



# **FIRST STEPS DATA COLLECTION GUIDE FOR HOME VISITING PROGRAMS**



# Introduction

## First Steps Data Collection System Guide for Home Visiting

This user manual has been created to guide your data entry for Home Visiting Programs. Though this guide focuses on home visiting programs, many of the entry screens you will see throughout the document will appear multiple times as you enter data for other programs strategies in the First Steps Data Collection (FSDC) System.

Periodically this guide will be revised to mirror FSDC changes as they arise.

For any questions and further details, please contact the Data Systems Manger Dione Brabham at [dbrabham@scfirststeps.org](mailto:dbrabham@scfirststeps.org), or (803) 521- 0012.

Released: November 2020

# Who to contact with data system issues?

First Steps Data Collection System Guide for Home Visiting

## DATA SYSTEMS MANAGER

Dione Brabham, South Carolina First Steps

Email: [dbrabham@scfirststeps.org](mailto:dbrabham@scfirststeps.org)

Phone: 803-521-0012

Keep your data current! Do not wait until quarterly deadlines, or worse, the end of the program year to enter data!

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# DATA SECURITY



## Essential Documents for Data Security

In its capacity as data vendor to South Carolina First Steps, the Revenue and Fiscal Affairs Office (RFA) maintains the *First Steps Data Collection (FSDC) System* – a web-based client data portal. Because the site’s primary purpose relates to the collection and storage of *protected demographic and assessment data* (including names, social security numbers, birthdates, test scores, etc.) its use is subject to both state and federal laws governing data privacy and security (The Health Insurance Portability and Accountability Act (HIPAA) (Appendix 1), the Family Educational Rights and Privacy Act (FERPA) (Appendix 2), and the South Carolina Family Privacy Protection Act of 2002.

Several documents are required to ensure system and legal compliance provisions. Each is available in PDF format on the First Steps web site.

## Essential Documents for Data Security

### Electronic Data

- DO NOT share logins and passwords.
- Log out of First Steps Data Collection (FSDC) System when you are not at your desk.
- DO NOT access the FSDC at unsecured locations (WIFI cafes, etc).

## DATA SECURITY

- Terminate logins when staff leave your employment or vendor's employment.
- DO NOT allow employees to download personally identifiable data or SSNs from FSDC onto hard drives, flash drives, etc.

*It is recommended that this page be printed and posted at employee workstations and other key areas (copy room, etc.).*

*Review these practices with employees at least annually.*

# REQUIRED DOCUMENTS



## REQUIRED DOCUMENTS

Several documents are required to ensure system and legal compliance provisions. Each is available in PDF format on the First Steps web site.

### **Employee Confidentiality Form**

Anyone who handles or views (individual) client-level data must maintain the privacy of that information. The Employee Confidentiality Form in Appendix 3 provides important explanations relating to the privacy of this data/information. By signing the form, partnership and/or vendor employees pledge to maintain the privacy of this data.

#### **Who should sign?**

Any individual (to include partnership and vendor employees, board members, volunteers, interns, etc.) who may encounter sensitive data must read and sign this document.

#### **When should this form be used/for how long is it effective?**

The Employee Confidentiality Form must be completed at the beginning of each fiscal year. All staff, including returning employees are required to complete.

#### **Who maintains this form?**

Each First Steps Partnership should maintain its own signed forms on site. If school district personnel serve as program vendors, signed copies may be maintained by the appropriate school district administrator.

## **Client Authorization and Consent Form**

*English version/Spanish version*

This form authorizes First Steps to collect client-level data, details how it may be used, outlines the security practices for keeping private information.

(Form available in English and Spanish Appendix 4 and 5).

### **Who should sign the form?**

All clients must sign the Client Authorization and Consent Form before services can be administered. Because First Steps legislation mandates that local Partnerships collect client outcome data, services may be denied to prospective clients that are unwilling to provide consent or identifying information. (Exemption: Social Security Numbers. Clients not required to provide.) This form must never be modified or used as a registration form.

### **When should this form be used?**

Once signed, this authorization is good for as long as the client participates in the program.

### **Who maintains this form?**

The First Steps Partnership and/or program vendors must keep the original forms in a locked file in their office.

## **Data Use Agreement/Access Request Form**

All FSDC system users must sign the two-page Data Use Agreement form (Appendix 6) issued by RFA. This form:

- outlines data user responsibilities,
- obtains signatures from both the user and an authorized County Partnership signatory,
- provides RFA with the information necessary to issue a password to the user.

### **Who should sign the form?**

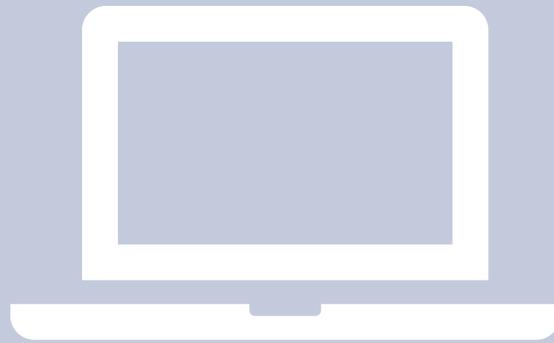
Because the FSDC houses both client and outputs data, all users must sign a data use agreement, even if they do not access protected data.

### **When should this form be used?**

As needed. RFA issues passwords to all web site users upon receipt of signed Data Use Agreement Forms. All users will be notified of their password by telephone.

*RFA will keep signed originals in a locked location.*

# **LOGGING INTO THE FIRST STEPS DATA COLLECTION SYSTEM**



## Vendor Logins

The “vendor” number allows FSDC users to enter data and differentiates multiple vendors providing service under a single program code. (For example, multiple school districts providing Parents as Teachers within the same county. For privacy purposes, individual vendor employees are often given unique vendor numbers to restrict access to private client data.) To maintain consistency from one year to the next, please assign continuing vendors the same number each year. Note that in-house strategies also require vendor numbers.

### Vendor Level Accounts

Different accounts have different levels of system access depending on the user. These levels are determined/requested by the Executive Directors of your local First Steps partnership.

Vendor Level- Staff working directly with clients/participants (i.e. program vendors) or staff having a need to view client level data (i.e. data entry staff) receive this level of access. Access at this level allows users to input, view and edit client information. Aggregate reports will be available for viewing, printing and downloading into Excel (Client and Output reports). You must have a DIFFERENT vendor login created by RFA for EACH program for which you will enter data, even if it is the same person doing the data entry.

## First Steps Data Collection System Web Address

Before we can begin entering data, we need to log into the First Steps Data Collection (FSDC) System. Let's get started! You will need the FSDC URL address, and your User ID/Password provided by the SC Revenue and Fiscal Affairs Office. Log-in information must be secured through your site supervisor, and/or Executive Director, before you can access data within the system.

### Web Address

Web address: [Fsdc.state.sc.us/login.php](https://fsdc.state.sc.us/login.php)

You must place this exact address in the URL Browser. If the address is not entered just as it is written above, you WILL NOT be able to access the system.

 fsdc.state.sc.us/login.php

## LOGGING INTO THE FIRST STEPS DATA COLLECTION SYSTEM

After entering the address, and initiating a search, you should see the First Steps Data Collection Login Page.



**First Steps Data Collection  
Login Page**

**You are not logged in.**

UserID:

Password:

*(Screenshot of Login Page)*

## First Steps Data Collection System Home Screen

Once you have successfully signed into your FSDC account, you should be routed to the Home Screen:

The screenshot displays the home screen of the First Steps Data Collection System, organized into three main sections, each with a blue header and a list of yellow buttons with corresponding descriptions:

- Data Submission**
  - Monthly Outputs Submission**: Choose individual programs for entering monthly outputs data.
  - Case Data Submission**: Input client participation data for each case.
  - Child Care Providers**: Child Care Provider Data Entry.
- Reports**
  - Case Data**: Reports focused on programs serving specific cases and clients.
  - Child Care Providers**: Reports focused on programs serving child care providers.
  - General**: Reports across all programs.
- Administrator Functions**
  - Authorize Programs**: Program Codes must be authorized for each county before they can be registered. (Office of First Steps Only)
  - Register Vendors**: Vendors must be registered for each program before the program can be registered.
  - Register Programs**: Programs must be registered before data can be entered for them.
  - Projected to Serve**: Set Projected to Serve Number by Vendor. Number is required to be entered for certain reports. Programs must be registered before data can be entered for them.
  - View Registered Programs**: See what programs have been registered for your county, as well as the program components that go along with them.
  - View Registered Logins**: See what logins have been registered for each program code, vendor number and authorization level for your county.
  - Dashboard**: Displays summary information (number served, salient variables, etc.) on all programs.

You should notice the three blue headers on the screen. Under the “Data Submission” header, “Case Data Submission” will allow you to enter individual client data (cases data), and under the “Reports” header, “Case Data” will help check your work.

## **Frequently Asked Questions**

### **How do I book a site?**

The initial gateway to the system is a password protected user portal that cannot be bookmarked. To save the website as a "bookmark" or "favorite," you will need to go to the home page and click "log out." Wait a few seconds and then save the generic login screen the system takes you to.

### **Can I ask the system to save my login names and password?**

Many web browsers provide the ability to retain or remember a password. The Revenue and Fiscal Affairs Office requests that you not use this setting due to the security threat it may pose.

### **My Password is (Misplaced/Lost/Missing/Not Working)**

If your login is not working, you need to call (P. (803) 898-9970) or email (E. [sarah.Crawford@rfa.sc.gov](mailto:sarah.Crawford@rfa.sc.gov)) Sarah Crawford (the executive director of your local First Steps office needs to be informed if you are a vendor) to get your login re-activated.

### **The First Steps Web Site "kicks me out" after only minutes. What do I do?**

The FSDC site is time sensitive and will automatically log users out after 60 minutes of no activity. If you are being automatically logged off, before 60 minutes of inactivity, it is likely that your computer's own clock (or that of your internet service provider) is set incorrectly, causing the website to "think" that 60 minutes have passed since your initial login.

# **NAVIAGATING THE CASE DATA HOME PAGE**



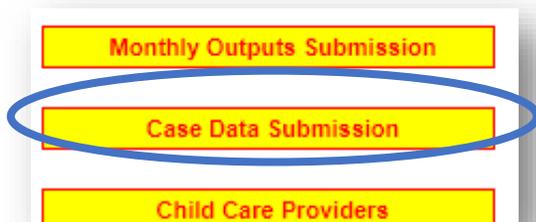
## Accessing the Case Data Home Page

Look for “Data Submission,” on the left-hand side of your screen select the “Case Data” tab.



OR

Select “Case Data Submissions” from the Home Page menu.



After selecting "Case Data" tab, the Cases for County page should replace the Home Screen. It should look you should look like...

**Cases for TEST County**  
Program Code 2250, Vendor 20  
Use this page to view case information for your program.  
Clients will not be able to be entered for vendors and programs that are not registered.

---

You may select a different program by changing the following:  
Fiscal Year: 2020-2021 ▼  
Get Cases

Rollover Instructions:

o" the next fiscal year's case files, you need to go to the fiscal year with the cases by selecting the "client rollover" button located under the Program Staff section . Click on the button and foll

---

r edit details.  
he staff member has a current certification, "Y" means they have an expired certification and "0"

|     |  |
|-----|--|
|     |  |
| PAT |  |

*\*\*Remember, the program listed above is only an example. The program strategies tied to your specific vendor number will come up each time you sign in. \*\**

## Entering Program Staff Information

Before you enter client data, you must first provide information about yourself in the Program Staff section. Look for the header “Program Staff” that follows available drop downs available for “Program,” “Vendor,” and “Fiscal Year.”

**You may select a different program by changing**  
Fiscal Year: 2020-2021 ▾  
Get Cases

Rollover Instructions:  
To have cases from one fiscal year "roll to" the next fiscal year's case files, you need to go to the fiscal year w  
This will allow the system to bring up the "client rollover" button located under the Program Staff section

**-Program Staff-**

Click on a staff member name to view or edit details.  
In Trainings/Certifications, "Y" means the staff member has a current certification, "Y" means they have an

| Name               | Title  | DOB        | Hispanic? | Race             | Sex    | Email                     | 1st Job Category | 2nd Job Category | Full/Part | Hired      | Left D |
|--------------------|--------|------------|-----------|------------------|--------|---------------------------|------------------|------------------|-----------|------------|--------|
| Enter Staff Member |        |            |           |                  |        |                           |                  |                  |           |            |        |
| Ice Cream          | Parent | 1987-12-19 | No        | Black or African | Female | dbrabham@scfirststeps.org |                  |                  | P         | 10/15/2020 |        |

Next, click “Enter Staff Member,” to begin entering your member information.

# Data Entry Page for Entering Staff Member Information

## Parenting Staff for TEST County

Program Code 2250, Vendor 20  
Use this page to view information on individual staff members for your program.

[Return to Program Information](#)

### Staff Personal Information

Delete this Staff Member?

Name:

Title:

Date of Birth:  /  /

Client has Hispanic or Latino Ethnicity?

What is/are the staff member's Race(s)?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Sex:

Email:

Job Category 1:

Job Category 2:

Employer:

Schedule:  Full-time  Part-time

Date of Hire:  /  /

Date of Termination:  /  /

Highest Degree Obtained:

Degree Field:

Second Degree Field:

## NAVIGATING THE CASE DATA HOME PAGE

### Staff Trainings and Certifications

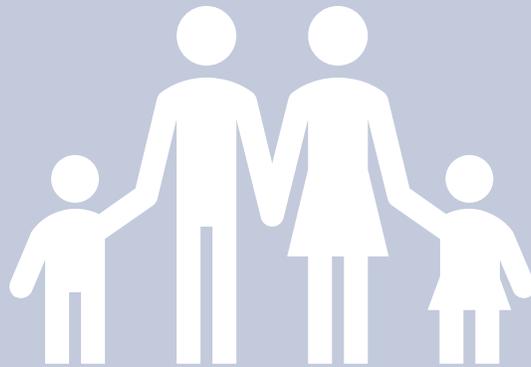
Check all that apply:

|  |   |
|--|---|
| <input type="checkbox"/> PAT Supervisory   | Date Certified: <input type="text"/> / <input type="text"/> |
| <input type="checkbox"/> PAT Foundational  | Date Certified: <input type="text"/> / <input type="text"/> |
| <input type="checkbox"/> PAT Foundational 2 (3-5)  | Date Certified: <input type="text"/> / <input type="text"/> |
| <input type="checkbox"/> PAT Model Implementation  | Date Certified: <input type="text"/> / <input type="text"/> |
| <input type="checkbox"/> PCH: Parent Child Home  |   |
| <input type="checkbox"/> KIPS: Keys to Interactive Parenting Scale                       | Date Certified: <input type="text"/> / <input type="text"/> |
| <input type="checkbox"/> ACIRI: Adult/Child Interactive Reading Inventory                |   |
| <input type="checkbox"/> CTK: Countdown to Kindergarten                                  | Date Certified: <input type="text"/> / <input type="text"/> |
| <input type="checkbox"/> ASQ-3: Ages & Stages Questionnaire                              |   |
| <input type="checkbox"/> ASQ-SE: Ages & Stages Questionnaire: Social Emotional           |   |
| <input type="checkbox"/> ASQ-SE2: Ages & Stages Questionnaire: Social Emotional 2        |   |
| <input type="checkbox"/> LSP: Life Skills Progression                                    |   |
| <input type="checkbox"/> Brigance  |   |
| <input type="checkbox"/> LAP: Learning Accomplishment Profile                            |   |
| <input type="checkbox"/> ELAP: Early Learning Accomplishment Profile                     |   |
| <input type="checkbox"/> Battelle  |   |
| <input type="checkbox"/> DIAL-3: Developmental Indicators for the Assessment of Learning |   |
| <input type="checkbox"/> ESI-R: Early Screening Inventory (Revised)                      |   |
| <input type="checkbox"/> ESI-K: Early Screening Inventory (Kindergarten)                 |   |
| <input type="checkbox"/> ESP: Early Screening Profiles                                   |   |
| <input type="checkbox"/> Other Training  |   |

Once you've entered your information, click "Save Staff Information" to save your entry. If you do not, your entry will not be available in the future.

Save Staff Information

**CLIENT DEMOGRAPHIC DATA  
FOR CHILDREN 0-5, FAMILIES AND/OR  
CAREGIVERS**



## Client Demographic Data

All parents and children enrolled in high-intensity programs at First Steps must have client demographic data (case data) entered in the First Steps Data Collection System. Case data is collected for all clients served individually (not solely in groups) over the course of multiple dates.

This data is collected for all clients served individually (not solely in groups) over the course of multiple dates. The system requires that for every adult record entered, there is a child record entered and vice versa. It will not accept one without the other.

### Programs that require client/case data input:

- HIPPY USA
- AmeriCorps Family Support Members – Early Identification and Referral
- Parents As Teachers
- Mother Read/Father Read
- Parent-Child Home
- Healthy Families
- Family Literacy Model (with EB connections)
- Early Steps
- Incredible Years

CLIENT DEMOGRAPHIC DATA  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

- PILOT ONLY: Raising A Reader (Enhanced)
- Triple P
- Nurturing Parenting
- Parent Training – LENA/Talk to Me
- Head Start Programming
- Countdown to Kindergarten
- Reading Rocks (CTK 3K)
- Scholarships Initiatives (DSS Vouchers: 7031/In-House: 7032)
- Early Identification and Referral

## Entering Primary Adult Case Data

Snapshots from FSDC Case Data Entry Screen

**Enter the Primary Adult Client for this Case**

**Step 1: Participation**

This person is a client of this program ?  Yes  No  
This person is an Adult.

**Step 2: Personal Information**

First Name\*:

MI:

Last Name\*:

Suffix:

SSN\*:  -  -  \*OR\*

Reason if no SSN\*:

DOB\*:  /  /

Adult has Hispanic or Latino Ethnicity?\*

What are the Adult's Race(s)?\*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Gender\*:

Medicaid Number:  (optional)

\* Required if consent is given (see below).

CLIENT DEMOGRAPHIC DATA  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

### Guardian Consent

Legally, adults give consent for their own personal information to be used. Adults also give consent for the child's information to be used. If the consenting adult is the same as the adult participant there is a checkbox for this, so the adult name doesn't have to be typed in again. The relationship of the adult to the child needs to be indicated in all cases.

If you have clicked the button indicating that consent has been given, the system will require you to input a date of birth and social security number or a reason why the social security number was not obtained. Birth dates are mandatory.

After you've verified that you have a consent form on file, click the small circle next to "Given."

**Step 3: Consent for use of personal information**

Not Given (Default)

Given

Withdrawn

Mark "Consent Given" only if you have a signed

CLIENT DEMOGRAPHIC DATA  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

If a client initially "refuses" to give a social security number, you may edit the client record when/if you do obtain this information. (When doing so, delete the "reason if no SSN" by changing it back to "Select as Needed" – if you don't do this, the system will not save the SSN.)

## Entering Child Case Data

Snapshots from FSDC Case Data Entry Screen

**Step 2: Personal Information**

Check here if this child is the unborn baby of a mother receiving services in this program  
(You will not have to enter a name)

First Name\*:

MI:

Last Name\*:

Suffix:

SSN\*:  -  -  \*OR\*

Reason if no SSN\*:

DOB\*:  /  /

Weeks Premature (optional):

Child has Hispanic or Latino Ethnicity?\*

What are the Child's Race(s)?\*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Gender\*:

Medicaid Number:  (optional)

\* Required if consent is given (see below).

CLIENT DEMOGRAPHIC DATA  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

Left click, "Given," to continue.



**Step 3: Consent for use of personal information**

Not Given (Default)  
 **Given**  
 Withdrawn

Mark "Consent Given" only if you have a signed

Information entered within your Client Demographic page will show appear on your Cases for County Home Page. Review the color shading on your dashboard to check your work.

Your updated dashboard should look like the picture to the right.

Enter New Case

**Case Number: BlueGree** Has

**Entry Date: 07 / 2018 Service Date: 07 / 2019 Exit Date: None**

Enter New Client for Case: BlueGree

| Name             | Type         | Client? | Consent? | DOB     |
|------------------|--------------|---------|----------|---------|
| Blue, Dark       | Adult        | Yes     | Yes      | Known   |
| Blue, Green      | Adult        | Yes     | Yes      | Known   |
| Blue, Cornflower | Child        | Yes     | Yes      | Known   |
| Blue, Light      | Child        | Yes     | Yes      | Known   |
| Blue, Royal X    | Child        | Yes     | Yes      | Known   |
| Blue, Sapphire   | Child (Baby) | Yes     | No       | Unknown |

**Case Number: Checker2Adul** f

**Entry Date: 1 / 2019 Service Date: 1 / 2019 Exit Date: 2 / 2019**

CLIENT DEMOGRAPHIC DATA  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

- Yellow = No data consent. Without consent, the client record will not show up in reports.
- Pink = No SSN. Please strive for a high percentage of clients with SSNs.
- White = Parental consent and SSNs have been entered correctly.

## **THINGS TO CONSIDER**

### **Editing mistakes.**

If you make a mistake, no need to worry. Hover your cursor over the parent or child's name, once highlighted, left click. All client demographic data will be available.

### **Names are very important!**

Names cannot change, ever, or the date won't match up year to year. In addition, the spelling of names identifying children and families must be the same each fiscal year.

### **Expectant Parents**

When entering basic case information (Name, SSN, DOB) you will check the box for "Check here if this child is the unborn baby of a mother receiving services in this program." This option does not allow you to input a date of birth, social security number or other personal information. This information can only be entered after the baby is born and you remove the check from the box.

CLIENT DEMOGRAPHIC DATA  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

If working with expectant parents, once the child is born make sure child's name and birth date are entered in the system ASAP, before you enter any home visits or assessments. If you enter visits or assessment with the child's name and birth date not entered, the assessments won't show up in reports correctly.

### **Social Security Numbers and Birthdates**

- Social Security Numbers = Not Required
- Birthdates = Required

### **Race and Gender**

Race and Gender are also personal information, and the system will not accept the designations for "unknown" for these if consent has been given; you must choose one of the race and gender options. Race designations are consistent with the current US Census categories.

### **Additional Family Members**

Additional members of a family are to be entered into the system if they are being served by First Steps. These additional clients can be entered once the initial case record is established (adult and child); and are not required by the system. Signed consent forms are required for *all clients entered*.

### **Save your work!**

Always click on the grey buttons shown below after entering data. IF YOU DON'T, YOUR DATA WILL NOT SAVE. The grey buttons are always at or near the bottom of the entry page:

CLIENT DEMOGRAPHIC DATA  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

### Save your work!

Always click on the grey buttons shown below after entering data. IF YOU DON'T, YOUR DATA WILL NOT SAVE. The grey buttons are always at or near the bottom of the entry page:



### Case Numbers

The system saves each family unit as one "case." The system generates an internal program number on each case for tracking purposes.

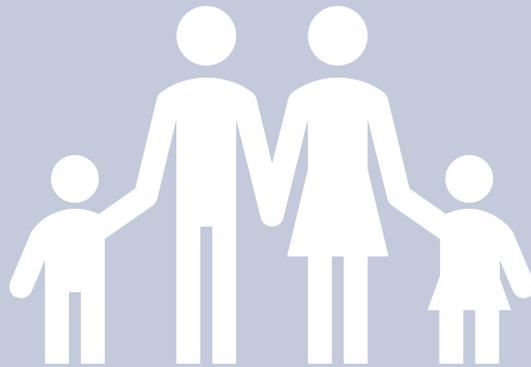


### Duplicate Records

#### I have duplicate records in my cases data. What should I do?

Dione Brabham can delete duplicate records. The Executive Director should request deletions by contacting *Dione Brabham by email (dbrabham@scfirststeps.org) or by phone (803-521-0012)*. Program code and vendor numbers need to be attached as well as the case names and the duplicated names. Do not send DOB or other private information.

# **ENTERING CASE INFORMATION FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS**



## Case Information

Next, we need to enter Case Information for the family.

Case Information includes: Referral Source(s), Case Service Dates, Case Facts, Risk Factors, Additional High Needs Characteristics, Focus of Assessment, and summary of Visits and Assessment for the current fiscal year.

**Cases**

To edit a client's information, click on the name.  
Lines highlighted in yellow have no consent. Lines highlighted in pink have consent

**Links to Case Information, Scholarships/Interventions/Referrals, Family Visits,**

Enter New Case

**Case Number: BlueGree** **Has Case Info? Y**

To begin, left click the white “Has Case Info?” tab on the case number dashboard.

CASE INFORMATION  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

Once you've selected the "Has Case Info" tab, you should see the scene below.

## Case Information Home Page

**Family/Case Record for  
BlueGree  
2019-2020**

[Return to Case List](#)

Any information you enter on this page will not be saved unless you click the "Save Case Information" button at the bottom.

---

**Referral Source(s)**

Referred to First Steps from:

|                       |                      |   |                                      |                      |
|-----------------------|----------------------|---|--------------------------------------|----------------------|
| 1. Referral Source 1: | <input type="text"/> | ▼ | If "Other Referral", please specify: | <input type="text"/> |
| 2. Referral Source 2: | <input type="text"/> | ▼ | If "Other Referral", please specify: | <input type="text"/> |
| 3. Referral Source 3: | <input type="text"/> | ▼ | If "Other Referral", please specify: | <input type="text"/> |

---

**Case Service Dates**

This section contains the dates of service related to the case.

|                     |      |   |        |   |
|---------------------|------|---|--------|---|
| 1. Entry Date:      | 07 ▼ | / | 2018 ▼ | The date this case first started working with First Steps, even if in a previous year.                    |
| 2. Service Date:    | 07 ▼ | / | 2019 ▼ | The date this case started receiving services in this fiscal year.  |
| 3. Suspension Date: | ▼    | / | ▼      | The date this case suspended services in this fiscal year (if applicable).                                |
| 4. Re-Entry Date:   | ▼    | / | ▼      | The date this case returned to receiving services after a suspension in this fiscal year (if applicable). |
| 5. Exit Date:       | ▼    | / | ▼      | The date this case stopped receiving services in this fiscal year.  |

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**Case Facts**

Contact Address

- Address Street 1
- Address Street 2
- Address City
- Address State
- Address ZIP 5

*Let's review the "Family/Case Record" Screen in smaller parts.*

CASE INFORMATION  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

### A. Referral Source(s)

To boost and maintain outreach/enrollment, it is important to know how clients are referred. Here, you report how that family was referred to First Steps.

**Referral Source(s)**  
Referred to First Steps from:

1. Referral Source 1:   If "Other Re

2. Referral Source 2:   If "Other Re

3. Referral Source 3:   If "Other Re

Click the arrow to access the drop-down menu and select the applicable referral source.

### B. Case Service Dates

**Case Service Dates**  
This section contains the dates of service related to the case.

1. Entry Date:  /  The date this case first started working with First Steps, even if in a previous year.

2. Service Date:  /  The date this case started receiving services in this fiscal year.

3. Suspension Date:  /  The date this case suspended services in this fiscal year (if applicable).

4. Re-Entry Date:  /  The date this case returned to receiving services after a suspension in this fiscal year (if applicable).

5. Exit Date:  /  The date this case stopped receiving services in this fiscal year.

CASE INFORMATION  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

Indicate the date, in the current fiscal year, when the person began to receive services in the program such as home visits.

If the family entered the program in this fiscal year, then left and re-entered within this fiscal year, you'll need to remove any exit date and re-enter the original date the family entered the program in this fiscal year.

### A FREQUENTLY ASKED QUESTION

**Should I delete a client once he/she has left the program?**

No. If a client leaves your program, you should not delete him or her. We need to have all data remain in the system for future analysis.

### THINGS TO CONSIDER

Dates are very important! Make sure entry dates, service dates, suspension dates, re-entry, and exit dates are entered for each case in the 'Case Service Dates' section.

Enter as many dates as possible. Completion in the "Case Service Date" section is important for:

- **Cases data fidelity** Your Entry Date/Service Date/Exit Dates summarize a family's advancement from enrollment to termination.
- **Reports** Accurate reports require accurate dates. Reports display summary information for services provided by your First Steps Local Partnership for the fiscal year.

## CASE INFORMATION FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

To do so, FSDC takes the number of eligible children and families for services and divides it by the number of services offered.

Incorrect “Suspension Dates,” “Re-entry Dates,” and “Exit Dates,” will disrupt accurate analysis of summary information.

If a family’s case data is missing these dates, it will cause false eligibility. False eligibility results in INACCURATE outcomes, reports, and in some cases corrective action.

### C. Case Facts

“Case Facts” help us best serve our children and families. Geography, family income, and/or school district data helps us better connect children and families to eligible resources in county.

**Case Facts**

Contact Address

- Address Street 1 123 main st
- Address Street 2
- Address City columbia
- Address State SC
- Address ZIP 5 29210
- Address ZIP + 4

School District Lexington 5

( ) ( ) - Case Phone Number One

( ) ( ) - Case Phone Number Two

Yes  No Did this client have medical home at program entry?

Yes  No  N/A Has an Individual Family Service (IFS) plan been developed for this client?

Total Family Income: \$

Number of Household Members: 0

Yes  No Is the client enrolled in the Dolly Parton Imagination Library?

If Yes:  
Entry Date (mdy): / /  
Exit Date (mdy): / /

Yes  No Does the case participate in Nurse Family Partnership?

Yes  No Did the client receive a High School Diploma while receiving First Steps program services?

## CASE INFORMATION

FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

### D. Risk Factors

South Carolina First Steps seeks to target clients most at risk for early school failure. To identify these children and families, we access client risk factors during enrollment.

100% of home visiting clients need to have at least one risk factor.

#### Risk Factors

Yes  No Has this case been identified for service on the basis of one or more priority risk factors?

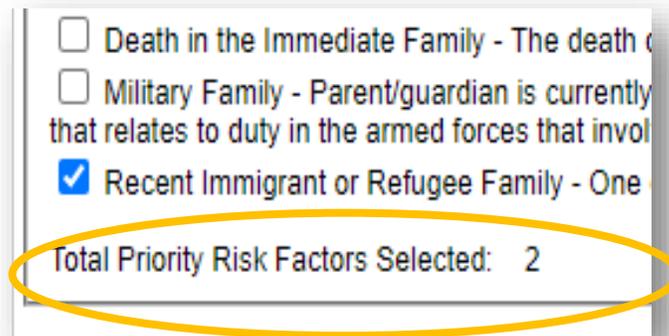
If yes, please check all that apply:

**First Steps Priority Risk Factors**

- TANF Eligibility (50% of Federal Poverty or below)
- Supplemental Nutrition Assistance Program (SNAP - formerly Food Stamps) or Free School Lunches eligibility
- BabyNet (IDEA Part C) or local school district (IDEA Part B) special service eligibility
- Referral Abuse
- Referral Neglect
- Foster Child
- Teenage Custodial Parent
- Low Maternal Education (less than high school graduation)
- Substance Abuse
- Exposure to parental/caregiver depression
- Exposure to parental/caregiver mental illness
- Exposure to parental/caregiver intellectual disability
- Domestic Violence
- Low Birth Weight (5.5 lbs/2500 grams or less) in association with poverty (130% Federal Poverty Level or below)
- Preschool aged child with a documented developmental delay.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services

CASE INFORMATION  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

When a priority risk factor has been identified, it will automatically add to the final priority risk factor total at the bottom of this section.



Death in the Immediate Family - The death of a family member within the last 12 months.

Military Family - Parent/guardian is currently serving in the armed forces that involves deployment.

Recent Immigrant or Refugee Family - One parent/guardian is a recent immigrant or refugee.

Total Priority Risk Factors Selected: 2

### E. Additional High Needs Characteristics

- Check = if applicable
- Leave blank = if not applicable



**Additional High Needs Characteristics**

Child was removed for behavioral reasons from one or more child care, Head Start or preschool settings.

CASE INFORMATION  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

### D. Focus of Assessment (KIPS/ACIRI)

**Focus of Assessment**

Please indicate which adult and which child will be the focus of assessment for both KIPS and ACIRI. Assessments for these clients will be used to determine program compliance. KIPS focus is required to be entered for each case but ACIRI is only required for cases with age eligible (30+ months) children. Also, please indicate if any adult or child who is NOT the focus will also be receiving assessments.

| Adults                               |   |   |  |  |
|--------------------------------------|---|---|--|--|
| Adult Name                           | Is this adult the focus of KIPS assessments? (select one adult) | Will this adult receive an additional/optional KIPS assessment, even if not the required focus? | Is this adult the focus of ACIRI assessments? (select one adult) | Will this adult receive an additional/optional ACIRI assessment, even if not the required focus? |
| Current Adult KIPS Focus: Blue, Dark |   | Current Adult ACIRI Focus: [No Focus]   |  |  |
| Blue, Dark                           | <input checked="" type="radio"/>                                | <input checked="" type="checkbox"/>   | <input checked="" type="radio"/> No Focus                        | <input type="checkbox"/>   |
| Blue, Green                          | <input type="radio"/>   | <input type="checkbox"/>  | <input type="radio"/>  | <input type="checkbox"/>   |

When entering KIPS and ACIRI information:

- Please indicate which adult and which child will be the focus of assessment for both KIPS and ACIRI. The focus of KIPS/ACIRI must be completed by everyone to ensure the focus adult and child for demographic reports.
- KIPS focus is required to be entered for each case but ACIRI is only required for cases with age eligible (30+ months) children.
- **DO designate a focus of assessment for the child(ren) in each case.** If a focus is not designated, your Age at Assessment Report will not be accurate.
- **DO NOT do KIPS or ACIRI before the date that the child becomes officially eligible for the assessment:** 2 months old for KIPS and 30 months old for ACIRI.

CASE INFORMATION  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

Where to designate focus data for the assessment:

Focus of Assessment: Adults

**Focus of Assessment**

Please indicate which adult and which child will be the focus of assessment for both KIPS and ACIRI. Assessments for these KIPS focus is required to be entered for each case but ACIRI is only required for cases with age eligible (30+ months) children. Also, please indicate if any adult or child who is NOT the focus will also be receiving assessments.

| Adults                               |   |   |
|--------------------------------------|---|---|
| Adult Name                           | Is this adult the focus of KIPS assessments? (select one adult) | Will this adult receive an additional/optional KIPS assessment, even if not the required focus? |
| Current Adult KIPS Focus: Blue, Dark |   |   |
| Blue, Dark                           | <input checked="" type="radio"/>                                | <input checked="" type="checkbox"/>   |
| Blue, Green                          | <input type="radio"/>   | <input type="checkbox"/>  |

or these clients will be used to determine program compliance.  
) children.

| even                                  | Is this adult the focus of ACIRI assessments? (select one adult) | Will this adult receive an additional/optional ACIRI assessment, even if not the required focus? |
|---------------------------------------|--|--|
| Current Adult ACIRI Focus: [No Focus] |  |  |
|                                       | <input checked="" type="radio"/> No Focus                        |  |
|                                       | <input type="radio"/>  | <input type="checkbox"/>   |
|                                       | <input type="radio"/>  | <input type="checkbox"/>   |

CASE INFORMATION  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

Where to designate focus data for the assessment:

Focus of Assessment: Child

| Child Name  | Is this child the focus of KIPS assessments? (select one child) | Will this child receive an additional/optional KIPS assessment, even if not the required focus? | Is this child the focus of ACIRI assessments? (select one child) | Will this child receive an additional/optional ACIRI assessment, even if not the required focus? |
|---|---|---|--|--|
| Current Child KIPS Focus: Blue, Cornflower<br>DOB: 04 / 01 / 2015 |   | Current Child ACIRI Focus: [No Focus]<br>DOB:   |  |  |
| Blue, Cornflower  | <input checked="" type="radio"/>                                | <input checked="" type="checkbox"/>   | <input checked="" type="radio"/> No Focus                        | <input type="checkbox"/>   |
| Blue, Light   | <input type="radio"/>   | <input type="checkbox"/>  | <input type="radio"/>  | <input type="checkbox"/>   |
| Blue, Royal X   | <input type="radio"/>   | <input type="checkbox"/>  | <input type="radio"/>  | <input type="checkbox"/> Age = 39 months. This child is eligible for ACIRI.                      |
| Date Child became Focus:  | KIPS - Month: <input type="text"/> Year: <input type="text"/>   | ACIRI - Month: <input type="text"/> Year: <input type="text"/>                                  |  |  |

| Child Name  | Is this child the focus of KIPS assessments? (select one child) | Will this child receive an additional/optional KIPS assessment, even if not the required focus? |
|---|---|---|
| Current Child KIPS Focus: Blue, Cornflower<br>DOB: 04 / 01 / 2015 |   |   |
| Blue, Cornflower  | <input checked="" type="radio"/>                                | <input checked="" type="checkbox"/>   |
| Blue, Light   | <input type="radio"/>   | <input type="checkbox"/>  |
| Blue, Royal X   | <input type="radio"/>   | <input type="checkbox"/>  |
| Date Child became Focus:  | KIPS - Month: <input type="text"/> Year: <input type="text"/>   |   |

| Is this child the focus of ACIRI assessments? (select one child) | Will this child receive an additional/optional ACIRI assessment, even if not the required focus? |
|--|--|
| Current Child ACIRI Focus: [No Focus]<br>DOB:                    |  |
| <input checked="" type="radio"/> No Focus                        | <input type="checkbox"/>   |
| <input type="radio"/>  | <input type="checkbox"/>   |
| <input type="radio"/>  | <input type="checkbox"/>   |
| <input type="radio"/>  | <input type="checkbox"/> Age = 39 months. This child is eligible for ACIRI.                      |
| ACIRI - Month: <input type="text"/> Year: <input type="text"/>   |  |

CASE INFORMATION  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

The “Date child became focus” is important to enter if the focus child changes, e.g. an older child ages out and the focus becomes a younger sibling. Note that the assessment timelines for KIPS and ACIRI restart when either a focus child or focus adult changes.

**F. Visits and Assessments**

To close out the case information screen, a table summarizing home visits, groups meetings, and assessments is included at the bottom. Data should not be entered here for any of the three categorizes. This table only reflects data entered in corresponding sections.

| <b>-Visits and Assessments</b> |   |
|--------------------------------|---|
| <b>Family Visits</b>           |   |
| <b>Visit Date</b>              | <b>Visit Type</b>                                 |
| 07 / 09 / 2020                 | Successful Visit                                  |
| 07 / 14 / 2020                 | Successful Visit                                  |
| 07 / 20 / 2020                 | Successful Visit                                  |
| 07 / 23 / 2020                 | Successful Visit                                  |
| 07 / 30 / 2020                 | Successful Visit                                  |
| 08 / 04 / 2020                 | Successful Visit                                  |
| 08 / 25 / 2020                 | Successful Visit                                  |
| 08 / 27 / 2020                 | Successful Visit                                  |
| 09 / 04 / 2020                 | Successful Visit                                  |
| 09 / 25 / 2020                 | Successful Visit                                  |
| <b>Group Meetings</b>          |   |
| <b>Meeting Date</b>            | <b>Meeting Title</b>                              |
| 07 / 14 / 2020                 | Summer Resilience                                 |
| 07 / 21 / 2020                 | Outdoor Summer Fun                                |
| 08 / 25 / 2020                 | Summer's Over- Return to School Prep - Transition |
| 09 / 15 / 2020                 | Return to School - Follow Up                      |
| <b>Assessments</b>             |   |
| <b>Assessment Date</b>         | <b>Assessment Type</b>                            |
| 09 / 25 / 2020                 | ASQ-3 48 Month (Bing, Titan)                      |

CASE INFORMATION  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

**G. SAVE YOUR WORK!**

Once you have entered data into all fields, you need to save your work.



Comments:

Save Case Information

If you have properly saved your work, the “N” by “Has Case Info.?” should now be a Y, indicating yes.

Before -----> 

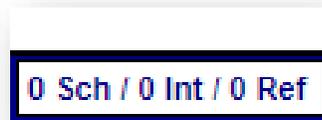
After -----> 

**SCHOLARSHIPS, INTERVENTIONS,  
AND REFERRALS  
FOR CHILDREN 0-5, FAMILIES AND/OR  
CAREGIVERS**



## Scholarships, Interventions, and Referrals

After you have entered case information, it is time to move to the next Dashboard tab: "Sch/Int/Ref".



The scholarships, interventions, and referrals entry screen is an important, but underused section of the cases data submissions page.

On hint that your data entry may be following int this trap:

*All number of the Sch/Int/Ref button = 0.*

We are going to review the scholarships, interventions, and referrals entry pages one at a time. It will be easiest if we follow the headers on this on this dashboard tab.

Keep in mind, both interventions and referrals DO roll over, however you must update both each year and enter termination dates for connections that are no longer applicable.



Let's start with scholarships.

SCHOLARSHIPS, INTERVENTIONS, & REFERRALS  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

In some cases, children enrolled in high-intensity programs may also be receiving First Steps scholarships. To avoid duplicate entry, these scholarships must be entered within the high-intensity program dashboard, instead of the Scholarship Entry Portal. (We will review the Scholarship Entry Portal in further detail later in the Guide.)

- Home Visitation + Scholarship: enter client under the Home Visitation program code (2011, 2012, etc.) and complete the Scholarships screen.
- Scholarship **ONLY**: enter client under the Scholarship program code (7031, 7032, etc.) and complete the Scholarships screen.

## Scholarships

Once you've clicked the scholarship, intervention, and referral tab on the dashboard, you see this screen:

The screenshot shows a dashboard with three main sections, each with a header, a button to add new entries, and a table header:

- Scholarships**: Includes a button "Enter New Scholarship" and a table header with columns: Scholarship ID, Child Name, Provider, and Already Scheduled Voucher Enrollment.
- Intensive Early Childhood Interventions**: Includes a button "Enter New Intervention" and a table header with columns: Intervention ID, Client Name, Board Approved Intervention Type, and Connected to Family Support.
- Referrals**: Includes a button "Enter New Referral" and a table header with columns: Referral ID, Client Name, Referral Resource Type, and Connected to Family Support.

To begin, click here.



SCHOLARSHIPS, INTERVENTIONS, & REFERRALS  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

## Scholarship Entry Page

Any information you enter on this page will not be saved unless you click the "Submit Scholarship" button at the bottom.

Items 1-3 and 5-10 relate to the First Steps scholarship program for the selected fiscal year. Item 4 refers to a scholarship from a previous year.

1. Name of Child Receiving Scholarship:

"Approved" Providers are only required for scholarships funded by a First Steps county partnership.

2. Provider:

3. Connected to Voucher/Scholarship in this Fiscal Year Through:

If Funding Source is "Other", please specify:

4. If Scholarship/Voucher Already Exists at Enrollment, Please Indicate Funding Source:

If Funding Source is "Other", please specify:

5. Scholarship Type:

If voucher/scholarship is "DSS(ABC Voucher)", then "Weekly Value" and "Parent Co-pay" do not need to be entered.

6. Weekly Value of Scholarship: \$

7. Parent Co-pay: \$

8. Date of Application for Scholarship (mm/yyyy):  /

9. Date of Connection to Scholarship: (mm/yyyy):  /

10. Date of Exit from Scholarship: (mm/yyyy):  /

Enter requested information.

This screen should only be used for families that receiving scholarships, while also enrolled in a high-intensity parenting program.

SCHOLARSHIPS, INTERVENTIONS, & REFERRALS  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS



To save your work, select "Submit Scholarship."

Now you are ready to move on.

Let's navigate back to the Scholarship, Intervention, and Referral Entry Page.



To do so, click here.

## Interventions

Let's go back to the Dashboard and start again.

Click here: **0 Sch / 0 Int / 0 Ref**

Like before, you should see this screen:

The screenshot shows a dashboard with three main sections:

- Scholarships**: Includes a button "Enter New Scholarship" and a table header with columns: Scholarship ID, Child Name, Provider, and Already had Scholarship Voucher Type Enrollment.
- Intensive Early Childhood Interventions**: Includes a button "Enter New Intervention" and a table header with columns: Intervention ID, Client Name, Board Approved Intervention Type, and Connected to FS?
- Referrals**: Includes a button "Enter New Referral" and a table header with columns: Referral ID, Client Name, Referral Resource Type, and Connected to FS?

To enter a new intervention, click here.



This is a close-up of the "Enter New Intervention" button within the "Intensive Early Childhood Interventions" section. The button is highlighted with a yellow circle. Below the button, the table header for this section is visible, showing columns for "Intervention ID", "Client Name", and "Boa".

SCHOLARSHIPS, INTERVENTIONS, & REFERRALS  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

## Intervention Entry Page

Interventions vs. Referrals – While they are both connections to services, interventions are more intensive.

Any information you enter on this page will not be saved unless you click the "Submit Intervention" button at the bottom.

**Do not enter data regarding interventions that are part of the program model. (e.g. PAT programs should not indicate Parenting/Home Visitation Interventions, etc.)**

**Please enter child care scholarship information in the Scholarships section instead of this Interventions section.**

1. Name of Client Receiving Intervention:
2. Type of Intensive Early Childhood Intervention:
3. Intervention was Connected Prior to Case Involvement with First Steps:
4. If the Type of Intervention includes services under a First Steps program code, please indicate program code:
5. Connection to Intervention Made Through:  First Steps  Non-First Steps
6. Name of Intervention Provider (optional):
7. Intervention Contact Name (optional):
8. Intervention Contact Phone Number (optional):
9. Intervention Contact Email (optional):
10. Date of Application/Referral for Intervention (mm/yyyy):  /
11. Date of Connection to Intervention: (mm/yyyy):  /

12. Date of Exit from Intervention: (mm/yyyy):  /
13. Primary Reason for Referral Not Being Connected:   
If reason for non-connection is "other", please specify:
14. Secondary Reason for Referral Not Being Connected (if applicable):   
If reason for non-connection is "other", please specify:
15. Other Reason for Referral Not Being Connected (if applicable):   
If reason for non-connection is "other", please specify:

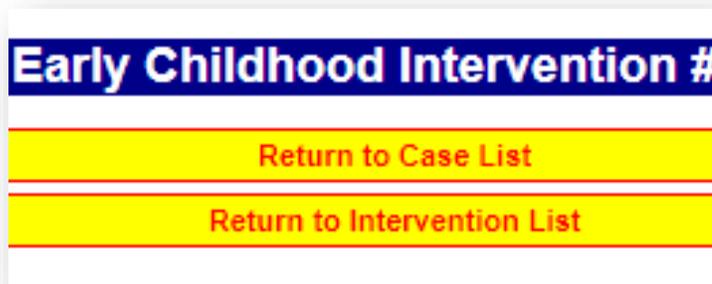


Enter requested information and click "Submit Intervention," to save your work.

SCHOLARSHIPS, INTERVENTIONS, & REFERRALS  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

Now that you've saved your entry by right clicking "Submit Intervention," we again want to navigate back to Scholarship, Intervention, and Referral Entry Page.

To do so, click the "Return to Invention List."



Click here.

## Referrals

You must re-enter referrals each program year.

### *“Date of Application for Referral” vs. “Date of Connection to Referral”*

- *“Date of Application for Referral”*

The client is referred to a service, or your Local Partnership has contacted a service on behalf of a client.

- *“Date of Connection to Referral”*

The client has been found eligible (if applicable) and **is receiving the service.**

**\*\*Remember TANF and SNAP only count as one risk factor! \*\***

It is important to enter unsuccessful connections, as well as reason for non-connection:

Use the Connections Detail Report and Date of Termination (when connections are completed/ended).

### *Consider*

Connecting Sch/Int/Ref with LSP scores, goal setting with families, and risk factors.

Make sure you are entering all resources discussed during visits.

SCHOLARSHIPS, INTERVENTIONS, & REFERRALS  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

To enter a new referral:

**Scholarships**

Enter New Scholarship

| Scholarship ID | Child Name | Provider |
|----------------|------------|----------|
|----------------|------------|----------|

**Intensive Early Childhood Interventions**

Enter New Intervention

| Intervention ID | Client Name | Board Approved Intervention Type |
|-----------------|-------------|----------------------------------|
|-----------------|-------------|----------------------------------|

**Referrals**

Enter New Referral

| Referral ID | Client Name | Referral Resource Type |
|-------------|-------------|------------------------|
|-------------|-------------|------------------------|

Click here.

## Referral Entry Page

Any information you enter on this page will not be saved unless you click the "Submit Referral" button at the bottom.

1. Name of Client Receiving Referral:

2. Referral Resource:

If you are entering this type of referral resource (e.g. Family Events/Activities) more than once in this month, please specify resource name:

3. Name of Provider Referred to:

4. Connection to Referral Made Through:  First Steps  Non-First Steps

5. Referral was Connected to Case Prior to Case Involvement with First Steps:

6. Date of Application for Referral (mm/yyyy):  /

7. Date of Connection to Referral (mm/yyyy):  /

8. Date of Exit from Referral (mm/yyyy):  /

9. Primary Reason for Referral Not Being Connected:

If reason for non-connection is "other", please specify:

10. Secondary Reason for Referral Not Being Connected (if applicable):

If reason for non-connection is "other", please specify:

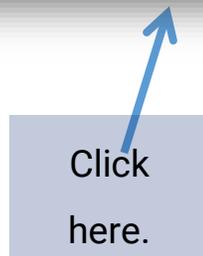
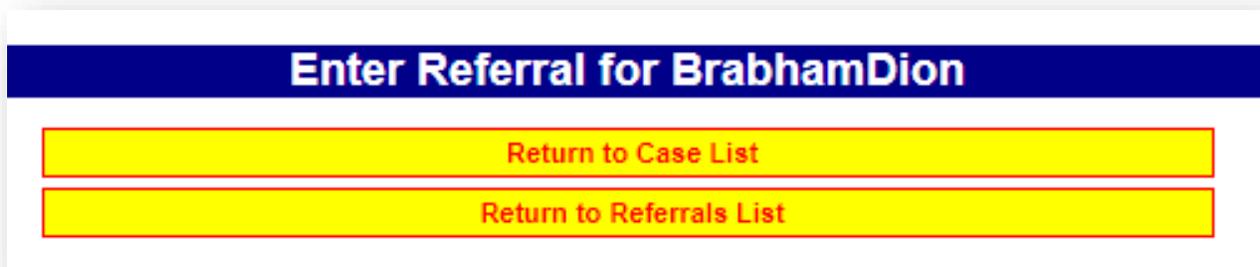
11. Other Reason for Referral Not Being Connected (if applicable):

If reason for non-connection is "other", please specify:

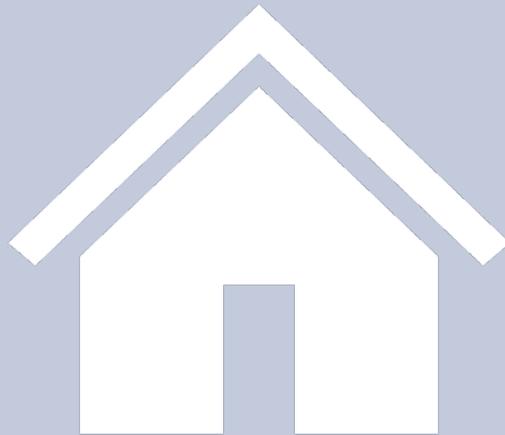
Enter requested information and click "Submit Referral," to save your work.

SCHOLARSHIPS, INTERVENTIONS, & REFERRALS  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

Now that you've saved your entry by right clicking "Submit Referral," we again want to navigate back to Scholarship, Intervention, and Referral Entry Page.



**HOME VISITS, GROUP MEETINGS,  
AND HOME VISITOR SCREENINGS  
FOR CHILDREN 0-5, FAMILIES AND/OR  
CAREGIVERS**



HOME VISITS,, GROUP MEETINGS, & HOME VISITOR SCREENINGS  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

## HOME VISITS, GROUP MEETINGS, & HOME VISITOR SCREENINGS

Next, lets look at three additional categories: Home Visits, Group Meetings, and Home Visitor Screenings. We will cover each category individually.



1 Home / 0 Group / 0 Vis / 0 Hear / 0 Dent



To begin, click here.

Next, lets look at three additional categories: Home Visits, Group Meetings, and Home Visitor Screenings. We will cover each category individually.

**HOME VISITS**  
**FOR CHILDREN 0-5, FAMILIES AND/OR**  
**CAREGIVERS**



HOME VISITS  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

Home visits are a great way to establish positive connections between children and their families. At First Steps, we use home visits to not only foster connections, but to also empower parents to be teachers for their children.

Each home visit you have with your families, should be entered into the first steps data collection system.

## Home Visit Entry Screen

Select Date and Type  
11/15/2020 New Entry ▼

Check here to delete the selected visit. You will not be able to restore or update it later.

Select/Delete Visit

**Visit Type:**

Successful Home Visit  
 Attempted Home Visit  
 Quarterly Book Distribution

**Visit Date:**

Select Visit Date 11 ▼ / 15 ▼ / 2020 ▼

**Names of Staff Members Making Visit:**

Visitor 1 :  ▼  
Visitor 2 :  ▼  
Visitor 3 :  ▼

HOME VISITS

FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

**Case/Family Members Present:**

- DarkBlue
- GreenBlue
- CornflowerBlue
- LightBlue
- RoyalBlue
- SapphireBlue

**Duration of Visit or Meeting Attendance:**

Select Number of Hours and Minutes of Visit:  Hours  Minutes

**Book Distribution:**

Select Number of Books Given:

Select Number of Books Lent:

Select Number of Books Read:

Select Number of Literacy Kits Lent:

HOME VISITS

FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

**PAT 0-3 yr Foundational Lessons**

Select First PAT Foundational Lesson:

If you selected "Visit 9, 10, 11, ...", check each foundational visit part present during this visit:

- Parent-child Interaction
- Developmental-Centered Parenting
- Family Well-being

List any additional information relevant to this lesson:

Select Second PAT Foundational Lesson (as necessary):

If you selected "Visit 9, 10, 11, ...", check each foundational visit part present during this visit:

- Parent-child Interaction
- Developmental-Centered Parenting
- Family Well-being

List any additional information relevant to this lesson:

HOME VISITS  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

### PAT 3-5 yr Foundational 2 Lessons

Select First PAT Foundational 2 Lesson: None 

List any additional information relevant to this lesson:

Select Second PAT Foundational 2 Lesson (as necessary): None

List any additional information relevant to this Second lesson:

### HIPPY 0-3 yr Foundational Lessons

Select First HIPPY Foundational Lesson:  

If you selected "Visit 9, 10, 11, ...", check each foundational visit part present during this visit:

- Parent-child Interaction
- Developmental-Centered Parenting
- Family Well-being

List any additional information relevant to this lesson:

HOME VISITS  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

**Parent Child Home program only:**

PCH Type:  No PCH     Initial Visit     Review Visit

Select PCH VISMS Books:  ▼

Select PCH VISMS Toys:  ▼

Enter Other PCH:

**Nurturing Parenting Topics**

Select Topic:

**High Scope/Perry Preschool Topics**

Select Topic 1:  ▼

If "Other", Enter Other Topic 1:

Select Topic 2 (if necessary):  ▼

If "Other", Enter Other Topic 2:

Select Topic 3 (if necessary):  ▼

If "Other", Enter Other Topic 3:

**Home Visitor Screening Conducted:**

(for screenings routinely provided by the Parenting program)

- Vision:**  No Vision Screening     Vision Screening, No Concerns     Vision Screening, Concerns Present
- Hearing:**  No Hearing Screening     Hearing Screening, No Concerns     Hearing Screening, Concerns Present
- Dental:**  No Dental Screening     Dental Screening, No Concerns     Dental Screening, Concerns Present

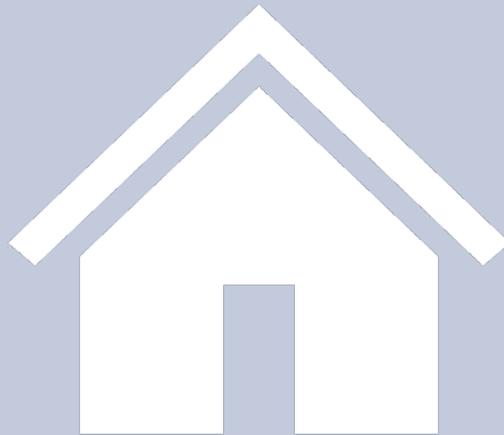
HOME VISITS,  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

Enter requested information and click “Save Visit Information,” to  
save your work.

**Comments (optional):**

Save Visit Information

**GROUP MEETINGS**  
**FOR CHILDREN 0-5, FAMILIES AND/OR**  
**CAREGIVERS**



## Group Meetings

The data entry prompt following “Program Staff,” is “Group Meetings.” In this section you will enter the meeting title, meeting topics, curriculum, group instructions, and attendance. Although group meetings are displayed in two places, group meeting section and case number dashboard, most of the data reflected in both places are entered here.

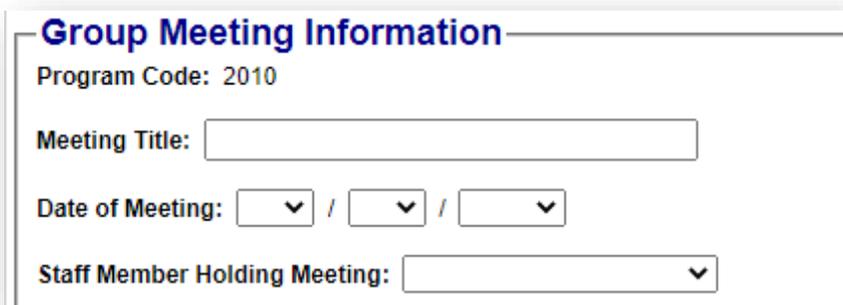
### Group Meetings

**NOTE:** Vendors see all group meetings for all vendors.  
This should allow more flexibility in sharing.

| Meeting Title                  | Date of Meeting | Staff Name     | Program Code | Vendor Number |
|--------------------------------|-----------------|----------------|--------------|---------------|
| <b>Enter New Group Meeting</b> |                 |                |              |               |
| <b>Orientation</b>             | 11 / 09 / 2020  | John Hoy       | 2010         | 01            |
| <b>HAPPY TO BE HIPPY</b>       | 11 / 09 / 2020  | Betty Gardiner | 2010         | 01            |
| <b>I ENJOY DATA</b>            | 11 / 05 / 2020  | sup.test1      | 2010         | 01            |
| <b>HAPPY MONDAY</b>            | 01 / 09 / 2020  | Betty Gardiner | 2010         | 01            |

## Group Meeting Entry Page

- (A) "Meeting Title"
- (B) "Date of Meeting"
- (C) "Staff Member Holding Meeting"



**Group Meeting Information**

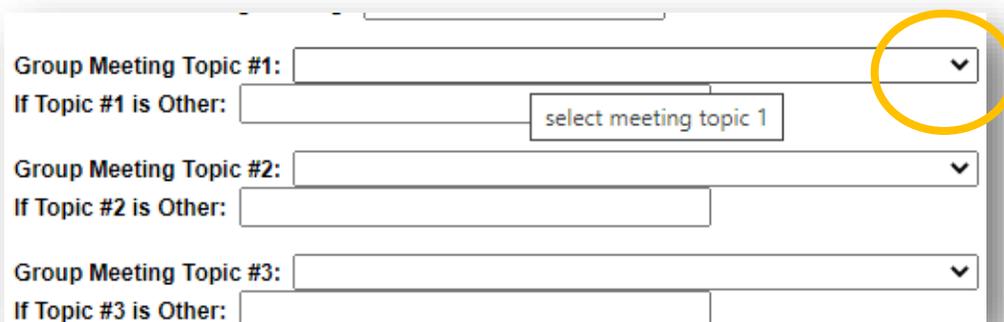
Program Code: 2010

Meeting Title:

Date of Meeting:  /  /

Staff Member Holding Meeting:

- (D) "Group Meeting Topic #1"
- (E) "Group Meeting Topic #2"
- (F) "Group Meeting Topic #3"



Group Meeting Topic #1:

If Topic #1 is Other:

Group Meeting Topic #2:

If Topic #2 is Other:

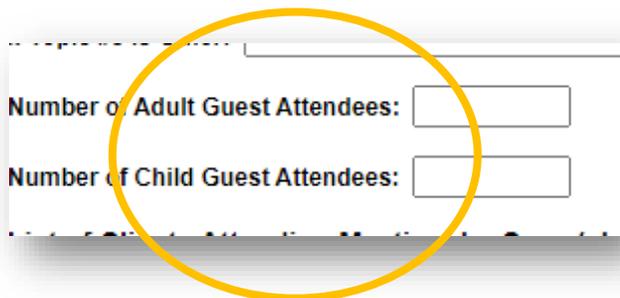
Group Meeting Topic #3:

If Topic #3 is Other:

Click the arrow to access the drop-down menu and select a topic.

GROUP MEETINGS  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

(G) Guest Attendees for Group Meetings

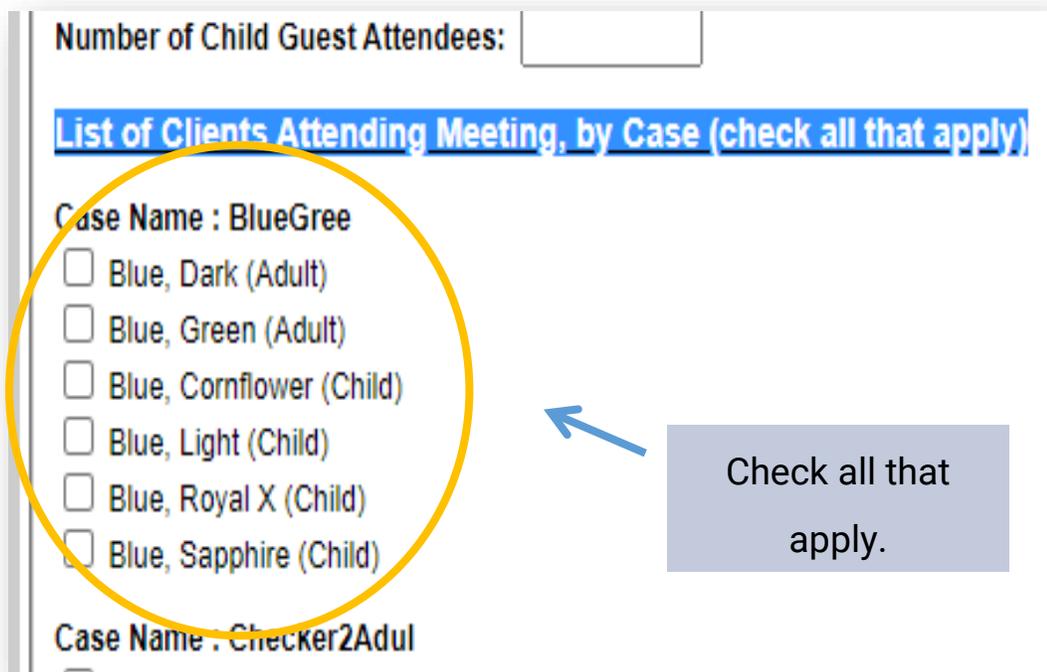


Number of Adult Guest Attendees:

Number of Child Guest Attendees:

A yellow circle highlights the two input fields.

(H) List of Clients Attending Meeting, by Case (check all that apply)



Number of Child Guest Attendees:

**List of Clients Attending Meeting, by Case (check all that apply)**

Case Name : BlueGree

- Blue, Dark (Adult)
- Blue, Green (Adult)
- Blue, Cornflower (Child)
- Blue, Light (Child)
- Blue, Royal X (Child)
- Blue, Sapphire (Child)

Case Name : Checker2Adul

A yellow circle highlights the list of clients. A blue arrow points from a grey box containing the text "Check all that apply." to the list.

GROUP MEETINGS  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

**(I) SAVE YOUR WORK!**

Always click on the grey buttons shown below after entering data. IF YOU DON'T, YOUR DATA WILL NOT SAVE. The grey buttons are always at or near the bottom of the entry page:



Flintstone, Pebbles (Child)

**Case Name : RobinsonMaur**

Robinson, John (Adult)

Robinson, Maureen (Adult)

Robinson, Baby (Child)

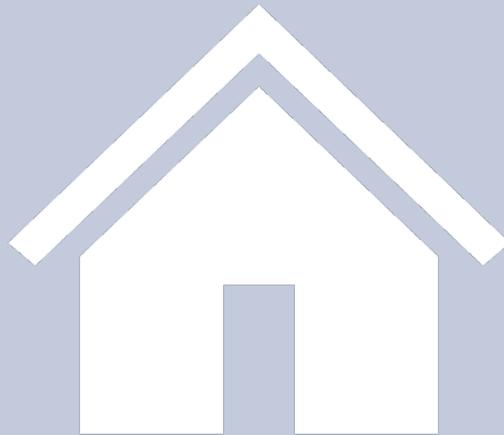
Robinson, Judith (Child)

Robinson, Penelope (Child)

Robinson, William (Child)

Click here.

**HOME VISITOR SCREENINGS  
FOR CHILDREN 0-5, FAMILIES AND/OR  
CAREGIVERS**



## Home Visitor Screenings

Home Visitor Screenings are reported in the same window as a home visit.

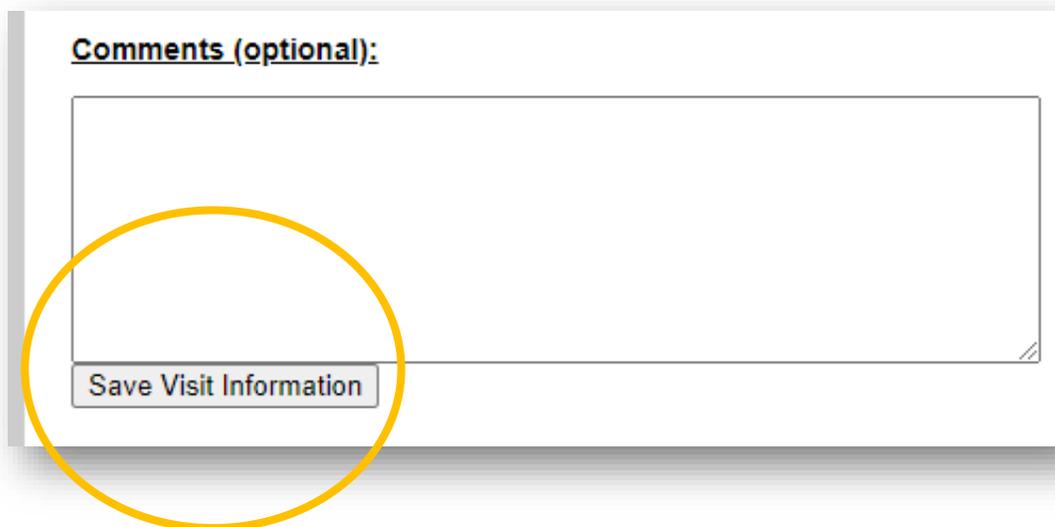
**Vision/Hearing/Dental: “concerns” vs. “no concerns”**

**Home Visitor Screening Conducted:**

(for screenings routinely provided by the Parenting program)

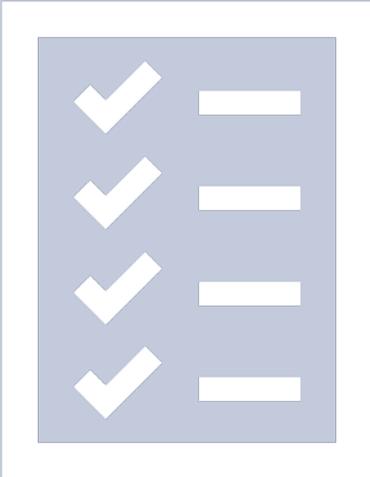
**Vision:**  No Vision Screening  Vision Screening, No Concerns  Vision Screening, Concerns Present  
**Hearing:**  No Hearing Screening  Hearing Screening, No Concerns  Hearing Screening, Concerns Present  
**Dental:**  No Dental Screening  Dental Screening, No Concerns  Dental Screening, Concerns Present

Always click on the grey button before exiting the entry screen. IF YOU DON'T, YOUR DATA WILL NOT SAVE.



The image shows a screenshot of a web form. At the top, there is a label **Comments (optional):** followed by a large, empty rectangular text area. Below the text area, at the bottom left, is a grey button with the text "Save Visit Information". A yellow circle is drawn around this button, highlighting it. The entire form is set against a light grey background.

# DEVELOPMENTAL SCREENINGS FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS



## Developmental Screenings

Each client child shall be assessed using the age-appropriate developmental screening tool Ages & Stages 3 and Ages and Stages SE2 within 30 days of enrollment and annually thereafter. If a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the vendor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, *and* (b) the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation.



## **Ages & Stages Questionnaires, Third Edition (ASQ-3)**

Ages & Stages Questionnaires, Third Edition (ASQ-3) is a developmental screening tool designed for use by [early educators and health care professionals](#). It relies on parents as experts, is easy-to-use, family-friendly and creates the snapshot needed to catch delays *and* celebrate milestones.

ASQ-3 questionnaires:

- take just 10–15 minutes for parents to complete, and 2–3 minutes to score
- highlight a child’s strengths as well as concerns
- teach parents about child development and their own child’s skills
- highlight results that fall in a “monitoring zone,” to make it easier to keep track of children at risk
- can be completed at home or by phone, an in-person or phone interview.
- a great way to partner with parents and make the most of their expert knowledge

<https://agesandstages.com/products-pricing/asq3/>

## ASQ-3 Entry Page

dc.state.sc.us/par\_asq.php?progno=9920100119&caseno=BlueGree

**Assessment/Screening Information**

**Exempt from additional screening**  
If checking this box, be sure to identify the child that is now exempt in the Name of Child Observed selection below.

**Date of Administration:**  
11 / 16 / 2020

**Type of Assessment/Screening:**  
 ASQ-3    ASQ:SE2    ASQ:SE (old version)    Other Assessment

**Other Assessment/Screening Type (if applicable):**  
▼

**Assessment/Screening Age Group (if applicable):**  
2 Months ▼

**Name of Assessment/Screening Administrator:**  
▼

**Name of Primary Adult Present:**  
▼

**Relationship to Child:**  
▼

**Name of Child Observed:**  
▼

**Child Age (in months):**  
0

DEVELOPMENTAL SCREENINGS  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

u

**Child Gender:**

---

**Assessment/Screening Scores**

Only the score for the Type of Assessment/Screening (from above) will be saved.

**ASQ-3**

Communication:  v

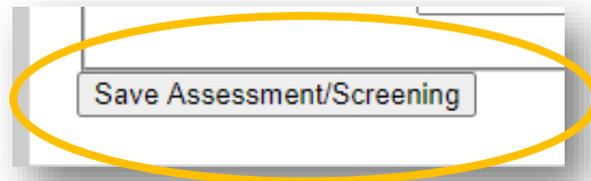
Gross Motor:  v

Fine Motor:  v

Problem Solving:  v

Personal-Social:  v

Always click on the grey button before exiting the entry screen. IF YOU DON'T, YOUR DATA WILL NOT SAVE.



## **Ages & Stages Questionnaires: Social – Emotional, Second Edition**

**Ages & Stages Questionnaires: Social - Emotional, Second Edition (ASQ:SE-2)** is a reliable, parent-completed tool used to screen social-emotional development in children from 1 to 72 months. There are nine questionnaires for parents or primary caregivers to complete at different ages, referred to as "intervals." ASQ:SE-2 items address a child's behaviors in seven areas (see pages 30-31 in the ASQ:SE-2™ User's Guide for more information):

- **Self-regulation:** Calming, settling down, or adjusting to physiological or environmental conditions or stimulation
- **Compliance:** Conforming to others' directions and following rules
- **Adaptive functioning:** Coping with physiological needs (e.g., sleeping, eating, elimination, safety)
- **Autonomy:** Self-initiation or responding without guidance (i.e., moving to independence)
- **Affect:** Demonstrating feelings and empathy for others
- **Social-communication:** Interacting with others by responding to or initiating signals to indicate interests, needs, and feelings

DEVELOPMENTAL SCREENINGS  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

- Interaction with people: Responding to or initiating social responses to parents, other adults, and peers

A SQ : S E - Questionnaires Quick Start Guide

## ASQ:SE2 Entry Page

**Assessment/Screening Information**

**Exempt from additional screening**  
If checking this box, be sure to identify the child that is now exempt in the Name of Child Observed selection below.

**Date of Administration:**  
11 / 16 / 2020

**Type of Assessment/Screening:**  
 ASQ-3  ASQ:SE2  ASQ:SE (old version)  Other Assessment

**Other Assessment/Screening Type (if applicable):**  
[Dropdown menu]

**Assessment/Screening Age Group (if applicable):**  
2 Months

**Name of Assessment/Screening Administrator:**  
[Dropdown menu]

**Name of Primary Adult Present:**  
[Dropdown menu]

**Relationship to Child:**  
[Dropdown menu]

**Name of Child Observed:**  
[Dropdown menu]

**Child Age (in months):**  
0

DEVELOPMENTAL SCREENINGS  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

**ASQ:SE2**

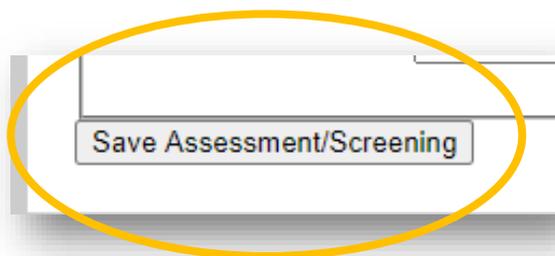
Overall Score: 0 ▼

**ASQ:SE (old version)**

Overall Score: 0 ▼

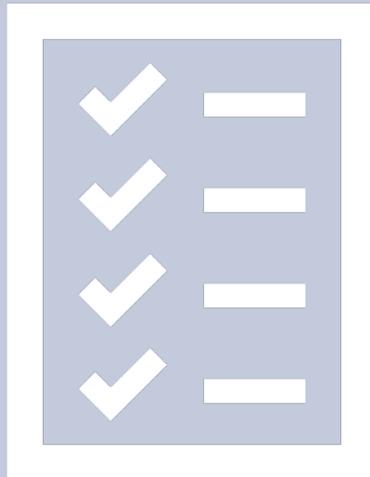
**Other Assessment/Screening**

Always click on the grey button before exiting the entry screen. IF YOU DON'T, YOUR DATA WILL NOT SAVE.



# **ASSESSMENTS**

## **FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS**



## Assessments

Outside of the HIPPY USA program, the majority of our high intensity parenting programs utilize Keys to Interactive Parenting Scales (KIPS) and Adult Interactive Reading Inventory (ACIRI) to assess adult behaviors when interacting with their children.

For HIPPY USA Members, the HIPPY Parenting Inventory will serve as the only assessment tool that will be utilized to assess participating families.



SC First Steps may conduct randomized KIPS/ACIRI reliability monitoring. Sample client videos may be requested for confidential scoring review and shall be maintained on site for potential review for a period spanning four months from the date of original administration.

## KEYS TO INTERACTIVE PARENTING SCALE (KIPS)

Keys to Interactive Parenting Scale (KIPS) assessment sessions are videotaped and scored after reviewing the videotape. The authors of the KIPS instrument recommend reviewing the KIPS videotapes with program colleagues or supervisors before finalizing the KIPS scores.

### KIPS Entry Page

The screenshot shows a web form titled "KIPS Case Assessment" with a blue header. The form is titled "Assessment Information" and contains several fields with dropdown menus:

- Date of KIPS Assessment:** 11 / 16 / 2020
- Name of Assessment Administrator:** [Dropdown menu]
- Name of Adult Observed:** [Dropdown menu]
- Relationship to Child:** [Dropdown menu]
- Name of Child Observed:** [Dropdown menu]
- Child Age (in months) at Date of KIPS:** 0
- Child Gender:** [Dropdown menu]

ASSESSMENTS  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

| <b>KIPS Behavior Scores</b>         |                |                            |
|-------------------------------------|----------------|----------------------------|
|                                     | <b>Score</b>   | <b>Comments (Optional)</b> |
| 1. Sensitivity of Responses:        | Not Observed ▼ |                            |
| 2. Supports Emotions:               | Not Observed ▼ |                            |
| 3. Physical Interaction:            | Not Observed ▼ |                            |
| 4. Involvement in Child Activities: | Not Observed ▼ |                            |
| 5. Open to Child's Agenda:          | Not Observed ▼ |                            |
| 6. Language Experiences:            | Not Observed ▼ |                            |
| 7. Reasonable Expectations:         | Not Observed ▼ |                            |
| 8. Adapts Strategies to Child:      | Not Observed ▼ |                            |

ASSESSMENTS  
FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

|   |                |                      |
|---|----------------|----------------------|
| 9. Limits and Consequences:                   | Not Observed ▼ | <input type="text"/> |
| 10. Supportive Directions:                    | Not Observed ▼ | <input type="text"/> |
| 11. Encouragement:                            | Not Observed ▼ | <input type="text"/> |
| 12. Promotes Exploration/Curiosity:           | Not Observed ▼ | <input type="text"/> |
| Overall KIPS Score<br>(calculated from above) | 0              |                      |

**KIPS Comments**

Enter any general comments you have about this KIPS assessment.

Once the KIPS scores have been reviewed and finalized, the box for "KIPS finalized" should be checked. After it is checked, the scoring cannot be changed so please be sure you feel confident about the KIPS scores before you finalize. The "Finalize KIPS" button must also be checked for the KIPS assessments to be counted on the Parenting Assessment Summary report.

**KIPS Finalized**

Has this KIPS Assessment been finalized?

If you check this box, you will not be able to update this assessment any further.

## Adult Interactive Reading Inventory (ACIRI)

An initial Adult Interactive Reading Inventory (ACIRI) shall be performed within 45 days of enrollment if the child is 30 months or older; if less than 30 months old at enrollment, the initial ACIRI should be done immediately after (not before) the child's 30-month birthday.

### ACIRI Entry Page

**ACIRI Case Assessment**

**Assessment Information**

**ACIRI assessments must be administered no earlier than the child's 30-month birthday.**

**Date of Administration:**

11 / 16 / 2020

**Type of ACIRI Assessment:**

PRE-Test  POST-Test

**Name of Assessment Administrator:**

**Name of Adult Observed:**

**Relationship to Child:**

**Name of Child Observed:**

**Child Age (in months):**

[Unknown]

**Child Gender:**

# ASSESSMENTS

## FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

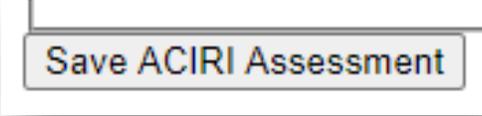
| <b>Adult Behavior Scores</b>  |                   |
|---|-------------------|
| <b><u>I: Enhancing Attention to Text</u></b>  |                   |
| 1. Attempts to promote and maintain physical proximity.   | 0 - No Evidence ▼ |
| 2. Sustains interest and attention through use of child-adjusted language, positive affect and reinforcement. | 0 - No Evidence ▼ |
| 3. Gives child opportunity to hold book and turn pages.   | 0 - No Evidence ▼ |
| 4. Shares book with child (i.e. displays sense of audience in book handling when reading)                     | 0 - No Evidence ▼ |
| Adult: Enhancing Attention to Text Mean:  |                   |
| <b><u>II: Promoting Interactive Reading and Supporting Comprehension</u></b>                                  |                   |
| 1. Poses and solicits question about the book's content.  | 0 - No Evidence ▼ |
| 2. Points to pictures and words to assist child in identification and understanding.                          | 0 - No Evidence ▼ |
| 3. Relates book content and child responses to personal experience.   | 0 - No Evidence ▼ |
| 4. Pauses to answer questions child poses.  | 0 - No Evidence ▼ |
| Adult: Promoting Interactive Reading and Supporting Comprehension Mean:                                       |                   |
| <b><u>III: Using Literacy Strategies</u></b>  |                   |
| 1. Identifies visual cues related to story reading (i.e. pictures, repetitive words).                         | 0 - No Evidence ▼ |
| 2. Solicits Predictions.  | 0 - No Evidence ▼ |
| 3. Asks child to recall information from the story.   | 0 - No Evidence ▼ |
| 4. Elaborates on child's ideas.   | 0 - No Evidence ▼ |
| Adult: Using Literacy Strategies Mean:  |                   |

| <b>Child Behavior Scores</b>  |                   |
|---|-------------------|
| <b><u>I: Enhancing Attention to Text</u></b>  |                   |
| 1. Child seeks and maintains physical proximity.  | 0 - No Evidence ▼ |
| 2. Child pays attention and sustains interest.  | 0 - No Evidence ▼ |
| 3. Child holds book and turns pages on his/her own or when asked.                                 | 0 - No Evidence ▼ |
| 4. Child initiates or responds to book sharing which takes his/her presence into account.         | 0 - No Evidence ▼ |
| Child: Enhancing Attention to Text Mean:  |                   |
| <b><u>II: Promoting Interactive Reading and Supporting Comprehension</u></b>                      |                   |
| 1. Child responds to questions about book.  | 0 - No Evidence ▼ |
| 2. Child responds to adult cues or identifies pictures and words on his/her own.                  | 0 - No Evidence ▼ |
| 3. Child attempts to relate book content to personal experience.                                  | 0 - No Evidence ▼ |
| 4. Child poses questions about story and related topics.  | 0 - No Evidence ▼ |
| Child: Promoting Interactive Reading and Supporting Comprehension Mean:                           |                   |
| <b><u>III: Using Literacy Strategies</u></b>  |                   |
| 1. Child responds to adult and/or identifies visual cues related to the story or him- or herself. | 0 - No Evidence ▼ |
| 2. Child is able to guess what will happen next based on picture cues.                            | 0 - No Evidence ▼ |
| 3. Child is able to recall information from story.  | 0 - No Evidence ▼ |
| 4. Child spontaneously offers ideas about story.  | 0 - No Evidence ▼ |
| Child: Using Literacy Strategies Mean:  |                   |

## ASSESSMENTS

FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

Always click on the grey button before exiting the entry screen. IF YOU DON'T, YOUR DATA WILL NOT SAVE.



Save ACIRI Assessment

## ASSESSMENTS

FOR CHILDREN 0-5, FAMILIES AND/OR CAREGIVERS

# HIPPY Parent Inventory

All HIPPY program vendors shall complete, at minimum, the HIPPY Survey of Parenting Involvement Pre-Assessment at time of enrollment, and at the 30-week visit (or sooner if a family leaves the program prior to 30 weeks). Survey inputs should be entered into Survey Monkey,

[https://scfirststeps.surveymonkey.com/r/HIPPY\\_Parent](https://scfirststeps.surveymonkey.com/r/HIPPY_Parent)



**HIPPYUSA**  
Home Instruction for Parents of Preschool Youngsters

**WELL-CHILD VISITS & LSPS  
FOR CHILDREN 0-5, FAMILIES AND/OR  
CAREGIVERS**



## Well-Child Visits

It is important for us to document all medical visits. See the entry page below. It should populate after you select the correct tab on the case dashboard.

The screenshot shows a case dashboard for a child named "BlueGree". At the top, there are navigation tabs: "Learn / 0 Dent", "0 AC / 0 KP / 0 AS", "0 / 0 WCV / 0 LSP" (highlighted with a yellow circle), "MOVE OR", and "DELETE CASE". Below the tabs are two yellow buttons: "Return to Case List" and "Return to Assessments". A "Create New Well-Child Visit" button is also visible. The main content area is titled "WELL-CHILD VISITS" and contains a table with the following structure:

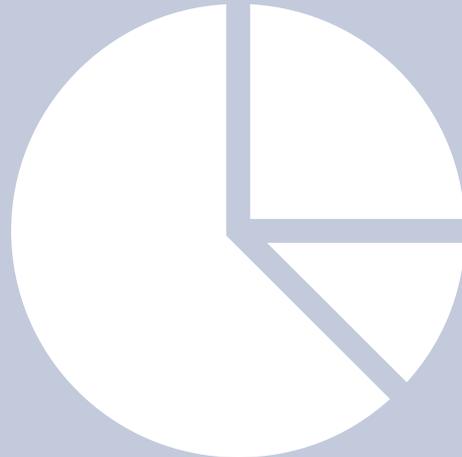
| Child Name                | Visit Date | Visit Type | Concerns |
|---------------------------|------------|------------|----------|
| No Well-Child visits yet. |            |            |          |

## Life Skills Progression (LSP)

The Life Skills Progression (LSP) screen shows change over time.

| Life Skills Progression Cumulative Score Sheet for BlueGree |                |                |                     |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |               |
|---|----------------|----------------|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------------|
| PARENT SCALES   |                | Initial Score  | 6 Mo Interval Score | 12 Mo Interval Score | 18 Mo Interval Score | 24 Mo Interval Score | 30 Mo Interval Score | 36 Mo Interval Score | 42 Mo Interval Score | 48 Mo Interval Score | 54 Mo Interval Score | 60 Mo Interval Score | 66 Mo Interval Score | 72 Mo Interval Score | 78 Mo Interval Score | Closing Score |
|   |                | 0-5            | 0-5                 | 0-5                  | 0-5                  | 0-5                  | 0-5                  | 0-5                  | 0-5                  | 0-5                  | 0-5                  | 0-5                  | 0-5                  | 0-5                  | 0-5                  | 0-5           |
|   |                | Edit           | Edit                | Edit                 | Edit                 | Edit                 | Edit                 | Edit                 | Edit                 | Edit                 | Edit                 | Edit                 | Edit                 | Edit                 | Edit                 | Edit          |
| Visitor   | Betty Gardiner | Betty Gardiner |                     |                      |                      | sSdsdsddd            |                      |                      |                      |                      | Some visitor         | Testy McTesterson    |                      |                      |                      |               |
| LSP Date  | 07 / 05 / 2015 | 08 / 01 / 2015 |                     |                      |                      | 05 / 01 / 2016       |                      |                      |                      |                      | 05 / 03 / 2018       | 01 / 25 / 2019       |                      |                      |                      |               |
| Name of Adult   | Blue, Green    |                |                     |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |               |
| Case is new or continuing?                                  | Continuing     |                |                     |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |               |
| RELATIONSHIPS   |                |                |                     |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |               |
| 1. Family   | 4-5            | 4.5            | 0                   |                      |                      | 5                    |                      |                      |                      |                      | 4.5                  | 5                    |                      |                      |                      |               |
| 2. Boyfriend, FOB or spouse                                 | 4-5            | 4.5            | 0                   |                      |                      | 0                    |                      |                      |                      |                      | 4.5                  | 5                    |                      |                      |                      |               |
| 3. Friends/Peers  | 4-5            | 4.5            | 0                   |                      |                      | 0                    |                      |                      |                      |                      | 4.5                  | 5                    |                      |                      |                      |               |
| 4. Attitudes toward pregnancy                               | 4-5            | 0              | 0                   |                      |                      | 0                    |                      |                      |                      |                      | 4.5                  | 5                    |                      |                      |                      |               |
| 5. Nurturing  | 4-5            | 5              | 0                   |                      |                      | 0                    |                      |                      |                      |                      | 4.5                  | 5                    |                      |                      |                      |               |
| 6. Discipline   | 4-5            | 3              | 2                   |                      |                      | 0                    |                      |                      |                      |                      | 3                    | 5                    |                      |                      |                      |               |
| 7. Development  | 4-5            | 3              | 0                   |                      |                      | 0                    |                      |                      |                      |                      | 3                    | 5                    |                      |                      |                      |               |

# REPORTS



## Client Demographic Report

The Client Demographics Report displays detailed demographic information for children and families in your local First Steps Partnership’s program strategies. Details within the report should mirror the data in your “New Cases and Has Case Info?” entry screens. If anything looks off, go back to the Case Data Entry Screen and check your work.

*Reports (Left-hand side) > General > Client Demographic*

**Cases Demographics Report for TEST County**

You may select a different program by changing the following:

County: 99 - Test

Program: 201 - Parents as Teachers (All)

Vendor: 99-All    Fiscal Year: 2020-2021

Group:  Cases    Vendors    Counties

Status:  All    Active    Exited

Connected to Scholarship Through: None

**Demographic Filters**

Focus Adult Race: [dropdown]

Focus Adult Hispanic Ethnicity: [dropdown]

Focus Child Race: [dropdown]

Focus Child Hispanic Ethnicity: [dropdown]

Focus Child Gender: [dropdown]

Focus Child Age Range: [dropdown]

Family Income Range: [dropdown]

Get Report

## Retention Report

The Retention Report is a great way to review months of service for a family.

*Reports (Left-hand side) > Case Data > Retention*

| Initial FS Entry Date | Most Recent Program Start Date | Total Months of FS Service as of 11/2020 | Average Continuous Months of Service Ending 11/2020 | Meets 9 Continuous Months Ending 11/2020 |
|-----------------------|--------------------------------|--|---|--|
|                       |                                | 0  | 0   | 0<br>0%                                  |

## Dashboard Report

The Dashboard Report displays summary information (number served, salient variables, etc.) for all of your Partnership’s home visiting strategies, and the only report that specifically summarizes data on for children under 36 months.

# Dashboard Report (cont.d)

Reports (Left-hand side) > General > Dashboard

### Dashboard Report for TEST County

You may select a different program by changing the following:

County: 99 - Test ▼

Fiscal Year: 2020-2021 ▼

Starting Month: 07/2020 ▼ | Ending Month: 08/2020 ▼

Status:  All  Active  Exited

Get Report

| Numbers Served, 07/2020 to 08/2020, as of 08/11/2020 |                |                   |             |                  |             |               |                              |             |                         |             |  |                |              |
|--|----------------|-------------------|-------------|------------------|-------------|---------------|------------------------------|-------------|-------------------------|-------------|--|----------------|--------------|
| County   | Program/Vendor | Registered Yes/No | Data Source | Projected Served | Served Unit | Actual Served | Ratio of Actual to Projected | Total Cases | Total New Cases This FY | % New Cases | % New Cases with child < 36 mos of age | Total Children | Total Adults |
| TEST   | 2010 / 01      | Y                 | Cases       | 0                | adults      | 0             | 0                            |             |                         | 0%          | 0%                                     | 0              | 0            |
| TEST   | 2010 / 02      | Y                 | Cases       | 0                |             | 0             | 0                            |             |                         | 0%          | 0%                                     | 0              | 0            |
| TEST   | 2011 / 99      | Y                 | Cases       | 0                | NULL        | 0             | 0                            |             |                         | 0%          | 0%                                     | 0              | 0            |
| TEST   | 2182 / 99      | Y                 | Cases       | 0                | NULL        | 0             | 0                            |             |                         | 0%          | 0%                                     | 0              | 0            |
| TEST   | 2212 / 01      | Y                 | Cases       | 0                |             | 0             | 0                            |             |                         | 0%          | 0%                                     | 0              | 0            |
| TEST   | 4062 / 01      | Y                 | Cases       | 0                | children    | 0             | 0                            |             |                         | 0%          | 0%                                     | 0              | 0            |
| TEST   | 6012 / 01      | Y                 | CC          | 0                |             |               |                              |             |                         |             |  |                |              |
| TEST   | 6012 / 13      | Y                 | CC          | 0                | NULL        |               |                              |             |                         |             |  |                |              |
| TEST   | 6052 / 01      | Y                 | CC          | 0                | adults      |               |                              |             |                         |             |  |                |              |
| TEST   | 7032 / 01      | Y                 | Cases       | 0                | children    | 0             | 0                            |             |                         | 0%          | 0%                                     | 0              | 0            |
| TEST   | 9092 / 01      | Y                 | Cases       | 0                | children    | 0             | 0                            |             |                         | 0%          | 0%                                     | 0              | 0            |
| <b>TOTAL</b>   |                |                   |             | <b>0</b>         |             | <b>0</b>      | <b>0</b>                     | <b>0</b>    | <b>0</b>                | <b>0%</b>   | <b>0%</b>                              | <b>0</b>       | <b>0</b>     |

## Risk Factors Report

The Risk Factors Report summarizes the risk factors affecting the children and families enrolled in your Partnership’s program strategies.

Important things to remember:

- Look for underrepresented risk factors.
- Remember TANF and SNAP only count as one risk factor

## Risk Factors Report (cont.d)

Reports (Left-hand side) > Case Data > Risk Factors

**Cases Risk Factor Report for TEST County**

---

**You may select a different program by changing the following:**

County:

Program:

Vendor:  Fiscal Year:

Group:  Cases  Vendors  Counties

Status:  All  Active  Exited

Connected to Scholarship Through:

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**Demographic Filters**

Focus Adult Race:

Focus Adult Hispanic Ethnicity:

Focus Child Race:

Focus Child Hispanic Ethnicity:

Focus Child Gender:

Focus Child Age Range:

## Scholarships Report

- Home Visitation + Scholarship: enter client under the Home Visitation program code (2011, 2012, etc.) and complete the Scholarships screen.

## Scholarships Report (cont.d)

- Scholarship **ONLY**: enter client under the Scholarship program code (7031, 7032, etc.) and complete the Scholarships screen.
- When scholarship to ended, be sure to have your staff enter a termination date that reflects the las day scholarship offered.

*Reports (Left-hand side) > Case Data > Scholarships*

**Scholarships for TEST County**

You may select a different program by changing the following:

County: 99 - Test

Program: All

Fiscal Year: 2020-2021

Connected Through: All

Group:  Cases  Vendors  Counties

Status:  All  Active  Exited

FFL Status:  All Cases  FFL Cases Only

Get Report

| SCFS Approval for fewer than 2 risk factors | Child Name | Child Age (mos) | Provider | SCFS Waiver | Already had Scholarship/Voucher Type at Enrollment | Connected to Voucher/Scholarship in this Fiscal Year Through | Scholarship Type | Date of Application |
|---|------------|-----------------|----------|-------------|--|--|------------------|---------------------|
|---|------------|-----------------|----------|-------------|--|--|------------------|---------------------|

# Connections Report

## Connections to Scholarships, Interventions, and Referrals

This report displays summary information on scholarship, intervention and referral connections for county programs.

*Reports (Left-hand side) > Case Data > Connections*

### Connections to Scholarships, Interventions and Referrals

#### FY 2020-2021

TEST County, Program Code 201, Vendor \_\_, 2020-2021

You may select a different program by changing the following:

County: [99 - Test] ▼

Form to select county, program and vendor to view visits ▼

Vendor: [All] ▼ Fiscal Year: [2020-2021] ▼

Cases  
  Vendors  
  Counties  
 Status:  All  
  Active  
  Exited

| Applications and Connections |      |          |              |              |        |        |               |        |        |           |        |        |
|------------------------------|------|----------|--------------|--------------|--------|--------|---------------|--------|--------|-----------|--------|--------|
| Program/Vendor               | Case | Total    |              | Scholarships |        |        | Interventions |        |        | Referrals |        |        |
|                              |      | Conn Y/N | Total Conn's | Appl's       | Conn's | % Conn | Appl's        | Conn's | % Conn | Appl's    | Conn's | % Conn |
|                              |      |          |              |              |        |        |               |        |        |           |        |        |

# Connection Detail Report

## Connections to Scholarships, Interventions, and Referrals

This report:

- Summarizes the number of connections attempted and the % that were successful;
- Show all connections by and across programs;

# Case Visit Summary and Projected to Serve Report

The Case Visit Summary and Projected to Serve Report displays summary information regarding parenting home visits and projected to serve numbers.

*Reports (Left-hand side) > Case Data > Cases Visit Summary and Projected to Serve Report*

**Cases Visit Summary and Projected to Serve Report for TEST County**

You may select a different program by changing the following:

County: 99 - Test  
Program: 201 - (All)  
Vendor: 99 - All Fiscal Year: 2020-2021  
Starting Month: 07-Jul (2020) Ending Month: 09-Sep (2020)  
Group:  Cases  Vendors  Counties  
Status:  All  Active  Exited  
Connected Through: None

**Cases Visit Summary and Projected to Serve Report by Enrolled Cases for TEST County, Program 201**

| Number of Visits | Number of Children | One or More Priority Risk Factors | Number of Successful Visits | Number of Unsuccessful Visits | Percent of Unsuccessful Visits | Active | Exited | Dolly Parton Imagination Library | Nurse Family Partners |
|------------------|--------------------|-----------------------------------|-----------------------------|-------------------------------|--------------------------------|--------|--------|----------------------------------|-----------------------|
|------------------|--------------------|-----------------------------------|-----------------------------|-------------------------------|--------------------------------|--------|--------|----------------------------------|-----------------------|

## Parenting Intensity Detail Report

The PIDR tracks when clients enter and exit the program, as well as the number of visits and the number of hours spent per month at each home.

Though underused, the PIDR is a very useful way to monitor enrollment overtime, retention, and staff performance. If checked periodically during the month, number of home visits entered by home visitors can be monitored.

PIDR Includes:

Number of visits across each month.

Duration of visits (hours) across each month.

*Be aware*

Cases listed in red never received any visits.

Months with "X" are months clients were not receiving program services.

*Reports (Left-hand side) > Case Data > Parenting Intensity Detail*

**Parenting Intensity Detail Report for TEST County**  
Program Code 201, Vendor \_\_, 2020-2021

You may select a different program by changing the following:

County: 99 - Test  
Program: 201 - Parents as Teachers (All)  
Vendor: All Fiscal Year: 2020-2021  
Group:  Cases  Vendors  Counties  
Status:  All  Active  Exited

# Parenting Home Visiting Intensity Report

This report includes:

- Program/Vendor
- Case Numbers
- Number of Risks
- Avg. Number of Visits
- Months in Program
- Visits per Month
- Meets Standard (% of total with 2 VPM)
- Risk Factors (2+)

(Report is pulled using ALL families, not just active.)

*Reports (Left-hand side) > Case Data > Parenting Home Visit Intensity*

User: dione.brabnam Auth: FS Staff County: TEST Program: 999 Vendor: 99 Log Out

---

## Parenting Home Visiting Report for TEST County

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You may select a different program by changing the following:

County: 99 - Test

Program: 201 - Parents as Teachers (All)

Vendor: 99 Fiscal Year: 2020-2021

Starting Month: 07/2020 Ending Month: 11/2020

Group:  Cases  Vendors  Counties

FFL Status:  All Cases  FFL Cases Only

Status:  All  Active  Exited

---

**FY12 Home Visit Summary by Enrolled Cases for TEST County, Program 201, 2020-2021**

| Program/Vendor | Case Number | Number of Risks | Avg. Number of Visits | Months in Program | Visits per Month | Meets Standard (% of total with 2 VPM) | Have Risk |
|----------------|-------------|-----------------|-----------------------|-------------------|------------------|--|-----------|
|----------------|-------------|-----------------|-----------------------|-------------------|------------------|--|-----------|

## Parenting Intensity Summary Report

The PISR shows whether supports for families, vendors, and programs are meeting program standards as outlined in the SC First Steps to School Readiness Partnership and Program Accountability Standards.

Areas tracked:

- Case and summary numbers for “all,” “active,” or “exited”
- Total families served
- Total Home Visits
- Visits per month
- Duration of visits (Hours)
- Group Meetings attended

*Reports (Left-hand side) > Case Data > Parenting Intensity Summary*

### Parenting Intensity Summary Report for TEST County

---

**You may select a different program by changing the following:**

County:

Program:

Vendor:  Fiscal Year:

Begin Month:  End Month:

Group:  Cases  Vendors  Counties

Status:  All  Active  Exited

Connected Through:

---

#### Minimum Home Visit Requirements

| Requirement                  | PAT (201, 7042, all other) | PCH (206)          |
|------------------------------|----------------------------|--------------------|
| Frequency (Visits per Month) | 2 visits                   | 6 visits           |
| Duration (Minutes per Visit) | 45 min (0.75 hours)        | 30 min (0.5 hours) |

## Group Meeting Detail Report

The Group Meeting Detail Reports details information on Group Meetings for families (cases) in your parenting program.

*Reports (Left-hand side) > Case Data > Group Meeting Detail*

### Group Meeting Details FY 21

#### Enrolled Clients

TEST County, Program Code 201\_, Vendor \_\_, 2020-2021

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**You may select a different program by changing the following:**

County:

Program:

Vendor:     Fiscal Year:

Connected to Scholarship Through:

Status:    All    Active    Exited

---

| Group Meeting Number | Case Name                                | Client Name                                    | Total Case Attendance           | Group Meeting Date | Group Meeting Title       | Topic #1 | Other Topic #1 | To # |
|----------------------|--|--|---------------------------------|--------------------|---------------------------|----------|----------------|------|
| Total Cases: 0       | Cases at least 1 Group Meeting: 0 (NAN%) | Total Case Members Served: Adults:0 Children:0 | Total Case Member Attendance: 0 |                    | Average Number of Group M |          |                |      |



# KIPS/ACIRI Client Detail Report

The KIPS and ACIRI Client Detail Report provides an assessment summary of KIPS/ACIRI for enrolled cases by assessment focus.

*Reports (Left-hand side) > Case Data > KIPS/ACIRI Client Detail*

## KIPS/ACIRI Client Detail Report for TEST County

You may select a different program by changing the following:

County:    
 Program:    
 Vendor:  Fiscal Year:    
 Use Assessments:  Assessments through selected Fiscal Year  All Assessments   
 Status:  All  Active  Exited   
 Assessment Focus:  Show indicated focus child only  Show all children indicated as assessed   
 FFL Status:  All Cases  FFL Cases Only

| Finalized* KIPS Assessment Summary for Enrolled Cases by Assessment Focus |                      |                       |                       |               |                |                |                         |            |             |              |               |                              |
|---|----------------------|-----------------------|-----------------------|---------------|----------------|----------------|-------------------------|------------|-------------|--------------|---------------|------------------------------|
| TEST County, Program 201  |                      |                       |                       |               |                |                |                         |            |             |              |               |                              |
| Adult Name  | Case Enrollment Date | Child KIPS Focus Date | Child Current Age(mo) | Baseline Date | Baseline Score | Number of KIPS | Programs Assessed Under | Prior Date | Prior Score | Current Date | Current Score | Baseline/ Current Difference |
| Total Cases: 0  |                      |                       |                       | 0             | 0              | 0              |                         | 0          | 0           | 0            | 0             | X                            |

\* This report only considers KIPS Assessments that have been marked as "Finalized". Preliminary KIPS Assessments are not included. Please make sure all of your finished KIPS are properly marked as "Finalized" so that the report will accurately reflect your data.

| ACIRI Assessment Summary for Enrolled Cases by Assessment Focus |                      |                        |                       |               |                |                 |                         |            |             |              |               |                              |
|---|----------------------|------------------------|-----------------------|---------------|----------------|-----------------|-------------------------|------------|-------------|--------------|---------------|------------------------------|
| TEST County, Program 201  |                      |                        |                       |               |                |                 |                         |            |             |              |               |                              |
| Adult Name  | Case Enrollment Date | Child ACIRI Focus Date | Child Current Age(mo) | Baseline Date | Baseline Score | Number of aciri | Programs Assessed Under | Prior Date | Prior Score | Current Date | Current Score | Baseline/ Current Difference |

# KIPS/ACIRI PROGRAM ACCOUNTABILITY REPORT

The KIPS/ACIRI Program Accountability Report:

- Details a programs adherence to assessment timing schedules.
- Requires 75% or higher results for ACTIVE clients.
- Is a year-to-date report and updates change daily once new assessment data has been entered.

*Reports (Left-hand side) > Case Data > KIPS/ACIRI Client Detail*

| KIPS/ACIRI Program Accountability Report for TEST County   |                                   |                 |                                       |  |   |  |   |   |   |  |  |   |             |  |
|--|-----------------------------------|-----------------|---------------------------------------|--|---|--|---|---|---|--|--|---|-------------|--|
| <p>You may select a different program by changing the following:</p> <p>County: [99 - Test]</p> <p>Program: [201 - Parents as Teachers (All)]</p> <p>Fiscal Year: [2020-2021]</p> <p>Group: <input checked="" type="radio"/> Vendors <input type="radio"/> Counties</p> <p>Status: <input checked="" type="radio"/> All <input type="radio"/> Active <input type="radio"/> Exited</p> <p><input type="button" value="Get Report"/></p> |                                   |                 |                                       |  |   |  |   |   |   |  |  |   |             |  |
| Finalized* KIPS Assessment Summary by Programs/Vendors Enrolled Cases for TEST County, Program 201, 2020   |                                   |                 |                                       |  |   |  |   |   |   |  |  |   |             |  |
| Vendor   | a. Cases Enrolled & Eligible 2020 | b. Unborn Cases | c. Cases with Unknown Enrollment Date | d. Total Cases Considered (excluding unborn, unknown and cases enrolled & eligible < 2mos) | First Enrolled & Eligible in Previous FY(s) |  |   | First Enrolled & Eligible in this FY                                |   |  |  |   | n. C r requ |  |
|  |                                   |                 |                                       |  | e. Number of Cases Enrolled before March    | f. Number of Cases Enrolled & Eligible before March requirement (3+) | g. Number of Cases Enrolled after March | h. Number of Cases Enrolled & Eligible after March requirement (2+) | i. Number of Cases Enrolled & Eligible < 2 mos. (none required) | j. Number of Cases Enrolled & Eligible 2 to 6 mos. | k. Number of Cases Enrolled & Eligible meet requirement (1+) | l. Number of Cases Enrolled & Eligible 6 to 12 mos. |             | m. Number of Cases Enrolled & Eligible meet requirement (2+) |
| TOTAL  | 0                                 | 0               | 0                                     | 0  | 0   | 0  | 0                                       | 0   | 0   | 0  | 0  | 0   | 0           |  |

## ASQ Report

The ASQ Report details the number of developmental delays detected in ASQ-3 and ASQ:SE2 screenings.

*Reports (Left-hand side) > Case Data > ASQ Report*

### ASQ Assessments for TEST County

**Assessments**

You may select a different program by changing the following:

County: 99 - Test

Program: All

Vendor: All

Fiscal Year: 2020-2021

ASQ Assessment Type:  ASQ-3  ASQ:SE2  ASQ:SE (old)

Group:  Cases  Vendors

Status:  All  Active  Exited

Connected Through: None

FFL Status:  All Cases  FFL Cases Only

---

with an asterisk and/or a light blue background do not have at least one child that is identifiable as age eligible (1 to 66 mos) for ASQ-3 as of the current date of this report. Children with an asterisk do not have an age eligible child, have no child DOB entered, have the child is marked as a baby/newborn/unborn, or the child is less than a month old on the date of the report.

| Case Service Date       | Child Name (current age) | ASQ Type/Age | ASQ Date | Comm Stat | Gross Stat | Fine Stat | Prob Stat | P-S Stat | ASQ:SE Stat | ASQ:SE2 Stat | Num Delays | First Num Delays | Mc De |
|-------------------------|--------------------------|--------------|----------|-----------|------------|-----------|-----------|----------|-------------|--------------|------------|------------------|-------|
| <b>OVERALL TOTAL: 0</b> |                          |              |          |           |            |           |           |          |             |              |            |                  |       |
|                         | 0                        | Children     | 0        | ASQs      |            |           |           |          |             |              | 0          |                  | 0     |

**\*\*Reminder:** Be sure to enter referrals or intervention being recommend to parents when concerns/delays are identified.\*\*

## OTHER ASSESSMENTS/SCREENING REPORT

Family Literacy (TABE, PPVT).

*Reports (Left-hand side) > Case Data > Other Assessment/Screening*

### Other Assessments for TEST County

You may select a different program by changing the following:

County: 99 - Test

Program: All

Fiscal Year: 2020-2021

Assessment Type: All

Group:  Cases  Vendors

Status:  All  Active  Exited

FFL Status:  All Cases  FFL Cases Only

| Child Name    | Assessment Type/Age | Assessment Date |
|---------------|---------------------|-----------------|
| 0 Assessments |                     |                 |

## Well-Child Visits Report

The Well-Child Visits Report displays information on Well-Child Visits for children enrolled in your Partnership’s home visiting strategies.

*Reports (Left-hand side) > Case Data > Well-Child Visits*

### Well-Child Visits FY 2020-2021 Enrolled Clients

TEST County,

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You may select a different program by changing the following:

County: 99 - Test

Program: All

Vendor: All    Fiscal Year: 2020-2021

Group:  Cases    Vendors    Counties

Case Activity Status:  All    Active    Exited

   Shows all cases.

**Well-Child Visits for TEST County, Program All, 2020-2021**

| Vendor Number | Case Name | Child Name | Child DOB | Current Child Age (in days) | Well-Child Visit Date | Well-Child Visit Type | Child Age at Visit (in days) | Concerns Present | Child is Current |
|---------------|-----------|------------|-----------|-----------------------------|-----------------------|-----------------------|------------------------------|------------------|------------------|
|               |           | 0 Clients  |           |                             |                       |                       |                              | 0                | 0                |