**Florida MIECHV Local Implementing Agency Policy Checklist**

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| **Participant Eligibility, Recruitment, and Enrollment in MIECHV Services** | | | | |
| **Required Policy** | **Referenced** | **Status** | **Policy Name/Number** | **Comments** |
| Recruitment (including participation in CI&R) | Policy 1.2 |  |  |  |
| Intake, enrollment, re-enrollment | Attachment 1, C.1.a.15) |  |  |  |
| Dual enrollment, duplication of services avoidance |  |  |  |
| **Family Engagement and Retention** | | | | |
| **Required Policy** | **Referenced** | **Status** | **Policy Name/Number** | **Comments** |
| Missed visit and/or signs of disengagement | Policy 2.3 |  |  |  |
| Creative outreach for reengagement (including contact methods) |  |  |  |
| Criteria for closing a family due to disengagement |  |  |  |
| Participant transition, exit parameters |  |  |  |
| **Participant Assistance Funds and Incentives** | | | | |
| **Required Policy** | **Referenced** | **Status** | **Policy Name/Number** | **Comments** |
| Use of emergency participant assistance funds | Attachment 1, C.1.a.15) |  |  |  |
| Use of participant incentives |  |  |  |
| **Documentation and Data Collection** | | | | |
| **Required Policy** | **Referenced** | **Status** | **Policy Name/Number** | **Comments** |
| Documentation requirements | Attachment 1, C.1.a.15) |  |  |  |
| Date collection and security |  |  |  |
| Adverse incident reporting protocol |  |  |  |
| **Safety** | | | | |
| **Required Policy** | **Referenced** | **Status** | **Policy Name/Number** | **Comments** |
| Working with participants experiencing domestic violence | Policy 3.4 |  |  |  |
| Workplace safety for employees experiencing domestic violence and their co-workers | Policy 3.5 |  |  |  |
| Home visitor safety (including working in homes where IPV is present) |  |  |  |
| **Home Visitor Training and Procedures to Support MIECHV Performance Measures** | | | | |
| **Required Policy** | **Referenced** | **Status** | **Policy Name/Number** | **Comments** |
| Educating caregivers on safe sleep practices | Attachment 1, C.1.a.15)a |  |  |  |
| Screening primary caregivers with the EPDS, making referrals, and follow-up | Attachment 1, C.1.a.15)b |  |  |  |
| Referring primary caregivers who report using tobacco or cigarettes for tobacco cessation | Attachment 1, C.1.a.15)c |  |  |  |
| Screening children using the ASQ-3, making referrals, and follow-up | Attachment 1, C.1.a.15)d |  |  |  |
| Screening primary caregivers for IPV, making referrals, and follow-up | Attachment 1, C.1.a.15)e |  |  |  |
| **Additional Programmatic Policies** | | | | |
| **Required Policy** | **Referenced** | **Status** | **Policy Name/Number** | **Comments** |
| Description of services provided | Attachment 1, C.1.a.15) |  |  |  |
| Staff qualification, orientation, and training |  |  |  |
| Confidentiality |  |  |  |
| Reflective supervision |  |  |  |
| Required model developer policies and procedures |  |  |  |

**M=met, PM=partially met, NM=not met**