

New Mexico Home Visiting Periodicity for Required Screenings, Tools & Forms

Family Name: _____

Child's Name: _____

Child's Birthdate: _____

Date Enrolled in Program: _____

Home Visitor: _____

The following guidelines are the minimum frequencies required. Administer additional screenings as needed.

Maternal-Child Health Information Form - Child Complete within 45 days of enrollment and quarterly thereafter thereafter. *6 months is an important milestone for completing this form.

AGE IN MONTHS	1-3	6*	9	12	15	18	21	24	27	30	33	36	42	48	54	60
DUE DATE																
DATE COMPLETED																
<i>Referrals as needed</i>																
REFERRED (R) ENGAGED (E)	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E
NOTES:																

Maternal-Child Health Information Form - Adult/Caregiver Complete within 45 days of enrollment and quarterly thereafter.

AGE	Year 1				Year 2				Year 3				Year 4			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
DUE DATE																
COMPLETED DATE																
<i>Referrals as needed</i>																
REFERRED (R) ENGAGED (E)	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E
NOTES:																

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ASQ-3 Complete within 45 days of enrollment. Additional: [Parents as Teachers 2 Mo](#) & [NFP 10 Mo](#), [MIECHV 9 Mo](#)

AGE	2mo	4mo	6mo	9/10mo	12mo	18mo	24mo	30mo	36mo	42mo	48mo	54mo	60mo
DUE DATE													
DATE COMPLETED													
RISK (Y)/(N)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
REFERRED (R) ENGAGED (E)	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E
NOTES:													

ASQ-3 – The home visitor/supervisor discretion can be used to determine the appropriateness of using the ASQ-3 for children referred to and enrolled in NM Family Infant Toddler Services.

ASQ-SE2 Complete within 45 days of enrollment.

AGE	6 Months	12 Months	18 Months	24 Months	30 Months	36 Months	48 Months	60 Months
DUE DATE								
DATE COMPLETED								
RISK (Y)/(N)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
REFERRED (R) ENGAGED (E)	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E
NOTES:								

PICCOLO (DANCE-NFP) Complete within 45 days of enrollment *and every 6 months thereafter*. Child must be *at least 4 months old*.

AGE	Months	Months	Months	Months	Months	Months	Months	Months
DUE DATE								
DATE COMPLETED								
NOTES:								

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Depression Screening Tool (EPDS and/or PHQ2/PHQ9): Administer to caregiver within 45 days of enrollment and annually. For prenatal moms, administer again during the 3rd trimester and at 1 month and 3 months following the baby's birth.

AGE/GESTATIONAL AGE	Months	Months	Months	Months	Months	Months	Months
DUE DATE							
DATE COMPLETED							
RISK (Y)/(N)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
REFERRED (R) ENGAGED (E)	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E
NOTES:							

EPDS and/or PHQ2/PHQ9 – If the score is at or above the cutoff of 10, offer and document referrals, and/or rescreen if appropriate. Consider consulting with your program’s licensed mental health consultant and re-administer as needed.

Relationship Assessment Tool (HITS Tool-NFP) Complete within 45 days of enrollment and annually thereafter.

AGE	Months	Months	Months	Months	Months	Months	Months	Months
DUE DATE								
DATE COMPLETED								
RISK (Y)/(N)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
REFERRED (R) ENGAGED (E)	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E
SAFETY PLAN COMPLETED (C) FOLLOWED-UP (F)	<input type="checkbox"/> C <input type="checkbox"/> F	<input type="checkbox"/> C <input type="checkbox"/> F	<input type="checkbox"/> C <input type="checkbox"/> F	<input type="checkbox"/> C <input type="checkbox"/> F	<input type="checkbox"/> C <input type="checkbox"/> F	<input type="checkbox"/> C <input type="checkbox"/> F	<input type="checkbox"/> C <input type="checkbox"/> F	<input type="checkbox"/> C <input type="checkbox"/> F
NOTES:								

If the score is at or above 20 for the Relationship Assessment Tool, or at or above 9 for HITS, offer and document referrals, and develop a safety plan

Family Satisfaction Survey Complete annually

AGE	Months	Months	Months	Months	Months	Months	Months	Months
DATE COMPLETED								

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Optional Screening Tools

SSI⁴ *Administer within 45 days of enrollment and annually thereafter.*

AGE	Months	Months	Months	Months	Months	Months	Months	Months
DATE COMPLETED								

SSI – A score below the cutoff (34) will result in a discussion with the parent, a possible referral, and/or goals to address the lack of support, and be monitored monthly.

Reflections on Parenting *Begin gathering at intake and complete within 6 months.*

AGE	Months
DATE COMPLETED	

Additional Notes

- Use of this form to document screening dates is optional unless required by your program.
- Screening tools may be used more frequently if and when the home visitor’s observations indicate the need for further information.
- If a screening tool is missed, please complete it as soon as possible rather than wait for the next scheduled date. In the case of a missed ASQ-3 or ASQ:SE2, complete the questionnaire closest to the child’s current age; do not wait until the next scheduled date.
- All periodicity follows calendar days.

Please see, “NM ECECD HOME VISITING PROGRAM SCREENINGS, TOOLS & DATA COLLECTION FORMS: DESCRIPTION & USE” for additional guidance on these tools and forms.

<http://cdd.unm.edu/early-childhood-programs/early-childhood-learning-network/home-visiting-training/screening-tools.html> html