

Transitioning to UNHS Existing Program Status

Hospital: _____ **Date:** _____

Hearing Screening Coordinator: _____

UNHS Consultant: _____

Using a numerical guide, 1= poor 3=fair 5=excellent, please rank the hospital's physical capacity for hearing screening.

	1	2	3	4	5
1. Hearing screening equipment is available to all nurseries or infant care areas					
2. Hearing testing is conducted at a consistent time frame post birth (i.e. 12 hours post birth)					
3. Hearing testing is available 7 days a week					
4. Hearing screening protocols are readily available and understood by all screeners					
5. Hearing screeners receive formal training annually					
6. Parents are informed of their baby's hearing test results					
7. There is a referral plan for infants who do not pass the hearing test					
8. Hearing testing area is conducive to accurate screening					
9. Equipment manual is available to all screeners					
10. Audiological consultation is available when questions arise					
11. Parental consent for hearing screening is addressed					
12. At least 90% of babies receive hearing screening					
13. Hospital reporting procedure is adequate to support UNHS regulations (KRS)					
14. A hearing screening contact person has been identified to the UNHS-CCSHCN office					
15. Hearing screening equipment has been calibrated within the past year					

If an area scores less than a **3**: list an implementation suggestion:
