

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

PLEASE NOTE THAT THE NATIONAL OFFICE MAINTAINS THE RIGHT TO MAKE CHANGES TO THIS REPORT FORM AT ANY TIME. REVISIONS WILL BE POSTED ON THE EXTRANET.



Parents as Teachers

2010 - 2011 Affiliate Performance Report

(formerly, Annual Program Report)

This report is for PAT programs who serve families with children ages prenatal to kindergarten entry.

NEW Parents as Teachers Essential Requirements are in BLUE.

All programs are required to submit the 2010-2011 Affiliate Performance Report on-line :

- Beginning May 2, 2011, log in to the PAT Web Portal with your six digit User ID provided on your Recertification Summary Invoice and password.
- Click on "Affiliate Performance Report" and access the web-based data entry system. ***This printed form is available as guidance for data collection and reporting.***
- Custom reports are available for your program's use.
- Affiliate Performance Reports are due to the national office or your State Leader by July 15, unless your state leader has an earlier deadline. Program report data is immediately transmitted to your state leader (if applicable) and the Parents as Teachers national office.
- The standard time period for the report is July 1, 2010-June 30, 2011, but space will be provided for programs to indicate their timeframe, if different.

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I. COMPLIANCE ASSESSMENT

This portion of the Affiliate Performance Report (previously Annual Program Report) assesses your affiliate's level of compliance with the model replication requirements, as outlined in the 2011 Essential Requirements for Parents as Teachers Affiliates. Please complete this section EVEN IF you are unsure or are not interested in complying with the evidence-based Parents as Teachers model. For this initial year, the questions focus on the design of your program only. Performance Measures which assess the quality of implementation will be collected via this year's APR, and will be used to establish and revise future benchmarks. Based on our new policy, all Parents as Teachers affiliates are required to complete this compliance assessment as part of the annual Affiliate Performance Report submission. All affiliates will be expected to comply with the essential requirements by July 2014 in order to maintain their Parents as Teachers affiliation.

Please note that in order to ensure high quality implementation, existing affiliates that receive funding through the Affordable Care Act Maternal, Infant, and Early Childhood Home visiting (MIECHV) Program will be expected to comply with the Essential Requirements by December 8, 2011.

In addition, parent educators certified prior to January 1, 2011, who are with an existing program must attend Foundational Training and a model implementation retraining by July, 2014. Supervisors with an existing program must attend Model Implementation Training by July, 2014. New parent educators hired by an existing program (affiliated prior to January 1, 2011) must attend the Foundational and Model Implementation Training before delivering Parents as Teachers, while new supervisors must attend Model Implementation Training. Please note that the deadline for affiliates that receive funding through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program is December 8, 2011.

See the "Technical Assistance Crosswalk" document to view suggested ACTION/strategies for moving toward compliance with the essential requirements

Essential Requirements: Program Design (*Items in blue italics are essential*)

Area #1: Parent Educator Educational Background and Experience:

We recommend that parent educators have at least a bachelor's or four-year degree in early childhood or a related field. However, it is also acceptable for parent educators to have a two-year degree or 60 college hours in early childhood or a related field. Supervised experience working with young children and/or parents is also recommended. *It is essential that the education and experience level for parent educators is at least a high school diploma or GED and a minimum of two years' previous supervised work experience with young children and/or parents.*

- 1 Do all of your Parents as Teachers parent educators have the minimum required level of education, i.e., at least a high school diploma or GED?
 Yes No, but will comply by the designated deadline No, and do not plan to comply
- 2 If the highest level of education that any of your parent educator attained is a high school diploma or GED, does he/she have a minimum of 2 years previous supervised work experience with young children and/or parents?
 Yes No, but will comply by the designated deadline No, and do not plan to comply All of our parent educators have more than a high school diploma or GED

ACTION: If you answered "No, but will comply by the designated deadline" to any of the questions above, please describe what action you plan to take to be in compliance:

Additional comments:

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Area #2: Duration of Services:

For greatest impact, most Parents as Teachers affiliates provide three plus years of service. It is essential that Parents as Teachers affiliates provide at least two years of services to families between prenatal and kindergarten entry. Duration of services refers to the program's overall design. Thus, as long as your program is designed to provide at least two years of service, families can enroll when their child is any age within the program's overall age range- although optimal impact is likely when enrolled prenatally or shortly after birth. Parent educators should strive to enroll the maximum number of families prenatally, or shortly after birth.

- 1 Does your affiliate offer at least 2 years of services to families between prenatal and kindergarten entry?
 Yes No, but will comply by the designated deadline No, and do not plan to comply

ACTION: If you answered "No, but will comply by the designated deadline" to the above question, please describe what action you plan to take to be in compliance:

It is essential that programs operate all 12 months of the year. It is understood that Parents as Teachers affiliates based in school districts may be limited to 10 months of full operation. In order to maintain needed services, Parents as Teachers affiliates based in school districts should provide personal visits to a portion of families year round, prioritizing visits to pregnant women and their partners, new parents of infants, and vulnerable families. In addition, it is incumbent upon the school district-based Parents as Teachers affiliate to ensure that its families are well connected to needed community services that operate year round.

- 2 Is your Parents as Teachers affiliate based in a school district and limited to less than 12 months of full operation?
 Yes No

- 3 (If no), Does your affiliate fully operate all 12 months of the year?
 Yes No, but will comply by the designated deadline No, and do not plan to comply

- 4 (If yes), Does your affiliate fully operate at least 10 months of the year?
 Yes No, but will comply by the designated deadline No, and do not plan to comply

- 5 If you are in a school district and fully operate for 10 or 11 months of the year, do you provide partial services year round?
 Yes No

ACTION: If you answered "No, but will comply by the designated deadline" to any of the above questions, please describe what action you plan to take to be in compliance:

If you provide partial services year round, please describe the level and kind of services provided year round (or 10 months for school districts):

Additional comments:

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

Area #3: Assessment & Goal Setting

It is essential that parent educators complete and document a family-centered assessment and family-centered goals with each family they serve. Parent educators use the assessment and family goals to plan and deliver services as well as to assess progress.

- 1 Does your PAT affiliate require parent educators to complete and document family-centered assessment? (NOTE: This is NOT the same as child screenings. Please see the Quality Assurance Guidelines for definition and information on family-centered assessment.)

Yes No, but will comply by the designated deadline No, and do not plan to comply

- 2 Does your PAT affiliate require parent educators to set goals with each family they serve?

Yes No, but will comply by the designated deadline No, and do not plan to comply

ACTION: If you answered "No, but will comply by the designated deadline" to any of the above questions, please describe what action you plan to take to be in compliance:

- 3 Which family-centered assessment tool(s) do you use?

Life Skills Progression (LSP) Kempe Family Stress Inventory (KFSI) Do not currently use a family-centered assessment tool

Other (please specify): _____

Additional comments:

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

Area #4: Personal Visits

It is essential that at each visit, parent educators focus their work with families on parent-child interaction, development-centered parenting, and family well-being, ensuring that all areas are addressed with families. The amount of time spent in each visit on each area of emphasis will vary based on family needs and goals.

- 1 Does your PAT affiliate require that at each visit, parent educators focus their work with families on parent-child interaction, development-centered parenting, and family well-being, ensuring that all areas are addressed with families. The amount of time spent in each visit on each area of emphasis will vary based on family needs and goals. (NOTE: To be in compliance with this essential requirement, all parent educators need to be trained in the new 2011 Foundational curriculum, and using the 2011 visit plans and the on-line curriculum).

Yes No, but will comply by the designated deadline No, and do not plan to comply

ACTION: If you answered "No, but will comply by the designated deadline" to the above question, please describe what action you plan to take to be in compliance:

It is essential that families receive at least 10-12 (monthly) visits annually spread out over the course of a year. At least 20-24 (twice monthly) personal visits must be completed for families with greater needs, also spread out over the course of a year.

- 2 Do families enrolled in your PAT affiliate receive at least 10-12 (monthly) visits annually spread out over the course of a year?

Yes No, but will comply by the designated deadline No, and do not plan to comply

ACTION: If you answered "No, but will comply by the designated deadline" to the above question, please describe what action you plan to take to be in compliance:

- 3 Do you have families in your PAT affiliate who receive 20-24 personal visits annually spread out over the course of a year?

Yes No

Please describe how you determine which families receive more than monthly visits:

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

It is essential that experienced full time parent educators complete no more than 60 visits per month. The allocation for personal visits is based on approximately 1 hour for the delivery of each personal visit, with another hour for visit planning and preparation, travel and documentation of the visit. If travel time is significantly greater, the number of visits the parent educator can complete monthly will decrease. In addition, if the parent educator is visiting a family with more than one enrolled child, visiting time will be approximately 75 minutes and the total number of visits the parent educator can complete monthly will decrease. New parent educators will require additional time for supervision, as well as for planning, preparation and documentation of a personal visit; this translates into no more than 48 visits per month during the first year. Please note that the term "full-time" is based upon 40 hours of employment weekly. Parent educators should complete visits proportional to the percent of their employment.

- 4 Do your experienced PAT parent educators complete no more than the maximum number of visits/month indicated in the Essential Requirements? That would be no more than 60 visits per month if a parent educator works 40 hours/week; 45 visits if 30 hours/week; and no more than 30 visits if 20 hours/week.

Yes No, but will comply by the designated deadline No, and do not plan to comply

- 5 Do your new PAT parent educators complete no more than the maximum number of visits/month indicated in the Essential Requirements? That would be no more than 48 visits per month if a parent educator works 40 hours/week; 36 visits if 30 hours/week; and no more than 24 visits if 20 hours/week.

Yes No, but will comply by the designated deadline No, and do not plan to comply

ACTION: If you answered "No, but will comply by the designated deadline" to any of the above questions, please describe what action you plan to take to be in compliance:

Additional comments:

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

Area #5: Group Connections (previously referred to as "Group Meetings")

It is essential that affiliates deliver monthly group connections focused on parent-child interaction, development-centered parenting, and family well-being across the program year.

1 Does your affiliate offer at least a monthly group connection?

Yes No, but will comply by the designated deadline No, and do not plan to comply

ACTION: If you answered "No, but will comply by the designated deadline" to the above question, please describe what action you plan to take to be in compliance:

It is essential that a certified parent educator or the Parents as Teachers supervisor be present at each group connection.

2 Does your affiliate require that certified parent educator or the Parents as Teachers supervisor is always present at each group connection?

Yes No, but will comply by the designated deadline No, and do not plan to comply

ACTION: If you answered "No, but will comply by the designated deadline" to the above question, please describe what action you plan to take to be in compliance:

Additional comments:

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

Area #6: Screening

It is essential that formal screening (hearing, vision, developmental, and the health record) be completed at least annually for all age eligible children. The initial screening must take place within 90 days of enrollment for each child. If an element of the screening has recently been completed and it is counter-indicated to repeat it, the results must be obtained and used to have a complete picture of the child. Please note that the approved screening tools and methods have been updated and can be found at www.parentsasteachers.org.

1 Does your affiliate require that formal screening (hearing, vision, developmental, and a health record) be completed at least annually for all age eligible children? (NOTE: Please note that the functional hearing check is no longer an approved hearing screening. Also, Denver has been dropped from our approved screening tool list).

Yes No, but will comply by the designated deadline No, and do not plan to comply

2 Does your affiliate require that initial screening take place within 90 days of enrollment for each child?

Yes No, but will comply by the designated deadline No, and do not plan to comply

ACTION: If you answered "No, but will comply by the designated deadline" to any of the above questions, please describe what action you plan to take to be in compliance:

Additional comments:

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

Area #7: Resource Network

It is essential that at each personal visit, parent educators connect families to resources as needed and then help them to overcome barriers to access. Parent educators' active collaboration with community resources complement and extend Parents as Teachers services.

1 Does your affiliate require Parents as Teachers parent educators connect families to resources as needed at each visit and help them to overcome barriers to access?

Yes No, but will comply by the designated deadline No, and do not plan to comply

ACTION: If you answered "No, but will comply by the designated deadline" to any of the above questions, please describe what action you plan to take to be in compliance:

Additional comments:

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

Area #8: Supervision

It is essential that a maximum of 12 parent educators be assigned to each supervisor or mentor or lead parent educator regardless of whether the parent educators being supervised are full-time or part-time employees. This maximum number of supervisees is based on a full time supervisor/mentor/lead parent educator and should be less if the supervisor/mentor/lead parent educator is not full time.

- 1 Does your affiliate require that each supervisor, mentor, or lead parent educator is assigned to no more than the maximum number of parent educators indicated in the Parents as Teachers essential requirement above?

Yes No, but will comply by the designated deadline No, and do not plan to comply

ACTION: If you answered "No, but will comply by the designated deadline" to the above question, please describe what action you plan to take to be in compliance:

It is essential that each month, parent educators participate in a minimum of two hours of individual reflective supervision and a minimum of two hours of staff meetings.

- 2 Does your affiliate require that each month, parent educators participate in a minimum of two hours of individual reflective supervision? (NOTE: Individual reflective supervision can be done with supervisor, mentor, and/or lead parent educator.)

Yes No, but will comply by the designated deadline No, and do not plan to comply

- 3 Does your affiliate require that each month, parent educators participate in a minimum of two hours of staff meetings?

Yes No, but will comply by the designated deadline No, and do not plan to comply

ACTION: If you answered "No, but will comply by the designated deadline" to the above question, please describe what action you plan to take to be in compliance:

Additional comments:

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

Area #9: Professional Development

It is essential that parent educators access competency-based professional development and training and recertify with the national office annually. For parent educators:

- Year 1: 20 clock hours of professional development*
- Year 2: 15 clock hours of professional development*
- Year 3 and beyond: 10 clock hours of professional development*

1 Does your affiliate require that your parent educators access competency-based professional development and training?

- Yes No, but will comply by the designated deadline No, and do not plan to comply

ACTION: If you answered "No, but will comply by the designated deadline" to the above question, please describe what action you plan to take to be in compliance:

Additional comments:

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

Area #10: Advisory Committee

It is essential that the Parents as Teachers affiliate have an advisory committee which typically includes program personnel, community service providers, community leaders, families, and other stakeholders. The advisory committee must meet at least every 6 months, although the preferred frequency is quarterly or more frequently.

- 1 Does your affiliate have an advisory committee?
 Yes No, but will comply by the designated deadline No, and do not plan to comply
- 2 Does the advisory committee meet at least every 6 months?
 Yes No, but will comply by the designated deadline No, and do not plan to comply

ACTION: If you answered "No, but will comply by the designated deadline" to the above question, please describe what action you plan to take to be in compliance:

Additional comments:

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

Area #11: Evaluation

Affiliates must plan for evaluation of program implementation and outcomes. It is essential that your affiliate collect and annually report data on service delivery, program implementation, and compliance with the model replication requirements through the Affiliate Performance Report. Use of a management information system is the preferred method for data collection. *

**You have met the above Essential Requirement by completing this report.*

It is essential that affiliates gather and summarize annual parent satisfaction surveys and solicit regular feedback from parents about all model components.

1 Does your affiliate gather and summarize regular feedback from parents about all model components (e.g., through the annual parent satisfaction survey)?

Yes No, but will comply by the designated deadline No, and do not plan to comply

ACTION: If you answered "No, but will comply by the designated deadline" to the above question, please describe what action you plan to take to be in compliance:

If your affiliate solicits regular feedback from parents about the Parents as Teachers model components (personal visits, group connections, resource referral, screening), please indicate what tool you use (e.g., Parents as Teachers parent satisfaction survey) :

Additional comments:

The on-line compliance assessment will provide you with compliance results based on your responses. If you do not currently meet the Essential Requirements, you will be asked whether you would like to request Technical Assistance from the national office or the state office to assist you in your compliance efforts.

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

2010 - 2011 Affiliate Performance Report

(formerly, Annual Program Report)

Changes for this program year are indicated in RED

II. SERVICE DELIVERY--CHILDREN

Please note these questions refer to children ages prenatal to kindergarten entry.

- How many children ages prenatal to Kindergarten entry were served by your affiliate? (Only count children whose parents received at least one PAT personal visit this program year.) _____
- Please report the ages of children whose parents received at least one PAT personal visit this program year. If a pregnant mother received a visit, please count her unborn child under prenatal.

Count each child only once! Report their ages at the time you fill out this report.

a Prenatal	How many?	_____	e 3 year olds (36-47 months)	How many?	_____
b Birth to 11 months	How many?	_____	f 4 year olds (48-59 months)	How many?	_____
c 1 year olds (12-23 months)	How many?	_____	g 5 year olds (60+ months)	How many?	_____
d 2 year olds (24-35 months)	How many?	_____	h Other: _____	How many?	_____

3 Child Ethnicity

Assign each child, prenatal to kindergarten entry, to one ethnic category (Hispanic or non-Hispanic), and then assign each child to one race category in the question that follows. Only count children whose parents have received at least one PAT BTL personal visit this program year.

NOTE: We have changed the method for collecting child ethnicity/race information to align with the federal government regulation which requires that Education Departments across the country implement these categories by 2010-2011. Please check <http://www.ed.gov/policy/rschstat/guid/raceethnicity/questions.html#maintain> for more information.

How many of the children you served whose parents received at least one PAT personal visit this program year are:

¹**Hispanic or Latino:** Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish-speaking culture or origin regardless of race.

Hispanic or Latino¹ children: 3a) _____
 Non-Hispanic/ Non-Latino children: 3b) _____
 Total number of children served: 3c) _____

Total should match the number reported in Section II Question #1.

3d: Of the Non-Hispanic/Non-Latino children in 3b), how many are of the following race?

RACE

American Indian or Alaska Native² _____
 Asian³ _____
 Black or African American⁴ _____
 Native Hawaiian or other Pacific Islander⁵ _____
 White⁶ _____
 Multi-racial (Two or more races) _____
 Other _____
 Unknown _____

TOTAL _____

We are no longer asking affiliates to report on race of Hispanic/Latino children. Affiliates, however, may be expected to collect this information in alignment with the federal government regulation for Education Departments.

²**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation.

³**Asian:** Person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

⁴**Black or African American:** A person having origins in any of the black racial groups of Africa.

⁵**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

⁶**White:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Totals should match the numbers from Section II, Question #3b above.

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

II. SERVICE DELIVERY--FAMILIES

Please note these questions refer to families with children ages prenatal to kindergarten entry.

- 4 How many families did your PAT affiliate serve with at least one PAT personal visit this program year?.....
- 5 Please indicate the characteristics of families served by your PAT affiliate who received at least one PAT personal visit this program year: (NOTE: To align with the high needs characteristics designated by the Missouri Department of Elementary and Secondary Education (DESE), the following high needs characteristics have been eliminated from the list--Adoptive parents, children with serious behavior concerns, multiple children under age five, relative who is the primary person in the parent support system. Also, "very low birth weight," i.e., less than 1500 grams or 3.3 lbs.) has been added.

Count each family under each characteristic they have. You may be counting families more than once if they have multiple characteristics. However, the number of families you indicate for each characteristic should be less than or equal to the total number of families indicated in Question #4. For the rest of this section, please check the "no tracking" box if your program does not track a characteristic. (Definitions of terms are provided in italics.)

	Number of Families	No Tracking
a Teen parents <i>(Parent(s) under the age of 20 years, during the program year, with children prenatal to kindergarten entry)</i>	_____	<input type="checkbox"/>
b Child with disabilities..... <i>(The child being served has a physical or mental impairment that substantially limits one or more major life activities.)</i>	_____	<input type="checkbox"/>
c Parent with disabilities..... <i>(A parent with a physical or mental impairment that substantially limits one or more major life activities.)</i>	_____	<input type="checkbox"/>
d Low educational attainment <i>(Parent did not complete high school or GED and is not enrolled.)</i>	_____	<input type="checkbox"/>
e Low income <i>(Families eligible for Free and Reduced Lunches, Public Housing, Child Care Subsidy, WIC, Food Stamps, TANF, Head Start/Early Head Start, and/or Medicaid.)</i>	_____	<input type="checkbox"/>
f Speakers of other languages / English Language Learners (ELL)..... <i>(Language other than English is the primary language spoken in the home.)</i>	_____	<input type="checkbox"/>
g Single-parent household <i>(Only one parent is present in the home and has a need for additional services.)</i>	_____	<input type="checkbox"/>
h Chemical dependencies <i>(The inability to stop drinking or taking drugs despite serious consequences.)</i>	_____	<input type="checkbox"/>
i Court-appointed legal guardians and/or Foster Parent(s)..... <i>(The child had court-appointed legal guardians or placed with foster parents.)</i>	_____	<input type="checkbox"/>
j Transient/numerous family relocations and/or homeless <i>(Moves frequently; lacks a fixed, regular and/or adequate residence.)</i>	_____	<input type="checkbox"/>
k Involvement with the corrections system <i>(Incarcerated or probation-restricted parent.)</i>	_____	<input type="checkbox"/>
l Low birth weight <i>(Birth weight is under 2500 grams or 5.5 lbs., affecting the development of the child.)</i>	_____	<input type="checkbox"/>
l-a Of the above, how many had very low birth weight babies <i>(Birth weight is under 1500 grams or 3.3 lbs.)</i>	_____	<input type="checkbox"/>
m Involvement with mental health or social services agencies..... <i>(Child or parent is involved with mental health or social-services agency.)</i>	_____	<input type="checkbox"/>
n Death in the immediate family <i>(The death of the child, parent or sibling.)</i>	_____	<input type="checkbox"/>
o Ongoing health problem of child, parent or sibling..... <i>(Ongoing health problem serious enough to substantially limit one or more major life activities.)</i>	_____	<input type="checkbox"/>
p Referred to PAT program because of suspected child abuse <i>(Referred by appropriate agency due to suspected child abuse.)</i>	_____	<input type="checkbox"/>
q Military family..... <i>(A parent/guardian with orders issued by a military authority calling for active duty from organized units of the National Guard, or any component of the armed forces of the United States)</i>	_____	<input type="checkbox"/>

- 6 Indicate the number of families served by at least one PAT personal visit this program year that have:
 - NONE** of the characteristics listed in questions #5a-q above.
 - (Count each family only once! This number must be less than or equal to your total in Question #4)*
 - ONE** of the characteristics listed in questions #5a-q above.
 - (Count each family only once! This number must be less than or equal to your total in Question #4)*
 - TWO** of the characteristics listed in questions #5a-q above.
 - (Count each family only once! This number must be less than or equal to your total in Question #4)*
 - THREE, FOUR, OR FIVE** of the characteristics listed in questions #5a-q above.
 - (Count each family only once! This number must be less than or equal to your total in Question #4)*
 - MORE THAN FIVE** of the characteristics listed in questions #5a-q above.
 - (Count each family only once! This number must be less than or equal to your total in Question #4)*

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II. SERVICE DELIVERY--FAMILIES (continued)

- 7 Indicate the number of families served by at least one PAT personal visit who are first time parents:.....
8 Indicate the number of families who are Reserve or National Guard
9 Indicate the number of families in your affiliate that have at least 1 parent who is foreign-born (not a US citizen at birth)
10 Indicate the number of families where Spanish is the primary language spoken in the home
11 Did your affiliate provide any services to children or families (whether PAT or non-PAT) who had been impacted by a natural disaster
11b If yes, please estimate the number of families and children impacted by the disaster to whom you provided services:

III. PERSONAL VISITS

- 1 On average, how frequently does your affiliate offer PAT personal visits to typical families?
2 On average, how frequently does your affiliate offer PAT personal visits to families with higher needs as defined by your affiliate?
3 On average, how many personal visits does one part-time PAT parent educator deliver in one month?
4 On average, how many personal visits does one full-time PAT parent educator deliver in one month?
5 Indicate the total # of completed PAT personal visits delivered to families during this program year:
6 Indicate the number of families that received:
a between 1 and 5 PAT personal visits
b between 6 and 9 PAT personal visits
c between 10 and 12 PAT personal visits
d between 13 and 19 PAT personal visits
e 20 or more PAT personal visits
f TOTAL a through e:

This number should match the number of families from Section II, Question 4.

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IV. GROUP CONNECTIONS (formerly Group Meetings)

- 1 Indicate the number of PAT families that received **at least one PAT personal visit AND attended at least one group connection/meeting this program year:**..... _____

- 2 Indicate the number of PAT group connections/meetings that were:
 - a Exclusively parent-child activities..... _____
 - b Exclusively parent meetings..... _____
 - c Other types of group connections..... _____
 - d TOTAL of items a through c..... _____

V. SCREENING

Please note that the functional hearing check is no longer an approved hearing screening. Also, Denver has been dropped from our approved screening tool list.

- 1 Which developmental screening instruments does your affiliate use? (Check all that apply)
 - Ages and Stages Questionnaire (ASQ) Battelle Brigance Denver II Dial-3
 - Early Screening Inventory-Revised First STEP: Screening Test for Preschoolers
 - Other (please specify): _____

- 2 Does your affiliate conduct social-emotional/mental health screenings for children? Yes No As needed

- 2b If yes, which social-emotional/mental health screening instrument does your affiliate use? (Check all that apply):
 - ASQ-Social-Emotional DECA Other (please specify): _____

- 3 What method(s) does your affiliate use for hearing screenings?
 - Audiometry *(only children 30 months +)* Otoacoustic Emissions
 - BTL Institute Hearing Check or Hear Kit Other (please specify): _____
 - (Note: BTL Institute Hearing Check or Hear Kit is no longer an approved screening tool)*

- 4 What method(s) does your affiliate use for vision screenings?
 - PAT Vision Screen Automated (SureSight, etc.)
 - Acuity charts/cards Other (please specify): _____

- 5 Which screening services does your affiliate contract out?
 - None Developmental Hearing Vision Physical Health
 - Social-Emotional Other (please specify): _____

- 6 How many PAT children **whose parents received at least one PAT personal visit during this program year** were age-eligible for screening this program year? (Do not count children who were served prenatally or who were younger than the age of eligibility for screening. Age of eligibility is determined by the assessment tool used and your affiliate screening guidelines.)..... _____

- 7 Of the above children who were **age-eligible** for screening and **whose parents received at least one PAT personal visit this program year, how many were completely screened**, i.e., received screenings in all recommended areas (Health, Hearing, Vision and Developmental)?..... _____

- 8 How many children **whose parents received at least one PAT personal visit this program year were partially screened**, i.e., did not receive all the parts of a screening to be considered "completely" screened? _____

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

V. SCREENING (continued)

- 9 Please indicate the number of PAT children whose parents received at least one PAT personal visit this program year who were referred for further assessment or evaluation as a result of any partial or completed screening _____.
- 10 How many of the PAT children indicated in question 9 above received follow-up services by someone other than the parent educator (further assessment or intervention such as OT, PT, speech/language therapy, etc.) as a result of the referral..... _____

Please report the following numbers for each of the developmental/health areas in the table below:

- 11a. Of the PAT children indicated in questions 7 and 8 (who were either partially or completely screened and whose parents received at least one personal visit this program year), how many were **newly identified** with possible developmental, vision, hearing, or physical health problems this program year?
- 11b. Of the PAT children indicated in 11a, how many were **referred for further assessment or evaluation?**
- 11c. Of the PAT children indicated in question 11b, how many **received follow-up services** (further assessment or intervention such as OT, PT, speech/language therapy) in each of the following areas by someone other than the parent educator?

	11a) # newly identified	11b) of those identified, # referred	11c) of those referred, # received initial follow-up by someone other than the parent educator
Developmental*	_____	_____	_____
Vision*	_____	_____	_____
Hearing*	_____	_____	_____
Physical Health*	_____	_____	_____
Social Emotional (Mental Health)--optional	_____	_____	_____

*Minimum required for completed screening.

- 12 How many children whose parents DID NOT receive a PAT personal visit were partially or completely screened: _____
- 13 Please indicate the **percentage** of 2-year-old children who were fully immunized by the end of the program year. Do not serve 2-year olds
- The child is considered "fully immunized" if he/she received all required immunizations to date as defined by your agency when checked during the annual health screening. (Report those who opted out of immunizations as NOT fully immunized. If you are using Visit Tracker software, each child will be considered fully immunized if the "immunizations current as of" date on the child's screen is within the date range of this report.)*
- % _____

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

VI. RESOURCE NETWORK

Question 1 asks about ALL community resources to which families (who received at least one PAT personal visit) have been linked this program year. Include those families in section V, question 9, whose children were referred because of possible health / developmental problems. A linkage to a community resource may include providing information from a resource network directory, but also should include helping families overcome barriers to accessing services, and connecting families directly to services (such as food pantries).

- 1 Number of PAT families that were linked by PAT to one or more community resources during the program year:
2 Indicate the number of families served by at least one PAT personal visit whose children are currently uninsured
3 How many families did your affiliate link to the children's health insurance program in your state?
4 Please indicate the number of families that your PAT affiliate referred to the appropriate social service agency because of suspected child abuse or neglect

VII. PARENT EDUCATOR EDUCATIONAL BACKGROUND AND EXPERIENCE

Please note: Existing parent educators have 3 years (until July 2014) to gain the necessary experience while in the program. Parent educators in existing affiliates funded by the Affordable Care Act Maternal, Infant, and Early Childhood Home visiting (MIECHV) program will need to meet the requirement by December 8, 2011.

- 1 Please indicate the total number of staff who work either FULL TIME or PART-TIME as PAT parent educators.
a) Full-time (30 hours or more per week)
b) Part-time (less than 30 hours per week)
c) TOTAL:

Please indicate the highest level of education completed for currently employed PAT PEs (parent educators).

- 2 Education Record the number of parent educators who have achieved the following highest level of education:
a) Less than Associates
b) Associates
c) Bachelors
d) Masters
e) Beyond Masters
f) Other (please specify)
g) Unknown
h) TOTAL:
3 How many of your PAT parent educators are bilingual?
4 How many of your PAT parent educators speak Spanish fluently?
5 How many of your PAT parent educators are male?

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

VIII. DURATION OF SERVICES/RECRUITMENT AND RETENTION OF FAMILIES

1 How many families have been newly enrolled in your affiliate this year?.....
 (Count only families that enrolled since the beginning of your timeframe for this report, AND have received at least ONE PAT personal visit.)

2 How many **children** have enrollment dates during this program year (of new families reported in Question 1 above or new children added to existing families) and received **at least one personal visit**? _____

3 How old were the children you reported in Question #2 at the time of enrollment?

Count only newly enrolled families or newly added children and the children's ages at the time of enrollment. Children of pregnant mothers will be counted under "Prenatal."

- | | | | |
|------------------------------|-----------------|------------------------------|-----------------|
| a Prenatal | How many? _____ | f 3 year olds (36-47 months) | How many? _____ |
| b Birth to 11 months | How many? _____ | g 4 year olds (48-59 months) | How many? _____ |
| c 1 year olds (12-23 months) | How many? _____ | h 5 year olds (60+ months) | How many? _____ |
| d 2 year olds (24-35 months) | How many? _____ | i Total | How many? _____ |
- (this number should equal Section VIII, Question #2);*

4 Indicate the **number** of families that are typically on your PAT waiting list. _____ We do not have a waiting list

5 Indicate the services that **these** families can receive while on the waiting list.

- None N/A Newsletters Screenings
 Invited to group meetings / play groups Other (please specify): _____

6 What is the average wait time for families on your waiting list?

- 1 week 2 weeks 3 weeks 4 weeks 5 weeks 6 weeks or more N/A

7 How many families who have received **at least one PAT personal visit since initial enrollment** (i.e., not necessarily this program year) exited the affiliate during this program year? _____

8 In the table below, please indicate how many of the families in Question #7 above exited due to the following reasons.

9 Then, indicate in the right column how many of these families received **NO personal visits** this program year?

8. # of families exited with at least 1 PV since initial enrollment (i.e., not necessarily this program year)	9. # of families exited this program year and received NO PV this program year
---	--

a the child was too old to participate or the family completed the service cycle.....	_____	_____
b the family or child was transitioned to another early childhood or family support program..	_____	_____
c the child / family moved out of the service area.....	_____	_____
d family regularly missed scheduled personal visits.....	_____	_____
e family could not be located.....	_____	_____
f they were dissatisfied with Parents as Teachers.....	_____	_____
g left program for other reasons / unknown.....	_____	_____
h TOTAL number of families that left this program year (add a-g).....	_____	_____

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

VIII. DURATION OF SERVICES/RECRUITMENT AND RETENTION OF FAMILIES (continued)

10 Of the families indicated in 8a who completed services, how many received the following duration of PAT services?

Less than a year: _____
12 months - 23 months _____
24 months - 35 months _____
36 months or more _____
Total _____

This number should match the number of families from Section VIII, Question 8a.

11a Does your PAT affiliate target services to a specific community or geographic location identified as high risk?

Yes No

11b Does your PAT affiliate have eligibility criteria other than age of children or geographic location for who receives services?

Yes No

11c If yes, please specify how your PAT affiliate determines who receives services (check all that apply):

Income-based criteria Children with special needs Parents with mental health or substance abuse issues
 Teen parents Literacy needs of parent Immigrant families
 Families at risk for child maltreatment First-time parents Other (please specify): _____

12 Please indicate the number of months per year that your PAT affiliate operates.

12 months 11 months 10 months 9 months 8 months

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

IX. ASSESSMENT, GOAL SETTING, AND EVALUATION

Please note: Questions 1a, 1b, and 1c below are OPTIONAL for this program year. More specific questions about family-centered assessment and achievement of goals will be required in next year's APR

- 1a How many families were assessed using a family-centered assessment (such as the Life Skills Progression) this program year? _____
- 1b How many families have at least one family-centered goal set with their parent educators? _____
- 1c Of families with family-centered goals indicated in 1b, how many families MET at least one of their family-centered goals this program year? _____

2 What Parents as Teachers recommended assessment and/or outcomes measurement tools do your affiliate use? (Check all that apply):

- Life Skills Progression (LSP)
- University of Idaho Survey of Parenting Practices (Parent Ladder)
- DOVE (domestic violence screening tool)
- Devereaux Early Childhood Assessment (DECA)
- Home Visit Rating Scale (HOVRS)
- Protective Factors Survey
- Edinburgh Postnatal Depression Measure
- Keys to Interactive Parenting Scale (KIPS)
- Other (please specify): _____

3 Did your affiliate gather feedback on participant satisfaction this program year? Yes No

4 If yes, did you enter it online via the Parents as Teachers web portal? Yes Not yet but will do No

5 How did your affiliate collect and summarize the data for this report?*

NOTE: Parents as Teachers national office endorses Visit Tracker, an online computerized recordkeeping program.

- By hand
- State or regional level database
- Visit Tracker
- Datatude
- PAWS
- Other (please specify): _____

6 Has your PAT affiliate recently conducted or participated in an evaluation or research study that summarizes **outcomes / results for children and families**?.....

- Yes, we did it ourselves
- Yes, we worked with an external evaluator
- No, not yet

6b **If your affiliate worked with an external evaluator to measure outcomes, please indicate the following information:**

Name of research study: _____

Person(s) conducting study: _____

EMAIL ADDRESS: _____

Please email recent research reports (optional) to Tomoko Wakabayashi, Manager, Research and Evaluation (tomoko.wakabayashi@parentsasteachers.org).

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

X. SUPERVISION/ADVISORY COMMITTEE

- 1 How many parent educators does each supervisor supervise*? _____
- 2 On average, how frequently does the program supervisor or mentor parent educator review a sample of each parent educator's files for accuracy, completeness, and overall quality?
- every 2 weeks monthly every 2 months quarterly annually or less
- Other (please specify): _____
- 3a How frequently does the supervisor/mentor/lead parent educator meet with parent educators individually for formal supervision?
- weekly every two weeks every 3 weeks monthly every two months quarterly or less
- Other (please specify): _____
- 3b How frequently does your affiliate hold staff meetings?
- weekly every two weeks every 3 weeks monthly every two months quarterly or less
- Other (please specify): _____
- 4 On average, how frequently does the supervisor in your affiliate participate in supervision from an administrator, peer mentor, or other professional?
- every 2 weeks monthly every 2 months quarterly annually or less
- Other (please specify): _____
- 5 How frequently does your **Parents as Teachers advisory committee** meet?
- monthly **every 6 weeks** every 2 months quarterly every 6 months
- annually **other--at least every 6 months** **other--less frequently than every 6 months**
- We DO NOT YET have an advisory committee** Has not met in the past year

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

XI. FUNDING/PROGRAM BUDGET

- 1 Have there been any changes in your funding since the previous year? Yes,we gained Yes, we lost No
- 2 Please indicate the source of your funding by checking the year(s) your affiliate received or will receive funding. Please also include fundings received for part of the year.

Please check:	2010-2011	2011-2012	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maternal, Infant, and Early Childhood Home visiting (MIECHV) Established out of the Affordable Care Act, these funds flow through a designated state lead agency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance to Needy Families (TANF)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title One* *administered through local school districts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head Start
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Early Head Start
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Even Start
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parental Information Resource Center (PIRC)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title V Community Prevention
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promoting Safe and Stable Families
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention Program for Infants and Toddlers with Disabilities IDEA (part C)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21st Century Community Learning Centers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse Prevention and Treatment Act (CAPTA)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maternal Child Health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Federal Grants through Parents as Teachers national office (e.g., Responsible Fatherhood, PIRC/LIFT-MO, i3)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State Department of Health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State Department of Education** **State Department of Education refers to funding that is provided by the State Department of Education to local school districts to implement your PAT BTL™ program. The funds could be provided through a grant or other mechanism.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State Department of Social Services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State Children's Trust Fund
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local School District*** ***Local school district refers to funding that is provided by the local school district (i.e., from their budget) to implement your PAT BTL™ program.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	County/City
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foundation (please specify): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corporations (please specify): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agencies (United Way, Catholic Charities, etc.) (please specify): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individuals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Events
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-Kind (office space, printing, accounting, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify): _____

3 Please estimate the TOTAL ANNUAL COST to operate the PAT portion of your program: \$ _____

(Parents as Teachers highly encourages you to review the budget plan sheet. Refer to http://www.parentsasteachers.org/images/stories/documents/PAT_Budget_2011_to_run_a_program.xls for a sample budget sheet)

4 What is the average hourly rate of pay for parent educators in your affiliate?..... \$ _____ per hour

5 Does your affiliate charge fees for PAT service? Yes No

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

XII. PROGRAM INFORMATION & DESIGN

1 Who is the **primary** funder (receive 50% or more of funding) for your program?

State Dept of Education

- Connecticut SDE
- Delaware DOE
- Kansas KSDE
- Missouri DESE
- Oklahoma SDE
- Other: _____

State Dept of Health

- Ohio Help Me Grow
- Other: _____
- State-Specific Funder**
- Children's Trust Fund
- Healthy Start
- Prevent Child Abuse State Agency

- Georgia SPARK
- Illinois Prevention Initiative
- Illinois Parent Training
- Iowa Community Empowerment
- Michigan Great Start
- North Carolina Smart Start
- South Carolina First Steps
- Washington Thrive by Five
- Other: _____

- United Way
- Local School District
- County Dept of Health
- Head Start/Early Head Start
- Bureau of Indian Education (BIE)

State Dept of Social Services

- Connecticut DSS
- Other: _____

- California First Five
- Colorado Parent & Child Foundation

- Other Funder**
- Mental Health Association

International

- Australia UK
- Germany
- New Zealand
- Other International

None of above (please specify): _____

2 What type of community organization houses your Parents as Teachers affiliate?

- | | | |
|---|--|--|
| <input type="checkbox"/> School System | <input type="checkbox"/> Private / Public Non-Profit | <input type="checkbox"/> Community Action Agency |
| <input type="checkbox"/> Family Resource Center | <input type="checkbox"/> Hospital or Medical Facility | <input type="checkbox"/> Social Service Agency |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Health Department | <input type="checkbox"/> University / Extension |
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Tribal Government/BIE | <input type="checkbox"/> Early Intervention/Part C |
| <input type="checkbox"/> Migrant Program | <input type="checkbox"/> Other Sponsor (please specify): _____ | |

3 Which early childhood home visitation models or family support systems are your PAT services *part of* or *blended /braided with*?

- | | |
|---|---|
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> HIPPY |
| <input type="checkbox"/> Even Start | <input type="checkbox"/> Nurse-Family Partnership |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Parent-Child Home Program (PCHP) |
| <input type="checkbox"/> Healthy Families America | <input type="checkbox"/> Other (please specify): _____ |

4 Did your affiliate provide home-based or center-based services to child care providers ?

(Includes services to both formal and informal child care providers in settings other than the child's home):

- Yes No

4b If yes, please estimate the number of **formal (certified, regulated, licensed) care providers** served and the number of children served by these care providers (includes child care centers): _____ care providers _____ children Do not serve

4c Please estimate the number of **informal care providers** served and the number of children served by these care providers (Includes family, friends, and neighbor care): _____ care providers _____ children Do not serve

5 Which additional services does your sponsoring organization provide to PAT families?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Adult Education/GED | <input type="checkbox"/> Case Management | <input type="checkbox"/> Child Care | <input type="checkbox"/> Family Literacy |
| <input type="checkbox"/> Healthcare Services | <input type="checkbox"/> Job Skills | <input type="checkbox"/> Marriage Strengthening | <input type="checkbox"/> No other services provided |
| <input type="checkbox"/> ESL classes | <input type="checkbox"/> Early Intervention/Part C | <input type="checkbox"/> Mental health or substance abuse services | |
| <input type="checkbox"/> Other (please specify): _____ | | | |

ALL programs are required to submit the 2010-2011 Affiliate Performance Report on-line:

XII. PROGRAM INFORMATION & DESIGN (continued)

6 What age children receive PAT services in your PAT affiliate (check only one):

- Primarily P-3 Primarily 3-5 Primarily 2-5 Primarily P-5

7 What other curricula do your affiliate's parent educators use in addition to the *Parents as Teachers* curricula?

We do not use any other curriculum

We use Parents as Teachers supplementary curriculum:

Please specify which one:

- | | |
|---|---|
| <input type="checkbox"/> SCPV (Supporting Care Providers) | <input type="checkbox"/> Nutrition and Fitness for Young Children |
| <input type="checkbox"/> Supporting Infant/Toddler Care Providers | <input type="checkbox"/> High 5 Low Fat |
| <input type="checkbox"/> Issues in Working with Teen Parents | <input type="checkbox"/> High 5 for Kids |
| <input type="checkbox"/> Supporting Families of Children with Special Needs | <input type="checkbox"/> Young dads, Young moms |
| <input type="checkbox"/> Supporting Military Families | <input type="checkbox"/> Other (please specify): _____ |

We use non-PAT curriculum/materials as supplement:

Please indicate which kind:

- | | |
|--|---|
| <input type="checkbox"/> Health, Nutrition, or Safety | <input type="checkbox"/> Prenatal Curriculum |
| <input type="checkbox"/> Parent-Child Interaction | <input type="checkbox"/> Early Childhood Center-Based |
| <input type="checkbox"/> Other (please specify): _____ | |

8 Please use the general guidelines listed below to define the communities your PAT affiliate serves (check all that apply):

- Rural (A geographic area with a population of less than 2,500.)
 Small town (A geographic area with a population of between 2,500 and 25,000.)
 Suburban (An identifiable community which is part of a larger urban area.)
 Urban (Densely settled areas containing at least 50,000 people.)
 Major city (Total population of 500,000+ people.)

For General Inquiry, contact Kristi Burk, Recertification Specialist 1-866-728-4968 X230 kristi.burk@parentsasteachers.org

For Web Portal Assistance, contact IT Support at 1-866-728-4968 x278 itsupport@parentsasteachers.org

For Compliance Assessment, contact Kerry Caverly, Director of Replication, Training, and Technical Assistance at kerry.caverly@parentsasteachers.org OR Karen Guskin, Ph.D., Director of Research & Evaluation at karen.guskin@parentsasteachers.org