolled in WIC		Educate and promote healthy nutrition during pregnancy. Determine enrollment status/eligibility of pregnant women for WIC, and refer eligible women to WIC. Track WIC enrollment and participation.		**90%**
	Eligible children enrolled in WIC		Educate parents about healthy infant/child nutrition. Determine enrollment status/eligibility of children and refer eligible families for WIC.		**95%**

	SECTION 3: Home Visits Delivery			
	In-Person Visits			
	# of Completed In-Person Home Visits	All families will be offered in-person home visitation services as the primary method of service delivery. The performance target simultaneously applies to both the individual home visitor performance and the program's overall performance. In accordance with EBHV model fidelity, families may be offered virtual video or telehealth visits.		**85%**
	# of Families Served During the Quarter that Had a Completed In-Person Visit			**MIECHV funded families must have at least one in-person home visit during the reporting year.**

Addendum B

NJ DCF EBHV PDSA Worksheet

Overview

List the members of your CQI team.

Include staff names and their position/role within your EBHV team.
(i.e., supervisor, home visitor, program assistant, etc.)

What are you trying to accomplish? (Your Goal)

What is your SMART or SMARTIE goal? Is there a specific measure on which you want to do better? If you're focused on a certain measure, how much do you want to improve by and what is your timeline for making that improvement? For example, From January 1, 2024 to June 30, 2024 we averaged 28% of primary caregivers initiating breastfeeding. We want to improve our performance to 50% by December 31, 2024.

PDSA Focus: check all that apply.

☐Performance Measure	☐Client Initial Engagement/Enrollment/Retention
☐Home Visit/In-Person Home Visits	☐Incoming Referrals/Connecting NJ Collaboration
☐Level of Service (LOS)	☐Program Staff Recruitment/Retention/Well-Being
☐Model Fidelity	☐Other: Specify: (insert fillable area)

Cycle Number:

Indicate which test cycle you are working on. Enter 1 if this is the first cycle for this change idea.

Describe the change you are testing. (Change Idea)

What are you testing? What are you changing about your everyday work to see if it impacts how you are doing. A "test" is putting a change into effect for a short time to learn about its impact on performance. For example, you might implement a test to provide breastfeeding supplies (breastfeeding bra, pads, and nipple cream) to all the pregnant clients due to give birth within the next 3 weeks to determine if providing these supplies increases the number of primary caregivers that initiate breastfeeding after birth of the child.

To do a PDSA, you may also have to do some preparatory work. We call this preparatory work "tasks". You will document these "tasks" within the Plan section.

Planned start date of the test cycle.
Click or tap to enter a date.

Planned end date of the test cycle.
Click or tap to enter a date.

Purpose, Prediction, and Criteria

What question(s) will the test answer?

State the questions clearly and ensure that they are related to the objective of the cycle. These questions inform the predications for the test and the date collection plan.

What do you predict the result will be?

Provide predictions for each of the questions above. If this is not the first test, then also consider what modifications have been made since the last cycle and why you do or don't expect them to result in an improvement.

How will you know that the change is an improvement?

Define the criteria for determining whether what is observed is indeed an improvement. Which measure or other data will you look at to determine if you improved? Translating your predictions into numeric measures will maximize learning and help you understand the magnitude of change the test may bring about.

Plan

Planning the test

☐Check here if not applicable.

	What	Who	When	Where
Task 1				
Task 2				
Task 3				

Describe the tasks required for completing the test. Include who is responsible for each and details about how it will be accomplished. Add more rows as needed.

What is your plan for data collection?

Consider again how you will know if the change is an improvement. Use a measure specific to the PDSA and keep data collection simple: remember to collect useful data, not perfect data. You could use the DCF Quarterly Report, database reports, home visitor/client feedback, etc. for data collection. Depending on the scope and size of your test, you may need to track data in Excel, your database, or on paper.

Do

Describe how the test cycle was implemented.

Describe specifically, how the test was implemented in practice. Was the test implemented as planned? If not, describe any shifts or barriers that occurred.

What are the results of the test?

Include data and observations, as well as any valuable qualitative feedback from those conducting the test or others involved.

Study

Compare the results to your prediction, what did you learn?

Compare the data to your predictions and summarize what was learned. Describe to what extent the results of the test matched your predictions. If the test was not conducted as planned, discuss how that might have influenced the results. Be sure to include any equity issues that you observe or cultural sensitivities that emerge. If this was not the first test of the selected change idea, describe how the test compares to the performance of previous cycles.

Act

Will you adopt, adapt, or abandon?

☐**Adopt**
Adopt a test cycle that resulted in a predicted improvement with the intention being to scale up the change and spread to a larger group.

☐**Adapt**
Adapt when refinements or slight revisions should be made to the test of this change idea, based on what was learned in this cycle.

☐**Abandon**
Abandon the change altogether if it is not resulting in the anticipated improvement and other ideas should be pursued instead.

What are the next steps?

Describe the plan for the next PDSA cycle, based on the decision point to adopt, adapt, or abandon. Be sure that the plan is based on what was learned.

Addendum C: Critical Incident Policy and Report Template

Evidence Based Home Visiting
Policy and Procedure

Subject: Critical Incidents

Purpose:

- All critical incidents will be reported to NJ Department of Children and Families, Division of Family and Community Partnerships (DFCP) and the Evidence Based Home Visiting (EBHV) national model specialist. A critical incident is defined as: the death of an adult participant, the death of a child participant, serious or suspicious injury to a child, a report of child abuse or neglect, a violent act against a home visitor while on the job, or any significant event involving a family that has been served by the program.

- Critical incident reporting applies to current and former participants, should the program become aware of the incident.

- If a program is unsure as to whether or not an incident should be considered a critical incident, the Program Supervisor will case-conference the incident with DFCP and the EBHV national model specialist.

Policy:

- The program has an internal procedure for immediately reporting a critical incident.

- All staff should follow confidentiality procedures as set by individual programs when speaking with any outside parties about participants of the program (i.e. press and police)

- The Program Supervisor or Program Manager will notify DFCP and EBHV national model specialist of all critical incidents immediately, but no later than one business day of receiving the report.

- The Program Supervisor or Program Manager will complete the Critical Incident Reporting Form as soon as possible, but no later than two business days.

- The Program will provide a critical incident follow up to DFCP and the EBHV national model specialist.

- Crisis and grief counseling related to the incident will be offered to staff and families.

- The program will follow New Jersey child abuse and neglect reporting laws.

CRITICAL INCIDENT FORM

TO BE COMPLETED BY THE PROGRAM SUPERVISOR OR PROGRAM MANAGER

This form should be completed and submitted to NJ Department of Children and Families, Division of Family and Community Partnerships (DFCP) and the EBHV national model specialist within 48hours of the incident. A critical incident is defined as: the death of an adult participant, the death of a child participant, serious or suspicious injury to a child, a report of child abuse or neglect, a violent act against a home visitor while on the job, or any significant event involving a family that has been served by the program.

Site Name:

1. Primary Caretaker's Identifier	**2. Primary Caretaker Name**

3. Date of Incident	**4. Time of Incident** ☐am ☐pm

5. Date Site Informed of Incident	**6. Date Site Notified DCF-DFCP and/Model Developer**

7. Home Visit Frequency:

☐Pre-Assessment ☐Pre-Intake ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Quarterly ☐ Lost to Care ☐ Alternative Schedule ☐ Transition to a new worker ☐Discharged/Dismissed ☐ Other: Explain

8. Name of Home Visitor Assigned to Family:	**9. Supervisor Name**

10. Was there a DCP&P report made? ☐ Y ☐ N *(if yes, answer the next questions)* ☐ Unknown

a. **Was this report of child abuse or neglect made by the Home Visitor?** ☐ Y ☐ N

b. **Was this report of child abuse or neglect investigated?** ☐ Y ☐ N ☐ Unknown

c. **Was this report of child abuse or neglect substantiated?** ☐ Y ☐ N ☐ Unknown

11. Please list all persons involved in this incident *(only list those affected, injured or victimized)*

Persons Involved *(use code)*	**Name**	**Date Of Birth**	**Gender**	**Incident Type** ***(use code)***	**Date of Death**

PERSONS INVOLVED CODES		INCIDENT TYPE CODES
01. Primary Caretaker 1	07. Other Non-Biological Child	1. Death *(please enter date of death if chosen)*
02. Primary Caretaker 2	08. Other relative	2. Serious Injury
03. Other Biological Parent	09. Non-relative	3. Report of Child Abuse or Neglect
04. Boyfriend, girlfriend, partner	10. HV Staff	4. Violence against Staff
05. Target child	11. Other (specify in narrative)	5. Other (specify in narrative)
06. Other Biological child		

Critical Incident Summary

12. DESCRIPTION OF THE INCIDENT: Give a brief summary here and attach a detailed narrative if necessary. Specific information to include: DESCRIPTION OF INCIDENT – Include the following information, if applicable: **(1)** details leading up to the incident; **(2)** source of information; **(3)** brief family history; **(4)** service history (number of visits, referrals made); **(5)** criminal charges/report to DCP&P, if any.

13. DESCRIBE ACTION TAKEN – Include the following information, if applicable: **(1)** authorities notified, such as DCP&P and police; **(2)** name and location of hospital, as well as cause of death, diagnosis of illness or injury; **(3)** notification of lead agency Director, DCF-DFCP, Model Developers or any other pertinent parties; **(4)** referrals/services provided to family and staff since incident.

FOR DCF-DFCP and EBHV NATIONAL MODEL SPECIALIST USE ONLY	
Date Notification Received:	
Incident Reported To*: (check all that apply)* ☐DCF-DFCP ☐DHS-DFD	*(check all that apply)* **Via:** ☐ E-Mail ☐ Voice Mail ☐ Phone Call ☐ In Person
☐ 3-month follow-up needed Follow up date: Incident Resolved: ☐ Yes ☐ No ☐ Unknown	
Incident Reported By:	***Incident Reported To:***