

Data should be collected for each Federal Fiscal Year (October 1-September 30). Enter all data into Visit Tracker.

## **MIECHV DATA COLLECTION FORM** **FOR POSTNATALLY ENROLLED CHILD\***

*\*Use Prenatally Enrolled Child Data Collection Sheet for prenatally enrolled children.*

**Case Opening Date:** \_\_\_\_\_

### Assessments at a Glance

<b>Primary Caregivers</b>	
At intake for children enrolled under 1 Then each federal fiscal year until the child turns 1 year	Safe Sleep survey
By 3 months post-enrollment for children enrolled postnatally Then each federal fiscal year	Early Language and Literacy survey
By 6 months of age for children enrolled within the first 6 months of life or within 3 months of enrollment for children enrolled postnatally after 6 months of age Then each federal fiscal year	HOME – Parent-Child Interaction screening
<b>All MIECHV Target Children</b>	
6 months of age and every 6 months thereafter	ASQ-SE
9-months, 18-months, 24- and 30-months	ASQ-3

### **CHILD DEMOGRAPHIC INFORMATION**

<b>MIECHV Primary Caregiver Name</b>	
<b>Caregiver DOB</b>	
<b>Caregiver Visit Tracker ID</b>	
<b>MIECHV Target Child Name</b>	
<b>Target Child DOB</b>	
<b>Target Child Visit Tracker ID</b>	

### Race

	<b>MIECHV Child</b>
Black or African American	<input type="checkbox"/>
White or Caucasian	<input type="checkbox"/>
Asian	<input type="checkbox"/>
American Indian or Native American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
More than one race	<input type="checkbox"/>

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**Ethnicity**

	<b>MIECHV Child</b>
Hispanic or Latino	<input type="checkbox"/>
Non-Hispanic or Latino	<input type="checkbox"/>

**CHILD HEALTH INFO**

**Child Health Insurance Coverage** (Assess at intake and each federal fiscal year.)

**Insurance Coverage:** No coverage; Private; Title XIX (Medicaid, Medicare), Title XXI (State Insurance Program, KidCare/All Kids); Tri-Care (Military Insurance); or Unknown/Not Reported

	<u>Date</u>	<u>Type of Insurance</u>
Intake		
Year 1		
Year 2		
Year 3		
Year 4		

**Child’s Usual Source of Medical Care** (Assess at intake and each federal fiscal year. Choose ONE per column.)

**Note:** The particular medical professional, doctor's office, clinic, health center, or other place where a person would usually go if sick or in need of advice about his or her health

	<b>Intake</b>	<b>Y1</b>	<b>Y2</b>	<b>Y3</b>	<b>Y4</b>
	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>
Doctor’s/Nurse Practitioner’s Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Emergency Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federally Qualified Health Center (“free clinic”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail Store, Minute Clinic, Convenient or Urgent Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify:            ) )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**Other Child Medical Visits** (Assess at each home visit. Enter dates of all other medical visits)

<u>Medical Visit Date</u>	<u>Medical Visit Type</u> (ER, Physician, Specialist)	<u>Medical Visit Reason</u> (chronic condition, illness, ingestion, injury, other)

## CHILD SCREENINGS

**Safe Sleep Survey** (Screen at enrollment. Screen each federal fiscal year that child is under 1 year of age.)

N/A (child over 1 year) *Answers for all three questions must be ALWAYS to meet the benchmark.*

<b>Screening</b>	<b>Date</b>	<b>ASK:</b> How often is child placed to sleep on his/her back?	<b>ASK:</b> How often is the child put to sleep <i>without bedsharing</i> ?	<b>ASK:</b> How often does the child sleep <i>without soft bedding</i> ?
Intake		<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
Follow Up		<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
Follow Up		<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
Follow Up		<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
Follow Up		<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never

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**Early Language and Literacy Survey** (Screen by 3 months post-enrollment. Then each federal fiscal year.)

**ASK:** In a typical week, how many days per week does a family member read, tells stories and/or sings songs with the child? (Answer should be between 0-7.) Answer must be 7 days per week to meet the benchmark.

Screening	Date	Number of days per week (0-7)
By 3 months post-enrollment		
Year 1		
Year 2		
Year 3		
Year 4		

**HOME** (Screen by 6 months of age for children enrolled within the first 6 months of life or within 3 months of enrollment for children enrolled postnatally after 6 months of age. Then screen once each federal fiscal year).

Screening	Date	Score
Intake Year		
Year 1		
Year 2		
Year 3		
Year 4		

**Ages and Stages Questionnaire – Social Emotional (ASQ-SE)** (Screen at 6 months and then every 6 months)

	6 months (3-8 mos)	12 months (9-14 mos)	18 months (15-20 mos)	24 months (21-26 mos)	30 months (27-32 mos)	36 months (33-41 mos)
Screened?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Score						
Screen Date						
Referral Offered? (for concerns)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Date Referral Offered						
Referral Completed?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Date Referral Completed						

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**Ages and Stages Questionnaire (ASQ-3) (at 9-months, 18-months, 24-months and 30-months)**

	<b>9 months</b> (9 mos 0 days- 9 mos 30 days)	<b>18 months</b> (17 mos 0 days-18 mos 30 days)	<b>24 months</b> (23 mos 0 days-25 mos 15 days)	<b>30 months</b> (28 mos 0 days-31 mos 15 days)
Screened?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Score				
Screen Date				
Referral Offered? (for concerns)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Score did not indicate	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Score did not indicate	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Score did not indicate	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Score did not indicate
Which kind of referral?	<input type="checkbox"/> Home Visitor Support <input type="checkbox"/> Early Intervention <input type="checkbox"/> Community Agency	<input type="checkbox"/> Home Visitor Support <input type="checkbox"/> Early Intervention <input type="checkbox"/> Community Agency	<input type="checkbox"/> Home Visitor Support <input type="checkbox"/> Early Intervention <input type="checkbox"/> Community Agency	<input type="checkbox"/> Home Visitor Support <input type="checkbox"/> Early Intervention <input type="checkbox"/> Community Agency
Date Referral(s) Offered				
Referral Completed?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Date Referral Completed				