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To PRINT your report, please CLICK HERE. If your printer prints only the first page, try "Print Preview" then Print.

To REVIEW your data after you SUBMIT, please click the Reports icon on the APR Portal and choose Performance Measures Report. This is a quick way to check that your data was entered correctly and see how your affiliate is meeting the Essential Requirements.

The 2016-2017 APR asks only for information about families enrolled prenatally until the child enters kindergarten. Affiliates wanting to report on services delivered to children in kindergarten, please see APR portal within PAT eBusiness portal for survey titled "Supplemental APR Questions: Kindergarten Children."

2016-2017 Affiliate Performance Report

PDF versions of the APR questions AND a detailed set of instructions are available to assist with completion of this web-based survey. To access these documents go to the PAT website > Results tab > Quality & Fidelity.

Submit date: Jul 31, 2017 Email address: AK010528@patnc.org

Your Affiliate Name Kids'Corps Inc

Please provide the name and email address of the person to contact for follow-up questions about the APR.

APR Contact Name: Rachel Schafer
 APR Contact Email: rachel@kcialaska.org

Are you reporting for the standard time period of July 1, 2016-June 30, 2017?

- Yes
- No

Are you reporting for more than one program (Note: This means that 1 APR is being submitted that represents data combined from multiple affiliates)?

- Yes
- No

I. ORGANIZATIONAL DESIGN

A. Infrastructure

1. Is your affiliate designed to provide at least 2 years of service to families with children between prenatal and kindergarten entry?

- Yes
- No

2. How many months of the year does your affiliate provide personal visits to all enrolled families?

12

B. Leadership and Administration

1. In total, how many Advisory Committee meetings with a regular focus on Parents as Teachers were held during the 2016-2017 program year?

2.00

C. Staffing

1. Please indicate the number of staff employed as parent educators at the beginning of the 2016-2017 program year (include supervisors who provided parent educator services in this count):

a. How many parent educators (including supervisors who provided parent educator services) provided parent educator services full-time (greater than .5 FTE) at the beginning of the program year? Full-time is defined as more than 20 hours per week. 3

b. How many parent educators (including supervisors who provided parent educator services) provided parent educator services part-time (.5 FTE or less) at the beginning of the program year? Part-time is defined as 20 hours or less per week. 0

Total number of parent educators in your affiliate at the beginning of the program year: 3

2. How many parent educators reported in I.C.1. ended their employment (either voluntarily or involuntarily) in your affiliate during the program year?

1

3. Please indicate the number of staff employed as parent educators as of the end of the 2016-2017 program year (include supervisors who provided parent educator services in this count):

a. How many parent educators (including supervisors who provided parent educator services) provided parent educator services full-time (greater than .5 FTE) at the end of the program year? Full-time is defined as more than 20 hours per week. 3

b. How many parent educators (including supervisors who provided parent educator services) provided parent educator services part-time (.5 FTE or less) at the end of the program year? Part-time is defined as 20 hours or less per week. 0

Total number of parent educators in your affiliate at the end of the program year: 3

4. Did your affiliate expand this program year? (Ex. Did you add new positions or expand a part-time position to a full-time position?) (Yes/No) (Optional Question)

- Yes
- No

5. 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:

- a. Less than a high school graduate or High School Equivalency (GED) 0
- b. High school graduate or High School Equivalency (GED) 0
- c. Some college 0
- d. Associate's degree 3
- e. Bachelor's degree 0
- f. Master's degree 0
- g. College credit beyond Master's 0
- h. Doctoral degree 0

TOTAL Number of Parent Educators (This number **should equal 3**, the total number of parent educators in your program reported in Item I.C.1.) 3

6. Of the 3 staff members employed by your affiliate at the end of the program year who provided services as a parent educator (including supervisors who provided parent educator services), how many were:

- a. Bilingual 2
- b. Fluent Spanish speakers 1
- c. Male 0

D. Supervision

1. How many hours per week were typically allocated to PAT Supervisory Activities including reflective supervision, coordination, administrative activities? This total should include the amount of time spent by supervisors and lead parent educators on supervisory activities.

Click [HERE](#) to view a mini-instruction video for this item.

10.0

2. 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. and I.C.3.)

0

3. During the program year, who provided individual, reflective supervision for parent educators and supervisors who carried a caseload (check all that apply)?

- 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

4. What was the average number of hours per month of individual, reflective supervision received per full-time parent educators and supervisors who devoted more than .5 FTE to providing parent educator services to families? If you did not employ any full-time parent educators, please enter 0.

Note: The reflective supervision hours reported here must be completed hours that were planned and scheduled in advance. Full-time is defined as more than 20 hours per week.

4.0

5. What was the average number of hours per month of individual, reflective supervision received per part-time parent educators and supervisors who devoted .5 FTE or less to providing parent educator services to families? If you did not employ any part-time parent educators, please enter 0.

Note: The reflective supervision hours reported here must be completed hours that were planned and scheduled in advance. Part-time is defined as 20 hours or less per week.

0.0

6. In total, how many staff meetings were held during the 2016-2017 program year?

12

6a. How long, in hours, was a typical staff meeting during the program year?

2.00

II. SERVICE DELIVERY -- FAMILIES

1. In total, how many families did your PAT affiliate serve with at least 1 personal visit this program year?

38

2. How many of the 38 families served by your affiliate received their first visit this program year?

10

2a. Of those 10 newly enrolled families reported in II.2., how many received their first visit within the past 90 days?

2

2b. Of those 10 newly enrolled families reported in II.2., how many received their first visit more than 90 days ago?

8

3. Please indicate the number of families who have received at least one visit that have each of the following high needs characteristics. Report on the high needs characteristics 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.

Note: You may be counting families more than once if they have multiple characteristics. However, the total number of families you indicate for each characteristic should be less than or equal to 38, i.e., the total number of families served reported in II.1.

a. Teen parents (Parent(s) under the age of 21 years during the program year)	10
b. Child with disabilities or chronic health condition (Child being served has a physical, cognitive, emotional or other health-related condition or impairment that substantially limits one or more major life activities or qualifies the child for services under IDEA Part C)	1
c. Parent with disabilities or chronic health condition (Parent has a physical, cognitive or other health-related condition or impairment that substantially limits one or more major life activities)	2
d. Parent with mental illness (Parent has been diagnosed with a thought, mood, or behavior disorder (or some combination) associated with distress and/or impaired functioning)	1
e. Low educational attainment (Parent did not complete high school or GED and is not currently enrolled)	18
f. Low income (Families eligible for Free and Reduced Lunches, Public Housing, Child Care Subsidy, WIC, Food Stamps, TANF, Head Start/Early Head Start, and/or Medicaid)	24
g. Recent immigrant or refugee family (One or both parents are foreign-born and entered the country within the past 5 years)	3
h. Substance abuse (Parent has used or is currently using substances despite negative social, interpersonal, legal, medical or other consequences) 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).	1
i. Court-appointed legal guardians and/or Foster Parents (Child had court-appointed legal guardians or is in foster care)	0
j. Homeless or unstable housing (Lives in emergency/transitional housing or in a place not intended for regular housing and/or moved more than twice in the past year due to problems with housing)	12
k. Incarcerated parent(s) (Parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)	0
l. Very low birth weight (Birth weight is under 1,500 grams or 3.3 lbs) This would not need to count as a risk factor if the child is over 2 years and is not experiencing any negative consequences due to being very low birth weight as determined by a reliable and valid screening tool or developmental assessment.	0
m. Death in the immediate family (The death of the child, parent or sibling) 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 a death in the immediate family has occurred at any point during the enrolled child's lifetime (including prenatal).	0
n. Domestic violence (Parent is involved in intimate partner violence)	0
o. Child abuse or neglect (Suspected or substantiated abuse/neglect of child or sibling)	1
p. Military family (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces.) "Deployment" is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.	3

4. How many of the 38 families (reported in II.1.) had: (Note: Be sure to count each family only once!)

a. ZERO high needs characteristics listed in II.3.a-p.	4
b. ONE high needs characteristic listed in II.3.a-p.	11
c. TWO high needs characteristics listed in II.3.a-p.	9
d. THREE high needs characteristics listed in II.3.a-p.	10
e. FOUR OR MORE high needs characteristics listed in II.3.a-p.	4
Total (This number should equal [38], i.e., the number you reported in Item II.1.):	38

5. How many of the 38 families (reported in II.1.) regularly speak any of the following languages in their home? Note: You can select multiple languages for a family.

a. English	13
b. Spanish	13
c. Arabic	1
d. Chinese	0
e. French	0
f. German	0
g. Italian	0
h. Japanese	1
i. Korean	0
j. Maori	0
k. Polish	0
k. Russian	0
m. Tagalog	0
n. Vietnamese	0
o. Tribal Languages	0
p. Other	7
q. Not Answered	3

Please list the other languages regularly spoken by your families:

Hmong, Samoan/Pacific Islander

II. Service Delivery -- PARENTS/GUARDIANS

6. How many of the parents/guardians are: (optional question)

a. Hispanic or Latino	14
b. Non-Hispanic/Non-Latino	24
c. Not Answered	0

7. Of the 14 Hispanic or Latino parents/guardians reported in II.6.a, how many are of the following race? (Optional question)

a. American Indian or Alaska Native	0
b. Asian	0
c. Black or African-American	0
d. Native Hawaiian or Other Pacific Islander	0
e. White	2
f. Multi-racial (two or more races)	12
g. Other	0
h. Not Answered	0

8. Of the 24 Non-Hispanic/Non-Latino parents/guardians reported in II.6.b, how many are of the following race? (Optional question)

a. American Indian or Alaska Native	1
b. Asian	5
c. Black or African-American	5
d. Native Hawaiian or Other Pacific Islander	6
e. White	3
f. Multi-racial (two or more races)	4
g. Other	0
h. Not Answered	0

9. How many of the parent/guardians served this program year are foreign-born? (Optional Question)

1

II. SERVICE DELIVERY -- CHILDREN

10. Which of the following age ranges is your affiliate designed to serve?

- a. Prenatal to 3 years
- b. Prenatal to kindergarten entry
- c. Prenatal through kindergarten completion
- d. 3 years to kindergarten entry
- e. 3 years through kindergarten completion

11. How many children ages birth to kindergarten entry did your PAT affiliate provide at least one personal visit? (Note: Exclude personal visits to prenatally enrolled families)

51

12. How many children received their first visit during this program year [a child is considered newly enrolled if they are a member of a new family reported in II.2. or they are new children (born, adopted, etc.) added to existing families during this program year.].

15

12a. Of the 15 children reported in II.12., how many received their first visit within the past 90 days?

4

12b. Of the 15 children reported in II.12., how many received their first visit more than 90 days ago?

11

13. How old were the 15 newly enrolled children ages birth to kindergarten that you reported in II.12. as of their first visit? How many children were:

a. 0-3 months	6
b. 4-11 months	3
c. 1 year old (12-23 months)	2
d. 2 years old (24-35 months)	0
e. 3 years old (36-47 months)	2
f. 4 years old (48-59 months)	2
g. 5 years old (60+ months)	0
Total (This number should equal 15 , i.e., your number in item II.12):	15

14. Please report the ages of the 51 children reported in II.11. For children still enrolled at the end of the program year, report their ages as of this report. For children who exited during the year, report their ages at the time of exit. How many children were:

a. 0-3 months	1
b. 4-11 months	5
c. 1 year olds (12-23 months)	5
d. 2 year olds (24-35 months)	15
e. 3 year olds (36-47 months)	12
f. 4 year olds (48-59 months)	10
g. 5 year olds (60+ months)	3
Total	51

15. How many of the 51 enrolled children reported in II.11. are:

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

a. Hispanic or Latino children	18
b. Non-Hispanic/Non-Latino children	33
c. Not Answered	0
Total number of children served (This number should equal 51 , i.e., your number in Item II.11.)	51

16. Of the 18 Hispanic or Latino children in II.15.a., how many are of the following race?

a) 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)	0
b) Asian (Person having origins in any of the original people 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.)	0
c) Black or African American (A person having origins in any of the black racial groups of Africa.)	0
d) Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)	0
e) White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)	0
f) Multi-racial (2 or more races)	18
g) Other	0
h) Not Answered	0
Total (This number should equal [18] , i.e., the number you reported in Item II.15a.):	18

17. Of the 33 Non-Hispanic/Non-Latino children in II.15.b., how many are of the following race?

a) 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.)	1
b) Asian (A person having origins in any of the original people 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.)	8
c) Black or African-American (A person having origins in any of the black racial groups of Africa.)	5
d) Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)	8
e) White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)	4
f) Multi-racial (2 or more races)	7
g) Other	0
h) Not Answered	0
Total (This number should equal [33] , i.e., the number you reported in Item II.15.b.):	33

18. Of the 51 children reported in II.11 who received at least one personal visit (excluding prenatal children), how many were: (Optional Question)

a. Female	25
b. Male	26
c. Not Answered	0

19. As of the end of the program year, what % of children who have been enrolled for at least 90 days AND are between the ages of 19 and 35 months are fully immunized? Include in this calculation children who exited during the program year if at the time of exit they were fully immunized, between 19 and 35 months of age and enrolled for at least 90 days?

71.0

20. How many of the 51 children served during the program year (reported in II.11.) are currently uninsured (child does not have health coverage)?

1

II. SERVICE DELIVERY -- PRENATAL

NOTE: For items 23-25 below, please include prenatal families in these counts even if they have another child who is also being served

23. Of the 38 families served this program year (reported in II.1), how many received a prenatal personal visit this program year? (Optional Question)

2

24. Of the 10 newly enrolled families reported in II.2, how many families were prenatal?

1

25. How many prenatal personal visits were delivered this program year? (Optional Question)

13

III. FAMILY-CENTERED ASSESSMENT AND GOAL SETTING

Click [HERE](#) to view a mini-instruction video for reporting on family-centered assessment with new families

1. How many of the families that received at least 1 personal visit more than 90 days ago have had a comprehensive family-centered assessment completed and documented during this program year?

33

2. How many of the 8 new families who received their first visit more than 90 days ago as reported in II.2b. had an initial, comprehensive family-centered assessment completed and documented within 90 days of program enrollment this year?

7

3. How many of the 2 new 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?

NOTE: III.3 will only be used add to your family-centered assessment percentage. It will not be counted against you for families who enrolled less than or equal to 90 days before the end of the program year and have not yet received their family-centered assessment.

0

4. Did your approach to family-centered assessment during the 2016-2017 program year include assessment of each of these required areas:

- Parenting
- Family relationships and formal and informal support systems
- Parent educational and vocational information
- Parent general health
- Parent/child access to medical care (including health insurance coverage)
- Adequacy and stability of income for food, clothing and other expenses
- Adequacy and stability of housing

- Yes
 No

5. Did your affiliate use one or more of the following assessment tools?

- 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

- Yes
 No

6. Please indicate the family-centered assessment(s) your affiliate used during the program year:

- 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. We did not implement family-centered assessment during the 2016-2017 program year
- g. Other (please specify): Kids' Corps designed Family Strength Matrix

6a. Since you selected that you used an "Other" tool, please upload the assessment tool(s) that your affiliate used for family-centered assessment?

Click [HERE](#) to view a mini-instruction video for this item.



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7. How many of the 38 families that received at least 1 personal visit this program year had at least 1 goal documented as of the end of the program year?

23

7a. How many of these 23 families met at least 1 goal during the program year (or by the time of exit if they exited during the program year)?

3

IV. PERSONAL VISITS

1. How many families with 0 (zero) or 1 high needs characteristics received at least 75% of the required visits during the program year? (Be sure to enter the number of families, not a percentage)

14

2. How many families with 2 or more high needs characteristics received at least 75% of the required visits during the program year? (Be sure to enter the number of families, not a percentage)

14

3. 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. On average, how many personal visits per month did individual full-time, 1st year parent educators typically complete during the program year? (Note: Full-time is defined as greater than .5 FTE)? If you did not employ any full-time 1st year parent educators, please enter 0.

18.0

5. On average, how many personal visits per month did individual part-time, 1st year parent educators typically complete during the program year? (Note: Full-time is defined as greater than .5 FTE)? If you did not employ any part-time 1st year parent educators, please enter 0.

0.0

6. On average, how many personal visits per month did individual full-time, 2nd year and beyond parent educators typically complete during the program year? (Note: Full-time is defined as greater than .5 FTE)? If you did not employ any full-time 2nd year and beyond parent educators, please enter 0.

24.0

7. On average, how many personal visits per month did individual part-time, 2nd year and beyond parent educators typically complete during the program year? (Note: Full-time is defined as greater than .5 FTE)? If you did not employ any part-time 2nd year and beyond parent educators, please enter 0.

0.0

8. Indicate the total # of PAT personal visits delivered to families (those reported in II.1.) during this program year:

545

9. In how many of the total number of personal visits delivered to families did a male caregiver/guardian participate?

65

9a. In how many of the total number of personal visits delivered to families did more than one parent, guardian or caregiver participate?

76

V. GROUP CONNECTIONS

1. How many group connections were delivered by your affiliate this program year?

24

2. How many of the 38 families served (reported in II.1.) attended at least 1 group connection this program year?

22

VI. SCREENING

Click [HERE](#) to view a mini-instruction video for reporting on annual screenings.

1. How many of the children that you served this program year (II.11) received their first visit prior to the start of the program year? (i.e., prior to July 1, 2016)

35

2. How many of these 35 children (reported in VI.1) received a complete annual screening this program year?

29

3. How many of the 6 children newly enrolled this program year *prior to age 4 months* (reported in II.13.a.) were at least 7 months of age as of the end of the program year (or if the child has exited, they were at least 7 months at the time of exit)?

2

3a. How many of these 2 children (reported in VI.3.) received a complete, initial screening prior to 7 months of age?

2

4. How many of the children newly enrolled this program year at *4 months of age or older* (reported in II.13.b. - 11.13.g.) were enrolled for more than 90 days as of the end of the program year (or if the child exited, they were enrolled for more than 90 days prior to exit)?

7

4a. How many of these 7 children (reported in VI.4.) received a complete, initial screening within 90 days of their enrollment?

4

5. How many of the children who received their first visit *less than or equal to 90 days ago* received a complete, initial screening during the program year?

NOTE: This question will only be used to add to your screening percentage. 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 screening.

Click [HERE](#) to view a mini-instruction video for reporting on initial screenings.

2

NOTE: For Items 6-8, include all screenings during the program year with children who received at least 1 personal visit this year. This includes those who received some, but not all, parts of a complete screening (general health, hearing, vision, developmental).

6. How many children who received a screening were referred for further assessment based on screening results?

5

7. How many of the 5 children who were referred for further assessment (reported in VI.6.) received follow-up services?

0

8. Of the children who received a screening this program year, how many were newly identified with possible developmental, vision, hearing, or physical health problems? Indicate the # newly identified with a possible:

a. Developmental problem (language, intellectual or motor)	0
b. Social-Emotional problem	0
c. Hearing problem	4
d. Vision problem	3
e. Physical Health problem	0

9. 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 needs to supplement the ASQ-3), therefore be sure to check all that apply:

- a. Ages and Stages Questionnaire-3 (ASQ-3)
- b. Ages and Stages Questionnaire: Social-Emotional Second Edition (or First Edition) (ASQ:SE-2 / ASQ:SE)
- c. Battelle Developmental Inventory, Second Edition (BDI-2)
- d. Brigance Early Childhood Screens
- e. Developmental Indicators for the Assessment of Learning (DIAL-4)
- f. Early Screening Inventory-Revised
- g. First STEP: Screening Test for Preschoolers
- h. Developmental Observation Checklist (DOCS)
- i. Learning Accomplishment Profile (LAP)-D Screens
- j. Parents' Observation of Infants and Toddlers (POINT)
- k. Devereux Early Childhood Assessment for Infants and Toddlers (DECA-IT)/Devereux Early Childhood Assessment (DECA)
- l. Brief Infant Toddler Social Emotional Assessment (BITSEA)
- m. Early Screening Profiles (ESP)
- n. Parents' Evaluation of Developmental Status
- o. Parents' Evaluation of Developmental Status-Developmental Milestones
- p. Did not use any of the PAT approved developmental/social-emotional tools

VII. RESOURCE NETWORK

1. How many of the 38 families that received at least 1 personal visit this program year (reported in II.1.) were connected to at least 1 community resource during the program year?

32

VIII. QUALITY ASSURANCE AND EVALUATION

1. How many of the 38 families (reported in II.1.) provided feedback to your affiliate during this program year about services they received?

17

2. Which of the following method(s) did your affiliate use to obtain feedback from families about the services they received?

- 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

3. During the 2016-2017 program year, did your affiliate use any of the following outcome measurement tool(s) to measure the intended impact of your program? If another outcome measurement tool was used, please specify.

- a. Keys to Interactive Parenting Scale (KIPS)
- b. Home Observation for Measurement of the Environment (HOME)
- c. Protective Factors Survey (PFS)
- d. University of Idaho Survey of Parenting Practices (UISPP)
- e. Parents as Teachers Parenting Reflection Survey (PRS)
- f. Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)
- g. Healthy Families Parenting Inventory
- h. We did not measure outcomes
- i. Other (please specify):

4. Does your affiliate use Penelope for documenting and tracking PAT service delivery to families?

- Yes
- No

5. Does your affiliate use any of the following data systems (check all that apply)?

NOTE: If you use Penelope and do not use any of the data systems listed below, please skip this question.

- 1. Visit Tracker
- 2. Efforts to Outcomes (ETO)
- 3. REDCap
- 4. Cayen Systems APlus
- 5. ChildPlus or other Head Start data system
- 6. We do not use a computerized data management system
- 7. Other Local, State or Regional database (please specify):

IX. WAITING LIST FAMILIES

1. Did your Affiliate maintain a waiting list at any time during the 2016-2017 program year?

- Yes
- No

1a. Please indicate the number of families that are on your waiting list as of the end of the program year:

25

1. How many of the 38 families that received at least 1 personal visit this year (reported in II.1.) exited the program during this program year?

12

2. Please report the reasons that the 12 exited families (reported in X.1.) left the program this program year. How many families exited because:

a. The enrolled child(ren) aged out (or graduated) <i>Note: 'Graduated' refers to someone who finished the program according to the local affiliate's program design.</i>	0
b. The child and/or family transitioned to another early childhood or family support program (without graduating)	5
c. The child and/or family moved out of the service area	2
d. The family regularly missed scheduled personal visits	2
e. The family could not be located	1
f. The family was dissatisfied with Parents as Teachers	0
g. The family left the program for other reasons/unknown	2
TOTAL number of families that left this program year (add a-g):	12
<i>(This number should equal 12):</i>	

3. Of the 12 families that exited during the program year, please report the number of families that received the following number of months of service.

a. Less than 6 months	3
b. 6 to 12 months	3
c. 13 to 17 months	2
d. 18 to 24 months	3
e. 25 to 36 months	1
f. 37 to 48 months	0
g. 49 to 60 months	0
h. 61+ months	0
Total number of families that left this program year (add a-h):(This number should equal 12):	12

4. 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.

a. Less than 6 months	5
b. 6 to 12 months	2
c. 13 to 17 months	3
d. 18 to 24 months	13
e. 25 to 36 months	2
f. 37 to 48 months	1
g. 49 to 60 months	0
h. 61+ months	0

XI. PROGRAM INFORMATION, FUNDING & BUDGET

1. Please provide a short profile (3-5 sentences) describing your organization and PAT affiliate.

We serve families prenatally through kindergarten entry. Priority for enrollment is given to teen parents, homeless families, families involved with the Office of Children's services and families unable to enroll in Head Start/Early Head Start.

3. What type of community organization houses your Parents as Teachers affiliate? Please choose the one option that best describes your PAT affiliate.

- a. School System
- b. Family Resource Center
- c. Child Care Center
- d. Hospital or Medical Facility
- e. Health Department
- f. Tribal Government Agency
- g. Community Action Agency
- h. Social Service Agency
- i. University/Extension
- j. Housing Authority
- k. Other (please specify):

4. Besides PAT, does your organization offer any of the following early childhood programs?

- 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 Youngsters (HIPPI)
- g. Nurse-Family Partnership
- 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):

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

- a. Rural (A geographic area with a population of less than 2,500.)
- b. Small town (A geographic area with a population of between 2,500 and 25,000.)
- 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.)

6. Please indicate the sources of funding your program receives (check all that apply):

Note: Please indicate the *original* 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) -- established by the Affordable Care Act; 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)
- 21st 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 Initiative (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., funds 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.)
- Individual Donation
- Fundraising Event
- In-kind donation (office space, printing, accounting, etc.)
- Other Private Funding

7. Please indicate the 5-digit zip codes, separated by commas that your affiliate served during the 2016-2017 program year (the zip codes of residence for the families reported in II.1.):

Click [HERE](#) to view a mini-instruction video for this item.

99508, 99503, 99515, 99504, 99517, 99506, 99502, 99517

8. Did your affiliate provide any additional partial services and/or components of the PAT model to additional families during the program year? (Optional Question)

- Yes
- No

9. Did your affiliate provide services to any children who were enrolled in kindergarten during the 2016-2017 program year using the Foundational 2 Curriculum: 3 Years Through Kindergarten?

- Yes
 No

Do you plan to remain a PAT Affiliate for the 2017-2018 program year? Responding "yes" to this question indicates that your affiliate is designed to implement the 17 essential requirements for the 2017-2018 program year. If you indicate "no" you will be asked to provide a reason on the next item.

- Yes
 No

1. I confirm that all currently employed supervisors have completed at minimum Model Implementation Training. This statement does not apply to individuals recently hired and registered for Model Implementation Training. Please note that we highly recommend that all supervisors attend Foundational Training as well.

- Yes
 No

2. I confirm that all currently employed parent educators and supervisors serving families are model certified and have a current subscription. This statement does not apply to individuals recently hired and registered for Foundational and Model Implementation Training.

- Yes
 No

Individual Renewal Reminder

The current renewal price for a full year model certified parent educator is \$150.00 (capped at 17 on cycle parent educators per Affiliate with a paid Affiliation Fee). The current renewal price for Approved Curriculum Users (AU) is \$215.00 per person (AUs do not count towards the cap of 17 in an affiliate). AUs do not report their service delivery data on the APR; they will need to complete the Individual Service Report (ISR) that is available in their individual portal accounts prior to renewing.

Affiliation Fees Due

All affiliates who have not yet paid their annual affiliation fee must have done so before September 30, 2017. This fee can be paid by the affiliate web administrator through the Affiliate Administrator tab on the portal. For questions, contact Kristi.Burk@parentsasteachers.org.

Before clicking on the Submit button, please confirm that the data you have reported are accurate to the best of your knowledge by typing your first and last name in the box below.

Your Name:

Rachel Schafer

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

For questions about the Affiliate Performance Report, please contact your implementation support provider at your state office or at the national center.

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