

Section I. BACKGROUND INFORMATION

Affiliate Name:		Date Completed (mm/dd/yyyy):		
Main Program Contact: <i>All communications from the national office regarding technical assistance, newsletters, renewals, etc. will be sent to this contact.</i>		Title:	Email:	
Affiliate Supervisor Name (if different from above):		Title:	Email:	
Organization Address:	City:	State:	County:	Zip:
Telephone: () - ext.	Fax: () -			
Are you seeking new affiliation or are you an existing affiliate? <input type="checkbox"/> New* <input type="checkbox"/> Existing, submitting updated plan*		Are you submitting this plan as an Affiliate currently receiving or anticipating federal MIECHV (Maternal, Infant Early Childhood Home Visiting) funding for Parents as Teachers model implementation?* <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>*Please refer to page 10 for applicable affiliation fee. Existing programs submitting updated affiliate plans typically pay the initial affiliation fee.</i>				
Who is the primary funder (provides 50% or more of funding) of your affiliate?				
State Funding		Local Funding		Federal Funding
<input type="checkbox"/> State Dept of Education		<input type="checkbox"/> City or County Tax Initiative		<input type="checkbox"/> Head Start/Early Head Start
<input type="checkbox"/> State Dept of Social Services		<input type="checkbox"/> United Way		<input type="checkbox"/> Title I
<input type="checkbox"/> State Department of Health		<input type="checkbox"/> Local School District		<input type="checkbox"/> MIECHV (Maternal, Infant Early Childhood Home Visiting)
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:		<input type="checkbox"/> Other:
What type of <u>organization</u> will house your Parents as Teachers affiliate?				
<input type="checkbox"/> School System	<input type="checkbox"/> Private/Public Non-Profit	<input type="checkbox"/> Social Service Agency		
<input type="checkbox"/> Family Resource Center	<input type="checkbox"/> Hospital or Medical Facility	<input type="checkbox"/> University/Extension		
<input type="checkbox"/> Government Agency	<input type="checkbox"/> Health Department	<input type="checkbox"/> Early Intervention/Part C		
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Tribal Government/BIE	<input type="checkbox"/> Other:		
<input type="checkbox"/> Migrant Program	<input type="checkbox"/> Community Action Agency			
Will your Parents as Teachers affiliate offer blended services in coordination with another home visiting model to the same families?				
<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please check all that apply.) <input type="checkbox"/> Early Head Start <input type="checkbox"/> Healthy Families America <input type="checkbox"/> Other (please specify):				
What other home visiting models do you implement in addition to Parents as Teachers?				
Training	Anticipated Location of Training (City, State):	Start date of Training (mm/dd/yyyy):	Number of staff who will attend:	Names of all staff attending the Training:* add additional page to include all staff if needed NOTE: Please list any previously trained staff & training dates on additional page.
Foundational Model Implementation	_____	_____	_____	_____
Foundational 2*	_____	_____	_____	_____

* if serving children ages 3 through kindergarten

Section III. PARENTS AS TEACHERS AFFILIATE PLAN



<p>A. Primary funding source (<i>provides 50% or more of the funds used to support your Parents as Teachers services</i>):</p> <p>1) _____</p> <p>Secondary funding source (<i>more than 15% of funds</i>):</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>Additional comments:</p>	<p>Type</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Private <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Private <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Private <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Private <input type="checkbox"/> Other</p>	<p>Funding Duration (<i>2 years or more is recommended</i>)</p> <p><input type="checkbox"/> 1 year <input type="checkbox"/> 2 year <input type="checkbox"/> 3 or more Renewable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> 1 year <input type="checkbox"/> 2 year <input type="checkbox"/> 3 or more Renewable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> 1 year <input type="checkbox"/> 2 year <input type="checkbox"/> 3 or more Renewable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> 1 year <input type="checkbox"/> 2 year <input type="checkbox"/> 3 or more Renewable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>B. Parent Educators:</p> <p>Total number of parent educators to be employed:</p> <p>Number of full-time parent educators: (greater than .5 FTE; more than 20 hrs/wk)</p> <p>Number of part-time parent educators: (.5 FTE or less; 20 hrs/wk or less)</p>	<p>C. Service Duration (<i>affiliates are designed to provide at least 2 years of services to families</i>):</p> <p>Affiliate intends to provide families with how many months of service:</p> <p><input type="checkbox"/> 24-35 months of service</p> <p><input type="checkbox"/> 36+ months of service</p> <p><input type="checkbox"/> Other:</p>	<p>D. Families to be Served</p> <p><i>Which of the following child ages will your affiliate serve? (check all that apply):</i></p> <p><input type="checkbox"/> Prenatal – 3years</p> <p><input type="checkbox"/> 3 years – Kindergarten entry</p> <p><input type="checkbox"/> 3 years – Kindergarten completion</p> <p><input type="checkbox"/> Other, please list:</p>

Section III. PARENTS AS TEACHERS AFFILIATE PLAN

Activities: What will you do?

<p>E. Retention and Engagement Strategies:</p> <p><input type="checkbox"/> Written visit reminders</p> <p><input type="checkbox"/> Email/text message visit reminders</p> <p><input type="checkbox"/> Phone or text message contact between visits</p> <p><input type="checkbox"/> Incentives for completed visits or group connection attendance</p> <p><input type="checkbox"/> Other:</p>	<p>F. Family-Centered Assessment:</p> <p><input type="checkbox"/> Life Skills Progression</p> <p><input type="checkbox"/> Family MAP</p> <p><input type="checkbox"/> Massachusetts Family Self Sufficiency Scales & Ladders Assessment</p> <p><input type="checkbox"/> Other: <i>(If you select other, please list tool, and submit tool along with any additional questions for review & approval.)</i></p>	<p>G. Goal Setting: <i>(Parent educators develop and document goals with each family)</i></p> <p><input type="checkbox"/> Goals will be developed within 90 days with all families in 1 or more of the 3 areas of emphasis: Parent behaviors, Child development, & Family-well being</p> <p>How often will goals reviewed and as applicable, updated?</p>	<p>H. Group Connections:</p> <p>Total number group connections offered per year:</p>
<p>I. Personal Visits Frequency <i>(at least 12 annually is required for families with 1 or fewer high needs; at least 24 annually is required for families with 2 or more high needs)</i></p>			
<p>Total number of personal visits/yr. offered to families with 1 or fewer high needs: _____</p> <p>Visit frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly</p>		<p>Total number of personal visits/yr. offered to families with 2 or more high needs: _____</p> <p>Visit frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly</p>	
<p>J. Resource Network</p> <p>List up to 8 community agencies you will partner with for additional services to families, including contracted agencies providing screening:</p> <ol style="list-style-type: none"> 1) 2) 3) 4) 5) 6) 7) 8) <p>How many Memorandums of Agreement are currently in place?:</p>	<p>K. Evaluation and Continuous Quality Improvement</p> <p>For tracking and summarizing data for the PAT Affiliate Performance Report, what computerized data management system will you be using?</p> <p><input type="checkbox"/> Penelope (a benefit of affiliation – cost included in your affiliate fee)</p> <p><input type="checkbox"/> Efforts to Outcomes</p> <p><input type="checkbox"/> Visit Tracker Web</p> <p><input type="checkbox"/> Other computerized system (specify: _____)</p> <p><input type="checkbox"/> Will not use a computerized system.</p> <p>How often will you gather and summarize feedback from families about the services they have received?</p> <p><input type="checkbox"/> Annually</p> <p><input type="checkbox"/> More frequent than annually: (specify: _____)</p>		

Activities: What will you do?

L. Screening: *A complete screening includes all of the areas listed below and is required within 90 days of enrollment and then at least annually thereafter (infants enrolled prior to 4 months are screened prior to 7 months of age)*

Developmental

***Please Initial: _____ Developmental screening, including a specific social-emotional screening tool, is required for the developmental portion of a complete child screening.**

Conducted by: Affiliate Staff Contracted out (provide agency name):

Screening Tool used (check all that apply): ASQ-3 Other:

Social Emotional Tool used: ASQ-SE2 Contracted out (provide agency name):

Frequency after initial screen: Annually More frequent than annually: (specify: _____)

Health

***Please Initial: _____ Completion of the Parents as Teachers Health Record by the parent educator is required for the health review portion of a complete child screening.**

Frequency after initial screen: Annually More frequent than annually: (specify: _____)

Hearing

***Please Initial: _____ Completion of the PAT Health Record fulfills Parents as Teachers hearing review requirement. Programs are encouraged to use additional methods to review hearing.**

Conducted by: Affiliate Staff Contracted out (provide agency name):

Additional methods used (check all that apply): Documentation or parent report of hearing check by healthcare provider Otoacoustic Emissions (OAE) for children < 36 mo
 Pure Tone Audiometry (36 mo +)

Frequency after initial screen: Annually More frequent than annually: (specify: _____)

Vision

***Please Initial: _____ Completion of the Parents as Teachers Health Record and a functional vision screen by the parent educator or healthcare provider fulfill Parents as Teachers vision screening requirement. Programs may also use additional vision screening methods.**

Conducted by: Affiliate Staff Contracted out (provide agency name):

Additional methods used (check all that apply): Parents as Teachers Health Record & documentation of vision screen by healthcare provider

Additional tool(s) for 42+ months Parents as Teachers Health Record with Functional Vision Screen by parent educator Activity charts/cards Other:

Frequency after initial screen: Annually More frequent than annually: (specify: _____)

<p align="center"><u>Projected Outputs: How many?</u></p> <p><i>To answer this section, make your best estimate for when your program is at full implementation capacity. *Please refer to the Quality Assurance Guidelines, page 33-35, for the minimum levels expected by the national office to be sufficiently meeting these service delivery essential requirements.</i></p>	<p align="center"><u>Outcomes: Expected measurable changes in the next 1 to 3 years?</u></p> <p><i>To answer this section, make your best estimate at the current time. * Please refer to Quality Assurance Guidelines, page 29-30, for more information on outcome measurement</i></p>
<p>M. 1. _____ Number families served in a 12 month period</p> <p>2. _____ Number of families served with 1 or fewer high needs characteristics</p> <p>3. _____ Number of families served with 2 or more high needs characteristics</p> <p>4. _____ Number children served in a 12 month period</p>	<p>What outcomes will your affiliate be tracking and summarizing? (check all that apply)</p> <p><u>Short-Term Outcomes:</u></p> <p><input type="checkbox"/> Increase in healthy pregnancies and birth outcomes</p> <p><input type="checkbox"/> Increase in parents' knowledge of their child's emerging development and age-appropriate child development</p> <p><input type="checkbox"/> Improved parenting capacity, parenting practices and parent-child relationships</p> <p><input type="checkbox"/> Early detection of developmental delays and health issues</p> <p><input type="checkbox"/> Improved family health and functioning</p> <p><u>Intermediate Outcomes:</u></p> <p><input type="checkbox"/> Improved child health and development</p> <p><input type="checkbox"/> Prevention of child abuse and neglect</p> <p><input type="checkbox"/> Increased school readiness</p> <p><input type="checkbox"/> Increased parent involvement in children's care and education</p> <p><input type="checkbox"/> Other (specify):</p> <p><input type="checkbox"/> None at this time</p>
<p>N. 1. _____ Number of years affiliate will offer services to families</p> <p>Will affiliate offer services year-round? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. _____ Percentage of families receiving services for at least 24 months</p>	
<p>O. 1. _____ Percentage families with a family-centered assessment documented within 90 days and updated annually*</p> <p>2. _____ Percentage families with at least 1 goal developed and documented during the program year*</p> <p>3. _____ Percentage of families that met 1 or more goals by the end of the program year</p>	
<p>P. 1. _____ Percentage of families from M.2. above that receive at least 12 visits per year*</p> <p>2. _____ Percentage of families from M.3. above that receive at least 24 visits per year*</p>	

Affiliate Narrative:

Please provide a 2 page description of your affiliate that addresses the following:

- > Targeted population, including high-risk populations targeted for recruitment
- > Eligibility criteria / prioritized populations
- > Geographic area served (please include County, and Federal/State congressional district)
- > Coordination with other early childhood, family support, & community programs, including other home visiting models in your community
- > Description of how the Parents as Teachers model of home visiting fits with the goals of your agency/organization as a whole
- > Brief description of other services provided by your agency/organization
- > Description of your organizational structure (i.e. organizational chart) that includes oversight/supervision of the Parents as Teachers program
- > Recruitment plan, including:
 - Demographic characteristics of target populations
 - Child ages that recruitment efforts will target
 - Other agencies supporting affiliate recruitment efforts (through referral, flyers, etc.)
 - Planned recruitment methods (advertisement, recruitment events, etc.)
- > Explanation of caseload size & visit frequency (include projected high needs characteristics)

Implementation Timeline:

Please attach a timeline for implementation that includes both a timeframe and narrative for each of the following implementation activities:

**You may use the timeline submitted to your funder if it contains all of the items below.*

- > Staff recruitment & hiring process
- > Development of affiliate policies and procedures
- > Parents as Teachers Foundational & Model Implementation (FMI) training, and Foundational 2 training (if applicable) for staff
- > Affiliate training & orientation practices: List all agency-specific trainings, funder-specified trainings, and orientation to policies & procedures
- > Ramp up of service delivery / building caseload to capacity
- > Recruitment plan
- > Development of Resource Network
- > Development of Advisory Committee: Include description of committee members, recruitment for committee, goal of committee & committee meeting schedule. If part of a larger board or committee, describe how Parents as Teachers specific activities are included.
- > Plan for communicating with and engaging local, state, and national stakeholders, including policymakers

Section IV. FISCAL ASSURANCES

\$ _____ = Your affiliate's total annual funding for Parents as Teachers affiliate services (include both direct funding and in-kind in this total)

Business Name (from company W-9)* : _____

Billing Contact Name: _____

Affiliate Supervisor Name (if different from above): _____

Billing contact Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Billing Contact Phone Number: () - ext. **Billing Contact Email:** _____

**Please submit a copy of your agency's W-9 form for our records.*

		Budget Items for Implementing the Parents as Teachers Model	Estimated Costs (Actual Costs May Vary)	Resources Allocated?*			Please explain any No answers
				Yes, Funded directly	Yes In kind	No	
Start Up (One time costs)	A	Parents as Teachers Initial training and curriculum costs ¹ (Initial training costs <u>do not include travel and lodging expenses</u> , which may be needed for participation in training)	\$1110 per parent educator & supervisor for Foundational and Model Implementation Training, Curriculum				
	B	Technology – cell phone, tablet or computer, one per staff member, office furniture	Costs will vary based on the technology items selected				
	C	Books, toys, and non-consumable materials	\$300 per parent educator				
	D-1	Developmental screening expenses ²	\$275 (ASQ-3 cost; additional training costs may apply)				
	D-2	Developmental screening expenses - Social/Emotional domain ²	\$225 (ASQ-SE2 cost; additional training costs may apply)				
	D-3	Hearing screening expenses (use of OAE is optional) This line item may not apply for your program.	\$3600-\$4200 (OAE cost; additional training costs may apply)				
	E	Family-centered assessment ²	Costs will vary based on Family Centered Assessment chosen				
	F	Outcomes measurement tools (may be determined by funding requirements)	Costs will vary based on the outcome tools selected				

	Budget Items for Implementing the Parents as Teachers Model	Estimated Costs (Actual Costs May Vary)	Resources Allocated?*			Please explain any No answers
			Yes, Funded directly	Yes In kind	No	
Annual Recurring Costs	G	Parent educator salaries (national average – may be higher or lower)	\$35,000/year + 30% benefits			
	H	Supervisor salary (minimum 4 hours/weekly per parent educator)	\$50,000/year + 30% benefits			
	I	Support staff (2 hours per parent educator & supervisor)	\$28,000 + 30% benefits			
	J	Consumables and incentive costs (books for families, brochures, materials for parent-child activities, etc.)	\$50 per family per year			
	K	Group connections (e.g. materials, refreshments, guest speakers, etc.)	Minimum 12 meetings per year, budgeted at \$100 per meeting			
	L	Annual professional development costs	\$350 per parent educator and supervisor			
	M	Office supplies, copier, printer, phone, fax, internet access	Costs vary based on program design & agency resources			
	N	Transportation costs for parent educators conducting personal visits and supervisor transportation for observation of staff and other work-related transportation	Estimate miles per visit with desired number of visits per month per family (for Supervisors use 50% of parent educator travel. Rural communities may need to budget more.			
	O-1	Affiliation Fee ¹	\$3,850 Initial fee. **Affiliates completing new or updated Affiliate Plans are subject to the \$3,850 initial fee. Please contact your technical assistance provider for more information After the initial fee, the Affiliate Fee decreases to \$1,650 per year			
	O-2	Parent educator renewal fees ¹	Renewal Fees do not apply in Year 1. After Year 1, Renewal Fees are \$150 per parent educator			
P	Indirect costs by your organization for human resource expenses, liability insurance, overhead: insurance, office space, administrative costs, utilities, internet, cell/office phones etc.	Optional: Refer to your organizational policies for guidance.				

¹ Please note that fees are subject to annual increases; the amounts for the costs listed on this worksheet are accurate as of 7/1/16.

² The specific developmental screenings & family centered assessment listed in this budget are examples of recommended (not required) tools. Please refer to the Quality Assurance Guidelines for more information about other recommended tools

Section V. TERMS OF AGREEMENT FOR AFFILIATES

These terms are signed at the initiation of a Parents as Teachers affiliate and then annually thereafter.

As a condition of affiliation with Parents as Teachers, your organization agrees to implement all of the **Parents as Teachers Essential Requirements** which include those outlined in Sections II and III of your Affiliate Plan as well as the following:

- 1) Attendance at required Foundational and Model Implementation Training prior to providing services to families.** New parent educators and supervisors will attend the Parents as Teachers Foundational and Model Implementation Trainings and successfully complete all requirements for certification before delivering the Parents as Teachers model or supervising parent educators.
 - > Each parent educator and new supervisor is required to attend the Foundational and Model Implementation trainings. New supervisors in existing affiliates must, at a minimum, attend the Model Implementation training. Neither supervisors nor parent educators are allowed to train others in the Parents as Teachers model.
 - > The supervisor reviews either the Affiliate Plan (if a new affiliate) or the Affiliate Performance Report (if an existing affiliate) with each new parent educator before trainings.
- 2) Use of the Foundational Personal Visit Plans and Personal Visit Planning Guide from the Foundational curriculum to design and deliver personal visits to families.**
 - > The previous Parents as Teachers curricula, Born to Learn Prenatal-3 years, and Born to Learn 3 years-Kindergarten entry, are outdated and may not be utilized in any form when delivering services to families, including the use of parent handouts and activity pages.
- 3) Annual recertification for all Parent Educators, including: completion of the required number of competency-based professional development hours per year, completion of ethical agreement, and payment of individual renewal fee (currently \$150)³.**
 - > 1st year of certification: 20 clock hours of professional development required
 - > 2nd year after certification: 15 clock hours of professional development required
 - > 3rd year after certification and beyond: 10 clock hours of professional development required
- 4) Accurate completion and submission of the Affiliate Performance Report (APR) to the national office by the required date each year.**

APR data focuses on service delivery and program implementation; affiliates use data in an ongoing way for purposes of continuous quality improvement.
- 5) Should your affiliate elect to use the Parents as Teachers data system, Penelope, you must review and complete the Parents as Teachers Data Sharing documents.**

This includes a Business Associate Agreement if the affiliate must comply with the HIPAA (Health Information and Patient Accountability Act) rule either as part of a covered entity or as a business associate.
- 6) Participation in the quality endorsement and improvement process,** which includes measurement of and adherence to both Essential Requirements and Quality Standards in your 4th year of implementation and every 5 years thereafter.
- 7) Payment of initial \$3850 Affiliate fee and annual \$1650 Affiliate Renewal fee by required date each year. *New affiliates and existing affiliates submitting an updated Affiliate Plan pay a \$3850 initial fee.**
- 8) The affiliate agrees to share any Parents as Teachers research or evaluation findings with Parents as Teachers National Center.** This includes evaluation and research publications, reports, summaries, or presentations that share the impact of Parents as Teachers on parent or child outcomes.

I have read the above and agree to comply with the terms set forth.

Printed name of person with signature authority in the organization

Date

Organization/Affiliate Name: _____

³ Fees are subject to annual increases; amounts listed are accurate as of 7/1/16.

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<p>Affiliate ID: _____ <input type="checkbox"/> New <input type="checkbox"/> Existing</p> <p>Expansion in funding: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of FMI Training: _____</p> <p>For Existing Affiliates:</p> <p>Total number of Parent Educators: _____</p> <p>Number of Parent Educators to train: _____</p> <p>Renewals up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Affiliate fee up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>Billing Date: _____</p> <p>Is billing contact same as affiliate contact: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not, who should be billed: _____</p> <p>W-9 Received and Uploaded: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Penelope Forms Submitted:</p> <p>Affiliate Access and Relationships: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Business Associate Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
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