

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.*

IDHS 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
9-months, 18-months, 24- and 30-months	ASQ-3

CHILD DEMOGRAPHIC INFORMATION

MIECHV Primary Guardian Name	
Primary Guardian DOB	
Primary Guardian Visit Tracker ID	
Child Name	
Child Due Date	
Child DOB	
Child Visit Tracker ID	

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

	Date:
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 1st 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.

Date	ASK: How often is child placed to sleep on his/her back?	ASK: How often does the child <i>bedshare</i> ?	ASK: 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. Continue to screen if requirement is not yet met, 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.

Date	Number of days per week (0-7)

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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				