Parents as Teachers (PAT) Program
ePeGS Guide

Revised April 2020

Missouri Department of Elementary and Secondary Education (DESE)
Early Learning, Office of Quality Schools
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INTRODUCTION

The Department of Elementary and Secondary Education (DESE) has a web-based electronic Planning and electronic Grants System (ePeGS) for applications and reporting requirements of the Early Childhood Development Act (ECDA) for the Parents as Teachers (PAT) program. This document is intended to provide guidance and step-by-step instructions for completing the ePeGS reporting requirements. While each section of the guide includes information to consider, more detailed information regarding the funding requirements is available in the ECDA Administrative Manual.

Additional helpful documentation can be found on the Early Learning webpage.

THINGS TO KNOW

- Web browser recommendations: Internet Explorer is the required web browser for utilizing ePeGS. The system will not work properly using Mozilla, Firefox or Google Chrome.
- The system works best on a PC. Accessing ePeGS using a Mac may cause issues.
- If your computer has a pop-up blocker installed, it must be set to allow pop-ups from the Department of Elementary and Secondary Education (DESE) Web Applications. Your web browser may also have a pop-up blocker that needs to be disabled before using DESE Web Applications. All other internet tabs, including email, must be closed for ePeGs to work properly.
- Use the menus within ePeGS to navigate to different pages. Do not use your browser's forward or back arrows. Use of forward and back arrows may result in error messages.
- Districts must have a parent educator coded correctly in Core Data with a current curriculum to the Parents as Teachers National Center (PATNC) and an approved Compliance Plan to create an Invoice.
    - Core Data reporting information is available in Exhibit 17B of the Core Data and Missouri Student Information System (MOSIS) (Reference Manual).
    - Specific Compliance Plan Directions are available on the Early Learning website.
    - For information on curriculum subscription, contact the Parents as Teachers National Center (PATNC).
- If you are utilizing data from Visit Tracker or Penelope to complete your invoice, be sure that the dates selected in the report are correct for the invoice reported. This is especially important at the start of a new program year.
- Invoices are cumulative. Report all services from the beginning of the program year on each invoice.

DESE EARLY LEARNING STAFF CONTACTS

Additional assistance is available by contacting the Early Learning Supervisor for your area.

Supervisors

Gretchen Berhorst (Southwest)
573-526-6990
Gretchen.Berhorst@dese.mo.gov

Counties: Barry, Barton, Bates, Benton, Camden, Cass, Cedar, Christian, Cooper, Dade, Dallas, Greene, Henry, Hickory, Howard, Jackson, Jasper, Johnson, Laclede, Lafayette, Lawrence, McDonald, Moniteau, Morgan, Newton, Pettis, Polk, St. Clair, Saline, Stone, Taney, Vernon

Erin Babb (North)
573-522-2804
Erin.Babb@dese.mo.gov

Counties: Adair, Andrew, Atchison, Audrain, Boone, Buchanan, Caldwell, Carroll, Chariton, Clay, Clinton, Daviess, Dekalb, Gentry, Grundy, Harrison, Holt, Knox, Lewis, Lincoln, Linn, Livingston, Macon, Marion, Mercer, Monroe, Montgomery, Nodaway, Pike, Platte, Putnam, Ralls, Randolph, Ray, St. Charles, St. Louis City, St. Louis County, Schuyler, Scotland, Shelby, Sullivan, Warren, Worth

Emily Sims (Southeast)
573-522-4183
Emily.Sims@dese.mo.gov

Counties: Bollinger, Butler, Callaway, Cape Girardeau, Carter, Cole, Crawford, Dent, Douglas, Dunklin, Franklin, Gasconade, Howell, Iron, Jefferson, Madison, Maries, Miller, Mississippi, New Madrid, Oregon, Osage, Ozark, Pemiscot, Perry, Phelps, Pulaski, Reynolds, Ripley, St. Francois, Ste. Genevieve, Scott, Shannon, Stoddard, Texas, Washington, Wayne, Webster, Wright

Early Learning Supervisor Map

Additional Contacts

Lana Brooks, Director
573-526-3874
Lana.Brooks@dese.mo.gov

Angie Koetting, Data Supervisor
573-751-8449
Angie.Koetting@dese.mo.gov

Erica McClary, Data Specialist
573-751-2095
Erica.McClary@dese.mo.gov

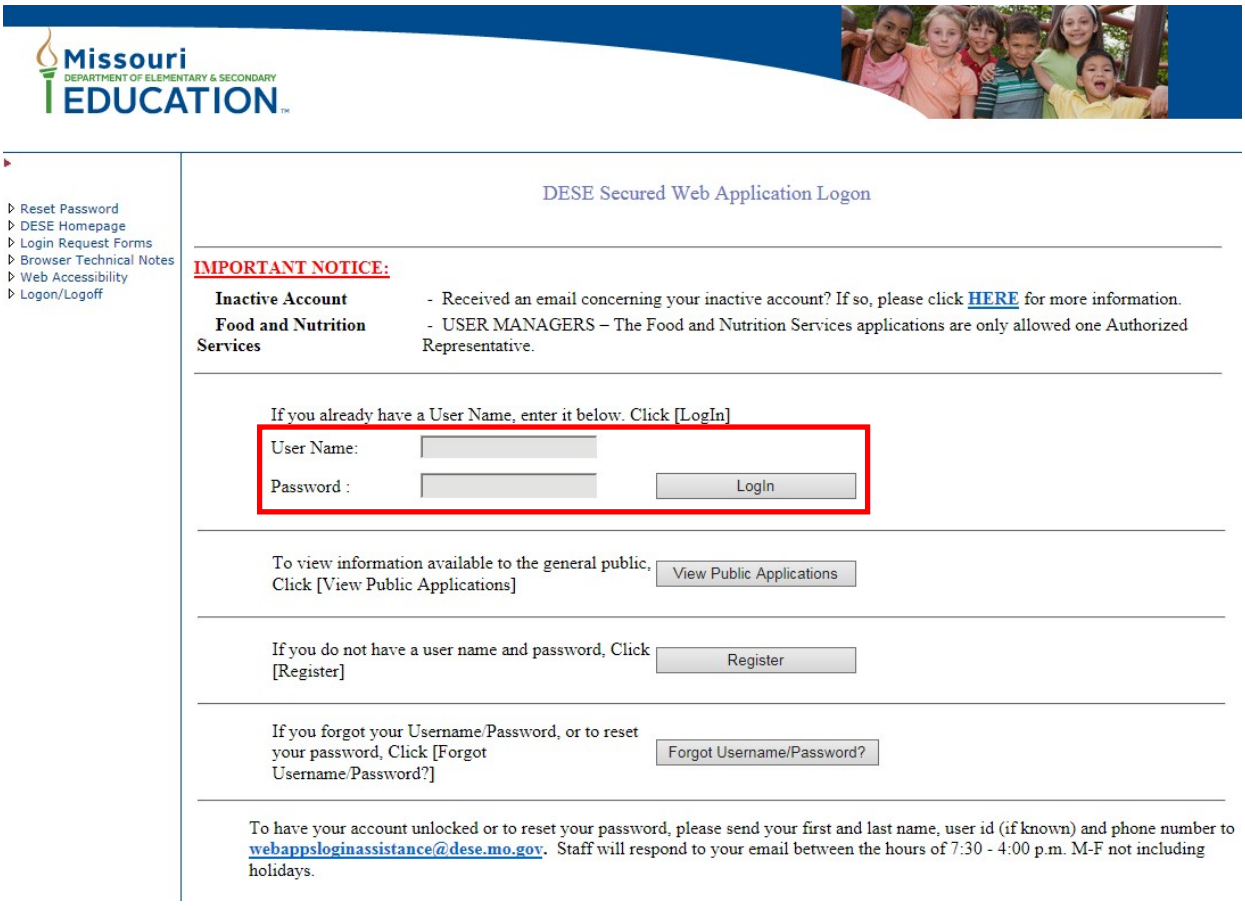
I. ePeGS Access

Access the Web Application Login with the following link.
https://apps.dese.mo.gov/webLogin/login.aspx

Login using your User Name and Password. If you are new to PAT, have the district's User Manager set you up with access. The district's User Manager can add, delete and modify users and user roles. Many districts have more than one designated User Manager. (The district User Manager(s) may require additional information.)

There are three levels of access:

- Authorized Representative – can create an Invoice and enter data, complete the Invoice and create and submit the Payment Request. This is the person fiscally responsible for the program, usually the Superintendent or Elementary Principal. If you provide services as a Parent Educator, you should not be the Authorized Representative.
- Data Entry – can create an Invoice and enter data, complete the Invoice and create the Payment Request. This is usually the PAT Coordinator or Parent Educator.
- Public View – can view the Final Payment Report and Current Funds Available.

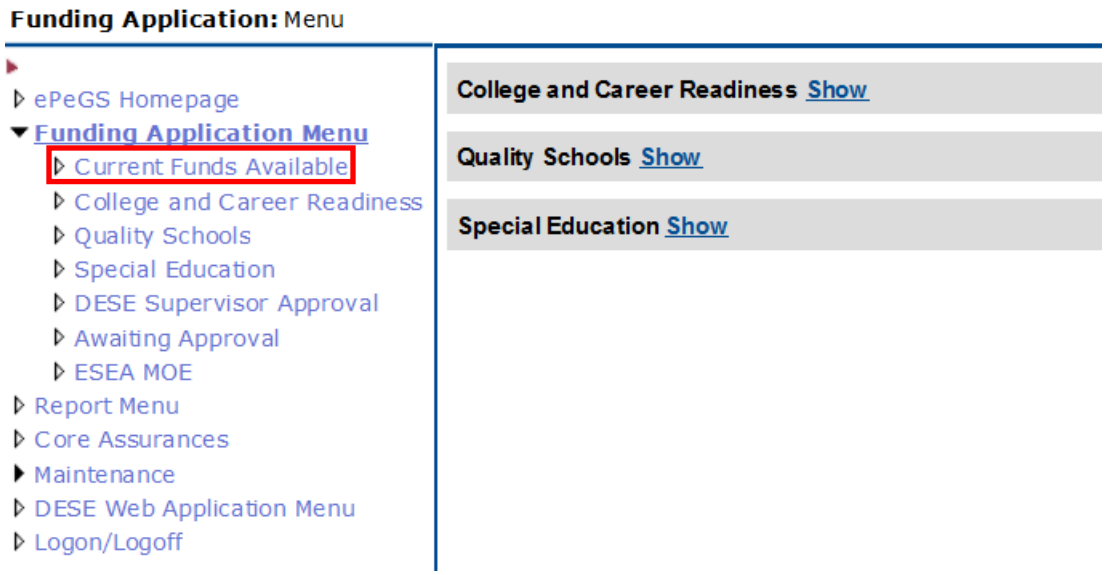


On the User Applications page, under “DESE Web Applications,” select “ePeGS.” (Note that selections listed under DESE Web Applications may look different based upon user’s level of access.)

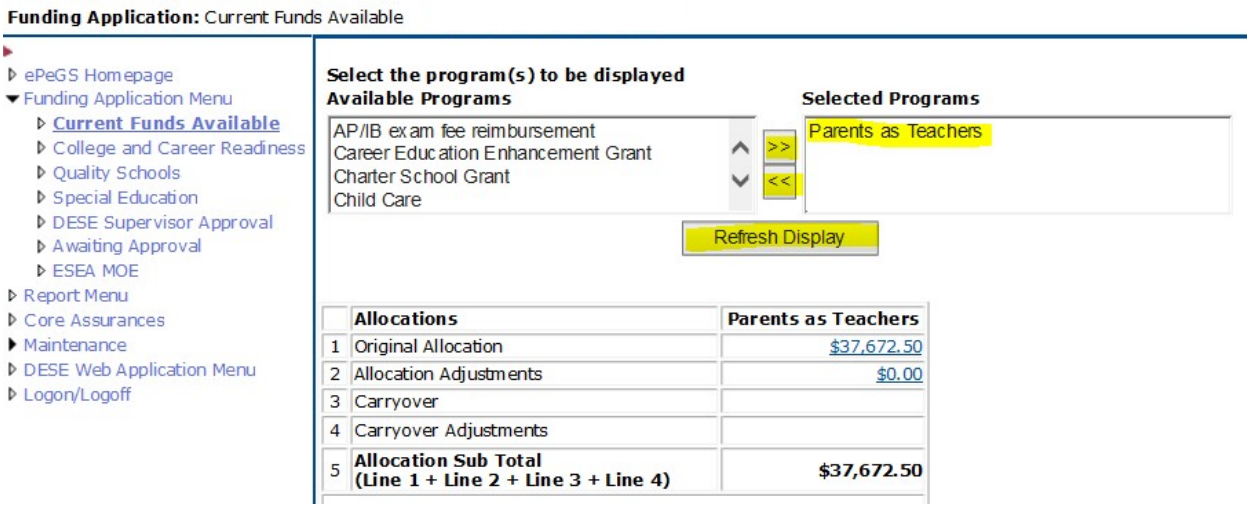
This will access the ePeGS Homepage. From the ePeGS Homepage select “Funding Application Menu.”

II. Current Funds Available

Under "Funding Application Menu," select "Current Funds Available."



Move Parents as Teachers into the "Selected Programs" box by clicking it in the "Available Programs" box to highlight. "Available Programs" are listed in alphabetical order and the user may need to scroll down to see it in the list. Using the arrows (>>) move it to the "Selected Programs" box. Then click on ESEA Consolidated in the "Selected Programs" box, and using the arrows (<<) move it to the "Available Programs" box. Then click the "Refresh Display" button.



The district's combined allocation for both parent education and screenings will be listed next to "Original Allocation."

Clicking on the original allocation dollar amount will open a pop-up window displaying both parent education and screening allocations.

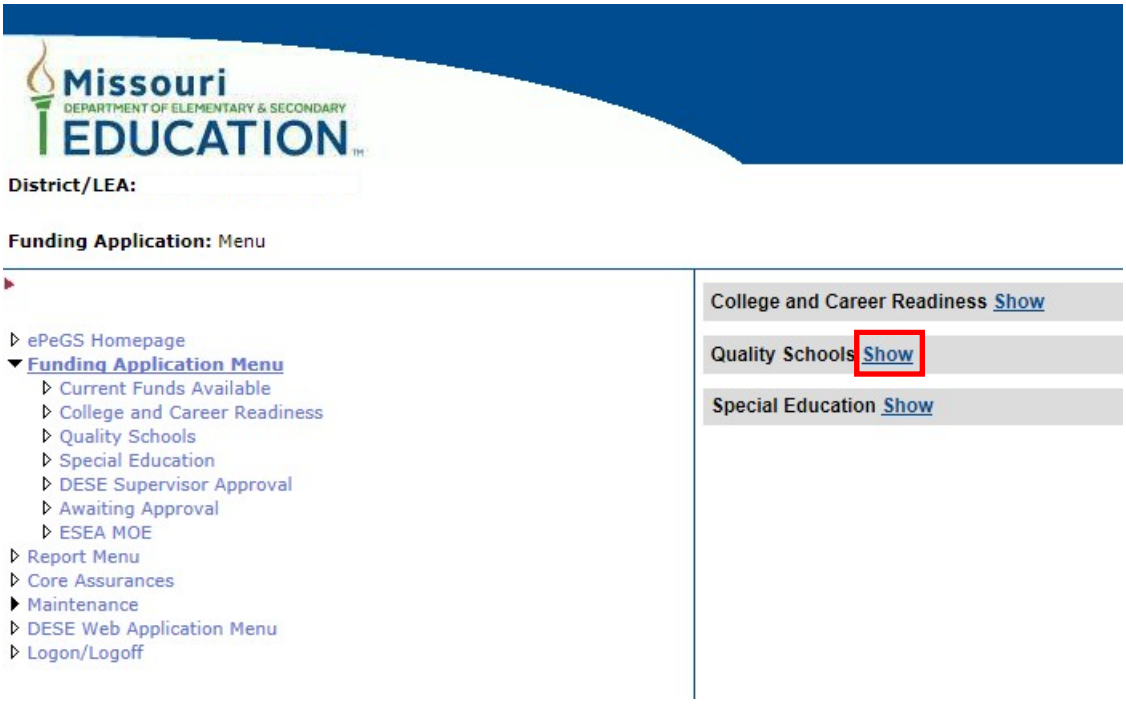
District	Allocation Amount
Parent Education	$31,402.50
Screening	$6,270.00
Total	$37,672.50

For additional information, see the Priorities/Reimbursements for PAT. If you would like assistance creating a plan to utilize your allocation effectively, contact your Early Learning Supervisor.

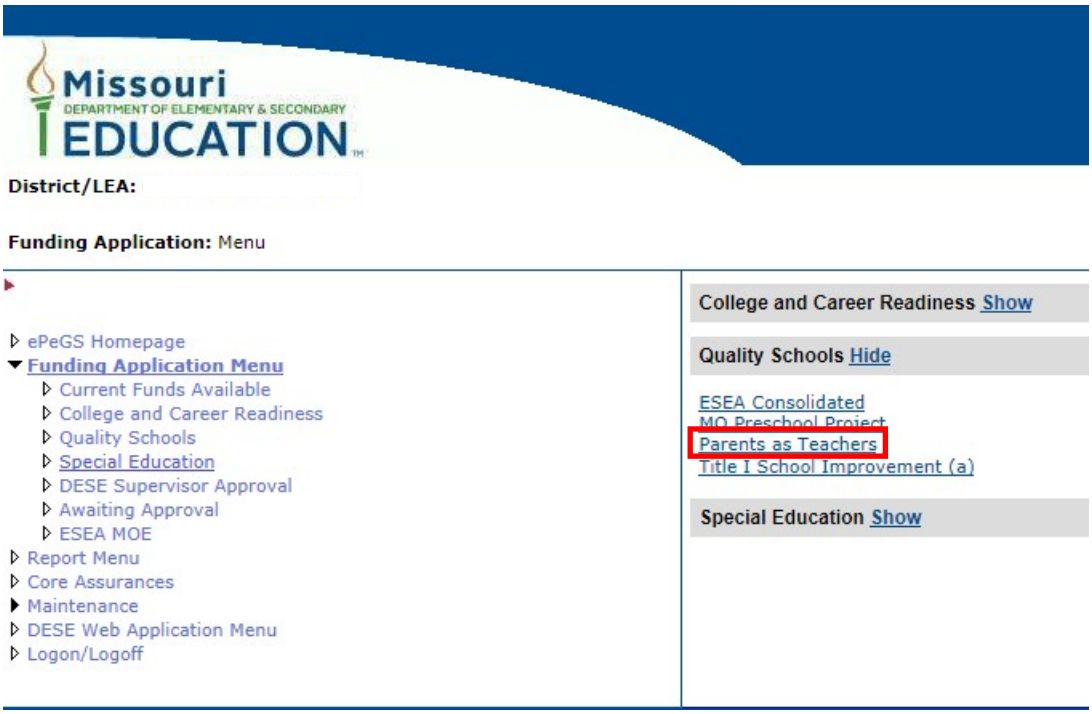
III. Creating and Completing an Invoice

Districts are strongly encouraged to complete an Invoice and Payment Request monthly. Quarterly reporting for PAT services is required and must be submitted by October 1st, December 1st, and March 1st.

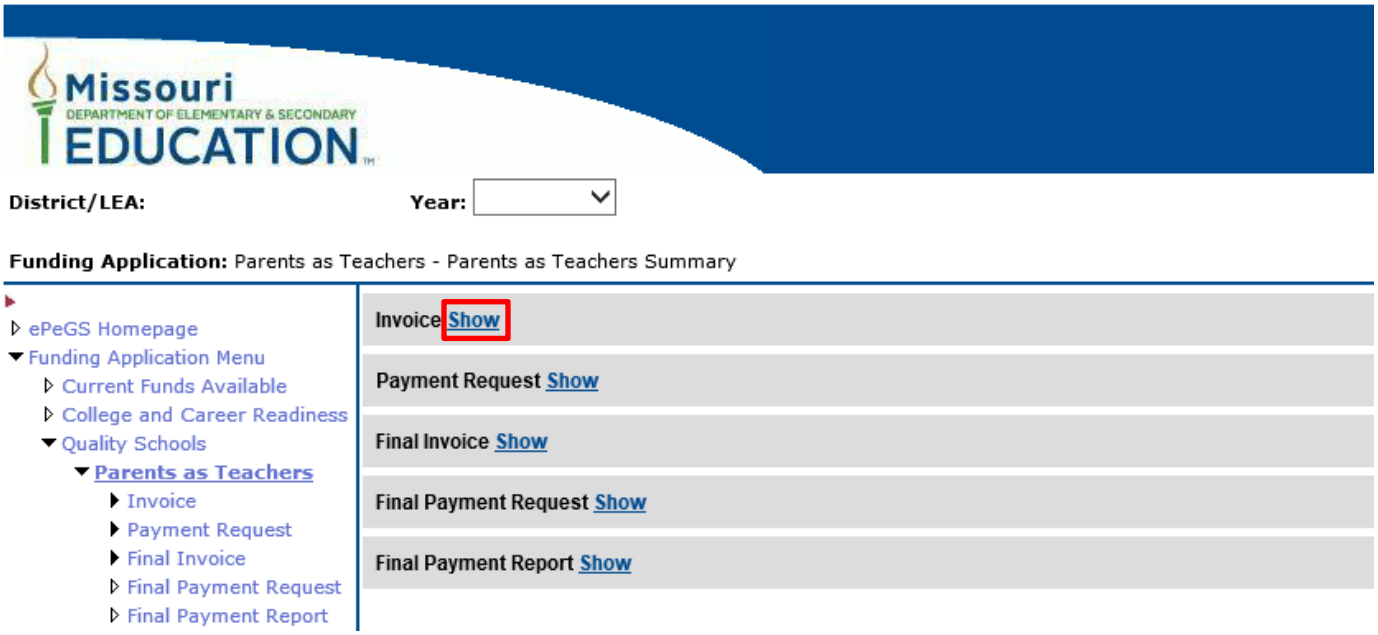
From the "Funding Application Menu," next to "Quality Schools," select "Show."



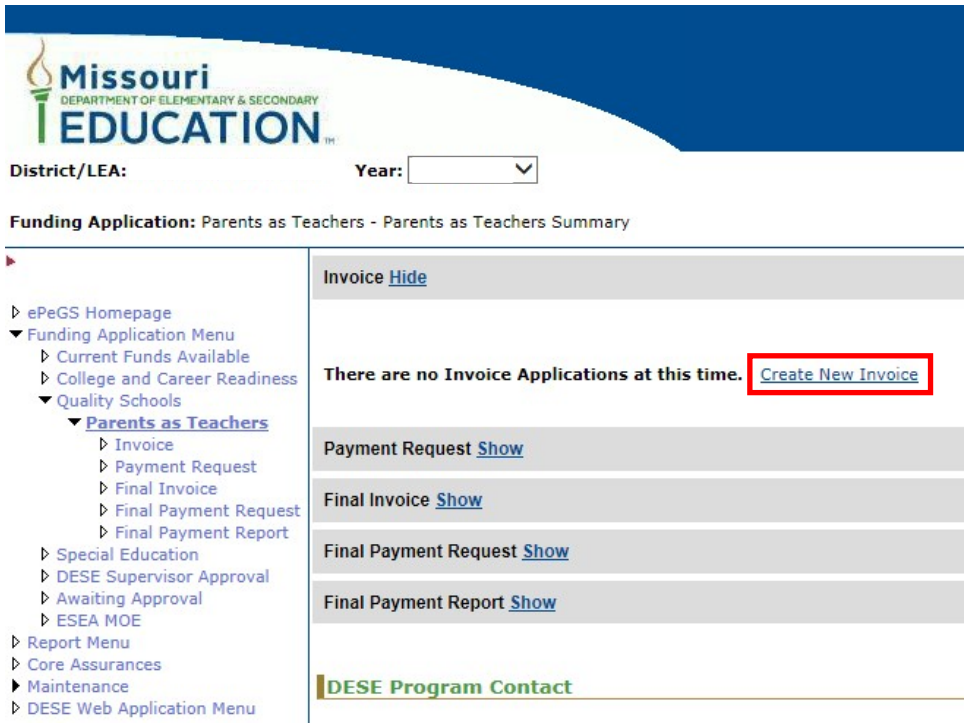
This will provide a list of Quality Schools programs. Select "Parents as Teachers." Note: The list of programs shown is based upon the individual's level of access. If you do not see Parents as Teachers in the list, check with your district's User Manager for access.



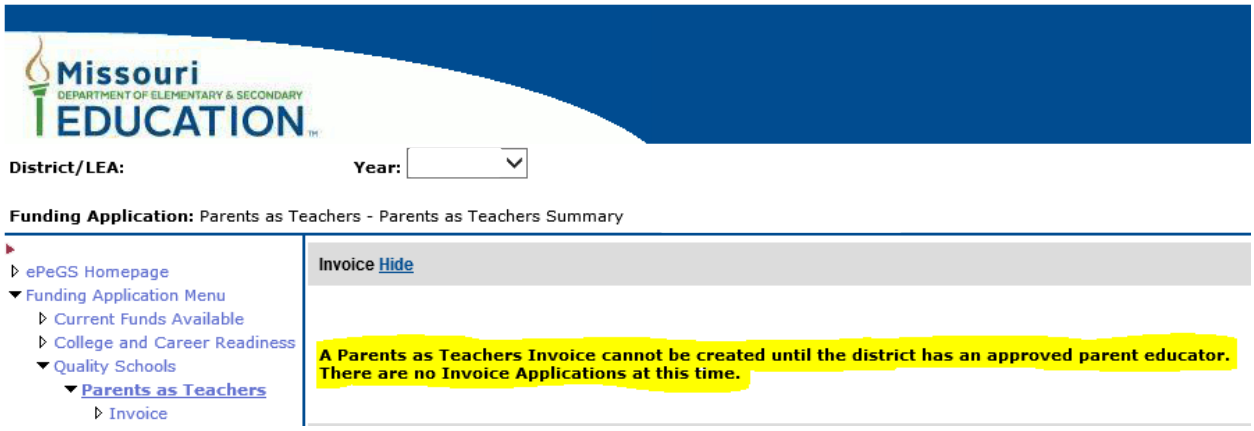
From the Parents as Teachers Summary page, users may access the Invoice, Payment Request, Final Invoice, Final Payment Request, and Final Payment Report. (Please note that the Final Invoice and Final Payment Request are available starting April 15th and due no later than May 15th.) Next to "Invoice," select "Show."



Select "Create New Invoice" to access the Invoice. Note: If you do not see "Create New Invoice," you may not have access, an approved Compliance Plan, or a Payment Request may be open or in process or an approved parent educator. To verify access, check with your district's User Manager. To approve a Compliance Plan, see Compliance Plan Instructions. To check the status of your Payment Request, see IV. Creating and Submitting a Payment Request.



If the district does not have an approved parent educator, the district will receive the following message.



The district must report all parent educators in Screens 18 and 20 of Core Data at the beginning of the program year using the correct corresponding Position, Program and Course Code located in Exhibit 17B of the Core Data and Missouri Student Information System (MOSIS) (Reference Manual).

If the district has submitted a previous invoice during the year, the "Create Invoice" link will be all the way to the right, above the Activity Log.

The Invoice has three sections: Parent Education, Screening and High Need Characteristics. See Appendix A for a sample invoice.

Section I-Parent Education. Record the number of Family Personal Visits provided to each family in the appropriate column (either High Need or Non High Need). Families reported in the High Need column must meet at least one High Need Characteristic. The number of visits reported for each family should be cumulative each time the program completes an invoice within a program year, recording the number of visits the family has had to date.

For example, if the Jones family has received two family personal visits in October, the family will be reported on line 2 (Two Family Personal Visits). Then in November, if the Jones family received two additional family personal visits, on the next invoice, the family will be reported once on line 4 (Four Family Personal Visits) and removed from line 2.

Teen families who are participating in PAT services may be provided with Group Connections specific to teen parenting issues. These Group Connections will be reported as Family Personal Visits in Section I, High Need column. Group Connections for all other families are NOT reported on the invoice and are not eligible for reimbursement.

The Total Families Served numbers are calculated by the system based upon the information entered in lines 1-25.

Enter the number of Minority Families Served in the appropriate columns. Then enter the number of children served in the appropriate columns. The dark gray areas of the invoice will populate automatically based upon the information reported.

The Total Family Personal Visits line is calculated based upon information provided in lines 1-25. The next two lines are for reporting the number of visits provided for Prenatal to Three and/or Three to Kindergarten Entry. Note that visits are reported according to the age of the youngest child in the family at the time of the visit. For example, if the Jones family has two children, an 18 month-old and a three year-old, the visit would be counted as Prenatal to Three.

The Waiting List lines are for recording families who have requested participation in the program but are not currently receiving Family Personal Visits. These families may be participating in Group Connections or receiving developmental screenings.

Section II-Screening. Report the number of children by age at the time the screening is complete with all required components (see additional guidance below). A child will only be reported for reimbursement one time during the program year.

1. Children Screened: Report the number of children screened in the appropriate age column.

2. Children with Indicated Delays: Of the children screened, report the number of children with indicated delays in the appropriate age column.

2A. through 2E.: Of the children with indicated delays, use this area to report the type(s) of delay(s) for each child.

3. Children Referred for Further Evaluation: Of the children reported in line 2 with indicated delays, report how many were referred for further evaluation.

3A. Children with a Completed Evaluation: Of the children reported in line 3 as referred for further evaluation, report how many have a completed evaluation.

The gray areas under "3 Months to Age 3 Screenings" and "Age 3 to Kindergarten Entry Screenings" will populate based upon the numbers reported in line 1 above.

Section III-High Need Characteristics. Use this section to indicate the high need characteristic(s) for each family reported in Section I as High Need.

- One Characteristic Families: In this column, report families that meet **only one high need characteristic**. Report the family by the characteristic they meet.

- Two Characteristics Families: In this column, report families that meet **only two high need characteristics**. Report the family by the two characteristics they meet.

- Three or More Characteristics Families: In this column, report families that meet **three or more high need characteristics**. Report the family by the three or more characteristics they meet.

The gray "Total High Need Families" line will calculate automatically based upon the numbers entered in each column, except for the third column, which calculates based upon the first two column totals and the total number of high need families reported in Section I.

Each one characteristic family will be reported once in column one. Each two characteristic family will be reported twice in column two. Each three or more characteristic family will be reported three or more times in column three.

No family will be reported in more than one column. Example: If the Jones family meets two high need characteristics, they will only be reported in column two with their two corresponding characteristics.

At any time, the user may click the "Save" button, which allows the system to calculate and will indicate whether any Warnings or Edits apply. (Note that using the save function before completing the High Need section will cause Warnings and Edits to appear.)

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If a yellow Warning and/or a red Edit button appears, the user may click the button to view the message(s) associated with the Edit(s) and Warning(s). (See VII. Warnings & Edits.)

Once all of the Warnings and Edits have been resolved, the user must then click the “Complete” button at the bottom of the screen. Please note that checking the box to certify the services are correct will not make the yellow “Warning” button go away. You will still be able to complete the invoice.

This saves the data reported and allows the Payment Request to be created by either the Data Entry or Authorized Representative.

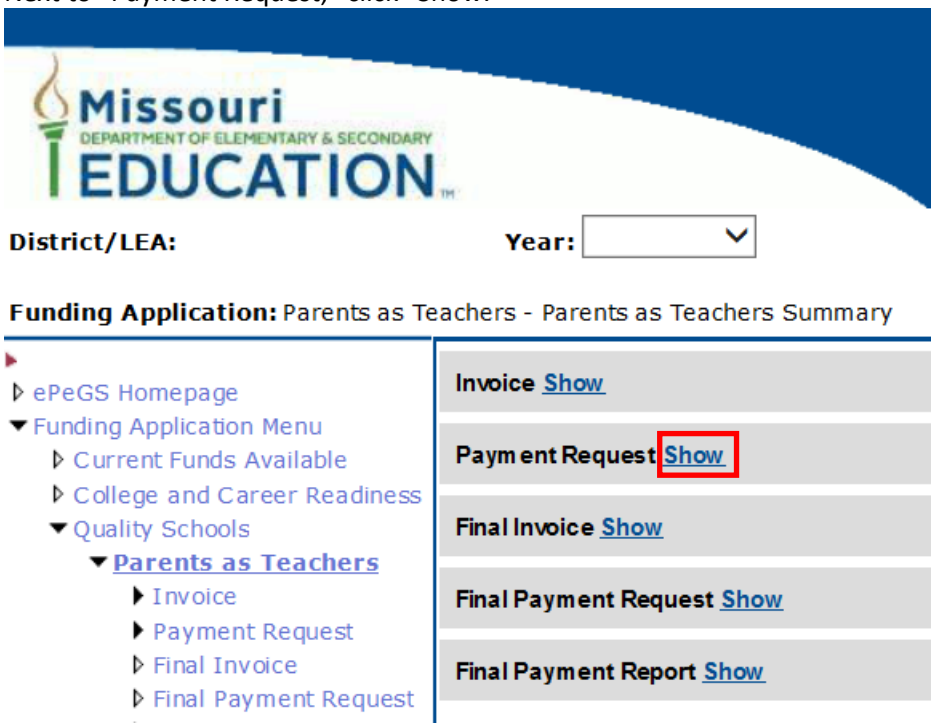
Comments associated with the Invoice can be added in the “District/LEA Comments” section. The district should use the comment box to explain anything unusual about the Invoice (for example, if the district over-reported on a previous invoice, and the current invoice is lower). Click “Save” after entering comments.

IV. Creating and Submitting a Payment Request

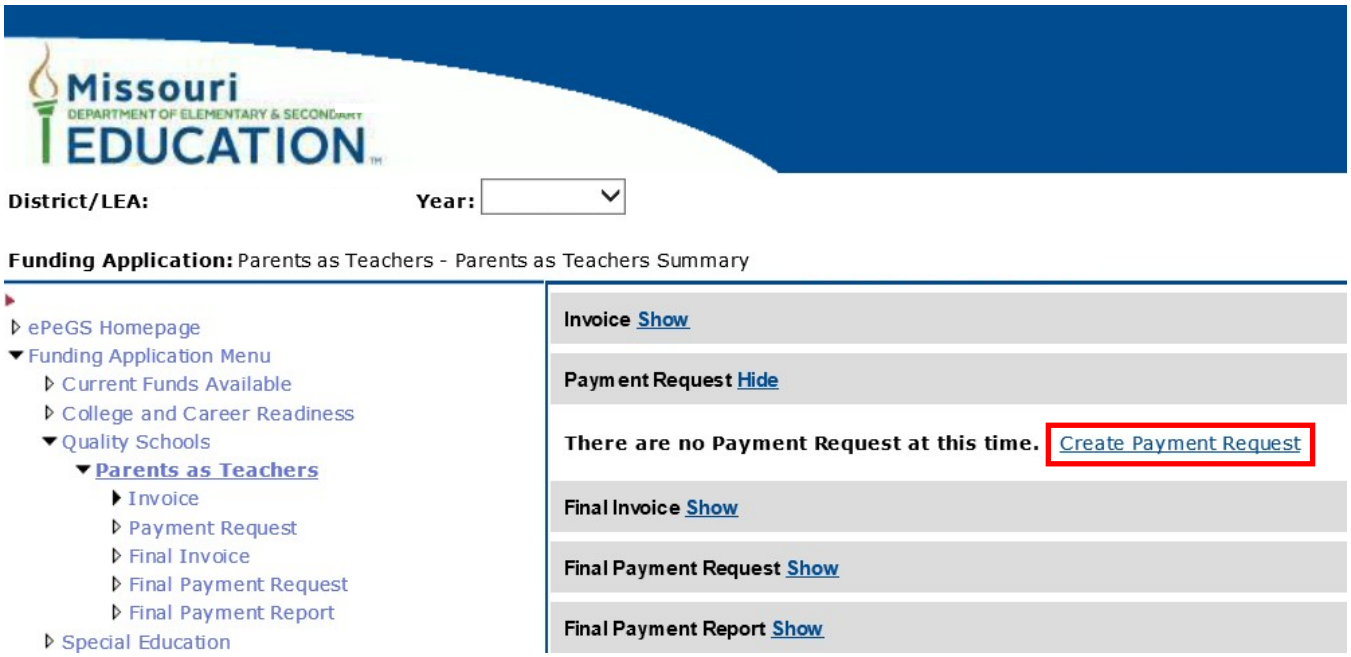
A payment request can only be created after a corresponding invoice is completed.

After going to the DESE Web Applications page and logging in, select “ePeGS” then “Funding Applications Menu” then next to “Quality Schools” select “Show” then “Parents as Teachers.” (See III. Creating and Completing an Invoice.)

Next to “Payment Request,” click “Show.”



Select “Create Payment Request.” (Note: If the district has submitted a previous payment request during the year, the link will be all the way to the right, above the Activity Log.)



This will open the Payment Request page. This page is divided into two sections, the Previous Payment Amounts and the Current Payment Request.

Previous Payment Amounts

	Parent Education	Screening	Total
Allocation	$ 10,000.00	$ 990.00	$ 10,990.00
Amount Paid to Date			$ 1,190.00
Overpayment			$ 0.00
Allocation Balance	$ 8,810.00	$ 990.00	$ 9,800.00

Current Payment Request

Categories	Services Provided To Date
High Needs P-3	16
High Needs 3-K	10
Non-High Needs P-3	8
Non-High Needs 3-K	4
Screening P-3	2
Screening 3-K	2

	Parent Education	Screening	Overpayment	Actual Payment
Calculated Services Provided	$ 2,290.00	$ 120.00	$ 0.00	$ 1,220.00

The "Previous Payment Amounts" section will display the allocations for both Parent Education and Screening, the Amount Paid to Date based on previous invoices, Overpayment (if any) and Allocation Balance for both Parent Education and Screening services, along with a Total column.

The "Current Payment Request" section pulls the total number of family personal visits and screening services reported by category on the corresponding completed Invoice. It also calculates the payments for both Parent Education and Screening services based on the completed Invoice. Please remember, these totals are cumulative, just like the Invoice. The Actual Payment is the amount of funds that will be submitted to our Finance section for the school payment.

Comments associated with the Payment Request can be added in the "District/LEA Comments" section. The district should use the comment box to explain anything unusual about the Payment Request (for example, if the district over-reported on a previous invoice, and the current invoice is lower). Click "Save" after entering comments.

District/LEA Comments:

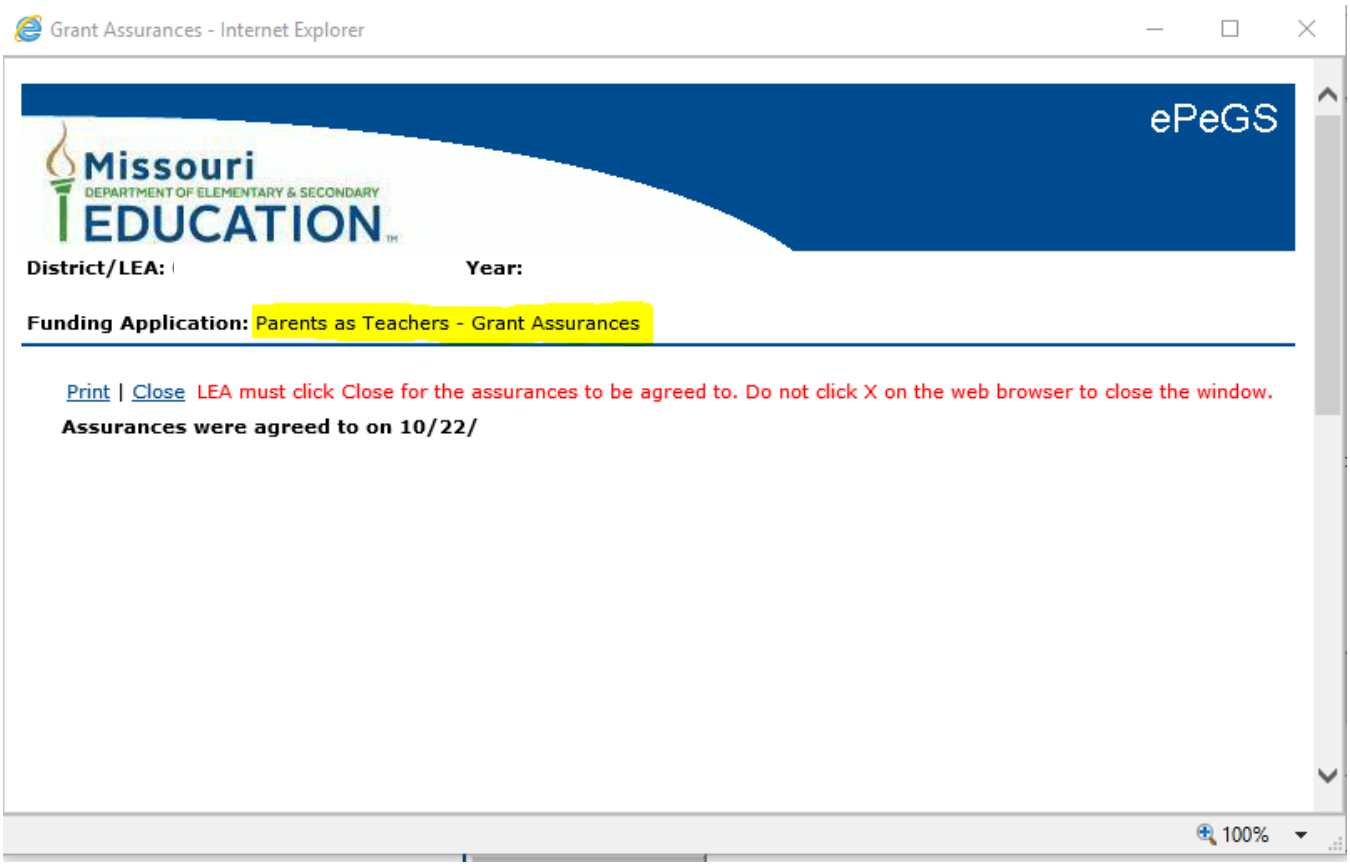
DESE Comments:

Once the Payment Request has been created, reviewed and comments saved the Authorized Representative must complete the process. The Authorized Representative must agree to the "Assurances" annually prior to submitting the first Payment Request.

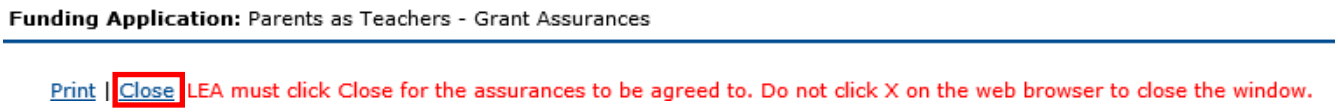
The Authorized Representative must agree to the assurances by clicking on "Core Assurances" and/or "Grant Specific Assurances." (Note: The "Core Assurances" may already have been agreed to by someone else in your district. The PAT Authorized Representative must agree to the "Grant Specific Assurances.")

Assurances	
Core Assurances	Agreed to 6/20/ by
Grant Specific Assurances	

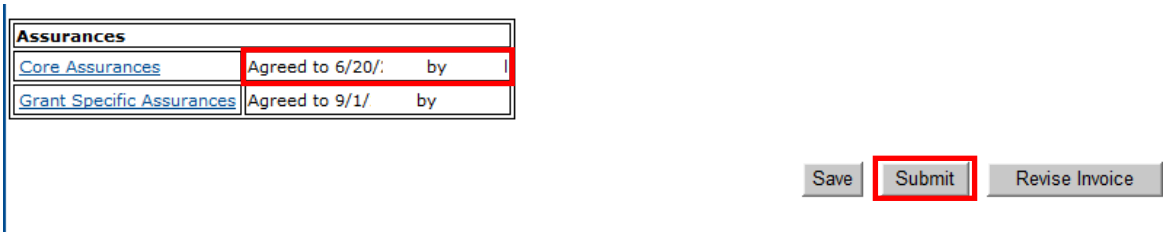
Clicking on the “Grant Specific Assurances” link will open the assurances in a pop-up window.



To agree to the Assurances, read the document, and click the “Agree” button at the bottom of the page, and click the word “Close” at the top or bottom of the page. Do not click the “X” on the web browser to close the window.

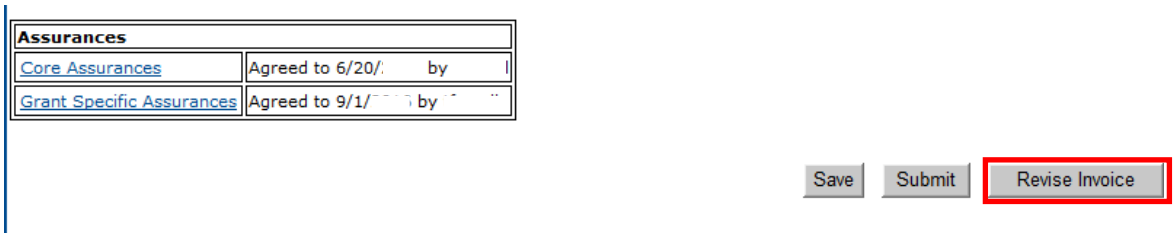


Then click the “Save” button on the Payment Request page. If the Assurances display an agreed to date, the Authorized Representative should then select “Submit” at the bottom of the page, which completes the Payment Request process for the district and allows for payment. If the “Agreed to” date does not appear, close out of the browser completely. Then re-open your browser, login to Web Applications, and navigate back to the Payment Request. You should now see a “Submit” button.



Once the Payment Request has been completed, the “Status” at the top of the page will show “Submitted.”

If there is a problem with the Invoice, prior to submitting the Payment Request, the Authorized Representative may select “Revise Invoice”.



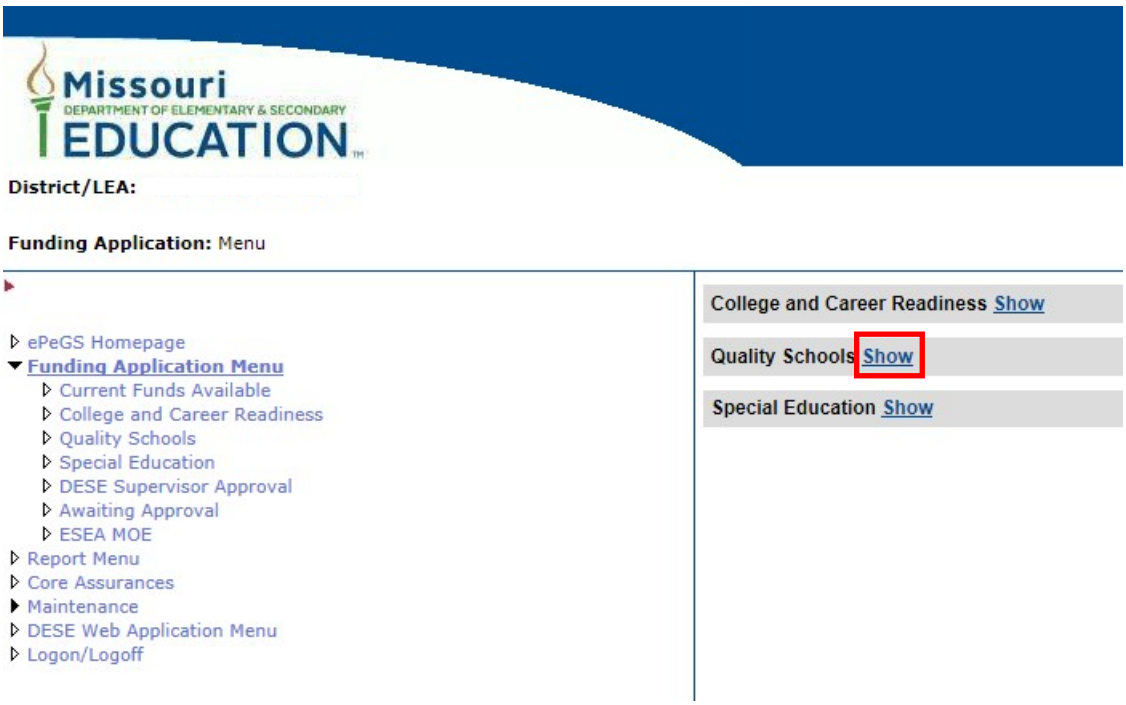
This will delete the most current Payment Request and return the corresponding completed invoice back to “Created” status, allowing the Data Entry or Authorized Representative to revise the Invoice.

If your Payment Request is in a “Submitted” status and you need to make changes, please contact your DESE Early Learning Supervisor. Once the payment status is “In Process,” the Invoice cannot be revised.

V. Final Invoice and Final Payment Request

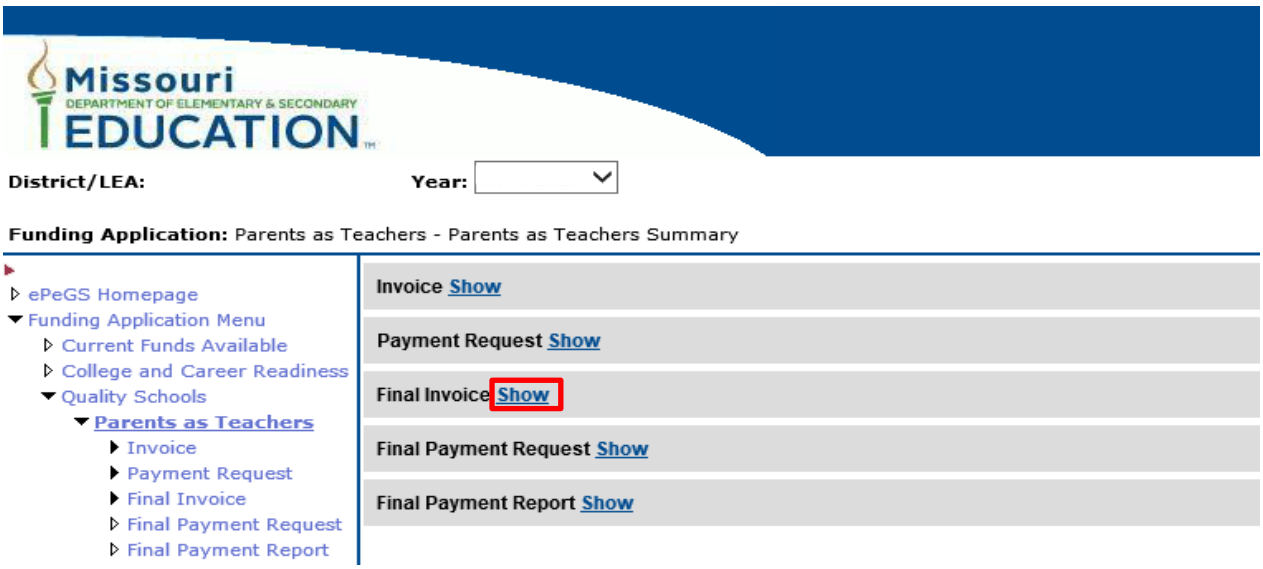
The processes for Final Invoice and Final Payment Request are very similar to the Invoice and Payment Request. (Note that the district must have an approved Compliance Plan for the current year in place and a submitted Compliance Plan for the new year prior to creating the Final Invoice. See Compliance Plan Instructions for guidance.)

From the "Funding Application Menu," next to "Quality Schools," select "Show."

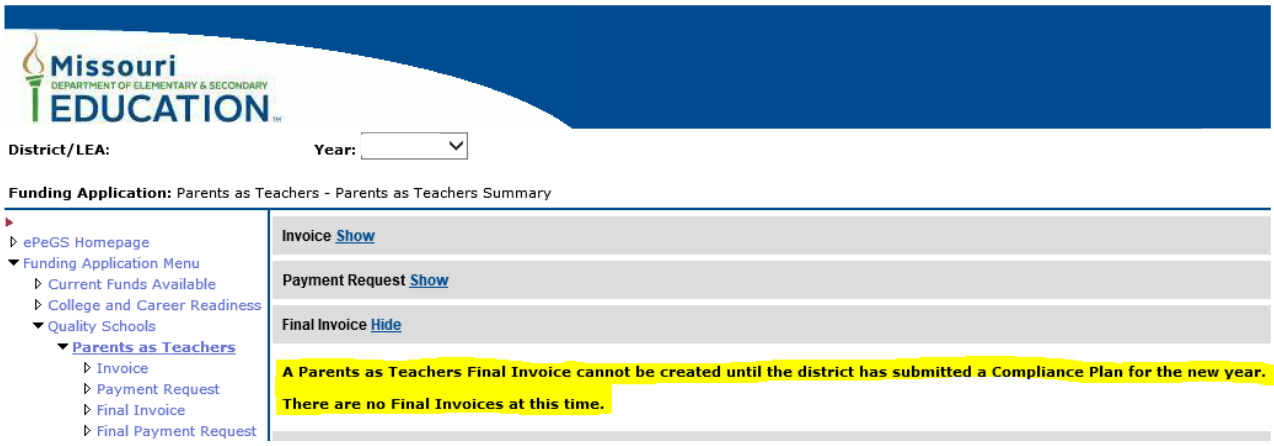


This will provide a list of Quality Schools programs. Select "Parents as Teachers." (Note that the list of programs shown is based upon the individual's level of access. If you do not see Parents as Teachers in the list, check with your district's User Manager.)

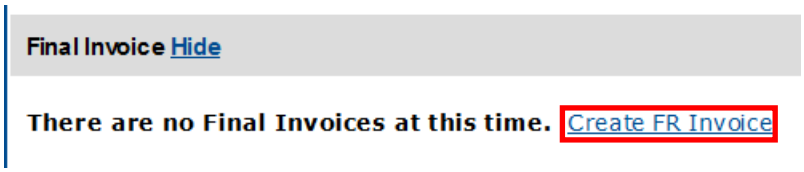
From the Parents as Teachers Summary Page, users may access the Invoice, Payment Request, Final Invoice, Final Payment Request, and Final Payment Report. (Please note that the Final Invoice and Final Payment Request are only available starting April 15th and are due no later than May 15th.) Next to "Final Invoice," select "Show."



The Compliance Plan for the new year must be submitted prior to creating the Final Invoice. The district will see the following message if the Compliance Plan has not been submitted, "A Parents as Teachers Final Invoice cannot be created until the district has submitted a Compliance Plan for the upcoming program year." Specific Compliance Plan Instructions are available on the Early Learning website.



If the district has submitted a Compliance Plan for the upcoming program year, then click "Create FR Invoice."



The Final Invoice has four sections: Parent Education, Screening, High Need Characteristics and Data Collection. See Appendix B for a sample of Final Invoice-Section IV.

Enter cumulative services in sections I, II, and III on the Final Invoice. (See III. Creating and Completing an Invoice.) **Please enter ALL services provided, even if the numbers exceed the district's Allocation.**
Section IV-Data Collection. Report PAT program data, staff data and service data that occurred during the

program year. This section is only included on the Final Invoice. Below you will find detailed instructions on completing this section.

Program Data

In this section, programs will report information about the program year. School districts must establish a start and end date for providing PAT services to all enrolled families.

Program Data		
1.	Define the Program Year for the services reported in Section I-III.	Start of Program Year 5/14/2019 End of Program Year 5/6/2020 Note: Services provided after the reported End of Program Year date must be reported on the next year's Invoice.
2.	How many months of the year were family personal visits available to all enrolled families? (If selecting Other, provide an explanation of how many months visits were available and why it was less than the required minimum 9 months.)	○ 12 Months ○ 11 Months ○ 10 Months ◉ 9 Months ○ Other, Explain
3.	In total, how many Advisory Committee meetings, with a regular focus on PAT, were held during the program year?	○ More than 2 ◉ 2 ○ Less than two, Explain
4.	Which computerized data management system does the program use to track services provided?	○ Penelope ◉ Visit Tracker ○ Other Local, State or Regional database ○ The program does not use a computerized data management system
5.	Describe the person(s) who provided individual reflective supervision with the PAT staff. Include supervisor(s) that carried a caseload. (Check all that apply)	☐ The program did not provide reflective supervision. ☑ Person in the program designated as the PAT Supervisor. ☐ Person in the program designated as the Lead Parent Educator. ☐ Supervisor professional separate from the program but within the district. ☐ Supervisor professional external to both the program and the district. ☐ Other, Explain

1. Define the Program Year for the services reported in Sections I-III. The start date is set as the day after the "End of Program Year" reported on the previous year's Final Invoice. Districts should establish and report a date for the "End of the Program Year" between May 1st and May 15th to meet the minimum, 9 months of PAT services provided.
2. Select the number of months that family personal visits were available to **all** enrolled families. School districts are strongly encouraged to provide PAT services for 12 months during the program year. At a minimum, 9 months of PAT services must be provided. If "Other" is selected, programs must list the number of months family personal visits were available to all enrolled families and provide an explanation.
3. Select the number of Advisory Committee meetings focusing on PAT that were held during the program year. This committee must meet at least twice during the program year to support and advise the school district of the activities of the PAT program. If "Less than two" is selected, program must provide an explanation.
4. Record how the district tracks services provided by the PAT program. If "Other" is selected, the district must provide additional information about the data management system used.
5. Record the person(s) who provided individual reflective supervision with the PAT staff. Reflective supervision allows the parent educator to reflect and collaborate with the supervisor at a regularly scheduled time and place. This type of supervision focuses on the parent educator's emotional reactions with their work allowing the supervisor to question and prompt in order for the parent educator to arrive at their own solutions and perceptions. You may include supervisors who carried a caseload. If "Other" is selected, the district must provide a description of the person(s) who provided the service.

Service Data

In this section, school districts will report information about services provided during the program year through the four components of PAT; family personal visits, developmental screenings, group connections and access to a resource network.

Service Data – Refer only to the families reported in Section I as receiving at least one family personal visit.		
6.	Did **all** parent educators review and document updates to the PAT Milestones Record for **each** enrolled child after **each** family personal visit?	◉ Yes ○ No
7.	Number of 2 year olds reported in Section I who were fully immunized.	0
8.	How many families received at least one family personal visit **and** had at least one goal documented as of the end of the program year? (Do not include teen families who only participated in Group Connections.)	0
8a.	Of the families reported above, how many met one or more of their documented goals for the year?	0
9.	How many families received at least one family personal visit **and** were connected to at least one community resource during this program year? (Do not include teen families who only participated in Group Connections.)	0
9a.	Of the families reported above, how many families were connected to a resource in each category? A family may appear in more than one resource category. (Duplicated count based on the number of resources provided to each family.)	0 Basic Essentials (food and nutrition, housing and utilities, transportation, emergency crises, etc.) 0 Education and Employment 0 Physical Health (insurance, medical home, health related services) 0 Mental Health and Wellness 0 Early Care and Education 0 Relationships with Family and Friends 0 Recreation and Enrichment
10.	How many total group connections were delivered during this program year?	0
10a.	Of the total group connections reported above, how many were specific to teen families only?	0
10b.	How many families received at least one family personal visit and attended at least one group connection during this program year? (Do not include teen families who only participated in Group Connections.)	0
11.	Indicate which Family-Centered Assessment (FCA) tool was used during this program year. (Check all that apply)	☐ The program did not use a Family-Centered Assessment tool during this program year ☐ Life Skills Progression ☐ North Carolina Family Assessment Scale for General Services ☐ Family Map ☐ Mid-America Head Start Family Assessment ☐ FCA Synthesis Record is completed using information gathered utilizing all of the Data in Motion Records
11a.	How many families received at least one family personal visit and had a completed Family-Centered Assessment during this program year?	0
12.	How many families received at least one family personal visit **and** provided feedback, such as a family survey, regarding services received during this program year? (Do not include teen families who only participated in Group Connections.)	0
13.	How many children received a family personal visit and had a complete screening during this program year?	0

14.	Provide a short success story from a parent educator demonstrating one of the four main PAT goals around increasing school readiness, increasing parenting practices, reducing child abuse and neglect, or detecting developmental delays and health problems early. (Do not include family names or identifying information in this narrative.)	Increasing School Readiness Increasing Parenting Practices Reducing Child Abuse and Neglect Detecting Developmental Delays and Health Issues

6. Respond to the question, "Did all parent educators review and document updates to the PAT Milestones Record for each enrolled child after each family personal visit?
7. Record the number of two year olds in Section I who were fully immunized.
8. Record the number of families in Section I who had at least one goal documented at the end of the program year. Do not include teen families who only participated in Group Connections.

8a. Record the number of families who met one or more of their documented goals for the year. Do not include teen families who only participated in Group Connections.

9. Record the number of families in Section I who were connected to at least one community resource during the program year. Do not include teen families who only participated in Group Connections.

9a. Record how many families were connected to a community resource in each category; basic essentials, education and employment, physical health, mental health and wellness, early care and education, relationships with family and friends and recreation and enrichment. A family may appear in more than one resource category.

10. Record the total number of PAT group connections provided during the program year.

10a. Record the number of group connections that were specific to teen families. This number cannot exceed the total reported for Question 10.

10b. Record the number of families in Section I who attended at least one group connection. This number cannot exceed the total number of families reported in Section I. Do not include teen families who only participated in Group Connections.

11. Indicate the Family-Centered Assessment tool the district used during the program year. Select all options that apply to your program. If "Other" is selected, provide the Family-Centered Assessment tool used. A Family-Centered Assessment is not a developmental screening instrument.

11a. Record the number of families in Section I who had a completed Family-Centered Assessment during the program year.

12. Record the number of families in Section I that provided feedback about PAT services received during the program year. Do not include teen families who only participated in Group Connections. This number cannot exceed the total number of families reported in Section I.

13. Record the number of children who received a family personal visit and had a complete screening during the program year.

14. The parent educator must provide a short success story, using no names or identifying information, to demonstrate one of the four PAT goals; increasing school readiness, increasing parenting practices, reducing child abuse and neglect or detecting developmental delays and health problems early. An answer is required and must be a minimum of 25 characters.

Other Data

In this section, school districts will report any other early childhood programs offered at the district.

Other Data		
15.	In addition to PAT, the district offers the following early childhood programs. (Check all that apply)	☐ No other early childhood program is offered ☐ Early Head Start ☐ Head Start ☐ Early Intervention ☐ Center-based early childhood program/preschool ☐ Other early childhood programs offered

15. Indicate all early childhood programs offered by the district. If other is selected the district must provide information on any other early childhood programs offered.

At any time, the user may click the "Save" button, which allows the system to calculate and will indicate whether any Warnings or Edits apply. (Note that using the save function before completing Sections I, II, III or IV will cause Warnings and Edits to appear.)

If a yellow Warning and/or a red Edit button appears, the user may click the button to view the message(s) associated with the Edit(s) and Warning(s). (See VII. Warnings & Edits.)

Once all of the Warnings and Edits have been resolved, the user must then click the "Complete" button at the bottom of the screen. Please note that checking the box to certify the services are correct will not make the yellow "Warning" button go away. You will still be able to complete the invoice.

This saves the data reported and allows the Final Payment Request to be created by either the Data Entry or Authorized Representative.

The Final Invoice must be completed after the "End of the Program Year" reported by the district.

Once the Final Invoice is Complete, the Final Payment Request can be created. On the Parents as Teachers Summary page, next to Final Payment Request, select "Show."

The Final Payment Request is completed the same as any other Payment Request. (See IV. Creating and Submitting a Payment Request.) If the services provided exceed the Allocation, a message in red text will appear.

Previous Payment Amounts

	Parent Education	Screening	Total
Allocation	$ 10,000.00	$ 990.00	$ 10,990.00
Amount Paid to Date			$ 7,042.00
Overpayment			$ 0.00
Allocation Balance	$ 3,750.00	$ 198.00	$ 3,948.00

Current Payment Request

Categories	Services Provided To Date	Calculated Payment Request for 100% of Services Provided
High Needs P-3	75	$5,625.00
High Needs 3-K	25	$1,875.00
Non-High Needs P-3	9	$540.00
Non-High Needs 3-K	0	$0.00
Total Parent Education Funds Requested		$8,040.00
Screening P-3	11	$440.00
Screening 3-K	22	$880.00
Total Screening Funds Requested		$1,320.00

The Total Screening Funds Requested exceeds the Allocation for Screening services.

If funds are available, DESE may reimburse for services above Allocation amounts.

VI. Final Payment Report

The Final Payment Report is calculated by the system using information from the Final Payment Request. This happens automatically when the final payment is processed by DESE, there is nothing the district needs to do to create the report. To view the report, from the Parents as Teachers Summary page, next to "Final Payment Report," select "Show."

This will display the automatically generated report:

Final Payment Report Calculations

Categories	Calculated Payment Request for the Year	Breakdown of Actual Payment for the Year
High Needs P-3	$4,875.00	$4,875.00
High Needs 3-K	$1,625.00	$1,625.00
Non-High Needs P-3	$450.00	$450.00
Non-High Needs 3-K	$0.00	$0.00
Total Parent Education Funds Requested	$6,950.00	$6,950.00
Screening P-3	$330.00	$440.00
Screening 3-K	$660.00	$840.04
Total Screening Funds Requested	$990.00	$1,280.04
Total Funds	$7,940.00	$8,230.04

Final Payment Report Payment

Previous Payments	$7,042.00
Final Payment	$1,188.04

VII. Warnings and Edits

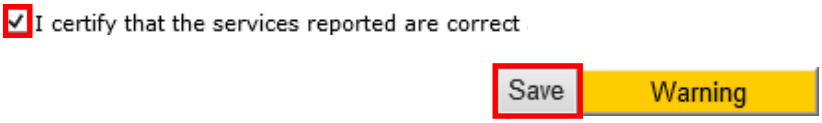
If a yellow Warning and/or a red Edits button appears, the user may click the button(s) to view the message(s) associated with the Edit(s) and/or Warning(s).

Warning and Edit messages are set as pop-ups. If the user is not able to view the message, check the pop-up blocker settings in the browser and any additional toolbars. The user will have to allow pop-ups from DESE Web Applications to view the messages.

Warnings

Warnings require the user to certify the information is reported correctly or to make changes if data was not entered correctly.

For any Warning, **if the information entered is correct**, check the box at the bottom of the page to verify the data reported and click the "Save" button. Please note that checking the box to certify the services are correct will not make the yellow "Warning" button go away. You will still be able to complete the invoice. **If the information is not correct**, adjust the data, then click the "Save" button.



Edits

Edits require the user to correct the data reported before the invoice may be submitted.

Warning and Edit Information

Warning and Edit messages are identified by Reason Code as shown below.

		Edit Message	Return Code	Reason Code
1	W	In Section I, services reported on this Invoice are less than previously reported, which could result in an overpayment for PAT Services. Your invoices should be a cumulative total each time. Please indicate this is correct. INV_RPT_3 SECTION 1	-10	8044

Click on the appropriate Reason Code link in the table below to be taken directly to an explanation of that Reason Code or continue through the document to see a numerical listing of Warnings and Edits.

8007	8008	8009	8010	8011	8012
8013	8014	8015	8016	8017	8018
8019	8020	8021	8026	8027	8030
8039	8041	8042	8044	8045	8046
8047	8048	8050	8052	8054	8055
8059	8063	8064	8065	8068	8071
8074	8076	8077	8078	8079	8081
8082	8083	8084	8085	8086	8087
8088	8090	8091	8092	8093	

Warnings

		Edit Message	Return Code	Reason Code
1	W	In Section I, services reported on this Invoice are less than previously reported, which could result in an overpayment for PAT Services. Your invoices should be a cumulative total each time. Please indicate this is correct. FRINV_1 SECTION 1	20	8044

This Warning refers to Section I-Parent Education. Invoices should always be cumulative, including all the services provided **to date** within a program year. In the example below, the district reported higher numbers of services on the previous invoice than reported on the current invoice. Be sure that you are reporting services **cumulatively for the year**.

PREVIOUS INVOICE

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Total Family Personal Visits	26	12	38
Prenatal to Three Family Personal Visits	16	8	24
Three to Kindergarten Entry Family Personal Visits	10	4	14

CURRENT INVOICE

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Total Family Personal Visits	12	7	19
Prenatal to Three Family Personal Visits	6	5	11
Three to Kindergarten Entry Family Personal Visits	6	2	8

Sometimes this Warning happens because a family who was reported as Non High Need on the previous invoice was re-categorized as High Need on the current invoice. (Once a family meets the definition of a High Need Family that family remains a High Need Family for the remainder of the program year. A family cannot be re-categorized from High Need to Non High Need within the program year.)

The Warning may also happen if the district has over-reported on an earlier invoice and is correcting the error in subsequent invoice(s). The numbers may actually be correct, and the district may have been overpaid previously. In this instance, simply certify that the current services reported are correct (see p. 25), make a note of this in the District/LEA Comments and proceed with the invoice and payment request, which will show an overpayment.

		Edit Message	Return Code	Reason Code
1	W	In Section II, the number of Children Screened and the number of Children With Indicated Delays match. Please check that this is correct. FRINV_1 SECTION 2	20	8045

This Warning refers to Section II-Screening. In the example below, the number of Children Screened Under Age One is reported as 1, and the number of Children with Indicated Delays Under Age One is also reported as 1. If the two numbers match in any age group column, a Warning will appear. The numbers reported may actually be correct but a Warning is in place to verify the data reported this is more likely to occur with lower numbers of Children Screened. If the numbers reported are accurate, certify that the services reported are correct (see p. 25) and proceed with the invoice and payment request.

Section II - Screening Hide

	Under Age One	Age One	Age Two	Age Three
1. Children Screened	1	2	3	4
2. Children With Indicated Delays	1	1	1	1
2A. Developmental Delays	0	0	0	0
2B. Vision Delays	0	0	0	1
2C. Hearing Delays	0	0	1	0
2D. Physical/Health Delays	0	1	0	0
2E. Social/Emotional Delays	1	0	0	0

		Edit Message	Return Code	Reason Code
1	W	In Section II, there are no Children With Indicated Delays reported. Please check that this is correct. FRINV_1 SECTION 2	20	8046

This Warning refers to Section II-Screening. In the example below, there are children reported as screened Under Age One, Age One, Age Two and Age Three and 0 is reported for Children With Indicated Delays in all of those age groups. If children are reported as screened in any age group and none of those children have an indicated delay a Warning will appear. The numbers reported may be correct but a Warning is in place to verify the data reported is correct. If the numbers reported are accurate, certify that the services reported are correct (see p. 25) and proceed with the invoice and payment request.

Section II - Screening Hide

	Under Age One	Age One	Age Two	Age Three
1. Children Screened	1	2	3	4
2. Children With Indicated Delays	0	0	0	0
2A. Developmental Delays	0	0	0	0
2B. Vision Delays	0	0	0	0
2C. Hearing Delays	0	0	0	0
2D. Physical/Health Delays	0	0	0	0
2E. Social/Emotional Delays	0	0	0	0

		Edit Message	Return Code	Reason Code
1	W	In Section I, the total number of High Needs Minority Families Served is equal to the number of High Needs Total Families Served. Please check that this is correct. FRINV_1 SECTION 1	20	8047

This Warning refers to Section I-Parent Education. In the example below, the Total High Need Families served is reported as 7 and the High Need Minority Families Served is reported as 7. The numbers reported may actually be correct but a Warning is in place to verify the data reported this is more likely to occur with lower numbers of Families Served. If the numbers reported are accurate, certify that the services reported are correct (see p. 25) and proceed with the invoice and payment request.

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Total Families Served	7	5	12
Minority Families Served	7	0	7

		Edit Message	Return Code	Reason Code
1	W	In Section II, screening services reported on this Invoice are less than previously reported. Please check that this is correct. FRINV_1 SECTION 2	20	8048

This Warning refers to Section II-Screening. Invoices should always be cumulative, reporting the number of services provided **to date** from the start of the program year. In the example below, the district reported higher numbers of Children Screened by age on the previous invoice than reported on the current invoice. Be sure that you are reporting services **cumulatively for the year**.

PREVIOUS INVOICE

Section II - Screening Hide

	Under Age One	Age One	Age Two	Age Three
1. Children Screened	1	1	1	1
2. Children With Indicated Delays	1	1	1	1
2A. Developmental Delays	0	0	0	0
2B. Vision Delays	0	0	0	1
2C. Hearing Delays	0	0	1	0
2D. Physical/Health Delays	0	1	0	0
2E. Social/Emotional Delays	1	0	0	0

CURRENT INVOICE

Section II - Screening Hide

	Under Age One	Age One	Age Two	Age Three
1. Children Screened	1	1	1	0
2. Children With Indicated Delays	1	1	1	0
2A. Developmental Delays	0	0	0	0
2B. Vision Delays	0	0	0	0
2C. Hearing Delays	0	0	1	0
2D. Physical/Health Delays	0	1	0	0
2E. Social/Emotional Delays	1	0	0	0

Note: If the district has over-reported on an earlier invoice and is correcting the error in a later invoice, the numbers may actually be correct and the district may have been overpaid previously. In this case, simply certify that the current services reported are correct (See p. 25), make a note of this in the District/LEA Comments and proceed with the invoice and payment request, which will show an overpayment.

		Edit Message	Return Code	Reason Code
1	W	In Section I, the total number of Non High Needs Minority Families served is equal to the total number of Non High Needs Families served. Please check that this is correct. FRINV_1 SECTION 1	20	8050

This Warning refers to Section I-Parent Education. In the example below, the Total Non High Need Families served is reported as 5 and the Non High Need Minority Families Served is reported as 5. The numbers reported may actually be correct but a Warning is in place to verify the data reported this is more likely to occur with lower numbers of Families Served. If the numbers reported are correct, certify that the services reported are correct (see p. 25) and proceed with the invoice and payment request.

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Total Families Served	7	5	12
Minority Families Served	3	5	8

		Edit Message	Return Code	Reason Code
1	W	The reported time period exceeds 12 months. FRINV_1 SECTION 4	-10	8054

This Warning refers to Section IV-Data Collection, Program Data. In the example below, the “Start of Program Year” is reported as 5/10/2018 and the “End of Program Year” is reported as 5/17/2019. The dates entered for “Start of Program Year” and “End of Program Year” cannot exceed 12 months. The “Start of Program Year” is set as the day after the “End of Program Year” reported on the previous year’s Final

Start of Program Year
5/10/2018

End of Program Year
05/17/2019

Note: Services provided after the reported End of Program Year date must be reported on the next year's Invoice.

Edits

		Edit Message	Return Code	Reason Code
1	E	The number of High Needs Minority Families Served cannot be greater than the number of High Needs Total Families Served. FRINV_1 SECTION 1	20	8007

This Edit refers to Section I-Parent Education. As seen below, the Total High Need Families Served is 10, and the user has reported that 11 Minority High Need Families were served. The number of minority high need families served cannot be higher than the total number of high need families served. The user will need to correct this edit before completing the invoice.

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Total Families Served	10	5	15
Minority Families Served	11	0	11

		Edit Message	Return Code	Reason Code
1	E	The number of Non High Needs Minority Families Served cannot be greater than the number of Non High Needs Total Families Served. FRINV_1 SECTION 1	20	8008

This Edit refers to Section I-Parent Education. As seen below, the Total Non High Need Families Served is 5 and the user has entered that 6 Minority Non High Need Families were served. The number of minority non high need families served cannot be higher than the total number of non high need families served. The user will need to correct this edit before completing the invoice.

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Total Families Served	10	5	15
Minority Families Served	0	6	6

		Edit Message	Return Code	Reason Code
1	E	The number of High Needs Children Served must be equal to or greater than the number of High Needs Total Families Served. Note that all prenatal families must be reported with one child. FRINV_1 SECTION 1	20	8009

This Edit refers to Section I-Parent Education. As seen below, the total number of High Need Families Served is 10 and the number of High Need Children Served is 9. The number of high need children served must be greater than or equal to the total number of high need families served. Prenatal families should be reported as having one child.

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Total Families Served	10	5	15
Minority Families Served	0	0	0
Children Served	9	8	17

		Edit Message	Return Code	Reason Code
1	E	The number of Non High Needs Children Served must be equal to or greater than the number of Non High Needs Total Families Served. Note that all prenatal families must be reported with one child. FRINV_1 SECTION 1	20	8010

This Edit refers to Section I-Parent Education. As seen below, the total number of Non High Need Families Served is 5 and the number of Non High Need Children Served is 3. The number of non high need children served must be greater than or equal to the total number of non high need families served. Prenatal families should be reported as having one child.

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Total Families Served	15	5	20
Minority Families Served	0	0	0
Children Served	20	3	23

		Edit Message	Return Code	Reason Code
1	E	The sum of High Needs Prenatal to Three Family Personal Visits and High Needs Three to Kindergarten Entry Family Personal Visits must equal the number in High Needs Total Family Personal Visits. FRINV_1 SECTION 1	20	8011

This Edit refers to Section I-Parent Education. As seen below, the prepopulated Total Family Personal Visits in 90 as reported in Section I. The number of High Need Families reported as receiving Prenatal to Three Family Personal Visits is 60. The number of High Need Families reported as receiving Three to Kindergarten Entry Family Personal Visits is 20. These family personal visits total 80 which is less than the prepopulated total family personal visits of 90. The user will need to correct this edit before completing the invoice. Note: Family personal visits are reported according to the age of the youngest child in the family. Prenatal families should be reported as having one child.

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Total Family Personal Visits	90	32	122
Prenatal to Three Family Personal Visits	60	20	80
Three to Kindergarten Entry Family Personal Visits	20	12	32

		Edit Message	Return Code	Reason Code
1	E	The number of High Needs Waiting List-Children Not Served must be equal to or greater than the number of High Needs Waiting List-Families Not Served. Note that all prenatal families must be reported with one child. FRINV_1 SECTION 1	20	8012

This Edit refers to Section I-Parent Education. As seen below, the number of High Need Waiting List-Families Not Served is 3, and the number of High Need Waiting List - Children Not Served is 2. The number of high need children not served must be greater than or equal to the number of high need families not served. Prenatal families should be reported as having one child.

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Waiting List - Families Not Served	3	0	3
Waiting List - Children Not Served	2	0	2

		Edit Message	Return Code	Reason Code
1	E	The Number of Non High Needs Children Not Served must be equal to or greater than the Total Number of Non High needs Families Not Served. Note that All prenatal families must be reported with one child. FRINV_1 SECTION 1	20	8013

This Edit refers to Section I-Parent Education. As seen below, the number of Non High Need Waiting List- Families Not Served is 2, and the number of Non High Need Waiting List - Children Not Served is 1. The number of non high need children not served must be greater than or equal to the number of non high need families not served. Prenatal families should be reported as having one child.

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Waiting List - Families Not Served	3	2	5
Waiting List - Children Not Served	4	1	5

		Edit Message	Return Code	Reason Code
1	E	The number of Children With Indicated Delays cannot be more than the number of Children Screened. FRINV_1 SECTION 2	20	8014

This Edit refers to Section II-Screening. As seen below, the number of Age Two Children Screened is reported as 3 and the number of Age Two Children with Indicated Delays is reported as 4. The number of children with indicated delays must be less than or equal to the number of children screened. Note: This error may occur in any age group column.

Section II - Screening Hide

	Under Age One	Age One	Age Two	Age Three
1. Children Screened	1	2	3	4
2. Children With Indicated Delays	1	1	4	1
2A. Developmental Delays	0	0	2	0
2B. Vision Delays	0	0	0	1
2C. Hearing Delays	0	0	1	0
2D. Physical/Health Delays	0	1	0	0
2E. Social/Emotional Delays	1	0	0	0

		Edit Message	Return Code	Reason Code
1	E	The number of children with Developmental Delays cannot be more than the number of Children With Indicated Delays. FRINV_1 SECTION 2	20	8015

This Edit refers to Section II-Screening. As seen below, the number of Age One Children with Indicated Delays is reported as 1 and the number of Age One Children with Developmental Delays is reported as 2. The number of children with developmental delays must be less than or equal to the number of children with indicated delays. Note: This error may occur in any age group column.

Section II - Screening Hide

	Under Age One	Age One	Age Two	Age Three
1. Children Screened	1	2	3	4
2. Children With Indicated Delays	1	1	1	1
2A. Developmental Delays	0	2	0	0
2B. Vision Delays	0	0	0	1
2C. Hearing Delays	0	0	1	0
2D. Physical/Health Delays	0	0	0	0
2E. Social/Emotional Delays	1	0	0	0

		Edit Message	Return Code	Reason Code
1	E	The number of children with Vision Delays cannot be more than the number of Children With Indicated Delays. FRINV_1 SECTION 2	20	8016

This Edit refers to Section II-Screening. As seen below, the number of Age Two Children with Indicated Delays is reported as 0 and the number of Age Two Children with Vision Delays is reported as 1. The number of children with vision delays must be less than or equal to the number of children with indicated delays. Note: This error may occur in any age group column.

Section II - Screening Hide

	Under Age One	Age One	Age Two	Age Three
1. Children Screened	1	2	3	4
2. Children With Indicated Delays	1	1	0	1
2A. Developmental Delays	0	0	0	1
2B. Vision Delays	0	0	1	0
2C. Hearing Delays	0	0	0	0
2D. Physical/Health Delays	0	1	0	0
2E. Social/Emotional Delays	1	0	0	0

		Edit Message	Return Code	Reason Code
1	E	The number of children with Hearing Delays cannot be more than the number of Children With Indicated Delays. FRINV_1 SECTION 2	20	8017

This Edit refers to Section II-Screening. As seen below, the number of Age One Children with Indicated Delays is reported as 1 and the number of Age One Children with Hearing Delays is reported as 3. The number of children with hearing delays must be less than or equal to the number of children with indicated delays. Note: This error may occur in any age group column.

Section II - Screening Hide

	Under Age One	Age One	Age Two	Age Three
1. Children Screened	1	2	3	4
2. Children With Indicated Delays	1	1	0	1
2A. Developmental Delays	0	0	0	0
2B. Vision Delays	0	0	0	1
2C. Hearing Delays	0	3	0	0
2D. Physical/Health Delays	0	0	0	0
2E. Social/Emotional Delays	1	0	0	0

		Edit Message	Return Code	Reason Code
1	E	The number of children with Physical/Health Delays cannot be more than the number of Children With Indicated Delays. FRINV_1 SECTION 2	20	8018

This Edit refers to Section II-Screening. As seen below, the number of Age Two Children with Indicated Delays is reported as 2 and the number of Age Two Children with Physical/Health Delays is reported as 4. The number of children with physical/health delays must be less than or equal to the number of children with indicated delays. Note: This error may occur in any age group column.

Section II - Screening Hide

	Under Age One	Age One	Age Two	Age Three
1. Children Screened	1	2	3	4
2. Children With Indicated Delays	1	1	2	1
2A. Developmental Delays	0	0	0	0
2B. Vision Delays	0	0	0	1
2C. Hearing Delays	0	1	0	0
2D. Physical/Health Delays	0	0	4	0
2E. Social/Emotional Delays	1	0	0	0

		Edit Message	Return Code	Reason Code
1	E	The number of Children Referred for Further Evaluation cannot be more than the number of Children With Indicated Delays. FRINV_1 SECTION 2	20	8019

This Edit refers to Section II-Screening. As seen below, the number of Age Three Children with Indicated Delays is reported as 1 and the number of Age Three Children Referred for Further Evaluation is reported as 3. The number of children referred for evaluation must be less than or equal to the number of children with indicated delays. Note: This error may occur in any age group column.

Section II - Screening Hide

	Under Age One	Age One	Age Two	Age Three
1. Children Screened	1	2	3	4
2. Children With Indicated Delays	1	1	1	1
2A. Developmental Delays	0	0	0	1
2B. Vision Delays	0	0	1	0
2C. Hearing Delays	0	1	0	0
2D. Physical/Health Delays	1	0	0	0
2E. Social/Emotional Delays	0	0	0	0
3. Children Referred for Further Evaluation	0	0	0	3
3A. Children with a Completed Evaluation	0	0	0	0

		Edit Message	Return Code	Reason Code
1	E	The number of Children with a Completed Evaluation cannot be more than the number of Children Referred for Further Evaluation. FRINV_1 SECTION 2	20	8020

This Edit refers to Section II-Screening. As seen below, the number of Age One Children Referred for Further Evaluation is reported as 0 and the number of Age One Children with a Completed Evaluation is reported as 2. The number of children with a completed evaluation must be less than or equal to the number of children referred for further evaluation. Note: This error may occur in any age group column.

Section II - Screening Hide

	Under Age One	Age One	Age Two	Age Three
1. Children Screened	1	2	3	4
2. Children With Indicated Delays	1	1	1	1
2A. Developmental Delays	0	0	0	0
2B. Vision Delays	0	0	0	1
2C. Hearing Delays	0	0	1	0
2D. Physical/Health Delays	0	1	0	0
2E. Social/Emotional Delays	1	0	0	0
3. Children Referred for Further Evaluation	0	0	0	0
3A. Children with a Completed Evaluation	0	2	0	0

		Edit Message	Return Code	Reason Code
1	E	Each family reported in Section I High Needs Total Families Served must be reported in Section III as meeting One Characteristic Families, Two Characteristics Families, or Three or More Characteristics Families. FRINV_1 SECTION 3	20	8021

This Edit refers to the number of High Need Families reported in Section I-Parent Education corresponding to the number of characteristics reported in Section III-High Need Characteristics. Each high need family must be reported, along with applicable characteristics, in the One Characteristic Families column, Two Characteristics Families column OR the Three or More Characteristics Families column.

In the example below, the total high need families served are reported as 15 in Section I-Parent Education. In the High Need Characteristics, there are 0 characteristics reported in the One Characteristic Families column to represent 0 high need families, there 2 characteristics reported for each of the 5 high need families in the Two Characteristics Families column, and 3 characteristics reported for each of the 8 high need families in the Three or More Characteristics Families column. The high need characteristics columns represent 13 high need families therefore, 2 high need families are not reported in Section III-High Need Characteristics. Note: The total number of families in the Three or More Characteristics column is calculated automatically therefore, an error may occur if the number of characteristics reported in any column is incorrect or the number of high need families in Section I-Parent Education is incorrect.

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Total Families Served	15	5	20

Section III - High Need Characteristics Hide

	One Characteristic Families	Two Characteristics Families	Three or More Characteristics Families
1. Child Abuse or Neglect	0	0	0
2. Child with Disability or Chronic Health Condition	0	0	0
3. Death in the Immediate Family	0	0	0
4. Foster Care or Other Temporary Caregiver	0	0	0
5. High School Diploma or Equivalency not Attained	0	0	0
6. Housing Instability (Homeless)	0	0	0
7. Intimate Partner Violence	0	0	0
8. Low Income	0	5	8
9. Military Deployment	0	0	0
10. Parent Incarcerated During the Child's Lifetime	0	0	0
11. Parent with Disabilities or Chronic Health Condition	0	0	0
12. Parent with Mental Health Issue(s)	0	0	0
13. Recent Immigrant or Refugee Family	0	0	0
14. Single Parent Household	0	5	8
15. Speakers of Other Languages/English Learners	0	0	0
16. Substance Use Disorder	0	0	0
17. Very Low Birth Weight and Preterm Birth	0	0	0
18. Young Parents (Teen Parents)	0	0	8
Total High Need Families	0	5	10

		Edit Message	Return Code	Reason Code
1	E	All Children With Indicated Delays must be reported by delay (Developmental, Vision, Hearing, Physical/Health, and/or Social/Emotional). FRINV_1 SECTION 2	20	8026

This Edit refers to Section II-Screening. As seen below, the number of Under Age One Children with Indicated Delays is reported as 1, and the numbers reported for each type of delay in rows 2A through 2E in the Under Age One column are all 0. If a child is reported as having an Indicated Delay, the type of delay must be reported. Note: This error may occur in any age group column.

Section II - Screening Hide

	Under Age One	Age One	Age Two	Age Three
1. Children Screened	1	2	3	4
2. Children With Indicated Delays	1	1	1	1
2A. Developmental Delays	0	0	0	0
2B. Vision Delays	0	0	0	1
2C. Hearing Delays	0	0	1	0
2D. Physical/Health Delays	0	1	0	0
2E. Social/Emotional Delays	0	0	0	0

		Edit Message	Return Code	Reason Code
1	E	Each High Needs family reported in the Two Characteristics Families column must be reported as meeting two different characteristics. FRINV_1 SECTION 3	20	8027

This Edit refers to Section III-High Need Characteristics. In the example below, the only characteristic reported in the Two Characteristics Families column is "Housing Instability (Homeless)." High Need Families reported in the Two Characteristics Families column must be reported as meeting two different characteristics. The user will need to correct this edit before completing the invoice.

Section III - High Need Characteristics Hide

	One Characteristic Families	Two Characteristics Families	Three or More Characteristics Families
1. Child Abuse or Neglect	0	0	0
2. Child with Disability or Chronic Health Condition	0	0	0
3. Death in the Immediate Family	0	0	0
4. Foster Care or Other Temporary Caregiver	0	0	5
5. High School Diploma or Equivalency not Attained	0	0	0
6. Housing Instability (Homeless)	0	5	0
7. Intimate Partner Violence	0	0	0
8. Low Income	5	0	0
9. Military Deployment	0	0	0
10. Parent Incarcerated During the Child's Lifetime	0	0	5
11. Parent with Disabilities or Chronic Health Condition	0	0	0
12. Parent with Mental Health Issue(s)	0	0	0
13. Recent Immigrant or Refugee Family	0	0	0
14. Single Parent Household	0	0	0
15. Speakers of Other Languages/English Learners	0	0	0
16. Substance Use Disorder	0	0	5
17. Very Low Birth Weight and Preterm Birth	0	0	0
18. Young Parents (Teen Parents)	0	0	0
Total High Need Families	5	2.5	8

		Edit Message	Return Code	Reason Code
1	E	The Total High Needs Families for Three or More Characteristics Families cannot exceed the total number of families reported in any one characteristic. FRINV_1 SECTION 3	20	8030

This Edit refers to Section III-High Need Characteristics. In the example below, the number of families reported as "Single Parent Household" in the Three or More Characteristics Families column is 3 and the total number of High Need Families in this column is prepopulated as 1. The number of families reported in any characteristic of the Three or More Characteristics Families column must be less than or equal to the total number of families in this column. Note: The system automatically prepopulates the total high need families for this column by taking the sum of the One Characteristic Families and the Two Characteristics Families column from the total high need families reported in Section I.

Section III - High Need Characteristics Hide

	One Characteristic Families	Two Characteristics Families	Three or More Characteristics Families
1. Child Abuse or Neglect	0	0	1
2. Child with Disability or Chronic Health Condition	0	0	1
3. Death in the Immediate Family	0	0	1
4. Foster Care or Other Temporary Caregiver	0	0	0
5. High School Diploma or Equivalency not Attained	1	0	1
6. Housing Instability (Homeless)	0	2	0
7. Intimate Partner Violence	0	0	0
8. Low Income	0	2	0
9. Military Deployment	0	0	0
10. Parent Incarcerated During the Child's Lifetime	0	0	0
11. Parent with Disabilities or Chronic Health Condition	0	0	0
12. Parent with Mental Health Issue(s)	0	1	0
13. Recent Immigrant or Refugee Family	0	1	0
14. Single Parent Household	0	0	3
15. Speakers of Other Languages/English Learners	0	0	1
16. Substance Use Disorder	0	0	0
17. Very Low Birth Weight and Preterm Birth	0	0	0
18. Young Parents (Teen Parents)	0	0	0
Total High Need Families	1	3	1

		Edit Message	Return Code	Reason Code
1	E	The sum of Non High Needs Prenatal to Three Family Personal Visits and Non High Needs Three to Kindergarten Entry Family Personal Visits must equal the Non High Needs Total Family Personal Visits. FRINV_1 SECTION 1	20	8039

This Edit refers to Section I-Parent Education. As seen below, the number of Non High Need Families reported as receiving Prenatal to Three Family Personal Visits is 15. The number of Non High Need Families reported as receiving Three to Kindergarten Entry Family Personal Visits is 10. This is a total of 25 Non High Need Family Personal Visits, which is less than the 32 Total Family Personal Visits reported for Non High Need Families. Visits are reported according to the age of the youngest child in the family. Prenatal families should always be reported as having one child.

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Total Family Personal Visits	90	32	122
Prenatal to Three Family Personal Visits	60	15	75
Three to Kindergarten Entry Family Personal Visits	30	10	40

2	E	The total number of High Needs Families, "Two Characteristics Families" column cannot exceed the total number of families reported in any one characteristic. FRINV_1 SECTION 3	20	8041

This Edit refers to Section III-High Need Characteristics. In the example below, the number of families reported as "Parent with Mental Health Issue(s)" in the Two Characteristic Families column is 7 and the total number of High Need Families in this column is prepopulated as 6. The number of families reported in any characteristic of the Two Characteristics Families column must be less than or equal to the total number of families in this column. Note: The number of characteristics reported in this column must be an even number. The system automatically sums the Two Characteristics Families column and divides by 2 to prepopulate the total high need families for this column.

Section III - High Need Characteristics Hide

	One Characteristic Families	Two Characteristics Families	Three or More Characteristics Families
1. Child Abuse or Neglect	0	0	0
2. Child with Disability or Chronic Health Condition	0	0	0
3. Death in the Immediate Family	0	0	0
4. Foster Care or Other Temporary Caregiver	0	0	0
5. High School Diploma or Equivalency not Attained	0	0	0
6. Housing Instability (Homeless)	0	0	5
7. Intimate Partner Violence	0	0	5
8. Low Income	5	0	0
9. Military Deployment	0	5	0
10. Parent Incarcerated During the Child's Lifetime	0	0	0
11. Parent with Disabilities or Chronic Health Condition	0	0	0
12. Parent with Mental Health Issue(s)	0	7	0
13. Recent Immigrant or Refugee Family	0	0	0
14. Single Parent Household	0	0	5
15. Speakers of Other Languages/English Learners	0	0	0
16. Substance Use Disorder	0	0	0
17. Very Low Birth Weight and Preterm Birth	0	0	0
18. Young Parents (Teen Parents)	0	0	0
Total High Need Families	5	6	4

		Edit Message	Return Code	Reason Code
1	E	Cannot have information in Section III without information in Section I High Needs area. FRINV_1 SECTION 3	20	8042

This Edit refers to both Section I-Parent Education and Section III-High Need Characteristics. Services must be reported for High Need Families and Children in Section I if Section III is completed.

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Total Families Served	0	5	5
Minority Families Served	0	0	0
Children Served	0	8	8
Total Family Personal Visits	0	22	22
Prenatal to Three Family Personal Visits	0	20	20
Three to Kindergarten Entry Family Personal Visits	0	2	2
Waiting List - Families Not Served	0	0	0
Waiting List - Children Not Served	0	0	0

Section III - High Need Characteristics Hide

	One Characteristic Families	Two Characteristics Families	Three or More Characteristics Families
1. Child Abuse or Neglect	0	0	0
2. Child with Disability or Chronic Health Condition	0	0	0
3. Death in the Immediate Family	0	0	0
4. Foster Care or Other Temporary Caregiver	0	0	0
5. High School Diploma or Equivalency not Attained	0	0	0
6. Housing Instability (Homeless)	0	0	2
7. Intimate Partner Violence	0	0	0
8. Low Income	3	10	2
9. Military Deployment	0	0	0
10. Parent Incarcerated During the Child's Lifetime	0	0	0
11. Parent with Disabilities or Chronic Health Condition	0	0	0
12. Parent with Mental Health Issue(s)	0	0	0
13. Recent Immigrant or Refugee Family	0	0	0
14. Single Parent Household	0	10	0
15. Speakers of Other Languages/English Learners	0	0	0
16. Substance Use Disorder	0	0	2
17. Very Low Birth Weight and Preterm Birth	0	0	0
18. Young Parents (Teen Parents)	0	0	0
Total High Need Families	3	10	2

		Edit Message	Return Code	Reason Code
1	E	A Parents as Teachers Final Invoice cannot be completed until the district has an approved Compliance Plan. FRINV_1 Final Invoice	20	8052

This Edit refers to the Compliance Plan. Before a district can complete the Final Invoice, an approved Compliance Plan must be in place. For instructions on completing the Compliance Plan, see the Compliance Plan Instructions.

		Edit Message	Return Code	Reason Code
1	E	The programs end date cannot be after May 15th of the current year. FRINV_1 SECTION 4	-10	8055

This Edit refers to Section IV-Data Collection, Program Data. As seen below, the program reported the "End of Program Year" as 5/17/2020. The program's end date cannot be after May 15th of the current year. The user will need to correct this edit before completing the invoice.

Section IV - Data Collection Hide

Program Data

1.	Define the Program Year for the services reported in Section I-III.	Start of Program Year 5/14/2019 End of Program Year 5/17/2020 Note: Services provided after the reported End of Program Year date must be reported on the next year's Invoice.

		Edit Message	Return Code	Reason Code
1	E	The program has checked Other and must provide additional information. FRINV_1 SECTION 4 Question 4	-10	8059

This edit refers to Section IV-Data Collection, Program Data. As seen below, the program reported using a "Other Local, State or Regional database" to track services provided. If "Other" is selected, program must provide the name of the data management system the district is using to track services

Section IV - Data Collection Hide

Program Data

4.	Which computerized data management system does the program use to track services provided?	○ Penelope ○ Visit Tracker ◉ Other Local, State or Regional database ○ The program does not use a computerized data management system

		Edit Message	Return Code	Reason Code
1	E	The program must provide a description of who is providing reflective supervision. FRINV_1 SECTION 4 Question 5	-10	8063

This Edit refers to Section IV-Data Collection, Program Data. As seen below, the program reported an "Other" person who provided individual reflective supervision with the PAT staff. If "Other" is selected, program must provide a explanation of who is providing reflective supervision.

Section IV - Data Collection Hide

Program Data

5.	Describe the person(s) who provided individual reflective supervision with the PAT staff. Include supervisor(s) that carried a caseload. (Check all that apply)	☐ The program did not provide reflective supervision. ☐ Person in the program designated as the PAT Supervisor. ☐ Person in the program designated as the Lead Parent Educator. ☐ Supervisor professional separate from the program but within the district. ☐ Supervisor professional external to both the program and the district. ☑ Other, Explain

		Edit Message	Return Code	Reason Code
1	E	The number of families with at least one goal documented cannot exceed the Total Number of Families (High Needs and Non High Needs) reported in Section I. FRINV_1 SECTION 4	-10	8064

This Edit refers to Section IV-Data Collection, Service Data. As seen below, the number of families who received at least one family personal visit and had at least one goal documented at the end of the program year is reported as 22 in Section IV. The Total Families Served is reported as 15 in Section I. The number of families with at least one goal documented must be less than or equal to the total number of families served.

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Total Families Served	10	5	15
Minority Families Served	0	0	0
Children Served	13	5	18

Section IV - Data Collection Hide

Service Data – Refer only to the families reported in Section I as receiving at least one family personal visit.

8.	How many families received at least one family personal visit **and** had at least one goal documented as of the end of the program year? (Do not include teen families who only participated in Group Connections.)	22

		Edit Message	Return Code	Reason Code
1	E	The number of families connected to at least one community resource cannot exceed the Total Number of Families (High Needs and Non High Needs) reported in Section I. FRINV_1 SECTION 4	-10	8065

This Edit refers to Section IV-Data Collection, Service Data. As seen below, the number of families who received at least one family personal visit and were connected to at least one community resource is reported as 21 in Section IV. The Total Families Served is reported as 15 in Section I. The number of families connected to a community resource must be less than or equal to the total number of families served.

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Total Families Served	10	5	15
Minority Families Served	0	0	0
Children Served	13	5	18

Section IV - Data Collection Hide

Service Data – Refer only to the families reported in Section I as receiving at least one family personal visit.

9.	How many families received at least one family personal visit **and** were connected to at least one community resource during this program year? (Do not include teen families who only participated in Group Connections.)	21

		Edit Message	Return Code	Reason Code
1	E	The number of families providing feedback cannot exceed the Total Number of Families (High Needs and Non High Needs) reported in Section I. FRINV_1 SECTION 4	-10	8068

This Edit refers to Section IV-Data Collection, Service Data. As seen below, the number of families who provided feedback is reported as 30 in Section IV. The Total Families Served is reported as 15 in Section I. The number of families providing feedback must be less than or equal to the total number of families served.

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Total Families Served	10	5	15
Minority Families Served	0	0	0
Children Served	13	5	18

Section IV - Data Collection Hide

Service Data – Refer only to the families reported in Section I as receiving at least one family personal visit.

12.	How many families received at least one family personal visit **and** provided feedback, such as a family survey, regarding services received during this program year? (Do not include teen families who only participated in Group Connections.)	30

		Edit Message	Return Code	Reason Code
1	E	The program has checked Other and must provide additional information. FRINV_1 SECTION 4 Question 15	-10	8071

This Edit refers to Section IV-Data Collection, Service Data. As seen below, the program reported "Other early childhood programs" are offered by the district. If "Other" is selected, programs must provide the name of the early childhood program offered.

Section IV - Data Collection Hide

Other Data

15.	In addition to PAT, the district offers the following early childhood programs. (Check all that apply)	☐ No other early childhood program is offered ☐ Early Head Start ☐ Head Start ☐ Early Intervention ☐ Center-based early childhood program/preschool ☑ Other early childhood programs offered

		Edit Message	Return Code	Reason Code
1	E	The program has checked We did not use a Family-Centered Assessment tool. No other options can be selected. FRINV_1 SECTION 4	-10	8074

This Edit refers to Section IV-Data Collection, Service Data. As seen below, the program reported they did not use a Family-Centered Assessment tool and reported using the Life Skills Progression. If the program did not use a Family-Centered Assessment tool, no other option may be selected.

Section IV - Data Collection Hide

Service Data – Refer only to the families reported in Section I as receiving at least one family personal visit.

11.	Indicate which Family-Centered Assessment (FCA) tool was used during this program year. (Check all that apply)	☑ The program did not use a Family-Centered Assessment tool during this program year ☑ Life Skills Progression ☐ North Carolina Family Assessment Scale for General Services ☐ Family Map ☐ Mid-America Head Start Family Assessment ☐ FCA Synthesis Record is completed using information gathered utilizing all of the Data in Motion Records

		Edit Message	Return Code	Reason Code
1	E	Success story must be at least 25 characters in length not including spaces. FRINV_1 SECTION 4	-10	8076

This Edit refers to Section IV-Data Collection, Service Data. The success story must be a minimum of 25 characters in length not including spaces.

Section IV - Data Collection Hide

Service Data – Refer only to the families reported in Section I as receiving at least one family personal visit.

14.	Provide a short success story from a parent educator demonstrating one of the four main PAT goals around increasing school readiness, increasing parenting practices, reducing child abuse and neglect, or detecting developmental delays and health problems early. (Do not include family names or identifying information in this narrative.)	Increasing School Readiness Increasing Parenting Practices Car Seat Safety Reducing Child Abuse and Neglect Detecting Developmental Delays and Health Issues

		Edit Message	Return Code	Reason Code
1	E	All fields in Section 4 are required. FRINV_1 SECTION 4	-10	8077

This Edit refers to Section-IV-Data Collection, Program Data. As seen below, question 1 and question 5 are not answered. All questions in Section IV must be answered. Incomplete questions are noted with a red asterisk (*) next to the question number. The user will need to correct this before completing the invoice.

Section IV - Data Collection Hide

Program Data

*1.	Define the Program Year for the services reported in Section I-III.	Start of Program Year 5/14/2019 End of Program Year mm/dd/2020 Note: Services provided after the reported End of Program Year date must be reported on the next year's Invoice.
2.	How many months of the year were family personal visits available to all enrolled families? (If selecting Other, provide an explanation of how many months visits were available and why it was less than the required minimum 9 months.)	○ 12 Months ○ 11 Months ○ 10 Months ◉ 9 Months ○ Other, Explain
3.	In total, how many Advisory Committee meetings, with a regular focus on PAT, were held during the program year?	○ More than 2 ◉ 2 ○ Less than two, Explain
4.	Which computerized data management system does the program use to track services provided?	○ Penelope ◉ Visit Tracker ○ Other Local, State or Regional database ○ The program does not use a computerized data management system
*5.	Describe the person(s) who provided individual reflective supervision with the PAT staff. Include supervisor(s) that carried a caseload. (Check all that apply)	☐ The program did not provide reflective supervision. ☐ Person in the program designated as the PAT Supervisor. ☐ Person in the program designated as the Lead Parent Educator. ☐ Supervisor professional separate from the program but within the district. ☐ Supervisor professional external to both the program and the district. ☐ Other, Explain

		Edit Message	Return Code	Reason Code
1	E	The program end date must be after the program begin date. FRINV_1 SECTION 4	-10	8078

This Edit refers to Section IV-Data Collection, Program Data. As seen below, the "Start of Program Year" is reported as 5/10/2019. The "End of Program Year" is reported as 5/08/2019. The "End of Program Year" must be reported **after** the "Start of Program Year." The user will need to correct this edit before completing the invoice.

Section IV - Data Collection Hide

Program Data

1.	Define the Program Year for the services reported in Section I-III.	Start of Program Year 5/10/2019 End of Program Year 5/8/2019 Note: Services provided after the reported End of Program Year date must be reported on the next year's Invoice.

		Edit Message	Return Code	Reason Code
1	E	Parent education services cannot be reported in Section I or Section IV. Your district does not have a certified parent educator reported on Screen 18 & 20 of Core Data. FRINV_1 Final Invoice	-10	8079

This Edit refers to Core Data. Before submitting an Invoice, the district must have a certified parent educator reported in Core Data. Please contact the person at your district who is responsible for Core Data. If assistance is needed, refer to the Core Data & Missouri Student Information System (MOSIS) Reference Manual, Exhibit 17B.

This Edit may also occur if the district's Parent Educator does not have a current subscription for the program year with Parents as Teachers National Center (PATNC). If this is the case, contact PATNC.

		Edit Message	Return Code	Reason Code
1	E	Information reported in Section IV – Data Collection requires services to be reported in Section I – Parent Education. FRINV_1 Final Invoice	-10	8081

This edit refers to the Final Invoice. As seen below, the program must report services in Section I-Parent Education if Section IV-Data Collection is complete.

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Total Families Served	0	0	0
Minority Families Served	0	0	0
Children Served	0	0	0
Total Family Personal Visits	0	0	0
Prenatal to Three Family Personal Visits	0	0	0
Three to Kindergarten Entry Family Personal Visits	0	0	0

Section IV - Data Collection Hide

Program Data

1.	Define the Program Year for the services reported in Section I-III.	Start of Program Year 5/11/2019 End of Program Year 5/15/2020 Note: Services provided after the reported End of Program Year date must be reported on the next year's Invoice.
2.	How many months of the year were family personal visits available to all enrolled families? (If selecting Other, provide an explanation of how many months visits were available and why it was less than the required minimum 9 months.)	○ 12 Months ○ 11 Months ○ 10 Months ◉ 9 Months ○ Other, Explain
3.	In total, how many Advisory Committee meetings, with a regular focus on PAT, were held during the program year?	○ More than 2 ◉ 2 ○ Less than two, Explain
4.	Which computerized data management system does the program use to track services provided?	○ Penelope ◉ Visit Tracker ○ Other Local, State or Regional database ○ The program does not use a computerized data management system
5.	Describe the person(s) who provided individual reflective supervision with the PAT staff. Include supervisor(s) that carried a caseload. (Check all that apply)	☑ The program did not provide reflective supervision. ☐ Person in the program designated as the PAT Supervisor. ☐ Person in the program designated as the Lead Parent Educator. ☐ Supervisor professional separate from the program but within the district. ☐ Supervisor professional external to both the program and the district. ☐ Other, Explain

		Edit Message	Return Code	Reason Code
1	E	The number of children with Social/Emotional Delays cannot be more than the number of Children With Indicated Delays. FRINV_1 SECTION 2	20	8082

This Edit refers to Section II-Screening. As seen below, the number of Age Three Children with Indicated Delays is reported as 2 and the number of Age Three Children with Social/Emotional Delays is reported as 3. The number of children with social/emotional delays must be less than or equal to the number of children with indicated delays. Note: This error may occur in any age group column.

Section II - Screening Hide

	Under Age One	Age One	Age Two	Age Three
1. Children Screened	1	2	3	4
2. Children With Indicated Delays	0	1	1	2
2A. Developmental Delays	0	0	0	0
2B. Vision Delays	0	0	1	0
2C. Hearing Delays	0	1	0	0
2D. Physical/Health Delays	0	0	0	0
2E. Social/Emotional Delays	0	0	0	3

		Edit Message	Return Code	Reason Code
1	E	The program must provide the number of months visits were available and why it was less than the required minimum 9 months. FRINV_1 SECTION 4	-10	8083

This edit refers to Section IV-Data Collection, Program Data. As seen below, the program reported "Other" for the number of months family personal visits were available to all enrolled families. If "Other" is selected, the program must explain why family personal visits are available for less than the required minimum of nine months.

Section IV - Data Collection Hide

Program Data

2. How many months of the year were family personal visits available to all enrolled families? (If selecting Other, provide an explanation of how many months visits were available and why it was less than the required minimum 9 months.)

- ○ 12 Months
- ○ 11 Months
- ○ 10 Months
- ○ 9 Months
- ◉ Other, Explain

		Edit Message	Return Code	Reason Code
1	E	The program must provide an explanation of why less than 2 Advisory Committee meetings were held. FRINV_1 SECTION 4	-10	8084

This edit refers to Section IV-Data Collection, Program Data. As seen below, the program reported "Less than two." If "Less than two" Advisory Committee meetings were held, the program must explain why there were less than the required minimum of two.

Section IV - Data Collection Hide

Program Data

3. In total, how many Advisory Committee meetings, with a regular focus on PAT, were held during the program year?

- ○ More than 2
- ○ 2
- ◉ Less than two, Explain

		Edit Message	Return Code	Reason Code
1	E	The number of 2 year olds fully immunized cannot exceed the number of children reported in Section I. FRINV_1 SECTION 4	-10	8085

1.

This Edit refers to Section IV-Data Collection, Service Data. As seen below, the number of two year olds reported who were fully immunized is reported as 20 in Section IV. A total of 18 children served is reported in Section I. The number of fully immunized two year olds must be less than or equal to the total number of children served.

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Total Families Served	10	5	15
Minority Families Served	0	0	0
Children Served	13	5	18

Section IV - Data Collection Hide

Service Data – Refer only to the families reported in Section I as receiving at least one family personal visit.

7.	Number of 2 year olds reported in Section I who were fully immunized.	20

		Edit Message	Return Code	Reason Code
1	E	The number of families meeting one or more of their documented goals cannot exceed the total number of families reported with a documented goal. FRINV_1 SECTION 4	-10	8086

This Edit refers to Section IV-Data Collection, Service Data. As seen below, the number of families who received at least one family personal visit and had at least one goal documented is reported as 10. The number of families who met one or more of their documented goals is reported as 12. The number of families who met one or more of their documented goals for the year must be less than or equal to the number of families who had a documented goal.

Section IV - Data Collection Hide

Service Data – Refer only to the families reported in Section I as receiving at least one family personal visit.

8.	How many families received at least one family personal visit **and** had at least one goal documented as of the end of the program year? (Do not include teen families who only participated in Group Connections.)	10
8a.	Of the families reported above, how many met one or more of their documented goals for the year?	12

		Edit Message	Return Code	Reason Code
1	E	The number of families reported for any one community resource cannot exceed the total number of families reported as being connected to a community resource. FRINV_1 SECTION 4	-10	8087

This Edit refers to Section IV-Data Collection, Service Data. As seen below, the number of families who received at least one family personal visit and were connected to at least one community resource is reported as 10. The number of families who were connected to the "Relationships with Family and Friends" community resource is reported as 12. The number of families who are connected to a community resource in each category must be less than or equal to the number of families who had at least one family personal visit and were connected to at least one community resource. A family may appear in more than one resource category.

Section IV - Data Collection Hide

Service Data – Refer only to the families reported in Section I as receiving at least one family personal visit.

9.	How many families received at least one family personal visit **and** were connected to at least one community resource during this program year? (Do not include teen families who only participated in Group Connections.)	10	
9a.	Of the families reported above, how many families were connected to a resource in each category? A family may appear in more than one resource category. (Duplicated count based on the number of resources provided to each family.)	8	Basic Essentials (food and nutrition, housing and utilities, transportation, emergency crises, etc.)
		3	Education and Employment
		0	Physical Health (insurance, medical home, health related services)
		0	Mental Health and Wellness
		5	Early Care and Education
		12	Relationships with Family and Friends
		0	Recreation and Enrichment

		Edit Message	Return Code	Reason Code
1	E	The number of families reported as receiving at least one family personal visit and had a completed Family-Centered Assessment cannot exceed the total number of families reported in Section I. FRINV_1 SECTION 4	-10	8088

This Edit refers to Section IV-Data Collection, Service Data. As seen below, the number of families who received at least one family personal visit and had a completed Family-Centered Assessment is reported as 30 in Section IV. The total number of families served is as 15 in Section I. The number of children who received a family personal visit and had a completed Family-Centered Assessment must be less than or equal to the total number of families served.

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Total Families Served	10	5	15
Minority Families Served	0	0	0
Children Served	13	5	18

Section IV - Data Collection Hide

Service Data – Refer only to the families reported in Section I as receiving at least one family personal visit.

11a.	How many families received at least one family personal visit and had a completed Family-Centered Assessment during this program year?	30

		Edit Message	Return Code	Reason Code
1	E	The number of children that recevied a family personal visit and had a complete screening cannot exceed the total number of children reported in Section I. FRINV_1 SECTION 4	-10	8090

This Edit refers to Section IV-Data Collection, Service Data. As seen below, the number of children who received a family personal visit and had a complete screening is reported as 25 in Section IV. The total Children Served is reported as 18 in Section I. The number of children who received a family personal visit and a completed screening must be less than or equal to the total number of children served.

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Total Families Served	10	5	15
Minority Families Served	0	0	0
Children Served	13	5	18

Section IV - Data Collection Hide

Service Data – Refer only to the families reported in Section I as receiving at least one family personal visit.

13.	How many children received a family personal visit and had a complete screening during this program year?	25

2	E	The PAT program must provide at least one short success story. FRINV_1 SECTION 4	-10	8091

This Edit refers to Section IV-Data Collection, Service Data. A parent educator from the district must provide a short success story demonstrating at least one of the four main PAT goals; increasing school readiness, increasing parenting practices, reducing child abuse and neglect and detecting developmental delays and health problems early. This must be at least 25 characters in length and cannot include any names or identifying information.

Section IV - Data Collection Hide

Service Data – Refer only to the families reported in Section I as receiving at least one family personal visit.

14.	Provide a short success story from a parent educator demonstrating one of the four main PAT goals around increasing school readiness, increasing parenting practices, reducing child abuse and neglect, or detecting developmental delays and health problems early. (Do not include family names or identifying information in this narrative.)	Increasing School Readiness Increasing Parenting Practices Reducing Child Abuse and Neglect Detecting Developmental Delays and Health Issues

		Edit Message	Return Code	Reason Code
1	E	The number of families reported as receiving at least one family personal visit and attending at least one group connection cannot exceed the number of families reported in Section I. FRINV_1 SECTION 4	-10	8092

This Edit refers to Section IV-Data Collection, Service Data. As seen below, the number of families who received at least one family personal visit and attended at least one group connection is reported as 18 in Section IV. The Total Families Served is reported as 15 in Section I. The number of families who received a family personal visit and attended a group connection must be less than or equal to the total number of families served.

Section I - Parent Education Hide

	High Need Families	Non High Need Families	Total Families
Total Families Served	10	5	15
Minority Families Served	0	0	0
Children Served	13	5	18

Section IV - Data Collection Hide

Service Data – Refer only to the families reported in Section I as receiving at least one family personal visit.

10b.	How many families received at least one family personal visit and attended at least one group connection during this program year? (Do not include teen families who only participated in Group Connections.)	18

		Edit Message	Return Code	Reason Code
1	E	The number of group connections specific to teen families can't exceed the total number of group connections reported in question #10. FRINV_1 SECTION 4	-10	8093

This Edit refers to Section IV-Data Collection, Service Data. As seen below, the total number group connections delivered during the program year is reported as 9. The number of group connections that were specific to teen families is reported as 10. The number of group connections that were specific to teen families must be less than or equal to the total number of group connections delivered.

Section IV - Data Collection Hide

Service Data – Refer only to the families reported in Section I as receiving at least one family personal visit.

10.	How many total group connections were delivered during this program year?	9
10a.	Of the total group connections reported above, how many were specific to teen families only?	10

Appendix A: Sample Invoice

Section I - Parent Education

All high need families are eligible for up to 25 family personal visits. All other families are eligible for up to 12 family personal visits. Teen Group Connections can be reported as family personal visits in this section.	High Need Families	Non High Need Families	Total Families
1. One Family Personal Visit.	0	0	0
2. Two Family Personal Visits.	0	0	0
3. Three Family Personal Visits.	0	0	0
4. Four Family Personal Visits.	0	0	0
5. Five Family Personal Visits.	0	0	0
6. Six Family Personal Visits.	0	0	0
7. Seven Family Personal Visits.	0	0	0
8. Eight Family Personal Visits.	0	0	0
9. Nine Family Personal Visits.	0	0	0
10. Ten Family Personal Visits.	0	0	0
11. Eleven Family Personal Visits.	0	0	0
12. Twelve Family Personal Visits.	0	0	0
13. Thirteen Family Personal Visits.	0		0
14. Fourteen Family Personal Visits.	0		0
15. Fifteen Family Personal Visits.	0		0
16. Sixteen Family Personal Visits.	0		0
17. Seventeen Family Personal Visits.	0		0
18. Eighteen Family Personal Visits.	0		0
19. Nineteen Family Personal Visits.	0		0
20. Twenty Family Personal Visits.	0		0
21. Twenty-One Family Personal Visits.	0		0
22. Twenty-Two Family Personal Visits.	0		0
23. Twenty-Three Family Personal Visits.	0		0
24. Twenty-Four Family Personal Visits.	0		0
25. Twenty-Five Family Personal Visits.	0		0
Total Families Served	0	0	0
Minority Families Served	0	0	0
Children Served	0	0	0
Total Family Personal Visits	0	0	0
Prenatal to Three Family Personal Visits	0	0	0
Three to Kindergarten Entry Family Personal Visits	0	0	0
Waiting List - Families Not Served	0	0	0
Waiting List - Children Not Served	0	0	0

Section II - Screening

	Under Age One	Age One	Age Two	Age Three	Age Four	Age Five	Age six (Before Kindergarten)
1. Children Screened	0	0	0	0	0	0	0
2. Children With Indicated Delays	0	0	0	0	0	0	0
2A. Developmental Delays	0	0	0	0	0	0	0
2B. Vision Delays	0	0	0	0	0	0	0
2C. Hearing Delays	0	0	0	0	0	0	0
2D. Physical/Health Delays	0	0	0	0	0	0	0
2E. Social/Emotional Delays	0	0	0	0	0	0	0
3. Children Referred for Further Evaluation	0	0	0	0	0	0	0
3A. Children with a Completed Evaluation	0	0	0	0	0	0	0

3 Months to Age 3 Screenings	Age 3 to Kindergarten Entry Screenings
0	0

Section III - High Needs Characteristics

	One Characteristic Families	Two Characteristics Families	Three or More Characteristics Families
1. Child Abuse or Neglect	0	0	0
2. Child with Disability or Chronic Health Condition	0	0	0
3. Death in the Immediate Family	0	0	0
4. Foster Care or Other Temporary Caregiver	0	0	0
5. High School Diploma or Equivalency not Attained	0	0	0
6. Housing Instability (Homeless)	0	0	0
7. Intimate Partner Violence	0	0	0
8. Low Income	0	0	0
9. Military Deployment	0	0	0
10. Parent Incarcerated During the Child's Lifetime	0	0	0
11. Parent with Disabilities or Chronic Health Condition	0	0	0
12. Parent with Mental Health Issue(s)	0	0	0
13. Recent Immigrant or Refugee Family	0	0	0
14. Single Parent Household	0	10	0
15. Speakers of Other Languages/English Learners	0	0	0
16. Substance Use Disorder	0	0	0
17. Very Low Birth Weight and Preterm Birth	0	0	0
18. Young Parents (Teen Parents)	0	0	0
Total High Need Families	0	5	-5

Appendix B: Sample Final Invoice-Section IV

Program Data		
1.	Define the Program Year for the services reported in Section I-III.	Start of Program Year 5/14/2019 End of Program Year mm/dd/2020 Note: Services provided after the reported End of Program Year date must be reported on the next year's Invoice.
2.	How many months of the year were family personal visits available to all enrolled families? (If selecting Other, provide an explanation of how many months visits were available and why it was less than the required minimum 9 months.)	○ 12 Months ○ 11 Months ○ 10 Months ○ 9 Months ○ Other, Explain
3.	In total, how many Advisory Committee meetings, with a regular focus on PAT, were held during the program year?	○ More than 2 ○ 2 ○ Less than two, Explain
4.	Which computerized data management system does the program use to track services provided?	○ Penelope ○ Visit Tracker ○ Other Local, State or Regional database ○ The program does not use a computerized data management system
5.	Describe the person(s) who provided individual reflective supervision with the PAT staff. Include supervisor(s) that carried a caseload. (Check all that apply)	☐ The program did not provide reflective supervision. ☐ Person in the program designated as the PAT Supervisor. ☐ Person in the program designated as the Lead Parent Educator. ☐ Supervisor professional separate from the program but within the district. ☐ Supervisor professional external to both the program and the district. ☐ Other, Explain
Service Data – Refer only to the families reported in Section I as receiving at least one family personal visit.		
6.	Did **all** parent educators review and document updates to the PAT Milestones Record for **each** enrolled child after **each** family personal visit?	○ Yes ○ No
7.	Number of 2 year olds reported in Section I who were fully immunized.	
8.	How many families received at least one family personal visit **and** had at least one goal documented as of the end of the program year? (Do not include teen families who only participated in Group Connections.)	
8a.	Of the families reported above, how many met one or more of their documented goals for the year?	
9.	How many families received at least one family personal visit **and** were connected to at least one community resource during this program year? (Do not include teen families who only participated in Group Connections.)	
9a.	Of the families reported above, how many families were connected to a resource in each category? A family may appear in more than one resource category. (Duplicated count based on the number of resources provided to each family.)	Basic Essentials (food and nutrition, housing and utilities, transportation, emergency crises, etc.) Education and Employment Physical Health (insurance, medical home, health related services) Mental Health and Wellness Early Care and Education Relationships with Family and Friends Recreation and Enrichment
10.	How many total group connections were delivered during this program year?	
10a.	Of the total group connections reported above, how many were specific to teen families only?	
10b.	How many families received at least one family personal visit and attended at least one group connection during this program year? (Do not include teen families who only participated in Group Connections.)	
11.	Indicate which Family-Centered Assessment (FCA) tool was used during this program year. (Check all that apply)	☐ The program did not use a Family-Centered Assessment tool during this program year ☐ Life Skills Progression ☐ North Carolina Family Assessment Scale for General Services ☐ Family Map ☐ Mid-America Head Start Family Assessment ☐ FCA Synthesis Record is completed using information gathered utilizing all of the Data in Motion Records
11a.	How many families received at least one family personal visit and had a completed Family-Centered Assessment during this program year?	
12.	How many families received at least one family personal visit **and** provided feedback, such as a family survey, regarding services received during this program year? (Do not include teen families who only participated in Group Connections.)	
13.	How many children received a family personal visit and had a complete screening during this program year?	
14.	Provide a short success story from a parent educator demonstrating one of the four main PAT goals around increasing school readiness, increasing parenting practices, reducing child abuse and neglect, or detecting developmental delays and health problems early. (Do not include family names or identifying information in this narrative.)	Increasing School Readiness Increasing Parenting Practices Reducing Child Abuse and Neglect Detecting Developmental Delays and Health Issues
Other Data		
15.	In addition to PAT, the district offers the following early childhood programs. (Check all that apply)	☐ No other early childhood program is offered ☐ Early Head Start ☐ Head Start ☐ Early Intervention ☐ Center-based early childhood program/preschool ☐ Other early childhood programs offered