

# **Unit 3: At-Risk Children**

**Version 4.3**

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### Document Revision History

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11/22/2010	1.1	<ul style="list-style-type: none"> <li>• <b>Creating an At-Risk Referral</b> section – added revised Confirm Child Not Already Registered screen shot. Referenced that Date of Birth is now a required search criteria field.</li> </ul>
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## At-Risk Children

### Unit Overview

Children referred with a status of **At-Risk** or **Failed Initial Hearing Screening** are recorded in NYEIS as 'At-Risk' children. Providers and Municipalities can create At-Risk Referrals. At-Risk child demographic data is registered in NYEIS; however, an Integrated Case is not opened for these children nor do they go through the full Multidisciplinary Evaluation process. The Municipality is responsible for ensuring that periodic surveillance is performed. If the surveillance indicates that the child is suspected to have a developmental delay, he/she can be referred to Early Intervention.

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## AT-RISK CHILDREN

### Creating an At-Risk Referral

At-Risk referrals can be created by Providers and Municipalities. The process for creating an At-Risk referral is identical to the referral process discussed in **Unit 2 – Referrals and Intake**. Users can refer to Unit 2 for additional information if needed.

The process outlined below is for Municipal Users. Providers should refer to **Unit 2 – Referral and Intake, Provider Referrals** for detailed steps.

1. Display Municipality Home Page.

2. Click **Create Referral** link under **My Shortcuts**. **Confirm Child Not Already Registered** page displays.

3. Type all known information in **Search Criteria** section. **Date of Birth** field information is required to perform the search.

4. Click **Search** button.

There are a number of different scenarios that can result from a search. Follow the steps based on your situation.

### **Child Not Found**

**Confirm Child Not Already Registered** ?  
Enter search criteria to help you determine if the person has been registered before.

Search Criteria					
Reference Number:					
Last Name: Steiner			First Name: Mark		
Date of Birth: 6/7/2011			Gender: M		
Address Line 1:			City:		
Birth Last Name:			Mother's Birth Name: Steiner		

Search Results					
Reference Number	First Name	Last Name	Address Line 1	City	Date of Birth
<input type="button" value="Reset"/> <input type="button" value="Continue"/> <input type="button" value="Cancel"/>					

The search indicates that the child is not registered in the system. The search results returns no records, or the child records that it does return do not represent the child you need to create a referral for. Click the **Continue** button on the **Confirm Child Not Already Registered** page and **proceed** to **Step 5** below.

### **Child Found, Registered in Your Municipality**

**Confirm Child Not Already Registered** ?  
Enter search criteria to help you determine if the person has been registered before.

Search Criteria					
Reference Number:					
Last Name: Antelope			First Name:		
Date of Birth: 6/30/2009			Gender:		
Address Line 1:			City:		
Birth Last Name:			Mother's Birth Name:		

Search Results					
Reference Number	First Name	Last Name	Address Line 1	City	Date of Birth
428	Adam	Antelope	55 Market St	Albany	6/30/2009
<input type="button" value="Reset"/> <input type="button" value="Continue"/> <input type="button" value="Cancel"/>					

The search results include a child record that may be the child you are creating a referral for. Click the child's reference number in the **Action** column next to the child's name in the **Search Results** cluster to display the Child Homepage. The User can select **Referrals** from the navigation menu to view the referral record. When the child's **Municipality of Residence** is your county, the User can create an Additional Referral for the child.  See **Unit 2: Referral and Intake, Creating an Additional Referral** for further instruction.

## Child Found and Not Registered in Your Municipality

### Confirm Child Not Already Registered

Enter search criteria to help you determine if the person has been registered before.

[Reset](#) [Continue](#) [Cancel](#)

Search Criteria					
Reference Number:					
Last Name: Smith			First Name: Jada		
Date of Birth: 1/1/2009			Gender:		
Address Line 1:			City:		
Birth Last Name:			Mother's Birth Name:		

  

Search Results					
Reference Number	First Name	Last Name	Address Line 1	City	Date of Birth
500119	Jada	Smith	13456 S. Street	albany	1/1/2009

[Reset](#) [Continue](#) [Cancel](#)

The search results include a child record that may be the child you are creating a referral for. Click the child's reference number in the **Action** column next to the child's name in the **Search Results** cluster to display the Child Homepage. If the child's current record is recorded with a **Municipality of Residence** different than your county, you will receive the message below.

### Child Already Registered

The child Jada Smith currently is registered in Albany county. Please arrange with the EIO/D of Albany county to arrange a transfer for the child.

[Close](#)



Click the **Close** button and contact Child's current county indicated in the message (Albany County in the example above) to discuss that the child now appears to be living in your county. If the parent consents and the at-risk history indicates that continued monitoring by your county is required, the child's Municipality of Residence will need to be changed. Contact the NYEIS Help Desk to request that the child's Municipality of Residence be changed to your county. The change will enable your county to search for the child using the At-Risk Surveillance search feature and record the new referral. The system will automatically set the Referral Type to **Additional Referral**.

5. **Create Referral** page displays. Note that the system automatically populates any data that was recorded in the previous search in the corresponding fields of the Referral form.

Create Referral ?

Referral Reason	
*Primary Referral Source: 	*Status Assigned: <input type="text"/>
Secondary Referral Source: <input type="text"/>	
*Referral Source Type: <input type="text"/>	

Child Information	
*Referral Date: 	*Child First Name: Mark
Child Middle Name: <input type="text"/>	*Child Last Name: Steiner
Suffix: <input type="text"/>	Birth Last Name (If Different): <input type="text"/>
*Gender: Male	*Date of Birth: 6/7/2011 
Child's Dominant Language: <input type="text"/>	*Municipality of Residence: <input type="text"/>
*Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White	*Ethnicity: <input type="text"/>

Family Information	
Mother's First Name: <input type="text"/>	Mother's Last Name: Steiner
Mother's Date Of Birth: 	Mother's Dominant Language: <input type="text"/>

- Navigate from field-to-field using **Tab** key to fill in all known information in **Referral Reason, Child Information, Family Information, Address, Phone Number, Parental Consent, Child Details, Communication Exception, Suspected of Delay Referral Details, At Risk and Failed Newborn Hearing Screening Referral Details, Place of Birth, Primary Care Physician and Comments** sections. *Date fields must be formatted as mm/dd/yyyy format. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.*
- Click **Search**  icon for **Primary Referral Source** field located in **Referral Reason** section. **Referral Source Search** page displays.

Use the **Tab** key to move from field-to-field to fill in information. Click **Search** button. Records matching entered data display in **Search Results** section. Review displayed records to locate Referral Source. Click **Select** under **Action** column for the appropriate Referral Source

 Referral Source Search ?

Search Criteria	
Reference Number: <input type="text"/>	
Name: <input type="text"/>	City: <input type="text"/>
Address Line 1: <input type="text"/>	Agency/Facility Name: <input type="text"/>

**Important Information**

Avoid additional work by first confirming that the Referral Source is recorded in the system. If a Referral Source is not found when creating the Referral, the User must stop the Create Referral process and register the Referral Source. After the Referral Source is registered, the User can then restart the Create Referral process.  See **Unit 10: Municipal Administration** for further steps on registering a Referral Source.

8. Select **At Risk** or **Failed Initial Hearing Screening** from **Status Assigned** drop down. Complete the fields in the **Child Information** section.



In the **Child Information** section, record the **Referral Date**. This is the Child's Referral Date and should represent the date the referral was made to the Municipality. The Referral Date cannot be changed after the referral is registered.

9. Complete date fields in **Family Information** and **Place of Birth** sections. In the **Family Information** section, you *must* complete one of the following fields: **Mother First & Last Name**, **Father First & Last Name** or **Alternate Parent Contact**.

**Important Information**

The Parental Objection checkbox in the **Family Information** section *must* be checked. Parental Objection states: ***By submitting this referral, I attest that the parent/legal guardian was consulted and she/he did not object to the referral.***

10. Click **Search**  icon in **Address** section to confirm address information for the **Primary Address** and **Mailing Address** fields. One address *must* be entered. **Address Validation** page displays. Use the **Tab** key to move from field-to-field to fill in information. ***City, State, County and Zip are required fields. Census Tract field will not be used at this time.***

Click **Submit** button. *Validation of address takes place immediately upon submission.* The lower section of the page provides a list of available addresses. The first address listed in the results is the address that was manually entered. Select this address if the other addresses do not match from validation process. Click **Select** link under **Action** column. Address displays.

**Important Information**

The checkbox in **Parental Consent** section *must* be selected in order to save data entered in the following sections: **Child Details, Communication Exception, Suspected of Delay Referral Details, At-Risk and Failed Newborn Hearing Screening Referral Details, Place of Birth and Primary Care Physician**. This information is not required in order to submit a Referral. However, if the parent consented to share this information, the consent must be in writing and the **Referral Source** must maintain documentation of parent consent.

11. Click **Register** button. *Errors or reasons why an Application can not be registered display at the top. Registration does not occur until all errors are corrected. Child Referral Completed* page displays with the following message, *The child referral process has been successfully completed.*

**Child Referral Completed**

The child referral process has been successfully completed.

The child's reference number is 30000145

[Click here to open the child home page.](#)

[Click here to refer another child.](#)

**Important Information**

- The system automatically creates a task in the Municipality's **NewAtRisk** or **FailedHearing** work queue to complete an At-Risk Follow-up.
- The Child reference number is a unique identifier that stays with the Child through the entire process.

12. Select **Click here to open the child home page** link. **Child Homepage** displays. Select **Click here to refer another child** link to add additional Referrals.

Child Homepage: Mary Smith - 304

Child Information	
First Name:	Mary
Middle Name:	
Last Name:	Smith
Suffix:	
Contact	
Address:	900 Main St Albany (Albany) New York 12209
Phone Number:	762 888888
Child Information	
Child's Referral Date:	10/8/2009
Date of Birth:	4/2/2008
Calculated Age of Child:	1 Years 6 Months
Ethnic Origin:	
Child's Living Arrangement:	
Child's School District:	
Caregiver's Relationship:	
Child's Case Status:	
Gender:	Female
Birth Last Name:	
Child's Dominant Language:	
Municipality of Residence:	Albany
Caregiver's Name (If other than parent):	
Date of Death:	
Race	
Family Information	
Mother's First Name:	Joan
Mother's Date Of Birth:	
Father's First Name:	
Father's Date Of Birth:	
Is a Parent Proficient in English?:	Yes
Alternate Parent Contact Name:	
Alternate Contact's Relationship to Child:	
Mother's Last Name:	Smith
Mother's Dominant Language:	
Father's Last Name:	
Father's Dominant Language:	
Preferred Communication:	
Phone Number of Alternate Contact Person:	

**Notes:**

- The system automatically creates a Task in the Municipality's **NewAtRisk** work queue if Referred as **At Risk**, or the Municipality's **FailedHearing** work queue if Referred as **Failed Initial Hearing/Screening**, for the Municipality to follow-up on the child's status. The task requires the User to record the initial follow-up results. Subsequent follow-up tasks for the child are created in the Municipality's **AtRiskFollowUp** work queue.  See **Creating Follow-Up for an At-Risk Child** for further instruction.
- At least one Phone Number of a parent, legal guardian or alternate *must* be included in Referral record data. Data is entered in either the **Phone Number** section or the **Phone Number of Alternate Contact Person** field under **Family Information** section. A Phone Number may be entered with or without formatting (e.g., 555-1212 or 5551212).
- At least one address is *required* in the **Address** section.
- **Comment** section can be completed without **Parental Objection/Consent** field checked.

## Creating Follow-Up for an At-Risk Child

Municipalities are responsible for ensuring that At-Risk children receive periodic and ongoing developmental surveillance through the Child's Primary Care Provider or other means.

After the initial at-risk follow-up results are recorded in NYEIS via the task in the Municipality's **NewAtRisk** work queue, NYEIS will create periodic follow-up tasks in the Municipality's **AtRiskFollowUp** work queue or **FailedHearing** work queue to indicate that further surveillance is necessary for a Child. Any At-Risk User assigned to the **AtRiskFollowUp** work queue or **FailedHearing** work queue can record data about the Child's periodic screening results and who completed the screening.

1. Click **Search** from Menu Bar of Home Page. **Child Search** page displays.
2. Type known Child data in **Search Criteria** section.
3. Click **Search** button. Records matching display in **Search Results** section. *To search again, click **Reset** button.*
4. Click **Reference Number** link for Child. **Child Homepage** displays with read-only data.

Child Homepage: Tiffany Martin - 30000117 ?

Child Information	
First Name:	Tiffany
Middle Name:	Lee
Last Name:	Martin
Suffix:	

Contact	
Address:	123 MainStreet Garwood (Albany) New York 12205
Phone Number:	518 555-1212

Child Information	
Child's Referral Date:	3/6/2009
Child's Case Status:	
Date of Birth:	10/5/2008
Gender:	Female
Calculated Age of Child:	1 Years
Birth Last Name:	
Ethnic Origin:	Not Hispanic or Latino
Child's Dominant Language:	English
Child's Living Arrangement:	Parent
Municipality of Residence:	Albany
Child's School District:	IROQUOIS CSD
Caregiver's Name (if other than parent):	
Caregiver's Relationship:	
Date of Death:	

5. Click **At-Risk Follow-Up** from the Navigation Bar. **At-Risk Follow-Ups** page displays.

At-Risk Follow-Ups: Tiffany Martin - 30000117

Action	Follow-Up Date	Performed By	Status
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6. Click **New** button. **Create At-Risk Follow-Up** page displays.

Create At-Risk Follow-Up: Tiffany Martin - 30000117 ?

Save Cancel

Details	
*Follow-Up Date:	<input type="text"/> 
*Follow-Up Performed By:	Organization Contact <span style="float: right;"> </span>
Follow-Up Location:	<input type="text"/> <span style="float: right;"> </span>
Passed?:	<input type="checkbox"/>
Hearing Screening?:	<input type="checkbox"/>

Save Cancel

7. Navigate from field-to-field using **Tab** key. *Fields marked with an asterisk are required. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy.*
8. Click the **Follow-Up Performed By** drop down. Select from **Provider**, **Vendor** or **Referral Source**. *Organization Contact must not be used.*

Click **Search**  icon for **Follow-Up Performed By. Organizational Contact Search** page displays.

 **Provider Search** ?

Search Criteria	
Reference Number:	<input type="text"/>
Provider Name:	<input type="text"/>
FEIN:	<input type="text"/>
Address Line 1:	<input type="text"/>
NPI:	<input type="text"/>
State ID:	<input type="text"/>
Municipality:	<input type="text"/> 
Status:	<input type="text"/> 
Include not currently contracted:	<input type="checkbox"/>
Special Population Served:	<input type="text"/> 
Qualified Personnel:	<input type="text"/> 
Intervention Strategy:	<input type="text"/> 

Search Reset

Use the **Tab** key to move from field-to-field to fill in information. Click **Search** button. Review items displayed in **Search Results**. Click **Select** link under **Action** column to identify Follow-Up Provider.

- Click **Search**  icon for **Follow-Up Location**. **Select Follow-Up Location** page displays.

**Select Follow-Up Location** All Families First - 28416

[Cancel](#)

Available Addresses	
Action	Address
<a href="#">Select</a>	1234 Wolf Road , Colonie (Albany), New York 12205

[Cancel](#)

Review items displayed. Click **Select** link under **Action** column to identify **Follow-Up Location Address**.

- Complete each checkbox for **Passed?** and **Hearing Screening?**
- Click **Save** button. **At-Risk Follow-Ups** page displays.

**At-Risk Follow-Ups:** Tiffany Martin - 101 

[New](#) [Close At Risk](#)

Action	Follow-Up Date	Performed By	Status
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Delete</a>	10/8/2009	All Families First	Active

**Note:**

- A task will be created by the System at a future date in the Municipality’s **AtRiskFollowUp** work queue or **FailedHearing** work queue indicating that an At-Risk Child follow-up needs to occur.

**Viewing/Editing At-Risk Follow-Up**

The At-Risk User is responsible for entering data about the Child’s periodic screening results and the individual who completed the screening. The At-Risk User may edit certain data regarding At-Risk children.

- Click **At-Risk Follow-Up** from the Navigation Bar on **Child Homepage**. **At-Risk Follow-Ups** page displays.

**At-Risk Follow-Ups:** Tiffany Martin - 101

[New](#) [Close At Risk](#)

Action	Follow-Up Date	Performed By	Status
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Delete</a>	10/8/2009	All Families First	Active

- Click **View** link under **Action** column. **View At-Risk Follow-Up** page displays.

**View At-Risk Follow-Up: Tiffany Martin - 101**

Details	
Follow-Up Date:	10/8/2009
Follow-Up Performed By:	All Families First
Follow-Up Location:	1234 Wolf Road , Colonie (Albany), New York 12205
Passed?:	Yes
Hearing Screening?:	Yes

- Click **Edit** button. **Modify At-Risk Follow-Up** page displays.

**Modify At-Risk Follow-Up: Tiffany Martin - 101**

Details	
*Follow-Up Date:	<input type="text" value="10/8/2009"/> 
*Follow-Up Performed By:	<input type="text" value="Provider"/> <input type="button" value="v"/> <span>All Families First</span>
Follow-Up Location:	1234 Wolf Road , Colonie (Albany), New York 12205
Passed?:	<input checked="" type="checkbox"/>
Hearing Screening?:	<input checked="" type="checkbox"/>

- Apply necessary changes.
- Click **Save** button. **View At-Risk Follow-Up** page displays. Click **Close** button to return to **At-Risk Follow-Ups** page.

**Note:**

- To use another method for editing, click **Edit** link under **Action** column of **At-Risk Follow-Ups** page.

## Deleting At-Risk Follow-Up

Users with the correct access rights can delete an At-Risk follow-up in NYEIS. The history is available to view.

1. Click **At-Risk Follow-Up** from the Navigation Bar on **Child Homepage**. **At-Risk Follow-Ups** page displays.

At-Risk Follow-Ups: Tiffany Martin - 101

Action	Follow-Up Date	Performed By	Status
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Delete</a>	10/8/2009	All Families First	Active

2. Click **Delete** link under **Action** column. **Delete At-Risk Follow-Up** page displays. *Are you sure you want to delete the follow-up record for this at-risk child?* message displays.

Delete At-Risk Follow-Up: Tiffany Martin - 30000117

Are you sure you want to delete the follow-up record for this at-risk child?

Yes

No

3. Click **Yes** button. **Canceled** status displays on **At-Risk Follow-Ups** page.

At-Risk Follow-Ups: Tiffany Martin - 101

Action	Follow-Up Date	Performed By	Status
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Delete</a>	10/8/2009	All Families First	Canceled

## CLOSING AN AT-RISK CHILD

When a Child ages out, moves, or the parent decides not to have his/her Child monitored as At-Risk, the User may close out the Child's At-Risk Case.

1. Click **At-Risk Follow-Up** from the Navigation Bar on **Child Homepage**. **At-Risk Follow-Ups** page displays.

At-Risk Follow-Ups: Tiffany Martin - 101

Action	Follow-Up Date	Performed By	Status
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Delete</a>	10/8/2009	All Families First	Active

2. Click **Close At Risk** button. **Close At-Risk Child** page displays.

**Close At-Risk Child: Karen Jones - 12345** ?

**Closure Details**

\* Closure Reason:  ▼

\* Closure Date:  📅

3. Select **Closure Reason** from drop down. Complete **Closure Date** field.
4. Click **Save** button. At-Risk Case is closed.

### Note:

- Follow-Up Tasks that are currently open for the child will be closed by the system.

## CLOSING AN AT-RISK CHILD AND REFERRING CHILD TO EI

If ongoing developmental surveillance results indicate the Child is suspected of having a developmental delay, the child’s At-Risk status should be closed and the Child referred to Early Intervention using the steps outlined below.

1. Click **At-Risk Follow-Up** from the Navigation Bar on **Child Homepage**. **At-Risk Follow-Ups** page displays.

**At-Risk Follow-Ups: Tiffany Martin - 101**

Action	Follow-Up Date	Performed By	Status
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Delete</a>	10/8/2009	All Families First	Active

2. Click **Close At Risk** button. **Close At-Risk Child** page displays.

**Close At-Risk Child: Jada Smith - 500119**

**Closure Details**

\* Closure Reason: Referred to EI

\* Closure Date: 6/24/2011

Select **Closure Reason** from drop down. Complete **Closure Date** field.

3. Click **Save** button. The child’s At-Risk status is closed. The **Enter Referral** page displays.

**Enter Referral: Jada Smith - 500119**

**Referral Reason**

\* Primary Referral Source:  \* Status Assigned:

Secondary Referral Source:  \* Referral Source Type:

**Child Information**

\* Referral Date: 6/24/2011 \* Child First Name: Jada

Child Middle Name:  \* Child Last Name: Smith

Suffix:  Birth Last Name (If Different):

\* Gender: Female \* Date of Birth: 1/1/2009

Child's Dominant Language:  \* Municipality of Residence: Albany

**Family Information**

Mother's First Name: june Mother's Last Name: smith

Mother's Date Of Birth:  Mother's Dominant Language:

Father's First Name:  Father's Last Name:

Father's Date Of Birth:  Father's Dominant Language:

Is a Parent Proficient in English?: Yes Preferred Communication:

Alternate Parent Contact Name:  Phone Number of Alternate Contact Person:

Alternate Contact's Relationship to Child:  \* Ethnicity: Hispanic or Latino

\* Race: American Indian or Alaskan Native  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
White

4.  See **Unit 2: Referral and Intake, *Municipal Referrals*** for instructions about completing the referral.

**Important Information**

- The system automatically creates a task in the Municipality's **NewCase** work queue to assign an EIO/D after the referral is completed.
- The referral is automatically set as Referral Type: '**Re-Referral**'.
- Follow-Up Tasks that are currently open for the child will be closed by the system.