



# FORM 1 AT A GLANCE

MATERNAL INFANT AND EARLY CHILDHOOD HOME VISITING

OCTOBER 1, 2021 - SEPTEMBER 30, 2022

## ALL CAREGIVERS DATA REQUIREMENTS & TIMEFRAMES

### At intake

Race and ethnicity  
Sex and DOB  
Primary and secondary language  
Marital status  
Health Insurance

### At intake, each Federal Fiscal Year, and as needed

Priority populations  
Housing status  
Family income  
Caregiver employment  
Education level and status  
Substance abuse survey  
Health Insurance

### After 6 months and then annually

Health insurance type  
Continuity of coverage (previous 6 months of coverage without interruption)

## CHILDREN DATA REQUIREMENTS & TIMEFRAMES

### At intake/birth

Race and ethnicity  
Due date  
Sex and DOB

### At intake/birth, each Federal Fiscal Year, and as needed

Health insurance type  
Usual source of medical care

### By 12 months of age, each Federal Fiscal Year, and as needed

Usual source of dental care

## THINGS TO NOTE

Use the timelines to help you plan and collect data on participants. Each month, run Form 1. It will help you identify any information that is missing and still needs to be entered.

**NEW options for FFY22: Gender non-binary and Unknown/Did not report gender (see full list on the right)**



## PARTICIPANT GENDER SELECTIONS

*Form 1 Updates Effective 10/1/2021*

**Pregnant Participants**

**Caregivers - Female**

**Caregivers - Male**

**Caregivers - Gender non-binary**

**Caregivers - Unknown/Did not report**



# FORM 2 AT A GLANCE

MATERNAL INFANT AND EARLY CHILDHOOD HOME VISITING

OCTOBER 1, 2021 - SEPTEMBER 30, 2022

## PRIMARY CAREGIVERS BENCHMARKS

(Other Guardians Not Required)

### TIMEFRAME

At Enrollment

Within 90 days of Enrollment

At every postnatal visit

By 3 months post-enrollment for males,  
pregnant and non-pregnant participants

Within 6 months of enrollment and  
annually each fiscal year thereafter

### DATA COLLECTION

Substance Abuse survey

Tobacco Survey

Behavior Concerns Survey

Edinburgh Perinatal Depression Scale  
(EPDS)

Screening for Intimate Partner Violence  
For Females: Futures Without Violence  
Relationship Assessment Tool  
For Males: Hurt, Insulted, Threatened with  
harm and Screamed (HITS)

## PRENATAL BENCHMARKS

### TIMEFRAME

At each home visit

By 8 weeks postpartum

By 3 months postpartum

By 6 weeks postpartum

From birth to 6 months postpartum, until  
weaned

### DATA COLLECTION

Prenatal care visits

Postpartum Care visit and Contraception survey

Edinburgh Postnatal Depression Screen

4Ps (*Illinois state requirement*)

Breastfeeding survey

## ALL ENROLLED CHILDREN BENCHMARKS

### TIMEFRAME

At each home visit

At intake for children enrolled under 1 year of age;

At birth for prenatally enrolled children; and

Each month until the child turns 1 year

### DATA COLLECTION

Medical visits (well-child, ER due to  
injury, other)

Safe Sleep survey



# FORM 2 AT A GLANCE

MATERNAL INFANT AND EARLY CHILDHOOD HOME VISITING

OCTOBER 1, 2021 - SEPTEMBER 30, 2022

## ALL ENROLLED CHILDREN BENCHMARKS

### TIMEFRAME

Beginning at birth, and due every fiscal year thereafter

9-months, 18-months, 24- and 30-months

### DATA COLLECTION

Early Language and Literacy Survey

ASQ-3  
*Ages & Stages, Third Edition*

## PARENT-CHILD INTERACTION

### TIMEFRAME

Children 2 months - 49 months *each fiscal year of enrollment*

Children 3 - 47 months *each fiscal year of enrollment*

### DATA COLLECTION

CHEERS Check-In

PICCOLO

Use PCI Tool  
Approved by  
your LIA



### Effective July 1, 2022

The HOME Assessment will no longer be an approved PCI tool for Illinois Home Visiting Programs. Contact your model TA at [Start Early](#) if you need assistance with training staff in your program.

## THINGS TO NOTE

Use the timelines above and reminders within Visit Tracker to help you plan and collect data on participants. Each month, run Form 2. It will help you identify any information that is missing and still needs to be entered.



## EFFECTIVE JULY 1, 2022

**ALL enrolled children** will be included in reporting and should be served by your home visiting program. Follow your model guidance for child enrollment eligibility criteria.

*The previously used MIECHV Target Child filter (MIECHV programs only) will no longer be applied.*