

RPPC Site Visit Form
FY 2013-2014

GENERAL/FACILITY INFORMATION

Facility Name: _____ Facility MCH Code: _____

Primary Contact Name/Title: _____ Phone #: _____

Facility Staff Present for Site Visit (Names/Titles):

Date of Site Visit: ____/____/____ Prior year live birth census: _____

Current Level of Care: Normal Newborn [Intermediate Community Regional] → CCS-designated? Yes No

RCAs (list): _____

Transfer/Transport Agreements (list): _____

DATA REVIEW

Transport/CPeTS data reviewed (e.g., TRIPS scores, time from maternal admit to birth, etc.)? No Yes

Breastfeeding data reviewed (e.g., in-hospital breastfeeding initiation rates, mPINC, MIHA)? No Yes

California Maternal Data Center (CMDC) reviewed (e.g., clinical quality/practice and data quality indicators)? No Yes

Other data reviewed (e.g., JC core measure data, CPQCC)? No Yes

QUALITY IMPROVEMENT INITIATIVES/COLLABORATIVES

CMQCC (list topics):

CPQCC (list topics):

Other (e.g., CCHD screening status, Infant Feeding Act):

RESOURCES PROVIDED AT TODAY'S SITE VISIT

ADDITIONAL COMMENTS

FOLLOW-UP

Item	Date of Completion	
	Estimate	Actual