



# DATA DICTIONARY

V. 2018-01-08

*These data elements are intended for entry into a data system to be used by professionals affiliated with youth firesetting intervention programs. It is critical for anyone entering data into this system to interpret firesetting behavior in a similar way (especially in any data elements that will be compared to others). To that end, and for the purpose of using the YFIRES data system **Youth Firesetting Behavior** has been defined as follows:*

**Youth (persons age 0 through 17) are eligible for entry into this data system if they have been involved with a firesetting incident, misused fire, or used fire without the supervision or permission of a responsible adult. This includes match or lighter use without the ignition of other items or the ignition of explosive devices (including but not limited to fireworks and chemical/reactive explosive devices).**

Below is the Data Dictionary for the YFIRES data system. It lists all data elements, (under the tab to which they are assigned) along with the response selections (menu choices), the type of field used to capture the information, and an explanation of what each data element intends to determine. YFIRES is a two-tier data system comprised of:

- National data set with a minimal set of de-identified data elements to be shared with the YFIRES project. (Appendix A contains a summary list of the data set)
- Case management data set used to aid local programs in storing case data in a secured system accessed only by the program inputting the data.

Data elements contained in boxes highlighted in **YELLOW** represent the information that will become part of a **national data set**. This information is designed to maintain the anonymity of the youth/family involved in the case. The yellow boxes must be filled out completely before information can be forwarded (an automated function within the data system) to the national repository. Once it has been submitted, these national data elements can no longer be altered. Data elements coded in **BLUE** are important for case management.

The second tier of the YFIRES data system is intended to provide comprehensive case management support for an intervention program. Programs/Users may utilize all of the available case management data elements, or may selectively choose those appropriate to their program.

## REGISTRATION

**Note:** These data elements will only be captured during initial program registration process. Once entered, they cannot be altered except by special request to the SuperAdmin.

DATA ELEMENT	MENU CHOICES	FIELD TYPE	DATA ELEMENT EXPLANATION
Categorize Your Program	<ul style="list-style-type: none"> <li>• Fire Department (inclusive of fire investigation)</li> <li>• Law Enforcement Agency (separate from a fire department)</li> <li>• Juvenile Justice Program</li> <li>• Mental Health Program/Agency</li> <li>• Child Welfare/Child and Family Services</li> <li>• Hospital/Medical Agency</li> <li>• Foundation/Non-Profit</li> <li>• Other: _____</li> </ul>	Drop Down Menu	<p>Select the category that most closely matches the structure of your program/organization/coalition.</p> <p>Tip: If your program consists of multiple categories, select the primary/lead coordinating group's category; or select "Other" if there is equal sharing of coordination.</p>
Population area served by your program	<ul style="list-style-type: none"> <li>• Under 10,000</li> <li>• 10,001 – 25,000</li> <li>• 25,001 – 75,000</li> <li>• 75,001 – 250,000</li> <li>• 250,001 – 500,00</li> <li>• 500,001 – 1,000,000</li> <li>• More than 1 million</li> </ul>	Drop Down Menu	Size of the <u>service area</u> of your program, described in the number of people or population.
Program Name	Narrative	Text Box	<p>Enter your program's name.</p> <p>Note: Do not use abbreviations or acronyms.</p>
Address	Narrative	Text Box	Street or mailing address of your program.

			Tip: If your program consists of multiple locations, designate a primary or main address/city/state location (e.g. a program headquarters address).
City	Narrative	Text Box	City of your program's headquarters.
State	All States listed by Two Character State Abbreviation	Drop Down Menu	State of your program's headquarters.  Tip: The FEMA Region of your program's location will be determined (i.e. auto-populated) by this data element.
Zip Code	Numeric	Text Box	Zip code of your program's headquarters.
Phone Number	Numeric	Text Box	Primary phone number of your program.  Tip: This number can be different from the Program Administrator's direct phone number.
Website URL	Narrative	Text Box	Provide your program's website URL.
First Name	Narrative	Text Box	List the first name of the person designated by your program as the Program Administrator for YFIRES.
Last Name	Narrative	Text Box	List the last name of the person designated by your program as the Program Administrator for YFIRES.
Phone Number	Numeric	Text Box	List the phone number of the person designated by your program as the Program Administrator for YFIRES.
Email	Narrative	Text Box	List the email address of the person designated by your program as the Program Administrator for YFIRES.  Tip: This email address will become the Program Administrator's user name for YFIRES system login.

## YOUTH TAB

DATA ELEMENT	MENU CHOICES	FIELD TYPE	ELEMENT EXPLANATION
Youth First Name	Narrative	Text Box	Legal first name of the youth being referred to the program for firesetting behavior.
Youth Middle Name or Initial	Narrative	Text Box	Middle name or initial of the youth being referred to the program for firesetting behavior.
Youth Last Name	Narrative	Text Box	Legal last name of the youth being referred to the program for firesetting behavior.
Age at the Time of Incident	<ul style="list-style-type: none"> <li>• 1</li> <li>• 2</li> <li>• 3</li> <li>• 4</li> <li>• 5</li> <li>• 6</li> <li>• 7</li> <li>• 8</li> <li>• 9</li> <li>• 10</li> <li>• 11</li> <li>• 12</li> <li>• 13</li> <li>• 14</li> <li>• 15</li> <li>• 16</li> <li>• 17</li> </ul>	Drop Down Menu	Select the age of the youth at the time of the fire incident generating this entry into the system.
Date of Birth	Numeric Date	Text Box	Provide the date of birth of the youth referred to the program in the month/day/year format.
Gender	<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Transgender</li> </ul>	Drop Down Menu	Indicate the most appropriate gender at the time of the incident generating this entry into the system.
Youth Height (feet, inches)	Numeric data	Text Box	Indicate the approximate height of the youth in feet, then inches.
Youth Weight (pounds)	Numeric data	Text Box	Indicate the approximate weight of the youth in pounds.

Is the Youth a Smoker	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	Drop Down Menu	Is the youth a regular or occasional smoker at the time of the incident generating this entry into the system.
Ethnicity	<ul style="list-style-type: none"> <li>• Non-Hispanic</li> <li>• Hispanic</li> </ul>	Drop Down Menu	Indicate Ethnicity of youth. Menu Selections are based on US Census Bureau criteria.
Race	<ul style="list-style-type: none"> <li>• White</li> <li>• American Indian or Alaska Native</li> <li>• Black or African-American</li> <li>• Asian</li> <li>• Native Hawaiian or Pacific Islander</li> <li>• Two or More Races</li> <li>• Other (populate text box when activated)</li> </ul>	Drop Down Menu	Indicate the race of the youth.. Menu selections are based on US Census Bureau criteria.
Primary Language Spoken at Home	<ul style="list-style-type: none"> <li>• English</li> <li>• Spanish</li> <li>• Chinese</li> <li>• Tagalog</li> <li>• French</li> <li>• Vietnamese</li> <li>• German</li> <li>• Korean</li> <li>• Russian</li> <li>• Italian</li> <li>• Portuguese</li> <li>• Other (populate text box when activated)</li> </ul>	Drop Down Menu	Identify the primary language spoken in the home (this may be helpful in establishing effective communication).
Youth Primary Contact Phone	Numeric data	Text box	Indicate (if applicable) the primary phone number through which to contact the youth directly (should be approved by caregiver).
Phone Type	<ul style="list-style-type: none"> <li>• Home</li> <li>• Cell</li> <li>• Text Only</li> </ul>	Drop Down Menu	Indicate the type of communication/device applicable to the youth's phone.

Youth Secondary Contact Phone	Numeric data	Text box	Indicate a secondary contact phone number through which to contact the youth directly.
Phone Type	<ul style="list-style-type: none"> <li>• Home</li> <li>• Cell</li> <li>• Text Only</li> </ul>	Drop Down Menu	Indicate the type of secondary communication/device applicable to the youth's phone.
Youth E-mail Address	Narrative	Text Box	Indicate the primary e-mail address through which to contact the youth directly (should be approved by the caregiver).
Grade In School At the Time of the Incident (list advancing grade if the incident takes place over summer month)	<ul style="list-style-type: none"> <li>• Preschool</li> <li>• Kindergarten</li> <li>• 1st</li> <li>• 2nd</li> <li>• 3rd</li> <li>• 4th</li> <li>• 5th</li> <li>• 6th</li> <li>• 7th</li> <li>• 8th</li> <li>• 9th</li> <li>• 10th</li> <li>• 11th</li> <li>• 12th</li> <li>• College</li> <li>• Home School</li> <li>• Special Education</li> <li>• Not Enrolled</li> <li>• Unknown</li> </ul>	Drop Down Menu	Indicate the current grade, or grade equivalent, of the youth at the time of the incident generating the referral. If during a summer or other break between grade levels, select the grade the youth will be entering at the conclusion of the break. Choosing "Special Education" or "Home School" supersedes selection of a grade level.
School Name	Narrative	Text Box	List the name of the school the youth is attending at the time of the incident generating the referral. If the youth is on summer or other break between grade levels, select the school the youth will be entering at the conclusion of the break.
Social Media Accounts	<ul style="list-style-type: none"> <li>• None</li> <li>• Facebook</li> <li>• Google</li> </ul>	Pick List	Select all that apply at the time of the incident.

	<ul style="list-style-type: none"><li>• Instagam</li><li>• Linkedin</li><li>• Pinterest</li><li>• Tumbler</li><li>• Twitter</li><li>• Vine</li><li>• Other (populate text box when activated)</li></ul>		
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## CAREGIVER TAB

DATA ELEMENT	MENU CHOICES	FIELD TYPE	ELEMENT EXPLANATION
Family Type of Youth	<ul style="list-style-type: none"> <li>• Biological Parents (living with birth parents)</li> <li>• Mother Only/Single Parent (birth mother, no other adult)</li> <li>• Father Only/Single Parent (birth father, no other adult)</li> <li>• Mother with Partner (birth mother living with other adult and unmarried)</li> <li>• Father with Partner (birth father living with other adult and unmarried)</li> <li>• Step Family (either birth parent remarried)</li> <li>• Adoptive Family (single or couple - agency placed)</li> <li>• Foster Family (single or couple - not family - agency placed)</li> <li>• Grandparents (paternal or maternal)</li> <li>• Other female relative (birth relative such as aunt, cousin, etc.)</li> <li>• Other male relative (birth relative such as uncle, cousin, etc.)</li> <li>• Friend (no family relation, no legal mandate)</li> <li>• Custody of State or Agency</li> <li>• Unknown</li> <li>• Other (populate text box when activated)</li> </ul>	Drop Down Menu	<p>Indicate the type of family living situation in which the youth resided at the time of the incident generating the referral.</p> <p>Tip: "Birth" relative includes relatives related by marriage, half-blood, and or blood relatives.</p>
Primary Custodial Caregiver	<ul style="list-style-type: none"> <li>• Both Mother and Father (or two same-sex parents)</li> <li>• Father</li> </ul>	Drop Down Menu	Identify the category in which the primary custodial caregiver(s) would fit.



	<ul style="list-style-type: none"> <li>• Mother</li> <li>• Step-Father</li> <li>• Step-Mother</li> <li>• Grandparent</li> <li>• Foster Parent</li> <li>• Other (populate text box when activated)</li> </ul>		
Primary Custodial Caregiver First Name	Narrative	Text Box	Provide the first name of the person who has primary (majority) legal custody of the youth referred to the program.
Primary Custodial Caregiver Last Name	Narrative	Text Box	Provide the last name of the person who has primary (majority) legal custody of the youth referred to the program.
Address	Narrative/Numeric	Text Box	List the physical address of the primary custodial caregiver - house number, quadrant (if applicable), street.
City	Narrative	Text Box	Enter the name of the city/town where the primary custodial caregiver lives (typically part of the mailing address)
State	All States listed by Two Character State Abbreviation	Drop Down Menu	Select the state of the primary custodial caregiver (typically part of the mailing address)
Zip	Numeric <ul style="list-style-type: none"> <li>• check box if unknown</li> </ul>	Text Box	Enter the zip code for the primary custodial caregivers home. If unknown, check box above.
E-mail	Narrative	Text Box	Enter a contact e-mail for the primary custodial caregiver.
Primary Phone	Numeric	Text Box	Enter the contact phone number for the primary custodial caregiver.
Phone Type	<ul style="list-style-type: none"> <li>• Home</li> <li>• Cell</li> <li>• Text Only</li> </ul>	Drop Down Menu	Select the preferred type of phone used to contact the primary custodial caregiver.
Secondary Phone	Numeric	Text Box	Enter a secondary contact phone number for the primary custodial caregiver.
Phone Type	<ul style="list-style-type: none"> <li>• Home</li> </ul>	Drop Down Menu	Select the preferred type of phone used to contact the primary custodial caregiver.

	<ul style="list-style-type: none"> <li>• Cell</li> <li>• Text Only</li> </ul>		
Primary Caregiver's Highest Level of Education	<ul style="list-style-type: none"> <li>• Grades 0-12 - no diploma</li> <li>• General Education Development (GED) Diploma</li> <li>• High School Diploma</li> <li>• Associate Degree or Some College</li> <li>• College Degree beyond Associate</li> <li>• Post-Graduate or More Than College</li> <li>• Unknown</li> </ul>	Drop Down Menu	<p>Select the level of education most applicable to the primary custodial caregiver. If two caregivers are questioned, use the highest level of the two.</p> <p>Tip: Highest level of education is accepted as an indicator of socioeconomic status by public health programs allowing this information to be measured against other national programs.</p>
Secondary Custodial Caregiver	<ul style="list-style-type: none"> <li>• Both Mother and Father (or two same-sex parents)</li> <li>• Father</li> <li>• Mother</li> <li>• Step-Father</li> <li>• Step-Mother</li> <li>• Grandparent</li> <li>• Foster Parent</li> <li>• Other (populate text box when activated)</li> </ul>	Drop Down Menu	Identify the category in which the secondary custodial caregiver(s) would fit. (if applicable)
Secondary Custodial Caregiver First Name	Narrative	Text Box	Provide the first name of the person who has secondary custody of the youth referred to the program.
Secondary Custodial Caregiver Last Name	Narrative	Text Box	Provide the last name of the person who has secondary custody of the youth referred to the program.
E-mail	Narrative	Text Box	Enter a contact e-mail for the secondary caregiver.
Primary Phone	Numeric	Text Box	Enter the preferred contact phone number for the secondary caregiver.
Phone Type	<ul style="list-style-type: none"> <li>• Home</li> <li>• Cell</li> <li>• Text Only</li> </ul>	Drop Down Menu	Select the preferred type of phone used to contact the secondary caregiver.
Secondary Phone	Numeric	Text Box	Enter a secondary contact phone number for

			the primary custodial caregiver.
Phone Type	<ul style="list-style-type: none"> <li>• Home</li> <li>• Cell</li> <li>• Text Only</li> </ul>	Drop Down Menu	Select the preferred type of phone used to contact the secondary caregiver.
Number of Children in Primary Family/Residence	Numeric	Text Box	Enter the number of children (Including the youth who has been referred to the program) who reside, full time, in the home of the primary custodial family.
+Add Child	Pop Up Box	Pop Up Box	Click this box if there are other children <u>in the family</u> that the program would like to list. Any other children who have had fire involvement in relation to this case should have their own case established.
+Add Child - Child's Name	Narrative	Text Box	Add child's full name
+Add Child - Child's Age	Numeric	Text Box	Add Child's numeric age at the time of referring incident.
+Add Child - Child's Gender	<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Transgender</li> </ul>	Drop down Menu	Indicate the most appropriate gender at the time of the incident generating this entry into the system.
+Add Child - Child's Relationship	<ul style="list-style-type: none"> <li>• Sibling</li> <li>• Step-Foster sibling</li> <li>• Cousin</li> <li>• Niece/Nephew</li> <li>• Other (populate text box when activated)</li> </ul>	Drop down Menu	Indicate the child's relationship with the youth referred to the program.
Does Youth Participate in the Free/Reduced Lunch Program	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	Drop Down Menu	<p>Does the youth receive this benefit from a public/private school or social service assistance program.</p> <p>Tip: Free Lunch/Reduced Lunch programs are accepted as an indicator of socioeconomic status by public health programs allowing this information to be measured against other national programs.</p>

Smokers In Household	<ul style="list-style-type: none"><li>• Yes</li><li>• No</li><li>• Unknown</li></ul>	Drop down menu	Does any other resident of the home smoke (any product).
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## REFERRAL AGENCY/SOURCE TAB

DATA ELEMENT	MENU CHOICES	FIELD TYPE	ELEMENT EXPLANATION
Referral Date	Select date	Pop up calendar	Select the date on which the youth was referred to the program.
Referral to Program Initiated By	<ul style="list-style-type: none"> <li>• Parent/Caregiver/Family Member</li> <li>• Fire Service (including fire department investigator)</li> <li>• Juvenile Justice/Diversion</li> <li>• Law Enforcement (outside of the fire service)</li> <li>• Mental Health</li> <li>• Child Welfare/Child or Family Services</li> <li>• Medical/Burn Professional</li> <li>• School</li> <li>• Non-Profit Organization</li> <li>• Other (populate text box when activated)</li> </ul>	Drop Down Menu	Indicate which discipline first initiated the youth's referral to or contact with the program.
Referral Source Organization	Narrative	Text Box	Enter the name of the organization/agency initiating the referral to the program (if applicable).
Referral Source First Name	Narrative	Text Box	Enter the first name of the person initiating the referral to the program.
Referral Source Last Name	Narrative	Text Box	Enter the last name of the person initiating the referral to the program.
Address	Narrative/Numeric	Text Box	List the physical address of the organization/person initiating the referral - building number, quadrant (if applicable), street.
City	Narrative	Text Box	Enter the name of the city/town of the organization initiating the referral (typically part

			of the mailing address)
State	All States listed by Two Character State Abbreviation	Drop Down Menu	Select the state of the organization/person initiating the referral (typically part of the mailing address)
Zip	Numeric	Text Box	Enter the zip code for the organization/person initiating the referral. If unknown, check box above.
County	Narrative	Text Box	Enter the County of the organization/person initiating the referral.
Phone	Numeric	Text Box	Enter the contact phone number of the organization/person initiating the referral to the program.
Email	Narrative	Text Box	Enter the contact e-mail for the organization/person initiating the referral to the program.
Confidentiality Disclosure of Release Form Was Signed by the youth's caregiver.	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not Applicable</li> </ul>	Drop Down Menu	Select what best indicates if the custodial caregiver of the youth has signed a release form.
Notes	Narrative	Text Box	Use this space to include any applicable notes from or about the organization/person initiating the referral to the program.

## HEALTH HISTORY/YOUTH INFO TAB

DATA ELEMENT	MENU CHOICES	FIELD TYPE	ELEMENT EXPLANATION
Medical Conditions or Mental Health Diagnosis (check all that apply)	<ul style="list-style-type: none"> <li>• None</li> <li>• Alcohol/Substance Abuse</li> <li>• Anxiety Disorder</li> <li>• Asthma</li> <li>• Attention Deficit Hyperactivity Disorder</li> <li>• Autism Spectrum Disorder</li> <li>• Bipolar Disorder</li> <li>• Conduct Disorder</li> <li>• Counseling/Therapy History</li> <li>• Depression</li> <li>• Developmental (Intellectual) Disability</li> <li>• Diabetes</li> <li>• Eating Disorder</li> <li>• Impulse Control (Aggression) Disorder</li> <li>• Obsessive/Compulsive Disorder</li> <li>• Oppositional Defiance Disorder</li> <li>• Sleep Disorder</li> <li>• Specific Learning Disorder (school classification)</li> <li>• Trauma/Stress Related Disorder (PTSD)</li> <li>• Unknown</li> </ul>	Pick List	Select all conditions relevant to the youth that have been <u>diagnosed by a professional</u> in the appropriate field.

	<ul style="list-style-type: none"> <li>Other (populate text box when activated)</li> </ul>		
Counseling/Therapy	<ul style="list-style-type: none"> <li>Counseling/Therapy (if checked, a drop down "Details" box will present)</li> </ul>	Check Box	Check this box if professional counseling or therapy are being provided to the youth.
Counseling/Therapy-Details box presents when the "Counseling/Therapy box is checked	Narrative	Text Box	Enter details about the youth's counseling/therapy experience.
Medications - List by Name	<ul style="list-style-type: none"> <li>Medications - List by Name (if checked, a drop down "Details" box will present)</li> </ul>	Check Box	Check this box if medications (prescribed or over the counter ) are being used by the youth. List all known.
Medications - Details box presents when the "Medications - List by Name" box is checked	Narrative	Text Box	<p>Enter the names of the medications. Use caution to ensure correct spellings and dosages.</p> <p>Tip: Consider noting prescribed medications that were not being taken at the time of the referring incident.</p>
Treatments	<ul style="list-style-type: none"> <li>Treatments (if checked, a drop down "Details" box will present)</li> </ul>	Check Box	Check this box if the youth is receiving treatments of any kind from a professional.
Treatments - Details box presents when the "Treatments" box is checked	Narrative	Text Box	<p>Enter the type of professional treatments being received by the youth.</p> <p>Tip: Counseling and Therapy treatments should be noted in the above "Counseling/Therapy" data element. This section is intended for treatments such as medical treatment, physical therapy, social skills development, etc.</p>
Abuse/Neglect History	<ul style="list-style-type: none"> <li>Current (if selected, populate details box when activated)</li> </ul>	Drop Down Menu	Select the appropriate choice to indicate if the youth has any history of abuse or neglect. If current or past is checked, fill out details box



	<ul style="list-style-type: none"> <li>• Past (if selected, populate details box when activated)</li> <li>• Never</li> <li>• Unknown</li> </ul>		accordingly.
Child Protective Services History	<ul style="list-style-type: none"> <li>• Current (if selected, populate details box when activated)</li> <li>• Past (if selected, populate details box when activated)</li> <li>• Never</li> <li>• Unknown</li> </ul>	Drop Down Menu	Select the appropriate choice to indicate if the youth has any history with child protective services. If current or past is checked, fill out details box accordingly.
Youth Law Enforcement History	<ul style="list-style-type: none"> <li>• Current (if selected, populate details box when activated)</li> <li>• Past (if selected, populate details box when activated)</li> <li>• Never</li> <li>• Unknown</li> </ul>	Drop Down Menu	Select the appropriate choice to indicate if the youth has any history with law enforcement or the juvenile justice system. If current or past is checked, fill out details box accordingly.
Family Law Enforcement History	<ul style="list-style-type: none"> <li>• Current (if selected, populate details box when activated)</li> <li>• Past (if selected, populate details box when activated)</li> <li>• Never</li> <li>• Unknown</li> </ul>	Drop Down Menu	Select the appropriate choice to indicate if any family member has history with law enforcement or the juvenile justice system. If current or past is checked, fill out details box accordingly.
School Performance or Behavioral History	<ul style="list-style-type: none"> <li>• Current (if selected, populate details box when activated)</li> <li>• Past (if selected, populate details box when activated)</li> </ul>	Drop Down Menu	<p>Select the appropriate choice to indicate if the youth has any history of performance or behavioral issues related to school. If current or past is checked, fill out details box accordingly.</p> <p>Tip: "Incident" tab contains a data element titled</p>

	<ul style="list-style-type: none"> <li>• Never</li> <li>• Unknown</li> </ul>		"Disciplinary Actions Resulting From Fire Incident." Details may be entered here.
Other Agencies Working with Family (check all that apply)	<ul style="list-style-type: none"> <li>• None</li> <li>• Child/Family Services</li> <li>• Diversion</li> <li>• Fire</li> <li>• Juvenile Justice</li> <li>• Law Enforcement</li> <li>• Mental Health</li> <li>• Unknown</li> <li>• Other</li> </ul>	Pick List	Select all agencies who have worked with the family and/or youth. This includes current, past, or services assigned as a result of the referring fire incident.
Other/Details (related to Other Agencies)	Narrative	Text Box	Provide detail on any of the boxes checked above.
Recent (Within 6 months) Stressful Event in Family (check all that apply)	<ul style="list-style-type: none"> <li>• None</li> <li>• Bullying/Teasing - Victim or Perpetrator</li> <li>• Death of a Family Member</li> <li>• Economic Change in Family Income</li> <li>• Loss/Death of Friend/Pet</li> <li>• Move/Relocation</li> <li>• New Child/Family Member</li> <li>• Parental Separation/Divorce</li> <li>• School Change</li> <li>• Unknown</li> <li>• Other (populate "details" box when activated)</li> </ul>	Pick List	Select all circumstances that may apply to the youth/family life within the six month period prior to the referral to the program.
Other/Details (related to Recent Stressful Events)	Narrative	Text Box	Provide detail on any of the boxes checked above.
Has the Youth Had	<ul style="list-style-type: none"> <li>• Yes (yes initiates a</li> </ul>	Drop Down Menu	Has the youth had any involvement or activity with

Previous Firesetting Incidents	box to select how many previous incidents) <ul style="list-style-type: none"> <li>• No</li> <li>• Unknown</li> </ul>		fire interest, fire starting, firesetting, or any reported, or un-reported incidents with fire prior to this referral.
How Many Times (only activated with "Yes" above)	<ul style="list-style-type: none"> <li>• 1</li> <li>• 2</li> <li>• 3</li> <li>• 4</li> <li>• 5</li> <li>• 6</li> <li>• 7</li> <li>• 8</li> <li>• 9</li> <li>• 10</li> <li>• 11</li> <li>• 12</li> <li>• 13</li> <li>• 14</li> <li>• 15</li> <li>• 16</li> <li>• 17</li> <li>• 18</li> <li>• 19</li> <li>• 20</li> <li>• 21</li> <li>• 22</li> <li>• 23</li> <li>• 24</li> <li>• 25+</li> </ul>	Drop Down Menu	How many previous firesetting incidents are reported by the person providing the background on the youth.
+Add Firesetting Incident	Button	Activation Button	Use this button to add case information (date, case number, description) when applicable. Each prior or subsequent incident can be a separate entry.
+Add Firesetting Incident - Incident Date	Calendar Selection	Pop up calendar	Select the date the prior or subsequent incident occurred.

+Add Firesetting Incident - Case or reference number for prior or subsequent incident	Alpha numeric	Text Box	Add the reference number for the case, incident, or other identifying factor used for easy reference. This can be any case or use previous YFIRES case numbers, if applicable.
+Add Firesetting Incident - Description	Narrative	Text Box	Provide a description of each case of prior or subsequent firesetting.

## INCIDENT TAB

DATA ELEMENT	MENU CHOICES	FIELD TYPE	ELEMENT EXPLANATION
Incident Date	Select date	Pop up calendar	The date on which the incident generating the referral occurred.  Tip: This element auto-generates the Year and Month (Day is excluded to protect youth identity)
Incident Day of Week	Auto populated (but can be manually over-ridden if necessary)	Alpha field	The day of week on which the incident generating the referral occurred.
Incident Time of Day	<ul style="list-style-type: none"> <li>• Hourly (15 minute increments) selectable</li> <li>• Morning (5:00 AM to 9:00 AM)</li> <li>• Mid Day (9:00 AM to 3:00 PM)</li> <li>• Late Day (3:00 PM to 7:00 PM)</li> <li>• Evening (7:00 PM to 11:00 PM)</li> <li>• Night (11:00 PM to 5:00 AM)</li> <li>• Unknown</li> </ul>	Drop down menu	The closest time to which the hour of the incident generating the referral occurred. If a specific time cannot be identified, general time periods are offered.
Incident City	Narrative	Text Box	The city/town, by name, in which the incident generating the referral occurred.
Incident Zip	Numeric	Text Box	The zip code in which the incident generating the referral occurred.
Incident Location	<ul style="list-style-type: none"> <li>• Commercial/Retail Building - inside</li> <li>• Dumpster/Trash Container - outside of building</li> <li>• Home - Apartment/Condo/Two Plex or Greater/Townhome/Rowhouse</li> <li>• Home - Manufactured/Trailer</li> <li>• Home - Other Structure (detached shed, garage, outbuilding)</li> <li>• Home - Single Family Home</li> </ul>	Drop Down Menu	The location at which the incident occurred.

	<ul style="list-style-type: none"> <li>• Home - Yard or surrounding area w/n boundaries of property</li> <li>• Park/Field/Open Lot/Vacant Land</li> <li>• Place of Worship Building - Inside</li> <li>• School Building - Inside</li> <li>• School Grounds - Outside Property</li> <li>• Street/Alley/Sidewalk (Public Ways)</li> <li>• Vehicle - Not on the home property</li> <li>• Unknown</li> <li>• Other (populate text box when activated)</li> </ul>		
Ignition Source	<ul style="list-style-type: none"> <li>• Candles</li> <li>• Cigarette/Cigar/Smoking Materials</li> <li>• Cooking Appliance</li> <li>• Fireworks</li> <li>• Heating Appliance</li> <li>• Lighters - Disposable</li> <li>• Lighters - Multi-Purpose/BBQ</li> <li>• Lighters - Novelty</li> <li>• Matches</li> <li>• Road Flare/Fusee</li> <li>• Unknown</li> <li>• Other (populate text box when activated)</li> </ul>	Drop Down Menu	The item used to ignite or initiate the fire for the incident.
First Item Ignited	<ul style="list-style-type: none"> <li>• Animal/Person/Self</li> <li>• Bed/Bedding</li> <li>• Clothing (of any kind)</li> <li>• Commercial Fireworks (not homemade)</li> <li>• Explosive Device (other than commercial fireworks)</li> <li>• Flammable Liquids/Aerosols</li> <li>• Furniture</li> <li>• Furnishings other than Furniture</li> <li>• Grass/Leaves/Branches/Brush/Yard Debris/Other Organic Material</li> <li>• Lighter (nothing ignited)</li> <li>• Match (nothing ignited)</li> <li>• Paper/Cardboard/Tissue/Books/Magazines/Newspapers/Other</li> </ul>	Drop Down Menu	The item first ignited (by the ignition source) by the youth during the incident.

	<ul style="list-style-type: none"> <li>paper material</li> <li>Toys (A child's own or that of another)</li> <li>Trash/Garbage (loose or in a container)</li> <li>Unknown</li> <li>Other (populate text box when activated)</li> </ul>		
Obtained Ignition Source From	<ul style="list-style-type: none"> <li>Home</li> <li>Home - Outside of the house</li> <li>Home - From a home other than the youths own home</li> <li>Given by other</li> <li>Purchased</li> <li>Stolen</li> <li>Unknown</li> <li>Other (populate text box when activated)</li> </ul>	Drop Down Menu	Where or from what location did the youth obtain the ignition source.
Accelerant(s) used in incident	<ul style="list-style-type: none"> <li>None</li> <li>Aerosol Sprays</li> <li>Alcohol</li> <li>Butane</li> <li>Diesel</li> <li>Fireworks/Flash Powder</li> <li>Gasoline</li> <li>Gunpowder</li> <li>Hand Sanitizer</li> <li>Lighter Fluid</li> <li>Natural Gas</li> <li>Other pressurized gas</li> <li>Propane</li> <li>Spray Deodorant/Hair Spray</li> <li>Unknown</li> <li>Other (populate text box when activated)</li> </ul>	Pick List (all that apply)	If an accelerant was used by the youth, choose all that apply for the incident in question.
Description of Fire Incident	Narrative	Text Box	Provide narrative description of the fire incident which generated the referral.
Youth's Behavior at the Incident	<ul style="list-style-type: none"> <li>Hid</li> </ul>	Drop Down Menu	How did the youth behave after the fire was initiated.

	<ul style="list-style-type: none"> <li>• Observed</li> <li>• Ran Away</li> <li>• Called for Help</li> <li>• Tried To Put out Fire</li> <li>• Other (populate text box when activated)</li> </ul>		
Referring Offense To The Program	<ul style="list-style-type: none"> <li>• Fire Interest</li> <li>• Fire Starting</li> <li>• Firesetting</li> <li>• Use of manufactured explosives</li> <li>• Use of Fireworks</li> <li>• Creation of explosives</li> <li>• False Alarm Instigation</li> <li>• Other (populate text box when activated)</li> </ul>	Drop Down Menu	<p>What type of act initiated the youth's referral to the program.</p> <ul style="list-style-type: none"> <li>• Fire Interest - Curiosity about fire and fire tools with an accompanying lack of knowledge or capacity to use fire properly.</li> <li>• Fire Starting - Using fire in an experimental way without ignition of other items.</li> <li>• Firesetting - the act of igniting a fire using an ignition source or methods to accomplish ignition.</li> <li>• Use of Manufactured Explosives - Using explosive items manufactured commercially.</li> <li>• Use of Fireworks - Use of commercial fireworks.</li> <li>• Creation of Explosives - Making explosive devices out of material obtained by the youth.</li> <li>• False Alarm Instigation</li> </ul>



			<p>- Initiating a false alarm report or activation.</p> <p>Tip: Terms derived from NFPA Standard 1035 and National Fire Academy nomenclature.</p>
Was the Youth Arrested and/or Cited by Authorities?	<ul style="list-style-type: none"> <li>• Yes (yes initiates a text box to describe the referring offense)</li> <li>• No</li> </ul>	Drop Down Menu	Describe the involvement of authorities in this youth's referral.
Was a Diversion Hearing Assigned	<ul style="list-style-type: none"> <li>• Yes (yes initiates a text box to describe the referring offense)</li> <li>• No</li> </ul>	Drop Down Menu	Was a diversion hearing assigned by the authority having jurisdiction.
Please Provide Details (only activates when "Yes" is chosen above)	Narrative	Text Box	Describe/list the diversion hearing results.
Disciplinary Actions Resulting from the Fire Incident	<ul style="list-style-type: none"> <li>• Parental Sanctions</li> <li>• School Suspension</li> <li>• School Expulsion</li> <li>• Incarceration</li> <li>• Separated from Family by Authorities</li> <li>• Other (populate text box when activated)</li> </ul>	Drop Down Menu	Choose the most significant action resulting from the fire incident.
Was the Youth Under the Influence of Substances at the time of the Incident	<ul style="list-style-type: none"> <li>• Yes (yes initiates a text box to select substances)</li> <li>• No</li> <li>• Unknown</li> </ul>	Drop Down Menu	Did some form of substance abuse influence the behavior of the youth during/before this fire incident.
If Yes Above - Indicate Which Substance(s) the youth was under the influence of at the time of the incident	<ul style="list-style-type: none"> <li>• Alcohol</li> <li>• Illegal Drugs</li> <li>• Marijuana/Synthetics</li> <li>• Prescription Drugs</li> <li>• Other (populate text box when activated)</li> </ul>	Drop Down Menu	List all substances the youth was influenced by at the time of the fire incident.

Was Social Media an Influence At The Time of the Incident	<ul style="list-style-type: none"> <li>• Yes (yes initiates a text box to list details)</li> <li>• No</li> <li>• Unknown</li> </ul>	Drop Down Menu	Did social media play a role in the youth's behavior in this fire incident.
Who was the Caregiver/Guardian at the time of the incident	<ul style="list-style-type: none"> <li>• Custodial Caregiver</li> <li>• Other Adult Caregiver</li> <li>• Youth Babysitter</li> <li>• Sibling</li> <li>• School</li> <li>• Other Youth Related Program</li> <li>• No Supervision</li> <li>• Other (populate text box when activated)</li> </ul>	Drop Down Menu	Who was the primary person with authority over the youth at time the fire occurred.
Were There Associates Involved in the Incident	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	Drop Down Menu	Was another youth(s) at the scene or involved in any way (igniting, watching, provoking, etc.) with the incident that generated this referral.
+Add Associate	Button	Activation Button	Click button to add associates who were involved with the youth's referring incident.
+Add Associate - Date	Selectable Calendar	Pop Up Calendar	Select the date on which the involvement occurred.
+Add Associate - Description	Narrative	Text Box	Describe the nature of the associate's involvement in the incident.  Tip: If other youth is entered into YFIRES, consider documenting case number here.
Were there Injuries as a result of the Incident	<ul style="list-style-type: none"> <li>• Yes (yes initiates a box to list the number of injuries)</li> <li>• No</li> <li>• Unknown</li> </ul>	Drop Down Menu	Was anyone, including the youth being referred, injured in any way as a result of this incident.

<p>If Yes to Above - Please indicate number of People Injured</p>	<ul style="list-style-type: none"> <li>• 1</li> <li>• 2</li> <li>• 3</li> <li>• 4</li> <li>• 5</li> <li>• 6</li> <li>• 7</li> <li>• 8</li> <li>• 9</li> <li>• 10</li> <li>• 11+</li> </ul>	<p>Drop Down Menu</p>	<p>Indicate the number of people injured (including the youth who set the fire) resulting from this incident. This is not a tally of the number of injuries, rather the number of people (civilians or firefighters) injured. Injuries may or may not require hospitalization.</p>
<p>If Yes to Above - Injury Description</p>	<p>Narrative</p>	<p>Text Box</p>	<p>Describe the nature of the injury to each individual resulting from the incident.</p>
<p>Number of People Displaced by the Incident</p>	<ul style="list-style-type: none"> <li>• 1</li> <li>• 2</li> <li>• 3</li> <li>• 4</li> <li>• 5</li> <li>• 6</li> <li>• 7</li> <li>• 8</li> <li>• 9</li> <li>• 10</li> <li>• 11+</li> </ul>	<p>Drop Down Menu</p>	<p>Indicate the number of individuals displaced from their home resulting from this incident.</p>
<p>Death Resulting from Incident</p>	<ul style="list-style-type: none"> <li>• Yes (yes initiates a box to list the number of deaths)</li> <li>• No</li> <li>• Unknown</li> </ul>	<p>Drop Down Menu</p>	<p>Did anyone lose their life as a result of this incident.</p>
<p>If Yes to Above - Number of Deaths</p>	<ul style="list-style-type: none"> <li>• 1</li> <li>• 2</li> <li>• 3</li> <li>• 4</li> <li>• 5</li> <li>• 6</li> </ul>	<p>Drop Down Menu</p>	<p>Indicate the number of individuals who died resulting from this incident (not limited to the day of the incident).</p>

	<ul style="list-style-type: none"> <li>• 7</li> <li>• 8</li> <li>• 9</li> <li>• 10</li> <li>• 11+</li> </ul>		
If Yes to Above - Death Description	Narrative	Text Box	Describe the mechanism of death for each individual who died as a result of the incident.
Was there Property Damage as a result of the incident	<ul style="list-style-type: none"> <li>• Yes (yes initiates a box to describe the property damage)</li> <li>• No</li> <li>• Unknown</li> </ul>	Drop Down Menu	Did damage to real property result from this incident.
If Yes To Above - Damage Description	Narrative	Text Box	Describe the nature of the property damage resulting from this incident.
Was an incident report entered into the National Fire Incident Reporting System (NFIRS)	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	Drop Down Menu	Did a fire agency make a formal report regarding this incident (in order for it to be reported into NFIRS).

## INTERVENTIONS TAB

DATA ELEMENT	MENU CHOICES	FIELD TYPE	ELEMENT EXPLANATION
+Add Intervention	Button	Activation button	Click this button to add an intervention element or experience to the youth's intervention history.
+Add Intervention - Intervention Date	Calendar selection	Pop up Calendar	Select the date on which the intervention activity occurred.
+Add Intervention - Last Name of Interventionist Assigned to Case	Narrative	Text Box	Provide the last name of the person performing this segment of the intervention. This name will appear alphabetically on the "Manage Cases" screen to assist in organizing case assignments.
+Add Intervention - Type of Intervention Provided	<ul style="list-style-type: none"> <li>• Attended Class/Program</li> <li>• Child Screening Instrument Completed</li> <li>• Community Service</li> <li>• Court Assigned Probation</li> <li>• Handouts/Literature Provided</li> <li>• Homework Assignment</li> <li>• Incarceration</li> <li>• Parent Screening Instrument Completed</li> <li>• Peer Court</li> <li>• Phone Consultation</li> <li>• Safety Equipment Provided for Child/Home</li> <li>• Welfare Evaluation</li> <li>• Other (populate text box when activated)</li> </ul>	Pick List	Select all of the interventions that apply for the specific intervention date entered above. Use "Other" to document variations to this list.
+Add Intervention -	Narrative	Text Box	Enter the details relevant to the interventions chosen

Intervention Description			that apply to the intervention date entered above.
Screening Tools, Assessment, or Test Scores	Narrative	Text Box	Enter the scoring or results from whatever screening tool, assessment form, or testing process used by the intervention program.
+Add Class/Program	Button	Activation button	Click this button to add involvement in a class or program that was part of the youth's intervention experience.
+Add Class/Program - Class Date	Calendar Selection	Pop up calendar	Select the date on which the class/program occurred.
+Add Class/Program - Did Youth Attend	<ul style="list-style-type: none"> <li>• Attended</li> <li>• Rescheduled</li> <li>• Did Not Attend (populate text box when activated)</li> </ul>	Drop Down Menu	Select the choice which best indicates the youth's involvement in the class or program provided.
+Add Class/Program - Intervention Description	Narrative	Text Box	Provide details of the class or program activities relevant to the class date indicated above.
Final Disposition of Case	<ul style="list-style-type: none"> <li>• Comprehensive Fire Safety Education</li> <li>• Information Only - No Direct Contact</li> <li>• Referral to Intervention Services (other than comprehensive fire safety education)</li> <li>• Youth Not Seen By Program</li> </ul>	Drop Down Menu	Select the choice which best represents the final determination or disposition of the case. "Referral to Intervention Services" would indicate services from something other than the fire safety educator, unless that educator applied advanced services other than fire safety education. Specific interventions should be listed under "Type of Intervention Provided."
Are Smoke Alarms working and in all required locations at the time the youth incident occurred.	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	Drop Down Menu	Determine the status of smoke alarm placement and operation at the time the fire incident occurred, whether the firesetting behavior occurred in the home or not. This is a partnered question that will be asked during the follow-up phase of the intervention in order to determine a change in caregiver behavior and home safety.

## EVALUATION & FOLLOW UP TAB

DATA ELEMENT	MENU CHOICES	FIELD TYPE	ELEMENT EXPLANATION
+Add Evaluation/Follow-Up	Button	Activation Button	Click this button to record the details about the follow-up information for the youth/family or the referring agency. This should be conducted with the person (caregiver or professional) who participated with the case most directly.
+Add Evaluation Follow-up - Formal Follow-Up Date	Calendar Selection	Pop Up Calendar	Enter the date on which the follow up took place.
+Add Evaluation/Follow-Up	Narrative	Text Box	Provide details of the follow up (details not otherwise captured in other evaluation/follow-up fields)
+Add Evaluation/Follow-Up - Type of Follow Up Provided	<ul style="list-style-type: none"> <li>• Email</li> <li>• In Person</li> <li>• Mail</li> <li>• Telephone</li> <li>• Other (populate text box when activated)</li> </ul>	Pick List	Select the type of follow-up performed with the caregiver of the youth.
+Add Evaluation/Follow-Up - Firesetting Recidivism: Has the behavior continued at the time of the follow-up.	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	Drop Down Menu	Select the appropriate response about continued firesetting behavior or activity occurring after completion of the intervention.
+Add Evaluation/Follow-Up - Please Describe any recommended services at the time of the follow-up	Narrative	Text Box	Add recommendations that may be appropriate for continued assistance to the youth/family or in response to continued firesetting behaviors.
Are Smoke Alarms working and in all required locations at the time the youth incident occurred.	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	Drop Down Menu	Determine the status of smoke alarm placement and operation at the time of follow up. This is a partnered question that was asked during the intake phase of the intervention in order to determine a change in caregiver behavior and home safety.

## COMMUNICATION TAB

DATA ELEMENT	MENU CHOICES	FIELD TYPE	ELEMENT EXPLANATION
+Add Contact	Button	Activation Button	Click this button to document individual communications with the youth, caregiver, or other involved agencies/organizations.
+Add Contact - Date of Communication	Calendar Selection	Pop Up Calendar	Select the date of the communication.
Last Name of Staff Making Contact	Narrative	Text Box	Fill in the last name of the person performing this intervention. It will show on the "Manage Cases" screen showing who is assigned to case.
+Add Contact - Person Contacted	<ul style="list-style-type: none"> <li>• Caseworker/Probation Officer (if not referring agency)</li> <li>• Investigator/Fire/Law Enforcement (if not referring agency)</li> <li>• Mental Health/Medical Professional</li> <li>• Parent/Caregiver</li> <li>• Referring Agency</li> <li>• Youth</li> <li>• Other (populate text box when activated)</li> </ul>	Drop Down Menu	Select the discipline represented by the person contacted regarding the youth.
+Add Contact - Type of Contact (select all that apply)	<ul style="list-style-type: none"> <li>• Attempted to contact but unable to send/leave message</li> <li>• Email</li> <li>• Letter</li> <li>• Phone</li> <li>• Voice Mail</li> <li>• Other (populate text box when activated)</li> </ul>	Pick List	Select all methods used to communicate with agencies/youth on behalf of the youth.
+Add Contact - Purpose of Contact	<ul style="list-style-type: none"> <li>• Consultation on case</li> <li>• Referring agency</li> </ul>	Pick List	Select all choices which represent the purpose of the communication.



(select all that apply)	update/notification <ul style="list-style-type: none"> <li>• Reminder of scheduled class</li> <li>• Scheduling for class</li> <li>• Other (populate text box when activated)</li> </ul>		
+Add Contact - Contact Notes	Narrative	Text Box	Record notes relevant to the communication.
Final Official Scheduling Notice Sent	<ul style="list-style-type: none"> <li>• Yes (activates pop-up calendar to record date of final notice)</li> <li>• No</li> </ul>	Drop Down Menu	Click yes when a final scheduling notice has been sent.
If Yes to Above - Final Scheduling Notice Sent	Calendar Selection	Pop Up Calendar	Select the date the final scheduling notice is sent to the caregiver of the youth.
Close Out Date	Calendar Selection	Pop Up Calendar	Select the date on which the case will be closed out for no further action. When this element is filled out, the case will move to the "Finalized" tab on the "Manage Cases" screen.
Close Out Options *Color keyed to stand out as an important element for case management	<ul style="list-style-type: none"> <li>• Leave Blank</li> <li>• Close out Case/Move to Finalized</li> <li>• Case is Active/Move to Active</li> </ul>	Drop Down Menu	Move case to "Finalized" tab of "Manage Cases" screen indicating case is complete, whether "Submitted" or not. Choose to keep it (or move it back) to the "Active" tab. Leaving it blank defaults to "Finalized" when "Close Out Date" box is filled out.
No Response despite multiple contact attempts. Close out case.	<ul style="list-style-type: none"> <li>• No Response despite multiple contact attempts. Close out case.</li> </ul>	Pick list	Check this box if the caregiver was unable to be contacted after repeated attempts. Efforts should be recorded under +Add Contact to fully document the efforts made.
Communication Notes/Details	Narrative	Text Box	Include notes that do not fit in other areas of the communication tab.

# **APPENDIX A:**

## **NATIONAL DATA ELEMENTS REPORTED IN THE YFIRES DATABASE**

Twenty (20) de-identified data elements comprise the national data set in YFIRES. Eighteen (18) of those data elements are collected by direct input by the user (highlighted data elements). Two (2) of the data elements are auto-populated when an "Incident Date" is entered into the pop up calendar. The 20 national data elements are listed below:

1. Age at the Time of Incident
2. Gender
3. Race
4. Grade in School at the Time of Incident
5. Family Type of Youth
6. Zip Code
7. Primary Caregiver's Highest Level of Education
8. Referral to Program Initiated By
9. Has the Youth Had Previous Firesetting Incidents
10. How Many Times (have previous firesetting incidents occurred)
11. Incident Month (auto-populated from Incident Date)
12. Incident Year (auto-populated from Incident Date)
13. Incident Day of Week
14. Incident Time of Day
15. Incident Location
16. Ignition Source
17. First Item Ignited
18. Were Associates Involved in the Incident
19. Was an Incident Report Entered into the National Fire Incident Reporting System (NFIRS)
20. Final Disposition of Case