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

MIECHV DATA COLLECTION FORM
FOR PRENATALLY ENROLLED CHILD*

**Caregiver prenatal care and postpartum data should be entered on this sheet – not the Caregiver sheet.*

Case Opening Date:__________________

Assessments at a Glance

Primary Caregivers	
By 8 weeks postpartum	Postpartum Care visit and Contraception survey
By 3 months postpartum	Edinburgh Postnatal Depression Screen
By 6 weeks postpartum (preferably prenatally)	4Ps
From birth to 6 months postpartum, until weaned	Breastfeeding survey
At birth for children enrolled prenatally Then each federal fiscal year until the child turns 1 year	Safe Sleep survey
By 3 months of age for children enrolled prenatally Then each federal fiscal year	Early Language and Literacy survey
By 6 months of age for children enrolled prenatally Then each federal fiscal year	HOME – Parent-Child Interaction screening
All MIECHV Target Children	
6 months of age and every 6 months thereafter	ASQ-SE
9-months, 18-months, 24- and 30-months	ASQ-3

CHILD DEMOGRAPHIC INFORMATION

MIECHV Primary Caregiver Name	
Caregiver DOB	
Caregiver Visit Tracker ID	
MIECHV Target Child Name	
Target Child DOB	
Target Child Visit Tracker ID	

Race	**MIECHV Child**
Black or African American	☐
White or Caucasian	☐
Asian	☐
American Indian or Native American	☐
Native Hawaiian or Other Pacific Islander	☐
More than one race	☐

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Ethnicity	**MIECHV Child**
Hispanic or Latino	☐
Non-Hispanic or Latino	☐

PREGNANT AND POST-PARTUM CHILD AND CAREGIVER INFO

Prenatal Medical Visits (Assess at each home visit. Document visits between enrollment and delivery.)

Recommended visits are: weeks 8, 12, 16, 20, 24, 28, 30, 32, 34, 36, 37, 38, 39, 40

Date of Medical Visit	Date of Medical Visit	Date of Medical Visit

Due Date: ____________________ **Actual Date of Birth:** _______________

Postpartum Care Visit (Goal is by 8 weeks postpartum) ☐ No ☐ Yes and Date__________

Birth Control Use (Goal is by 8 weeks postpartum) ☐ No ☐ Yes and Date started __________

Edinburgh Perinatal Depression Screen

Screened (Goal is by three months postpartum)?

☐ No ☐ Yes and Date__________ score __________

Referral Offered? (Referral required for score of 9+ for women)

☐ No ☐ Yes and Date__________ ☐ Score did not indicate ☐ Already receiving services

Referral Completed? ☐ No ☐ Yes and Date__________ ☐ Score did not indicate

4 P's Plus (Preferably screen prenatally. Goal is by six weeks postpartum). Screened?

☐ No ☐ Yes and Date__________ score __________

Breastfeeding (Assess at each home visit. Goal is 6 months): Is the child receiving any breastmilk?

☐ Never

☐ Yes and Date___________

☐ Weaned and Date___________

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

	Date	Type of Insurance
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

	Intake	**Y1**	**Y2**	**Y3**	**Y4**
	Date:	**Date:**	**Date:**	**Date:**	**Date:**
Doctor's/Nurse Practitioner's Office	☐	☐	☐	☐	☐
Hospital Emergency Room	☐	☐	☐	☐	☐
Hospital Outpatient	☐	☐	☐	☐	☐
Federally Qualified Health Center ("free clinic")	☐	☐	☐	☐	☐
Retail Store, Minute Clinic, Convenient or Urgent Care	☐	☐	☐	☐	☐
Other (Specify:)	☐	☐	☐	☐	☐

Child's Usual Source of Dental Care (Assess ALL children by 12 months of age and each federal fiscal year.

Ask: Has the child been to a dentist?

Note: A usual source of dental care, or dental home, means that a child's oral health care is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist.

	Date	**Yes**	**No**
By 12 months of age		☐	☐
Y1		☐	☐
Y2		☐	☐
Y3		☐	☐
Y4		☐	☐

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Recommended Well Child Visits (Assess at each home visit. Enter dates of all well child visits)

Year 1 recommended visits are: 3-7 days, 2-4 weeks, 2-3 months, 4-5 months, 6-7 months, 9-10 months

Year 2 recommended visits are: 12-13 months, 15-16 months, 18-19 months

Older recommended visits are: 2-2.5 years, 3-3.5 years, 4-4.5 years

Medical Visit Date	Medical Visit Date	Medical Visit Date

Child ER Visits Due to Injury (Assess at each home visit. Enter dates of all ER visits due to injury)

Medical Visit Date	Medical Visit Date	Medical Visit Date

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

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

CHILD SCREENINGS

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

Answers for all three questions must be ALWAYS to meet the benchmark.

Screening	Date	**ASK:** How often is child placed to sleep on his/her back?	**ASK:** How often is the child put to sleep *without bedsharing*?	**ASK:** How often does the child sleep *without* soft *bedding*?
Birth		☐ Always ☐ Sometimes ☐ Never	☐ Always ☐ Sometimes ☐ Never	☐ Always ☐ Sometimes ☐ Never
Follow Up		☐ Always ☐ Sometimes ☐ Never	☐ Always ☐ Sometimes ☐ Never	☐ Always ☐ Sometimes ☐ Never
Follow Up		☐ Always ☐ Sometimes ☐ Never	☐ Always ☐ Sometimes ☐ Never	☐ Always ☐ Sometimes ☐ Never
Follow Up		☐ Always ☐ Sometimes ☐ Never	☐ Always ☐ Sometimes ☐ Never	☐ Always ☐ Sometimes ☐ Never
Follow Up		☐ Always ☐ Sometimes ☐ Never	☐ Always ☐ Sometimes ☐ Never	☐ Always ☐ Sometimes ☐ Never

Early Language and Literacy Survey (Screen by 3 months of age. Then screen 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 of age		
Year 1		
Year 2		
Year 3		
Year 4		

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

HOME (Screen by 6 months of age. Then screen once each federal fiscal year).

Screening	**Date**	**Score**
By 6 months of age		
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?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Score						
Screen Date						
Referral Offered? (for concerns)	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Date Referral Offered						
Referral Completed?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Date Referral Completed						

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

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

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