



2018-2019 Parents as Teachers Affiliate Performance Report (APR)

Items that are new or have been reworded from last year's 2017-2018 APR are highlighted in YELLOW

*= APR items used for assessing your affiliate's implementation of the Parents as Teachers Essential Requirements through the Performance Measures Report (PMR)

APR Section and Item	Response
I. ORGANIZATIONAL DESIGN	
A. Infrastructure	
1. Designed to Serve 2+ Years: Is your affiliate designed to provide at least two years of service to families with children between prenatal and kindergarten entry? * Yes/No	
2. Months Designed to Serve: How many months of the year is your affiliate designed to deliver all four components of the PAT model to all enrolled families?	
B. Leadership and Administration	
1. Advisory Committee Meetings: In total, how many Advisory Committee meetings with a regular focus on Parents as Teachers were held during the 2018-2019 program year? *	
C. Staffing	
1. Staff at Beginning of PY: Please indicate the number of staff employed as parent educators at the beginning of the 2018-2019 program year (include supervisors who carried a caseload in these count): <ul style="list-style-type: none"> a. Full-Time PEs Start of PY: How many parent educators (including supervisors who carried a caseload) provided parent educator services full-time (greater than .5 FTE)¹ at the beginning of the program year? Full-time is defined as more than 20 hours per week. b. Part-Time PEs Start of PY: How many parent educators (including supervisors who carried a caseload) provided parent educator services part-time (.5 FTE or less)¹ at the beginning of the program year? Part-time is defined as 20 hours or less per week. 	
2. Staff Changes: Please report on staffing changes that occurred during the 2018-2019 Program Year: <ul style="list-style-type: none"> a. Newly Hired: How many parent educators (including supervisors who carried a caseload) were newly hired during the program year? b. Ended Employment: How many parent educators (including supervisors who carried a caseload) reported in I.C.1. ended their employment (either voluntarily or involuntarily) in your affiliate during the program year? 	
3. Staff at End of PY: Please indicate the number of staff employed as parent educators as of the end of the 2018-2019 program year (include supervisors who carried a caseload in this count): <ul style="list-style-type: none"> a. Full-Time PEs End of PY: How many parent educators (including supervisors who provided parent educator services) provided parent educator services full-time (greater than .5 FTE)² at the end of the program year? * Full-time is defined as more than 20 hours per week. 	

¹ FTE = Full Time Equivalent. Examples of FTE and corresponding hours worked: 1.0 FTE = 40 hrs/week or 2080 hrs/year; .75 FTE = 30 hrs/week or 1560 hrs/year; .50 FTE = 20 hrs/week or 1040 hrs/year; .25 FTE = 10 hrs/week or 520 hrs/year.

<p>b. Part-Time PEs End of PY: How many parent educators (including supervisors who provided parent educator services) provided parent educator services part-time (.5 FTE or less)¹ at the end of the program year?* Part-time is defined as 20 hours or less per week.</p>	
<p>4. Expansion: Did your affiliate expand this program year? (E.g. Did you add new positions or expand a part-time position to a full-time position?) (Yes/No) (Optional Question)</p>	
<p>5. Staff Education Levels: Please provide the number of staff members who provided services as a parent educator whose highest level of education at the end of the program year is in the following categories, including equivalent degrees: NOTE: Please only include staff who were employed at the end of the program year in these counts. The total for I.C.5 should match the total reported in I.C.3.</p>	
<p>a. Less than high school graduate or High School Equivalency (GED)*</p>	
<p>b. High school graduate or High School Equivalency (GED)*</p>	
<p>c. Some college*</p>	
<p>d. Associates degree*</p>	
<p>e. Bachelor's degree*</p>	
<p>f. Master's degree*</p>	
<p>g. Greater than Master's*</p>	
<p>h. Doctoral degree*</p>	
<p>6. Staff Languages: Of the staff members employed by your affiliate at the end of the program year who provided services as a parent educator (including supervisors who carried a caseload), how many are:</p>	
<p>a. Bilingual</p>	
<p>b. Fluent Spanish speakers</p>	
<p>D. Supervision</p>	
<p>1. Average Supervisory Hours Per Week: How many hours per week were typically allocated to PAT Supervisory Activities including reflective supervision, coordination, and administrative activities? This total should include the amount of time spent by supervisors and lead parent educators on supervisory activities.*</p>	
<p>2. Supervisors Serving Families: How many staff members who provided supervisory activities also served families as parent educators as of the end of the program year? (These people should be counted in I.D.1, I.C.1, and I.C.3.)</p>	
<p>3. Reflective Supervision Provider(s): During the program year, who provided individual, reflective supervision for parent educators and supervisors who carried a caseload (check all that apply)?</p> <ul style="list-style-type: none"> a. Person(s) in your affiliate designated as PAT Supervisor b. Person(s) in your affiliate designated as Lead Parent Educator c. Supervisory professional separate from the affiliate but within the sponsoring organization d. Supervisory professional external to both the affiliate and the sponsoring organization e. Other 	
<p>4. Average Monthly Hours of Reflective Supervision Per Full-Time PE: What was the average number of hours of reflective supervision received by each full-time parent educator per month?*</p> <p>NOTE: The reflective supervision hours reported here must be completed hours of individual, reflective supervision that were planned and scheduled in advance. Full-time is defined as more than 20 hours per week. Include full-time parent educators as well as supervisors who devoted more than .5 FTE (more than 20 hours per week) to providing parent educator services to families.</p>	
<p>5. Average Monthly Hours Reflective Supervision Per Part-Time PE: What was the average number of hours of reflective supervision received by each part-time parent educator per month? *</p>	

<p>NOTE: The reflective supervision hours reported here must be completed hours of individual, reflective supervision that were planned and scheduled in advance. Part-time is defined as 20 hours or less per week. Include part-time parent educators as well as supervisors who devoted .5 FTE or less (20 hours per week or less) to providing parent educator services to families.</p>	
<p>6. Staff Meetings: In total, how many staff meetings were held during the 2018-2019 program year?*</p> <p>a. Average Staff Meeting Duration: How long, <u>in hours</u>, was an average staff meeting during the program year?*</p>	
<p>Please provide any comments you wish to make about your affiliate’s leadership and administration, staffing or supervision:</p>	
<p>II. Service Delivery – FAMILIES</p>	
<p>1. Families Served: In total, how many families did your PAT affiliate serve with at least one personal visit this program year?*</p>	
<p>2. New Families: How many families received their first visit this program year?</p>	
<p>a. New Families <= 90 days: Of those families reported in II.2., how many received their first visit within the past 90 days?*</p>	
<p>b. New Families > 90 days: Of those families reported in II.2., how many received their first visit more than 90 days ago?*</p>	
<p>3. Family Experiences and Stressors: Please indicate the <u>number of families</u> who have received at least one visit who have each of the following Family Experiences and Stressors (formerly known as high needs characteristics). Report on the stressors of the families reported in 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:</p> <p>NOTE: Please see the updated Family Experiences and Stressors in the Affiliate Implementation Manual.</p>	
<p>a. Young parents – Youth who are pregnant or parenting under the age of 21.</p>	
<p>b. Child with a disability or chronic health condition – The child has a significant delay, disability, or condition that impacts developmental domains and/or effects overall family well-being.</p>	
<p>c. Parent with a disability or chronic health condition – A parent has a physical or cognitive impairment (disability or chronic health condition) that substantially limits their ability to parent as determined by the parent or by the parent educator.</p>	
<p>d. Parent with mental health issue(s) – A parent has a thought, mood, or behavioral disorder (or some combination) associated with distress and/or impaired functioning, as determined by parent report, positive screening, or a diagnosis.</p>	
<p>e. High school diploma or equivalency not attained – Parent did not complete high school or pass an equivalency exam and is not currently enrolled.</p>	
<p>f. Low income – Family is eligible for free and reduced lunches, public housing, child care subsidy, WIC, food stamps/SNAP, TANF, Head Start/Early Head Start, and/or Medicaid.</p>	
<p>g. Recent immigrant or refugee family – One or both parents is foreign-born and entered the country within the past five years.) This does not include those from Puerto Rico, Guam, and the U.S. Virgin Islands.</p>	
<p>h. Substance use disorder – Parent persistently has used or is currently using substances despite negative social, interpersonal, legal, medical, or other consequence. Affiliates have discretion in determining how far back in time is relevant in terms of current impact on parenting, family well-being, or the parent-child relationship. PATNC recommends including this as a risk factor if substance abuse has occurred at any point during the enrolled child’s lifetime (including prenatal).</p>	
<p>i. Foster care or other temporary caregiver – Child or young parent is in foster care or has court-appointed legal guardians or is living in some other temporary caregiver condition.</p>	
<p>j. Child abuse or neglect – Reported or substantiated abuse/neglect of child or sibling, including but not limited to a current or recent open case with the child welfare system for any reason.)</p>	

<p>k. Parent incarcerated during the child’s lifetime – Parent(s) is or was incarcerated in federal or state prison or local jail, halfway house or is part of a boot camp or weekend program requiring overnight stays during the child’s lifetime.</p>	
<p>l. Housing instability – Individuals who are homeless lack fixed, regular, and adequate nighttime residences, including those who share others’ homes due to loss of housing or economic hardship; live in motels, hotels, or camping grounds due to lack of adequate alternative accommodations; reside in emergency or transitional shelters; or reside in public or private places not designed for or used as regular sleeping accommodations.</p>	
<p>m. Very low birth weight and preterm birth – The child’s birth weight is under 1500 grams or 3.3 pounds and the child was born at less than 37 weeks’ gestation for children under the age of 2.</p>	
<p>n. Death in the immediate family – The death of the child, parent/guardian, or sibling. Affiliates have discretion in determining how far back in time is relevant. PATNC recommends including this as a risk factor if a death in the immediate family has occurred at any point during the enrolled child’s lifetime (including prenatal).</p>	
<p>o. Intimate partner violence – Parent/guardian is a survivor of intimate partner violence per self-report, positive screening, or court proceedings. This includes physical, sexual, and psychological violence. Economic coercion against a current or former intimate partner is also included. PATNC recommends including this as a risk factor if intimate partner violence has occurred during the child’s lifetime (including prenatal).</p>	
<p>p. Military deployment – Parent/guardian is planning for deployment, currently deployed, or within two years of returning from a deployment as an active duty member of the armed forces.</p>	
<p>4. Count of Families by # Stressors: How many families had: (total should made II.1) a. ZERO Family Experiences and Stressors listed in II.3.a-p.* b. ONE Family Experiences and Stressor listed in II.3.a-p.* c. TWO Family Experiences and Stressors listed in II.3.a-p.* d. THREE Family Experiences and Stressors listed in II.3.a-p.* e. FOUR OR MORE Family Experiences and Stressors listed in II.3.a-p.*</p>	
<p>5. Family Languages: How many families regularly speak any of the following languages in their home? NOTE: You can select multiple languages for a family. a. English b. Spanish c. Arabic d. Chinese e. French f. German g. Italian h. Japanese i. Korean j. Maori k. Polish l. Russian m. Tagalog n. Vietnamese o. Tribal Languages (If yes, please list the tribal language(s) spoken by families served) p. Other (If yes, please list the other language(s) spoken by families served)</p>	

q. Not Answered	
II. Service Delivery – PARENTS/GUARDIANS	
<p>6. Caregiver Ethnicity: How many of the parents/guardians are:</p> <ul style="list-style-type: none"> a. Hispanic or Latino b. Non-Hispanic/Non-Latino c. Not Answered 	
<p>7. Hispanic/Latino Caregiver Race: Of the Hispanic or Latino parents/guardians reported in II.6.a, how many are of the following race?</p> <ul style="list-style-type: none"> a. American Indian or Alaska Native b. Asian c. Black or African-American d. Native Hawaiian or Other Pacific Islander e. White f. Multi-racial (two or more races) g. Other h. Not Answered 	
<p>8. Non-Hispanic/Non-Latino Caregiver Race: Of the Non-Hispanic/Non-Latino parents/guardians reported in II.6.b, how many are of the following race?</p> <ul style="list-style-type: none"> a. American Indian or Alaska Native b. Asian c. Black or African-American d. Native Hawaiian or Other Pacific Islander e. White f. Multi-racial (two or more races) g. Other h. Not Answered 	
II. Service Delivery – CHILDREN	
<p>9. Ages Designed to Serve: Which of the following age range(s) is your affiliate designed to serve?</p> <ul style="list-style-type: none"> a. Prenatal to less than 3 years b. Prenatal to 3 years c. Prenatal to 4 years d. Prenatal to kindergarten entry e. Prenatal through kindergarten completion f. 3 years to kindergarten entry g. 3 years through kindergarten completion 	
<p>10. Children Served: How many children ages <u>birth to kindergarten entry</u> received at least one personal visit?*</p>	
<p>11. New Children: How many children received their first visit <u>during this program year</u>?</p> <p>NOTE: A child is considered newly enrolled if they are a member of a new family reported in II.2. or if they are new children (born, adopted, etc.) added to existing families during this program year.</p>	
<p>a. New Children <= 90 days: Of the children reported in II.11., how many received their first visit <u>within the past 90 days</u>?*</p>	
<p>b. New Children > 90 days: Of the children reported in II.11., how many received their first visit <u>more than 90 days ago</u>?*</p>	

12. New Child Age at Enrollment: How old were the newly enrolled children ages <u>birth to kindergarten entry</u> that you reported in II.11. as of their first visit? How many children were:	
a. 0-3 months	
b. 4-11 months	
c. 1 year old (12-23 months)	
d. 2 years old (24-35 months)	
e. 3 years old (36-47 months)	
f. 4 years old (48-59 months)	
g. 5 years old (60+ months)	
h. Total	
13. All Child Age at End of PY: Please report the ages of the children reported in II.10. For children still enrolled at the end of the program year, report their ages as of the end of the program year. For children who exited during the year, report their ages at the time of exit. How many children were:	
a. 0-3 months	
b. 4-11 months	
c. 1 year olds (12-23 months)	
d. 2 year olds (24-35 months)	
e. 3 year olds (36-47 months)	
f. 4 year olds (48-59 months)	
g. 5 year olds (60+ months)	
14. Child Ethnicity: How many of the enrolled children reported in II.10. are: NOTE: II.14.a., II.14.b. and II.14.c when added together should equal the total number of children reported in II.10.	
a. Hispanic or Latino children	
b. Non-Hispanic/Non-Latino children	
c. Not Answered	
15. Hispanic/Latino Child Race: Of the Hispanic or Latino children in II.14.a., how many are of the following race? NOTE: II.15a through II.15h when added together should equal the number of Hispanic or Latino children reported in II.14.a.	
a. American Indian or Alaska Native	
b. Asian	
c. Black or African-American	
d. Native Hawaiian or Other Pacific Islander	
e. White	
f. Multi-racial (2 or more races)	
g. Other	
h. Not Answered	
16. Non-Hispanic/Non-Latino Child Race: Of the Non-Hispanic/Non-Latino children in II.14.b., how many are of the following race? NOTE: II.16a through II.16h when added together should equal the number of Non-Hispanic or Non-Latino children reported in II.14b.	
a. American Indian or Alaska Native	

b. Asian	
c. Black or African-American	
d. Native Hawaiian or Other Pacific Islander	
e. White	
f. Multi-racial (2 or more races)	
g. Other	
h. Not Answered	
17. Child Gender: Of the children reported in II.10 who received at least one personal visit (excluding prenatal children), how many were: a. Female b. Male c. Not Answered/Other	
18. Child Immunization: As of the end of the program year, what percent (%) of children who have been enrolled for at least 90 days AND are between the ages of 19 and 35 months are fully immunized?	
19. Uninsured Children: How many of the children served during the program year (reported in II.10.) are currently uninsured (child does not have health coverage)?	
20. Usual Source of Medical Care: Please report the number of children who utilize any of the following for their usual source of medical and sick-care? a. Doctor's/Nurse Practitioner's Office b. Hospital Emergency Room c. Hospital Outpatient d. Federally Qualified Health Center e. Retail Store or Minute Clinic f. Unknown/Did not report g. Other	
21. Usual Source of Dental Care: Of children ages 12 months or older (as of the date of the last health review), how many: (optional question) a. Have a usual source of dental care b. Do not have a usual source of dental care c. Unknown/Did not report	
II. Service Delivery – Prenatal	
NOTE: For items 22-24 below, please include prenatal families in these counts even if they have another child who is also being served.	
22. Prenatal Families: Of the families served this program year (reported in II.1), how many received a prenatal personal visit this program year? (Optional Question)	
23. Newly Enrolled Prenatal Families: Of the newly enrolled families reported in II.2, how many families were prenatal?	
24. Prenatal Personal Visits: How many prenatal personal visits were delivered this program year? (Optional Question)	
Please provide any comments you wish to make about the families and children your affiliate served:	
III. Family-Centered Assessment and Goal Setting	
1. FCA for Families Enrolled > 90 days ago: How many of the families who received at least 1 personal visit this program year more than 90 days ago (Item II.1-II.2.a) have had a comprehensive family-centered assessment completed and documented during this program year?*	

<p>2. New Families Enrolled > 90 days: How many of the families who received their first visit this program year (II.2) were enrolled for more than 90 days?*</p>	
<p>a. Initial FCA: How many of these families (III.2) had an initial, comprehensive family-centered assessment completed and documented within 90 days of their first visit?*</p>	
<p>3. FCA for Families Enrolled <= 90 days ago: How many of the families who received their first visit less than or equal to 90 days ago (as reported in II.2.a), had an initial, comprehensive family-centered assessment completed and documented during this program year?*</p> <p>NOTE: III.3 will only be used to add to your family-centered assessment percentage. It will not be counted against you for families who enrolled less than 90 days before the end of the program year and have not yet received their family-centered assessment.</p>	
<p>4. FCA Approved Tool: Did your affiliate use one or more of the following assessment tools?* (Yes/No)</p> <ul style="list-style-type: none"> • Life Skills Progression (LSP) • North Carolina Family Assessment Scale for General Services (NCFAS-G) • Family Map • Mid-America Head Start Family Assessment • Massachusetts Family Self-Sufficiency Scales and LADDERS Assessment • Maine Families Family Picture • Colorado Family Support Assessment-Version 2.0 along with the Protective Factors Survey • Maternal-Child Health/Demographic Information Forms for Child and Adult along with the Maternal-Child Health FCA PAT Supplement • Other previously approved tool and FCA Synthesis Record • Full use of PAT Visit Plans, 2017 PAT Records & the FCA Synthesis Record 	
<p>5. FCA Tool(s) Used: Please indicate which family-centered assessment tool(s) your affiliate used:</p> <ul style="list-style-type: none"> a. Life Skills Progression b. North Carolina Family Assessment Scale for General Services (NCFAS-G) c. Family Map d. Mid-America Head Start Family Assessment e. Massachusetts Family Self-Sufficiency Scales and LADDERS Assessment (This tool is no longer published/supported by its developer. Therefore, only affiliates that began using this tool before January 2016 should use it.) f. Maine Families Family Picture g. Colorado Family Support Assessment-Version 2.0 along with the Protective Factors Survey h. New Mexico Maternal-Child Health/Demographic Information Forms for Child and Adult along with the Maternal-Child Health FCA PAT Supplement i. Other tool previously approved by PAT & FCA Synthesis Record j. Full use of PAT Visit Plans, 2017 PAT Records & the FCA Synthesis Record k. We did not use any of the PAT-approved family-centered assessment tools or methods during the 2018-2019 Program Year 	
<p>6. Goals Documented: How many families that received at least one personal visit this year had at least one goal documented as of the end of the program year?*</p>	
<p>a. Met Goal: How many of these families <u>met</u> at least one goal during the program year (or by the time of exit if they exited during the program year)?</p>	
<p>IV. Personal Visits</p>	

1. Visits for Families with 0-1 Stressors: How many families with zero or one Family Experiences and Stressors (formerly known as high needs characteristics) (total of II.4.a plus II.4.b) received at least 75% of the required visits during the program year?*	
NOTE: Please refer to the instructions page when answering this item.	
2. Visits for Families with 2+ Stressors: How many families with two or more Family Experiences and Stressors (formerly known as high needs characteristics) (total of II.4.c, II.4.d, and II.4.e) received at least 75% of the required visits during the program year?*	
NOTE: Please refer to the instructions page when answering this item.	
3. Use of FND Visit Plans and Planning Guide: Did ALL (100%) of parent educators and supervisors that carry a caseload use the foundational visit plans and planning guide from the curriculum to design and deliver personal visits to families? * Yes/No	
4. Average Visits/Month per FT 1st Yr PEs: On average how many personal visits per month did individual full-time, first year parent educators complete during the program year?*	
NOTE: Full-time is defined as more than 20 hours per week (greater than .5 FTE)* If you did not employ a full-time, 1 st year parent educator, please enter 0.	
5. Average Visits/Month per PT 1st Yr PEs: On average how many personal visits per month did individual part-time, first year parent educators complete during the program year?*	
NOTE: Part-time is defined as 20 hours per week or less (.5 FTE or less)* If you did not employ a part-time, 1 st year parent educator, please enter 0.	
6. Average Visits/Month per FT 2nd Yr+ PEs: On average how many personal visits per month did individual full-time, second year and beyond parent educators complete during the program year?*	
NOTE: Full-time is defined as more than 20 hours per week (greater than .5 FTE)* If you did not employ a full-time, 2 nd year and beyond parent educator, please enter 0.	
7. Average Visits/Month per PT 2nd Yr+ PEs: On average how many personal visits per month did individual part-time, second year and beyond parent educators complete during the program year?*	
NOTE: Part-time is defined as 20 hours per week or less (.5 FTE or less)* If you did not employ a part-time, 2 nd year and beyond parent educator, please enter 0.	
8. Total Visits: Indicate the total number of PAT personal visits delivered to families (those reported in II.1.) during this program year:	
9. Visits with Male Caregiver: In how many of the total number of personal visits delivered to families did a male caregiver/guardian participate?	
10. Visits with Multiple Caregivers: In how many of the total number of personal visits delivered to families did more than one parent, guardian or caregiver participate?	
V. Group Connections	
1. Total Group Connections: How many group connections were delivered by your affiliate this program year?*	
2. Families Attending Group Connections: How many families (of the number reported in II.1.) attended at least one group connection this program year?	
3. Male Caregivers Attending Group Connections: How many male caregivers/guardians participated in at least one group connection during the 2018-2019 program year?	
VI. Screening/Surveillance	
1. Annual Screening: How many of the children who you served this program year (II.10) received their first visit prior to the start of the program year?*(i.e. prior to July 1, 2018)	
a. Annual Health Review: How many of these children (reported in VI.1) received a complete annual health status, safety, vision, and hearing review during this program year?*	

<p>b. Annual Developmental Screening: How many of these children (reported in VI.1) received a complete annual developmental screening during this program year?*</p>	
<p>2. Newly Enrolled Children > 90 days. How many of the children who received their first visit this program year (II.11) were enrolled for more than 90 days?*</p>	
<p>a. Initial Developmental Screening: How many of these children (reported in VI.2.) received a complete <i>initial</i> developmental screening within 90 days of the child’s first visit or birth?*</p> <p>NOTE: For families enrolled prenatally, developmental screening is completed within 90 days of the child’s birth.</p>	
<p>3. Newly Enrolled Children Prior to 4 Months: How many of the children newly enrolled this program year <i>prior to age 4 months</i> (reported in II.12.a.) were at least <i>7 months of age</i> as of the end of the program year. *</p> <p>NOTE: Please exclude children who were younger than 7 months of age at time of exit. “7 months of age” refers to 7 months 0 days, not 7 months 30 days.</p>	
<p>a. Initial Health Review: How many of these children (reported in VI.3.) received a complete, initial health status, safety, hearing, and vision review prior to 7 months of age?*</p>	
<p>4. Newly Enrolled Children at 4 Months or Older. How many of the children newly enrolled this program year at <i>4 months of age or older</i> (reported in II.12.b. – II.12.g.) were enrolled for more than 90 days as of the end of the program year? *</p> <p>NOTE: Please exclude children who were enrolled for 90 days or less at time of exit.</p>	
<p>a. Initial Health Review: How many of these children (reported in VI.4.) received a complete, initial health status, safety, vision, and hearing review within 90 days of their enrollment?*</p>	
<p>5. Newly Enrolled Less Than 90 Days:</p> <p>NOTE: This question will only be used to add to your screening percentages. It will not be counted against you for children who enrolled less than 90 days from the end of the program year and have not yet received their initial developmental or health, safety, hearing, and vision screenings.</p>	
<p>a. Initial Developmental Screening: How many of the children who received their first visit less than or equal to 90 days ago (as reported in II.11.a) received a complete, initial developmental screening?*</p>	
<p>b. Initial Health Review: How many of the children who received their first visit less than or equal to 90 days ago (as reported in II.11.a) received a complete, initial health, safety, hearing, and vision review?*</p>	
<p>For Items 6 – 8 in Section VI, include all screenings conducted during the program year with children who received at least one personal visit this year. This includes those who received some, but not all, parts of a complete screening (health, safety, hearing, vision, developmental).</p>	
<p>6. Children Referred From Screening: How many children who received a screening were referred for further assessment based on screening results?</p>	
<p>7. Children Received Follow-up Services: How many children who were referred for further assessment (reported in VI.6.) received follow-up services?</p>	
<p>8. Children Newly Identified with Potential Delays/Concerns: Of the children who received a screening this program year, how many were <i>newly identified</i> with potential developmental, vision, hearing or physical health delays/concerns? Indicate the number newly identified with a potential delay/concern:</p> <ul style="list-style-type: none"> a. Developmental delay/concern (language, intellectual or motor): b. Social-Emotional delay/concern: c. Hearing delay/concern: d. Vision delay/concern: e. Physical health delay/concern: 	

<p>9. Developmental Screening Tool(s) Used: Please select the developmental screening tool(s) your affiliate used during the program year for developmental screenings. Some tools require that a separate screening is used for social-emotional development (e.g., ASQ-SE-2 or DECA-IT/P2 needs to supplement the ASQ-3), therefore be sure to check all that apply:</p> <p>NOTE: Please see the updated list of approved developmental screening tools in the Affiliate Implementation Manual.</p> <ul style="list-style-type: none"> a. Ages and Stages Questionnaire-3 (ASQ-3) b. Ages and Stages Questionnaire: Social-Emotional Second Edition (ASQ:SE-2) c. Brigance Early Childhood Screens d. Developmental Indicators for the Assessment of Learning (DIAL-4) e. Devereux Early Childhood Assessment: Infant and Toddler (DECA-I/T) or Preschool Version (DECA-P2) f. Parents' Evaluation of Developmental Status (PEDS) g. Did not use any of the PAT approved developmental/social-emotional tools 	
<p>10. Milestones: Did ALL (100%) parent educators review and document updates to the PAT Milestones Record for each enrolled child after visits?*(Yes/No)</p>	
<p>VII. Resource Network</p>	
<p>1. Resource Connections: How many families who received at least one personal visit this program year (reported in II.1.) were connected to at least one community resource during the program year?*</p> <p>NOTE: Please refer to the instructions page for guidance in answering this item.</p>	
<p>a. Made or Attempted to Contact: How many of these families made or attempted to make contact with a referral source for at least one resource connection during the program year? (optional)</p>	
<p>b. Initiated Services: How many of these families initiated services for at least one resource connection during the program year? (optional)</p>	
<p>Please provide any additional comments you wish to make about your affiliate's delivery of Parents as Teachers services (personal visits, screenings, group connections, resource network, family-centered assessment and goal-setting) to families:</p>	
<p>VIII. Waiting List Families</p>	
<p>1. Waitlist Used: Did your Affiliate maintain a waiting list at any time during the 2018-2019 program year? Yes/No</p>	
<p>a. Families on Waitlist: If yes, please indicate the number of families who are on your waiting list as of the end of the program year:</p>	
<p>IX. Family Feedback and Retention</p>	
<p>1. Family Feedback: How many families (of those reported in II.1) provided feedback to your affiliate during this program year about services they received?*</p>	
<p>2. Feedback Method(s): Which of the following method(s) did your affiliate use to obtain feedback from families about the services they received?</p> <ul style="list-style-type: none"> a. Parents as Teachers Parent Satisfaction Survey - Web Version b. Parents as Teachers Parent Satisfaction Survey - Paper Version c. Survey created by your affiliate d. Focus Group e. Other f. We did not obtain feedback from families about the services they received 	
<p>3. Families Exited: How many families who received at least one personal visit this year (reported in II.1) exited the program during this program year?</p>	

<p>4. Exit Reasons: Please report the reasons that the exited families (reported in X.III) left the program this year. How many families exited because:</p> <ul style="list-style-type: none"> a. The enrolled child(ren) aged out (or graduated) b. The child and/or family transitioned to another early childhood or family support program (without aging out or graduating) c. The child and/or family moved out of the service area d. The family regularly missed scheduled personal visits e. The family could not be located f. The family no longer wants to receive services g. The family left for other reasons/unknown 	
<p>5. Length of Enrollment at Exit: Of the families who exited during the program year (X.3), please report the number of families that received the following number of months of service.</p> <ul style="list-style-type: none"> a. 90 days or less b. 91 days to 6 months c. 6 to 12 months d. 13 to 17 months e. 18 to 24 months f. 25 to 36 months g. 37 to 48 months h. 49 to 60 months i. 61+ months 	
<p>6. Length of Enrollment for Continuing Families: Of families that were still enrolled at the end of the program year, please report the number of families that have received the following number of months of service.</p> <ul style="list-style-type: none"> a. 90 days or less b. 91 days to 6 months c. 6 to 12 months d. 13 to 17 months e. 18 to 24 months f. 25 to 36 months g. 37 to 48 months h. 49 to 60 months i. 61+ months 	
<p>X. Program Information, Funding & Budget</p>	
<p>1. Organization/Affiliate Profile: Please provide a short profile (3-5 sentences) describing your organization <u>and</u> PAT affiliate (optional question).</p>	
<p>2. Success Story: Please provide a short success story or story from a parent educator demonstrating one of the four main PAT goals around increasing school readiness, improving parenting practices, reducing child abuse and neglect, and detecting developmental delays and health problems early (optional question). NOTE: Please be sure to NOT use any family names or identifying information in these stories. This may be used in our marketing.</p>	
<p>3. Organization Type: What type of organization is your affiliate a part of? This should be the organization that employs your affiliates' PAT staff, not the affiliate's funder. Please choose the one option that <i>best describes</i> your PAT affiliate's organization.</p> <ul style="list-style-type: none"> a. School System 	

<ul style="list-style-type: none"> b. Social Service Nonprofit c. Mental/Behavioral Health Organization d. Family/Parenting/Youth Resource Center e. Health Department f. Hospital, Clinic, or Medical Facility g. Department of Social Services/Child Welfare h. Community Action Agency i. Early Childhood Education Center j. Housing Authority k. College or University l. Faith-Based Organization m. Tribal Government Agency n. Military Base o. Shelter (e.g. Homeless, Youth, Domestic or Intimate Partner Violence) p. Other (please specify): _____ 	
<p>4. Additional Early Childhood Programs: Besides PAT, does your organization offer any of the following early childhood programs? (check all that apply)</p> <ul style="list-style-type: none"> a. Child First b. Early Head Start (EHS) c. Head Start d. Healthy Families America (HFA) e. Family Literacy f. Home Instruction for Parents of Preschool Youngers (HIPPY) g. Nurse-Family Partnership (NFP) h. SafeCare i. Early Intervention j. Center-based early childhood program/preschool k. No other early childhood programs are offered l. Other early childhood programs offered (please specify): _____ 	
<p>5. Community/ies Served: Please use the general guidelines listed below to define the communities your PAT affiliate serves (check all that apply):</p> <ul style="list-style-type: none"> a. Rural (A geographic area with a population of less than 2,500.) b. Small town (A geographic area with a population of 2,500 or more.) c. Suburban (An identifiable community which is part of a larger urban area.) d. Urban (Densely settled areas containing at least 50,000 people.) e. Major city (Total population of 500,000+ people) 	
<p>6. Penelope Data System: Does your affiliate use Penelope for documenting and tracking PAT service delivery to families? Yes/No</p>	
<p>7. Other Data System(s): Does your affiliate use any of the following systems (check all that apply)?</p> <ul style="list-style-type: none"> a. Visit Tracker b. Efforts to Outcomes (ETO) c. REDCap 	

<ul style="list-style-type: none"> d. Cayen Systems APlus e. ChildPlus or other Head Start data system f. We do not use a computerized data management system g. Other Local, State or Regional database (please specify): _____ 	
8. Funding Source(s): Please indicate the sources of funding your program receives (check all that apply):	
Funding Source: To ensure accuracy of responses, please verify your funding source with your agency's fiscal agency/officer. Note: Please indicate the <i>original</i> source of the funds (e.g., MIECHV funding distributed through your state, would be Federal: MIECHV)	
Public Funding – Federal	
Maternal, Infant, and Early Childhood Home Visiting (MIECHV) -- administered through states	
Tribal MIECHV	
Temporary Assistance to Needy Families (TANF)	
Title One -- administered through local school districts	
Office of Head Start/Early Head Start	
Bureau of Indian Education (BIE)	
Title V Community Prevention	
Promoting Safe and Stable Families	
Medicaid	
Early Intervention Program for Infants and Toddlers with Disabilities IDEA (part C)	
21 st Century Community Learning Centers	
Child Abuse Prevention and Treatment Act (CAPTA)	
Other Federal Funding	
Public Funding – State	
State Department of Health	
State Department of Education -- refers to funding that is provided by your State's Department of Education, mainly to local school districts to implement your affiliate's PAT services. Funds could be provided through a grant or other mechanism.	
State Department of Social Services	
State Children's Trust Fund	
Statewide Tax Initiatives (e.g., First Five CA; First Things First AZ)	
Other State Funding	
Public Funding – Local	
Local School District -- refers to funding that is provided by the local school district (i.e., from their budget) to implement PAT services	
County/City (e.g., funding from local tax initiatives)	
Other Local Funding	
Private Funding Sources	
Foundation Grant	
Corporate Donation	
Charitable Agency Grant or Donation (United Way, Catholic Charities, Goodwill/Easter Seals, etc.) (please specify):	
Individual Donation	

Fundraising Event	
In-kind donation (office space, printing, accounting, etc.)	
Other Private Funding	
9. ZIP Codes Served: Please indicate the 5-digit ZIP codes, separated by commas that your affiliate served during the 2018-2019 program year (the ZIP codes of residence for the families reported in II.1.):	
10. Kindergarten Services: Did your affiliate serve any children who were enrolled in kindergarten in the 2018-2019 program year using the Foundational 2: 3 through kindergarten curriculum? Yes/No	
<ul style="list-style-type: none"> a. Kindergarten Families: If yes, how many additional families did you serve? (Optional Question) b. Kindergarten Children: If yes, how many additional children did you serve? (Optional Question) c. Kindergarten Personal Visits: If yes, how many additional personal visits did you provide? (Optional Question) d. Kindergarten Screenings: If yes, how many additional screenings did you conduct? (Optional Question) e. Kindergarten Additional Info: If yes, please share any additional information. 	
11. Additional Partial Services: Did your affiliate provide services during the program year to additional children and/or families not fully enrolled in PAT model services? If so, please check all that apply: (Optional Question, please refer to instructions) <ul style="list-style-type: none"> a. Personal Visits b. Screenings c. Resources & Referrals d. Group Connections e. Other (please specify): 	
12. Partial Service Families: If you provided any partial services, how many additional families did you serve? (Optional Question) NOTE: Please include families who received any partial services throughout the program year, not previously counted on the APR. Please see instructions for definitions.	
13. Partial Service Children: If you provided any partial services, how many additional children did you serve? (Optional Question) NOTE: Please include children who received any partial services throughout the program year, not previously counted on the APR. Please see instructions for definitions.	
14. Partial Service Personal Visits: If you provided partial service personal visits, how many additional personal visits did you provide? (Optional Question)	
15. Partial Service Screenings: If you provided partial service screenings, how many additional screenings did you conduct? (Optional Question)	
16. Partial Services Additional Info: If you provided any partial services, please briefly describe what services were provided and by whom? (Optional Question)	
Additional comments you would like to share with us:	

XI. Outcomes Reporting

NOTE: The outcomes items are required on the 2018-2019 APR, but affiliates will not be assessed for compliance on the Outcomes Essential Requirement until the 2019-2020 APR.

Please see the Outcomes Essential Requirement Guidance Document in the Supervisor’s Handbook for more detailed information

Category One: Parenting Skills, Practices, and Capacity

1. Category One Tool: Please select the tool your affiliate used to measure Parenting Skills, Practices, and Capacity during the program year:

NOTE: If you used multiple tools, please select the tool you want to report on for the Essential Requirement.

- a. Adult Adolescent Parenting Inventory (AAPI-2)
- b. Healthy Families Parenting Inventory (HFPI)
- c. Home Observation for Measurement of the Environment (HOME) Inventory: Infant/Toddler (IT) or Early Childhood (EC) Version
- d. Home Observation for Measurement of the Environment (HOME) Inventory: Short Form (HOME-SF)
- e. Keys to Interactive Parenting Scale (KIPS)
- f. Parenting Interactions with Children: Checklist of Observation Linked to Outcomes (PICCOLO)
- g. Parenting Stress Index (PSI)
- h. Parenting Stress Scale (PSS)
- i. Parents' Assessment of Protective Factors (PAPF)
- j. We have not yet selected one of the above tools to measure Parenting Skills, Practices, and Capacity

2. Category One Families Eligible: How many of the total families who received services this program year (II.1), were eligible for this tool?

NOTE: If you have questions about who is eligible, please check the guidance for the tool you have chosen to use.

3. Category One Families Assessed: How many of these eligible families reported in XII.2, received an assessment during the 2018-2019 program year using your Parenting Skills, Practices, and Capacity tool?

4. Additional Parenting Tools: Please select any additional tools your affiliate used to measure Parenting Skills, Practices, and Capacity:

NOTE: You will not be asked to report on number of assessments conducted for any additional tools.

- a. Adult Adolescent Parenting Inventory (AAPI-2)
- b. Healthy Families Parenting Inventory (HFPI)
- c. Home Observation for Measurement of the Environment (HOME) Inventory: Infant/Toddler (IT) or Early Childhood (EC) Version
- d. Home Observation for Measurement of the Environment (HOME) Inventory: Short Form (HOME-SF)
- e. Keys to Interactive Parenting Scale (KIPS)
- f. Parenting Interactions with Children: Checklist of Observation Linked to Outcomes (PICCOLO)
- g. Parenting Stress Index (PSI)
- h. Parenting Stress Scale (PSS)
- i. Parents' Assessment of Protective Factors (PAPF)
- j. Other (Please Specify):

Category Two: Additional Outcomes

<p>5. Category Two Outcomes: Please select the additional outcome(s) that you will be reporting on for Category Two: Please check all that apply.</p> <ul style="list-style-type: none"> a. Depression b. Postpartum Health Care Visits c. Caregiver Education Achievement d. Intimate Partner Violence e. Kindergarten/School Readiness f. Child Development g. Child Maltreatment h. Well-Child Visits i. Smoke-Free Environment j. Tobacco Cessation k. Breastfeeding l. We have not yet selected our Category Two outcome(s) 	
<p>Note: You will only be shown the below questions for the outcome(s) you selected above. You only need to report outcome for <u>at least one</u> of the Category Two outcome options. Please see the Outcomes Essential Requirement Guidance Document in the Supervisor’s Handbook for the list of approved tools for your selected outcome(s).</p>	
<p>a. Depression</p>	
<p>Please select your depression screening tool.</p>	
<p>NUMERATOR: Number of primary caregivers enrolled in home visiting who received a referral for depression based on a positive screen.</p>	
<p>DENOMINATOR: Number of primary caregivers enrolled in home visiting who had a positive screen for depression.</p>	
<p>b. Postpartum Health Care</p>	
<p>NUMERATOR: Number of mothers enrolled in Parents as Teachers prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within eight weeks (56 days) of delivery.</p>	
<p>DENOMINATOR: Number of mothers who enrolled in home visiting prenatally or within 30 days after delivery and remained enrolled for at least eight weeks (56 days) after delivery.</p>	
<p>c. Caregiver Education Achievement</p>	
<p>NUMERATOR (High School): Number of primary caregivers who enrolled in high school, maintained continuous enrollment in high school, or completed a high school degree or equivalent after enrollment in home visiting (and met the conditions specified in the denominator).</p>	
<p>DENOMINATOR (High School): Number of primary caregivers without a high school degree or equivalent at enrollment.</p>	
<p>NUMERATOR (College): Number of primary caregivers who enrolled in college, maintained continuous enrollment in college, or completed an Associate’s or Bachelor’ degree after enrollment in home visiting (and met the conditions specified in the denominator).</p>	
<p>DENOMINATOR (College): Number of primary caregivers with a high school degree or equivalent who had not completed an Associate’s or Bachelor’s degree at time of enrollment in home visiting.</p>	
<p>d. Intimate Partner Violence</p>	
<p>Please select your IPV screening tool.</p>	
<p>NUMERATOR: Number of primary caregivers enrolled in home visiting who received a referral for intimate partner violence based on a positive screen (or who have a safety plan in place).</p>	

DENOMINATOR: Number of primary caregivers enrolled in home visiting who had a positive screen for intimate partner violence.	
e. Kindergarten/School Readiness	
Please select your school readiness outcomes tool.	
NUMERATOR: Number of children for whom you have a school readiness assessment.	
DENOMINATOR: Number of eligible children (those who reached the age range for tool during the program year).	
Upload Summary of findings (Optional)	
f. Child Development	
Please select your child development outcomes tool.	
NUMERATOR: Number of children who received a child development assessment using an approved tool for measuring child development outcomes.	
DENOMINATOR: Number of children served.	
Upload Summary of findings (Optional)	
g. Child Maltreatment	
Are families referred to PAT from CPS? (y/n)	
If yes, please describe how this process works.	
NUMERATOR: Number of children who had at least one case of investigated child maltreatment during enrollment.	
DENOMINATOR: Number of children served during the program year.	
h. Well-Child Visits	
NUMERATOR: Number of children who received their last recommended well-child visit.	
DENOMINATOR: Number of children enrolled during the program year.	
i. Smoke-Free Environment	
NUMERATOR: Number of children who live in a smoke-free home environment at the end of the program year.	
DENOMINATOR: Number of children enrolled during the program year.	
j. Tobacco Cessation	
NUMERATOR: Number of caregivers enrolled in home visiting who reported using tobacco or cigarettes (without a cessation plan at enrollment) and were referred to tobacco cessation counseling or services within three months of enrollment.	
DENOMINATOR: Number of caregivers enrolled in home visiting who reported using tobacco or cigarettes (without a cessation plan at enrollment) and were enrolled for at least three months.	
k. Breastfeeding	
NUMERATOR: Number of mothers enrolled prenatally who initiate and continue breastfeeding for at least three months.	
DENOMINATOR: Number of mothers enrolled prenatally who remained enrolled for at least three months after delivery.	
6. Using Outcomes Data: Please let us know how you are using the data collected for the Outcomes Essential Requirement? (check all that apply from the list of options below)	
a. Continuous Quality Improvement informing direct services to families	
b. Continuous Quality Improvement informing staffing and/or reflective supervision	

<ul style="list-style-type: none"> c. General Continuous Quality Improvement activities within your affiliate d. Informing Strategic Planning and decision-making for the program and/or host agency e. Advocacy efforts with funders and/or government officials f. Recruitment efforts and efforts to raise community awareness. g. Sharing data with Advisory Committee, the community, and/or other stakeholders h. We do not currently use our outcomes data i. Other (please specify): _____ 	
Please provide any additional comments you wish to share with us:	

XII. Submit/Resubmit	
1. FMI Training: I confirm that all parent educators and new supervisors have successfully completed (or are registered for) both Foundational and Model Implementation Training.* (Yes / No)	
2. Model Certification: I confirm that all parent educators and supervisors delivering model services for the affiliate have a current Model Certified subscription.* (Yes / No)	