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| **Ready by Five Early Childhood Millage**  **Standard Data Collection Fields Definitions**  ***Updated: 5/6/2020***  *Note: Information should be updated on an annual basis to ensure accurate data. \*Required fields are marked with an asterisk.*  ***For Program Training, and Program Management purposes only, official data collection reporting layout is presented in the File Definition Documents.***  **All fields marked with an ‘X’ should be collected by a provider in each type of service. Upon Reporting of data fields, all field headers and data fields, including those with data not collected by your service type will be submitted to the county in the format and order shown in the Template Data Submissions Document.** | | | | | | |
| **Intake/Demographic Fields**  These fields will be recorded upon intake of the child/expectant mother, with each line being for the individual child/expectant mother.  Key to Abbreviations:  BF – Providers with services for children from birth to age five should track  PN - Providers with prenatal services should track  Any updates to the information (i.e. address changes, name changes, etc.) should be documented and updated on an annual basis to ensure accurate data. | | | | | | |
| **ON** | **HV** | **HD** | **HSH** | **P&L** | **Data Field** | **Definition and Code information** |
| **X** | **X** | **X** | **X** | **X** | **Agency ID\*** (Text Entry) | Agency Name |
| **X** | **X** | **X** | **X** | **X** | **Record ID\*** (Text Entry) | Individual ID (To be assigned by service provider. Uniquely identifies individual.) |
| **X** | **X** | **X** | **X** | **X** | **Demographic Update\*** (Coded) | Are there data updates to this client’s demographic information?   1. Yes (This is an update to a previous record) 2. No (This is a new client this month) |
| **ON** | **HV** | **HD** | **HSH** | **P&L** | **Data Field** | **Definition and Code information** |
| **X** | **X** | **X** | **X** | **X** | **Record Type\*** (Coded) | Who is receiving the service?   1. Child 2. Expecting Parent 3. Additional child under 5 living in home 4. Other   Note: Unless the client is an expecting parent, the child should always be named as the client receiving the service. |
| **X** |  |  |  |  | **Record Type: Other** (Text Entry) | Used for individuals not included above in “Record Type” and used only if defined otherwise in the Service Provider contract’s Scope of Work. |
| **X** | **X** | **X** | **X** | **X** | **Child First Name\*** (Text Entry) | Legal Name / Full Name |
| **X** | **X** | **X** | **X** | **X** | **Child Last Name\*** (Text Entry) | Legal Name / Full Name |
| **X** | **X** | **X** | **X** | **X** | **Child Middle Name** (Text Entry) | Legal Name / Full Name |
| **X** | **X** | **X** | **X** | **X** | **Child Suffix** (Text Entry) | Legal Name / Full Name |
| **X** | **X** | **X** | **X** | **X** | **Child Date of Birth\*** (Date Entry) | The child’s date of birth |
| **X** | **X** | **X** | **X** | **X** | **Child Gender Identity\*** (Coded) | What is the gender identity of the child?   1. Male 2. Female 3. Nonbinary   98. Other  99. Not Available |
| **X** | **X** | **X** | **X** | **X** | **Child Ethnicity** (Coded) | What is the child’s ethnicity?   1. Not Hispanic or Latinx 2. Hispanic or Latinx   99. Not Available |
| **ON** | **HV** | **HD** | **HSH** | **P&L** | **Data Field** | **Definition and Code information** |
| **X** | **X** | **X** | **X** | **X** | **Child Race** (Coded) | What is the child’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   98. Other  99. Not Available |
| **X** | **X** | **X** | **X** | **X** | **Child Address\*** (Text Entry) | Street address, include apartment/building  numbers |
| **X** | **X** | **X** | **X** | **X** | **Child City\*** (Text Entry) | Child’s city  Ex: Grand Rapids, Kent City, Sparta |
| **X** | **X** | **X** | **X** | **X** | **Child Zip\*** (Text Entry) | Use postal zip codes.  Ex: 49341, 49503, 49505 |
| **X** | **X** | **X** | **X** | **X** | **Child Primary Insurance** (Coded) | What type of insurance does the child have?   1. Medicaid 2. Medicare 3. Private Insurance 4. Uninsured   99. Not Available |
|  | **X** | **X** |  |  | **Enrollment in Special Supplement Nutrition Program for Women, Infants, and Children (WIC)** (Coded) | Does the Family receive WIC?  1. Yes  2. No  99. Not Available |
| **X** | **X** | **X** | **X** | **X** | **Primary Caregiver First Name\*** (Text Entry) | Legal Name / Full Name |
| **X** | **X** | **X** | **X** | **X** | **Primary Caregiver Last Name\*** (Text Entry) | Legal Name / Full Name |
| **ON** | **HV** | **HD** | **HSH** | **P&L** | **Data Field** | **Definition and Code information** |
| **X** | **X** | **X** | **X** | **X** | **Primary Caregiver Middle Name** (Text Entry) | Legal Name / Full Name |
| **X** | **X** | **X** | **X** | **X** | **Primary Caregiver Suffix** (Text Entry) | Legal Name / Full Name |
| **X** | **X** | **X** | **X** | **X** | **Is Primary Caregiver Child’s Legal Guardian?** (Coded) | 1. Yes 2. No |
| **X** | **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   99. Not Available |
| **X** | **X** | **X** | **X** | **X** | **Primary Caregiver Employment Status**(Coded) | What is the Caregiver’s Employment Status?   1. Full time 2. Part time 3. Unemployed   99. Not Available |
| **X** | **X** | **X** | **X** | **X** | **Primary Caregiver Marital Status**(Coded) | What is the Caregiver’s Marital Status?  1. Divorced  2. Single  3. Living Together / partner   1. Married 2. Separated 3. Widowed   99. Not Available |
| **X** | **X** | **X** | **X** | **X** | **Number of Household Members**(Numerical) | How many individuals are living in the client’s household? |
| **ON** | **HV** | **HD** | **HSH** | **P&L** | **Data Field** | **Definition and Code information** |
| **X** | **X** | **X** | **X** | **X** | **Number of Children Through Age of 5 in**  **Household**(Numerical) | How many individuals under age 5 are living in the client’s household? |
| **X** | **X** | **X** | **X** | **X** | **Household Income Range**(Coded)  *(This field is necessary to determine Ready by Five Services Cost Sharing requirements)* | These ranges will be based on the 200% Federal Poverty Level (FPL).   1. $0 - $25,520 (200% FPL for family of 1) 2. $25,521 - $34,480 (200% FPL for family of 2) 3. $34,481 - $43,440 (200% FPL for family of 3) 4. $43,441 - $52,400 (200% FPL for family of 4) 5. $52,401 - $61,360 (200% FPL for family of 5) 6. $61,361 - $70,320 (200% FPL for family of 6) 7. $70,321 - $79,280 (200% FPL for family of 7) 8. $79,281 - $88,240 (200% FPL for family of 8) 9. $88,241 or more   99. Not Available |
| **X** | **X** | **X** | **X** | **X** | **Household Income**(Numerical)  (Either the data field above or this one will need to be filled out in order to properly determine Cost Sharing requirements) | This will be a number  Ex: $25,520 |
| **X** | **X** | **X** | **X** | **X** | **Households Primary Language**(Coded) | What is the Primary Language of the Household?   1. English 2. Spanish   98. Other  99. Not Available |
| **X** | **X** | **X** | **X** | **X** | **Household Primary Language: Other** (Text Entry) | Text entry, please specify.  Ex: Mandarin, German |
|  | **BF** | **BF** |  |  | **Child Welfare Engagement** (Coded) | Is this child currently engaged with child welfare services? (i.e. foster care, Child Protective Services)   1. Yes 2. No   99. Not Available |
| **ON** | **HV** | **HD** | **HSH** | **P&L** | **Data Field** | **Definition and Code information** |
|  | **BF** | **BF** |  |  | **Breastfeeding Initiated** (Coded)  (For Service Providers serving infants only) | Has the child ever been breastfed?   1. Yes 2. No   99. Not Available |
|  | **BF** | **BF** |  |  | **Breastfeeding Length of Time** (Numerical)  (For Service Providers serving infants only) | Enter the length of time in months the child has/was breastfed? |
|  | **PN** | **PN** |  |  | **Weeks Pregnant Upon Intake** (Numerical) | 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 |
|  | **PN** | **PN** |  |  | **Date of First Prenatal Visit** (Date Entry) | What was the date of the expecting mother’s first Prenatal visit if applicable? |
|  | **PN** | **PN** |  |  | **Number of Prenatal Visits Prior to Enrollment** | What is the number of prenatal visits completed prior to enrollment of program? |

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| **Referral Fields**  These metrics will be tracked for each individual referral.  Please note: A referral is not reported until it is confirmed complete or incomplete.  Key to Abbreviations:  BF – Providers with services for children from birth to age five should track  PN - Providers with prenatal services should track | | | | | | |
| **ON** | **HV** | **HD** | **HSH** | **P&L** | **Data Field** | **Definition and Code information** |
| **X** | **X** | **X** | **X** |  | **Agency ID\*** (Text Entry) | Agency Name |
| **X** | **X** | **X** | **X** |  | **Record ID\*** (Text Entry) | Individual ID (To be assigned by service provider) |
| **X** |  |  |  |  | **Referral ID** (Numerical) | (To be assigned by Ready by Five) |
| **X** |  |  |  |  | **Referral Update** (Coded) | Is there an update of the client’s referral records?   1. Yes (Yes this is a previous referral that is being tracked and needs update) 2. No (No this is a new referral) |
| **ON** | **HV** | **HD** | **HSH** | **P&L** | **Data Field** | **Definition and Code information** |
| **X** | **X** | **X** | **X** |  | **Encounter Date\*** (Date Entry) | The date that the service provider interacted with the client |
| **X** | **X** | **X** | **X** |  | **Child First Name\*** (Text Entry) | Legal Name / Full Name |
| **X** | **X** | **X** | **X** |  | **Child Last Name\*** (Text Entry) | Legal Name / Full Name |
| **X** | **X** | **X** | **X** |  | **Child Middle Name** (Text Entry) | Legal Name / Full Name |
| **X** | **X** | **X** | **X** |  | **Child Suffix** (Text Entry) | Legal Name / Full Name |
| **X** | **X** | **X** | **X** |  | **Child Date of Birth\*** (Date Entry) | The Child’s Date of Birth |
| **X** | **X** | **X** | **X** |  | **Child Gender Identity\*** (Coded) | What is the gender identity of the child?   1. Male 2. Female 3. Nonbinary   98. Other  99. Not Available |
| **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** |  | **Referral Type** (Coded) | Providers to indicate for each referral made.  Programs should only report on referrals made directly and confirmed as either Complete or Incomplete. In process referrals should not be reported.   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   Definition of Referrals:  -Direct Referrals: Provider, on behalf of client, contacts referral agency.  -Indirect Referrals: Client has responsibility to make a phone call/send email/connect themselves to referral agency.  -Confirmed Complete: Client confirms an appointment has been made, and the client, has been connected with services. (e.g., attended appointment)  -Confirmed Incomplete: Client reports they were not connected with services.  -Unknown: Agency was unable to follow up with client to determine outcome.  -Not Complete: Defined by the provider (i.e. how many follow up encounters until the case is closed).  Home Visiting, Healthy Development and Healthy and Safe Home providers: Not all referrals require reporting, use this field only in combination with reporting only required referral information. |
| **X** | **X** |  | **X** |  | **Referral Category: Behavioral and Physical Health Needs** (Coded) | What type of referral was made, regarding behavioral and physical health needs?  Home Visiting Providers: Only referral being tracked is for environmental issues with home (Lead remediation, PFAs, asthma concerns, etc.). This will be coded as “8”.  Healthy and Safe Homes Providers: Only referral being track is referrals for post blood lead levels testing referrals for those with levels above 5ug/dL. This will be coded as “11”. |
| **X** |  |  |  |  | **Referral Category: Family and Caregiver Support** (Coded) | What type of referral was made, regarding family and caregiver support? |
| **X** | **BF** |  |  |  | **Referral Category: Early Childhood Education**  (Coded) | What type of referral was made regarding Early Childhood Education?  This field should be used to record referrals for developmental concerns identified by an ASQ developmental screening. This will be coded as “6”. |
| **X** |  |  |  |  | **Referral Category: Other** (Text Entry) | If the referral does not fall under one of the above categories, please enter the type here. To be used if the field is defined in the contract. |
| **X** | **X** | **X** | **X** |  | **Referral Agency** (Text Entry) | Definition of “Referral Agency”: Agency where client was referred.  Service Providers to enter as “Agency Name: Program Name”. |

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| **Services Fields**  These fields will be collected each time a service is completed.  Key to Abbreviations:  BF – Providers with services for children from birth to age five should track  PN - Providers with prenatal services should track  **Please Note:**  4Fields marked with this are to be reported when tracking Discharge from program  5Fields marked with this are to be reported when tracking Prenatal Visits  6Fields marked with this are to be reported when tracking blood lead level screenings  7Fields marked with this are to be reported when tracking environmental home screenings | | | | | | |
| **ON** | **HV** | **HD** | **HSH** | **P&L** | **Data Field** | **Definition and Code information** |
| **X** | **X**4,5,6,7 | **X** | **X** | **X** | **Agency ID\*** (Text Entry) | Agency Name |
| **X** | **X**4,5,6,7 | **X** | **X** | **X** | **Record ID\*** (Text Entry) | ID for individual ID (To be Assigned by service provider) |
|  |  |  |  |  | **Service ID** (Numerical) | (To be assigned by Ready by Five) |
|  |  |  |  |  | **Service Update** (Coded) | Use only if there are data updates to a client’s service and only if defined otherwise in the Service Provider contract’s Scope of Work. |
| **X** | **X**4,5,6,7 | **X** | **X** | **X** | **Encounter Date\*** (Date Entry) | The date that the service provider interacted with the client. |
| **X** | **X** | **X** | **X** | **X** | **Child First Name\*** (Text Entry) | Legal Name / Full Name |
| **X** | **X** | **X** | **X** | **X** | **Child Last Name\*** (Text Entry) | Legal Name / Full Name |
| **X** | **X** | **X** | **X** | **X** | **Child Middle Name** (Text Entry) | Legal Name / Full Name |
| **X** | **X** | **X** | **X** | **X** | **Child Suffix** (Text Entry) | Legal Name / Full Name |
| **X** | **X** | **X** | **X** | **X** | **Child Date of Birth\*** (Date Entry) | The child’s date of birth |
| **ON** | **HV** | **HD** | **HSH** | **P&L** | **Data Field** | **Definition and Code information** |
| **X** | **X** | **X** | **X** | **X** | **Child Gender Identity\*** (Coded) | What is the gender identity of the child?   1. Male 2. Female 3. Nonbinary   98. Other  99. Not Available |
| **X** | **X** | **X** | **X** | **X** | **Primary Caregiver First Name\*** (Text Entry) | Legal Name / Full Name |
| **X** | **X** | **X** | **X** | **X** | **Primary Caregiver Last Name\*** (Text Entry) | Legal Name / Full Name |
| **X** | **X** | **X** | **X** | **X** | **Primary Caregiver Middle Name** (Text Entry) | Legal Name / Full Name |
| **X** | **X** | **X** | **X** | **X** | **Primary Caregiver Suffix** (Text Entry) | Legal Name / Full Name |
| **X** | **X**5 | **X** | **X**6,7 | **X** | **Service Unit\*** (Coded) | The unit rate that is established in the contract, should match the invoiced unit rate.   1. New Child/Expecting Parent 2. Continuing Child/Expecting Parent 3. 15 Minute Intervals 4. Services Completed 5. Prenatal Visit Reporting5 (Home Visiting and Health Development Only) 6. Blood Lead Level Screening6 7. Environmental Home Screening7 |
| **X** | **X** | **X** | **X** | **X** | **Service Unit Amount\*** (Numerical) | A number from the provider to indicate how many units of service were allotted. Unless services are billed in 15-minute increments, this will be “1”. |
| **X** | **X**5 | **X** | **X**6,7 | **X** | **Service Type** (Coded) | The type of service being provided   1. Outreach 2. Navigation 3. Home Visiting 4. Healthy Development 5. Play and Learn 6. Health and Safe Homes |
| **ON** | **HV** | **HD** | **HSH** | **P&L** | **Data Field** | **Definition and Code information** |
| **X** | **X**4 | **X** | **X** | **X** | **Encounter Type\*** (Coded) | Which of the three encounter types below are occurring?   1. New (Intake) 2. Returning 3. Continuing 4. Discharge4   -New: Engagement with a new client not previously served.  -Returning: When a case has been closed, and a client returns for new services, and a new case is opened.  -Continuing: When a client receives follow up after the initial screening.  -Discharge: to be used upon a child being discharged from the program |
| **X** | **X** | **X** | **X** | **X** | **Encounter Contact Type** (Coded) | How was this client contacted or connected with?  All programs only need to track in person contacts, so all entries should be coded as a 2 unless otherwise specified   1. Phone Contact 2. In-Person Contact 3. Mail 4. Virtual Contact   98. Other |
|  | **X**4 | **X** | **X** |  | **Program Discharge Reason** (Coded) | What is the reason behind a client is exiting from the program?   1. Services completed (Select this option after birth for Expecting Parents) 2. Aged out of program 3. Child left programming 4. Child Death   98. Other  99. Not Available |
| **ON** | **HV** | **HD** | **HSH** | **P&L** | **Data Field** | **Definition and Code information** |
|  | **X**4 | **X** | **X** |  | **Program Discharge Reason: Other** (Text Entry) | Use as needed and only if a client exit does not fall into one of the above categories, please specify. |
|  | **BF** | **BF** |  |  | **ASQ Taken** (Coded) | 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 taken at session 4. Not taken at session |
|  | **BF** | **BF** |  |  | **Developmental Concern Identified** (Coded) | Was there a development concern identified by the ASQ Developmental Screening test taken in which section? (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 8. None Identified   98. Other |
|  | **BF** | **BF** |  |  | **Development Concern Identified: Other** (Text Entry) | If the Concern was Identified outside of the ASQ screening, please tell us what the concern was. |
|  | **BF** | **BF** |  |  | **Currently Breastfeeding** (Coded) (Infants only) | Does the mother of the child currently breastfeed?   1. Yes 2. No   99. Not Available |
|  | **PN** | **PN** |  |  | **Expecting Mother Tobacco Use** (Coded) | Is the expectant mother currently using tobacco?   1. Yes 2. No   99. Not Available |
| **ON** | **HV** | **HD** | **HSH** | **P&L** | **Data Field** | **Definition and Code information** |
|  | **PN** | **PN** |  |  | **Non-Prescription Drug Use** (Coded) | Is the expectant mother currently using non-prescription drugs?   1. Yes 2. No   99. Not Available |
|  |  |  |  | **X** | **Play and Learn Session Address** (Text Entry) | What is the street address of the play and learn session? |
|  |  |  |  | **X** | **Play and Learn Session City** (Text Entry) | What is the city of the play and learn session? |
|  |  |  |  | **X** | **Play and Learn Session Zip Code** (Text Entry) | What is the zip code of the play and learn session? |
|  |  |  | **X7** |  | **Environmental Screening Results** (Coded) | What Type of environmental health hazard was identified?  1. Lead  2. Asthma  3. Accidental injury risk  4. Other  5. Non-identified  98. Other |
|  |  |  | **X7** |  | **Environmental Screening Results: Other** (Text Entry) | If a health hazard was identified outside of the list, please tell us what the hazard was. |
|  |  |  | **X**7 |  | **Home Screening Critical Zip Code \*\*Screening Tool- TBD\*\***(Coded) | Is the home being screened currently in either the 49503, 49504, or 49507 zip code?   1. Yes 2. No |
|  |  |  | **X**6 |  | **High Blood Lead Level** (Coded) | Was the blood lead level test greater than (≥) 5ug/dL?   1. Yes 2. No |
|  |  |  | **X**6 |  | **Agency where Child Received Blood Lead Testing** (Text Entry) | What agency provided the blood lead level test?  Ex: Kent County Health Department, Cherry Health |
| **ON** | **HV** | **HD** | **HSH** | **P&L** | **Data Field** | **Definition and Code information** |
|  | **BF** | **BF** |  |  | **Maternal Well Being Screening Completed** (Coded) | Was there a well being screening completed during the session?   1. Yes 2. No   99. Not Applicable |
|  | **BF** | **BF** |  |  | **Maternal Concern Identified** (Coded) | Was there a concern identified from this screening?   1. Yes 2. No   99. Not Applicable |

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| **Outcome Metrics - For Year Two (2021) of Service Provider Contract**  These metrics will be tracked for optional Performance Payments in 2021.  Notes: BF – Providers with services for children from birth to age five should track  PN - Providers with prenatal services should track  **Some fields coding and entry field placement are subject to change** | | | | | |
| **HV** | **HD** | **HSH** | **P&L** | **Data Field** | **Definition and Code information** |
| **X** | **X** | **X** |  | **Agency ID\*** (Text Entry) | Agency Name |
| **X** | **X** | **X** |  | **Record ID\*** (Numerical) | ID for individual ID (To be Assigned by Service Provider) |
| **PN** | **PN** |  |  | **Child Date of Birth\*** (Date Entry) | The child’s date of birth |
| **PN** | **PN** |  |  | **Expected Delivery Date** (Date Entry) | What was the expected delivery date of the child? |
| **BF** | **BF** |  |  | **Immunization Date** (Date Entry) | What is the date the child received the immunization? |
| **HV** | **HD** | **HSH** | **P&L** | **Data Field** | **Definition and Code information** |
| **BF** | **BF** |  |  | **Immunization Type** (Coded) | What type of immunization was received?   1. DTaP 2. Polio 3. MMR 4. Hib 5. HepB 6. Varicellla 7. PCV |
| **BF** | **BF** |  |  | **Tracking of Improved Parenting Practices** | This will include fields looking at which parenting practices evaluation is being used and showing improving in these practices over the course of home visiting. \*\*In Development\*\* |
|  |  | **X** |  | **Reduction in Blood Lead Levels** | This will include fields tracking blood lead levels above the 5ug/dL threshold and its reduction below that amount. \*\*In Development\*\* |

**Definitions**

* Household: A household unit where individuals, related and unrelated, live for more than one year together.
* Child: Child up to age 5 (through the age of five) living in Kent County.
* Primary Caregiver: mother, father, parent, or legal guardian.

**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