CYFD provides a comprehensive data management system for home visiting programs. All programs must document client information and service activities in the data system within five days of an activity (See Home Visiting Program Standard 9.4). This includes entering service notes.

**Documentation must be thorough and complete.** CYFD requires service notes to include aspects of what was seen, heard and observed so that if a chart is subpoenaed, all factual issues are stated and nothing is left out. This will support any action necessary to support the safety of children. Documentation must be written behaviorally and factually without interpretation and judgment/assessment of events. It is also important to use respectful language throughout the service note as a family has a right to see their case file, including your notes at any time.

**CYFD does not endorse a particular note-taking model.** Thus, as long as the service note accurately captures the visit and accurately portrays the family’s situation, each program is free to use whichever model they choose. This Guidance Document provides an overview of two note-taking models: The DAP Note and Snapshot of Visit.

**Service Note: What should it cover?**

The service note allows the home visitor to document information that is not captured by the drop-down menus. When writing the service note, think about the baby, the parent-child interaction and significant events that occurred during the visit. It may be helpful to describe the sequence of events during the visit (what happened/what was discussed first, then second etc.) Service notes may include details on the following:

- Parent/Child interactions
- Family Health
- Screening Tools, including results/risk scores
- Goals
- Referrals made
- Strengths/Protective factors
- Risk factors
- Social supports
- Curriculum

**Drop-Down Menus**

It is not sufficient to *only* utilize the drop-down menus. **Every documented home visit must be accompanied by a service note.** The dropdown items are designed to be an integral part of the service note. They provide more specific information on what was discussed during the home visit. In many cases, selecting an action item becomes self-explanatory as the documentation for that item. In other cases, selecting an item from the drop-down menu will require a brief explanation in the service note. For example, if you select “Parent-Child Interaction Observed,” the home visitor should describe what was observed in the service note. There is no requirement that every dropdown category get checked. Only check those items that apply to your specific home visit.

**DAP Notes**

DAP stands for Data, Assessment, and Plan:

**DATA:** This portion of the note focuses on the facts of the visit. This includes any observations the home visitor makes (for example, the interactions the parent had with the child), statements made by the parent, and any
significant actions/occurrences that took place during the visit. This is also an area where the home visitor can discuss progress on the family’s goal(s). The key is to objectively state what occurred during the visit.

**Example:** Data: Baby began crying and immediately mom went over to baby, picked him up and began feeding. Mom stated she was worried about her milk production and that baby is not gaining weight. Baby appears healthy, but has well-baby check-up next week. Encouraged mom to discuss concerns with her baby’s pediatrician.

**ASSESSMENT:** Based on the data that was recorded, the home visitor should reflect on what they observed or heard. Using their professional judgment, the home visitor should assess the situation.

**Example:** Assessment: Mom appears to be in tune with baby’s needs. Mom open to discussing baby’s weight with pediatrician.

**PLAN:** Based on the Data and Assessment sections, the home visitor will describe the next steps they will take with the family to provide them with support and to help them achieve their goals. The home visitor should include when the next visit or contact with the family is expected, any tools or requested information the home visitor should bring to the next visit, and any referrals that will need to be followed up on.

**Example:** Plan: Mom will talk to her doctor about baby’s weight and her milk production. Will follow-up with mom on whether she discussed concerns with pediatrician. Will discuss supplementing feedings and continue to explore mom’s concerns at the next visit on February 18, 2016.

**Snapshot of Visit**

The Snapshot is similar to a DAP note, however, there is no “assessment” portion. In the Snapshot, you will focus on the facts of the visit, including observations and statements made by the family. The Snapshot format has two steps:

1) **Snapshot of the visit including progress (or barriers) towards family’s goals:** This includes any observations the home visitor makes (for example, the interactions the parent had with the child) statements made by the parent, and any significant actions/occurrences that took place during the visit. This is also an area where the home visitor can discuss progress on the family’s goal. The key is to objectively state what occurred during the visit.

**Example:** Mom, Dad, and Baby were present at the visit. Baby was sleeping in her crib when home visitor arrived. Mom stated that baby had her 1-month checkup last week and doctor said baby is in good health. Mom stated she was worried about how she would manage Baby when Dad returns to work next week. Mom states she sometimes feels overwhelmed when baby continuously cries. Discussed mom’s concerns and created a safety plan addressing what mom will do when she begins to feel overwhelmed. Left plan with Mom. Baby began crying and mom immediately went over to baby, rocked her back and forth and spoke to her in a soothing tune. Baby stopped crying. Pointed out to mom what a good job she was doing in soothing her baby.

2) **What will you do on the next visit?**

   a. Based on what happened at this visit, what are the next steps you will take to provide support to the family and how will you help them achieve their goals? When will the next visit or contact with the family occur? What tools or requested information should you bring to the next visit? Are there any referrals that will need to be followed up on?
**Example:** Scheduled next visit for February 22, 2016. At this visit will follow-up with mom on how she is coping with Dad going back to work and whether she has utilized any of the strategies we created in her safety plan.

**Reviewing Service Notes**

After a service note is completed, it is important to review what you have written. It is also important to make sure that the appropriate drop-down items are checked. Here is a list of questions to consider when reviewing your service note:

1. If another person observed this home visit, would they describe this visit in the same way? Same sequence, same events, same perceptions?
2. If another person read the service notes, would they have a clear understanding of the family’s situation?
3. If a parent asked to see this service note, would they agree with what is written (i.e. is what you wrote accurate, and non-judgmental?).
4. Does this service note provide enough information to help guide the next visit?

**Phrases to Use**

Here are some suggested phrases to use throughout your service note to help remain objective.

- Mom/Dad stated
- Discussed
- Addressed
- Mom/Dad reported
- Followed-Up (describe what you talked about)
- Reflected on
- Checked-in on (describe what you talked about)
- Summarized (describe what you talked about)
- Observed
- Explained
- Described

Remember, a service note is required for every home visit and should paint an accurate picture of the visit and the family you are working with. Your agency may require additional information in the Service Note, such as the length of the visit and the travel time it took for you to get to and from the visit. If you need further guidance on how to write a service note, talk to your supervisor. If additional guidance is needed, please contact your assigned Center for Development and Disability Training and Development Consultant.