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.*

Enroll Date:_____

Assessments at a Glance

Timeframe	Assessment
At enrollment for children enrolled under 1 Then each federal fiscal year until the child turns 1 year	Safe Sleep survey
At enrollment for children enrolled postnatally Then each federal fiscal year	Early Language and Literacy survey
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	☐

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

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

CHILD HEALTH INFO

Child Health Insurance Coverage (Assess at enrollment 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
Enrollment		
Year 1		
Year 2		
Year 3		
Year 4		

Child's Usual Source of Medical Care (Assess at enroll 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

	Enrollment	**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 at enrollment and each federal fiscal year.

Ask: Does the family have a dental home?

Note: If a family has a dental home established you may mark yes even if the child has not had a visit.

	Date	**Yes**	**No**
Enrollment		☐	☐
Y1		☐	☐
Y2		☐	☐
Y3		☐	☐
Y4		☐	☐

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

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/Ingestion (Assess at each home visit. Enter dates of all ER visits due to injury or ingestion)

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 enrollment. Screen each federal fiscal year that child is under 1 year of age.)

☐ N/A (child over 1 year) *Answers must be ALWAYS, NEVER, NEVER to meet the benchmark.*

Screening	**Date**	**ASK:** How often is child placed to sleep on his/her back?	**ASK:** How often does the child *bedshare*?	**ASK:** How often does the child sleep *with* soft *bedding*?
Enrollment		☐ 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 at 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)**
Enrollment		
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.

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						

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 16 days-31 mos 15 days)
Screened?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Score				
Screen Date				
Referral Offered? (for concerns)	☐ No ☐ Yes ☐ Not indicated	☐ No ☐ Yes ☐ Not indicated	☐ No ☐ Yes ☐ Not indicated	☐ No ☐ Yes ☐ Not indicated
Which kind of referral?	☐ HV Support ☐ EI ☐ Other	☐ HV Support ☐ EI ☐ Other	☐ HV Support ☐ EI ☐ Other	☐ HV Support ☐ EI ☐ Other
Date Referral Offered				
Referral Completed?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Date Referral Completed				