# Child Development Management Information System (CDMIS)

# User Manual Appendix B: Error Message Codes

**A Guide for Program Staff**

**Version 9.0**

**2019**



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**This version supersedes previous versions of this guide.**

## Table of Contents

[Child Development Management Information System (CDMIS) User Manual Appendix B: Error Message Codes 1](#_Toc14686553)

[Table of Contents 2](#_Toc14686554)

[Glossary 3](#_Toc14686555)

[Revision History 5](#_Toc14686556)

[Overview 6](#_Toc14686557)

[Error Message Codes 7](#_Toc14686558)

## Glossary

Below is an alphabetical list of commonly used acronyms, initialisms, and terms used throughout this document.

* **CalWORKs:** California Work Opportunity and Responsibility to Kids Program
* **CDD-801A:** CDD-801A Monthly Child Care Population Report
* **CDD-801B:** CDD-801B Monthly Sample Report
* **CDMIS:** Child Development Management Information System
* **FEIN:** Federal Employer Identification Number
* **FICN:** Family Identification Case Number
* **FIPS:** Federal Information Processing Standards
* **HoH:** Head of Household
* **IEP:** Individualized Education Program
* **P.O.:** Post Office
* **QRIS:** Quality Improvement and Rating System
* **SMI:** State Median Income
* **SSN:** Social Security Number
* **TANF:** Temporary Assistance for Needy Families

Below is an alphabetical list of Early Education Division child care and development contract codes with descriptions.

* **C2AP:** CalWORKS Stage 2
* **C3AP:** CalWORKS Stage 3
* **CAPP:** Alternative Payment Program
* **CCTR:** General Childcare and Development Program
* **CFCC:** Family Childcare Home Education Networks
* **CHAN:** Severely Disabled Program
* **CMAP:** Migrant Alternative Payment Program
* **CMIG:** Migrant Child Care and Development Programs
* **CRRP:** Resource and Referral Program
* **CSPP:** California State Preschool Program

## Revision History

| **Version Number** | **Revision Date** | **Section** | **Summary of Changes** |
| --- | --- | --- | --- |
| v 9.0 | 2019 | All Sections | CDMIS User Manual Error Message Codes created |

## Overview

This document lists all Child Development Management Information System (CDMIS) error message codes with their descriptions. Additionally, trouble shooting tips and references to online instructional materials are provided.

Detailed descriptions of all CDD-801A Monthly Child Care Population Report (CDD-801A) and CDD-801B Monthly Sample Report (CDD-801B) information fields, and electronic file format specifications can be found in Appendix A: Data Definitions and Appendix C: Creating Electronic Files, respectively.

## Error Message Codes

The below table lists the error message codes with descriptions users may experience when submitting the CDD-801A and the CDD-801B via the CDMIS. Also included in the below table, are trouble shooting tips and comments, and references to the associate function or information field(s) for each error message code.

| **Error Message Code** | **Description** | **Trouble Shooting / Comments** | **Associated Function or Information Field** |
| --- | --- | --- | --- |
| EU1 | The file cannot be processed as it is not an ASCII file. (EU1) | Confirm the uploaded file is a tab delimited text file (.txt) (e.g., not a Microsoft Excel file [.xls or .xlsx]). | CDD-801A Electronic File Transfer |
| EU120 | The Child's Ethnicity is invalid. (EU120) | Confirm the format of the child’s ethnicity meets the CDMIS-required electronic file format specifications (i.e., Y or N). | Child’s Ethnicity |
| EU130 | The "Child's Race - American Indian or Alaskan Native" is invalid. Valid entries are "Y" or "N". (EU130) | Confirm the format of the child’s race meets the CDMIS-required electronic file format specifications (i.e., Y or N). | Child’s Race |
| EU131 | The "Child's Race - Asian" is invalid. Valid entries are "Y" or "N". (EU131) | Confirm the format of the child’s race meets the CDMIS-required electronic file format specifications (i.e., Y or N). | Child’s Race |
| EU132 | The "Child's Race - Black or African American" is invalid. Valid entries are "Y" or "N". (EU132) | Confirm the format of the child’s race meets the CDMIS-required electronic file format specifications (i.e., Y or N). | Child’s Race |
| EU133 | The "Child's Race - Native Hawaiian or Other Pacific Islander" is invalid. Valid entries are "Y" or "N". (EU133) | Confirm the format of the child’s race meets the CDMIS-required electronic file format specifications (i.e., Y or N). | Child’s Race |
| EU134 | The "Child's Race - Caucasian" is invalid. Valid entries are "Y" or "N". (EU134) | Confirm the format of the child’s race meets the CDMIS-required electronic file format specifications (i.e., Y or N). | Child’s Race |
| EU140 | The "Child's Gender" is invalid. (EU140) | Confirm the format of the child’s gender meets the CDMIS-required electronic file format specifications (i.e., M or F). | Child Gender |
| EU146 | Child Receives Part-Time Care is invalid. (EU146) | Confirm the format of the Child Receives Part-Time Care meets the CDMIS-required electronic file format specifications (i.e., Y or N). | Child Receives Part-Time Care |
| EU2 | The file cannot be processed as it must contain 1 - 100,000 records. (EU2) | Confirm the uploaded file contains a minimum of 1 record and a maximum of 100,000 records. | CDD-801A Electronic File Transfer |
| EU25 | Child Has IEP must be "Y" or "N". (EU25) | Confirm the format of the Child Has IEP meets the CDMIS-required electronic file format specifications (i.e., Y or N). | Child has IEP |
| EU26 | Invalid IEP information. (EU26) | Confirm the format of the Child Has IEP meets the CDMIS-required electronic file format specifications (i.e., Y or N). | Child has IEP |
| EU27 | The TANF/CalWORKs Cash Aid information is required. (EU27) | Enter TANF/CalWORKs Cash Aid information. | TANF/CalWORKs Cash Aid Recipient |
| EU28 | Invalid TANF/CalWORKs information. (EU28) | Confirm the format of the TANF/CalWORKs information meets the CDMIS-required electronic file format specifications (i.e., Y or N). | TANF/CalWORKs Cash Aid Recipient |
| EU30 | Invalid Family Income information. (EU30) | Confirm the format of the Monthly Family Income meets the CDMIS-required electronic file format specifications (i.e., whole numbers only [0-9]; no letters or symbols). | Monthly Family Income |
| EU32 | Invalid Reason for Receiving Child Development Services. (EU32) | Confirm the format of the Reason for Receiving Child Care meets the CDMIS-required electronic file format specifications (i.e., A, B, D, E, F, G, H, J, or Q). | Reason for Receiving Child Care |
| EU33 | The row does not contain 40 tab delimiters and a carriage return/line feed. (EU33) | Confirm the format of the uploaded file meets the CDMIS-required electronic file format specifications (i.e., no blank records, no extra fields). | CDD-801A Electronic File Transfer |
| EU34 | Invalid FIPS code. (EU34) | Confirm the FIPS Code entered is valid in California. Confirm the format of the FIPS Code meets the CDMIS-required electronic file format specifications (i.e., field contains five digits; leading zero is included). | HoH FIPS Code / Provider FIPS Code |
| EU36 | The child’s last name is required. (EU36) | Enter the child’s last name. | Child Last Name |
| EU39 | The Child’s last name must contain only letters, hyphens, spaces, and apostrophes. (EU39) | Confirm the child’s last name is entered correctly; remove invalid characters. | Child Last Name |
| EU4 | The report month/year is required. (EU4) | Enter the report month and year. | Report Month/Year |
| EU41 | The child’s first name is required. (EU41) | Enter the child’s first name. | Child First Name |
| EU48 | The child's date of birth is required. (EU48) | Enter the child’s date of birth. | Child Date of Birth |
| EU5 | The report month/year does not match the report month/year selected for file upload. (EU5) | Confirm the report month and year are entered correctly. Confirm the file is uploaded to the correct report month and year. | Report Month/Year |
| EU50 | The Provider FEIN/SSN is required. (EU50) | Enter the Provider FEIN/SSN. | Provider FEIN/SSN |
| EU51 | Provider FEIN/SSN is not numeric. (EU51) | Confirm the Provider FEIN/SSN contains only numbers; remove invalid characters (e.g., dashes). | Provider FEIN/SSN |
| EU52 | Provider FEIN/SSN must contain nine (9) numbers. (EU52) | Confirm the Provider FEIN/SSN contains nine numbers; remove invalid characters (e.g., dashes). | Provider FEIN/SSN |
| EU53 | You have entered a Provider FEIN/SSN. The child’s information is required. (EU53) | Enter the child’s information. | Provider FEIN/SSN |
| EU54 | The Type of Child Care is required. (EU54) | Enter the Type of Child Care. | Type of Care |
| EU55 | The Type of Care information is invalid. (EU55) | Confirm that a valid two digit Type of Care code is entered. Confirm the format of the Type of Child Care meets the CDMIS-required electronic file format specifications (i.e., leading zero is included). | Type of Care |
| EU56 | You have entered a Type of Child Care. The child’s information is required. (EU56) | Enter the child’s information. | Type of Care |
| EU57 | Program Code 1 is required. (EU57) | Enter Program Code 1. | Program Code |
| EU58 | Invalid Program Code. (EU58) | Confirm the format of the Program Code meets the CDMIS-required electronic file format specifications. | Program Code |
| EU6 | The vendor number/submission code is required. (EU6) | Enter the vendor number/submission code. | Vendor Number/Submission Code |
| EU60 | The report month/year does not match the report specifications. (EU60) | Confirm the format of the report month/year meets the CDMIS-required electronic file format specifications (e.g., January 2010 should appear as 01/2010 in the file). | Report Month/Year |
| EU61 | The vendor number/submission code does not meet the file format specifications. (EU61) | Confirm the format of the vendor number/submission code meets the CDMIS-required electronic file format specifications (i.e., is exactly seven characters long; does not contain symbols). | Vendor Number/Submission Code |
| EU7 | The vendor number/submission code does not match the vendor number/submission code selected for file upload. (EU7) | Confirm the vendor number/submission code entered is correctly. Confirm the file is uploaded under the correct vendor number/submission code. | Vendor Number/Submission Code |
| EU9 | A duplicate Family Identification/Case Number (FICN) already exists for this report month/year. (EU9) | Confirm the FICN is entered correctly; update or delete incorrect information. Confirm the file is uploaded to the correct report month and year. | Family Identification/Case Number |
| EU91 | A family cannot have more than one start date. (EU91) | Confirm the family start date is entered correctly; update or delete incorrect information. | Family Start Date |
| EU92 | All records are rejected. (EU92) | Confirm the format of the uploaded file meets the CDMIS-required electronic file format specifications and data entry validation rules. | CDD-801A Electronic File Transfer |
| EU93 | A family cannot have more than one "Reason for Receiving Child Care". (EU93) | Confirm that the family Reason for Receiving Child Care is entered correctly; update or delete incorrect information. | Reason for Receiving Child Care |
| EU98 | A duplicate Family Identification/Case Number (FICN) already exists for this report month/year in another sub-agency. (EU98) | Confirm the FICN is entered correctly for all sub-agencies; update or delete incorrect information. Confirm the file is uploaded to the correct report month and year, and sub-agency. | Family Identification/Case Number |
| EU99 | One or more duplicate records for this family. (EU99) | Confirm the family record is entered correctly; update or delete incorrect information. | Family Identification/Case Number |
| LA03 | "Child's Primary Language" must be a valid two digit language code. (LA03) | Confirm a valid two digit language code is entered. Confirm the format of the Child’s Primary Language meets the CDMIS-required electronic file format specifications (i.e., leading zero is included). | Child's Primary Language |
| LA04 | QRIS Participation must be a valid one digit participation code: 0, 1, 7, or 8. (LA04) | Confirm a valid one digit participation code is entered (i.e., 0, 1, 7, or 8). | QRIS Participation |
| LA041 | QRIS Participation is required. (LA041) | Enter the QRIS Participation information. | QRIS Participation |
| LA05 | Accreditation Status must be a valid one digit accreditation code: 0, 1, 2, 3, 4, or 9. (LA05) | Confirm a valid one digit accreditation code is entered (i.e., 0, 1, 2, 3, 4, or 9). | Accreditation Status |
| LA051 | Accreditation Status is required. (LA051) | Enter the Accreditation Status. | Accreditation Status |
| LA07 | “Child is English Learner” information provided is invalid. (LA07) | Confirm English Learner information is entered correctly. Confirm the format of the Child is English Learner meets the CDMIS-required electronic file format specifications (i.e., Y, N, or blank); remove invalid characters. | Child is English Learner |
| MN40 | CDD-801B Input/Edit is not allowed because the selected month has been locked for ACF Reporting. (MN40) | The indicated CDD-801B report period is locked; no further edits to the CDD-801B for the indicated report period can be made. | CDD-801B Input/Edit |
| WB101 | The "State Subsidized Monthly Payment for this Child Care" must be greater than zero.[[1]](#footnote-1) (WB101) | Confirm the State Subsidized Monthly Payment for this Child Care is entered correctly. | State Subsidized Monthly Payment for This Child Care |
| WB102 | The "Total Hours of Care this Month" must be greater than zero.[[2]](#footnote-2) (WB102) | Confirm the Total Hours of Care this Month is entered correctly. | Total Hours of Care this Month |
| WB103 | The "State Subsidized Monthly Payment for this Child Care" exceeds the maximum hourly rate available based on the "Total Hours of Care".[[3]](#footnote-3) (WB103) | Confirm the State Subsidized Monthly Payment for This Child Care and Total Hours of Care are entered correctly. | State Subsidized Monthly Payment for This Child Care / Total Hours of Care this Month |
| WB104 | When "Family Size" = 1, the "Child's First Name", and the "Head-of-Household First Name" must be the same. (WB104) | Confirm the family size and listed child(ren). If the family size represents only the child(ren) receiving subsidized child care services, change the HoH’s name (first, middle initial, and last) to match the (oldest) child’s name (first, middle initial, and last). | Family Size / HoH First Name / HoH Middle Initial / HoH Last Name |
| WB105 | When "Is the Head-of-Household Single?" = "Child is Head of Household" and "Family Size" is greater than "1", the "Child's First Name" of the oldest child and the "Head-of-Household First Name" must be the same. (WB105) | Confirm that the child is the HoH. If yes, confirm the HoH First Name and the oldest Child First Name are the same. If no, correct the Is the Head-of-Household Single? information field accordingly. | Is the Head-of-Household Single? / HoH First Name / Child First Name |
| WB106 | When "Family Size" = 1, the "Child's Middle Initial" and the "Head-of-Household Middle Initial" must be the same. (WB106) | Confirm the family size and listed child(ren). If the family size represents only the child(ren) receiving subsidized child care services, change the HoH’s Middle Initial to match the (oldest) Child’s Middle Initial. | Family Size / HoH Middle Initial / Child Middle Initial |
| WB107 | When "Is the Head-of-Household Single?" = "Child is Head of Household" and "Family Size" is greater than "1", the "Child's Middle Initial" of the oldest child and the "Head-of-Household Middle Initial" must be the same. (WB107) | Confirm that the child is the HoH. If yes, confirm the HoH Middle Initial and the oldest Child Middle Initial are the same. If no, correct the “Is the Head-of-Household Single?” information field accordingly. | Is the Head-of-Household Single? / HoH Middle Initial / Child Middle Initial |
| WB108 | The "State Subsidized Monthly Payment for this Child Care" cannot be less than the minimum hourly rate available based on the "Total Hours of Care".[[4]](#footnote-4) (WB108) | Confirm the “State Subsidized Monthly Payment for This Child Care” and “Total Hours of Care” are entered correctly. | State Subsidized Monthly Payment for This Child Care / Total Hours of Care this Month |
| WB110 | The "Total Hours of Care this Month" exceeds the maximum hours of care a child can receive in a month.[[5]](#footnote-5) (WB110) | Confirm the Total Hours of Care this Month is entered correctly. | Total Hours of Care this Month |
| WB111 | The "Total Hours of Care this Month" for this child exceeds the maximum hours of care a child can receive in a month for all types of care listed.5 (WB111) | Confirm the Total Hours of Care this Month is entered correctly. | Total Hours of Care this Month |
| WB113 | The "State Subsidized Monthly Payment for this Child Care" is required. (WB113) | Enter the State Subsidized Monthly Payment for this Child Care. | State Subsidized Monthly Payment for This Child Care |
| WB114 | The "State Subsidized Monthly Payment for this Child Care" can only contain whole numbers. (WB114) | Confirm the State Subsidized Monthly Payment for this Child Care contains only whole numbers (0-9); remove invalid characters (i.e., letters, symbols). | State Subsidized Monthly Payment for This Child Care |
| WB115 | The "Total Hours of Care this Month" is required. (WB115) | Enter the Total Hours of Care this Month. | Total Hours of Care this Month |
| WB116 | The "Total Hours of Care this Month" can only contain whole numbers. (WB116) | Confirm the Total Hours of Care this Month contains only whole numbers (0-9); remove invalid characters (i.e., letters, symbols). | Total Hours of Care this Month |
| WB120 | If "Is the Head of Household Single?" = "Child is Head of Household", than Family Size cannot be less than the number of children listed. (WB120) | Confirm the “Is the Head of Household Single?” information and the Family Size are entered correctly. | Is the Head-of-Household Single? / Family Size |
| WB122 | Both the Month and Year are required for "Month and Year Child Care Assistance Began". (WB122) | Enter the Month and Year Child Care Assistance Began. | Month and Year Child Care Assistance Began |
| WB123 | The "Month and Year Child Care Assistance Began" cannot be after report month. (WB123) | Confirm the Month and Year Child Care Assistance Began is entered correctly. | Month and Year Child Care Assistance Began |
| WB125 | This Provider/Type of Child Care already exists for this child's services. (WB125) | Confirm the Provider/Type of Child Care is entered correctly; update or delete inaccurate information. | Type of Care |
| WB126 | Provider's address is required. (WB126) | Enter the Provider’s address. | Provider Address |
| WB127 | Provider City is required. (WB127) | Enter the Provider City. | Provider City |
| WB135 | The "Monthly Child Care Family Fee" cannot be zero unless the "Reduced Fee" box is checked to indicate the family's fee was reduced because they paid an amount to another agency for child care services for this month, or the "Reason for Receiving Child Development Services" is "A - Child Protective Services". (WB135) | Confirm the Monthly Child Care Fee is entered correctly and the “Reduced Fee” box is checked appropriately. | Monthly Child Care Family Fee / Reduced Fee |
| WB137 | Family Income Sources cannot be "Unavailable" unless Reason for Receiving Child Development Services is "A - Child Protective Services". (WB137) | Confirm the Family Income Sources and Reason For Receiving Child Care are entered correctly. | Family Income Sources / Reason for Receiving Child Care |
| WB138 | All Race categories are answered No. At least one Race category must be answered Yes. (WB138) | Enter “Yes” for at least one Race category. | Child’s Race |
| WB139 | Provider Address and "Provider City" cannot be identical. (WB139) | Confirm the Provider Address and Provider City are entered correctly; update or delete incorrect information. | Provider Address / Provider City |
| WB20 | The information for “Is either parent currently on active duty (i.e. serving full-time) in the U.S. Military?” is required. (WB20) | Enter the “Is either parent currently on active duty (i.e. serving full-time) in the U.S. Military?” information. | Is either parent currently on active duty (i.e. serving full-time) in the U.S. Military? |
| WB21 | The information for “Is either parent currently a member of either a National Guard or Military Reserve Unit?” is required. (WB21) | Enter the “Is either parent currently a member of either a National Guard or Military Reserve Unit?” information. | Is either parent currently a member of either a National Guard or Military Reserve Unit? |
| WB22 | The information for “Is the family homeless?” is required. (WB22) | Enter the “Is the family homeless?” information. | Is the family homeless? |
| WB236 | Unavailable for "Family Income Greater than 85% of State Median Income" is allowed only when "Reason for Receiving Child Development Services" is "A - Child Protective Services”. (WB236) | Confirm the "Family Income Greater than 85% of State Median Income" information field and Reason for Receiving Child Care are entered correctly. | Family Income Greater than 85 Percent of SMI Level / Reason for Receiving Child Care |
| WB26 | The information for “Is the Head-of-Household Single?” is required. (WB26) | Enter the “Is the Head-of-Household Single?” information. | Is the Head-of-Household Single? |
| WB27 | The Monthly Child Care Family Fee is required. (WB27) | Enter the Monthly Child Care Family Fee. | Monthly Child Care Family Fee |
| WB32 | The Monthly Family Income is below 40% of the State Median Income. The Monthly Child Care Fee for this family should be zero (0). (WB32) | Confirm the Monthly Family Income and Monthly Child Care Fee are entered correctly. | Monthly Child Care Family Fee / Monthly Family Income |
| WB326 | The Provider Address must be at least 7 characters long excluding spaces. (WB326) | Confirm the Provider Address is at least seven characters long excluding spaces. | Provider Address |
| WB327 | The Provider Address cannot be a post office box. (WB327) | Confirm no P.O. Box information is entered. | Provider Address |
| WB328 | The Provider Address can only include letters, numbers or commas, periods or dashes. (WB328) | Confirm the Provider Address is entered correctly; remove invalid symbols. | Provider Address |
| WB33 | Family Fee cannot exceed the full time monthly fee on the family fee schedule for the family size and income provided. (WB33) | Confirm the Monthly Child Care Fee, Family Size, and Monthly Family Income are entered correctly. | Monthly Child Care Family Fee / Family Size / Monthly Family Income |
| WB34 | Monthly Family Income for this Family Size cannot exceed 85 percent of the State Median Income. (WB34) | Confirm the Monthly Family Income and Family Size are entered correctly. If the monthly family income exceeds 85 percent of the SMI, exclude the family from the CDD-801B and update the record in the corresponding CDD-801A (i.e., answer “Yes” to the "Family Income Greater than 85% of State Median Income" information field). | Monthly Family Income / Family Size / Family Income Greater than 85 Percent of SMI Level |
| WB43 | Answer to "Family Income Greater than 85% of the State Median Income Level" is inconsistent with "Family Size" and "Monthly Family Income" information provided. (WB43) | Confirm the Monthly Family Income and Family Size are entered correctly. Confirm the “Family Income Greater than 85 Percent of the SMI Level” information field is answered accordingly. | Family Income Greater than 85 Percent of SMI Level / Family Size / Monthly Family Income |
| WB45 | The Family Size is required. (WB45) | Enter the Family Size. | Family Size |
| WB47 | The Head-of-Household Social Security Number is no longer required and should be left blank. (WB47) | Remove the HoH SSN information. | HoH SSN |
| WB51 | The Family Income Sources are required. (Yes, No, or Unavailable for each source) (WB51) | Enter the Family Income Sources. | Family Income Sources |
| WB52 | Monthly Family Income must be zero because countable income has not been identified. (WB52) | Answer “Yes” to at least one family income source. | Family Income Sources |
| WB64 | The child’s ethnicity is required. (WB64) | Enter the Child’s Ethnicity. | Child’s Ethnicity |
| WB65 | The child’s race (American Indian or Alaskan Native) is required. (Yes or No) (WB65) | Enter the Child’s Race. | Child’s Race |
| WB66 | The child’s race (Asian) is required. (Yes or No) (WB66) | Enter the Child’s Race. | Child’s Race |
| WB67 | The child’s race (Black or African American) is required. (Yes or No) (WB67) | Enter the Child’s Race. | Child’s Race |
| WB68 | The child’s race (Native Hawaiian or Other Pacific Islander) is required. (Yes or No) (WB68) | Enter the Child’s Race. | Child’s Race |
| WB69 | The child’s race (Caucasian) is required. (Yes or No) (WB69) | Enter the Child’s Race. | Child’s Race |
| WB70 | The Child’s gender is required. (WB70) | Enter the Child’s Gender. | Child Gender |
| WB98 | Family Size cannot be greater than 15. (WB98) | Confirm the Family Size is entered correctly. If the Family Size exceeds 15, enter 15 to save the family’s information. | Family Size |
| WB99 | The "Monthly Family Income" for this family's size cannot exceed 85% of the "State Median Income" unless the "Reason for Receiving Child Care" is CPS. (WB99) | Confirm the Monthly Family Income, Family Size, and Reason for Receiving Child Care are entered correctly. If the monthly family income exceeds 85 percent of the SMI, exclude the family from the CDD-801B and update the record in the corresponding CDD-801A (i.e., answer “Yes” to the "Family Income Greater than 85% of State Median Income" information field). | Monthly Family Income / Family Size / Reason for Receiving Child Care / Family Income Greater than 85 Percent of SMI Level |
| WI10 | The last name of the Head-of-Household must contain only letters, hyphens, spaces, and apostrophes. (WI10) | Confirm the HoH’s Last Name is entered correctly; remove invalid characters. | HoH Last Name |
| WI100 | The year of Family's start date must be after 1980. (WI100) | Confirm the Family Start Date is entered correctly. | Family Start Date |
| WI101 | The year of Child's start date must be after 1980. (WI101) | Confirm the Child Start Date is entered correctly. | Child Start Date |
| WI102 | The year of Provider's start date must be after 1980. (WI102) | Confirm the Provider Start Date is entered correctly. | Services Date |
| WI103 | The year of Child's date of birth must be after 1980. (WI103) | Confirm the Child’s Date of Birth is entered correctly. | Child Date of Birth |
| WI104 | The "Reason for Receiving Child Development Services" cannot be "J" unless all children in the family receive services only in the CHAN program or only CHAN and part-day CSPP programs. (WI104) | Confirm the Reason for Receiving Child Care and Program Codes are entered correctly. | Reason for Receiving Child Care / Program Code |
| WI108 | When the family size is the same as the number of children reported, the oldest child must be listed as the Head-of-Household. The first name, last name, and middle initial of the oldest child reported and those of the Head-of-Household must be the same. (WI108) | Confirm the Family Size and listed child(ren). If the family size represents only the child(ren) receiving subsidized child care services, change the HoH’s name (first, middle initial, and last) to match the (oldest) child’s name (first, middle initial, and last). | Family Size / HoH First Name / HoH Middle Initial / HoH Last Name |
| WI11 | The Head-of-Household first name must be more than one character long. (WI11) | Enter a HoH first name that is at least two characters long. | HoH First Name |
| WI110 | The Family Start Date must contain a four-digit year. (WI110) | Enter the year of the Family Start Date as four digits. | Family Start Date |
| WI111 | The Child's Start Date must contain a four-digit year. (WI111) | Enter the year of the Child Start Date as four digits. | Child Start Date |
| WI112 | The Services Date must contain a four-digit year. (WI112) | Enter the year of the Services Date as four digits. | Services Date |
| WI113 | The Child's Date of Birth must contain a four-digit year. (WI113) | Enter the year of the Child’s Date of Birth as four digits. | Child Date of Birth |
| WI12 | The first name of the Head-of-Household is required. (WI12) | Enter the HoH First Name. | HoH First Name |
| WI120 | The "Family Size" cannot be less than the total number of children listed. (WI120) | Confirm the Family Size is entered correctly. | Family Size |
| WI125 | The "Monthly Family Income" for this family's size cannot exceed the income ceiling unless the "Reason for Receiving Child Care" is "Child Protective Services", "Handicapped Program" or "California State Preschool Program" or the family is a TANF/CalWORKs Cash Aid recipient. (WI125) | Confirm the Monthly Family Income, Family Size, Reason for Receiving Child Care, Program Code(s), and Child Receives Part-Time Care are entered correctly. | Monthly Family Income / Family Size / Reason for Receiving Child Care / TANF/CalWORKs Cash Aid Recipient |
| WI126 | A family with children receiving services only in the part-day California State Preschool Program cannot have a “Monthly Family Income” that is more than 15% above the current income ceiling based on the family size, unless the "Reason for Receiving Child Care" is "A - Child Protective Services", “H – Seeking Permanent Housing”, or the family is a TANF/CalWORKs Cash Aid Recipient, or the answer to "Child Has IEP" is "Yes" for all children. (WI126) | Confirm the Monthly Family Income, Family Size, Reason for Receiving Child Care, TANF/CalWORKs Cash Aid Recipient, and Child has IEP are entered correctly. | Monthly Family Income / Family Size / Reason for Receiving Child Care / TANF/CalWORKs Cash Aid Recipient / Child has IEP |
| WI127 | The "Monthly Family Income" for this family's size cannot exceed 856% of the "State Median Income" unless the "Reason for Receiving Child Care" is "Child Protective Services", "Handicapped Program" or "California State Preschool Program" or the family is a TANF/CalWORKs Cash Aid recipient. (WI127) | Confirm the Monthly Family Income, Family Size, Reason for Receiving Child Care, and TANF/CalWORKs Cash Aid Recipient are entered correctly. | Monthly Family Income / Family Size / Reason for Receiving Child Care / TANF/CalWORKs Cash Aid Recipient |
| WI129 | The "Monthly Family Income" for this family's size must be less than 85% of the State Median Income unless the "Reason for Receiving Child Development Services" is "A – Child Protective Services", "J - Handicapped", "Q - California State Preschool Program" or all children listed are only in CHAN or part-time CSPP program. (WI129) | Confirm the Monthly Family Income, Family Size, Reason for Receiving Child Care, Program Code(s), and Child Receives Part-Time Care are entered correctly. | Monthly Family Income / Family Size / Reason for Receiving Child Care / Program Code / Child Receives Part-Time Care |
| WI13 | The first name of the Head-of-Household must contain only letters, hyphens, spaces, and apostrophes. (WI13) | Confirm the HoH’s first name is entered correctly; remove invalid characters. | HoH First Name |
| WI138 | At least one Race must be answered "Yes". (WI138) | Enter “Yes” for at least one Race category. | Child’s Race |
| WI14 | A valid Head-of-Household middle initial must be one letter. (WI14) | Enter a HoH middle initial that is one letter; remove invalid characters (e.g., periods) | HoH Middle Initial |
| WI140 | Child Receives Part-Time Care is required. (WI140) | Enter Child Receives Part-Time Care information. | Child Receives Part-Time Care |
| WI15 | A Head of Household zip code is required. (WI15) | Enter the HoH Zip Code. | HoH Zip Code |
| WI16 | A valid Head of Household zip code must have five numbers or nine numbers. (WI16) | Confirm the HoH Zip Code contains five or nine numbers (e.g., zero-nine); remove invalid characters (i.e., dashes). | HoH Zip Code |
| WI161 | A valid Head of Household zip code must have nine numbers. (WI161) | Confirm the HoH Zip Code contains nine numbers (e.g., zero-nine); remove invalid characters (e.g., letters, symbols). | HoH Zip Code |
| WI17 | The Head of Household zip code is invalid. (WI17) | Confirm the HoH Zip Code is entered correctly. Confirm the format of the HoH Zip Code meets the CDMIS-required electronic file format specifications (e.g., numbers only [i.e., 0-9]). | HoH Zip Code |
| WI18 | The Head of Household zip code does not exist in the FIPS Code provided.[[6]](#footnote-6) (WI18) | Confirm the HoH Zip Code and the HoH FIPS Code are entered correctly. | HoH Zip Code / HoH FIPS Code |
| WI2 | A duplicate Family Identification/Case Number (FICN) already exists for this report month/year. (WI2) | Confirm the FICN is entered correctly; update or delete incorrect information. | Family Identification/Case Number |
| WI20 | The TANF/CalWORKs Cash Aid information is required. (WI20) | Enter the TANF/CalWORKs Cash Aid information. | TANF/CalWORKs Cash Aid Recipient |
| WI200 | The Family has no child. (WI200) | Child information must be included in the CDD-801A. | Child Information |
| WI211 | The “Family Income Greater Than 85% of State Median Income” information is required. (WI211) | Enter the “Family Income Greater Than 85% of State Median Income” information. | Family Income Greater than 85 Percent of SMI Level |
| WI22 | The “Reason for Receiving Child Development Services” is required. (WI22) | Enter the Reason for Receiving Child Care. | Reason for Receiving Child Care |
| WI23 | The FIPS code is required. (WI23) | Enter the FIPS Code. | HoH FIPS Code / Provider FIPS Code |
| WI24 | The Child’s last name must be more than one character long. (WI24) | Enter a child last name that is at least two characters long. | Child Last Name |
| WI240 | The "Reason for Receiving Child Development Services" cannot be "Q" unless all children in the family receive part-time care and are only in CSPP program. (WI240) | Confirm the Reason for Receiving Child Care, Child Receives Part-Time Care, and Program Codes are entered correctly. | Reason for Receiving Child Care / Child Receives Part-Time Care / Program Code |
| WI241 | The "Reason for Receiving Child Development Services" must be "Q" when all children in the family receive part-time care and are only in the CSPP program. (WI241) | Confirm the Reason for Receiving Child Care, Child Receives Part-Time Care, and Program Codes are entered correctly. | Reason for Receiving Child Care / Child Receives Part-Time Care / Program Code |
| WI244 | Preschool age children cannot receive services in CCTR programs in a licensed center.[[7]](#footnote-7) (WI244) | Confirm the Child’s Date of Birth, Type of Care, and Program Code(s) are entered correctly. | Child Date of Birth / Type of Care / Program Code |
| WI25 | The Child’s last name is required. (WI25) | Enter the Child’s Last Name. | Child Last Name |
| WI250 | The "Provider FIPS Code" is required. (WI250) | Enter the Provider FIPS Code. | Provider FIPS Code |
| WI251 | The "Provider FIPS Code" is invalid. (WI251) | Confirm the Provider FIPS Code is entered correctly; remove invalid characters. Confirm the FIPS Code entered is valid in California. | Provider FIPS Code |
| WI252 | The "Provider Zip Code" is Required. (WI252) | Enter the Provider Zip Code. | Provider Zip Code |
| WI253 | A valid "Provider Zip Code" must have five numbers or nine numbers. (WI253) | Confirm the Provider Zip Code contains five or nine numbers (e.g., zero-nine); remove invalid characters (i.e., dashes). | Provider Zip Code |
| WI254 | The "Provider Zip Code" does not exist in the "Provider FIPS Code" provided.[[8]](#footnote-8) (WI254) | Confirm the Provider Zip Code and the Provider FIPS Code are entered correctly. | Provider Zip Code / Provider FIPS Code |
| WI255 | Child Care provided in Oregon, Nevada or Arizona is only allowed when all services to child are provided by CalWORKS Stage 2 or 3 or Alternative Payment Program types. (WI255) | Confirm the Program Code information is entered correctly. | Program Code |
| WI256 | A valid "Provider Zip Code" must have nine numbers. (WI256) | Confirm the Provider zip code contains nine numbers (e.g., zero-nine); remove invalid characters (e.g., letters, symbols). | Provider Zip Code |
| WI26 | The child's last name, first name, middle initial, and birthday already exist for this family for this report month/year. (WI26) | Confirm the child’s last name, first name, middle initial, and birthday are entered correctly; update or delete incorrect information. | Child Last Name / Child First Name / Child Middle Initial / Child Date of Birth |
| WI260 | Family must reside in California to receive services. (WI260) | Confirm the HoH, FIPS Code, and HoH Zip Code are entered correctly. | HoH FIPS Code / HoH Zip Code |
| WI27 | Incomplete information for the child. The child’s last name, first name, and date of birth are required. (WI27) | Enter the child’s last name, first name, and date of birth. | Child Last Name / Child First Name / Child Date of Birth |
| WI28 | The Child’s last name must contain only letters, hyphens, spaces, and apostrophes. (WI28) | Confirm the child’s last name is entered correctly; remove invalid characters. | Child Last Name |
| WI29 | The Child’s first name must be more than one character long. (WI29) | Enter a child first name that is at least two characters long. | Child First Name |
| WI30 | The Child’s first name is required. (WI30) | Enter the child’s first name. | Child First Name |
| WI32 | Program Code 3 is marked as "No Service" for this reporting period.[[9]](#footnote-9) (WI32) | “No Services” was indicated for the program code for the report period; the program code cannot be indicated for the report period. | Program Code |
| WI33 | The Child’s first name must contain only letters, hyphens, spaces, and apostrophes. (WI33) | Confirm the child’s first name is entered correctly; remove invalid characters. | Child First Name |
| WI34 | A valid Child's middle initial must be one letter. (WI34) | Enter a child middle initial that is one letter; remove invalid characters (e.g., periods) | Child Middle Initial |
| WI35 | The Child’s month of birth is required. (WI35) | Enter the child’s month of birth. | Child Date of Birth |
| WI36 | The Child’s day of birth is required. (WI36) | Enter the child’s day of birth. | Child Date of Birth |
| WI37 | The Child's year of birth is required. (WI37) | Enter the child’s year of birth. | Child Date of Birth |
| WI38 | The Child’s date of birth must be on or before the report month/year. (WI38) | Confirm the child’s date of birth is entered correctly. | Child Date of Birth |
| WI39 | The Child's date of birth indicates the child is too young or too old for the program type. (WI39) | Confirm the child’s date of birth and program code(s) are entered correctly. | Child Date of Birth / Program Code |
| WI40 | The Provider FEIN/SSN is required. (WI40) | Enter the Provider FEIN/SSN. | Provider FEIN/SSN |
| WI41 | Invalid Provider FEIN/SSN. (WI41) | Confirm the Provider FEIN/SSN is entered correctly; remove invalid characters. | Provider FEIN/SSN |
| WI42 | Provider FEIN/SSN must contain nine numbers. (WI42) | Confirm the Provider FEIN/SSN contains nine numbers (e.g., zero-nine); remove invalid characters (i.e., dashes). | Provider FEIN/SSN |
| WI43 | Program Code 1 is marked as "No Service" for this reporting period.[[10]](#footnote-10) (WI43) | “No Services” was indicated for the program code for the report period; the program code cannot be indicated for the report period. | Program Code |
| WI44 | The Type of Child Care is required. (WI44) | Enter the Type of Child Care. | Type of Care |
| WI45 | Program Code 2 is marked as "No Service" for this reporting period.[[11]](#footnote-11) (WI45) | “No Services” was indicated for the program code for the report period; the program code cannot be indicated for the report period. | Program Code |
| WI46 | Program Code 1 must be completed. (WI46) | Enter Program Code 1. | Program Code |
| WI47 | Program Code 2 cannot be completed if Program Code 1 is blank. (WI47) | Enter Program Code 1. | Program Code |
| WI48 | Invalid Child's date of birth. (WI48) | Confirm the Child’s Date of Birth is entered correctly. | Child Date of Birth |
| WI49 | The Family's start month is required. (WI49) | Enter the family start month. | Family Start Date |
| WI50 | The Family's start day is required. (WI50) | Enter the family start day. | Family Start Date |
| WI51 | The Family's start year is required. (WI51) | Enter the family start year. | Family Start Date |
| WI52 | The Family Start Date must be on or before the report month/year. (WI52) | Confirm the Family Start Date is entered correctly. | Family Start Date |
| WI53 | Invalid Family Start Date. (WI53) | Confirm the Family Start Date is entered correctly. | Family Start Date |
| WI54 | The Child's start month is required. (WI54) | Enter the child’s start month. | Child Start Date |
| WI55 | The Child's start day is required. (WI55) | Enter the child’s start day. | Child Start Date |
| WI56 | The Child's start year is required. (WI56) | Enter the child’s start year. | Child Start Date |
| WI57 | The Child Start Date must be on or before the report month/year. (WI57) | Confirm the child’s start date is entered correctly. | Child Start Date |
| WI58 | The Child Start Date must be on or after the Family Start Date. (WI58) | Confirm the child’s start date is entered correctly. | Child Start Date |
| WI59 | Invalid Child Start Date. (WI59) | Confirm the Child Start Date is entered correctly. | Child Start Date |
| WI60 | The Services month is required. (WI60) | Enter the services start month. | Services Date |
| WI61 | The Services day is required. (WI61) | Enter the services start day. | Services Date |
| WI62 | The Services year is required. (WI62) | Enter the services start year. | Services Date |
| WI63 | The Services Date must be on or before the report month/year. (WI63) | Confirm the Services Date is entered correctly. | Services Date |
| WI64 | The Services Date must be on or after the Child Start Date. (WI64) | Confirm the Services Date is entered correctly. | Services Date |
| WI65 | Invalid Services Date. (WI65) | Confirm the Services Date is entered correctly. | Services Date |
| WI67 | The Child Start Date must be after Child's date of birth. (WI67) | Confirm the Child Start Date is entered correctly. | Child Start Date / Child Date of Birth |
| WI68 | The Family Start Date is required. (WI68) | Enter the Family Start Date. | Family Start Date |
| WI69 | The Child Start Date is required. (WI69) | Enter the Child Start Date. | Child Start Date |
| WI70 | The Services Date is required. (WI70) | Enter the Services Date. | Services Date |
| WI71 | The Child's date of birth is required. (WI71) | Enter the Child’s Date of Birth. | Child Date of Birth |
| WI72 | The FICN can contain only letters and numbers. (WI72) | Confirm the FICN is entered correctly; remove invalid characters. | Family Identification/Case Number |
| WI73 | Program Code 3 cannot be completed if Program Code 1 or 2 is blank. (WI73) | Enter Program Code 1 and Program Code 2. | Program Code |
| WI75 | Invalid Report month format. (WI75) | Confirm the report month is entered correctly. | Report Month/Year |
| WI76 | The FICN is required. (WI76) | Enter the FICN. | Family Identification/Case Number |
| WI77 | The FICN cannot contain the first or last name of the child or head of household. (WI77) | Confirm that the FICN does not contain the child or HoH first or last name. If names are contained in the FICN, assign an FICN that does not contain the child or HoH first or last name. | Family Identification/Case Number |
| WI8 | The Head-of-Household last name must be more than one character long. (WI8) | Enter a HoH last name that is at least two characters long. | HoH Last Name |
| WI80 | The same program code cannot be listed more than once for a setting. (WI80) | Change the duplicate Program Code in Program Code 2 and/or Program Code 3 to “Select from list”. | Program Code |
| WI83 | Program Code is required when subsidized monthly payment or hours of child care are provided. (WI83) | Enter the Program Code or delete the additional Provider Section if it was added by mistake. | Program Code |
| WI86 | Unable to delete the only child in the family. (WI86) | Child information must be included in the CDD-801A. | Child Information |
| WI87 | Unable to delete the only setting of the child. (WI87) | Confirm the Type of Child Care is entered correctly. | Type of Care |
| WI9 | The last name of the Head-of-Household is required. (WI9) | Enter the HoH Last Name. | HoH Last Name |
| WI91 | This is not a valid Program Code for your agency. (WI91) | Confirm the Program Code is entered correctly. | Program Code |
| WI92 | Invalid Reason for Receiving Child Development Services. (WI92) | Confirm the Reason for Receiving child care is entered correctly. | Reason for Receiving Child Care |
| WI93 | The "Reason for Receiving Child Development Services" is not valid for the Program Code selected. (WI93) | Confirm the Reason for Receiving Child Care and Program Codes are entered correctly. | Reason for Receiving Child Care / Program Code |
| WI95 | Reason for Receiving Child Development Services must be "J" when all children listed are only in CHAN program. (WI95) | Confirm the Reason for Receiving Child Care and Program Codes are entered correctly. | Reason for Receiving Child Care / Program Code |

1. The amount entered for “State Subsidized Monthly Payment for This Child Care” cannot be 0 (zero) as this would indicate that no services were provided to the child by a provider for the given report period. [↑](#footnote-ref-1)
2. The amount entered for “Total Hours of Care this Month” cannot be 0 (zero) as this would indicate that no services were provided to the child by a provider for the given report period. [↑](#footnote-ref-2)
3. Amounts for C2AP, C3AP, CAPP, CMAP, and CFCC contracts services must be consistent with the Regional Market Rates Ceilings in effect for the report period. Amounts for CCTR, CHAN, CMIG, and CSPP contracts services must be consistent with the contractor’s Standard Reimbursement Rate in effect for the report period. [↑](#footnote-ref-3)
4. Amounts for C2AP, C3AP, CAPP, CMAP, and CFCC contracts services must be consistent with the Regional Market Rates Ceilings in effect for the report period. Amounts for CCTR, CHAN, CMIG, and CSPP contracts services must be consistent with the contractor’s Standard Reimbursement Rate in effect for the report period. [↑](#footnote-ref-4)
5. The total hours of care for this child’s care is more than 713 hours (23 hours a day x 31 days in the month), which exceeds the maximum number of hours of care a child can receive in a month. [↑](#footnote-ref-5)
6. Agencies may use the “Zip/FIPS Lookup” function available on the Main Menu of the CDMIS Production website to verify the accuracy of the FIPS code based on the first five digits of the zip code. [↑](#footnote-ref-6)
7. If reported with a Type of Child Care code of “02 – Licensed family child care home” or “03 – Licensed large family child care home,” CSPP-eligible three-year-old children are permitted to receive CCTR services. [↑](#footnote-ref-7)
8. Agencies may use the “Zip/FIPS Lookup” function available on the Main Menu of the CDMIS Production website to verify the accuracy of the FIPS code based on the first five digits of the zip code. [↑](#footnote-ref-8)
9. If an agency did operate a program during a report period and mistakenly reported “No Services,” an agency’s super user must complete the steps outlined on the CDE Child Care Reporting – Program Code web page at <https://www.cde.ca.gov/sp/cd/ci/programcode.asp> as well as in the CDMIS User Manual, Appendix A: Data Definitions. [↑](#footnote-ref-9)
10. If an agency did operate a program during a report period and mistakenly reported “No Services,” an agency’s super user must complete the steps outlined on the CDE Child Care Reporting – Program Code web page at <https://www.cde.ca.gov/sp/cd/ci/programcode.asp> as well as in the CDMIS User Manual, Appendix A: Data Definitions. [↑](#footnote-ref-10)
11. If an agency did operate a program during a report period and mistakenly reported “No Services,” an agency’s super user must complete the steps outlined on the CDE Child Care Reporting – Program Code web page at <https://www.cde.ca.gov/sp/cd/ci/programcode.asp> as well as in the CDMIS User Manual, Appendix A: Data Definitions. [↑](#footnote-ref-11)