



## **Entering Family Profile Data in DAISEY**

As a reminder, the Family Profile section of DAISEY is for parenting programs *with a series of sessions* that are typically 1:1 services or services that are applied to an *individual caregiver or individual family*. Examples include Triple P Seminars, Discussion Groups, Informed Workshops, Parent Cafés, play groups.

Before creating a family profile in DAISEY, organizations must obtain client consent to collecting identifiable information. If a caregiver denies content for their personally identifiable information to be entered into DAISEY, use the guidance below when creating their profile and completing the enrollment form. No consent? Leave the FIRST NAME and LAST NAME fields blank and enter 01/01/1900 as the DOB. TIP: Use the assigned DAISEY ID or enter an Alternate ID to easily locate profiles without a name. The Enrollment Form is in the Forms Available Section after you have created and selected the parent's profile. No consent? Leave the ZIP CODE field blank.

- 1. Log in @ https://wprs.daiseysolutions.org/
- 2. Select WPRS from the list:



 Select Family Profiles on the left navigation list. Additional options will appear underneath. Select Search Caregivers. A list of existing caregivers will populate. Search for caregivers first. If the caregiver is *not* in DAISEY, then select the green Add Caregiver button in the upper right side of the screen

| CHILD ABUSE &<br>Prevention          | n Board 🕹   | SEY            |
|--------------------------------------|---|----------------|
| DAISE<br>connecting the first five y | Y Solution: SFTA →  | 요 ⑦ HELP       |
| A Family Profiles                    | Search Caregiver  | Add Caregiver  |
| Search Child                         | 10 • records per page   |                |
| ☆ Environment Data                   | Caregiver ID<br>Alternative ID<br>Name Caregiver First<br>Name Caregiver Last<br>Caregiver Last<br>Caregiver Last | iver Caregiver |
| Ď Data Management                    | Caregiver ID Alternative ID First Name Last Name Date   |                |
| Dal Reports                          | No data available in table  |                |
|                                      | Showing 0 to 0 of 0 entries   | •              |

Description of Terms (Search Caregiver page)

- <u>ID</u>: A DAISEY ID generated for this specific form
- <u>Activity Forms</u>: the name of the activity form entered
- <u>Activity Date</u>: the date the activity occurred
- <u>Caregiver Involved:</u> the caregiver named on the form
- <u>Organization</u>: the name of the organization of the user that entered data into the form
- <u>Status</u>: whether the form has been "Submitted" or is still "In Progress"
- Family Form ID: the DAISEY ID number assigned to the type of activity form
- <u>Action</u>: clickable icons allow users to perform certain actions:
  - View a form by clicking the magnifying glass icon—only an option for submitted forms
  - Edit a form by clicking the pencil icon—only an option for forms in progress
  - Revert a submitted form back to "in progress" for editing by clicking the arrow icon—not an option for Provider-level DAISEY users
  - Delete the form by clicking the trashcan icon (not recommended).
  - View the "form history" by clicking on the paper icon (i.e. when edits were made and by which user).
  - Click the printer icon to print the completed activity form.





Search Caregiver

| 10 v reco      | rds per page   |                      |                       |                            |                     |          | Search:    |         |
|----------------|----------------|----------------------|-----------------------|----------------------------|---------------------|----------|------------|---------|
| Caregiver ID 🖕 | Alternative ID | Caregiver First Name | Caregiver Last Name 🍦 | Caregiver Date of<br>Birth | Caregiver<br>Status | Status 🖕 | Program(s) | Action  |
| Caregiver I    | Alternative ID | First Name           | Last Name             | Date                       | All ~               | Al 🗸     | Programs   |         |
| 818-20037      |                | Frodo                | Baggins               | 07/12/2023                 | Primary             | Active   |            | C t b a |
| 818-20036      |                | Merrissa             | Johnson               | 01/01/1980                 | Primary             | Active   |            | 60000   |
| 818-20035      |                | Prevention           | Test                  | 01/01/2000                 | Primary             |          |            | 00000   |
| 818-20034      |                | WPRS                 | Training              | 01/01/2001                 | Primary             |          |            | 00000   |
| 818-20033      |                | WPRS                 | Trainingperson        | 12/14/2022                 | Primary             |          |            | 0000    |

- 4. Before creating a family profile in DAISEY, organizations must obtain client consent to collecting identifiable information.
  - a. Client Consent forms can be located on the Prevention Board website.
  - b. If a caregiver denies content for their personally identifiable information to be entered into DAISEY, use the guidance below when creating their profile and completing the enrollment form.
  - c. No consent? Leave the FIRST NAME and LAST NAME fields blank and enter 01/01/1900 as the DOB. TIP: Use the assigned DAISEY ID or enter an Alternate ID to easily locate profiles without a name.
- 5. A blank Add Caregiver form will populate the screen. The form will ask for basic information about the single session program you are adding as an environment. Fill in all collected data. Any field with a red asterisk is a required field. DAISEY will not allow you to save or advance if a red asterisk field is left bank. Once all data is entered, click the save button below the Caregiver





## record.

| Family Profiles | Add Caregiver<br>Create a new Caregiver record ( | ws. |   |                 |                 |            |
|-----------------|--|-----|---|-----------------|-----------------|------------|
| earch Child     | Caregiver ID                                     | 10  | Caregiver System ID                             | 18              | Alternate ID    | 28         |
| Data Management | Active Status                                    |     | is this the primary<br>caregiver of the child?  | Yes *           | Enrollment Date | mm/dØyere  |
| Reports         | First Name                                       |     | Last Name                                       | 34              | Date of Birth   | mmddilyyyy |
|                 | Sex:   |     | My racelethnicity is<br>(check all that apply): | None selected + |                 |            |
|                 | Primary language<br>spoken at home:              |     | I am a person with a<br>disability:             | •               |                 |            |

- a. Access <u>DAISEY's Data Dictionary</u> for more information about each question label.
- b. A completed Caregiver record form will look like this:

| Add Caregiver                    | here           |   |              |                   |            |
|----------------------------------|----------------|---|--------------|-------------------|------------|
| Caregiver ID                     | X#             | Caregiver System ID   | X#           | Alternate ID      | X#         |
| Active Status                    | Active         | <ul> <li>Is this the primary<br/>caregiver of the child?</li> </ul>       | Yes 🗸        | Enrollment Date * | 07/12/2023 |
| First Name                       | Frodo          | Last Name   | Baggins      | Date of Birth *   | 07/12/2023 |
| Sex:                             | Male           | <ul> <li>My race/ethnicity is</li> <li>(check all that apply):</li> </ul> | 1 Selected v |                   |            |
| Primary language spoken at home: | English        | I am a person with a disability:  | No           |                   |            |
| Save Add Second                  | lary Caregiver | Associate Child   |              |                   |            |





6. Click Family Activities



- a. Family activities are data forms that are attached to caregiver records. Within the "Family Activities Page," you can view all caregivers in a family, access available program forms, and view a history of saved or submitted forms.
- 7. Complete All Programs- Enrollment Form (Participant Information Form)
  - a. The All Programs- Enrollment Form is located in the Forms available for Family Activities section. This form is <u>necessary</u> to complete to enroll caregivers in each program. If a Click the All Programs- Enrollment Form

| Forms available for Family Activities     Adult Adolescent Parenting Inventory (AAPI-2) Summary   All Programs - Enrollment Form   CAPES-DD   DECA-I   DECA-T   Depression Anxiety Stress Scales (DASS-21)     vendematare   vendematare   get   Martial Status:   vendematare   get   Martial Status:   Number of choren Introg n   get   Martial Status:   Number of choren Introg n   marting support   with of any point in the status:   Number of choren Introg n   marting support   with of any point in the status:   Number of choren Introg n   get   Martial Status:   Number of choren Introg n   marting support   with of any point in the status:   Number of choren Introg n   marting support   with of any point in the status:   Number of choren Introg n   marting support   with of any point in the status:   Number of choren Introg n   marting support   with of any point in the status:   Number of choren Introg n   marting support   Number of choren Introg n   |  |   |  |      |  |
|--|--|---|--|------|--|
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| Aduit Adolescent Parenting Inventory (AAPI-2) Summary  |  |   |  |      |  |
| All Programs - Enrollment Form   | Adult Adolescent Parenting Inventor  | y (AAPI-2) Summary  |  |      |  |
| CAPES-DD DECA-I DECA-T DEpression Anxiety Stress Scales (DASS-21)  terret form e of Activity *  which caregiver was wrowed **  which caregiver was  wrowed **  which caregiver was  wrowed **  which caregiver was  wrowed **  which caregiver was  wrowed **  which caregiver was  wrowed **  which caregiver was  wrowed **  which caregiver was  wrowed **  which caregiver was  wrowed **  which caregiver was  wrowed **  which caregiver was  wrowed **  which caregiver was  wrowed **  which caregiver was  wrowed **  which caregiver was  wrowed **  which caregiver was  wrowed **  which caregiver was  wrowed **  which caregiver was  wrowed **  which caregiver was  wrowed **  which caregiver was  wrowed **  which caregiver was  wrowed **  wr | All Programs - Enrollment Form   |   |  |      |  |
| DECA-I         DECA-T         Depression Anxiety Stress Scales (DASS-21)         Enderset Form <ul> <li>a of Activity*</li> <li>which caregiver was             <ul> <li>which caregiver was                 <ul> <li>Parenting Program: *</li> <li><ul> <li>meconary</li> <li>which caregiver was                     <ul> <li>Parenting Program: *</li> <li><ul> <li><ul> <li>Parenting Program: *</li> </ul> <ul> <li>which caregiver was                               <ul></ul></li></ul></li></ul></li></ul></li></ul></li></ul></li></ul></li></ul>   | CAPES-DD   |   |  |      |  |
| DECA-T         Depression Anxiety Stress Scales (DASS-21)         Evolution form         e of Activity*       wmwithing*         e of Activity*       Wmithing*  | DECA-I   |   |  |      |  |
| Depression Anxiety Stress Scales (DASS-21)         covamend 2xml         te of Activity**       www.stryvy**         www.stryvy**       Which caregiver was<br>involved?**       Parenting Program:*         ett Educator (First and<br>tt Name): *       *         totpart Information Form       *         et:       Marital Status:       •         mber of children Nth a<br>billity:       ss       *         marity seeking support       ss       My relationship to the children<br>int a spilly:       None selected *         marity seeking support       ss       child's set:       •       My annual household income       •         ett Bit apply):       None selected *       *       My education level is:       •   | DECA-T   |   |  |      |  |
| Depression Anxiety Stress Scales (DASS-21)         commend commendation         te of Activity*         mession/program         etc         Marrial Status:         mession/program         mestation/program  |  |   |  |      |  |
| articipant Information Form<br>ge:   | int Educator (First and<br>t Name): *  |   |  |      |  |
| mber of children with a     as     My relationship to the children<br>in my bousehold is (chick all<br>that apply):     None solected •     Are you pregnant?     •       manify seeking support<br>   | kipant Information Form  | Marital Status:   | <ul> <li>Number of children living in<br/>my household:</li> </ul> | \$\$ |  |
| manify seeking support<br>   | sber of children with a satisfies the satisfiest state of the satisfiest state | My relationship to the children None<br>in my household is (check all<br>that apply): | e selected - Are you pregnant?                                     | •    |  |
| employment status is None selected • Veteran Military Status • My education level is: • eccl all that apply): • (Household includes individuals who are serving or formerly served in the US   | aarily seeking support   | child's sex:  | <ul> <li>My annual household income<br/>is:</li> </ul>             | •    |  |
| armed forces):   | Imployment status is None selected -<br>cock all that apply):  | Veteran Military Status   |  | •    |  |
| e you current y enrolled in  v Current Zip Code:   |  | individuals who are serving or<br>formerly served in the US<br>armed forces):         | • My education level is:   |      |  |

- b. Enter all collected data
  - i. Things to consider:





- 1. Funding Source: if you are unsure, please contact your agency's Data Champion.
- Parent Educator: \*\*please be sure names are spelled uniformly / the same way each time. For example, if Parent Educator Bruce Wayne sometimes capitalizes their name and sometimes doesn't, DAISEY will identify the different spelling/formatting as different individuals.
- 8. Once the form is completed, hit the Green Submit button at the bottom of the screen. If you are not ready to submit, please be sure to save your work.
- 9. Once submitted, an alert will appear that indicates data was submitted successfully. Click OK. DAISEY will redirect here:

| )            | Last Name    | First Name | Caregiver / Child | Status 🖕   | Action   |
|--------------|--------------|------------|-------------------|------------|----------|
| ID           | Last Name    | First Name | Caregiver / Child | All v      |          |
| 18-20037     | Baggins      | Frodo      | Caregiver         | Primary    | Ct D d d |
| owing 1 to 1 | of 1 entries |            | First             | Previous 1 | Next Las |
|              |              |            |                   |            |          |

| 10 🗸      | records per page               |               |                    |                |                 |           | Search:         |        |
|-----------|--------------------------------|---------------|--------------------|----------------|-----------------|-----------|-----------------|--------|
| ID 🔶      | Activity Forms                 | Activity Date | Caregiver Involved | Child Involved | Organization    | Status 🔶  | Family Form ID  | Action |
| ID        | Activity                       | Activity      | Caregiver Involved | Child Ir       | Organiz         | All ~     | Family Form ID  |        |
| 3668006   | All Programs - Enrollment Form | 07/12/2023    | Frodo Baggins      |                | Training - WPRS | Submitted | 224             | 04000  |
| Showing 1 | to 1 of 1 entries              |               |                    |                |                 |           | irst Previous 1 |        |
| •         |                                |               |                    |                |                 |           |                 | +      |

Forms available for Family Activities

| Adult Adolescent Parenting Inventory (AAPI-2) Summary | ð |
|---|---|
| All Programs - Enrollment Form                        | ð |
| CAPES-DD  | ß |
| DECA-I  | 0 |
| DECA-T  | ð |
| Depression Anxiety Stress Scales (DASS-21)            | ð |
| EBP Session Form                                      | ð |
| Family Assessment of Strengths Tool (FAST)            | ð |
| Financial Intake Form                                 | ð |
| NP Session Form                                       | G |





10. After locating/creating and selecting the caregiver's profile (and competling the enrollment form), choose the Session Form that applies to the parenting program that you are providing\*.

| Triple P Session Form         |                 |                                       |                 |                                   |                 |
|-------------------------------|-----------------|---------------------------------------|-----------------|-----------------------------------|-----------------|
| Date of Activity *            | mm/dd/yyyy      | Which caregiver was<br>involved? *    | <b></b>         | Program Delivered: *              | •               |
| Session Delivery Method:      |                 |                                       |                 |                                   |                 |
| Behavior Identified:          |                 | Parenting Plan Status:                | •               | Specific Strategies<br>Addressed: | None selected - |
| Specific Tip Sheets Provided: | None selected - | Triple P Goals Addressed:             | None selected + | Time Spent on Triple P:           |                 |
| Session Summary:              | •               | Successful Practitioner<br>Discharge? | •               |                                   |                 |
|                               |                 |                                       |                 |                                   |                 |
| Notes:                        |                 |                                       |                 |                                   |                 |
| Save Submit                   |                 |                                       |                 |                                   |                 |

- a. Enter all collected data
  - i. Things to Consider
    - 1. Dates: <u>The enrollment date and the first session form date of activity</u> <u>should need to match.</u>
    - 2. Program Delivered: Some program types have multiple topics. If so, an additional field will pop up with the topic selections for the program you selected and session delivery method.
    - 3. **\*FOR TRIPLE P ONLY** 
      - a. Specific Strategies Addressed: Parent Educators should stick to fewer than 3 strategies during a single session
      - b. Specific Tip Sheets Provide: Parent Educators should not typically be providing more than one tip sheet per session.
    - 4. For a complete list of session form field definitions, access <u>DAISEY's Data</u> <u>Dictionary</u> for more information about each question label.
    - 5. Each service/level has different requirements for forms that need to be completed! Make sure to know which forms are required for the level of service you are offering.





11. Click on the name of the activity form to add from the list of "Forms Available for Family Activities

Forms available for Family Activities

| Adult Adolescent Parenting Inventory (AAPI-2) Summary | ß |
|---|---|
| All Programs - Enrollment Form                        | ð |
| CAPES-DD  | ¢ |
| DECA-I  | ð |
| DECA-T  | ¢ |
| Depression Anxiety Stress Scales (DASS-21)            | Ø |
| EBP Session Form                                      | 0 |
| Family Assessment of Strengths Tool (FAST)            | đ |
| Financial Intake Form                                 | đ |
| ND Session Form                                       |   |

- 12. The Forms you are required to fill out are based on the parenting program session completed
  - a. Triple P Level 3 Primary Care (0-12, Stepping Stones, and Teen)
    - i. The **Participant Information Survey** and **PAFAS** should be handed out and completed prior to or at the beginning of the first session.
      - 1. Each caregiver should be asked to complete the **PAFAS** at the first consultation and again at the end of the third session.
    - ii. A Triple P Session form should be completed for all 4 sessions.
    - iii. The **Client Satisfaction Questionnaire** should be completed by each family member at the end of the fourth session.
    - iv. Optional: PAPF, Child Adjustment and Parenting Efficacy Scale Developmental Disability (CAPES-DD) — Parent Version, DECA-I and DECA-T (Devereux Early Childhood Assessment)
  - b. Level 4 Standard (0-12)
    - i. The **Participant Information Survey, PAFAS and PAPF** should be handed out and completed *prior to or at the beginning* of the **1st consultation**.
      - The PAFAS and PAPF should be re-administered to each parent at the 9<sup>th</sup> session.
    - ii. A Session form should be completed for each session.
    - iii. The **Client Satisfaction Questionnaire** should be completed by each family member at the end of the final session.
    - There are additional assessments available in the <u>Wisconsin Prevention</u> <u>Reporting System</u> (WPRS) and the Triple P site for Level 4. Use as needed for each family.
  - c. Level 4 Standard (Teen)
    - i. The **Participant Information Survey, Conflict Behavior Questionnaire and PAPF** should be handed out and completed by parent(s) and adolescent *prior to or at the beginning* of the **first session**.





- ii. The **Conflict Behavior Questionnaire and PAPF** should be re-administered to each parent at the **9**<sup>th</sup> session.
- iii. The **Conflict Behavior Questionnaire** for the adolescent should also be readministered at the 9<sup>th</sup> session.
- iv. A Session form should be completed for each session.
- v. The **Client Satisfaction Questionnaire** should be completed by each family member at the end of the final consultation.
- d. Nurturing Parenting
  - i. The **Participant Information Survey, AAPI-2 and PAPF** should be handed out and completed *prior to or at the beginning* of the **1st group session**.
  - ii. A Session form should be completed for each session.
  - iii. The AAPI-2 and PAPF should be re-administered to each parent at the *last* group session.
  - iv. The Nurturing Skills Competency Scale and the Financial Intake form are also available in WPRS for Nurturing Parenting. This is an optional assessment.
- Once the relevant form is completed, hit the Green Submit button at the bottom of the screen.
   If you are not ready to submit, please be sure to save your work.
- 14. Once submitted, an alert will appear that indicates data was submitted successfully.
- 15. DAISEY will redirect here:

| 10 ~         | <ul> <li>record</li> </ul>         | ds per page  |   |   |                            |  |                            |   | Search:  |    |                     |  |
|--------------|------------------------------------|--|---|---|----------------------------|--|----------------------------|---|----------|----|---------------------|--|
| )            | •                                  | Last Name  | Å                                       | First Name  | Å                          | Caregiver / Child                          |                            | Å   | Status   | \$ | Action              |  |
| ID           |                                    | Last Name  |   | First Name  |                            | Caregiver / Child                          | I                          |   | All 🗸    |    |                     |  |
| 18-20037     |                                    | Baggins  |   | Frodo   |                            | Caregiver                                  |                            |   | Primary  |    | 0008                |  |
| owing 1      | to 1 of                            | 1 entries  |   |   |                            |  |                            |   | Previous | 1  |                     |  |
|              |                                    |  |   |   |                            |  |                            |   |          |    |                     |  |
|              |                                    |  |   |   |                            |  |                            |   |          |    |                     |  |
| mily         | Activ                              | vities Form Hi   | story                                   |   |                            |  |                            |   |          |    |                     |  |
| mily         | Activ                              | vities Form Hi   | story                                   |   |                            |  |                            |   |          |    |                     |  |
| ımily        |                                    | vities Form Hi   | story                                   |   |                            |  |                            |   | Search:  |    |                     |  |
| 10 ~         | Activi<br>Activi                   | vities Form Hi<br>ds per page<br>ty Forms ¢                          | Story<br>Activity Date                  | Caregiver Involved  | Child Involve              | d Organization 🍦                           | Status                     | Fam   | Search:  | ¢  | Action              |  |
| imily        | Activi<br>Activi                   | vities Form Hi<br>ds per page<br><b>ty Forms</b> ¢                   | Activity Date                           | Caregiver Involved  | Child Involver             | d Organization 🍦<br>Organiz                | Status<br>All              | <ul><li>Fam</li><li>✓</li></ul>                     | Search:  | ÷  | Action              |  |
| 10 ~<br>10 ~ | Activi<br>record<br>Activit<br>Act | vities Form Hi<br>ds per page<br>ty Forms<br>twity<br>P Session Form | Story Activity Date Activity 07/12/2023 | Caregiver Involved<br>Caregiver Involved<br>Frodo Baggins | Child Involved<br>Child In | Drganization<br>Organiz<br>Training - WPRS | Status<br>All<br>Submitted | <ul> <li>♦ Fam</li> <li>✓ F</li> <li>233</li> </ul> | Search:  | \$ | Action<br>Q ch () [ |  |

- a. Each form associated with the caregiver will appear as separate rows.
- b. You can utilize the green Action Items (right side of screen) to edit, delete, view, and print each form.









## **Primary Surveys and Assessments**

This is not an exhaustive list of surveys and assessments required in DAISEY, but these are those that are required or recommended to be used per Prevention Board funding. Please reach out to your Contract Administrator for additional information about required DAISEY forms.

- 1. **Participant Information Survey** Provides basic demographics and is the same survey for all levels. *All* participants should be asked to complete the Participant Information Survey. If your agency already uses an intake form that collects the same information, please contact Rebecca Murray to discuss. Participant information surveys should be completed either prior to or during the first session of each type of programming.
- Satisfaction Surveys Provide feedback from participants about the programming.
   Each level has a different, individualized satisfaction survey. Satisfaction surveys are completed at the end of programming sessions. See below for specifics for each level.
- 3. The Parenting and Family Adjustment Scales (PAFAS) a pre and post survey for families to assess changes in child behavior because of parents' participation in Triple P. Each caregiver should be asked to complete a PAFAS survey. There is only one version of the PAFAS. The PAFAS is always taken twice. The first time prior to the onset of service delivery. The second time depends upon the level of Triple P. See information below for specifics of when the PAFAS should be administered.
- 4. **Parent Assessment of Protective Factors (PAPF)** a pre and post tool used with parents to help measure and assess parental beliefs, feelings, and actions that can indicate the presence and strength of specific protective factors in a family. This will be a tool to guide a conversation with the parent to identify strengths and areas for improvement. See information below for specifics of when the PAPF should be administered.
- 5. Adult Adolescent Parenting Inventory (AAPI-2) a pre and post inventory designed to assess the parenting and child rearing attitudes of adult and adolescent parents participating in Nurturing Parenting.

Additional Forms Available in DAISEY:

- Depression Anxiety Stress Scale-21
- Family Assessment of Strengths Tool (FAST)
- Financial Intake Form
- Parental Anger Inventory (Short)





- Parenting Scale
- Parenting Tasks Checklist
- Parent Problem Checklist
- Parents Attributions for Childs Behavior
- Relationship Quality Index
- Teen Triple P: Conflict Behavior Questionnaire Adolescent for (father or mother)
- Teen Triple P: Parent Problem Checklist
- Teen Triple P: Parenting Scale: Adolescent
- Teen Triple P: Issues Checklist