

Healthy Start ~ Healthy Families Data Tracking Form

Family Name:		State ID#:	
Child's Name:		Child's DOB: 7/1/2008	
Date of 1st HV: 7/9/2008		Supervisor	Results and
		Initials	Comments
Eligibility for Healthy Start			
New Baby Questionnaire (NBQ)/Consent			
At Enrollment - First two months:			
Rights & Confidentiality Signed	7/9/2008		
Copy of Rights & Confidentiality to Family	7/23/2008		
Family Manager: Svc. Level Assign., Date of 1st HV, etc..	7/19/2008		
Assessment (KFSI) complete by third visit	8/6/2008		
Assessment (KFSI) Write-Up Entered in Family Manager	8/6/2008		
Parent Survey I (done by parent within 1st month of IS)	8/8/2008		
Family Intake (done by FSW within 1st month of IS)	8/8/2008		
Initial Referral Tracking Form	8/8/2008		
2 Week Well Child Exam (Print CDC Immie chart OR Use ALERT)			
Discussed Medical Providers for all participants	8/8/2008		
Discuss OHP renewal, Family Planning	8/8/2008		
6 Week Well Child Exam (Update Immunization info.)			
Family Goal Plan (FGP) within 45 days of 1st HV	8/23/2008		
Home Visitor Goal Plan (HV Goal Plan) within 60 days	9/7/2008		
When Child is 4 months old:			
ASQ	10/29/2008		
4 Month Well Child Exam (Update Immunization info.)			
When Child is 6 months old:			
Parent Survey II A&B	12/28/2008		
Family Update	12/28/2008		
ASQ: SE 6 Mo. Questionnaire (For children ages 3-8 months)	12/28/2008		
6 Month Well Child Exam (Update Immunization info.)			
FGP Update (fluid form, must update at least every 6 mo)			
HV Goal Plan (fluid form, just update at least every 6 mo)			
When Child is 8 months old:			
Level Review (after 6-8 months service - postnatal)			
ASQ	2/26/2009		
9 Month Well Child Exam (Update Immunization info.)			
When Child is 12 months old:			
ASQ	7/1/2009		
Parent Survey II A&B	7/1/2009		
Family Update	7/1/2009		
Infant/Toddler HOME Assessment	7/1/2009		
ASQ: SE 12 Mo./1 Yr. Questionnaire (ages 9-14 months)	7/1/2009		
12 Month Well Child Exam (Update Immunization info.)	7/1/2009		
Discuss OHP renewal, Family Planning	7/1/2009		
FGP Update (fluid form, must update at least every 6 mo)			
HV Goal Plan (fluid form, must update at least every 6 mo)			
PAT Health / Vision / Hearing Screens (annually any age)			
Supervisor File Full Review (minimum - annually)			
When Child is 15 months old:			

15 Month Well Child Exam (Update Immunization info.)

9/24/2009

HEALTHY START DATA TRACKING FORM

Mother's Name:		State ID#:	
Child's Name:		Child's DOB: 7/1/2008	
Date of 1st HV: 7/9/2008		Supervisor Initials	Results and Comments
When Child is 18 months old:			
ASQ	12/29/2009		
Family Update	12/29/2009		
ASQ SE 18 Mo. (for children ages 15-20 months)	12/29/2009		
18 Month Well Child Exam (Update Immunization info.)	12/29/2009		
FGP Update (fluid form, must update at least every 6 mo)			
HV Goal Plan (fluid form, must update at least every 6 mo)			
When Child is 24 months old:			
ASQ	7/2/2010		
Parent Survey II A&B	7/2/2010		
Family Update	7/2/2010		
Infant/Toddler HOME Assessment	7/2/2010		
ASQ SE 24 Mo./2 Yr. (for children ages 21-26 months)	7/2/2010		
2 Year Well Child Exam (Update Immunization info.)	7/2/2010		
Discuss OHP renewal, Family Planning	7/2/2010		
FGP Update (fluid form, must update at least every 6 mo)			
HV Goal Plan (fluid form, must update at least every 6 mo)			
PAT Health / Vision / Hearing Screens (annually any age)			
Supervisor File Full Review (minimum - annually)			
When Child is 30 months old:			
ASQ	12/29/2010		
Family Update	12/29/2010		
ASQ SE 30 Mo. (for children ages 27-32 months)	12/29/2010		
Begin Transition Planning/Referrals	12/29/2010		
FGP Update (fluid form, must update at least every 6 mo)			
HV Goal Plan (fluid form, must update at least every 6 mo)			
When Child is 36 months old:			
ASQ	7/2/2011		
Parent Survey II A&B	7/2/2011		
Family Update	7/2/2011		
Preschool HOME	7/2/2011		
ASQ SE 36 Mo./3 Yr. (for children ages 33-41 months)	7/2/2011		
3 Year Well Child Exam (update Immunization info.)	7/2/2011		
Discuss OHP renewal, Family Planning	7/2/2011		
FGP Update (fluid form, must update at least every 6 mo)			
HV Goal Plan (fluid form, must update at least every 6 mo)			
PAT Health / Vision / Hearing Screens (annually any age)			
Supervisor File Full Review (minimum - annually)			
Family Exit:			
Exit/Re-Entry Form (enter Last HV date in database)			Date of LHV:

Note: Most families will close when the target child is three (3) years old. Families may stay in program until the child is five (5) years old in accordance with the local Program Policy and Procedure Manual.,

HEALTHY START DATA TRACKING FORM

Mother's Name:

Child's Name: _____ **Child's DOB:** 7/1/2008

Date of 1st HV:	2/15/2007	Supervisor Initials	Results and Comments
	Due On: Done On:		

When Child is 42 months old:

Family Update	12/30/2011		
FGP Update (fluid form, must update at least every 6 mo)			
HV Goal Plan (fluid form, must update at least every 6 mo)			

When Child is 48 months old:

ASQ	7/1/2012		
Parent Survey II A&B	7/1/2012		
Family Update	7/1/2012		
Preschool HOME	7/1/2012		
ASQ: SE 48 Mo./4 Yr. Questionnaire (ages 42-53 months)	7/1/2012		
4 Year Well Child Exam (Update Immunization info.)	7/1/2012		
Discuss OHP renewal, Family Planning	7/1/2012		
FGP Update (fluid form, must update at least every 6 mo)			
HV Goal Plan (fluid form, must update at least every 6 mo)			
PAT Health / Vision / Hearing Screens (annually any age)			
Supervisor File Full Review (minimum - annually)			

When Child is 54 months old:

ASQ	12/28/2012		
Family Update	12/28/2012		
Discuss OHP renewal, Family Planning	12/28/2012		
FGP Update (fluid form, must update at least every 6 mo)			
HV Goal Plan (fluid form, must update at least every 6 mo)			

When Child is 60 months old:

ASQ	7/1/2013		
Parent Survey II A&B	7/1/2013		
Family Update	7/1/2013		
36-60 Month HOME Assessment	7/1/2013		
ASQ: SE 60 Mo./5 Yr. Questionnaire (ages 54-65 months)	7/1/2013		
5 Year Well Child Exam (Update Immunization info.)			
Discuss OHP renewal, Family Planning	7/1/2013		
PAT Health / Vision / Hearing Screens (annually any age)			
Supervisor File Full Review (minimum - annually)			

Family Exit:

Exit/Re-Entry Form			Date of LHV:
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Instructions for Data Tracking Form

Enter the Child's DOB and date of the first home visit in the two fields that are highlighted in bright yellow. The due dates for forms (except IFSP and Case Plan) will automatically fill in.

Print the document and place in the family file for on-going tracking purposes.