KS MIECHV

Using DAISEY for improved family services coordination & measurement

Technical Assistance Brief

DAISEY is a shared measurement system. DAISEY was designed by social scientists to help communities see the difference they are making in the lives of at-risk children, youth and families. Implementation of a shared measurement system will allow KS MIECHV partners improve data quality, track progress toward shared goals, and enhance communication and collaboration.

KS MIECHV Data Dictionary

This tool provides information on the data elements collected in DAISEY. Each section of this document represents a from. Each form section has information about the data elements in that form, including a definitions/descriptions, possible responses, and the purpose of each element.

This document will not provide all information necessary for preparing data for Import into DAISEY. For detailed information on Import requirements, see the Data Crosswalk.

Last Updated:
11/30/2023

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Form Overview

Forms	Information Collected
Caregiver Profile	This profile should be completed on the primary caregiver of each family served by your program. The primary caregiver is typically the parent involved in the program; if more than one caregiver is involved, allow the caregivers to decide who is the primary caregiver. The other parent can be entered as a secondary caregiver (secondary caregiver data will not be on reports). If the primary caregiver changes after enrollment, change the label to the new primary caregiver. The data in this profile is due upon enrollment and should not be changed unless an error is found.
Child Profile	This profile should be completed on each index child from birth until the fifth birthday at the time of enrollment. For prenatal enrollments, this profile should be completed upon the child's birth. Once this profile is completed, the profile must be immediately linked to the primary caregiver's profile.
Caregiver Activities	This form is required to be completed at least once during each quarter for primary caregiver enrolled one or more days in the quarter. The quarter schedule is as follows: October 1-December 31, January 1-March 31, April 1-June 30, July 1-September 30. Activities are due the 15th following the quarter end (January 15, April 15, July 15, October 15). *If the wrong quarter is selected, this activity may appear as Missing in the Scheduling Report.*
Child Activities	This form is required be completed at least once during each quarter for children enrolled one or more days in the quarter. The quarter schedule is as follows: October 1-December 31, January 1-March 31, April 1-June 30, July 1-September 30. Activities are due the 15th following the quarter end (January 15, April 15, July 15, October 15). *If the wrong quarter is selected, this activity may appear as Missing in the Scheduling Report.*

Instructions

This Data Dictionary is organized into sections by Form. Each Form section provides information for the categories below with each row representing one data element.

Form Name

Question Label	Question Data Type	Auto-fill	Mandatory	Response Options	Explanation
The data element or question as it appears in DAISEY.	The format of the response options in DAISEY. May include: Drop-down (single choice), Drop-down list (multiple choice), Date, Text, Narrative, & Auto-generated.	Response will be filled out based on the last saved answer.	Response must be completed	If the data element or question includes a menu of possible responses, the responses are listed here. Otherwise, there will be "N/A".	Purpose and/or guidance for the data element or question.

Caregiver Profile

Question Label	Question Data Type	Response Options	Auto-fill	Mandatory	Explanation
GRANTEE	Text	Auto-generated			N/A
ORGANIZATION	Text	Auto-generated			N/A
PROGRAM	Text	Dependent upon organization assignment			N/A
Caregiver ID	Text	Auto-generated			N/A
Caregiver System ID	Auto-generated	Auto-generated			N/A
Alternate ID	Text	N/A			This was used to indicate previous REDCap numbers. Programs are able to use this field at their discretion (delete, use non-DAISEY numbers, etc.).
First Name	Text	N/A		X	N/A
Last Name	Text	N/A		X	N/A
Enrollment Date	Date	mm/dd/yyyy		X	Date the family enrolled in the program. Official enrollment date is determined by your program. Everyone who officically enrolls in your program should be entered into DAISEY.
Date of Birth	Date	mm/dd/yyyy			N/A
Active Status	Drop-down list (single choice)	Active|Inactive			This field does not discharge a family. Status will only affect how the careviver shows up in the search grid; inactive caregivers will not appear in the search grid.
Is this the primary caregiver of the child?	Drop-down list (single choice)	Yes|No			This will be autogenerated as *Yes* for all cases as only the primary cargivers should be added to DAISEY; use of secondary caregivers is determined on a programmatic level. If the primary caregiver leaves the home and the secondary caregiver becomes the primary caregiver, the secondary caregiver can be promoted to primary caregiver status. Secondary caregiver data is not reflected in reports.
Pregnancy Status at Enrollment	Drop-down list (single choice)	0,Not Pregnant|1,Pregnant		X	This status should not be changed following enrollment. If caregiver is pregnant, select "Pregnant", even if they have born children.
Estimated Due Date	Date	mm/dd/yyyy			This date should be the estimated date of delivery for prental enrollees.
Did pregnancy result in a live birth?	Drop-down list (single choice)	0,No|1,Yes|2,N/A Still Pregnant			N/A
Caregiver Gender	Drop-down list (single choice)	Female|Male|Non-binary|Prefer not to disclose		X	Based off the gender in which the gender the caregiver identifies.

Question Label	Question Data Type	Response Options	Auto-fill	Mandatory	Explanation
Caregiver Race	Drop-down list (single choice)	1,American Indian or Alaska Native|2,Asian|3,Black or African American|4,Native Hawaiian or Other Pacific Islander|5,White|6,Multiracial		X	This is based on parent report, not your observation. More than one race may be selected.
Caregiver Ethnicity	Drop-down list (single choice)	1,Hispanic or Latino|2,Not Hispanic or Latino		X	This is based on parent report, not your observation. Hispanic/Latino is considered ethnicity rather than a race so both race and ethnicity should be choses for each child.
Marital Status	Drop-down list (single choice)	1,Never Married|2,Married|3,Not Married but Living Together with Partner|4,Separated or Divorced or Widowed		X	N/A
Education at Enrollment	Drop-down list (single choice)	1,Has HS Diploma or GED|2, Does not have HS Diploma or GED		X	N/A
First and Last Name of Home Visitor	Text	N/A		X	First and last name of the worker assigned to the participant. If more than one worker is assigned, choose one as the primary worker. When worker changes, go back to profile and enter name of new home visitor. Name should be entered the same for each profile the worker serves.
Funding Source	Drop-down list (single choice)	1,Formula|2,Competitive		X	This is no longer applicable after FY17 and does not need to be answered.
Program Model	Drop-down list (single choice)	1,EHS|2,HFA|3,PAT|4,TIES		X	N/A
County	Drop-down list (single choice)	1,Cherokee|2,Labette|3,Montgomery|4,Neosho|5,Wyandotte|6,Wilson		X	N/A
Zip Code	Text	N/A		X	N/A

Child Profile

Question Label	Question Data Type	Response Options	Auto-fill	Mandatory	Explanation
GRANTEE	Text	Auto-generated			N/A
ORGANIZATION	Text	Auto-generated			N/A
PROGRAM	Text	Dependent upon organization assignment			N/A
Child ID	Text	Auto-generated			N/A
Alternate ID	Text	N/A			This was used to indicate previous REDCap numbers. Programs are able to use this field at their discretion (delete, use non-DAISEY numbers, etc.).
Active Status	Drop-down list (single choice)	Active|Inactive			This field does not discharge a child. Status will only affect how the child shows up in the search grid; inactive caregivers will not appear in the search grid.
Primary Caregiver ID	Text	Auto-generated		X	N/A
Primary Caregiver System ID	Text	Auto-generated		X	N/A
First Name	Text	N/A		X	N/A
Last Name	Text	N/A		X	N/A
Date of Birth	Date	mm/dd/yyyy		X	N/A
Child Gender	Drop-down list (single choice)	Female|Male|Non-binary|Prefer not to disclose		X	This is based on parent report.
Child Race	Drop-down list (single choice)	1,American Indian or Alaska Native|2,Asian|3,Black or African American|4,Native Hawaiian or Other Pacific Islander|5,White|6,Multiracial		X	This is based on parent report, not your observation. More than one race may be selected.
Child Ethnicity	Drop-down list (single choice)	1,Hispanic or Latino|2,Not Hispanic or Latino		X	This is based on parent report, not your observation. Hispanic/Latino is considered ethnicity rather than a race so both race and ethnicity should be choses for each child.
Primary Language Spoken at Home	Drop-down list (single choice)	1,English|2,Spanish|3,Other		X	If the family is bilingual, they should choose which language to report as primary.

Caregiver Activities

Question Label	Question Data Type	Response Options	Auto-fill	Mandatory	Explanation
Kansas MIECHV Caregiver Activities					
GRANTEE	Text	Auto-generated			N/A
ORGANIZATION	Text	Auto-generated			N/A
PROGRAM	Text	Dependent upon organization assignment			N/A
Caregiver ID	Text	Auto-generated			N/A
Alternate ID	Test	Available for programmatic use			N/A
Quarter in Reporting Year	Drop-down list (single choice)	1, 1 - Oct. to Dec.|2, 2 - Jan. to Mar.|3, 3 - Apr. to Jun.|4 - Jul. to Sept.		X	Select appropriate quarter for activity. If the wrong quarter is selected, this activity may appear as *Missing* in the Scheduling Report. All activities are due 15 days following the end of the quarter.
Reporting Year	Drop-down list (single choice)	October Year - September Year		X	Select appropriate fiscal year for activity.
Which caregiver was involved?	Drop-down list (single choice)	Auto-generated		X	N/A
Date of Activity	Date	mm/dd/yyyy		X	Discharge date (if a family discharges during the quarter) OR the date the form is completed for active families. All activities are due 15 days following the end of the quarter.
Home Visit Services Provided this Quarter					
Total Number of In-Person Home Visits This Quarter	Text	N/A		X	Total number of in-person home visits as definded by program (model) guidelines.
Total Number of Virtual Home Visits This Quarter	Text	N/A		X	Total number of virtual home visits as defined by model guidelines.
Number of Postnatal Home Visits this Quarter	Text	N/A		X	The number of visits with children of any age. *Postnatal* is defined by program guidelines.
Number of Postnatal Home Visits where Caregiver was Asked if they have any Concerns for their Child's Development, Behavior, or Learning this Quarter	Text	N/A		X	Of the number of *Postnatal* visits from the previous question, this should be the number of visits that caregivers were asked this question during the quarter. This should be asked at each visit. Benchmark Measure 13.

Question Label	Question Data Type	Response Options	Auto-fill	Mandatory	Explanation
Retention Status	Drop-down list (single choice)	1,Currently receiving services|2,Completed program|3,Stopped services before completion|4,Other		X	Select the enrollment status of the family for the quarter being reported. This data is used to determine capacity in quaterly Form 4 reporting. **Currently receiving services:** households that are participating in services at the end of the reporting period. **Completed program:** households who have completed the program or transitioned to another program according to home visiting model-specific definitions and criteria during the reporting period. **Stopped services before completion:** households who left the program for any reason prior to completion. **Other:** households who do not fall into the previous categories and may include unreachable participants (i.e. the family is not regularly participating but did not actively sever ties, etc.).
Date of Discharge	Date	mm/dd/yyyy			Date family discharged from the program according to program guidelines. This field will only appear when "Completed Program" and "Stopped services before completion" are selected in the *Retention Status* question.
Reason for Client Discharge	Drop-down list (single choice)	1,Completed program model|2,Achieved case goals|3,Age out|4,Dissatisfied|5,Lack of interest|6,Too busy|7,Declined|8,Unable to contact or locate|9,Inactivity|10,Failure to follow guidelines|11,Family no longer eligible|12,Switched home visiting programs|13,Family moved away|14,Child removed from custody|15,Child adopted|16, Institutionalized|17,Needs exceed program|18,Program full|19,Program lost funding|20,Miscarriage or stillbirth|21,Death of Parent or child			If one of the selections does not seem to apply, select the *closest* reason. Use reasons consistently to better assess why families are leaving services.

Question Label	Question Data Type	Response Options	Auto-fill	Mandatory	Explanation
Demographics					
Highest Level of Education Completed	Drop-down list (single choice)	1,Less than HS Diploma|2, HS Diploma/GED|3,Some college/training|4,Technical training or certification|5,Associate's Degree|6,Bachelor's Degree or higher|7,Other	X		Benchmark Measure 15.
Is the caregiver currently enrolled in high school or a GED program?	Drop-down list (single choice)	1,Yes|0,No			Benchmark Measure 15.
Employment Status	Drop-down list (single choice)	1,Employed Full Time|2,Employed Part Time|3, Not Employed	X		N/A
Total People Living in Household	Text	N/A	X		Enter the number of people living in the home at time of enrollment. If the mother is pregnant, include the prenatal child in the total number.
Annual Household Income	Text	DO NOT PASTE. Include only numbers.	X		Enter the family's annual income as they report it at enrollment. This should be an exact number rather than an estimate; the family may reference returns, income receipts, calculation by hourly wgae, or bank statements. It is important for family's to have basic budgeting skills by understanding the revenue and expenditures of the household. TANF, SSI/SSDI, unemployment income, and child support should be included in this number. For teen parents living with their parents, consult with your organization to find out who is considered part of the household.
Housing Status	Drop-down list (single choice)	1,Owns or shares own home or condominium or apartment|2,Rents or shares own home or apartment|3,Lives in public housing|4,Lives with parent or family member|5,Not homeless but some other arrangement|6,Homeless and sharing housing|7,Homeless and living in an emergency or	X		N/A

Question Label	Question Data Type	Response Options	Auto-fill	Mandatory	Explanation
Health					
Current Pregnancy Status	Drop-down list (single choice)	0,Not Pregnant|1,Pregnant		X	N/A
Current Health Insurance	Drop-down list (single choice)	1,No Insurance Coverage|2,Medicaid or CHIP|3,Tri Care|4,Private or Other	X		N/A
Has this caregiver had continuous health insurance coverage for the past 6 months?	Drop-down list (single choice)	1,Yes|0,No		X	Benchmark Measure 16.
Did mom reach 8 weeks postpartum this quarter?	Drop-down list (single choice)	1,Yes|0,No			N/A
Did she receive a postpartum medical visit?	Drop-down list (single choice)	1,Yes|0,No	X		This should be the date of her postpartum visit. Required for prenatal enrollees or caregivers enrolled less than 30 days postpartum. Benchmark Measure 5.
Date of Postpartum Medical Visit	Date	mm/dd/yyyy	X		Postpartum medical visit should occur within 8 weeks (56 days) of delivery. This will appear if answer is "yes" to "Did she receive a postpartum medical visit?"
Reason why postpartum medical visit did not occur	Drop-down list (single choice)	1,No insurance|2, Client refused|3, No transportation|4, Other	X		"Other" and "client refused" will provide option to enter text explanation.
Other (please explain)	Text field	Open text field	X		If one of the selections does not seem to apply, select the closest reason. Use reasons consistently to better assess why parents are not accessing postpartum medical visits.
Client refused (please explain)	Text field	Open text field	X		If one of the selections does not seem to apply, select the closest reason. Use reasons consistently to better assess why clients are refusing postpartum medical visits.
Was the caregiver using tobacco or cigarettes at enrollment?	Drop-down list (single choice)	0,No|1,Yes		X	This includes all forms of tobacco or cigarette use, including: cigars, pipes, hookahs, chew, dip, snuff, and electronic nicotine delivery systems (e.g. e-cigs).
Was the primary caregiver already receiving tobacco cession services at enrollment?	Drop-down list (single choice)	0,No|1,Yes			This question will appear if the previous question about tobacco use is "Yes".
Date of Referral for Tobacco Cessation	Date	mm/dd/yyyy			This is only for caregivers who reported using tobacco or cigarettes at enrollment that were not already receiving tobacco cessation services at enrollment. "Referral" should be defined by each Program. Benchmark Measure 6.

Question Label	Question Data Type	Response Options	Auto-fill	Mandatory	Explanation
Edinburgh Postnatal Depression Screen					
Date of Edinburgh Postnatal Depression Screening completed	Date	mm/dd/yyyy	X		Depression screening should occur at least once per client. Prenatal enrollees should be screened within 3 months of delivery. Postnatal enrollees should be screened within 3 months of enrollment. Benchmark Measure 3.
Edinburgh Postnatal Depression Screening Score	Text	N/A	X		Any score 10 or higher indicates a referral for depression service is needed.
Date of Referral Made for Depression	Date	mm/dd/yyyy	X		"Referral" should be defined by each Program.
What provider type was patient referred to?	Drop-down list (single choice)	6,Internal Mental Health Provider|7,External Mental Health Provider - CMHC|8,External Mental Health Provider - Private Practice|1,Primary Care Provider|2,OB/GYN|3,Mental Health Provider|9,MCO/MCO Care Coordinator|4,Community-Based Support Group|5,Other			N/A
Please specify other provider type:	Text	Open text field			If provider type not listed, type response in the text field.
Date of Referral Completed for Depression	Date	mm/dd/yyyy			Date client was seen by referred agency. Benchmark Measure 17.
Why was a referral not provided?	Narrative	Open text field	X		Provide reason for not providing referral.
Was the patient in crisis?	Drop-down list (single choice)	1,Yes|0,No	X		N/A
What action was taken (brief summary)	Narrative	Open text field	X		If client was in crisis, provide brief explanation of action taken.
Relationship Screen					
Date of Relationship Screen (WEB)	Date	mm/dd/yyyy	X		Screener should be completed within 6 months of enrollment. Benchmark Measure 14.
Relationship Screen (WEB) Score	Text	N/A	X		A score of 20 or greater indicates a referral is needed.
Date of Referral Made for Intimate Partner Violence	Date	mm/dd/yyyy	X		"Referral" should be defined by each Program. Benchmark Measure 19.
Date Safety Plan Made for Intimate Partner Violence	Date	mm/dd/yyyy	X		Date that safety plan was completed with participant.

Question Label	Question Data Type	Response Options	Auto-fill	Mandatory	Explanation
Substance Abuse Screen					
What Substance Abuse screen tool was used?	Drop-down list (single choice)	1,UNCOPE|2,ASSIST	X		Which substance abuse tool was used (TIES will use ASSIST).
Date of Substance Abuse Screening	Date	Date (mm/dd/yyyy)	X		Data of the Substance Abuse Screening.
UNCOPE Screening Score	Text	Numeric	X		UNCOPE Screening score.
Tobacco score	Text	Numeric	X		ASSIST Tobacco Score
Alcohol score	Text	Numeric	X		ASSIST Alcohol Score
Cannabis score	Text	Numeric	X		ASSIST Cannabis Score
Cocaine score	Text	Numeric	X		ASSIST Cocaine Score
Amphetamine score	Text	Numeric	X		ASSIST Amphetamine Score
Inhalants score	Text	Numeric	X		ASSIST Inhalants Score
Sedatives score	Text	Numeric	X		ASSIST Sedatives Score
Hallucinogens score	Text	Numeric	X		ASSIST Hallucinogens Score
Opioids score	Text	Numeric	X		ASSIST Opioids Score
Other drugs score	Text	Numeric	X		ASSIST Other drugs score
Was a brief intervention provided?	Drop-down list (single choice)	1,Yes|0,No			N/A
What brief intervention was provided?	Drop-down list (multiple choice)	1,Reviewed screening results|2,Made clinical recommendations|3,Provided education, community, and/or treatment resources|4,Measured patient-motivation and/or readiness to change|5,Reinforced self-efficacy|6,Other			N/A
Please specify other intervention type:	Narrative	Open text field			If other, type response in text field.
Why was a brief intervention not provided?	Narrative	Open text field			Provide explanation for not providing intervention.
Was a referral provided?	Drop-down list (single choice)	1,Yes|0,No			N/A
What provider type was patient referred to?	Drop-down list (multiple choice)	1,Beacon Health Options|2, Substance Use Treatment Provider|3,Internal Mental Health Provider|4,External Mental Health Provider - CMHC|5, External Mental Health Provider - Private Practice|6,			

Question Label	Question Data Type	Response Options	Auto-fill	Mandatory	Explanation
Please specify other provider type:	Narrative	Open text field			If other, type response in text field.
Why was a referral not provided?	Narrative	Open text field			Provide explanation for not providing referral

Question Label	Question Data Type	Response Options	Auto-fill	Mandatory	Explanation
Priority Populations					
Household has a history of child abuse or neglect or has had interactions with child welfare services.	Drop-down list (single choice)	1,Yes|0,No	X	X	Based on self-report, an enrollee who has a history of abuse or neglect and has had involvment with child welfare services either as a child or an adult.
Someone in the household has a history of substance abuse or needs substance abuse treatment:	Drop-down list (single choice)	1,Yes|0,No	X	X	Based on self-report, an enrollee who has a history of substance abuse or who has been identified as needing substance abuse services through a substance abuse screening administered upon enrollment.
Someone in the household uses tobacco products in the home	Drop-down list (single choice)	1,Yes|0,No	X	X	Based on self-report, enrolles who use tobacco products in the home or who have been identified as using tobacco through a substance abuse screening administered during enrollment. Tobacco use is identified as combustibles (cigarettes, cigars, pipes,hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine deliver systems (ENDS).
Someone in the household has attained low student achievement or has a child with low student achievement:	Drop-down list (single choice)	1,Yes|0,No	X	X	This is based on self-report from the caregiver.
Household has a child with developmental delays or disabilities?	Drop-down list (single choice)	1,Yes|0,No	X	X	This should be based on both parent report and home visitor observation.
Someone in household currently serving or formerly served in the US armed forces	Drop-down list (single choice)	1,Yes|0,No	X	X	Based on self-report, famlies that include individuals who are serving or formerly served in the Armed Forces. For this criterion, definition includes a military member's dependent acquired through marriage, adoption, or other action during the course of a member's current tour of assigned duty.

Child Activities

Question Label	Question Data Type	Response Options	Auto-fill	Mandatory	Explanation
Kansas MIECHV Caregiver Activities					
GRANTEE	Text	Auto-generated			N/A
ORGANIZATION	Text	Auto-generated			N/A
PROGRAM	Text	Dependent upon organization assignment			N/A
Child ID	Text	Auto-generated			N/A
Caregiver ID	Text	Auto-generated			N/A
Quarter in Reporting Year	Drop-down list (single choice)	1, 1 - Oct. to Dec.|2, 2 - Jan. to Mar.|3, 3 - Apr. to Jun.|4 - Jul. to Sept.		X	Select appropriate quarter for activity. All activities are due 15 days following the end of the quarter.
Reporting Year	Drop-down list (single choice)	October Year - September Year		X	Select appropriate fiscal year for activity.
Which child was involved?	Drop-down list (single choice)	N/A		X	N/A
Date of Activity	Date	mm/dd/yyyy		X	Discharge date; date form is completed for active families.
Health					
Current Health Insurance	Drop-down list (single choice)	1,No Insurance Coverage|2,Medicaid or CHIP|3,Tri Care|4,Private or Other	X		N/A
What is this Child's Usual Source of Medical Care?	Drop-down list (single choice)	1,Doctor or Nurse Practitioner Office|2,Hospital Emergency Room|3,Hospital Outpatient|4,Federally Qualified Health Center|5,Retail Store or Minute Clinic|6,Other|7,None	X		Specify where the child typically recevies medical attention when it is necessary.
Does This Child Have a Usual Source of Dental Care?	Drop-down list (single choice)	1,Yes - Has a Usual Source of Dental Care|0,No - Does not have a Usual Source of Dental Care	X		Specify where the child typically receives dental care.
Did the child receive any amount of breast milk at age 6 months?	Drop-down list (single choice)	0,No|1,Yes	X		This is a snap shot of how much breastmilk, if any, the child consumed when they turned 6 months old. This question does not account for any breastfeeding that took place before or after this date. Benchmark Measure 2.
If no, did mother have a medical condition preventing her from breastfeeding?	Drop-down list (single choice)	1,Yes|0,No	X		Medical exclustion criteria can be found at www.cdc.gov/breastfeeding/disease

Question Label	Question Data Type	Response Options	Auto-fill	Mandatory	Explanation
Did the child receive the last recommended well-child visit based on the child's current age?	Drop-down list (single choice)	0,No|1,Yes		X	The AAP recommends visits at the following age 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. Benchmark Measure 4.
Safe Sleep: Is/was infant always placed to sleep on their back, without bed sharing or soft bedding, through 12 months of age?	Drop-down list (single choice)	0,No|1,Yes		X	Must meet all 3 criteria to select Yes. Benchmark Measure 7.
Number of child ER Visits due to injury during this quarter.	Text			X	N/A
Child Development & Learning					
During a typical week, does a family member read, tell stories, or sing songs to the child every day?	Drop-down list (single choice)	0,No|1,Yes		X	This question should be asked at each home visit. Benchmark Measure 11.
Which Parent-Child Interaction Assessment was Completed?	Drop-down list (single choice)	1,HOME Infant/Toddler|2,HOME Early Childhood|3,KIPS|4,PICCOLO|5,CHEERS			An approved screening tool should be completed **once in each fiscal year** (Octber 1st - September 30th) for families with index children between the ages of 3 months - 47 months. Benchmark Measure 10.
Date of Parent-Child Interaction Assessment	Date	Date (mm/dd/yyyy)			N/A
9 Month ASQ/BINS Screen					
Previous to reaching this 9 month screening interval, did the child have an identified developmental delay which would exclude them from this screening?	Drop-down list (single choice)	0,No|1,Yes	X		N/A
Date of 9 Month ASQ/BINS Screening	Date	Date (mm/dd/yyyy)	X		Follow age guidelines for screening tool. Benchmark Measure 12.
Does the child need additional referral or assessment resulting from this 9 month ASQ/BINS screen?	Drop-down list (single choice)	0,No|1,Yes	X		N/A
Date of 9 Month ASQ/BINS Referral	Date	Date (mm/dd/yyyy)	X		N/A
Date of 9 Month ASQ/BINS Referral Completed	Date	Date (mm/dd/yyyy)	X		The date the referral was completed or the date the referral completion was verified. Benchmark Measure 18.

Question Label	Question Data Type	Response Options	Auto-fill	Mandatory	Explanation
18 Month ASQ/BINS Screen					
Previous to reaching this 18 month screening interval, did the child have an identified developmental delay which would exclude them from this screening?	Drop-down list (single choice)	0,No|1,Yes	X		N/A
Date of 18 Month ASQ/BINS Screening	Date	Date (mm/dd/yyyy)	X		Follow age guidelines for screening tool. Benchmark Measure 12.
Does the child need additional referral or assessment resulting from this 18 month ASQ/BINS screen?	Drop-down list (single choice)	0,No|1,Yes	X		N/A
Date of 18 Month ASQ/BINS Referral	Date	Date (mm/dd/yyyy)	X		N/A
Date of 18 month ASQ/BINS Completed Referral	Date	Date (mm/dd/yyyy)	X		The date the referral was completed or the date the referral completion was verified. Benchmark Measure 18.
24 Month ASQ/BINS Screen					
Previous to reaching this 24 month screening interval, did the child have an identified developmental delay which would exclude them from this screening?	Drop-down list (single choice)	0,No|1,Yes	X		
Date of 24 Month ASQ/BINS Screening	Date	Date (mm/dd/yyyy)	X		Follow age guidelines for screening tool. Benchmark Measure 12.
Does the child need additional referral or assessment resulting from this 24 month ASQ/BINS screen?	Drop-down list (single choice)	0,No|1,Yes	X		N/A
Date of 24 Month ASQ/BINS Referral	Date	Date (mm/dd/yyyy)	X		N/A
Date of 24 month ASQ/BINS Completed Referral	Date	Date (mm/dd/yyyy)	X		The date the referral was completed or the date the referral completion was verified. Benchmark Measure 18.