

MIECHV, MOPPP, MCH, CTF-HV zip code focus

CTF HOME VISITING GRANTEE REDCap SCREENS/FORMS SCHEDULE (Page 1 of 4)					
Window	Start Day	End Day	Window by Months	Days in Window	Due Dates
ASQ3 (Based on: DOB) - ALL CHILDREN RECORDS (CRs)					
#1	244	319	7.5 to 10 months	75	9 months
#2	503	588	16.5 to 19 months	75	18 months
#3	868	961	28.5 to 31 months	75	30 months
ASQSE (Based on: DOB) - ALL CHILDREN RECORDS (CRs)					
#1	142	217	4.5 to 7 months	75	6 months
#2	320	402	10.5 to 13 months	75	12 months
#3	503	588	16.5 to 19 months	75	18 months
#4	685	774	22.5 to 25 months	75	24 months
#5	868	961	28.5 to 31 months	75	30 months
#6	1050	1146	35 to 37 months	75	36 months
#7	1395	1471	45 to 49 months	75	48 months
#8	1755	1890	56.5 to 61 months	75	60 months
Depression Screen (Based on: DOB) - CAREGIVER RECORD (PCG)					
-Can utilize the PHQ-9 (Required for MIECHV Grantees) or Edinburgh Screen -					
<small>*NOTE: MIECHV programs will be provided an update due to HRSA changes before Oct 2026</small>					
#1	0	90	0 to 3 months post delivery	90	Birth to 90 days (If Prenatal Enrollee)
OR					
#1	0	90	0 to 3 months post enrollment	90	Enrollment to 3 months (If Postpartum Enrollee)
IPV Screen (Based on: Enrollment) - CAREGIVER RECORD (PCG)					
-Can utilize the HITS (required for MIECHV Grantees), WEB/RAT, or WAST Screen-					
#1	0	182	Enrollment to 6 months	182	Enrollment to 6 months
Safe Infant Sleep (Based on DOB) - ALL CHILD RECORDS (CRs)					
#1	0	93	0 to 3 months	92	First Visit or 0-3 mths
#2	94	186	3 to 6 months	92	3 to 6 months
#3	187	372	6 to 12 months	185	6 to 12 months
Substance Use Form (Based on: Enrollment) - CAREGIVER RECORD (PCG)					
#1	0	186	Enrollment to 6 months	186	Enrollment to 6 months
#2	187	372	6 to 12 months	185	6 to 12 months
#3	373	558	12 to 18 months	182	12 to 18 months
#4	559	744	18 to 24 months	181	18 to 24 months
#5	745	930	24 to 30 months	106	24 to 30 months
#6	931	1116	30 to 36 months	185	30 to 36 months
#7	1117	1260	36 to 42 months	143	36 to 42 months
#8	1261	1440	42 to 48 months	179	42 to 48 months
#9	1441	1620	48 to 54 months	179	48 to 54 months
#10	1621	1830	54 to 61 months	209	54 to 60 months

CTF HOME VISITING GRANTEE REDCap SCREENS/FORMS SCHEDULE CONTINUED... (Page 2 of 4)					
Window	Start Day	End Day	Window by Months	Days in Window	Due Dates
Parent-Child Interaction Tool (Based on: DOB) - ALL CHILD RECORDS (CRs)					
<i>-Can utilize the PICCOLO, CHEERS Check-In (HFA Only), DANCE (NFP Only), or IT/EC HOME Screen-</i>					
#1	280	465	9 to 15 months	185	10 months
#2	527	682	17 to 22 months	155	18 months
#3	838	1023	27 to 33 months	185	28 months
#4	1116	1209	36 to 39 months	93	36 to 39 months
#6	1860	1953	60 to 63 months	93	60 to 63 months
#7	2139	2232	69 to 72 months	93	69 to 72 months
Health Care Utilization Education (Based on: DOB) - ALL CHILD RECORDS (CRs)					
#1	0	93	0 to 3 months	93	Birth to 3 months
#2	155	279	5 to 9 months	124	6 months
#3	341	465	11 to 15 months	124	12 months
#4	527	651	17 to 21 months	124	18 months
#5	713	837	23 to 27 months	124	24 months
#6	899	1023	29 to 33 months	124	30 months
#7	1085	1209	35 to 39 months	124	36 months
#8	1260	1380	42 to 46 months	120	42 months
#9	1440	1560	48 to 52 months	120	48 months
#10	1620	1830	54 to 61 months	210	54 months
Well Child Visits (Based on: DOB) - ALL CHILD RECORDS (CRs)					
#1	0	5	Birth to 5 days	5	Birth to 5 days
#2	6	46	6 days to 1.5 months	40	1 month
#3	47	107	1.5 to 3.5 months	60	2 months
#4	108	167	3.5 to 5.5 months	59	4 months
#5	168	259	5.5 to 8.5 months	91	6 months
#6	260	350	8.5 to 11.5 months	90	9 months
#7	351	441	11.5 to 14.5 months	90	12 months
#8	442	532	14.5 to 17.5 months	90	15 months
#9	533	578	16.5 to 19 months	45	18 months
#10	716	867	23.5 to 28.5 months	151	2 years
#11	868	928	28.5 to 30.5 months	60	2 1/2 years
#12	929	1125	30.5 to 37 months	196	3 years
#13	1126	1500	37 to 50 months	374	4 years
#14	1501	1860	50 to 62 months	359	5 years
Protective Factors Survey II (Based on: Caregiver Enrollment Date) - CAREGIVER RECORD (PCG)*					
<i>* Only required for MOPPP Grantees</i>					
#1	0	93	PRE - Enrollment to 3 months	92	Enrollment
#2	94	3379	POST/Towards End of Case	3285	Post - towards end of case

CTF HOME VISITING GRANTEE REDCap SCREENS/FORMS SCHEDULE CONTINUED....(Page 3 of 4)					
Window	Start Day	End Day	Window by Months	Days in Window	Due Dates
Baby/Child Insurance Form (Based on: DOB) - ALL CHILD RECORDS (CRs)					
#1	0	186	Birth to 6 months	186	Initial/Birth
#2	187	372	6 to 12 months	185	6 months
#3	373	558	12 to 18 months	185	12 months
#4	559	744	18 to 24 months	185	18 months
#5	745	930	24 to 30 months	185	24 months
#6	931	1116	30 to 36 months	185	30 months
#7	1117	1302	36 to 42 months	185	36 months
#8	1303	1488	42 to 48 months	185	42 months
#9	1489	1674	48 to 54 months	185	48 months
#10	1675	1860	54 to 60 months	185	54 months
#11	1861	2046	60 to 66 months	185	60 months
#12	2047	2232	66 to 72 months	185	66 months
#13	2233	2418	72 to 78 months	185	72 months
Parent Insurance Form (Based on: Enrollment) - CAREGIVER RECORD (PCG)					
#1	0	186	Enrollment to 6 months	186	Enrollment
#2	187	372	6 to 12 months	185	6 months
#3	373	558	12 to 18 months	185	12 months
#4	559	744	18 to 24 months	185	18 months
#5	745	930	24 to 30 months	185	24 months
#6	931	1116	30 to 36 months	185	30 months
#7	1117	1302	36 to 42 months	185	36 months
#8	1303	1488	42 to 48 months	185	42 months
#9	1489	1674	48 to 54 months	185	48 months
#10	1675	1860	54 to 60 months	185	54 months
#11	1861	2046	60 to 66 months	185	60 months
#12	2047	2232	66 to 72 months	185	66 months
#13	2233	2418	72 to 78 months	185	72 months
Demographic Update form (Based on: Enrollment, Every 6M) - CAREGIVER RECORD (PCG)					
<i>-Form only shows during the window-</i>					
#3	187	279	6 to 9 months	92	6 months
#5	373	465	12 to 15 months	92	12 months
#7	559	651	18 to 21 months	92	18 months
#9	745	837	24 to 27 months	92	24 months
#11	931	1023	30 to 33 months	92	30 months
#13	1117	1209	36 to 39 months	92	36 months
#15	1303	1395	42 to 45 months	92	42 months
#17	1489	1581	48 to 51 months	92	48 months
#19	1675	1767	54 to 57 months	92	54 months
#21	1861	1953	60 to 63 months	92	60 months
#23	2047	2139	66 to 69 months	92	66 months
#25	2233	2325	72 to 75 months	92	72 months

CTF HOME VISITING GRANTEE REDCap SCREENS/FORMS SCHEDULE CONTINUED... (Page 4 of 4)

Window	Start Day	End Day	Window by Months	Days in Window	Due Dates
Postpartum Healthcare Visits (Based on: DOB) - ALL CHILD RECORDS (CR)					
#1	0	62	Birth - 2 months	185	Within 8 weeks of Birth
#2	187	372	6 to 12 months	185	6-12 months post Birth
REMINDER: Don't make it hard on yourself, follow your pop up window!					
Note: Everything is completed by DAYS, so take that into consideration when figuring. FYI - If your program only goes to 36 months you are not expected to do the timepoints past 36 months, etc.					

OPTIONAL - AGENCY SPECIFIC SCHEDULED FORMS (Only see if required by your agency/model)

Home Safety Inventory (Based on: DOB) - CAREGIVER RECORD (PCG)					
#1	-300	-1	Anytime Prenatal	299	Anytime Prenatal
#2	155	217	5 to 7 months	62	6 months
#3	341	403	11 to 13 months	62	12 months
#4	713	775	23 to 25 months	62	24 months
#5	1055	1147	34 to 37 months	92	36 months
Reproductive Life Planning Education (Based on: DOB) - CAREGIVER RECORD (PCG)					
#1	31	93	1 to 3 months	62	2 months
#2	155	217	5 to 7 months	62	6 months
#3	248	310	8 to 10 months	62	9 months
#4	341	403	11 to 13 months	62	12 months
#5	434	496	14 to 16 months	62	15 months
#6	527	589	17 to 19 months	62	18 months

CTF HOME VISITING GRANT REDCap ADDITIONAL FORMS SCHEDULE (Page 1 of 2)		
Form	How Often	Due Dates
REQUIRED STATIC FORMS (Done Only Once)		
Person Identification Form (includes the enrollment date now) *	Once – ALL Records	Intake/Start – Very First Form!
Funding Source Form*	Once - ALL Records	Intake/Start - Very Beginning!
HV Transfer Family IDs	Once - ALL Records	Intake/Start - ONLY if a family is transferring to YOU from another HV program (for CTF evaluation purposes)
Intake & Referral Form*	Once - Caregiver Record	Intake/Start
Program Consent Form*	Once - Caregiver Record (auto populates date into child's data)	Intake/Start - BEFORE data collection (excluding the forms above)
Agency & Eligibility Form	Once - Caregiver Record	Intake/Start
Baby.Child Information Form*	Once - ALL CHILD RECORDS	Intake and/or Child's birth
Breastfeeding Start Form*	Once - ALL CHILD RECORDS	Intake and/or Child's Birth
Breastfeeding End Form*	Once - ALL CHILD RECORDS	Date Stopped Breastfeeding
Case Closure Form*	Once - ALL RECORDS	Closure - Very Important!
REQUIRED ONGOING & AS OCCUR FORMS		
Lost to Follow Up Status*	As Occurs - CAREGIVER RECORD	When LFU starts/ends
Parent Information Form*	Initially & as address/HV updates are needed	Intake/Start & as updates occur
Home Visits Form*	At Every Home Visit - CAREGIVER RECORD	As home visits occur (includes 2 MIECHV questions)
Family Goals	As Occurs - CAREGIVER RECORD	As any new goals occur - per person
Child ER/UCC Visits*	As Occurs - ALL CHILD RECORDS	As ER/UCC visits happen - ask at each home visit
Referrals Form*	As Occurs	As Referrals Happen
Highlighted Items should be done at Intake/Enrollment!		
<p>Forms marked CAREGIVER RECORD are to be completed on the mothers record as they are a mom specific form. Forms marked ALL CHILD RECORDS are to be completed on ALL child records (index, twins/multiples OR subsequent children). REMINDER: Don't make it hard on yourself, follow your pop up window!</p>		

CTF HOME VISITING GRANT REDCap ADDITIONAL FORMS SCHEDULE (Page 2 of 2)		
Form	How Often	Due Dates
OPTIONAL - AGENCY SPECIFIC FORMS (Only see if required by your agency/model)		
FROG Scale (HFA only)	Once at Intake (CAREGIVER RECORD)	Initially – Intake Screening tool
HFA Service Plan	Once (CAREGIVER RECORD)	See Supervisor
HFA Level 1 - Level 2 Form	As Level Changes - CAREGIVER RECORD	As levels change
HFA Level 2 - Level 3 Form	As Level Changes - CAREGIVER RECORD	As levels change
HFA - Completion of Level 3 and HFA Services Form	As Level Changes - CAREGIVER RECORD	As levels change
HFA Staff Supervision Document (Separate link)	As needed - separate survey link	As needed - separate survey link
Groups, Graduation, Other	Ongoing-As Occurs	If a group, graduation or other event occurred – see Supervisor
Attempted Visit Documentation	Ongoing – As Occurs (CAREGIVER RECORD)	If attempted a visit – see Supervisor
Phone/letter Documentation	Ongoing – As Occurs (CAREGIVER RECORD)	If Communicated via phone/letter
Visit Documentation (HFA requirements included)	Ongoing – As Occurs (CAREGIVER RECORD)	At Every Home Visit
PCP Child Form	As Occurs - ALL CHILD RECORDS	Intake/As Changes/Updates
Prenatal Healthcare Visits	As Occurs - CAREGIVERS RECORD	When healthcare visits occur - OOC pulls this information from birth records, so not required to enter
Immunizations	As Occurs - ALL CHILD RECORDS	AAP Timeframes in REDCap (as occurs)
Parent ER/UCC Visits	As Occurs (CAREGIVER RECORD)	AS ER/UCC Visits Happen
PCG Primary Healthcare Provider	As Changes - CAREGIVER RECORD	Initially, and as changes occur
AAPI Form	Ongoing - as occurs, can be put on a schedule - CAREGIVER RECORD	Ongoing - as occurs, can be put on a schedule
Beck's Depression Inventory	Ongoing - as occurs, can be put on a schedule - CAREGIVER RECORD	Ongoing - as occurs, can be put on a schedule
Columbia- Suicide Severity Rating Scale	Ongoing - as occurs, can be put on a schedule - CAREGIVER RECORD	Ongoing - as occurs, can be put on a schedule
Post 90-Day Follow Up Form	Once - CAREGIVER RECORD	90 days after closure. Case is not moved to closed cases DAG until 90-Day follow up complete, can be moved to a 90-day follow up DAG
CD Involvement Form	Ongoing (monthly for DESE)	Updated as required