

File Definition Document
Demographic File
Delimiter: Comma
Updated: 03/01/2021

CHECK FOR GRAMMAR AND SPELLING DURING UPDATES

Field Order	Name	Comments	Example: Child	Data Type	Code Table	Number of Characters Limit	Required Y/N	Validation
1	Agency ID	Unique Agency Identifier	KCHD	String		8	Y	Same for every record
2	Record ID	ID for Individual Record	22356	String		20	Y	
3	Record Type		1	Code	Record Type	2	Y	Child Info Empty if (2 Expecting Parent) / Must be from Code Table
4	Record Type: Other			String		30	N	Only used if Record Type equals 98
5	Child First Name	Full Name/Legal Name	JANE	String		35	Y	No Special Characters such as ','
6	Child Last Name	Full Name/Legal Name	DOE	String		35	Y	No Special Characters such as ','
7	Child Middle Name	Full Name/Legal Name	CATHERINE	String		35	N	No Special Characters such as ','
8	Child Suffix	Full Name/Legal Name	III	String		10	N	No Special Characters such as ','
9	Child Date of Birth	Format as MM/DD/YYYY	05/07/2016	String		10	Y	Include Separators '/', include zeros
10	Child Gender Identity		2	Code	Gender	2	Y	Must be from Code Table
11	Child Ethnicity		2	Code	Ethnicity	2	N	Must be from Code Table
12	Child Race		6	Code	Race	2	N	Must be from Code Table
13	Child Address		700 Fuller Avenue NE	String		50	Y	No Special Characters such as ','
14	Child City		Grand Rapids	String		25	Y	
15	Child Zip		49503	String		9	Y	No Special Characters such as -
16	Child Primary Insurance		2	Code	Insurance	2	N	Must be from Code Table
17	WIC Enrollment		1	Code	WIC	2		
18	Primary Caregiver First Name	Full Name/Legal Name	JAMIE	String		35	Y	No Special Characters such as ','
19	Primary Caregiver Last Name	Full Name/Legal Name	DOE	String		35	Y	No Special Characters such as ','
20	Primary Caregiver Middle Name	Full Name/Legal Name	MARIE	String		35	N	No Special Characters such as ','
21	Primary Caregiver Suffix	Full Name/Legal Name	III	String		10	N	No Special Characters such as ','
22	Primary Caregiver Legal Guardian		1	Code	Legal Guardian	1	Y	Must be from Code Table
23	Primary Caregiver Last Grade Completed		3	Code	Last Grade Completed	2	N	Must be from Code Table
24	Primary Caregiver Employment Status		1	Code	Employment Status	2	N	Must be from Code Table
25	Primary Caregiver Marital Status		2	Code	Marital Status	2	N	Must be from Code Table
26	Number of Household Members		5	Number		2	N	Must be numeric field
27	Number of Children Under Age of 5 in Household		2	Number		2	N	Must be numeric field
28	Household Income Range		8	Code	Household Income	2	N	Must be from Code Table
29	Household Income		25520	Number		7	N	
30	Household Primary Language		2	Code	Primary Language	2	N	Must be from Code Table
31	Household Primary Language: Other			String		30	N	Only used if Primary Language equals 98
32	Child Welfare Engagement		1	Code	Child Welfare	1	N	Must be from Code Table
33	Initiated Breastfeeding		1	Code	Breastfeeding: Initiated	1	N	Must be from Code Table
34	Breastfeeding Length		22	Number		3	N	This must be in number of months
35	Weeks Pregnant upon intake		15	Number		2	N	This must be in number of weeks
36	Date of First Prenatal Visit	Format as MM/DD/YYYY	4/15/2020	String		10	N	Include Separators '/', include zeros
37	Number of Prenatal Visits Prior to Enrollment		5	Number		2	N	Must be numeric field

File Maintenance:

Please send all new and updated participants served each month

Please send all data fields included in this document in this order, including those that are not collected by your organization.

All coded fields should be sent with as number, not as the corresponding name/text. Ex: Record Type field should be sent to the health department as '1' for a record of type 'Child'

Updates to demographic information only need to be sent yearly at minimum to ensure accurate data

All coding should follow the code book attached to this document

There will be one line in this file for a single child/expectant parent served

Fields required to link to K-readiness:

- Child First Name
- Child Last Name
- Child Gender Identity
- Child Date of Birth

File Definition Document
Referral File
Delimiter: Comma
One Record Sent for Each Referral

Field Order	Name	Comments	Example: Child	Data Type	Code Table	Number of Characters Limit	Required Y/N	Validation
1	Agency ID	Unique Agency Identifier	KCHD	String		8	Y	Matches Demographic File field with same name
2	Record ID	ID for Individual Record	22356	String		20	Y	Matches Demographic File field with same name
3	Encounter Date	Format as MM/DD/YYYY	07/25/2019	String		10	Y	Include Separators '/', include zeros
4	Child First Name	Full Name/Legal Name	JANE	String		35	Y	Matches Demographic File field with same name
5	Child Last Name	Full Name/Legal Name	DOE	String		35	Y	Matches Demographic File field with same name
6	Child Middle Name	Full Name/Legal Name	CATHERINE	String		35	N	Matches Demographic File field with same name
7	Child Suffix	Full Name/Legal Name	III	String		10	N	Matches Demographic File field with same name
8	Child Date of Birth	Same as Demographic File	05/07/2016	String		10	Y	Matches Demographic File field with same name
9	Child Gender Identity	Same as Demographic File	2	Code	Gender	2	Y	Matches Demographic File field with same name
10	Primary Caregiver First Name	Full Name/Legal Name	JAMIE	String		35	Y	Matches Demographic File field with same name
11	Primary Caregiver Last Name	Full Name/Legal Name	DOE	String		35	Y	Matches Demographic File field with same name
12	Primary Caregiver Middle Name	Full Name/Legal Name	MARIE	String		35	N	Matches Demographic File field with same name
13	Primary Caregiver Suffix	Full Name/Legal Name	IIII	String		10	N	Matches Demographic File field with same name
14	Referral Type		3	Code	Referral Type	2	Y	Must be from Code Table
15	Referral Category: Mental and Physical Health Needs		8	Code	Mental and Physical H	2	N	Must be from Code Table
16	Referral Category: Family and Caregiver Support			Code	Family and Caregiver S	2	N	Must be from Code Table
17	Referral Category: Early Childhood Education			Code	Early Childhood Educa	2	N	Must be from Code Table
18	Referral Category: Other			String		35	N	
19	Referral Agency	Text Entry	HEALTHY HOMES: LEA	String		120	N	

File Maintenance:

Please send referrals for all clients served between data feeds

Please send all data fields included in this document in this order, including those that are not collected by your organization.

all coded fields should be sent with as number coded, not as coded field name. Ex: Child Gender Identity field should be sent to the health department as '2' for a child with gender identity 'Female'

All coding should follow the code book attached to this document

Referrals should only be reported upon Confirming their Completion or Incompletion

When reporting referrals multiple referrals for a single child will be recorded on multiple lines

File Definition Document
Services File
Delimiter: Comma

Field Order	Name	Comments	Example: Child	Data Type	Code Table	Characters Limit	Required Y/N	Validation
1	Agency ID	Unique Agency Identifier	KCHD	String		8	Y	Same for every record
2	Record ID	ID for Individual Record	22356	String		20	Y	Matches Demographic File field with same name
3	Encounter Date	Format as MM/DD/YYYY	07/25/2019	String		10	Y	Include Separators '/', include zeros
4	Child First Name	Full Name/Legal Name	JANE	String		35	Y	Matches Demographic File field with same name
5	Child Last Name	Full Name/Legal Name	DOE	String		35	Y	Matches Demographic File field with same name
6	Child Middle Name	Full Name/Legal Name	CATHERINE	String		35	N	Matches Demographic File field with same name
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8	Child Date of Birth	Same as Demographic File	05/07/2016	String		10	Y	Matches Demographic File field with same name
9	Child Gender Identity	Same as Demographic File	2	Code	Gender	2	Y	Matches Demographic File field with same name
10	Primary Caregiver First Name	Full Name/Legal Name	JAMIE	String		35	Y	Matches Demographic File field with same name
11	Primary Caregiver Last Name	Full Name/Legal Name	DOE	String		35	Y	Matches Demographic File field with same name
12	Primary Caregiver Middle Name	Full Name/Legal Name	MARIE	String		35	N	Matches Demographic File field with same name
13	Primary Caregiver Suffix	Full Name/Legal Name	IIII	String		10	N	Matches Demographic File field with same name
14	Service Unit		3	Code	Service Unit	1	Y	Must be from Code Table
15	Service Unit Amount		15	Number		30	Y	Must be numeric field
16	Service Type		1	Code	Service Type	1	Y	Must be from Code Table
17	Encounter Contact Type		1	Code	Encounter Contact	2	Y	Must be from Code Table
18	ASQ Taken		2	Code	ASQ	1	N	Must be from Code Table
19	Developmental Concern Identified		4	Code	Developmental Concc	1	N	Must be from Code Table
20	Developmental Concern Identified: Other			String		35	N	
21	Currently Breastfeeding		1	Code	Breastfeeding: Curre	1	N	Must be from Code Table
22	Smoking		1	Code	Smoking	2	N	Must be from Code Table
23	Non-Prescription Drug Use		1	Code	Drug Use	2	N	Must be from Code Table
24	Play and Learn: Session Address		700 Fuller Avenue NE	String		35	N	
25	Play and Learn: Session City		Grand Rapids	String		25	N	
26	Play and Learn: Session Zip Code		49503	String		9	N	
27	Environmental Screening Results		3	Code	Environmental Screer	2	N	Must be from Code Table
28	Environmental Screening Results: Other			String		35	N	
29	Home Screening Critical Zip Code		1	Code	Critical Zip Code	1	N	Must be from Code Table
30	High Blood Lead Level		1	Code	Blood Lead Level	1	N	Must be from Code Table
31	BLL Agency		Cherry Health	String		50	N	
32	Maternal Well Being Screening Completed		1	Code	Maternal Screening	1	N	Must be from Code Table
33	Maternal Concern Identified		1	Code	Maternal Concern	1	N	Must be from Code Table

File Maintenance:

Please send Services Completed between data feeds

Please send all data fields included in this document in this order, including those that are not collected by your organization.

all coded fields should be sent with as number coded, not as coded field name. Ex: Child Gender Identity field should be sent to the health department as '2' for a child with gender identity 'Female'

All coding should follow the code book attached to this document

Codes

Demographic Update

- 1 Yes
- 2 No

Service Unit

- 1 New Child/Expecting Parent
- 2 Continuing Child/Expecting Parent
- 3 15 Minute Intervals
- 4 Service Completed
- 5 Prenatal Visit Reporting
- 6 Blood Lead Level Screening
- 7 Environmental Home Screening

Service Type

- 1 Outreach
- 2 Navigation
- 3 Home Visiting
- 4 Health Development
- 5 Play and Learns
- 6 Health and Safe Homes

Encounter

- 1 New (intake)
- 2 Returning
- 3 Continuing
- 4 Discharge

Encounter Contact

- 1 Phone Contact
- 2 In-Person Contact
- 3 Mail
- 4 Virtual Contact (Online Screening)
- 5 Text
- 6 Email
- 98 Other

Record Type

- 1 Child (Target)
- 2 Expecting Parent
- 3 Additional Child under 5 living in home
- 98 Other

Gender

- 1 Male
- 2 Female
- 3 Nonbinary
- 98 Other
- 99 Not Available

Ethnicity

- 1 Not Hispanic or Latinx
- 2 Hispanic or Latinx
- 99 Not Available

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
- 98 Other
- 99 Not Available

Insurance

- 1 Medicaid
- 2 Medicare
- 3 Private Insurance
- 4 Uninsured
- 99 Not Available

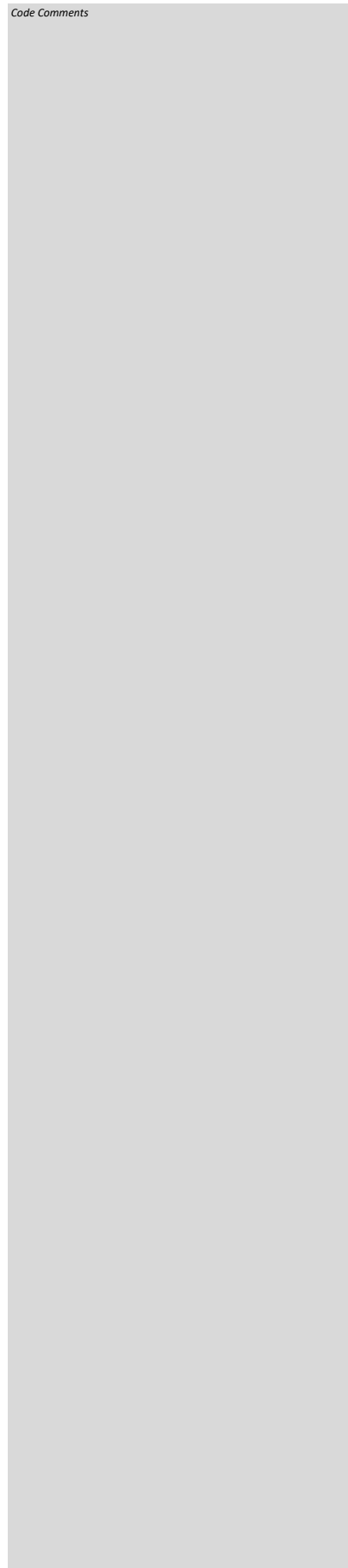
Legal Guardian

- 1 Yes
- 2 No

Last Grade Completed

- 1 High School / GED
- 2 Some high school
- 3 No high school
- 4 Associates (2 years)
- 5 College (4 years)
- 6 Some College
- 7 Graduate
- 8 Doctorate
- 99 Not Available

Code Comments



Employment Status

- 1 Full time
- 2 Part time
- 3 Unemployed
- 99 Not Available

Marital Status

- 1 Divorced
- 2 Single
- 3 Living together / partner
- 4 Married
- 5 Separated
- 6 Widowed
- 99 Not Available

Household Income

- 1 \$0-\$25,520
- 2 \$25,521-\$34,480
- 3 \$34,481-\$43,440
- 4 \$43,441-\$52,400
- 5 \$52,401-\$61,360
- 6 \$61,361-\$70,320
- 7 \$70,321-\$79,280
- 8 \$79,281-\$88,240
- 9 \$88,241 or more
- 99 Not Available

These are in accordance with the Poverty Level according to the appropriate year

Primary Language

- 1 English
- 2 Spanish
- 98 Other (text entry)
- 99 Not Available

Referral Type

- 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 No referral/Informational call only
- 10 Processing current referral

Referral Update

- 1 Yes
- 2 No

Behavioral and Physical Health Needs

- 1 Medical Home Referral
- 2 Child Behavioral Health Services
- 3 Adult Behavioral Health Services
- 4 Health Insurance
- 5 Home Visiting
- 6 Hearing / Vision Screenings
- 7 Dental Services
- 8 Environmental Issues (PFAS, Lead, etc.)
- 9 Substance Abuse
- 10 Breastfeeding Support
- 11 Blood Lead Levels Health
- 98 Other

For referrals out for tracking post environmental home screenings if applicable please use this to track referrals

This will be used by the Healthy and Safe Homes Providers to track their Blood lead post screening referrals

Family and Caregiver Support

- 1 Caregiver Support
- 2 Home Visiting
- 3 Transportation
- 4 Intimate Partner Violence
- 5 Adult Education / Continued Education Support
- 6 Interpretation Support
- 7 Resources for Fathers
- 8 Legal Support
- 9 Baby Supplies
- 10 Immigration / Refugee Support
- 11 Financial Support
- 12 Housing Support
- 13 Food Access Support
- 14 Employment Assistance
- 98 Other

Early Childhood Education

- 1 Childcare
- 2 Special Education
- 3 Preschool

- 4 Play Groups
- 5 ASQ Screening
- 6 Early Intervention
- 98 Other

This will be used to track referrals out post ASQ screening, where developmental concerns are identified

Service Update

- 1 Yes
- 2 No

Breastfeeding: Initiated

- 1 Yes
- 2 No
- 99 Not Available

This question will be asked upon intake

Breastfeeding: Currently

- 1 Yes
- 2 No
- 99 Not Available

This will be asked at follow up home visits

Smoking

- 1 Yes
- 2 No
- 99 Not Available

Drug Use

- 1 Yes
- 2 No
- 99 Not Available

ASQ

- 1 ASQ-3 Taken
- 2 ASQ SE:2 Taken
- 3 Both taken at session
- 4 None taken at session

Developmental Concerns

- 1 Communication
- 2 Gross Motor
- 3 Fine Motor
- 4 Problem Solving
- 5 Personal-Social
- 6 Social-Emotional (ASQ SE:2)
- 7 Multiple Sections
- 8 None Identified
- 98 Other

Maternal Screening

- 1 Yes
- 2 No
- 99 Not Applicable

Depression Concern

- 1 Yes
- 2 No
- 99 Not Applicable

Child Welfare (Foster Care or CPS) Services currently engaged?

- 1 Yes
- 2 No
- 99 Not Available

Environmental Screening

- 1 Lead
- 2 Asthma
- 3 Accidental injury risk
- 4 Other
- 5 None identified
- 98 Other

WIC

- 1 Yes
- 2 No
- 99 Not Available

Critical Zip Code

- 1 Yes
- 2 No

Blood Lead Level

- 1 Yes
- 2 No

Data Quality Improvement Error Tables

Below are the tables for each file that your data will be evaluated on when sent to the county

a Critical Error Type in a submitted line of data will cause data submitted to the county to not be received by First Steps Kent and will need to be resubmitted with proper correction.

A Informational Error Type is a check which will not cause data to need to be resubmitted to the county, however these may reflect entry errors or other complications in the data, please review these lines of data for completeness.

Demographic File Checks

Error Code	Error Description	Error Type	Description
501	501 Check Record Type	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
502	502 Check Child Gender Identity	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
503	503 Check Child Ethnicity	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
504	504 Check Child Race	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
505	505 Check Child Primary Insurance	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
506	506 Check WIC Enrollment	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
507	507 Check Primary Caregiver Legal Guardian	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
508	508 Check Primary Caregiver Last Grade Completed	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes

509	509 Check Primary Caregiver Employment Status	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
510	510 Check Primary Caregiver Marital Status	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
511	511 Check Household Income Range	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
512	512 Check Household Primary Language	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
513	513 Check Child Welfare Engagement	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
514	514 Check Initiated Breastfeeding	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
550	550 Check Child DOB before 2014	Critical	This error will appear when a child's date of birth makes their age as of submission greater than 5.99 years of age
551	551 Check Child DOB after Now	Critical	This error will appear when a child's date of birth is after the date of submission
571	571 Check Required Agency ID	Critical	This error will appear when the field listed is missing with no data or incorrect data filled in, please review data file and correct accordingly
572	572 Check Required Record ID	Critical	This error will appear when the field listed is missing with no data or incorrect data filled in, please review data file and correct accordingly
573	573 Check Required Demographic Update	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary

574	574 Check Required Record Type	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
575	575 Check Required Child First Name	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
576	576 Check Required Child Last Name	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
577	577 Check Required Child Date of Birth	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
578	578 Check Required Child Gender Identity	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
579	579 Check Required Child Address	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
580	580 Check Required Child City	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
581	581 Check Required Child Zip	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
582	582 Check Required Primary Caregiver First Name	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
583	583 Check Required Primary Caregiver Last Name	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
584	584 Check Required Primary Caregiver Legal Guardian	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary

Referral File Checks

Error Code	Error Description	Error Type	Description
701	701 Check Child Gender Identity	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
702	702 Check Referral Type	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
703	703 Check Referral Category Mental and Physical Health Needs	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
704	704 Check Referral Category Family and Caregiver Support	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
705	705 Check Referral Category Early Childhood Education	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
750	750 Check Child DOB before 2014	Critical	This error will appear when a child's date of birth makes their age as of submission greater than 5.99 years of age
751	751 Check Child DOB after Now	Critical	This error will appear when a child's date of birth is after the date of submission
752	752 Check Encounter Date before 2019	Critical	This error will appear when a encounter date entered is before 8/1/2019
753	753 Check Encounter Date after Now	Critical	This error will appear when a encounter date entered is after the date of data submission

771	771 Check Required Agency ID	Critical	This error will appear when the field listed is missing with no data or incorrect data filled in, please review data file and correct accordingly
772	772 Check Required Record ID	Critical	This error will appear when the field listed is missing with no data or incorrect data filled in, please review data file and correct accordingly
775	775 Check Required Encounter Date	Critical	This error will appear when the field listed is missing with no data or incorrect data filled in, please review data file and correct accordingly
776	776 Check Required Child First Name	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
777	777 Check Required Child Last Name	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
778	778 Check Required Child Date of Birth	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
779	779 Check Required Child Gender Identity	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
780	780 Check Required Primary Caregiver First Name	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
781	781 Check Required Primary Caregiver Last Name	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
784	784 Check Required Referral Type	Critical	This error will appear when the field listed is missing with no data or incorrect data filled in, please review data file and correct accordingly

Services Files Checks

Error Code	Error Description	Error Type	Description
601	601 Check Child Gender Identity	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
602	602 Check Service Unit	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
603	603 Check Service Type	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
605	605 Check Encounter Contact Type	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
607	607 Check ASQ Taken	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
608	608 Check Developmental Concern Identified	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
609	609 Check Currently Breastfeeding	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
610	610 Check Smoking	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
611	611 Check Non-Prescription Drug Use	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
612	612 Check Environmental Screening Results	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes

613	613 Check Home Screening Critical Zip Code	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
614	614 Check High Blood Lead Level	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
615	615 Check Maternal Well Being Screening Completed	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
616	616 Check Maternal Concern Identified	Critical	This error will appear when the field listed is incorrectly filled out and is out of the range of possible codes
650	650 Check Child DOB before 2014	Critical	This error will appear when a child's date of birth makes their age as of submission greater than 5.99 years of age
651	651 Check Child DOB after Now	Critical	This error will appear when a child's date of birth is after the date of submission
652	652 Check Encounter Date before 2019	Critical	This error will appear when a encounter date entered is before 8/1/2019
653	653 Check Encounter Date after Now	Critical	This error will appear when a encounter date entered is after the date of data submission
671	671 Check Required Agency ID	Critical	This error will appear when the field listed is missing with no data or incorrect data filled in, please review data file and correct accordingly
672	672 Check Required Record ID	Critical	This error will appear when the field listed is missing with no data or incorrect data filled in, please review data file and correct accordingly
675	675 Check Required Encounter Date	Critical	This error will appear when the field listed is missing with no data or incorrect data filled in, please review data file and correct accordingly

676	676 Check Required Child First Name	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
677	677 Check Required Child Last Name	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
678	678 Check Required Child Date of Birth	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
679	679 Check Required Child Gender Identity	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
680	680 Check Required Primary Caregiver First Name	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
681	681 Check Required Primary Caregiver Last Name	Informational	This error will appear when the field listed is missing with no data or incorrect data filled in, please correct if necessary
682	682 Check Required Service Unit	Critical	This error will appear when the field listed is missing with no data or incorrect data filled in, please review data file and correct accordingly
683	683 Check Required Service Unit Amount	Critical	This error will appear when the field listed is missing with no data or incorrect data filled in, please review data file and correct accordingly
684	684 Check Required Service Type	Critical	This error will appear when the field listed is missing with no data or incorrect data filled in, please review data file and correct accordingly
686	686 Check Required Encounter Contact Type	Critical	This error will appear when the field listed is missing with no data or incorrect data filled in, please review data file and correct accordingly

<u>File Type</u>	<u>Location in File</u>	
		<u>Updates on 4/14/2020</u>
All Files	N/A	Updated character limits on certain data fields
All Files	N/A	Added clarifying language to some data field descriptions
Codes	A213	Added code "4. None Taken at Session" to ASQ Taken field
Codes	A229/A234	Added code "99. Not Applicable" to fields titled Maternal Well Being Screening Completed and Maternal Concern Identified
		New data fields added:
Demographic	Row 24	WIC Enrollment
Demographic	Row 37	Date of First Prenatal Visit
Demographic	Row 38	Number of Prenatal Visits Prior to Enrollment
		New data fields added:
Service	Row 37	Environmental Screening Results
Service	Row 38	Environmental Screening Results: Other
		<u>Updated on 5/6/2020</u>
All Files	N/A	Added language specifying that submissions must include all data field headings listed in this document
		<u>Updated on 7/29/2020</u>
		The following updates were completed within this document to match Standard Data Field Definitions Document:
Codes	A249	Added code table for WIC Enrollment field
Codes	A254	Added code table for Home Screening Critical Zip Code field
Codes	A558	Added code table for High Blood Lead Level field
Codes	A183	Added code "99 Not Available" under Discharge Reason field
Services	Row 41	Added field "36 BLL Agency"
Updates	N/A	Updated formatting of document for ease of use
		Updated on 2/15/2021
Demographic	Row 10	Removed Demographic Updates field
Referral	Row 10	Removed Referral ID field
Referral	Row 11	Removed Referral Update field
Services	Row 8	Removed Service ID field
Services	Row 9	Removed Service Update field
Services	Row 22	Removed Encounter Type field
Services	Row 24	Removed Discharged from Program Reason field
Services	Row 25	Removed Discharged from Program Reason: Other field
Codes	Row 35	Added new encounter contact type fields
Codes	Row 178	Removed Discharged from Program Reason codes
Demographic	Row 11	Added ":" to Record Type: Other field
Demographic	Row 38	Added ":" to Household Primary Language: Other field
Error Tables	N/A	Added a collection of error tables that the county will evaluate service providers on