DGIS USER GUIDE CHILD HEALTH FORMS

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HRSA

CONTENTS

CHILD HEALTH FORMS

On the **Child Health form**, the grantee provides details on programs promoting and/or facilitating well-child visits, the quality of well-child visits, developmental screenings, and injury prevention among children.

APPLICABLE REPORT TYPES

The report types are as follows:

- New Competing Performance Reports (NCPR)
- Non-Competing Continuation Performance Reports (NCCPR)
- Project Period End Reports (PPER)

Figure 1: Child Health Forms

Child Health Forms			
Applicable Forms	**Report Types**		
	NCPR	**NCCPR**	**PPER**
Child Health - CH 1	✓	✓	✓
Child Health - CH 2	✓	✓	✓
Child Health - CH 3	✓	✓	✓
Child Health - CH 4	✓	✓	✓

CHILD HEALTH FORM 1

FORM INSTRUCTIONS

CH 1 DETAIL SHEET

The following information is under the **Child Health Form 1 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Child Health (CH 1) – Well-Child Visit
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 2: Child Health 1: Detail Sheet

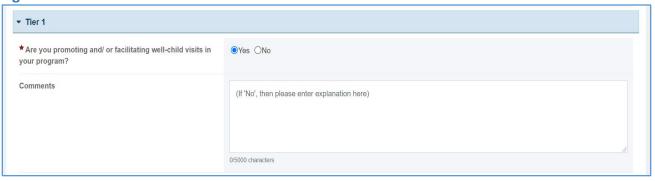|	
Child Health (CH 1) - Well-Child Visit	The percent of programs promoting and/ or facilitating well-child visits.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating well-child visits.
Goal	To ensure supportive programming for well-child visits.
Level	Grantee
Domain	Child Health
Definition	A participant is considered to have received the last recommended a well child visit based on the AAP schedule when they have been seen by a healthcare provider for preventive care, generally to include age-appropriate developmental screenings and milestones, and immunizations, in the month recommended by AAP. The AAP recommends children be seen by a healthcare provider for preventive care at each of the following ages: by 1 month, 2 months, 4 months, 6 months, 9 months, 1 year, 15 months, 18 months, 24 months/ 2 years, 30 months, 3 years, and then annually thereafter. Show less
Benchmark Data Sources	National Survey of Children's Health K4Q20
Grantee Data Sources	Title V National Performance Measure #10
Significance	Routine pediatrician visits are important to (1) prevent illness and injury through immunizations and anticipatory guidance, (2) track growth and development and refer for interventions as needed, (3) address parent concerns (e.g., behavior, sleep, eating, milestones), and (4) build trusting parent-provider relationships to support optimal physical, mental, and social health of a child. Show less

TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating well-child visits in your program?* The grantee may select either Yes or No. If the grantee selects the No option, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For New Competing Performance Reports (NCPRs), only Tier 1 is applicable.
- The grantee may proceed to the next tier only after providing a response to this question.

Figure 3: Child Health 1: Tier 1

TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. Through what activities are you promoting and/or facilitating well-child visits? Select all that apply.

Note the following requirements and additional information before completing this section:

- The grantee may proceed to the next tier only after responding to the required questions.
- Tier 2 is required for Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs).
- For **New Competing Performance Reports (NCPRs)**, the grantee is only required to fill out Tier 1.
- For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
- The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
- The grantee may proceed to the next tier only after responding to the required questions.

2. *Activity Data Collection Form*: How many are reached through those activities?
   a. *Participants/Public*: Enter an integer from 0–999,999.
   b. Providers/Health Care Professionals: Enter an integer from 0–999,999.
   c. *Community/Local Partners*: Enter an integer from 0–999,999.
   d. *State or National Partners*: Enter an integer from 0–999,999.
3. *Comments*: The grantee may add comments. (<u>NOTE</u>: This is not a required field.)

<u>Note the following requirements and additional information before completing this section:</u>

- All the above fields (except for *Comments*) are required.
- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.
- The grantee may proceed to the next tier only after providing a response to this question.

Figure 4: Child Health 1: Tier 2 and 3

▼ Tier 2 & 3

Through what activities are you promoting and/ or facilitating well-child visits?

- ☑ Technical Assistance
- ☑ Training
- ☑ Product Development
- ☑ Research/ Peer-Reviewed Publications
- ☐ Outreach/ Information Dissemination/ Education
- ☐ Tracking/ Surveillance
- ☐ Screening/ Assessment
- ☐ Referral/ Care Coordination
- ☐ Direct Service
- ☐ Quality Improvement Initiatives

Activity Data Collection Form

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	5	5	5	5	20
Product Development	5	5	5	5	20
Research/ Peer-Reviewed Publications	5	5	5	5	20
Training	5	5	5	5	20

COMMENTS

0/5000 characters

TIER 4 (OPTIONAL)
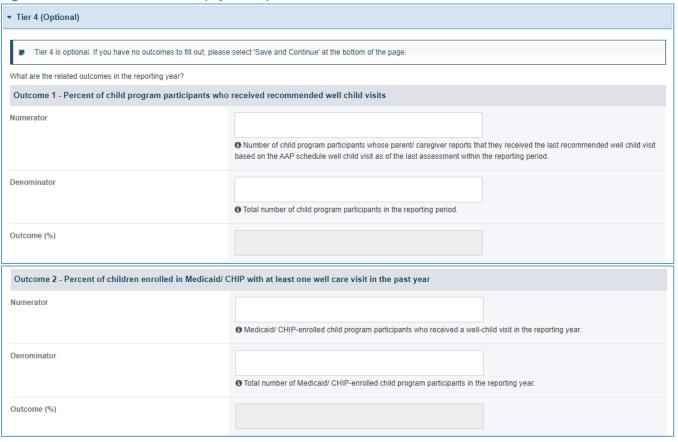
In this section, the grantee may respond to the following question(s):

1. *Outcome 1*: Percent of child program participants who received recommended well child visits.
   a. *Numerator*: Enter an integer from 0–999,999.
   b. *Denominator*: Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.
   c. *Outcome* (%): The text box will be automatically populated using the values provided above.
2. *Outcome 2*: Percentage of children enrolled in Medicaid/CHIP with at least one well-care visit in the past year.
   a. *Numerator*: Enter an integer from 0–999,999.
   b. *Denominator*: Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.
   c. *Outcome* (%): The text box will be automatically populated using the values provided above.

   NOTE: This field is optional, except for *H49 Healthy Start* grantees.

Figure 5: Child Health 1: Tier 4 (Optional)

▼ Tier 4 (Optional)

> 📑 Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

Outcome 1 - Percent of child program participants who received recommended well child visits

Numerator	
	❶ Number of child program participants whose parent/ caregiver reports that they received the last recommended well child visit based on the AAP schedule well child visit as of the last assessment within the reporting period.
Denominator	
	❶ Total number of child program participants in the reporting period.
Outcome (%)	

Outcome 2 - Percent of children enrolled in Medicaid/ CHIP with at least one well care visit in the past year

Numerator	
	❶ Medicaid/ CHIP-enrolled child program participants who received a well-child visit in the reporting year.
Denominator	
	❶ Total number of Medicaid/ CHIP-enrolled child program participants in the reporting year.
Outcome (%)	

FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **NCPRs**.
2. For Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs), if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

CHILD HEALTH FORM 2

FORM INSTRUCTIONS

CH 2 DETAIL SHEET

The following information is under the **Child Health Form 2 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Child Health (CH 2) – Quality of Well-child Visit
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 6: Child Health 2: Detail Sheet

📄 Child Health (CH 2)	
▸ DG00006863: (U7EMC00021) ZASLAWSKI MCFADYEN HEALTH CARE AUTHORITY, Mathis, NY	Due In: 52 Days | Status: Not Started

▸ Resources 🗗

Fields with ★ are required.

▾ CH 2 Detail Sheet

Child Health (CH 2) - Well-Child Visit	The percent of programs promoting and/ or facilitating quality of well-child visits.
Performance Measure	The percent of MCHB funded projects promoting or facilitating quality of well child visits.
Goal	To ensure supportive programming for quality of well child visits.
Level	Grantee
Domain	Child Health
Definition	No further definitions.

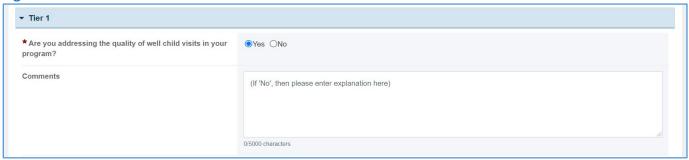|	
Benchmark Data Sources	N/A
Grantee Data Sources	Grantee self-reported
Significance	Comprehensive well-child visits include (1) complete history about birth; prior screenings; diet; sleep; dental care; and medical, surgical, family, and social histories, (2) head-to-toe examination and review of growth, (3) immunization review and delivery, (4) screening for postpartum depression in mothers of infants up to six months of age, (5) age-appropriate health and development screenings (e.g., developmental, vision, hearing, autism), (6) age-appropriate guidance to address parent questions/concerns and encouragement of positive parenting practices (e.g., screen time, nutrition, physical activity, sleep), and (7) developmentally appropriate injury prevention guidance (e.g., car seat safety, bicycle helmet, substance use). Show less

TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you addressing the quality of well-child visits in your program? The* grantee must select either Yes or No. If the grantee selects the No option, they must justify their selection in the *Comments* section.

   Note the following requirements and additional information before completing this section:

   - For New Competing Performance Reports (NCPRs), only Tier 1 is applicable.
   - The grantee may proceed to the next tier only after responding to the required questions.

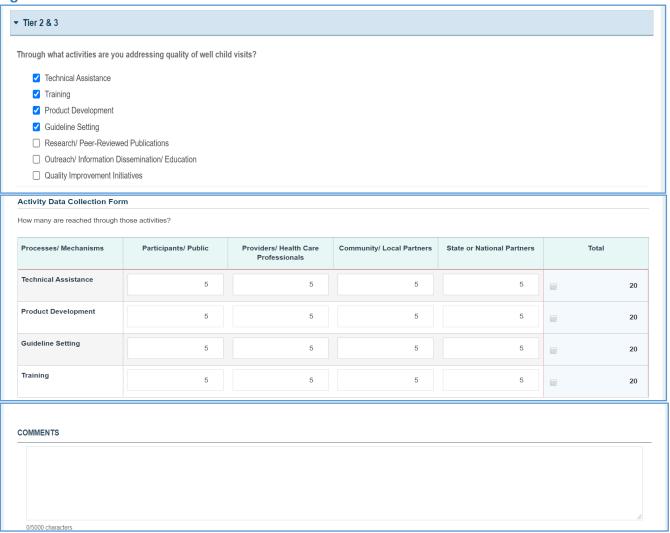**Figure 7: Child Health 2: Tier 1**

TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. Through what activities are you addressing quality of well child visits? Select all that apply.

   Note the following requirements and additional information before completing this section:

   - Tier 2 is required for NCCPRs and PPERs.
   - For **NCPRs**, users are only required to fill out Tier 1.
   - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
   - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.

2. *Activity Data Collection Form*: How many are reached through those activities?
   a. *Participants/Public*: Enter an integer from 0–999,999.
   b. Providers/Health Care Professionals: Enter an integer from 0–999,999.
   c. *Community/Local Partners*: Enter an integer from 0–999,999.
   a. *State or National Partners*: Enter an integer from 0–999,999.

3. *Comments* (optional): The grantee may add comments here. (NOTE: This is not a required field.)

<u>Note the following requirements and additional information before completing this section</u>:

- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.
- The grantee may proceed to the next tier only after responding to the required questions.
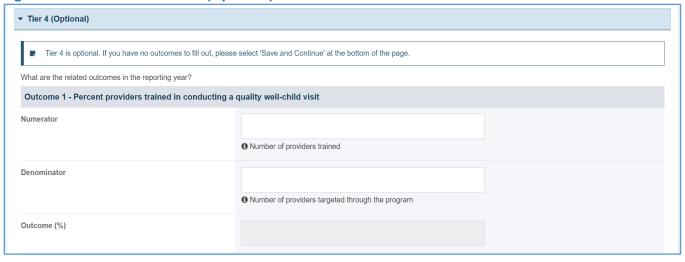
Figure 8: Child Health 2: Tier 2 and 3

▼ Tier 2 & 3

Through what activities are you addressing quality of well child visits?

- ☑ Technical Assistance
- ☑ Training
- ☑ Product Development
- ☑ Guideline Setting
- ☐ Research/ Peer-Reviewed Publications
- ☐ Outreach/ Information Dissemination/ Education
- ☐ Quality Improvement Initiatives

Activity Data Collection Form

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	5	5	5	5	20
Product Development	5	5	5	5	20
Guideline Setting	5	5	5	5	20
Training	5	5	5	5	20

COMMENTS

0/5000 characters

TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. *Outcome 1*: Percent of providers trained in conducting a quality well-child visit.
    a. *Numerator*: Enter an integer from 0–999,999.
    b. *Denominator*: Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.
    c. *Outcome* (%): The text box will be automatically populated using the values provided above.

Figure 9: Child Health 2: Tier 4 (Optional)

FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **NCPRs**.
2. For NCCPRs and PPERs, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

CHILD HEALTH FORM 3

FORM INSTRUCTIONS

CH 3 DETAIL SHEET

The following information is under the **Child Health Form 3 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Child Health (CH 3) – Developmental Screening
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 10: Child Health 3: Detail Sheet

Child Health (CH 3)	
▸ DG000|	Due In: 52 Days | Status: Not Started
▸ Resources ☑	

Fields with ★ are required.

▾ CH 3 Detail Sheet

Child Health (CH 3) - Developmental Screening	Percent of programs promoting developmental screenings and follow-up for children.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating developmental screening and follow-up for children.
Goal	To ensure supportive programming for developmental screenings.
Level	Grantee
Domain	Child Health
Definition	No further definitions.
Benchmark Data Sources	Related to Healthy People 2030 MICH-17: Increase the proportion of children who receive a developmental screening. (Baseline: 31.1% in 2016-17, Target: 35.8%) Show less
Grantee Data Sources	Title V National Performance Measure #6, Title V National Outcome Measure #12
Significance	Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home. The percent of children with a developmental disorder has been increasing, yet overall screening rates have remained low. The American Academy of Pediatrics (AAP) recommends screening tests at the 9, 18, and 24 or 30 month visit. The developmental screening measure is endorsed by the National Quality Forum and is part of the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP. Show less

TIER 1

In this section, the grantee responds to the following question(s):

1. *Are you promoting and/or facilitating developmental screening and follow-up in your program?* The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For NCPRs, only Tier 1 is applicable.
- The grantee may proceed to the next tier only after responding to the required questions.

Figure 11: Child Health 3: Tier 1

TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. Through what process/mechanism are you promoting and/or facilitating developmental screening and follow-up? Select all that apply.

Note the following requirements and additional information before completing this section:

- Tier 2 is required for NCCPRs and PPERs.
- For **NCPRs,** users are only required to fill out Tier 1.
- For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
- The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.

2. *Activity Data Collection Form*: How many are reached through those activities?
   a. *Participants/Public*: Enter an integer from 0–999,999.
   b. *Providers/Health Care Professionals*: Enter an integer from 0–999,999.
   c. *Community/Local Partners*: Enter an integer from 0–999,999.
   d. *State or National Partners*: Enter an integer from 0–999,999.

<u>Note the following requirements and additional information before completing this section</u>:

- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.
- The grantee may proceed to the next tier only after responding to this question.
- *Comments*: The grantee may add comments. (<u>NOTE</u>: This is not a required field.)

Figure 12: Child Health 3: Tier 2 and 3

Tier 2 & 3

Through what processes/ mechanisms are you promoting or facilitating developmental screening and follow-up?

- ☑ Technical Assistance
- ☑ Training
- ☑ Product Development
- ☑ Research/ Peer-Reviewed Publications
- ☐ Outreach/ Information Dissemination/ Education
- ☐ Tracking/ Surveillance
- ☐ Screening/ Assessment
- ☐ Referral/ Care Coordination
- ☐ Direct Service
- ☐ Quality Improvement Initiatives

Activity Data Collection Form

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	5	5	5	5	20
Training	5	5	5	5	20
Product Development	5	5	5	5	20
Research/ Peer-Reviewed Publications	5	5	5	5	20

COMMENTS

0/5000 characters

TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. *Outcome 1*: Percent of children 9–71 months receiving a developmental screening using a parental-completed tool.
    a. *Numerator*: Enter an integer from 0–999,999.
    b. *Denominator*: Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.
    c. *Outcome* (%): The text box will be automatically populated using the values provided above.

Figure 13: Child Health 3: Tier 4 (Optional)

FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **NCPRs**.
2. For NCCPRs and PPERs, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

CHILD HEALTH FORM 4

FORM INSTRUCTIONS

CH 4 DETAIL SHEET

The following information is under the **Child Health Form 4 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Child Health (CH 4) – Injury Prevention
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 14: Child Health 4: Detail Sheet

Child Health (CH 4)	
▸ DG00006	Due In: 52 Days | Status: Not Started
▸ Resources �	

Fields with ★ are required.

▾ CH 4 Detail Sheet

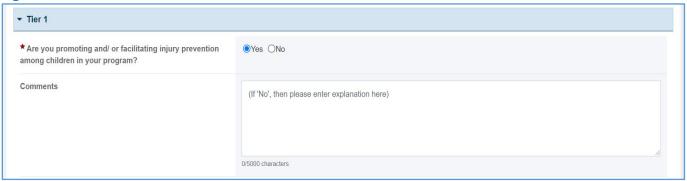|	
Child Health (CH 4) - Injury Prevention	The percent of programs promoting and/ or facilitating injury prevention among children.
Performance Measure	The percent of MCHB funded projects addressing injury prevention and through what processes.
Goal	To ensure supportive programming for injury prevention among children.
Level	Grantee
Domain	Child Health
Definition	No further definitions.
Benchmark Data Sources	Related to HP2030 IVP-02: Reduce emergency department (ED) visits for nonfatal injuries. (Baseline: 9,349.5 ED visits per 100,000 population occurred in 2017 (age adjusted to the year 2000 standard population), Target: 7,738.2 ED visits per 100,000 population). Show less
Grantee Data Sources	Title V National Performance Measure #7 Child Injury, AHRQ Healthcare Cost and Utilization Project: National Inpatient Sample or State Inpatient Database; National Survey of Children's Health, Question G1 in the 6-11 year old survey Show less
Significance	Unintentional injury is the leading cause of child and adolescent mortality, from age 1 through 19. Homicide and suicide, violent or intentional injury, are the second and third leading causes of death for adolescents ages 15 through 19. The total death rate for persons aged 10-19 years decreased 33% between 1999 and 2013, then increased 12% between 2013 and 2016 due to an increase in injury deaths. For those who suffer non-fatal severe injuries, many will become children with special health care needs. Effective interventions to reduce injury exist but are not fully implemented in systems of care that serve children and their families. Reducing the burden of nonfatal injury can greatly improve the life course trajectory of infants, children, and adolescents resulting in improved quality of life and cost savings. Show less

TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating injury prevention among children in your program? The* grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For NCPRs, only Tier 1 is applicable.
- Only after responding to the required questions, the grantee may proceed to the next tier.

Figure 15: Child Health 4: Tier 1

TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what process/mechanism are you addressing injury prevention?* Select all that apply. Please check which child safety domains which program activities were designed to impact. Select all that apply.

Note the following requirements and additional information before completing this section:
- All the above fields are required.
- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type (select the best category for the participant.
- The total for the following fields will be automatically populated from the sum of above section.
  o Technical Assistance
  o Research/ Dissemination
  o Training
  o Peer-Reviewed Publications
  o Outreach/ Information Dissemination/ Education
  o Referral/ Care Coordination
  o Quality Improvement Initiatives
  o Use of Fatality Review Data
2. *Comments*: The grantee may add comments. (NOTE: This is not a required field.)

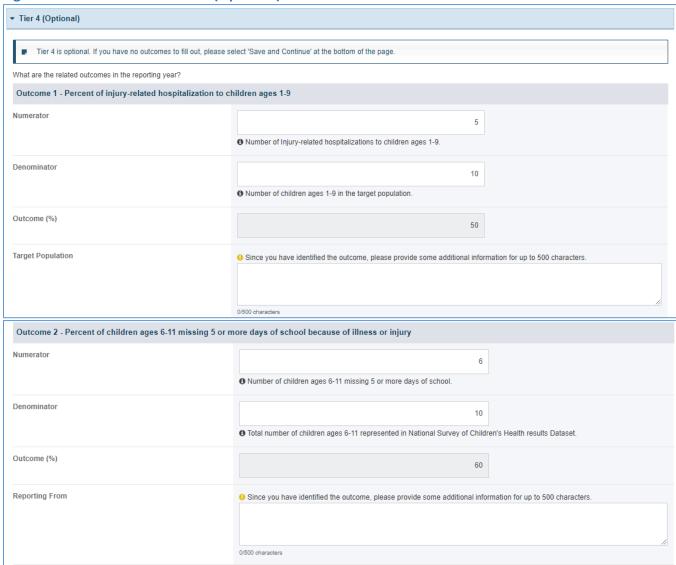NOTE: The grantee may proceed to the next tier only after responding to the required questions.

Figure 16: Child Health 4: Tier 2 and 3

▼ Tier 2 & 3

★ **Through what processes/ mechanisms are you addressing injury-prevention?**

- ☑ Technical Assistance
- ☑ Training
- ☑ Research/ Dissemination
- ☐ Peer-Reviewed Publications
- ☐ Outreach/ Information Dissemination/ Education
- ☐ Referral/ Care Coordination
- ☐ Quality Improvement Initiatives
- ☐ Use of Fatality Review Data

★ **Please check which child safety domains which program activities were designed to impact:**

- ☑ Motor Vehicle Traffic
- ☑ Suicide/ Self-Harm
- ☑ Falls
- ☐ Bullying
- ☐ Child Maltreatment
- ☐ Unintentional Poisoning
- ☐ Prescription Drug Overdose
- ☐ Traumatic Brain Injury
- ☐ Drowning
- ☐ Other

Activity Data Collection Form

How many are reached through those activities?

Processes/ Mechanisms	Motor Vehicle Traffic	Suicide/ Self-Harm	Falls
Technical Assistance	5	5	5
Research/ Dissemination	5	5	5
Training	5	5	5

Processes/ Mechanisms	Total	
Technical Assistance	🖩	15
Research/ Dissemination	🖩	15
Training	🖩	15

COMMENTS

0/5000 CHARACTERS

TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. *Outcome 1*: Percent of injury-related hospitalization of children ages 1–9.
    a. *Numerator*: Enter an integer from 0–999,999.
    b. *Denominator*: Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.
    c. *Outcome* (%): The text box will be automatically populated using the values provided above.
    d. *Target Population*: Enter text up to 500 characters.
2. *Outcome 2*: Percent of children ages 6–11 missing 5 or more days of school because of illness or injury.
    a. *Numerator*: Enter an integer from 0–999,999.
    b. *Denominator*: Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.
    c. *Outcome* (%): The text box will be automatically populated using the values provided above.
    d. *Reporting Form*: Enter text up to 500 characters.

Figure 17: Child Health 4: Tier 4 (Optional)

▾ Tier 4 (Optional)

> 📋 Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

Outcome 1 - Percent of injury-related hospitalization to children ages 1-9

Numerator	5
	❶ Number of Injury-related hospitalizations to children ages 1-9.
Denominator	10
	❶ Number of children ages 1-9 in the target population.
Outcome (%)	50
Target Population	⚠ Since you have identified the outcome, please provide some additional information for up to 500 characters.
	0/500 characters

Outcome 2 - Percent of children ages 6-11 missing 5 or more days of school because of illness or injury

Numerator	6
	❶ Number of children ages 6-11 missing 5 or more days of school.
Denominator	10
	❶ Total number of children ages 6-11 represented in National Survey of Children's Health results Dataset.
Outcome (%)	60
Reporting From	⚠ Since you have identified the outcome, please provide some additional information for up to 500 characters.
	0/500 characters

FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **NCPRs**.
2. For **NCCPRs** and **PPERs**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).