

FORM 2

ALL TARGET CHILD BENCHMARKS

Benchmarks Data Entry: Part 3

FORM 2: PRENATAL BENCHMARK

Timeframe	Data Collection
At each home visit	Medical visits (well-child, ER due to injury, other)
At enrollment for children under 1 year of age. At birth for prenatally enrolled children. Then each fiscal year until child turns 1 year.	Safe Sleep survey
At enrollment or birth. Then each 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

FORM 2: CHILD MEDICAL VISITS (WELL CHILD, ER DUE TO INJURY, OTHER)

- Ask caregivers about all child medical visits at each home visit
- Ask reason and type of medical visit
 - Date of visit
 - Type: ER, Physician, Specialist, Urgent Care
 - Reason: well child, check-up, chronic condition, illness, ingestion, injury, other
- Document on Child Health Info screen or PVR
- Recommended well child visits are: 3-7 days, 2-4 weeks, 2-3 months, 4-5 months, 6-7 months, 9-10 months, 12-13 months, 15-16 months, 18-19 months, 2-2.5 years, 3-3.5 years, 4-4.5 years

Child Medical Visits

Date: 05/15/2019

Type: [dropdown]

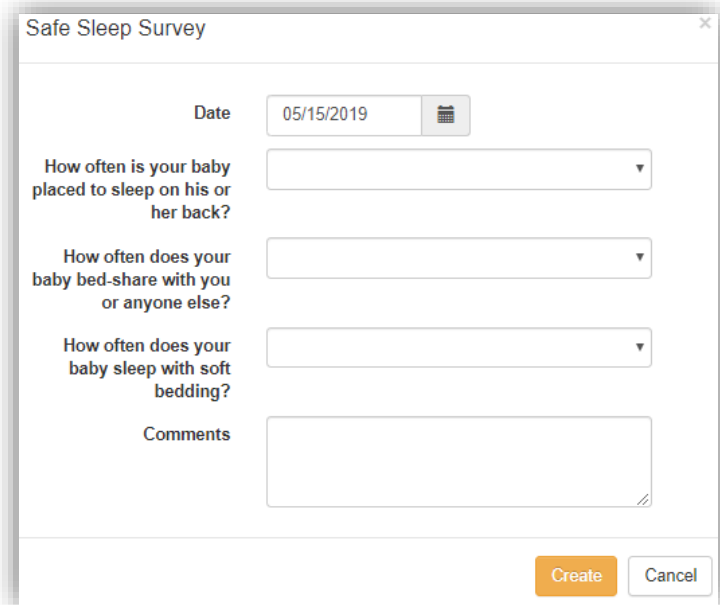
Reason: [dropdown menu open]

Comments: [text area]

Cancel

FORM 2: SAFE SLEEP SURVEY

- Screen at enrollment (for children enrolled under 1 year) or birth (for prenatally enrolled children). Screen each fiscal year that child is under 1 year of age.
- Ask all three questions. Answers are: Always, Sometimes or Never
- Document on Child Health Info screen under Safe Sleep Survey
- Answers must be **ALWAYS, SOMETIMES, NEVER** to meet the benchmark.
- Rescreen as necessary if family does not practice safe sleep.



The screenshot shows a web-based form titled "Safe Sleep Survey". At the top right of the form is a close button (X). Below the title is a "Date" field with a text input containing "05/15/2019" and a calendar icon to its right. There are three dropdown menus, each with a downward arrow, corresponding to the following questions:

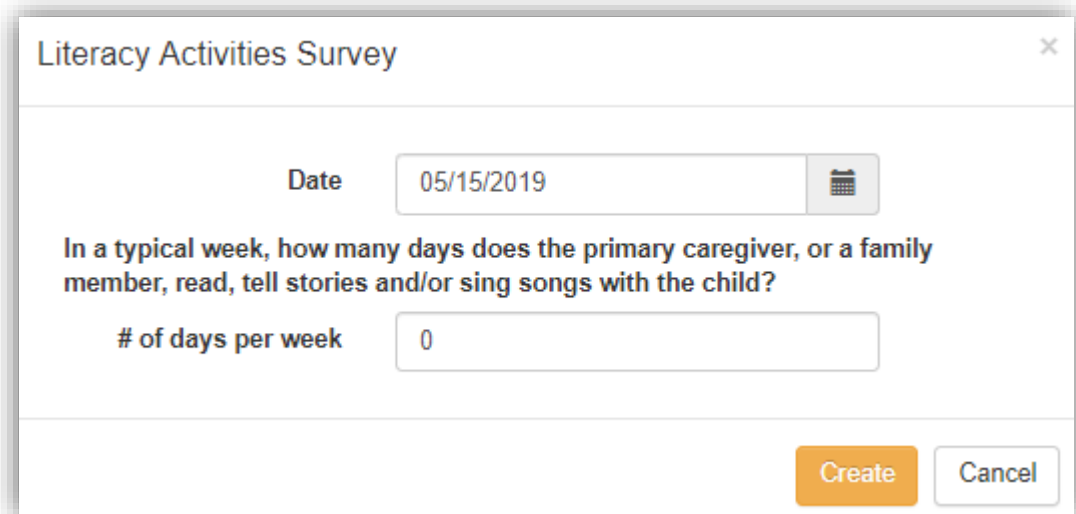
- How often is your baby placed to sleep on his or her back?
- How often does your baby bed-share with you or anyone else?
- How often does your baby sleep with soft bedding?

Below the dropdowns is a "Comments" field, which is a large text area with a diagonal slash icon in the bottom right corner. At the bottom right of the form are two buttons: "Create" (in orange) and "Cancel" (in white with a grey border).



FORM 2: EARLY LANGUAGE & LITERACY SURVEY

- Screen at enrollment (for postnatally enrolled children) or birth (for prenatally enrolled children). Screen each 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.)
- Document number of days per week (0-7) on Child Health Info screen under Early Language & Literacy Survey
- Answer must be 7 days per week to meet the benchmark.
- Rescreen as necessary if family does not practice
- daily literacy activities.



The screenshot shows a web-based form titled "Literacy Activities Survey". It includes a "Date" field with the value "05/15/2019" and a calendar icon. Below this is a question: "In a typical week, how many days does the primary caregiver, or a family member, read, tell stories and/or sing songs with the child?". The answer field is labeled "# of days per week" and contains the value "0". At the bottom right, there are two buttons: "Create" (orange) and "Cancel" (white).



FORM 2: ASQ-SE SCREEN

- Screen at 6 months of age then every 6 months:
 - 6 months (3-8 months)
 - 12 months (9-14 months)
 - 18 months (15-20 months)
 - 24 months (21-26 months)
 - 30 months (27-32 months)
 - 36 (33-41 months)
- Document on the Child Screenings page
 - Screen date, type, result, scores and delays

Screenings

DOB:
Age:

Screening Date: 05/15/2019

Screener: Craig Fake

Does this complete child's basic screening requirement for this year? (They have now had at least one Vision, Hearing, Health & Dev screening this program year) Yes No

Development

Developmental Screening Completed? Yes No

Screening Type: [Dropdown]

Screening Result: [Dropdown]

	Score	Delay / Concern
Communications	[Input]	<input type="checkbox"/>
Gross Motor	[Input]	<input type="checkbox"/>
Fine Motor	[Input]	<input type="checkbox"/>
Intellect/Prob Solve	[Input]	<input type="checkbox"/>
Personal-Social	[Input]	<input type="checkbox"/>
Social-Emotional	[Input]	<input type="checkbox"/>

Concerns / Suggestions / Activities

[Text Area]

FORM 2: ASQ-SE REFERRALS

PART 1

- Under Resource Connection on Child Screening page

Resource Connection

Was a resource connection made as a result of a concern found during this screening? Yes No

	Date	To	Reason
Health Professional	<input type="text"/>	To	Reason
Early Childhood Program	<input type="text"/>	To	Reason
Other Agency	04/15/2019	To	ASQ-3 Score

Connection Follow Up:
 Screener followed up with family on

Did family receive services as a result of this connection?

Concerns / Suggestions


Yes, received services
 No - Waitlist
 No - Services not available in community
 No - Family already receiving services
 No - Family has not contacted connection agency
 No - Family refused connection
 No - Family did not qualify

FORM 2: ASQ-SE REFERRALS


PART 2

- Under Resource Connection on Child Screening page
- If family received services, **indicate date and which services received** (see dropdown above).

Connection Follow Up:

Screener followed up with family on 

Did family receive services as a result of this connection? ▼

Date Family first received services: 

Concerns / Suggestions

FORM 2: ASQ-SE SCREEN

- Screen at:
 - 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), and
 - 30 months of age (28 mos 16 days-31 mos 15 days)
- Document on the Child Screenings page
 - Screen date, type, result, scores and delays

***You do not need to screen children with developmental delays.**

The screenshot shows a web-based form for child screenings. At the top right, there is a dropdown menu with the name 'Jones, Trey' and a search icon. Below this is a section titled 'Screenings' with a light orange header. The form contains the following fields and options:

- DOB: 5/9/2016
Age: 3 yrs.
- Screening Date: 05/15/2019 (with a calendar icon)
- Screener: Craig Fake (dropdown menu)
- Does this complete child's basic screening requirement for this year? (They have now had at least one Vision, Hearing, Health & Dev screening this program year)
 Yes No

Below the 'Screenings' section is a section titled 'Development' with a light gray header. It contains the following fields and options:

- Developmental Screening Completed? Yes No
- Screening Type: (dropdown menu)
- Screening Result: (dropdown menu)
- Score and Delay / Concern columns:

	Score	Delay / Concern
Communications	<input type="text"/>	<input type="checkbox"/>
Gross Motor	<input type="text"/>	<input type="checkbox"/>
Fine Motor	<input type="text"/>	<input type="checkbox"/>
Intellect/Prob Solve	<input type="text"/>	<input type="checkbox"/>
Personal-Social	<input type="text"/>	<input type="checkbox"/>
Social-Emotional	<input type="text"/>	<input type="checkbox"/>

At the bottom of the 'Development' section, there is a text input field labeled 'Concerns / Suggestions / Activities'.

FORM 2: ASQ-3 REFERRAL

- Provide referral for concerning results. Referral options are: Home Visitor Support, Early Intervention, and/or Community Agency.
- Document referrals and referral completion on the same screen under Resource Connection.
- To meet the benchmark, children must receive individualized support from a home visitor at any time, an EI evaluation within 45 days, or community based services within 30 days.

FORM 2: ASQ-3 REFERRALS PART 1

- Under Resource Connection on Child Screening page

Resource Connection

Was a resource connection made as a result of a concern found during this screening? Yes No

	Date	To	Reason
Health Professional	<input type="text"/>	<input type="text" value="To"/>	<input type="text" value="Reason"/>
Early Childhood Program	<input type="text"/>	<input type="text" value="To"/>	<input type="text" value="Reason"/>
Other Agency	<input type="text" value="04/15/2019"/>	<input type="text" value="To"/>	<input type="text" value="ASQ-3 Score"/>

Connection Follow Up:
 Screener followed up with family on

Did family receive services as a result of this connection?

Concerns / Suggestions

Yes, received services
 No - Waitlist
 No - Services not available in community
 No - Family already receiving services
 No - Family has not contacted connection agency
 No - Family refused connection
 No - Family did not qualify

FORM 2: ASQ-3 REFERRALS PART 2

- Under Resource Connection on Child Screening page

Resource Connection

Was a resource connection made as a result of a concern found during this screening? Yes No

	Date	To	Reason
Health Professional	<input type="text"/>	<input type="text" value="To"/>	<input type="text" value="Reason"/>
Early Childhood Program	<input type="text"/>	<input type="text" value="To"/>	<input type="text" value="Reason"/>
Other Agency	<input type="text" value="04/15/2019"/>	<input type="text" value="To"/>	<input type="text" value="ASQ-3 Score"/>

Connection Follow Up:
 Screener followed up with family on

Did family receive services as a result of this connection?

Concerns / Suggestions

- Yes, received services
- No - Waitlist
- No - Services not available in community
- No - Family already receiving services
- No - Family has not contacted connection agency
- No - Family refused connection
- No - Family did not qualify

Create
Cancel

DOCUMENTING DEVELOPMENTAL DELAYS Part 1

- Document delays identified prior to enrolling when enrolling a child.

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



If yes, is/was the child already receiving services related to the delay or disability upon enrollment? Y N

- Document delays identified during an ASQ-3


Developmental Screening Completed?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Screening Type	ASQ-3 (National) ▼
Screening Result	Concern ▼
Score	Delay / Concern
Communications	5 <input checked="" type="checkbox"/>

DOCUMENTING DEVELOPMENTAL DELAYS Part 2



- Document new delays on the Child's Health Info Page. Add a new item and then document all that apply.

Delays, disabilities, conditions				Add Item
Date	Diagnosed delay, disability, med condition?	Developmental delay?	Receiving services?	
4/15/2019	N	N	N	 

Delays, disabilities, conditions Cancel

Date 

Does this child have a diagnosed developmental delay, disability, or medical condition? Y N

Date	Diagnosed delay, disability, med condition?	Developmental delay?	Receiving services?	
4/15/2019	N	N	N	 

Child currently receiving

Reg. health care Speech Therapy Hearing Therapy

Physical Therapy Vision Therapy Occupational Therapy

Behavioral Health Therapy

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

Save Cancel



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

- Continue on to next section!



QUESTIONS



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