

Section I. Background Information

Affiliate name: _____ **Date completed (mm/dd/yyyy):** _____

Main program contact

All communications from the national office regarding implementation support, newsletters, renewals, etc. will be sent to this contact.

Name: _____ Title: _____ Email: _____

★ Affiliate supervisor (If different from above)

Note: Person listed as Affiliate Supervisor must fulfill the Essential Requirements for Supervisors and carry out Supervisor responsibilities.

Name: _____ Title: _____ Email: _____

Organization address: _____ **City:** _____

State: _____ County: _____ Zip: _____

Telephone: (_____) _____ - _____ **Ext.:** _____ **Fax:** (_____) _____ - _____

Are you seeking new affiliation or are you an existing affiliate?

New Existing, expanding services Existing, submitted for implementation support

Are you submitting this plan as an affiliate currently receiving or anticipating federal MIECHV (Maternal, Infant Early Childhood Home Visiting) funding for Parents as Teachers model implementation? Yes No

Who is the primary funder (provides 50% or more of funding) of your affiliate?

State funding:

- State Department of Education
- State Department of Social Services
- State Department of Health
- Other: _____

Local funding:

- City or County Tax Initiative
- United Way
- Local School District
- Other: _____

Federal funding:

- Head Start/Early Head Start
- Title I
- MIECHV (Maternal, Infant Early Childhood Home Visiting)
- Other: _____

What type of organization will house your Parents as Teachers affiliate?

- | | | |
|---|---|--|
| <input type="checkbox"/> School system | <input type="checkbox"/> Private/Public non-profit | <input type="checkbox"/> Social service agency |
| <input type="checkbox"/> Family resource center | <input type="checkbox"/> Hospital or medical facility | <input type="checkbox"/> University/Extension |
| <input type="checkbox"/> Government agency | <input type="checkbox"/> Health department | <input type="checkbox"/> Early intervention/Part C |
| <input type="checkbox"/> Child care center | <input type="checkbox"/> Tribal government/BIE | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Migrant program | <input type="checkbox"/> Community action agency | |

What other home visiting models do you implement in addition to Parents as Teachers?

Anticipated training

Training	Location of training <i>(City, State)</i>	Start date of training <i>(mm/dd/yyyy)</i>	Number of staff who will attend	Names of all staff attending training
★ Foundational <i>Required</i>				
★ Model Implementation <i>Required</i>				
★ Foundational 2 <i>Required if serving children ages 3 through kindergarten</i>				

Previous training

Staff name	List dates of completion (dd/mm/yyyy)		
	Foundational <i>Required</i>	Model Implementation <i>Required</i>	Foundational 2 <i>Required if serving ages 3 through kindergarten</i>

Section II. Staffing, Supervision, and Leadership

Staff and leadership considerations

1. ★ What are your affiliate's minimum educational requirements for parent educators?

- | | |
|--|---|
| <input type="checkbox"/> High school diploma/GED plus at least two years of previous supervised work experience with young children and/or parents | <input type="checkbox"/> Bachelor's Degree/4-year degree |
| <input type="checkbox"/> Child Development Associate (CDA) | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Associate's Degree/60 college hours | <input type="checkbox"/> Beyond Master's Degree |
| | <input type="checkbox"/> Other early childhood certificate or credential
Please specify: _____ |

2. ★ Please indicate the number of hours of individual reflective supervision parent educators will receive monthly.

Parent educators/supervisors devoting **greater than .5 FTE (more than 20 hours/week)** to providing home visits to families:
_____ hours of reflective supervision per month

Parent educators/supervisors devoting **.5 FTE (20 hours/week) or less** to providing home visits to families:
_____ hours of reflective supervision per month

3. ★ How many hours per month will your affiliate will devote to staff meetings? _____ hours per month

4. ★ Approximately how many times per year will your affiliate's Advisory Committee meet? _____ times per year

Families served

5. How many families does your affiliate plan to serve each year when implementing at full capacity? _____

6. Of the families above, how many families will have more than one child eligible for service? _____

7. The parents as teachers model is designed to serve multiple children in the family (within the age range served by the affiliate). If your program will **not** be enrolling multiple children in the family, please explain why.

Caseload

<p style="text-align: center;">☛ Supervisor <i>If name is unknown, list as SUP1, SUP2, etc.</i></p>	<p style="text-align: center;">Parent Educators supervised by this supervisor <i>If names are unknown, list as PE1, PE2, etc.</i></p>	<p style="text-align: center;">Number of families served by this Parent Educator</p>	<p style="text-align: center;">Number of hours worked per week by this Parent Educator</p>
<p>1. _____</p> <p>> Hours per week for Parents as Teachers program management and supervision: _____</p> <p>> Total hours worked per week: _____</p> <p><i>The Parents as Teachers model allows, but does not require, supervisors to serve families.</i></p> <p>If this supervisor serves families, please provide the following information.</p> <p>> Number of families this supervisor serves: _____</p> <p>> Number of hours this supervisor devotes to visits: _____</p> <p>> Who will provide this supervisor with reflective supervision? _____</p>	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
	10.		

<p>Supervisor <i>If name is unknown, list as SUP1, SUP2, etc.</i></p>	<p>Parent Educators supervised by this supervisor <i>If names are unknown, list as PE1, PE2, etc.</i></p>	<p>Number of families served by this Parent Educator</p>	<p>Number of hours worked per week by this Parent Educator</p>
<p>2. _____</p> <p>> Hours per week for Parents as Teachers program management and supervision: _____</p> <p>> Total hours worked per week: _____</p> <p><i>The Parents as Teachers model allows, but does not require, supervisors to serve families.</i></p> <p>If this supervisor serves families, please provide the following information.</p> <p>> Number of families this supervisor serves: _____</p> <p>> Number of hours this supervisor devotes to visits: _____</p> <p>> Who will provide this supervisor with reflective supervision? _____</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p> <p>7.</p> <p>8.</p> <p>9.</p> <p>10.</p>		

Section III. Parents as Teachers Affiliate Plan



Inputs: Resources and Contributions										
A	Funding sources	Type					Funding duration <i>2 years or more is recommended.</i>			
		Federal	State	Local	Private	Other	1 year	2 years	3+ years	Renewable?
Primary funding source (<i>Provides 50% or more of the funds used to support your Parents as Teachers services</i>)										
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
Secondary funding sources (<i>Provides more than 15% of funds</i>)										
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
Comments:										
B	Parent educators Total number of parent educators to be employed: _____	Full-time parent educators (<i>Greater than .5 FTE; more than 20 hours/week</i>) Number to be employed: _____				Part-time parent educators (<i>.5 FTE or less, 20 hours/week or less</i>) Number to be employed: _____				

Inputs: Resources and Contributions

C	<p>★ Service duration</p> <p><i>Affiliates are designed to provide at least 2 years of service to families.</i></p>	<p>Affiliate intends to provide families with how many months of service?</p> <p><input type="checkbox"/> 24 - 35 months <input type="checkbox"/> 36+ months <input type="checkbox"/> Other: _____</p>
D	<p>Families to be served</p>	<p>Which of the following child ages will your affiliate serve (<i>Check all that apply</i>):</p> <p><input type="checkbox"/> Prenatal - 3 years <input type="checkbox"/> 3 years - Kindergarten entry <input type="checkbox"/> 3 years - Kindergarten completion <input type="checkbox"/> Other (<i>Please specify</i>): _____</p>

Activities: Resources and Contributions

E	<p>Retention and engagement strategies:</p> <p><input type="checkbox"/> Written visit reminders <input type="checkbox"/> Written family engagement policy, procedure, and protocol <input type="checkbox"/> Email/text message visit reminders <input type="checkbox"/> Phone or text message contact between visits <input type="checkbox"/> Incentives for completed visits or group connection attendance <input type="checkbox"/> Other: _____</p>	
F	<p>★ Family-Centered assessment:</p> <p><input type="checkbox"/> Life Skills Progression <input type="checkbox"/> Family MAP <input type="checkbox"/> Full use of PAT records and Family-Centered Assessment Synthesis Record <input type="checkbox"/> North Carolina Family Assessment Scale for General Services <input type="checkbox"/> Mid America Head Start Family Assessment</p>	
G	<p>★ Goal setting</p> <p><i>Parent educators develop and document goals with each family.</i></p>	<p><input type="checkbox"/> Goals will be developed within 90 days with all families in 1 or more of the 3 areas of emphasis: Parent Behaviors, Child Development, and Family Well-Being.</p> <p>How often will goals be reviewed and as applicable, updated?</p>
H	<p>★ Group connections</p>	<p>Total number of group connections offered per year: _____</p>

Activities: Resources and Contributions			
I	<p>★ Personal visits frequency</p> <p><i>At least 12 visits annually is required for families with 1 or fewer stressor family experiences. At least 24 visits annually is required for families with 2 or more stressor family experiences.</i></p>	<p>Total number of visits per year offered to families with 1 or fewer stressors: _____</p> <p>Visit frequency:</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Twice monthly</p> <p><input type="checkbox"/> Monthly</p>	<p>Total number of visits per year offered to families with 2 or more stressors: _____</p> <p>Visit frequency:</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Twice monthly</p> <p><input type="checkbox"/> Monthly</p>
J	<p>★ Resource network</p> <p>List up to 8 community agencies you will partner with for additional services to families, including contracted agencies providing screening.</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p>
<p>How many Memorandums of Agreement are currently in place? _____</p>			
K	<p>★ Evaluation and continuous quality improvement</p>	<p>For tracking and summarizing data for the PAT Affiliate Performance Report, what computerized data management system will you be using?</p> <p><input type="checkbox"/> Penelope <i>(A benefit of affiliation – cost included in your affiliate fee)</i></p> <p><input type="checkbox"/> Efforts to Outcomes</p> <p><input type="checkbox"/> Visit Tracker Web</p> <p><input type="checkbox"/> Other computerized system <i>(Please specify):</i> _____</p> <p><input type="checkbox"/> We will not use a computerized system.</p>	<p>How often will you gather and summarize feedback from families about the services they have received?</p> <p><input type="checkbox"/> Annually</p> <p><input type="checkbox"/> More frequent than annually <i>(Please specify):</i> _____</p>

Activities: Resources and Contributions

L Screening

A complete screening includes all of the areas listed below and is required within 90 days of enrollment and then at least annually thereafter. Infants enrolled prior to 4 months are screened prior to 7 months.

1. 🌟 Developmental screening

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

Conducted by:

- Affiliate staff
- Contracted out

(Provide agency name):

Screening tool used *(Check all that apply):*

- ASQ-3
- Other: _____

Social-emotional tool used

(Check all that apply):

- ASQ-SE2
- Other: _____

Frequency after initial screen:

- Annually
- More frequent than annually

(Please specify):

2. 🌟 Developmental surveillance and monitoring

Developmental surveillance through the use of the Parents as Teachers Milestones is required for each personal visit.

Please initial: _____

Activities: Resources and Contributions

L	<p>3. ★ Health Completion of the Parents as Teachers Health Record by the parent educator is required for the health review portion of a complete child screening. <i>Please initial:</i> _____</p>		
	<p>Frequency after initial screen: <input type="checkbox"/> Annually <input type="checkbox"/> More frequent than annually (<i>Please specify:</i> _____)</p>		
	<p>4. ★ Hearing Completion of the PAT Health Record fulfills the Parents as Teachers hearing review requirement. Programs are encouraged to use additional methods to review hearing. <i>Please initial:</i> _____</p>		
	<p>Conducted by: <input type="checkbox"/> Affiliate staff <input type="checkbox"/> Contracted out (<i>Provide agency name:</i>) _____</p>	<p>Additional methods used (<i>Check all that apply:</i>): <input type="checkbox"/> Documentation or parent report of hearing check by healthcare provider <input type="checkbox"/> Otoacoustic Emissions (OAE) for children < 36 months <input type="checkbox"/> Pure Tone Audiometry (36+ months)</p>	<p>Frequency after initial screen: <input type="checkbox"/> Annually <input type="checkbox"/> More frequent than annually (<i>Please specify:</i>) _____</p>
	<p>5. ★ Vision Completion of the Parents as Teachers Health Record by the parent educator fulfills the Parents as Teachers vision screening requirement. Programs may also use additional vision screening methods, including a functional vision screening. <i>Please initial:</i> _____</p>		
<p>Conducted by: <input type="checkbox"/> Affiliate staff <input type="checkbox"/> Contracted out (<i>Provide agency name:</i>) _____</p>	<p>Additional methods used (<i>Check all that apply:</i>): <input type="checkbox"/> Parents as Teachers Health Record and documentation of vision screen by healthcare provider <input type="checkbox"/> Additional tool(s) for 42+ months <input type="checkbox"/> Parents as Teachers Health Record with Functional Vision Screen by parent educator <input type="checkbox"/> Activity charts/cards <input type="checkbox"/> Other: _____</p>	<p>Frequency after initial screen: <input type="checkbox"/> Annually <input type="checkbox"/> More frequent than annually (<i>Please specify:</i>) _____</p>	

Projected Outputs: How Many?

To answer this section, make your best estimates for when your program is at full implementation capacity.

* Please refer to the Quality Assurance Guidelines for the minimum levels expected by the national office to be sufficiently meeting these service delivery essential requirements.

M	1. _____ Number of families served in a 12 month period	3. _____ Number of families served with 2 or more stressor family experiences
	2. _____ Number of families served with 1 or fewer stressor family experiences	4. _____ Number of children served in a 12 month period
N	_____ Number of years affiliate will offer services to families Will affiliate offer services year-round? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. _____ Percentage of families receiving services for at least 24 months
O	1. _____ ☆ Percentage of families with a family-centered assessment documented within 90 days and updated annually*	3. _____ Percentage of families that met 1 or more goals by the end of the program year
	2. _____ ☆ Percentage of families with at least 1 goal developed and documented during the program year	
P	1. _____ ☆ Percentage of families from M.2 above that receive at least 12 visits per year*	2. _____ ☆ Percentage of families from M.3 above that receive at least 24 visits per year*

Projected Outputs: How Many?

To answer this section, make your best estimates for when your program is at full implementation capacity.

* Please refer to the Quality Assurance Guidelines for the minimum levels expected by the national office to be sufficiently meeting these service delivery essential requirements.

Q	<p>1. _____ ★ Total number of group connections offered in a year*</p>	<p>2. _____ Percentage of families that attended at least 1 group connection per year</p>									
R	<p>1. _____ ★ Percentage of children receiving a complete screening within 90 days of enrollment (or by 7 months of age for infants enrolled prior to age 4 months) and annually thereafter*</p>	<p><i>At minimum, a complete screening includes: A developmental screening using Parents as Teachers approved tools, along with completion of a health review which includes a record of hearing, vision, and general health status. Developmental screening must include language, intellectual, social-emotional, and motor development.</i></p>									
S	<p>1. _____ ★ Percentage of families connected to at least 1 community resource each year (includes screening referrals)*</p>										
T	<p>1. _____ Percentage of families that leave the affiliate annually (attrition) before the child ages out or the service cycle is completed (<i>We recommend no more than 15%.</i>)</p>										
U	<p>1. _____ ★ Percentage of families providing feedback during the program year about the services they've received</p>										
V	<p>★ Parenting outcome tool(s) used (<i>Check all that apply</i>):</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Adolescent Parenting Inventory (AAPI-2)</td> <td><input type="checkbox"/> Keys to Interactive Parenting Scale (KIPS)</td> <td><input type="checkbox"/> Parenting Stress Scale (PSS)</td> </tr> <tr> <td><input type="checkbox"/> Healthy Families Parenting Index (HFPI)</td> <td><input type="checkbox"/> Parenting Interactions with Children: Checklist of Observation Linked to Outcomes (PICCOLO)</td> <td><input type="checkbox"/> Parents' Assessment of Protective Factors (PAPF)</td> </tr> <tr> <td><input type="checkbox"/> Home Observation for Measurement of the Environment (HOME) Inventory</td> <td><input type="checkbox"/> Parenting Stress Index (PSI)</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>		<input type="checkbox"/> Adult Adolescent Parenting Inventory (AAPI-2)	<input type="checkbox"/> Keys to Interactive Parenting Scale (KIPS)	<input type="checkbox"/> Parenting Stress Scale (PSS)	<input type="checkbox"/> Healthy Families Parenting Index (HFPI)	<input type="checkbox"/> Parenting Interactions with Children: Checklist of Observation Linked to Outcomes (PICCOLO)	<input type="checkbox"/> Parents' Assessment of Protective Factors (PAPF)	<input type="checkbox"/> Home Observation for Measurement of the Environment (HOME) Inventory	<input type="checkbox"/> Parenting Stress Index (PSI)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Adult Adolescent Parenting Inventory (AAPI-2)	<input type="checkbox"/> Keys to Interactive Parenting Scale (KIPS)	<input type="checkbox"/> Parenting Stress Scale (PSS)									
<input type="checkbox"/> Healthy Families Parenting Index (HFPI)	<input type="checkbox"/> Parenting Interactions with Children: Checklist of Observation Linked to Outcomes (PICCOLO)	<input type="checkbox"/> Parents' Assessment of Protective Factors (PAPF)									
<input type="checkbox"/> Home Observation for Measurement of the Environment (HOME) Inventory	<input type="checkbox"/> Parenting Stress Index (PSI)	<input type="checkbox"/> Other: _____									

Projected Outputs: How Many?

To answer this section, make your best estimates for when your program is at full implementation capacity.

* Please refer to the Quality Assurance Guidelines for the minimum levels expected by the national office to be sufficiently meeting these service delivery essential requirements.

W Please select the additional outcomes that you intend to measure. (Check all that apply.)

Parent and family health or well-being:

- Depression
- Postpartum health care visits
- Caregiver education achievement
- Intimate partner violence

Child development:

- Kindergarten/school readiness
- Child development

Child health or well-being:

- Child maltreatment
- Well-child visits
- Smoke-free environment
- Tobacco cessation
- Breastfeeding

Outcomes: Expected Measurable Changes in the Next 1 to 3 years

To answer this section, make your best estimate at the current time.

* Please refer to the Quality Assurance Guidelines for more information on outcome measurement.

What outcomes are you hoping to achieve? (Check all that apply.)

Short-term outcomes:

- Increase in healthy pregnancies and birth outcomes
- Increase in parents' knowledge of their child's emerging development and age-appropriate child development
- Improved parenting capacity, parenting practices, and parent-child relationships
- Early detection of developmental delays and health issues
- Improved family health and functioning
- Other: _____

Intermediate outcomes:

- Improved child health and development
- Prevention of child abuse and neglect
- Increased school readiness
- Increased parent involvement in children's care and education
- Other: _____

Outcomes: Expected Measurable Changes in the Next 1 to 3 years

To answer this section, make your best estimate at the current time.

** Please refer to the Quality Assurance Guidelines for more information on outcome measurement.*

How will you measure changes in the outcomes listed above?

Please be specific about outcome tools and indicators that will be tracked and any targets already established. See the Quality Assurance Guidelines, page 29, for examples.

Affiliate Narrative

1. Target Population

Include:

- Demographics
- Geographic characteristics
- Family characteristics
- Eligibility criteria, and/or prioritized populations

2. County(ies), Federal & State Congressional Districts

Affiliate Narrative

3. Goals of the Agency/Organization

Include a brief description of the other services your agency provides in the community.

4. Organizational Structure

Include answers to the following:

- Will PAT staff have responsibilities for any non-PAT tasks, for example serving families outside of the PAT model?
- Will the supervisor(s) have responsibilities for any other programs or services?
- If the supervisor(s) will be carrying a caseload, who will provide reflective supervision to the supervisor(s)?

5. Caseload Size and Visit Frequency

Include projected stressors and/or non-PAT services provided by parent educators.

Affiliate Narrative

For 6 - 14, please explain your implementation timeline, providing both a timeframe and a narrative, for each of the following implementation activities.

6. Staff Recruitment & hiring process

7. Development of Affiliate Policies and Procedures

8. Parents as Teachers Foundational and Model Implementation Training (FMI) and Foundational 2 Training (if applicable)

9. Affiliate Training and Orientation Practices

List all:

- Agency-specific trainings
- Funder-specified trainings
- Orientation to policies & procedures

Affiliate Narrative	
<p>10. Ramp Up of Service Delivery and Building Caseload Capacity</p>	
<p>11. Recruitment Plan</p> <p>Include:</p> <ul style="list-style-type: none"> - Demographic characteristics of target populations - Child ages that recruitment efforts will target - Other agencies supporting affiliate recruitment efforts (through referral, flyers, etc.) - Planned recruitment methods (advertisement, recruitment events, etc.) 	
<p>12. Development of Resource Network</p>	

Affiliate Narrative

13. Development of Advisory Committee

Include:

- Description of committee members
- Recruitment for committee
- Goal of committee & committee meeting schedule
- If part of a larger board or committee, describe how Parents as Teachers specific activities are included.

14. Plan for communicating with and engaging local, state, and national stakeholders including policymakers

Section IV. Fiscal Assurances

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

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

Billing contact name: _____	Affiliate supervisor name (if different): _____		
Billing address: _____	City: _____	State: _____	Zip: _____
Billing phone: (_____) _____ - _____ Ext.: _____	Billing contact email: _____		

Total annual funding (direct and in-kind) for Parents as Teachers affiliate services: \$ _____

A - F. Start-Up (one time) costs

Budget items for implementing the Parents as Teachers model		Estimated costs <i>Actual costs may vary.</i>	Resources allocated?			
			Yes, funded directly	Yes, in-kind	No	Please explain any No answers.
A	Parents as Teachers initial training and curriculum costs ¹ <ul style="list-style-type: none"> > Foundational Curriculum > Foundational Training > Model Implementation Training > Foundational 2 (additional) 	\$1,100 per parent educator and supervisor <i>Initial training costs do not include travel and lodging expenses, which may be needed for participation in training.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Please note that fees are subject to annual increases; the amounts for the costs listed on this worksheet are accurate as of 7/1/17.

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

A - F. Start-Up (one time) costs

Budget items for implementing the Parents as Teachers model		Estimated costs <i>Actual costs may vary.</i>	Resources allocated?			Please explain any No answers.
			Yes, funded directly	Yes, in-kind	No	
B	<ul style="list-style-type: none"> > Technology – Cell phone, tablet, and/or computer (one per staff member) > Office furniture 	Costs will vary based on the items selected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C	<ul style="list-style-type: none"> > Books > Toys > Non-consumable materials 	\$300 per parent educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D-1	Developmental screening expenses ²	\$275 (ASQ-3 cost) <i>Additional training costs may apply.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D-2	Developmental screening expenses – Social/Emotional domain ²	\$225 (ASQ-SE2 cost) <i>Additional training costs may apply.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D-3	Hearing screening expenses <i>Use of OAE is optional. This line item may not apply for your program.</i>	\$3,600 - \$4,200 (OAE cost) <i>Additional training costs may apply.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E	Family-centered assessment ²	Costs will vary based on the assessment selected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Please note that fees are subject to annual increases; the amounts for the costs listed on this worksheet are accurate as of 7/1/17.

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

A - F. Start-Up (one time) costs

Budget items for implementing the Parents as Teachers model		Estimated costs <i>Actual costs may vary.</i>	Resources allocated?			Please explain any No answers.
			Yes, funded directly	Yes, in-kind	No	
F	Outcomes measurement tools <i>May be determined by funding requirements</i>	Costs will vary based on the outcome tools selected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Please note that fees are subject to annual increases; the amounts for the costs listed on this worksheet are accurate as of 7/1/17.

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

G - P. Annual (recurring) costs

Budget items for implementing the Parents as Teachers model		Estimated costs <i>Actual costs may vary.</i>	Resources allocated?			Please explain any No answers.
			Yes, funded directly	Yes, in-kind	No	
G	Parent educator salaries	\$35,000/year + 30% benefits <i>National average – may vary</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H	Supervisor salary <i>Minimum 4 hours weekly per parent educator</i>	\$50,000/year + 30% benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I	Support staff salary <i>2 hours per parent educator and supervisor recommended</i>	\$28,000/year + 30% benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Please note that fees are subject to annual increases; the amounts for the costs listed on this worksheet are accurate as of 7/1/17.

G - P. Annual (recurring) costs

Budget items for implementing the Parents as Teachers model		Estimated costs <i>Actual costs may vary.</i>	Resources allocated?			Please explain any No answers.
			Yes, funded directly	Yes, in-kind	No	
J	Consumables and incentive costs > Books for families > Brochures > Materials for parent-child activities > Etc.	\$50 per family per year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
K	Group connections > Materials > Refreshments > Guest speakers > Etc.	\$1,200 per year <i>Minimum 12 meetings per year, budgeted at \$100 per meeting</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
L	Annual professional development costs	\$350 per parent educator and supervisor per year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M	> Office supplies > Copier/Printer > Phone > Fax > Internet access	Costs will vary based on program design and agency resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Please note that fees are subject to annual increases; the amounts for the costs listed on this worksheet are accurate as of 7/1/17.

G - P. Annual (recurring) costs

Budget items for implementing the Parents as Teachers model		Estimated costs <i>Actual costs may vary.</i>	Resources allocated?			Please explain any No answers.
			Yes, funded directly	Yes, in-kind	No	
N	Transportation costs <ul style="list-style-type: none"> > Parent educators conducting personal visits > Supervisor transportation for observation of staff > Other work-related transportation 	See below for help with estimating parent educator mileage for your program. For supervisors, use 50% of parent educator mileage estimate. <i>Rural communities may need to budget more.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
O-1	Affiliation fee ¹	\$3,850 Initial fee <i>Affiliates completing a new or expanded services Affiliate Plan are subject to the \$3,850 initial fee.</i> After the initial fee, the Affiliate fee decreases to \$1,650 per year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Please note that fees are subject to annual increases; the amounts for the costs listed on this worksheet are accurate as of 7/1/17.

Estimating total Parent Educator mileage

Total Parent Educator mileage per year = (Average number of visits per month per family) x (total number of families served by program) x (average miles per visit – roundtrip) x 12

For example, if your program visits each family twice a month and has 100 families enrolled with an average of 5 miles roundtrip for each visit, you should budget for a total of 12,000 parent educator miles per year.

$(2) \times (100) \times (5) \times 12 = 12,000$ Parent Educator miles per year

G - P. Annual (recurring) costs

Budget items for implementing the Parents as Teachers model		Estimated costs <i>Actual costs may vary.</i>	Resources allocated?			Please explain any No answers.
			Yes, funded directly	Yes, in-kind	No	
O-2	Parent educator renewal fees ¹	\$150 per parent educator per year – Model Certification \$40 per parent educator per year – Foundational 2 (\$190 per parent educator per year for both) <i>Renewal fees do not apply in Year 1.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P	Indirect costs by your organization for: <ul style="list-style-type: none"> > Human resource expenses > Liability insurance > Overhead: insurance > Office space > Administrative costs > Utilities > Internet access > Cell/office phones > Etc. 	Optional: Refer to your organizational policies for guidance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Please note that fees are subject to annual increases; the amounts for the costs listed on this worksheet are accurate as of 7/1/17.

Section V. Terms of Agreement for Affiliates

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

As a condition of affiliation with Parents as Teachers, your organization agrees to implement all of the Parents as Teachers Essential Requirements which include those outlined in Sections II and III of your affiliate plan.

The affiliate also understands and agrees to comply with the following:

1. New parent educators and supervisors will attend the PAT Foundational and Model Implementation trainings and successfully complete all requirements for certification before delivering Parents as Teachers model services or supervising parent educators.
 - Neither supervisors nor parent educators are allowed to train others in the Parents as Teachers model.
 - The supervisor must review the Affiliate Plan and the Affiliate Performance Report (if available) with each new staff person before they attend training.
2. All Parent Educators use all PAT Foundational Visit Plans and the PAT Personal Visit Planning Guide, along with resources and parent handouts from the PAT Foundational or Foundational 2 curricula, to design and deliver personal visits to all families receiving model services. *For more detailed information about this requirement, please see page 24 of the 2017 Quality Assurance Guidelines.*
 - The previous PAT curricula, Born to Learn, are outdated and may not be used to deliver services to families, including use of parent handouts and activity pages.
3. Only parent educators who meet the Parents as Teachers training and recertification requirements may use the Parents as Teachers curricula and the PAT Records.
4. The terms of the PAT copyrighted materials must be followed. This means that PAT affiliate staff will not provide PAT curricula materials, PAT records, resources in the online PAT Supervisor's Handbook, and any other PAT copyrighted materials to anyone outside their PAT affiliate and enrolled families.
 - Failure to comply with the terms of the PAT copyrighted materials can result in loss of access to these materials.
 - Please note that only Parents as Teachers national center can provide PAT copyrighted materials to data system vendors.

As a condition of affiliation with Parents as Teachers, your organization agrees to implement all of the Parents as Teachers Essential Requirements which include those outlined in Sections II and III of your affiliate plan.

The affiliate also understands and agrees to comply with the following:

5. Any copyrighted PAT materials must be acknowledged in all presentations, publications and promotional materials produced from or for programs where these materials are utilized.
6. Annually, all parent educators will complete the required number of competency-based professional development hours each year, review the individual ethical agreement, and pay individual renewal / recertification fees (currently \$150, \$190 if using Foundational 2¹). *Please see 2017 Quality Assurance Guidelines for specifics on required professional development.*
7. All certified Parent Educators should be supported in following the elements of the PAT individual ethical agreement.
8. The Affiliate Performance Report must be completed accurately and submitted by the required deadline each year.
 - Should your affiliate’s APR indicate that you did not meet the Essential Requirements for affiliates that year, you must submit a success plan.
9. Should the affiliate elect to use the Parents as Teachers data system, Penelope, the affiliate must review and complete the Parents as Teachers data sharing documents found on the Penelope tab of the PAT ebusiness portal .
 - Parents as Teachers national center is not liable for any other data system an affiliate may choose.
10. Participation in the Quality Endorsement and Improvement Process in its fourth year of implementation and every 5 years thereafter is required.
 - The first time an affiliate participates, the affiliate supervisor is notified 6 months in advance of the start date.
11. Payment of initial \$3850 affiliate fee¹ and subsequent annual \$1650 affiliate renewal fee¹ by due date each year.
 - New affiliates and existing affiliates submitting an updated affiliate plan due to expansion are subject to the initial affiliation fee.
12. Any Parents as Teachers research or evaluation findings must be shared with Parents as Teachers National Center. This includes evaluation and research publications, reports, summaries, or presentations that share the impact of Parents as Teachers on parent or child outcomes.

¹ Please note that fees are subject to annual increases; the amounts for the costs listed on this worksheet are accurate as of 7/1/17.

As a condition of affiliation with Parents as Teachers, your organization agrees to implement all of the Parents as Teachers Essential Requirements which include those outlined in Sections II and III of your affiliate plan.

The affiliate also understands and agrees to comply with the following:

13. Use of the PAT Records published in April 2017 is required of all affiliates by July 1, 2019.

14. Updated Essential Requirements, published in July 2017, must be implemented in the 2018-2019 program year. Compliance with these updated Essential Requirements will be measured on the 2018-2019 APR.

15. LIMITATION OF LIABILITY. IN NO EVENT SHALL PAT BE LIABLE FOR ANY (A) PERSONAL INJURY OR PROPERTY DAMAGE, OR (B) INCIDENTAL, INDIRECT, SPECIAL OR CONSEQUENTIAL DAMAGES WHATSOEVER, INCLUDING, WITHOUT LIMITATION, DAMAGES FOR LOSS OF PROFITS, LOSS OF DATA, BUSINESS INTERRUPTION, COSTS OF PROCUREMENT OF SUBSTITUTE PRODUCTS OR SERVICE OR ANY OTHER DAMAGES OR LOSSES, ARISING OUT OF, OR IN ANY WAY CONNECTED WITH THIS AGREEMENT OR THE PAT MATERIALS, WHETHER FOR BREACH OF CONTRACT, IN TORT OR OTHERWISE, EVEN IF PAT IS ADVISED OF THE POSSIBILITY OF SUCH DAMAGES AND WHETHER OR NOT SUCH DAMAGES ARE A REASONABLY FORESEEABLE CONSEQUENCE OF A BREACH OF THIS AGREEMENT OR A TORT THAT FALLS WITHIN THE SCOPE OF THIS AGREEMENT. SOME JURISDICTIONS DO NOT ALLOW THE LIMITATION OF LIABILITY FOR PERSONAL INJURY, OR OF INCIDENTAL OR CONSEQUENTIAL DAMAGES, SO THIS LIMITATION MAY NOT APPLY TO YOU. In no event shall PAT's total liability to you for any damages arising out of or in any way connected with this Agreement, whether for breach of contract, in tort or otherwise, exceed the affiliate fee you paid to us for the immediately year in which such damages first occurred or first began to occur.

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

Printed name of person with signature authority in the organization

Date

Organization/Affiliate Name: _____