Becoming a PAT Affiliate
An Informational Resource for Interested Organizations
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An Introduction

Our Vision
All children will develop, learn, and grow to realize their full potential.

Our Mission
Parents as Teachers promotes the optimal early development, learning, and health of children by supporting and engaging their parents and caregivers.

Our Approach
The Parents as Teachers approach is to partner, facilitate, and reflect. We do this at every level of our organization, from a parent educator visiting a family in their home, all the way to the work of Parents as Teachers National Center.

The Parents as Teachers (PAT) Family
The PAT family includes PAT affiliates, curriculum partners, curriculum subscribers, and specialized curricula and training for professionals working with families.

> PAT Affiliates implement the evidence-based PAT model as it has been designed in order to achieve demonstrated outcomes. The PAT affiliate pathway is the preferred and most recognized in the PAT family. PAT affiliates benefit from funding designated only for evidence-based programs.

> Early Head Start and Head Start home-based programs use the PAT curricula as curriculum partners to ensure they have an approved curricula and tools to meet their performance standards (offered specifically for Early Head Start and Head Start home-based programs).

> Curriculum subscribers use the PAT Foundational Curriculum within another home visiting model or parent support program.

> Professionals working with children and families in a wide variety of fields obtain specialized curricula and training through the PAT Knowledge Studio.

The Parents as Teachers model
The PAT model builds strong communities, thriving families, and children who are healthy, safe, and ready to learn. PAT services can be offered prenatally through kindergarten by various types of organizations, including but not limited to health departments, non-profit organizations, hospitals, and school districts.

PAT affiliates provide families with young children personal visits, group connections, child screenings, and resource connections.

> Personal visits, delivered in the home, are at the heart of the PAT model. Home visitors (subsequently referred to as parent educators) use the PAT Foundational Curriculum to plan and deliver visits that facilitate parent-child interaction, promote development centered parenting and support the family’s well-being.
> **Group connections** provide opportunities to share information about parenting issues and child development. During group connections, families interact with one another, form support networks, share common experiences, and discover new ideas for addressing the day-to-day challenges of parenting.

> **Child developmental surveillance and screening** can result in early identification of developmental delays and improved health and development of young children. Parent educators monitor children's development on an ongoing basis and engage families in periodic developmental and health screening.

> **Resource Network**: PAT affiliates have connections with a variety of community resources that can help the families they serve. Parent educators connect families to resources that help them reach their goals and address their needs.

Parent educators use family-centered assessment to understand families’ strengths, interests and needs. In addition, they help families set and achieve goals that advance their parenting, children’s development, and overall family well-being.

The PAT model is guided by explicit fidelity and quality standards. A rigorous training, robust curriculum and ongoing implementation support is provided to all PAT affiliates.

**Goals of the PAT model**

> 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

**Evidence base for the PAT model**

Independent evaluation has been integral to the success of PAT since its inception. Evidence of effectiveness for the PAT model is supported by rigorous research designs, including randomized controlled trials and quasi-experimental methods. Studies published in peer-reviewed journals have shown statistically significant effects, demonstrating that PAT achieves its goals and makes a real difference in the lives of children and families. For more details about research on the PAT model, please see the [Parents as Teachers Evidence-Based Home Visiting Model Brochure](#) on the PAT website.

**Recognitions of the PAT model**

> California Evidence-Based Clearinghouse for Child Welfare
> Child Trends What Works Programs Database
> Community-based Child Abuse Prevention's Matrix of Evidence-Based Programs
> Educational Programs That Work by the National Diffusion Network
> Home Visiting Evidence of Effectiveness for Maternal, Infant, Early Childhood Home Visiting Program
> National Academy of Parenting Practices’ (U.K.) Commissioning Toolkit
> Proven and Promising Practices website
> Phineo Wirkt! Program for working with child in poverty (Germany)
> S&I 100, an index of nonprofits creating social impact

**PAT affiliate benefits**

Being a PAT affiliate has numerous benefits, including but not limited to:

> Permission to implement a nationally recognized evidence-based model that results in desired outcomes for families
> Use of the well-respected PAT name and affiliate logo
> Greater access to funding available exclusively to evidence-based programs
> Individualized start-up consultation
> Complimentary access to a high-quality data management system
> Webinars, learning communities and mentoring networks
> National level advocacy, fund raising, media relations and research
> Parents as Teachers Quality Endorsement and Improvement Process
> Discounts/scholarships for products and training
Key Considerations

As you explore becoming a PAT affiliate, there are several things to consider.

Your community

It is important for your organization to have a current and comprehensive understanding of the community you will serve so that your PAT services complement and add to existing community resources. Your organization should make sure that it has up-to-date information about the characteristics of your community, other services in the community, and community leaders. In addition, you will need to identify and build relationships with community organizations that can refer families to you.

Your funding

Sufficient funding is vital to a strong PAT affiliate. Funding and in-kind support needs to provide not only 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. Funding from more than one source provides greater stability for an affiliate. It is preferable for your organization to have three or more years of funding in place for PAT at the start. At a minimum, your major sources of funding should be secured for at least two years. We recognize that often funding from sources must be renewed annually; this is different from a funding source designed for one year only.

Your families

The PAT model works well with a variety of target populations and communities. PAT affiliates typically serve families with a range of risk and protective factors. Consider whether you will have specific eligibility criteria for the families who receive services and how you will recruit them.

Your services

All PAT affiliates provide the four component model in accordance with the PAT Essential Requirements and Quality Standards (provided in Appendix A and bolded throughout).

It is optimal for PAT affiliates to be designed to offer more than two years of services. If for some reason this is not possible, PAT affiliates must be designed to provide at least two years of services to families with children between prenatal and kindergarten entry. Affiliates designed to provide only the minimum two years of services to families typically deliver visits more often than the PAT minimum visit frequency requirements during this period.

Duration (length) 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. Because families can enroll when their children are different ages, not every family may receive at least two years of services. It is important to monitor and maximize the length of time that families participate in services, using a variety of strategies to facilitate families’ regular participation.

While families can enroll when their child is any age within your affiliate’s overall age range, we highly recommend that you begin services as early as possible in the age range served, in order to build strong relationships with families and maximize impact.
Your staffing

There are four major elements to consider when it comes to staffing: parent educators, supervisors, administration, and advisory committee.

Parent educators

The quality of your affiliate depends a great deal on hiring parent educators who truly enjoy working with parents of young children, and who have the skills to develop positive and enduring relationships with families.

Parent educators typically have a number of key responsibilities:

- Assisting with recruitment efforts
- Assisting with/leading group connections
- Delivering personal visits, including time for planning, travel, and record keeping
- Facilitating resource connections
- Collecting data and documenting services
- Participating in supervision and staff meetings
- Obtaining professional development

It is critical to evaluate a candidate’s combination of education, work experience, and communication and interpersonal skills when hiring a parent educator. Important character traits for parent educators to possess include being conscientious, empathic, accepting, and sociable. Parent educators must also be able to work independently, balance multiple roles, and have good judgment, personal ethics, and a willingness to learn.

Quality PAT affiliates strive to hire parent educators who collectively reflect the community, including the cultural and linguistic backgrounds of the families being served.

Most parent educators have a bachelor’s degree or higher. We recommend 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.

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 or 60 college hours to have previous supervised work experience, this is required only for those who have no more than a high school diploma or GED.

The number of parent educators your affiliate will need depends on the total number of families you will serve and how often families will receive personal visits.

Families with one or fewer stressors receive at least 12 personal visits annually and families with two or more stressors receive at least 24 personal visits annually. More information about family stressors is available in Appendix B.

It is important that parent educators’ caseload size supports quality services for each family served, is manageable, and permits time for all of the parent educator’s responsibilities.

Average caseload size for a full-time (40 hours/week) parent educator who visits families twice monthly is 20 families. This will be lower for a parent educator that

We advise affiliates to have prospective parent educators who are in the final stage of the interviewing process shadow a current parent educator for a day, or view home visit videos in order to give the candidate an accurate understanding of the job.
works fewer than 40 hours per week. In addition, it takes some time for parent educators to build up to their full caseload of families.

To be consistent with the optimal number of visits outlined in the Quality Standards, full-time first year parent educators should complete no more than 40 personal visits per month. Full-time parent educators in their second year and beyond should complete no more than 50 personal visits per month.

The lower number of visits new parent educators complete monthly during their first year reflects the additional time new parent educators typically need for supervision, planning personal visits, and shadowing more experienced parent educators.

However, affiliates can maintain model fidelity if consistent with the Essential Requirement. Full time first year parent educators complete no more than 48 visits per month during their first year and full time parent educators in their second year and beyond complete no more than 60 visits per month.

Option One- Time Planning

One method is to account for the time spent on each parent educator activity. This can then be compared to their expected hours worked per week.

Option Two- A point system

Another method is a point system. This allows you to account for the frequency of visits, along with the additional time needed for visiting families with multiple enrolled children, as well as other factors that may decrease overall caseload size.

See Appendix C for templates.

There are a couple of options to help you come up with appropriate caseload size for your affiliate.

The supervisor

The PAT supervisor provides leadership, oversight, and vision for the work of the affiliate. His/her key functions include:

> Overseeing recruitment efforts
> Developing/maintaining relationships with community organizations and facilitating the advisory committee
> Ensuring that staff have access to necessary technology, workspace and supplies
> Coordinating and monitoring service delivery
> Providing orientation, individual reflective supervision, staff meetings and observations of personal visits and group connections
> Overseeing parent educators’ professional development and certification renewal
> Completing annual performance evaluations
> Monitoring service documentation, data collection and reporting
> Engaging in quality assurance and continuous quality improvement
> Maintaining and monitoring the program budget

Supervisors can carry a small caseload. If this is the plan for your affiliate, keep in mind that you will need to decrease supervisory responsibilities accordingly and ensure that the supervisor also receives reflective supervision.

As noted above, one of the key functions of the supervisor is to provide individual reflective supervision for each parent educator. Individual, reflective supervision
is collaborative, meaning that the supervisory relationship is based on trust, mutuality, authenticity, and partnership. In this non-judgmental and safe environment, parent educators and supervisors have conversations that encourage parent educators to thoughtfully explore their work.

Just like the relationship with the family, time and effort must be dedicated to building and sustaining the supervisor relationship and protecting time for regular reflective supervision.

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. Parent educators working .5 FTE or less participate in a minimum of one hour of reflective supervision and two hours of staff meetings. Supervisors who provide home visits to families as a parent educator must also engage in reflective supervision.

A combination of education, work experience, and effective interpersonal and communication skills is critical for the supervisor.

The supervisor should have a bachelor's degree or beyond in early childhood education, social work, health, psychology or a related field, along with at least five years' experience working with families and young children. In addition, the supervisor needs to be committed to reflective supervision, data collection and continuous quality improvement.

We recommend assigning no more than six parent educators to a full time supervisor. This ratio allows sufficient time for supervision of parent educators, as well as for the supervisor's program management and operations responsibilities. The maximum number of parent educators that can be assigned to each supervisor is twelve, regardless of whether the parent educators under supervision are full-time or part-time employees. If the supervisor is not full-time, or if he or she carries a caseload, he/she must have fewer parent educators assigned to him/her.

For supervision purposes, a lead parent educator who meets similar education and experience requirements as the supervisor can be designated to support and provide guidance to parent educators as well as share in the supervisory activities for your affiliate. This approach is most applicable for an affiliate with many parent educators.

Administration

In addition to the PAT program supervisor, there needs to be an administrator/director that can support the supervisor, provide additional direction for the program, and represent PAT in organization-wide conversations and decisions.

It is critical that the leadership of your organization support policies, procedures, funding allocations, and an organizational culture focused on implementing the PAT model with fidelity and quality.

Advisory committee

Another source of direction and advocacy for the PAT affiliate comes from the affiliate’s advisory committee. Each PAT affiliate has an advisory committee that meets at least every six months. This can be part of a larger committee, community network or coalition as long as the group includes a regular focus on the PAT affiliate.

The advisory committee advises, provides support for, promotes, and offers input to the PAT affiliate. Some PAT affiliates have their own advisory committee while others join with early childhood home visiting programs in the community. The advisory committee may be newly developed by these programs or might tap into an existing committee or coalition.

It is important to recognize that an advisory committee is different from an organization’s board of trustees or governing board.
Training

Once staff are hired, getting them trained is the next step.

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 services; new supervisors attend both Foundational and Model Implementation Trainings.

The Foundational training introduces the PAT approach of partnering, facilitating, and reflecting, and lays the groundwork for effectively using the PAT Foundational Curriculum. In addition, coursework is focused around the three areas of emphasis: parent-child interaction, development-centered parenting, and family well-being.

Model Implementation training helps staff understand and successfully implement the full PAT model.

- Only nationally certified PAT trainers are allowed to train others in the PAT model. There is not a train the trainer option.
- Curriculum access is available only to those who have completed training and maintain their curriculum subscription. It cannot be shared.

If your affiliate will be serving families with children three years old through 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.

Following initial training, parent educators obtain competency-based professional development and training and renew certification with Parents as Teachers National Center annually.

Affiliate Policies and Procedures

Another key piece in getting your affiliate started is having policies and procedures that provide clear guidance to staff regarding the operations and services of your PAT affiliate.

You can build on policies and procedures your organization already has or develop a new set. PAT offers a set of example policies and procedures and a template that you can use to write or refine your policies and procedures. Either way, your affiliate’s policies and procedures must clearly document how your affiliate operates and provides services in accordance with the expectations of the PAT model and your organization.

Because affiliates are often part of a larger organization, you may also be subject to specific policies and procedures of your sponsoring organization, as well as applicable licensing, regulation, and funder requirements.
Getting Started

PAT Affiliate Plan

Organizations interested in starting a PAT affiliate must complete a PAT Affiliate Plan. Developing your affiliate plan takes time and thought. This helps ensure that your services are responsive to community needs, supported by a strong infrastructure, and able to be delivered with fidelity and quality. PATNC Implementation Support Staff are available to help you from start to finish as you develop and complete your affiliate plan.

Once your PAT Affiliate Plan is approved and staff have completed Foundational and Model Implementation Training, your new PAT affiliate will be ready to recruit families.

Recruiting and retaining families

Each PAT affiliate promotes its services in the community, recruits and serves eligible families, and uses a variety of strategies to keep families participating.

New PAT affiliates develop and document a recruitment plan. This plan outlines staff recruitment responsibilities, strategies and methods you will use to recruit families, and timelines for when recruitment activities will take place. 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.

Affiliate staff may recruit families through community events, community sites such as libraries, faith-based organizations, health clinics, mental health agencies, early intervention agencies, other early childhood programs, schools, and social service organizations.

Affiliates often also invite families who are not yet enrolled to some of the group connections they offer. Additionally, the use of social media and a website are central to many affiliates’ recruitment strategy.

Enrollment

When a family meets your affiliate’s eligibility criteria and is interested in participating, services should begin promptly. This builds parents’ trust in the program. Whenever possible, the assignment of a family to a parent educator should take into consideration several key factors, including but not limited to the family’s primary language and the parent educator’s experience with particular family backgrounds and characteristics.

Some affiliates enroll families only through a centralized or coordinated intake system. The intake coordinator screens and refers families to one of several home visiting programs in the community. In this situation, the affiliate may not have a written recruitment plan, but should have documentation of how the intake system operates. The affiliate needs to make sure that their eligibility criteria and services are well understood by the intake coordinator.

A participation agreement/consent for services must be reviewed, discussed and signed with the family upon enrollment and annually thereafter. Very clearly describing and explaining—from when services first begin—the frequency of visits, the benefits of this visit frequency, and the expectation for the family’s participation in visits facilitates families’ consistent participation. Parents as Teachers provides a sample participation agreement and consent form as a convenience so that PAT affiliates do not have to develop a consent form from scratch.
All children in the family that are within the age range served by the affiliate should be enrolled.

Enrolling families in the program is only the beginning. Family engagement is an intentional, ongoing partnership. A key factor to families’ regular participation in services involves providing services at times that are convenient for the families served, including evenings and weekends. In order to do this, parent educator schedules should include some evening and weekend time for visits, and locations must be available for evening and/or weekend group connections.
A Bit More About the Model

Once you contact Parents as Teachers and connect with an Implementation Support provider, they will point you to additional resources to help you build and implement your PAT affiliate. For now, here are some key expectations for implementing the PAT model that are important for you to know about at this point.

Family-centered assessment

Many types of screenings and assessments are done by PAT affiliates. While a family-centered assessment must be completed for each family, many PAT affiliates also screen adult participants for depression and intimate partner violence. Parent educators complete and document a family-centered assessment for each family within 120 days of enrollment and then at least annually thereafter, using an assessment that addresses the PAT required areas. To complete a family-centered assessment, affiliates can either use a PAT approved tool or the PAT Family Centered-Assessment Synthesis Record. Approved family-centered assessment tools are listed in Appendix D.

Goal setting

Parent educators develop and document goals with each family they serve, addressing parenting behaviors, child development, and/or family well-being. Once a goal has been identified, the parent educator and parents use the Goals Record to document a plan to accomplish it. Referrals to and coordination with other community resources and supports are often necessary for families to achieve their goals.

Personal visits

Model-certified parent educators use the PAT Foundational Visit Plans and Personal Visit Planning Guide from the PAT Foundational Curriculum to design and deliver personal visits to families.

PAT personal visits are delivered to the family as a unit, addressing all enrolled children within each visit. In cases where the family is prenatal, visits take place with the expecting parents. Visits last approximately one hour (or up to 90 minutes when visiting families with more than one enrolled child).

Visits take place in the home in order to build on the primary learning environment of the family, noting that the home environment may be a temporary or transitional residence.

Group connections

Affiliates deliver at least 12 group connections across the program year. Group connections are planned and promoted in advance, staffed by at least one model-certified parent educator or PAT supervisor, and address at least one area of emphasis (parent-child interaction, development-centered parenting, and family well-being).

Group connection formats include family activities, ongoing groups, presentation, community events, and parent cafés. The facilities, locations, and materials used for group connections need to be appropriate for the format and size of the group. Over the course of a year, 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.
Child developmental surveillance and screening

PAT affiliates monitor child development on an ongoing basis through developmental surveillance and periodic screening.

> Developmental surveillance is the ongoing observation, discussion, and recording of each child’s development. **Child developmental surveillance takes place during each personal visit.**

> Developmental screening uses validated and approved screening instruments or tools to consider the child’s development at a single point in time. Parent educators discuss screening results with the family, recommend further assessment as needed, and help families access needed services. **Developmental domains that require screening include language, cognitive, social-emotional, and motor development.**

We recommend you follow the instructions of the screening tool you choose regarding how often to screen children. This will typically be more often than the minimum required by PAT. Following the Foundational and Model Implementation trainings, each affiliate must train its staff on how to use the specific developmental screening tool(s) it selects.

> While parent educators do not perform medical screenings, they do gather and maintain information on each enrolled child’s health status and medical care. **Child health review is completed within 90 days of enrollment, and at least annually thereafter.**

**Completion of the PAT Child Health Record, which consists of health status, safety, vision, and hearing elements, constitutes a complete health review.** Parent educators use the prompts and questions in the PAT Child Health Record to review the child’s health with the parents. This discussion helps the parent educator determine if there are risk factors, or if the parents have concerns about the child’s health. The parent educator can then help the parents connect with resources to follow up on those concerns or questions.

Resource network

Affiliates actively foster relationships with referral sources and have written agreements with community organizations to facilitate families’ access to key resources. **Parent educators connect families to resources that help them reach their goals and address their needs.** Each affiliate needs to equip its parent educators with knowledge about the various organizations and agencies that families may need or want to access in the community. This information is documented in a resource network directory. Some affiliates develop and maintain their own directory, while others use existing resource directories available in the community.
Quality

From the very beginning, it is important to allocate personnel and resources to maintaining a high-quality affiliate.

Data

Data collection is a key part of parent educators’ and supervisors’ jobs. Parents as Teachers provides the PAT Penelope data management system to affiliates as a benefit of affiliation. There is no additional cost for access to PAT Penelope; it is included in the annual affiliate fee.

The PAT Penelope data management system offers:

- Service planning tools
- All of the required PAT Records
- Additional forms for family-centered assessments, screening results, and outcome data
- Reports that summarize and analyze the data
- Easy submission of the annual Affiliate Performance Report

PAT affiliates must use the PAT Records either by:
1. Using PAT Penelope,
2. Using the fillable PAT Records,
3. Using another data system that has a licensing agreement with Parents as Teachers National Center and addresses all items in the PAT Records or
4. Using a program specific data base or forms that address all items in the PAT Records

Each 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 participation in the Quality Endorsement and Improvement Process every five years.

Quality assurance

Affiliate supervisors need to have dedicated time for quality assurance activities, including but not limited to:

- Monitoring the timeliness, amount, and frequency of services families receive
- Reviewing family files
- Observing parent educators deliver services
- Providing individual supervision and staff meetings
- Applying policies and procedures
- Reviewing data and family feedback
- Addressing issues identified through quality assurance

Outcomes

Staff time and resources are also needed to demonstrate to funders, families, and community partners that the families you work with are achieving outcomes. To this end, PAT affiliates measure at least two outcomes with eligible families and report summary data and how they are using the data on the APR. One outcome is from a list of approved tools that measure parenting skills, practices, capacity, or stress assessment and the second outcome is from an approved list of measures. Approved tools and measures are in Appendix F.

Stakeholder feedback

At least annually, each affiliate gathers and summarizes feedback from families about the services they have received through the four model
components, using the results for program improvement. Many affiliates use the Satisfaction Survey provided by PAT for this purpose. Supervisors and parent educators utilize this feedback to help guide improvements and make changes to their program.

Continuous Quality Improvement

Continually strengthening program operations and service delivery is a hallmark of a high quality PAT affiliate. Affiliates should have one or more continuous quality improvement (CQI) teams (including staff, administrators, and family representatives) that meet at least monthly and use a recognized CQI method to make ongoing improvements to the program.
Contact Us

We are thrilled that your organization is interested in starting a PAT affiliate and we look forward to working with you as you put the necessary pieces in place for a high quality program that truly makes a difference in the lives of the families and communities you serve.

When you are ready, please visit our website at www.parentsasteachers.org. Under the Evidence-Based Home Visiting tab, click the “Become an Affiliate” link, and fill out a contact request form. You can also contact us as the National Center to take the next step in developing a PAT Affiliate Plan.
Appendix A: Parents as Teachers Essential Requirements

An organization must adhere to the Essential Requirements to become and remain a Parents as Teachers affiliate. These requirements represent the minimum or maximum levels needed for model fidelity. New affiliates’ program design for meeting these requirements is demonstrated through the Affiliate Plan. Data that addresses these requirements is reported annually on the Affiliate Performance Report (APR).

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<tr>
<th>2020 Essential Requirements</th>
<th>Measurement Criteria</th>
<th>What is optimal?¹</th>
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<tbody>
<tr>
<td>1. The affiliate is designed to provide at least two years of services to families with children between prenatal and kindergarten entry.²</td>
<td>The affiliate confirms that it is designed to provide at least two years of services to families with children between prenatal and kindergarten entry.</td>
<td>It is optimal for the affiliate to be designed to offer more than two years of services.</td>
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<tr>
<td>2. The minimum qualifications for parent educators are a high school diploma or equivalency and two years of previous supervised work experience with young children and/or parents.</td>
<td>100% of the affiliate’s parent educators have at least a high school diploma, GED, or equivalent degree in countries outside the United States.</td>
<td>It is optimal for parent educators to have a bachelors degree or beyond.</td>
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<td>3. Each affiliate has an advisory committee that meets at least every six months. (It can be part of a larger committee, community network, or coalition as long as the group includes a regular focus on the affiliate).</td>
<td>The affiliate conducts at least two advisory committee meetings during the program year.</td>
<td>It is optimal for an affiliate’s advisory committee to meet more than every six months, for example quarterly.</td>
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¹ In some cases, there are best practice recommendations beyond the Essential Requirement. The affiliate should make every effort to meet these best practice recommendations.

² Because families can enroll when their children are different ages, not every family may receive at least two years of services.
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<td>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. Parent educators working .5 FTE or less participate in a minimum of one hour of reflective supervision and two hours of staff meetings. In order to support high-quality services to families, this requirement includes supervisors who carry a caseload.</td>
<td>On average, parent educators working more than .5 FTE and supervisors that carry a caseload equivalent to more than .5 FTE receive at least 75% of the required individual reflective supervision hours per month (at least 1.5 hours per month). On average, parent educators working .5 FTE or less and supervisors who carry a caseload equivalent to .5 FTE or less receive at least 75% of the required individual reflective supervision hours per month (at least .75 hours per month). At least 18 hours of staff meetings occur during the program year.</td>
<td>It is optimal for new parent educators to receive additional individual reflective supervision during their first year of employment.</td>
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<td>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. The number of parent educators assigned to the supervisors is adjusted proportionately when the supervisor is not full-time.</td>
<td>100% of an affiliate’s 1.0 FTE* supervisors are assigned a maximum of 12 parent educators. *1.0 FTE is defined here as 40 hours/week. The number of parent educators assigned to a supervisor that is not full time is adjusted proportionately.</td>
<td>It is optimal for the affiliate to maintain a supervisor to parent educator ratio of 1:6 (or less).</td>
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<td>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 both Foundational and Model Implementation Trainings.</td>
<td>100% of parent educators and supervisors have attended the required PAT trainings.</td>
<td>N/A</td>
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<td>7. Parent educators and supervisors that carry a caseload and are in their second year of employment or beyond are observed at least annually by the supervisor or lead parent educator delivering at least one personal visit and provided with verbal and written feedback.</td>
<td>100% of parent educators and supervisors that carry a caseload and are in their second year of employment or beyond are observed delivering a personal visit at least once during the program year, using a structured observation tool. A supervisor or lead parent educator conducts the observation.</td>
<td>It is optimal for parent educators to receive personal visit observations twice annually. It can be beneficial for one of these observations to include developmental screening.</td>
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</tr>
<tr>
<td>-------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>8. Parent educators obtain competency-based professional development and training and renew certification with the National Center annually.</td>
<td>100% of model affiliate parent educators are up to date with their certification. 20 hours of professional development is required for recertification for all parent educators. In addition to local training opportunities, professional development during staff meetings, participation in PAT national webinars, and online courses available through PAT O.L.I.V.E.R. or other sources all count toward the required hours.</td>
<td>N/A</td>
</tr>
<tr>
<td>9. Parent educators complete and document a family-centered assessment within 120 days of enrollment and then at least annually thereafter, using a method that addresses the Parent as Teachers required areas.</td>
<td>Family-centered assessment is conducted using a PAT-approved method. At least 60% of families enrolled more than 120 days have an initial family-centered assessment completed within 120 days of enrollment and at least 60% of families that received at least one visit during the program year have a family-centered assessment completed during the program year.</td>
<td>N/A</td>
</tr>
<tr>
<td>10. Parent educators develop and document goals with each family they serve.</td>
<td>At least 60% of the families that received at least one visit during the program year have at least one documented goal during the program year. It is optimal to develop at least one goal with each family within 90 days of enrollment.</td>
<td></td>
</tr>
<tr>
<td>11. Parent educators use the Foundational Personal Visit Plans and Personal Visit Planning Guide from the Foundational Curriculum to design and deliver personal visits to families.</td>
<td>Parent educators plan for each visit, documenting the planning process in a Foundational Personal Visit Plan or Personal Visit Planning Guide.</td>
<td>N/A</td>
</tr>
<tr>
<td>12. Families with one or fewer stressors receive at least 12 personal visits annually and families with two or more stressors receive at least 24 personal visits annually.</td>
<td>At least 60% of families with one or fewer stressors receive at least 75% of the required number of visits* in the program year and at least 60% of families with two or more stressors receive at least 75% of the required number of visits in the program year. *as documented by Personal Visit Records.</td>
<td>It is optimal for families to receive more than 75% of the required number of visits.</td>
</tr>
<tr>
<td>2020 Essential Requirements</td>
<td>Measurement Criteria</td>
<td>What is optimal?</td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>13. Full-time first year parent educators complete no more than 48 visits per month during their first year and full-time parent educators in their second year and beyond complete no more than 60 visits per month. The number of visits completed monthly is adjusted proportionately when a parent educator is part-time. In addition, a number of factors need to be considered when establishing the maximum number of visits completed monthly, including: staff responsibilities, travel time for visits, and data collection responsibilities.</td>
<td>Full-time first year parent educators complete no more than 48 visits per month. Full-time parent educators in their second year and beyond complete no more than 60 visits per month.</td>
<td>It is optimal for full-time first year parent educators to complete no more than 40 visits per month during their first year and full-time parent educators in their second year and beyond complete no more than 50 visits per month, with proportionate adjustment when a parent educator is part-time.</td>
</tr>
<tr>
<td>14. Affiliates deliver at least 12 group connections across the program year.</td>
<td>The affiliate delivers at least nine (75%) group connections* during the program year. In order to count a group connection, at least one family must have attended. The families in attendance may or may not already be enrolled in PAT services. For example, a family may be in attendance as part of the affiliate’s recruitment efforts.</td>
<td>In order to fulfill the requirement it is optimal to aim and plan for at least 12 group connections throughout the year. This can offset any potential cancellations due to weather or low attendance due to illness.</td>
</tr>
<tr>
<td>15. Child health review is completed within 90 days of family enrollment, and at least annually thereafter. Completion of the Child Health Record, which consists of health status, safety, vision, and hearing elements, constitutes a complete health review.</td>
<td>At least 60% of children receive a complete child health review within 90 days of enrollment and at least 60% of children received a complete annual child health review during the program year.</td>
<td>It is optimal for enrolled children to also receive instrument based hearing and vision screening.</td>
</tr>
<tr>
<td>16. Child developmental screening takes place for all children within 90 days of family enrollment or child birth, and then at least annually thereafter. Developmental domains that require screening include language, cognitive, social-emotional, and motor development.</td>
<td>At least 60% of children receive a complete child developmental screening within 90 days of enrollment or birth and at least 60% of children receive a complete annual child developmental screening during the program year.</td>
<td>It is optimal for developmental screening to take place at least every six months.</td>
</tr>
<tr>
<td>17. Child developmental surveillance takes place during each personal visit.</td>
<td>Parent educators review the PAT Milestones record for each enrolled child before the visit and update each enrolled child's record after the visit when there are newly emerging or achieved milestones.</td>
<td>N/A</td>
</tr>
<tr>
<td>2020 Essential Requirements</td>
<td>Measurement Criteria</td>
<td>What is optimal?¹</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>18. Parent educators connect families to resources that help them reach their goals and</td>
<td>At least 60% of families that received at least one visit during the program year are connected to at least one community resource during the program year.</td>
<td>It is optimal for families to be connected to multiple community resources each year.</td>
</tr>
<tr>
<td>help them reach their goals and address their needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. At least annually, the affiliate gathers and summarizes feedback from families about</td>
<td>The affiliate gathers and summarizes feedback from families about the services they have received at least once during the program year and uses the results for program improvement.</td>
<td>N/A</td>
</tr>
<tr>
<td>the services they have received through the four model components, using the results for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>program improvement.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. The affiliate annually reports data on service delivery and program implementation</td>
<td>The affiliate uses the PAT Records (2017 version) presented in the Data In Motion Manual (through one of the approved options below*) to record and report data on service delivery and program implementation, submits the Affiliate Performance Report (APR) annually, and participates in the Quality Endorsement and Improvement Process when designated or selected by Parents as Teachers National Center (PATNC).</td>
<td>N/A</td>
</tr>
<tr>
<td>through the APR; affiliates use data in an ongoing way for purposes of continuous quality</td>
<td>*Approved options</td>
<td></td>
</tr>
<tr>
<td>improvement, including participating in the Quality Endorsement and Improvement Process</td>
<td>1) PAT Penelope</td>
<td></td>
</tr>
<tr>
<td>every five years.</td>
<td>2) PAT Records (2017 version)</td>
<td></td>
</tr>
<tr>
<td>21. Affiliates measure at least two outcomes with eligible families and report summary</td>
<td>At least 60% of eligible families annually participate in an assessment of parenting skills, practices, capacity, or stress using an approved tool. At least one additional PAT approved outcome measure* is assessed and reported for eligible families. Affiliates report in the APR how they are using the data from a set of response options (e.g., continuous quality improvement or advocacy).</td>
<td>N/A</td>
</tr>
<tr>
<td>data and how they are using the data on the APR. One outcome is from a list of PAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>approved tools that measure parenting skills, practices, capacity, or stress assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and the second outcome is from an approved list of measures.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Approved options
1) PAT Penelope
2) PAT Records (2017 version)
3) Data system that has a licensing agreement with PATNC and contains all items in the PAT Records (2017 version)
4) Program specific forms or database that contains all items in the PAT Records (2017 version)
Appendix B: Family Experiences and Stressors

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

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

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

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

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

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

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

Low income
Family is eligible for free and reduced lunches, public housing, child care subsidy, WIC, food stamps/SNAP, TANF, Head Start/Early Head Start, and/or Medicaid.

Military deployment
Parent/guardian is planning for deployment, currently deployed, or within two years of returning from a deployment as an active duty member of the armed forces.
Parent incarcerated during the child’s lifetime

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

Parent with a disability or chronic health condition

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

Parent with mental health issue(s)

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

Recent immigrant or refugee family

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

Substance use disorder

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

Very low birth weight and preterm birth

The child’s birth weight is under 1500 grams or 3.5 pounds and the child was born at less than 37 weeks’ gestation for children under the age of two.

Young parents

Youth who are pregnant or parenting under the age of 21.
## Appendix C: Caseload Guidance Worksheets

### Option One - Time Planning

Enter the estimated time it takes to complete each activity (per visit) in the **Time** column. Enter the number of families or potential number of families visited per week in the **Number of Families** column. Multiply across to get the time each activity takes per week, and enter that number in the **Total** column. Then add up the numbers in the total column for a grand total of how much time all the activities take in a week.

<table>
<thead>
<tr>
<th>Weekly Activities</th>
<th>Time</th>
<th>Number of Families</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal visit planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel to families (round trip)*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal visit documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal visit delivery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow up/Resource connections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total (weekly)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* If travel time to families varies, enter an estimated average (round trip) of travel time per visit.
Enter the estimated time it takes to complete each monthly activity in the **Time** column. Enter the number of anticipated activities or events per month in the **Number of Activities per Month** column. Multiply across to get the time each activity takes per month, and enter that number in the **Total** column. Then add up the numbers in the total column for a total of how many hours all the activities take per month. Divide the monthly hours by four to arrive at a reasonable weekly estimate of time needed for all activities.

<table>
<thead>
<tr>
<th>Monthly Activities</th>
<th>Time</th>
<th>Number of Activities per Month</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Connection planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Connection delivery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Connection documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflective Supervision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other admin (time keeping, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total hours per month</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Divide by 4</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total (weekly)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Add your weekly total from the first chart plus the weekly total from the second chart to give you the total estimated hours per week a parent educator can anticipate working (grand total).

<table>
<thead>
<tr>
<th>Parent Educator Activities</th>
<th>Total (weekly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly activities</td>
<td></td>
</tr>
<tr>
<td>Monthly activities (total weekly)</td>
<td></td>
</tr>
<tr>
<td>Grand Total (weekly)</td>
<td></td>
</tr>
</tbody>
</table>
Option two - Point Systems

Begin by filling in the number of enrolled families on a caseload that have **one child** on the left. Enter the number of families with one child that are visited once per month in the appropriate box and multiply by 1. Enter this number in the **Total A** column. Do the same for families with one child visited twice or four times a month, multiplying by 2 and 4, respectively. Fill in the right side of the chart for the number of families on a caseload with **two or more children**. Enter the number of families with two or more children visited once a month in the appropriate box, and multiply by two. Enter this number in the **Total B** column. Do the same for families with two or more children visited twice a month, or four times a month, multiplying by three and five, respectively.

Next, add the numbers in columns Total A and Total B together for each row, and enter this sum in the final column, Total (A + B).

The final step is to add all the points in the final column (A+B) to arrive at the **Total Points** for the entire caseload.

<table>
<thead>
<tr>
<th>Visit Frequency</th>
<th>Number of enrolled families with 1 child</th>
<th>Multiply by</th>
<th>Total A</th>
<th>Number of enrolled families with 2 or more children</th>
<th>Multiply by</th>
<th>Total B</th>
<th>Total (add A+B for each row)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once per month</td>
<td>x1</td>
<td></td>
<td></td>
<td>x2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Twice per month</td>
<td>x2</td>
<td></td>
<td></td>
<td>x3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Four times a month</td>
<td>x4</td>
<td></td>
<td></td>
<td>x5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total Points (add final column)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
When one or more of the following factors apply to an affiliate or parent educator, your affiliate should add points to their caseload. The following are some examples of additional factors to which you could assign points. Please note that this is not an exhaustive list and you affiliate may have factors that add to a PE’s responsibilities and should be considered when planning a caseload

- 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 for language translation
- Complexity of computerized data system(s).
- MIECHV funded programs have additional requirements for data collection and documentation

<table>
<thead>
<tr>
<th>Time Consideration Examples</th>
<th>Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Round Trip (RT) visits over 30 minutes</td>
<td>.5 point for every 30 minutes after initial 30 minutes (RT)</td>
</tr>
<tr>
<td>Additional data collection requirements</td>
<td>.5 point per family</td>
</tr>
<tr>
<td>Language translation</td>
<td>.5 point per family</td>
</tr>
</tbody>
</table>
Appendix D: Family-Centered Assessments That Align With All Seven PAT Required Areas

Family Map
The Family Map is for programs serving families with children ages zero to five years of age. 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 conducted through a structured interview with the parent(s).

Life Skills Progression (LSP)
For programs serving families with children ages zero through five years of age. It has 43 parent and child scales covering a spectrum of skills/abilities that monitor client strengths and needs. The assessment is conducted through observation and semi-structured interviews with the parent(s). Recommended to be completed within 60 days of enrollment, preferably within 30 days.

Mid America Head Start Family Assessment
Designed for use by programs serving families with children zero to five years of age. It is a tool that assists parent educators in getting to know families, identifying any supports needed, and establishing goals with families. It is a matrix-based management system that plots families on a five-point assessment system of thriving, developing, stable, at-risk and, in-crisis. The assessment is conducted through a combination of observations and semi-structured interviews with the parent(s).

North Carolina Family Assessment Scale for General Services
Designed and tested for use with families having children and youth aged zero to 18 years of age. The tool covers the domains of environment, parental capabilities, family interactions, family safety, child well-being, social/community life, and family health. The assessment is conducted through a combination of observations and semi structured interviews with the parent(s).
<table>
<thead>
<tr>
<th>Family-Centered Assessment</th>
<th>Cost</th>
<th>Training</th>
<th>Assessment Strategy</th>
<th>Scoring Software Available</th>
<th>Spanish Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Map</td>
<td>Free material download after training.</td>
<td>Required: Manual, six-hour group training led by a Family Map Approved Trainer. Additional training free on demand subsequently</td>
<td>Semi-structured interview with parents</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Life Skills Progression</td>
<td>$44.95 for CD of the instrument &amp; forms. Additional training costs apply.</td>
<td>One-day training strongly recommended</td>
<td>Observation &amp; semi-structured interview with parents</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Mid America Head Start Family Assessment</td>
<td>Free</td>
<td>Manual available (free)</td>
<td>Observation &amp; semi-structured interview with parents</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>North Carolina Family Assessment for General Services</td>
<td>Scaled; contact developer for more information</td>
<td>Online self-directed with videos and modules. Included in the purchase cost.</td>
<td>Observation &amp; semi-structured interview with parents</td>
<td>Yes</td>
<td>Yes for additional cost</td>
</tr>
</tbody>
</table>

3 The Massachusetts Family Self-Sufficiency Scales and LADDERS Assessment is no longer published/supported by its developer. Therefore, only affiliates that began using this tool prior to January 2016 should continue to use it.
Appendix E: Approved Developmental Screening Tools

The approved developmental screening tools cover language, intellectual, social-emotional and motor developmental domains and meet reliability and validity criteria. PAT affiliates use the most up-to-date instrument available from the publisher and are required to transition to the new edition of any tool used no more than one year after release. Affiliates must follow the publisher’s guidelines for use including training requirements.

<table>
<thead>
<tr>
<th>Tool</th>
<th>Developmental Domains Covered (as listed by publisher)</th>
<th>Age Range</th>
<th>Approximate time to administer</th>
<th>Publisher</th>
<th>Available in Spanish</th>
<th>Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages and Stages Questionnaire-3 (ASQ-3) AND Social-Emotional (ASQ:SE2)</td>
<td>ASQ-3: Communication; Gross motor; Fine motor; Problem-solving; Personal-social ASQ:SE2: Social-emotional</td>
<td>ASQ-3: 1 -66 months ASQ-SE2: 6-60 months</td>
<td>ASQ-3: 10 to 20 minutes ASQ-SE2: 10-15 minutes</td>
<td>Brookes Publishing Co. (ASQ-3 2009) (ASQ-SE 2015)</td>
<td>Yes</td>
<td>Training is available through the publisher on how to administer and score the ASQ, including the User’s Guide, DVDs, seminars and on-site training.</td>
</tr>
<tr>
<td>Ages and Stages Questionnaire-3 (ASQ-3) AND Devereux Early Childhood Assessment (DECA): Infant and Toddler or Preschool Version</td>
<td>ASQ-3: Communication; Gross motor; Fine motor; Problem-solving; Personal-social DECA: Social-emotional</td>
<td>ASQ-3: 1 -66 months DECA Infant and Toddler: 1- 36 months DECA Preschool 3-5 years</td>
<td>5-10 minutes</td>
<td>Devereux Center for Resilient Children (DCRC) Infant/Toddler: 2007 Preschoolers: 2012</td>
<td>Yes</td>
<td>While training is not required to use the DECA-I, DCRC offers a wide variety of opportunities for professional development, including: recorded webinar, free live webinars and fee for service trainings.</td>
</tr>
</tbody>
</table>

4 The ASQ3 by itself does not meet the requirement for developmental screening as it does not include the social-emotional domains. Affiliates wishing to use the ASQ3 must also use the ASQ-SE2.
<table>
<thead>
<tr>
<th>Tool</th>
<th>Developmental Domains Covered (as listed by publisher)</th>
<th>Age Range</th>
<th>Approximate time to administer</th>
<th>Publisher</th>
<th>Available in Spanish</th>
<th>Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brigance Early Childhood Screens</td>
<td>Expressive &amp; receptive language; Gross motor; Fine motor; Academics/pre-academics; Self-help; Social-emotional skills</td>
<td>Birth through end of 1st grade</td>
<td>10 to 15 minutes</td>
<td>Curriculum Associates (2013)</td>
<td>Yes</td>
<td>Free online in-service training on how to administer and score the Brigance Screens is available on the publisher’s website</td>
</tr>
<tr>
<td>Developmental Indicators for the Assessment of Learning (DIAL-4)</td>
<td>Motor; Concepts; Language; Self-Help; Social Development</td>
<td>2.6 to 5.11 years</td>
<td>30 to 45 minutes</td>
<td>Pearson Assessments (2011)</td>
<td>Yes</td>
<td>DIAL-4 purchasers have access to 8 online training sessions addressing administration, scoring and interpretation of the tool</td>
</tr>
<tr>
<td>Parents’ Evaluation of Developmental Status</td>
<td>Global/cognitive; Expressive/ receptive language; Fine motor Gross motor; Behavior; Social-emotional; Self-help; School</td>
<td>Birth through 7 years 11 months</td>
<td>30 minutes</td>
<td>PEDSTest.com (2010)</td>
<td>Yes</td>
<td>Self-training (videos, slide shows, case examples) is available on the PEDS website. A free 30-day trial is provided; licensure to use the on-line training can be purchased after 30-days. In addition, live training or contacts with local professionals are often available.</td>
</tr>
</tbody>
</table>

---

5 The PEDS-Developmental Milestones (PEDS:DM) is not approved for use as a Parents as Teachers developmental screening tool.
## Appendix F: Approved Tools for Measuring Parenting Outcomes

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Child Age</th>
<th>How administered</th>
<th>Description</th>
<th>Time to administer</th>
<th>Language</th>
<th>Cost</th>
<th>Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Adult-Adolescent Parenting Inventory (AAPI-2)</td>
<td>Any age</td>
<td>Caregiver completes survey</td>
<td>AAPI-2 is an inventory designed to assess parenting and child rearing attitudes of adolescents and adult parents and pre-parent populations. Responses provide an index of risk for practicing behaviors known to be attributable to child abuse and neglect.</td>
<td>15-20 minutes</td>
<td>English, Spanish, Creole, Arabic, Korean</td>
<td>$</td>
<td>N/A</td>
</tr>
<tr>
<td>Healthy Families Parenting Inventory (HFPI)*</td>
<td>Birth-10 years</td>
<td>Caregiver completes survey</td>
<td>HFPI is a 63-item outcome measure that was designed to examine change in nine parenting domains: social support, problem-solving, depression, personal care, mobilizing resources, role satisfaction, parent/child behavior, home environment, and parenting efficacy.</td>
<td>15-20 minutes</td>
<td>English, Spanish</td>
<td>FREE</td>
<td>Must contact publisher for more information</td>
</tr>
<tr>
<td>Home Observation for Measurement of the Environment Inventory - Infant/ Toddler (HOME-IT)* and Early Childhood (HOME-EC)*</td>
<td>Birth-10 years (IT) 3-6 years (EC)</td>
<td>Parent educator observation and parent interview</td>
<td>HOME-IT and EC were designed to measure the quality and quantity of stimulation and support available to a child in the home environment. The focus is on the child in the environment.</td>
<td>45-90 minutes</td>
<td>English</td>
<td>$</td>
<td>N/A</td>
</tr>
<tr>
<td>Instrument</td>
<td>Child Age</td>
<td>How administered</td>
<td>Description</td>
<td>Time to administer</td>
<td>Language</td>
<td>Cost</td>
<td>Training</td>
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<td>Keys to Interactive Parenting Scale (KIPS)*</td>
<td>2 to 71 months</td>
<td>Parent educator observation</td>
<td>KIPS is a 12-item observational parenting assessment that has been shown to be reliable when used by both professional and paraprofessional home visitors. KIPS can be used to guide intervention, track family progress, enhance supervision, and document program outcomes.</td>
<td>30 minutes</td>
<td>English, Spanish</td>
<td>$$$</td>
<td>In-person or online training**</td>
</tr>
<tr>
<td>Parenting Interactions with Child: Checklist of Observations Linked to Outcomes (PICCOLO)*</td>
<td>10 to 47 months</td>
<td>Parent educator observation</td>
<td>PICCOLO is a research-based observation measure of parenting interactions. It is formatted as a checklist of 29 observable, developmentally-supportive parenting behaviors. It can be used to track positive parenting outcomes in four domains: affection, responsiveness, encouragement, and teaching.</td>
<td>10 minutes</td>
<td>English</td>
<td>$$</td>
<td>In-person*; Online*</td>
</tr>
<tr>
<td>Parenting Stress Index (PSI-4)</td>
<td>1 month-12 years</td>
<td>Caregiver completes survey</td>
<td>The PSI-4 is commonly used as a measure for evaluating the parenting system and identifying issues that may lead to problems in the child’s or parent’s behavior. PSI is a 120-item inventory that focuses on three major domains of stress: child characteristics, parent characteristics, and situational/demographic life stress.</td>
<td>20-30 minutes</td>
<td>English, Spanish, French, Chinese, Korean, Arabic, etc.</td>
<td>$$</td>
<td>N/A</td>
</tr>
<tr>
<td>Parenting Stress Scale (PSS)</td>
<td>Infancy-12 years</td>
<td>Caregiver completes survey</td>
<td>The PSS is a self-report scale that contains 18 items representing pleasure or positive themes of parenthood and negative components.</td>
<td>10-15 minutes</td>
<td>English</td>
<td>FREE</td>
<td>N/A</td>
</tr>
<tr>
<td>Parents’ Assessment of Protective Factors (PAPF)</td>
<td>Birth to 8 years</td>
<td>Caregiver completes survey</td>
<td>The PAPF is a 36-item survey developed to measure the presence, strength, and growth of parents’ self-reported behaviors, feelings and feelings that are considered indicators of protective factors</td>
<td>15-20 minutes</td>
<td>English, Spanish</td>
<td>FREE</td>
<td>N/A</td>
</tr>
</tbody>
</table>