

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.*

ISBE/DHS Enroll Date (guardian enroll date): \_\_\_\_\_ MIECHV Start Date \_\_\_\_\_

### Assessments at a Glance

Timeframe	Assessment
By 6 weeks postpartum (preferably prenatally)	4Ps
By 8 weeks postpartum	Postpartum Care visit and Contraception survey
By 3 months postpartum	Edinburgh Postnatal Depression Screen
From birth to 6 months postpartum, until weaned	Breastfeeding survey
At birth for children then each federal fiscal year until the child turns 1 year	Safe Sleep survey
At birth for children 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

*\*\*The ASQ-SE is not a MIECHV benchmark requirement; however, home visitors should verify with their model requirements regarding this assessment.*

### **CHILD DEMOGRAPHIC INFORMATION**

<b>MIECHV Primary Guardian Name</b>	
<b>Primary Guardian DOB</b>	
<b>Primary Guardian Visit Tracker ID</b>	
<b>MIECHV Target Child Name</b>	
<b>Target Child Due Date</b>	
<b>Target Child DOB</b>	
<b>Target Child Visit Tracker ID</b>	

Race	MIECHV Child
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"/>

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

## 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

<u>Date of Medical Visit</u>	<u>Date of Medical Visit</u>	<u>Date of Medical Visit</u>

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

No     Yes and Date \_\_\_\_\_ score \_\_\_\_\_

**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

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

Never

Yes and Date \_\_\_\_\_

Weaned and Date \_\_\_\_\_

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## CHILD HEALTH INFO

**Child Health Insurance Coverage** (Assess at birth 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>

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

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

**Child’s Usual Source of Dental Care** (Assess children 12 months and older at 1<sup>st</sup> birthday 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
	<input type="checkbox"/>	<input type="checkbox"/>

**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

<u>Medical Visit Date</u>	<u>Medical Visit Date</u>	<u>Medical Visit Date</u>

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**Child ER Visits Due to Injury/Ingestion** (Assess at each home visit. Enter dates of ER visits for injury or ingestion)

<u>Medical Visit Date</u>	<u>Medical Visit Date</u>	<u>Medical Visit Date</u>

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

Answers must be ALWAYS, NEVER, NEVER to meet the benchmark.

<b>Date</b>	<b>ASK:</b> How often is child placed to sleep on his/her back?	<b>ASK:</b> How often does the child <i>bedshare</i> ?	<b>ASK:</b> How often does the child sleep <i>with soft bedding</i> ?
	<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

**Early Language and Literacy Survey** (Screen at birth. 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.

<b>Date</b>	<b>Number of days per week</b> <b>(0-7)</b>

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**Ages and Stages Questionnaire – Social Emotional (ASQ-SE)\*** (Screen at 6 months and then every 6 mos. thereafter\*) NOTE: The ASQ-SE is not a MIECHV benchmark requirement; however, home visitors should verify with their model requirements regarding this assessment.

	6 months	12 months	18 months	24 months	30 months	36 months
	(3-8 mos)	(9-14 mos)	(15-20 mos)	(21-26 mos)	(27-32 mos)	(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						

**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?	<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"/> Not indicated	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not indicated	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not indicated	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not indicated
Which kind of referral?	<input type="checkbox"/> HV Support <input type="checkbox"/> EI <input type="checkbox"/> Other	<input type="checkbox"/> HV Support <input type="checkbox"/> EI <input type="checkbox"/> Other	<input type="checkbox"/> HV Support <input type="checkbox"/> EI <input type="checkbox"/> Other	<input type="checkbox"/> HV Support <input type="checkbox"/> EI <input type="checkbox"/> Other
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
Date Referral Completed				