

The Site Profile Report (formerly the Site Survey) informs HFA's quality assurance and national efforts, helps national and regional HFA staff understand and respond to the needs of the network, and promotes HFA with a national voice. We appreciate the time you spend to provide this information!

## General Instructions:

The items are listed in this report as a resource: please DO NOT report your data on this document. Enter all data in HFAST!

- ★ Log in to HFAST and select *Site Profile Report* under the Site tab. If you're logging onto HFAST for the first time, see the Quick Start Guide. For other HFAST questions, see the HFAST FAQ.

[Link to HFAST](#)

[Link to Quick Start Guide](#)

[Link to FAQ](#)

- ★ Click the tabs at the top to move between sections. For each tab, find the row labeled **2018** and click "Edit". Enter your information: as you navigate through the sections within the tab, HFAST will automatically save your progress. You will still need to click "**Confirm and Submit**" at the bottom of each page to save your information. You may have to scroll down to see the "Confirm and Submit" button.

- ★ New or revised items this year appear in **red** in this guide and include:

### Site Characteristics

- New option in Data System: HFA spreadsheets. Choose this if applicable and if your site does not use another data system.
- New option in Data System: Other Specify. If you selected "other" for data system, you should write in the system you use in this space.
- New option in Other Assessment Tools: CHEERS Check-In. If you use this new tool, be sure to check the box!

### Family Data

- Race and Ethnicity are now separate items.
- Unknown option: several items now include a category for "unknown" (similar to MIECHV form 1).
- There is a new text field in Family Data to allow you to provide any further information or commentary regarding your site's data. Please note: any questions needing immediate response should be directed to Jennifer Baxter (see contact information below).

### Financial

- Unknown funding source

Please note: some items have revised language in this guide to assist sites in understanding the item. Please review your data carefully.

**General Instructions, cont.:** The items are listed in this report as a resource: please DO NOT report your data on this document. Enter all data in HFAST!

- ★ Family Data is requested for families served in 2017 (fiscal or calendar year). All other tabs request current year information.
- ★ All data requested on the Site Profile Report is required unless otherwise noted.
- ★ Some sections are pre-populated with your responses from the previous report to save you time! **Please review** this information carefully, make any changes needed, and when finished, **check the box** at the bottom of each page that says:
  - I have reviewed the information above, and confirm it is accurate to the best of my knowledge
- ★ Please only leave items blank if your site does not collect this information and use zero (0) to indicate none.
- ★ A report to help you review your Family Data is available – click “View Report” after completing your Family Data. This report cross-checks your information for potential errors in data entry. Click the link for a guide to this report, or find it on our Network Resources page at [www.healthyfamiliesamerica.org](http://www.healthyfamiliesamerica.org), password: 25yearsofHFA!

[Link to Family Data Report Guide](#)

[Link to HFA Website](#)

- ★ Item numbers that appear in this guide are for reference and do not appear in HFAST. Please note item number if you need to ask about a specific item.
- ★ You can view, but not edit, your responses to the 2016 and 2017 Site Profile Reports in HFAST.
- ★ Remember to check the Confirmation Box at the bottom of each page to indicate that you have reviewed your information.
- ★ Click “Confirm and Submit” at the bottom of each page to **save your data frequently**. You can make changes to your information after it is submitted until the SPR closes on 2/28/2018.

**Please complete the survey in HFAST by February 28, 2018**

Need Help? Contact Jennifer Baxter: [jbaxter@preventchildabuse.org](mailto:jbaxter@preventchildabuse.org) or 317-969-5915

*Thank you for your work in reporting on this very important information!*

## Site Characteristic Tab

Item #	Item	Instructions & Response Choices
A1	HFA Affiliation Date	<i>Enter the month/date/year your site became affiliated with HFA, if known. If unknown, please leave blank and answer the next item.</i>
A2	Additional information	<i>If date is unknown, enter year and any additional information here. Any information would be helpful, but if unknown, leave blank.</i>
A3	Number of times site has completed accreditation	<i>Enter a number; enter "0" if not yet accredited. If unknown, please leave blank and answer the next item.</i>
A4	Comments	<i>Optional - if unknown, enter other information about accreditation status here. Any information would be helpful, but if unknown, leave blank.</i>
<p><i>Sites have various criteria to determine who they will offer HFA services to. The next few questions ask you to report on the different considerations your site makes in determining eligibility. A5, A7, and A9 ask about specific areas. A11 can include any other criteria your site uses to determine eligibility.</i></p>		
A5	Home Visit Eligibility determined by:	<p><i>Select the option that best describes your site:</i></p> <ul style="list-style-type: none"> <li>Positive assessment (Parent Survey, a "two-step" process)</li> <li>Positive screen (a "one-step" process)</li> <li>Universal (no criteria, all are eligible)</li> <li>other (specify in next item)</li> </ul>
A6	Other Home Visit Eligibility	<i>Specify other eligibility process only if "other" was selected above.</i>
A7	Target Population	<p><i>Does your site offer services to first time parents, all parents, or some other criteria of parenting experience? Select one option here; note more detailed eligibility questions in A11.</i></p> <ul style="list-style-type: none"> <li>first births</li> <li>all births</li> <li>other (specify in next item)</li> </ul>
A8	Other Target Population specify	<i>Specify other target population only if "other" was selected above.</i>
A9	Family Enrollment Point (check all that apply):	<p><i>When does your site enroll families?</i></p> <ul style="list-style-type: none"> <li>prenatally</li> <li>at birth (within 3 months of birth )</li> <li>other (specify in next item)</li> </ul>
A10	Other Enrollment Point Specify	<i>Specify other enrollment point only if "other" was selected above.</i>
A11	Eligibility Criteria (check all that apply):	<ul style="list-style-type: none"> <li>young parents (such as teens or early 20's)</li> <li>live in a specific community</li> <li>low income (such as WIC, Medicaid, or TANF eligible)</li> <li>served by specific hospital or organization</li> <li>other (specify in next item)</li> </ul>

A12	Other Eligibility Criteria Specify:	<i>Specify other eligibility criteria only if "other" was selected above.</i>
A13	Data Management System	<i>Select one option:</i> FamilyWise ETO HFMS (SUNY) PIMS Custom-built other ( <i>specify in next item</i> ) HFA Spreadsheets None
A14	<b>Other Data Management System Specify:</b>	<i>Specify other data management system only if "other" was selected above.</i>
A15	What assessment tool do you use?	<i>Note: this item refers to initial assessment tools used for eligibility or service planning after enrollment.</i> Parent Survey/Family Stress Checklist Other Tool
A16	Other Assessment Tool Specify	<i>Specify other assessment tool only if "other tool" was selected above.</i>
A17	Languages in which services are offered (check all that apply)	English Spanish other ( <i>specify in next item</i> )
A18	Other Languages Specify	<i>If services are offered in a language not listed or in multiple languages, specify that here.</i>
A19	Site involved in any formal evaluation now or in the past 2 years?	<i>Has your site participated in any research or formal external evaluation in the past 2 years?</i> Select Yes or No
A20	If YES, provide email for evaluator	<i>Enter the email address for your main contact person on the evaluation team.</i>
<b>Service Area</b>		
A21	Service Area	<i>Select one that best fits your site:</i> Single County Multi-County Single City Multi-City Neighborhood other ( <i>specify in next item</i> )
A22	Describe other type of Service Area	<i>If you chose "other" in the item above, please describe other service area.</i>

A23	Add Service Area Zip Codes	<i>This list is carried over from previous Site Profiles: please review and add or delete any zip codes to reflect changes in your service area. Click "Add Service Zip code" and enter a 5-digit zip code, then click "Update". Repeat for additional zip codes.</i>
A24	Community Served	<i>Check all that apply:</i> Urban Suburban Rural Tribal other (specify in next item)
A25	Other Community Type	<i>If you selected "other" in the item above, please describe community type.</i>
A26	<b>Developmental Screens</b>	<i>Check all that apply:</i>
	ASQ3 ASQSE DECAIT DDST R_DPDQ Other Developmental Tool	Ages & Stages Questionnaire - Third Edition Ages & Stages Questionnaire - Social Emotional Devereux Early Childhood Assessment- Infants & Toddlers Denver Developmental Screening Test II Revised Denver Pre Screening Developmental Questionnaire <i>Fill in name of any other developmental screening tool your program uses if not listed above.</i>
A27	<b>Maternal Depression Screen</b>	<i>Check all the maternal depression screens your program uses with families.</i>
	None - we don't screen for depression BDI BSI CESD PDSS EPDS LSP MIHA PHQ (any version) Other Maternal Depression screen	Select this choice if your site does not screen for depression Beck Depression Inventory Brief Symptom Inventory Center for Epidemiological Studies - Depression Scale Postnatal Depression Screening Scale Edinburgh Postnatal Depression Scale Life Skills Progression Maternal and Infant Health Assessment Patient Health Questionnaire (any version) <i>Fill in name of maternal depression screen or describe if not listed above.</i>
A28	<b>Domestic Violence Screens</b>	<i>Check all the domestic violence screening tools your program uses with families.</i>
	None - we don't screen for DV Abuse Within Intimate Relationships Abusive Behavior Inventory Composite Abuse Scale Harassment in Abusive Relationship Partner Abuse	Select this choice if you do not screen for domestic violence

*(list continued on next page)*

	Physical Abuse of Partner Sexual Experience Survey  RAT/WEB  HITS - Hurt, Insult, Threaten, Scream Partner Violence Screen HARK/HARK C DOVE Abuse Assessment Screen Other Domestic Violence screen	Relationship Assessment Tool (RAT) or the Womens' Experience of Battering (WEB) developed by Futures Without Violence   HARK stands for Humiliation, Afraid, Rape, Kick  <i>Fill in name of domestic violence screen if not listed above.</i>
A29	<b>Other Assessment Tools</b>	<i>Check all other assessment tools.</i>
	None - we don't use any other assessment tools AAPI ASSIST AUDIT CAPI CBCL CLS CPS Case CPS Report CTS-PC CTS-R DAST DLC FAF HFPI HOME KIDI KIDIP KIPS Kotelchuck Index LSP NCAST Feeding NCAST Teaching NCFAS	Select this choice if you do not use any other ongoing assessment tools.  Adult Adolescent Parenting Inventory Alcohol, Smoking, and Substance Involvement Screening Test Alcohol Use Disorders Identification Test Child Abuse Potential Inventory Child Behavior Checklist Casey Life Skills Select if you track substantiated child maltreatment Select if you track Reported child maltreatment Conflict Tactics Scale - Parent/Child version Conflict Tactics Scale – Revised Drug & Alcohol Screening Test Difficult Life Circumstances Family Assessment Form Healthy Families Parenting Inventory Home Observation for Measurement of Environment Knowledge of Infant Development Inventory Knowledge of Infant Development Inventory – Preschool Keys to Interactive Parenting Scale Kotelchuck's Adequacy of Prenatal Care Utilization Life Skills Progression Nursing Child Assessment Satellite Training - Feeding Scale Nursing Child Assessment Satellite Training - Teaching Scale North Carolina Family Assessment Scale  <i>(list continued on next page)</i>

	PFS PICCOLO PSI PSI short UNCOPE ISEL ACEs CHEERS Check-In Other Ongoing Assessment Tool	Protective Factors Scale Parenting Interactions with Children: Checklist of Observations Linked to Outcomes Parenting Stress Index Parenting Stress Index - short form Substance abuse screening Interpersonal Support Evaluation List Adverse Childhood Experiences Questionnaire CHEERS Check-In Tool (new item) <i>List other ongoing assessment tool(s) your program uses if not listed above.</i>
	<b>Immunizations</b>	
A30	How does your site track Child's Immunizations?	<i>Select the primary method your site uses to acquire information on child immunizations:</i> Parent report Immunization cards (health provider completed) Health dept. data System lookup (for example, medical record review) other (specify in next item)
A31	Other Child IZ	<i>If you selected "other", indicate how your site acquires immunization information.</i>
A32	How does your site record Child's Immunizations	up to date not up to date record type & date other (specify in next item)
A33	Other immunization recording specify	<i>If you selected "other", indicate how your site records immunization.</i>
	<b>Service Length</b>	
A33	Until what Age are HV services Offered?	<i>How long can families remain in services?</i> age 3 years between 3 and 5 (years) age 5 years other (specify in next item)
A34	Other program length	<i>If you selected "other", indicate to what age HV services are offered.</i>

Don't forget the Confirmation checkbox after you have entered and reviewed the information on this tab! Then, select Confirm and Submit!

## Family Data Tab

Item #	Item	Instructions & Response Choices
B1	All information below is for:	<p><i>Please take note of the example time frames:</i></p> <p>calendar year (January 1, 2017 to December 31, 2017)</p> <p>state fiscal year (mid-2016 to mid-2017, dates vary by state)</p> <p>federal fiscal year (October 1, 2016 to September 30, 2017)</p> <p>other fiscal year</p>
	<b>For 2017 (fiscal or calendar)</b>	<b><i>ALL items in this section refer to families served in 2017</i></b>
B2	Number of home visits completed in 2017	<i>Count the total number of home visits completed in 2017 for all families served during that year.</i>
B3	How many PEOPLE worked in Assessment role at the end of last year?	<i>Count the number of people who worked in this role at the end of last year.</i>
B4	What was your total FTEs in Family Assessment Worker role?	<i>Add up the total time commitment across all staff working in this role. For example, two staff each working half-time (0.5 FTE) on assessment would add up to 1.0 FTE total.</i>
B5	How many PEOPLE worked in Home Visitor role at the end of last year?	<i>Count the number of people who worked in this role at the end of last year. In the example above, there are 2 people working in this role.</i>
B6	What was your total FTEs in Home Visitor Role?	<i>Add up the total time commitment across all staff working in this role. For example, two full-time home visitors plus one half-time (0.5 FTE) home visitor would add up to 2.5 FTE total.</i>
B7	What is your Site's definition of Full-time hours per week, excluding required lunch hour (select closest option)?	<p>30</p> <p>32</p> <p>35</p> <p>37.5</p> <p>40</p>
B8	<b>Ethnicity: Number of Home Visitors who are:</b>	<p><i>Enter the number of people who carry a home visiting caseload in each category. Sites should enter 0 if there are none in a category.</i></p> <p>Hispanic</p> <p>Non-Hispanic</p> <p>Ethnicity Unknown</p>
B9	<b>Race: Number of Home Visitors who are:</b>	<p><i>Enter the number of people who carry a home visiting caseload in each category. Sites should enter 0 if there are none in a category.</i></p> <p>White</p> <p>African-American</p> <p>Asian</p> <p>American Indian/Alaskan Native</p>

*(list continued on next page)*



		Native Hawaiian/Pacific Islander Multi-race Race Unknown Other race Other race specify
	<b>How many families in 2017:</b>	
B10	Received at least 1 home visit	<i>Enter number of families who received 1 or more home visits in 2017, regardless of when they first enrolled.</i>
B11	MIECHV funded	<i>Enter number of families served with at least 25% MIECHV funds</i>
B12	Received 1st home visit	<i>Enter number of newly enrolled families who received their <u>1st home visit</u> in 2017.</i>
B13	Received 1st home visit prenatally	<i>Enter number of newly enrolled families who received their 1st home visit prenatally in 2017.</i>
B14**	Received 1st home visit prenatally before 31 weeks gestation**	<i>Enter number of newly enrolled families who received their 1st home visit prior to 31 weeks gestation in 2017.</i>
B15**	With a father involved in home visiting**	<i>Enter number of families with a father who has attended more than 1 home visit in 2017.</i>
B16	Number of target children served in 2017	<i>Enter number of target children. Site may use their definition of Target Child.</i>
B17**	Number of additional children served (non-target children)**	<i>Enter number of non-target children (such as older or younger siblings) if served in any way (does not need to be formally defined services).</i>
	<b>How many 2017 primary participants were:</b>	<b><i>ALL items in this section count only the enrolled primary participant</i></b>
B18	Female	<i>* It is preferred that sites report on only one PRIMARY caregiver/participant per family, even if more than one is participating. This will give us a more accurate picture of families where the PRIMARY participant is male.</i>
B19	Male	
B20	Gender Unknown	
B21	First time parent	<i>Enter number of primary participants who are 1st time parents.</i>
B22	Grandparent of index child	<i>Enter number of primary participants who are the grandparent of target (index) child.</i>
B23	HS graduate/GED or higher at enrollment	<i>Enter number of primary participants who graduated high school or completed GED before enrolling in HFA.</i>
B24	Less than HS Graduate/GED at enrollment	<i>Enter number of primary participants who had not graduated high school or completed GED before enrolling in HFA.</i>
B25	Education Level Unknown	<i>Enter number of primary participants whose highest education level is unknown.</i>
B26**	Developmentally delayed**	<i>Enter number of primary participants who are developmentally delayed. Please consider developmental delay as any parent whose learning needs are permanently challenged and therefore warrant extra time from service providers, special consideration of materials, and resources used. This may be based on diagnosis or observation.</i>
B27	Medicaid Eligible	<i>Enter number of primary participants who are eligible for Medicaid.</i>

B28**	Military personnel or spouse**	<i>Enter number of families with a member who is or has served in the Armed Forces.</i>
B29**	Have substance abuse history**	<i>Enter number of primary participants with history of substance abuse (whether currently using or not; estimate is acceptable).</i>
B30**	In need of substance abuse treatment**	<i>Enter number of primary participants who were in need of substance abuse treatment in 2017 (estimate is acceptable).</i>
B31**	Abused or neglected as a child**	<i>Enter number of primary participants who experienced abuse or neglect as a child (whether reported to CPS or not).</i>
B32	Involved in Child Welfare System (as caregiver)	<i>Enter number of primary participants served in 2017 with history or current involvement in Child Welfare as a caregiver.</i>
B33	Single Parent	<i>Enter number of primary participants whose marital status is single, divorced, or widowed at time of enrollment.</i>
B34	Over cutoff on depression screen (any assessment in 2017)	<i>Enter the number of primary participants with an elevated depression score. If multiple screens were given in 2017, the preferred definition is to count participants with elevated screen at any point in 2017. If this is not feasible, report number with elevated screen at a single screening point. The intent is to document how many HFA participants experience elevated symptoms of depression in a given year.</i>
	<b>Insurance Status (when last assessed in 2017)</b>	
B35**	Of those served in 2017, enter number in each group**:	<b>Number of Primary Participants with:</b> no insurance Title XIX (Medicaid)/Title XXI (SCHIP) or Tri-Care Private or other insurance unknown
		<b>Number of Target Children with:</b> no insurance Title XIX (Medicaid)/Title XXI (SCHIP) or Tri-Care Private or other insurance unknown
	<b>Housing Status (when last assessed in 2017)</b>	
B36**	Of primary participants in 2017, how many were**:	renting or own home living with parent or family member sharing housing homeless unknown housing situation

	<b>Caregiver employment status (when last assessed in 2017)</b>	
B37**	Of primary participants in 2017, how many were**:	employed full time employed part time not employed (whether seeking work or not) unknown employment situation
	<b>For items below, I am using ____ for my initial assessment tool</b>	
B38	Assessment Tool	Parent Survey/Family Stress Checklist Other ( <i>specify in next item</i> )
B39	Other assessment tool specify	<i>If you chose "other" in the item above, list other assessment tool</i>
B40	<b>How many primary participants in 2017 were:</b>	<i>Required unless "Other" tool is used that doesn't have comparable risk categories</i>
	Low risk on Initial Assessment (Parent Survey < 25)	<i>Enter number of primary participants whose initial risk score was less than 25 on Parent Survey (or lower risk category on alternate measure).</i>
	Moderate risk on Initial Assessment (Parent Survey 25 - 35)	<i>Enter number of primary participants whose initial risk score was between 25 and 35 on Parent Survey (or moderate risk category on alternate measure).</i>
	Higher risk on Initial Assessment (Parent Survey 40+)	<i>Enter number of primary participants whose initial risk score was 40 or more on Parent Survey (or higher risk category on alternate measure).</i>
	<b>Target children: How many in each age group (as of last home visit received in 2017)</b>	
B41**	Target children: How many in each age group (as of last home visit received in 2017)**	<i>If ages can't be calculated to last HV, please use other available data on child's age during 2017.</i> Prenatal 0-5 months 6-11 months 12-23 months 24-35 months 36 months or older <b>Unknown</b>
	<b>Child Issues: Number of children who were:</b>	
B42	Child Issues: Number of children who were:	Born at low birth weight, <i>less than 2500 grams or 5lbs 8oz</i> Born premature, <i>born before 37 weeks completed</i> Developmentally delayed or disabled (known or suspected) Medicaid eligible

	<b>Primary Participant Age at Enrollment:</b>	
B43	Primary Participant Age at Enrollment:	Less than 18 18-19 20-21 22-24 25-34 35-54 55 or more Unknown
	<b>Ethnicity/Race: Number of Primary Participants who are:</b>	
B44	Ethnicity: Number of Primary Participants who are:	<i>Site should enter 0 if there are none in a category</i> Hispanic Non-Hispanic Unknown
B45	Race: Number of Primary Participants who are:	<i>Site should enter 0 if there are none in a category</i> White African-American Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander Multi-race Unknown Other race Other race specify
	<b>Primary Participant Language</b>	
B46	Primary Participant Language	<i>Enter the number of primary participants in each category</i> Primary Language English Primary Language Spanish Primary Language not English nor Spanish

\*\*Reporting on these items are not yet required to meet GA-9.A of the 2018 Best Practice Standards, but will be required for the 2019 Site Profile Report.

Don't forget the Confirmation checkbox after you have entered and reviewed the information on this tab! Then, select Confirm and Submit!

## Financial Tab

Item #	Item	Instructions & Response Choices
C1	Fiscal Year Type	<i>Please take note of the example dates:</i> calendar year (January 1, 2018 to December 31, 2018) state fiscal year (mid-2017 to mid-2018, dates vary by state) federal fiscal year (October 1, 2017 to September 30, 2018) Other
C2	Fiscal Year Other Type	<i>Fill in dates used only if "other" is selected above.</i>
C3	Previous Year Program Budget (2017)	Enter total site budget in whole dollars (no decimals) for 2017 *ONLY INCLUDE HFA SERVICES, not host agency
C4	Current Year Program Budget (2018)	Same as above for 2018
C5	<b>What proportion of your overall current budget comes from the following**:</b>	<i>Enter percent for each type of funding received; the total for all entries should not exceed 100%.</i>
	State System  Foundations Corporations Private Donations Earned Income MIECHV - formula funding MIECHV - competitive funding Local Government State Children’s Trust Fund CBCAP Federal TANF TANF Maintenance Title IV-B Title IV-E Title V Title XX CAPTA Medicaid	<i>Only include funding from State System that is not included in other categories below, for example, if you receive MIECHV funds from your state system, including these funds only under the MIECHV category.</i>

*(list continued on next page)*

	IDEA CCDBG Early Head Start Federal Other State Other Other Funding Other Funding (specify source) Unknown	<i>Include federal funding sources not listed above</i> <i>Include state funding sources not listed above</i> <i>Include other funding sources not listed above</i> <i>Specify other funding sources</i> <i>For use if site does not know specific source of funding</i>
C6	<b>Have MIECHV Funding? If Yes, complete next 3 items</b>	Select Yes or No
C7	Number of Families Funded by MIECHV (2018)	Enter number of families funded by MIECHV in 2018
C8	Current Year MIECHV Funding (2018)	Enter amount of funding received from MIECHV in 2018
C9	Previous Year MIECHV Funding (2017)	Enter amount of funding received from MIECHV in 2017

\*\*Reporting on these items are not yet required to meet GA-9.A of the 2018 Best Practice Standards, but will be required for the 2019 Site Profile Report.

Don't forget the Confirmirmation checkbox after you have entered and reviewed the information on this tab! Then, select Confirm and Submit!

## Program Policies Tab

Item #	Item	Instructions & Response Choices
D1	Does your site utilize TLC for training?	Yes No
D2	What is your program's maximum FSW caseload for level 1 families:	What is your site's policy on the <u>maximum number of families</u> that <u>one</u> full-time home visitor (40 hours per week) can serve, if all families are <u>Level 1</u> ?
D3	What is your program's maximum FSW caseload for all levels	What is your site's policy on the <u>maximum number of families</u> that <u>one</u> full-time home visitor (40 hours per week) can serve, <u>across all levels</u> ?
D4	What is your program's recommended FSW caseload for level 1 families:	What is your site's <u>recommended number of families</u> per full-time home visitor if all families are <u>Level 1</u> ?
D5	What is your program's recommended FSW caseload for all levels:	What is your site's <u>recommended number of families</u> per full-time home visitor <u>across all levels</u> ?
	<b>What is your:</b>	
D6	Primary Curriculum (Select one)	Growing Great Kids Parents as Teachers HF San Angelo MELD MOM Project Nurturing Program Partners for Healthy Baby PIPE 24/7 Dad None Other ( <i>specify below</i> )
D7	Other Primary Curriculum	<i>Enter ONLY if you chose "Other" in above question</i>
D8	Secondary Curricula (check all that apply):	Growing Great Kids Parents as Teachers HF San Angelo MELD MOM Project Nurturing Program Partners for Healthy Baby PIPE 24/7 Dad None Other ( <i>specify below</i> )

D9	Other Curriculum 1	<i>Specify other curriculum you use that is not on the list above</i>
	Other Curriculum 2	<i>Specify other curriculum you use that is not on the list above</i>
	Other Curriculum 3	<i>Specify other curriculum you use that is not on the list above</i>
D10	Additional services your site offers to enrolled families (Check all that apply)	Family Social Parent group Fathers group Father engagement specialist Nurse consultation Doula Staff Clinician Moving Beyond Depression Tandon Mothers & Babies Program Other Depression Services Other service offered ( <i>specify below</i> )
D11	Other service offered	<i>Specify other services your site offers that are not on the list above</i>
D12	Enhancements Your Site Utilizes (check all that apply)	Centralized Intake Text Message Reminders Tablets or other device such as smartphones, iPad, or other electronic devices Engagement Strategies Staff Retention Strategies Other Enhancement ( <i>specify below</i> )
D11	Other Enhancements	<i>Specify other enhancements your site offers that are not on the list above</i>

Don't forget the Confirmation checkbox after you have entered and reviewed the information on this tab! Then, select Confirm and Submit!

# Thank You!