



## PAT Transition for Record Keeping and Service Delivery

### Required Documentation for Services

Each PAT program must establish a systematic method of storing records on site at the district. Districts must provide storage space for records that would allow them to be readily accessible, fire-safe, and available for review and audit purposes.

#### Community Advisory Meetings

It is important for all PAT programs to have an active Community Advisory Board. The Community Advisory Board includes key stakeholders in the community such as families, early childhood providers, school administration, school board members and other community leaders. The purpose of the Advisory Board is to support and promote PAT services, and to assist with planning and evaluation of those services. It is required that this group meets at least annually but it is encouraged that programs meet more frequently to ensure the effectiveness of their role as an advisory board.

Community Advisory File must include:

- **Membership List;**
- **Agenda(s);**
- **Minutes; and**
- **Sign-In Sheet(s)** for attendance.

#### Screening Services

There are two types of required documentation for all screening services provided and submitted for reimbursement through the Parents as Teachers funds.

1. Individual Child Information:

- **Health Questionnaire** or **Health Record** includes Health, Hearing and Vision information as well as immunizations and height and weight measurements;
- **Screening Protocol** from a DESE approved screening instrument;
- **Screening Summary** that provides results of the screening and must be shared through a personal conference with the parent/guardian; and
- **Screening Recommendations Record** must also be included for children needing further assessment or intervention. This form is necessary for programs that have been trained in the Foundational Approach and are implementing the new model. Programs may also use their own districts referral form to record the necessary information.

2. Verification of Services Records must include the number of children:

- Screened by age divisions;
- With indicated delays in:
  - Development (language and motor);
  - Vision;
  - Hearing; and
  - Health and Physical;
- Referred for further evaluation; and
- With completed evaluations.

### **Personal Visits**

Throughout the program year, parent educators must keep educational records of each personal visit. The following information outlines the required information/forms for documenting services for reimbursement.

Required Personal Visit Record:

- The **Personal Visit Record** or **Family Personal Visit Records** should cover the content of the visit, outline issues raised by the parents, give specific observations in all areas of the child's development (language, social, intellectual, and physical development), and setting the appointment for the next visit. Such reports are essential for monitoring child and family progress and serve as background material for staff discussion on providing appropriate educational guidance to each family. The personal visit record should be completed immediately following the visit. Only visits that have a completed personal visit record will be counted for reimbursement.

Additional Recommended Records:

- The **Planning Guide** should be maintained for all personal visits beyond the first 8 Foundational Plans. This is only recommended for programs that have been trained in the Foundational Approach and are implementing the new model.
- **Milestones** should be maintained for each child and updated at each visit.

### **Group Meetings/Connections**

Required Group Meeting/Connections Records:

- **Group Meeting Planner** or **Group Connection Planner and Record** that documents the title, date, location and the process for delivering the parent education;
- **Handouts** provided during the meeting that provide additional parent education;
- **Sign-In Sheet** for all parents to document attendance;
- **Group Meeting/Connections Feedback form** that includes issues raised and possible changes for future use of the group meeting topic; and
- **Brief Enrollment form** for all families attending who are not already enrolled in the program.

# Organization, Retention and Release of Required Documentation

The organization of the required documents can be categorized into two types of files, Family Files and Program Files.

## **Family Files**

- **Enrollment Form or Recruitment and Enrollment Record** that includes name of family and child and contact information, birth date of child, entry date into the program, exit date from program, etc.;
- **Individual Service Record or computerized tracking system** that support the number of personal visits, group meetings/connections, screenings and resources/referrals provided at any given time;
- **Personal Visit Record or Family Personal Visit Records;**
- Individual Child Screening forms including the **Health Questionnaire or Health Record, Screening Protocol, Screening Summary and Screening Recommendations Record** (as needed); and
- **Exit Record** that includes entry and exit dates along with a summary of the services provided. This form is to be completed once the child is no longer eligible for PAT or services are discontinued.

Once a child becomes enrolled in kindergarten the PAT program must transfer a cumulative file to the child's elementary attendance building. This will allow for pertinent information to be accessed by elementary teachers for a smooth transition of services to the child and family. If the child is not attending an elementary building within the district the PAT must store the cumulative file and be prepared to transfer records to another district upon parent request.

## **Cumulative Files** (must be maintained until the child completes third grade)

- Exit Report forms;
- Health Questionnaire or Health Record;
- Screening Protocols; and
- Screening Summaries.

## **Program Files** (must be maintained for 5 years)

- Group Meeting/Connections Records;
- Summary of Services Record or a computerized tracking system which provides a listing of all families participating in the program along with the number of personal visits, group meetings/connections and resources/referrals provided; and
- Community Advisory Records.

## **Electronic Storage of Files**

All family files and program files may be maintained through an electronic process. The only exception may be sign in sheets and screening protocols. Electronic files must be organized in such a manner that would allow for easy review and verification of services.

## **Confidentiality and Release of Information**

Many programs are utilizing computerized databases to manage record keeping and reporting requirements. All programs are responsible for maintaining this information and must maintain confidentiality of families. Parents have the right to review their family files and may request information be transferred or shared with others. The transfer of files can only occur when the parent has completed a release of information form (**Permission to Exchange Information**). All family files are considered confidential and that information cannot be released unless there is a signed release form from the parent.

**\*Please note that the forms in blue are associated with the new Foundational and Model Implementation training.**

## **Reimbursements and Service Priority**

### **Screening Allocation**

DESE has currently allocated funds for every school district in Missouri to provide developmental screenings for children three months to kindergarten entry. Along with the allocation the programs have been given the priority for which these services will be provided. Allocations require that programs focus at least 50% of the funds for screening services to those children under the age of three. We would encourage programs to think creatively when advertising screening opportunities within your district. Many programs are utilizing child care providers, doctor's offices and WIC clinics to assist with identification of this particular age group for screening purposes.

### **Example of Screening Allocation Requirement:**

\$3,000 Screening Allocation

50% or more for children three months to age three (\$1,500 or 50 screenings at a minimum)

To calculate the number of screenings based on the allocation, divide the total allocation (\$3,000) by the reimbursement rate for developmental screenings (\$30) allows for 100 screenings.

### **Priority for Screening Services**

1. Children under the age of three
2. Children age three to kindergarten entry

Please note that no more than 50% of the total screening allocation may fund priority 2.

### **Parent Education Allocation**

Parent Education allocations are provided to all districts who have indicated, through the district application, that they will be providing services. This allocation also has some requirements regarding the priorities set by DESE. All families who are expecting a baby or have a child under the age of kindergarten entry is eligible to receive personal visits. However, the priority for personal visits must be given to high need families. DESE has

capped the amount of funding available to non high needs families to no more than 25% of the total parent education allocation. The group meeting/connection is not approved, at this time, for funding.

**Example of Parent Education Allocation Requirement:**

\$7,975 Parent Education Allocation

75% or more of the Parent Education Allocation may be reimbursed for services provided to high needs families (approximately \$5,982 or approximately 109 contacts at \$55 per contact).

25% or less of the Parent Education Allocation may be reimbursed for services provided to non high needs families (no more than \$1,993 or 39 contacts at \$50 per contact)

If providing parent education services to high needs families only, divide the total allocation (\$7,975) by the reimbursement rate for high needs contacts (\$55) which allows for 145 contacts.

**Priority for Parent Education**

1. Prenatal to Three High Need Families
2. Three to Kindergarten Entry High Need Families
3. Prenatal to Three Non High Need Families
4. Three to Kindergarten Entry Non High Need Families

Please note that no more than 25% of the total parent education allocation will fund priorities 3 and 4.

## Guidance for Service Delivery

**Families with Two or More Age Eligible Children**

DESE will reimburse for a two child contact under the same requirements as when using the Born to Learn Curriculum. The visit must include two individual lesson plans with the length of the visit being 1 hour 45 minutes. We understand that a two child visit, when implementing the new curriculum, may not require the same length of time (the new guides suggest 1 hour and 15 minutes) so that would count as a single reimbursement.

**Families with Children Age Three to Kindergarten Entry**

Parent educators providing parent education services for families with children age three to kindergarten entry must be trained in the Three to K Born to Learn Curriculum. Personal visits must be delivered using the curriculum and forms associated with the Born to Learn Curriculum for this age group.

**Transitioning to the Use of the New Curriculum**

Many parent educators have received training under the new Foundational Curriculum over the summer. If you have been trained in the new curriculum and are delivering services using the new curriculum you must use the forms associated with the curriculum.

If you are utilizing both curriculums (Foundational Curriculum for Prenatal to Three Families and Born to Learn Curriculum for the Three to Kindergarten Entry Families) you must use the appropriate forms designed for each curriculum. Do not use the new forms to document services provided using the Born to Learn Curriculum. Both curriculums have a unique focus and the related forms help to support that focus.

Please refer to the section of this document that explain the Required Documentation for Services and the Organization, Retention and Release of Required Documentation sections for guidance.