



DAY ONE MONTHLY REPORT

Hospital: _____

Person Reporting: _____

Telephone Number: _____ Email Address: _____

Month: _____ Year: _____

West Virginia Hospital Association
100 Association Drive
Charleston, WV 25311

Fax: (304) 344-9745 ~ Telephone: (304) 344-9744 ~ Email: ckittle@wvha.org

Please complete the following for each month:
(Please complete this form by the 15th of each month and return to the above address)

- Total number of births: _____
- Total number of families receiving DAY ONE information: _____
- Total number of families who viewed the DAY ONE video: _____
Prenatal: _____ Postnatal: _____
- Total number of families who viewed the SECOND HAND SMOKE video:
Prenatal: _____ Postnatal: _____
- Total number of families receiving the "Building Blocks for a Bright Baby" booklets:
Prenatal: _____ Postnatal: _____
- Total number of families receiving other educational items supplied by DAY ONE:
Prenatal: _____ Postnatal: _____
- Total number of families that received resource/referral information:
Prenatal: _____ Postnatal: _____
- Total number of visits to new parents by a volunteer: _____
- Total number of visits to new parents by hospital staff: _____
- Other comments or suggestions regarding the DAY ONE Program:
