

# Cayen FRC Webinar March 16, 2016





## Registration Required Information

| For children ("Adult"= no), complete these fields: |  |     | For adults ("Adult"= yes), complete their fields:            |  |  |  |  |  |
|--|--|-----|--|--|--|--|--|--|
| •  | DOB<br>Primary Language<br>Fully Immunized | •   | Primary Language<br>Ethnicity<br>Pace                        |  |  |  |  |  |
| •  | Uninsured<br>Ethnicity                     | New | Items:<br>One adult must be designated as Head of House Hold |  |  |  |  |  |
| •  | Race<br>Grade Level                        | •   | Detailed pregnancy information                               |  |  |  |  |  |
| •  | SASIDs (where applicable)                  |     |  |  |  |  |  |  |

For ECE Providers ("Adult" = yes), complete these fields:

- Primary Language
- Ethnicity
- Race
- Children Served\*

\*This field requires a number value to be entered that reflects the number of children receiving services from an ECE Provider at the time of registration. This field must be updated at least once per program year, or anytime there is a substantial change in the number of children served.



## **CAYEN** FRC

Home Site Info Activities Registration Rosters Attendance Reports Search Paym

#### Registration 🥹

| / Person | Last Name           | First Name          | Middle     |                    | Nickname                                 | Part                     | ticipant ID        |           | SASID # |            | Registration St. | Aug-    |
|----------|---------------------|---------------------|------------|--------------------|--|--------------------------|--------------------|-----------|---------|------------|------------------|---------|
|          |                     |                     |            |                    |  |                          |                    |           |         |            | Degistered       | Yes     |
|          | Date of Birth       | -                   |            | Age                |  |                          |                    |           | Gender  |            | Adult            | No      |
|          |                     |                     |            |                    |  |                          |                    |           | •       |            | Participa        | int Typ |
|          | Primary Language    |                     |            |                    |  |                          |                    |           |         |            |                  |         |
|          |                     |                     |            |                    |  |                          |                    |           |         |            | -,               |         |
|          | Head Of Household   |                     |            |                    |  |                          |                    |           |         |            | $\neg$           |         |
|          | No                  |                     |            |                    |  |                          |                    |           |         |            |                  |         |
|          | Fully Immunized     |                     |            |                    | Pregnant                                 |                          |                    | Uninsured |         |            |                  |         |
|          | -                   |                     |            |                    | N/A                                      |                          |                    | •         |         |            |                  |         |
|          | NCES Ethnicity      |                     |            |                    | NCES Race<br>Hold down Ctrl (or Apple) k | ey while you click to se | lect more than one |           |         |            |                  |         |
|          |                     | •                   |            |                    | American Indian or Alaska                | Native                   |                    |           |         |            | *                |         |
|          |                     |                     |            |                    | Asian<br>Black or African American       |                          |                    |           |         |            | =                |         |
|          |                     |                     |            |                    | Native Hawaiian or Other P               | acific Islander          |                    |           |         |            |                  |         |
|          |                     |                     |            |                    | White                                    |                          |                    |           |         |            | <b>T</b>         |         |
|          | Home Address        | pdated: 3/16/2016 1 | 1:32:19 AM |                    |  |                          |                    |           |         |            |                  |         |
|          | Address             |                     |            |                    |  |                          |                    |           |         |            |                  |         |
|          |                     |                     |            |                    |  |                          |                    |           |         |            |                  |         |
|          | City                |                     |            |                    |  |                          |                    | State Zip | Phone   | E-mail     |                  |         |
|          |                     |                     |            |                    |  |                          |                    | •         |         |            |                  |         |
|          | Mailing Address 🖸   | opy Home Address    |            |                    |  |                          |                    |           | l       |            |                  |         |
|          | Address             |                     |            |                    |  |                          |                    |           |         |            |                  |         |
|          |                     |                     |            |                    |  |                          |                    |           |         |            |                  |         |
|          | City                |                     |            |                    |  |                          |                    | State Zip |         |            |                  |         |
|          |                     |                     |            |                    |  |                          |                    | •         |         |            |                  |         |
|          |                     |                     |            |                    |  |                          |                    |           |         | at white   |                  |         |
|          | School Attending Du | ring Day            |            |                    |  |                          | Grade              |           |         | Lives With |                  |         |
|          | Request New School  | •                   |            |                    |  |                          |                    |           |         | <b>•</b>   | -                |         |
|          | Elem. Homeroom Te   | acher               |            | MS/HS Math Teacher |  | MS/HS Engli              | sh Teacher         |           | Homero  | om         |                  |         |
|          |                     | •                   |            |                    | •  |                          | •                  |           |         |            |                  |         |
| liosē    |                     |                     |            |                    |  |                          |                    |           |         |            |                  |         |
|          |                     |                     |            |                    |  |                          |                    |           |         |            |                  |         |

• You must provide information for the 'Adult' and 'Participant Type' fields in order to receive credit.

Links 🔻 Help



# Registration

**Pregnancy Status** 

You must update the pregnancy status for all (female) adults enrolled in PAT with a pregnancy status "yes" in their registration record.

- 1. Click on the participants registration record.
- 2. Click on the 'Pregnancies' tab located on the left hand column of the registration record.
- 3. Click **Add New** and enter a start date and end date (if applicable). If the pregnancy was terminated, etc., you must still enter an end date; doing so changes the pregnancy status from 'yes' to 'no'.
- 4. If the mother has given birth, indicate the end date and click **Save.** In the same screen, click **Add Child** associated with that pregnancy. The system will bring you through the same steps as adding a child to your household; the child's D.O.B will be the same as the pregnancy end date.\*

\* You must add all newborn children associated with a documented pregnancy this way in order for them to be householded properly.



| CAYEN FR                              |   |
|---------------------------------------|---|
| Home Site Info Activities             | Registration         Rosters         Attendance         Reports         Search         Payments         Links ▼               |
| Registration @                        |   |
|                                       | Attendees: 0 Registered: 27 Total Rec   |
| i i i i i i i i i i i i i i i i i i i | Pregnancies   |
| Participant Info                      | Purpose: Track, edit, or view pregnancies for this participant.   |
| Test Data                             | To add a new pregnancy occurrence, click the "Add New" button. To edit or delete a pregnancy occurrence, click the edit or de |
| Grade Data                            | Pregnancy Details   |
| Enrollment                            | Pregnancy   |
| Notes/Goals                           | Pregnancy Start Date Pregnancy End Date   |
| Surveys                               | - Notes:  |
| Behavior                              |   |
| Absences/Suspensions                  |   |
| User-Defined Fields                   |   |
| Referral Documentation                |   |
| FRC Services                          |   |
| Pregnancies                           |   |
| Participant Assessment                | Close   |
| Programs Enrolled                     |   |
| Visit Schedule                        |   |
|                                       |   |
|                                       |   |
|                                       |   |
|                                       |   |
| Reg Form                              |   |
| <prev close="" next=""></prev>        |   |
|                                       | Add New   |
|                                       |   |

- 1. Click on the participants registration record.
- 2. Click on the 'Pregnancies' tab located on the left hand column of the registration record.
- 3. Click **Add New** and enter a start date and end date (if applicable). If the pregnancy was terminated, etc., you must still enter an end date; doing so changes the pregnancy status from 'yes' to 'no'.
- 4. If an erroneous pregnancy status has been entered, you must add/enter the details and then delete the pregnancy details in order to change their status.



 If the mother has given birth, indicate the end date and click Save. In the same screen, click Add Child associated with that pregnancy. The system will bring you through the same steps as adding a child to your household; the child's D.O.B will be the same as the pregnancy end date.\*

\* You must add all newborn children associated with a documented pregnancy this way in order for them to be householded properly.



- To designate an adult as Head of Household, select their registration record.
- Click "Edit Household" and then "Members".
- Click on the pencil icon to edit.
- Once designated as Head of Household, the icon of a person will appear.



The Cayen Search function allows you to quickly view participant information for everyone registered at your site. It is accessed from the menu bar at the top of the home page.

- Click Find Records (wait for participant records to load).
- Select Quick Edit/Export Spreadsheet.
- Select Last Name, First Name, Date of Birth , Gender, SASID, Primary Language, Grade Level, Adult Participant Type, Pregnant, Household ID and Household Name.
- Select either Print/Export to Excel or View Quick Edit Form (from here, you can make corrections and then print or export).



#### Edit the form / Print a report / Export a spreadsheet

Purpose: Allows easy editing of multiple Registration records at once.

Instructions: Edit the desired information, and click on Save and Refresh to update the Registration records in the database. Click on Print/Export to Excel for a printer-friendly report, or to export the data to Excel.

Search Criteria [ALL]

| First Name | Date of Birth | Gender   | SASID #   | Primary Language | Grade | Participant Type | Pregnant | Household ID | Household Name                   |
|------------|---------------|----------|-----------|------------------|-------|------------------|----------|--------------|----------------------------------|
| Luie       | 7/9/2         | Male 👻   |           | Spanish 👻        |       | ▼ Child          | ▼ No ▼   | 15591        |                                  |
| Ash        |               | Female 👻 |           | English 👻        |       | ▼ Adult          | ▼ No ▼   | 35053        |                                  |
| Jen        | 12/16 )8      | Male 👻   | 8071 0517 | Spanish 👻        | 01    | ▼ Child          | ✓ No ✓   | 34386        | :5                               |
| Nin        | 11/16 .1      | Female 👻 |           | English 👻        |       | ▼ Child          | ▼ No ▼   | 21621        |                                  |
| Kai        |               | Female 👻 |           | •                |       | ✓ Adult          | ✓ No ✓   | 19217        | ran                              |
| Mic        |               | Male 🔻   |           | English 👻        |       | ▼ Child          | ▼ No ▼   | 19217        | ran                              |
| Mar        |               | Female 👻 |           | English 👻        |       | ✓ Adult          | ✓ No ✓   | 16380        |                                  |
| Rac        |               | Female 👻 |           | English 👻        |       | ▼ Adult          | ▼ No ▼   | 30070        |                                  |
| Kris       |               | •        |           | English 👻        |       | ▼ ECE Provider   | ▼ No ▼   |              |                                  |
| Cai        | 1/29/ )       | Female 👻 |           | English 👻        |       | ▼ Adult          | ▼ No ▼   | 18884        |                                  |
| Mac 1      | 12/16 .0      | Female 👻 |           | English 👻        |       | ▼ Child          | ▼ No ▼   | 18884        |                                  |
| Dor n      | 12/2/ 3       | Male 👻   | 4641 7316 |                  | 01    | ▼ Child          | ▼ No ▼   | 35427        |                                  |
| Jae        | 12/2/ 3       | Female 👻 | 4643 3216 | English 🗸        | 01    | ✓ Child          | ▼ No ▼   | 35427        |                                  |
| Lay        | 4/2/2         | Female 👻 | 2723 7080 |                  | 01    | ▼ Child          | ▼ No ▼   | 34393        |                                  |
| Aid        | 2/23/ )       | Male 👻   |           | English 👻        |       | ✓ Child          | ▼ No ▼   | 28053        |                                  |
| Dar e      |               | Female 👻 |           | English 👻        |       | ▼ Adult          | ▼ No ▼   | 28053        |                                  |
| Mat v      |               | Male 👻   |           | English 👻        |       | ▼ Adult          | ▼ No ▼   | 28053        |                                  |
| Jus        |               | Male 👻   |           | English 👻        |       | ▼ Adult          | ▼ No ▼   | 23213        |                                  |
| Kat        |               | Female 👻 |           | English 🗸        |       | ▼ Adult          | ▼ No ▼   | 23213        |                                  |
| Luc        | 5/30/         | Male 👻   |           | English 👻        |       | ▼ Child          | ▼ No ▼   | 23213        |                                  |
| Vid        |               | Female 👻 |           | English 🗸        |       | ✓ Adult          | ▼ No ▼   | 27182        |                                  |
| Luis       |               | Male 👻   |           |                  |       | ▼ Adult          | ▼ No ▼   | 35660        |                                  |
| Olg        | 10/3/         | Female 👻 |           | Spanish 🗸        |       | ▼ Adult          | ▼ No ▼   | 34348        |                                  |
| Back       |               |          |           |                  |       |                  |          | Print/I      | Export to Excel Save and Refresh |



Search Criteria

[ALL]

| Last Name | First Name | Primary Language | Participant Type | Household ID | н  | hold Name | Head Of Household    |
|-----------|------------|------------------|------------------|--------------|----|-----------|----------------------|
| Alla      | Eile       | English -        | ECE Provider     |              |    |           |                      |
| Ave       | Lis        | English          | ECE Provider     |              |    |           |                      |
| Bar       | De         | English 👻        | ECE Provider     |              |    |           |                      |
| Bor       | Ak         | English          | Child            | 34110        | В  | s         | No                   |
| Bor       | Tin        | English 👻        | Adult -          | 34110        | Be | s         | Yes                  |
| Bru       | Ho         | English          | ECE Provider +   |              |    |           |                      |
| Caz       | Elij       | English -        | Child            | 29140        | G  | 1         | No                   |
| Cur       | Me         | English 👻        | Adult -          | 29140        | C  | 1         | Yes                  |
| Etie      | Ma         | English -        | Child            | 37243        | Et | 1         | No                   |
| Etie      | Sa         | English          | Adult -          | 37243        | Et | )         | Yes                  |
| Flev      | Jan        | English 👻        | Adult -          |              |    |           |                      |
| Gor       | Fio        | English 👻        | Child            | 22587        | G  |           | No                   |
| Hen       | Ari        | English 👻        | Child            | 34111        | н  |           | No                   |
| Hen       | Asl        | English 👻        | Adult -          | 34111        | н  |           | Yes                  |
| Lan       | Jar        | English -        | Adult -          | 22587        | G  | 1         | Yes                  |
| Lew       | An         | English 👻        | ECE Provider     |              |    |           |                      |
| Mac       | Cla        | English 👻        | ECE Provider     |              |    |           |                      |
| McK       | Ro         | English 👻        | ECE Provider     |              |    |           |                      |
| Moh       | Tiff       | English 👻        | Adult -          | 29129        | M  | med       | Yes                  |
| Pon       | Jor        | English 👻        | Child            | 33739        | Pc |           | No                   |
| Pon       | Sh         | English 👻        | Adult 👻          | 33739        | Pc |           | Yes                  |
| Pon       | Tat        | Russian          | Adult -          | 33739        | Pc |           | No                   |
| Red       | Ale        | Bosnian 👻        | Adult            | 35629        | Re |           | No                   |
| Back      |            |                  |                  |              |    |           | Print/Export to Exce |

- All PAT families must have one parent designated as Head of Household
- Click Search/Find Participants/Quick Edit
- Select First and Last Name, Primary Language, Participant Type, Household ID, Household Name and Head of Household.
- Confirm that one adult in the household is designated as Head of Household





- You must complete an assessment for every family.
  - One assessment per family.
  - The assessment must be assigned to an adult.
- Make sure to update assessments for families carried over to the current term.
  - Make sure to always update the original assessment.
  - Do not create a new assessment for a family that had one in a previous term.

• Run the Participant Assessment Results Report to ensure your families have a completed assessment.

Note: If a family member is improperly assigned an assessment, you can "inactivate" their assessment via the FRC Setup section on the HOME screen. If you have assigned an assessment to multiple family members or have taken multiple assessments for a single family member, you must combine all the data into the assessment for the head of household adult and then inactivate all other assessments for that family.





## **FRC Assessment**

#### **Participant Assessment Status Report**

This report tells you the assessment status of each family and registered participant. The report has two sections: *Participant Assessment Exceptions and Participant Assessments* 

#### **Participant Assessment Results Report**

This report displays all households that have an assessment started or updated in the current program year. All households should appear on this list by the end of the program year, indicating that you have done an initial assessment for all new families and have updated the assessment for all families carried over from the prior year.

-Select Enrolled/Not Enrolled in any Program to see results for all assessments



### Participant Assessment Status Report

#### **Participant Assessment Status**



Number of Assessments Completed: 205

Percent of Families Assessed: 61.54%

#### Participant Assessment Exceptions

| Household   | Participant | Participant Type  | Exception Reasons   |
|-------------|-------------|-------------------|---|
| 21527       | Ab          | Child             |   |
|             | Ab          | Adult Participant | Assessment Not Assigned for the Household; Assessment Not Taken for the Household                             |
| - 27273     | Ag          | Adult Participant | Assessment Not Taken for the Household  |
| vic - 21499 | Ah          | Child             |   |
|             | Ah a        | Adult Participant | Assessment Not Assigned for the Household; Assessment Not Taken for the Household                             |
| - 19759     | Ale         | ECE Provider      | Assessment Not Assigned for the Household; Assessment Not Taken for the Household; No Adults in the Household |
|             | Ort         | Child             | Assessment Not Assigned for the Household; Assessment Not Taken for the Household; No Adults in the Household |
| : - 19760   | Dia         | Adult Participant | More Than One Assessment Assigned for the Household   |
|             | Dia         | Adult Participant | More Than One Assessment Assigned for the Household   |
|             | Dia         | Child             | Assigned Assessment Not for Adult; More Than One Assessment Assigned for the Household                        |
| - 20179     | Alv         | Adult Participant | Assessment Not Assigned for the Household; Assessment Not Taken for the Household                             |
|             | Alv         | Child             |   |
| 038         | An )        | Adult Participant | More Than One Assessment Assigned for the Household   |
|             | Ch          | Child             | Assigned Assessment Not for Adult; More Than One Assessment Assigned for the Household                        |
|             | Ch          | Adult Participant | More Than One Assessment Assigned for the Household   |
|             | Aq          | Child             |   |
|             | Aq          | Adult Participant | Assessment Not Taken for the Household  |
| 34042       | Arc         | Child             | Assigned Assessment Not for Adult; More Than One Assessment Assigned for the Household                        |
|             | Arc         | Adult Participant | More Than One Assessment Assigned for the Household   |
| - 20335     | Ва          | Adult Participant | More Than One Assessment Assigned for the Household   |
|             | Ba          | Adult Participant | More Than One Assessment Assigned for the Household   |
|             | Be          | Adult Participant | More Than One Assessment Assigned for the Household   |
| - 19763     | Ba          | Child             | Assigned Assessment Not for Adult; More Than One Assessment Assigned for the Household                        |



Number of Families Completed: 200

### Participant Assessment Status Report

Percent of Families Assessed: 100.00% Participant Assessment Exceptions Participant Assessments **Response Distribution** Household Participant Yes No Unknown Assessment Taken Date Last Taken Current/Prior Program Year Participant Type Alle 36097 All Adult Participant 2.08% 97.92% 06/02/2015 0.00% Yes Prior Alle Child Adult Participant Bor Во 34110 Child Bo Ca Adult Participant 2.08% 97.92% 0.00% 02/17/2015 Prior Yes Caz 29140 Child Cu elisha Adult Participant 2.08% 97.92% 0.00% 10/15/2014 Yes Prior Etie Etie 37243 n Child Etie Adult Participant 2.08% 97.92% 0.00% 10/15/2014 Prior Yes Gor Go 22587 Child Lar ne Adult Participant 2.08% 97.92% 0.00% Yes 05/01/2014 Prior Her He Child 4111 He Adult Participant 0.00% 100.00% 0.00% 07/20/2015 Current Yes Kar Ka 29132 Child Lav Adult Participant 2.08% 97.92% 0.00% 05/02/2014 Yes Prior Lab Lab ntiago - 33362 o, Adrian Child Sa alez, Iris Adult Participant 4.17% 95.83% 0.00% Yes 10/15/2014 Prior Mol Mo Mo ed - 29129 cha Child 100.00% 0.00% Adult Participant 0.00% 09/11/2014 Prior fany Yes Por Por Por 33739 erman Child Adult Participant an Por Re Adult Participant 2.08% 95.83% 2.08% Yes 11/10/2014 Prior Rec 5629 Adult Participant 0.00% 100.00% 0.00% Yes 02/18/2015 Prior Re Wh Child Wh 34096 Adult Participant 0.00% 100.00% 0.00% 06/15/2015 Yes Prior Wh For Wii Child Wii 29149 Adult Participant 2.08% 97.92% 0.00% Yes 10/15/2014 Prior Child Wil Sy 324 Adult Participant 2.08% 97.92% 0.00% Yes 02/18/2015 Prior Wil Wo Child Wo Child 21685 en Wo elle Adult Participant 0.00% 100.00% 0.00% Yes 10/15/2014 Prior





# **PAT Services**

You should only enroll the family members that you intend to service through home visits.

Documenting:

- PAT goals and home visit schedules
- Home Visits

\*NEW\*- You must record additional family members, guardians and/or caregivers that participate in the home visit.

• Screenings

It's expected that every child under age 5 that receive services should be screened and documented.

• Referrals

If the resource referral is generated as a result of the home visit, be sure to document the referral when recording the home visit.

• PAT-Standard Activities/Group Connections



### CAYEN FRC

Registration Rosters Attendance Reports

ne Site Info Activities

#### Registration 🧕

|   |                     | FRC Services   |   |   |             |  |  |  |  |  |  |
|---|---------------------|--|---|---|-------------|--|--|--|--|--|--|
|   |                     | Purpose: Add or modify existing Services.  |   |   |             |  |  |  |  |  |  |
|   |                     | nstructions: Please select a Service Grouping from the service dropdown.<br>- If you wish to edit an existing service, please click the 'edit' link. (*Note: If you wish to edit any service quickly you may double click on the corresponding row.) |   |   |             |  |  |  |  |  |  |
|   |                     | <ul> <li>If you wish to add a new service, ple</li> <li>If you wish to delete a service, plea</li> </ul>   | ease click the 'Add New' button.<br>se click the 'delete' link. |   |             |  |  |  |  |  |  |
|   |                     |  |   |   |             |  |  |  |  |  |  |
|   |                     | Home Visit -   |   | FRC Service Details   |             |  |  |  |  |  |  |
|   |                     | Activity Group   | Date  | FRC Attendance  | Details     |  |  |  |  |  |  |
|   |                     | Home Visit   | 1/6/2016  |   | edit delete |  |  |  |  |  |  |
|   |                     | Home Visit   | 11/23/2015  |   | edit delete |  |  |  |  |  |  |
|   |                     | Home Visit   | 10/20/2015  | FRC Attendance Information:   | edit delete |  |  |  |  |  |  |
|   |                     | Home Visit   | 9/28/2015   | Activity: Home Visit  | edit delete |  |  |  |  |  |  |
|   |                     | Home Visit   | 9/16/2015   | Session: *Home Visit  | edit delete |  |  |  |  |  |  |
| Keterral L  | Documentation       |  |   | Date: 1/6/2016  |             |  |  |  |  |  |  |
| RC Serv   | vices               | Referral Code:   |   |   |             |  |  |  |  |  |  |
| Dreanar   | ies                 | "No": A referral is applicable but has not be  | en administered.  | Home Visit Details fo   |             |  |  |  |  |  |  |
|   |                     | "Yes": A referral is applicable and has been   | administered.   |   |             |  |  |  |  |  |  |
| Participa   | nt Assessment       | "C": A referral is applicable and has been a   | dministered and has been completed.                             | Purpose: To document home visit outcomes.   |             |  |  |  |  |  |  |
| Program   | Enrolled            |  |   | Instructions: To document home visits first select a staff member from the 'Staff' drop-down list. Next         |             |  |  |  |  |  |  |
| -   |                     |  |   | from the 'Focus of Home Visit' drop down-list. Finally, type in the next visit date in the 'Date of Next Visit' |             |  |  |  |  |  |  |
| Jocumer<br>Visit Sch  | CPAT Goals and Home |  |   | section. You may also enter any notes about the visit.  |             |  |  |  |  |  |  |
| Nore Den  |                     |  |   | Staff:  |             |  |  |  |  |  |  |
|   |                     |  |   | Focus of Home Visit: Development-centered parenting/Family well-being/Parent-child interation                   |             |  |  |  |  |  |  |
|   |                     |  |   | Actions and Result of Visit: Accomplished visit objectives  |             |  |  |  |  |  |  |
|   |                     |  |   | Has more than one Parent/Guardian or Caregiver Participated: No 👻   |             |  |  |  |  |  |  |
|   |                     |  |   | Father Participated: No 👻   |             |  |  |  |  |  |  |
|   |                     |  |   | Resource Referral Needed: No 👻  |             |  |  |  |  |  |  |
|   |                     |  |   | Date of Next Visit: 2/22/2016   |             |  |  |  |  |  |  |
|   | Reg Form            |  |   | Notes:  |             |  |  |  |  |  |  |
| <prev< td=""><td>Close Next:</td><td></td><td></td><td></td><td></td></prev<> | Close Next:         |  |   |   |             |  |  |  |  |  |  |
|   |                     |  | 0   | Close Save  |             |  |  |  |  |  |  |
|   |                     |  | Copyright Infe  | orma  |             |  |  |  |  |  |  |

2015-201

- Click on adult's registration under which you have recorded previous home visits.
- Click on FRC Services.
- Select home visit and click 'edit' associated with each home visit.
- Make necessary updates/changes regarding additional parent/guardian or caregiver participation if applicable.



# **PAT Standard Group Connection**

Activity meets the standard established by PAT:

Certified parent educator is present during the activity/session; and
Parents/adults receive instruction during the activity/session.

\*NEW\*- You must record additional family members, guardians and/or caregivers that participate in PAT Standard Group Connection activities/sessions.



### CAYEN FRC

#### ne Site Info Activities Registration Rosters Attendance Reports Search Payment

#### Attendance 🧐



- Click on ATTENDANCE
- Select the Activity, Session and date the activity occurred.
- Add attendance via your preferred method and SAVE.
- Once saved, click on the icon associated with adult and add the details if applicable.
- Click 'Updated and Close'.

### Run the PAT Report by click on REPORTS/Family Resource Center/PAT Report by Reporting Period/2015-2016

• Refer to the to the question mark bubbles next to the count for further explanation.

| · ·                                  |          |  |   |            |
|--------------------------------------|----------|--|---|------------|
| Academics                            |          | <b>BAT Report by Reporting Period</b>  |   | -          |
| Activity Information                 |          | FAT Report by Reporting Feriod   |   |            |
| Attendance - By Person               |          |  |   | E          |
| Attendance - Totals                  |          |  |   |            |
| Family Resource Center               |          | PAT Report 2015-2016   |   | _          |
| Blank Participant Assessment         | <u> </u> | Date Run: Tuesday, March 15, 2016 at 10:31:21 AM (ET)  |   |            |
| Child Screenings and Referral Detail | II-1     | In total, how many families did your PAT affiliate serve with at least 1 personal visit this program year  | 5 |            |
| Posage by Program/Activity/Session   | 11-2     | How many families received their first visit this program year?  | 3 | 0          |
|                                      | II-2-a   | Of those families reported in II.2, how many received their first visit within the past 90 days?   | 0 | 0          |
| Follow-up Report                     | II-2-b   | Of those families reported in II.2, how many received their first visit more than 90 days ago?   | 3 | 0          |
| FRC Services Matrix Report           | II-2-c   | Of the families reported in II.2, how many were prenatal clients?  | 0 | 0          |
| FRC Services Report                  | II-3-a   | Please indicate the <u>number of families</u> with each of the following high need characteristics. Report on the high need<br>characteristics of the families reported in Item II.1. at the time of their enrollment for newly enrolled families and at   | 1 | 0          |
| General Resource Referral            |          | the beginning of the program year for families that were not newly enrolled during this program year: Teen Parents   |   |            |
| Household Enrolled Program           | II-3-b   | Please indicate the number of families with each of the following high need characteristics. Report on the high need   | 0 |            |
| Participant Assessment Results       |          | characteristics of the families reported in Item II.1. at the time of their enrollment for newly enrolled families and at the beginning of the program year for families that were not newly enrolled during this program year: Child with   |   |            |
| Participant Assessment Status        | -        | disabilities or chronic health condition (Child being served has a physical, cognitive, emotional or health-related  |   |            |
| Participant Characteristics          |          | under IDEA Part C)?  |   |            |
| Participant Pregnancy                | II-3-c   | Please indicate the <u>number of families</u> with each of the following high need characteristics. Report on the high need  | 0 | 0          |
| PAT - 2011 To 2014                   |          | the beginning of the program year for families that were not newly enrolled during this program year: Parent with  |   |            |
| PAT Report by Reporting Period       |          | disabilities or chronic health condition (Parent has a physical, cognitive or other health-related condition or<br>impairment that substantially limits one or more major life activities)?  |   |            |
| Upcoming Home Visits                 | II-3-d   | Please indicate the <u>number of families</u> with each of the following high need characteristics. Report on the high need  | 1 | 0          |
| Miscellaneous                        |          | the beginning of the program year for families that were not newly enrolled during this program year: Parent with  |   |            |
| Participant Contact Information      |          | mental illness (Parent has been diagnosed with a thought, mood, or behavior disorder (or some combination)<br>associated with distress and/or impaired functioning)?   |   |            |
| Participant Information              | II-3-e   | Please indicate the <u>number of families</u> with each of the following high need characteristics. Report on the high need  | 0 | 0          |
| Registration Forms/ID Cards          |          | the beginning of the program year for families that were not newly enrolled during this program year: Low  |   |            |
| Staff                                |          | educational attainment (Parent did not complete high school or GED and is not currently enrolled)?   | _ |            |
| Surveys                              | 11-3-†   | Please indicate the <u>number of families</u> with each of the following high need characteristics. Report on the high need characteristics of the families reported in Item II.1. at the time of their enrollment for newly enrolled families and at  | 2 | <b>(</b> ) |
| System                               |          | the beginning of the program year for families that were not newly enrolled during this program year: Low income<br>(Families eligible for Free and Reduced Lunches, Public Housing, Child Care Subsidy, WIC, Food Stamps, TANF, Head  |   |            |
|                                      |          | Start/Early Head Start, and/or Medicaid)?  |   |            |
| Back Print                           | II-3-g   | Please indicate the <u>number of families</u> with each of the following high need characteristics. Report on the high need characteristics of the families reported in Item II.1. at the time of their enrollment for newly enrolled families and at the beginning of the program year for families that were not newly enrolled during this program year: Recent | 0 | •          |



### Pay close attention to how different items are calculated on the report.

II-13

- a,b,c,d,e,f,g : Calculate the breakdown of ages. The calculation is done in real time, therefore the counts will differ month to month for children still enrolled in PAT.
- IV -1 & IV- 2: Calculate the number of families that have completed at least 75% of their home visits, based on risk factors.
  - Calculated by the number of visits divided by number of months enrolled.
  - Since home visits are on going, this calculation may not be accurate until June 30.





### If your counts are off, ensure the following information:

- Participant information will appear once a home visit is entered for the family in the 2015-2016 program year.
- All eligible family members are enrolled in PAT (at least 1 adult and 1 child).
- Home visits are recorded under the (same) adult in the household.
- Registration records (child and adult) have all of the required demographic information. Children missing 'grade level' will not be counted.
- Children must have all 5 screenings completed; 4 out of 5 screenings is considered a partial screening.





## **FRC** Resources

• We are currently revising the Site Review Protocol – Phase 1 and will reissue the document when completed.

## **Past Webinars**

http://www.crec.org/sfcp/index.php





## **FRC Resources**

Contact Cayen:

- You are unable to save a registration record.
- The system takes an extraordinary amount of time to load a report.
- You are unable to view some items/areas within the system.

Do NOT contact Cayen:

- If you have questions about registration vs. enrollment in a program.
- With Specific PAT questions.

Direct questions to: Louis Tallarita at Louis.Tallarita@ct.gov or Gerald Barrett at <u>gbarrett@crec.org</u>

