



NOTE: Many of the questions in this report align with items in the Office of Head Start (OHS) 2021-2022 Program Information Report (PIR). When applicable, the equivalent OHS PIR item is listed below the question. Please see the Office of Head Start's instructions for guidance on how to answer these items.

You can use the navigation links above to skip between the sections of the report after required questions are answered. The "NEXT" button SAVES your responses. Please be sure to click on it prior to closing your browser so that you can return and continue your Partner Information Report at a later time. When going back to a previous page, please use the "BACK" button located at the BOTTOM of the pages. Do NOT use the back button on your web browser.

2021-2022 Parents as Teachers Partner Information Report

Curriculum Partners are required to complete the PIR. The PIR is an opportunity to submit data that reflects the services that your organization has delivered to families served by your program. The PIR is a program-level report to be completed by a Company Administrator or a person designated by a Company Administrator.

General Instructions:

- All Curriculum Partners are required to submit the web-based PIR by September 30, 2022. NOTE: The PIR must be submitted before your program can renew your company's subscription.
- This report can be completed using data from the OHS PIR. When applicable, the corresponding field is noted below the question.
- For items that do not have a direct correlation to the OHS PIR, responses can be calculated using data from your data management system or manually.
- Optional questions are noted and highlighted in **BLUE**.

Prefilled Company Information

AptifyUniqueEmail	Companies3637@patnc.org
CompanyID	3637
Company Name	Region 10 Education Service Center-Head Start

Prefilled Company Geographic Information

Country	United States
State	TX
County	Dallas
City	Richardson
Zip Code	75081-5101

Company Name: Region 10 Education Service Center-Head Start

Please provide the name and email address of the person to contact for follow-up questions about your PIR.

Contact Name:	Alana Parsons
Contact Email:	alana.parsons@region10.org

I. Enrollment Year

The below information will represent your program year throughout this report:

1. Program Year Start Date	08/01/2021
2. Program Year End Date	07/31/2022

II. Families and Children (prenatal through kindergarten)

1. Total Children: How many total children did you serve during the program year (including any children who participated in home-based, center-based, combination, or family child care option)? **Office of Head Start Program Information Report: Item A.10.g.** 182

2. Total Pregnant Women: How many total pregnant women did you serve during the program year? **Office of Head Start Program Information Report: Item A.11** 23

3. Total Cumulative Enrollment: (number of children and pregnant women) Office of Head Start Program Information Report: Item A.12 205

4. Total Cumulative Enrollment Using PAT Foundational and Foundational 2 Curricula: Of the 205 total cumulative enrollments reported in II.3, how many total children and pregnant women were served using the Parents as Teachers Foundational or Foundational 2 curricula (including any children who participated in home-based, center-based, combination, or family child care option)?

81

5. Total home-based children served: Of the 81 enrollments reported in II.4, how many total children and pregnant women did you serve during the program year through home-based option using Parents as Teachers Foundational or Foundational 2 curricula?

81

6. Total center-based children served: Of the 81 enrollments reported in II.4, how many total children and pregnant women did you serve during the program year through center-based option using the Parents as Teachers Foundational or Foundational 2 curricula?

0

7. Total family child care option: Of the 81 enrollments reported in II.4, how many total children and pregnant women did you serve during the program year through the family child care option using Parents as Teachers Foundational or Foundational 2 curricula?

0

8. Total families served: How many total families did you serve during the program year using the Parents as Teachers Foundational or Foundational 2 curricula (including families who participated in center-based, home-based, combination, or family child care option)?

59

Note: For all subsequent questions only include services provided to the 81 children and pregnant women reported in II.4 (cumulative enrollments served using the Parents as Teachers Foundational or Foundational 2 curricula)

9. Age at enrollment: For the 81 children reported in II.4, please report their age at enrollment:

Office of Head Start Program Information Report: Item A.10

a. Under 1 year old (0-11 months)	28
b. 1 year old (12-23 months)	17
c. 2 years old (24-35 months)	12
d. 3 years old (36-47 months)	24
e. 4 years old (48-59 months)	0
f. 5 years old or older (60+ months)	0

10. Child ethnicity: How many of the 81 children reported in II.4 are:

Office of Head Start Program Information Report: Item A.25 (calculation of columns for Hispanic/Latino and Non-Hispanic/Non-Latino)

a. Hispanic or Latino	56
b. Non-Hispanic/Non-Latino	25

11. Hispanic/Latino child race: Of the 56 Hispanic or Latino children reported in II.10a, how many are the following race?

Office of Head Start Program Information Report: Item A.25 (Hispanic or Latino column only)

a. American Indian or Alaska Native	0
b. Asian	0
c. Black or African-American	0
d. Native Hawaiian or Other Pacific Islander	0
e. White	20
f. Multi-racial (2 or more races)	7
g. Other	28
h. Not Answered/Unspecified	1

12. Non-Hispanic/Non-Latino child race: Of the 25 Non-Hispanic/Non-Latino children reported in II.10b, how many are the following race?

Office of Head Start Program Information Report: Item A.25 (Non-Hispanic / Non-Latino column only)

a. American Indian or Alaska Native	0
b. Asian	2
c. Black or African-American	15
d. Native Hawaiian or Other Pacific Islander	0
e. White	5
f. Multi-racial (2 or more races)	2
g. Other	0
h. Not Answered/Unspecified	1

13. Type of eligibility: Of children / pregnant women, how many reported the primary type of eligibility?

Office of Head Start Program Information Report: Item A.13

a. Income below 100% of federal poverty line	72
b. Public assistance such as TANF and SSI	4
c. Foster care	1
d. Homeless	2
e. Eligibility based on other type of need, but not counted in II.13.a through d.	2
f. Incomes between 100% and 130% of the federal poverty line, but not counted in II.13.a through e	0

14. Father Engagement: Please report the number of fathers/father figures who were engaged in home visits during the program year:

Office of Head Start Program Information Report: Item C.45

48

16. Family languages: Please report the number of children / pregnant women whose families regularly speak the following languages.

NOTE: You can select multiple languages for a family.

Office of Head Start Program Information Report: Item A.26

a. English	32
b. Spanish	46
c. Native Central American, South American, and Mexican Languages (e.g. Mixteco, Quichean)	0
d. Caribbean Languages (e.g. Haitian-Creole, Patois)	0
e. Middle Eastern & South Asian Languages (e.g. Arabic, Hebrew, Hindi, Urdu, Bengali)	1
f. East Asian Languages (e.g. Chinese, Vietnamese, Tagalog)	0
g. Native North American/Alaska Native Languages	0
h. Pacific Island Languages (e.g. Palauan, Fijian)	0
i. European & Slavic Languages (e.g. German, French, Italian, Croatian, Yiddish, Portuguese, Russian)	0
j. African Languages (e.g. Swahili, Wolof)	0
k. Other	1
l. Not Answered	0

Since you selected that families spoke "Other" languages, please list the other languages spoken by families served:

Office of Head Start Program Information Report: Item A.26

American Sign Language

III. Staff

1. Staff at end of Program Year:  Please indicate the number of staff employed as home visitors at the end of the 2021-2022 program year (include supervisors who carried a caseload in these counts):

Office of Head Start Program Information Report: Similar to Item B.8 except divided into full-time and part-time

a. Full-Time Home Visitors End of Program Year:

How many home visitors (including supervisors who carried a caseload) provided home visiting services full-time at the end of the program year? Full-time is defined as more than 20 hours per week. **4**

b. Part-Time Home Visitors End of Program Year:

How many home visitors (including supervisors who carried a caseload) provided home visiting services part-time at the end of the program year? Part-time is defined as 20 hours or less per week. **0**

Total number of home visitors at the end of the program year (including supervisors who carried a caseload): **4**

2. Staff languages: Please report the number of staff employed as home visitors who are proficient in the following languages:

Office of Head Start Program Information Report: Item B.15

a. English	4
b. Spanish	0
c. Native Central American, South American, and Mexican Languages (e.g. Mixteco, Quichean)	0
d. Caribbean Languages (e.g. Haitian-Creole, Patois)	0
e. Middle Eastern & South Asian Languages (e.g. Arabic, Hebrew, Hindi, Urdu, Bengali)	1
f. East Asian Languages (e.g. Chinese, Vietnamese, Tagalog)	0
g. Native North American/Alaska Native Languages	0
h. Pacific Island Languages (e.g. Palauan, Figjian)	0
i. European & Slavic Languages (e.g. German, French, Italian, Croatian, Yiddish, Portuguese, Russian)	0
j. African Languages (e.g. Swahili, Wolof)	0
k. Other	0
l. Not Answered	0

IV. Home Visits

1. Home visits delivered: How many home visits did you deliver during the program year using the Parents as Teachers Foundational or Foundational 2 curricula?

1259

V. Groups

1. Socializations Delivered: How many socializations did you deliver during the program year using the Parents as Teachers Foundational or Foundational 2 curricula?

30

2. Families attending socializations: How many families attended at least one of the 30 socializations reported in V.1?

17

VI. Screenings/Assessments

1. Children Screened: How many of the 81 children that you served over the past program year using the Foundational or Foundational 2 curricula (reported in II.4) did you provide with the following screenings?

Office of Head Start Program Information Report: Similar to Item C.27, except we are asking for all children who received a screening

a. Hearing	70
b. Vision	68
c. Health	71
d. Development	66

2. Potential delays/concerns identified: Of the children who received a screening this program year (reported in VI.1), how many were newly identified with potential developmental, vision, hearing or physical health delays/concerns? Indicate the # newly identified with a potential delay or concern:

- | | |
|----------------------------------|----|
| a. Hearing delay/concern | 1 |
| b. Vision delay/concern | 0 |
| c. Physical health delay/concern | 0 |
| d. Developmental delay/concern | 11 |

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

12

4. Children received follow-up services: How many of the 12 children who were referred for further assessment (reported in VI.3) received follow-up services?

3

5. Developmental screening tool(s): What child developmental screening tool are you using (check all that apply)?

Office of Head Start Program Information Report: Item C.28

- a. Acuscreen
- b. AGS Screening Profile
- c. ASQ-3 (Ages and Stages Questionnaire-3)
- d. ASQ:SE-2 (Ages and Stages Questionnaire Social-Emotional-2)
- e. Battelle (all editions)
- f. Brigance (all editions)
- g. Chicago Early Screening
- h. CIP (Comprehensive Identification Process)
- i. Denver Developmental Screening - II
- j. Dial (all editions)
- k. Early Screening Profile
- l. EDEN (Evaluacion Desarrollo Del Nino)
- m. ESI-R (Early Screening Inventory Revised - Preschool)
- n. FirstSTEP
- o. LAP-D (Learning Accomplishment Profile - Diagnostic Screener)
- p. Other (please specify):

6. Developmental Assessment Tool(s): What child developmental assessment are you using (check all that apply)?

Office of Head Start Program Information Report: Item C.29

- a. AEPS (Assessment Evaluation and Program System)
- b. Brigance Inventory of Early Development
- c. Child Development Checklist
- d. Child Observation Record (COR) High Scope
- e. Child Outcome Measure
- f. Creative Curriculum (all editions)
- g. DRDP-I/T (Desired Results Developmental Profile - Infant/Toddler)
- h. DPD-P (Desired Results Developmental Profile- Preschool)
- i. E-LAP (Early Learning Accomplishment Profile)
- j. Galileo Assessment Scales Online
- k. HELP (Hawaii Early Learning Profile)
- l. High Reach Learning - GRO
- m. LAP-3 (Learning Accomplishment Profile) (all editions)
- n. Ounce Scale
- o. Portage
- p. Portfolios
- q. Pre-K Success
- r. Teaching Strategies (TS) Gold
- s. Work Sampling
- t. Other (please specify):

VII. Community Resources

1. Community resources: How many families did you connect with a community resource in the program year?

59

VIII. Satisfaction

1. Satisfaction with Foundational Curriculum: Overall, how satisfied are you with the PAT Foundational Curriculum?

Very Satisfied

Satisfied

Somewhat satisfied

Dissatisfied

Very dissatisfied

2. Strengths of Foundational Curriculum: What do you believe are the main strengths of the PAT Foundational Curriculum?

Developmentally appropriate activities, focus on the whole family

3. Suggestions for Foundational Curriculum: What suggestions do you have for improving the PAT Foundational Curriculum?

Increase quantity and quality of pre-natal resources, for healthy pregnancies and outcomes such as miscarriage, neonatal death, neonatal disability diagnosis, etc. Increase resources for father engagement, whether the father is in the home or not. Need more resources for grandparents/other family members raising grandchildren.

4. Do you use the Foundational 2 Curriculum?

Yes

No

8. Are you using the *Demonstrating Fidelity Checklist*? [?](#)

Yes

No

9. Satisfaction with Demonstrating Fidelity Checklist: Overall, how satisfied are you with the *Demonstrating Fidelity Checklist*?

Very Satisfied

Satisfied

Somewhat satisfied

Dissatisfied

Very dissatisfied

10. Describe how you use the *Demonstrating Fidelity Checklist* and suggestions for improving it:

Use to monitor curriculum implementation and group connection implementation.

IX. Funding

1. Funding Source(s): Please indicate the sources of funding your program receives (check all that apply): [?](#)

Office of Head Start Program Information Report: similar to A.1 - check all funding sources that apply

Office of Head Start/Early Head Start

Maternal, Infant, Early Childhood Home Visiting (MIECHV) - administered through states

State Department of Health

State Department of Education - refers to funding that is provided to your State's Department of Education mainly to local school districts. Funds could be provided through a grant or other mechanism

Other Federal Funding Source (will be asked to specify)

Other State Funding Source (will be asked to specify)

Other Local Funding Source (will be asked to specify)

Other Private Funding Source (will be asked to specify)

Do you plan to remain a Curriculum Partner for the 2022-2023 program year?

If you indicate "no" you will be asked to provide a reason on the next item.

Yes

No

You are about to submit your Partner Information Report. To view a printable PDF of your responses, [CLICK HERE](#). You have not finished submitting your report until you hit the "Submit" button below.

Before clicking on the Submit button, please confirm that the data you have reported are accurate to the best of your knowledge by typing your first and last name in the box below.

Your Name:

Alana A. Parsons