**Self-Study Progress Tracker**

This tool is provided to help you track progress in putting together the QEIP self-study and completing it through the self-study link. You do not submit this tracker – it is for your reference only. We recommend that you write out and save your descriptive responses to questions in the self-study in a Word document prior to typing them into the online self-study so you have a back-up. For individual standards, check the manual for the “*What Meets the Standard*” to determine if your program meets the criteria to rate the standard “met” and then, self-rate accordingly.

| Standard | Format | Evidence to Submit in the Self-Study | In Progress | Completed | Answered in onlineSelf-Study? | Will not meet |
| --- | --- | --- | --- | --- | --- | --- |
|  | Upload | [ ]  3 completed Family File Review Tools for 1-3 parent educators[ ]  6 completed Family File Review Tools for 4-6 parent educators[ ]  9 completed Family File Review Tools for 7+ parent educators \*See Appendix C for the standards related to the file reviews |[ ] [ ] [ ] [ ]
| Infrastructure & Leadership |
| 1 | Upload(s) | Policies and Procedures Manual \*See Appendix I for a complete checklist of expected policies and procedures |[ ] [ ] [ ] [ ]
|  | Answer Question | Yes/No regarding annual training |[ ] [ ] [ ]   |
|  | Answer Question | ⮡ If yes, date of annual training |[ ] [ ] [ ]   |
|  | Refer Back | Standard #1: Policy regarding new staff training on policies and procedures |[ ] [ ] [ ]   |
| 2 | Answer Question | Yes/No regarding previously uploaded protocols |[ ] [ ] [ ] [ ]
|  | Answer Question | ⮡ If yes, provide location |[ ] [ ] [ ]   |
|  | Upload  | ⮡ If no, Child Abuse and Neglect protocol |[ ] [ ] [ ]   |
|  | Upload  | ⮡ If no, Mental Health protocol  |[ ] [ ] [ ]   |
|  | Upload  | ⮡ If no, Intimate Partner Violence protocol |[ ] [ ] [ ]   |
|  | Upload  | ⮡ If no, Substance Use Disorder protocol |[ ] [ ] [ ]   |
|  | Answer Question | Yes/No regarding annual training |[ ] [ ] [ ]   |
|  | Answer Question | ⮡ If yes, date of annual training |[ ] [ ] [ ]   |
|  | Refer Back | Standard #1: Policy regarding new staff training on protocols |[ ] [ ] [ ]   |
| 3 | Answer Question | Description |[ ] [ ] [ ] [ ]
| 4 | Answer Question | Description |[ ] [ ] [ ] [ ]
| 5 | Answer Question | Yes/No regarding staff participation in community initiatives |[ ] [ ] [ ] [ ]
|  | Complete Table  | ⮡ If yes, Table A |[ ] [ ] [ ]   |
| 6 | Complete Table  | Table B |[ ] [ ] [ ] [ ]
| 7 | Refer Back | Most recently submitted Affiliate Plan | N/A | N/A |[ ] [ ]
| 8 | Answer Question | Yes/No regarding model components provided all 12 months of the year |[ ] [ ] [ ] [ ]
| 9 | Complete Table  | Table C (personal visits and group connections) |[ ] [ ] [ ] [ ]
| 10 | Answer Question | Yes/No regarding caseloads |[ ] [ ] [ ] [ ]
| Evaluation & Continuous Quality Improvement |
| 11 | Answer Question | Indicate use/versions of 16 records  |[ ] [ ] [ ] [ ]
|  | Upload | 14+ records *\*as applicable* |[ ] [ ] [ ]   |
| 12 | Refer Back | Standard #1: Data collection timelines for documenting each of the 16 records |[ ] [ ] [ ] [ ]
| 13 | Complete Table | Table D |[ ] [ ] [ ] [ ]
|  | Complete Table | Table E |[ ] [ ] [ ]   |
| 14 | Answer Question | Yes/No Data sharing |[ ] [ ] [ ] [ ]
|  | Complete Table  | ⮡ If yes, Table F |[ ] [ ] [ ]   |
| 15 | Upload | Summary of participant satisfaction data |[ ] [ ] [ ] [ ]
|  | Answer Question | Description |[ ] [ ] [ ]   |
| 16 | Upload | PDSA or comparable document |[ ] [ ] [ ] [ ]
| Staff Selection & New Parent Educator Development |
| 17 | Refer Back | Most recently submitted APR | N/A | N/A |[ ] [ ]
| 18 | Answer Question | Description |[ ] [ ] [ ] [ ]
| 19 | Complete Table  | Table G |[ ] [ ] [ ] [ ]
| 20 | Answer Question | Yes/No regarding job description  |[ ] [ ] [ ] [ ]
|  | Upload | ⮡ If no, parent educator job description |[ ] [ ] [ ]   |
|  | Answer Question | * ⮡ If yes, identify location
 |[ ] [ ] [ ]   |
|  | Answer Question | Yes/No |[ ] [ ] [ ]   |
|  | Answer Question | Yes/No |[ ] [ ] [ ]   |
|  | Answer Question | Yes/No |[ ] [ ] [ ]   |
|  | Answer Question | Yes/No |[ ] [ ] [ ]   |
| 21 | Answer Question | Yes/No regarding new hires *\*also pertains to standard 22* |[ ] [ ] [ ]  [ ]  |
|  | Complete Table  | ⮡ If yes, Table H |[ ] [ ] [ ]   |
|  |  | ⮡ And date(s) of each parent educator’s shadowing prior to training |[ ] [ ] [ ]   |
|  | Refer Back | Standard #1: Policy regarding new parent educator training preparation |[ ] [ ] [ ]   |
| 22 | Refer Back | ⮡ If yes, Table H |[ ] [ ] [ ] [ ]
|  |  | ⮡ And date(s) of each parent educator’s shadowing and of being  observed after training  *\*as applicable to training date(s)* |[ ] [ ] [ ]   |
|  | Refer Back | Standard #1: Policy regarding new parent educator training throughout 1st year |[ ] [ ] [ ]   |
| Supervision & Professional Development |
| 23 | Refer Back | Most recently submitted APR | N/A | N/A |[ ] [ ]
| 24 | Answer Question | Description  |[ ] [ ] [ ] [ ]
|  | Answer Question | Yes/No regarding supervisors’ caseload(s) |[ ] [ ] [ ]   |
|  | Answer Question | ⮡ If yes, description of supervisor’s reflective supervision |[ ] [ ] [ ]   |
|  | Answer Question | List |[ ] [ ] [ ]   |
|  | Upload | Reflective supervision record(s) |[ ] [ ] [ ]   |
| 25 | Answer Question | Description |[ ] [ ] [ ] [ ]
|  | Answer Question | Number of staff meeting in designated month |[ ] [ ] [ ]   |
|  | Upload | Staff meeting record(s) |[ ] [ ] [ ]   |
| 26 | Answer Question | Yes/No supervisor is a licensed mental health professional |[ ] [ ] [ ] [ ]
|  | Answer Question | ⮡ If yes, identify credentials |[ ] [ ] [ ]   |
|  | Answer Question | ⮡ If no, organization employs a licensed mental health consultant |[ ] [ ] [ ]   |
|  | Answer Question | ⮡ If yes, identify credentials |[ ] [ ] [ ]   |
|  | Upload | ⮡ If no, agreement with licensed mental health professional |[ ] [ ] [ ]   |
| 27 | Answer Question | Yes/No regarding diversity, equity and inclusion training |[ ] [ ] [ ] [ ]
|  | Answer Question | ⮡ If yes, date(s) of topic related professional development |[ ] [ ] [ ]   |
|  | Answer Question | Yes/No regarding caregiver and child health and wellness  |[ ] [ ] [ ]   |
|  | Answer Question | ⮡ If yes, date(s) of topic related professional development |[ ] [ ] [ ]   |
|  | Refer Back | Standard #2: Child Abuse and Neglect, IPV and Substance Abuse Protocol training dates |[ ] [ ] [ ]   |
| 28 | Answer Question | Yes/No regarding group connection observations |[ ] [ ] [ ] [ ]
|  | Answer Question | ⮡ If yes, yes/no regarding PAT Group Connection Observation tool |[ ] [ ] [ ]   |
|  | Complete Table | ⮡ If yes, Table I  |[ ] [ ] [ ]   |
|  | Answer Question | ⮡ If no, yes/no regarding different tool |[ ] [ ] [ ]   |
|  | Answer Question | ⮡ If yes, yes/no (x2) regarding content of tool |[ ] [ ] [ ]   |
|  | Upload | ⮡ And upload tool |[ ] [ ] [ ]   |
|  | Complete Table | ⮡ And Table I |[ ] [ ] [ ]   |
|  | Complete Table | ⮡ If no, Table I |[ ] [ ] [ ]   |
| 29 | Upload | Performance review record |[ ] [ ] [ ] [ ]
|  | Answer Question | Yes/No regarding performance reviews |[ ] [ ] [ ]   |
|  | Upload | ⮡ If yes, upload(s) |[ ] [ ] [ ]   |
|  | Complete Table | ⮡ And Table J |[ ] [ ] [ ]   |
| 30 | Answer Question | Description |[ ] [ ] [ ] [ ]
| Service Initiation and Participation |
| 31 | Upload | Informational material(s) (multiple languages, if applicable) |[ ] [ ] [ ] [ ]
|  | Answer Question | Description |[ ] [ ] [ ]   |
| 32 | Refer Back | Standard #1: Policy regarding waitlist and non-eligible families offered resources |[ ] [ ] [ ] [ ]
| 33 | Refer Back | Standard #1: Policy regarding 1st visit within 3 weeks of initial request |[ ] [ ] [ ] [ ]
| 34 | Answer Question | Description |[ ] [ ] [ ] [ ]
|  | Answer Question | Description |[ ] [ ] [ ]   |
| 35 | Answer Question | Based on content of affiliate uploaded *Family File Review Tools* |[ ] [ ] [ ] [ ]
| 36 | Answer Question | Based on content of affiliate uploaded *Family File Review Tools* |[ ] [ ] [ ] [ ]
| 37 | Answer Question | Description  |[ ] [ ] [ ] [ ]
| 38 | Answer Question | Description |[ ] [ ] [ ] [ ]
|  | Answer Question | Example |[ ] [ ] [ ]   |
| Assessment and Goal Setting |
| 39 | Answer Question | Description |[ ] [ ] [ ] [ ]
|  | Answer Question | Description |[ ] [ ] [ ]   |
| 40 | Answer Question | Description |[ ] [ ] [ ] [ ]
| 41 | Answer Question | Based on content of affiliate uploaded *Family File Review Tools* |[ ] [ ] [ ] [ ]
| 42 | Answer Question | Description |[ ] [ ] [ ] [ ]
| 43 | Answer Question | Based on content of affiliate uploaded *Family File Review Tools* |[ ] [ ] [ ] [ ]
| Personal Visits |
| 44 | Refer Back | Most recently submitted APR | N/A | N/A |[ ] [ ]
| 45 | Answer Question | Description |[ ] [ ] [ ] [ ]
| 46 | Answer Question | Based on content of affiliate uploaded *Family File Review Tools* |[ ] [ ] [ ] [ ]
| 47 | Answer Question | Description |[ ] [ ] [ ] [ ]
|  | Answer Question | Description |[ ] [ ] [ ]   |
|  | Answer Question | Description |[ ] [ ] [ ]   |
| 48 | Answer Question | Based on content of affiliate uploaded *Family File Review Tools* |[ ] [ ] [ ] [ ]
| 49 | Answer Question | Description |[ ] [ ] [ ] [ ]
| 50 | Answer Question | Description |[ ] [ ] [ ] [ ]
|  | Answer Question | Based on content of affiliate uploaded *Family File Review Tools* |[ ] [ ] [ ]   |
| 51 | Answer Question | Description |[ ] [ ] [ ] [ ]
|  | Answer Question | Description |[ ] [ ] [ ]   |
|  | Answer Question | Description |[ ] [ ] [ ]   |
|  | Answer Question | Description |[ ] [ ] [ ]   |
|  | Answer Question | Description |[ ] [ ] [ ]   |
| 52 | Answer Question | Based on content of affiliate uploaded *Family File Review Tools* |[ ] [ ] [ ] [ ]
| 53 | Answer Question | Description |[ ] [ ] [ ] [ ]
| 54 | Answer Question | Description |[ ] [ ] [ ] [ ]
| 55 | Answer Question | Based on content of affiliate uploaded *Family File Review Tools* |[ ] [ ] [ ] [ ]
| Group Connections |
| 56 | Answer Question | Description |[ ] [ ] [ ] [ ]
|  | Answer Question | Description |[ ] [ ] [ ]   |
| 57 | Complete Table | Table K |[ ] [ ] [ ] [ ]
| 58 | Answer Question | Yes/No regarding facilities and locations |[ ] [ ] [ ] [ ]
|  | Answer Question | Yes/No regarding access to appropriate materials |[ ] [ ] [ ]   |
| 59 | Answer Question | Identify source of record |[ ] [ ] [ ] [ ]
|  | Upload | 9 group connection planning guides and records  |[ ] [ ] [ ]   |
| 60 | Answer Question | Description |[ ] [ ] [ ] [ ]
|  | Answer Question | Description |[ ] [ ] [ ]   |
|  | Answer Question | Description |[ ] [ ] [ ]   |
| 61 | Answer Question | Description |[ ] [ ] [ ] [ ]
|  | Answer Question | Description |[ ] [ ] [ ]   |
| 62 | Answer Question | Description |[ ] [ ] [ ] [ ]
| 63 | Answer Question | Yes/No regard community resource representative  |[ ] [ ] [ ] [ ]
| Screening |
| 64 | Refer Back | Standard #1: Policy regarding annual instrument based hearing screening |[ ] [ ] [ ] [ ]
| 65 | Refer Back | Standard #1: Policy regarding annual instrument based vision screening |[ ] [ ] [ ] [ ]
| 66 | Answer Question | Yes/No previously uploaded Mental Health protocol |[ ] [ ] [ ] [ ]
|  | Refer Back | ⮡ If yes, identify location |[ ] [ ] [ ]   |
|  | Answer Question | ⮡ If no, NEXT to answer yes/no regarding depression screening |[ ] [ ] [ ]   |
|  | Answer Question | ⮡ If yes, answer/provide 5 descriptions related to depression screening |[ ] [ ] [ ]   |
| 67 | Answer Question | Yes/No previously uploaded IPV protocol |[ ] [ ] [ ] [ ]
|  | Refer Back | ⮡ If yes, identify location |[ ] [ ] [ ]   |
|  | Answer Question | ⮡ If no, NEXT to answer yes/no regarding IPV screening |[ ] [ ] [ ]   |
|  | Answer Question | ⮡ If yes, answer/provide 5 descriptions related to IPV screening |[ ] [ ] [ ]   |
| 68 | Answer Question | Description |[ ] [ ] [ ] [ ]
| 69 | Answer Question | Description |[ ] [ ] [ ] [ ]
|  | Answer Question | Description |[ ] [ ] [ ]   |
| 70 | Answer Question | Based on content of affiliate uploaded *Family File Review Tools* |[ ] [ ] [ ] [ ]
| 71 | Answer Question | Description |[ ] [ ] [ ] [ ]
|  | Answer Question | Description |[ ] [ ] [ ]   |
| 72 | Answer Question | Description |[ ] [ ] [ ] [ ]
|  | Refer Back | Standard #1: Policy regarding resource connection for further assessment |[ ] [ ] [ ]   |
| 73 | Refer Back | Standard #11: *Child Health Record* and *Parent/Guardian Information Record* |[ ] [ ] [ ] [ ]
|  | Answer Question | Yes/No regarding optional contraception question on record |[ ] [ ] [ ]   |
|  | Answer Question | ⮡ If no, description addressing topic of family planning |[ ] [ ] [ ]   |
| Resource Network |
| 74 | Answer Question | Example |[ ] [ ] [ ] [ ]
|  |  | Description |[ ] [ ] [ ]   |
| 75 | Answer Question | Yes/No regarding written agreement with community organizations |[ ] [ ] [ ] [ ]
|  | Upload | ⮡ If yes, upload 2 written agreement with community organizations |[ ] [ ] [ ]   |
| 76 | Answer Question | Yes/No regarding use of resource network directory |[ ] [ ] [ ] [ ]
|  | Answer Question | ⮡ If yes, yes/no regarding whether it is online |[ ] [ ] [ ]   |
|  | Answer Question | ⮡ If yes, provide link |[ ] [ ] [ ]   |
|  | Upload | ⮡ If no, upload resource network directory \*may be table of contents or index page of directory |[ ] [ ] [ ]   |
| 77 | Answer Question | Description |[ ] [ ] [ ] [ ]
| 78 | Answer Question | Description |[ ] [ ] [ ] [ ]
| 79 | Answer Question | Description |[ ] [ ] [ ] [ ]
| 80 | Answer Question | Description |[ ] [ ] [ ] [ ]
|  |  | Description |[ ] [ ] [ ]   |
| 81 | Answer Question | Based on content of affiliate uploaded *Family File Review Tools* |[ ] [ ] [ ] [ ]
| Additional Tabs |
| Optional Comments  | Opportunity to clarify/explain any standards*\*Identify each comment by the corresponding standard number* |[ ] [ ] [ ]  N/A |
| Uploads Check *\*optional*  | Opportunity to help ensure uploaded documents are present*\*Will not be automatically populated, this is a self-check list* |[ ] [ ] [ ]  N/A |
| Total Score | Opportunity to see what your self-rated score is at any point*\*Shows overall score and scores specific to each section* |[ ] [ ]  N/A | N/A |
| Optional Question | Opportunity to describe a success story *\*May be used for publicity purposes if you receive the Blue Ribbon* |[ ] [ ] [ ]  N/A |
| Submit | Opportunity to review self-study as a whole, save a PDF version and submit final self-study to National Center |[ ] [ ] [ ]  N/A |