# parents as teachers 2024-2025 Affiliate Performance Report

**Parents as Teachers is an evidence-based parent education and family engagement model serving families throughout pregnancy until their child enters kindergarten. Below is a summary of services that were provided by Affiliate: Kids' Corp**

## Population Reach

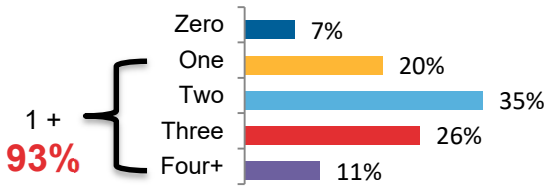
### Families Served

54

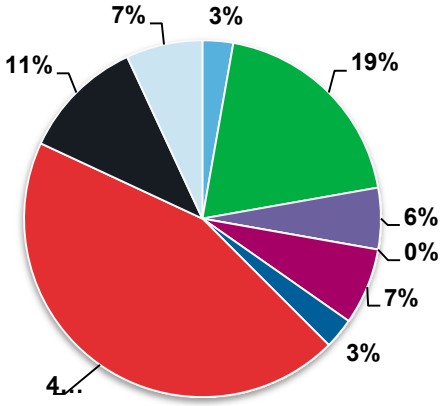
### Children Served

72

### Families with Stressors (%)




### Race

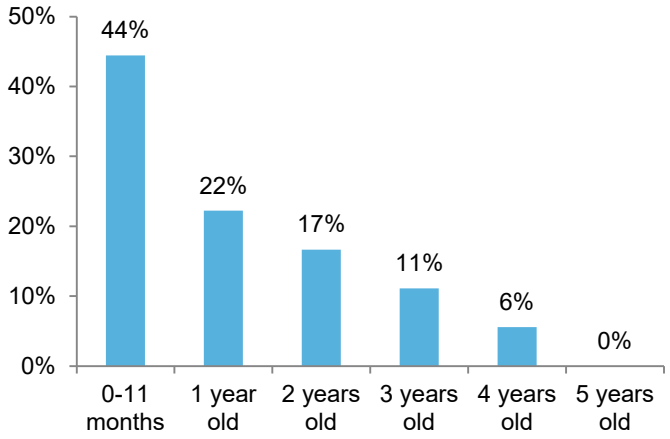



- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian
- Other Pacific Islander
- White
- Multi-racial
- Other
- Not Answered

### Ethnicity

| | |
|---|---|
| 35% | Hispanic or Latino |
| 63% | Non-Hispanic/ Non-Latino |
| 3% | Not Answered |

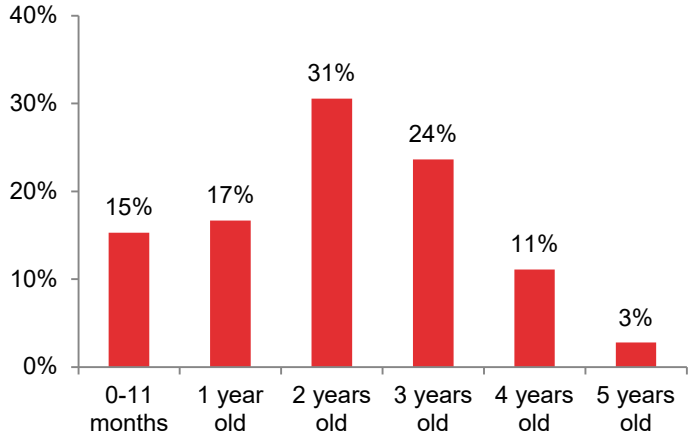
### Child Age at Enrollment*




- *17.4% Enrolled Prenatally*

*Child age at enrollment only includes children who newly enrolled during this program year

### Child Age at End of Program Year



## Program Services and Impact

### Personal Visits

838

### Group Connections

Average # of group connections per affiliate = 27

40 enrolled families attended

### Immunizations

92%

of 19–35 month olds reported up-to-date

### Family-Centered Assessment

| | |
|---|---|
| Initial | 100% |
| Annual | 100% |

### Developmental Screening

| | |
|---|---|
| Initial | 100% |
| Annual | 100% |

### Health Review

| | |
|---|---|
| Initial | 100% |
| Annual | 100% |

13 Potential delays/ concerns identified

| | |
|---|---|
| Developmental | 7 |
| Social-emotional | 4 |
| Hearing | 0 |
| Vision | 1 |
| Physical Health | 1 |

### Goals Documented

100%

### Resource Connections

96%

0 referrred this program year for further assessment based on screening/review

0 received follow-up services this program year

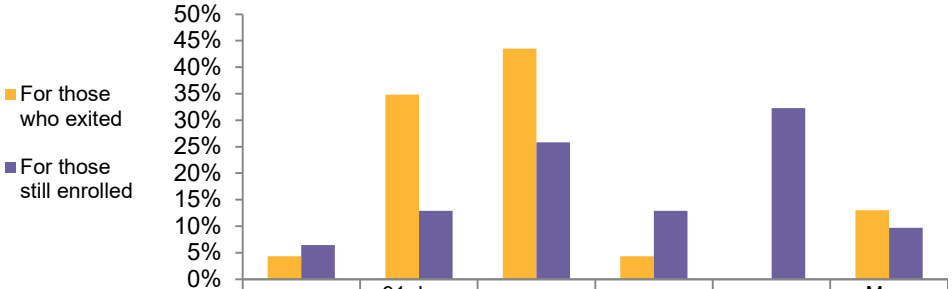
### Parent Educators

| | |
|---|---|
| Total | 2 |
| Full-Time | 2 |
| Part-time | 0 |

### Parent Educator Level of Education

| | |
|---|---|
| High School/GED | 0% |
| Some College | 0% |
| Associates | 50% |
| Bachelors | 50% |
| Masters or Beyond | 0% |

### Length of Time Enrolled in Program




| | 90 days or less | 91 days to 6 months | 7 to 12 months | 13-18 months | 19 to 24 months | More than 2 years |
|---|---|---|---|---|---|---|
| For those who exited | 4% | 35% | 43% | 4% | 0% | 13% |
| For those still enrolled | 6% | 13% | 26% | 13% | 32% | 10% |

### Waitlist and Family Retention

87% Family Retention Rate

89% Family Retention Rate (excluding families who moved out of service area)

5 Families on waitlist

**NOTE: Retention rates are based on one year of data.**

*Accuracy of the data presented in this report is contingent upon the accuracy of APR data submitted by affiliates.*

# 2024-2025 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 affiliate's 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.Click or hover over Question Mark icons for more information.To PRINT or SAVE A COPY of your affiliate's report, please CLICK HERE. From that window, click the "Convert to PDF" button, which will download a copy of the responses. The PDF can then be printed or saved.

To REVIEW your data after you SUBMIT, please click the Reports icon on the APR Portal and choose from the available reports, including the 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.

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## Pre-filled Company ID

### Year

2024

### 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

Please enter the names and email addresses of your affiliates' supervisors:

| | Name(s) | Email Address(es) |
|---|---|---|
| 1. | Selina Ellis | sellis@kcialaska.org |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

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 two years of service to families?

- ◉ Yes
- ○ No

2. Months Designed to Serve: How many months of the year is your affiliate designed to deliver all four components of the PAT model (personal visits, group connections, resource connections & child screenings) to all enrolled families?

12

### B. Leadership and Administration

1. Advisory Committee Meetings: How many Advisory Committee meetings with a regular focus on Parents as Teachers were held during the 2024-2025 program year?

3

## C. Staffing

1. Staff at Beginning of PY: Please indicate the number of staff employed as parent educators at the beginning of the 2024-2025 program year (include supervisors who carried a caseload in these counts):

a. Full-Time PEs Start of PY: How many parent educators (including supervisors who carried a caseload) provided parent educator services full-time (greater than .5 FTE) 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 carried a caseload) 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 staff employed as parent educators in your affiliate at the beginning of the program year (including supervisors who carried a caseload):

2

2. Staff Changes: Please report staffing changes that occurred during the 2024-2025 program year:

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

0

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) or changed roles in your affiliate during the program year?

0

3. Staff at End of PY: Please indicate the number of staff employed as parent educators as of the end of the 2024-2025 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 carried a caseload) 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 carried a caseload) 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 staff employed as parent educators in your affiliate at the end of the program year (including supervisors who carried a caseload):

2

4. 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)

- (●) Yes
- ( ) No

5. Model Certification: I confirm that all parent educators and supervisors delivering model services for the affiliate have a current Model Certified subscription . (Yes / No)

- (●) Yes
- ( ) No

6. Staff for Full Program Year: How many parent educators (including supervisors who carried a caseload) provided personal visits for the full program year:

2

6.a. Personal Visit Observation: Of the 2 parent educators reported in I.C.6 who provided personal visits for the full program year (including supervisors who carried a caseload), how many were observed delivering a personal visit during the program year using a structured observation tool?

2

7. 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.7 should match total reported in I.C.3.

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

0

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

0

c. Some college

0

d. Associate's degree

1

e. Bachelor's degree

1

f. Master's degree

0

g. Greater than Master's

0

h. Doctoral degree

0

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

8. 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 carried a caseload), how many are fluent in the following languages:

## a. English

2

## b. Spanish

2

## c. Albanian

0

## d. Arabic

0

## e. Burmese

0

## f. French

0

## g. German

0

## h. Greek

0

## i. Italian

0

## j. Korean

0

## k. Mandarin

0

## l. Nepali

0

## m. Portuguese

0

## n. Russian

0

o. Somali

0

p. Turkish

0

q. Tribal Languages

0

r. Other

0

## D. Supervision

1. Average Supervisory Activities Per Week: How many total hours per week were typically allocated to PAT Supervisory Activities including reflective supervision, coordination, data reporting, and administrative activities? (This is not an exhaustive list. Please see APR Instructions and/or the Role of the PAT Supervisor Technical Assistance Brief.) This total should include the amount of time spent by supervisors, lead parent educators, and/or model-certified support staff that perform supervisory activities. Click HERE to view an APR Mini-Instruction Video on supervisory hours.

30.0

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 also 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)?

- [x] 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 supervisors 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 hours 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 2024-2025 program year?

19

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

1.53

## II. SERVICE DELIVERY -- FAMILIES

## NOTE: Link to APR & You Video here

1. Families Served: In total, how many families did your PAT affiliate serve with at least one personal visit this program year ? [This should match the sum of II.2, II.3, and II.4.]

54

2. New Families / Families who enrolled within the time period of March 3, 2024-March 2, 2025.

a. Previous year: How many families who had their first visit within the time period of March 3, 2024-June 30, 2024 also had at least one visit during the program year?

5

i. Exit before 120 days:

0

Definition: How many of these 5 families reported in II.2.a. exited prior to 120 days enrollment?

ii. Enrolled at least 120 days:

5

Definition: Subtract II.2.a.i. (0) from II.2.a. (5). The total is: 5. This is the total who enrolled within the last 120 days of the previous program year and remained enrolled for at least 120 days We will use this number for later equations.

b. This year: Families who enrolled this PY. How many families had their first visit within the time period of July 1, 2024-March 2, 2025?

20

i. Exit before 120 days:

4

Definition: How many of these 20 families exited prior to 120 days enrollment?

ii. Enrolled at least 120 days:

16

Definition: Subtract II.2.b.i. (4) from II.2.b. (20). The total is: 16. These families both had their first visit this program year and reached 120 days enrollment this program year. We will use this number for later equations.

Auto-calculation: Total families who reached 120 days of enrollment during this program year. We will use this number for later equations:

21

## 3. End of Year Families:

3. End of Year Families: How many families had their first visit within the time period of March 3, 2025-June 30, 2025 ?

3

a. Exit before July 1:

0

Definition: How many of these 3 families exited prior to July 1, 2025?

b. No exit before July 1:

3

Definition: How many of these 3 families did NOT exit prior to July 1, 2025 ?

## 4. Retained/Annual Families:

4. How many families had their first visit prior to March 3, 2024?

26

a. Families Exited within 120 Days During PY:

9

Definition: How many of these 26 families exited within 120 days of the start of this program year (exited before October 29, 2024)?

b. Families Enrolled At Least 120 Days During PY:

17

Definition: How many of these 26 families remained enrolled for at least 120 days during this program year (through October 29, 2024)?

STOP: Please check your math! Please review the items above and make sure they add up to the total you answered for item II.1 (54).

5 + 20 + 3 + 26 =

54

5. Family Experiences and Stressors: Please indicate the number of f amilies who received at least one visit during the program year (reported in II.1) who have each of the following Family Experiences and Stressors. For newly enrolled families (newly enrolled July 1, 2024-June 30, 2025), 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 stressors. However, the total number of families you indicate for each stressor should be less than or equal to {Q39 } , 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.

2

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.

11

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

2

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.

2

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

8

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.

44

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, Gaum, and the U.S. Virgin Islands.

21

h. Substance use disorder - Parent persistently has used or is currently using substances despite negative social, interpersonal, legal, medical or other consequence . Affiliates have discretion in determining how far back in time is relevant in terms of current impact on parenting, family well-being, or the parent-child relationship. PATNC recommends including this as a risk factor if substance abuse has occurred at any point during the enrolled child's lifetime (including prenatal).

0

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

1

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

2

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.

11

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.

6

n. Death in the immediate family - The death of the child, parent/guardian or sibling. Affiliates have discretion in determining how far back in time is relevant. PATNC recommends including this as a risk factor if a death in the immediate family has occurred at any point during the enrolled child's lifetime (including prenatal).

3

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

3

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

6. Count of Families by # of Stressors: How many of the families had: (total should match II.1: 54) NOTE: Be sure to count each family only once!

a. ZERO Family Experiences and Stressors listed in II.5.a-p.

4

b. ONE Family Experiences and Stressors listed in II.5.a-p.

11

c. TWO Family Experiences and Stressors listed in II.5.a-p.

19

d. THREE Family Experiences and Stressors listed in II.5.a-p.

14

e. FOUR OR MORE Family Experiences and Stressors listed in II.5.a-p.

6

Total ( This number should equal [ 54 , i.e., the number you reported in Item II.1):

54

7. Family Languages: How many families regularly speak any of the following languages in their home? NOTE: You can select multiple languages for a family.

## a. English

21

## b. Spanish

16

## c. Albanian

0

## d. Arabic

2

## e. Burmese

0

## f. French

0

## g. German

0

## h. Greek

0

## i. Italian

0

## j. Korean

0

## k. Mandarin

0

## l. Nepali

0

## m. Portuguese

0

## n. Russian

0

### o. Somali

0

### p. Turkish

0

### q. Tribal Languages

0

### r. Other

13

### s. Not Answered

0

Please list the other language(s) regularly spoken by families served:

Pashto, Samoan, Tongan, Dari, Korean, Ukrainian

## II. Service Delivery -- PARENTS/GUARDIANS

8. Male Caregivers: Please count the total number of male caregivers enrolled in the families served (II.1):

30

9. Caregiver Ethnicity: How many caregivers are of the following ethnicity?

### a. Hispanic or Latino

29

### b. Non-Hispanic/Non-Latino

53

### c. Prefer Not to Report

4

### Total

86

10. Caregiver Race: How many caregivers are of the following race?

a. American Indian or Alaska Native

2

b. Asian

23

c. Black or African-American

3

d. Native Hawaiian

1

e. Other Pacific Islander

7

f. White

3

g. Multi-racial (two or more races)

31

h. Other

7

i. Prefer Not to Report

9

Total ( This number should equal [ 86 ] , i.e., the total you reported in Item II.9.):

86

## II. SERVICE DELIVERY -- CHILDREN

11. Ages Designed to Serve: Which of the following age range(s) 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

12. Children Served: How many children ages birth to kindergarten entry received at least one personal visit ? [This should match the sum of II.13, II.14, and II.15.]

72

13. New Children: Children with Effective Start Date within the time period of April 2, 2024-April 1, 2025. NOTE: Children who enrolled during this date range reached (or would have reached) 90 days of enrollment during this program year.

a. Previous year: How many children who had at least one visit during the program year had an effective start date within the time period of April 2, 2024-June 30, 2024 ?

1

i. Exit before 90 days:

0

Definition: How many of these 1 children exited prior to 90 days?

ii. Enrolled at least 90 days:

1

Subtract II.13.a.i (0) from II.13.a (1). The total is: 1. These children enrolled last program year but reached 90 days enrollment this program year. We will use this number for later equations.

b. This year: How many children had an effective start date within the time period of July 1, 2024-April 1, 2025?

32

i. Exit before 90 days:

2

Definition: How many of these 32 children exited prior to 90 days?

ii. Enrolled at least 90 days:

30

Subtract II.13.b.i. (2) from II.13.b (32). The total is: 30. These children both enrolled this year and reached 90 days enrollment this year. We will use this number for later equations.

**Auto-calculation: Total children who reached 90 days of enrollment during the program year:**

31

## 14. End of Year Children:

**14. How many children had an effective start date within the time period of April 2, 2025-June 30, 2025?**

4

**a. Exit before July 1:**

0

**Definition: How many of these 4 children exited prior to July 1, 2025?**

**b. No exit before July 1:**

4

**Definition: How many of these 4 children did not exit prior to July 1, 2025?**

## 15. Retained / Annual Children:

**15. How many children had an effective start date prior to April 2, 2024?**

35

**a. Children Exited within 90 Days During PY:**

7

**Definition: How many children whose effective start date was prior to April 2, 2024, exited within 90 days of the start of this program year ( before September 29, 2024)?**

**b. Children Enrolled At Least 90 Days During PY:**

28

**Definition: How many children whose effective start date was prior to April 2, 2024, remained enrolled for at least 90 days during this program year ( through September 29, 2024)?**

STOP: Please check your math! Please review the items above and make sure they add up to the total you answered for item II.12 (72)

**1 + 32 + 4 + 35 =**

72

16. Child Age at Enrollment During Program Year: How old were the children ages birth to kindergarten entry who newly enrolled during this program year (July 1, 2024-June 30, 2025), as of their first visit? How many children were:

**a. 0-3 months**

11

**b. 4-11 months**

5

**c. 1 year old (12-23 months)**

8

**d. 2 years old (24-35 months)**

6

**e. 3 years old (36-47 months)**

4

**f. 4 years old (48-59 months)**

2

**g. 5 years old (60+ months)**

0

**Total (This number should equal (32+4) for Items II.13.b+II.14):**

36

17. All Child Age at End of PY: Please report the ages of the 72 children reported in II.12. 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

1

b. 4-11 months

10

c. 1 year olds (12-23 months)

12

d. 2 year olds (24-35 months)

22

e. 3 year olds (36-47 months)

17

f. 4 year olds (48-59 months)

8

g. 5 year olds (60+ months)

2

Total (This number should equal 72 , i.e., your number in item II.12):

72

18. Child Ethnicity: How many of the 72 enrolled children reported in II.12 are: NOTE: II.18.a, II.18.b, and II.18.c when added together should equal the total number of children reported in II.12: 72.

a. Hispanic or Latino children

25

b. Non-Hispanic/Non-Latino children

45

c. Prefer Not to Report

2

Total number of children served (This number should equal [ 72 ] , i.e., your number in Item II.12.)

72

19. Child Race: How many children are of the following race?

a. American Indian or Alaska Native

2

b. Asian

14

c. Black or African-American

4

d. Native Hawaiian

0

e. Other Pacific Islander

5

f. White

2

g. Multi-racial (two or more races)

32

h. Other

8

i. Prefer Not to Report

5

Total ( This number should equal [ 72 ] , i.e., the number you reported in Item II.18):

72

20. Child Immunizations: What percent (%) of children who were between the ages of 19 months and under three years of age at any point during the program year AND have been enrolled for at least 90 days are fully immunized?

91.7

21. Uninsured Children: How many of the 72 children served during the program year (reported in II.12) are currently uninsured (child does not have health coverage)?

5

22. 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

53

b. Hospital Emergency Room

0

c. Hospital Outpatient

0

d. Federally Qualified Health Center

5

e. Retail Store or Minute Clinic

0

f. Unknown/Did not report

11

g. Other

2

h. None

1

23. 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

39

b. Do not have a usual source of dental care

6

c. Unknown/Did not report

16

## II. SERVICE DELIVERY -- PRENATAL

NOTE: For items 24-26 below, please include prenatal families in these counts even if they have another child who is also being served

24. Prenatal Families: Of the 54 families served this program year (reported in II.1), how many received a prenatal personal visit this program year? (optional question)

4

25. Families Enrolled Prenatally During Program Year: Of the families who newly enrolled this program year (July 1, 2024-June 30, 2025), how many were prenatal?

4

26. Prenatal Personal Visits: How many prenatal personal visits were delivered this program year? (optional question)

23

## III. FAMILY-CENTERED ASSESSMENT AND GOAL SETTING

**Earlier, you indicated that your affiliate enrolled 21 New Families within the time period of March 3, 2024-March 2, 2025 (the sum of II.2.a.ii + II.2.b.ii).**

1. Initial FCA: How many of these 21 [II.2.a.ii + II.2.b.ii] families had an initial, comprehensive family-centered assessment completed and documented within 120 days of their first visit? NOTE : Does NOT include families who exited prior to 120 days (these families are counted in Bonus Items below), and does NOT include families who enrolled within 120 days of the end of this PY.

21

## 1.a. Families Exited Prior to 120 Days THIS PY (2024-2025)

a. Total Initial FCA Bonus: How many of the families who exited prior to reaching 120 days of enrollment had an initial, comprehensive family-centered assessment completed and documented prior to exit ? [This will equal the sum of III.1.a.i + III.1.a.ii + III.1.a.iii below.] (will auto-calculate)

4

i. Start of Year FCA Bonus Item:

4

D efinition: Of the 0 families who enrolled within the time period of March 3, 2024-June 30, 2024 and exited after July 1, 2024 and prior to reaching 120 days of enrollment , how many had an initial, comprehensive family-centered assessment completed and documented prior to exit?

ii. Mid-PY FCA Bonus Item:

0

Definition: Of the 4 families who enrolled within the time period of July 1, 2024-March 2, 2025 and exited prior to reaching 120 days of enrollment, how many had an initial, comprehensive family-centered assessment completed and documented this program year?

iii. End of Year FCA Exit Bonus Item:

0

Definition: Of the 0 families who enrolled within the time period of March 3, 2025-June 30, 2025 and exited prior to July 1, 2025, how many had an initial, comprehensive family-centered assessment completed and documented this program year ?

STOP: Please check your math! Please review the sum of the bonus items above to confirm your Total Initial Bonus FCA.

2. Annual FCA

## a. Annual FCA:

17

**Definition: How many of the 17 families had an annual comprehensive family-centered assessment completed and documented this program year?**

## b. Annual FCA Bonus Item:

7

**Definition: How many of the 9 families who exited before October 29, 2024 had an annual comprehensive family-centered assessment completed and documented this program year?**

3. 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 FCA Synthesis Record (based on information gathered through the PAT Visit Plans and PAT Records)

- (●) Yes
- ( ) No

4. FCA Tool(s) Used: Please indicate which family-centered assessment tool(s) your affiliate used:

- ☐ 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
- ☐ h. New Mexico Maternal Child Health/Demographic Information Forms for Child and Adult
- ☑ 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 2024-2025 program year

5. Goals Documented: How many families that received at least one personal visit this year (54) had at least one goal documented as of the end of the program year?

54

5.a. Met Goal: How many of these 54 families met at least one goal during the program year (or by the time of exit if they exited during the program year)?

26

## IV. PERSONAL VISITS

1. Total Visits: Indicate the total number of PAT personal visits delivered to families during this program year:

a. On-Ground Personal Visits : How many on-ground PAT personal visits were delivered to families during this program year?

702

b. Interactive Video Conferencing Visits (IVC) : How many interactive video conferencing PAT personal visits were delivered to families during this program year?

8

c. Telecommunication Personal Visits : How many telecommunication PAT personal visits were delivered to families during this program year?

128

d. If your affiliate is not able to distinguish between on-ground, IVC, and telecommunications visits, report total number of visits delivered to families during this program year:

.....

Total Personal Visits Conducted (will auto-calculate):

838

Hidden Question (INTERNAL NOTE: This hidden question is used to show participants their response to families with 0-1 and 2+ stressors on the subsequent items. The references on this item will not auto-update so will need to be updated/checked each APR. To do so, click the wrench below and change the Calculated Values field.)

Families with 0 or 1 stressor

15

Families with 2 or more stressors

39

2. Visits for Families with 0-1 Stressors: How many families with zero or one Family Experiences and Stressors (total of II.6.a + II.6.b: 4+11=15) received at least 75% of the required visits during the program year? NOTE: Please refer to the APR Instructions page when answering this item. ( Be sure to enter the number of families, not a percentage )

15

3. Visits for Families with 2+ Stressors: How many families with two or more Family Experiences and Stressors (total of II.6.c + II.6.d + II.6.e: 19+14+6=39) received at least 75% of the required visits during the program year? NOTE: Please refer to the APR Instructions page when answering this item. ( Be sure to enter the number of families, not a percentage )

38

4. 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

5. Average Visits/Month per FT 1st Yr PEs: On average how many personal visits per month did individual full-time, first year parent educators complete during the program year? NOTE: Full-time is defined as more than 20 hours per week (greater than .5 FTE). If you did not employ a full-time 1st year parent educator, please enter 0.

0.0

6. Average Visits/Month per PT 1st Yr PEs: On average how many personal visits per month did individual part-time, first year parent educators complete during the program year? NOTE: Part-time is defined as 20 hours per week or less (.5 FTE or less). If you did not employ a part-time 1st year parent educator, please enter 0.

0.0

7. Average Visits/Month per FT 2nd Yr+ PEs: On average how many personal visits per month did individual full-time, second year and beyond parent educators complete during the program year? NOTE: Full-time is defined as more than 20 hours per week (greater than .5 FTE). If you did not employ a full-time 2nd year parent educator, please enter 0.

40.0

8. Average Visits/Month per PT 2nd Yr+ PE: On average how many personal visits per month did individual part-time, 2nd year and beyond parent educators complete during the program year? NOTE: Part-time is defined as 20 hours per week or less (.5 FTE or less). If you did not employ a part-time 2nd year parent educator, please enter 0.

0.0

9. Visits with Male Caregiver: In how many of the total number of personal visits (IV.1: 838) delivered to families did a male caregiver/guardian participate?

96

10. Visits with Multiple Caregivers: In how many of the total number of personal visits (IV.1: 838) delivered to families did more than one parent, guardian or caregiver participate?

48

## V. GROUP CONNECTIONS

1. Total Group Connections: Indicate the total number of Group Connections delivered by your affiliate this program year:

a. On-Ground Group Connections : How many on-ground PAT group connections were delivered to families during this program year?

27

b. Interactive Video Conferencing Group Connections (IVC) : How many interactive video conferencing PAT group connections were delivered to families during this program year?

0

c. Telecommunication Group Connection s : How many telecommunication PAT group connections were delivered to families during this program year?

0

d. If your affiliate is not able to distinguish between on-ground, IVC, and telecommunications groups, report total number of group connections delivered to families during this program year:

.....

Total Group Connections Delivered (will auto-calculate):

27

2. Families Attending Group Connections: How many families (of the number reported in II.1: 54) attended at least one Group Connection this program year?

40

3. Male Caregivers Attending Group Connections: How many male caregivers/guardians participated in at least one group connection during the 2024-2025 program year?

26

## VI. REVIEW/SCREENING

1. Initial Reviews and Screenings :

### a. Initial Health Review:

31

**Definition: Of the 31 [II.13.a.ii + II.13.b.ii] children who remained enrolled for at least 90 days after their Effective Start Date, how many received a complete, initial health status, safety, vision, and hearing review within those 90 days?**

.....

### b. Initial Developmental Screening:

31

**Definition: Of the 31 [II.13a.ii + II.13.b.ii] children who remained enrolled for at least 90 days after their Effective Start Date, how many received a complete, initial developmental screening within those 90 days?**

.....

c. Initial Reviews/Screenings Bonus: Children Exited Prior to 90 Days of Enrollment THIS PY (2024-2025)

i. Initial Health Review Bonus: How many of the children who exited prior to reaching 90 days of enrollment received a complete, initial health, safety, hearing, and vision review prior to exit ? (This will equal the sum of the next three items: VI.1.c.i.1 + VI.1.c.i.2 + VI.1.c.i.3, and will auto-calculate)

2

1. Start of Year Health Review Bonus Item:

0

Definition: Of the 0 [II.13.a.i] children whose Effective Start Date was within 90 days of the end of the prior PY and who exited after July 1, 2024 but prior to reaching 90 days of enrollment , how many had an initial , comprehensive Health Review completed and documented prior to exit?

2. Mid-PY Health Review Bonus Item:

2

Definition: Of the 2 [II.13.b.i] children whose Effective Start Date was within the time period of July 1, 2024-April 1, 2025 and who exited prior to reaching 90 days of enrollment, how many had an initial , comprehensive Health Review completed and documented this program year?

3. End of Year Health Review Bonus Item:

0

Definition: Of the 0 [II.14.a] children whose Effective Start Date was within the time period of April 2, 2025-June 30, 2025 and who exited prior to July 1, 2025, how many had an initial , comprehensive Health Review completed and documented this program year?

STOP: Please check your math! Please review the sum of the bonus items above to check your Total Initial Bonus Health Review

ii. Initial Developmental Screening Bonus: How many of the children who exited prior to reaching 90 days of enrollment received a complete, initial developmental screening ? (This will equal the sum of the next three items: VI.1.c.ii.1 + VI.1.c.ii.2 + VI.1.c.ii.3, and will auto-calculate)

0

1. Start of Year Developmental Screening Bonus Item :

0

Definition: Of the 0 [II.13.a.i] children whose Effective Start Date was within 90 days of the end of the prior PY and who exited after July 1, 2024 but prior to reaching 90 days of enrollment , how many had an initial , comprehensive Developmental Screening completed and documented prior to exit?

2. Mid-PY Developmental Screening Bonus Item:

0

Definition: Of the 2 [II.13.b.i] children whose Effective Start Date was within the time period of July 1, 2024-April 1, 2025 and who exited prior to reaching 90 days of enrollment, how many had an initial , comprehensive Developmental Screening completed and documented this program year?

3. End of Year Developmental Screening Bonus Item:

0

Definition: Of the 0 [II.14.a] children whose Effective Start Date was within the time period of April 2, 2025-June 30, 2025 and who exited prior to July 1, 2025, how many had an initial, comprehensive Developmental Screening completed and documented this program year?

STOP: Please check your math! Please review the sum of the bonus items above to check your Total Initial Bonus Developmental Screening

## 2. Annual Reviews and Screenings:

### a. Annual Health Review:

28

**Definition: Of the 28 [II.15.b] children you reported retaining from the last program year who remained enrolled for at least 90 days during this program year, how many received a complete annual health status, safety, vision, and hearing review this program year?**

.....

### b. Annual Developmental Screening:

28

**Definition: Of the 28 [II.15.b] children you reported retaining from the last program year who remained enrolled for at least 90 days during this program year, how many received a complete annual developmental screening this program year?**

.....

## c. Annual Reviews/Screenings Bonus Items: Children Exited Prior to September 29, 2024

### i. Annual Health Review Bonus Item:

3

**Definition: Of the 7 [II.15.a] children you reported retaining from the last program year who exited before September 29, 2024, how many received a complete annual health, safety, hearing, and vision review this program year?**

.....

### ii. Annual Developmental Screening Bonus Item:

3

**Definition: Of the 7 [II.15.a] children you reported retaining from the last program year who exited before September 29, 2024, how many received a complete annual developmental screening this program year?**

.....

For Items 3-5 in Section VI, include all screenings and health reviews conducted during the program year with children who received at least one personal visit this year. This includes those who received some, but not all, required screening or review activities (e.g. received developmental but not health).

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

0

4. Children Received Follow-Up Services: How many children who were referred for further assessment received follow-up services?

0

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

### a. Developmental (language, intellectual or motor):

7

### b. Social-Emotional:

4

### c. Hearing:

0

### d. Vision:

1

### e. Physical health:

1

6. Developmental Screening Tool(s) Used: Please select the developmental screening tool(s) your affiliate used during the program year for developmental screenings. The ASQ-3 requires that a separate screening is used for social-emotional development (e.g., ASQ-SE-2 or DECA-IT/P2), therefore be sure to check all that apply: NOTE: Please see the list of approved developmental screening tools in the Affiliate Implementation Manual.

- [x] a. Ages and Stages Questionnaire-3 (ASQ-3)
- [x] 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. Infant-Toddler Developmental Assessment (IDA-2)
- [ ] h. Did not use any of the PAT approved developmental/social-emotional tools

7. Milestones: Did all parent educators use the PAT Milestones or CDC Developmental Milestones with children served and update them as applicable?

- (●) Yes
- ( ) No

8. Which Milestones did your affiliate use?

- (●) a. Only PAT Milestones
- ( ) b. Only CDC Developmental Milestones
- ( ) c. Both the PAT Milestones and CDC Developmental Milestones
- ( ) d. None

## VII. RESOURCE CONNECTIONS

1. Resource Connections: How many families who received at least one personal visit this program year (II.1: 54) were connected to at least one community resource during the program year? NOTE: Please refer to the APR Instructions for guidance in answering this item.

52

1.a. Made or Attempted to Contact: How many of these 52 families made or attempted to make contact with a referral source for at least one resource connection during the program year? (optional question)

47

1.b. Initiated Services: How many families initiated services for at least one resource connection during the program year?

44

## VIII. WAITING LIST FAMILIES

1. Waitlist Used: Did your Affiliate maintain a waiting list at any time during the 2024-2025 program year?

- (●) Yes
- ( ) No

1.a. Families on Waitlist: If yes, please indicate the number of families on your waiting list as of the end of the program year:

5

## IX. FAMILY FEEDBACK AND RETENTION

1. Family Feedback: How many of the 54 families (of those reported in II.1) had at least one caregiver who provided feedback to your affiliate during this program year about services they received?

17

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 54 families who received at least one personal visit this year (reported in II.1) exited the program during this program year?

23

4. Exit Reasons: Please report the reasons that the 23 exited families (reported in IX.3) left the program this year. How many families exited because:

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

2

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

14

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

0

g. The family left for other reasons

0

h. The family left for unknown reasons

6

TOTAL number of families that exited this program year (This number should equal 23 ):

23

5. Length of Enrollment at Exit: Of the 23 families that exited during the program year (reported in IX.3), please report the number of families that received the following number of months of service:

a. 90 days or less

1

b. 91 days to 6 months

8

c. 7 to 12 months

10

d. 13 to 18 months

1

e. 19 to 24 months

0

f. 25 to 36 months

3

g. 37 to 48 months

0

h. 49 to 60 months

0

i. 61+ months

0

TOTAL number of families that exited this program year (This number should equal 23 ):

23

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

2

b. 91 days to 6 months

4

c. 7 to 12 months

8

d. 13 to 18 months

4

e. 19 to 24 months

10

f. 25 to 36 months

3

g. 37 to 48 months

0

h. 49 to 60 months

0

i. 61+ months

0

Total

31

## X. PARENTS AS TEACHERS RECORDS

Affiliates are required to fully use the Parents as Teachers Records through one or more of the following methods: PAT Penelope OR Visit Tracker 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 (2020) Some of the records allow acceptable alternatives. See the PAT Records portal for full details on acceptable alternatives.

1. Please indicate below the primary method your affiliate used to capture the information for each of the PAT 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.

| | PAT Penelope OR Visit Tracker | 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 | ◉ | ○ | ○ | ○ | ○ |
| b. Family Information Record | ◉ | ○ | ○ | ○ | ○ |
| c. Child Information Record | ◉ | ○ | ○ | ○ | ○ |
| d. Parent/Guardian Information Record | ◉ | ○ | ○ | ○ | ○ |
| e. Goals Record | ◉ | ○ | ○ | ○ | ○ |
| f. Transition Plan | ◉ | ○ | ○ | ○ | ○ |
| g. Family Service Record and Exit Summary | ◉ | ○ | ○ | ○ | ○ |
| h. Personal Visit Planning Guide | ◉ | ○ | ○ | ○ | ○ |
| i. Personal Visit Record | ◉ | ○ | ○ | ○ | ○ |
| j. Group Connection Planning Guide and Record | ◉ | ○ | ○ | ○ | ○ |
| k. PAT Milestones or CDC Developmental Milestones | ◉ | ○ | ○ | ○ | ○ |
| l. Child Health Record | ◉ | ○ | ○ | ○ | ○ |
| m. Prenatal/Postpartum Record | ◉ | ○ | ○ | ○ | ○ |
| n. Resource Connections Record | ◉ | ○ | ○ | ○ | ○ |

*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. Remote Data Sender should be sending this item for field name = "PATRecordUse") 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

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? (check all that apply)

- ☐ 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 (NFP)
- ☐ h. SafeCare
- ☐ i. Early Intervention
- ☐ j. Center-based early childhood program/preschool
- ☐ k. No other early childhood programs are offered

l. Other early childhood programs offered (please specify):

.....

5. Community/ies Served: 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. 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 or more
- ☐ 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 2024-2025 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.

99501, 99502, 99503, 99504, 99506, 99507, 99508, 99515, 99516, 99517, 99518, 99519, 99577

7. Funding Source(s): Please indicate the sources of funding used to provide PAT activities reported in this APR (check all that apply): Funding Source: To endure accuracy of responses, please verify your funding source with your agency's fiscal agency/officer. 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)
- ☐ Family First Prevention Services Act (FFPSA)
- ☐ 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 Human/Social Services
- ☐ State Department of Early Learning/Child Development
- ☐ 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 serve any children who were enrolled in kindergarten during the 2024-2025 program year using the Foundational 2: 3 through kindergarten curriculum?

- ○ Yes
- ◉ No

## XII. OUTCOMES REPORTING Please see the Outcomes Essential Requirement Guidance Document in the Supervisor's Handbook for more detailed information.

### Category One: Parenting Skills, Practices, and Capacity

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

- ○ a. Adult Adolescent Parenting Inventory (AAPI-2)
- ○ b. Healthy Families Parenting Inventory (HFPI)
- ○ c. Home Observation for Measurement of the Environment (HOME) Inventory: Infant/Toddler (IT) or Early Childhood (EC) Version
- ○ d. Keys to Interactive Parenting Scale (KIPS)
- ◉ e. Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)
- ○ f. Parenting Stress Index (PSI)
- ○ g. Parental Stress Scale (PSS)
- ○ h. Parents' Assessment of Protective Factors (PAPF)
- ○ i. Protective Factors Survey, 2nd Edition (PFS-2) - Traditional Version
- ○ 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 54 total families who received services this program year (reported in II.1), were eligible for this tool? NOTE: If you have questions about who is eligible, please check the guidance for the tool you have chosen to use.

**Families Eligible:**

54

3. Category One Families Assessed: How many of these eligible families (54) reported in XII.2 received an assessment during the 2024-2025 program year using your Parenting Skills, Practices, and Capacity tool?

**Families Assessed:**

46

## 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.

62

DENOMINATOR: Number of children enrolled during the program year.

72

i. Smoke-Free Environment

NUMERATOR: Number of children who live in a smoke-free environment at the end of the program year.

62

DENOMINATOR: Number of children enrolled during the program year.

72

k. Breastfeeding

NUMERATOR: Number of mothers who were pregnant while enrolled in Parents as Teachers who initiate and continue breastfeeding for at least three months.

2

DENOMINATOR: Number of mothers who were pregnant while enrolled in Parents as Teachers and remained enrolled for at least three months after delivery.

2

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):

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## XIII. SUBMIT/RESUBMIT

1. Do you plan to remain a PAT Affiliate for the 2025-2026 program year? If you indicate "no" you will be asked to elaborate on the next items.

- ◉ Yes
- ○ No

You are only a few steps away from completing your Affiliate Performance Report. To REVIEW, PRINT, or SAVE A COPY of your affiliate's report prior to submitting, CLICK HERE . From that window, click the "Convert to PDF" button, which will download a copy of the responses. The PDF can then be printed or saved. You have not finished submitting your report until you click the "Submit" button at the very end of the survey.

Beginning in July 2025, Parents as Teachers will be combining our core curriculum, under the Born to Learn® branding. Simultaneously over the 2025-26 program year, Parents as Teachers will roll out a new interface or user experience with our core curriculum content. Features of the new content platform will include: Access to curriculum to support families prenatally to kindergarten entry (Foundational 1 and Foundational 2) All translations Planning and support resources Structures, tools, and methods that are more responsive to our users' needs and ways of working Enhanced support for the growing depth and breadth of our quality content and resources Improved user efficiency, increased focus on quality of services and outcomes for the families we serve Changes in training, certification and renewals: After successful completion of Foundational Training, Foundational/Model Implementation or Foundations of Center-based Family Engagement, attendees will have access to Born to Learn® Foundational 2 training will become optional after July 2025 There will no longer be separate subscriptions for F1 or F2 curriculum Individual Renewal Pricing (beginning July 1, 2025) The renewal price for a full year model certified parent educator is $345. The renewal price for Curriculum Subscribers (CS) is $420 per person. CSs do not report their service delivery data on the APR. Their services will need be reported on the Subscriber Program Report (SPR) that is submitted through the Portal between July 1-September 30. Affiliation Fees Due Affiliates who have not yet paid their annual affiliation fee must have doneso by their renewal date.This fee can be paid by the affiliate web administrator throughthe CompanyAdministrator tab on the portal.The annual affiliate fee is $2,200. For questions, contact RenewalSupport@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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