

File Requirements:

ASCII text file.
 All records are a fixed length with one record per line.
 No specific order is required with the exception of the Header Record which must occur first and the Trailer Record which must occur last.
 All alphabetic fields must be UPPERCASE.
 Filename is SRSTJPCX.??? Where ??? is the department's 3-digit headquarter county number.
 The extracted file should be compressed and encrypted using public key encryption technology then transmitted to TJPC's FTP server.
 Contact TJJD's IT Division for the necessary encryption software (provided by TJJD) and instructions.

Reporting Requirements:

Reports are due to TJJD on or before the tenth day of each month following the reporting period (example: extract of February data is due to TJJD on March 10). Multiple report periods may be included as a single submission with the following stipulations:

Report period must be for complete months.

Report period cannot specify a report period which ends prior to a previously reported period. For example, if the last reported period was May, a subsequent submission for Feb-Apr would be rejected. The subsequent submission should be for Feb-May. This provision prevents more recent information from being overwritten.

Records are submitted based on activity (last changed) date (i.e. all records added or changed during the reporting period should be included).

To ensure complete information the following rules apply when submitting records:

Record Type	Description/Purpose	Submission Interval	Dependent Records Required
Header	Identifies submitting county, reporting period, processing date and CASEWORKER specific information.	Every submission. One per file. Must be first record.	Not Applicable
Trailer	Identifies the end of file and verifies that all records were received.	Every submission. One per file. Must be last record.	Not Applicable
Delete	Deletes a previously reported record.	As needed. This option should only be used to remove a record reported in error. Delete records should not be sent for sealed or purged records.	Not Applicable
Decode	Reports department-defined codes and their descriptions.	When added or changed. May be submitted in every submission. One record for each Decode Key (code) within each required Decode Type.	Not Applicable
Child	Reports the child's demographic information.	When added or changed. Dependent record submission may also require Child to be submitted.	Not Applicable
Referral	Reports intake and disposition information on each referral.	Record should be submitted upon completion of intake and again upon completion of disposition. Dependent record submission may also require Referral to be submitted.	Child
Detention	Reports information on secure detention events.	Record should be submitted upon entrance and again upon exit.	Child, Referral
MAYSI	Reports the scoring summary from the Massachusetts Youth Screening Instrument.	Record should be submitted upon completion of disposition for all Formal and Paper Formalized referrals.	Child, Referral
Behavioral Health Service	Reports date, provider and outcome each time a child is referred to a mental health or substance abuse provider.	When added or changed.	Child, Referral
Offense	Reports information about each offense for which a child is charged, within a designated referral.	When added or changed.	Child, Referral
Placement	Reports information about each out of home placement excluding TYC commitment and placement with relatives.	Record should be submitted upon entrance and again upon exit.	Child, Referral
Program	Reports program name, type, period and outcome each time a child is placed in a program.	Record should be submitted when added and again upon exit.	Child, Referral
Supervision	Reports supervision type, period and outcome each time a child is placed on supervision.	Record should be submitted upon entrance and again upon exit.	Child, Referral
Behavioral Health Treatment	Reports date, provider and funding source for a child's treatments to a mental health or substance abuse provider.	When added or changed.	Child, Referral
Drug Test	Reports date, results and funding source every time a child is tested.	When added or changed.	Child
Non-Residential Service	Reports date, service type and funding source every time a child is provided a non-residential service.	When added or changed.	Child, Referral
<u>Program Component</u>	<u>Reports program component name, type, period and outcome for a child's participation in a component.</u>	<u>When added or changed.</u>	<u>Child, Referral, Program</u>

NOTE: Editing will be done to ensure dependent records are contained within the current submission.

Record Specifications:

Record Type	Field Name	Description	Type	Size	Format	Begin Column	End Column	Edit Criteria	Dependencies
Header	Headquarter County Number	County where department headquarters is located.	numeric	3	999	1	3	001..254	
Header	FILLER		alphanumeric	14		4	17	Blank fill	
Header	Record Type	Record identifier for Header Record.	alphanumeric	2		18	19	Blank fill	
Header	Report Period Begin Date	Should specify the first day of the reporting period.	numeric	8	YYYYMMDD	20	27	Must be a valid date and specify the first day of a month.	
Header	Report Period End Date	Should specify the last day of the reporting period. A multi-month period may be specified.	numeric	8	YYYYMMDD	28	35	Must be a valid date and specify the last day of the reporting period. Must be greater than or equal to the Report Period Begin Date.	
Header	Users Initials	User generating this extraction process.	alphanumeric	3	left-justify, blank fill	36	38	Blank fill	CASEWORKER departments only
Header	CASEWORKER Program Release Number	Used to determine revision of CASEWORKER that created the extracted information.	alphanumeric	8	left-justify, blank fill	39	46	Blank fill	CASEWORKER departments only
Header	Unique Run ID	Date and time of extraction process.	alphanumeric	14	YYYYMDDHHMMSS	47	60		
Header	Additional Email Address	Specify an additional email address (if any) where the processing log should be sent. The log will automatically be sent to the CJPO's address; this field is to be used only if your department desires a second copy.	alphanumeric	100	left-justify, blank fill	61	160	Blank fill	
Header	Date of Last Comprehensive Folder Edit (CFE)	Information extracted from CASEWORKER systems regarding the status of their last Comprehensive Folder Edit. Used by TJJD to determine future training issues.	numeric	8	YYYYMMDD	161	168	Zero fill	CASEWORKER departments only
Header	Number of Errors on Last CFE		numeric	5	99999	169	173	Zero fill	CASEWORKER departments only
Header	Number of Warnings on Last CFE		numeric	5	99999	174	178	Zero fill	CASEWORKER departments only
Header	Individual error/warning numbers from last CFE.		numeric	205		179	383	Zero fill	CASEWORKER departments only
Header	End of Record Marker		alphanumeric	1		384	384	Must contain ' '	

Record Type	Field Name	Description	Type	Size	Format	Begin Column	End Column	Edit Criteria	Dependencies
Decode	Headquarter County Number	County where department headquarters is located.	numeric	3	999	1	3	001..254	
Decode	FILLER		alphanumeric	14		4	17	Blank fill	
Decode	Record Type	Record identifier for Decode Record.	alphanumeric	2		18	19	"00"	
Decode	Decode Type	Specifies the category of the following key (code).	alphanumeric	4	left-justify, blank fill	20	23	DFAC - Detention Facilities DISP - Dispositions PFAC - Placement Facilities PGMT - Programs PHCN - Program Component Name	
Decode	Decode Key (code)	Key (code) used by department for specified Decode Type (category).	alphanumeric	10	left-justify, blank fill	24	33	Not blank	
Decode	Decode Description	Informative description of the Decode Key (code).	alphanumeric	40	left-justify, blank fill	34	73	Not blank	
Decode	CASEWORKER Record ID	Unique record identifier assigned by CASEWORKER.	alphanumeric	36	left-justify, blank fill	74	109	Blank fill	CASEWORKER departments only
Decode	End of Record Marker		alphanumeric	1		110	110	Must contain ' '	

Record Type	Field Name	Description	Type	Size	Format	Begin Column	End Column	Edit Criteria	Dependencies
Child	Headquarter County Number	County where department headquarters is located.	numeric	3	999	1	3	001..254	
Child	Personal ID Number	Unique child identifier.	numeric	7	9999999	4	10	0000001..9999999	
Child	FILLER		numeric	7	9999999	11	17	Zero fill	
Child	Record Type	Record identifier for Child Record.	alphanumeric	2		18	19	"01"	
Child	Child's Last Name	The child's last name.	alphanumeric	35	left-justify, blank fill	20	54	Not blank	
Child	Child's First Name	The child's first name.	alphanumeric	35	left-justify, blank fill	55	89	Not blank	
Child	Child's Middle Name	The child's middle name.	alphanumeric	35	left-justify, blank fill	90	124		
Child	Child's Name Suffix	The child's name suffix.	alphanumeric	3	left-justify, blank fill	125	127		
Child	Race	The child's race/ethnicity.	alphanumeric	1		128	128	A - Asian B - African American H - Hispanic I - American Indian O - Other U - Unknown W - White	Cannot be Unknown (U) if the child has one or more formal or paper-formalized referrals.
Child	Sex	The child's gender.	alphanumeric	1		129	129	M - Male F - Female U - Unknown	Cannot be Unknown (U) if the child has one or more formal or paper-formalized referrals.
Child	Date of Birth	The child's date of birth.	numeric	8	YYYYMMDD	130	137	Valid date between 1/1/1900 and 12/31/2099	
Child	FILLER		alphanumeric	2		138	139	Blank fill	
Child	Social Security Number	The child's social security number.	numeric	9	999999999	140	148	000000000..999999999	
Child	Zip Code	Zip code of the child's residence.	numeric	9	999999999	149	157	000000000..999999999 5-digit zip code is acceptable with trailing zeros.	

Record Specifications:

Record Type	Field Name	Description	Type	Size	Format	Begin Column	End Column	Edit Criteria	Dependencies
Child	Child Lives With	Specifies the person(s) with whom the child lives. If the makeup of the child's household differs from the options provided, list the principal caretaker.	alphanumeric	4	left-justify, blank fill	158	161	BOTH - Two parents (natural or adoptive) BLEN - combination of two parents (natural and step or adoptive and step) FATH - Father (natural, adoptive or step) MOTH - Mother (natural, adoptive or step) GPAR - Grandparent(s) GARD - Legal guardian (non-family) RELA - Other relative(s) FOST - Foster family GRUP - Group home or institution that provides 24 hour care SELF - Child lives alone SPOU - Spouse (child's legal or common-law) FRND - Friend (peer, adult friend, or boyfriend/girlfriend) OTHR - Other UNKN - Unknown	
Child	Special Education?	Has the child been identified as a special education student?	alphanumeric	1		162	162	Y, N or U	
Child	Special Education Handicapping Condition	If the child has been identified as a special education student, specify the primary handicapping condition.	alphanumeric	2	left-justify, blank fill	163	164	ED - Emotionally Disturbed LD - Learning Disabled MR - Mentally Retarded OT - Other PD - Physical Disability UN - Unknown	Required if the Special Education field is 'Y', otherwise blank fill.
Child	Mental Health Needs	Does the child have mental health needs?	alphanumeric	1	left-justify, blank fill	165	165	Y, N or U	
Child	Date Determined Mentally Ill	Date that the child was first determined to have mental health needs (by the department).	numeric	8	YYYYMMDD	166	173	Valid date between 1/1/1900 and 12/31/2099	Required if the Mental Health Needs field is 'Y'. Otherwise zero fill.
Child	In Treatment?	Is the child currently in mental health treatment?	alphanumeric	1		174	174	Y, N, U or blank fill if not applicable.	Required if the Mental Health Needs field is 'Y'. Otherwise blank fill.
Child	Diagnosis	What is the child's primary diagnosed mental health condition?	alphanumeric	2		175	176	AJ - Adjustment Disorder AD - Attention Deficit Hyperactivity Disorder BP - Bipolar CD - Conduct Disorder CG - Cognitive Disorder DA - Dissociative Disorder DD - Disruptive Disorder DF - Oppositional Defiant Disorder DN - Depression Not Otherwise Specified DS - Dysthymic Disorder ED - Eating Disorder GA - Generalized Anxiety IC - Impulse Control Disorder IE - Intermittent Explosive Disorder MD - Major Depression MR - Mental Retardation OA - Other Anxiety Disorder OB - Obsessive Compulsive Disorder OC - Other Childhood Disorder OM - Other Mood Disorder OP - Other Psychotic Disorder OT - Other Disorder PD - Personality Disorder PS - Post Traumatic Stress Disorder PV - Pervasive Developmental Disorder SA - Schizoaffective SZ - Schizophrenia UN - Unknown Blank fill if not applicable.	Required if the Mental Health Needs field is 'Y'. Otherwise blank fill.
Child	Gang Affiliation/Membership	Is the juvenile currently or has the juvenile ever been affiliated with a gang?	alphanumeric	1		177	177	Y, N, S (suspected), or U	
Child	Sexual Abuse?	Has the child ever been a victim of sexual abuse?	alphanumeric	1		178	178	Y, N, S (suspected), or U	
Child	Physical Abuse?	Has the child ever been a victim of physical abuse?	alphanumeric	1		179	179	Y, N, S (suspected), or U	
Child	Emotional Abuse?	Has the child ever been a victim of emotional abuse?	alphanumeric	1		180	180	Y, N, S (suspected), or U	
Child	DPS SID Number	The child's State Identification Number (SID) as issued by the Department of Public Safety	alphanumeric	8	99999999	181	188	00000000..99999999 or blank fill	
Child	CASEWORKER Record ID	Unique record identifier assigned by CASEWORKER.	alphanumeric	36	left-justify, blank fill	189	224	Blank fill	CASEWORKER departments only
Child	TSDS Number	Texas Student Data System Number	numeric	10	9999999999	225	234	0000000000..9999999999	
Child	End of Record Marker		alphanumeric	1		235	235	Must contain ' '	

Referral	Headquarter County Number	County where department headquarters is located.	numeric	3	999	1	3	001..254	
Referral	Personal ID Number	Unique child identifier.	numeric	7	9999999	4	10	0000001..9999999	
Referral	Referral Number	Unique referral identifier.	numeric	7	9999999	11	17	0000000..9999999	

Record Specifications:

Record Type	Field Name	Description	Type	Size	Format	Begin Column	End Column	Edit Criteria	Dependencies
Referral	Record Type	Record identifier for Referral Record.	alphanumeric	2		18	19	"03"	
Referral	Referral Type	Type of referral. Definitions of these categories are available on the TJJD website.	alphanumeric	2		20	21	FM - Formal PF - Paper Formalized PA - Paper Complaint PI - Prevention and Intervention CS - Courtesy Supervision TR - Interim/Permanent Transfer CI - Crisis Intervention CD - Contract Detention CP - Contract Placement NJ - Non-Jurisdiction IC - Interstate Compact	Courtesy Supervision (CS) only valid for offenses that occurred prior to September 1, 2005.
Referral	Referral Date	For formal, paper formalized, prevention and crisis intervention referral types, the referral date is when face-to-face contact with the child occurs. For paper complaints, it is the date that the department received the complaint. For non-jurisdictional, contract placements and detentions, and interstate compact, it is the date the child was received. For transfers, it is the official supervision start date.	numeric	8	YYYYMMDD	22	29	Valid date between 1/1/1900 and 12/31/2099.	
Referral	County Number	County referring the child. Same as Headquarter County Number unless referred to a multi-county jurisdiction. If Referral Type is Contract Detention, Contract Placement or Non-Jurisdiction, indicate the referring county or use a special identifier (755-759) if applicable.	numeric	3	999	30	32	001..254 755 - Other State 756 - TJJD 757 - INS 758 - Other U.S. Government Agency 759 - State or Local Government Agency	County specified must be within the department's jurisdiction or special identifier (755-758).
Referral	School Status	School status at time of referral.	alphanumeric	2		33	34	IS - In Regular School DO - Dropped Out SE - Suspended/Expelled GD - GED GR - Graduated HS - Home School AE - Alternative Education JJ - Juvenile Justice Alternative Education Program CS - Charter School PS - Private School UN - Unknown	Required for all Formal and Paper Formalized referrals, otherwise blank fill.
Referral	Last Grade Completed	The last grade completed by the child at time of referral.	numeric	2	99	35	36	00..12	Must be non-zero value if School Status is known.
Referral	Substance Abuse	Is the juvenile in need of substance abuse services?	alphanumeric	1		37	37	Y - Yes, not being treated T - Yes, being treated N - No S - Suspected U - Unknown	Required for all Formal and Paper Formalized referrals, otherwise blank fill.
Referral	Referral Source	The agency referring the child to the probation department.	alphanumeric	1		38	38	P - Law Enforcement Agency M - Municipal/JP Court S - School D - Probation Department O - Other T - TJJD	
Referral	Primary Alleged Offense	At intake, the most serious offense the child is alleged to have committed.	alphanumeric	8	99999999	39	46	A valid TJJD-DPS offense code. A current list of codes may be obtained from TJJD's website or by contacting TJJD directly.	An Offense Record must exist for this referral with the same offense code and the Alleged Offense Indicator field must contain 'P'.
Referral	Primary Alleged Offense Preparatory Code	Designates that the Primary Alleged Offense was a preparatory (attempted, conspired or solicited) offense. Reduces offense by one degree.	alphanumeric	1		47	47	A - Attempted C - Conspired S - Solicited Blank fill if no modification	
Referral	Primary Disposition Offense Code	The most serious offense at disposition of the referral.	alphanumeric	8	99999999	48	55	A valid TJJD-DPS offense code. A current list of codes may be obtained from TJJD's website or by contacting TJJD directly.	An Offense Record must exist for this referral with the same offense code and the Disposition Indicator field must contain 'P'.
Referral	Primary Disposition Offense Preparatory Code	Designates that the Primary Disposition Offense was a preparatory (attempted, conspired or solicited) offense. Reduces offense by one degree.	alphanumeric	1		56	56	A - Attempted C - Conspired S - Solicited Blank fill if no modification	
Referral	Primary Disposition	Department defined code for disposition.	alphanumeric	4	left-justify, blank fill	57	60	Department specified code.	Required if Disposition Date field completed. Must include a Decode Record for each code specified.

Record Specifications:

Record Type	Field Name	Description	Type	Size	Format	Begin Column	End Column	Edit Criteria	Dependencies
Referral	Primary Disposition (TJJD category)	Summarized category of Primary Disposition field as defined by TJJD. Definitions of these categories are available on the TJJD website.	numeric	3	999	61	63	Department Actions: 010 - Dismissed or Withdrawn 020 - Supervisory Caution 030 - Deferred Prosecution Prosecutor Actions: 040 - No Probable Cause/Dismissed 050 - Refused 051 - Non-Suited 060 - Supervisory Caution 070 - Deferred Prosecution	Required if Disposition Date field completed.
								Court Actions: 080 - Dismissed 081 - Not Guilty 082 - Adjudicated with no Disposition 090 - Supervisory Caution 100 - Deferred Prosecution 110 - Adjudicated to Probation 111 - Determinate Sentence Probation 120 - Modified/Extended Probation 130 - Indeterminate Commitment to TJJD 131 - Indeterminate Commitment - Post/County 135 - Concurrent Sentence to TJJD 140 - Determinate Commitment to TJJD 141 - Determinate TJJD Commitment - Post/County 150 - Certified as an Adult 910 - Consolidated and Disposed in Another Case 920 - Transferred with no Disposition	
Referral	Disposition Date	Date a disposition was assigned to this referral.	numeric	8	YYYYMMDD	64	71	Valid date between 1/1/1900 and 12/31/2099. Zero fill if not applicable.	
Referral	Determinate Sentence Months	The total number of months ordered if the child is either committed to the Texas Youth Commission or placed on probation for a determinate sentence.	numeric	3	999	72	74	001..999 or zero fill if not applicable.	Required if Primary Disposition(TJJD category) value equals 111 or 140.
Referral	Diverted to Where	Designates the type of agency, organization or program (outside of the juvenile justice system) where the child was diverted. Do not complete this field for children who are under supervision, committed to TJJD or certified as an adult. Definitions of these categories are available on the TJJD website.	alphanumeric	4	left-justify, blank fill	75	78	MHTH - Mental Health Services FCPS - Family/Child Protective Services DAC - Drug & Alcohol Counseling FOP - First Offender Program STAR - STAR/Prevention Program SCHL - School Resources TRUP - Truancy Program VICT - Victim Mediation OTHR - Other Blank fill if not applicable.	
Referral	Risk Level	Risk Level determined prior to the disposition of a juvenile's case	alphanumeric	1		79	79	A - Not Administered L - Low Risk N - Medium-Low Risk M- Medium Risk P - Medium-High Risk H - High Risk V - Very High Risk	
Referral	Needs Level	Needs Level determined prior to the disposition of a juvenile's case	alphanumeric	1		80	80	A - Not Administered L - Low Need M- Medium Need H - High Need	

The following section provides for two subsequent dispositions. This section is used only for children who violate the terms of their deferred prosecution and are subsequently adjudicated on the same referral, or for dispositions that are appealed and are subsequently assigned a different disposition. It is not used for modifications. See descriptions and edit criteria above.

Referral	Subsequent Primary Disposition	See descriptions above.	alphanumeric	4	left-justify, blank fill	81	84	See edit criteria above.	See dependencies above.
Referral	Subsequent Primary Disposition (TJJD category)		numeric	3	999	85	87		
Referral	Subsequent Disposition Date		numeric	8	YYYYMMDD	88	95		
Referral	Subsequent Determinate Sentence Months		numeric	3	999	96	98		
Referral	Subsequent Diverted to Where		alphanumeric	4	left-justify, blank fill	99	102		
Referral	Risk Level		alphanumeric	1		103	103		
Referral	Needs Level		alphanumeric	1		104	104		
Referral	Subsequent Primary Disposition		alphanumeric	4	left-justify, blank fill	105	108		
Referral	Subsequent Primary Disposition (TJJD category)	numeric	3	999	109	111			

Record Specifications:

Record Type	Field Name	Description	Type	Size	Format	Begin Column	End Column	Edit Criteria	Dependencies
Referral	Subsequent Disposition Date	See descriptions above.	numeric	8	YYYYMMDD	112	119	See edit criteria above.	See edit criteria above.
Referral	Subsequent Determinate Sentence Months		numeric	3	999	120	122		
Referral	Subsequent Diverted to Where		alphanumeric	4	left-justify, blank fill	123	126		
Referral	Risk Level		alphanumeric	1		127	127		
Referral	Needs Level		alphanumeric	1		128	128		

End of subsequent disposition section.

Referral	CASEWORKER Record ID	Unique record identifier assigned by CASEWORKER.	alphanumeric	36	left-justify, blank fill	129	164	Blank fill	CASEWORKER departments only
Referral	Originating Offense Referral Number	Distinguishes the referral number of the originating offense for juveniles referred for violation of a court order offenses.	numeric	7	9999999	165	171	0000000..9999999	Must be non-zero value if Primary Disposition Offense is Violation of a Court Order.
Referral	Originating HQ PID Number	Identifies the juvenile's original HQ Personal ID number for juveniles transferred to the department or received by the department as a contract placement or contract detention.	numeric	7	9999999	172	178	0000000..9999999	Required for all TR, CD and CP Referral Types otherwise 0000000 fill.
Referral	End of Record Marker		alphanumeric	1		179	179	Must contain ' '	

Detention	Headquarter County Number	County where department headquarters is located.	numeric	3	999	1	3	001..254	
Detention	Personal ID Number	Child's Personal ID Number (PID).	numeric	7	9999999	4	10	0000001..9999999	
Detention	Referral Number	Specifies the referral for which this secure detention applies.	numeric	7	9999999	11	17	0000001..9999999	
Detention	Record Type	Record identifier for Detention Record.	alphanumeric	2		18	19	"DN"	
Detention	Detention Sequence Number	Uniquely identifies this detention record from all other detention records for the specified Personal ID Number.	numeric	6	999999	20	25	000001..999999	Used in conjunction with the PID Number and Referral Number to determine unique detention event. Once assigned it should not be changed.
Detention	Detention Facility	TJJD registered facility identification number for secure detention facilities in Texas or department defined code for facilities outside of Texas.	alphanumeric	7	left-justify, blank fill	26	32	If facility is within Texas then code must be a TJJD registered facility identification code, otherwise a department specified code.	If facility is not in Texas then include a Decode Record for each code specified.
Detention	Date Detained	The date the child was placed in detention.	numeric	8	YYYYMMDD	33	40	Valid date between 1/1/1900 and 12/31/2099.	
Detention	Time Detained	The time the child was placed in detention.	numeric	4	HHMM	41	44	HH between 00..23 and MM between 00..59. 0000 is considered midnight.	
Detention	Date Released	The date the child was released from detention.	numeric	8	YYYYMMDD	45	52	Valid date between 1/1/1900 and 12/31/2099 and greater than or equal to the Date Detained. Zero fill if not applicable.	
Detention	Time Released	The time the child was released from detention.	numeric	4	HHMM	53	56	HH between 00..23 and MM between 00..59. 0000 is considered midnight.	Required if Date Released field completed.
Detention	CASEWORKER Record ID	Unique record identifier assigned by CASEWORKER.	alphanumeric	36	left-justify, blank fill	57	92	Blank fill	CASEWORKER departments only
Detention	End of Record Marker		alphanumeric	1		93	93	Must contain ' '	

MAYSI	Headquarter County Number	County where department headquarters is located.	numeric	3	999	1	3	001..254	
MAYSI	Personal ID Number	Child's Personal ID Number (PID).	numeric	7	9999999	4	10	0000001..9999999	
MAYSI	Referral Number	Specifies the referral for which this MAYSI screening applies.	numeric	7	9999999	11	17	0000001..9999999	
MAYSI	Record Type	Record identifier for MAYSI Record.	alphanumeric	2		18	19	"MA"	
MAYSI	MAYSI Sequence Number	Uniquely identifies this MAYSI record from all other MAYSI records for the specified Personal ID Number.	numeric	6	999999	20	25	000001..999999	Used in conjunction with the PID Number and Referral Number to determine unique MAYSI event. Once assigned it should not be changed.
MAYSI	Screening Date	Date the screening instrument was administered to the child for the specified referral. If the MAYSI was not administered, enter the date that the department attempted to administer the instrument or the date an assessment was administered. If the child was already in detention or in treatment, enter the referral date.	numeric	8	YYYYMMDD	26	33	Valid date between 1/1/1900 and 12/31/2099.	
MAYSI	Administered?	Was the MASYI-2 administered to the juvenile?	alphanumeric	1		34	34	Y or N	
MAYSI	Reason Not Administered	Why was the MAYSI-2 not administered?	alphanumeric	1		35	35	A - Assessed by mental health professional D - Child already in detention at time of referral E - Child is non-English speaking R - Child Refused Test T - Child is already in treatment for mental health U - Child is physically or mentally unable O - Other reason	Required if Administered value is "N". Blank fill if not applicable.
MAYSI	Alcohol/Drug Use (AD) Score	Refer to MAYSI-2 Scoring Summary.	alphanumeric	1		36	36	0..8 or blank fill if not applicable.	Required if Administered value is "Y".
MAYSI	Angry-Irritable (AI) Score	Refer to MAYSI-2 Scoring Summary.	alphanumeric	1		37	37	0..9 or blank fill if not applicable.	Required if Administered value is "Y".

Record Specifications:

Record Type	Field Name	Description	Type	Size	Format	Begin Column	End Column	Edit Criteria	Dependencies
MAYSI	Depressed-Anxious (DA) Score	Refer to MAYSI-2 Scoring Summary.	alphanumeric	1		38	38	0..9 or blank fill if not applicable.	Required if Administered value is "Y".
MAYSI	Somatic Complaints (SC) Score	Refer to MAYSI-2 Scoring Summary.	alphanumeric	1		39	39	0..6 or blank fill if not applicable.	Required if Administered value is "Y".
MAYSI	Suicide Ideation (SI) Score	Refer to MAYSI-2 Scoring Summary.	alphanumeric	1		40	40	0..5 or blank fill if not applicable.	Required if Administered value is "Y".
MAYSI	Thought Disturbance BOYS (TD) Score	Refer to MAYSI-2 Scoring Summary.	alphanumeric	1		41	41	0..5 or blank fill if not applicable.	Required if Administered value is "Y" and Sex is "M". If Sex is "F", blank fill.
MAYSI	Traumatic Experiences (TE) Score	Refer to MAYSI-2 Scoring Summary.	alphanumeric	1		42	42	0..5 or blank fill if not applicable.	Required if Administered value is "Y".
MAYSI	Referred for Subsequent Assessment?	Was the child referred to a mental health professional for a subsequent assessment based on the MAYSI results?	alphanumeric	1		43	43	Y or N	Required if Administered value is "Y".
MAYSI	Referred to Where	If the child was referred for a subsequent assessment, to what type of provider was he/she referred?	alphanumeric	1		44	44	C - Contract Provider I - In-house Staff M - Local MHMR P - Private Provider O - Other	Required if Referred for Subsequent Assessment value is "Y".
MAYSI	Subsequent Assessment?	Did the child receive a subsequent assessment by a mental health professional?	alphanumeric	1		45	45	Y, N, U (unknown) or blank fill if not applicable.	Required if Referred for Subsequent Assessment value is "Y".
MAYSI	CASEWORKER Record ID	Unique record identifier assigned by CASEWORKER.	alphanumeric	36	left-justify, blank fill	46	81	Blank fill	CASEWORKER departments only
MAYSI	End of Record Marker		alphanumeric	1		82	82	Must contain ' '	

Behavioral Health Services	Headquarter County Number	County where department headquarters is located.	numeric	3	999	1	3	001..254	
Behavioral Health Services	Personal ID Number	Child's Personal ID Number (PID).	numeric	7	9999999	4	10	0000001..9999999	
Behavioral Health Services	Referral Number	Specifies the referral for which this Behavioral Health Referral applies.	numeric	7	9999999	11	17	0000001..9999999	
Behavioral Health Services	Record Type	Record identifier for Behavioral Health Record.	alphanumeric	2		18	19	"BH"	
Behavioral Health Services	Behavioral Health Sequence Number	Uniquely identifies this behavioral health record from all other behavioral health records for the specified Personal ID Number.	numeric	6	999999	20	25	000001..999999	Used in conjunction with the PID Number to determine unique behavioral health event. Once assigned it should not be changed.
Behavioral Health Services	BH Referral Date	The date that the child was referred to the mental health or substance abuse provider.	numeric	8	YYYYMMDD	26	33	Valid date between 1/1/1900 and 12/31/2099.	
Behavioral Health Services	Presenting Problem	The type of behavioral health service to which the juvenile is being referred.	alphanumeric	1		34	34	M - Mental Health S - Substance Abuse R - Intellectual Disability/Mental Retardation T - Trauma	
Behavioral Health Services	Referred For	For what was the child referred?	alphanumeric	1		35	35	B - Evaluation C - Crisis Intervention D - Doctor Visit/Evaluation E - Screening M - Medication T - Assessment U - Single Counseling Session O - Other	
Behavioral Health Services	Referred To	To what type of provider was the child referred?	alphanumeric	1		36	36	C - Contract Provider I - In-house Staff M - Local MH/Substance Abuse Provider P - Private Provider O - Other	
Behavioral Health Services	Referral Outcome	What was the outcome of this referral?	alphanumeric	1		37	37	C - Completed N - Not Completed P - Pending U - Unknown Outcome	
Behavioral Health Services	CASEWORKER Record ID	Unique record identifier assigned by CASEWORKER.	alphanumeric	36	left-justify, blank fill	38	73	Blank fill	CASEWORKER departments only

Record Specifications:

Record Type	Field Name	Description	Type	Size	Format	Begin Column	End Column	Edit Criteria	Dependencies
Behavioral Health Services	Funding Source	The source of funding for the service provided by the behavioral health referral.	alphanumeric	2		74	75	TA - State Aid Grant TB - Border Grant TC - Commitment Diversion Grant TE - IVE Federal Foster Care TM - Special Needs Diversionary Grant TS - Prevention and Intervention TW - JJAEP Discretionary Grant LL - Local Funds OP - Parent OI - Insurance OO - Other ON - No Cost to Department SO - State Funds, Non-TJJD T* - Commitment Diversion Grant - Blended TN - Mental Health Grant TT - Prevention Truancy Grant	
Behavioral Health Services	BH Service Date	The date that the service was provided.	numeric	8	YYYYMMDD	76	83	Valid date between 1/1/1900 and 12/31/2099.	
Behavioral Health Services	Location	Where the service was provided	numeric	1	9	84	84	1 - Community 2 - Post Adjudication Facility 5 - Detention 7 - Shelter	
Behavioral Health Services	End of Record Marker		alphanumeric	1		85	85	Must contain ' '	

Behavioral Health Treatment	Headquarter County Number	County where department headquarters is located.	numeric	3	999	1	3	001..254	
Behavioral Health Treatment	Personal ID Number	Child's Personal ID Number (PID).	numeric	7	9999999	4	10	0000001..9999999	
Behavioral Health Treatment	Referral Number	Specifies the referral for which this Behavioral Health Treatment applies.	numeric	7	9999999	11	17	0000001..9999999	
Behavioral Health Treatment	Record Type	Record identifier for Behavioral Health Treatment Record.	alphanumeric	2		18	19	"BT"	
Behavioral Health Treatment	Behavioral Health Treatment Sequence Number	Uniquely identifies this behavioral health treatment record from all other behavioral health treatment records for the specified Personal ID Number.	numeric	6	999999	20	25	000001..999999	Used in conjunction with the PID Number to determine unique behavioral health event. Once assigned it should not be changed.
Behavioral Health Treatment	Treatment Begin Date	The date that the child began the mental health or substance abuse treatment.	numeric	8	YYYYMMDD	26	33	Valid date between 1/1/1900 and 12/31/2099.	
Behavioral Health Treatment	Presenting Problem	The type of behavioral health treatment to which the juvenile is being referred.	alphanumeric	1		34	34	M - Mental Health S - Substance Abuse R - Intellectual Disability/Mental Retardation T - Trauma	
Behavioral Health Treatment	Treated By	What type of provider treated the child?	alphanumeric	1		35	35	C - Contract Provider I - In-house Staff M - Local MH/Substance Abuse Provider P - Private Provider O - Other	
Behavioral Health Treatment	Funding Source	The source of funding for the behavioral health treatment.	alphanumeric	2		36	37	TA - State Aid Grant TB - Border Grant TC - Commitment Diversion Grant TE - IVE Federal Foster Care TM - Special Needs Diversionary Grant TS - Prevention and Intervention TW - JJAEP Discretionary Grant LL - Local Funds OP - Parent OI - Insurance OO - Other ON - No Cost to Department SO - State Funds, Non-TJJD T* - Commitment Diversion Grant - Blended TN - Mental Health Grant TT - Prevention Truancy Grant	

Record Specifications:

Record Type	Field Name	Description	Type	Size	Format	Begin Column	End Column	Edit Criteria	Dependencies
Behavioral Health Treatment	Treatment End Date	The date that the child ends the mental health or substance abuse treatment.	numeric	8	YYYYMMDD	38	45	Valid date between 1/1/1900 and 12/31/2099 and greater than or equal to the Treatment Begin Date. Zero fill if not applicable.	
Behavioral Health Treatment	CASEWORKER Record ID	Unique record identifier assigned by CASEWORKER.	alphanumeric	36	left-justify, blank fill	46	81	Blank fill	CASEWORKER departments only
Behavioral Health Treatment	Type	Specifies the type of treatment provided.	numeric	2	99	82	83	4 - Medication Management 7 - Skills Training 8 - Crisis Intervention 9 - Other 10 - Case Management 11 - Program Not Required by JPD	
Behavioral Health Treatment	Location	Where the service was provided	numeric	1	9	84	84	1 - Community 2 - Post Adjudication Facility 5 - Detention 7 - Shelter	
Behavioral Health Treatment	End of Record Marker		alphanumeric	1		85	85	Must contain ' '	

Drug Testing	Headquarter County Number	County where department headquarters is located.	numeric	3	999	1	3	001..254	
Drug Testing	Personal ID Number	Child's Personal ID Number (PID).	numeric	7	9999999	4	10	0000001..9999999	
Drug Testing	FILLER		numeric	7	9999999	11	17	Zero fill	
Drug Testing	Record Type	Record identifier for Drug Testing Record.	alphanumeric	2		18	19	"DT"	
Drug Testing	Drug Testing Sequence Number	Uniquely identifies this drug testing record from all other drug testing records for the specified Personal ID Number.	numeric	6	999999	20	25	000001..999999	Used in conjunction with the PID Number to determine unique behavioral health event. Once assigned it should not be changed.
Drug Testing	Test Date	The date that the drug test was administered to the child.	numeric	8	YYYYMMDD	26	33	Valid date between 1/1/1900 and 12/31/2099.	
Drug Testing	Test Results	The results of the drug test.	alphanumeric	1		34	34	P - Positive N - Negative I - Inconclusive	
Drug Testing	Funding Source	The source of funding for the drug test.	alphanumeric	2		35	36	TA - State Aid Grant TB - Border Grant TC - Commitment Diversion Grant TE - IVE Federal Foster Care TM - Special Needs Diversionary Grant TS - Prevention and Intervention TW - JJAEP Discretionary Grant LL- Local Funds OP - Parent OI - Insurance OO - Other ON - No Cost to Department SO - State Funds, Non-TJJD T* - Commitment Diversion Grant - Blended TN - Mental Health Grant TT - Prevention Truancy Grant	
Drug Testing	CASEWORKER Record ID	Unique record identifier assigned by CASEWORKER.	alphanumeric	36	left-justify, blank fill	37	72	Blank fill	CASEWORKER departments only
Drug Testing	End of Record Marker		alphanumeric	1		73	73	Must contain ' '	

Offense	Headquarter County Number	County where department headquarters is located.	numeric	3	999	1	3	001..254	
Offense	Personal ID Number	Child's Personal ID Number (PID).	numeric	7	9999999	4	10	0000001..9999999	
Offense	Referral Number	Specifies the referral for which this offense applies.	numeric	7	9999999	11	17	0000001..9999999	
Offense	Record Type	Record identifier for Offense Record.	alphanumeric	2		18	19	"OF"	

Record Specifications:

Record Type	Field Name	Description	Type	Size	Format	Begin Column	End Column	Edit Criteria	Dependencies
Offense	Unique Offense Number	Uniquely identifies this offense record from all other offense records for the specified Personal ID Number.	numeric	6	999999	20	25	000001..999999	Used in conjunction with the PID Number and Referral Number to determine unique offense event. Once assigned it should not be changed.
Offense	Alleged Offense Date	The date the alleged offense occurred.	numeric	8	YYYYMMDD	26	33	Valid date between 1/1/1900 and 12/31/2099.	
Offense	Alleged Offense Counts	Used to specify multiple occurrences (counts) of the same offense and incident.	numeric	2	99	34	35	01..99	
Offense	Alleged Offense Code	Used to designate the DPS offense code for the alleged offense.	alphanumeric	8	99999999	36	43	A valid TJJ-DPS offense code. A current list of codes may be obtained from TJJ's website or by contacting TJJ directly.	
Offense	Alleged Offense Preparatory Code	Used to designate the Alleged Offense was a preparatory offense.	alphanumeric	1		44	44	A - Attempted C - Conspired S - Solicited Blank fill if no modification	
Offense	Alleged Offense Indicator	Designates the status of the offense at time of intake. An offense may be designated as a primary or secondary offense. However, if during disposition the child is being disposed on an offense not originally listed, enter a new offense and designate it as 'added at disposition' or 'revised at disposition'.	alphanumeric	1		45	45	P - Primary alleged offense S - Secondary alleged offense R - Revised offense at time of disposition A - Added offense at time of disposition	Only one offense within a referral may be designated as the primary alleged offense.
Offense	Disposition Indicator	Designates the status of the offense at time of disposition.	alphanumeric	1		46	46	P - Primary disposition offense C - Consolidated with primary offense D - Dismissed (not included in the disposition)	Only one offense within a referral may be designated as the primary disposition offense.
Offense	Weapon Used	Specifies the type of weapon used during the commission of the offense.	alphanumeric	2		47	48	BK - Brass Knuckles CL - Club or other similar device EX - Explosives/Explosive Weapon HB - Hoax Bomb HG - Handgun KN - Knife MA - Mace or other chemical dispensing device RI - Rifle SG - Shotgun OG - Other Gun OT - Other Blank fill if not applicable.	
Offense	School Related Location	Specifies the offense occurred on a school campus or during a school related activity.	alphanumeric	4	left-justify, blank fill	49	52	OCAM - On Campus OTHR - School Related Activity-On/Off Campus Blank fill if not applicable.	
Offense	School Campus Number	Specifies the Texas Education Agency (TEA) assigned campus number where the offense took place. If the offense occurred 'in transit' then use the home campus number. May be obtained from the local campus, school district or Texas Education Agency (TEA).	numeric	9	999999999	53	61	00000000..99999999 or zero fill if not applicable.	Required if School Related Location field is "OCAM". Zero fill if not applicable.
Offense	CASEWORKER Record ID	Unique record identifier assigned by CASEWORKER.	alphanumeric	36	left-justify, blank fill	62	97	Blank fill	CASEWORKER departments only
Offense	End of Record Marker		alphanumeric	1		98	98	Must contain ' '	

Placement	Headquarter County Number	County where department headquarters is located.	numeric	3	999	1	3	001..254	
Placement	Personal ID Number	Child's Personal ID Number (PID).	numeric	7	99999999	4	10	000001..9999999	
Placement	Referral Number	Specifies the referral for which this placement applies.	numeric	7	9999999	11	17	000001..9999999	
Placement	Record Type	Record identifier for Placement Record.	alphanumeric	2		18	19	"PL"	
Placement	Placement Sequence Number	Uniquely identifies this placement record from all other placement records for the specified Personal ID Number.	numeric	6	999999	20	25	000001..999999	Used in conjunction with the PID Number and Referral Number to determine unique placement event. Once assigned it should not be changed.
Placement	Placement Facility	TJJ registered facility identification number or department defined code for placement facility.	alphanumeric	7	left-justify, blank fill	26	32	If Placement Type is Secure Correctional (S) then code must be a TJJ registered facility identification code.	If Placement Type is not Secure Correctional (S) then include a Decode Record for each code specified.
Placement	Placement Type	Type of residential placement used.	alphanumeric	1		33	33	E - Emergency F - CPS Placement H - Hospital K - Kinship Placement (by court) L - Foster Care Eligible P - Parental Placement S - Secure Correctional R - Residential (non-secure)	

Record Specifications:

Record Type	Field Name	Description	Type	Size	Format	Begin Column	End Column	Edit Criteria	Dependencies
Placement	Service Type	Description of the primary service delivered at the facility.	alphanumeric	1		34	34	B - Bootcamp C - Correctional G - Female Offender M - Mental Health P - Pregnant Female S - Substance Abuse T - Treatment X - Sex Offender O - Other	Required if Placement Type field is Foster Care (L), Secure (S) or Residential (R)
Placement	Cost Per Day	Specifies per day charge for this placement. Zero specifies a no-cost (free) placement. If the cost per day changes during the placement, create a new record.	numeric	6	\$000.00..\$500.00-\$9999.99	35	40	\$0000.00..\$9999.99	
Placement	Level of Care	Level of care as defined by TJJD or the Texas Department of Family Protective Services (FPS). TJJD Levels of Care are considered "Correctional". Definitions of these categories are available on the TJJD website.	alphanumeric	1		41	41	C - Basic Correctional T - Specialized Correctional J - Intensive Correctional E - Emergency B - Basic M - Moderate S - Specialized I - Intensive U - Unknown Blank fill if not applicable.	If the placement ended prior to 9/1/2003, then the old Levels of Care (1..6) should be used.
Placement	Placement Date In	The date the child entered the placement facility.	numeric	8	YYYYMMDD	42	49	Valid date between 1/1/1900 and 12/31/2099.	
Placement	Placement Date Out	The date the child exited the placement facility.	numeric	8	YYYYMMDD	50	57	Valid date between 1/1/1900 and 12/31/2099 and greater than or equal to the Placement Date In. Zero fill if not applicable.	
Placement	Discharge Reason	Specifies the reason the child left the facility. Definitions of these categories are available on the TJJD website.	alphanumeric	1		58	58	S - Completed B - Absent without Permission C - Changed Facility/Cost Per Day Changed/ Changed Level of Care D - Deceased F - Depletion of Funds/Closure J - Transferred out of Jurisdiction U - Unsuitable/Not Eligible X - Failure to Comply	Required if Placement Date Out field completed. If 'C' is used a new Placement Record must exist.
Placement	CASEWORKER Record ID	Unique record identifier assigned by CASEWORKER.	alphanumeric	36	left-justify, blank fill	59	94	Blank fill	CASEWORKER departments only
Placement	Funding Source	The source of funding for the child's placement.	alphanumeric	2		95	96	TA - State Aid Grant TB - Border Grant TC - Commitment Diversion Grant TE - IVE Federal Foster Care TM - Special Needs Diversionary Grant TS - Prevention and Intervention TW - JJAEP Discretionary Grant LL - Local Funds OP - Parent OI - Insurance OO - Other ON - No Cost to Department SO - State Funds, Non-TJJD T* - Commitment Diversion Grant - Blended TN - Mental Health Grant TT - Prevention Truancy Grant	
Placement	End of Record Marker		alphanumeric	1		97	97	Must contain ' '	

Program	Headquarter County Number	County where department headquarters is located.	numeric	3	999	1	3	001..254	
Program	Personal ID Number	Child's Personal ID Number (PID).	numeric	7	9999999	4	10	0000001..9999999	
Program	Referral Number	Specifies the referral for which this program applies.	numeric	7	9999999	11	17	0000001..9999999	
Program	Record Type	Record identifier for Program Record.	alphanumeric	2		18	19	"PG"	
Program	Program Sequence Number	Uniquely identifies this program record from all other program records for the specified Personal ID Number.	numeric	6	999999	20	25	000001..999999	Used in conjunction with the PID Number and Referral Number to determine unique program event. Once assigned it should not be changed.
Program	Program Name	Department defined code for the program.	alphanumeric	4	left-justify, blank fill	26	29	Department specified code.	Must include a Decode Record for each code specified.
Program	Program Provider	Type of provider for program.	alphanumeric	1		30	30	C - Contract Provider I - In-House Staff M - Local MH/Gov't Provider P - Private Provider O - Other	

Record Specifications:

Record Type	Field Name	Description	Type	Size	Format	Begin Column	End Column	Edit Criteria	Dependencies
Program	Program Type	Summarizes the program into specific categories based on its primary purpose. Definitions of these categories are available on the TJJD website.	alphanumeric	3		31	33	ANG - Anger Management/Conflict Resolution ACM - Aftercare Management BJP - Border Justice Project CNS - Counseling Services COG - Cognitive Behavioral CSR - Community Service/Restitution DCT - Drug Court ERL - Early Intervention/First Referral EDU - Educational ELM - Electronic Monitoring ETH - Animal/Equine Therapy EXP - Experiential Education DAY - Extended Day Program/Day Boot Camp FAM - Family Preservation FEM - Female Offender GNG - Gang Prevention/Intervention HDT - Home Detention ICM - Intensive Case Management ISP - Intensive Supervision LIF - Life Skills MEN - Mentor MTL - Mental Health MCT - Mental Health Court PAR - Parenting (for juvenile) RUN - Runaway/Truancy SOF - Sex Offender SAP - Substance Abuse Prevention/Intervention SUT - Substance Abuse Treatment VMD - Victim Mediation VSC - Victim Services VOC - Vocational/employment OTH - Other PRT - Programming for Parents	
Program	Program Referral Date	The date that the child was referred to the program. (This is generally not the same date at the program begin date.)	numeric	8	YYYYMMDD	34	41	Valid date between 1/1/1900 and 12/31/2099.	
Program	Program Begin Date	The date the child physically began the program.	numeric	8	YYYYMMDD	42	49	Valid date between 1/1/1900 and 12/31/2099. Zero fill if not applicable.	Required when the child enters the program.
Program	Program End Date	The date the child exited the program.	numeric	8	YYYYMMDD	50	57	Valid date between 1/1/1900 and 12/31/2099 and greater than or equal to the Program Begin Date. Zero fill if not applicable.	
Program	Program Outcome	Specifies the program outcome. Definitions of these categories are available on the TJJD website.	alphanumeric	1		58	58	S - Completed B - Absent without Permission D - Deceased E - Supervision Ended F - Depletion of Funds/Closure J - Transferred out of Jurisdiction U - Unsuitable/Not Eligible X - Failure to Comply	Required if Program End Date field completed.
Program	CASEWORKER Record ID	Unique record identifier assigned by CASEWORKER.	alphanumeric	36	left-justify, blank fill	59	94	Blank fill	CASEWORKER departments only
Program	Funding Source	The source of funding for the child's program.	alphanumeric	2		95	96	TA - State Aid Grant TB - Border Grant TC - Commitment Diversion Grant TE - IVE Federal Foster Care TM - Special Needs Diversionary Grant TS - Prevention and Intervention TW - JJAEP Discretionary Grant LL - Local Funds OP - Parent OI - Insurance OO - Other ON - No Cost to Department SO - State Funds, Non-TJJD T* - Commitment Diversion Grant - Blended TN - Mental Health Grant TT - Prevention Truancy Grant	

Record Specifications:

Record Type	Field Name	Description	Type	Size	Format	Begin Column	End Column	Edit Criteria	Dependencies
Program	Program Location	The location of program delivery	numeric	1	9	97	97	1 - Community 2 - Post Adjudication Facility 3- JJAEP 5 - Detention 6 - Transitional (Facility and Community) 7 - Shelter 0 fill if not applicable	Required when the child enters the program.
Program	Program Category	Summarizes the program into specific categories based on its primary purpose. Definitions of these categories are available on the TJJD website.	numeric	1	9	98	98	1 - Awareness 2 - Educational 3 - Prevention 4 - Intervention 5 - Treatment 6 - Surveillance	
Program	End of Record Marker		alphanumeric	1		99	99	Must contain ' '	

Program Component	Headquarter County Number	County where department headquarters is located.	numeric	3	999	1	3	001..254	
Program Component	Personal ID Number	Child's Personal ID Number (PID).	numeric	7	9999999	4	10	0000001..9999999	
Program Component	Referral Number	Specifies the referral for the program record which this program component applies.	numeric	7	9999999	11	17	0000001..9999999	
Program Component	Record Type	Record identifier for Program Component Record.	alphanumeric	2		18	19	"PH"	
Program Component	Program Sequence Number	Specifies the program for which this program component applies.	numeric	6	999999	20	25	000001..999999	
Program Component	Program Component Sequence Number	Uniquely identifies this program component record from all other program component records for the specified Personal ID Number.	numeric	6	999999	26	31	000001..999999	Used in conjunction with the PID Number, Referral Number and Program Sequence Number to determine unique program component. Once assigned it should not be changed.
Program Component	Program Component Name	Department defined code for the program component.	alphanumeric	4	left-justify, blank fill	32	35	Department specified code.	Must include a Decode Record for each code specified.
Program Component	Program Component Type	Summarizes the program component into specific types based on its primary purpose. Definitions of these categories are available on the TJJD website.	alphanumeric	3		36	38	ANG - Anger Management/Conflict Resolution ACM - Aftercare Management BJP - Border Justice Project CNS - Counseling Services COG - Cognitive Behavioral CSR - Community Service/Restitution DCT - Drug Court ERL - Early Intervention/First Referral EDU - Educational ELM - Electronic Monitoring ETH - Animal/Equine Therapy EXP - Experiential Education DAY - Extended Day Program/Day Boot Camp FAM - Family Preservation FEM - Female Offender GNG - Gang Prevention/Intervention HDT - Home Detention ICM - Intensive Case Management ISP - Intensive Supervision LIF - Life Skills MEN - Mentor MTL - Mental Health MCT - Mental Health Court PAR - Parenting (for juvenile) RUN - Runaway/Truancy SOF - Sex Offender SAP - Substance Abuse Prevention/Intervention SUT - Substance Abuse Treatment VMD - Victim Mediation VSC - Victim Services VOC - Vocational/employment OTH - Other PRT - Programming for Parents	
Program Component	Program Component Begin Date	The date the child physically began the component.	numeric	8	YYYYMMDD	39	46	Valid date between 1/1/1900 and 12/31/2099. Zero fill if not applicable.	

Record Specifications:

Record Type	Field Name	Description	Type	Size	Format	Begin Column	End Column	Edit Criteria	Dependencies
Program Component	Program Component End Date	The date the child exited the component.	numeric	8	YYYYMMDD	47	54	Valid date between 1/1/1900 and 12/31/2099 and greater than or equal to the Program Component Begin Date. Zero fill if not applicable.	
Program Component	Program Component Outcome	Specifies the program component outcome. Definitions of these categories are available on the TJJD website.	alphanumeric	1		55	55	S - Completed B - Absent without Permission D - Deceased F - Depletion of Funds/Closure J - Transferred out of Jurisdiction U - Unsuitable/Not Eligible X - Failure to Comply E - Supervision Ended	Required if Program Component End Date field completed.
Program Component	CASEWORKER Record ID for Program	Unique record identifier assigned by CASEWORKER which specifies the program for which this component applies.	alphanumeric	36	left-justify, blank fill	56	91	Blank fill	CASEWORKER departments only
Program Component	CASEWORKER Record ID	Unique record identifier assigned by CASEWORKER.	alphanumeric	36	left-justify, blank fill	92	127	Blank fill	CASEWORKER departments only
Program Component	End of Record Marker		alphanumeric	1		128	128	Must contain ' '	

Supervision	Headquarter County Number	County where department headquarters is located.	numeric	3	999	1	3	001..254	
Supervision	Personal ID Number	Child's Personal ID Number (PID).	numeric	7	9999999	4	10	0000001..9999999	
Supervision	Referral Number	Specifies the referral for which this supervision applies.	numeric	7	9999999	11	17	0000001..9999999	
Supervision	Record Type	Record identifier for Supervision Record.	alphanumeric	2		18	19	"SV"	
Supervision	Supervision Sequence Number	Uniquely identifies this Supervision record from all other supervision records for the specified Personal ID Number.	numeric	6	999999	20	25	000001..999999	Used in conjunction with the PID Number and Referral Number to determine unique supervision event. Once assigned it should not be changed.
Supervision	Supervision Type	Specifies the type of supervision. Definitions of these categories are available on the TJJD website.	alphanumeric	4	left-justify, blank fill	26	29	PROB - Court Ordered Probation DEFP - Deferred Prosecution CREL - Conditional Pre-Disp Supervision TEMP - Temporary Pre-Court Monitoring INDR - Indirect Supervision PRBI - Interim Probation PRBP - Permanent Probation (Transferred) IICT - Inter-county Transfer Supervision DEFI - Interim Deferred Prosecution	
Supervision	Supervision Begin Date	The beginning date of the supervision.	numeric	8	YYYYMMDD	30	37	Valid date between 1/1/1900 and 12/31/2099.	
Supervision	Supervision Expected End Date	The date that the supervision is scheduled to end (based on a court order or department agreement).	numeric	8	YYYYMMDD	38	45	Valid date between 1/1/1900 and 12/31/2099 and greater than or equal to the Supervision Begin Date.	
Supervision	Supervision End Date	The ending date of the supervision.	numeric	8	YYYYMMDD	46	53	Valid date between 1/1/1900 and 12/31/2099 and greater than or equal to the Supervision Begin Date. Zero fill if not applicable.	
Supervision	Supervision Outcome	Specifies the supervision outcome. Definitions of these categories are available on the TJJD website.	alphanumeric	1		54	54	S - Completed A - Transferred to the Adult System B - Absent without Permission D - Deceased J - Transferred out of Jurisdiction T - TJJD Commitment X - Failure to Comply	Required if Supervision End Date field completed.
Supervision	CASEWORKER Record ID	Unique record identifier assigned by CASEWORKER.	alphanumeric	36	left-justify, blank fill	55	90	Blank fill	CASEWORKER departments only
Supervision	End of Record Marker		alphanumeric	1		91	91	Must contain ' '	

Non-Residential Service	Headquarter County Number	County where department headquarters is located.	numeric	3	999	1	3	001..254	
Non-Residential Service	Personal ID Number	Child's Personal ID Number (PID).	numeric	7	9999999	4	10	0000001..9999999	
Non-Residential Service	Referral Number	Specifies the referral for which this non-residential service applies	numeric	7	9999999	11	17	0000001..9999999	
Non-Residential Service	Record Type	Record identifier for Non-Residential Service Record.	alphanumeric	2		18	19	"NR"	
Non-Residential Service	Sequence Number	Uniquely identifies this non-residential service record from all other non-residential services for the specified Personal ID Number and referral number.	numeric	6	999999	20	25	000001..999999	Used in conjunction with the PID Number to determine unique behavioral health event. Once assigned it should not be changed.
Non-Residential Service	Date of Service	The date that the service was provided to the child.	numeric	8	YYYYMMDD	26	33	Valid date between 1/1/1900 and 12/31/2099.	

Record Specifications:

Record Type	Field Name	Description	Type	Size	Format	Begin Column	End Column	Edit Criteria	Dependencies
Non-Residential Service	Service Type	The type of service provided to the child.	alphanumeric	1		34	34	C - Clothing E - Educational Assessment/Testing F - Family Intervention/Service L - Class/single session M - Medical/Dental O - Other S - Supplies T - Assessment/Testing (Non-Educational, Non-Behavioral Health) U - Counseling single session (Non-Behavioral Health) V - Intervention Service (Non-Behavioral Health) X - Auxiliary Service	
Non-Residential Service	Funding Source	The source of funding for the non-residential service.	alphanumeric	2		35	36	TA - State Aid Grant TB - Border Grant TC - Commitment Diversion Grant TE - IVE Federal Foster Care TM - Special Needs Diversionary Grant TS - Prevention and Intervention TW - JJAEP Discretionary Grant LL - Local Funds OP - Parent OI - Insurance OO - Other ON - No Cost to Department SO - State Funds, Non-TJJD T* - Commitment Diversion Grant - Blended TN - Mental Health Grant TT - Prevention Truancy Grant	
Non-Residential Service	CASEWORKER Record ID	Unique record identifier assigned by CASEWORKER.	alphanumeric	36	left-justify, blank fill	37	72	Blank fill	CASEWORKER departments only
Non-Residential Service	End of Record Marker		alphanumeric	1		73	73	Must contain ' '	

Delete	Headquarter County Number	County where department headquarters is located.	numeric	3	999	1	3	001..254	
Delete	FILLER		alphanumeric	14		4	17	Blank fill	
Delete	Record Type	Record identifier for Delete Record.	alphanumeric	2		18	19	"XX"	
Delete	Delete Record Type	A Delete Record should only be used to remove records reported in error. It should not be used to remove sealed or purged records. A request to delete a Child Record will cause all records for the specified PID Number to be removed. A request to delete a Referral Record will cause all records attached to the referral (i.e. detentions, offenses, placements, etc) to be removed. All other delete requests will remove only the requested record.	alphanumeric	2		20	21	01 - Child 03 - Referral DN - Detention MA - MAYSI BH - Behavioral Health OF - Offense PL - Placement PG - Program SV - Supervision BT - Behavioral Health Treatment DT - Drug Test NR - Non-residential Service PH - Program Component	
Delete	Delete Personal ID Number	Specifies the personal identification number of the record to be deleted.	numeric	7	9999999	22	28	0000001..9999999	Required for all delete transactions.
Delete	Delete Referral Number	Specifies the referral number of the record to be deleted.	numeric	7	9999999	29	35	0000001..9999999, zero fill if not applicable	Required for all delete transactions except '01'-Child and 'BH'-Behavioral Health.
Delete	Delete Sequence Number	Specifies the sequence number of the record to be deleted.	numeric	6	999999	36	41	000001..999999, zero fill if not applicable	Required for all delete transactions except '01'-Child and '03'-Referral.
Delete	CASEWORKER Record ID	Unique record identifier assigned by CASEWORKER.	alphanumeric	36	left-justify, blank fill	42	77	Blank fill	CASEWORKER departments only
Delete	End of Record Marker		alphanumeric	1		78	78	Must contain ' '	

Trailer	Headquarter County Number	County where department headquarters is located.	numeric	3	999	1	3	001..254	
Trailer	FILLER		alphanumeric	14		4	17	"ZZZZZZZZZZZZZZZZ"	Must be last record in the file.
Trailer	Record Type	Record identifier for Trailer Record.	alphanumeric	2		18	19	"ZZ"	
Trailer	Total Record Count	Total number of records contained in the file including the header and trailer.	numeric	8	99999999	20	27		Compared to calculated number of records to ensure complete file was transmitted.
Trailer	End of Record Marker		alphanumeric	1		28	28	Must contain ' '	

Revision History:

May 19, 2000 -- Version 1.0	Initial release.
August 16, 2000 -- Version 1.1	<u>Record Specifications:</u> JJAEP Begin Column and End Column calculations were incorrect beginning with Special Education/Section 504?
August 30, 2000 -- Version 1.2	<u>Record Specifications:</u> Changed Detention Facility field in the Detention Record from 4 characters to 7 characters. Changed Edit Criteria and Dependencies to require the use of TJPC registered facility number for all in-state facilities. <u>File & Reporting Requirements:</u> Changed filename prefixes from CW4 to SRS. Changed FTP directory name to SRSXFILES.
September 25, 2000 -- Version 1.3	<u>Record Specifications:</u> Added Special Education and Special Education Handicapping Condition fields to the Child Record occupying columns 89 through 91 (previously designated as FILLER). These fields were inadvertently removed.
March 28, 2001 -- Version 1.4	<u>File & Reporting Requirements:</u> TJPC has implemented public key encryption technology to further secure the confidentiality of the submitted information. For security purposes, removed the section detailing access procedures used to transmit information to TJPC's FTP server. TJPC will provide the necessary encryption software and procedures to the local juvenile departments. Added MAYSI record type. <u>Record Specifications:</u> Removed Citizenship from the list of required Decode Types reported in the Decode Record. Background: The Citizenship field reported in the Child Record requires one of three responses (United States, Other, Unknown), therefore the Decode Record is no longer necessary. Changed the edit criteria on the Special Education Handicapping Condition field in the Child Record to allow a blank response if unknown/undetermined. Changed the Edit Criteria and Dependencies on the Age and Referral Source fields in the Referral Record to allow alternate responses if Referral Type is not a Formal or Paper Formalized referral. Changed four references on the JJAEP Record of "raw score" to "standard score". Changed Edit Criteria on the same fields to allow values from 0 to 160 (instead of 0 to 100). Changed the Dependencies on Weapon Used, Firearm Code, Gang Related Offense, Substance Abuse Related Offense, Type of Substance Abuse Detected, School Related Location and School Campus Number from the Offense Record to only be required if the Referral Type (Referral Record) is Formal or Paper Formalized. Changed the Dependencies on the Delete Referral Number on the Delete Record to exclude JJAEP records. Added MAYSI record definition. Added 'MA' to list of acceptable Delete Records Types on the Delete Record.
November 14, 2005 -- Version 1.5	<u>Record Specifications:</u> Added Behavioral Health record definition. Added 'BH' to list of acceptable Delete Records Types on the Delete Record. Numerous changes and cleanup of previously retired fields. <u>Record Specifications:</u> Citizenship information will no longer be required on monthly extract. Added new Handicapping Condition. Added new Placement Types
September 1, 2008 - Version 1.6	Changed Placement Type description for code F. Added new Placement Service Types Added new Program Types. Added Weapon Used code on Offense Record: Added new Supervision Types. <u>Record Specifications:</u> Added Behavioral Health Treatment, Drug Test and Non-Residential Service record definitions. Added 'BT', 'DT' and 'NR' to list of acceptable Delete Records Types on the Delete Record.
February 1, 2010 - Version 1.7	Added Funding Source to Placement, Program and Behavioral Health Referral record definitions. Added Risk Level, Needs Level and Originating Offense Referral Number to Referral record definition. Added additional Program Types. Added additional Diagnosis codes. <u>Record Specifications:</u> Added Program Component record definitions. Added Decode Value of PHCN for Program Component Name on the Decode Record. Added 'PH' to list of acceptable Delete Record Type on the Delete Record. Added New Program Type (PRT).
September 1, 2011 - Version 1.8	Added Program Location and Program Category to Program Record. Removed FPT, IST, MHT, SOT and SAT from Program Types. Added N, P and V to Risk Level on the Referral Record. Modified the Cost Per Day to increase the length by 1 for the Placement Record. This will also impact all other fields that follow the Cost Per Day field. Modified dependencies on the Service Type for the Placement Record. <u>Record Specifications:</u> Added Funding source Prevention Grant (TS) All labels "TYC" changed to "TJJD" Added Prevention and Intervention referral type (PI)
November 26, 2012 - Version 1.9	Added Hospital (H) Placement Type Added Surveillance (6) Program Category to Program table category Label change in placement type from "oster care" to "oster care eligible" <u>Record Specifications:</u> Added Funding Source Prevention Truancy (TT) Changed the record name from Behavioral Health Referral to Behavioral Health Services. Added Referral Number, BH Service Date and Location to Behavioral Health Services record. Renamed Referral Date to BH Referral Date on Behavioral Health Services record. Renamed Referred For to Service Type and updated valid values on Behavioral Health Services record. Added Referral Number, Type and Location to Behavioral Health Treatment record.
October 1, 2013 - Version 1.10	Added Trauma and Intellectual Disability as Presenting Problem options on Behavioral Health Services and Treatment records. Updated valid values for Program Outcome and Location on Program record. Updated valid values for Service Type on Non-residential Services record. Change value description for CREL From "Conditional Release from Detention" To "Conditional Pre-Disp Supervision" in Supervision Record. Updated valid values for Funding Source across all records. Add Originating HQ PID number to Referral record.
November 1, 2014 - Version 1.11	<u>Record Specifications:</u> Added Not Administered (A) to Risk Level on Referral Record Added Not Administered (A) to Needs Level on Referral Record Added Municipal/Ju Court (M) to Referral Source on Referral Record Added Indeterminate Commitment - Post/Courty (131) to Primary Disposition (TJJD Category) on Referral Record Added Determinate TJJD Commitment - Post/Courty (141) to Primary Disposition (TJJD Category) on Referral Record Removed Mental Retardation (MRT) as a valid value for Program Type on Program Record Removed Mental Retardation (MRT) as a valid value for Program Component Type on Program Component Record Revised value (2) to Post Adjudication Facility for Program Location on Program Record Added Shelter (7) to Program Location on Program Record Added Shelter (7) to Location on Behavioral Health Service Record Added Shelter (7) to Location on Behavioral Health Treatment Record Added TSDS Number to Child Record