First Steps Kent
Supported by the Kent County **Ready by Five Millage**

Ready by Five Early Childhood Millage - Standard Data Collection Fields Definitions
Version Updated: 11/20/2023 -- Effective: 1/1/2024

For program training, and program management purposes only.
The official data submission requirements are presented in the Ready by Five File Definition Document.

All field headers and data fields—including data fields not collected by your program type—will be included in the data file submitted to the Kent County Health Department. See the Ready by Five File Definition Document and Ready by Five Service Provider Manual for complete details.

Key to Abbreviations:

Outreach and Navigation (ON)   Outreach, Screening &Navigating and Early Education Technology Link (EETL) Programming

Parent Education and Support (PES) Service Type   Includes Home Visiting (HV) and Child Safety Initiatives (CS) Program Types

Healthy Development (HD) Service Type   Includes Healthy and Safe Home environment (HES), Developmental Screening and Referral (DSR), Niche Family Supports (NFS), and Healthy Expectant and New Parent (HENP) Program Types

Early Learning (EL) Service Type   Includes Play and Learn (P&L) and Early Literacy and Learning (ELL) Programming

X – Required field   D – Requested field, will match info submitted in Demographic Fields

Please Note:
"99" is to be used when the information is never collected by a program.
"98" is to be used for the case of "other" reason why information was not collected.
"97" is to be used when the information is not available due to the individual declines to provide their information and/or electing not to sign the Ready by Five consent form.

Demographic Fields
These fields will be tracked for each expectant parent -or- child served.
Any updates to individual information (i.e., address changes, name changes, etc.) should be documented and updated on an annual basis to ensure accurate individual information.

Outreach and Navigation	Parent Education and Support	Healthy Development	Early Learning		Data Field	Definition and Code Information
X	X	X	X		**Agency ID** (Text Entry) *This field must always be provided to track eligibility for services.*	Agency ID as provided by FSK.
X	X	X	X		**Record ID** (Text Entry) *This field must always be provided to track eligibility for services.*	Individual ID (To be assigned by service provider. Uniquely identifies individual.)
X	X	X	X		**Record Type** (Coded) *This field must always be provided to track eligibility for services.* *Note:* • *Child may be served through the age of five.* • *Expecting Parent may be the Mother -or- Father, but never both.*	Who is receiving the service? 1. Child 2. Expecting Parent 3. Do not use 4. Other Recipient Type (Do not use unless specified in Service Provider Agreement) Note: Unless the individual served is an expecting parent, the child should always be named as the individual receiving the service.
					Record Type: Other (Text Entry)	Always Use "99" **_Exception:_** Used for individuals labeled as 4 above in "Record Type" and used only if specifically defined in the Service Provider Agreement. This is a rare case
X	X	X	X		**Child First Name** (Text Entry)	Legal Name / Full Name *If child is not born yet use "98"*

X	X	X	X		**Child Last Name** (Text Entry)	Legal Name / Full Name *If child is not born yet use "98"*
X	X	X	X		**Child Middle Name** (Text Entry)	Legal Name / Full Name *If child is not born yet use "98"*
X	X	X	X		**Child Suffix** (Text Entry)	Legal Name / Full Name *If child is not born yet use "98"*
X		X	X		**Child Date of Birth** (Date Entry) *This field must always be provided to track eligibility for services.*	The child's date of birth *Note: form of MM/DD/YYYY with separators and will include zeros.* *Ex: 01/23/2020* *If child is not born yet use "98"*
X	X	X	X		**Participant Gender Identity** (Coded)	What is the gender identity of the participant? 1. Male 2. Female 3. Nonbinary 4. Other Response 97. Declined to Provide 98. Other Reason Not Collected
X	X	X	X		**Participant Ethnicity** (Coded)	What is the participant's ethnicity? 1. Not Hispanic or Latinx 2. Hispanic or Latinx 97. Declined to Provide 98. Other Reason Not Collected

X	X	X	X		**Participant Race** (Coded)	What is the participant's race? 1. White 2. Black / African American 3. Asian 4. American Indian or Alaska Native 5. Native Hawaiian or Other Pacific Islander 6. Multi-Racial 97. Declined to Provide 98. Other Reason Not Collected
X	X	X	X		**Participant Address** (Text Entry) Homelessness is defined the same as HUD's definition for Children and Youth.	Street address, include apartment/building numbers *If a family is experiencing homelessness enter 'HOMELESS' in the field.*
X	X	X	X		**Participant City** (Text Entry)	Participant's city of residence Ex: Grand Rapids, Kent City, Sparta
X	X	X	X		**Participant Zip** (Text Entry) *This field must always be provided to track eligibility for services.*	Use postal zip codes Ex: 49341, 49503, 49505
X	X	X	X		**Participant Primary Insurance** (Coded)	What type of insurance does the participant have? 1. Medicaid 2. Medicare 3. Private Insurance 4. Uninsured 97. Declined to Provide 98. Other Reason Not Collected 99. Never Collected by Program
X	X	X			**WIC Enrollment** (Coded)	Does the Family receive WIC (Special Supplement Nutrition Program for Women, Infants, and Children)? 1. Yes 2. No 97. Declined to Provide 98. Other Reason Not Collected 99. Never Collected by Program

X	X	X	X		**Primary Caregiver First Name** (Text Entry)	Legal Name / Full Name
X	X	X	X		**Primary Caregiver Last Name** (Text Entry)	Legal Name / Full Name
X	X	X	X		**Primary Caregiver Middle Name** (Text Entry)	Legal Name / Full Name
X	X	X	X		**Primary Caregiver Suffix** (Text Entry)	Legal Name / Full Name
X	X	X	X		**Primary Caregiver Last Grade Completed** (Coded)	What was the last grade completed by the caregiver? 1. High School / GED 2. Some high school 3. Less than high school 4. Associates (2 years) 5. College (4 years) 6. Some College 7. Graduate 8. Doctorate 9. Other Response 97. Declined to Provide 98. Other Reason Not Collected
X	X	X	X		**Primary Caregiver Employment Status** (Coded)	What is the Caregiver's Employment Status? 1. Full time 2. Part time 3. Unemployed 4. Other Response 97. Declined to Provide 98. Other Reason Not Collected
X	X	X	X		**Primary Caregiver Marital Status** (Coded)	What is the Caregiver's Marital Status? 1. Divorced 2. Single 3. Living Together / partner 4. Married 5. Separated 6. Widowed 97. Declined to Provide 98. Other Reason Not Collected

X	X	X	X		**Number of Household Members** (Numerical) *Household: A household unit is where individuals, related and unrelated, live for more than one year together. Expecting mothers are counted as herself plus the number of children she is expected to deliver.*	How many individuals are living in the individual's household?
X	X	X	X		**Number of Children Under Age of 5 in Household** (Numerical) *See definition of household above.*	How many individuals <u>through</u> age 5 are living in the individual's household?
X	X	X	X		**Household Income Range** (Coded) Income Field 1 of 2 *Do not use codes 1-9. These have been retired.*	10. Less than $20,000 11. $20,000 to $39,999 12. $40,000 to $59,999 13. $60,000 to $79,999 14. $80,000 to $99,999 15. Over $100,000 97. Declined to Provide 98. Other Reason Not Collected
X	X	X	X		**Household Income** (Numerical) Income Field 2 of 2	Provide Text - This will be a number $25,760 would be entered with no special characters. Ex: 25760
X	X	X	X		**Household Primary Language** (Coded) Language Field 1 of 2	What is the Primary Language of the Household? 1. English 2. Spanish 3. Other Language (Provide Text Entry) 97. Declined to Provide 98. Other Reason Not Collected

X	X	X	X		**Household Primary Language: Other** (Text Entry) Language Field 2 of 2 *Note: Language Field 2; used only if Primary Language field is marked as "3".*	Text entry, please specify the language. Ex: Mandarin, German
X	X	X			**Child Welfare Engagement** (Coded)	Is this child currently engaged with child welfare services? (i.e., foster care, Child Protective Services) 1. Yes 2. No 97. Declined to Provide 98. Other Reason Not Collected 99. Never Collected by Program
	HV	HENP			**Weeks Pregnant Upon Intake** (Numerical) (For Service Provers serving expecting parents only)	Please indicate the number of weeks pregnant the expectant mother is upon intake into the program. This would be upon first appointment or home visit
	HV	HENP			**Date of First Prenatal Visit** (Date Entry) (For Service Provers serving expecting parents only)	What was the date of the expecting mother's first Prenatal visit?
	HV	HENP			**Number of Prenatal Visits Prior to Enrollment** (For Service Provers serving expecting parents only)	What is the number of prenatal visits completed prior to enrollment of program?

Referral Fields

These fields will be tracked for each individual referral.
Please note: A referral is not reported until it is confirmed complete or incomplete.

Outreach and Navigation	Parent Education and Support	Healthy Development	Early Learning		Data Field	Definition and Code Information
X	X	X	X		**Agency ID** (Text Entry) *This field must always be provided to track eligibility for services.*	Agency ID as provided by FSK.
X	X	X	X		**Record ID** (Text Entry) *This field must always be provided to track eligibility for services.*	Individual ID (To be assigned by service provider. Uniquely identifies individual.)
X	X	X	X		**Encounter Date** (Date Entry) *This field must always be provided to track eligibility for services.*	Date of Service. Enter in format MM/DD/YYYY. Include zeros.
D	D	D	D		**Child First Name** (Text Entry)	*See Demographic Fields Information*
D	D	D	D		**Child Last Name** (Text Entry)	
D	D	D	D		**Child Middle Name** (Text Entry)	
D	D	D	D		**Child Suffix** (Text Entry)	
D	D	D	D		**Child Date of Birth** (Date Entry)	
D	D	D	D		**Participant Gender Identity** (Coded)	
D	D	D	D		**Primary Caregiver First Name** (Text Entry)	
D	D	D	D		**Primary Caregiver Last Name** (Text Entry)	
D	D	D	D		**Primary Caregiver Middle Name** (Text Entry)	
D	D	D	D		**Primary Caregiver Suffix** (Text Entry)	

X	X	X			**Referral Type** (Coded) *This field must always be provided for each referral record submitted.*	Only report on referrals that have had a known end result. See definitions of referrals. 1. Direct – Confirmed Complete 2. Direct – Confirmed Incomplete 3. Direct – Not Complete 4. Direct – Unknown 5. Indirect – Confirmed Complete 6. Indirect – Confirmed Incomplete 7. Indirect –Not Complete 8. Indirect – Unknown 9. ~~Informational call only~~ 10. Do not use Referrals that are "in process" should **not** be reported until they have a result or until 90 days passed the initial Referral Encounter Date. Definitions of Referrals: -Direct Referrals: Provider, on behalf of individual served, contacts referral agency. -Indirect Referrals: The individual served has responsibility to make a phone call/send email/connect themselves to referral agency. The Navigator provides the referral information to the individual served. -Confirmed Complete: The individual served -or- the service provider referred to either a) confirms an appointment has been made or b) the individual is eligible for service. The Navigator is confident that the individual has been connected with services. -Confirmed Incomplete: Navigator confirms or the individual reports they were not connected with a service. Reasons include circumstances such as a service is not available, there is a significant waitlist for services, or the family was not

						connected due to a glitch with translation supports. In these cases, the family typically remains engaged with services and alternate referrals may be made. -Unknown: The Navigator was unable to follow up with the family or the agency referred to determine the outcome or a referral. An example would include the family does not return calls. -Not Complete: A family declines a referral or other circumstance defined by the provider where a referral is rescinded. Examples would include when a family opts out of a referral, the Navigator does not follow up on a referral in a timely manner, or the family discharges from services as a referral is in progress. For Outreach and Navigation Services: All referrals must be tracked and reported. All other Service and Program Types: Not all referrals require reporting, use this field only in combination with reporting only required referral information.
ON	HV	HSH HENP NFS			**Referral Category: Mental and Physical Health Needs** (Coded) *The newly added code "95. Outreach and Navigation Informational Call" may only be used by Outreach and Navigation programming. This is reserved for situations when expertise to support a situation is available within the organization (i.e., DHHS Navigator is on staff to support with benefit navigation). (Use of this code is optional)*	What type of referral was made, regarding behavioral and physical health needs? **HD-HSH:** This field should be used to record follow-up referrals for developmental concerns identified by an environmental or home screening. <u>This will be coded as an "8", 11, or "12".</u>

ON		**NFS**			**Referral Category: Family and Caregiver Support** (Coded) *The newly added code "95. Outreach and Navigation Informational Call" may only be used by Outreach and Navigation programming. This is reserved for situations when expertise to support a situation is available within the organization (i.e., DHHS Navigator is on staff to support with benefit navigation). (Use of this code is optional)*	What type of referral was made, regarding family and caregiver support?
ON	**HV**	**DSR** **NFS**			**Referral Category: Early Childhood Education** (Coded) *Note: New codes in this category have been added for 2024. See Code Book in the File Definition Document.* *The newly added code "95. Outreach and Navigation Informational Call" may only be used by Outreach and Navigation programming. This is reserved for situations when expertise to support a situation is available within the organization (i.e., DHHS Navigator is on staff to support with benefit navigation). (Use of this code is optional)*	What type of referral was made regarding Early Childhood Education? **PES-HV** and **HD-DSR**: This field should be used to record follow-up referrals for developmental concerns identified by an ASQ or developmental screening. Use the code most relevant to the referral outcome.
ON	**HV**	**DSR** **HSH** **HENP** **NFS**			**Referral Agency** (Text Entry)	Description of the Agency and Program where individual served referred to. Service Providers to enter as "Agency Name: Program Name".

Services Fields

These fields will be collected each time a service encounter is completed.
All demographic fields are required, otherwise submit data if applicable to your program model based on the if the field is marked with an 'X'.
Key to Abbreviations:
D – Field will match info submitted in Demographic Fields

Outreach and Navigation	Parent Education and Support	Healthy Development	Early Learning		Data Field	Definition and Code Information
X	X	X	X		**Agency ID** (Text Entry) *This field must always be provided to track eligibility for services.*	Agency ID as provided by FSK.
X	X	X	X		**Record ID** (Text Entry) *This field must always be provided to track eligibility for services.*	Individual ID (To be assigned by service provider. Uniquely identifies individual.)
X	X	X	X		**Encounter Date** (Date Entry) *This field must always be provided to reconcile service data with invoices.*	Date of service. Enter in format MM/DD/YYYY. Include zeros.
D	D	D	D		**Child First Name** (Text Entry)	
D	D	D	D		**Child Last Name** (Text Entry)	
D	D	D	D		**Child Middle Name** (Text Entry)	
D	D	D	D		**Child Suffix** (Text Entry)	
D	D	D	D		**Child Date of Birth** (Date Entry)	
D	D	D	D		**Participant Gender Identity** (Coded)	
D	D	D	D		**Primary Caregiver First Name** (Text Entry)	
D	D	D	D		**Primary Caregiver Last Name** (Text Entry)	
D	D	D	D		**Primary Caregiver Middle Name** (Text Entry)	
D	D	D	D		**Primary Caregiver Suffix** (Text Entry)	

X	X	X	X		**Service Type** (Coded) *Note: The Service Type to be used will be defined in the Service Provider Agreement* *This field must always be provided to reconcile service data with invoices.* *Outreach and Navigation Services – only provide information in the service file when a SDOH, ASQ or other screening was completed.* *Exception: ON Early Education Technology Link programming will provide information on encounter types.*	The type of service being provided: 1. ~~Outreach Support (Do not use this field)~~ 2. Navigation Support 3. Parent Education and Support - Home Visiting 4. Healthy Development – Developmental Screening and Connection 5. Early Learning - Play and Learn Programming 6. Healthy Development - Healthy and Safe Home Environment 7. Healthy Development – Healthy Expectant and New Parents 8. Parent Education and Support – Child Safety, Car Seat 9. Early Learning – Early Literacy and Learning Programming 10. Parent Education and Support – Child Safety, Safe Sleep 11. Healthy Development — Niche Family Supports
EETL	X	X	X		**Encounter Contact Type** (Coded) *Note: Use only the Encounter Contact Type as defined in the Service Provider Agreement.* *This field must always be provided to reconcile service data with invoices.*	How was this individual served contacted or connected with? 1. Individual, Phone Contact 2. Individual, In-Person Contact 3. ~~Mail~~ (Do not use) 4. Individual, Virtual Contact 5. ~~Text~~ (Do not use) 6. ~~Email~~ (Do not use) 7. Individual, Screening (SDOH, ASQ or Environmental Hazard) 8. Individual, Child Safety Session 9. Group, In-Person 10. Group, Virtual Contact 11. Group, Phone Contact 12. Individual, Niche Program Support Entry

	HV	**DSC**			**ASQ Taken** (Coded) *Note: Developmental Screening Field 1 of 3, Complete all Developmental Screening Fields if your program takes ASQs*	Was there an ASQ Developmental Screening test taken during the home visiting/healthy development session, and which was it? 1. ASQ-3 2. ASQ SE:2 3. Both screenings taken at session 97. Declined to Provide 98. Other Reason Not Collected 99. Never Collected by Program
	HV	**DSC**			**Developmental Concern Identified** (Coded) *Note: Only report ASQ results if they fall below the cutoff, also known as into the* black *portion of the scoring results visual, for an area.* *Note: Developmental Screening Field 2 of 3, Complete all Developmental Screening Fields if your program takes ASQs*	Was there a development concern identified this session and in which type? (select one) 1. Communication 2. Gross Motor 3. Fine Motor 4. Problem Solving 5. Personal-Social 6. Social-Emotional (ASQ SE:2) 7. Multiple Developmental Concerns (List all concerns in following field) 8. No Concerns Identified 97. Declined to Provide 98. Other Reason Not Collected/Other Concern Identified 99. Never Collected by Program
	HV	**DSC**			**Developmental Concern Identified: Other** (Text Entry) *Note: Developmental Screening Field 3 of 3, Complete all Developmental Screening Fields if your program takes ASQs*	If #7 Multiple Developmental Concerns was selected -**OR**- a specific concern was identified outside of the ASQ screening, please type out the concern(s) identified. 97. Declined to Provide 98. Other Reason Not Collected 99. Never Collected by Program

	HV	HENP			**Currently Breastfeeding** (Coded) *Note: Program serving Infants only.* **PES-HV:** *Please use "3" in this field to show or update program impact in this area. (If applicable)*	Does the mother of the child currently breastfeed? 1. Yes 2. No 3. Yes, due to program intervention 97. Declined to Provide 98. Other Reason Not Collected 99. Never Collected by Program
	HV	HENP			**Smoking** (Coded) *Note: This field accounts for all tobacco or nicotine products* **PES-HV:** *Please use "3" in this field to show or update program impact in this area. (If applicable)*	Is the expectant mother currently using tobacco? 1. Yes 2. No 3. No, due to program intervention 97. Declined to Provide 98. Other Reason Not Collected 99. Never Collected by Program
	HV	HENP			**Non-Prescription Drug Use** (Coded) **PES-HV:** *Please use "3" in this field to show or update program impact in this area. (If applicable)*	Is the expectant mother currently using non-prescription drugs? 1. Yes 2. No 3. No, due to program intervention 97. Declined to Provide 98. Other Reason Not Collected 99. Never Collected by Program
			P&L		**Play and Learn: Session Address** (Text Entry)	What is the street address of the play and learn session?
			P&L		**Play and Learn: Session City** (Text Entry)	What is the city of the play and learn session?
			P&L		**Play and Learn: Session Zip Code** (Text Entry)	What is the zip code of the play and learn session?

	HV	HSH			**Environmental Screening Results** (Coded)	What Type of environmental health hazard was identified? 1. Lead 2. Asthma 3. Accidental injury risk 4. Other Risk Not Listed 5. None Identified (Provide text in next field) 97. Declined to Provide 98. Other Reason Not Collected 99. Never Collected by Program
	HV	HSH			**Environmental Screening Results: Other** (Text Entry) *Note: Used only if Environmental Screening Results field is marked as "4".*	If a health hazard was identified outside of the list, please tell us what the hazard was.
		HSH			**High Blood Lead Level** *HD-HSH: Please use "3" in this field to show or update program impact in this area. (If applicable)*	Is there a child confirmed with a high BLL? Specifically, (≥) 5ug/dL? 1. Yes 2. No 3. BLL confirmed as under (≥) 5ug/dL due to program intervention 97. Declined to Provide 98. Other Reason Not Collected 99. Never Collected by Program
	HV	HENP DCS			**Maternal Well Being Screening Completed** (Coded) *This would include a maternal screening for Depression, Anxiety, Post-Partum Stress Disorder, Perinatal Mood Disorder, Stress, or other wellbeing.*	Was there a wellbeing screening completed during the session? 1. Yes 2. No 97. Declined to Provide 98. Other Reason Not Collected 99. Never Collected by Program

	HV	HENP			**Maternal Concern Identified** (Coded) *This would include concerns with Depression, Anxiety, Post-Partum Stress Disorder, Perinatal Mood Disorder, Stress, or other wellbeing.*	Was there a maternal wellbeing concern identified from this screening? 1. Yes 2. No 97. Declined to Provide 98. Other Reason Not Collected 99. Never Collected by Program

Technical Notes
- Text Entry: These fields will be String Data Types and will have variable character limits.
- Date Entry: Date Entry fields will be String Data Types with and entry form of MM/DD/YYYY with separators and will include zeros Ex: 01/23/2020.
- Numerical: These fields will have a Numerical Data Type.
- Coded: These fields have specific codes associated with entries; these are defined in the File Definition Document.

Updates
4/10/2020
- Added new language to data fields
- Added code number 4. None Taken at Session to ASQ Taken Field in services file
- Added code 99. Not Applicable to Maternal Well Being Screening Completed and Maternal Concern Identified
- New data fields added:
  - Demographics file:
    - WIC Enrollment
    - Date of First Prenatal Visit
    - Number of Prenatal Visits Prior to Enrollment
  - Services File
    - Environmental Screening Results
    - Environmental Screening Results: Other

5/6/2020
- Updated note at top of the document to specify data collection and submission to the county.

2/15/2021
- Removed the Following Fields to Streamline Data Process:
  - Demographics file:
    - Demographic Update

- o Referral file:
  - Referral ID
  - Referral Update
- o Services file:
  - Service ID
  - Service Update
  - Encounter Type
  - Program Discharge Reason
  - Program Discharge Reason: Other
- Added coding to the Following fields.
  - o Encounter Contact Type (Services file):
    - 5. Text
    - 6. Email
- Replaced "BF" and "PN" with the following Abbreviations:
  - o AP – Applicable to Program
  - o D – Demographic fields
- Updated various sections to reduce confusion and streamline look.

3/2/2021
- Updated Language to reflect feedback from providers in QIC meetings

11/18/2021
- Updated Service Types and Program Types.
- Abbreviations updated to reflect updated Service and Program Titles. Colors added to clarify document.
- Coding updates to reflect all updates and changes in the Ready by Five File Definition Document.
- The "Referral Type" definitions were clarified.
- Notes and definitions were added throughout the document to further clarify Field instructions.

12/1/2021
- Clarification in notes of when to use "98" vs "99"
- Notes and definitions were added throughout the document to further clarify Field instructions.

4/21/2022
- Removed 99 options for Child Gender, Child Ethnicity, and Child Race
- Updated language for Referral Type field—use of closure/end instead of completed, removed informational call option
- Changed "Referral Category: Behavioral and Mental Health" text to designate the field for reporting developmental delays identified by environmental and home screenings

- Added "99" option to "Developmental Concern Identified"
- Removed Service Unit bullet points from Technical Notes
- Updated field names to match Template Data File and Field Definition Document columns; moved connected field identifiers below field names
- Updated language in response options and notes
- Consistent language for use of 99s and 98s in all fields

10/20/2022

- Changed the names of gender identity, race, ethnicity, address, city, zip, and primary insurance fields from "Child [category]" to "Participant [category]"
- Removed fields from FY 2020 that have not been used since FY 2021
  - Demographics
    - Primary Caregiver Legal Guardian
    - Initiated Breastfeeding
    - Breastfeeding Length
  - Services
    - Service Unit
    - Service Unit Amount
    - Home Screening Critical Zip Code
    - BLL Agency
  - Referrals
    - Referral Category: Other
- Added a note to "Developmental Concern Identified" field clarifying that only scores below the cutoff (aka in the black region) should be reported through this field
- Added Niche Family Supports (NFS) designation to HD fields list and added NFS to required referral fields
- Added Encounter Contact Type 12. Niche Family Support Program Entry
- Expanded the explanation for when to send a referral in Referral Type field

11/20/2023

- Document Introduction - Updated abbreviations to include Early Education Technology Link.
- Demographic File - removed language that was duplicative throughout document.
- Referral Category, All – Instructions for how code "95." can be used by Outreach and Navigation programs.
- Referral Category: Early Childhood Education field - reduced the limitation for agencies recording follow up related to an ASQ to use only field "6". Agencies may use any relevant code available in this field for this purpose.

- Service File, Service Type - removed "1. Outreach Support" as an option for use.
- Service File, Encounter Contact Type - Included specifications for Early Education Technology Link programming. This is a required field for this type of programming.
- Service File, Encounter Contact Type: -Clarified wording that option "7. Individual, Screening" may include ASQ screenings.
- Service File, ASQ Screening related fields - clarified that "97. Declined to Provide" is an option for use.