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BASICS HEALTHY TIMING AND SPACING OF PREGNANCY TOOLKIT

SUPPORTIVE SUPERVISION CHECKLIST ON HTSP AND FAMILY PLANNING FOR HEALTH FACILITIES



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Supportive Supervision Checklist on Child Spacing and Family Planning for Health Facilities

| | | |
|---------------------------------|----------|---------------------------------------|
| Name of the health centre: | | Date of supervision:...../...../..... |
| Sub-district/municipality/Zone: | | Name of Supervisor: |
| District: | | Designation: |
| Time Supervision | Started: | Ended: |

1. Basic information on child spacing and family planning (Ask the health care workers to provide you with these information)

| | | |
|---|--|---|
| 1.1.1 Do you offer child spacing/family planning services at this facility? | Yes ___ | No ___ |
| 1.1.2 How many people are covered by your services at this facility | | |
| 1.1.3 How many women of reproductive are covered by this service | | |
| 1.1.4 How many children under the age of 5 are covered by your services | | |
| 1.1.5 What family planning methods do you provide most at this facility? (check as many as apply) | <input type="checkbox"/> NFP | <input type="checkbox"/> Condom |
| | <input type="checkbox"/> COC/POP | <input type="checkbox"/> Injectables |
| | <input type="checkbox"/> IUD | <input type="checkbox"/> Norplant |
| | <input type="checkbox"/> Tubectomy | <input type="checkbox"/> Vasectomy |
| 1.1.6 What MCH program do you utilize to provide child/FP spacing information to clients (check as many as apply) | <input type="checkbox"/> FP Clinic only | <input type="checkbox"/> IMCI |
| | <input type="checkbox"/> ANC | <input type="checkbox"/> PNC |
| | <input type="checkbox"/> Immunization | <input type="checkbox"/> Outpatient |
| | <input type="checkbox"/> Ward admissions | <input type="checkbox"/> Nutrition clinics |
| | <input type="checkbox"/> Community out reach-SISCa | <input type="checkbox"/> Others: Please specify |

1.2 Health services organisation (to be completed mainly through observation except item 1.2.9)

| | | |
|--|---------|--------|
| 1.2.1 Has Child Spacing/ Family Planning room been established? | Yes ___ | No ___ |
| 1.2.2 Is there any available seating area for client/s? | Yes ___ | No ___ |
| 1.2.3 Enough space to see client/s? | Yes ___ | No ___ |
| 1.2.4 Chair and Table for health worker and client/s? | Yes ___ | No ___ |
| 1.2.5 Flip chart in use? | Yes ___ | No ___ |
| 1.2.6 IEC materials on wall? | Yes ___ | No ___ |
| 1.2.7 IEC material available to give to client | Yes ___ | No ___ |
| 1.2.8 Enough space and well organized storage family planning commodities and equipment | Yes ___ | No ___ |
| 1.2.9 Do you provide group education to clients on child spacing/family planning messages (If you did not observe a session, please ask the provider) | Yes ___ | No ___ |
| Family Planning Practices | | |
| 1.2.10 Procedure done in private room | Yes ___ | No ___ |
| 1.2.11 Hand-washing available in procedure room (disposable towels, individual towels, assisted hand washing procedure if no running water is available) | Yes ___ | No ___ |
| 1.2.12 Adequate lighting available in procedure room | Yes ___ | No ___ |
| 1.2.13 Sharps box within arms length of provider | Yes ___ | No ___ |
| 1.2.14 Well ventilated room for family planning procedure | Yes ___ | No ___ |
| 1.2.15 Complete equipment kit available for FP procedure | Yes ___ | No ___ |

Scoring of CS/FP service organization: give 1 point for each **YES** answer in this section
Score: -----X 100=%
15

If any problem is found related to Child Spacing room, what actions are needed to be taken? Develop and ensure support plan also. Identified problem(s):

| | |
|---|---|
| Action/s to be taken by supervisee: | Action/s to be taken by supervisor: |
| Who should be responsible to implement action? | Who should be responsible to implement action? |

1.3 Family Planning materials in FP room for demonstration: These items should be seen visibly displayed in the FP room especially during client-provider counselling.

| | | |
|--|---------|--------|
| 1.3.1 Condoms? | Yes ___ | No ___ |
| 1.3.2 Phallus? | Yes ___ | No ___ |
| 1.3.3 Standard Days Method (SDM) beads? | Yes ___ | No ___ |
| 1.3.4 Intra-uterine device (IUD)? | Yes ___ | No ___ |
| 1.3.5 Injectables? | Yes ___ | No ___ |
| 1.3.6 Implants? | Yes ___ | No ___ |
| 1.3.7 Progesterone only pill (POP)? | Yes ___ | No ___ |
| 1.3.8 Combined oral contraceptive (COC)? | Yes ___ | No ___ |

Scoring of FP demonstration readiness : give 1 point for each **YES** answer (sum up scores 1.3.1-1.3.10)
Score: -----X 100 =%
8

If any problem is found related to demonstration materials, what actions are needed to be taken? Develop and ensure support plan also.

Identified problem(s):

| | |
|---|---|
| Action/s to be taken by supervisee: | Action/s to be taken by supervisor: |
| Who should be responsible to implement action? | Who should be responsible to implement action? |

2. Clinical staff trained on Child Spacing/ Family Planning?

| Clinical staff | Total at post | Available staff against post (2.1) | Number of clinical staff trained in CS/FP (2.2) | % of available clinical staff trained in CS/FP | # staff received refresher training on CS/FP (2.3) | Number of clinical staff supported by follow-up after training (2.4) |
|----------------|---------------|------------------------------------|---|--|--|--|
| Doctor | | | | | | |
| Nurse | | | | | | |
| Midwife | | | | | | |
| Others | | | | | | |

Scoring clinical staff capacity on CS/FP: give 1 point for each number above zero in columns 2.1-2.4)
Score: -----X 100 =%
4

If any problem related to CS/FP training and staff is found, discuss with respective officer-in-charge of health centre and make a plan. Develop and ensure support plan also.

Identified problem(s):

| | |
|---|---|
| Action/s to be taken by supervisee: | Action/s to be taken by supervisor: |
| Who should be responsible to implement action? | Who should be responsible to implement action? |

3. Quality of CS/FP counselling (Competent and Caring Counseling in child spacing and family planning)

Name of the provider:.....

Designation:.....

Time Counseling STARTED:

Time Counseling ENDED:

Total Duration of Counseling Session(in minutes) (Subtract the start time from the end time):

3.1 Client-Provider Consultation observation (observe one client-provider counselling session on child spacing before the client is provided with her method of choice. Use “GATHER” method as a guide. Use simulations or role play if no new clients are available for this session at the time of supervision)



G — Greet
A — Ask
T — Tell
H — Help
E — Explain
R — Return

Note: The underlined words or activities in each subsection is a Must- Say- or- Do activity to merit a “Yes” score

| | | | |
|--------|--|------|-----|
| 3.1 | Did provider follow Family Planning guideline during: | | |
| 3.1.1 | Provider establishes a cordial relationship with client and identifies her needs. (E.g. Provider greets client, offers seat, proper self introduction, <u>confirms biographic information of client card</u> , assures client of confidentiality and privacy, ask client of birth spacing and FP needs/purpose of visit) | Yes_ | No_ |
| 3.1.2 | Provider uses interpersonal communication skills during counselling (E.g. <u>Provider encourages client to ask questions and address her concerns, uses listening and questioning technique, maintains eye contact, uses language that client understands, friendly non verbal communication, maintains close seating contact with client(at 45 degrees angle seating with client), uses visual-aids during counselling, and shows method samples</u>) | Yes_ | No_ |
| 3.1.3 | Counsellor provides information on birth spacing and family planning. | Yes_ | No_ |
| 3.1.4 | Explores clients knowledge of birth spacing and family planning and corrects misconceptions if any | Yes_ | No_ |
| 3.1.5 | Explains the three key messages* in birth spacing after a live birth, an abortion and for adolescents (The three key messages on child spacing are: 1) After a live birth , the recommended interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, perinatal and infant outcomes; 2) After a miscarriage or induced abortion , the recommended minimum interval to next pregnancy is at least six months in order to reduce risks of adverse maternal and perinatal outcomes; and 3) Adolescents need to use an effective FP method of their choice consistently until they are <u>18 years old before trying to become pregnant</u> . * WHO recommendations) | Yes_ | No_ |
| 3.1.6 | Informs client about the recommended birth interval after a normal birth (This interval should not be less than 2 years and not more than 5 years before planning for another pregnancy after a live birth) | Yes_ | No_ |
| 3.1.7 | Explains the benefit of child spacing for the mother, baby, and family (Practicing the three key messages in child spacing <u>improves survival of mother and child, decreases death of mother and child, healthy child, health mother. Lower risk of fetal death, neonatal death, infant and child death, low birth weight, preterm births, small for gestational age, under weight and stunting n the child and lower risk of anemia, third trimester bleeding, premature rupture of membranes, puerperal infections and maternal death in the mother</u>) | Yes_ | No_ |
| 3.1.8 | Explains risks of high fertility on mother and baby (Not practicing the three key messages on child spacing <u>increased risk of fetal death, neonatal death, infant and child death, low birth weight, preterm births, small for gestational age, under weight and stunting n the child and increases risk of anemia, third trimester bleeding, premature rupture of membranes, puerperal infections and maternal death in the mother</u>) | Yes_ | No_ |
| 3.1.9 | Provider informed client on the return of fertility even before commencement of menstruation and the risk of pregnancy before then if couples do not use family planning method for protection. | Yes_ | No_ |
| 3.1.10 | Informs client of available family planning methods and referral options as necessary | Yes_ | No_ |

| | | | |
|---|--|---|-----|
| 3.1.11 | Demonstration and explanation of contraceptive method including: (<u>LAM</u> (Lactation Amenorrhoea Method, <u>natural family planning (standard days method, fertility awareness methods), barrier methods (condoms-male and female, spermicides, diaphragm, cervical caps), hormonal methods (COC/POP, Injectables, Implants), IUD, and permanent methods</u> (tubectomy and vasectomy as appropriate)) | Yes_ | No_ |
| 3.1.12 | Did provider inform client of specific advantages/ disadvantages of specific method? | Yes | No_ |
| 3.1.13 | Explores clients interest in a method and helps her to arrive at the best method of her choice | Yes_ | No_ |
| 3.1.14 | Provider confirms client's contraceptive method of choice | Yes_ | No_ |
| 3.1.15 | Provider rules out current pregnancy (Explain to client the importance to confirm that she is not pregnant, assures client is within 7 days of the onset of menses, and rules out pregnancy if beyond day 7) | Yes_ | No_ |
| 3.1.16 | Appropriate screening criteria and medical eligibility criteria before commencing any method of choice (Provider asked questions to exclude cardiovascular diseases (<u>High Blood Pressure, heart disease, deep vein thrombosis, stroke</u>), <u>diabetes</u> , reproductive tract infections and disorders including cancers, anemias and drug interactions) | Yes_ | No_ |
| 3.1.17 | Did provider explain when method could be started? | Yes_ | No_ |
| 3.1.18 | Did provider explain potential side effects and what to do if they occurred? | Yes_ | No_ |
| 3.1.19 | Explains that none of the methods protects against STIs except correct and consistent use of condoms | Yes_ | No_ |
| 3.1.20 | Did provider ask client for feedback (what she understood)? | Yes_ | No_ |
| 3.1.21 | Counsellor provides information on referral and next appointment | Yes_ | No_ |
| 3.1.22 | Did provider use Family Planning form/register? | Yes_ | No_ |
| 3.1.23 | Provider documents discussion and findings on FP register and client card | Yes_ | No_ |
| 3.1.24 | Did provider use the consent form with the client? | Yes_ | No_ |
| 3.1.25 | Did provider make sure of privacy in the counselling (no one else in room)? | Yes_ | No_ |
| 3.1.26 | Did provider demonstrate how to use the method that is in stock at the facility? | Yes_ | No_ |
| Scoring of skills of provider: give 1 point for each YES answer (sum up the YES scores from 3.1.1 to 3.26) | | | |
| Score: -----X 100=% | | | |
| 26 | | | |
| Share your findings from observational sessions with provider. Praise things done well and discuss on the identified weakness, show how it could be done. Ask provider, does s/he have any problem regarding assessment, classification, treatment, counselling, follow-up etc. If s/he has, try to solve the problem instantly. Note down the decisions which have been taken to improve the skills and continue the practices: | | | |
| Identified strength: | | Identified weaknesses: | |
| Action/s to be taken by supervisee: | | Action/s to be taken by supervisor: | |
| Who should be responsible to implement action? | | Who should be responsible to implement action? | |
| 3.2 Interview with client (after provider-client counselling session) | | | |
| 3.2.1 | Was client satisfied with the counseling session? | Yes_ | No_ |
| 3.2.2 | Did the provider answered all your questions to your satisfaction? | Yes | No |
| 3.2.3 | Who advises client to seek care from this centre? | | |
| 3.2.4 | Does client understand how to use the method? | Yes_ | No_ |
| 3.2.5 | Did client know the recommended birth interval after a normal child birth? | Yes_ | No_ |
| 3.2.6 | Did provider explain correctly how to use family planning method? | Yes_ | No_ |
| 3.2.7 | Did client know the duration of action of the method of her choice | Yes_ | No_ |
| 3.2.8 | Did provider explain correctly what to do if there are problems/ side effects? | Yes_ | No_ |
| 3.2.9 | Did provider explain when to return to health centre for follow-up? | Yes_ | No_ |
| 3.2.10 | Will client like to recommend birth spacing services to her friends and family | Yes_ | No_ |

| | |
|--|---|
| Scoring of skills of provider: give 1 point for each YES answer (sum up all the YES scores in this section) | |
| Score: | -----X 100=% 10 |
| <i>If any problem is found related to client satisfaction, what actions are needed to be taken?</i> | |
| Identified problem(s): | |
| Action/s to be taken by supervisee: | Action/s to be taken by supervisor: |
| Who should be responsible to implement action? | Who should be responsible to implement action? |

4. Infection Prevention and Control in Family Planning Procedure Room

| | | |
|---|------|-----|
| 4.1 Do they use disposable syringes during IM/IV injection? | Yes_ | No_ |
| 4.2 Safety precaution taken while giving injection? (wearing gloves, not recapping needles etc) | Yes_ | No_ |
| 4.3 Water or alcohol hand rub for hand hygiene in the FP procedure room? | Yes_ | No_ |
| 4.4 Soap and/ or disinfectant for washing hands? | Yes_ | No_ |
| 4.5 Sharps box with cover? | Yes_ | No_ |
| 4.6 Sterilizer/Autoclave is available for FP equipment sterilization | Yes_ | No_ |
| 4.7 Proper waste disposal mechanism (incinerator with fence, covered pit etc) | Yes_ | No_ |

| | |
|---|-------------------------|
| Scoring on infection control : give 1 point for each YES answer in this section | |
| Score: | -----X 100=% 7 |

If any problems related to the infection control at FP procedure room are found, what actions are needed to be taken? Develop and ensure support plan also.

Identified problem(s):

| | |
|---|---|
| Action/s to be taken by supervisee: | Action/s to be taken by supervisor: |
| Who should be responsible to implement action? | Who should be responsible to implement action? |

5. Family Planning Logistics and Supplies (make a tick for Y or N)

| FP Logistics and Supplies | Available? | Records Observed | Remarks |
|--|------------|------------------|---------|
| 5.1 FP Register | Y__ N__ | Y__ N__ | |
| 5.2 Separate FP Counseling Register | Y__ N__ | Y__ N__ | |
| 5.3 Referral book | Y__ N__ | Y__ N__ | |
| 5.4 Family Planning guideline | Y__ N__ | Y__ N__ | |
| 5.5 Family Planning flipchart | Y__ N__ | Y__ N__ | |
| 5.6 Family Planning Monthly Reporting Form | Y__ N__ | Y__ N__ | |
| 5.7 Requisition book for FP | Y__ N__ | Y__ N__ | |
| 5.8 Stock Card/Inventory/Bin Card for FP | Y__ N__ | Y__ N__ | |
| 5.9 Adequate forecasting for FP needs | Y__ N__ | Y__ N__ | |
| 5.10 Is there any plan to ensure regular supplies of FP at the health facility | Y__ N__ | Y__ N__ | |

5. Family Planning Logistics and Supplies (make a tick for Y or N)

| FP Logistics and Supplies | Available? | Records Observed | Remarks |
|--|------------|------------------|---------|
| 5.1 FP Register | Y__ N__ | Y__ N__ | |
| 5.2 Separate FP Counseling Register | Y__ N__ | Y__ N__ | |
| 5.3 Referral book | Y__ N__ | Y__ N__ | |
| 5.4 Family Planning guideline | Y__ N__ | Y__ N__ | |
| 5.5 Family Planning flipchart | Y__ N__ | Y__ N__ | |
| 5.6 Family Planning Monthly Reporting Form | Y__ N__ | Y__ N__ | |
| 5.7 Requisition book for FP | Y__ N__ | Y__ N__ | |
| 5.8 Stock Card/Inventory/Bin Card for FP | Y__ N__ | Y__ N__ | |
| 5.9 Adequate forecasting for FP needs | Y__ N__ | Y__ N__ | |
| 5.10 Is there any plan to ensure regular supplies of FP at the health facility | Y__ N__ | Y__ N__ | |

Scoring on infection control : give 1 point for each **YES** answer in this section

Score: -----X 100=%
10

If any problems related to the FP logistics and supplies, what actions are needed to be taken? Develop and ensure support plan also.

Identified problem(s):

Action/s to be taken by supervisee:

Who should be responsible to implement action?

Action/s to be taken by supervisor:

Who should be responsible to implement action?

| 6. FP Commodities and Equipment | Available? | Adequate stock for three months? | Any expired? | Remarks |
|---|------------|----------------------------------|----------------|---------|
| 6.1 Condoms | Y__ N__ | Y__ N__ | Y__ N__ | |
| 6.2 Standard Days Method (SDM) beads | Y__ N__ | Y__ N__ | Y__ N__ | |
| 6.3 Intra-uterine device (IUD) | Y__ N__ | Y__ N__ | Y__ N__ | |
| 6.4 Injectables | Y__ N__ | Y__ N__ | Y__ N__ | |
| 6.5 Implants | Y__ N__ | Y__ N__ | Y__ N__ | |
| 6.6 Progesterone only pill (POP) | Y__ N__ | Y__ N__ | Y__ N__ | |
| 6.7 Combined oral contraceptive (COC) | Y__ N__ | Y__ N__ | Y__ N__ | |
| 6.8 Complete equipment kit available for IUD insertion and removal | Y__ N__ | Not Applicable | Not Applicable | |
| 6.9 Complete equipment kit available for Norplant insertion and removal | Y__ N__ | Not Applicable | Not Applicable | |

Scoring on FP commodities : In this section, give 1 point for each **YES** answer for availability and 1 point for adequate stock for three months

Score: -----X 100=%
16

If any problems related to the FP commodities and equipment, what actions are needed to be taken? Develop and ensure support plan also.

Identified problem(s):

| | |
|--|--|
| Action/s to be taken by supervisee: Who should be responsible to implement action? | Action/s to be taken by supervisor: Who should be responsible to implement action? |
|--|--|

7. FP Data Management (From the review of FP Register, Monthly Reporting Form, Client FP Card)

| | | |
|---|------|-----|
| 7.1 Do they prepare monthly report on child spacing/FP? | Yes_ | No_ |
| 7.2 Did they send monthly report of the previous month to the district? | Yes_ | No_ |
| 7.3 Was the facility copy of the report retained and stored away in an easily accessible place? | Yes_ | No_ |
| 7.4 Was the record well organized and stored away for easy access? | Yes_ | No_ |

Ask Provider to show report and look for the following data:

| | | |
|---|------------------------|---------------------------|
| 7.5 Total clients counselled at the facility on the day of supervision: | Yes_ (Available) | No (Not Available) |
| 7.6 Total FP/CS client in the previous month(indicate month and year): | Yes (Record Available) | No (Record not available) |
| If Yes please indicate the following: | | |
| (i) Number of First visits.... | | |
| (ii) Number of Follow-up Visits..... | | |
| (iii) Caseload:/provider/day (divide # of clients with # of FP providers for that day) | | |
| 7.7 Correct tallying of FP methods provided in the month | Yes_ | No_ |
| 7.8 Register indicates number of FP clients counselled for the month | Yes_ | No_ |
| 7.9 Individual FP Client record or register maintained? | Yes_ | No_ |

If yes, for Question 7.9 (Request to see the FP Register. Review the first ten case recording on the day of visit or within previous one week. Use information from the register to complete the following table:

| | | | | | | | | | | | | |
|---|---------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|------------|----------|
| Indicators for quality of records for FP (Please examine ten clients records on the register and comment on the completeness of the following information) | <u>Assess the register book</u> | | | | | | | | | | | |
| Assessment | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Sum | % |
| 7.10 Screening or eligibility criteria is correct | | | | | | | | | | | | |
| 7.11 Follow-up appointment correctly documented | | | | | | | | | | | | |
| 7.12 Method start date correct indicated on register | | | | | | | | | | | | |
| 7.13 Referrals documented on the register (Necessary referral made, including referral note and pre-treatment) | | | | | | | | | | | | |

Scoring on quality data for FP services: give 1 point for each **YES** answer. Sum up all the Yes in this section
Score: -----X 100=%
 13

Ask them, what problems do they encounter in filling up the FP register, HMIS? And try to solve the problems

Identified problem(s):

| | |
|---|---|
| Action/s to be taken by supervisee: | Action/s to be taken by supervisor: |
| Who should be responsible to implement action? | Who should be responsible to implement action? |

8. Supervision:

| | |
|---|---|
| 8.1 Did someone from DHS or the Supervision team visit this centre for supervision in child spacing /FP supervision in last three months (quarter)? | Yes..... NO..... |
| 8.2 Were you satisfied with the outcome of the supervision experience | Yes..... NO..... |
| 8.3 Ask them to give you the last supervision report? Yes(Available) No (Not Available) | Date/...../..... Supervisors designation..... |
| 8.4 Progress of the last decision/s which was/were taken during last visit? | Yes-Some progress made No – No progress, status same |

Scoring on Supervision: give 1 point for each **YES** answer in this section

Score: $\frac{\text{-----} \times 100}{4} = \text{.....}\%$

Ask them, what problems do they encounter during supervision? And try to solve the problems

Identified problem(s):

| | |
|---|---|
| Action/s to be taken by supervisee: | Action/s to be taken by supervisor: |
| Who should be responsible to implement action? | Who should be responsible to implement action? |
| Signature of Supervisee: _____ | Signature of Supervisor: _____ |
| Date:/...../..... | Date:/...../..... |

9. TOTAL SCORE FROM ALL SECTIONS: _____

(Add up all the scores from all the different sections and divide by the denominator. A quality child spacing and FP services is rated as scoring 80% or more).

Outcome: Poor: <20%-40%; Fair: 40%-60%; Good: 60%-80%; Excellent: > 80%

Final Grade: POOR FAIR GOOD EXCELLENT

10. SUMMARY OF: (Jointly discussed by Supervisee and Supervisor)

A. STRENGTHS:

B: WEAKNESES:

C. FOLLOW ON STEPS FOR IDENTIFIED WEAKNESS(S) FOR SUPERVISEE AND SUPERVISOR:

D. WHO IS RESPONSIBLE FOR THE IMPLEMENTATION OF THE ACTIONS IDENTIFIED?

E. TIMELINE FOR THE ACCOMPLISHMENT OF THE INDIVIDUAL TASKS AND ACTIONS PLANS

Signature of Supervisee: _____

Signature of Supervisor: _____

Date:/...../.....

Date:/...../.....

11. DATE FOR NEXT SUPERVISION:

Please leave a copy of signed report to respective facility before leaving and send one copy to district within 7 days of visit.