

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.

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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
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, and Narrative.	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.

Form Overview

<u>Forms</u>	<u>Information Collected</u>
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. A separate profile should be created for each program a Primary Caregiver is enrolled. DO NOT select more than one program in the profile.
Child Profile	This profile should be completed on each child 0-5 (birth until the sixth birthday), and for every child six and older (for DHS-funded programs) 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. A separate profile should be created for each program a child is enrolled. DO NOT select more than one program in the 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 upon discharge, or for currently enrolled families 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 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 upon discharge, or for currently enrolled families on January 15, April 15, July 15, and October 15.
Ages & Stages Questionnaire (ASQ-3)	The ASQ-3 is required for ECI long-term home visiting programs. See Assessment Requirements for additional details.
Ages & Stages Questionnaire (ASQ:SE-2)	The ASQ:SE-2 is optional for FSSD funded programs. See Assessment Requirements for additional details.
Edinburgh Postnatal Depression Scale (EPDS)	The Edinburgh Postnatal Depression Scale (EPDS) is optional for FSSD funded programs. See Assessment Requirements for additional details.
Life Skills Progression (LSP)	The Life Skills Progression (LSP) is required for ECI and DHS long-term home visiting programs. See Assessment Requirements for additional details.
Retrospective Protective Factors Survey II (PFS-2 Retrospective)	The Retrospective Protective Factors Survey II is required for ECI and DHS-funded group-based parent education and short-term home visitation programs. It is available in DAISEY in both English and Spanish versions. See Assessment Requirements for additional details.
Iowa FSSD Home Visit Review Form	The home visit review form is required for FSSD funded programs as of July 1, 2023. A home visit review form is collected following each home visit. This form should be submitted within 48 hours of the home visit. If two or more forms are submitted for a family on the same date, no forms will be counted for that date. A family should have no more than one home visit per date.
Assessment Requirement	Provides explanation of required assessments.

Caregiver (Adult) Profile

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	Based on the Organizational access logged into in DAISEY when profile is created.
PROGRAM	Text	(Dependent upon organization assigned)	Only check one program per caregiver profile in order for reports to function properly. Complete a new caregiver profile for each program in which a family is enrolled.
Caregiver ID	Text	Auto-generated	The Caregiver ID will be auto-generated by DAISEY when the profile is successfully created in the system.
Caregiver System ID	Text	Auto-generated	The Caregiver System ID will be auto-generated by DAISEY when the profile is successfully created in the system.
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	Drop-down list (single choice)	99 Iowa Counties	This should be the county in which services are provided at enrollment. 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 the family resides.
First Name	Text	(open text field)	This should be the same first name that is entered into every form that asks for a first name and should be the name the primary contact wishes to be called.
Last Name	Text	(open text field)	This should be the same last name that is entered into every form that asks for a last name and should be the name the primary contact wishes to be called.
Is this the primary caregiver of the child?	Drop-down list (single choice)	Yes No	This will be autogenerated as "Yes" for all cases, as only primary caregivers should be added to DAISEY. If the primary caregiver leaves the home and the secondary caregiver becomes the primary caregiver, discharge the family and re-enroll. Follow guidance on DAISEY Solutions site. https://daiseyiowa.daiseysolutions.org/find-answers/ Note: secondary caregiver data is reported in the FSSD Quarterly/Mid-Year/Annual Report under "Other Caregiver Education" on the Caregiver Education dashboard.
If No, Select Primary Caregiver	Hidden		
DHS-funded programs Only: Does this Caregiver have a disability?	Drop-down list (single choice)	Yes No	DHS funded programs must complete this field.
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. This does not discharge a family from services.
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. If a family enrolls in another program offered in your organization, you must enter a new caregiver and child profile for that program.
Family was enrolled prenatally?	Drop-down list (single choice)	No Yes	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.
First time mom?	Drop-down list (single choice)	No Yes	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)	White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other 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/Latino Not Hispanic/Latino	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)	Married Single Partnered Separated Divorced Widowed	Married indicates a civil union between two people that are not currently separated. Single indicates a person that has never been married and does not consider themselves to be in a partnered relationship or does not meet the definitions of divorced, widowed or 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. *Administration may report the number or percentage of primary caregivers that are parenting alone. Parenting alone is defined as primary caregivers who indicate any of the following as their marital status: single, divorced, widowed, or separated.
Education	Drop-down list (single choice)	Middle School or Lower Some High School GED, High School Diploma Trade/Vocational Training Some College 2-year Degree (Associates) 4-year Degree (Bachelors) Master's Degree or Higher	Select the primary caregiver's highest level of education.

Caregiver (Adult) Profile

Question Label	Data Type	Response Options	Explanation
Education of other caregiver	Drop-down list (single choice)	Middle School or Lower Some High School GED, High School Diploma Trade/Vocational Training Some College 2-year Degree (Associates) 4-year Degree (Bachelors) 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)	English Spanish Burmese Karenni Karen Chin Arabic Other	If the family is bilingual, they should choose which language to record as primary.
Other	Text	(open text field)	This question will only appear if "Primary language spoken at home" = <i>Other</i> . 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	Numeric	(open text numeric field)	Please do not use decimal points or commas when entering this number. 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 families 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, it's the family's choice to determine who is considered part of the "household".
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.
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? (Shared Visions Only)	Drop-down list (single choice)	No Yes	This question is required for Shared-Visions funded programs only. 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: - 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	(open text field)	First and last name of the worker assigned to the participant. Enter name consistently for every family, as the name is pulled for scheduling reports. If more than one worker is assigned to a family, chose one as the primary worker.
Notes	Narrative	(open text field)	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	Drop-down list (single choice)	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	Text	(open text field)	This question will only appear if "Discharge Reason" = <i>Other</i> .

Child Profile

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	Based on the Organizational access logged into in DAISEY when profile is created.
PROGRAM	Text	(Dependent upon organization assigned)	A child should have more than one profile if they are enrolled in more than one program. The child program affiliation should align with the caregiver program affiliation. Note: not all initiatives utilize Programs in their DAISEY hierarchy; however, in FSSD, all orgs have programs.
Child ID	Text	Auto-generated	The Child ID will be auto-generated by DAISEY when the profile is successfully created in the system.
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.
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. This does not discharge a child from services.
First Name	Text	(open text field)	This should be the same first name that is entered into every form that asks for a first name and should be the name the primary contact wishes the child to be called.
Last Name	Text	(open text field)	This should be the same last name that is entered into every form that asks for a last name and should be the name the primary contact wishes the child to be called.
Enrollment Date	Date	(mm/dd/yyyy)	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.
Primary Caregiver ID	Text	Auto-generated	When a child profile is associated with a primary caregiver in DAISEY, this field will be auto-filled on the child profile.
Primary Caregiver System ID	Text	Auto-generated	When a child profile is associated with a primary caregiver in DAISEY, this field will be auto-filled on the child profile.
Date of Birth	Date	(mm/dd/yyyy)	N/A
Born at less than 37 weeks gestation?	Drop-down list (single choice)	No Yes	This is based on parent report.
Born at what gestational age?	Numeric	(open text numeric field)	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)	No Yes	This is based on parent report. Low birth weight is described as a birth weight less than 5.5 lbs. (which equals 2500 grams).
Birth weight (in grams)	Numeric	(open text numeric field)	This question will only appear if "Born with a low birth weight" = Yes .
Race	Drop-down list (multiple choice)	White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other 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/Latino Not Hispanic/Latino	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)	No Yes	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)	No Yes	This includes voluntary and involuntary removal from home; not a temporary removal. Legal action is required.
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)	No Yes	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	Narrative	(open text field)	Programs are free to use this field however they wish.

Caregiver Quarterly Service Report (QSR)

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	This will align with the organization under which the caregiver profile was created.
PROGRAM	Text	Auto-generated	This will align with the program affiliation selected on the caregiver profile.
Child ID	Text	N/A	Child ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Caregiver ID	Text	Auto-generated	Caregiver ID will match the caregiver selected in the "Which caregiver was involved?" item on this form.
Alternate ID	Text	N/A	Alternate ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Which caregiver was involved?	Drop-down list (single choice)	(Populates with list of caregivers associated with selected family)	Select caregiver being reported on for the quarter.
Date of Activity	Date	(mm/dd/yyyy)	This is the date the Family Support Professional completes the Quarterly Report.
Quarterly Report	Drop-down list (single choice)	July-September (year) October-December (year) January-March (year) April-June (year)	Select the quarter on which you are reporting.
Number of home visits completed	Numeric	(open text numeric field)	This is the number of home visits that were completed during the quarter. Home visits is defined by the program.
Number of group based parent education meetings attended	Numeric	(open text numeric field)	Report the number of meetings a parent attended during the quarter, NOT the number of meetings that were offered.

Iowa FSSD Home Visit Review Form

Note: This form should be completed within 48 hours of the home visit. This form is REQUIRED.

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	This will align with the organization under which the caregiver profile was created.
PROGRAM	Text	Auto-generated	This will align with the program affiliation selected on the caregiver profile.
Caregiver ID	Text	Auto-generated	Caregiver ID will match the caregiver selected in the "Which caregiver was involved?" item on this form.
Alternate ID	Text	N/A	Alternate ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Date of Activity	Date	(mm/dd/yyyy)	This should be the date of the home visit, not the date of data entry.
Which caregiver was involved?	Drop-down list (single choice)	Dynamic Caregiver	Choose the primary caregiver involved in the home visit.
In addition to the selected caregiver, who else participated in the home visit activities and/or screenings?	Drop-down list (multiple choice)	Mother (biological, adopted) Father (biological adopted) Foster Mother Foster father Maternal grandparent Paternal grandparent Caregiver's partner of significant other Other family member Not applicable/no other participants	Select all that apply. If any non-family members (such as an interpreter, another professional, or family friend) were present and participating in the home visit, enter that information in the notes section.
Name of Family Support Professional	Text	N/A	Enter the first and last name of the family support professional assigned to the participant. If more than one worker is assigned to a family, choose one as the primary worker.
Location of home visit	Drop-down list (single choice)	Family home Video conference Alternate location	This should reflect the location and type of home visit completed.
Please describe alternate location	Text	N/A	If the visit took place in a location other than the home or video conferencing, please describe the location of the visit.
Length of home visit	Drop-down list (single choice)	30-44 minutes 45-59 minutes 60-74 minutes 75-89 minutes 90-104 minutes 105-119 minutes 120 minutes or more	Please select the total length of the home visit in minutes from the drop-down list.
Note	Text	N/A	Enter any notes of interest from the home visit.

Child Quarterly Service Report (QSR)

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	This will align with the organization under which the child profile was created.
PROGRAM	Text	Auto-generated	This will align with the program affiliation selected on the child profile.
Child ID	Text	Auto-generated	Child ID will match the child selected in the "Which child was involved?" item on this form.
Alternate ID	Text	N/A	Alternate ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Caregiver ID	Text	N/A	Caregiver ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Which child was involved?	Auto-generated Drop-down list (single choice)	(Populates with list of children associated with selected family)	Select child being reported on for the quarter.
Date of Activity	Date	(mm/dd/yyyy)	This is the date the Family Support Professional completes the Quarterly Report.
Quarterly Report	Drop-down list (single choice)	July-September (year) October-December (year) January-March (year) April-June (year) July-September (year)	Select the quarter on which you are reporting.
Child was screened for developmental delays?	Drop-down list (single choice)	Yes - screened negative Yes - screened positive No	Select Yes if child was screened for developmental delays, either by the program or another community provider. Should not screen children younger than eight weeks and children should not be screened if they have already been assessed.
Child referred to early intervention services?	Drop-down list (single choice)	Yes No 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)	Yes No - not eligible 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)	No Yes	This should be based upon parent report.
Is the child up-to-date on well child exams?	Drop-down list (single choice)	No 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: https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx
Is the child up-to-date on immunizations?	Drop-down list (single choice)	No Yes	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: http://idph.iowa.gov/Portals/1/Files/IMMTB/Parent-Guardian%20Record%20Request%20FINAL.pdf The CDC schedule denotes when various vaccines are required: http://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html
What is child's usual source of medical care?	Drop-down list (single choice)	Doctor's Office ER Hospital Outpatient FQHC Retail Store/Minute Clinic School Nurse/Athletic Trainer Other None	N/A
Does the child have a usual source of dental care?	Drop-down list (single choice)	No 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 <i>No</i> .

Edinburgh Postnatal Depression Scale (EPDS)

Note: This form is OPTIONAL for all programs.

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	This will align with the organization under which the caregiver profile was created.
PROGRAM	Text	Auto-generated	This will align with the program affiliation selected on the caregiver profile.
Child ID	Text	N/A	Child ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Caregiver ID	Text	Auto-generated	Caregiver ID will match the caregiver selected in the "Which caregiver was involved?" item on this form.
Alternate ID	Text	N/A	Alternate ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Date of Activity	Date	(mm/dd/yyyy)	This is the date the EPDS is completed.
Which caregiver was involved?	Drop-down list (single choice)	(Populates with list of caregivers associated with selected family)	Select caregiver on which the EPDS was completed.
EPDS Timing	Drop-down list (single choice)	6-12 weeks postnatal Other Not screened - Already receiving services	An EPDS is optional for all primary caregivers in accordance with the timing below: Prenatal enrollees - complete EPDS within 6-12 weeks of delivery Postnatal enrollees - complete EPDS within 3 months of enrollment* *If the child does not fall into the 6-12 week postnatal age category, choose the "Other" drop-down If the primary caregiver is already receiving mental health services for their depression, complete an EPDS and select "Not Screened – Already receiving services."
1. I have been able to laugh and see the funny side of things.	Drop-down list (single choice)	0,0 - As much as I always could 1,1 - Not quite so much now 2,2 - Definitely not so much now 3,3 - Not at all	Caregiver's response to survey question.
2. I have looked forward with enjoyment to things.	Drop-down list (single choice)	0,0 - As much as I ever did 1,1 - Rather less than I used to 2,2 - Definitely less than I used to 3,3 - Hardly at all	Caregiver's response to survey question.
3. I have blamed myself unnecessarily when things went wrong.	Drop-down list (single choice)	3,3 - Yes - most of the time 2,2 - Yes - some of the time 1,1 - Not very often 0,0 - No - never	Caregiver's response to survey question.
4. I have been anxious or worried for no good reason.	Drop-down list (single choice)	3,3 - Yes - very often 2,2 - Yes - sometimes 1,1 - Hardly ever 0,0 - No - not at all	Caregiver's response to survey question.
5. I have felt scared or panicky for no very good reason.	Drop-down list (single choice)	3,3 - Yes - quite a lot 2,2 - Yes - sometimes 1,1 - No - not much 0,0 - No - not at all	Caregiver's response to survey question.
6. Things have been getting on top of me.	Drop-down list (single choice)	3,3 - Yes - most of the time I haven't been able to cope at all 2,2 - Yes - sometimes I haven't been coping as well as usual 1,1 - No - most of the time I have coped quite well 0,0 - No - I have been coping as well as ever	Caregiver's response to survey question.
7. I have been so unhappy that I have had difficulty sleeping.	Drop-down list (single choice)	3,3 - Yes - most of the time 2,2 - Yes - quite often 1,1 - Not very often 0,0 - No - not at all	Caregiver's response to survey question.
8. I have felt sad or miserable.	Drop-down list (single choice)	3,3 - Yes - most of the time 2,2 - Yes - quite often 1,1 - Not very often 0,0 - No - not at all	Caregiver's response to survey question.
9. I have been so unhappy that I have been crying.	Drop-down list (single choice)	3,3 - Yes - most of the time 2,2 - Yes - quite often 1,1 - Only occasionally 0,0 - No - never	Caregiver's response to survey question.
10. The thought of harming myself has occurred to me.	Drop-down list (single choice)	3,3 - Yes - quite often 2,2 - Sometimes 1,1 - Hardly ever 0,0 - Never	Caregiver's response to survey question. If the response is anything other than 0 - Never, a referral is needed.
EPDS Score	Calculated	(calculated score)	Click the orange "Calculate" button to have DAISEY calculate the EPDS Score. This item will also auto-calculate when you Save or Submit the form.
Referral given?	Drop-down list (single choice)	0,No 1,Yes 2,Already receiving treatment	This question appears if the EPDS Score is 10 or greater. This question will also appear if the response to "10. The thought of harming myself has occurred to me" is anything other than 0 - Never, regardless of what the overall score is of the EPDS.
What type of referral was made?	Drop-down list (single choice)	1,Mental health 2,Primary Care doctor 3,Other	This question appears if Yes is selected on the "Referral given?" question.
Please specify	Narrative	(open text field)	This question appears if Other is selected on "What type of referral was made?" question.

Ages & Stages Questionnaire (ASQ-3)

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	This will align with the organization under which the child profile was created.
PROGRAM	Text	Auto-generated	This will align with the program affiliation selected on the child profile.
Child ID	Text	Auto-generated	Child ID will match the child selected in the "Which child was involved?" item on this form.
Alternate ID	Text	N/A	Alternate ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Caregiver ID	Text	N/A	Caregiver ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Date of Activity	Date	(mm/dd/yyyy)	This is the date the ASQ-3 is completed.
Which child was involved?	Drop-down list (single choice)	(Populates with list of children associated with selected family)	Select child on which the ASQ-3 was completed or was to be completed.
If this tool was unable to be completed, please specify why:	Drop-down list (single choice)	1,The child is enrolled in Early Intervention and I could not get the ASQ scores 2,The child is enrolled in Early Intervention and their AEA does not use the ASQ 3,Other	Complete this question if an ASQ-3 was unable to be completed or scores obtained.
Other (explain):	Text	(open text field)	This question appears if <i>Other</i> is selected on the "If this tool was unable to be completed, please specify why:" question. Fill in other reason why ASQ-3 was not completed.
ASQ-3 Screening Month	Drop-down list (single choice)	2 4 6 8 9 10 12 14 16 18 20 22 24 27 30 33 36 42 48 54 60	Select screening month. 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 (adjusted age ends when calculated up to 24 months). Children already receiving early intervention services should not be screened.
Communication Area Score	Numeric	(open text numeric field)	Enter domain score.
Gross Motor Area Score	Numeric	(open text numeric field)	Enter domain score.
Fine Motor Area Score	Numeric	(open text numeric field)	Enter domain score.
Problem-Solving Area Score	Numeric	(open text numeric field)	Enter domain score.
Personal-Social Area Score	Numeric	(open text numeric field)	Enter domain score.
Follow-up Action Taken (check all that apply)	Drop-down list (multiple choice)	1,Provided Activities 2,Shared results with primary healthcare provider 3,Referred for hearing screening 4,Referred for vision screening 5,Referred for behavioral screening 6,Referred to early intervention/ early childhood special education 7,No further action taken 8,Other	Select most appropriate response(s) for follow-up action taken.
Other: please specify.	Narrative	(open text field)	This question appears if <i>Other</i> is selected on the "Follow-up Action Taken (check all that apply)" question. Fill in as appropriate.

Ages & Stages Questionnaire: Social Emotional (ASQ:SE-2)

Note: This form is OPTIONAL.

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	This will align with the organization under which the child profile was created.
PROGRAM	Text	Auto-generated	This will align with the program affiliation selected on the child profile.
Child ID	Text	Auto-generated	Child ID will match the child selected in the "Which child was involved?" item on this form.
Alternate ID	Text	N/A	Alternate ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Caregiver ID	Text	N/A	Caregiver ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Date of Activity	Date	(mm/dd/yyyy)	This is the date the ASQ:SE-2 is completed.
Which child was involved?	Drop-down list (single choice)	(Populates with list of children associated with selected family)	Select child on which the ASQ:SE-2 was completed or was to be completed.
If this tool was unable to be completed, please specify why	Drop-down list (single choice)	1,The child is enrolled in Early Intervention and I could not get the ASQ:SE-2 scores 2,The child is enrolled in Early Intervention and their AEA does not use the ASQ:SE-2 3,Other	Complete this question if an ASQ:SE-2 was unable to be completed or scores obtained.
Other (explain):	Text	(open text field)	This question appears if <i>Other</i> is selected on the "If this tool was unable to be completed, please specify why:" question. Fill in other reason why ASQ:SE-2 was not completed.
ASQ:SE-2 Screening Month	Drop-down list (single choice)	2,2 mo. 6,6 mo. 12,12 mo. 18,18 mo. 24,24 mo. 30,30 mo. 36,36 mo. 48,48 mo. 60,60 mo.	Select screening month.
ASQ:SE-2 Score	Numeric	(open text numeric field)	Enter screening score.
Follow-up action taken	Drop-down list (multiple choice)	1,1. Referred for a diagnostic social-emotional or mental health assessment 2,2. Provided the parent with information and support 3,3.No further action taken 4,4.Other	This question appears if the ASQ:SE-2 Score is above the cutoff score, indicating follow-up action is needed.
Other	Narrative	(open text field)	This question appears if <i>Other</i> is selected on the "Follow-up action taken" question. Fill in as appropriate.

ASQ:SE-2 Scoring Instructions (as displayed on the form in DAISEY):

Z (for zero=0) V=5 X=10 Checked concern=5

When there are:

- * >2 Missing Items – proceed with child’s total score. No additional calculations needed.
- * 3 Missing Items – If 3 items are missing AND the total score is within 5 points of a cutoff, adjusting the total score will change the child’s results and additional calculations will be needed. See below for directions to calculate.
 1. Child’s total score for items answered/Total number of items answered = Average Score
 2. Child’s total score for items answered + (average score x number of items unanswered) = Final Score
- * 4+ Missing Items will render the assessment invalid

The last scored question for all months is: “Has anyone expressed concerns about your baby’s/child’s behavior?”

Life Skills Progression (LSP)

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	This will align with the organization under which the caregiver profile was created.
PROGRAM	Text	Auto-generated	This will align with the program affiliation selected on the caregiver profile.
Child ID	Text	N/A	Child ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Caregiver ID	Text	Auto-generated	Caregiver ID will match the caregiver selected in the "Which caregiver was involved?" item on this form.
Alternate ID	Text	N/A	Alternate ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Which caregiver was involved?	Drop-down list (single choice)	(Populates with list of caregivers associated with selected family)	Select caregiver on which the LSP was completed.
Date of Activity	Date	(mm/dd/yyyy)	This is the date the LSP is completed.
Timing of LSP	Drop-down list (single choice)	1,Initial 100,Ongoing 7,Discharge	Select whether this is the Initial LSP (within 30 days past enrollment), an Ongoing LSP (every 6 months from enrollment date), or a Discharge LSP (due on or up to 1 month before discharge date).
1. Family/Extended Family	Drop-down list (single choice)	0,0-Not applicable 1,1-Hostile/violent/or physically abusive family relationships 2,1.5 3,2-Separated. No contact. Not available for support 4,2.5 5,3-Conflicted/critical/or verbal abuse; frequent arguments. Reluctant support or in crisis 6,3.5 7,4-Inconsistent or conditional support. Emotionally distant but available 8,4.5 9,5-Very supportive. Mutually nurturing family relationships	Response to survey question. Note: ECI-funded and DHS-funded programs are only required to answer certain scales (1-3, 5, 7, 11, 20, 35), but the entire instrument is recommended.
2. Boyfriend/FOB/or Spouse	Drop-down list (single choice)	0,0-Not applicable 1,1-Hostile/violent/or physically abusive; multiple partners or uncertain paternity 2,1.5 3,2-Separated. No contact. Not available for support 4,2.5 5,3-Conflicted/critical/or verbal abuse; frequent arguments. Reluctant support or in crisis 6,3.5 7,4-Inconsistent or conditional support. Emotionally distant but available 8,4.5 9,5-Very supportive. Loving committed (unmarried/married/or common law)	Response to survey question.
3. Friends/Peers	Drop-down list (single choice)	0,0-Not applicable 1,1-Hostile/violent/or high-risk friends; friends gang linked 2,1.5 3,2-Very few or no friends. Socially isolated and lonely 4,2.5 5,3-Conflicted/casual/or brief friendships. Some crisis support from friends 6,3.5 7,4-A few close friends who can be counted on for support 8,4.5 9,5-Many close friends. Extensive support network	Response to survey question.
4. Attitudes to Pregnancy	Drop-down list (single choice)	0,0-Not applicable 1,1-Unplanned and unwanted. Abortion or adoption plan 2,1.5 3,2-Unplanned/ambivalent/fearful. Coerced to keep child 4,2.5 5,3-Unplanned and accepted 6,3.5 7,4-Planned but unprepared 8,4.5 9,5-Planned/prepared/welcomed	Response to survey question.
5. Nurturing	Drop-down list (single choice)	0,0-Not applicable 1,1-Hostile/unable to nurture/bond/or love child; very limited responsiveness 2,1.5 3,2-Indifference/apathy/depression/or DD impair nurturing 4,2.5 5,3-Lacks information/modeling of love. Afraid nurturing "spoils." Marginal connectedness 6,3.5 7,4-Bonded; loves/responds inconsistently. Some reciprocal connections 8,4.5 9,5-Loving/responsive/praises; regulates child well. Reciprocal connections	Response to survey question.

Life Skills Progression (LSP)

Question Label	Data Type	Response Options	Explanation
6. Discipline	Drop-down list (single choice)	0,0-Not applicable 1,1-Has shown reportable levels of physical abuse or severe neglect 2,1.5 3,2-Uses physical punishment. Frequent criticism; verbal abuse 4,2.5 5,3-Mixture of impatient/critical and appropriate discipline 6,3.5 7,4-Inconsistent limits. Ineffective boundaries. Teaches desired behavior effectively sometimes 8,4.5 9,5-Uses age-appropriate discipline. Teaches/guides/and directs behavior effectively	Response to survey question.
7. Support of Development	Drop-down list (single choice)	0,0-Not applicable 1,1-Poor knowledge of child development. Unrealistic expectations. Ignores or refuses information 2,1.5 3,2-Little knowledge of child development. Limited interest in development. Passive parental role 4,2.5 5,3-Open to child development information. Provides some toys/books/and play for age 6,3.5 7,4-Applies child development ideas. Interested in child's development skills/interests/and play 8,4.5 9,5-Anticipates child development changes. Uses appropriate toys/books/plays and reads with child daily	Response to survey question.
8. Safety	Drop-down list (single choice)	0,0-Not applicable 1,1-Child hospitalized for Tx of unintentional injury. Has permanent damage 2,1.5 3,2-Outpatient/ER Tx of unintentional injury to child. No permanent damage 4,2.5 5,3-No unintentional injury to child. Home/car unsafe; not childproofed 6,3.5 7,4-No unintentional injury to child. Home partially safe. Uses car seat. Uses information 8,4.5 9,5-Child protected/no injury. Home/car safe. Teaches safety. Seeks/uses information for age	Response to survey question.
9. Relationship with Home Visitor	Drop-down list (single choice)	0,0-Not applicable 1,1-Hostile/defensive. Refuses HV services 2,1.5 3,2-Guarded/distrustful. Frequent broken appointments 4,2.5 5,3-Passively accepts information and visits. Forgets some appointments 6,3.5 7,4-Seeks/uses information. Calls for help or to cancel appointments 8,4.5 9,5-Trusts; welcomes visits; asks for information; keeps appointments	Response to survey question.
10. Use of Information	Drop-down list (single choice)	0,0-Not applicable 1,1-Refuses information from HV or HC 2,1.5 3,2-Uses inaccurate information from informal sources 4,2.5 5,3-Passively accepts some information from HV and HC 6,3.5 7,4-Accepts/uses most information from HV or HC 8,4.5 9,5-Actively seeks/uses information from HV/HC/and other sources	Response to survey question.
11. Use of Resources	Drop-down list (single choice)	0,0-Not applicable 1,1-Resource needs unrecognized. Community resources not used or refused; hostile 2,1.5 3,2-Resource needs unrecognized. Limited use when assisted by others. Misses most appointments 4,2.5 5,3-Accepts help to identify needs; uses resources when assisted by others. Keeps some appointments 6,3.5 7,4-Identifies needs. Uses resources with little assistance. Keeps most appointments 8,4.5 9,5-Identifies needs. Uses resources independently. Keeps or reschedules appointments	Response to survey question.

Life Skills Progression (LSP)

Question Label	Data Type	Response Options	Explanation
12. Language (for non-English speaking only)	Drop-down list (single choice)	0,0-Not applicable 1,1-Low/no literacy in any language 2,1.5 3,2-Literate in primary language. Some verbal English skills 4,2.5 5,3-Takes ESL classes. Verbal ESL established 6,3.5 7,4-Takes ESL classes. Written ESL established 8,4.5 9,5-Fully bilingual	Response to survey question.
13. <12th Grade Education	Drop-down list (single choice)	0,0-Not applicable 1,1-Not enrolled 2,1.5 3,2-Enrolled/limited attendance any program. Not at grade level 4,2.5 5,3-Enrolled/attends regularly any program. Not at grade level 6,3.5 7,4-Attends regularly; at grade level. Adult school or independent study. Goal: GED 8,4.5 9,5-Attends regularly at grade level. HS/Alt HS Goal: HSD	Response to survey question.
14. Education	Drop-down list (single choice)	0,0-Not applicable 1,1-<12th grade education in any country 2,1.5 3,2-Has graduated with GED or HSD 4,2.5 5,3-Attends and/or graduated job/tech training 6,3.5 7,4-Attends and/or graduated community college 8,4.5 9,5-Attends and/or graduated college or grad school	Response to survey question.
15. Employment	Drop-down list (single choice)	0,0-Not applicable 1,1-Unemployed/unskilled/or no work experience 2,1.5 3,2-Occasional/seasonal/or multiple entry level jobs 4,2.5 5,3-Stable employment in low-income job 6,3.5 7,4-Stable employment with adequate salary and benefits 8,4.5 9,5-Career of choice with potential good salary and benefits	Response to survey question.
16. Immigration	Drop-down list (single choice)	0,0-Not applicable 1,1-Undocumented. No permit/card. Frequent moves/trips disrupt services/work/or education 2,1.5 3,2-Has work permit/card. In U.S. <5 years. Migrant. Plans return to country of origin 4,2.5 5,3-Has work permit/card. In U.S. >5 years. Migrant. Plans to live in U.S. 6,3.5 7,4-Has work permit/card or temporary visa. Applying for citizenship 8,4.5 9,5-Obtained U.S. citizenship	Response to survey question.
17. Prenatal Care	Drop-down list (single choice)	0,0-Not applicable 1,1-No prenatal care 2,1.5 3,2-Care starts 2nd-3rd trimester. Keeps some appointments 4,2.5 5,3-Care starts 2nd-3rd trimester. Keeps most appointments 6,3.5 7,4-Care starts in 1st trimester. Keeps most appointments 8,4.5 9,5-Keeps postpartum appointments	Response to survey question.
18. Parent Sick Care	Drop-down list (single choice)	0,0-Not applicable 1,1-Acute/chronic conditions go without Dx/Tx. No medical home 2,1.5 3,2-Seeks care only when very ill. Uses ER for care. No medical home 4,2.5 5,3-Seeks care inconsistently; inconsistent Tx follow-up. Unstable medical home 6,3.5 7,4-Seeks care appropriately. Follows Tx recommended. Has medical home 8,4.5 9,5-Seeks care appropriately. Cure or control obtained. Has medical home	Response to survey question.
19. Family Planning	Drop-down list (single choice)	0,0-Not applicable 1,1-No FP method used. Lacks information about FP 2,1.5 3,2-FP method use rare. Limited understanding of FP 4,2.5 5,3-Occasional use of FP methods. Some understanding of FP 6,3.5 7,4-Regular use of FP methods. Good understanding of FP 8,4.5 9,5-Regular use of FP methods. Plans/spaces pregnancies	Response to survey question.

Life Skills Progression (LSP)

Question Label	Data Type	Response Options	Explanation
20. Child Well Care	Drop-down list (single choice)	0,0-Not applicable 1,1-None; no medical home 2,1.5 3,2-Seldom; no medical home 4,2.5 5,3-Occasional appointments. Unstable medical home 6,3.5 7,4-Has annual exam only. Has stable medical home 8,4.5 9,5-Keeps regular CHDP/well-child appointments with same provider	Response to survey question.
21. Child Sick Care	Drop-down list (single choice)	0,0-Not applicable 1,1-Medical neglect. No Dx/Tx for acute or chronic conditions 2,1.5 3,2-Has care only when very ill. Uses ER for care 4,2.5 5,3-Timely care for minor illness but inconsistent Tx f/u 6,3.5 7,4-Timely care of minor illness. Follows Tx recommended 8,4.5 9,5-Obtains optimal care/control for acute or chronic conditions	Response to survey question.
22. Child Dental Care	Drop-down list (single choice)	0,0-Not applicable 1,1-No dental home or care with serious ECC. Poor hygiene 2,1.5 3,2-No dental home or care with some ECC and inadequate Tx/hygiene 4,2.5 5,3-Has dental home and hygiene but late Tx of ECC 6,3.5 7,4-Has dental home. Some preventive care/timely Tx 8,4.5 9,5-Has dental home. Regular preventive care and timely Tx	Response to survey question.
23. Child Immunizations	Drop-down list (single choice)	0,0-Not applicable 1,1-None or refused 2,1.5 3,2-IZ history uncertain. Records lost 4,2.5 5,3-IZ begun but no return appointment 6,3.5 7,4-IZ delayed/has return appointment 8,4.5 9,5-Complete or up-to-date IZ	Response to survey question.
24. Substance Use/Abuse (drugs and/or alcohol)	Drop-down list (single choice)	0,0-Not applicable 1,1-Chronic Hx drug and/or alcohol abuse with addiction 2,1.5 3,2-Drug/alcohol binge or intermittent use without apparent addiction 4,2.5 5,3-Rare or experimental use of drugs or clean; in recovery group or Tx program 6,3.5 7,4-Occasional use of legal substances; stops if pregnant 8,4.5 9,5-No Hx or current use/abuse	Response to survey question.
25. Tobacco Use	Drop-down list (single choice)	0,0-Not applicable 1,1-Chain smokes; >2 packs/day; uses smokeless; heavy second-hand exposure 2,1.5 3,2-Non-chain use or some second-hand exposure 4,2.5 5,3-Decreases amount when pregnant. Controls second-hand exposure 6,3.5 7,4-No use or second-hand exposure in past 6 months or current pregnancy 8,4.5 9,5-None or never	Response to survey question.
26. Depression/Suicide	Drop-down list (single choice)	0,0-Not applicable 1,1-Recurrent chronic depression with suicidal attempts/thoughts. Severe problem with ADL/parenting/and insight/perception 2,1.5 3,2-Recurrent chronic depression without suicidal attempts/thoughts; Moderate problem with ADL/parenting/and insight/perception 4,2.5 5,3-Recent postpartum or situational depression. Some problem with ADL/parenting/and insight/perception 6,3.5 7,4-Manages or controls depression with Tx and/or medications or has recovered. Adequate ADL/parenting/and insight/perception 8,4.5 9,5-Not depressed; optimistic	Response to survey question.

Life Skills Progression (LSP)

Question Label	Data Type	Response Options	Explanation
27. Mental Illness	Drop-down list (single choice)	0,0-Not applicable 1,1-Severe symptoms of MI with/without Dx/Tx/medications. Severe problem with ADL/parenting/and insight/self-perception 2,1.5 3,2-Symptoms of MI. Diagnosed but Tx inconsistent or ineffective. Moderate problem with ADL/parenting/and insight/perception 4,2.5 5,3-Symptoms under control. Diagnosed and in Tx. Some problem with ADL/parenting/and insight/self-perception 6,3.5 7,4-Situational or short-term MI. Recovered without relapse. Adequate ADL/parenting/and insight/self-perception 8,4.5 9,5-No observed mental illness	Response to survey question.
28. Self-Esteem	Drop-down list (single choice)	0,0-Not applicable 1,1-Poor; self-critical. Anticipates criticism from others. Rarely initiates; avoids trying new skills 2,1.5 3,2-Copes sometimes but with limited confidence and flat affect. Limited initiative for learning new skills 4,2.5 5,3-Irritable/defensive. Makes excuses/blames others. Initiates/starts using new skills but gives up easily 6,3.5 7,4-Beginning to actively initiate. Develops skills and recognizes own competence. Emerging confidence visible 8,4.5 9,5-Confident in skill and ability to learn. Expresses pride in achievements and successes	Response to survey question.
29. Cognitive Ability	Drop-down list (single choice)	0,0-Not applicable 1,1-Suspected mild-moderate DD. No Dx or support services. Severe problem with ADL/parenting/and judgment 2,1.5 3,2-Diagnosed DD or LD; has education and/or support services. Moderate problem with ADL/parenting/and judgment 4,2.5 5,3-Diagnosed or suspected mild DD/LD. Needs some support by others. Some problem with ADL/parenting/and judgment 6,3.5 7,4-Suspected or known special education or LD. Support by others not needed. Adequate ADL/parenting/and judgment 8,4.5 9,5-Average or above average cognitive ability. Competent ADL	Response to survey question.
30. Housing	Drop-down list (single choice)	0,0-Not applicable 1,1-Homeless/in shelter/or extremely substandard place 2,1.5 3,2-Unstable/inadequate/crowded housing with frequent moves 4,2.5 5,3-Stable rental. Lives with strangers or friends 6,3.5 7,4-Lives with family/extended family (own or FOBs). Shares expenses 8,4.5 9,5-Rents/owns apartment or house	Response to survey question.
31. Food/Nutrition	Drop-down list (single choice)	0,0-Not applicable 1,1-Relies on emergency food banks/charity; runs out of food 2,1.5 3,2-Inadequate or unavailable resources. Worried about amount/quality of food 4,2.5 5,3-Regularly uses government resources; WIC and/or food stamps 6,3.5 7,4-Low family income provides adequate amount/quality of food 8,4.5 9,5-Income provides optimal amount and quality of food	Response to survey question.
32. Transportation	Drop-down list (single choice)	0,0-Not applicable 1,1-None or inadequate resources or unable to use resources 2,1.5 3,2-Uses public transport 4,2.5 5,3-Some access to shared car. Rides with others; no license 6,3.5 7,4-Has own license/drives. Borrows car 8,4.5 9,5-Has own car and drives with license and insurance	Response to survey question.

Life Skills Progression (LSP)

Question Label	Data Type	Response Options	Explanation
33. Medical/Health Insurance	Drop-down list (single choice)	0,0-Not applicable 1,1-None/unable to afford care or coverage 2,1.5 3,2-Medicaid for pregnancy or emergency only 4,2.5 5,3-Medicaid full-scope benefits with or without Share of Cost 6,3.5 7,4-State-subsidized or partial-pay coverage 8,4.5 9,5-Private insurance with or without co-pay for self/others	Response to survey question.
34. Income	Drop-down list (single choice)	0,0-Not applicable 1,1-None or illegal income only 2,1.5 3,2-TANF and/or child support; SDI 4,2.5 5,3-Employed with low income. Seasonal or 200% FPL 6,3.5 7,4-Employed with moderate income; meets expenses most of time 8,4.5 9,5-Adequate salary	Response to survey question.
35. Child Care	Drop-down list (single choice)	0,0-Not applicable 1,1-None used yet or no resources available 2,1.5 3,2-Multiple sources. Occasional use. Unsafe or inadequate environment 4,2.5 5,3-Uses caring friend/relative with safe/stable environment but limited developmental support 6,3.5 7,4-Uses caring friend/relative with safe/stable environment and good developmental support 8,4.5 9,5-High-quality child care center with safe environment and good developmental support	Response to survey question.
Which child was involved?	Drop-down list (single choice)	(Populates with list of children associated with selected family)	If program staff choose to complete questions 36-43, please choose one child aged 4 months to 3 years old on which to complete this section.
36. Communication	Drop-down list (single choice)	0,0-Not applicable 1,1-Below AA/CA and EI criteria. Referred to EI. Not enrolled or attending 2,1.5 3,2-Delays; meets EI criteria. Referred; enrolled. Sometimes attends 4,2.5 5,3-Delays; meets EI criteria. Referred; enrolled. Attends regularly 6,3.5 7,4-No delays. Average development for AA or CA 8,4.5 9,5-Above average development for AA or CA	Response to survey question.
37. Gross Motor	Drop-down list (single choice)	0,0-Not applicable 1,1-Below AA/CA and EI criteria. Referred to EI. Not enrolled or attending 2,1.5 3,2-Delays; meets EI criteria. Referred; enrolled. Sometimes attends 4,2.5 5,3-Delays; meets EI criteria. Referred; enrolled. Attends regularly 6,3.5 7,4-No delays. Average development for AA or CA 8,4.5 9,5-Above average development for AA or CA	Response to survey question.
38. Fine Motor	Drop-down list (single choice)	0,0-Not applicable 1,1-Below AA/CA and EI criteria. Referred to EI. Not enrolled or attending 2,1.5 3,2-Delays; meets EI criteria. Referred; enrolled. Sometimes attends 4,2.5 5,3-Delays; meets EI criteria. Referred; enrolled. Attends regularly 6,3.5 7,4-No delays. Average development for AA or CA 8,4.5 9,5-Above average development for AA or CA	Response to survey question.
39. Problem Solving	Drop-down list (single choice)	0,0-Not applicable 1,1-Below AA/CA and EI criteria. Referred to EI. Not enrolled or attending 2,1.5 3,2-Delays; meets EI criteria. Referred; enrolled. Sometimes attends 4,2.5 5,3-Delays; meets EI criteria. Referred; enrolled. Attends regularly 6,3.5 7,4-No delays. Average development for AA or CA 8,4.5 9,5-Above average development for AA or CA	Response to survey question.

Life Skills Progression (LSP)

Question Label	Data Type	Response Options	Explanation
40. Personal-Social	Drop-down list (single choice)	0,0-Not applicable 1,1-Below AA/CA and EI criteria. Referred to EI. Not enrolled or attending 2,1.5 3,2-Delays; meets EI criteria. Referred; enrolled. Sometimes attends 4,2.5 5,3-Delays; meets EI criteria. Referred; enrolled. Attends regularly 6,3.5 7,4-No delays. Average development for AA or CA 8,4.5 9,5-Above average development for AA or CA	Response to survey question.
41. Social-Emotional	Drop-down list (single choice)	0,0-Not applicable 1,1-Shows signs of neurological or environment-linked concerns. No IMH services 2,1.5 3,2- Shows signs of neurological or environment-linked concerns. Referred to or court ordered IMH. Limited participation 4,2.5 5,3-Shows signs of neurological or environment-linked concerns. Regular participation in IMH with positive results 6,3.5 7,4-No signs of neurological or environment-linked concerns requiring referral to IMH 8,4.5 9,5-Responsive/social/alert; communicates needs/feelings. Emotionally connected to parent	Response to survey question.
42. Regulation	Drop-down list (single choice)	0,0-Not applicable 1,1-Irritable; hard to console or poor self-regulation. Cues unclear. Non- or overly responsive to environment 2,1.5 3,2-Passive/flat affect; little exploration. Does not seek comfort or share delight often 4,2.5 5,3-Anxious/withdrawn/clingy. Relies on coregulation. Limited self-regulation/exploration/and play 6,3.5 7,4-Quiet or changeable moods; seeks comfort and uses self-regulation/exploration/and play 8,4.5 9,5-Happy/content; easily consoled. Well connected to parent. Explores/plays/shares delight	Response to survey question.
43. Breast Feeding	Drop-down list (single choice)	0,0-Not applicable 1,1-Not breast-fed or breast-fed <2 weeks 2,1.5 3,2-Breast-fed/expressed <1 month 4,2.5 5,3-Breast-fed/expressed for 1-3 months 6,3.5 7,4-Breast-fed/expressed 3-6 months with or without supplement 8,4.5 9,5-Breast-fed/expressed >6 months with some supplement	Response to survey question.

Retrospective Protective Factors Survey- Second Edition (Retrospective PFS-2)

Question Label	Data Type	Response Options	Explanation
Date of Activity	Date	(mm/dd/yyyy)	This is the date the screener was completed with the caregiver.
Which caregiver was involved?	Drop-down list (single choice)	(Populates with list of caregivers associated with selected family)	Select caregiver with which the PFS was completed.
Which child was involved?	Drop-down list (single choice)	(Populates with list of children associated with selected family)	Choose appropriate child.
Program Start Date:	Date	(mm/dd/yyyy)	Date of caregiver enrollment.
Program Completion Date:	Date	(mm/dd/yyyy)	Date the caregiver was discharged.
How was the survey completed?	Drop-down list (single choice)	1,In a face-to-face interview 2,By the participant with assistance available from program staff to explain items as needed 3,By the participant without program staff present	Select the most appropriate response option.
In what language was the survey administered?	Drop-down list (single choice)	1,English 2,Spanish 3,Arabic 4,French 5,Italian 6,Japanese 7,Korean 8,Mandarin 9,Polish 10,Russian 11,Tagalog 12,Tribal languages 13,Vietnamese 14,Other	Select the most appropriate response option.
How was the participant referred to your program?	Drop-down list (single choice)	1,Self-Referral 2,Child Protective Services 3,Court 4,Community Program 5,Other	Select the most appropriate response option.
Has the participant been reported to Child Protective Services?	Drop-down list (single choice)	0,No 1,Yes 2,Not Sure	Select the most appropriate response option.
If yes, the participant was reported to Child Protective Services...	Drop-down list (single choice)	1,Before starting the program 2,During the program 3,After starting the program	Select the most appropriate response option.
If yes, was the report substantiated?	Drop-down list (single choice)	0,No 1,Yes 2,Not Sure 3,No - referred to Differential Response 4,Yes - referred to Differential Response 5,Not Applicable	Select the most appropriate response option.
Identify the type of program that most accurately describes the services the participant is receiving from your program/agency. (Select all that apply)	Drop-down list (multiple choice)	1,Advocacy (self or community) 2,Healthy Relationships 3,Home Visiting 4,Homeless/Transitional Housing 5,Parent Education 6,Parent/Child Interaction 7,Parent Support Group 8,Planned and/or Crisis Respite 9,Resource and Referral 10,Skill Building/Ed for Children 11,Other	Select the most appropriate response option.
If you are using a specific curriculum, please write the name	Text	Text	Enter the appropriate response.
Number of hours of service offered to the participant	Text	Numeric	Enter the appropriate response.
Number of hours of service received by the participant	Text	Numeric	Enter the appropriate response.
1. The future looks good for our family. (BEFORE)	Drop-down list (single choice)	0,Not at all like my life 1,Not much like my life 2,Somewhat like my life 3,Quite a lot like my life 4,Just like my life	Caregiver's response to survey question.
1. The future looks good for our family. (NOW)	Drop-down list (single choice)	0,Not at all like my life 1,Not much like my life 2,Somewhat like my life 3,Quite a lot like my life 4,Just like my life	Caregiver's response to survey question.
2. In my family, we take time to listen to each other. (BEFORE)	Drop-down list (single choice)	0,Not at all like my life 1,Not much like my life 2,Somewhat like my life 3,Quite a lot like my life 4,Just like my life	Caregiver's response to survey question.
2. In my family, we take time to listen to each other. (NOW)	Drop-down list (single choice)	0,Not at all like my life 1,Not much like my life 2,Somewhat like my life 3,Quite a lot like my life 4,Just like my life	Caregiver's response to survey question.
3. There are things we do as a family that are special just to us. (BEFORE)	Drop-down list (single choice)	0,Not at all like my life 1,Not much like my life 2,Somewhat like my life 3,Quite a lot like my life 4,Just like my life	Caregiver's response to survey question.
3. There are things we do as a family that are special just to us. (NOW)	Drop-down list (single choice)	0,Not at all like my life 1,Not much like my life 2,Somewhat like my life 3,Quite a lot like my life 4,Just like my life	Caregiver's response to survey question.
4. My child misbehaves just to upset me. (BEFORE)	Drop-down list (single choice)	4,Not at all like my life 3,Not much like my life 2,Somewhat like my life 1,Quite a lot like my life 0,Just like my life	Caregiver's response to survey question.
4. My child misbehaves just to upset me. (NOW)	Drop-down list (single choice)	4,Not at all like my life 3,Not much like my life 2,Somewhat like my life 1,Quite a lot like my life 0,Just like my life	Caregiver's response to survey question.
5. I feel like I'm always telling my kids "no" or "stop". (BEFORE)	Drop-down list (single choice)	4,Not at all like my life 3,Not much like my life 2,Somewhat like my life 1,Quite a lot like my life 0,Just like my life	Caregiver's response to survey question.
5. I feel like I'm always telling my kids "no" or "stop". (NOW)	Drop-down list (single choice)	4,Not at all like my life 3,Not much like my life 2,Somewhat like my life 1,Quite a lot like my life 0,Just like my life	Caregiver's response to survey question.
6. I have frequent power struggles with my kids. (BEFORE)	Drop-down list (single choice)	4,Not at all like my life 3,Not much like my life 2,Somewhat like my life 1,Quite a lot like my life 0,Just like my life	Caregiver's response to survey question.
6. I have frequent power struggles with my kids. (NOW)	Drop-down list (single choice)	4,Not at all like my life 3,Not much like my life 2,Somewhat like my life 1,Quite a lot like my life 0,Just like my life	Caregiver's response to survey question.

Retrospective Protective Factors Survey- Second Edition (Retrospective PFS-2)

Question Label	Data Type	Response Options	Explanation
7. How I respond to my child depends on how I'm feeling. (BEFORE)	Drop-down list (single choice)	4,Not at all like my life 3,Not much like my life 2,Somewhat like my life 1,Quite a lot like my life 0,Just like my life	Caregiver's response to survey question.
7. How I respond to my child depends on how I'm feeling. (NOW)	Drop-down list (single choice)	4,Not at all like my life 3,Not much like my life 2,Somewhat like my life 1,Quite a lot like my life 0,Just like my life	Caregiver's response to survey question.
8. I have people who believe in me. (BEFORE)	Drop-down list (single choice)	0,Not at all like my life 1,Not much like my life 2,Somewhat like my life 3,Quite a lot like my life 4,Just like my life	Caregiver's response to survey question.
8. I have people who believe in me. (NOW)	Drop-down list (single choice)	0,Not at all like my life 1,Not much like my life 2,Somewhat like my life 3,Quite a lot like my life 4,Just like my life	Caregiver's response to survey question.
9. I have someone in my life who gives me advice, even when it's hard to hear. (BEFORE)	Drop-down list (single choice)	0,Not at all like my life 1,Not much like my life 2,Somewhat like my life 3,Quite a lot like my life 4,Just like my life	Caregiver's response to survey question.
9. I have someone in my life who gives me advice, even when it's hard to hear. (NOW)	Drop-down list (single choice)	0,Not at all like my life 1,Not much like my life 2,Somewhat like my life 3,Quite a lot like my life 4,Just like my life	Caregiver's response to survey question.
10. When I am trying to work on achieving a goal, I have friends who will support me. (BEFORE)	Drop-down list (single choice)	0,Not at all like my life 1,Not much like my life 2,Somewhat like my life 3,Quite a lot like my life 4,Just like my life	Caregiver's response to survey question.
10. When I am trying to work on achieving a goal, I have friends who will support me. (NOW)	Drop-down list (single choice)	0,Not at all like my life 1,Not much like my life 2,Somewhat like my life 3,Quite a lot like my life 4,Just like my life	Caregiver's response to survey question.
11. When I need someone to look after my kids on short notice, I can find someone I trust. (BEFORE)	Drop-down list (single choice)	0,Not at all like my life 1,Not much like my life 2,Somewhat like my life 3,Quite a lot like my life 4,Just like my life	Caregiver's response to survey question.
11. When I need someone to look after my kids on short notice, I can find someone I trust. (NOW)	Drop-down list (single choice)	0,Not at all like my life 1,Not much like my life 2,Somewhat like my life 3,Quite a lot like my life 4,Just like my life	Caregiver's response to survey question.
12. I have people I trust to ask for advice about (check all that apply): (BEFORE)	Drop-down list (multiple choice)	1,Money/Bills/Budgeting 2,Relationships and/or My Love Life 3,Food/Nutrition 4,Stress/Anxiety and/or Depression 5,Parenting/My Kids 6,None of the above	Caregiver's response to survey question.
12. I have people I trust to ask for advice about (check all that apply): (NOW)	Drop-down list (multiple choice)	1,Money/Bills/Budgeting 2,Relationships and/or My Love Life 3,Food/Nutrition 4,Stress/Anxiety and/or Depression 5,Parenting/My Kids 6,None of the above	Caregiver's response to survey question.
How many boxes did you select for question # 12 (BEFORE)?	Drop-down list (single choice)	0,0 boxes checked or None of the above 1,1 box checked 2,2 boxes checked 3,3 boxes checked 4,4 or more boxes checked	Caregiver's response to survey question.
How many boxes did you select for question # 12 (NOW)?	Drop-down list (single choice)	0,0 boxes checked or None of the above 1,1 box checked 2,2 boxes checked 3,3 boxes checked 4,4 or more boxes checked	Caregiver's response count to survey question. Please select 0 boxes option if there were no boxes selected in the previous question.
13. I feel like staff here understand me. (BEFORE)	Drop-down list (single choice)	4,Strongly agree 3,Agree 2,Neither agree nor disagree 1,Disagree 0,Strongly disagree	Caregiver's response to survey question.
13. I feel like staff here understand me. (NOW)	Drop-down list (single choice)	4,Strongly agree 3,Agree 2,Neither agree nor disagree 1,Disagree 0,Strongly disagree	Caregiver's response to survey question.
14. No one here seems to believe that I can change. (BEFORE)	Drop-down list (single choice)	0,Strongly agree 1,Agree 2,Neither agree nor disagree 3,Disagree 4,Strongly disagree	Caregiver's response to survey question.
14. No one here seems to believe that I can change. (NOW)	Drop-down list (single choice)	0,Strongly agree 1,Agree 2,Neither agree nor disagree 3,Disagree 4,Strongly disagree	Caregiver's response to survey question.
15. When I talk to people here about my problems, they just don't seem to understand. (BEFORE)	Drop-down list (single choice)	0,Strongly agree 1,Agree 2,Neither agree nor disagree 3,Disagree 4,Strongly disagree	Caregiver's response to survey question.
15. When I talk to people here about my problems, they just don't seem to understand. (NOW)	Drop-down list (single choice)	0,Strongly agree 1,Agree 2,Neither agree nor disagree 3,Disagree 4,Strongly disagree	Caregiver's response to survey question.
16. In the past month, were you unable to pay for:	Drop-down list (multiple choice)	1,Rent or mortgage 2,Utilities or bills (electricity/gas/heat/cell phone/etc.) 3,Groceries/food (including baby formula/diapers) 4,Child care/daycare 5,Medicine/medical expenses or co-pays 6,Basic household or personal hygiene items 7,Transportation (including gas/bus passes/shared rides) 8,I was able to pay for all of these	Caregiver's response to survey question.
How many boxes did you select for question # 16?	Drop-down list (single choice)	4,0 boxes checked or I was able to pay for all of these 3,1 box checked 2,2 boxes checked 1,3 boxes checked 0,4 or more boxes checked	Caregiver's response count to survey question. Please select 0 boxes option if there were no boxes selected in the previous question.

Retrospective Protective Factors Survey- Second Edition (Retrospective PFS-2)

Question Label	Data Type	Response Options	Explanation
17. In the past year, have you:	Drop-down list (multiple choice)	1,Delayed or not gotten medical or dental care 2,Been evicted from your home or apartment 3,Lived at a shelter or in a hotel/motel or in an abandoned building or in a vehicle 4,Moved in with other people (even temporarily) because you could not afford to pay rent/mortgage or bills 5,Lost access to your regular transportation (e.g. vehicle totaled or repossessed) 6,Been unemployed when you really needed and wanted a job 7, None of these apply to me	Caregiver's response to survey question.
How many boxes did you select for question # 17?	Drop-down list (single choice)	4,0 boxes checked or None of these apply to me 3,1 box checked 2,2 boxes checked 1,3 boxes checked 0,4 or more boxes checked	Caregiver's response count to survey question. Please select 0 boxes option if there were no boxes selected in the previous question.
18. I have trouble affording what I need each month.	Drop-down list (single choice)	4, Never 3, Rarely 2, Sometimes 1, Often 0, Almost always	Caregiver's response to survey question.
19. I am able to afford the food I want to feed my family.	Drop-down list (single choice)	0, Never 1, Rarely 2, Sometimes 3, Often 4, Almost Always	Caregiver's response to survey question.
Please tell us about the children living in your household.	Explanation	Text	Caregiver's response to survey question.
Child 1 Sex:	Drop-down list (single choice)	Male Female	Caregiver's response to survey question.
Child 1 Age (in years):	Text	Numeric	Caregiver's response to survey question.
Child 1 lives in my house:	Drop-down list (single choice)	Yes No	Caregiver's response to survey question.
What is your relationship to Child 1?	Drop-down list (single choice)	Birth parent Step-parent Adoptive parent Foster parent Grand/Great-grandparent Sibling Other relative Other	Caregiver's response to survey question.
Child 2 Sex:	Drop-down list (single choice)	Male Female	Caregiver's response to survey question.
Child 2 Age (in years):	Text	Numeric	Caregiver's response to survey question.
Child 2 lives in my house:	Drop-down list (single choice)	Yes No	Caregiver's response to survey question.
What is your relationship to Child 2?	Drop-down list (single choice)	Birth parent Step-parent Adoptive parent Foster parent Grand/Great-grandparent Sibling Other relative Other	Caregiver's response to survey question.
Child 3 Sex:	Drop-down list (single choice)	Male Female	Caregiver's response to survey question.
Child 3 Age (in years):	Text	Numeric	Caregiver's response to survey question.
Child 3 lives in my house:	Drop-down list (single choice)	Yes No	Caregiver's response to survey question.
What is your relationship to Child 3?	Drop-down list (single choice)	Birth parent Step-parent Adoptive parent Foster parent Grand/Great-grandparent Sibling Other relative Other	Caregiver's response to survey question.
Child 4 Sex:	Drop-down list (single choice)	Male Female	Caregiver's response to survey question.
Child 4 Age (in years):	Text	Numeric	Caregiver's response to survey question.
Child 4 lives in my house:	Drop-down list (single choice)	Yes No	Caregiver's response to survey question.
What is your relationship to Child 4?	Drop-down list (single choice)	Birth parent Step-parent Adoptive parent Foster parent Grand/Great-grandparent Sibling Other relative Other	Caregiver's response to survey question.
Please include information about any additional children here:	Narrative	Text	Caregiver's response to survey question.
Sex:	Drop-down list (single choice)	Male Female Gender non-conforming/non-binary Prefer not to answer	Caregiver's response to survey question.
Age (in years):	Text	Numeric	Caregiver's response to survey question.
Primary Language Spoken at Home:	Drop-down list (single choice)	1, English 2, Spanish 3, Creole 4, Mandarin 5, Arabic 6, Russian 7, Other	Caregiver's response to survey question.
Please list Other Language:	Text	Text	Caregiver's response to survey question.
Race/Ethnicity (Please choose as many as apply):	Drop-down list (multiple choice)	1, Native American or Alaskan Native 2, Asian 3, Black or African American 4, African National/Caribbean Islander 5, Hispanic or Latino 6, Middle Eastern 7, Native Hawaiian/Pacific Islander 8, White (Non-Hispanic/European American) 9, Multi-racial 10, Other	Caregiver's response to survey question.
Please list Other Race/Ethnicity:	Text	Text	Caregiver's response to survey question.
Relationship Status:	Drop-down list (single choice)	Married Partnered Single- Never married Divorced Widowed Separated	Caregiver's response to survey question.
Family Housing:	Drop-down list (single choice)	Own Rent Shared housing with relatives/friends Homeless Temporary (shelter or temporary with friends/relatives)	Caregiver's response to survey question.
Total Family Income:	Drop-down list (single choice)	\$0 - \$10000 \$10001 - \$20000 \$20001 - \$30000 \$30001 - \$40000 \$40001 - \$50000 \$50001 - \$60000 more than \$60001	Caregiver's response to survey question.

Retrospective Protective Factors Survey- Second Edition (Retrospective PFS-2)

Question Label	Data Type	Response Options	Explanation
Highest Level of Education:	Drop-down list (single choice)	No formal education Elementary Junior high school Some high school High school diploma or GED Trade/Vocational training Some college 2-year college degree (Associate's) 4-year college degree (Bachelor's) Advanced degree	Caregiver's response to survey question.
Which, if any, of the following do you or your family currently receive? (Check all that apply)	Drop-down list (multiple choice)	Supplemental Nutrition Assistance Program (SNAP/food stamps) Social Security Disability Income (SSDI) Medicaid Earned Income Tax Credit (EITC) Temporary Assistance for Needy Families (TANF) Head Start/Early Head Start Services Unemployment Benefits State Health Insurance (including children's health insurance) Supplemental Security Income (SSI) None of the above Other	Caregiver's response to survey question.
Family Functioning Subscale Score (BEFORE): (Items 1-3)	Calculated	(calculated domain score)	Click the orange "Calculate" button to have DAISEY calculate the subscale score. This item will also auto-calculate when you Save or Submit the form.
Nurturing and Attachment Subscale Score (BEFORE): (Items 4-7)	Calculated	(calculated domain score)	Click the orange "Calculate" button to have DAISEY calculate the subscale score. This item will also auto-calculate when you Save or Submit the form.
Social Supports Subscale Score (BEFORE): (Items 8-12)	Calculated	(calculated domain score)	Click the orange "Calculate" button to have DAISEY calculate the subscale score. This item will also auto-calculate when you Save or Submit the form.
Caregiver/Practitioner Relationship Subscale Score (BEFORE): (Items 13-15)	Calculated	(calculated domain score)	Click the orange "Calculate" button to have DAISEY calculate the subscale score. This item will also auto-calculate when you Save or Submit the form.
Concrete Supports Subscale Score: (Items 16-19)	Calculated	(calculated domain score)	Click the orange "Calculate" button to have DAISEY calculate the subscale score. This item will also auto-calculate when you Save or Submit the form.
Family Functioning Subscale Score (NOW): (Items 1-3)	Calculated	(calculated domain score)	Click the orange "Calculate" button to have DAISEY calculate the subscale score. This item will also auto-calculate when you Save or Submit the form.
Nurturing and Attachment Subscale Score (NOW): (Items 4-7)	Calculated	(calculated domain score)	Click the orange "Calculate" button to have DAISEY calculate the subscale score. This item will also auto-calculate when you Save or Submit the form.
Social Supports Subscale Score (NOW): (Items 8-12)	Calculated	(calculated domain score)	Click the orange "Calculate" button to have DAISEY calculate the subscale score. This item will also auto-calculate when you Save or Submit the form.
Caregiver/Practitioner Relationship Subscale Score (NOW): (Items 13-15)	Calculated	(calculated domain score)	Click the orange "Calculate" button to have DAISEY calculate the subscale score. This item will also auto-calculate when you Save or Submit the form.

FSSD Staff Profile

Question Label	Data Type	Response Options	Explanation
Environment ID	Text	Auto-generated	Auto-generated DAISEY ID for environments.
Environment System ID	Text	Auto-generated	Auto-generated DAISEY ID for environments.
Active Status	Drop-down list (single choice)	Active Inactive	Only effects the environment search grid.
Position Category	Drop-down list (single choice)	1,Supervisor 2,Home Visitor 3,Group-based Parent Education Facilitator 4,Other	Select the most appropriate option.
Funding source:	Drop-down list (single choice)	1,DHS/Prevent Child Abuse Iowa 2,ECl 3,DE- Shared Visions Shared Support	Please select the funding source that the position is affiliated with.
Model:	Drop-down list (single choice)	1,HFA 2,NFP 3,EHS 4,PAT 5,Healthy Start 6,Family Connects 7,Locally developed program	Please select the model that the employee is affiliated with.
Other Description:	Drop-down list (single choice)	1,Clerical/Data Support 2,Coordinated Intake 3,Program Administrator	Select the most appropriate option.
FTE (decimal form)	Numeric	Open field for numbers	Enter FTE in decimal form.
Environment Name:	Text	Open field for text	Enter the full name of the employee.
Email address	Text	Open field for text	Enter the email address of the employee.
Date of Birth	Date (mm/dd/yyyy)	Open field for date	Enter the date of birth of the employee.
Gender	Drop-down list (single choice)	1,Female 2,Male 3,Non-binary	Select the most appropriate option.
Race	Drop-down list (multiple choice)	1,White 2,Black or African American 3,Asian 4,American Indian or Alaska Native 5,Native Hawaiian or Other Pacific Islander	Select the most appropriate option(s).
Ethnicity	Drop-down list (single choice)	1,Hispanic or Latino 2,Not Hispanic or Latino	Select the most appropriate option.
Languages spoken	Drop-down list (multiple choice)	1,English 2,Spanish 3,Burmese 4,Karenni 5,Karen 6,Chin 7,Arabic 8,Other	Select the most appropriate option(s).
Highest level of education:	Drop-down list (single choice)	1,High School Diploma/GED 2,Associate's Degree 3,Bachelor's Degree 4,Master's Degree 5,PhD	Select the most appropriate option.
Major field of study	Drop-down list (multiple choice)	1,Criminology 2,Education 3,Family Studies 4,Human Services 5,Nursing 6,Psychology 7,Social Work 8,Other field related to education, health, human services 9,Other field not related to education, health, human services 10,Not applicable	Select the most appropriate option(s).
Other major field of study	Text	Open field for text	Enter other field of study.
National Family Support Professional Certification date	Date (mm/dd/yyyy)	Open field for date	Enter date the certification exam was taken.
Organization hire date	Date (mm/dd/yyyy)	Open field for date	The date that the employee was hired at their organization within the family support profession as an employee.
Position hire date	Date (mm/dd/yyyy)	Open field for date	The date the employee was hired for their current position. <i>Note:</i> this could be the same date the employee was hired for the organization, but it may be a different date if the employee was originally hired in the organization for a different position.
Employment end date	Date (mm/dd/yyyy)	Open field for date	Enter the employee's last day at work, if applicable.
Other plan to fill position	Text	Open field for text	Enter other plan to fill position.
Planned caseload capacity (# of families)	Numeric	Open field for numbers	Enter the planned caseload capacity as stated in the contract.
Additional comments on planned capacity	Text	Open field for text	Enter any additional details on caseload capacity.

Additional Activity Requirements

All assessments will show up in reports for all programs. Specific assessments can be excluded in the Scheduling Report.

Assessment	Required for whom?	Explanation
Life Skills Progression Instrument (LSP)	ECI and DHS long-term home visiting	Schedule: An LSP is required at 30 days post enrollment, every six months thereafter, and at discharge. ECI-funded and DHS-funded programs are only required to answer certain scales (1-3, 5, 7, 11, 20, 35), but the entire instrument is recommended. If you choose to complete questions 36-43, please choose one child aged 4 months to 3 years old to complete this section on. Choose this child as the “child involved” for this questionnaire.
Iowa FSSD Home Visit Review Form	REQUIRED for all	The Iowa FSSD Home Visit Review Form is required for all primary caregivers. A home visit review form is collected following each home visit. This form should be submitted within 48 hours of the home visit. It can be used to track home visit times, formats, and length along with any relevant notes. These forms will be counted in the Home Visit Tracker Report.
Edinburgh Postpartum Depression Scale (EPDS)	OPTIONAL for all	An EPDS is optional for all primary caregivers in accordance with the timing below: Prenatal enrollees - complete EPDS within 6-12 weeks of delivery Postnatal enrollees - complete EPDS within 3 months of enrollment If the child does not fall into the 6-12 week age category, choose the “Other” drop-down. If the caregiver is already receiving services, select that from the timing dropdown option and do not complete the screener.
Ages and Stages Developmental Questionnaire, Third Edition (ASQ-3)	ECI long-term home visiting	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 (adjusted age ends when calculated up to 24 months). Children already receiving early intervention services should not be screened.
Ages and Stages Developmental Questionnaire, Social-Emotional Questionnaire, Second Edition (ASQ:SE-2)	OPTIONAL for all	ASQ-SE Schedule: 2 months, 6 months, 12 months, 18 months, 24 months, 30 months, 36 months, 48 months, 60 months or per adjusted age for premature infants (adjusted age ends when calculated up to 24 months).
Retrospective Protective Factors Survey Second Edition (Retorspective PFS-2)	ECI and DHS-funded group-based parent education and short-term home visitation	The Retrospective PFS-2 is a required form for FY24 beginning July 1, 2023. It is available in both English and Spanish versions in DAISEY. The Retrospective PFS-2 should be completed only once per caregiver. It should be completed within 6-12 weeks from the enrollment date.

SV note: requirements for SV-funded programs are dependent on how the awarded application was written. Therefore, services are delivered as presented in the awarded application.