

Iowa FSSD Data Dictionary



DAISEY, which stands for Data Application and Integration Solutions for the Early Years, is a shared measurement system. DAISEY was designed by social scientists to help communities see the difference they are making in the lives of at-risk children, youth and families. Implementation of a shared measurement system will allow Iowa Family Support partners improve data quality, track progress toward shared goals, and enhance communication and collaboration.

This tool provides information on the data elements collected in DAISEY. Each section of this document represents a form. Each form section has information about the data elements in that form, including a definitions/descriptions, possible responses, and the purpose of each element.

This document will not provide all information necessary for preparing data for Import into DAISEY. For detailed information on Import requirements, see the Iowa DAISEY User Manual on the website, daiseyiowa.daiseysolutions.org.

Contents

Instructions

Profile Forms

Caregiver (Adult) Profile Form
Child Profile Form

Quarterly Service reports

Caregiver QSR

Assessment Requirements

Form Overview

Forms	Information Collected
Caregiver Profile	All data included in the caregiver profile (with the exception of the Shared Visions eligibility question and DHS caregiver disability question), including names, are required to be entered into DAISEY. This data is due upon enrollment (enrollment is defined as the date the enrollment paperwork is finalized) and should not be changed unless an error is found.
Child Profile	This profile should be completed on each child 0-5 (birth until the sixth birthday) at enrollment for every family served by your program. For prenatal enrollments, profiles should be created upon the child's birth. Once a child profile is created and data is entered, the profile must be immediately linked to a primary caregiver's profile.
Caregiver Quarterly Report (QR)	A Caregiver Quarterly Report (QR) should be completed for every family served for one day or more in each quarter. The information you entered should reflect the services and the family circumstances during the specific quarter only Quarterly Reports are due on January 15, April 15, July 15, and October 15.
Child Quarterly Service Report (QR)	A Child Quarterly Report (QR) should be completed for every child 0-5 served for one day or more in that quarter, and for every target child six and older (for DHS-funded programs). The information you enter reflects the services and the family circumstances during the specific quarter only. Quarterly Reports are due on January 15, April 15, July 15, and October 15. Note: Short-term/group-based programs are not required to complete Child QSRs.
Assessment Requirement	Provides explanation of required assessments.

Instructions

This Data Dictionary is organized into sections by Form. Each Form section provides information for the categories below with each row representing one data element.

Form Name

Question Label	Data Type	Response Options	Explanation	Question Label
The data element or question as it appears in DAISEY	The format of response options in DAISEY. May include: Drop-down list (single choice), Drop-down list (multiple choice), Date, Text, Narrative, and System Generated.	If the data element or question includes a menu of possible responses, the possible responses are listed here.	Purpose for including the data element or question.	The data element or question as it appears in DAISEY

Caregiver (Adult) Profile

Question Label	Data Type	Response Options	Explanation
GRANTEE	Text	Auto-generated	N/A
Organization	Text	Auto-generated	N/A
Program	Text	(Dependent upon organization assigned)	N/A
Caregiver ID	Text	Auto-generated	N/A
Caregiver System ID	Text	Auto-generated	N/A
Alternate ID	Text	N/A	This is the participant's former REDCap ID. Once names have been assigned to families in DAISEY, programs may delete or change this alternate ID and use however they wish.
County	Text	99 Iowa Counties	This should be the county in which services are provided. For home visiting services, this is the county where the family resides and where home visits occur. For group-based parent education programs this is the county where those services are provided.
First Name	Text	N/A	N/A
Last Name	Text	N/A	N/A
Is this the primary caregiver of the child?	Text	Auto-generated	This will be autogenerated as "Yes" for all cases, as only primary caregivers should be added to DAISEY. If you wish to add a secondary caregiver's profile to DAISEY, you may, but ensure this is added using the "add secondary caregiver" button. This data will not be reflected in any reports. If the primary caregiver leaves the home and the secondary caregiver becomes the primary caregiver, the secondary caregiver can be promoted to primary caregiver status.
Active Status	Drop-down list (single choice)	Active Inactive	This data field is for programmatic use only; checking active or inactive will only affect how the caregiver shows up on the search grid.
Enrollment Date	Date	(mm/dd/yyyy)	Date the family enrolled in the program. Official enrollment date is determined by your program. Everyone who officially enrolls in your program should be entered into DAISEY.

Caregiver (Adult) Profile

Question Label	Data Type	Response Options	Explanation
Family was enrolled prenatally?	Drop-down list (single choice)	Yes No	Select Yes if mom is pregnant upon enrollment, including pregnant mothers who have other children.
Gender	Drop-down list (single choice)	Female Male	The gender that the caregiver identifies as. If the caregiver does not identify with either gender, leave this field blank.
First time mom?	Drop-down list (single choice)	Yes No	For female caregivers only; select yes if the mother has never had a previous pregnancy that resulted in a live birth.
Date of Birth	Date	(mm/dd/yyyy)	N/A
Race	Drop-down list (multiple choice)	1,White 2,African American or Black 3,Asian 4,Native American or Alaska Native 5,Native Hawaiian or Pacific Islander	This should be based on what the participant tells you and not your observations. More than one race can be selected.
Ethnicity	Drop-down list (single choice)	1,Hispanic 2,Not Hispanic	This should be based on what the participant tells you and not your observations. Hispanic/Latino is considered an ethnicity rather than a race, so both race and ethnicity should be chosen for each primary caregiver.
Marital Status	Drop-down list (single choice)	1,Married 2,Single 3,Partnered 4,Separated 5,Divorced 6,Widowed	Married indicates a civil union between two people that are not currently separated. Partnered indicates a significant relationship that involves co-parenting. Divorced status should be used when a marriage has legally ended. Widowed indicates a marriage that ends with the death of a spouse and the surviving spouse does not meet one of the other categories. Separated indicates a married couple that are living apart and identify themselves as separated.
Education	Drop-down list (single choice)	1,Middle School or Lower 2,Some High School 3,GED 4,High School Diploma 5,Trade/Vocational Training 6,Some College 7,2-year Degree (Associate's) 8,4-year Degree (Bachelor's) 9,Master's Degree or Higher	Select the primary caregiver's highest level of education.
Education of other caregiver	Drop-down list (single choice)	1,Middle School or Lower 2,Some High School 3,GED 4,High School Diploma 5,Trade/Vocational Training 6,Some College 7,2-year Degree (Associate's) 8,4-year Degree (Bachelor's) 9,Master's Degree or Higher	Answer if there is more than one caregiver in the household.
Primary language spoken at home	Drop-down list (single choice)	1,English 2,Spanish 3,Burmese 4,Karenni 5,Karen 6,Chin 7,Arabic 8,Other	If the family is bilingual, they should choose which language to record as primary.

Caregiver (Adult) Profile

Question Label	Data Type	Response Options	Explanation
Other	Text	N/A	This question will only appear if “Primary language spoken at home” = “Other”. For languages with more than one form or spelling, programs should have a consensus and all home visitors should enter the chosen form.
Annual household income	Text- numeric	N/A	Enter the family's annual income as they report it at enrollment. This should be an exact number rather than an estimate; the family may reference tax returns, income receipts, calculation by hourly wage, or bank statements to verify. It is important for family's to have basic budgeting skills, including an understanding of the revenue and expenditures of a household. FIP/TANF, SSI/SSDI/OAI, unemployment income, and child support should all be included in this number. For teen parents living with their parents, consult with your organization to find out who is considered part of the “household”.
Household size	Drop-down list (single choice)	1,1 2,2 3,3 4,4 5,5 6,6 7,7 8,8 9,9 10,10 11,11 12,12 13,>12	Enter family's household size as they report it at enrollment. If the mother is pregnant, this should include the prenatal child.
One or more caregivers are incarcerated?	Drop-down list (single choice)	Yes No	Optional for short-term/group-based programs.
Does the family meet the Iowa Code's secondary eligibility criteria?	Drop-down list (single choice)	Yes No	<u>This question is required for Shared-Visions funded programs only.</u> Secondary Eligibility Criteria: 1. Children who are abused. 2. Children functioning below chronological age in two or more developmental areas, one of which may be English proficiency, as determined by an appropriate professional. 3. Children born with an established biological risk factor, such as very low birth weight (under 1500 grams—approximately three pounds) or with conditions such as spina bifida, Down’s syndrome or other genetic disorders. 4. Children born to a parent who was under the age of 18. 5. Children residing in a household where one or more of the parents or guardian: <ul style="list-style-type: none"> ● Has not completed high school; ● Has been identified as a substance abuser; ● Has been identified as chronically mentally ill; ● Is incarcerated; ● Is illiterate; ● Is a child abuser or spouse abuser; or ● Has limited English proficiency. 6. Children having other special circumstances, such as foster care or being homeless.
Name of family support professional	Text	N/A	First and last name of the worker assigned to the participant. If more than one worker is assigned to a family, chose one as the primary worker.
Notes	Text- narrative	N/A	Programs are free to use this field however they wish.
Discharge Date	Date	(mm/dd/yyyy)	Upon discharge, enter the date that the family exited the program according to your programs guidelines.

Caregiver (Adult) Profile

Question Label	Data Type	Response Options	Explanation
Discharge Reason	Text	1,Completed program or child aged out 2,Moved out of service area 3,No contact or could not locate 4,No longer interested in services 5,Too busy 6,Parental rights were terminated or lost custody 7,Miscarriage or stillbirth 8,Other	N/A
Other	Text	N/A	This question will only appear if "Discharge Reason" = "Other".

Child Profile

Question Label	Data Type	Response Options	Explanation
Child ID	Auto-generated text-alphanumeric	N/A	N/A
Alternate ID	Text-alphanumeric	N/A	This is the participant's former REDCap ID. Once names have been assigned to families in DAISEY, programs may delete or change this alternate ID and use however they wish.
Active Status	Drop-down list (single choice)	Active Inactive	This data field is for programmatic use only; checking active or inactive will only affect how the caregiver shows up on the search grid.
First Name	Text	N/A	N/A
Last Name	Text	N/A	N/A
Enrollment Date	Auto-generated text-alphanumeric	N/A	This should be the same as the primary caregiver's enrollment date, except for children born after enrollment (then it should be their birthdate) or children adopted or placed in the home after enrollment.
Is this the Target Child?	Drop-down list (single choice)	No, Yes	Please select yes or no based on how your program determines target children. If this does not apply to your program, select Not Applicable.
Primary Caregiver ID	Auto-generated text-alphanumeric	N/A	N/A
Primary Caregiver System ID	Auto-generated text-alphanumeric	N/A	N/A
Date of Birth	Date	(mm/dd/yyyy)	N/A
Born at less than 37 weeks gestation?	Drop-down list (single choice)	Yes No	This is based on parent report.
Born at what gestational age?	Numeric	N/A	This question will only appear if "Born less then 37 weeks gestation" = "Yes".
Born with a low birth weight (below 2500 grams)?	Drop-down list (single choice)	Yes No	This is based on parent report.
Birth weight (in grams)	Numeric	N/A	This question will only appear if "Born with a low birth weight" = "Yes".

Child Profile

Question Label	Data Type	Response Options	Explanation
Race	Drop-down list (multiple choice)	1,White 2,African American or Black 3,Asian 4, Native American or Alaska Native 5,Native Hawaiian or Pacific Islander	This should be based on what the participant tells you and not your observations. More than one race can be selected.
Ethnicity	Drop-down list (single choice)	1,Hispanic 2,Not Hispanic	This should be based on what the participant tells you and not your observations. Hispanic/Latino is considered an ethnicity rather than a race, so both race and ethnicity should be chosen for each primary caregiver.
Child has a current IFSP or IEP?	Drop-down list (single choice)	Yes No	These are the planning documents used by the AEA for children with special needs that are enrolled in early intervention programs. These are sometimes referred to as Early ACCESS, Part C, or Part B.
Child removed from home and no longer has regular contact with the primary caregiver?	Drop-down list (single choice)	Yes No	N/A
Date of removal from home/cessation of contact with caregiver	Date	(mm/dd/yyyy)	This question will only appear if "Child removed from home and no longer has regular contact with the primary caregiver" = "Yes".
Was the child placed into foster care?	Drop-down list (single choice)	Yes No	This question will only appear if "Child removed from home and no longer has regular contact with the primary caregiver" = "Yes".
Date of re-entry to home	Date	(mm/dd/yyyy)	This question will only appear if "Child removed from home and no longer has regular contact with the primary caregiver" = "Yes". Leave blank if the child has not re-entered the home or re-established contact (essentially, if the child is not being served by the program due to lack of contact with the primary caregiver).
Notes	Text- narrative	N/A	Programs are free to use this field however they wish.

Caregiver Quarterly Service Report (QSR)

Question Label	Data Type	Response Options	Explanation
Which caregiver was involved?	Auto-generated text- alphanumeric	N/A	N/A
Date of Activity	Date	(mm/dd/yyyy)	This is the date the Family Support Professional completes the QSR.
Quarterly Report	Drop-down list (single choice)	1,July-September (year) 2,October-December (year) 3, January-March (year) 4, April-June 2017 5,July-September (year)	N/A
Number of home visits completed	Numeric	N/A	N/A
Number of group based parent education meetings attended	Numeric	N/A	N/A

Child Quarterly Service Report (QSR)

Question Label	Data Type	Response Options	Explanation
Which child was involved?	Auto-generated text-alphanumeric	N/A	N/A
Date of Activity	Date	(mm/dd/yyyy)	This is the date the Family Support Professional completes the QSR.
Quarterly Report	Drop-down list (single choice)	1,July-September (year) 2,October-December (year) 3, January-March (year) 4, April-June 2017 5,July-September (year)	N/A
Child was screened for developmental delays?	Drop-down list (single choice)	1,Yes - screened negative 2,Yes - screened positive 3,No	Select Yes if child was screened for developmental delays, either by the program or another community provider.
Child referred to early intervention services?	Drop-down list (single choice)	1,Yes 2,No 3,Child is already receiving early intervention services	This question will only appear if "Child screened positive for developmental delays?" = Yes. Enter the number of referrals that your program made to early intervention services in this quarter. Early intervention services include Early ACCESS and AEA preschool services, also referred to as Part C and Part B special education services.
Child enrolled in early intervention services?	Drop-down list (single choice)	1,Yes 2,No - not eligible 3,No - family did not complete referral	This question will only appear if "Child referred to early intervention services?" = Yes.
Has the child been a confirmed child abuse/neglect case?	Drop-down list (single choice)	0,No 1,Yes	This should be based upon parent report
Is the child up-to-date on well child exams?	Drop-down list (single choice)	0,No 1,Yes	To be up to date on well-child exams, the child must have receive the last recommended well-child visit based on the AAP schedule: newborn, 3-5 days, ≤1 mo., 2 mo., 4 mo., 6 mo., 9 mo., 12 mo., 15 mo, 18 mo., 24 mo., 30 mo., 3 y., 4 y., 5y.
Is the child up-to-date on immunizations?	Drop-down list (single choice)	0,No 1,Yes	<p>This question is based on parent report; if the parent does not know, they can consult their Doctor's Office. If the child does not have a regular doctor and the parent does not know their immunization history, they should fill out the following form and send it to the address within:</p> <p>http://idph.iowa.gov/Portals/1/Files/IMMTB/Parent-Guardian%20Record%20Request%20FINAL.pdf</p> <p>The CDC schedule denotes when various vaccines are required:</p> <p>http://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html</p>
What is child's usual source of medical care?	Drop-down list (single choice)	1,Doctor's Office 2,ER 3,Hospital 4,Outpatient 5,FQHC 6,Retail Store/Minute Clinic 7,School Nurse/Athletic Trainer 8,Other 9,None	N/A
Does the child have a usual source of dental care?	Drop-down list (single choice)	0,No 1,Yes	According to the American Dental Association, all children should have a dental visit by their first birthday. If the child is under one and has not seen a dentist, choose No.

Assessment Requirements

Assesment	Required for whom?	Explanation
Life Skills Progression Instrument (LSP)	ECI long-term home visiting & IDPH HOPEs	<p>ECI-funded programs are only required to answer certain scales (1-3, 5, 7, 11, 20, 35), but the entire instrument is recommended. If you chose to complete questions 36-43, please chose one child aged 4 months to 3 years old to complete this section on. Chose this child as the “child involved” for this questionnaire.</p> <p>HOPES programs are required to complete the entire assessment.</p> <p>LSP schedule: Complete the Initial LSP within 30 days of enrollment, then on-going LSPs every six months after. Complete Discharge LSPs on all families upon exit for families enrolled longer than 30 days.</p>
Edinburgh Postpartum Depression Scale (EPDS)	IDPH HOPEs	<p>Schedule: An EPDS is required within three months of enrollment for all male and female primary caregivers.</p> <p>Additional (based on youngest child’s* age): Prenatal, 2 weeks, 3 months, 6 months, 9 months, 12 months</p> <p>Note: If the youngest child does not fall into an age category above, choose the drop-down “other” to complete the EPDS for the enrollment requirement.</p> <p>Referrals should be given for scores ≥ 20.</p> <p>EPDS child age-based screenings should be completed within 30 days of the age listed (i.e. the 6 mo. screen is due by the time the youngest child is 6 mo. 30 days old).</p>
Ages and Stages Developmental Questionnaire, Third Edition (ASQ-3)	IDPH HOPEs	For target children not enrolled in Early Intervention: 2 months, 4 months, 8 months, 12 months, 16 months, 20 months, 24 months, 30 months, 36 months, 42 months, 48 month, 54 months, and 60 months or per adjusted age for premature infants.
Ages and Stages Developmental Questionnaire, Social- Emotional Questionnaire (SE)	IDPH HOPEs	ASQ-SE Schedule: 6 months, 12 months, 18 months, 24 months, 30 months, 36 months, 48 months, 60 months.
Protective Factors Survey (PFS)	ECI and DHS-funded group-based parent education and short-term home visitation	For all families served ≥ 10 weeks, complete a discharge PFS upon exit. For DHS-funded short-term/ group-based programs, the PFS is required for all caregivers who attend six or more sessions. An ongoing PFS is not due if a family enrolled within the last 10 weeks of the fiscal year.