

FORWARDHEALTH
CHILD CARE COORDINATION (CCC)
FAMILY QUESTIONNAIRE DOMAINS AND QUESTIONS

INSTRUCTIONS: Type or print clearly.

CCC helps children and their families access the services and support they need. The goals of CCC are to promote positive parenting, improve child health outcomes, and prevent child abuse and neglect. To qualify for CCC, a child must be:

- A BadgerCare Plus and Medicaid member.
- Under 7 years of age if they live in Milwaukee County.
- Under 2 years of age if they live in the city of Racine.
- Assessed using this form before they're 8 weeks old.

In CCC, the member is the child, not the parent or caregiver. This form refers to the member as “the child.”

Purpose of This Form

The questions in this form help the provider identify the **needs and strengths of the child and their family** to help the provider determine whether the child is eligible for CCC services during the initial assessment. If the child is eligible, this form also supports the care planning process. Each section includes a question at the end where the provider can indicate if they identified a need in that domain. **The provider must identify at least one need overall for the child and their family to be eligible for CCC services.**

A “need” is when the child or family does not have adequate support or has a concern that could cause potential harm to the child’s health, development, safety, or well-being.

A “strength” is something that helps the family take care of the child or helps the child grow stronger and more resilient.

When to Use This Form

The provider must fill out this form during their initial assessment with the child and family. They can use the same form later for updates while the child is receiving CCC services. Providers can also use other tools to help measure the child’s and family’s progress toward their goals. The form does not need to be submitted to the Wisconsin Department of Health Services as a part of the initial assessment process. However, a completed form must be kept as part of the child’s record. This form may be requested in the event of an audit.

How to Use This Form

Providers should fill out this form face-to-face with the child’s primary caregiver in a safe, private, and supportive environment. They should ask if the caregiver would like more privacy, a support person, or an interpreter.

During a face-to-face conversation, caregivers might feel more comfortable telling stories and sharing thoughts that highlight the child’s and their family’s strengths and needs.

Providers should use their professional judgment when asking the questions on this form. They don’t need to ask the questions exactly as written. Since the child may be between 8 weeks to 6 years old, some questions may not apply or will need to be answered differently for different ages. If a question does not apply, providers should check the “N/A” box or indicate it in the response space.

This form can be filled out by a care coordinator with or without a qualified professional present. Both the qualified professional and the primary caregiver need to review, sign, and date the form.

SECTION I – GENERAL INFORMATION

1. Child's Name (Last, First, Middle Initial)

2. Child's Date of Birth

3. Child's Medicaid ID

4. Name of Child's Primary Caregiver (Last, First, Middle Initial)

5. Primary Caregiver's Relationship to Child

6. Child's Address (Street, City, State, Zip)

7. Primary Caregiver's Mailing Address (If Different From Child's Address)

8. Primary Caregiver's Phone Number

9. Primary Caregiver's Email

10. Best Time of Day to Contact Primary Caregiver

11. Primary Caregiver's Primary Language

12. Child's Primary Language

13. Is the family working with any other agencies, including prenatal care coordination (PNCC), other CCC agencies, or Targeted Case Management?

Yes

No

If yes, list the other care coordination agencies the family is working with.

SECTION II – ABOUT THE CHILD

The questions in this section focus on the child's and their family's strengths. They are intended to set a positive tone, build rapport with the caregiver (and child, if the child is old enough), and establish a trusting relationship.

14. Have the caregiver describe the child. What is the child like? What is going well?

15. Who else lives in the child's household?

16. What are the family's strengths?

17. Are there cultural traditions, celebrations, or practices that are important to the family?

Yes – Explain:

No

30. Has the child had any serious illnesses, injuries, or hospitalizations? If yes, describe them.

31. Has the child been tested for lead poisoning? If yes, describe the circumstances.

32. Does the child have any medical problems, or have they been diagnosed with a medical condition? If yes, list the diagnosis or describe the problems.

33. Is the child currently taking any medications?

- Yes – List the medications:
- No

34. If the child is 3 years or older, have they seen a dentist?

- Yes
- No
- N/A (The child is under 3 years old.)

Developmental Milestones

35. What are some activities the caregiver says the child has recently learned or mastered?

36. Refer to the Centers for Disease Control and Prevention (CDC) Developmental Milestones Checklists at www.cdc.gov/ncbddd/actearly/milestones/index.html. Does the child seem to be on track?

- Yes
- No – Explain:

37. Has the caregiver noticed any delays in learning or movement? Do they have any other concerns about the child's development?

A: Does this section show the family has a need?

- Yes
- No

SECTION IV – PARENTING CAPACITY

The questions in this section are about the caregiver's abilities as a parent. At the end of this section, answer question **B** about whether the family has a need related to parenting capacity.

Basic Care of Child

38. What does the caregiver believe their own biggest strengths are?

39. What is the household's daily routine? Include routines for meals, hygiene, and sleep.

40. How has the caregiver been feeling lately? Has anything been affecting their mood or energy?

41. When the caregiver wants advice about parenting, who do they go to?

42. How often does the caregiver feel lonely or isolated in their role as a caregiver?

43. How does the caregiver relax or deal with stress?

44. Does the caregiver have any concerns about their own mental health?

45. How often does the primary caregiver drink alcohol? How many drinks do they usually have when they drink?

46. In the past 12 months, has the primary caregiver used drugs that weren't prescribed to them or used drugs in a way other than how they were prescribed?

- Yes No

47. Does the caregiver have any health conditions that could affect their ability to care for the child?

- Yes – Explain:
 No

48. Does the caregiver have the medical care and support they need?

- Yes
 No – Explain:

49. Do the caregiver and the child have available supportive people who can help them for as long as they need help?

- Yes No

50. Are there any upcoming changes that can affect the child or the household? If yes, what are they?

Emotional Attachment

51. How does the caregiver show the child that they care about and love them?

52. When the child is upset or frightened, what do they do to feel better? How does the child respond when the caregiver comforts them?

Stimulation

53. What kinds of activities do the caregiver and the child do together?

54. Does the caregiver feel the child has access to age-appropriate toys, books, and games?

55. How much time does the child typically spend each day watching videos, playing video games, or using social media? As the child gets older, how does the caregiver think this will change?

56. What are the caregiver's goals and plans for the child's education? For example, does the caregiver plan to send the child to an educational program such as Head Start, 4K, or private or public grade school?

Guidance and Boundaries

57. How does the caregiver set boundaries with and discipline the child?

58. Do any of the child's caregivers hit or spank the child?

Child Safety

59. How does the caregiver make sure their home is safe for the child?

60. Does the primary caregiver know about and have access to child safety equipment like child locks and smoke alarms? Do they know where to find information about product recalls?

Yes

No

61. Does the caregiver always use a car seat or booster seat appropriate for their child's age and size? Refer to the Department of Transportation resource on the Wisconsin Child Passenger Safety law at wisconsin.gov/Documents/safety/education/child-safety/cps-law-card.pdf for safety guidelines for children riding in cars.

Yes

No

62. What does the caregiver do to minimize distractions (like phone use) while they're driving? For more information, refer to the CDC Distracted Driving webpage at www.cdc.gov/distracted-driving/about/index.html.

B: Does this section show the family has a need?

- Yes No

SECTION V – SOCIAL DETERMINANTS OF HEALTH

The questions in this section are about social factors that affect the child’s health. At the end of this section, answer question **C** about whether the family has a social need.

Employment and Education

63. What is the highest level of education the caregiver finished?

64. Is the primary caregiver currently going to school (either part-time or full-time)?

- Part-time Full-time Not in school

65. If the caregiver is working, what kind of work do they do? What are their usual work hours or schedule?

Finances

66. Does the caregiver ever worry about how they will pay their bills or financially support the child?

Food and Housing

67. In the past 12 months, has the caregiver ever worried that food would run out before there was money to buy more?

68. How many times has the child moved in the past 12 months?

69. Is the caregiver worried that they may not have stable housing in the next month or two?

70. Where the child lives now, is there:

- | | | |
|--|------------------------------|-----------------------------|
| Running Water | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hot Water | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Working Appliances (Stove, Refrigerator) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Working Bathroom/Bathing Facilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Working Smoke Detector | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Working Carbon Monoxide Detector | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Working Fire Extinguisher | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bug Infestation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mold | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lead Paint or Pipes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Working Heat and Air Conditioning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Structural Damage to Home | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
-

71. Is there a gun in the child's home?

- Yes No

If yes, are the guns stored in a locked and secure place?

- Yes No
-

72. Does anyone in the child's home smoke?

- Yes No
-

73. Does the child have any access or exposure to chemicals, substances, or materials that could be harmful in the home, such as cleaning supplies, medications, drugs, or other hazardous items?

- Yes No
-

Transportation

74. How do the child and their household get around?

75. Has the caregiver recently put off going to an appointment because of transportation?

- Yes No
-

Social and Environment Factors

76. What does the caregiver enjoy about their neighborhood?

77. Where can the child play outside the home? Examples include a relative's or friend's home, a park, a community center, or a school playground.

Child Care

78. Does the caregiver know how to get safe, nurturing, and reliable childcare?

- Yes No
-

79. Who else cares for the child? Examples include other family members, a family friend, or daycare.

Personal Safety

80. Has the child been the subject of a welfare case (open or closed)?

- Yes No
-

81. Has the child ever expressed a fear of being hurt or said that they are afraid of anyone at home?

- Yes No
-

82. Has the child ever been emotionally or verbally abused by their parent, a caregiver, or someone close to them?

- Yes No

If yes, is this abuse ongoing?

- Yes No
-

83. Has the child ever been physically or sexually abused by their parent, a caregiver, or someone close to them?

- Yes No

If yes, is this abuse ongoing?

- Yes No
-

84. Has the primary caregiver ever been abused, including physical, sexual, emotional, or verbal abuse, by the child's other caregivers, their partner, or someone close to them?

- Yes No

If yes, is this abuse ongoing?

- Yes No
-

85. Is the primary caregiver afraid of anyone currently living in their household?

- Yes No
-

C: Does this section show the family has a need?

- Yes No
-

SECTION VI – OTHER NEEDS

Use this section to capture other needs not already discussed or documented on this form. Refer to the Child Care Coordination service area of the ForwardHealth Online Handbook at forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=7 for more information on covered services. At the end of this section, answer question **D** about whether the family has a need.

86. Does the child, the caregiver, or the family have any other needs care coordination could help with? If yes, explain.

D: Does this section show the family has a need?

- Yes No
-

SECTION VII – NEEDS SUMMARY

Check the box to indicate which section the child shows a need. Check as many as apply.

- A. Section III – Child Health and Development
 - B. Section IV – Parenting Capacity
 - C. Section V – Social Determinants of Health
 - D. Section VI – Other Needs

 - No needs identified.
-

SECTION VIII – ASSESSMENT COMPLETION

87. Date – Assessment Completed

SECTION IX – SIGNATURES

88. Name – Care Coordinator Completing Questionnaire

89. **SIGNATURE** – Care Coordinator

90. Date Signed – Care Coordinator

91. Name – Qualified Health Professional Reviewer (If different from above)

92. **SIGNATURE** – Qualified Professional Reviewer

93. Date Signed – Qualified Professional Reviewer

94. **SIGNATURE** – Primary Caregiver

95. Date Signed – Primary Caregiver
