

# FORM 1

## TARGET CHILD DEMOGRAPHICS

### Demographic Data Entry: Part 2

# ADDING CHILD/REN

Log Out

- New Family
- Send Email
- Family Non-Actives
- Guardian Non-Actives

Family Home

- Demographics
- Contacts
- Guardians & Children**
- Household
- Resource Connection
- Goals/Plans
- Assessments
- Health Info
- Transition Plan

↑↓ Jones (Jones, Kris) Q

## Family Home

**Family Home**

Primary Guardian: Kris Jones  
 Current Status: Active  
 Current SiteFund Code: MIECHV  
 Case Level: Bi-Weekly / weight = 2.00

Enroll Date: 04/15/2019

**Guardians & Children**

Guardians Entered [+ Add Guardian](#)

Name	Phone Number	ST	Primary Guardian
<a href="#">Kris Jones</a>		P	Yes

Children Entered [+ Add Prenatal Child](#) [+ Add Child](#)

Name	DOB	Age	ST	Home Visitor	Date Assigned	Sex
<a href="#">Baby Jones</a>	<a href="#">enter birth info</a>		A	Craig Fake	4/15/2019	P
<a href="#">Trey Jones</a>	5/9/2016	3 yrs.	A	Craig Fake	4/15/2019	M

**Click on Guardian & Children in the left-hand menu.**

Two options: Prenatal Child (when caregiver is pregnant) or Child

# ADDING CHILD/REN

Add all information, including developmental delays.

Enroll Date: same as guardian enroll date

**Check the MIECHV Target Child box:**

**For HFI programs:** check for youngest child (including prenatal)

**For EHS and PAT programs:** check for all children (including prenatal)

↑↓ Jones (Jones, Kris) ▼ 🔍

**Children** 🗖

*Data Entry Note:* When entering a Born child the Birth Date needs to be on or before Enrollment Date.

Birth Date	<input type="text"/> <span>🗓</span>		
Guardians	Kris Jones (Primary)		Caregiver relation
			Select Relationship <span>▼</span>
Name	First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>
Birth Weight	<input type="text"/> Lbs	<input type="text"/> Oz	Physician <input type="text"/>
Immunizations Current As of	<input type="text"/> <span>🗓</span>		
Home Visitor	Craig Fake <span>▼</span>		Sex <span>▼</span>
Ethnic Category	<input type="text"/> <span>▼</span>		
Race	<input type="text"/> <span>▼</span>		

At Enrollment, does this child have a diagnosed developmental delay, disability, or medical condition?  Y  N

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**Enrollment Info** ?

Status: Active

Enroll Date:  🗓 [use same date as family](#)

MIECHV Target Child

Notes

Create Cancel

# ADDING PRENATAL CHILD/REN

↑↓ Jones (Jones, Kris)

**Children**

*Data Entry Note:* When entering a Born child the Birth Date needs to be on or before Enrollment Date.

Birth Date

Guardians Caregiver relation  
Kris Jones (Primary) Select Relationship

Name  First Name  Middle Name  Last Name

Birth Weight  Lbs  Oz Physician

Immunizations Current As of

Home Visitor  Craig Fake Sex

Ethnic Category

Race

At Enrollment, does this child have a diagnosed developmental delay, disability, or medical condition?  Y  N

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**Enrollment Info** ?

Status Active

Enroll Date  05/14/2019 [use same date as family](#)

MIECHV Target Child

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Notes

Enter due date and don't change unless it is changed by a medical provider.

First name should be Baby. Last name should be mom's. Sex will be P for Prenatal.

Enroll Date: same as guardian's

MIECHV Target Child:

**For HFI programs:** check for youngest child (including prenatal)

**For EHS and PAT programs:** check for all children (including prenatal)



# WHEN BABY IS BORN

## Under Guardian & Children

Once baby is born, click on enter birth info to update

Enter all information, including developmental delays

↑↓ Jones (Jones, Kris) 🔍

### Family Home

**Family Home**  
 Primary Guardian: Kris Jones  
 Current Status: Active  
 Current Site/Fund Code: MIECHV  
 Case Level: Bi-Weekly / weight = 2.00  
 Enroll Date: 04/15/2019

**Guardians & Children**

Guardians Entered			
Name	Phone Number	ST	Primary Guardian
Kris Jones		P	Yes

Children Entered						
Name	DOB	Age	ST	Home Visitor	Date Assigned	Sex
Baby Jones	enter birth info		A	Craig Fake	4/15/2019	P
Trey Jones	5/9/2016	3 yrs.	A	Craig Fake	4/15/2019	M

↑↓ Jones, Baby 🔍

### Child Data

ID: 1300681

Name: Baby Middle Name: Jones

Guardians: Kris Jones (Primary) Caregiver relation: Mother

Due Date: 10/07/2019

Birth Date: Age: - 4 months Sex:

Birth Weight: 0 Lbs 0 Oz Physician:

Immunizations Current As of:

Home Visitor: Craig Fake

Ethnic Category: Non-Hispanic/Latino

Race: Black or African American

State ID: State ID

At birth, does this child have a diagnosed developmental delay, disability, or medical condition?  Y  N

**Enrollment Info** Create New Status ?

Current status: Active Enroll Date: 4/15/2019

MIECHV Target Child  
 Family Site/Fund Code is set to: MIECHV

Notes:



# FORM 1 UPDATES: TARGET CHILDREN

How frequently to update?

## At Intake/ Birth

- Race and ethnicity
- Due date
- Sex and DOB

## At Intake/Birth, Each Fiscal Year and As Needed

- Health insurance type
- Usual source of medical care
- Usual source of dental care (for kids 12 months +)

\*Update all data points on continuing children the first quarter of each Federal Fiscal Year



# FORM 1 UPDATES: TARGET CHILDREN

Where do you find this information in Visit Tracker?

## Data/Home Page

- Race and ethnicity
- Due date\*
- Sex and DOB\*

## Health Info Page

- Health insurance type
- Usual source of medical care
- Usual source of dental care

\*Due date and DOB are separate fields. They will be used to determine if prenatally enrolled children are born pre-term or full-term.



# CHILD HEALTH INFO

## Child Health Info Screen

Enter

- Any delays, disabilities, conditions
- Indicate whether child is receiving EI
- Insurance History
- Dental Care
- Medical Care

## Child Health Info Screen

Enter Insurance information

Insurance History x

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Date

History Status  v

↑↓ Doe, Baby

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**Health Info** 👁

Medicaid #

Delays, disabilities, conditions

Date	Diagnosed delay, disability, med condition?	Developmental delay?	Receiving services?	
	N	N	N	

Child currently receiving

Reg. health care  
 Physical Therapy  
 Behavioral Health Therapy

Speech Therapy  
 Vision Therapy

Hearing Therapy  
 Occupational Therapy

Is the child receiving Early Childhood Intervention (ECI) services due to a developmental delay?  Y  N

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Insurance History

Child Care

Child Medical Visits

BreastFeeding Survey

Dental Care

A child is considered to have a usual source of dental care, if a family has a dental home established regardless of whether or not the index child has had a visit.

Medical Care

Safe Sleep

Literacy Activities





# FORM 1 DEFINITIONS: TARGET CHILD/REN

**Usual Source of Medical Care** = 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.

- 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

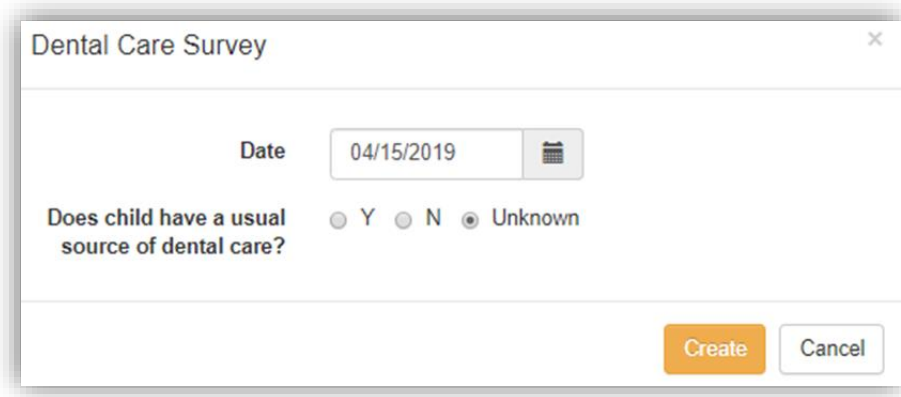
**Usual Source of Dental Care** = a usual source of dental care, or dental home, means that a child's oral health care is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist. The concept of the Dental Home reflects the AAPD's clinical guidelines and best principles for the proper delivery of oral health care to all children.

- Yes
- No

\*See website for FQHCs in your area: <http://www.fqhc.org/find-an-fqhc/>



# USUAL SOURCE OF DENTAL CARE



Dental Care Survey

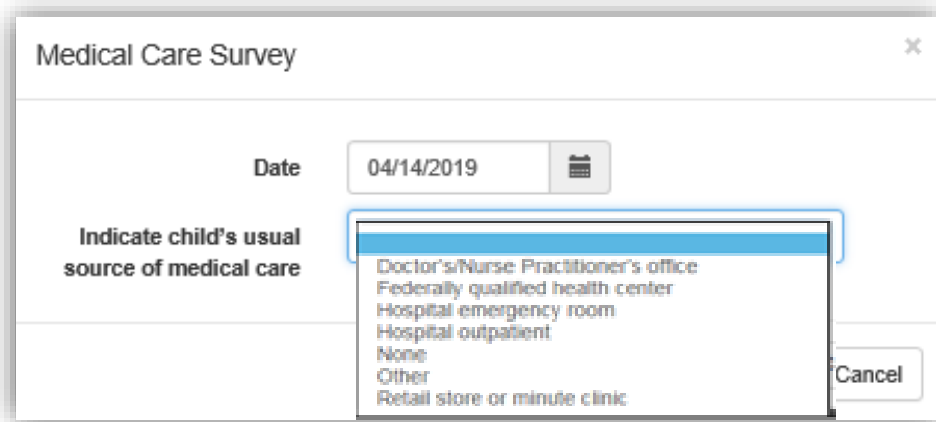
Date 04/15/2019

Does child have a usual source of dental care?  Y  N  Unknown

Create Cancel

- **Child Health Info page**
- Answer for children 12 months+
- Indicate whether the child has seen a dentist or whether anyone in the family has been to a dentist that is accessible to the child.

# USUAL SOURCE OF MEDICAL CARE



Medical Care Survey

Date 04/14/2019

Indicate child's usual source of medical care

- Doctor's/Nurse Practitioner's office
- Federally qualified health center
- Hospital emergency room
- Hospital outpatient
- None
- Other
- Retail store or minute clinic

Cancel

- **Child Health Info page**
- **Answer for *all* children.**
- **Indicate *usual* source of medical care.**



## CRITICAL DELIVERABLES

- Obtain access to VT and work email from Administrator
- Complete MIECHV Data Training
- Complete Quiz for each section via the link provided (Use same email for each quiz. You will only be able to take the tests once.)

## QUIZ

- Quiz & Continue on to next section.



# QUESTIONS



## Governor's Office of Early Childhood Development (GOECD)

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