



# Parenting Reporting

## Demographics

- **Target Child Demographics:** Regardless of whether the EBP curriculum selected requires child attendance or not, demographics for at least one target child from each family must be entered under each case in SAMIS. Parents/caregivers expect target children will benefit from knowledge obtained through family services and are therefore expected to meet the eligibility criteria (e.g., age) for the program.
- **Demographics Only Activity:** Target children not directly receiving services must have the “Demographics Only” activity selected in the demographics data entry screen in SAMIS. This will assure the demographics as well as any relevant screening or PM data for these participants can be saved in SAMIS.
- **Special Needs and Disabilities Questions:** In addition to the questions found in the child form around disabilities or children with disabilities, the adult form asks for the number of children/youth in the family with a disability (independently of whether they are directly receiving services). If the child demographics form identifies a condition that has lasted a year or more, the family/case level response should list at least one child in the family with a disability. On the other hand, the family/case level response may show one or more children in the family have a disability, yet the target child listed in the information form may not be one of the children with the condition or disability.
- **Referred From field:** This field has been activated for all family service programs only. Providers are expected to select the source of referral for all new participants being enrolled.
- **Open and Close Dates:** To get an accurate measure of monthly sessions attended, the open date should be the same as the first date of attendance and close date should be the same as the last date of attendance.
- **Copying over participants (ONLY for rolling enrollment programs with participants continuing to receive services after 7/31/18):**
  - Copy over the cases using 8/1/2017 as the new open date for all
  - Update information for any participant copied over including
  - Attendance and performance measure data do not copy over to the new contract. See the Performance Measure section below for special instances when admin point data may need to be re-entered.

# Attendance

- **Creating Groups:** To avoid confusion, group names should NEVER include the activity name. For group parenting activities, it is recommended that the group name include the cohort number and site name. For home visiting, it should include the home visitors name.
- **Entering Attendance:** The decision to enter attendance for a parent, a child or both is based on EBP attendance requirement as reflected in the Scope of Services (Attachment A). Example: Providers with a curriculum that does not require child attendance **must enter one day of attendance** for the demographics only activity in SAMIS in order for this their demographic information to display in reports.
- Providers implementing a curriculum requiring both parent and child to attend services, must enter attendance for both participants, regardless of whether they had the session together.
- **Make up sessions:**
- Group parenting programs are to assure families receive and understand the lessons and assignments related to any sessions missed. This may occur on a different or same day as the subsequent session.
- Individual services, should schedule a make up session as close to the missed session as possible to allow time for homework and practice prior to the next scheduled session. Two sessions in one day is only expected when EBP requires a separate session with each parent-child dyad in the family.
- **Group Parenting attendance tracking** will be based on the total number of participants contracted to be served and their attendance across all activities.
- **Individual Parenting/Home Visitation attendance tracking** will be based on the total number of families contracted to be served and their attendance across all activities not on individual participants (parents/children) served per activity. On the other hand, dosage expectation (e.g. 3 visits per month) remains specific to the activity and must be met each participant.

# Performance Measures (PM)

- The costs associated with the tools selected should be included in your budget and all tools must be purchased for implementation at the start of the contract year
- All tools have comprehensive manuals, scoring sheets, and resources available online that should be purchased and made available to the appropriate staff upon commencement of the new contract year, in order to start administering them as per the scope of services. This means that everyone served this contract year will need to have the expected test data with the appropriate measurement tools as per the scope of services.
- Measurement tools trainings are **NOT** required prior to implementation. Even the more complex tools, such as the HOME Inventory, includes a very comprehensive manual and, as per the developer, does not require training to administer.
- Additional information on tool details and accessibility is found in the following link:  
<https://app.box.com/s/utiquu45n3ev4m9zr65u29n2w785cub2>
- **Service Component Start Date:** To avoid confusion, be sure all service components start dates=participant open date.
- **Service Component Assignment:** indicate the participants who should have the respective service component assign to them. For example, in some cases there may be a parent report tool that measures the target child's behavior and therefore would be reported under the target child instead of the parent. Refer to the outcome table from your scope of services (Attachment A) to assure the appropriate participants are tested.
- **Rolling enrollment PM data:** At the start of a new cycle, rolling enrollment programs with participant carrying over from the prior cycle, who continue to use the same assessments, must do the following:
  - verify the tool timing to determine whether participant is due for an admin point within the pretest testing time frame. (e.g., timing language says pretest must be administered within the first two months and rollover participant is due for an admin point a month after the new contract cycle started).
  - If the expected test date (based on last admin point date and original timing schedule) is later than pre-test timing expectation in the scope, re-enter the data for the last admin point from the prior cycle using the actual admin point date. (e.g., timing language says pretest must be administered within the first two months and rollover participant is due for an admin point a month after the new contract cycle started).
- Below are administration instructions for specific measures:

## Home Inventory

- **Administration:**
  - A full HOME Inventory should be **administered for and entered under each child** enrolled in services. Although only certain subscales will be used to measure each of the required outcomes, **the expectation is for the complete tool to be administered and scored.**

- For programs that had already been using the HOME and have participants rolling over from the previous funding cycle:
  - If the HOME was administered less than 9 months prior to the start of the contract year, the latest admin point (with the original admin point date) should be re-entered as a Pre-test in SAMIS
  - If the HOME was administered 9 or more months ago, do not re-enter admin point data. The HOME should be administered (and the data should be entered in SAMIS) during the first two months of the contract year

6 Months	12 Months	18 Months	24 Months	30 Months	36 Months	42 Months	48 Months	54 Months	60 Months
<i>Infant/Toddler HOME</i>						<i>Early Childhood HOME</i>			

- If the child is younger than 3 years old at the start of the contract year and the Pre-test was completed using the IT HOME, the Follow-up 1 should be done using the IT HOME as well (even if the child is over 3 years of age at the time of testing).
  - If the family will continue to receive services, and the child is between 2 and 3 years old at the time of the Follow-up, the child should also be tested using the Early Childhood HOME (using Follow-up 2), so that when post-tested 10 months later (also with the EC-HOME) Follow-up 2 and 3 are comparable and the meaningful improvement can be calculated.
- If the child is over 3 years of age at the beginning of the contract year both the Pre-test and the Follow up 1 should be completed using the Early Childhood HOME.
- **Entering data in SAMIS:** The first question refers to the version of the tool used and the following questions refer to all of the subscales. Providers are expected to collect, calculate and enter the scores for all subscales (If a specific subscale is non-applicable for the version of the tool used, please enter a -1 as a score)
- **PM report/Measuring HOME outcomes:** Individual outcome achievement will be calculated by outcome using the applicable sub-scales. This calculation will be completed in the back end and will be available through a report.

## Parental Stress Scale

- **Administration:** The language version (English, Spanish, Creole) of the tool should be selected based on the parent’s language proficiency.
- **Entering data in SAMIS:** The first question refers to the language version of the tool used. The Spanish version is shorter than the English or Creole versions (12 questions instead of 18) and therefore the meaningful improvement is adapted for this shorter version. It is imperative that the correct version of the tool be selected so that the meaningful improvement is calculated appropriately.

## Child & Maternal Screenings

- All screenings should be administered as per the schedule included in the Scope of Services (attachment A)
- For participants that are rolling over from the previous funding cycle, there is no need to re-enter results from screenings completed in the previous contract year.

## Home Safety Education

Refer to this link <https://thechildrenstrust.box.com/s/ftd7nv42qcuy8f12r0ds7wfvypq4a0e6> from The Injury Prevention Program (TIPP), developed by the American Academy of Pediatrics for injury prevention resources. The toolkit includes a guide to safety counseling schedule that indicates when certain topics should be introduced or reinforced and which materials to reference. Please keep in mind is that because the guide was developed for pediatric office setting, the guide references ages corresponding to expected health visits. Given that home visiting programs see families with greater frequency, it may not be necessary to wait until the next expected health visit to introduce some topics that may already be relevant. Group parenting programs can distribute the materials that best correspond with the age group served.

The guide also makes reference to the Framingham Safety Survey which is not required at this time. The intent is for this toolkit to be used an additional resource to supplement any other home safety guidelines or materials that may be included in your curriculum as you aim to educate parents on potential risks and offer age appropriate child injury prevention education.