

Good Life. Great Mission.

**DEPT. OF HEALTH AND HUMAN SERVICES** 



## Nebraska Newborn Hearing Hospital Champion Campaign Annual Audit Form



Date	Time of Audit	Room Number	Newborn Hearing Screening Results	Results discussed using NCHAM scripts	Parent received education card(s) as appropriate
			PASS/REFER	YES/NO	YES/NO
			PASS/REFER	YES/NO	YES/NO
			PASS/REFER	YES/NO	YES/NO
			PASS/REFER	YES/NO	YES/NO
			PASS/REFER	YES/NO	YES/NO
			PASS/REFER	YES/NO	YES/NO
			PASS/REFER	YES/NO	YES/NO

## **Guiding Principals:**

- Parent(s) informed of hearing screening before staff takes the baby
- Parent(s) given the Initial Screening Parent Information Card when baby is taken
- Results are discussed with parent(s) after the screening using appropriate NCHAM script
- Refer card given to parent(s) if needed

Return Audit Form to: NE-EHDI

Email: DHHS.NEEHDI@nebraska.gov or

Fax: 402-742-2395