

2019-2020 Affiliate Performance Report

PDF versions of the APR questions AND a detailed set of instructions are available on the APR Portal to assist with completion of the APR.

This document contains respondents between 1 and 1 inclusive.

You can use the navigation links above to skip between the sections of the report after required questions are answered.

The "NEXT" button SAVES your responses. Please be sure to click on it prior to closing your browser so that you can return and continue your Affiliate Performance Report at a later time. When going back to a previous page, please use the "BACK" button located at the BOTTOM of the pages. Do NOT use the back button on your web browser. 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.

Pre-filled Company ID

Year

2019

CompanyID

|10528|

AptifyUniqueEmail

AK-010528@patnc.org

Join Date

7/15/2010

Pre-filled Geographic Information

Country:

United States

State:

AK

County:

Anchorage

City:

Anchorage

Zip Code:

99508

Pre-filled Company/Affiliate Name

Company/Affiliate Name:

Kids'Corps Inc

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 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. Designed to Serve 2+ Years: Is your affiliate designed to provide at least 2 years of service to families with children between prenatal and kindergarten entry?

- Yes
- No

2. Months Designed to Serve: How many months of the year is your affiliate designed to provide personal visits to all enrolled families?

12

B. Leadership and Administration

1. Advisory Committee Meetings: In total, how many Advisory Committee meetings with a regular focus on Parents as Teachers were held during the 2019-2020 program year?

2

C. Staffing

1. Staff at Beginning of PY: Please indicate the number of staff employed as parent educators at the beginning of the 2019-2020 program year (include supervisors who carried a caseload in this count):

a. Full-Time PEs Start of PY: 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.

2

b. Part-Time PEs Start of PY: 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:

2

2. Staff Changes: Please report staffing changes that occurred during the 2019-2020 Program Year:

a. Newly Hired: How many parent educators (including supervisors who carried a caseload) were newly hired during the program year?

1

b. Ended employment: How many parent educators (including supervisors who carried a caseload) reported in I.C.1. ended their employment (either voluntary or involuntarily) in your affiliate during the program year?

2

3. Staff at End of PY: Please indicate the number of staff employed as parent educators as of the end of the 2019-2020 program year (include supervisors who carried a caseload in this count):

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

2

b. Part-Time PEs End of PY: How many parent educators (including supervisors who provided parent educator services) provided parent educator services part-time (.5 FTE or less) 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:

2

4. Staff Education Level: Please provide the number of staff members who provided services as a parent educator whose highest level of education at the end of the program year is in the following categories, including equivalent degrees: NOTE: Please only include staff who were employed at the end of the program year in these counts. The total for I.C.4 should match total reported in I.C.3.

a. Less than a high school graduate or High School Equivalency (e.g. GED)

.....

b. High school graduate or High School Equivalency (e.g. GED)

.....

c. Some college

.....

d. Associate's degree

1

e. Bachelor's degree

1

f. Master's degree

.....

g. College credit beyond Master's

.....

h. Doctoral degree

.....

TOTAL Number of Parent Educators (This number should equal 2, the total number of parent educators in your program reported in Item I.C.3.)

2

5. Staff Language(s): Of the 2 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/Multilingual

1

b. Fluent Spanish speakers

1

D. Supervision

1. Average Supervisory Activities Per Week: 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 an APR Mini-Instruction Video on supervisory hours.

8.0

2. Supervisors Serving Families: How many staff members who provided supervisory activities also served families as parent educators as of the end of the program year? NOTE: These people should be counted in I.D.1, I.C.1 and I.C.3.

0

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

- 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. Average Monthly Hours of Reflective Supervision Per Full-Time PE: What was the average number of hours of reflective supervision received by each full-time parent educator per month Note: The reflective supervision hours reported here must be completed hours of individual, reflective supervision that were planned and scheduled in advance. Full-time is defined as more than 20 hours per week. Include full-time parent educators as well as supervisor who devoted more than .5 FTE (more than 20 hours per week) to providing parent educator services to families. Click [HERE](#) to view an APR Mini-Instruction Video on reflective supervision.

2.0

5. Average Monthly Hours Reflective Supervision Per Part-Time PE: What was the average number of reflective supervision received by each part-time parent educator per month? Note: The reflective supervision hours reported here must be completed hours of individual, reflective supervision that were planned and scheduled in advance. Part-time is defined as 20 hours or less per week. Include part-time parent educators as well as supervisors who devoted .5 FTE or less (20 hours per week or less) to providing parent educator services to families). Click [HERE](#) to view an APR Mini-Instruction Video on reflective supervision.

0.0

6. Staff Meetings: In total, how many staff meetings were held during the 2019-2020 program year?

12

6a. Average Staff Meeting Duration: How long, in hours, was a typical staff meeting during the program year?

2.00

II. SERVICE DELIVERY -- FAMILIES

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

20

2. New Families: How many of the 20 families served by your affiliate received their first visit this program year?

2

2a. New Families \leq 90 days: Of those 2 newly enrolled families reported in II.2, how many received their first visit within 90 days of the end of the program year?

0

2b. New Families $>$ 90 days: Of those 2 newly enrolled families reported in II.2, how many received their first visit more than 90 days before the end of the program year?

2

3. Family Experiences and Stressors: Please indicate the number of families who received at least one visit during the program year (reported in II.1) who have each of the following Family Experiences and Stressors (formerly known as high needs characteristics). For newly enrolled families (reported in II.2), report on the stressors at the time of their enrollment. For families continuing enrollment from the previous program year, report on the stressors as of the beginning of the program year. 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 20, i.e., the total number of families served reported in II.1.

a. Young parents - Youth who are pregnant or parenting under the age of 21.

1

b. Child with a disability or chronic health condition - The child has a significant delay, disability, or condition that impacts developmental domains and/or affects overall family well-being.

2

c. Parent with a disability or chronic health condition - A parent has a physical, cognitive impairment (disability or chronic health condition) that substantially limits their ability to parent as determined by the parent or the parent educator.

3

d. Parent with mental health issue(s) - A parent has a thought, mood, or behavioral disorder (or some combination) associated with distress and/or impaired functioning, as determined by parent report, positive screening, or a diagnosis.

1

e. High school diploma or equivalency not attained - Parent did not complete high school or pass an equivalency exam and is not currently enrolled.

7

f. Low income - Family is eligible for Free and Reduced Lunches, Public Housing, Child Care Subsidy, WIC, Food Stamps/SNAP, TANF, Head Start/Early Head Start, and/or Medicaid.

13

g. Recent immigrant or refugee family - One or both parents is foreign-born and entered the country within the past 5 years. This does not include those from Puerto Rico, Guam, and the U.S. Virgin Islands.

1

h. Substance abuse - Parent persistently 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).

0

i. Foster care or other temporary caregiver - Child or young parent is in foster care or has court-appointed legal guardians or is living in some other temporary caregiver condition.

0

j. Child abuse or neglect - Reported or substantiated abuse/neglect of child or sibling, including but not limited to a current or recent open case with the child welfare system for any reason).

0

k. Parent incarcerated - Parent(s) is or was incarcerated in federal or state prison or local jail, halfway house or is part of a boot camp or weekend program requiring overnight stays during the child's lifetime.

0

l. Housing instability - Individuals who are homeless lack fixed, regular, and adequate nighttime residences, including those who share others' homes due to loss of housing or economic hardship; live in motels, hotels, or camping grounds due to lack of adequate alternative accommodations; reside in emergency or transitional shelters; or reside in public or private places not designed for or used as regular sleeping accommodations.

1

m. Very low birth weight and preterm birth - The child's birth weight is under 1,500 grams or 3.3 pounds and the child was born at less than 37 weeks' gestation for children under the age of 2.

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. 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).

1

n. Intimate partner violence - Parent/guardian is a survivor of intimate partner violence per self-report, positive screening, or court proceedings. This includes physical, sexual, and psychological violence. Economic coercion against a current or former intimate partner is also included. PATNC recommends including this as a risk factor if intimate partner violence has occurred during the child's lifetime (including prenatal).

0

p. Military deployment - Parent/guardian is planning for deployment, currently deployed, or within two years of returning from a deployment as an active duty member of the armed forces.

0

4. Count of Families by # of Stressors: How many of the families had: (total should match 20 reported in II.1) NOTE: Be sure to count each family only once!

a. ZERO Family Experiences and Stressors characteristics listed in II.3.a-p.

4

b. ONE Family Experiences and Stressors listed in II.3.a-p.

7

c. TWO Family Experiences and Stressors listed in II.3.a-p.

5

d. THREE Family Experiences and Stressors listed in II.3.a-p.

2

e. FOUR OR MORE Family Experiences and Stressors listed in II.3.a-p.

2

Total (This number should equal [20] , i.e., the number you reported in Item II.1.):

20

5. Family Languages: How many of the 20 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

6

b. Spanish

12

c. Arabic

0

d. Chinese

0

e. French

0

f. German

0

g. Italian

0

h. Japanese

0

i. Korean

0

j. Maori

0

k. Polish

0

k. Russian

0

m. Tagalog

0

n. Vietnamese

0

o. Tribal Languages

0

p. Other

2

q. Not Answered

0

Please list the other languages regularly spoken by your families:

Samoan, Kinyamasisi

II. Service Delivery -- PARENTS/GUARDIANS

6. Caregiver Ethnicity: How many of the parents/guardians are:

a. Hispanic or Latino

13

b. Non-Hispanic/Non-Latino

7

c. Not Answered

0

7. Hispanic/Latino Caregiver Race: Of the 13 Hispanic or Latino parents/guardians reported in II.6.a, how many are of the following race?

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

1

f. Multi-racial (two or more races)

12

g. Other

0

h. Not Answered

0

Total (This number should equal [13] , i.e., the number you reported in Item II.6.a.):

13

8. Non-Hispanic/Non-Latino Caregiver Race: Of the 7 Non-Hispanic/Non-Latino parents/guardians reported in II.6.b, how many are of the following race?

a. American Indian or Alaska Native

0

b. Asian

0

c. Black or African-American

2

d. Native Hawaiian or Other Pacific Islander

2

e. White

3

f. Multi-racial (two or more races)

0

g. Other

0

h. Not Answered

0

Total (This number should equal [7] , i.e., the number you reported in Item II.6.b.):

7

II. SERVICE DELIVERY -- CHILDREN

9. Age Designed to Serve: Which of the following age ranges is your affiliate designed to serve?

- a. Prenatal to less than 3 years
- b. Prenatal to 3 years
- c. Prenatal to 4 years
- d. Prenatal to kindergarten entry
- e. Prenatal through kindergarten completion
- f. 3 years to kindergarten entry
- g. 3 years through kindergarten completion

10. Children Served: How many children ages birth to kindergarten entry received at least one personal visit?

26

11. New Children: How many children received their first visit during this program year [Note: 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]?

5

11a. New Children \leq 90 days: Of the 5 children reported in II.11, how many received their first visit within 90 days of the end of the program year?

0

11b. New Children $>$ 90 days: Of the 5 children reported in II.11, how many received their first visit more than 90 days before the end of the program year?

5

12. New Child Age at Enrollment: How old were the 5 newly enrolled children ages birth to kindergarten that you reported in II.11 as of their first visit? How many children were:

a. 0-3 months

1

b. 4-11 months

1

c. 1 year old (12-23 months)

2

d. 2 years old (24-35 months)

0

e. 3 years old (36-47 months)

0

f. 4 years old (48-59 months)

1

g. 5 years old (60+ months)

0

Total (This number should equal 5 , i.e., your number in item II.11):

5

13. All Child Age at End of PY: Please report the ages of the 26 children reported in II.10. For children still enrolled at the end of the program year, report their ages as of the end of the program year. For children who exited during the year, report their ages at the time of exit. How many children were:

a. 0-3 months

0

b. 4-11 months

1

c. 1 year olds (12-23 months)

7

d. 2 year olds (24-35 months)

3

e. 3 year olds (36-47 months)

4

f. 4 year olds (48-59 months)

10

g. 5 year olds (60+ months)

1

Total (This number should equal 26 , i.e., your number in item II.10):

26

14. Child Ethnicity: How many of the 26 enrolled children reported in II.10 are: Hispanic or Latino : Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish-speaking culture.

a. Hispanic or Latino children

15

b. Non-Hispanic/Non-Latino children

9

c. Not Answered

2

Total number of children served (This number should equal 26 , i.e., your number in Item II.10.)

26

15. Hispanic/Latino Child Race: Of the 15 Hispanic or Latino children in II.14.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.)

2

f) Multi-racial (2 or more races)

13

g) Other

0

h) Not Answered

0

Total (This number should equal [15] , i.e., the number you reported in Item II.14.a):

15

16. Non-Hispanic/Non-Latino Child Race: Of the 9 Non-Hispanic/Non-Latino children in II.14.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.)

0

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.)

0

c) Black or African-American (A person having origins in any of the black racial groups of Africa.)

3

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.)

3

e) White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

1

f) Multi-racial (2 or more races)

2

g) Other

0

h) Not Answered

0

Total (This number should equal [9] , i.e., the number you reported in Item II.14.b):

9

17. Child Gender: Of the 26 children reported in II.10 who received at least one personal visit (excluding prenatal children), how many were:

a. Female

14

b. Male

12

c. Not Answered/Other

0

18. Child Immunizations: As of the end of the program year, what percent (%) of children who have been enrolled for at least 90 days AND are between the ages of 19 and 35 months are fully immunized? 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?

20.0

19. Uninsured Children: How many of the 26 children served during the program year (reported in II.10) are currently uninsured (child does not have health coverage)?

0

20. Usual Source of Medical Care: Please report the number of children who utilize any of the following for their usual source of medical and sick-care?

a. Doctor's/Nurse Practitioner's Office

13

b. Hospital Emergency Room

0

c. Hospital Outpatient

1

d. Federally Qualified Health Center

2

e. Retail Store or Minute Clinic

0

f. Unknown/Did not report

0

g. Other

1

h. None

0

21. Usual Source of Dental Care: Of children ages 12 months or older (as of the date of the last health review), how many:

a. Have a usual source of dental care

17

b. Do not have a usual source of dental care

8

c. Unknown/Did not report

0

II. SERVICE DELIVERY -- PRENATAL

NOTE: For items 22-24 below, please include prenatal families in these counts even if they have another child who is also being served

22. Prenatal Families: Of the 20 families served this program year (reported in II.1), how many received a prenatal personal visit this program year? (Optional Question)

2

23. Newly Enrolled Prenatal Families: Of the 2 newly enrolled families reported in II.2, how many families were prenatal?

1

24. Prenatal Personal Visits: How many prenatal personal visits were delivered this program year? (Optional Question)

15

III. FAMILY-CENTERED ASSESSMENT AND GOAL SETTING

1. FCA for Families Enrolled More Than 90 Days Before End of PY: How many of the families who received at least 1 personal visit more than 90 days prior to the end of the program year have had a comprehensive family-centered assessment completed and documented during this program year?

14

2. New Families Enrolled More Than 90 Days: How many of the 2 families who received their first visit this program year (II.2) were enrolled for more than 90 days?

2

2a. Initial FCA: How many of these families (III.2) had an initial, comprehensive family-centered assessment completed and documented within 90 days of their first visit?

1

3. FCA for Families Enrolled Within 90 Days of End of PY: How many of the 0 new families who received their first visit within 90 days of the end of the program year (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. These numbers will not be counted against you for families who enrolled within 90 days of the end of the program year and have not yet received their family-centered assessment.

0

4. FCA Approved Tool: 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 Maine Families Family Picture Colorado Family Support Assessment—Version 2.0 (CFSA 2.0) New Mexico Maternal-Child Health/Demographic Information Forms for Child and Adult along with the Maternal-Child Health FCA PAT Supplement FCA Synthesis Record (based on information gathered through the PAT Visit Plans and PAT Records)

- Yes
 No

5. FCA Tool(s) Used: 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. Maine Families Family Picture
- g. Colorado Family Support Assessment—Version 2.0 (CFSA 2.0)
- h. New Mexico Maternal-Child Health/Demographic Information Forms for Child and Adult along with the Maternal-Child Health FCA PAT Supplement
- i. FCA Synthesis Record (based on information gathered through the PAT Visit Plans and PAT Records)
- j. We did not use any of the PAT-approved family-centered assessment tools or methods during the 2019-2020 Program Year

6. Goals Documented: How many of the 20 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?

19

6a. Met Goal: How many of these 19 families met at least 1 goal during the program year (or by the time of exit if they exited during the program year)?

5

IV. PERSONAL VISITS

Hidden Question (NOTE: This question is used to show participants their response to families with 0-1 and 2+ stressors. The references on this item will not auto-update so will need to be updated each APR.)

Families with 0 or 1 stressor

11

Families with 2 or more stressors

9

1. Visits for Families with 0-1 Stressors: Of the 11 families with 0 (zero) or 1 stressors, how many received at least 75% of the required visits during the program year? (Be sure to enter the number of families, not a percentage)

11

2. Visits for Families with 2+ Stressors: Of the 9 families with 2 or more stressors, how many received at least 75% of the required visits during the program year? (Be sure to enter the number of families, not a percentage)

8

3. Use of FND Visit Plans and Planning Guide: Did ALL (100%) of parent educators and supervisors that carry a caseload use the foundational visit plans and planning guide from the curriculum to design and deliver personal visits to families?

Yes

No

4. Average Visits/Months per FT 1st Yr PEs: 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.

0.0

5. Average Visits/Month per PT 1st Yr PEs: 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. Average Visits/Month per FT 2nd Yr+ PEs: 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.

30.0

7. Average Vists/Month per PT 2nd Yr+ PE: 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. Total Visits: Indicate the total # of PAT personal visits delivered to families (those reported in II.1) during this program year:

226

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

15

10. Visits with Multiple Caregivers: In how many of the total number of personal visits delivered to families did more than one parent, guardian or caregiver participate?

32

V. GROUP CONNECTIONS

1. Total Group Connections: How many group connections were delivered by your affiliate this program year?

18

2. Families Attending Group Connections: How many of the 20 families served (reported in II.1) attended at least 1 group connection this program year?

14

3. Male Caregivers Attending Group Connections: How many male caregivers/guardians participated in at least 1 group connection during the 2019-2020 program year?

0

VI. SCREENING/SURVEILLANCE

1. Annual Screening: How many of the 26 children who you served this program year (II.10) received their first visit prior to the start of the program year? (i.e., prior to July 1, 2019)

21

1a. Annual Health Review: How many of these 21 children (reported in VI.1) received a complete annual health status, safety, vision, and hearing review?

18

1b. Annual Developmental Screening: How many of these 21 children (reported in VI.1) received a complete annual developmental screening during this program year?

18

2. Newly Enrolled Children > 90 days: How many of the 5 children who received their first visit this program year (II.11) were enrolled for more than 90 days ?

5

2a. Initial Developmental Screening: How many of these 5 children (reported in IV.2) received a complete initial developmental screening within 90 days of the child's first visit or birth? NOTE: For families enrolled prenatally, developmental screenign is completed within 90 days of the child's birth.

3

3. Newly Enrolled Children Prior to 4 Months: How many of the 1 children newly enrolled this program year prior to age 4 months (reported in II.12.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)? NOTE: Please exclude children who were younger than 8 months of age at tune of exit "7 months of age" refers to 7 months 0 days, not 7 months 30 days.

0

3a. Initial Health Review: How many of these 0 children (reported in VI.3) received a complete, initial health status, safety, hearing, and vision review prior to 7 months of age?

0

4. Newly Enrolled Children at 4 Months or Older: How many of the children newly enrolled this program year at 4 months of age or older (reported in II.12.b - 11.12.g) were enrolled for more than 90 days as of the end of the program year?

4

4a. Initial Health Review: How many of these 4 children (reported in VI.4) received a complete, initial health status, safety, vision, and hearing review within 90 days of their enrollment?

2

5. Newly Enrolled Within 90 Days of End of PY: NOTE: This question will only be used to add to your screening percentage. These numbers will not be counted against you for children who enrolled within 90 days of the end of the program year and have not yet received their initial developmental screening or health review. Click [HERE](#) to view a mini-instruction video for reporting on initial screenings.

a. Initial Developmental Screening: How many of the children who received their first visit within 90 days of the end of the program year received a complete, initial developmental screening?

0

b. Initial Health Review: How many of the children who received their first visit within 90 days of the end of the program year received a complete, initial health, safety, hearing, and vision review?

0

NOTE : For Items 6-8, include all screenings and health reviews during the program year with children who received at least 1 personal visit this year. This includes those who received some, but not all, required screening or review activities (e.g. received developmental but not health).

6. Children Referred From Screening: How many children who received a screening were referred for further assessment based on screening results?

3

7. Children Received Follow-Up Services: How many of the 3 children who were referred for further assessment (reported in VI.6) received follow-up services?

3

8. Children Newly Identified with Potential Delays/Concerns: Of the children who received a screening this program year, how many were newly identified with possible developmental, vision, hearing, or physical health delays/concerns? Indicate the # newly identified with a potential delay/concern:

a. Developmental delay/concern (language, intellectual or motor)

2

b. Social-Emotional delay/concern

0

c. Hearing problem delay/concern

1

d. Vision problem delay/concern

0

e. Physical health delay/concern

0

9. Developmental Screening Tool(s) Used: Please select the developmental screening tool(s) your affiliate used during the program year for developmental screenings. Some tools require that a separate screening is used for social-emotional development (e.g., ASQ-SE needs to supplement the ASQ-3), therefore be sure to check all that apply: NOTE: Please see the list of approved developmental screening tools in the Affiliate Implementation Manual.

- a. Ages and Stages Questionnaire-3 (ASQ-3)
- b. Ages and Stages Questionnaire: Social-Emotional Second Edition (ASQ:SE-2)
- c. Brigance Early Childhood Screens
- d. Developmental Indicators for the Assessment of Learning (DIAL-4)
- e. Devereux Early Childhood Assessment: Infant and Toddlers (DECA-I/T) or Preschool Version (DECA-P2)
- f. Parents' Evaluation of Developmental Status (PEDS)
- g. Did not use any of the PAT approved developmental/social-emotional tools

10. Milestones: Did ALL parent educators review and document updates to the PAT Milestones Record for each enrolled child after visits?

- Yes
- No

VII. RESOURCE NETWORK

1. Resource Connections: How many of the 20 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?

16

VIII. WAITING LIST FAMILIES

1. Waitlist Used: Did your Affiliate maintain a waiting list at any time during the 2019-2020 program year?

- Yes
 No

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

2

IX. FAMILY FEEDBACK AND RETENTION

1. Family Feedback: How many of the 20 families (reported in II.1) provided feedback to your affiliate during this program year about services they received?

3

2. Feedback Method(s): 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. Families Exited: How many of the 20 families that received at least 1 personal visit this year (reported in II.1) exited the program during this program year?

5

4. Exit Reasons: Please report the reasons that the 5 exited families (reported in X.3) left the program this year. How many families exited because:

a. The enrolled child(ren) aged out (or graduated)

0

b. The child and/or family transitioned to another early childhood or family support program (without aging out or graduating)

2

c. The child and/or family moved out of the service area

1

d. The family regularly missed scheduled personal visits

0

e. The family could not be located

0

f. The family no longer wants to receive services

2

g. The family left the program for other reasons/unknown

0

TOTAL number of families that exited this program year (This number should equal 5):

5

5. Length of Enrollment at Exit: Of the 5 families that exited during the program year (reported in X.3), please report the number of families that received the following number of months of service:

a. 90 days or less

0

b. 91 days to 6 months

1

c. 7 to 12 months

1

d. 13 to 18 months

2

e. 19 to 24 months

0

f. 25 to 36 months

0

g. 37 to 48 months

0

h. 49 to 60 months

0

i. 61+ months

1

TOTAL number of families that exited this program year (This number should equal 5):

5

6. Length of Enrollment for Continuing Families: Of families that were still enrolled at the end of the program year, please report the number of families that have received the following number of months of service:

a. 90 days or less

0

b. 91 days to 6 months

2

c. 7 to 12 months

4

d. 13 to 18 months

4

e. 19 to 24 months

2

f. 25 to 36 months

2

g. 37 to 48 months

0

h. 49 to 60 months

0

i. 61+ months

1

Total

15

X. Parents as Teachers Records

Beginning in July 2019, Affiliates are required to fully use the Parents as Teachers Records through one or more of the following methods: PAT Penelope Data system that has a licensing agreement with PATNC and contains all items in the PAT Records Program-specific forms or an affiliate-specific database that contains all items in the PAT Records Printed or fillable PAT Records (2017) Some of the records allow acceptable alternatives. See this document for a list.

1. Please indicate below the primary method your affiliate used to capture the information for each of the Parents as Teachers Records: Note: The Participation Agreement and Consent for Services and the Permission to Exchange Information Record are not included below because your affiliate's own forms may be substituted for these records. Click or hover over Question Mark icons for more information.

	PAT Penelope	Data system with a licensing agreement with PATNC that contains all items in the PAT Records*	Program-specific forms or an affiliate-specific database that contains all items in the PAT Records*	Printed or fillable PAT Records ONLY	We do not capture this information
a. Family Intake Record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
b. Family Information Record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c. Child Information Record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
d. Parent/Guardian Information Record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
e. Goals Record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
f. Transition Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
g. Family Service Record and Exit Summary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
h. Personal Visit Planning Guide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
i. Personal Visit Record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
j. Group Connection Planning Guide and Record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
k. Milestones Record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
l. Child Health Record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
m. Resource Connections Record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

*Your responses will be confirmed through the Quality Endorsement and Improvement Process. You will be required to upload your records/screenshots in your QEIP Self-Study if you are not using Penelope or the PAT fillable records. If you are not using Penelope or the PAT fillable records, we strongly recommend that you partner with your state office or PATNC Implementation Support Specialist to discuss your method of documentation.

2. Penelope Data System: Does your affiliate use Penelope for documenting and tracking PAT service delivery to families? NOTE: Item will prefill based on responses to prior item.

- Yes
- No

3. Other Data System(s): 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.

- a. Visit Tracker
- b. Efforts to Outcomes (ETO)
- c. REDCap
- d. ChildPlus or other Head Start data system
- e. We do not use a computerized data management system

f. Other Local, State or Regional database (please specify):

(Hidden Question - Will auto-fill based on previous responses. This item will be used in PMR.) Did the affiliate fully use the PAT Records through one or more of the following methods? Penelope Printed or fillable Data in Motion Records Program specific forms or an affiliate specific database where all content from the PAT Records are captured Data system with a licensing agreement where all fields on the Data in Motion Records are in your system

- Yes
- No

XI. PROGRAM INFORMATION, FUNDING & BUDGET

1. Organization/Affiliate Profile: Please provide a short profile (3-5 sentences) describing your organization and PAT affiliate.

PAT program targeting NFP graduates, ESL families, families working with child protective services and children with developmental delays who do not qualify for early intervention. We serve 32 families with two parent educators in the Anchorage area.

3. Organization Type: What type of organization is your affiliate a part of? This should be the organization that employs your affiliate's PAT staff, not the affiliate's funder. Please choose the one option that best describes your PAT affiliate's organization:

- a. School System
- b. Social Service Nonprofit
- c. Mental/Behavioral Health Organization
- d. Family/Parenting/Youth Resource Center
- e. Health Department
- f. Hospital, Clinic, or Medical Facility
- g. Department of Social Services/Child Welfare
- h. Community Action Agency
- i. Early Childhood Educational Center
- j. Housing Authority
- k. College or University
- l. Faith-Based Organization
- m. Tribal Government Agency
- n. Military Base
- o. Shelter (e.g. Homeless, Youth, Domestic or Intimate Partner Violence)

p. Other (please specify):

.....

4. Additional Early Childhood Programs: 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 (HIPPY)
- 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. Community/ies Served: Please use the general guidelines listed below to define the communities your PAT affiliate serves as documented using the Family Information Record (check all that apply):

- a. Rural: A geographic area with a population of less than 2,500
 - b. Tribal Rural: American Indian or Alaska Native (AI/AN) Tribal Nations (tribes, bands, pueblos, communities and native villages) residing on reservation land and/or tribal service area outside of urban centers
- c. Small town: A geographic area with a population of between 2,500 and 25,000
- d. Suburban: An identifiable community which is part of a larger urban area
- e. Urban: Densely settled areas containing at least 50,000 people
 - f. Tribal Urban: Designated urban service area of an American Indian or Alaska Native (AI/AN) Tribe(s) and/or Urban Indian Organizations
- g. Major City: Total population of 500,000+ people

6. Zip Codes Served: Please indicate the 5-digit zip codes, separated by commas that your affiliate served during the 2019-2020 program year (the zip codes of residence for the families reported in II.1): Click [HERE](#) to view an APR Mini-Instruction video on zip codes served.

99502, 99503, 99504, 99505, 99507, 99508, 99515, 99516.

7. Funding Source(s): 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) -- 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**

8. Kindergarten Services: Did your affiliate provide services to any children who were enrolled in kindergarten during the 2019-2020 program year using the Foundational 2 Curriculum: 3 Years Through Kindergarten?

- Yes**
- No**

XII. OUTCOMES REPORTING NOTE: The Outcomes Essential Requirement fully went into effect for the 2019-2020 program year and will be assessed for compliance on the 2019-2020 Performance Measures Report (PMR). Please see the Outcomes Guidance Document located in the Supervisor's Handbook for more detailed information.

Category One: Parenting Skills, Practices, and Capacity

1. Category One Tool: Please select the tool your affiliate used to measure Parenting Skills, Practices, and Capacity during the program year: NOTE: If you used multiple tools, please select the tool you want to report on for the Essential Requirement.

- a. Adult Adolescent Parenting Inventory (AAPI-2)
- b. Healthy Families Parenting Inventory (HFPI)
- c. Home Observation for Measurement of the Environment (HOME) Inventory: Infant/Toddler (IT) or Early Childhood (EC) Version
- d. Home Observation for Measurement of the Environment (HOME) Inventory: Short Form (HOME-SF)

NOTE: For the 2020-2021 Program Year, the HOME Short Form (HOME-SF) will no longer be an approved outcomes tool. The Infant-Toddler HOME (IT-HOME) and Early Childhood HOME (EC-HOME) will continue to be approved tools.

- e. Keys to Interactive Parenting Scale (KIPS)
- f. Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)
- g. Parenting Stress Index (PSI)
- h. Parental Stress Scale (PSS)
- i. Parents' Assessment of Protective Factors (PAPF)
- j. Did not use any of the PAT approved parenting skills, practices, and capacity outcomes tools

2. Category One Families Eligible: How many of the 20 total families who received services this program year, were eligible to receive this tool? NOTE: If you have questions about who is eligible, please check the guidance for the tool you have chosen.

Families Eligible:

19

3. Category One Families Assessed: How many of the 19 families reported in XI.2 received an assessment during the 2019-2020 program year using the e. Keys to Interactive Parenting Scale (KIPS):

Families Assessed:

13

4. Additional Parenting Tools: Please select any additional tools your affiliate used to measure Parenting Skills, Practices, and Capacity: NOTE: You will not be asked to report on number of assessments conducted for any additional parenting tools.

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

j. Other (Please Specify):

.....

Category Two: Additional Outcomes

5. Category Two Outcomes: Please select the additional outcome(s) that you will be reporting on for Category Two: (check all that apply)

- a. Depression
- b. Postpartum Health Care Visits
- c. Caregiver Education Achievement
- d. Intimate Partner Violence
- e. Kindergarten/School Readiness
- f. Child Development
- g. Child Maltreatment
- h. Well-Child Visits
- i. Smoke-Free Environment
- j. Tobacco Cessation
- k. Breastfeeding
- l. Did not measure any of the Category Two outcomes

h. Well-Child Visits

NUMERATOR: Number of children who received their last recommended well-child visit.

7

DENOMINATOR: Number of children enrolled during the program year.

26

k. Breastfeeding

NUMERATOR: Number of mothers enrolled prenatally who initiate and continue breastfeeding for at least three months.

1

DENOMINATOR: Number of mothers enrolled prenatally who remained enrolled for at least three months after delivery.

1

6. Using Outcomes Data: Please let us know how you are using the data collected for the Outcomes Essential Requirement? (check all that apply)

- a. Continuous Quality Improvement informing direct services to families
- b. Continuous Quality Improvement informing staffing and/or reflective supervision
- c. General Continuous Quality Improvement activities within your affiliate
- d. Informing Strategic Planning and decision-making for the program and/or host agency
- e. Advocacy efforts with funders and/or government officials
- f. Recruitment efforts and efforts to raise community awareness
- g. Sharing data with Advisory Committee, the community, and/or other stakeholders
- h. We do not currently use our outcomes data

i. Other (please specify):

.....

XIII. Service Delivery During the COVID-19 Health Crisis (optional section) NOTE: For information on model guidance, see the TA Brief: Supporting Families during the COVID-19 Public Health Crisis: Model Guidance for Virtual Service Delivery

The combined totals of items #1 through #3 below should equal the total number of visits delivered during the program year (reported in IV.8): 226

1. On-Ground Personal Visits: Indicate the total number of on-ground PAT personal visits delivered to families during this program year: NOTE: On-Ground refers to visits delivered with the parent educator physically present in a family's home, or another mutually agreed upon location. Counts for visits should reflect the entire program year.

174

2. Interactive Video Conferencing Personal Visits: Indicate the total number of interactive video conferencing PAT personal visits delivered to families during this program year: NOTE: Interactive Video Conferencing (IVC) refers to personal visits delivered using two-way real-time, audiovisual communication between the parent educator and the parent(s), guardians, or primary caregiver. These visits are delivered using a device—preferably a computer (laptop) or tablet—and a secure video conferencing platform.

51

3. Telecommunication Personal Visits: Indicate the total number of telecommunication PAT personal visits delivered to families during this program year: NOTE: Telecommunication refers to personal visits completed via audio phone calls.

1

The combined totals of items #4 through #6 below should equal the total number of group connections delivered during the program year (reported in V.1): 18

4. On-Ground Group Connections: Indicate the total number of on-ground PAT group connections delivered to families during this program year: NOTE: On-Ground refers to group connections that are delivered with facilitator and participants physically in attendance in an agreed upon location. Counts for group connections should reflect the entire program year.

12

5. Interactive Video Conferencing Group Connections: Indicate the total number of interactive video conferencing PAT group connections delivered to families during this program year: NOTE: Interactive Video Conferencing (IVC) refers to group connections delivered using real-time, audiovisual communication between the facilitator and participants. These groups are delivered using devices—preferably computers (laptop) or tablets—and a secure video conferencing platform.

6

6. Telecommunication Group Connections: Indicate the total number of telecommunication PAT group connections delivered to families during this program year: NOTE: Telecommunication refers to group connections delivered via audio phone calls.

0

7. Interactive Video Conferencing Platform: If you served families through interactive video conferencing, which platform(s) did you use? NOTE: If you provide multiple responses, use a comma to separate responses.

zoom

1. FMI Training: I confirm that all parent educators and new supervisors have successfully completed (or are registered for) both Foundational and Model Implementation Training.

- Yes
 No

2. Model Certification: I confirm that all parent educators and supervisors delivering model services for the affiliate have a current Model Certified subscription.

- Yes
 No

Do you plan to remain a PAT Affiliate for the 2020-2021 program year? If you indicate "no" you will be asked to provide a reason on the next item.

- Yes
 No

You are only a few steps from completing your Affiliate Performance Report. To review and print your responses prior to submitting, [CLICK HERE](#) . If your printer prints only the first page, try "Print Preview" then Print. You have not finished submitting your report until you hit the "Submit" button at the very end of the survey.

Individual Renewal Reminder The current renewal price for a full year model certified parent educator is \$200.00 (capped at 25 on cycle parent educators per Affiliate with a paid Affiliation Fee Starting July 1, 2020). The current renewal price for Curriculum Subscribers (CS) is \$265.00 per person (CSs do not count towards the cap of 25 in an affiliate). CSs 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. The Foundational 2 current subscription fee is \$55.00. **Affiliation Fees Due** Affiliates who have not yet paid their annual affiliation fee must have done so before September 30, 2020. This fee can be paid by the affiliate web administrator through the Affiliate Administrator tab on the portal. The annual affiliate fee starting July 1, 2020 is \$1850.00. 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 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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