

Knowledge Base Article

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Overview

This Knowledge Base Article discusses how to enter information for the NYTD (National Youth in Transition Database) Element 18 Education Level and Element 19 Special Education.

It's important to note that both Element 18 and Element 19 apply to the NYTD served population.

The served population includes all youth who receive an independent living service that is paid for or provided by a state agency during the reporting period.

An independent living (IL) service is provided by a state agency if it is delivered by State/County agency staff or an agent of the State/County, including a foster parent, group home staff, or child-care institution staff. Additionally, an IL service is provided pursuant to a contract between the State or County agency and a provider, agency, or any other entity, regardless of whether the contract includes funding for that service.

In other words, Element 18 and Element 19 apply when any independent living service with a status of **Provided** has been documented within the youth's case plan.

Important: If the youth's case is **closed**, you will not be able to add this information into Ohio SACWIS. Therefore, you are strongly encouraged to **confirm that the required data has been entered prior to closing the youth's case**.

Locating the Appropriate Child for NYTD

To view case service information, complete the following steps:

- 1. From the Ohio SACWIS **Home** screen, click the **Case** tab.
- 2. Click the **Workload** tab.
- 3. Select the appropriate **Case ID** link.

Note: If you know the **Case ID** number, you can also use the **Search** link at the top of the **Home** screen and navigate to the **Case Overview** screen.

4. On the Case Overview screen, click the Provider Information link.



| Home | Intake | Case | Provider | Financial | Administration |
|---|---|---------------------------|------------------|--|----------------|
| Workload Provider | r Search Provider Match | Recruitment | Inquiry Training | Contracts Agency Certific | ations |
| <> | | | | | |
| Provider Overview Activity Leo Inouiries KPIP History KCCP Pre-Screening Tool Forms/Notices | PROVIDER NAME / ID: Test, Provider / 123 PRIMARY ADDRESS: Test Address, Test Oh, 12345 | ٥ | | CATEGORY / STATUS: Home / Active PRIMARY CONTACT: Ccell: (123) 456-7899 | |
| <u>Skills</u> Training | Provider Actions | | | | |
| Acceptance Criteria Description of Home | Provider Information | roviders Associated Pro | oviders | | |
| Description of Family Foster to Adopt (1692) Home Study | Approval/Certification Spans | | | | |

The Assignment Information screen appears.

- 5. Click the **Members** tab. The **Case Members** screen appears.
- 6. Click the **Name** link for the appropriate person.

| Basic | Address Members | Relationships | Caregivers | Capacity | | | | |
|-------------|----------------------|------------------|------------|----------|------------|-----|------------------------|---------------------|
| Curren | t Active Members | | | | | | | |
| | | | | | | | | View Member History |
| | | Name / <u>ID</u> | | Gender | DOB | Age | Role | Effective Date |
| <u>view</u> | Test, Adult / 1111 | | | FEMALE | 04/14/1980 | 43 | Applicant 1 | 11/16/2016 |
| view | Test Adult 2 / 2222 | | | MALE | 02/23/1982 | 41 | Applicant 2 | 11/16/2016 |
| view | Test, Adult 3 / 3333 | | | FEMALE | 09/22/1998 | 24 | Adult Household Member | 07/14/2023 |
| view | Test, Child / 1234 | | | FEMALE | 09/03/2014 | 9 | Child Household Member | 08/13/2020 |
| view | Test, Child 2 / 5678 | | | FEMALE | 01/29/2016 | 7 | Child Household Member | 08/13/2020 |

The youth's **Person Information** screen appears.

| | 1 | | |
|-----------------|---|-----------------------|------------------|
| Person Overview | | | |
| Profile | PERSON NAME / ID: | The second state | |
| Education | Festion Area & DOR 00/02/2014 | RACE Wille | |
| Medical | Female Age 9, DOB 09/03/2014 | HISPANIC / LATINO: NO | |
| Employment | | HAIR COLOR: | |
| Military | | EYE COLOR: | |
| Background | ENVIRONMENTAL HAZARDS: | | |
| Delinquency | | | |
| SACWIS History | PROVIDER | | |
| Relationships | | | |
| | AKA Names | | |
| | ANA Malles | | |
| | | | |
| | Prefix First Name | Middle Name Last Name | Suffix AKA Type |
| | | | |
| | Safety Hazards | | |
| | | | |
| | Hazard Type | Begin Date | Narrative |
| | | | |
| | | | |
| | Other Addresses | | |
| | | | |
| | Туре | Address | Hazard |
| | | | |
| | ICWA | | |
| | | | |
| | Date Family Was Possible Tribal Affiliation | Tribe Name | Resnonse/Outcome |
| | Asked | | |
| | | | |
| | Close | | |
| | | | |

7. Click the **Education** link at the top of the screen.

| Person Overview | | |
|-----------------|--|-----------------------|
| Profile | PERSON NAME / ID: Test, Child/ 1234 | RACE: White |
| Education | Female Age 9, DOB 09/03/2014 | HISPANIC / LATINO: No |
| Medical | | HAIR COLOR: |
| Employment | | EYE COLOR: |
| <u>Military</u> | ENVIRONMENTAL HAZARDS: | |
| Background | | |
| Delinquency | | |
| SACWIS History | PROVIDER | |
| Relationships | | |

The **Financially Responsible School District** screen appears displaying the **School Profile** tab.

| School Profile | Performance | Special Education | | |
|---|--------------------------|-------------------|--|--|
| Name: Test, Child | PROVIDER Person ID: 1234 | DOB: 09/03/2014 | | |
| Financially Responsible School District | | | | |



Confirming the Youth is Eligible for NYTD Element 18

To map the **Element 18 Education Level**, first look at the youth's **Academic Evaluation** record. If that is blank (no data), check for a completed **School History** record.

Important: Ohio SACWIS requires that school information be entered on the **School Profile** tab prior to recording the child's academic history on the **Performance** tab.

For NYTD reporting purposes, "complete" means the last grade level completed.

Example: For a youth currently in 11th grade, "10th grade" is the highest education level completed.

Viewing the Youth's Academic Evaluation Record

1. From the **Financially Responsible School District** screen, click the **Performance** tab.

| School Profile | Performance | Special Education |
|-------------------------------------|--------------------------|-------------------|
| Name: Test, Child | PROVIDER Person ID: 1234 | DOB: 09/03/2014 |
| School Records | | |
| Availability of Education Record: * | Available 🗸 | |
| Reason(s) for Unavailable Record: | | |

The School Records screen appears.

2. In the **Academic Evaluation History** section, verify whether or not information exists.

Important: If this section is **blank** (no data), check the youth's **School History Record** to see if it's complete. Steps on how to do so are discussed later.



| School Profile | Performance | Special Education |
|---------------------------------------|--------------------------------|------------------------|
| Name: Test, Child | PROVIDER Person ID: 1234 | DOB: 09/03/2014 |
| School Records | | |
| Availability of Education Record: * | Available 🗸 | |
| Reason(s) for Unavailable Record: | | |
| | | |
| | | |
| | | 6 |
| Created Date: 09/0 | /2020 04:27:38 PM Created By: | |
| Modified Date: 09/0 | /2020 04:27:38 PM Modified By: | |
| | | |
| Academic Evaluation History (a) | | |
| Created in Error: | | |
| Evaluation Date | Grade Level | If N/A, Reason |
| <u>edit</u> 07/01/2019 <u>copy</u> | Pre-Kindergarten | |
| edit 01/02/2019 copy | Pre-Kindergarten | |
| edit 12/13/2017 copy | N/A | Not of School Age |

Viewing the Youth's School History Record

If the **Academic Evaluation History** section contains no information, navigate to the **School History Record** by completing the following steps:

1. From the **School Records** screen, click the **School Profile** tab.

| School Profile | Performance | Special Education | | |
|---|--------------------------|------------------------|--|--|
| Name: Test, Child | PROVIDER Person ID: 1234 | DOB: 09/03/2014 | | |
| Financially Responsible School District | | | | |
| Name | Start Date | End Date | | |
| | | | | |

The Financially Responsible School District screen appears.

2. In the **School History** section, verify that the most recent school year has been completed.

Example: For a youth currently in 11th grade, "10th grade" is the highest education level completed.



3. If the most recent school year has **not** been entered, click the **Add School** button.

| School Profile | | | Performance | | | Special Education | | | |
|--|--|---------|-------------|------------|------------------|-------------------|----------------------|------------|--------------------|
| Name: Test, Child PROVIDER Person ID: 1234 | | | | | | | DOB: | 09/03/2014 | |
| Financially Responsible School District | | | | | | | | | |
| | Name | | | Start Date | | | End Date | | |
| The child Preschool Created in E | The child is incapable of attending school on a full-time basis due to the medical condition of the child as documented in person characteristics. Preschool To Grade Twelve School History③ Created in Error: Exclude O Include | | | | | | son characteristics. | | |
| | School Name | Туре | District I | Name | Beginning Grade | s | tart Date | End Date | Source System Code |
| edit | Test PreSchool | Primary | TEST L | OCAL | Pre-Kindergarten | 09/0 | 4/2018 | | SACWIS |
| Add Schoo | ы | | | | | | | | |

The School Details screen appears.

- 4. Enter information into the mandatory fields and other fields as needed.
- 5. Click the **Save** button.

| School Details | | |
|---------------------------|----------|----------------|
| School District: * | ✓ | OR |
| Other District: | | |
| School Name: * | | |
| Category: * | | |
| Туре: * | ~ € | |
| Start Date: * | | End Date: |
| Beginning Grade: * | ~ | Ending Grade: |
| Address: | | Search Address |
| School Contact: | | |
| Phone: | Ext.: | |
| Reason for Withdrawal/Tra | ansfer: | |
| | | |
| Spell Check Clear | 500 | |
| Source System Code: | | |
| Created Date: | | Created By: |
| Modified Date: | | Modified By: |
| | | |

The **Financially Responsible School District** screen appears displaying the new information.



Save Cancel

Mapping Element 18 Education Level

To enter Element 18 information on the **Academic Evaluation** screen, complete the following steps:

1. From the youth's **Person Information** screen, click the **Education** link.

Note: The steps to navigate to this screen are listed at the beginning of this Knowledge Base Article.

| N Research Outputing | | | |
|----------------------|------------------------------|-----------------------|--|
| Profile | PERSON NAME / ID: | | |
| Education | Test, Child / 1234 | RACE: White | |
| Medical | Female Age 9, DOB 09/03/2014 | HISPANIC / LATINO: NO | |
| Freelowerst | | HAIR COLOR: | |
| <u>Employment</u> | | EYE COLOR: | |
| <u>Military</u> | ENVIRONMENTAL HAZARDS | | |
| Background | ETTINOTIMETTISE TISESTED. | | |
| Delinguency | | | |
| SACWIS History | PROVIDER | | |
| Relationships | | | |

The **Financially Responsible School District** screen appears displaying the **School Profile** tab.

2. Click the **Performance** tab.

| School Profile | Performance | Special Education | | |
|-------------------------------------|--------------------------|------------------------|--|--|
| Name: Test, Child | PROVIDER Person ID: 1234 | DOB: 09/03/2014 | | |
| School Records | | | | |
| Availability of Education Record: * | Available 🗸 | | | |
| Reason(s) for Unavailable Record: | | | | |
| | | 5 | | |

The School Records screen appears.

3. In the **Academic Evaluation History** section, click the **Add Evaluation** button.



| Acad | Academic Evaluation History (a) | | | | | | | |
|----------------------------|--------------------------------------|------------------|-------------------|--|--|--|--|--|
| Create | Created in Error: Exclude Include | | | | | | | |
| | Evaluation Date | Grade Level | If N/A, Reason | | | | | |
| <u>edit</u> <u>copy</u> | 07/01/2019 | Pre-Kindergarten | | | | | | |
| <u>edit</u> <u>copy</u> | 01/02/2019 | Pre-Kindergarten | | | | | | |
| <u>edit</u> <u>copy</u> | 12/13/2017 | N/A | Not of School Age | | | | | |
| Add | Evaluation | | | | | | | |

The Academic Evaluation screen appears.

- 4. In the Academic Evaluation section, complete the Evaluation Date field.
- 5. In the **Grade Level** field, choose the appropriate grade from the drop-down list.

Note: These two fields are marked with a mandatory red asterisk (*), but the system also requires the three narrative fields be completed as discussed below.

| ame: Test, Child | PROVIDER | Person ID: | 1234 | DOB: | 09/03/2014 |
|-------------------------------|----------|------------|----------------------------|-------------------------|------------|
| Academic Evaluation | | | | | |
| Evaluation Date: * | | | | | |
| Grade Level: * (a) | | v • | If N/A, Reason: | | ~ |
| Child has repeated this grade | | | Ochild's educational needs | s require further asses | ment |
| Explain: | | | | | |
| | | | | | |
| | | | | | // |
| | | 4000 | | | |

6. Complete the following three narrative fields: **Performance Details**, **Behavior Problems / Social Adjustment**, **Describe Child's Attendance** and **Educational Setting**.



| Child is a high achiever | Child achieves at grade level | ieves below grade level | |
|---|-------------------------------|-------------------------|-------------------|
| Child makes good grades | Child likes School | Child stru | ggles with school |
| Child desires post-secondary education | | | |
| Cognitive Functioning: | | | |
| Performance Details: * | Snell Check Clear 3000 | | |
| | | | |
| School Problems: | Behavior: | Academic: | <u> </u> |
| Behavior Problems / Social Adjustment: * | Spell Check Clear 3000 | | 0 |
| School age child misses school (or has missed | school) for prolonged periods | | |
| Academically behind due to poor attendance | | | |
| Describe Child's Attendance: * | Spell Check Clear 3000 | | |
| | | | |
| Describe how the current educational setting is appropriate for the child's needs, or what actions are being taken to arrange for immediate enrollment in an appropriate educational setting: * | Spell Check Clear 4000 | | |
| | | | |
| Created Date: | Cre | ated By: | |
| Modified Date: | Mo | dified By: | |
| | | | |
| Apply Save Cancel | | | |

- 7. Complete any additional fields, as needed.
- 8. Click the **Save** button at the bottom of the screen.

The **School Records** screen appears displaying the new information.

Mapping Element 19 Special Education

Important: These steps are not required if the child does not participate in special education programs.

- 1. Using the steps earlier in this Knowledge Base Article, navigate to the **Financially Responsible School District** screen.
- 2. Click the **Special Education** tab. The **Multi-Factor Evaluation (MFE) History** screen appears.
- 3. In the **Special Education Designation** section, put a check mark in the **Child Enrolled in Special Education** field.

Important: If this box is not checked, the youth will be reported as '**No**' for **not in receipt of Special Education Services.**

- 4. Complete any other fields, as needed.
- 5. Click the **Save** button at the bottom of the screen.

| Child enrolled in special education | | | Child eligible but no | but not enrolled in special education | | Child not eligible for special education | |
|-------------------------------------|---------------------------------|---------------|-----------------------|---------------------------------------|-----|--|---|
| rollment Date | le: | | Achievement Level W | th Special Education | | v) | |
| plain: | Spell Chec | sk Clear 3000 |] | | | | |
| asis for Spec | al Education Eligibility Determ | nination | | | | | |
| | Available Categories: | | | Selected Categor | es: | | í |
| | Q | Add | | Remove | ų | | |
| | Blind | | Î | | | | |
| | Deaf | | | | | | |
| | Developmentally Delayed | | | | | | |
| | Emotional Disturbance | | | | | | |
| | Hearing Impairment | | | | | | |
| | Intellectual Disability | | | | | | |
| | Multiple Disabilities | | * | | | | |
| Explain: (expand full | screen) | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Spell Check | Clear 10000 | | | | | | |
| | | 09/09/2020 | 04:27:38 PM | Created B | /: | | |
| reated Date: | | | | | | | |



A message appears at the top of the screen saying your data has been saved.

| Person Overview | • Your data has been saved | | × |
|-----------------|------------------------------|-----------------------|---|
| Profile | | | |
| Education | PERSON NAME / ID: | | |
| Medical | Test, Child / 1234 | RACE: White | |
| Employment | Female Age 9, DOB 09/03/2014 | HISPANIC / LATINO: NO | |
| Military | | HAIR COLOR: | |
| Background | | EYE COLOR: | |
| Delinquency | ENVIRONMENTAL HAZARDS: | | |
| SACWIS History | | | |
| Relationships | PROVIDER | | |

The reporting process for including NYTD Element 18 and 19 reporting requirements is complete.

If you have additional questions pertaining to this Deployment Communication, please contact the <u>Customer Care Center</u>.

