

## Iowa MIECHV 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](http://daiseyiowa.daiseysolutions.org).

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## Form Overview

Forms	Information Collected
Caregiver Profile	A profile should be completed on the primary caregiver of each family served by your program. A separate profile is needed for each program a primary caregiver enrolls. The primary caregiver is typically the parent that is involved in the home visiting or group-based parent education program. If both parents are involved, they should decide who will be listed as primary. If the primary caregiver changes after a family has begun services, please add a secondary caregiver profile reflecting the new caregiver, then select to make this profile the primary caregiver. All data included in the caregiver profile, including names, is required to be entered into DAISEY. This data is due upon enrollment 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.
Quarterly Report - Primary Caregiver	A Caregiver Quarterly Report (QR) should be completed for every family served for one day or more in each quarter. The information entered should reflect the services and family circumstances during the specific quarter only. Quarterly Reports are due upon discharge or for current families on January 15, April 15, July 15, and October 15.
Primary Caregiver Enrollment & Annual Report	An Enrollment Report- Primary Caregiver is due for every primary caregiver within 15 days of enrollment. An Annual Report- Primary Caregiver is due for every primary caregiver served one or more days in each fiscal year, either upon discharge or annually by October 15 for all years in which the family did not discharge. Please note the Enrollment/Annual Report is one report; additional questions will populate if the annual/fiscal year drop-down is chosen.
Targeted Child Enrollment & Annual Report	An Enrollment Report- Target Child is due for every target child either upon within 15 days of enrollment or at birth, whichever is later. An Annual Report- Target Child is due for every target child served one or more days in each fiscal year, either upon discharge or annually by October 15 for all years in which the family did not discharge.
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
Organization	Text	Auto-generated	N/A
Program	Text	(Dependent upon organization assigned)	A profile should be entered for each program in which a family enrolls. Caregivers should have more than one profile if they are enrolled in more than one program.
Caregiver ID	Text	Auto-generated	N/A
Model	Drop-down list (single choice)	HFA NFP EHS PAT	N/A
County	Drop-down list (single choice)	Appanoose Black Hawk Cerro Gordo Clinton Des Moines Lee Montgomery Muscataine Page Pottawattamie Scott Wapello Woodbury	This should be the county in which the family lives.
Zip Code	Text- numeric	N/A	This should be the zip code in which the family lives.
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.
Caregiver System ID	Text	Auto-generated	N/A
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.
If No, Select Primary Caregiver	Text	N/A	N/A
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.
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.
Mother's due date	Date	(mm/dd/yyyy)	N/A
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.
Date of Birth	Date	(mm/dd/yyyy)	N/A
Race	Drop-down list (multiple choice)	White African American or Black Asian Native American or Alaska Native 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)	Hispanic 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.
Primary language spoken at home	Drop-down list (single choice)	English Spanish Burmese Karen Chin Arabic Other	If the family is bilingual, they should choose which language to record as primary.
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.
Household size	Drop-down list (single choice)	1 2 3 4 5 6 7 8 9 10 11 12 >12	Enter family's household size as they report it at enrollment. If the mother is pregnant, this should include the prenatal child.
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	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.
Discharge Reason	Text	Completed program or child aged out Moved out of service area No contact or could not locate No longer interested in services Too busy Parental rights were terminated or lost custody Miscarriage or stillbirth Other	N/A
Other (explain)	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
Primary Caregiver System ID	Auto-generated text-alphanumeric	N/A	N/A
Primary Caregiver 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)	Yes   No	Each family should have one designated target child except in the case of multiples, in which case all twins, triplets, etc. should be designated as target children.
Date of Birth	Date	(mm/dd/yyyy)	N/A
Was this child born less than 36 weeks, 7 days 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".
Gender:	Drop-down list (single choice)	Female   Male	The gender that the child identifies as.
Race	Drop-down list (multiple choice)	White   African American or Black   Asian   Native American or Alaska Native   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)	Hispanic   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.

### Quarterly Report - Primary Caregiver

Question Label	Data Type	Response Options	Explanation
Date of Activity	Date	(mm/dd/yyyy)	This is the date the Family Support Professional completes the report.
Which caregiver was involved?	Auto-generated text-alphanumeric	N/A	N/A
Quarterly Report	Drop-down list (single choice)	October-December (year)   January-March (year)   April-June (year)   July-September (year)	N/A
Did the primary caregiver receive a break in services at any point this quarter?	Drop-down list (single choice)	Yes   No	Select yes if it has been >30 days since you have had a home visit with this family, the family was placed on Level X/re-engagement, or the family is temporarily disengaged for any other reason (i.e. out of town for an extended period, etc.).
What was the reason for the break in services?	Drop-down list (single choice)	Level X or attempting re-engagement   Family out of town   Other	This question will only appear if "Did the primary caregiver receive a break in services at any point this quarter?" is "Yes".
Reason for the break in services	Text	Text	This question will only appear if "Did the primary caregiver receive a break in services at any point this quarter?" is "Yes".
Start date of break in service	Date	(mm/dd/yyyy)	This question will only appear if "Did the primary caregiver receive a break in services at any point this quarter?" is "Yes".
End date of break in service	Date	(mm/dd/yyyy)	This question will only appear if "Did the primary caregiver receive a break in services at any point this quarter?" is "Yes". Leave blank if the family has not re-engaged.
Total number of home visits this quarter?	Text- numeric	N/A	N/A
How many home visits this quarter occurred prenatally?	Text- numeric	N/A	N/A
Number of home visits this quarter where the caregiver was asked if they have any concerns regarding their child's development, behavior, or learning	Text- numeric	N/A	N/A
If the caregiver was provided a depression referral, was that referral completed?	Drop-down list (single choice)	Yes   No-Declined   No-Pending   N/A	N/A
Which additional referrals, not already documented in DAISEY, were given this quarter?	Drop-down list (multiple choice)	Tobacco   Housing   Food Pantry   WIC   Medical   Other	A referral is counted as "given" whether or not a family follows through on the referral. If a tobacco referral was chosen this quarter, choose "tobacco" whether or not it was already documented somewhere else in DAISEY.
Date of Tobacco Cessation referral?	Date	(mm/dd/yyyy)	This question will only appear if "Tobacco" is chosen under "Which additional referrals, not already documented in DAISEY, were given this quarter?".
Other referrals given	Text	N/A	This question will only appear if "Other" is chosen under "Which additional referrals, not already documented in DAISEY, were given this quarter?".

## Enrollment & Annual Report - Primary Caregiver

Question Label	Data Type	Response Options	Explanation
Date of Activity	Date	(mm/dd/yyyy)	If "Enrollment" report, use Enrollment Date. If "Discharge" report, use Discharge Date. If Annual Report use date form is completed.
Which caregiver was involved?	Auto-generated text-alphanumeric	N/A	N/A
Annual report	Drop-down list (single choice)	Enrollment, FY17, FY18	N/A
Marital status	Drop-down list (single choice)	Married   Single   Partnered   Separated   Divorced   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.
Annual household income	Numeric	N/A	DO NOT PASTE A VALUE INTO THIS FIELD. 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".
Someone in the household has attained low student achievement or has a child with low student achievement?	Drop-down list (single choice)	Yes   No	This is based on self-report by the caregiver; does she/he perceive herself or her children as having low student achievement?
Education	Drop-down list (single choice)	Less than HS Diploma   HS Diploma/GED   Some college/training   Technical training or certification   Associate's Degree   Bachelor's Degree or higher	Select the primary caregiver's highest level of education.
Educational status	Drop-down list (single choice)	Student or trainee   Not a student or trainee	N/A
Is this a HS degree or GED program?	Drop-down list (single choice)	Yes   No	N/A
Employment status	Drop-down list (single choice)	Full-Time   Part-time   Not employed	N/A

## Enrollment & Annual Report - Primary Caregiver

Question Label	Data Type	Response Options	Explanation
Housing status	Drop-down list (single choice)	Owns or shares own home, condominium, or apartment   Rents or shares own home or apartment   Lives in public housing   Lives with parent or family member   Not homeless but some other arrangement   Homeless and sharing housing   Homeless and living in an emergency or transition shelter   Homeless and some other arrangement	N/A
What type of health insurance does the primary caregiver currently have?	Drop-down list (multiple choices)	Medicaid or CHIP   Medicare   Tri-Care   Private or Other   None	N/A
Did the primary caregiver have continuous health insurance coverage for the past six months?	Drop-down list (single choice)	Yes   No	This is based on self-report by the caregiver.
Household includes individuals who are serving or formerly served in the US armed forces?	Drop-down list (single choice)	Yes   No	N/A
Household has a history of substance abuse or substance abuse treatment?	Drop-down list (single choice)	Yes   No	This is based on self-report by the caregiver.
Household has a history of child abuse or neglect or has had interactions with child welfare services?	Drop-down list (single choice)	Yes   No	This is based on self-report by the caregiver.
Does anyone in the household use tobacco products in the	Drop-down list (single choice)	Yes   No	N/A
Did mom reach 8 weeks postpartum in this reporting period?		Yes   No	N/A
Did mom receive a postpartum medical visit within 8 weeks of delivery?		Yes   No	This question will appear if "Did mom reach 8 weeks postpartum in this reporting period?" is "Yes".

## Enrollment & Annual Report - Targeted Child

Question Label	Data Type	Response Options	Explanation
Date of Activity	Date	(mm/dd/yyyy)	If "Enrollment" report, use Enrollment Date. If "Discharge" report, use Discharge Date. If Annual report use date form is completed.
Annual report	Drop-down list (single choice)	Enrollment, FY17, FY18	N/A
Which caregiver was involved?	Auto-generated text-alphanumeric	N/A	N/A
Is the child up-to-date on well child exams?	Drop-down list (single choice)	Yes No	<p>To be up to date on well-child exams, the child must have received the most recent recommended well-child visit based on the AAP schedule: 3-7 days, 2-4 weeks, 2-3 mo., 4-5 mo., 6-7 mo., 9-10 mo., 12-13 mo., 15-16 mo., 18-19 mo., 2-2.5 yr., 3-3.5 yr., 4-4.5 yr.</p> <p>For example, if a child is 9.5 months old and received her 6 mo. visit, she is up to date on well child exams. If that child turns 11 months 0 day old and has not yet received her 9 month visit, she is no longer up to date.</p>
What is child's usual source of medical care?	Drop-down list (single choice)	Doctor or Nurse Practitioner's Office Emergency Room Hospital Outpatient Federally Qualified Health Clinic  Retail Store-Minute	N/A
Does the child have a usual source of dental care?	Drop-down list (single choice)	Yes No	N/A
What type of health insurance does the child have?	Drop-down list (single choice)	Medicaid/CHIP Medicare Tri-Care Private/Other None	N/A
Does the child have a developmental delay or disability?	Drop-down list (single choice)	Yes No	This is based upon both parent report and home visitor observation.
Is the child currently enrolled in Early Intervention Services?	Drop-down list (single choice)	Yes No- not eligible No- family did not complete referral No- referral made <45 days ago and still pending	This question will appear if "Child referred to early intervention services" is answered "Yes".

## Enrollment & Annual Report - Targeted Child

Question Label	Data Type	Response Options	Explanation
During a typical week, does a family member read, tell stories, or sing songs to the child every day?	Drop-down list (single choice)	Yes No	N/A
Number of parent-reported, nonfatal injury-related visits to the ER during this reporting period?	Numeric	N/A	N/A
Was the child referred to Early Intervention services at any point this reporting period?	Drop-down list (single choice)	Yes No, Child is already receiving early intervention services	This question will appear if "Child was screened for developmental delays" is answered "Yes, screened positive".
Child enrolled in early intervention services?	Drop-down list (single choice)	Yes No- not eligible No- family did not complete referral No- referral made <45 days ago and still pending	This question will appear if "Child referred to early intervention services" is answered "Yes".
Was the child 12 months old at any point this reporting period?	Drop-down list (single choice)	Yes No	N/A
Was the infant always placed to sleep on his/her back, without bed sharing or soft bedding?	Drop-down list (single choice)	Yes No	This question will appear if "Was the child 12 months old at some point this year" is answered "Yes".
Was the child breastfed at any point this reporting period?	Numeric	N/A	This question will appear if "Was the child breastfed this year?" is "Yes".
Is the child still breastfeeding?	Drop-down list (single choice)	Yes No	This question will appear if "Was the child breastfed this year?" is "Yes".
Child was breastfed until how old (in months)?	Numeric	N/A	This question will appear if "Was the child breastfed this year?" is "Yes".

## Assessment Requirements

Instrument	Required Intervals	Description
Life Skills Progression Instrument (LSP)	Initial: Within 30 days of enrollment On-going: Every six months thereafter (7 months, 13 months, 19 months, 25 months, etc.) Discharge: Upon discharge for all families	The LSP should be completed outside the home by the home visitor.
Edinburgh Postpartum Depression Scale (EPDS)	An EPDS is required within three months of enrollment for all male and female primary caregivers.  Additional (based on youngest child's* age): Prenatal, 2 weeks, 3 months, 6 months, 9 months, 12 months  *Required based on age of target and non-target children	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.  Referrals should be given for scores $\geq 20$ .  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).
Ages and Stages Developmental Questionnaire, 3 <sup>rd</sup> Edition (ASQ)	The ASQ-3 is only required for <i>Target Children</i> . <i>Target Children</i> should be designated according to your model.  2 months, 4 months, 9 months, 12 months, 16 months, 18 months, 24 months, 30 months, 36 months, 42 months, 48 months, 54 months, 60 months	If a child's score is below the cutoff score, further assessment with a professional may be needed.  If a child's score is in the monitoring zone, learning activities should be provided and child should be monitored.  Please note: "Children who are referred and found eligible for EI/ECSE services should not receive further screening. Children who do score below the cutoffs and are referred for a more comprehensive assessment but do not qualify for services should continue to be screened regularly (Glascoe, 2001)."  If a family does not receive home visits during the screening period and missed an ASQ, the child should be given the next month's ASQ once the family has re-engaged.
ASQ Social-Emotional Questionnaire (ASQ-SE)	The ASQ-3 is only required for <i>Target Children</i> . <i>Target Children</i> should be designated according to your model.  6 months, 12 months, 18 months, 24 months, 30 months, 36 months, 48 months, 60 months	If a child's score is above the cutoff score, this indicates a problem. Possible referral decisions include 1. Refer for a diagnostic social-emotional or mental health assessment 2. Provide the parent with information and support and monitor the child using the ASQ-SE.
AOD	Enrollment: within 3 months Additional: once per FY after the year in which the Initial AOD is completed.	Preliminary interpretation or responses: Score   Degree of Risk for AOD Abuse 0-1   None to low 2-3   Minimal >4   Moderate to high: possible need for further assessment.
Relationship Assessment/ DOVE	Enrollment: within 6 months Additional: once per FY after the year in which the Initial DOVE is completed.  Note: The DOVE is required for male and female primary caregivers.	Referrals should be offered for scores $\geq 10$ .
PICCOLO	Enrollment: Within 3 months OR within 1 month of becoming age-eligible (whichever is later) *  Additional: once per FY after the year in which the Initial PICCOLO is due.  * For all target children aged 4-47 months old	Due by Sept 30 of each year (or upon discharge, or when the child turns 48 months old, whichever is first) for all target children who were 4-47 months old in the current fiscal year. PICCOLOs may optionally be completed with secondary caregivers and non-target children.  Once complete, the PICCOLO video will be sent to IDPH. After scoring, IDPH will upload the PICCOLO scores directly to DAISEY (generally within 2 weeks of receiving the video).