



Parents as Teachers

Quality Assurance Guidelines

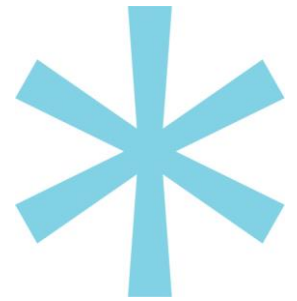




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Introduction

The Parents as Teachers model is an evidence-based early childhood home visiting model that builds strong communities, thriving families, and children who are healthy, safe and ready to learn.

Certified parent educators¹ implement the Parents as Teacher (PAT) model, emphasizing parent-child interaction, development-centered parenting and family well-being in their work with families. There are four interrelated and integrated components to the PAT model: personal visits, group connections, screening, and resource network.

The PAT model is designed to achieve four primary goals:

- > Increase parent knowledge of early childhood development and improve parenting practices
- > Provide early detection of developmental delays and health issues
- > Prevent child abuse and neglect
- > Increase children's school readiness and school success

Central to the PAT model are 17 model fidelity requirements, called Essential Requirements, which cover affiliate leadership, staffing, services to families, and evaluation. In order to become a PAT affiliate, an organization must be designed to meet these Essential Requirements.²

Implementation and service delivery data that address the Essential Requirements are reported at the end of each program year on the Affiliate Performance Report (APR).

¹ To be a certified parent educator, the individual needs to attend PAT Foundational Training, Model Implementation Training (and PAT Foundational 2 Training if serving families with children ages three through kindergarten).

² In general, the PAT Essential Requirements apply across all ages served by the model. However; there is more flexibility during the child's kindergarten year.

☆ *The Essential Requirements for model replication are starred throughout this document and summarized in the Appendix, along with their measurement criteria.*

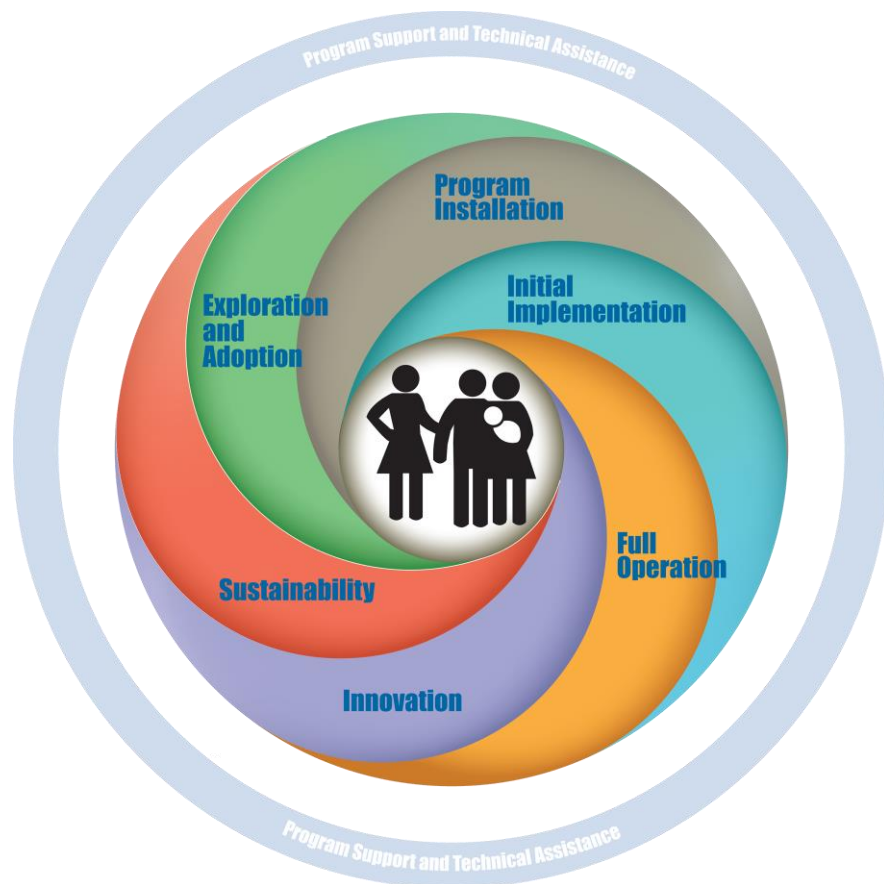
Not only does the PAT affiliate designation help you meet funders' requirements to implement an evidence-based model, as a PAT affiliate you have full access to high-quality, research-based curricula, products and resources, including:

- > Use of the PAT name and logo
- > Technical and individualized support from Parents as Teachers National Center and PAT State Leaders
- > Discounts on products, training and the annual conference
- > A subscription to the PAT recommended data management system
- > Connections to networks and learning communities
- > Evaluation opportunities



Stages of Implementation

As depicted in the diagram below, affiliates go through stages as they implement the PAT model, from exploration and adoption through sustainability (Fixsen et al., 2005). Over time, affiliates may return to and work through earlier stages of implementation as circumstances in their organizations and communities evolve. Program support and technical assistance encircle PAT affiliates in all stages of implementation, providing resources and guidance.




The PAT Quality Assurance Guidelines

Parents as Teachers National Center offers several resources that provide comprehensive guidance for high quality implementation of the PAT model throughout the stages of implementation.

This resource, the *Quality Assurance (QA) Guidelines*, outlines how to design and deliver the PAT model with fidelity and quality. In order to become familiar with the expectations for implementation, you will need to carefully review the following *QA Guidelines* which incorporate both the PAT Essential Requirements and the PAT Quality Standards.



As you move forward with developing and growing your PAT affiliate, make sure that you become familiar with the *PAT Quality Standards* found on the Fidelity & Quality page of the PAT website.

You will see this icon  throughout the *QA Guidelines*, highlighting other resources that are also available to PAT affiliates. An overview of the entire portfolio of resources is provided in Appendix A.

If your organization already provides home visiting services to families of young children, you may be choosing PAT affiliation to enhance the child development and parenting focus of your home visitors in order to achieve desired outcomes. It is still critical that you closely review the *QA Guidelines* and ensure that your organization is either already meeting the requirements or will meet the requirements before newly implementing the PAT model.

If your organization is establishing a new home visiting program, you will need to use the *QA Guidelines* to help ensure that your affiliate is designed to adhere to the PAT model fidelity requirements. In both cases, it is important to recognize that home visiting services are a vital part of a continuum of supports for families within a community.


Next steps for organizations new to PAT

1. Carefully review the following *QA Guidelines* (pay particular attention to the Essential Requirements).
2. Complete the PAT *Readiness Reflection*  provided in Appendix C to assure that your organization is well positioned to develop a PAT affiliate. This tool provides reflection and discussion points - it is not necessary to submit your completed *Readiness Reflection* to Parents as Teachers National Center. The *Readiness Reflection* can also be found the PAT website.
3. Complete the PAT *Affiliate Plan*  found in the Training section of the PAT website and submit it to Parents as Teachers National Center or the appropriate PAT state office. To find out if your state has a PAT state office, go to the Leadership Directory in the About section of the PAT website. Additional information is provided about the *Affiliate Plan* on the following page. Please note that organizations newly implementing the PAT model must receive approval for their *Affiliate Plan* before registering staff for Foundational and Model Implementation Training.

Affiliate Design

Successful replication of the evidence-based PAT model requires a current and comprehensive understanding of the community the PAT affiliate serves, along with community relationships and collaborations that help the affiliate grow and sustain services for families.

The PAT Affiliate Plan

Completing the PAT *Affiliate Plan*  is the first step in building a strong foundation for implementation of the PAT model. The PAT *Affiliate Plan* helps your organization determine appropriate staffing, budget and program design in order to implement all of the PAT Essential Requirements with fidelity and quality. An organization that is newly implementing the PAT model must complete and receive approval for its PAT *Affiliate Plan* before registering staff for PAT training.

Following approval, the PAT *Affiliate Plan* continues to be an important document for your affiliate. The supervisor should review the PAT *Affiliate Plan* with all new parent educators as part of the orientation process. Doing so helps the parent educator understand the affiliate's design and related services. If there is a change in supervisor, it is critical that the new supervisor become familiar with the PAT *Affiliate Plan* as well. It can also be helpful for your affiliate to revisit its PAT *Affiliate Plan* as circumstances in the community and organization change to determine if adjustments are needed.

The following are some of the key design considerations for a PAT affiliate.

Community Needs

An affiliate's design and staffing is informed by community needs. Thus, it is important for your organization to have a current and comprehensive understanding of the community being served so that your affiliate can best meet families' needs and be an integrated part of your community's services. Your organization should ensure that it has current information about community demographics, other services in the community, as well as leaders in the community.

Populations to be served

Age of Children	Depending on their program design, affiliates can serve families with children from pregnancy through kindergarten. An organization can choose to focus services primarily on families with children prenatal to 3 or extend their PAT services to families with children ages 3 years through kindergarten by having their parent educators attend PAT Foundational 2 training. This training is available only to parent educators who have attended the PAT Foundational training.
Target Population	Some affiliates target services to a specific community or geographic location. Communities may be identified as particularly in need of home visiting because of demographic data (e.g., levels of infant mortality, poverty, or low educational attainment). The type of community – major city, small town, urban, rural, or suburban – and associated characteristics, such as geographic isolation or lack of accessible resources, will also influence the development of your affiliate, particularly as you determine appropriate recruitment strategies, budget for travel costs, community partners, and key resources for families.
Eligibility Criteria	In addition, some affiliates have specific eligibility criteria for the families who receive services. Such eligibility criteria might include children with special needs, families at risk for child abuse, income-based criteria, teen parents, first time parents, immigrant families, families with limited literacy, or parents with mental health or substance abuse issues. The PAT model is suitable for varied target populations and communities and affiliates typically serve families with a range of risk and protective factors.



Initiation and Duration of Services

Early, regular and high-quality prenatal care is essential and has been shown to improve birth outcomes. More than 60% of low birth weight babies are preterm/premature. In the United States, premature birth is the leading cause of neonatal mortality (death in the first month of life) and accounts for 35% of all healthcare spending on infants. When services are provided prenatally, research shows that home visiting programs not only improve access to prenatal care overall but reduce preterm and low birth weight (O'Neill, 2004, as cited in Schuyler Center for Analysis and Advocacy, 2007.)

Thus, it is highly recommended that affiliates begin services as early as possible in the age range served, in order to build strong relationships with families and maximize impact.

☆ **PAT affiliates provide at least two years of services to families with children between prenatal and kindergarten entry.** Duration of services refers to an affiliate's overall design. As long as your affiliate is designed to provide at least two years of service, families can enroll when their child is any age within the affiliate's overall age range. The optimal service duration, however, is three years. Therefore, targeting recruitment strategies to enroll families prenatally or at birth will maximize the likelihood of longer service duration and stronger outcomes. Affiliates designed to provide only the minimum two years of services to families typically deliver an increased frequency of services during this period as compared to affiliates serving families for a greater length of time.

It is important to monitor and maximize the duration of service individual families actually receive. Affiliates need to use engagement and retention strategies to facilitate families' continued participation in services.

Affiliates should provide all four components of the PAT model to families all 12 months of the year so that families can enroll in and receive services as quickly as possible and families' needs can be consistently met.



Infrastructure

High quality PAT services are supported by a well-developed organizational infrastructure, including funding and physical resources, systems and processes, and human resources.

Funding and physical resources

Sufficient funding is vital to a strong organizational infrastructure. Your affiliate’s funding and in kind support needs to not only provide the necessary workspace, technology and storage, but also ensure that staff can meet the PAT Essential Requirements.

Funding for a PAT affiliate can come from a variety of sources, including federal, state, local and private. Diversified funding, from more than one source, provides greater stability for an affiliate. It is preferable for an organization to have three or more years of funding in place for PAT at the start. At a minimum, an affiliate’s major sources of funding should be secured for at least two years. PAT recognizes that often, funding from sources must be renewed annually; this is different from a funding source designed for one year only. Nonetheless, each affiliate needs to engage in ongoing efforts to sustain and strengthen its funding base.



Affiliates can access the *PAT Guide to Public Funding* (found in the ebiz portal) to learn more about how to identify potential sources of public and private funding, to learn tips about writing competitive grants, and for a sample fund development chart.

Systems and processes

It is important that PAT affiliates have established systems and processes that guide their operations and services. These systems and processes need to be well documented in an affiliate’s policies and procedures. Because affiliates are often part of a larger organization, they may be subject to the specific policies and procedures of their sponsoring organization, as well as applicable licensing, regulation and funder requirements.

At a minimum, a PAT affiliate’s policies and procedures should address:

- > Intake and enrollment
- > Data collection and documentation of services
- > Staff qualifications and personnel policies
- > Orientation and training for new staff
- > Supervision and professional development
- > Services provided to families, including timelines and frequency
- > Transition planning and exit
- > Parent educator safety

The specific topics that should be covered in each of these areas are outlined in Appendix D.

In addition, each affiliate should have written protocols that address child abuse and neglect, parental mental health issues, domestic violence and parental substance abuse. It is important as well to have client rights and confidentiality policies and procedures to ensure family privacy. Technical Assistance (TA) Brief #7 provides additional guidance for developing policies and procedures. All of the TA Briefs can be found in Affiliate Updates on the PAT website.

Administration and Advocacy

★ **Each PAT affiliate has an advisory committee that meets at least every six months (can be part of a larger committee, community network or coalition as long as the group includes a regular focus on the PAT affiliate).** A more frequent meeting schedule for the advisory committee should be considered based on the needs of the affiliate.

The advisory committee has several key functions, most notably to advise, provide support for, promote, and offer input to the PAT



affiliate. In some communities, organizations join with other PAT affiliates in their area for their advisory committee.

In addition, some communities bring together multiple early childhood home visiting models into a single advisory committee. The advisory committee may be newly developed by these programs or might tap into an existing committee or coalition for this purpose. In this case, the advisory committee has a broader scope than PAT but also includes a focus on PAT in its meetings and its work. Having both a regular focus on the PAT affiliate as well as on other home visiting programs in the area can be efficient and beneficial for the community's overall early childhood system.

It is important to recognize that an advisory committee is different from an organization's governing board or board of trustees (Merrill Associates, 2003, para 1). A volunteer advisory group, board, committee, or council is typically formed to give advice and counsel related to the operation of the organization and/or the planning of events and activities for programming, and contributes without legal authority (Macduff, 1998, & Merrill, 2003, as cited in Edwards, 2008, p.4).

At a minimum, the advisory committee should include involvement of affiliate personnel, community service providers/community leaders, and families who have received or are receiving services. In addition, the advisory committee should reflect the cultural backgrounds, demographics, and geographic locations of the affiliate's service population.

Types of community leaders to consider for an advisory committee	
> school board members	> local journalist
> Chamber of Commerce members	> law enforcement officials
> elected officials (state and local)	> policy expert
> tribal leadership	> faith leaders
> funders	

Before recruiting committee members or linking up with an existing community network, an affiliate should think about the different

representatives to be included. Which groups and organizations are currently important stakeholders in your community? Who could provide valuable new resources?

Consider the following when developing a new advisory committee:

- > The purpose of the advisory committee
- > Committee member job descriptions
- > Size, structure and makeup of the committee
- > How long each member serves
- > Frequency and duration of meetings
- > Officers and related duties (as applicable)
- > Relationship of the committee to staff and the governing board

Human resources

High-quality PAT affiliates consist of well-trained and competent parent educators, responsive supervisors and well-developed program practices.

New parent educators and supervisors must complete the PAT Foundational and Model Implementation trainings before delivering the PAT model or supervising parent educators. Neither supervisors nor parent educators are allowed to train others in the PAT model.

The Foundational training lays the groundwork for effective use of the PAT *Foundational Curriculum*. The training introduces the PAT approach to home visiting with coursework focused around three main areas of emphasis: parent-child interaction, development-centered parenting and family well-being. Model Implementation training helps organizations understand and successfully implement the PAT model.

If your affiliate will be serving families prenatal-kindergarten, new parent educators must also attend Foundational 2 training which focuses on serving families with children three years through kindergarten. Foundational 2 training is available only to parent educators who have attended the PAT Foundational training. For more information about the required trainings, please visit the PAT website.



The Supervisor

The PAT supervisor provides leadership, oversight and vision for the work of the affiliate. The supervisor's responsibilities include directing, coordinating, supporting, and evaluating the on-the-job performance of parent educators in accordance with the affiliate's policies and procedures.

A combination of education, work experience and effective interpersonal and communication skills is critical for the supervisor. It is recommended that the supervisor has a bachelor's degree or beyond in early childhood education, social work, health, psychology or a related field. The supervisor should also have at least five years' experience working with families and young children. In addition, the supervisor needs to have a commitment to reflective supervision, data collection and continuous quality improvement. A sample supervisor job description is provided in Appendix E.

For supervision purposes, a lead parent educator with a similar education and experience level as the supervisor can be designated to support and provide guidance to parent educators. This approach is most applicable for an affiliate with many parent educators.

☆ **Each supervisor, mentor or lead parent educator is assigned no more than 12 parent educators, regardless of whether the parent educators being supervised are full-time or part-time employees.** This maximum ratio of supervisees to supervisor/lead parent educator is designed to allow sufficient time for supervision of parent educators, as well as for the supervisor's program management and operations responsibilities.

The maximum number of supervisees identified in the Essential Requirement is based on a full-time supervisor and should be less if the supervisor is not full-time or if he or she carries a caseload. For example, a .75 FTE supervisor would have a maximum of 9 parent educators; a .5 FTE supervisor would have a maximum of 6 parent educators; a .25 FTE supervisor would have a maximum of 3 parent educators.

Affiliates often also need support from outside professionals. In particular, an affiliate should have access to a licensed mental health professional that provides consultation to staff regarding their work with families.

Parent Educators

Affiliate quality is highly dependent on hiring parent educators who value working with parents of young children and who have the skills to develop positive and enduring relationships with families. Quality PAT affiliates strive to hire parent educators that collectively reflect the community, including the cultural and language backgrounds of the

families being served. In addition, parent educators must be committed to continual growth in their ability to respond effectively to families' community, cultural, and language backgrounds.

When hiring a parent educator, evaluating the candidate's combination of education, work experience, and communication and interpersonal skills is critical. "The need for home visitors to be nonjudgmental, objective, and reflective is also very important. It is through the use of such abilities that home visitors are able to establish a productive working relationship with families. Because these characteristics are so essential to the success of the home visiting process, selection of individuals who already possess basic competencies in these areas is important. Training after a person is employed to compensate for insufficient skills in these areas is not only difficult but often unsuccessful" (Wasik, 2001, p.82). Thus, it is important for the PAT supervisor to be familiar with the core competencies that parent educators must develop over time through training and experience.

The core competencies (outlined on the following page) are divided into five content areas. Within each competency area are the knowledge, skills, and practices that parent educators need to develop over time through training and experience. These are described further in the PAT *Foundational Curriculum*.



Competency Area		Definition and Description
I.	Family Support and Parenting Education	Parent educators practice a strength-based family support and parenting education approach to support the growth of parents' capacities through research-based methods and principles.
II.	Child and Family Development	Parent educators are knowledgeable about child and parent development, and are skilled in fostering positive parent-child interactions.
III.	Human Diversity within Family Systems	Parent educators demonstrate respect for diverse needs and characteristics of families and understand the influence of varied family systems, culture, and socioeconomic status in child rearing practices and school readiness.
IV.	Health, Safety, and Nutrition	Parent educators assist parents in establishing healthy and safe environments and parenting practices that promote the optimal development of children.
V.	Relationships between Families and Communities	Parent educators strengthen families by building partnerships, connecting parents to supports, and fostering parent engagement and leadership in schools and other community organizations.

Priority should be given to hiring parent educators with effective communication and interpersonal skills (e.g., nonjudgmental, objective, reflective, empathic, patient, tactful) since these skills are necessary building blocks for each core competency area.

To gain a sense of communication and interpersonal skills, pose specific questions during the personal interview that are relevant to a parent educator's job. For example, "What would you do if an 18-month old toddler threw a temper tantrum during the visit?" Listen for answers that reflect a positive, nonjudgmental, respectful attitude toward all families. Give examples of scenarios as realistic to the job as

possible so the prospective parent educator can truly get a sense of what the job entails. If possible, having a prospective parent educator shadow a current parent educator for a day can help give the candidate a real picture of the job.

Keep in mind that the behavior demonstrated during an interview is indicative of how the candidate will behave with parents. Candidates who fumble for words, act awkwardly, avoid eye contact, give inappropriate answers, or do not actively listen may not be the best candidates for the position. Always check references.

★ **The minimum qualifications for parent educators are a high school diploma or GED (or equivalent degree outside the United States) and two years' previous supervised work experience with young children and/or parents.** While it is beneficial for parent educators with an associate's degree/60 college hours to have previous supervised work experience, this is required only for those with no more than a high school diploma or GED.

It is preferable for parent educators to have *more* than the minimum qualifications. For example, Parents as Teachers National Center recommends that parent educators have at least an associate's degree or 60 college hours- and preferably a bachelor's or four-year degree- in early childhood education, social work, health, psychology or a related field. Individual affiliates may have additional educational or work history requirements that they find appropriate.

Your organization should have a parent educator job description that clearly defines criteria for selecting parent educators, including expected education, work experience, skills and characteristics. A sample parent educator job description is provided in Appendix E.

As professionals working in the home with families, parent educators are expected to have background checks before beginning employment. In addition, it is expected that your organization comply with all applicable licensing and statutory requirements in your state.



Supervision and Professional Development

A skilled and capable workforce is critical to the effectiveness of PAT services. Staff competence begins with careful staff selection and high quality training and is advanced through regular reflective supervision and ongoing professional development.

Choosing the right parent educators and supervisors is critical, but it is not the only factor in staff longevity. Regular and responsive supervision, both in staff meetings and individual reflective supervision, is another key factor in staff retention.

☆ **Each month, parent educators working more than .5 FTE participate in a minimum of two hours of individual reflective supervision and a minimum of two hours of staff meetings and parent educators working .5 FTE or less participate in a minimum of one hour of reflective supervision and two hours of staff meetings.**

The supervisor needs to maintain a record of supervision with each parent educator as well as documentation of staff meetings. Such records should include dates, duration and key topics that were covered.

Staff meetings

Regular staff meetings are important for team building. Parent educators need to network with one another as a means of support and shared learning. Along with administrative issues, staff meetings should provide opportunities for review of implementation data, case discussion, peer support, and skill building.

As long as a minimum of two hours of staff meetings is provided monthly to each parent educator, staff meetings can be done in subgroups. For example an affiliate may have staff that provide visits during the daytime and staff that provide evening and weekend visits and may hold staff meetings during the day for day time staff and in the evening for evening/weekend staff.

In addition, a staff meeting may include staff from other programs in an organization as long as the meeting addresses topics and issues relevant to PAT.

Individual Supervision

Individual supervision should be reflective; through reflective supervision, growth, development, and understanding can occur. Rebecca Parlakian (2001) has identified the “building blocks of reflective supervision” as reflection, collaboration, and regularity.

In reflective supervision, attention is paid to the parent educator’s emotional reactions to the work and how these reactions affect their work. There is also an emphasis on the supervisor's ability to listen and wait, using questions and prompts to guide the parent educator to discover solutions, concepts and perceptions for themselves (Michigan Association for Infant Mental Health, 2015, p. 1).

In order to have regularity in the supervisory relationship, there should be a day and time agreed upon and preserved for the purpose of meeting. During the supervisory meeting, phones are turned off, interruptions are set aside, and the supervisor and supervisee meet for the agreed upon time with a focus on appropriate content. This is different from supervision based on an open door policy or on an as needed basis. Supervisors might wish to maintain an open door policy, but this should be in addition to, not instead of, regularly scheduled supervisory meetings.

Individual, reflective supervision covers case discussion and provides opportunities to address at least the following:

- > Role, ethics, and boundaries
- > Skill development and effective use of PAT curricula
- > How to care for one’s own well-being and avoid burnout



In addition to the more reflective aspects of supervision, administrative and monitoring issues still need to be covered. Some supervisors schedule a separate time to address administrative topics and issues. Others choose to address administrative issues during the regular supervision meeting (Michigan Association for Infant Mental Health, 2015, p. 2). When this is done, there is typically a specific time designated during the session for administrative issues, often after engaging in the reflective portion of the supervision session.

“In all instances, the reflective supervisor is expected to set limits that are clear, firm and fair, to work collaboratively and to interact and respond respectfully.” (Michigan Association for Infant Mental Health, 2015, p. 2). Just as the relationship with the family is the foundation for PAT services, the supervisee/supervisor “relationship is the foundation for reflective supervision” (Michigan Association for Infant Mental Health, 2015, p. 2).

Service delivery documentation

Checking that documentation is complete and objective is an essential component of quality assurance and accountability. In addition, accurate and comprehensive record keeping helps parent educators plan and deliver effective services to families. At least quarterly, the supervisor or lead parent educator reviews at least one family file from each parent educator’s caseload for accuracy, completeness, and overall quality.

PAT provides a *File Review Tool*  for this purpose.

Keep in mind that in the early stages of a parent educator’s work, the supervisor needs to review his or her documentation of services more frequently. If a parent educator is struggling with recordkeeping, she or he will benefit from input as soon as possible, and, ultimately, so will the family he or she is serving. The constructive feedback supervisors give parent educators is key in developing their recordkeeping skills.

Supervision for supervisors who carry a caseload

Regular consultation and support are vital for all staff providing personal visits to families. For affiliate supervisors who carry a caseload, it is important to carve out time and space from supervisory and administrative duties to reflect on one’s work with families. While the affiliate supervisor who carries a caseload does not necessarily need the guidance and education that a less experienced parent educator requires, regular opportunities to discuss one’s work with families can be instrumental in preventing burnout and maintaining high-quality services.

Therefore, supervisors who provide home visits to families as a parent educator must also engage in supervision (at least one hour monthly for supervisors that carry a caseload equivalent to .5 FTE or lessor at least two hours monthly for supervisors that carry a caseload equivalent to more than a .5 FTE parent educator).

In some organizations, the affiliate supervisor has a designated supervisor or there is another qualified individual within the organization who is able to provide reflective supervision. However, Parents as Teachers National Center recognizes that not all affiliate supervisors have someone in their organization with whom they can meet.

Other options include:

- > Individual consultation with a fellow PAT program supervisor or other equivalent supervisory professional
An equivalent supervisory professional should have supervisory experience and be familiar with the general principles of home visitation and the PAT model. However, it is not required that they attend PAT training. These professionals may have a background in social work, health, psychology, or early childhood education. If there are few other professionals in the community, it is acceptable to engage in individual consultation virtually (e.g. by phone, Skype).




- > Group consultation sessions with other PAT program supervisors or equivalent supervisory professionals
When using a group approach, more time needs to be allotted. For example, rather than one hour per month for a supervisor who carries less than half the program's standard caseload, he or she would participate in two hours of group consultation monthly.

Confidentiality of personally identifiable information needs to be maintained during supervisory discussions with individuals outside of the agency. To assist with this, it is beneficial to have group participants or outside supervisors sign confidentiality agreements.

Supervisors must maintain records of their own reflective supervision. These records should indicate dates, duration, who provided the supervision, whether it was individual or group, and key topics (e.g., case discussion).

Observation of service delivery

Being observed and receiving feedback about one's delivery of services provides a valuable opportunity for professional growth and development. It is expected that parent educators in their second year of employment and beyond (including supervisors that carry a caseload) are observed delivering a personal visit and provided with written and verbal feedback at least annually. This should occur more often for new parent educators. In addition, the supervisor should observe at least one group connection quarterly and review corresponding planning/delivery documentation and evaluations for each. If more than one parent educator in an affiliate leads group connections, the quarterly observations should include different parent educators.

PAT provides several tools to help observe services. These include the  PAT *Personal Visit Observation Tool* and the PAT *Group Connections Observation Tool*. In addition, the PAT *Personal Visit Snapshot* is available as a companion to the PAT *Personal Visit*

Observation Tool. The PAT *Personal Visit Snapshot* highlights key aspects of a quality PAT personal visit, providing the parent educator with a clear picture of what the supervisor focuses on during the observation.

The PAT *Personal Visit Snapshot* can be used in a variety of ways, including but not limited to:

- > In new parent educator orientation
- > For review prior to a six month or annual observation
- > As a tool for discussion during a staff meeting
- > As an ongoing reference for parent educators

Each of the tools mentioned in this section can be found in the online Supervisor's Handbook located in the PAT ebiz portal.

Guiding the new parent educator

The first year is especially important in developing a skilled and confident parent educator; therefore additional support is needed. During their first year, the supervisor helps new parent educators apply the knowledge they gained during the PAT Foundational and Model Implementation trainings. This investment of time by the supervisor is one of the best ways to assure the development of a quality affiliate.

To start, the affiliate supervisor should review the organization's PAT *Affiliate Plan* and/or most recent APR with the new hire before he or she attends the Foundational and Model Implementation trainings. This will provide a deeper understanding of how a particular affiliate delivers services to families and will help the new parent educator get the most out of training.

Regular, individual supervision should be in place once the parent educator completes the PAT Foundational and Model Implementation trainings. Individual supervision typically occurs more often than the minimum required with parent educators in their first year in order to provide additional guidance and coaching. The following items should be covered throughout the parent educator's first year:

- > The sponsoring organization's mission, goals, and operations



- > PAT's theoretical basis and theory of change
- > Policies, procedures and protocols
- > Skill development
- > How to administer assessment and screening tools the affiliate uses
- > Planning, organizational, and documentation procedures, including use of a computerized data management system
- > Effective allocation and use of time for parent educator responsibilities

The supervisor should also arrange for new parent educators to observe experienced parent educators deliver personal visits, group connections, and screening within their first six months of employment. This observation includes how the experienced parent educator prepares for and documents services. If the affiliate is new and does not have experienced parent educators, another PAT affiliate in the broader community may be able to assist with this. The new parent educator is then observed delivering these same services within six months after PAT training and again at one year.

Professional Development

Professional development remains important throughout each parent educator's career. Ongoing professional development enhances the knowledge base that informs parent educators' work and increases their competence in delivering services to children and families. Annually, the supervisor and parent educator assess core competencies and performance. The competencies assessment can be done using the



PAT Core Competencies Self-Assessment Tool found in the online Supervisor's Handbook.

The supervisor and parent educator use the assessment of core competencies and performance to set professional development goals. Specific training or professional growth opportunities can then be identified to help the parent educator meet these goals.



Parent educators obtain competency-based professional development and renew certification with the national office annually. Professional development should relate to the five PAT core competency areas identified on page 11.

The number of required clock hours is as follows:

- > 1st year of certification: 20 clock hours
- > 2nd year after certification: 15 clock hours
- > 3rd year after certification and beyond: 10 clock hours

Professional development clock hours may be obtained through:

- > PAT trainings and professional development opportunities
- > Accredited college courses
- > Continuing education or professional development conferences
- > Workshops/seminars sponsored by your or other organizations
- > Online training provided by a credible organization
- > Participating in the quality endorsement process

Parent educators need to keep records of the professional development they attend. At least every six months, the parent educator and supervisor should review the professional development earned to date, along with planned professional development for the rest of the year, to ensure the parent educator is on track to earn the necessary hours.

Once the affiliate submits its annual APR, parent educators renew certification online through the PAT ebiz portal (which includes confirming required professional development hours, electronically re-signing the ethical agreement, and paying a fee).

Renewal by the required deadline allows parent educators to be recertified and continue to receive online access to applicable curriculum resources.



Recruitment and Retention of Families

Each PAT affiliate promotes its services in the community, recruits and serves eligible families, and facilitates families' ongoing participation in services.

Recruitment Plan

PAT affiliates develop a written recruitment plan, identifying effective approaches and settings in which to recruit the populations(s) they serve. The recruitment plan should be reviewed regularly and modified when circumstances in the community change.

Affiliates that enroll all families through a centralized or coordinated intake system may not have a written recruitment plan but should have documentation of how the intake system operates. With centralized or coordinated intake, the affiliate needs to make sure that its eligibility criteria and services are well understood by the central intake coordinator. Whenever possible, affiliate staff should take an active role in the development and review of the intake process, helping to define intake criteria, timelines and communication of referrals.

For affiliates who directly recruit families, recruitment settings to consider include:

- > Hospitals/health clinics/doctors' offices
- > Organizations providing diagnostic and early intervention services
- > Social services organizations
- > schools
- > Mental health agencies
- > Other early childhood programs
- > Community resources such as libraries and job training centers
- > Faith based organizations

Recruitment methods and strategies to consider include:

- > Print materials
- > Personal contact by parent educators
- > Informal meetings
- > Website
- > Radio or TV advertisements

- > Signage (lawn signs, billboards, etc.)
- > Family recruitment events
- > Hosting booths at family oriented events

It is important to make sure that your affiliate's recruitment materials reflect the languages and cultures of the families you will be serving and give a clear picture of what families can expect from PAT services.

Enrollment

When a family meets eligibility criteria and indicates a desire to participate, services should begin promptly. This builds parents' trust in the program. Assignment of families to parent educators should take into consideration several key factors, including but not limited to the family's primary language and parent educator experience with particular family backgrounds and characteristics.

Families that must be placed on a waiting list or are not eligible for services need to be connected to appropriate resources at the time of intake. Families that are not placed on a waiting list have their first foundational visit scheduled to take place no more than three weeks after the initial request for service.

The enrollment process includes providing families with written information about the program and discussing mutual expectations for participation in services. By the end of the first visit in which a PAT Foundational Plan is used, the parent(s) and parent educator discuss and sign a mutual participation agreement/consent for services. This agreement needs to clearly explain at least the following:

- > The affiliate's services
- > Expectations for participation by the family
- > Record keeping, data collection activities, and use of data

A sample participation agreement and consent for services is provided in Appendix G.

Retention

Enrolling families in the program is only the beginning. Once families are enrolled in PAT, parent educators facilitate families' continued participation in services. It is important to encourage all caregivers in the family to participate and to monitor visit and group participation rates on an ongoing basis, using a variety of strategies to address family engagement. This can include but is not limited to checking in between visits, sending visit reminders, and providing incentives for participation.

A key factor in engaging and retaining families involves providing services at times that are convenient for the families served, including evenings and weekends. In order to do this, staffing and facility use must be structured accordingly. When a visit is missed or canceled, the parent educator should contact the parent(s) within 24 hours and reschedule the visit to take place as soon as possible. Ultimately, it is the relationship between the family and the parent educator that most impacts retention.

Family engagement remains important even as families transition out of PAT services. Engagement helps ensure that service completion can be a planned process that includes connecting families to ongoing services and community resources that meet their interests and needs. A transition plan should be developed with the family prior to service completion and an exit record completed within 30 days of the family's exit from the program.



The *PAT Exit Record* and accompanying guidance can be found with the fillable forms on the ebiz portal. It is not required that you use this document, but the one you use should include the items in this form at a minimum.

PAT Services

Family-centered assessment and goal setting accompany the model's four interrelated and integrated components: personal visits, group connections, screening and resource network.

Family-Centered Assessment

Many types of screenings and assessments can be important in a PAT affiliate. While family-centered assessment will be completed with each family, others may be used depending on your affiliate's policies and procedures or individual families' circumstances. For example, a PAT affiliate may screen participants for maternal depression and domestic violence.

☆ **Parent educators complete and document a family-centered assessment within 90 days of enrollment and then at least annually thereafter, using an assessment that addresses the PAT required areas.** Affiliates may choose to complete family-centered assessment more often, based on the protocol of their selected tool(s).

In PAT, family-centered assessment serves as a strategy to get to know and understand the family, recognize their strengths, resources and needs, and facilitate goal setting. Essentially, the completed family-centered assessment is a descriptive family picture.

It is important that your approach to family-centered assessment is strengths-based, collaborative and respectful of families' cultural background. It is also important that family-centered assessment is completed with all families served by your affiliate, regardless of their needs characteristics, to facilitate goal-setting with each family.

To ensure that your affiliate's family-centered assessment is sufficiently comprehensive, you must cover the following seven areas.

- > Parenting (such as parent knowledge, capacity, parenting practices, and/or parent-child relationship)
- > Family relationships and formal and informal support systems
- > Parent educational and vocational information
- > Parent general health

- > Parent/child access to medical care, including health insurance coverage
- > Adequacy and stability of income for food, clothing, and other expenses
- > Adequacy and stability of housing

The information gathered in these areas should be integrated with the child's developmental, health, vision and hearing screenings to gain a full understanding of the family's strengths, resources and needs.

To conduct family-centered assessment, you may use existing tools and/or assessment questions developed by your affiliate. Parents as Teachers National Center does not require family-centered assessment tools to have established reliability and/or validity.

As of January 2015, three family-centered assessment tools address all of the PAT required areas. These include:

- > The Family Map
- > The Life Skills Progression (LSP)
- > The Massachusetts Family Self-Sufficiency Scales and LADDERS Assessment

Additional information is provided in Appendix H on these three tools. Please note that inclusion on this list does not constitute an endorsement by PAT. As new family-centered tools emerge, Parents as Teachers National Center will review and add qualifying tools to the list, which can be seen in updated versions of the *Technical Assistance Brief: Family Centered Assessment*.

While these three family-centered assessment tools meet all of the required areas, they vary in the way that information is gathered from



families (e.g., observation, interview, parent survey, etc.). Before making a final determination, affiliate supervisors and staff will need to carefully review assessments and consider their fit with the families they are serving (e.g., Will it be perceived as burdensome? Is it strengths-based and respectful of families' culture? Can it be used in a collaborative way? Will it facilitate goal-setting?).

Regardless of the tool(s) you select, parent educators need to be provided with training and support for administering the family assessment tools according to your affiliate's procedures. Training should also address how to maintain a relationship-based, nonjudgmental and culturally responsive approach to both family-centered assessment and goal setting.

Goal Setting

Family-centered assessment is a fundamental building block for goal setting with families. Goal setting with families receiving PAT services focuses on:

- > Nurturing positive parenting behavior
- > Promoting healthy child development and school readiness
- > Supporting parent and family well-being, including maternal health, economic self-sufficiency and a safe and stable home environment

☆ **Parent educators develop and document goals with each family they serve.** Goals are established in partnership with families within 90 days of enrollment using multiple sources of information, including parents' interests and needs, family-centered assessment, and screening results. Goals address at least one of the following areas: parenting behaviors, child development and family well-being. Depending on a family's capacity, more than one goal can be addressed at a time. It is important to recognize that referrals to and coordination with other community resources and supports will often be necessary in order to achieve the goals set by families through PAT services.

Once goals have been identified, the parent educator and parents create and document a plan to accomplish the family's goals. The plan

should include but is not limited to a timeline, specific steps toward accomplishing the goal(s), needed resources, and review of progress.

On a regular basis, parent educators and families should discuss progress, adjusting the goals and steps as necessary. Often, parent educators need to help families recognize and address barriers to achieving the goals they have set. As goals are achieved, new goals are developed as appropriate, maintaining at least one goal at all times. If a goal has not been achieved within a year, it may need to be refined.



The Parent Handout *Goal Setting: Begin with the End in Mind* found in the PAT *Foundational Curriculum* and the *Goal Tracking Sheet* found with the fillable forms in the PAT ebiz portal can be used to set, record and review goals with families.

Together, family-centered assessment and goal setting inform and help drive the PAT services provided to each family.

Personal Visits

Parent educators use the PAT *Foundational Curriculum* at each visit, ensuring that families receive consistent research-based, evidence-informed information and that parents are empowered to use the information to create safe and nurturing environments for their children. During each personal visit, the parent educator partners, facilitates and reflects with the family.

☆ **Parent educators use the PAT *Foundational Visit Plans* and *Personal Visit Planning Guide* from the curriculum to design and deliver personal visits to families.** The PAT approach and personal visit goals come to life through the PAT *Foundational Visit Plans* and the *Personal Visit Planning Guide*. The content and focus of the eight *Foundational Visit Plans* build upon each other and prepare the parent educator and family to collaboratively design subsequent personal visits using the *Personal Visit Planning Guide*.

The amount of time spent in each visit on each area of emphasis will vary based on family needs and goals. However, parent educators



should address all three areas of emphasis in personal visits, including when addressing families' immediate needs or a crisis situation.

PAT personal visits are designed to last approximately 1 hour (or up to 90 minutes when visiting families with multiple enrolled children) and take place in the home in order to build on and maximize the primary learning environment of the family. Personal visits can be delivered in a mutually agreed upon site outside the home when individual circumstances preclude having visits in the home. For example, visits may take place temporarily at a safe location for families dealing with domestic violence issues or visits might take place in a hospital when a child is in the NICU. Ultimately, the majority of personal visits should take place in the home setting.

Frequency of visits

There is broad consensus in the literature and research on early childhood home visiting that intensity of service is a key factor in achieving outcomes.

☆ **Families with 1 or fewer high needs characteristics receive at least 12 personal visits annually and families with 2 or more high needs characteristics receive at least 24 personal visits annually.** A table defining the high need characteristics is provided in the Appendix.

In order to count as a personal visit, it must meet all of the following criteria:

- > The personal visit is delivered by a model-certified parent educator.
- > At least one enrolled child is present (may be prenatal), along with at least one parent, guardian, or primary caregiver-parent educators strive to involve both parents and/or caregivers of the child in the visits
- > Personal visits are delivered to the family unit, incorporating multiple enrolled children into one visit
- > The visit is designed to include the three major areas of emphasis: parent-child interaction, development-centered parenting, and family well-being
- > The personal visit is documented as part of the family file

While affiliates may be designed to provide services at a high level of intensity, it is important that staff work to ensure that families actually *receive* an appropriate number of home visits. Typically, families with two or more high needs characteristics receive at least twice-monthly visits, while families with one or fewer high needs characteristics receive at least monthly visits. It may be necessary to schedule more than the expected number of visits in order to ensure that a sufficient number of visits are actually completed each year. In some cases, visit frequency may be gradually decreased as the family transitions out and into other services. Instances such as this should be documented in the family file, explaining the rationale for a change in visit frequency.



Personal visits must be documented within two work days after the visit. Your affiliate can choose from a few different methods to document personal visits. You can use a computerized management system that addresses all items in the PAT *Personal Visit Record*, you can use a printed or fillable form version of the PAT *Personal Visit Record* or you can use a personal visit record developed by your affiliate- as long as it addresses all items in the PAT *Personal Visit Record*.

Maximum monthly visits

☆ **Full time 1st year parent educators complete no more than 48 visits per month during their first year and full time parent educators in their 2nd year and beyond complete no more than 60 visits per month.** The term "full-time" is based upon 40 hours (1.0 Full Time Equivalent/FTE) of employment weekly. The total number of visits completed each month should be decreased proportionately for parent educators who are not full-time and for supervisors who carry a caseload.

Determining and managing caseload size

Overall, it is important that caseload size facilitates quality services for each family served, is manageable, and permits time for all the responsibilities of a parent educator.



Parent educator responsibilities include but are not limited to:

- > Service delivery, including planning, travel and recordkeeping
- > Supervision
- > Staff meetings
- > Professional development

It is beneficial to review caseloads at least annually and when there is a change in circumstances. It is understood that it takes some time for parent educators in a brand new affiliate to build up to their full caseload. This is also true for new parent educators.

Maximum versus optimal

The Essential Requirement addresses the maximum number of visits per month. However, these maximums should only apply when parent educators do not have all of the typical responsibilities outlined above (e.g., the affiliate has additional staff dedicated solely to group connections) or when there is minimal or no travel to visits (e.g., conducting visits with families within an apartment building).

Fifty visits per month is the optimal number to be completed by full-time parent educators in their second year or beyond. Fifty visits per month allows 2.5 hours on average to plan/ prepare, travel, deliver the visit, and complete the personal visit record, leaving time for the other responsibilities of a parent educator. Forty visits per month is the optimal number to be completed by full-time parent educators in their first year. The lower number of visits new parent educators should complete monthly in their first year accounts for the additional time typically needed for supervision, planning personal visits, and shadowing more experienced parent educators.

Using a point system

It can be helpful to use a point system to determine and monitor the appropriate caseload size in an affiliate. A point system allows affiliates to account for the frequency of visits, along with the additional time needed for visiting families with multiple enrolled children.

Consistent with the optimal number of visits per month, the total number of points per caseload should not exceed 50. The total number of caseload points should be decreased proportionately for parent educators who are not full-time and for supervisors who carry a caseload. Points can be assigned as follows:

- > Monthly visits = 1 point
- > Twice monthly visits = 2 points
- > Weekly visits = 4 points
- > Families with multiple enrolled children= additional .5 points

When one or more of the following factors apply to an affiliate or parent educator, the affiliate should decrease the optimal number of visits per month (and total points on a caseload) or assign a point value to the applicable factors. The following are some possible additional factors. Please note that this is not an exhaustive list.

- > Round trip travel for visits averages more than 30 minutes
- > Parent educators have additional data collection responsibilities that require a significant amount of time
- > Additional time is needed for language translation

For more information on establishing and monitoring caseload size, see TA Brief #6 on the PAT website.

Group Connections

Group connections provide opportunities to share information about parenting issues and child development. In addition, they help families form support networks, share common experiences, and discover new ideas for addressing the day-to-day challenges of parenting. Group connections can also play an important role in building parents' involvement in their children's education.

☆ **Affiliates deliver at least 12 group connections across the program year.**



In order to count as a group connection, it must meet all of the following criteria:

- > The group connection is planned and promoted in advance
- > The group connection is designed to include one or more of the three areas of emphasis: parent-child interaction, development-centered parenting, and family well-being
- > One or a combination of the following formats is used: family activity; ongoing group; presentation; community event; parent café
- > The group connection is staffed by at least one model-certified parent educator or PAT supervisor
- > The planning and delivery of the group connection is documented

Across the program year, an affiliate should address topics related to parent-child interaction, development-centered parenting, and family well-being. It is not necessary to focus on each area of emphasis equally during each group connection or even across the year. However, each area should be represented in a portion of the group connections an affiliate delivers.

In total, the group connections a PAT affiliate offers annually should incorporate all age groups of children served by the affiliate and all areas of child development. The facilities, locations and materials used for group connections need to be appropriate for the format and size of the group.

Group connection formats include family activities, ongoing groups, presentation, community events and parent café. Affiliates gather and use group connection feedback to ensure that group formats and topics are suited to family members' interests, needs and cultural backgrounds.

It is important to use a variety of methods to publicize group connections and encourage family member's regular participation in them. In addition, offering group connections at times and locations that are convenient for family members, offering child care, and involving parents in the planning of group connections can all help

maximize families' participation. To encourage attendance, it may be beneficial to offer incentives, food, and transportation. Make sure your budget includes adequate staff time and funding for these activities.

Group connections can also provide a great recruitment opportunity for affiliates. Inviting potential families to attend a group connection gives them an opportunity to learn about PAT, meet other families, and reduce any hesitation the family may have about participating in home visits.

Each affiliate needs to think about how families will get to their group connections. Sometimes distance can be a challenge for families, such as in rural areas. If this is the case, it may be possible to find a more central location for group connections, rather than at the program site. Other community resources are often willing to provide space for group connections. As an added benefit, groups held in a variety of community locations and in collaboration with other agencies can help with recruitment and retention strategies.

In urban communities where more public transportation is available, it is helpful to provide groups at locations close to public transportation stops. In addition, some affiliates provide public transportation vouchers to minimize the cost of getting to their group connections.

Documentation of group connections is necessary to account for the full range of service provided to families. Records of the planning and delivery of group connections need to be maintained using a group connection planner and record (paper or electronic version).



The *PAT Group Connection Planning Guide and Record* and *PAT Group Connections Feedback Form* can be found with the fillable forms in the PAT ebiz portal.



Child Screening

Screening provides regular information about each child’s health and developmental progress, increases parents’ understanding of their child’s development, and identifies strengths and abilities, as well as potential areas of concern. When indicated, screening can provide the springboard for further comprehensive evaluations.

☆ **Screening takes place within 90 days of enrollment for children 4 months or older and then at least annually thereafter (infants enrolled prior to 4 months of age are screened prior to 7 months of age³). A complete screening includes developmental screening using PAT approved screening tools, along with completion of a health review that includes a record of hearing, vision and general health status. Developmental domains that require screening include language, intellectual, social-emotional and motor development⁴.**

While the Essential Requirement specifies the minimum frequency for child screening, it is recommended that affiliates following the frequency recommended by the screening tool’s protocol.

For the initial screening, screening by a qualified outside provider within the last 90 days can be used. For annual screening, it can be within 12 months.

Each affiliate should have procedures that clearly outline how child screening, rescreening and referral are carried out by the affiliate. For example, an affiliate may choose to conduct developmental screening more often, based on the protocol of its selected tool(s).

³ Infants enrolled prior to 4 months of age are screened prior to 7 months of age rather than within 90 days of enrollment because elements of the complete screening cannot be done with newborns.

⁴ If any screening services are contracted out, the contractor’s processes need to be consistent with PAT screening standards.

Developmental Screening

Regular review of each child’s developmental progress identifies strengths as well as potential areas of concern that may require referral for further assessment. Following the Foundational and Model Implementation trainings, each affiliate needs to train its staff on how to use the specific developmental screening tool(s) it selects.

While affiliates are not currently required to use PAT approved family-centered assessment tools, affiliates are required to use PAT approved developmental screening tools. A list of the approved developmental screening tools is provided in the Appendix.

If the developmental screening tool your affiliate chooses does not include social-emotional development (e.g., the ASQ-3), an additional tool focusing on social-emotional development must also be used (e.g., ASQ:SE).

Key considerations:

- > Developmental screening should be conducted with sensitivity to languages spoken in the home and the family’s cultural background
- > Parents’ observations of their child are an integral part of developmental screening
- > When indicated by an earlier screening, re-screening should be done in accordance with the screening instrument’s protocol
- > Parents need to be given verbal and written summaries of all developmental screening results, including information about next stages of development and strategies to promote development

For particular areas of concern identified through screening, parent educators make and document specific recommendations for follow-up activities to support the child’s development and, if indicated, a referral for further assessment. Parent educators help parents address concerns and barriers in following through on further assessment as needed.



If the family decides not follow through with further assessment or if it is determined that the child is not eligible for early intervention, parent educators should continue to conduct developmental screening according to your affiliate's procedures. If the child is determined to be eligible for services for an identified delay, this should be recorded in the family record. In this situation, the parent educator should continue to monitor developmental milestones and remain informed about the early intervention services being provided. In addition, at least annually or more often according to affiliate policy, the parent educator continues to screen any areas of development not being addressed through early intervention services.

Typically, parent educators perform screenings during personal visits with families. As an alternative, an affiliate may have other trained personnel or agencies conduct the screenings. If your affiliate will contract out or outsource any screening services, you will need to develop a written agreement (e.g. a memorandum of understanding) that outlines the contracted services, including the instruments used and how results are communicated to both PAT staff and to parents.

Documentation of screening results (including those done by contractors) must be maintained as part of the family file. In addition, a copy of each written screening summary, information about recommended follow-up strategies, and referrals for further assessment need to be in the family file.

Developmental monitoring

In addition to formal developmental screening, parent educators monitor and record children's achievement of developmental milestones after each personal visit, using the PAT *Milestones* forms. The PAT *Milestones* forms list developmental skills and behaviors that typically developing children display across language, intellectual, social-emotional, and motor domains as well as in approaches to learning.

Health Review

As part of the PAT screening Essential Requirement, a comprehensive health review must be completed, addressing the child's general health, hearing and vision status.

General health status

A primary goal of any early childhood program is to support the healthy growth and development of all children. To this end, while parent educators do not perform medical screenings, they do gather and maintain information on each enrolled child's health status. This is done by comprehensively discussing and documenting the child's health status using the PAT *Health Record*. If an affiliate chooses to use a different form to document general health status, it must cover the areas covered by the PAT *Health Record*. Together, the parent educator and family update the PAT *Health Record* each year to confirm that children are receiving necessary medical care.

Hearing status

Early identification of hearing concerns can have a profound impact upon a child's development. To meet the hearing portion of PAT's screening requirement, your affiliate can choose one or more of the following options:

1. Hearing screening using otoacoustic emissions (OAE) for children younger than 36 months of age and pure tone audiometry for children 36 months of age and older.
 - > Following the Foundational and Model Implementation trainings, additional training will be necessary to apply the protocol for otoacoustic emissions (OAE) or pure tone audiometry. OAE screening results are maintained in the family file and documented on the PAT *Health Record*.
2. Parent report or documentation that that the child's hearing has been checked by a healthcare provider.
3. Engaging in a guided discussion with the parent(s) using the prompts and questions in the hearing section of the PAT *Health Record* and documenting the corresponding results.
 - > This discussion helps the parent educator determine if there are concerns or questions about a child's hearing abilities. The parent



educator can then help the parents connect with resources to follow up on those concerns or questions.

Vision status

Researchers have shown that the most sensitive period for the development of vision occurs between birth and age two. A complete review of vision status includes guided discussion between the parent educator and parents regarding the child’s vision using the prompts and questions provided in the PAT *Health Record* and a functional vision screening conducted by the parent educator.

- > The Model Implementation training provides brief training on functional vision screening. Additional practice will be necessary.
- > Documentation or parent report of vision screening by a healthcare provider can be used in place of the functional vision screening. However, the parent educator still needs to complete the guided discussion with each family.
- > The results of both the vision discussion and functional vision screening are documented on the PAT *Health Record*.

Resource Network

A resource network is a system of support developed in collaboration with community partners to promote optimal outcomes for families and children. An effective resource network creates linkages among community resources and closes gaps in services by helping families connect to needed supports.

To facilitate this, affiliates identify the community resources needed by the families they serve and establish memorandums of understanding and clear points of contact with these resources. At a broader level, affiliates also take an active role in community wide planning for early childhood comprehensive services.

☆ **Parent educators connect families to resources that help them reach their goals and address their needs.** “Connect” is defined as:

- > giving detailed, customized information or a specific referral to parent(s), primary caregivers, or families about medical, dental,

mental health, educational, social service, recreational, and enrichment resources in the community *or*

- > suggesting that a specific assessment or community service could support the family in addressing an identified need or goal

The three roles of the parent educator- partnering, facilitating, and reflecting- are critical to understanding family needs, goals, personal resources, and previous experiences with resources. By partnering with families to identify resources that address their needs, programs empower parents to develop self-advocacy skills, obtain support that will lead to their family’s success, and increase self-sufficiency.

Your affiliate needs to equip parent educators with knowledge about the various organizations and agencies in your community that families may need or want to access. Much of this information will be found in your affiliate’s resource network directory(ies). Some affiliates develop and maintain their own resource network directory of medical and dental health, mental health, education and social service organizations, while others use existing resources directories available in the community.

Either way, it is important to ensure that parent educators have access to an up-to-date and comprehensive resource network directory. Parent educators need to not only be familiar with the organizations in your community, but with *how* families can access these resources.



Parent educators maintain a record of referrals, follow-up efforts and outcomes of referrals for each family in their family file. The PAT *Connections and Recommendations Tracking Tool* can be found with the fillable forms in the PAT ebiz portal.

Some organizations offer multiple services to PAT families. For example, in addition to the four component PAT model, an organization might provide case management or family literacy services to all or a subset of their PAT families. Some organizations incorporate or blend PAT with another early childhood home visitation model or family support program to further strengthen their impact on children and families.



The Overall Picture

Now that we've discussed each component of the PAT model, let's look at the overall picture of how a parent educator allocates his or her time based on an optimal number of visits per month.

Time for personal visits	On average, approximately one hour is allocated for delivery of the personal visit, along with another 1.5 hours for visit planning and preparation, travel and documentation. If travel time is significantly greater or if the visit is longer due to multiple enrolled children, more than 2.5 hours will be needed. As a result, the number of visits the parent educator will be able to complete monthly will decrease.
Time for responsibilities related to effective and high quality services	These responsibilities include: implementation of retention strategies; dedicated time for making up cancelled and missed visits; facilitation and follow up on resource connections; participation in supervision sessions and staff meetings.
Time for group connections responsibilities	Time to plan and facilitate group connections. If an affiliate dedicates parent educators' time to personal visits only and employs other staff that are responsible for planning and facilitating group connections, then a parent educator may be able to complete additional visits weekly.
Time for recruitment activities	Affiliates that do not participate in a centralized intake system or have designated staff that focus on recruiting families for services must allocate time for parent educators' recruitment activities.
Time for additional responsibilities	Parent educators in many PAT affiliates have additional responsibilities related to their funding or sponsoring organization. For example, data collection responsibilities.



Evaluation and Continuous Quality Improvement

In order to maintain fidelity to the PAT model and achieve outcomes for families, affiliates document services, monitor the quality of their services, evaluate program implementation and outcomes, and engage in continuous quality improvement (CQI).

Documentation of Services

Each PAT affiliate needs to maintain an efficient and comprehensive system of service documentation, data collection and reporting. Data needed for quality assurance, evaluation, and continuous quality improvement will be found in the documentation parent educators and supervisors maintain as part of their daily work. Therefore, information needs to be clear, well organized, and easily retrievable.

What information is necessary to record?

- > Enrollment information, including consents
- > Assessments
- > Goal setting
- > Personal visits
- > Group connections
- > Child screening
- > Resource connections
- > Contact/service History
- > Exit/transition information

It is important to collect and record sufficient information in each of the above areas so that documentation presents a comprehensive picture of the family and the services being provided. Details on what constitutes sufficient information for each of these areas can be found in Appendix K. Affiliates should have written data collection procedures that outline the tools, forms and records that must be completed for each family, along with timeframes that specify when each must be done.

A computerized data management system is the preferred method for documentation of services and data tracking. If an affiliate is not yet using a computerized system, it is recommended that the affiliate use the PAT forms, available as fillable PDFs in the PAT ebiz portal. An affiliate that uses forms other than those provided by PAT must ensure that they collect all of the data and information covered in the PAT forms.

Records should be maintained according to your organization's policy or for three years from the last date of service to the family- whichever is longer. It may be necessary to maintain records longer than three years if they are subject to HIPAA, FERPA, state law or other applicable federal or state statutes.

Affiliates must protect the privacy of families' information. To this end, information should only be disclosed for legitimate purposes and with written permission from the family, except in situations where mandated reporting applies. Family records need to be securely stored and accessible only to those with authorized access. Further, when families consent to PAT services, they must be informed of the affiliate's recordkeeping, data collection and confidentiality procedures.



Quality Assurance

Quality assurance focuses on monitoring fidelity and quality, along with compliance with funding source(s) requirements.



PAT provides several tools for ongoing monitoring of fidelity and quality, including the following:

- > **Affiliate Updates**
Affiliate Updates address emerging issues around quality improvement, measurement and evaluation of the PAT model. They are released periodically, so affiliates should check the website regularly for new information.
- > **The *Quality Assurance (QA) Blueprint***
The *QA Blueprint* describes necessary quality assurance activities for the PAT model, along with who completes the activities and at what frequency.
- > **Supporting tools**
The supporting tools help PAT affiliates carry out the activities outlined in the *QA Blueprint*. These tools include the *Personal Visit Observation tool*, *Group Connection Observation tool*, *File Review Tool* and *Core Competencies Self-Assessment*.

All of the above tools can be found in the online Supervisor’s Handbook, located in the PAT ebiz portal. Affiliate Updates can also be found on the PAT website home page.

Evaluation of Program Implementation and Outcomes

Evaluation of implementation and outcomes focuses on determining the effectiveness of an affiliate’s operations and services. PAT affiliates utilize a number of evaluation methods, including but not limited to reporting data on the APR, gathering family feedback/satisfaction data, and measuring outcomes based on affiliate objectives. Data on program services should be shared with your advisory committee and other stakeholders at least annually.

Affiliate Performance Report



The affiliate annually reports data on service delivery, program implementation, and compliance with the Essential Requirements through the Affiliate Performance Report; affiliates use data in an ongoing way for purposes of continuous quality improvement.

Affiliates use a web-based reporting system hosted by Parents as Teachers National Center to submit their APR.⁵ This system is open for data entry beginning May 1 of each year. Timely reporting requires that the APR be completed by August 15. Therefore, it is recommended (but not required) that affiliates define a program year as July 1- June 30.

Performance Measures Report

Once your affiliate has submitted its APR, the supervisor needs to run the Performance Measures Report provided in the APR section of the

PAT ebiz portal. The Performance Measures Report uses data from your APR to calculate whether your affiliate is meeting the Essential Requirements. This information can be used to inform your continuous quality improvement efforts. In addition, the Performance Measures Report is used in the PAT Quality Endorsement and Improvement Process.

Family Feedback



At least annually, the affiliate gathers and summarizes feedback from families about the services they’ve received, using the results for program improvement.



The PAT *Parent Satisfaction Survey* and *Group Connection Feedback Form* are provided to help affiliates gather feedback from families about their experiences with PAT. However, affiliates may choose to use a different survey or group connection feedback form. Affiliates may also utilize focus groups or interview techniques for soliciting feedback from parents. Regardless of the approach, affiliates

⁵ New affiliates with parent educators trained before May 1st must complete the Affiliate Performance Report that year.



need to use the information they gather from families for the purpose of continually improving the services they deliver.

Outcomes Measurement

It is important that PAT affiliates measure outcomes of the children and families they serve and that the outcomes measured are consistent with the PAT Logic Model. The PAT Logic Model can be found under Training on the PAT website and in the online Supervisor’s Handbook.

An outcome evaluation assesses change over time in knowledge, attitudes, and/or behaviors of participants resulting from PAT services.

For example, change can be measured through:

- > Parent self-report of change in knowledge, attitudes, and behavior
- > Observational parenting assessments of specific parenting behaviors
- > Observational assessments of the quality of the home environment (e.g., reading to children, home safety, etc.)
- > Parent report of child development and school readiness (may also include child report or teacher report of school readiness)

Affiliates typically set a goal that a certain percentage of parents and children will demonstrate positive change after receiving full service for one year or a certain number of personal visits and group connections. Your target percentage can vary based on the type of outcome you are measuring, guidelines of the outcomes measures you are using, the needs of families, and the intensity of services received.

At this time Parents as Teachers National Center does not have a required outcome tool that affiliates must use, acknowledging that funding sources often dictate which measures should be used. However, the National Center does recommend use of one or more of the following (specific measures are in bold):

- > Families who participate in PAT will show increases in protective factors (nurturing/attachment, family resiliency/functioning, social support, concrete support, knowledge of child development and parenting) as measured by the **Protective Factors Survey**. [See <http://www.friendsnrc.org/protective-factors-survey>] or

improvement in family functioning in the areas of: relationships with family and friends, relationships with children, physical health care, basic needs, education and employment and mental health and substance use using the **Life Skills Progression** tool [See <http://products.brookespublishing.com/Life-Skills-Progression-LSP-P608.aspx>].

- > Parents who participate in PAT will show increases in positive parenting behaviors, as measured by an observational parenting assessment, such as the **Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) or Keys to Interactive Parenting Scale (KIPS)**. [See <http://www.brookespublishing.com/resource-center/screening-and-assessment/piccolo/>]. Change in parenting behaviors can also be measured using the **University of Idaho Survey of Parenting Practices (UISPP)**, a 12-item retrospective pre-test for parents to report the change in their parenting during their participation in PAT. [See <http://www.uidaho.edu/cals/fcs/extension/famdev>].
- > Children whose families participate in PAT will show age appropriate developmental skills, as measured by the **ASQ-3**. [See <http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-3/>].
- > PAT children who are identified through screening as in need of further evaluation will receive follow up assessments or interventions and over time the majority of these will have their delays or health issues remediated.
- > Parents will show increased knowledge and skills in promoting their children’s healthy development, as measured by the **PAT Parenting Reflection Survey** located in the ebiz portal [My Tools> Online Curriculum > Fillable Forms]. A web version of the survey is also available in the portal: My Tools > Affiliate Administrator > Quality > Parenting Reflection.
- > As compared to non-participating children, children whose families participate in PAT will show greater school readiness at school entry, based on school readiness assessments and/or as reported by kindergarten teachers.



Your grant or funder may also require particular outcome indicators to be tracked over time using administrative data, such as number of children with a medical home or number of hospitalizations or emergency room visits. In addition, qualitative results from parent satisfaction surveys and anecdotal examples of impact provide a rich picture of the value of your services.

The Quality Endorsement and Improvement Process

The PAT Quality Endorsement and Improvement Process helps ensure that PAT affiliates are achieving fidelity to the PAT model and facilitates continuous quality improvement. The PAT Essential Requirements and Quality Standards are the basis for the Quality Endorsement and Improvement Process.

Affiliates that earn the Endorsement are recognized by Parents as Teachers National Center as exemplary affiliates, delivering high quality services to children and families.

- > Endorsement provides assurance to funders, community groups and participants that your affiliate is a wise investment
- > Endorsement helps your affiliate maintain and strengthen your role in the community
- > Endorsement demonstrates that your affiliate is committed to continuously improving the quality of the services you provide to children and families

Not only is the Quality Endorsement an important national recognition of an affiliate’s quality, the process provides valuable learning for staff and opportunities to make program improvements.

The Quality Endorsement and Improvement Process is initiated with PAT affiliates in their fourth year of implementation and every five years thereafter. Each year beginning in the summer of 2015, a group of PAT affiliates will go through the Quality Endorsement and Improvement Process. Affiliates will be notified in advance when it is their year to go through the process. It will take five years (from 2015-2020) for all affiliates to engage in the Quality Endorsement and Improvement Process.

The Quality Endorsement and Improvement Process has three main steps: 1) analysis by Parents as Teachers National Center of how well each affiliate is meeting the Essential Requirements, 2) preparation by the affiliate of an Affiliate Self-Study and 3) review and corroboration of the Affiliate Self-Study by Parents as Teachers National Center. Each of these three steps is described further in the *Quality Endorsement and Improvement Manual*, along with detailed instructions on how to prepare the Affiliate Self-Study.



The *Quality Endorsement and Improvement Manual* can be found in the online Supervisor’s Handbook.

To earn the Endorsement, affiliates must meet or exceed the Essential Requirements, along with at least 75% of the additional Quality Standards. In addition, it is expected that the affiliate adhere to any additional organizational policies/procedures along with applicable licensing, regulation and funder requirements. Once earned, Quality Endorsement is valid for five years as long as the affiliate continues to meet the Essential Requirements and submits the APR, pays the affiliate fee, and renews its parent educators annually.

Affiliates that are accredited or monitored through one of the entities below have the opportunity to complete a modified Quality Endorsement and Improvement Process (explained further in the *Quality Endorsement Manual*).

- > Healthy Families America (HFA)
- > Head Start/Early Head Start Monitoring Reviews
- > Council on Accreditation (COA)
- > Commission on Accreditation of Rehabilitation Facilities (CARF)
- > Iowa Family Support Credential

Continuous Quality Improvement

CQI uses data and information from program operations, service delivery, quality assurance, and evaluation to make adjustments and changes that strengthen program operations and services. Through CQI, affiliate staff use information about implementation on an



ongoing basis to identify strengths and issues, and make improvements.

To be effective, CQI needs to include:

- > Input from all levels of staff, families that receive services, and advisory committee members
- > Understanding the processes that lead to outcomes
- > Using information and data to identify areas for improvement, set improvement goals, and monitor impact of improvement strategies

For additional guidance, access TA Brief #4 in the Affiliate Updates on the PAT website.

As an organization, PAT is committed to CQI. Because of this, Parents as Teachers National Center frequently offers additional information and provides new tools related to quality assurance and evaluation. To find the most up-to-date guidance, go to the Supervisor's Handbook in the PAT ebiz portal.



Appendix A: PAT Portfolio of fidelity and quality resources

This portfolio includes resources to guide model replication, along with tools for ongoing monitoring of fidelity and quality

Resources to Guide Parents as Teachers Model Replication

Logic Model	Provides a simplified, visual description of the theory of change and shows how the model is designed to achieve desired outcomes
Essential Requirements	Outlines the programmatic expectations for model fidelity, covering organizational design, training and professional development, PAT services, and evaluation and continuous quality improvement
Quality Standards	Guides initial and ongoing implementation of the model and form the basis of quality endorsement
Quality Assurance Guidelines	Provides detailed guidelines on how to design, develop and implement PAT services; reviewed prior to completing the Readiness Reflection and Affiliate Plan
Readiness Reflection	Provides an opportunity for reflection about organizational capacity, staffing, and community needs and relationships; completed prior to developing an Affiliate Plan
Affiliate Plan	Helps organizations design their affiliate and demonstrate how they will fulfill the essential requirements, using a logic model format; approval required prior to becoming a new model affiliate
Model Implementation Guide	Expands upon the QA Guidelines, providing additional implementation strategies and evidence-based practices; included only with Model Implementation Training

Tools for Ongoing Monitoring of Fidelity and Quality

Quality Assurance Blueprint	Helps the supervisor monitor fidelity and implementation quality by outlining necessary quality assurance activities, along with who completes the activities and at what frequency
Personal Visit Observation Tool	Provides a guided, structured tool to assess and record specific content and delivery of a PAT personal visit; completed at least annually for each parent educator; more often for new parent educators
Personal Visit Snapshot	Highlights key aspects of a quality PAT visit; used in new parent educator orientation, prior to an observation, and as a reference tool
Group Connection Observation Tool	Provides a structured tool to assess and record specific content and delivery of a PAT group connection; completed at least quarterly
File Review Tool	Outlines specific items and content that should be in a family file; used to conduct file reviews at least quarterly
Core Competencies Self-Assessment	Guides the parent educator in a self-assessment of his/her core including knowledge, skills and practices; completed at least annually
Affiliate Performance Report (APR)	Collects descriptive information about affiliates' design and services, along with performance data; submitted online annually
Performance Measures Report (PMR)	Provides specific indicators of performance using the affiliate's APR data; affiliates run the PMR at least annually to help understand and continually improve their fidelity of implementation and service delivery
Affiliate Updates	Address emerging issues around quality improvement, measurement, and evaluation of the PAT evidence-based model Affiliates check regularly for new information

Appendix B: Essential requirements for affiliates

The following are the Essential Requirements for an organization to become and remain a PAT affiliate with approval to implement the PAT model. Implementation and service delivery data that address the Essential Requirements are reported at the end of each program year on the Affiliate Performance Report (APR). New affiliates' intentions to comply with these requirements are initially demonstrated through the Affiliate Plan.

Essential Requirements	Measurement Criteria
1. Affiliates provide at least two years of services to families with children between prenatal and kindergarten entry.	Your affiliate is designed to provide at least two years of services to families with children between prenatal and kindergarten entry.
2. The minimum qualifications for parent educators are a high school diploma or GED and two years previous supervised work experience with young children and/or parents.	100% of parent educators have at least a high school diploma, GED or equivalent degree in countries outside the US.
3. Each affiliate has an advisory committee that meets at least every six months (can be part of a larger committee, community network or coalition as long as the group includes a regular focus on the PAT affiliate).	Your affiliate conducted at least two advisory committee meetings during the program year covered by the most recent APR.
4. Each month, parent educators working more than .5 FTE participate in a minimum of two hours of individual reflective supervision and a minimum of two hours of staff meetings and parent educators working .5 FTE or less participate in a minimum of one hour of reflective supervision and two hours of staff meetings. <i>In order to support high quality services to families, this requirement includes supervisors who carry a caseload.</i>	Your affiliate offered at least two hours of individual, reflective supervision per month to parent educators and supervisors that devoted more than .5 FTE to a caseload. Your affiliate offered at least one hour of individual, reflective supervision per month to parent educators and supervisors that devoted .5 FTE or less to a caseload. At least 18 hours of staff meetings occurred during the program year covered by the most recent APR.
5. Each supervisor, mentor or lead parent educator is assigned no more than 12 parent educators, regardless of whether the parent educators are full-time or part-time employees. <i>The number of parent educators assigned to the supervisor is adjusted proportionately when the supervisor is not full-time. For example, a .75 FTE supervisor would have a maximum of nine parent educators; a .5 FTE would have a maximum of six parent educators; a .25 FTE would have a maximum of three parent educators.</i>	The ratio of parent educators to supervisors in your affiliate does not exceed 12:1.
6. All new parent educators in an organization who will deliver Parents as Teachers services to families attend the Foundational and Model Implementation Trainings before delivering Parents as Teachers; new supervisors attend at least the Model Implementation Training.	100% of parent educators and supervisors have attended the required PAT trainings.
7. Parent educators obtain competency-based professional development and training and renew certification with the national office annually.	100% of model affiliate parent educators are up to date with their certification.



Essential Requirements	Measurement Criteria
<p>8. Parent educators complete and document a family-centered assessment within 90 days of enrollment and then at least annually thereafter, using an assessment that addresses the Parent as Teachers required areas.</p>	<p>The family-centered assessment used by your affiliate addresses the PAT required areas.</p> <p>At least 60% of families enrolled more than 90 days had an initial family-centered assessment completed within 90 days of enrollment during the program year covered by the most recent APR.</p> <p>At least 60% of families that received at least one personal visit had a family-centered assessment completed in the program year covered by the most recent APR.</p>
<p>9. Parent educators develop and document goals with each family they serve.</p>	<p>At least 60% of the families that received at least one personal visit had at least one documented goal during the program year covered by the most recent APR.</p>
<p>10. Parent educators use the Foundational Visit Plans and Personal Visit Planning Guide from the curriculum to design and deliver personal visits to families.</p>	<p>Parent educators consistently used the Foundational Visit Plans and Personal Visit Planning Guide from the curriculum to design and deliver visits to families.</p>
<p>11. Families with one or fewer high needs characteristics receive at least 12 personal visits annually and families with two or more high needs characteristics receive at least 24 personal visits annually.</p>	<p>At least 60% of families with one or fewer high needs received at least 75% of the required number of visits in the program year covered by the most recent APR.</p> <p>At least 60% of families with two or more high needs receive at least 75% of the required number of visits in the program year covered by the most recent APR.</p>
<p>12. Full-time 1st year parent educators complete no more than 48 visits per month during their first year and full-time parent educators in their 2nd year and beyond complete no more than 60 visits per month.</p> <p><i>This requirement addresses the maximum number of visits per month. However, these maximums should only apply when parent educators don't have all of the typical responsibilities or when there is minimal or no travel to visits. 50 visits per month is the optimal number to be completed by full-time parent educators in their 2nd year or beyond. 40 visits per month is the optimal number for 1st year full-time parent educators. In addition, the number of visits completed monthly is adjusted proportionately when a parent educator is part-time.</i></p>	<p>Full-time 1st year parent educators complete no more than 48 visits per month in the program year covered by the most recent APR.</p> <p>Full-time parent educators in their 2nd year and beyond complete no more than 60 visits per month in the program year covered by the most recent APR.</p>



Essential Requirements	Measurement Criteria
13. Affiliates deliver at least 12 group connections across the program year.	Your affiliate delivered at least 9 of the 12 (75%) required group connections in the program year covered by the most recent APR.
14. Screening takes place within 90 days of enrollment for children four months or older and then at least annually thereafter (infants enrolled prior to four months of age are screened prior to seven months of age). A complete screening includes developmental screening using PAT approved screening tools, along with completion of a health review that includes a record of hearing, vision, and general health status. Developmental domains that require screening include language, intellectual, social-emotional & motor development.	At least 60% of the children who enrolled at age four months or older had a complete initial screening within 90 days of enrollment in the program year covered by the most recent APR.
	At least 60% of the of children who enrolled prior to age four months who reached seven months of age before the end of the program year had a complete initial screening prior to seven months of age in the program year covered by the most recent APR.
	At least 60% of children received a complete annual screening in the program year covered by the most recent APR.
15. Parent educators connect families to resources that help them reach their goals and address their needs.	At least 60% of families that received at least one personal visit were connected by their parent educator to at least 1 community resource in the program year covered by the most recent APR.
16. At least annually, the affiliate gathers and summarizes feedback from families about the services they've received, using the results for program improvement.	Your affiliate gathered and summarized feedback from families about the services they have received at least once during the program year covered by the most recent APR and used the results for program improvement.
17. The affiliate annually reports data on service delivery and program implementation through the APR; affiliates use data in an ongoing way for purposes of continuous quality improvement, including participating in the Quality Endorsement and Improvement Process every five years.	Your affiliate submitted the most recent APR, and participated in the Quality Endorsement and Improvement Process when designated or selected by the National Center.

Appendix C: Readiness Reflection

Communities replicate the evidence-based Parents as Teachers model within an organizational context that has the staffing, capacity, and community relationships necessary for successful implementation and achievement of outcomes.

We are pleased that you are interested in implementing the PAT model to address the needs of families in your community. The following questions are intended as reflection or discussion points to maximize the success of a new PAT affiliate. It is not necessary to submit responses to the Parents as Teachers national office. Organizations should use the Readiness Reflection to assure that they are well positioned to develop the Parents as Teachers Affiliate Plan.

Since compliance with the Essential Requirements is necessary to become a PAT Affiliate, please ensure that key decision makers review the Parents as Teachers Quality Assurance (QA) Guidelines. The QA Guidelines clearly lay out the expectations for replication of the PAT model with an emphasis on meeting the Essential Requirements.

Community Context: Needs & Relationships	How have you determined a need for Parents as Teachers in your community?
	Are you aware of other similar services in your community? If so, how will Parents as Teachers complement and extend these services?
	If you are blending Parents as Teachers with another early childhood or family support model, how will you integrate the replication and data reporting requirements?
	What community relationships (groups, agencies, etc.) does your organization have presently? How do you collaborate with them?
	What community relationships do you plan to cultivate as you develop your Parents as Teachers affiliate? How might you utilize these relationships to help build your affiliate (e.g. advisory committee members, referral sources, resources for families)?
Organizational capacity	<p>Does your organization have or are you putting in place the necessary capacity and systems for successful implementation of the Parents as Teachers model? For example:</p> <ul style="list-style-type: none"> • Leadership: direct supervision of parent educators, administration, advisory committee, etc. • Resources allocated to technical assistance, quality and evaluation • Information technology • Financial planning and oversight • Mechanisms/strategies to promote sustainability
Staffing: Parent Educators & Supervisors	<p>Thinking about the Essential Requirements and the communities you will be serving, are there specific skills, capabilities and qualities that your staff and supervisor(s) should have? Consider the following:</p> <ul style="list-style-type: none"> • Appropriate educational background and work experience • Fit with the needs and characteristics of the populations to be served • Reflective supervision and administrative skills
	What assets are already in place in your organization and what resources might you bring in to strengthen the staffing component?

Readiness reflection: next steps

Once you have completed the Readiness Reflection and are ready to become a PAT affiliate, the next step is to complete the Affiliate Plan (download at www.parentsasteachers.org located on the Training Gateway). The Affiliate Plan must be completed and approved by the national office or approved state office prior to registering staff for certification training. To become certified parent educators, staff must successfully complete both the Foundational and Model Implementation Trainings.

There is significant value in being affiliated with Parents as Teachers. As a PAT affiliate, your organization becomes a partner with an evidence-based home visiting model with numerous studies demonstrating positive outcomes. A successful and sustainable program must clearly demonstrate its evidence and research base, as well as mechanisms for establishing and maintaining model fidelity. Parents as Teachers provides this foundation to your organization- and more.

If, after completing the Readiness Reflection and reviewing the Essential Requirements, your organization determines that it simply cannot meet the requirements for affiliation, the Approved User status is an option to consider. Your staff can be trained in the Parents as Teachers approach by registering for Foundational Training. This training lays the foundation for home visiting as a methodology within the early childhood system and connects the theoretical framework of Parents as Teachers with practice. Staff that complete this training become approved users of the Parents as Teachers Foundational Curriculum. For more information, go to the the Parents as Teachers website.

***Questions about becoming a Parents as Teachers Affiliate with certified parent educators?
Contact your Parents as Teachers state office or the Affiliation and Program
Assistance Department at Parents as Teachers National Center.***

Appendix D: PAT Affiliate Policies and Procedures

As described in the Infrastructure and Leadership section of the PAT Quality Standards, PAT affiliates have written policies and procedures that guide their operations and services. These policies and procedures must cover intake and enrollment; services provided to families; transition planning and exit; data collection and documentation of services; staff qualifications and personnel policies; orientation and training for new staff; supervision and professional development; parent educator safety; and client rights and confidentiality. In addition, the organization that the PAT affiliate is a part of may require additional procedures that cover other topics as well.

Definition of policy and procedure

A policy is a principle or statement of intent that guides decisions and processes. For example, the policy for “Parent Educator Safety” might state: Maintaining staff safety is of paramount importance to the Parents as Teachers affiliate. To this end, supervisors and parent educators must be well informed about and utilize strategies designed to promote staff safety. Procedures detail the steps needed to carry out a policy. Procedures should specify what the steps are, who carries them out, along with how and when. The PAT essential requirements, quality standards and Affiliate Updates (found on the PAT website) can help shape and provide content for your affiliate’s procedures, whether you are newly developing them or refining existing procedures.

Comprehensive written policies and procedures help ensure that your affiliate has a strong infrastructure. However, having policies and procedures in place is not enough. Your affiliate’s policies and procedures must be actively and consistently implemented by affiliate staff and monitored by the supervisor. To this end, policies and procedures should be reviewed and discussed at staff meetings periodically, with a focus on helping parent educators understand *how* to implement your organization’s procedures.

This table outlines the policy topics and procedures that should be covered in a PAT affiliate’s policies and procedures. While it says “policy” in each area, your affiliate may choose to have multiple policies addressing an area.

Intake and enrollment policy	
<p>These procedures should address:</p> <ul style="list-style-type: none"> > Target population (including demographics, cultural backgrounds, geographic locations) > Overall duration of services offered to families > Eligibility criteria & process for determining eligibility 	<ul style="list-style-type: none"> > Resource connections for families that do not meet eligibility criteria or must be placed on a waiting list > Intake process > Expected timeframe for 1st foundational visit > Required outreach to non-responsive families
Services provided to families policy	
<p>These procedures should address each of the following services including timeframes (e.g. within 90 days) and frequency (e.g. twice monthly):</p>	
<ul style="list-style-type: none"> > Family centered assessment > Goal setting & review of progress > Personal visits 	<ul style="list-style-type: none"> > Group connections > Child screening, rescreening & referral > Resource connections & follow-up
Transition planning and exit policy	
<p>These procedures should address:</p> <ul style="list-style-type: none"> > Exit criteria, including required outreach to and when to exit a non-participating family > When transition planning begins (planned exits) 	<ul style="list-style-type: none"> > Types of transition supports & services to be considered > Who is included in transition planning



Data collection and documentation of services policy	
These procedures should address:	
> Recordkeeping	> How long records are kept
> Release of information	> Data collection & reporting procedures
> How & when file reviews are done	> Methods for & frequency of family feedback
Staff qualifications and personnel policy (the sponsoring organization may have personnel policies and procedures that cover the PAT affiliate)	
These procedures should cover 3 main areas:¹	
> Organization's basic structure, philosophy, and rules, including equal opportunity hiring & advancement, conflicts of interest, sexual harassment, alcohol & drugs in the workplace, confidentiality, grievances, and phone/computer use	descriptions & categories, performance reviews & progressive discipline, benefits, employees' rights, and termination/resignation
> Hiring and employment, including hiring procedures, job qualifications,	> Operations, including employee hours & schedules, supervisor to parent educator ratio, caseload size, dress code (if applicable), payroll, security issues, and paperwork
Orientation and training for new staff policy	
These procedures should address:	
> PAT training	> Additional training in the 1 st year
> When/how orientation of new staff takes place	> Observations (including shadowing experienced home visitors, observation of new home visitors)
> Orientation topics	
Supervision and professional development policy	
These procedures should address:	
> Frequency, duration & general content of staff meetings	> Observation of parent educators
> Frequency & duration of reflective supervision for parent educators & supervisors who carry a caseload	> Ongoing professional development
> Content & process of reflective supervision	> Documentation of staff meetings, supervision, observations & professional development
Parent educator safety policy	
These procedures should address:	
> Sharing of schedules & communication while in the field	> Animals & pets
> Safety considerations during the visit	> Communicable diseases
> Clothing & jewelry	> Illegal substances & weapons in the home
> Outdoor safety & travel	> Training on parent educator safety
Client rights and confidentiality policy	
These procedures should address:	
> Process for obtaining families' consent for services	> Personal visit privacy measures
> Security & maintenance of family records (including participant access & release of information)	> Legal requirements to disclose information
> Case consultation within the organization	> Accommodations for disabilities
	> Participant grievances

¹ KU Work Group for Community Health and Development. (2014). Chapter 10, Section 5: Developing Personnel Policies. Lawrence, KS: University of Kansas. Retrieved April 28, 2014, from the Community Tool Box: <http://ctb.ku.edu/en/table-of-contents/structure/hiring-and-training/personnel-policies/main>

Appendix E: Sample job descriptions

Parents as Teachers Supervisor Job Description

Position Summary:

The Parents as Teachers supervisor provides leadership, oversight and vision for the work of the affiliate. The supervisor's responsibilities include directing, coordinating, supporting, and evaluating the on-the-job performance of parent educators.

Qualifications

- at least a bachelor's degree in early childhood education, social work, health, psychology or a related field (or equivalent degree outside the US)
- at least 5 years' experience working with families and young children
- strong interpersonal skills
- a commitment to reflective supervision, data collection, and continuous quality improvement

New supervisors complete the PAT Foundational and Model Implementation Trainings before delivering the PAT model or supervising parent educators.

Essential Functions (organizations may have additional organization specific responsibilities):

- Coordinate and monitor the delivery of services in accordance with PAT Essential Requirements, PAT Quality Standards, and affiliate policies and procedures
- Coordinate advisory committee
- Develop/maintain relationships with community organizations and leaders to help grow and sustain the program
- Establish and update Memorandums of Understanding with community organizations, along with a Resource Network Directory
- Oversee direct recruitment efforts or participation in centralized intake system
- Supervise parent educators (maintaining necessary documentation of the following activities)
 - Provide at least 2 hours of individual reflective supervision monthly to each parent educator
 - Provide an orientation process for new parent educators that begins with hiring and continues throughout the first year after PAT training
 - Conduct at least 2 hours of staff meetings monthly that cover administrative issues and provide opportunities for review of implementation data, case discussion, peer support and skill building
 - Observe parent educators delivering services within 6 months after training and then at least annually thereafter, providing verbal and written feedback
 - Observe at least 1 group connection quarterly
 - Facilitate parent educators' completion of an annual core-competencies self-assessment
 - Complete an annual performance evaluation of each parent educator, including written professional development goals
 - Ensure that parent educators obtain necessary professional development and renew certification with PATNC annually
- Ensure that staff have access to necessary technology, workspace and supplies to effectively fulfill their responsibilities
- Monitor service documentation, data collection and reporting (including annual submission of the Affiliate Performance Report)
- Engage in quality assurance using PAT quality assurance tools
- Facilitate continuous quality improvement
- Maintain and monitor the budget for the PAT program

Parents as Teachers Parent Educator Job Description

Position Summary:

A certified parent educator implements the PAT model, emphasizing parent-child interaction, development-centered parenting and family well-being in their work with families. Utilizing the PAT *Foundational Curriculum* in culturally sensitive ways, the parent educator partners, facilitates and reflects with families.

Qualifications:

- Bachelor or four-year degree in early childhood education, social work, health, psychology or a related field is recommended (or equivalent degree outside of the US). However, it is also acceptable for parent educators to have a two-year degree or 60 college hours in early childhood or a related field. Supervised experience working with young children and/or parents is also recommended. It is essential that the education and experience level for parent educators is at least a high school diploma or GED and a minimum of two years' previous supervised work experience with young children and/or parents.
- Strong communication and interpersonal skills (e.g., nonjudgmental, objective, reflective, empathic, patient, tactful)
- Ability to establish rapport with families and empower them by building on their strengths
- Strong organizational and record keeping skills
- Ability to work independently and be self-motivated (often in the field)
- Computer skills; including web browsing, e-mail, Internet, and word-processing

The parent educator must complete the Parents as Teachers Foundational and Model Implementation Trainings before delivering PAT services.

Essential Functions (organizations may have additional organization specific responsibilities):

- Engage in recruitment activities (as applicable)
- Complete an initial and annual family-centered assessment with each family
- Develop, monitor and review goals with each family
- Provide personal visits focused on parent-child interaction, development-centered parenting and family well-being (including planning, delivering and documenting the visit)
- Use the PAT Foundational curriculum to share research based information with families
- Provide group connections to give families an opportunity to build social connections with each other, engage in parent-child interaction activities, and increase their knowledge of ways to support children's development
- Complete at least an initial and annual developmental screening and health review for each enrolled child
- Connect families to resources that help them reach their goals and address their needs
- Help parents and children transition to other services as needed, to preschool, or to kindergarten
- Maintain and submit in a timely way all required family and program documentation
- Organize and inventory supplies/materials, etc.
- Participate in at least 2 hours of reflective supervision monthly and at least 2 hours of staff meetings monthly
- Obtain competency-based professional development and renew parent educator certification annually
- Participate in continuous quality improvement



Appendix F: High need characteristics and definitions

High Need Characteristic ⁱ	Citations of Relevant Research ⁱⁱ
<p>Teen Parentⁱⁱⁱ Definition: Parent(s) under the age of 20 years during the program year</p>	<p>Characteristic aligns with the HRSA MIECHV guideline that participants who are <u>pregnant women who have not attained age 21</u> are given priority for receiving services.</p> <p>Ryan-Krause, P., Meadows-Oliver, M., Sadler, L. & Swartz, M.K. (2009). Developmental status of children of teen mothers: Contrasting objective assessments with maternal reports. <i>Journal of Pediatric Health Care</i>, 23(5), 303-309.</p> <p>Carothers, S. S., Borkowski, J. G. & Whitman, T. L. (2006). Children of adolescent mothers: exposure to negative life events and the role of social supports on their socioemotional adjustment. <i>Journal of Youth and Adolescence</i>, Vol 35(5), 827-837.</p> <p>http://www.childwelfare.gov/can/factors/parentcaregiver/teen.cfm</p>
<p>Child with disabilities or chronic health condition Definition: Child being served has a physical, cognitive, emotional or health-related condition or impairment that substantially limits one or more major life activities or qualifies the child for services under IDEA Part C</p>	<p>Definition Source: Americans with Disabilities Act http://www.eeoc.gov/policy/docs/902cm.html#902.1; IDEA Part C http://nichcy.org/laws/idea/partc/</p> <p>Characteristic aligns with the HRSA MIECHV guidance that participants who <u>have children with developmental delays or disabilities</u> are given priority for receiving services.</p> <p>Treyvaud, K., Doyle, L.W., Lee, Katherine J.; Roberts, G.; Cheong, J.L.Y.; Inder, T.E. & Anderson, P. J. (2011). Family functioning, burden and parenting stress 2 years after very preterm birth. <i>Early Human Development</i>, 87(6), 427-431.</p> <p>http://www.childwelfare.gov/can/factors/child/#disabilities</p>
<p>Parent with disabilities or chronic health condition Definition: Parent has a physical, cognitive or other health-related condition or impairment that substantially limits one or more major life activities</p>	<p>Definition Source: Americans with Disabilities Act http://www.eeoc.gov/policy/docs/902cm.html#902.1 http://www.childwelfare.gov/can/factors/parentcaregiver/characteristics.cfm</p> <p>David, D.H., Styron, T. & Davidson, L. (2011). Supported parenting to meet the needs and concerns of mothers with severe mental illness. <i>American Journal of Psychiatric Rehabilitation</i>, 14(2), 137-153.</p> <p>Kelley, S. D. M., Sikka, A., Venkatesan, S. (1997). A review of research on parental disability: Implications for research and counseling practice. <i>Rehabilitation Counseling Bulletin</i>, 41(2), 105-121.</p>
<p>Parent with Mental Illness Definition: Parent has been diagnosed with a thought, mood, or behavior disorder (or some combination) associated with distress and/or impaired functioning.</p>	<p>Definition Source: http://www.surgeongeneral.gov/library/mentalhealth/chapter1/sec1.html</p> <p>Harvey, E., Stoessel, B. & Herbert, S. (2011). Psychopathology and parenting practices of parents of preschool children with behavior problems. <i>Parenting: Science and Practice</i>, 11(4), 239-263.</p> <p>Mason, Z. S., Briggs, R. D. & Silver, E. J. (2011). Maternal attachment feelings mediate between maternal reports of depression, infant social-emotional development, and parenting stress. <i>Journal of Reproductive and Infant Psychology</i>, 29(4), 382-394.</p>
<p>Low educational attainment Definition: Parent did not complete high school or GED and is not currently enrolled</p>	<p>Johnson, W., Mcgue, M. & Iacono, W.G. (2007). How parents influence school grades: Hints from a sample of adoptive and biological families. <i>Learning and Individual Differences</i>, 17(3), 201-219.</p> <p>Carothers, S. S., Borkowski, J. G. & Whitman, T. L. (2006). Children of adolescent mothers: exposure to negative life events and the role of social supports on their socioemotional adjustment. <i>Journal of Youth and Adolescence</i>, Vol 35(5), 827-837.</p> <p>Hoff, E. & Tian, C. (2005). Socioeconomic status and cultural influences on language. <i>Journal of Communication Disorders</i>, 38(4), 271-278.</p>
<p>Low income Definition: Families eligible for Free and Reduced Lunches, Public Housing, Child Care Subsidy, WIC, Food Stamps, TANF, Head Start/Early Head Start, and/or Medicaid</p>	<p>Definition Source: Most public assistance programs use federal poverty guidelines (or a % of the guidelines) to establish low income level http://aspe.hhs.gov/poverty/12poverty.shtml</p> <p>Characteristic aligns with the HRSA MIECHV guidance that participants <u>who have low incomes</u> are given priority for receiving services.</p> <p>http://www.childwelfare.gov/can/factors/family/structure.cfm</p> <p>Najman, J. M., Hayatbakhsh, M. R., Heron, M. A., Bor, W., O'Callaghan, M. J. & Williams, G. M. (2009). The impact of episodic and chronic poverty on child cognitive development. <i>The Journal of Pediatrics</i>, 154(2), 284-289.</p>



High Need Characteristic ⁱ	Citations of Relevant Research ⁱⁱ
<p>Recent immigrant or refugee family Definition: One or both parents are foreign-born and entered the country within the past 5 years.</p>	<p><u>Definition Source:</u> 2010 United States Census http://www.census.gov/prod/2011pubs/acsbr10-16.pdf http://www.uscis.gov/portal/site/uscis http://www.irs.gov/businesses/small/international/article/0,,id=129236,00.html http://www.nccp.org/publications/pub_609.html#note1</p> <p>Segal, U.A. & Mayadas, N.S. (2005). The Assessment of issues facing immigrant and refugee families. <i>Child Welfare: Journal of Policy, Practice, and Program</i>, Vol 84(5), 563-584.</p> <p>McNaughton, D.B., Cowell, J.M., Gross, D., Fogg, L. & Ailey, S.H. (2004). Relationship between maternal and child mental health in Mexican immigrant families. <i>Research and Theory for Nursing Practice: An International Journal</i>, 18(2-3), 229-242.</p>
<p>Substance abuse* Definition: Parent has used or is currently using substances despite negative social, interpersonal, legal, medical or other consequences.</p> <p>*Affiliates have discretion in determining how far back in time is relevant in terms of current impact on parenting, family well-being and 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).</p>	<p>Characteristic aligns with the HRSA MIECHV guidance that participants who <u>have a history of substance abuse or needs substance abuse treatment</u> are given priority for receiving services.</p> <p>Grant, T., Huggins, J., Graham, J. C., Ernst, C., Whitney, N. & Wilson, D. (2011). <u>Definition Source:</u> DSM-IV-TR; National Institute on Drug Abuse (NIDA)</p> <p>Maternal substance abuse and disrupted parenting: Distinguishing mothers who keep their children from those who do not. <i>Children and Youth Services Review</i>, 33(11), 2176-2185.</p> <p>http://www.childwelfare.gov/can/factors/parentcaregiver/substance.cfm</p>
<p>Court-appointed legal guardians and/or foster care Definition: The child has a court-appointed legal guardians or is in foster care</p>	<p><u>Definition Source:</u> Code of Federal Regulations, 45CFR1355.20</p> <p>Healey, C.V. & Fisher, P.A. (2011). Young children in foster care and the development of favorable outcomes. <i>Children and Youth Services Review</i>, 33(10), 1822-1830.</p> <p>Lloyd, E. C. & Barth, R.P. (2011). Developmental outcomes after five years for foster children returned home, remaining in care, or adopted. <i>Children and Youth Services Review</i>, 33, 1383-1391.</p>
<p>Homeless or unstable housing Definition: Lives in emergency/transitional housing or in a place not intended for regular housing and/or moved more than twice in the past year due to problems with housing</p>	<p><u>Definition Source:</u> Institute for Children, Poverty & Homelessness http://www.icphusa.org/PDF/reports/ICPH_ProfilesOfRisk_No.1.pdf www.familyhomelessness.org</p> <p>Howard, K.S. & Cartwright, S., Barajas, R. G. (2009). Examining the impact of parental risk on family functioning among homeless and housed families. <i>American Journal of Orthopsychiatry</i>, 79(3), 326-335.</p> <p>Gewirtz, A.H., DeGarmo, D.S., Plowman, E.J.; August, G. & Realmuto, G. (2009). Parenting, parental mental health, and child functioning in families residing in supportive housing. <i>American Journal of Orthopsychiatry</i>, 79(3), 336-347.</p>
<p>Incarcerated parent(s) Definition: Parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration with the past year</p>	<p><u>Definition Source:</u> http://bjs.ojp.usdoj.gov/index.cfm?ty=tdtp&tid=1 http://www.fcnetwork.org/reading/what_we_know_now.pdf http://aspe.hhs.gov/hsp/prison2home02/parke&stewart.pdf http://www.ncsl.org/documents/cyf/childrenofincarceratedparents.pdf</p> <p>Murray, J., Farrington, D.P. & Sekol, I. (2012). Children's antisocial behavior, mental health, drug use, and educational performance after parental incarceration: A systematic review and meta-analysis. <i>Psychological Bulletin</i>.</p>



High Need Characteristic ⁱ	Citations of Relevant Research ⁱⁱ
<p>Very low birth weight* Definition: <i>Birth weight is under 1500 grams or 3.3 lbs.</i> *This would not need to count as a risk factor if the child is over 2 years and is not experiencing any negative consequences due to being very low birth weight as determined by a reliable and valid screening tool or developmental assessment.</p>	<p>Definition Source: U.S. Department of Health and Human Services, Health Resources Administration http://mchb.hrsa.gov/chusa11/hstat/hsi/pages/202v1bw.html http://www.marchofdimes.com/professionals/medicalresources_lowbirthweight.html http://www.childtrendsdatabank.org/?q=node/67</p> <p>Ni, T.L., Huang, C.C. & Guo, N.W. (2011). Executive function deficit in preschool children born very low birth weight with normal early development. <i>Early Human Development</i>, 87(2), 137-141.</p> <p>Datar, A. & Jackowitz, A. (2009). Birth weight effects on children’s mental, motor, and physical development: Evidence from twins data. <i>Maternal and Child Health Journal</i>, 13, 780-794.</p>
<p>Death in the immediate family* Definition: <i>The death of the child, parent or sibling</i> *Affiliates have discretion in determining how far back in time is relevant in terms of current impact on parenting, family well-being and the parent-child relationship. PATNC recommends including this as a risk factor if a death in the immediate family has occurred at any point during the enrolled child’s lifetime (including prenatal)</p>	<p>Graham-Bermann, S.A., Howell, K., Habarth, J., Krishnan, S., Loree, A. & Bermann, E.A. (2008). Toward assessing traumatic events and stress symptoms in preschool children from low income families. <i>American Journal of Orthopsychiatry</i>, Vol 78(2), 220-228.</p> <p>Grover, R.L., Ginsburg, G. S. & Lalongo, N. (2005). Childhood predictors of anxiety symptoms: A longitudinal study. <i>Child Psychiatry and Human Development</i>, Vol 36(2), 133-153.</p>
<p>Domestic violence Definition: <i>Parent is involved in intimate partner violence</i></p>	<p>Definition Source: http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html http://www.childwelfare.gov/can/factors/family/domviolence.cfm</p>
<p>Child Abuse or Neglect Definition: <i>Suspected or substantiated abuse/neglect of child or sibling(s)</i></p>	<p>Definition Source: http://www.childwelfare.gov/can/defining/federal.cfm</p> <p>Characteristic aligns with the HRSA MIECHV guidance that participants who have <u>a history of child abuse or neglect or have had interactions with the child welfare system</u> are given priority for receiving services. http://www.childwelfare.gov/can/factors/risk/</p>
<p>Military family Definition: <i>Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces.</i> <i>“Deployment” is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.</i></p>	<p>Definition Source: http://www.pdhealth.mil/guidelines/annoC.asp</p> <p>Characteristic aligns with the HRSA MIECHV guidance that participants <u>who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States</u> are given priority for receiving services.</p> <p>Riggs, S.A. & Riggs, D.S. (2011). <u>Risk and resilience in military families experiencing deployment: The role of the family attachment network.</u> <i>Journal of Family Psychology</i>, 25(5), 675-687. http://www.childwelfare.gov/can/factors/family/structure.cfm</p>

ⁱ Table created in 2011 to provide clearer guidance and rationale for the high needs characteristics that sites will use to determine visit frequency.

ⁱⁱ Research regarding the impact of co-occurring risk: http://www.childwelfare.gov/can/factors/risk/co_occurring_risk.cfm

ⁱⁱⁱ Note: “parent” can refer to any parent, step-parent or other adult caregiver who is a member of the same household as the child.

Appendix G: Participation Agreement & Consent for Services

This will be available as a formatted, fillable form. Items in italics can be edited by the affiliate.

I. What is Parents as Teachers?

Parents as Teachers (PAT) is an early childhood home visiting program designed to help you learn more about parenting, support your child's development, and help with the challenges of family life. Our services are available to your family (*for x duration: e.g. until your child turns 3*). Your participation is voluntary and there is no cost.

Our services for your family include:

- **Personal visits** - by a certified parent educator to support you in your parenting role and provide child development information.
- **Group connections** – opportunities to get to know other families.
- **Child screening** – developmental screening and health review that can identify potential developmental delays.
- **Resource network** – connection to resources in the community based on the interests and needs of your family.

II. What can you expect?

First, we will get to know you better by learning about your family. We call this family-centered assessment. We will also set and work on goals throughout our time together.

- You will receive at least (*x*) visits each month.
- You will be able to participate in (*x: e.g. monthly*) group connections with other families
- Within the first 90 days and then annually, your child(ren) will receive developmental screening and a review of health, hearing, and vision.
- We will help you connect to resources in the community.
- (*additional affiliate specific items*)

III. What will we ask of you?

- Be present for and participate actively in all scheduled visits.
 - > If you need to cancel or reschedule, please contact your parent educator at least (*x hours*) in advance. If you miss more than (*x*) visits in a row without cancelling and rescheduling, we may have to stop services.
- Attend group connections.
- Share your observations of your child each visit and during screenings.
- (*additional affiliate specific items*)

IV. Record keeping:

During your participation in PAT, routine information will be collected and stored (*describe how: e.g. both electronically and in paper form in a secure setting*). This includes family background information, health related information,* screening results, referrals, recommendations you and your child receive, and information about the services we provide to your family.

*Including information about mental health and alcohol or drug use that you may provide. However, you are not required to provide this information or discuss these matters.

Parents or legal guardians have access to their family file. If you would like to see your family file, please make this request in writing to the program supervisor---- at ----.You will need to allow at least (x) hours for access and sign a statement that you were provided with your records.

V. Confidentiality:

Parents as Teachers will not release confidential information outside of the program without your written permission with the following exceptions:

- Our program may share information without your consent in order to protect you or others from serious harm (for example, if a family member plans to harm him or herself, if a family member plans to harm another person, or if there are concerns about abuse or neglect of a child or elderly person).
- Our program may release information if we receive a court order requiring us to do so.

VI. The limits of our services:

Parent educators are not psychologists or medical professionals. We do not diagnose developmental, psychological or medical conditions. However, we can help you connect to qualified professionals and resources that can assist in these situations.

Questions? You can ask your parent educator now or contact the program supervisor ---- at ----.

I have read and understand the above. I agree to participate in PAT services. By signing this consent form, I agree to allow the information described in section IV to be collected and kept by the PAT program. I understand that at any time, I can let my parent educator or the supervisor know verbally or in writing that I no longer want to participate.

Please review and sign annually.

Printed name of enrolled participant Date

Printed name of parent educator Date

Signature of enrolled participant Date

Signature of parent educator Date

Signature of enrolled participant Date

Signature of parent educator Date

Signature of enrolled participant Date

Signature of parent educator Date

Our program gets technical assistance (TA) on an ongoing basis from (x) and participates every 5 years in the National Parents as Teachers Quality Endorsement and Improvement Process.

To help make sure families are getting quality services, our TA consultant and representatives of Parents as Teachers National Center (PATNC) review family files. These file reviews are done to understand how our program is doing as a whole- they do not focus on individual families' situations.

The TA consultant and PATNC representative keep information from the file reviews confidential and do not use names and other identifying information in any reports.

You do not have to give permission for the file reviews; it is completely voluntary. If you decide not to give permission, this will not change the services you receive. Questions? You can ask your parent educator now or contact the program supervisor ---- at ----.

- I give permission for my family file to be reviewed by the TA consultant and representative of PATNC when the program participates in the Quality Endorsement and Improvement Process.
- I do not give permission for my family file to be reviewed by the TA consultant and representative of PATNC when the program participates in the Quality Endorsement and Improvement Process.

 Printed name of enrolled participant Date

 Signature of enrolled participant Date

This portion of the Participation Agreement & Consent for Services is also reviewed and signed annually.

 Signature of enrolled participant Date

 Signature of enrolled participant Date

Appendix H: Family-centered assessments that align with PAT required areas

Life Skills Progression (LSP)

The LSP is a family-centered assessment instrument¹ designed for use by programs serving families with children ages 0-5 years. There are 43 parent and child scales that describe a spectrum of skills and abilities that monitor client strengths and needs. The assessment is conducted through observation and semi-structured interviews with the parent(s). It is recommended by the LSP developers that it be completed within 60 days of enrollment but preferably within 30 days. Additionally, the LSP is easy to use taking a maximum of 10 minutes to complete.

Massachusetts Family Self-Sufficiency Scales and LADDERS Assessment

The Massachusetts Family Self-Sufficiency Scales and LADDERS Assessment is designed for use by programs serving families with children ages 0-5 years. It is a matrix based management system that allows parent educators to develop an intervention strategy for their families using a tool that initially assesses and plots families on a five-point assessment system of thriving, safe, stable, at-risk and, in-crisis. This matrix measures progress along this range from a beginning point, in-crisis to an end point; thriving. The assessment is conducted through a semi-structured interview with the parent(s). It is easy to use with the provision of a how-to guide.

Family Map

The Family Map is a comprehensive family-centered assessment instrument designed for use by programs serving families with children ages 0-5 years. The main premise of the Family Map is to improve family partnership by learning about each family's strengths and needs as well as the resources that will be most helpful. The instrument is easy to use and conducted through a semi-structured interview with the parent(s) which takes about one hour.

Family-Centered Assessment	Cost	Training	Assessment Strategy	Scoring Software Available	Spanish Version	Parenting	Family relationships & support system	Education & vocation	Parents' general health	Access to medical care, including health insurance	Adequacy & stability of income for food, clothing, other	Adequacy & stability of housing
Life Skills Progression ⁶	\$44.95 for CD of the instrument & forms. Additional training costs apply.	1-day training strongly recommended	Observation & semi-structured interview with parent	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes
Massachusetts Family Self-Sufficiency Scales and LADDERS Assessment ⁷	Free	Training support provided by a how-to guide	Semi-structured interview with parent	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Family Map ⁸	Free material download after training.	Required: Manual, 6-hr group training led by a Family Map Approved Trainer. Additional training free on demand subsequently	Semi-structured interview with parent	No	No	Yes	Yes	Yes	Yes	Yes	Yes	yes

⁶ <http://www.lifeskillsprogression.com/home/index>

⁷ www.mass.gov/hed/docs/dhcd/cd/csbg/slguide.doc

⁸ <http://www.thefamilymap.org>

Appendix I: Approved developmental screening tools for children

The information provided in this table is based on *Birth to 5: Watch Me Thrive! A Compendium of Screening Measures for Young Children* published by the US Department of Health and Human Services (March 2014), along with information from the publishers of the screening tools websites.

Approved screening tools meet Parents as Teachers National Center's reliability and validity criteria.

Please see publisher's website for cost information.

A complete developmental screening requires use of a PAT approved screening tool that covers the developmental domains of language, intellectual, social-emotional and motor development. Instruments that include social emotional development are starred in this table. If the instrument you select doesn't cover social-emotional development, your affiliate must also select a social emotional screening tool from those listed on page 51. When an updated version of your selected tool is released, your affiliate should begin using the updated version within 1 year.

Tool	Developmental Domains Covered (as listed by publisher)	Age Range	Approximate time to administer	Publisher	Available in Spanish	Training
★ Ages and Stages Questionnaire-3 (ASQ-3) <u>AND</u> Social-Emotional (ASQ:SE) <i>ASQ-SE 2 coming Fall 2015</i>	Communication; Gross motor; Fine motor; Problem-solving; Personal-social Social-emotional	1 -66 months 6-60 months	10 to 20 minutes 10-15 minutes	Brookes Publishing Co. (ASQ-3 2009) (ASQ-SE 2003)	Yes	Training is available through the publisher on how to administer and score the ASQ: There are several types of training available including the User's Guide, DVDs, seminars and on-site training.
Batelle Developmental Inventory, Second Edition (BDI-2)- Screening Test	Personal-Social; Adaptive; Motor; Communication; Cognitive ability	birth – 7 years 11 months	20 to 30 minutes	Riverside Publishing (2004)	Yes	The publisher offers comprehensive <i>BDI-2</i> training conducted by its National Clinical Measurement Consultants.
★ Brigance Early Childhood Screens	Expressive & receptive language; Gross motor; Fine motor; Academics/pre-academics; Self-help; Social-emotional skills	Birth through end of 1 st grade	10 to 15 minutes	Curriculum Associates (2013)	Yes	Free online in-service training on how to administer and score the Brigance Screens is available on the publisher's website
Developmental Indicators for the Assessment of Learning (DIAL-4)	Motor; Concepts; Language; Self-Help; Social Development	2.6 to 5.11 years	30 to 45 minutes	Pearson Assessments (2011)	Yes	Purchasers of the DIAL-4 have access to 8 online training sessions addressing administration, scoring and interpretation of the tool
Early Screening Inventory-Revised	Visual Motor/Adaptive; Language & Cognition; Gross Motor Skills	ESI-P: 3:0–4:5 years ESI-K: 4:6–5:11 years	15 to 20 minutes	Pearson Assessments (2008)	Yes	The tool is administered by those with a formal background in early childhood development (those who have studied the manual, observed an experienced examiner giving the screener, and/or observed the training video and received supervised practice).
Early Screening Profiles (ESP)	Cognitive; Language; Motor; Self-Help/Social: Articulation: Home; Health History; Behavior	2 years 0 months through 6 years 11 months	15-30 minutes	Pearson Assessments (1990)	Yes	The publisher offers a training video for purchase that provides information about administering and scoring the screening tool. While scorers do not need to have a professional background or technical training other than training on the ESP's scoring procedures, the interpretation of results must be completed by professional with training in tests and measurement.



Tool	Developmental Domains Covered (as listed by publisher)	Age Range	Approximate time to administer	Publisher	Available in Spanish	Training
★ First STEP: Screening Test for Preschoolers	Cognitive Language Motor Social-emotional skills Adaptive functioning	2 years 9 months through 6 years 2 months	15	Pearson (1993)	Yes	An on-line, 1 hour webinar can be purchased on the SPD University website.
Developmental Observation Checklist (DOCS)	General development (language, motor, social & cognitive) Adjustment behavior Parent stress & support	Birth to 6 years	30	Pro-Ed (1994)	No	An Examiner's Manual can be purchased through the publisher's website. Information on training was not present.
Learning Accomplishment Profile(LAP)-D Screens	Self-help Gross motor Fine motor Language	3 years to 6years	15	Kaplan (2005)	Yes	<i>The Examiner's Manual and Technical Report</i> is available at no cost on the publisher's website. According to the Manual, the examiner must become thoroughly familiar with this Manual through self-study or professional training to ensure appropriate and accurate use of LAP-D assessment information.
★ Parents' Evaluation of Developmental Status	Global/cognitive Expressive/receptive language Fine motor Gross motor Behavior Social-emotional Self-help School	Birth through 7 years 11 months	30	PEDSTest.com (formerly Ellsworth & Vandermeer Press LLC) (2010)	Yes	Self-training for those who ask parents to complete the PEDS is available on the PEDS website (http://www.pedstest.com/default.aspx) in the form of videos, slide shows, and case examples. A free 30-day trial is provided by the company; licensure to use the on-line training can be purchased for \$1.00-3.00 after 30-days. In addition, live training or contacts with local professionals are often available.
★ Parents' Evaluation of Developmental Status-Developmental Milestones	Expressive/receptive language Fine motor Gross motor Social-emotional Self-help Academic: pre-reading; pre-math, and written language	Birth through 7 years 11 months	5	PEDSTest.com (formerly Ellsworth & Vandermeer Press LLC) (2008)	Yes	The PEDS-DM website, Pedstest.com, offers self-training through videos and slide shows. Live training may also be available. A free 30-day trial is provided by the company; licensure to use the on-line training can be purchased for \$1.00-3.00 after 30-days.

Appendix J: Approved social-emotional screening tools for children

Social-Emotional Screening Tools					
Tool When an updated version is released, it should be adopted within 1 year	Age Range	Approximate time to administer	Publisher	Available in Spanish	Training
Ages and Stages Questionnaires: Social-Emotional (ASQ:SE) <i>Note: ASQ-SE 2 coming in Fall 2015</i>	6-60 months	10-15 minutes	Brookes Publishing Co. (2003)	Yes	Training is available through the publisher on how to administer and score ASQ:SE. There are several types of training available, including the User's Guide, DVDs, seminars and on-site training.
Devereux Early Childhood Assessment for Infants and Toddlers (DECA-IT) Devereux Early Childhood Assessment (DECA)	1-36 months 3-5 years	10 minutes	Kaplan (2006)	Yes	DECA User Guides, available for purchase on the publisher's website, provide directions on using and interpreting results of the assessment and are.
Brief Infant Toddler Social Emotional Assessment (BITSEA)	12-36 months	7-10 minutes	Pearson (2006)	Yes	The manual suggests that "the ITSEA and BITSEA are designed for use by qualified professionals who have formal training in the use and interpretation of standardized assessment tools and who have received supervised developmental and mental health training specific to working with parents and young children: psychologists, psychiatrists, mental health care providers, early interventionists, social workers, pediatricians, nurse practitioners, or trained pediatric or school staff members" (Carter & Briggs-Gowan, 2005, p. 4). They also suggested that while a nonqualified professional may aid in administration, only a qualified professional with training in young children's mental health should interpret the results. From http://www.nctsnet.org/content/brief-infant-toddler-social-and-emotional-assessment-childcare-provider-form-bitsea-childcar

Appendix K: Service documentation and data collection

Table 1 outlines what should be in the family file. Table 2 outlines what should be recorded about group connections in a program level file.

Table 1: Family Files		
This table specifies the PAT forms, assessments, and screenings that need to be in the family file. The documents listed are the minimum; additional documents are often part of the family file. If your affiliate uses a computerized data management system, all of the items covered in the PAT forms must be represented in your data management system (either in fields or uploaded documents) or your affiliate can supplement the computerized data management system with the PAT forms (referred to as a hybrid system). If your affiliate keeps paper records or uses a hybrid system but does not use one or more of the PAT forms listed, the forms your affiliate uses to document the particular service area must include all of the items in the corresponding PAT forms. Please note that there are 3 PAT items that must be used and cannot be substituted: the PAT Foundational Plans, the PAT Personal Visit Planning Guide, and the PAT Developmental Milestones.		
Service Area	Corresponding PAT form, assessments and screenings	Where to find
Enrollment	> <i>PAT Recruitment and Enrollment Record</i>	PAT fillable forms*
Participation Agreement/ Consent for Services	> Mutual participation agreement/Consent for Services	Sample provided in the QA Guidelines
Contact/Service History	> <i>PAT Contact/Service History Form</i>	PAT fillable forms*- Spring 2015
Family-centered Assessment & Other Assessments	> Completed assessments, including date(s) they were completed	Selected assessment tools
Goals	For each goal that is set: > <i>PAT Begin with the End in Mind</i> parent handout AND > <i>PAT Goal Tracking Sheet</i>	Parent handout: <i>Foundational Curriculum</i> Tracking sheet: PAT fillable forms*
Personal Visits	> <i>PAT Foundational Plans and Planning Guides</i> Affiliates must use the <i>PAT Foundational Plans and Planning Guides</i> to design & deliver PAT personal visits; other forms cannot be used as substitutes. It is recommended but not required that the Plans be retained in the family file for a period of time, such as 12 months. > <i>PAT Personal Visit Records</i>	Foundational Plans: <i>Foundational Curriculum</i> Personal Visit Planning Guide & Records: PAT fillable forms*
Child Screening	> Completed developmental and social-emotional screening protocols AND > <i>PAT Screening Summaries</i>	Selected child screening tools Screening Summary: PAT fillable forms*
Child Milestones	> <i>PAT Developmental Milestones</i> Affiliates must use the <i>PAT Developmental Milestones</i> ; other forms cannot be substituted.	PAT fillable forms*
Child Health Information	> <i>PAT Health Record</i> , including dates it was conducted	PAT fillable forms*
Resource Connections	> <i>PAT Personal Visit Records</i> To document resource connections using the Personal Visit Record(PVR), the following areas on the PVR need to be completed: The Overview Notes section (in particular: Were the agreed-upon resources accessed, Comments re: access of resources, Review of progress toward goals & Comments re:progress toward goals) & the Family Well-Being section.	PAT fillable forms*
Permission to Exchange Information (if applicable)	> <i>PAT Permission to Exchange Information</i>	PAT fillable forms*
Transition/Exit (if applicable)	> <i>PAT Exit Record</i>	PAT fillable forms*

*Completion of PAT training is necessary to access the fillable forms. Go to: ebusiness portal > My Tools >Online Curriculum> Fillable Forms

Table 2- Group Connections Files

While a family’s attendance at a group connection is documented in their family file, documentation of the group connection as a whole is kept in a program level file. There should be documentation of both the planning of the group connection before it takes place and the delivery of the group connection after it takes place.

Group Connections	> PAT Group Connection Planning Guide and Record	PAT fillable forms*
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