

# Safe From the Start

## Database 1.0 User's Quick Start Guide

### Part One: Basic Site Navigation, Intake, and Background Information Form (BIF)

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## Quick Start Guide Usage

The Safe from the Start (SFS) database is a web-based data system used by SFS sites in Illinois. The purposes of this database are to:

- Standardize data collection and reporting to improve the ability to analyze and interpret information.
- Create a repository for SFS data.
- Provide data to SFS researchers for developing site reports to inform service delivery.

This guide is intended to assist SFS providers in navigating the SFS database, reviewing client records, adding new clients, and documenting client intake information.

If you have any issues logging in, questions about this guide, or any other concerns, please contact the SFS research team at:

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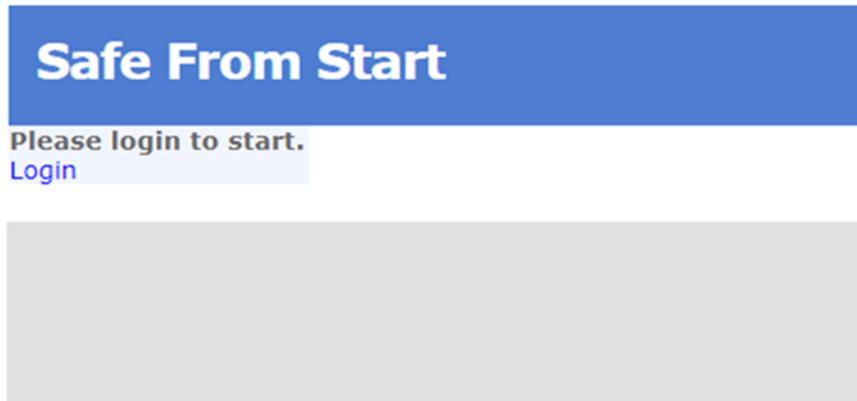
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## Table of Contents

<b>Logging into the SFS Database</b> .....	4
<b>Home Page</b> .....	5
<b>Adding a New Family</b> .....	6
<b>Adding a New Child</b> .....	8
<b>Background Information Form (BIF)</b> .....	9
BIF – Background .....	11
BIF - History.....	13
BIF – CECV .....	15
BIF – Child.....	17
BIF – Discipline .....	18
BIF – Abuse.....	19
BIF – Household .....	20
BIF – Family History.....	22
<b>Family and Children Data</b> .....	23
<b>Utility Menu</b> .....	24
Child Form Count .....	25
Family Form Count.....	25
Family List.....	26
<b>Change Password</b> .....	27

## Logging into the SFS Database

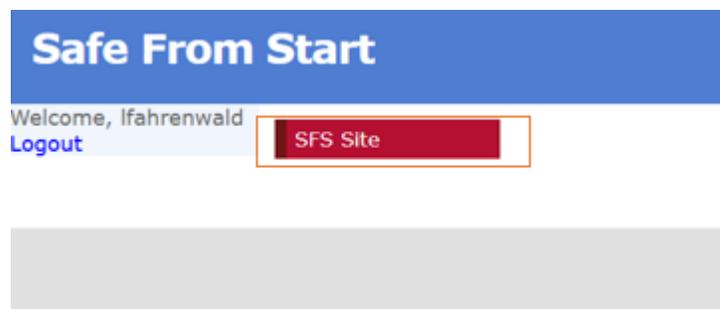
To log in to the SFS database, go to the following website: <https://sfsdatabase.com/>. You will see the page below; please click on the word “Login” to enter your credentials.



Enter your username and password and click the gray “Log In” button to access the SFS database.

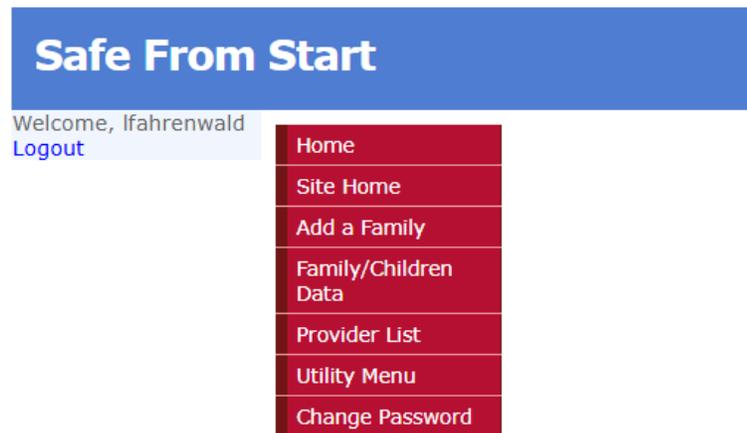


Here, you can either log out by clicking the blue text under your username or access the SFS home page by clicking the red button that says “SFS Site.”



## Home Page

Below is the site home page.



You can use the menu to navigate to other pages; these include:

- Clicking on “Home” brings you back to the previous page that allows you to access the SFS website.
- “Site Home” takes you to the home page, which is the page you are currently on.
- Use the “Add a Family” button to add a new family to the SFS database.
- “Family/Children Data” takes you to a page that displays a list of all families entered in the database for your site.
- The “Provider List” allows you to manage staff information and assign them to specific cases. However, entering information on this page is optional.
- The “Utility Menu” is used to view child and caregiver assessment records and a family’s status in the database.
- The “Change Password” tool allows you to change your password.

## Adding a New Family

Go to the home page and select “Add a Family.”



Below is the Caregiver Information page. While a child may have multiple caregivers, you should enter intake data for the primary caregiver that accompanies the child for SFS services. Prioritize entering data for the fields outlined or “boxed” in orange below. These include a) Family ID; b) Start Date; c) Race(adult); d) Ethnicity(adult); and e) Referral source.

The screenshot shows the 'Safe From Start' application interface with the 'Caregiver Information' form. The form is titled 'Caregiver Information:' and contains the following fields:

Family ID*	Start Date		
Race(adult)	Ethnicity(adult)	Referral source	Referral agency
Primary staff	Additional staff	Note:	

\*Family ID is 4 characters or digits

At the bottom of the form, there are two buttons: 'Add Family' and 'Cancel'.

- A “Family ID” is the ID assigned to the primary caregiver that accompanies the child(ren) for services. It is comprised of four alphanumeric characters, should be unique for each client, and must not contain any personally identifiable information (PII) or personal health information (PHI). This includes (but is not limited to) any portion of the client’s name, social security number, and date of birth. Typically, this would be the client ID number that your organization uses on any physical files or in a separate electronic record-keeping system. If the “Family ID” you entered already exists, the below warning will appear. You will need to create a different “Family ID” for this family. **You cannot change a “Family ID” once it has been saved. You cannot add a family until a “Family ID” has been entered.**

**Family ID already existed, please use another one.**

After the four-character ID is created, a predetermined two-character prefix is added to indicate the site serving the family. For example, a family served by the Center for Prevention of Abuse will have “01” as the first two characters of their ID.

- “Start Date” is the date the caregiver begins the intake process. **You cannot change a start date once it has been saved. You cannot add a family until a “Start Date” has been entered.**
- “Race(adult)” and “Ethnicity(adult)” provide dropdown lists for selecting the race and ethnic identities of the caregiver seeking services. The database only allows you to select one race option and one ethnicity option. If the caregiver identifies as more than one race, select “Multi-racial.”
- “Referral source” provides a dropdown list of different referral types that may have referred a family to the program. Please closely consider the available options in the dropdown list before choosing “Other.” For “Other” there is NOT a text box for describing the referral type.
- The “Primary staff” and “Additional staff” fields are optional.
- **“Note:” Do NOT enter any information in this field.**

After clicking “Add Family,” the page will look like this:

Caregiver Information:				
<b>Family ID</b>				
996789				
<b>Primary staff</b>	<b>Secondary staff</b>	<b>Race</b>	<b>Ethnicity</b>	
<input type="text"/>	<input type="text"/>	African-American <input type="text"/>	Non-Hispanic <input type="text"/>	<b>Terminate Service</b>
<b>Refer source</b>	<b>Ref. Agency</b>		<b>Status</b>	
Self-Referral/Walk-in <input type="text"/>			Active	
<b>Note:</b>				
<a href="#">Edit Family Information</a>				

**Children List:**

- The Family ID now has 6 characters, with a site-specific two-character prefix.
- There is now a button next to “Ethnicity” called “Terminate Service.” Clicking this button takes you to the Service Termination page, which allows you to close out a family. More information about using the Service Termination page will be made available in a supplemental guide.

- The family now has a Status field that says “Active.” After a family is entered in the database their “Status” is automatically displayed as “Active.” After a family is terminated in database through the Service Termination page, the family’s “Status” will be automatically updated to “Inactive”.

By clicking the blue link that says “Edit Family Information” you will be able to edit certain fields, including race, ethnicity, referral source, and referring agency. Under the blue text that says, “Children List” is a gray button that says, “Add Child”. By clicking this button, children may be added to the family.

## Adding a New Child

This is the Child Information page, which can be accessed after selecting “Add Child” on the Caregiver Information page.

The screenshot shows a web interface for 'Safe From Start'. At the top, there is a blue header with the text 'Safe From Start'. Below the header, there is a navigation bar with 'Welcome, Ifahrenwald', 'Logout', and 'Family ID: 996789'. A 'Site Home' link is also visible. The main content area is titled 'Child Information:' and contains a form with the following fields:

ID (2-digit)			
IntakeDate	Consent?	<input type="checkbox"/>	
Note:			

At the bottom of the form, there are two buttons: 'Add Child' and 'cancel'.

- “ID:” Enter a two-character identifier for the child. It must **NOT** contain any PII/PHI. The two-character suffix is added to the Family ID to create a unique eight-character Child ID. This is a system **required** field.
- “IntakeDate:” The date the provider(s) began gathering intake information about the child from the caregiver. The child’s intake date should not be earlier than the caregiver’s intake date.
- “Consent?:” Indicate that research consent was obtained by clicking the check box. You can update consent information at any time. For example, if you later receive consent for a child, update this field indicating that consent has been obtained. If a caregiver later withdraws consent, uncheck the consent box.
- “Note:” **Do NOT enter any information in this field.**

Once the “Add Child” button is clicked, the page below will appear:

The screenshot shows the 'Safe From Start' interface. At the top, there is a blue header with the text 'Safe From Start'. Below the header, there is a navigation bar with the text 'Welcome, Ifahrenwald .ogout' and a 'Site Home' link. Two navigation links are highlighted with red boxes: 'Return to Family Portal Page' and 'Jump to Other Family'. Below the navigation bar, there is a 'Child Information' table with the following data:

Child Information:				
ID	Intake Date		BIF	
99678901	8/20/2024		PSI	Edit PSI
FamilyID	Consent	Status	CBCL	Edit CBCL
996789	Yes	Active	ASQ-SE	Edit ASQ-SE
Note:			ASQ	Edit ASQ

Below the table, there is a link 'Edit Child Information'.

On this page you can:

- Access the Caregiver Information page by clicking “Return to the Family Portal Page.”
- Access the “Family/Children Data” page by clicking “Jump to Other Family.” See page 23 for more information on this page.
- Enter and edit information for the Background Information Form (BIF) and assessment data.
- Update consent by clicking on the “Edit Child Information Button”.

## Background Information Form (BIF)

The Background Information Form (BIF) is the SFS form used to collect important information about the child, caregiver, and household. The BIF is accessible after a child is added to a caregiver. You can enter intake information from the Child Information Page. From the Caregiver Information page click on the “View” option next to the child’s ID under “Children List” to access the Child Information Page.

### Children List:

Add Child

	ID	IntakeDate	Consent	Memo
View	99678901	8/20/2024	Yes	
View	99678902	8/20/2024	Yes	

Clicking the BIF button will take you to the first page of the BIF – the "Background" page. See the "BIF – Background" section of this guide for more information about this page.

Child Information:				
<b>ID</b>	<b>Intake Date</b>		<a href="#">BIF</a>	
99678901	8/20/2024		<a href="#">PSI</a>	<a href="#">Edit PSI</a>
<b>FamilyID</b>	<b>Consent</b>	<b>Status</b>	<a href="#">CBCL</a>	<a href="#">Edit CBCL</a>
996789	Yes	Active	<a href="#">ASQ-SE</a>	<a href="#">Edit ASQ-SE</a>
<b>Note:</b>			<a href="#">ASQ</a>	<a href="#">Edit ASQ</a>
<a href="#">Edit Child Information</a>				

At the bottom of each BIF page there is a "Save" and a "Cancel" option. **Make sure you click "Save" BEFORE you navigate to the next page. Clicking cancel will NOT save changes and will bring you back to that child's information page.**

You should prioritize entering data for BIF fields outlined or "boxed" in orange throughout this guide. You may enter data for all other fields, but this is not required.

**Basic Troubleshooting Tip:** Occasionally, the database experiences a minor crash when you are on the BIF pages. A standard 404 error will appear and invite you to reload. Do **NOT** reload. Instead use the back button, click to a different page within the BIF, and then return to the original page you were on in the BIF. Reloading the page will cause an error. Any unsaved changes will **NOT** be saved.

Please note that many of the dropdown fields in the BIF contain two frequently used terms. These terms and their descriptions are below:

- "D/K:" Don't know
- "D/K N/A:" Don't know/Not applicable

If you have any questions about anything you see, please reach out to the research team for advisement.

## BIF – Background

The “Background” page documents the child’s demographic information, information about the violence exposure that brought the child in for treatment, and their service history. You should prioritize entering data for the fields outlined or “boxed” in orange below.

### Safe From Start

Welcome, Ifahrenwald  
Logout

ID: 99678901 Intake Date: 8/20/2024

**Background** | History | CECV | Child | Discipline | Abuse | Household | Family

**Background Information**

Relationship of informant to child  if other  Zip:

Age of child  years and  months Sex

Race of child  If other  Ethnicity of child

**What brings the child in for treatment?** Check all that apply

1. Victim of child abuse  4. Victim of community violence  
 2. Witnessing domestic violence  5. Witnessing community violence  
 3. Sexual abuse  6. Other

Describe violent event:

What is the child's perception of the event?

Were other services received?  No  If yes,

1:  3:   
2:  4:

What are child's symptoms/presenting problems?

<input type="checkbox"/> 1. Anxiety	<input type="checkbox"/> 8. Fearfulness/phobias	<input type="checkbox"/> 15. Self abusive
<input type="checkbox"/> 2. Depression	<input type="checkbox"/> 9. Withdrawn behavior	<input type="checkbox"/> 16. Destructive to property
<input type="checkbox"/> 3. Aggression towards peers	<input type="checkbox"/> 10. Regressive behavior	<input type="checkbox"/> 17. Perpetrator of sexual activity
<input type="checkbox"/> 4. Aggression towards siblings	<input type="checkbox"/> 11. Clinging behavior	<input type="checkbox"/> 18. Repetitive talk about the event
<input type="checkbox"/> 5. Aggression towards parents	<input type="checkbox"/> 12. Hopelessness	<input type="checkbox"/> 19. Somatic complaints
<input type="checkbox"/> 6. School behavior problems	<input type="checkbox"/> 13. Parent/child relationship	<input type="checkbox"/> 20. Intrusive thoughts
<input type="checkbox"/> 7. Adjustment difficulties	<input type="checkbox"/> 14. Sleep difficulties	<input type="checkbox"/> 21. Visible injuries
<input type="checkbox"/> 22. Other <input type="text"/>		

Save Cancel

For the “Background” page these fields include:

- “Relationship of informant to child:” Use the most appropriate option from the dropdown list to describe the relationship of the caregiver to the child. Response options include Mother, Grandmother, Family friend, Relative, Foster parent, Father, and Other. If you select “Other,” use the supplemental text box to describe the relationship. Mother and father response options include biological, step, and adoptive parents.
- “Zip:” Enter the five-digit zip code of the caregiver.
- “Age of child:” Select the child’s age in years and months. There is a dropdown list to select the child’s age in years (0-17) and months (0-11). For example, for a child that is 18 months old, select 1 year and 6 months.
- “Sex:” Please select the biological or assigned sex of the child at birth. Please note that the paper BIF intake uses the terms “male” and “female,” whereas the database uses the terms “boy” and “girl,” respectively.
- “Race of child:” Use the dropdown list to select the race of the child. Response options include Caucasian, African American, American Indian, Asian American, Bi-Racial, Pacific

Islander, Hispanic American and Other. If you select “Other,” use the supplemental text box to describe the race of the child. The database only allows you to select one race option. If the child is more than one race, select “Bi-racial.”

- “Ethnicity of child:” Use the dropdown list to select the ethnicity of the child. Response options include Hispanic or Non-Hispanic.
- “What brings the child in for treatment?:” Documents the abuse and/or exposure to violence the child has experienced. The types of abuse and exposure are:
  - Victim of child abuse: Child abuse and neglect are any recent act or failure to act on the part of a parent or caregiver which results in death, serious physical or emotional harm, exploitation, or an act or failure to act which presents an imminent risk of serious harm.<sup>1</sup>
  - Witnessing domestic violence: Domestic violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Abuse is physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person.<sup>2</sup> Select this option if the child has seen or heard domestic violence.
  - Sexual abuse: Refers to the involvement of a child (person less than 18 years old) in sexual activity that violates the laws or social taboos of society, and that the child does not fully comprehend, does not consent to or is unable to give informed consent to, and/or is not developmentally prepared for and cannot give consent.<sup>3</sup>
  - Victim of community violence: Community violence happens between unrelated individuals, who may or may not know each other, generally outside the home. Examples include assaults or fights among groups and shootings in public places, such as schools and on the streets.<sup>4</sup> This option should only be selected if the child is directly affected (either as the intended target or unintentionally involved) by a specific incident.
  - Witnessing community violence: Select this option if the child has seen or heard community violence.

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<sup>1</sup>US Department of Health and Human Services. (2023, May 9). What is child abuse or neglect? what is the definition of child abuse and neglect?. Programs for Children and Families.

<https://www.hhs.gov/answers/programs-for-families-and-children/what-is-child-abuse/index.html>

<sup>2</sup> United Nations. (n.d.). What Is Domestic Abuse?. United Nations COVID-19 Response.

<https://www.un.org/en/coronavirus/what-is-domestic-abuse>

<sup>3</sup> Centers for Disease Control and Prevention. (n.d.). About child sexual abuse. Child Abuse and Neglect Prevention.

<https://www.cdc.gov/child-abuse-neglect/about/about-child-sexual-abuse.html>

<sup>4</sup> Centers for Disease Control and Prevention. (n.d.). About community violence. Community Violence Prevention.

<https://www.cdc.gov/community-violence/about/index.html#:~:text=What%20is%20community%20violence%3F,schools%20and%20on%20the%20streets.>

- Other: **Only select this option if the type of abuse or exposure to violence that the child experienced is not captured by the above options.** If you select this option, use the supplemental text box to describe the abuse or exposure briefly.
- “Were other services received?:” Use the dropdown list to indicate whether the child has received other services in relation to their experiences with abuse or exposure to violence. If yes, in 2-3 words provide a brief description of those services, e.g., counseling, medical care.

## BIF- History

The “History” page documents information about the child’s risk of abuse or exposure to violence and interactions with select systems. You should prioritize entering data for the fields outlined or “boxed” in orange below.

ID: 99678901 Intake Date: 8/20/2024

Background History CECV Child Discipline Abuse Household Family

### Background (Cont.)

Has the child ever hurt someone else?  If yes, how badly?

Has the child ever hurt pets or other animals?

Has the child ever been placed out of the home?

If yes, History of Placements:

Age	Main caretaker	Length (in days)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Developmental History

Any birth complications?  Received prenatal care?  Planned Pregnancy?

Substance abuse during the pregnancy?

If Yes,  a. Cigarettes  b. Alcohol  c. Marijuana  d. Psychoactive drugs

Child has neurological disorder as a result of pregnancy substance usage?

Caretaker’s perception of the child’s motor abilities?

If delayed, why?

caretaker’s perception of the child’s language abilities?

If delayed, why?

Was the child developmentally delayed in the past?

### Exposure to Violence

Has the child received mental health services?  How many days in between?

Was the incident reported to police?  Report taken?

Was medical attention required?

Are there guns in the home?

Satisfied with their current living situation?

If not, why?  If other:

Save Cancel

A detailed explanation for each field is below. Each of these fields has a dropdown response of “Yes,” “No,” and “D/K.”

- “Has the child ever been placed out of the home?:” Use the dropdown list to indicate if the Department of Child and Family Services or a similar agency has removed the child from their home for safety or health reasons and placed them into a different living situation.
- “Substance abuse during the pregnancy?:” Indicate if the child’s biological mother used substances while this child was in utero (before birth). If yes, indicate which of the following substances were used: cigarettes, alcohol, marijuana, and/or psychoactive drugs.
- “Has the child received mental health services?:” Indicate if the child has seen a mental health professional in relation to any abuse or exposure to violence they experienced.
- “Was the incident reported to police?:” Indicate if the abuse or exposure to violence was reported to law enforcement.
- “Was medical attention required?:” Indicate if the child’s abuse or exposure to violence required the child to receive medical attention.

One additional field asks, “Are there guns in the home?:” Indicate if there are any firearms in the home where the child resides, and if so, whether the firearm is locked in a secure location.

The CECV (Childhood Exposures to Community Violence) page documents the child’s exposure to specific types of violence and the presence of certain risk factors. You should enter data for all fields on this page.

ID: 99678901 Intake Date: 1/1/2025

Background History **CECV** Child Discipline Abuse Household Family

**Community Violence**

1. Does child watch violent tv programs/movies?	One time
2. Does child play violent video games?	Never
3. Has child seen someone get picked-up, arrested, or taken away by police?	One time
4. Does child know someone who was picked-up, arrested, or taken away by police?	Yes
5. Has child been threatened with serious physical harm by someone in the community?	Never
6. Does child know someone who has been threatened with serious physical harm in the community?	Yes
7. Has child been slapped, punched or hit by someone who is not a member of the family.	Never
8. Has child has seen another person getting slapped, punched, or hit by someone who is not a member of their own family?	Never
9. Has child seen someone getting mugged in community?	Never
10. Has child seen a seriously wounded person after an incident of violence?	Never
11. Does child know someone who has been seriously wounded in an incident of violence?	Yes
12. Has child seen someone carrying or holding a gun or knife?	2-3 times
13. Does child know someone who carries a gun or knife ?	Yes
14. Has child seen or heard a gun fired in their home?	Never
15. Does child know someone who has been shot or shot at with a gun?	Yes
16. Has child seen someone shot at with a gun?	Never
17. Has child seen other people use, sell or help distribute illegal drugs?	2-3 times
18. Does child know someone who has been asked to use, sell or help distribute illegal drugs?	Yes
19. Has child been in a situation not already described where he/she was extremely frightened or thought that he/she would get hurt very badly or die?	No
If Yes, Please describe: <input type="text"/>	

Save Cancel

There are two different response option types for the fields on this page:

- Number of times: A set of response options to indicate the number of times an incident or activity happened.
  - The response options are:
    - Never: This did not happen
    - One time: This happened once.
    - 2-3 times: This happened 2 to 3 times.
    - 4+ times: This happened 4 or more times.
    - D/K: Don’t know.
  - If you know this activity or incident happened, but are unsure of the frequency, select “One time” from the dropdown list.

- Yes or No: A set of response options to indicate if an incident or activity happened. Options include “Yes,” “No,” and “D/K.” “D/K” refers to “Don’t know.”

The following fields use the “Number of times” set of response options:

- Does child watch violent tv programs/movies?
- Does child play violent video games?
- Has child seen someone get picked-up, arrested, or taken away by police?
- Has child been threatened with serious physical harm by someone in the community?
- Has child been slapped, punched, or hit by someone who is not a member of the family.
- Has child has seen another person getting slapped, punched, or hit by someone who is not a member of their own family?
- Has child seen someone getting mugged in community?
- Has child seen a seriously wounded person after an incident of violence?
- Has child seen someone carrying or holding a gun or knife?
- Has child seen or heard a gun fired in their home?
- Has child seen someone shot at with a gun?
- Has child seen other people use, sell, or help distribute illegal drugs?

The following fields use the “Yes or No” set of response options:

- Does child know someone who was picked-up, arrested, or taken away by police?
- Does child know someone who has been threatened with serious physical harm in the community?
- Does child know someone who has been seriously wounded in an incident of violence?
- Does child know someone who carries a gun or knife?
- Does child know someone who has been shot or shot at with a gun?
- Does child know someone who has been asked to use, sell or help distribute illegal drugs?
- Has child been in a situation not already described where he/she was extremely frightened or thought that he/she would get hurt very badly or die?

## BIF – Child

The “Child” page BIF documents information related to the child’s social and medical history. You should prioritize entering data for the fields outlined or “boxed” in orange below.

ID: 99678901 Intake Date: 8/20/2024

Background History CECV **Child** Discipline Abuse Household Family

**Child**

Does the child have friends? Yes ▾  
How well does the child get along with other children? Good ▾  
Does the child attend religious activities? No ▾  
**Does the child have positive experiences at school/day care? Yes ▾**  
**Does the child have support and positive experiences in the community? D/K ▾**  
**Does the child have support from religious or spiritual resources in community? No ▾**  
**Is there a supportive adult in the child's life? Yes ▾**

**Education**

Is the child in: ▾ Is the child in special education? ▾  
Been diagnosed with:  Learning disability  ADHD  Language Disorder  Other: ▾

**Medical History/Symptoms**

Insurance/Medicaid: Yes ▾ Serious medical problems? No ▾ Regular medical/health care? Yes ▾

Has the child ever had:

<input type="checkbox"/> Seizures	<input type="checkbox"/> Hearing problems
<input type="checkbox"/> Asthma	<input type="checkbox"/> High fever
<input type="checkbox"/> Head Injury	<input type="checkbox"/> Allergies
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eye problems
<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Tubes in ears

Has the child ever had physical injuries that required medical treatment ▾  
If yes, Accidental: ▾ Intentional: ▾

Is the child up-to-date on immunizations? Yes ▾  
Has the child ever had head injury and was knocked out? No ▾ If yes, How long (min.): ▾  
Has s/he received mental health intervention previously? No ▾ If yes, age first received MH treatment: ▾  
Has s/he been hospitalized for psychological problems? No ▾ How many times? ▾  
Is the child currently taking any mental health medications? No ▾

Save Cancel

A detailed explanation for each field is below.

The following fields have a dropdown response of “Yes,” “No,” and “D/K.”

- “Does the child have positive experiences at school/day care?:” Use the dropdown list to indicate if the child has had positive experiences at their school or daycare, appropriate for their age.
- “Does the child have positive experiences in the community?:” Indicate if the child has had positive experiences outside of the home, school, or daycare, appropriate for their age.
- “Is there a supportive adult in the child’s life?:” Indicate if there is an adult in this child’s life that has been consistently present and with whom the child feels safe.
- “Insurance/Medicaid:” Indicate if the child has health insurance, including Medicaid.
- “Serious medical problems?:” Indicate if the child has a serious medical problem, **NOT** including any learning disorders.

“Been diagnosed with:” Indicate if the child has been diagnosed with a learning disorder. If yes, select all of the following options that apply: learning disability, ADHD, and language disorder. If the child has been diagnosed with a learning disorder not listed, select “Other” and use the text box to **briefly** describe the diagnosis.

## BIF – Discipline

The “Discipline” page documents information about how a child has been disciplined. You may enter data on this page, but this is **NOT** required.

ID: 99131401 Intake Date: 1/1/2024

[Background](#) [History](#) [CECV](#) [Child](#) [Discipline](#) [Abuse](#) [Household](#) [Family](#)

### Discipline History

How does the **primary caregiver** discipline the child?

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Corporal punishment | <input type="checkbox"/> 5. Taking away privileges      |
| <input type="checkbox"/> 2. Discussion          | <input type="checkbox"/> 6. Reward system               |
| <input type="checkbox"/> 3. Time out            | <input type="checkbox"/> 7. Intimidation/threats        |
| <input type="checkbox"/> 4. Whippings           | <input type="checkbox"/> 8. Other: <input type="text"/> |

How does the **father** discipline the child?

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Corporal punishment | <input type="checkbox"/> 5. Taking away privileges      |
| <input type="checkbox"/> 2. Discussion          | <input type="checkbox"/> 6. Reward system               |
| <input type="checkbox"/> 3. Time out            | <input type="checkbox"/> 7. Intimidation/threats        |
| <input type="checkbox"/> 4. Whippings           | <input type="checkbox"/> 8. Other: <input type="text"/> |

How does the **mother's boyfriend** discipline the child?

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Corporal punishment | <input type="checkbox"/> 5. Taking away privileges      |
| <input type="checkbox"/> 2. Discussion          | <input type="checkbox"/> 6. Reward system               |
| <input type="checkbox"/> 3. Time out            | <input type="checkbox"/> 7. Intimidation/threats        |
| <input type="checkbox"/> 4. Whippings           | <input type="checkbox"/> 8. Other: <input type="text"/> |

How does the **grandmother** discipline the child?

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Corporal punishment | <input type="checkbox"/> 5. Taking away privileges      |
| <input type="checkbox"/> 2. Discussion          | <input type="checkbox"/> 6. Reward system               |
| <input type="checkbox"/> 3. Time out            | <input type="checkbox"/> 7. Intimidation/threats        |
| <input type="checkbox"/> 4. Whippings           | <input type="checkbox"/> 8. Other: <input type="text"/> |

How does the **grandfather** discipline the child?

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Corporal punishment | <input type="checkbox"/> 5. Taking away privileges      |
| <input type="checkbox"/> 2. Discussion          | <input type="checkbox"/> 6. Reward system               |
| <input type="checkbox"/> 3. Time out            | <input type="checkbox"/> 7. Intimidation/threats        |
| <input type="checkbox"/> 4. Whippings           | <input type="checkbox"/> 8. Other: <input type="text"/> |

How does **other** discipline the child?

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Corporal punishment | <input type="checkbox"/> 5. Taking away privileges      |
| <input type="checkbox"/> 2. Discussion          | <input type="checkbox"/> 6. Reward system               |
| <input type="checkbox"/> 3. Time out            | <input type="checkbox"/> 7. Intimidation/threats        |
| <input type="checkbox"/> 4. Whippings           | <input type="checkbox"/> 8. Other: <input type="text"/> |

[Save](#) [Cancel](#)

## BIF – Abuse

The “Abuse” page documents the child’s history of abuse. You should prioritize entering data for the fields outlined or “boxed” in orange below.

ID: 99678901 Intake Date: 8/20/2024

Background History CECV Child Discipline **Abuse** Household Family

**Abuse History**  
Has the child ever been abused? No  If yes, complete the following table:

Type	Who	If other	Severity	Date (mm/dd/yyyy)	Where	If other
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

What was the caretaker's response to the abuse

Is perpetrator living in the home? D/K

Was the abuse reported to police? D/K  Was the abuse reported to child protection? D/K

If the child has been abused, were mental health services ever received before now?  delay in days

**Symptoms/Diagnoses**

Child Symptoms:

1. Aggression  
 a. Aggression towards self  
 b. Aggression towards others

2. Phobias

3. Fears

4. Sleep difficulties

5. Developmental delay

6. Re-experiencing the trauma  
How?

7. Avoidance

8. Numbing

Does the primary caregiver deny the child's current symptomatology?

Save Cancel

A detailed explanation for each field is below.

The following fields have a dropdown response of “Yes,” “No,” and “D/K.”

- “Has the child ever been abused?:” Indicate if the child has ever been the direct victim of abuse. You do NOT have to complete the table.
- “Is the perpetrator living in the home?:” Indicate if any person who perpetrated abuse against the child currently resides in the same home with the child.
- “Was the abuse reported to police?:” Indicate if any direct abuse perpetrated against the child has been reported to law enforcement.

“Was the abuse reported to child protection?:” Indicate if any direct abuse perpetrated against the child was reported to child protective services, e.g., Department of Children and Family Services. This field has a dropdown list with the following response options:

- “Yes, indicated:” Select this response if the abuse has been reported, regardless of the current case status, i.e., indicated, under investigation.
- “Yes, not indicated:” Do **NOT** use this response.
- “Yes, under investigation:” Do **NOT** use this response.

- “No:” The abuse was not reported to child protective services.
- “D/K:” Don’t know.

## BIF – Household

The “Household” page documents information on the caregiver’s support systems and socioeconomic characteristics. You should prioritize entering data for the fields outlined or “boxed” in orange below.

ID: 99678901 Intake Date: 8/20/2024

Background History CECV Child Discipline Abuse **Household** Family

**Social Support/Protective Factors**

Support from family members for caretaker? Low level

Support from community for caretaker? No support

Caregiver’s distress level: caregiver’s rating: 8 Caregiver’s distress level: therapist’s rating: 8

**Family Social History**

Adults currently living in household:

Age	Gender	Relationship to child	Age	Gender	Relationship to child		
Adult 1	27	Female	mother	Adult 2	29	Male	mother’s boyfriend
Adult 3				Adult 4			
Adult 5							

Children currently living in household:

Age	Gender	Relationship to child	Age	Gender	Relationship to child	
Child 1	2	Male	half brother	Child 2		
Child 3				Child 4		
Child 5						

Annual Household Income: \$15,000 – 25,000

Current living situation: Mother and significant other If other,

Where do they live? Rent a home/apartment If other,

Does the caretaker have transportation? Yes, Ride with a friend/family member If other,

Who has been the primary caretaker of the child? Mom If other,

Who is the child’s main caretaker now? Mom If other,

What is the marital status of the main caretaker? Never Married

Are the parents in an on-going relationship? No

Time in months that the child’s mother and father were sharing the same household: 0

Save Cancel

A detailed explanation for each field is below.

- “Support from family members for caretaker?:” Use the dropdown list to select the level of support the caregiver receives from family members. Response options range from “No support” to “High level.” If the caregiver receives some support, but the level is unknown, select “Low level.”
- “Support from community for caretaker?:” Indicate the level of support the caregiver receives from the community. Response options range from “No support” to “High level.” If the caregiver receives some support, but the level is unknown, select “Low level.”
- “Annual household income:” Indicate the total annual income of the household where the child resides. Please note that the ranges in the dropdown list overlap. Use the following guidance:

- For households with an income of \$15,000 or less, select “0 - \$15,000.”
- If the household makes more than \$15,001, but less than \$25,000 select “\$15,000 – 25,000.”
- If the household makes \$25,001, but less than or equal to \$40,000 select “\$25,000 – 40,000.”
- If the household makes \$40,001 or more select “\$40,000+”
- “Current living situation:” Indicate the relationship(s) of the child to the individual(s) with whom they currently live. Response options include Both parents, Grandparents, Other relative, Foster/Adoptive parent, Group home, Mother only, Father only, Mother and step-father, Father and step-mother, Mother and significant other, Father and significant other, Mother and relatives, and Other. If you select “Other,” use the supplemental text box to describe the relationship.
- “Where do they live:” Indicate the type of residence the child currently lives in. Response options include Own house, Rent a home/apartment, Public housing, Shelter, Homeless, With a family member, and Other. If you select “Other,” use the supplemental text box option to describe the type of residence.
- “Does the caretaker have transportation?:” Indicate the caregiver’s primary method of transportation. Response options include Yes, own an automobile; Yes, ride with a friend/family member; Yes, take public transportation; Yes, other; and No. If you select “Other,” use the supplemental text box option to describe the other form of transportation. “No” and “D/K, N/A” are also available. If their primary method of transportation is unknown, please select “Yes, other” and leave the supplemental text box field blank.  
 “Who has been the primary caretaker of the child?:” Indicate the relationship of the individual to the child who has primarily been this child’s caregiver even if they do not currently care for this child. Response options include Mom, Dad, Both parents, Grandmother, Family friend, Relative, Foster parent, or Other. If you select “Other,” use the supplemental text box option to describe relationship.
- “Who is the child’s main caretaker now?:” Indicate the child’s current primary caregiver. Response options include Mom, Dad, Both parents, Grandmother, Family friend, Relative, Foster parent or Other. If you select “Other,” use the supplemental text box option to describe the caregiver.
- “Primary caregiver’s marital status:” Indicate the marital status of the individual who has primarily been this child’s caregiver. Response options include Married, Separated, Divorced, Widowed, Estranged, Never married, Cohabiting, and Other. If you select “Other,” use the supplemental text box option to describe the caregiver’s marital status.

## BIF – Family History

The “Family History” page documents information about the child’s biological family and household members currently living with the child. You should prioritize entering data for the fields outlined or “boxed” in orange below.

ID: 99131401 Intake Date: 1/1/2024

**Mother**

Age:  Age when child was born:  Number of pregnancies  Number of children

Child	Age	Gender									
Child 1	<input type="text"/>	<input type="text"/>	Child 2	<input type="text"/>	<input type="text"/>	Child 3	<input type="text"/>	<input type="text"/>	Child 4	<input type="text"/>	<input type="text"/>
Child 5	<input type="text"/>	<input type="text"/>	Child 6	<input type="text"/>	<input type="text"/>	Child 7	<input type="text"/>	<input type="text"/>	Child 8	<input type="text"/>	<input type="text"/>

Is the child’s mother living?  Mother’s Employment Status

Mother’s occupation  If other,

Mother’s educational level  If other,

**Father**

Age:  Age when child was born:  Number of children

Child	Age	Gender									
Child 1	<input type="text"/>	<input type="text"/>	Child 2	<input type="text"/>	<input type="text"/>	Child 3	<input type="text"/>	<input type="text"/>	Child 4	<input type="text"/>	<input type="text"/>
Child 5	<input type="text"/>	<input type="text"/>	Child 6	<input type="text"/>	<input type="text"/>	Child 7	<input type="text"/>	<input type="text"/>	Child 8	<input type="text"/>	<input type="text"/>

Is the father’s name on the birth certificate?

Is the child’s father living?  Father’s Employment Status

Father’s occupation  If other,

Father’s educational level  If other,

**Family Mental Health History**

Does any member of the child’s home suffer from mental illness?

Please indicate if any of the following have mental illness

	Alcoholism	Drug problems	Depression	Anxiety	Schizo-phrenia	Bipolar	Unknown	Other
Mother	<input type="checkbox"/>							
Father	<input type="checkbox"/>							
Sibling	<input type="checkbox"/>							
Grandparent	<input type="checkbox"/>							
Aunt/uncle	<input type="checkbox"/>							

Has the child’s mother ever been hospitalized for psychiatric problems?

Has the child’s mother ever been hospitalized for substance abuse?

Has the child’s mother received substance abuse treatment in the past?

Is the child’s mother currently receiving substance abuse treatment?

Has the child’s father ever been hospitalized for psychiatric problems?

Has the child’s father ever been hospitalized for substance abuse?

Has the child’s father received substance abuse treatment in the past?

Is the child’s father currently receiving substance abuse treatment?

**Family Legal History**

Has the child’s mother been in jail?  If other,

Has the child’s father been in jail?  If other,

Notes:

[Save](#) [Cancel/Exit](#)

- “Does any member of the child’s home suffer from mental illness?:” Indicate if anyone that the child currently lives with has a mental health condition. This field has a dropdown response of “Yes,” “No,” and “D/K.”
- “Has the child’s mother been in jail?:” Indicate if the child’s biological mother has been held in jail, prison, or juvenile detention. If yes, select “Yes, other offense” regardless of the offense type.

- “Has the child’s father been in jail?:” Indicate if the child’s biological father has been held in jail, prison, or juvenile detention. If yes, select “Yes, other offense” regardless of the offense type.

## Family and Children Data

The “Family and Children Data” page can be accessed:

- Via the home page, when you first log in.
- By clicking the “Site Home” button that is in the upper left-hand corner of every database page and then clicking “Family/Children Data” on the home page.

The screenshot shows the 'Safe From Start' database interface. At the top, there is a blue header with the text 'Safe From Start'. Below the header, it says 'Welcome, Ifahrenwald' and 'Logout'. There is a search bar with 'ID Search:' and the number '6789' entered, and a 'Search' button. A 'Site Home' button is visible in the top left. Below the search bar is a table with the following data:

	FamilyID	Exited	Note
Select	990000	<input type="checkbox"/>	
Select	990001	<input type="checkbox"/>	Created in Wed form.
Select	990002	<input checked="" type="checkbox"/>	Fake case by Charles 4/8/11
Select	991234	<input type="checkbox"/>	
Select	991701	<input checked="" type="checkbox"/>	Test case on 20171011
Select	992011	<input checked="" type="checkbox"/>	
Select	992023	<input checked="" type="checkbox"/>	
Select	992201	<input checked="" type="checkbox"/>	Fake 2022 first family
Select	992207	<input type="checkbox"/>	Testing referral source as Tyla reported
Select	992208	<input type="checkbox"/>	
Select	992234	<input checked="" type="checkbox"/>	
Select	992335	<input type="checkbox"/>	
Select	993210	<input checked="" type="checkbox"/>	FakeZ
Select	994646	<input checked="" type="checkbox"/>	
Select	995678	<input type="checkbox"/>	

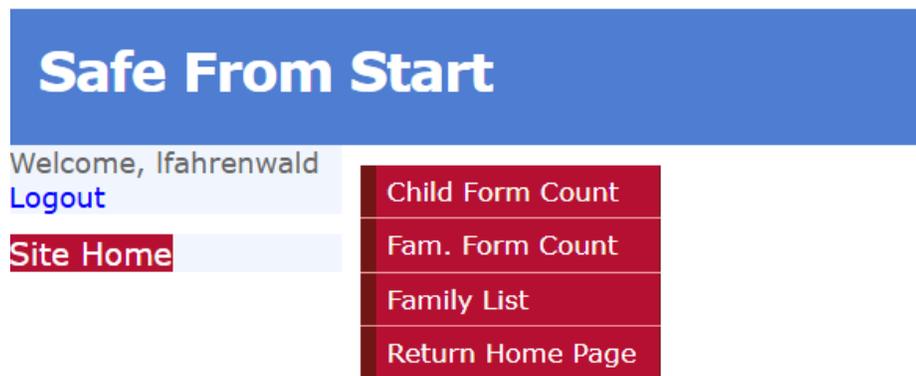
At the bottom of the table, there are page numbers '1 2'.

This page displays a list of all families entered in the database for your site. To find a family, you can toggle through the pages at the bottom of the table, or you can enter their four-character ID into the search bar. After you enter a Family ID other Family IDs will not be visible. You will have to clear the Family ID from the search bar and click “Search” for the full list of Family IDs to re-populate.

## Utility Menu

From the “Utility Menu” home page users can access the following:

- “Child Form Count:” The number of assessment entries or completion of service forms created for each child, including those that are not complete.
- “Fam. Form Count:” The number of exit and family referral forms created for each caregiver, including those forms that are not complete.
- “Family List:” Each family’s most recent start date and their status as recorded in the database, i.e., active or inactive.
- “Return Home Page:” Brings you back to the SFS home page



When navigating to the “Child Form Count,” “Fam. Form Count,” and “Family List” pages, you may note a difference in the navigation menu that appears on the left side. There are two options: “Utility Menu,” and “Site Home.” However, these buttons run into each other. You can click on the word “Utility” to return to the previous page or “Home” to return to the home page.

## Child Form Count

The “Child Form Count” page provides a table with the total number of assessments and completion forms created for each child, including those that are not complete. The assessments include the: a) ASQ (Ages and Stages Questionnaire); b) ASQ-SE (Ages and Stages Social-Emotional Questionnaire); c) CBCL (Child Behavior Check List); and d) PSI (Parental Stress Index). The status of each child’s family is also provided.

Clicking the column headers will sort the data by that column. Clicking once will sort that column in ascending order (from smallest to largest) and clicking again will sort the data in descending order (from largest to smallest).

Safe From Start						
Welcome, Ifahrenwald						
<a href="#">Logout</a>						
Child Assessment Form Count						
ID	ASQ	ASQSE	CBCL	PSI	Completion	Status
99678901	0	0	1	0	0	Active
99678902	0	0	0	0	0	Active
99999888	0	0	0	0	0	Active
992335d3	0	0	0	0	0	Active
99123401	0	0	0	0	0	Active
99220801	0	0	0	0	0	Active
99567899	0	0	0	0	0	Active
99A000A1	0	0	0	0	0	Active
99567826	0	0	0	0	0	Active
99000001	0	0	0	3	1	Active
990001AA	1	1	0	1	4	Active
990001AB	0	0	0	1	2	Active
99000201	1	1	2	1	9	Inactive
99201101	0	2	0	1	2	Inactive
992023d3	1	0	1	1	1	Inactive
99321011	0	0	0	1	1	Inactive
99321078	1	1	1	2	3	Inactive
99464601	0	0	0	1	1	Inactive
99786111	0	1	0	1	3	Inactive
99Z12301	1	2	1	1	4	Inactive
1 2						

## Family Form Count

The Family Form Count provides a table with the total number of caregiver completion of services and family referral forms created for each caregiver, including those that are not complete. The “CSS” column refers to the Chicago Safe Start Form, also known as the “Safe from the Start Questionnaire.” Please disregard this column. Use of this form was discontinued in 2021 and data for this form can no longer be entered in the database. The table also includes the Family ID, each family’s most recent start date, and their status.

# Safe From Start

Welcome, Ifahrenwald  
[Logout](#)

[Utility](#) [Menu](#) [Site](#)  
[Home](#)

Family Assessment Form Count

FamilyID	StartDate	CSS	Completion	Fam. Ref.	Status
996789	8/20/2024	0	0	0	Active
999998	7/23/2024	0	0	0	Active
999999	7/23/2024	0	0	0	Active
99A000	3/1/2023	0	0	0	Active
99abc1	7/7/2023	0	0	0	Active
992335	7/7/2023	0	0	0	Active
991234	8/1/2013	0	0	0	Active
990000	1/1/2020	0	1	1	Active
990001	7/11/2023	0	4	4	Active
992207	5/1/2022	0	0	0	Active
992208	7/1/2022	0	0	0	Active
997777	7/11/2023	0	1	1	Active
995678	1/1/2023	0	0	0	Active
997861	3/4/2011	1	3	3	Inactive
992234	8/1/2013	0	1	1	Inactive
990002	10/23/2024	1	9	9	Inactive
991701	4/20/2020	0	2	2	Inactive
992011	7/1/2022	0	2	2	Inactive
992023	7/7/2023	0	1	1	Inactive
992201	4/20/2022	0	1	1	Inactive
1 2					

## Family List

The Family List gives each family’s most recent start date and whether they are listed as inactive in the database. Families with a gray and white checkmark in the “Exited” column are inactive; those without a checked box are active. You are NOT able to check the box in the “Exited” column to update a family’s status. This column automatically updates a family’s status after a user terminates the family in the database. More information about using terminating a family will be made available in a supplemental guide.

Safe From Start		
Welcome, Ifahrenwald		
Logout		
Utility Menu Site Home		
FamilyID	StartDate	Exited
990000	1/1/2020	<input type="checkbox"/>
990001	7/11/2023	<input checked="" type="checkbox"/>
990002	10/23/2024	<input checked="" type="checkbox"/>
991234	8/1/2013	<input checked="" type="checkbox"/>
991701	4/20/2020	<input checked="" type="checkbox"/>
992011	7/1/2022	<input checked="" type="checkbox"/>
992023	7/7/2023	<input checked="" type="checkbox"/>
992201	4/20/2022	<input checked="" type="checkbox"/>
992207	5/1/2022	<input type="checkbox"/>
992208	7/1/2022	<input checked="" type="checkbox"/>
992234	8/1/2013	<input checked="" type="checkbox"/>
992335	7/7/2023	<input checked="" type="checkbox"/>
993210	4/8/2011	<input checked="" type="checkbox"/>
994646	6/22/2018	<input checked="" type="checkbox"/>
995678	1/1/2023	<input type="checkbox"/>
996789	8/20/2024	<input checked="" type="checkbox"/>
997173	7/17/2023	<input checked="" type="checkbox"/>
997723	7/7/2023	<input checked="" type="checkbox"/>
997777	7/11/2023	<input type="checkbox"/>
997861	3/4/2011	<input checked="" type="checkbox"/>
999998	7/23/2024	<input type="checkbox"/>
999999	7/23/2024	<input checked="" type="checkbox"/>
99A000	3/1/2023	<input type="checkbox"/>
99abc1	7/7/2023	<input checked="" type="checkbox"/>
99Z123	4/13/2011	<input checked="" type="checkbox"/>

## Change Password

The “Change Password” tool allows users to change their password. To change your password, you need to enter your current password and create a new password. Passwords must be at least seven characters long and contain at least one numeric character.

Safe From Start	
Welcome, Ifahrenwald	
Logout	
Site Home	
Change Your Password	
	Password: <input type="text"/>
	New Password: <input type="text"/>
	Confirm New Password: <input type="text"/>
<input type="button" value="Change Password"/>	<input type="button" value="Cancel"/>

Clicking cancel will not save any changes you’ve made and return you to the home page. If the password change saves successfully, you will see the page below. Clicking continue will return you to the site home page.

The screenshot shows a web interface with a blue header bar containing the text "Safe From Start". Below the header, on the left, there is a user profile area with the text "Welcome, Ifahrenwald", a blue "Logout" link, and a red "Site Home" link. On the right, a confirmation message reads "Change Password Complete" and "Your password has been changed!". A "Continue" button is located below the confirmation message. The entire content is set against a light gray background.

If you have forgotten your current password, please contact the SFS research team.