



Memo #10-13

To: HMG Project Directors and ET system administrators
From: Sue Scott, Quality Assurance Program Consultant
CC: FCFC Coordinators, BEIS HMG Staff, State Partners
Subject: Early Track July and August 2010 Updates
Date: September 21, 2010

Updates/changes were made to ET 3.0 July 28th and August 31st. When updates/changes occur, a memo is sent to county HMG Project Directors and ET System Administrators. Please notify all your county ET users this memo can be accessed under "ET Info" in Early Track.

Summary of Updates/Changes

- 1. Left Navigation Column has Changed (July update). There are two sections of Early Track: Part C/At Risk and Home Visiting.

Screen shot 1. Two sections of ET: Part C/At Risk and Home Visiting

- 2. Part C/At Risk children (July update). If the child is or has ever been eligible for Part C or At Risk, you will continue adding information in the Part C/At Risk section. If the child was ever Part C or At Risk and was exited, a new referral entered in Early

Track will be for either Part C or At Risk. You will not be able to enter any information in the Home Visiting section of Early Track.

Screen shot 2. Part C/At Risk children

The screenshot shows a software interface with a top navigation bar containing 'Children', 'Reports', 'Administration', 'ET Info', 'F.A.Q.S.', and 'Help'. A left sidebar lists various functions like 'Child Search', 'Demographics', 'Caregivers', 'Newborn Home Visit', 'Referrals', 'PartC/At Risk', 'Service Coordinators', 'Evaluations', 'Assessments', 'Screenings', 'Eligibility', 'IFSP', 'COSF', 'Transition', 'Home Visiting', 'Home Visitor', 'Eligibility', 'Intake Form', 'Home Visit Tools', 'Ongoing Home Visits', 'Family Plan', 'HV Schedule', 'Exit Child', 'Case Notes', 'Transfer Child', and 'History'. The main content area displays a table with columns: Child, Primary Caregiver, Service Coordinator, and Status. The 'Status' column for the child 'At Risk, Iam' is circled in red and contains the text 'At Risk' with the date '11/1/2009'. Below the table is a 'Referral Detail' form with fields for:

- * Referral Date: 05 / 01 / 2010
- * Referral Source Type: (dropdown)
- * Referral To Category: (dropdown)
- ** Referral Source Name: Ongoing HMG--suspected Part C, Ongoing HMG--suspected At Risk
- ** Referrer Name: (dropdown)
- Referrer Email: (text field)
- ** Referrer Address: (text field)
- ** City/State: (dropdown), ** Zip: (text field)
- * Referrer Phone: (text field) with a checked 'No Phone' option.

3. Home Visiting eligible children (July update). All new children with an initial referral date of July 16th or later will be referred to either Home Visiting, Part C or unknown. If the child becomes Home Visiting eligible, you will not be able to enter any information in the Part C/At Risk section of Early Track unless the child is referred to Part C.

Screen shot 3. New Child with a referral to Home Visiting

The screenshot shows the same software interface as in screenshot 2. The table in the main content area has columns: Child, Primary Caregiver, Home Visitor, and Status. The 'Status' column for the child 'Positive, Iam' is circled in red and contains the text 'Referred - Home Visiting' with the date '5/10/2010'. Below the table is a 'Referral Detail' form with fields for:

- * Referral Date: 05 / 10 / 2010
- * Referral Source Type: Primary Caregiver
- * Referral To Category: Ongoing HMG--suspected Home V
- ** Referral Source Name: Ongoing HMG--unknown, Ongoing HMG--suspected Part C, Ongoing HMG--suspected Home V
- ** Referrer Name: (dropdown)
- Referrer Email: (text field)
- ** Referrer Address: (text field)
- ** City/State: (dropdown), ** Zip: (text field)
- * Referrer Phone Number: (text field) with a checked 'No Phone' option.
- Referrer Fax Number: (text field)

4. Referral Detail rules (July update). The *Referral Date must be entered before the *Referral to Category can be selected. If the referral date is before July 16th the *Referral to Category will be At Risk, Part C or unknown. If the referral date is after July 16th the *Referral to Category will be Home Visiting, Part C or unknown (new records only).

Screen shot 4. Referral Detail rules

Referral List | Referral Detail | Referral Tracking | Risks/Delays

* Referral Date: [] / [] / []

* Referral Source Type: []

* Referral To Category: []

** Referral Source Name: []

** Referrer Name: []

Referrer Email: []

** Referrer Address: []

Enter the zip code to auto-populate the city and state

** City/State: [] ** Zip: []

* Referrer Phone Number: ([]) [] - [] ext. [] No Phone

Referrer Fax Number: ([]) [] - [] ext. []

Referral Reason: []

5. Home Visitor List page (July update). If the referral is to Home Visiting, a Home Visitor must be assigned before the Home Visiting eligibility can be entered in the record.

Screen shot 5. Home Visitor List page

Child	Primary Caregiver	Home Visitor Status
New, Iam Test, June DOB: 3/17/2010 ET ID: 0005833311	None Assigned 246 n high st Columbus, Ohio 43215 (No Phone)	Referred - Home Visiting 5/15/2010

Home Visitor List | Home Visitor Detail

A Home Visitor is not assigned to this Child.
Click 'New' to assign a Home Visitor

6. Home Visiting Eligibility (July update). **Child's Age at Referral.** This is the age of the child when the referral was made. The child's birthday is 3/17/10 and the referral to Home Visiting is 8/17/10 so the age at referral is 5 months. **Primary Caregiver Relationship.** This is the relationship between the primary caregiver and the child. **Any children with an open/active Eligibility.** If there are any other children associated with the primary caregiver who have a current eligibility, this field will say yes.

Screen shot 6. Home Visiting Eligibility (read only fields)

Child	Primary Caregiver	Home Visitor	Status
New, Iam DOB: 3/17/2010 ET ID: 0005847477	Test, June 200 N High St Columbus, OH 43215 (614) 466-9890	Visitor, Home Licking County Health Department 8/17/2010	Referred - Home Visiting

Eligibility Detail	
Please update the selected eligibility information to determine the child's eligibility category. Items in blue * were selected for this child at Referral.	
Child's Age At Referral:	5 Months
Primary Caregiver Relationship :	Mother
Any children with an open/active eligibility :	No
Home Visiting Eligibility:	
*Parent In the military:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Did not ask
*Child Abuse and Neglect:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Did not ask
*First Time Parent:	<input type="radio"/> Yes <input type="radio"/> No
*Family currently is eligible for:	Medicaid <input type="radio"/> Yes <input type="radio"/> No WIC <input type="radio"/> Yes <input type="radio"/> No OWF (cash assistance) <input type="radio"/> Yes <input type="radio"/> No

- 7. Home Visiting Eligibility (July update).** ***Parent in the military:** If the answer is yes and the child is under 3 at the time of referral, the child is eligible. You will be required to enter family size and income, even though it is not used to determine HV eligibility. ***Child Abuse and Neglect:** If the answer is yes and the child is under 3 at the time of referral, the child is eligible. You will be required to enter family size and income, even though it is not used to determine HV eligibility. ***First Time Parent:** If this is a first time parent who is pregnant or has a child under 6 months old at the time of referral with a family income not in excess of 200% of federal poverty level, the child is eligible.

Screen shot 7. Home Visiting Eligibility (required fields)

Eligibility Detail	
Please update the selected eligibility information to determine the child's eligibility category. Items in blue * were selected for this child at Referral.	
Child's Age At Referral:	3 Months
Primary Caregiver Relationship :	Mother
Any children with an open/active eligibility :	No
Home Visiting Eligibility:	
*Parent In the military:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Did not ask
*Child Abuse and Neglect:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Did not ask
*First Time Parent:	<input type="radio"/> Yes <input type="radio"/> No
*Family currently is eligible for:	Medicaid <input type="radio"/> Yes <input type="radio"/> No WIC <input type="radio"/> Yes <input type="radio"/> No OWF (cash assistance) <input type="radio"/> Yes <input type="radio"/> No
**Family Size:	<input type="text"/>
**Family Income:	<input type="text"/> , <input type="text"/> .00

- 8. Home Visiting Eligibility (July update).** If the child is eligible for home visiting and the family is currently receiving either Medicaid, WIC or OWF (cash assistance), ****Family Size** and ****Family Income** questions do **not** have to be answered. If the child is NOT currently eligible for Medicaid, WIC or OWF (cash assistance), ****Family Size** and ****Family Income** questions must be answered.

Screen shot 8. Home Visiting Eligibility (required and conditionally required fields)

Please update the selected eligibility information to determine the child's eligibility category. Items in **blue** * were selected for this child at Referral.

Child's Age At Referral: 3 Months

Primary Caregiver Relationship : Mother

Any children with an open/active eligibility : No

Home Visiting Eligibility:

***Parent In the military:** Yes No Did not ask

***Child Abuse and Neglect:** Yes No Did not ask

***First Time Parent:** Yes No

***Family currently is eligible for:** Medicaid Yes No
WIC Yes No
OWF (cash assistance) Yes No

****Family Size:** [Dropdown]

****Family Income:** [Text] , [Text] .00

9. Home Visiting Eligibility (July Update). First Time Parents (infants under 6 months) or Expectant First Time Parents with a family income not in excess of 200% of FPL.

Family Size	Family Income
1	\$21,660
2	29,140
3	36,620
4	44,100
5	51,580
6	59,060
7	66,540
8	74,020

Screen shot 9. Family Size and Family Income

Child's Age At Referral: 3 Months

Primary Caregiver Relationship : Mother

Any children with an open/active eligibility : No

Home Visiting Eligibility:

***Parent In the military:** Yes No Did not ask

***Child Abuse and Neglect:** Yes No Did not ask

***First Time Parent:** Yes No

***Family currently is eligible for:** Medicaid Yes No
WIC Yes No
OWF (cash assistance) Yes No

****Family Size:** [Dropdown]

****Family Income:** [Text] , [Text] .00

10. Home Visiting Eligibility (July Update). Family Size and Family Income are collected for all families except foster families and families already eligible for Medicaid, WIC and OWF.

Screen shot 10. Family Size and Family Income not required for foster families.

Child	Primary Caregiver	Home Visitor	Status
Foster, Iam DOB: 5/1/2010 ETID: 0005847476	Family, Our 4897 Main St Newark, OH 43055 (740) 879-7765	Visitor, Home Licking County Health Department 9/1/2010	Referred - Home Visiting 9/1/2010

Eligibility List Eligibility Detail

Please update the selected eligibility information to determine the child's eligibility category. Items in **blue** * were selected for this child at Referral.

Child's Age At Referral: 4 Months

Primary Caregiver Relationship : Foster Parent

Any children with an open/active eligibility : No

Home Visiting Eligibility:

***Parent In the military:** Yes No Did not ask

***Child Abuse and Neglect:** Yes No Did not ask

***First Time Parent:** Yes No

Delays:
A delay must be confirmed by an evaluation and/or informed clinical opinion that is entered on the evaluation page.

11. Family Plan (July update). The Family Plan list page lists all family plans for the child. To enter a new Family Plan click the “New” button. The Family Plan must be on or after the current Home Visiting eligibility date.

Screen shot 11. Family Plan

Family Plan List Family Plan Detail Family Plan Goals

No Family Plan assigned to this child.
Click 'New' to add an initial Family Plan.

Add Family Plan Detail

*** Family Plan Date:** / /

*** Goal Category:**

*** Brief Goal Description:**

Full Goal:

***Next Workflow Step:** Save Family Plan and Add Another Goal
 Save Family Plan and Return to FP List

12. Family Plan detail (July update). A goal must be selected from the Goal Category drop down list. A brief Goal Description must be entered in the text box. At least one goal is needed to save the page.

Screen shot 12. Family Plan Detail

13. Family Plan Review (July update). Clicking on the Review button will open up the Family Plan Review page. ***Family Plan Date.** Enter the family plan review date.

There are 3 goal options:

Achieved. Check the box and enter the date the goal was achieved;

Not Achieved, Goal Continued. Check the box and the goal will be continued on the family plan review;

Not Achieved, Family Discontinued Goal. Check the box and enter the date the family discontinued the goal.

Screen shot 13. Family Plan Review

Child	Primary Caregiver	Home Visitor	Status
Sneezy, lam DOB: 5/30/2010 ET ID: 0005833231	Scott, Ann Rt 16 Heath, Ohio 43056 (740) 786-9876	Visitor, Home Licking County Health Department 5/1/2010	Home Visiting 5/10/2010

Date Written	Goal	Goal Description	Achieved	Not Achieved, Goal Continued	Not Achieved, Family Discontinued Goal
5/10/2010	School	Mom wants to go back to school	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5/10/2010	Child Care	Mom will talk to Grandma about Child care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Next Workflow Step:**

Save Family Plan and Add Another Goal
 Save Family Plan and Return to FP List

Next Cancel

14. Family Plan Goals (July update). The Family Plan Goals page will list all the goals for the child/family. The status of the goal is displayed on this page. If the child becomes Part C eligible while receiving home visiting services, the Part C eligibility date will end date the family plan goals. The only section in which information can be entered for this child is the Part C section, regardless of whether the child continues to receive Home Visiting services.

Screen shot 14. Family Plan Goals

Date Goal Written	Goal	Goal Description	Achieved	Not Achieved, Family Discontinued Goal	Part C Eligibility Date
<input checked="" type="checkbox"/> 5/10/2010	School	Mom wants to go back to school			
<input checked="" type="checkbox"/> 5/10/2010	Child Care	Mom will talk to Grandma about Child care	7/5/2010		
<input checked="" type="checkbox"/> 7/5/2010	Child Development	Participate in parent/child activities			

15. Intake Form (August update). There are 4 sections of the Intake Form. If the child is prenatal, the Prenatal, Caregiver and Household sections must be completed before the 5th home visit. Also, additional information in the prenatal section and the child section in its entirety must be answered 30 days after birth.

Screen shot 15. Intake Form (Prenatal section)

Caregiver
 Smith Prenatal, Ian
 DOB: [Red Circle]
 ETID: 0005847468 [Red Circle]
 3872 Oak Knoll Lane
 Newark, OH 43065
 (740) 877-9342

Visitor, Home
 Licking County Health
 Department
 8/1/2010

Home Visiting
 8/5/2010

Prenatal | Child | Caregiver | Household

*Date: [] / [] / []

*Prenatal Care Access: Yes No

** Prenatal Care Locations: []

** Prenatal Care Visits: []

*Pregnancy Risk Factors:

- None
- Pregnancy resulting from assistive reproductive technology
- Pregnancy resulting from fertility enhancing drugs
- Diabetes
- Any infections
- Eclampsia
- Alcohol use
- 2nd hand smoke exposure
- Cardiac Disease
- Drug use
- Lung Disease
- Hypertension

*How do you intend to feed baby?: []

To be Collected within 30 days of Birth:

*Date: [] / [] / []

*Child Care Arrangement: [] [Red Circle]

*How do you intend to feed baby?: []

16. Intake Form (August update). If the child is not prenatal, the Child, Caregiver and Household sections must be completed before the fifth home visit. The Prenatal section is not completed for a child who enters the Home Visiting program with a birth date.

Screen shot 16. Intake Form (Child section)

Child	Primary Caregiver	Home Visitor	Status
Smith, lam DOB: 5/14/2010 ET ID: 0005847469	Smith, John 6839 Krebs Dr Newark, OH 43055 (740) 786-4355	Visitor, Home Licking County Health Department 7/25/2010	Home Visiting 8/8/2010

***Date Completed:** / /

*** Medical care for your child:**

*** Birth Weight (refer to Part C if < 3lbs, 5 oz):** Pounds Ounces

*** Was your child born early, on time or late?:**

*** Immunization :**

17. Caregiver and Household Sections (August update). Each section must be saved when it is completed. All required sections must be completed before the 5th home visit can be entered in ET.

Screen shot 17. Intake Form (Caregiver section)

Child	Caregiver	Home Visitor	Status
Smith, lam DOB: 5/14/2010 ET ID: 0005847469	Smith, John 6839 Krebs Dr Newark, OH 43055 (740) 786-4355	Visitor, Home Licking County Health Department 7/25/2010	Home Visiting 8/8/2010

***Date Completed:** / /

***Caregiver Birth Date:** / /

***Marital Status :**

***Years of Formal Education :**

***Enrolled in school:** Yes No

***Plan to Continue Education:** Yes No

***Are you working:**

***Where do you get medical care for yourself:**

***Do you smoke:** Yes No

Screen shot 17. Intake Form (Household section)

Demographics	Caregiver	Home Visitor	Status
Smith, Iam DOB: 5/14/2010 ET ID: 0005847469	Smith, John 6839 Krebs Dr Newark, OH 43055 (740) 786-4355	Visitor, Home Licking County Health Department 7/25/2010	Home Visiting 8/8/2010

***Date Completed:** / /

*** Household Composition**

Caregiver

Child's siblings

Other adults

Caregiver's Partner

Grandparent(s)

Other children

Foster parent

Other adult relatives

*** Risk Factors**

Birth mother was adolescent

History of caregiver substance abuse

History of domestic violence in home

Unstable or unsatisfactory housing

Family social isolation

Caregiver history of child abuse/neglect victimization

Caregiver history of psychiatric care (including depression)

None of these

18. Home Visit Tools (August update). On the Home Visiting Tools Detail page, ***Tools** are categorized in the following screening types: *Developmental, Hearing, Nutrition, Vision, Environmental, Social Emotional, Safety, Maternal Depression, AAPI, PSI-SF, ISEL.*

Screen shot 18. Home Visit Tools

Home Visiting Tools List	Home Visiting Tools Detail	Status of Requirements
	<p>*Tools <input type="text"/></p> <p>*Home Visit Tool Name : <input type="text" value="Developmental"/></p> <p>*Home Visit Tool Date : <input type="text"/></p> <p>* Child's age in months at time of Home Visit Tool: <input type="text"/></p> <p>* Administered By : <input type="text"/></p> <p style="text-align: right;"><input type="button" value="Get Age"/></p>	

19. Home Visit Tools Detail (August update). All scores and/or results are required for the Home Visit Tools. If the results show a concern, the question ***Was a referral made to another program will appear and must be answered.**

Screen shot 19. Home Visit Tools Detail

* Tools: Developmental
 * Home Visit Tool Name: ASQ 3
 * Home Visit Tool Date: 08 / 15 / 2010
 * Child's age in months at time of Home Visit Tool: 4
 * Administered By: Home Visitor

* Level (months):	Cutoff
* Communication Score: 30	34.6
* Gross Motor Score: 40	38.41
* Fine Motor Score: 30	29.62
* Problem Solving Score: 35	34.98
* Personal-Social Score: 35	33.16

* Were there any concerns:
 * Was a referral made to another program: Yes, No, Already being seen

* Indicates required field.
 ** Indicates conditionally required field

20. Home Visiting Tools and Referrals to Other Agencies (August update). Information about referrals to other programs is displayed in the **Ongoing Home Visits** section under the **Referrals to other Agencies** tab. In the example below, a referral is NOT made to another program and this information appears in the Referrals to Other Agencies tab under “*Referrals Needed, Not Made*”.

Screen shot 20. Referrals to other agencies tab

HV List | HV Detail | **Referrals to other agencies**

Referrals Made

Referrals Needed, Not Made

Tool Name	Date
Developmental	8/15/2010

Save

21. Home Visiting Tools and Referrals to Other Agencies (August update). In this example, the Vision Screening had the results of “Refer”. A referral was made to another program and the program was HMG Part C.

Screen shot 21a. Home Visiting Tools Detail page

Home Visiting Tools List | Home Visiting Tools Detail | Status of Requirements

*Tools: Vision

*Home Visit Tool Name: Vision Screening - Taking a Look

*Home Visit Tool Date: 08 / 15 / 2010

* Child's age in months at time of Home Visit Tool: 4

* Administered By: Home Visitor

* Results: Refer

* Was a referral made to another program: Yes

* Which program: HMG Part C

This information appears in the Referrals to other Agencies tab. The outcome and outcome date of this referral are entered on this page.

Screen shot 21b. Referrals to other agencies

HV List | HV Detail | Referrals to other agencies

Referrals Made						
Referral Reason	Date	Who referred	Program Referred To	Who was referred	Outcome	Outcome Date
Vision	8/15/2010	Home Visitor	HMG Part C			

Referrals Needed, Not Made		
Tool Name	Date	
Developmental	8/15/2010	

- 22. Ongoing Home Visits (August update).** *Home Visit Participants. Depending on who else participates in the home visit, you may be asked to enter "How many". *Medical visit for baby. If your child has had medical care since the last home visit, you must select where and how many visits. *Problems interfering with caregiver's ability to participate in the HV program. If there are no problems, the choices will gray out.

Screen shot 22. Ongoing Home Visit detail page

HV List | HV Detail | Referrals to other agencies

*Home Visit Date: 08 / 15 / 2010

* Length Of Visit: 1 Hours 0 Minutes

Total Travel:

Location Of Visit: Home

* Home Visit Participants

- Caregiver
- Child's siblings
- Other adults
- Caregiver's Partner
- Grandparent(s)
- Other children How many:
- Foster parent
- Other adult relatives

Medical visit for baby: Primary care physician/Group practice How many:

Participated in any group Parent Education: Yes No

Problems interfering with mother's ability to participate in program: Yes No

- Child care
- Domestic violence
- Housing
- Parent runaway
- Parents's mental health
- Substance use/abuse in primary caregiver
- Transportation needs
- Witness of domestic violence
- Family Dynamics
- Child's health problems
- Financial crises
- Legal issues
- Parents's health problems
- School issues
- Substance use/abuse in other family members
- Other
- Work/school time conflict

23. Ongoing Home Visits (August update). *Do you smoke and *Immunization questions are answered when the child is age 6, 12, 24 and 36 months of age. *Curricula followed is either Parents as Teachers Born to Learn 0-3 or Nurse Family Partnership Curriculum. The Curriculum is selected at the first home visit and cannot be changed. *Topic. Were any of these topics discussed at this home visit? If yes, at least one topic with either activity, handout, video, discuss or other must be selected. If the answer is no, a reason for none has to be entered.

Screen shot 23. Ongoing Home Visit detail page (Curricula and Topics)

**Do you smoke: Yes No

** Immunization:

* Curricula followed: Parents As Teachers Born to Learn 0-3

* Topic Yes No

	[Activity]	[Handout]	[Video]	[Discuss]	[Other]
Child Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Connectedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking Cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: [Explain]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Detail:

24. Ongoing Home Visits (August update). *Referrals to Additional Community Resources. If the answer is yes, at least one community resource must be selected. If the answer is no, the resources will gray out.

Screen shot 24. Ongoing Home Visit detail page (Referrals to Additional Community Resources)

* Referrals to Additional Community Resources: Yes No

	[Home Visitor made referral]	[Family member will self refer]	[Referral needed but not made]	[Family member referral made for]
Child care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DJFS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Job Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dad
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suspected child abuse/neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* Additional Note:

25. Referrals to other agencies (August update). This page has 2 sections: **Referrals Made** and **Referrals Needed, Not Made**. The information on this page is from the Home Visit Tools section or the Ongoing Home Visit section.

Screen shot 25. Referrals to other agencies

The screenshot shows a web application interface with a left-hand navigation menu and a main content area. The main content area is titled 'Referrals to other agencies' and contains two sections: 'Referrals Made' and 'Referrals Needed, Not Made'. Both section headers are circled in red. The 'Referrals Made' section contains a table with columns: Referral Reason, Date, Who referred, Program, Who was referred, Outcome, and Outcome Date. The 'Referrals Needed, Not Made' section contains a table with columns: Tool Name and Date.

Referrals Made						
Referral Reason	Date	Who referred	Program	Who was referred	Outcome	Outcome Date
Vision	8/15/2010	Home Visitor	HMG Part C			
Child care	8/15/2010	Home Visitor		Child		
Job Training	8/15/2010	Family Member		Dad		

Referrals Needed, Not Made	
Tool Name	Date
Developmental	8/15/2010
Health	8/15/2010

26. Referrals to other agencies (August update). The Outcome and Outcome Date are entered on this page. Each outcome and outcome date can be entered when it is completed.

Screen shot 26. Referrals to other agencies

This screenshot is similar to the previous one but shows a dropdown menu open for the 'Outcome' field of the 'Child care' row in the 'Referrals Made' table. The dropdown menu lists three options: 'Not Eligible', 'Elig- Receiving service', and 'Family No Longer Interested'. The 'Referrals Needed, Not Made' table below it is also visible.

Referrals Made						
Referral Reason	Date	Who referred	Program	Who was referred	Outcome	Outcome Date
Vision	8/15/2010	Home Visitor	HMG Part C			
Job Training	8/15/2010	Family Member		Dad		
Child care	8/15/2010	Home Visitor		Child	<ul style="list-style-type: none"> Not Eligible Elig- Receiving service Family No Longer Interested 	

Referrals Needed, Not Made	
Tool Name	Date
Developmental	8/15/2010
Health	8/15/2010

27. Frequency of Services on IFSP Detail page expanded to 1-32 (July update).

Screen shot 27. Drop down list for IFSP service frequency is 1-32.

The screenshot shows the 'IFSP List' tab selected. A dropdown menu is open over the 'Frequency' field, displaying a list of numbers from 1 to 32. The main form contains the following fields and sections:

- *IFSP date:** 2 / 20 / 2007
- *What is the primary local for services on this IFS:** Home
- Table:**

Provider Name	Service	Service Location
A Wonder World	Special	Library
A Wonder World	Educational	Home
A Wonder World	Speech	Home
A Wonder World	Special	Home
- *Service Type:** [Dropdown]
- *Service Provider Name:** [Text Field]
- Provider Type:** [Dropdown]
- *Service Location:** [Dropdown]
- ERAP:** No N/A
- Method:** [Dropdown]
- *Frequency:** [Dropdown] Times/ [Dropdown]
- *Intensity:** [Dropdown] Hours [Dropdown] Minutes
- *Payment Source:** [Dropdown]

28. Assessment page has been updated (August update). The current assessment section in Early Track has the assessment tools listed in the “Part C Screening and Assessment” policy, plus the HOME, NCAST Feeding and Teaching, and the SKI*HI. This Assessment section is for children who are At Risk or Part C eligible.

Screen shot 28. Assessment section (Part C or At Risk)

The screenshot shows the 'Assessment Detail' tab selected. A dropdown menu is open over the '* Assessment Name' field, displaying a list of assessment tools. The main form contains the following fields:

- * Assessment Name:** [Dropdown]
- * Assessment Date:** [Text Field]
- * Child's age in months at time of Assessment:** [Text Field]
- * Administered By:** [Text Field]

Legend:

- * Indicates required field.
- ** Indicates conditionally required field

Reports

29. Home Visitor Caseload Report (July 28th update). Children with Eligibility. These children have been assigned to a home visitor and have a Home Visiting eligibility. They may or may not have a Family Plan. If the Family Plan date is past due,

the date and number of days the Family Plan is overdue will be in red. If the Family Plan is not past due, a negative number will show the number of days from report date to Family Plan due date. Exited children and transferred children are not on this report. Children without Eligibility.

These children have been assigned to a home visitor, have no eligibility and have not been exited.

Screen shot 29. Home Visitor Caseload report



County Name: BEIS Test County
 Report Ran: 9/20/2010 11:01:57 AM
 Eligibility Category: Home Visiting
 Service Agency: ALL
 Home Visitor: ALL

Home Visitor Caseload Report Children With Eligibility and Without Eligibility

Visitor, Home									
With Eligibility									
Child's Last Name	Child's First Name	ET ID	Birth Date	Assigned Date	Eligibility Date	Eligibility Category	Most Recent FamilyPlan Date	Number of days FamilyPlan Overdue	FamilyPlan Due Date
ODH Test	HV and SC	0005848103	6/20/2009	8/4/2010	8/4/2010	Home Visiting		0	
Scott	Baby	0005850354	2/1/2010	7/18/2010	7/16/2010	Home Visiting	7/25/2010	-123	1/21/2011
Scott	Home Visit	0005850309	3/1/2010	7/20/2010	7/20/2010	Home Visiting	8/25/2010	-154	2/21/2011
Without Eligibility									
Child's Last Name	Child's First Name	ET ID	Birth Date	Assigned Date	Referral Date	Referral To Category	Referral Outcome Date	Referral Outcome	
ODH Test	No Service Agency	0005846987	1/1/2010	7/18/2010	7/16/2010	Ongoing HMG—suspected Home Visiting			
Totals For Visitor, Home									
Total number of Children with Eligibility and FamilyPlan:					2				
Total number of Children with Overdue FamilyPlan:					0				
Total number of Children with Eligibility and No FamilyPlan:					1				
Total number of Children with Eligibility:					3				
Total number of Children without Eligibility:					1				
Total Caseload:					4				

30. Children Receiving Services report (August update). Children with a Home Visiting eligibility are on this report. They must be under 3 years old (including prenatals), have a current HV eligibility and a Family Plan.

Screen shot 30. Children Receiving Services report



County Name: BEIS Test County
 Report Date: 9/20/2010

Children Receiving Services

Eligibility Category: Home Visiting							
Age Category: Age 0 to 1(*)							
Child's Name	ET ID	Ethnicity	Race(s)	Birth Date/Due Date	Eligibility Date	IFSPDate	
Scott, Baby	0005850354	N	White	2/1/2010	7/16/2010		
Scott, Home Visit	0005850309	N	White	3/1/2010	7/20/2010		
Total Home Visiting -Age 0 to 1(*)				2			

Early Track Training for ET System Administrators. Each county may have up to 4 system administrators. All new system administrators must attend an ET system administrator training before getting system administrator access in Early Track. Two trainings have been scheduled in October: October 5th and October 19th. Registration is through Ohio TRAIN, <https://oh.train.org> site called "Early Track Computer Training for System Administrators".

Additions to Drop Down lists

Master Agency List. We continue to add agencies to the master agency list. Please use the [contact us](#) link to request additions to this list. Generic requests, such as public school and physician, will not be added. You need to submit specific agency/physician names when requesting additions to the master agency list. There is also a report in the report section “Master Agency Report” that lists all the agencies in ET 3.0.

Additions to the Drop Down Lists

Page Name	Field Name on Page	New Drop Down Option
Eligibility Detail	Diagnosed Physical or Mental Conditions	<i>*Septo-Optic Dysplasia</i> <i>*Stereotypic Movement Disorder</i>

