

Directions: Fill this form out once per quarter for each child. Answers on this form should reflect the entire quarter. Home visit counts should include the entire quarter and other answers should reflect most updated information gathered this quarter.

- Quarter 1: October 1st – December 31st
- Quarter 2: January 1st – March 31st
- Quarter 3: April 1st – June 30th
- Quarter 4: July 1st – September 30th

The PDF version of this form is only provided for your convenience. The form may be filled out directly in DAISEY without printing and filling out a paper version.

Note: Mandatory DAISEY questions are preceded by an asterisk (*). This form cannot be saved in DAISEY without the answers to these questions.

Basic Information

*Date of activity: _____

(Note: This is the date the data on this form was entered into the DAISEY system)

*Which child was involved? _____

Health

Current health insurance (select one)

No insurance coverage Medicaid or CHIP Tri Care Private or Other

What is this child's usual source of medical care? (select one)

Doctor or nurse practitioner office Retail store or minute clinic
 Hospital emergency room Other
 Hospital outpatient None
 Federally qualified health center

Does this child have a usual source of dental care? (select one) Yes No

Note: This question applies to all children, regardless of age or teeth. It is intended to document whether the child has access to a source of dental care when the need arises.

Did the child receive any amount of breast milk at age 6 months old? (select one) Yes No

Note: This question only looks at breastfeeding when the child is 6 months of age. It does not take into account any breastfeeding prior to or after that date.

If no, did mother have a medical condition preventing her from breastfeeding? (select one)

Yes No

Note: Medical exclusion criteria can be found at www.cdc.gov/breastfeeding/disease/

*Did the child receive the last recommended well-child visit based on the child's current age? (select one) Yes No

Note: The AAP recommended well-child visits should occur during the following intervals: 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.

*Safe Sleep: Is/was infant always placed to sleep on their back, without bed sharing or soft bedding, through 12 months of age? (select one) Yes No

Note: All 3 of the criteria must be met: 1. Put to sleep on back. 2. No bed sharing. 3. No soft bedding.

*Number of child ER visits due to injury during this quarter: _____

Note: Please only include non-fatal, injury-related ER visits.

Child Development & Learning

*During a typical week, does a family member read, tell stories, or sing songs to the child every day? (select one) No Yes

Note: Answer "Yes" to this question if the following conditions are met: a caregiver must read, sing, and/or tell stories to the child every day (during a typical week).

Which parent-child interaction assessment was completed? (select one)

- HOME Infant/Toddler PICCOLO
 HOME Early Childhood CHEEERS
 KIPS

Date of parent-child interaction assessment: _____

Note: Conduct and report that observation tool was conducted at least once each reporting year. The first assessment should be at the earliest appropriate time point after enrollment or the index child's birth.

9 month ASQ/BINS Screen

Date of 9 month ASQ/BINS screening: _____

Note: 9 month ASQ can be administered between child's age 9 months and 0 days and 9 months and 30 days.

Does the child need additional referral or assessment resulting from this 9 month ASQ/BINS screen? (select one) No Yes

Date of 9 month ASQ/BINS referral made: _____

Date of 9 month ASQ/BINS referral completed: _____

18 month ASQ/BINS Screen

Date of 18 month ASQ/BINS screening: _____

Note: 18 month ASQ can be administered between child's age 17 months and 0 days and 18 months and 30 days.

Does the child need additional referral or assessment resulting from this 18 month ASQ/BINS screen?
(select one) No Yes

Date of 18 month ASQ/BINS referral made: _____

Date of 18 month ASQ/BINS referral completed: _____

24 month ASQ/BINS Screen

Date of 24 month ASQ/BINS screening: _____

Note: 24 month ASQ can be administered between child's age 23 months and 0 days and 25 months and 15 days.

Does the child need additional referral or assessment resulting from this 24 month ASQ/BINS screen?
(select one) No Yes

Date of 24 month ASQ/BINS referral made: _____

Date of 24 month ASQ/BINS referral completed: _____