



Parents as Teachers™  
*Affiliate*

**Policies & Procedures Manual**  
**Program Year 2020 - 21**

## **Table of Contents**

1. Organizational Information.....	2
2. Intake, Enrollment, Recruitment.....	3
3. Services Provided to Families.....	6
4. Transition Planning and Exit.....	13
5. Data Collection and Documentation of Services.....	15
6. Staff Qualifications and Personnel.....	19
7. Orientation and Training for New Staff.....	26
8. Supervision and Professional Development.....	28
9. Parent Educator Safety.....	31
10. Client Rights and Confidentiality.....	33
11. Child Screening, Rescreening and Referral.....	35
12. District Liaison an Advisory Council.....	37
13. Protocol for Suspected Child Abuse and Neglect...	38
14. Protocol for Parental Mental Health Issues.....	39
15. Protocol for Intimate Partner Violence.....	39
16. Protocol for Parental Substance Abuse.....	39

# **1. Organizational Information**

## **Mission Statement**

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

## **Fiscal Agent and Administration**

Keystone Learning Services (KLS) is the Fiscal Agent for the Parents as Teachers Program. School districts contract services from KLS. KLS provides administration and oversight of the program.

## **Participation Districts/Geographic locations in Kansas**

Keystone Parents as Teachers provides services to families with children prenatal through 72 months residing in the following school districts:

- USD #111 Doniphan West
- USD #113 Prairie Hills
- USD #114 Riverside
- USD #336 Holton
- USD #338 Valley Falls
- USD #339 Jefferson County North
- USD #341 Oskaloosa
- USD #342 McLouth
- USD #343 Perry-Lecompton
- USD #345 Seaman
- USD #377 Atchison County
- USD #409 Atchison City
- USD #415 Hiawatha
- USD #429 Troy
- USD #449 Easton
- USD #450 Shawnee Heights
- USD #464 Tonganoxie
- USD #491 Eudora

## **Mental Health Consultation**

The affiliate has access to a licensed mental health professional that provides consultation to affiliate staff regarding their work with families. Mental health consultants will provide training to the staff on Trauma Informed Care twice during the program year. Parent educators will contact the mental health consultant throughout the program year as needs and/or questions arise.

## 2. Intake, Enrollment, Recruitment, and Retention

### Intake

#### Initial Contact with Families

Families who have been identified for services will be contacted within two business days after initial referral or request. Staff who make initial contact will provide the family with an overview of the program and the name and contact information for the assigned parent educator who will contact the family within two days to schedule the first visit. Enrolling families should receive their 1st foundational visit within 3 weeks of initial request for enrollment in the program.

Staff should complete the PAT Family Interest Intake information with the initial contact. The Family Information Record can also be completed with as much information as is known at that time.

If the initial contact with referred family is not made after the first attempt, staff will make at least four separate contact attempts (using at least two different form of communication: phone, text, email, mail, etc). The last attempted contact will provide the family with contact information of the supervisor they should contact if they would like services. These families will be considered “non-responsive” and the source of their referral, if any, should be notified.

Families that do not reside within the Keystone PAT districts are provided with the contact information for home visitation programs within their school district.

#### Assignment of Families

When parent educators work alone in a school district, they will be the assigned parent educator for all referrals and requests in their district.

When parent educators work as a team to serve families in a district or county, the supervisor will take the following in consideration when assigning families:

- Which school district the family resides in
- Caseload sizes of staff
- Time of day the family is available for visits
- Parent educators’ background and expertise with family characteristics
- Any potential conflicts of interest between family and parent educator, such as an outside relationship, that may deter either party from following the division of responsibilities as outlined in the *Parent Agreement*.
- Parent educator who had initial contact with the family

#### Waiting List

If all available parent educators have full caseloads, the family will be invited to be placed on a waiting list. These families should be connected to appropriate community resources, including invitations to Parents as Teachers group connections, during the intake process. Waiting List families should be provided with the Resource Directory for the county where the family resides. Families on the waiting list for services will be contacted within two business days after the assigned parent educator has an opening and the first Foundational visit is schedule within the



next three weeks.

Priority/eligibility for enrollment from the waiting list is as follows:

- Families with 2 or more high needs (20% of caseload)
- Families with children prenatal – 3 years
- Families who have received fewer than 3 years of PAT services

**See Keystone PAT Referral Form (Appendix)**

## **Documentation of Intake and Enrollment process**

The staff member who completes the Family Interest Intake Form and Family Information Record will provide a copy to the assigned parent educator to enter into Visit Tracker.

The assigned parent educator enters the family and child information into Visit Tracker for families who are waiting for their first visit. The status will be set to “waitlist”. After the first visit, the status will be changed to “active.”

“Waitlist” status should only be used for families who are actually waiting for services.

The enrollment date is always the same date as first Foundational visit and should be within three weeks of the intake. Enrollment paperwork must also be completed at the 1st visit.

Keystone documents that are not included in the PATNC Foundational Guide can be found on the PAT Staff Team Drive: Forms: Enrollment Paperwork. The Participation in PAT Services Agreement Form must be completed at this time.

Non-responsive families will be entered into Visit Tracker with the status of “recruit”.

## **Recruitment and Outreach**

Required outreach is included in the the recruitment and retention efforts which are integral for the success of our program. The first step to engaging families is to recruit and enroll them in a timely manner. Per KSDE PAT funding requirements, Keystone PAT provides universal access to any family residing within the 18 participating school districts with children ages prenatal to kindergarten entry/age 6 (whichever comes first) is eligible for the Keystone Parents as Teachers program.

Parent educators are provided time and expected to carry out recruitment activities and maintain visibility of the program in communities where they serve families.

If a parent educator is low in caseload, they will use that time for recruitment. For every family that the parent educator is below in caseload, one hour per week should be devoted to recruitment activities.

## **Recruitment Plan**

The purpose of a recruitment plan is to ensure that parent educators are intentional about how, when and where they recruit families and are guided by the following principles:

- Organize before recruiting.
- Maintain high-quality services in order to be confident of providing a valuable service.

Parent educators will develop a written *recruitment plan* for each program year. The plan is reviewed in August with the supervisor and then updated in January (or anytime circumstances in the community change). Each plan will contain:

- Strategies and methods to recruit families
- A timeline to show when activities will take place
- Space to document by each activity or strategy:
  - Number of contacts made
  - Referrals or requests for services received
  - Enrollments

### **Tips for Successful Recruitment**

- Do not minimize the impact of word of mouth. Satisfied parents are valuable partners for marketing the program in the community.
- Utilize relationship-based recruitment. For example, arrange with agencies to spend time in their waiting rooms playing with the young children and parents who are there. Take toys, books, and brochures to share with families there.
- Give some families time to develop sufficient trust with the program by establishing rapport before actively recruiting them.
- Make sure recruitment materials give a clear picture of what families can expect from PAT services.
- Ensure that informational materials and recruitment strategies reflect the languages and cultures of the families to be served.

### **Keystone PAT Recruitment Plan:**

Review each Parent Educator Recruitment Plan in August and January. Provide feedback and suggestions to include:

- School district activities
- Community activities
- Contact with potential sources of referral:
  - PAT District Liaison
  - Medical services
  - Doctors
  - Dentist
  - Health Departments
  - Community preschools and child care
  - Community Collaboration Committees
  - Churches
  - Community Screenings (Child Find)
  - Parent groups
  - Prenatal classes
  - Flyers in visible places in the community
- Facebook posts and advertisements on the Keystone PAT and district PAT pages
- Provide incentives for referring families and new families utilizing word-of-mouth strategies

Monitor caseloads and recruitment activities reported throughout the year. Provide parent educators with feedback on the completed recruitment activities on a quarterly basis.

## Retention

Strategies to encourage Retention of PAT families in the program:

- Provide clear communication about frequency of visits. Frequency of visits should be explained and agreed upon at enrollment (*see Participation in PAT Services Agreement Form*)
- Contact the family within 24 hours to reschedule if a family misses a visit.
- If a family has 3 consecutive no show appointments, send an interest phone call or letter requesting them to notify the parent educator if they want to continue with the program.
- Follow-up with families between visits to provide additional information requested by parents.
- Check in with families 24 – 48 hours prior to the visit to confirm visit and determine information and activity to bring to the visit.
- Invite families to Group Connections and encourage attendance.

## 3. Services provided to families

### Personal Visits

Parent educators use the *Foundational Curriculum* to provide families with consistent research-based, evidence informed information. Visits last approximately one hour (or up to 90 minutes for families with multiple children). Visits should take place inside the family's home unless individual circumstances make it unsafe or not possible, then visits may be conducted at a mutually agreed upon location. Parent Educators are responsible for trying to accommodate parents and family routines as much as possible when scheduling visits. When possible home visits should be scheduled when both parents can be present.

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

- Delivered by a model certified parent educator.
- At least one enrolled child is present (may be prenatal) along with at least one parent or guardian.
- Delivered to the family as a unit (visits are not done separately for each enrolled child).
- The visit is designed to include all areas of emphasis (parent child interaction, development centered parenting, and family well being).
- The planning process is documented prior to the visit.
- The visit is documented within two business days after the visit occurs.

As a professional courtesy, parent educators will notify families scheduled for visits if the parent educator will be late arriving for visits. Parent educators are expected to arrive within 10 minutes of the scheduled time.

### Planning Personal Visits

In order to make sure that personal visits are curriculum based, meet model fidelity requirements, and are tailored to the family's unique needs and interests, parent educators will:

- Deliver the eight Foundational Personal Visit Plans to each newly enrolled family.

- Fill out a Foundational Personal Visit Plan or the Personal Visit Planning Guide in advance of each visit.
- Address all three areas of emphasis (parent child interaction, development centered parenting, and family well being) during every personal visit, even when addressing families' immediate needs or during a crisis situation.
- The Family Centered Assessment and identified goals should be considered when planning a personal visit.

## Frequency

Families with one or fewer stressors receive 12 personal visits annually and families with two or more stressors receive 24 visits annually. It may be necessary to schedule more visits than expected in order to ensure a sufficient number of visits. The program year runs from July 1 through June 30.

Families may be seen more frequently with prior approval from the PAT Coordinator. Decreasing the number of visits is not an option.

Visits may be prorated for families who enroll later in the year. *See chart below*

Enrolled	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
0-1 stressors	12 visits	11 visits	10 visits	9 visits	8 Visits	7 visits	6 visits	5 visits	4 visits	3 visits	2 visits	1 visits
2+ stressors	24 visits	22 visits	20 visits	18 visits	16 visits	14 visits	12 visits	10 visits	8 visits	6 visits	4 visits	2 visits

## Caseload

Parent educators will be assigned a caseload of families at the beginning of each program year (July 1) that corresponds to the number of hours that is on their contract. For example, a parent educator who is contracted for 20 hours will have a caseload of 20 families. Families who have two or more stressors will be counted as two families. Exceptions to caseloads may be made by the PAT coordinator based on other assigned responsibilities.

## Documentation

- The Personal Visit Planning Guide will be completed in Visit Tracker prior to each visit.
- The Personal Visit Record will be completed in full for each visit in Visit Tracker within two business days after the visit.
- Documentation will be specific, objective and concise.

## Family Centered Assessments

A Family Centered Assessment gives parent educators a snapshot of the family; a picture that informs goal setting and helps the parent educator plan and deliver services. The approach to the Family Centered Assessment will be strength-based, collaborative and culturally sensitive.

### Legal requirements to disclose information

During the consent process, the following is discussed and provided in writing to the parents/guardians:

- With whom individual information provided by the family and information about services provided to the family may be shared
- Conditions under which the affiliate would release identifiable information outside of the program without written permission, namely in order to protect the parent or others from serious harm (for example, if a family member plans to harm him or herself, if a family member plans to harm another person, or if there are concerns about abuse or neglect of a child or elderly person) or if a court order requiring the release of information must be complied with

A subpoena of records received by the program will first be reviewed by the law firm used by Family Inc. The affiliate will act in accordance with the legal recommendations.

### Documentation

- Keystone Parents as Teachers will complete the *Family Centered Assessment Synthesis Record* based on Information gathered through PAT Records, personal visits, and other tools and assessments.
- The *Family Centered Assessment Synthesis Record* will be completed within 90 days of enrollment, and then annually thereafter.
- The *Family Centered Assessment Synthesis Record* will be completed in Visit Tracker under guardian assessments.
- Family Centered Assessment checkbox will be marked in Visit Tracker inside the Personal Visit Record that corresponds to the same date it was completed.

## Goal Setting

Developing goals and a vision for the future is vital for family well being.

- Parent educators will develop and document goals with each family they serve.
- Goals are identified within the first 90 days of enrollment using several sources of information including parents' interests and needs, screening information and the Family Centered Assessment.
- Goals will address parenting behaviors, child development or family well being.
- Goals should be developed in partnership with families and be attainable with clear and measurable results.
- Parent educators help families recognize and address barriers to achieving the goals they have set.
- Progress towards goals will be reviewed with families at each visit and new goals will be established as needed.
- Goals must not be older than 12 months.

## Documentation

- The *Goal Record* form from Parents as Teachers National Center will be used with families to document the steps and resources to achieve goals and track progress. Families will be provided with a copy.
- Parent educators will document goals and progress notes inside the Personal Visit Record in Visit Tracker.
- Goals older than 12 months will be entered as complete or abandoned and a new progressing goal will be written.

## Group Connections

Group connections are intentional and organized events for families to interact with each other, form support networks, share common experiences and discover new ideas that address the day-to-day challenges of parenting. Group Connections can also serve a great recruitment tool.

Group connections, must meet all of the following criteria:

- Planned and promoted in advance.
- Designed to include one or more of the three areas of emphasis (parent child interaction, development centered parenting, and family well being).
- One, or a combination of the following forms, are used: family activity, ongoing group, presentation, community event, parent café.
- Staffed by at least one model-certified parent educator or PAT supervisors.
- Planning and delivery is documented using the Group Connection Planning Guide Record.

## Individual Districts

Group Connections are provided for each school district contracting Parents as Teachers services with Keystone. Each district should ensure the following:

- Offer group connections to families 1 - 2 times each month within the school district where the family resides and/or within a 30 mile radius of where the family lives.
- Offer group connections with a variety of times, days of the week, and locations that are convenient for families.
- In total, annually offer group connections that incorporate all age groups served within the program and all areas of child development.

## Planning

When planning group connections for the year, parent educators take into consideration:

- Feedback from individual group connections
- Needs identified through the Protective Factors Survey
- Needs identified as trends in annual screenings
- Questions asked by parents at home visits
- Goals set by parents at home visits

## Group Connection Formats

Using group connection feedback from families, PEs should ensure that formats and topics

are suited to families' interest, needs and cultural backgrounds.

### **Family Activity**

- Parents engage in active, hands on learning with their children while gaining knowledge about child development and ways to promote development at home.
- Provides opportunities for children to interact with other children and adults.
- Provides opportunities for parents to build social connections with other parents as they play with their children.
- Focuses on messy play, art, gross motor, or language and reading, and other topics.
- Provides handouts to foster generalization to the home setting.

### **Presentations**

- Addresses specific information needed or requested by parents.
- Helps parents make connections with community resources.
- Provides opportunities for parents to build social connections with other parents of young children.
- Childcare may be provided.

### **Community events**

- Takes place at various locations or as an organized outing to build greater community awareness.
- Primarily focuses on family well-being while often incorporating developmental topics.
- Occurs in collaboration with other community resources.
- Examples include: health or safety fairs, car seat checks, fire station tour, etc.

### **Ongoing groups**

- Occurs over multiple sessions and may have a particular focus such as: teen parenting, positive discipline, or breastfeeding support.
- Builds social connections and support networks over time.

### **Partner**

- Providing a safe, warm, and welcoming environment
- Sharing observations of the child and parent-child interactions
- Asking for feedback on the group connection

### **Facilitate**

- Engaging parents in interactions with their child with the activities to understand how their child is developing and how they influence their child's development.
- Motivating and sustaining interactions by affirming what the parent is doing well.
- Communicating ways to encourage development, and coaching parents to try new strategies.
- Sharing relevant information about child development, parenting behaviors, and developmental topics.
- Assisting parents in establishing healthy and safe environments and parenting practices that promote the optimal development of children.

### **Reflect**

- Ask parents open ended questions about their interactions with their children.
- Discussing the information shared

- Discussing ways to use the information at home

## Documentation and Feedback

When planning and recording a group connection, parent educators will use the *Group Connection Planning Guide and Record*.

Feedback from group connection attendees on their satisfaction of the experience is important. It helps with evaluation and planning of future events. Parent educators may use the *Group Connections Feedback Form* or they may create their own way to collect feedback.

- Collect feedback after every group connection.
- Keep in mind the literacy levels of attendees.

Parent educators will document the date, location, and attendees of each group connection in Visit Tracker within two business days of the completion of the group connection.

## Child Development Surveillance and Screenings

Milestones

Child development surveillance is the ongoing observation, discussion and recording of a child development. It is based on both the observations of the parent educator and the observations and experiences of the parents.

Developmental screenings use validated and approved screening instruments or tools to consider the child's development at a single point in time.

## Resource Connections

Parents as Teachers programs must have connections with a variety of community resources that can help the families they serve. Keystone Parents as Teachers maintains a resource directory of community resources by county in the Keystone Parents as Teachers Google Drive. Parent educators are expected to maintain updates and/or changes to resources in the community of which they serve.

Parent educators connect families to community resources that help them reach their goals and address their needs. Each family will be connected to at least one resource every year they are in the program. Parent educators will:

- Give detailed, customized information, or a specific referral to parents, primary caregivers, or families about medical, dental, mental health, education, social service, recreational, and enrichment resources in the community or
- Suggest that a specific assessment or community service could support the family in addressing and identified need or goal.

## Follow Ups

Referral follow-ups must be timely to meet families' needs and assist families with overcoming barriers to accessing resources.



## **Documentation**

All recommended resources and referrals, follow up efforts and status of recommended resources and referrals are documented in Visit Tracker within two business days.

Progress notes are documented in Visit Tracker after each personal visit until:

- The family follows through on the referral or
- The family decides they are no longer interested in completing the referral.

## **Parents as Teachers Partners**

Keystone Parents as Teachers partners and collaborates with other early learning professionals in each county of contracting school districts in the following ways:

- County Early Childhood Collaboration/Coalition Committees
- School District Early Childhood Teams
- Early Childhood Community Screenings in each district
  - Provided monthly
  - Parent educators provide the Ages and Stages Developmental Screening with children under age 3 years

## **Resource Connection Plan**

In August and January, parent educators submit a bi-annual plan to connect, partner, and collaborate with key services in the community that they work including the following:

- Community libraries
- School districts
  - Staff (superintendents, elementary staff, preschool staff, nurses, counselors, etc.)
  - School board meetings
  - Parent groups (PTO, PTA, site councils, etc.)
  - Teen parent groups
- Day care centers and day care home-based child care
- Medical community
  - Physicians
  - Nurses
  - Prenatal classes
  - Dentists
  - Eye doctors
  - County Health Department and WIC Clinics
- Community Groups
- Area churches

## **Documentation**

Supervisors review the plan with the parent educator and follow-up on planned activities at reflective supervisions. The supervisor records the completed community connection activities on the parent educator's Blueprint of Parent Educator Activities and Services.

## 4. Transition planning and exit

### Retention

Family engagement is an intentional, ongoing partnership. Regular participation involves providing services at times that are convenient for the families served, including evenings and weekends. Parent educators' schedules should include some evening and weekend time for visits and/or group connections. Keystone PAT is designed to provide families with at least 3 years of PAT services. Retention in the program is essential to providing families with the optimum benefits of the program services.

When the time comes for a family to transition out of the program, family engagement continues to play a vital role. A family's exit should be planned, to help ensure they stay connected to community resources, and identify any additional resources and/or support that may be helpful.

Families who are exiting the PAT program will be offered access to group connections.

### Transition Planning

Exit from the program may be planned or unplanned. Rationale for a planned exit may include, but are not limited to, families who may have any combination of the following:

- The child is turning three years old
- The family is planning to move out of district
- Have received at least 3 years of service
- Have no risk factors or identified needs through screening and/or assessment
- Have resources they access beyond the scope of PAT services
- Have resources and plans for child to attend preschool

When a planned exit from PAT services is foreseen, the program uses the *Keystone PAT Transition Record* for planning and discussing the family's exit from services, involving all family members. This process will begin as soon as it becomes known the family is leaving or in the case of aging out, at least 3 months prior to the exit date. With written permission, the parent educator may contact community resources in order to support the family following their exit from PAT.

Parent educators will review each *Keystone PAT Transition Record* with their supervisor to discuss the identified resources and needs of each family. The final determination of whether continuation of services is appropriate is made by the supervisor in the event that the parent educator and supervisor do not agree.

Guidance for a family continuing with PAT services include, but are not limited to, families who:

- Have received fewer than 3 years of service
- Have an unmet goal that requires additional support from the parent educator
- Have screening results within the monitor zone or below cutoff

**See *Keystone PAT Transition Plan***

## Exiting Families

Rationale for an unplanned exit may include, but are not limited to, families who have any of the following circumstances:

### Multiple missed visits

When a family misses or cancels a visit, the parent educator should contact the family within 24 hours to reschedule the next visit, optimally within a two weeks from the scheduled visit.

If a family has 3 consecutive no show appointments, an interest phone call or letter will be sent requesting them to notify the parent educator if they want to continue with the program. It is the parent educator's responsibility to see that this phone call or letter is completed. Form letters for this use are located on the Keystone PAT Team Drive.

### Gaps in Visits

If a family has not had a personal visit in 3 months, for whatever reason, the Parent Educator will exit the family (exit date is the date of last completed personal visit). If the Parent Educator makes contact with the family after exiting and resumes services, a new enrollment date for the family should be entered with the date of that visit.

### Hold Status

A "hold" period is a status that a family can be assigned due to a pre-planned absence from services. Families may not be placed on hold due to absence or unavailability of a parent educator to provide services (e.g. due to extended leave, absence, termination, or resignation). Families who do not resume services as planned will be exited from the program.

The hold period must be:

- planned in advance
- a time period of no more than 6 months
- approved by the supervisor

In the unlikely event that funding is lost and services can no longer be provided, the parent educators will connect families to other services and resources in the community and provide at least one transition/closing visit.

### Documentation

Parent educators will accurately document the following in Visit Tracker as appropriate:

- Parent no shows
- Parent or parent educator cancellations
- The next scheduled visit
- Start and end dates for a Hold status
- Exit date (date of last completed personal visit)
- Reason for exit

#### Exit Files:

- Families who have exited should be brought to the Keystone PAT office at the next staff meeting or within 30 days of exit.
- Exit files will be clearly marked as “exited” and stored in the Keystone PAT office in a locked cabinet.
- Exited family file should include:
  - Exit Record printed from Visit Tracker
  - Parent Agreement Record
  - All developmental screening protocols and health records
  - Any other records signed by the family (permission to share information, IFSP, etc).
- Will be shredded after three years from the last date of service.

## 5. Data collection and documentation of services

### Record Keeping

Data collection is a key part of the parent educators’ job. For purposes of continuous quality improvement, staff must ensure accurate and timely data collection in each family file and in Visit Tracker. Parent educators will contact their supervisor immediately if they have questions or are unsure about where or how data should be stored.

### Security

Paper and electronic records are securely stored and accessed only by authorized staff.

- Visit Tracker - highly secure, HIPAA compliant data management system. Parent educators are to access Visit Tracker from a secured server and internet connection.
- Signed consent, permission forms to release information, and other paper records are maintained in the child/family file which is kept in a locked cabinet and/or secure fashion.

### Child/Family Files

All family and child data is the responsibility of the parent educator. Entering complete data and making sure it is accurate is integral to the program success. Bi-annually (June and December) each parent educator will verify the accuracy of all child and family data. Parent educators must update information as often as change occurs with families.

Record	Location	Where to store	When to complete
Intake Record	Enrollment Record	Paper file and VT - Guardian Data	First visit
Family Information Record	Enrollment Record	Paper file and VT - Guardian Data	First visit

Child Information Record	Enrollment Record	Paper file and VT - Child Data	First visit
Parent Information Record	Enrollment Record	Paper file and VT - Guardian Data	First visit
Personal Visit Planning Guide	Visit Tracker	Visit Tracker - Contact History	Prior to each visit
Participation Agreement	Google Drive	Paper file	First visit
Personal Visit Record	Visit Tracker	Visit Tracker - Contact History	Within two business days of each visit
Group Connection Planning Record	PAT Records	Paper file and VT	Prior to Group Connection
Milestones	Visit Tracker	Visit Tracker - PVR	Updated and reviewed after each visit
Child Health Record	PAT Records	Paper file or VT - Child Screenings	Within 90 days of enrollment, or birth
Screening Summary for ASQ:3 or ASQ:SE2	Screening, Visit Tracker	Paper files, VT - Child Screening	Every child by 7 months of age or 90 days after enrollment (for children enrolled a 4+ months), and then at least annually
Family Centered Assessment Synthesis Record	Visit Tracker	Visit Tracker	Within 90 days of enrollment, then annually
Goal Record	PAT Records, Visit Tracker	Paper file, VT - Guardian page	Within 90 days of enrollment, then annually. Goals written throughout the year.. Progress notes written after each visit.
Resource Connections Record	PAT Records, Visit Tracker	Paper file, VT - Guardian page	Annually. Progress notes written after each visit.
Transition Plan Record	Google Drive	Paper file	About 90 days prior to child's 3rd birthday, then annually if the child is still enrolled.
Exit Summary	Visit Tracker	Visit Tracker	At exit
Permission to Exchange	Google Drive	Paper file	Obtained prior to contact of outside

Information			agency.
Mandatory Child Protection Responsibilities	Resource Network Database and any written documentation	Paper file and VT - pvr	Fulfilled with any child abuse or neglect concerns

Respect for families' rights and confidentiality are central to the relationship with the family. The Keystone PAT program obtains families' consent for services, maintains confidentiality in accordance with legal requirements, and keeps family records secure.

As outlined in the Consent, parents or legal guardians have access to their family file. To access, they must make the request in writing to the program supervisor (contact information is provided in the Consent). The parent is informed to allow up to three business days for access and sign a statement that they were provided with their records. Paper printouts of the records within Visit Tracker are provided.

## Release of information

### Initiating exchange of information

Before communication and exchange of information occurs with a community provider or organization, written permission to exchange information is obtained from the parent, using the PAT Permission to Exchange Information form. Each permission to exchange information is for a specific agency or organization. The permission outlines the specific information that will be shared and with whom. The permission also states the time period for which it is valid and is signed by the parent.

### Receiving a request for exchange of information

Before a program responds to a request to release information, it must receive a written, signed, current permission to exchange information and inform the parent that this request has been received. A copy of the signed request to release information is placed in the family file. A parent is notified that a request for exchange of information has been received before the parent educator responds to it.

### File Reviews

Reviewing child/family files on a quarterly basis is a part of quality assurance. Supervisors will review files for each parent educator as outlined in the *Family File Review Tool* by PAT.

### Data Collection reporting

Coordinator and Assistant Coordinator provide quarterly and annual progress reports with the following information:

- Number of families served
- Number of families newly enrolled

- Number of families exited
- Number of families served with multiple stressors
- Number of currently active families
- Number of Personal Visits
- Percentage of families meeting PATNC benchmark with personal visits
- Number of Group Connections
- Number of PAT families that have attended a Group Connection
- Number of families who have received a family assessment
- Number of families who have set a goal
- Number of families who have been connected to a resource in the community
- Number of children served
- Number of children fully screened
- Number of children who have been referred based on screening
- Number of children who received follow-up services

Reports will be provided to the following:

- Each contracting school district superintendents
- Keystone Board of Directors
- Keystone Executive Director
- Keystone Advisory/Liaison Board
  - The Keystone Advisory Committee will meet every 6 month and the following will be shared:
    - Data from the Affiliate Performance Report
    - Data from the Outcomes Measurement Tools
    - Group Connections planned
    - Overview of recruitment efforts

## Quality Assurance

Quality assurance in PAT focuses on monitoring fidelity and quality, along with compliance for funding.

### Supervisor Responsibilities

- Monitor timeliness, amount and frequency of services families are receiving.
- Annually, observe each parent educator conducting a personal visit and group connection.
- Review child/family files on a quarterly basis.
- Review data and communicate with parent educators monthly about collected data.
- Complete Blueprint.

### Parent Educator Responsibilities

- Document services provided to families in an accurate and timely fashion, using the approved documentation form and/or data base systems.
- Provide families with the opportunity to provide parent feedback via the annual Parent Satisfaction Survey in a way that they feel most comfortable (Survey Monkey or paper copy).
- Maintain quarterly contact with district liaison.

## Evaluation of Outcomes

The following evaluation methods will be used by the program coordinator and supervisors to focus on the effectiveness of the program's services:

- **Affiliate Performance Report** (annually)
  - The APR reports data on service delivery, program implementation, and compliance with the Essential Requirements. The program uses the data from the APR for continuous quality improvement.
- **Performance Measures Report** (monthly)
  - The PMR can be used by supervisors on a monthly basis to make sure that parent educators are meeting essential requirements and entering data correctly.
- **Family Feedback** (continuous)
  - Parent Satisfaction Survey - sent to enrolled families annually via Survey Monkey or if preferred, by paper.
  - Group Connection Feedback Form
  - Exit interviews
- **Outcomes Measurement** (measured annually)
  - **Parental Stress Scale** -parent educators will ask caregivers to complete before September or within 90 days of enrollment for new families, and again at the end of the program year. Results from the Parental Stress Scale are entered into Visit Tracker within 2 business days after completion.
  - **Smoke free home environment** -parent educators will report to their supervisor how many families on their caseloads have a smoke free home at the beginning and end of the 2018-2019 program year. All families will be given information about the importance of having smoke free homes, as well as resources they might request in order to establish a smoke free home, at the beginning of the year.

## 6. Staff qualifications and personnel

Keystone PAT staff consists of:

- Program Coordinator (1) who also fulfills the roles of Supervisor and Parent Educator
- Assistant Coordinator (1) who also fulfills the roles of Supervisor and Parent Educator
- Supervisors (2) who also fulfills the role of Parent Educator
- Parent Educators (18)

### Coordinator and Assistant Coordinator

The PAT Coordinator provides leadership, oversight and vision for the work of the program. The Coordinator monitors the quality of services, evaluate the program, and engage in continuous quality improvement. The Assistant Coordinator supports the Coordinator and completes duties as needed.

#### Coordinator and/or Assistant Coordinator Responsibilities

- Monitor timeliness, amount and frequency of services families are receiving.
- Annually, observe each parent educator conducting a screening during a home visit.



- Monitor that supervision, staff meetings, the *PAT Core-Competency* assessments, and performance reviews are happening as expected.
- Review this Policy and Procedures Manual annually and make updates as needed.
- Provide parent educators with the annual Parent Satisfaction Survey (Survey Monkey and paper copy).
- Address issues identified through quality assurance monitoring, observations and review.
- Provide administrative and reflective supervision for supervisors.
- Provides quarterly and annual progress reports to the following:
  - Each contracting school district superintendents
  - Keystone Board of Directors
  - Keystone Executive Director
  - Keystone Advisory/Liaison Board

## Supervisor

Supervisors assist the coordinator and assistant coordinator by providing reflective supervision to no more than 12 parent educators, observing parent educators during essential job requirements, and monitoring data. Supervisors should have at least five years experience working with families and young children, a bachelor's degree and be committed to reflective supervision, data collection, and continuous quality improvement.

## Parent Educators

The minimum qualifications for a parent educator is a high school diploma or equivalency degree and two years of supervised work experience with young children and/or parents.

## The PR Blueprint-Performance reviews

Using the *PAT Blueprint*, supervisors will monitor and record data for each parent educator. Any noted questions or issues will be discussed with the parent educator. Issues that cannot be resolved between the supervisor and parent educator will be brought to the attention of the program coordinator. The supervisor will be looking at the following:

- Caseload numbers (enrollment, exits, transition, recruitment)
- Gaps in visits and strategies ensure personal visits are provided monthly or bi- monthly
- Compliance with:
  - personal visits
  - Screenings
  - goal setting
  - family assessments
  - referrals and connections
  - group connections

## Operations--Staffing and Personnel

Keystone Parents as Teachers strives to maintain a skilled and capable workforce. Employment and personnel practices facilitate an equitable and supportive work environment.

Keystone PAT Staff must also read and understand the Keystone Policy and Procedures Manual as overall policies for all Keystone Learning Services Staff.

Keystone PAT Staff should refer to this Policies and Procedures Manual for policies and procedures specific to Keystone Parents as Teachers work activities.

## **Job Descriptions:**

### ***See the Appendix for the following Job Descriptions:***

- Program Coordinator Job Description
- Assistant Coordinator Job Description
- Supervisor Job Description
- Parent Educator Job Description

## **Staff Work Hours:**

Staff must be available to meet with families at a variety of times of day:

- Morning
- Afternoon
- Evening
- Occasional weekend

Staff are encouraged to limit evening personal visits to work no more than 3 nights per week and/or 2 nights per week and 1 weekend day. If a parent educator's caseload changes to increase beyond this recommendation, the parent educator should discuss their caseload with their supervisor. A night waiting list may then be generated.

Families should be provided options of days of the week for visits including evening visits. It is expected that staff have at least 2 evenings available for parents to choose from.

Parent educators are expected to be available at least 2 evenings per week for work activities.

Examples include:

- Personal visits
- Group connections
- Recruitment event
- Presentation or visibility event

As a parent educator's caseload changes throughout the year and parents' availability changes throughout the year, a parent educator's hours will vary throughout the year. Staff should strive to balance their hours by the end of each month to work within the number of hours they have been contracted for. Staff should not exceed the number of hours on their contract for the year. Parent educators must have flexibility to meet with parents based on the parent's availability.

## **Personal Appearance and Dress:**

Staff should be mindful of their appearance and strive for a professional appearance while representing Keystone Parents as Teachers. It is understood that parent educators will dress appropriately for home visits and group connections where they will need to sit on the floor. Appropriate professional dress demonstrates a high regard for PAT services and will present an image consistent with job responsibilities and community values and expectations. Appropriate professional dress reflects a shared vision of the Keystone Learning Services as motivated professionals working toward a common mission. In addition, it strengthens the community's perception towards the PAT program, Keystone Learning Services, and the school districts we serve.

The Keystone Learning Services Board of Directors encourages appropriate dress that adheres to commonly accepted business casual standards. Clothing should convey a professional image by being coordinated, modest, and appropriate.

Clothing not appropriate includes, but is not limited to, the following:

- Torn, faded, or frayed jeans
- Spandex
- Jogging/athletic suits
- Shorts above the mid thigh or sweatpants
- Low cut or revealing tops
- Clothing with non-PAT messages or logos during work activities. Examples including, but are not limited to:
  - Beer company logos, Religious or political messages, Advertisements.

Keystone PAT Staff are encouraged to wear clothing with the Parents as Teachers logo during all work activities.

Keystone PAT name badges are also provided to all staff. PAT staff are encouraged to wear name badges to enrollment visits and while in school district buildings or other work events when with a variety of people or groups. Examples include but are not limited to:

- Group Connections
- Community Interagency Coordinator Council meetings
- Recruitment activities
- Community screenings

### **Professional Conduct:**

The use of cellphones during a Home Visit or Group Connection is inappropriate. Cell phones should be placed in the "silent" mode during visits and calls should not be made or returned until the visit has been completed.

### **Documentation of Work Activities:**

Keystone Staff must record all work activities on their weekly PAWS Work Schedule in the following manner:

- General work activity. Examples include:
  - PV Smith
  - Drive to PV Smith
  - Prep Group Connection

- Post recruitment flyers
  - Staff meeting
- Program component area:
  - PV (Personal Visit)
  - M (Mileage Time)
  - CM (Supervision)
  - TR (Training)
  - GC (Group Connection)
  - RR (Recruitment & Retention)
  - RN (Resource Network)
  - PM (Program Management)
  - HOL (Holiday)
  - VAC (Vacation)
  - PERS (Personal Day)
  - SICK (Sick Day)
- Number of hours worked
  - Recorded to the closest quarter of the hour in time

Staff are encouraged to record work activity on a daily basis. All work activity must be recorded each week on Friday by 5:00 pm.

#### **Documentation of Mileage for Reimbursement:**

Keystone Staff should record all mileage for reimbursement on their monthly Expense Report in PAWS in the following manner:

- Date
- Travel location (Lawrence/Oskaloosa/Ozawkie/Lawrence)
- Activity (PV Smith/Meet at Business Office)
- Activity recorded on the Expense Report must match mileage and activity time recorded on the Work Schedule
- Accurate number of miles

A PAT Staff members' homes are considered their home base. Therefore, mileage starts from the staff member's home to the work activity and return to the home.

Staff are encouraged to record mileage on a weekly basis. All mileage must be recorded by the last day of each month by 5:00 pm.

#### **Expenses for Reimbursement:**

Expenditures for work activities may be purchased by staff without prior approval for needed items under \$25.00. Any expenditure over \$25.00 (other than expenditures for Group Connections) must be pre-approved by the Program Coordinator. Examples of expenditures include but are not limited to:

- Consumable items for personal visits
- Replacement parts for personal visits
- Office supplies not available at the PAT Office
- Group Connection supplies

Detailed receipts for all expenses for reimbursement must be submitted along with the Expense Report. Staff will not be reimbursed for Kansas State Sales Tax. A copy of Keystone's Tax Exempt Certificate is provided to staff members to assist with purchase.

### **Group Connection Budget:**

Each parent educator is provided with a Group Connection budget for each district that they serve families. This budget is based on the number of families served. Parent educators sharing a district are expected to plan together on how to spend the Group Connection funds. The funds do not need prior approval from the Program Coordinator. Purchases using Group Connection funds may be made by Parent educators or ordered through the Program Coordinator or Assistant Program Coordinator.

### **Process of Parents as Teachers Work Schedule and Expense Report:**

Keystone PAT Staff must have all information accurately entered into the data system: PAWS at the following online site:  
<http://www.precisiondatam.com>

The Assistant Program Coordinator will check the reports in PAWS for accuracy and completeness on the 1st day of each month. The Assistant Coordinator will email each staff member once the reports have been checked. Staff must email the reports and copies of receipts to the Program Coordinator before the 5th of each month. Reports should be named as follows:

- PAT Work Schedule Jan Lname
- Exp Report Jan Lname

Abbreviations for each month are the 1st 3 letters of the month. For example:

- Jan
- Feb
- Mar
- Apr

Parent Educators should total their monthly hours and enter the total hours under the weekly hours on the PDF copy of the PAT Work Schedule. Leave dates and total days should be entered on the PDF copy under the signature.

Parent Educators must sign and date their PDF copy of the PAT Work Schedule and Exp Report.

All information reported on the PAT Work Schedule and Exp Report must be accurate information. Falsification of information reported is considered misuse of state funds and will result in immediate termination of employment.

### **Home Office:**

Keystone PAT Staff work from their homes and travel to a variety of work activities. Examples include but are not limited to:

- Personal Visits

- Group Connections
- Meetings with early childhood community groups
- Meetings with district personnel
- Recruitment and visibility events
- Staff meetings and trainings
- Staff must provide an updated copy of their vehicle insurance to the Keystone Learning Services business office.

Staff are provided with equipment and supplies needed to carry out work activities. Examples including but are not limited to:

- Laptop
- Printer(s)
- iPad
- Printer paper
- Personal Visit supplies
- Group Connection supplies
- Recruitment supplies

Staff are provided time for home office organization. This includes:

- Filing
- Review of files for accuracy and completion
- Organization of materials and supplies
- Purging of materials and supplies
- Cleaning of materials and supplies

Staff are expected to annually assess their needs for materials and supplies. Staff should communicate with the Program Coordinator or Assistant Coordinator any material or supply needs for the year. Annually, staff should assess what materials and supplies in their home office that are not needed. For items not needed, staff should either:

- Return items to the Keystone PAT Office OR
- Purge broken and outdated materials and supplies

All Keystone PAT equipment and supplies must be returned to the Keystone PAT office prior to departure from employment with the exception of:

- Partially used consumables
- Broken supplies
- Outdated materials

## Use of Technology

### Acceptable Use of Computers, Networks, Internet, Electronic Mail and other Online Services:

Keystone Learning Services supports the use of District technology for work related purposes and in support of the District's educational objectives. Employees are responsible for displaying appropriate behavior and maintaining a professional and productive learning and working environment when using district technology. Use of computer technology must comply with Keystone Learning Services and school rules for appropriate use, and local, state and federal statute, including copyright law. To prevent damage to Keystone PAT electronic devices while in

use, staff should:

- Refrain from consuming food and/or beverages
- Always transport in a protected carrying case
- Closely monitor the device when in use of another person
- Never leave the device unattended unless in a locked and safe location. For example,
  - In a locked house, office, or vehicle
  - Avoid exposure to extreme heat or cold

Staff may use the Keystone PAT electronic devices for limited personal use. However, staff should refrain from inappropriate and/or illegal use of these devices and does not interfere with professional responsibilities or educational processes. Users are responsible for protecting their passwords. Employees will not use another individual's account without written permission. District networks are not private. Authorized personnel may review directories, files and communications to prevent misuse and to perform system maintenance. Employees are not permitted to access or possess computer resources containing defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive or illegal material. Misuse of district technology may result in disciplinary action up to and including suspension of computer rights, suspension of employment, termination and/or criminal prosecution.

## Leave Requests and reimbursement

Employees may request professional development provided by other organizations:

- Submit a "Professional Development Request Form" to the Program Coordinator 10 days before a scheduled event is to occur.
- Request should include a description and objects of the event.
- Arrangements for direct billing of expenses to be incurred by staff for approved Professional Leave will be made whenever possible.
- Approval will be at the discretion of the Program Coordinator.

Reimbursement:

- Expenses must be pre-approved by Coordinator.
- Submit expenses for reimbursement on the *Professional Development Expense Voucher* electronically with photo of all receipts by the 1st of each month at noon.
- Original receipts must be submitted to the business office prior to the 5th of each month.
- Receipts should not include tax or tip.
- Receipts should include work expenses only and not personal purchases or alcohol.
- Receipts should show the purchase date, place of purchase, and itemization of the purchases.
- Meals are not reimbursable for day trip conferences.
- Meals are only reimbursable for overnights, if the meal is not provided at the event.
- Daily allowable meal reimbursement should not exceed \$45
- DO NOT submit Professional Development MILEAGE or EXPENSES on an EXPENSE REPORT

## Staff Turnover

In the case of a planned departure by a parent educator, every effort will be made to have the new parent educator and departing parent educator meet together with the family at a personal

visit or group connection. If this is not possible, the supervisor will contact the family to explain how they will continue to receive services.

If a parent educator leaves the program without transition time or must take an extended leave, their families will be divided up among the other parent educators that have availability on their caseload. If a family cannot be re-assigned right away, the family will be provided with a weekly phone call and at least 1 visit monthly from the supervisor until there is an opening.

## 7. Orientation and training for new staff

All parent educators who deliver Parents as Teachers services to families are required to attend the *Foundational and Model Implementation* trainings and pass a background check before delivering service.

New supervisors will attend *Foundational and Model Implementation* trainings.

Parent educators who are delivering services to families with children over three years old will attend the *Foundational 2 Training: 3 Years Through Kindergarten*.

### Guiding New Parent Educators

Upon hire, Keystone Parents as Teachers will provide the following information to new staff:

- Payroll Processing
- Introductions to office staff
- Keystone Employee Handbook
- PAT Personnel Policies & Procedures Handbook
- Laptop Computer & Printer for use in home office
- Keystone email address

Following PAT *Foundational and Implementation training*, the new parent educator receives the following training and support with:

- Visit Tracker data system, data collection, and family/child files
- Screening tools:
  - Functional vision screening and Spot Vision
  - Hearing screening and OAE
  - ASQ-3 and ASQ-SE2
- Home Visit Safety
- Child Abuse & Neglect and mandated reporting
- Client Confidentiality
- Observations with at least 5 visits and 3 different parent educators
- Communication with families and community

The supervisor provides more frequent supervision during the new parent educator's first 6 months of employment, using the Foundational Reflective Supervision Plans from the PAT Reflective Supervision Toolkit.



## Shadowing

Within the first six months, the newly hired parent educator shadows a more experienced parent educator on personal visits. In total, four visits are shadowed with one of these visits including screening. The new parent educator also attends the group connections during this time to observe and assist as appropriate. Shadowing can occur prior to *Foundational Training*.

## Observations of New Parent Educators

New parent educators are observed by the supervisor or lead parent educator delivering a personal visit, screening and group connection within 6 months of *Foundational Training* and again at 1 year, using the *PAT Personal Visit Observation Tool* and *PAT Group Connection Observation Tool*. Verbal feedback may be given directly following the visit if possible. In addition, written and verbal feedback is provided at the following supervision session.

## Documentation

To document these observations, the supervisor enters each observation in Visit Tracker and also maintains the completed observation tools in the individual's supervision file.

**See New Hire Orientation Checklist (Appendix)**

# 8. Supervision and professional development

## Supervision

Each parent educator is assigned to one supervisor. The purpose of supervisor is to:

- Provide reflective and administrative supervision
- maintain ongoing communication throughout the month
- Help with general questions
- Follow-up on feedback provided during monthly reflective supervision

## Reflective Supervision

Reflective supervision will cover case discussion and provide opportunities to address ethics, roles, boundaries, skill development, use of the PAT curriculum, well-being and how to avoid burnout. Supervisors will follow the guided plans of the *PAT Reflective Supervision Toolkit* to facilitate quality reflective supervision sessions.

- Parent educators (working 20+ hours per week) will receive a minimum of 2 hours of individual, reflective supervision.
- Parent educators (working less than 20 hours per week) will receive a minimum of 1 hour of individual, reflective supervision.
- Time spent in group supervision will *not* count towards the required individual, reflective supervision time.

## **Reflection**

In a non-judgemental and safe environment, parent educators and supervisors have conversations that encourage parent educators to thoughtfully explore their work. Ultimately, self-awareness is increased and the parent educator grows as a professional.

## **Collaboration**

The supervisory relationship is built on trust, mutuality, authenticity, and partnership. Both supervisors and parent educators identify opportunities for professional growth. The relationship between supervisor and parent educator is parallel to the relationships of the parent educator and the families they serve.

## **Regularity**

Reflective supervision sessions are planned and scheduled in advance so that parent educators can consistently have time to exhale from the everyday demands of work to process their thoughts and emotions with someone who cares about their professional growth.

## **Administrative Supervision**

Supervisors will monitor data in Visit Tracker on a monthly basis, provide quarterly file reviews, and conduct annual observations for each parent educator.

## **Supervision for Supervisors**

Supervisors who carry provide home visits to families must engage in monthly reflective supervision. Supervisors who carry a caseload equivalent to less than half time will engage in at least one hour of supervision. Supervisors who carry a caseload equivalent to half time or more will engage in at least two hours of reflective supervision.

In addition to reflective supervision, supervisors will meet with the program coordinator on a quarterly basis to review and monitor data for fidelity and quality. The following examples of data that may be reviewed:

- PE Blueprint
- PE File Review
- PE PV Observation
- PE GC Observation (if one is completed during the year)
- PE Core Competencies and Professional Goal

## Observations of parent educators

For each parent educator, supervisors (and sometimes coordinator and/or assistant coordinator) will conduct annual observations and provide written and verbal feedback of the following:

- Annual personal visits using the *Personal Visit Observation Tool*
- Quarterly group connections using the *PAT Group Connection Observation Tool*
- Annual screening during a personal visit

## Documentation

To document these observations, the supervisor enters each observation in Visit Tracker and also maintains the completed observation tools in the individual's supervision file.

## Ongoing professional development

Ongoing professional development increases the knowledge, skills and competence of the parent educator, supervisor, and coordinator. Parent educators are required to obtain competency-based professional development to renew certification with the national office annually.

- Parent educators in their first year of certification are required to obtain 20 clock hours of professional development after completing the *Foundational and Model Implementation* trainings.
- Parent educators in their second year after certification are required to obtain 15 clock hours of professional development.
- Parent educators in their third year after certification and beyond are required to obtain 10 clock hours of professional development.

Supervisors will use the *Core Competencies Self Assessment* as part of reflective supervision to help parent educators set professional development goals and identify opportunities for growth. Professional development should focus on the five PAT core competency areas. Examples of professional development opportunities:

- PAT trainings
- Accredited college courses
- Continuing education or professional development conferences
- Workshops or seminars
- Online trainings
- Participation in the quality endorsement and improvement process

Keystone PAT provides monthly professional development to enhance the knowledge base of parent educators and increase their competence in delivering services to children and families. Topics for monthly professional development are identified by staff and planned by the supervision team for the year.

At staff meeting, the following is shared and discussed to provide ideas and increase parent educator's abilities in providing PAT services:

- Visit ideas and tips
- Group connection ideas

- Recruitment activities
- Resource connections made in the community
- Screening review and tips
- Tips on organization and record keeping
- Administrative issues
- Program fidelity
- Visit Tracker program reports for review and discussion of implementation and outcomes
- Additional professional development hours may be obtained through:

## Staff Meetings

All parent educators will attend mandatory monthly staff meetings, lead and facilitated by the Program Coordinator. Dates and times for staff meetings are set in advance for the program year, with input from staff and respect around holidays, so that staff can avoid conflicts. Staff should plan leave time for dates other than scheduled staff meetings. If a staff member misses 2 or more staff meetings within a year, a written reprimand will be placed in the staff member's file.

Over the course of a program year, staff meetings address:

- administrative issues
- sharing of data system reports for review and discussion of implementation and outcomes
- case discussion, highlighting celebrations and challenges from the parent educators
- collaboration among parent educators
- skill/team building
- Training

## Documentation

Staff meetings notes and attendance are documented and kept on the Keystone PAT Google Team Drive.

## 9. Parent Educator Safety

An overarching principle about parent educator safety is for the parent educator to listen to their instincts about their sense of safety and to involve their supervisor to help address any concerns. This may include but is not limited to being accompanied on a visit and if necessary, relocating visits to a public location.

### Sharing of schedules and communication while in the field:

Parent educators are expected to maintain an up-to-date calendar in Visit Tracker, which is visible to the supervisors and program coordinator. If the parent educator has a late night visit or a visit in an area with safety concerns, the parent educator contacts the supervisor before the visit and confirms the time and location of the visit, and then contacts her again when leaving the visit. In case of an emergency, the parent educator

contacts the proper authorities and then calls the affiliate supervisor directly after.

### **Outdoor safety and travel:**

Parent educators are expected to have a vehicle in good working condition with sufficient fuel at all times. Parent educators should get clear directions for where they are going and map out the safest, most direct route ahead of time. To facilitate this, all parent educators are expected to download an app on their work phone that updates them about neighborhood safety issues. Purses, iPads and laptops should be put in the trunk of the car before leaving the building or locked up in the desk at the office. The parent educator parks as close to the home as possible and keeps the car locked. It is important that parent educators are organized ahead of time so that when they arrive they are not spending time getting things together. Parent educators should be vigilant about their surroundings, paying attention to possible risks in their environment. If necessary, parent educators ask the parent to escort them in and out of the home. A parent educator should not enter a home if there is yelling, screaming, breaking glass. Policy: Maintaining staff safety is of paramount importance to the Keystone PAT program. To this end, supervisors and parent educators must be well informed about and utilize strategies designed to promote staff safety. Parent educators need to be aware of all exits from the home and the fastest route to their car.

## **Safety during personal visits:**

Parent educators should not wear or bring valuables on a visit, should wear comfortable clothing and shoes that allow them to move easily, and carry identification on their person. Visits should take place in common areas of the home, such as the living room or kitchen. The parent educator should sit facing a door, and if possible, in a hard-backed chair for easy exit. Parent educators refrain from touching or petting animals. If a parent educator feels unsafe around a family pet, he/she will ask if the pet can stay in another room. If the parent is unwilling to do so and the parent educator feels endangered by the animal, he/she will leave the visit.

If a parent, guardian or caregiver in the home is agitated or aggressive, the parent educator may attempt to de-escalate the situation if he/she feels comfortable doing so and is not in immediate danger. If the parent educator is not able to de-escalate or does not feel safe in attempting to do so, he/she leaves immediately as calmly as possible, and contacts the police and then the affiliate supervisor to determine if a hotline call should be made. As soon as possible following this incident, the parent educator contacts the family to check on their safety.

If a parent educator observes what appears to be illegal activity in the home such as the sale or manufacturing of drugs or a significant safety concern such as a gun that the parent declines to lock up, he/she leaves the home as quickly and calmly as possible. The parent educator then immediately contacts the supervisor and determines the authorities that need to be contacted (such as the police and/or child abuse/neglect hotline). As a reminder, if for some reason the supervisor cannot be reached, parent educators should ensure that they fulfill their mandated reporter responsibilities whenever it applies to a situation.

## **Communicable disease/sanitation precautions:**

Parent educators wash their hands or use hand sanitizer before and after each visit to help prevent bringing germs into the family's and their own homes. If the parent educator observes evidence of a pest control problem in the home, he/she should use a mat for the visit activities and then place the mat in the trunk of the car after the visit. Materials that the parent educator takes to and from visits should be regularly disinfected.

# **10. Client rights and confidentiality**

## **Consent for Services**

A participation agreement/consent for services must be reviewed, discussed, and signed with the family by the end of the first visit in which a Foundational Personal Visit plan is used. This is also the date the family is considered enrolled. Parent educators will:

- clearly explain and describe to families the expectations for visit frequency and parents' participation.
- talk through each item on the agreement form while encouraging parents to share any questions or concerns.
- Let parents know that they may change their minds at anytime.

### **Documentation of Consent form**

- At least one parent/guardian must sign the agreement form.
- Provide a copy of the agreement form to each family.
- A hard copy of the agreement form will be kept in the child/family file.
- Review and sign the Keystone Parent/Parent Educator Agreement Annually with each enrolled family.

***See Enrollment Form & Participation in PAT Services Form in Appendix***

### **Confidentiality rules when working with enrolled families**

Respect for families' rights and confidentiality are central to the relationship with the family. Keystone PAT program obtains families' consent for services, maintains confidentiality in accordance with legal requirements, and keeps family records secure.

- Confidentiality refers to the protection of personally identifiable information at all stages, including the collection, use, and maintenance of education records.
- Confidentiality applies to both written records and or all information.
- Violations of confidentiality could result in disciplinary actions being taken against the employee, including termination.
- If a parent educator must talk to someone else, talk to your supervisor or someone who has shared access to the individual or information to be shared.
- Parent educators may share confidential child or parent information only with their Supervisor, Program Coordinator, and Keystone administration.
- Confidential information, whether perceived to be positive or negative, must never be shared by a Parent Educator other than those identified above.
- When taking equipment or files out of a building or home office, staff must use all forms to securing items, such as storing items in a locked vehicle, or in a trunk (if applicable). In addition, passwords and other measures of security must be established on electronic devices.
- Employee must notify Keystone Administration if any breach of confidentiality or losses of devices or files happens with secure Keystone information.

### **Case consultation within the organization**

Case consultation occurs during individual, reflective supervision, staff meetings and consultation with the mental health consultant. Case consultation takes place in a setting with sufficient privacy so that it is not overheard. Only initials or first names are used during case consultation and the minimum amount of information necessary to facilitate the consultation is shared.

### **Personal visit privacy measures**



If people other than the parents/guardians or caregivers are in the home during the visit, the parent educator does his/her best to maximize the privacy of the visit.

### **Accommodations for disabilities:**

Keystone PAT complies with the Americans Disabilities Act (ADA) and its associated regulation. In addition, the Keystone PAT program strives to facilitate the participation of all eligible families and makes every effort for additional accommodations as necessary.

### **Participant grievances**

A participant can file a grievance against the Keystone PAT program by contacting the Program Coordinator or their Parent Educator's supervisor. Families are provided this information at the time on enrollment.

## **11. Child screening, rescreening, and referral**

### **Approved Screenings**

The following screenings are required by the Kansas State Department of Education (KSDE) and Parents as Teachers National Center. Screenings do not provide identification of diagnosis.

1. Functional Vision Screening and/or using the Spot Screener Vision Machine
2. Otoacoustic Emissions (OAEs) Hearing Screening
3. Health Screening (PAT Health Record)
4. ASQ-3 (beginning at 1 months of age)
5. ASQ:SE:2 (beginning at 1 months of age)

### **The training and continuous professional development for staff on the use of the screening tools.**

Parent educators will be trained on all approved screenings upon hire. Supervisors will observe parent educators delivering a screening annually. Additional brush up training will be provided to parent educators (individually or full staff) as needed during staff meetings or through outside resources.

### **Frequency of child screening and timelines.**

All screenings must occur by the time the child is 7 months of age or within 90 days for children enrolled at 4 months of age or older and then annually thereafter.

It is considered best practice for children under the age of two years of age to be screened by ASQ-3/ASQ:SE2 every 4-6 months; children two and over can be screened with the ASQ-3/ASQ:SE2 every 6 months. *Additional screenings may be done at any time the parent educator deems necessary or by parent request.*



## Scoring

Parent educators will use approved protocols to score ASQ:SE and ASQ 3 as directed by the developer.

## Sharing screening results with families.

Developmental, health, vision and hearing screenings are completed during personal visits with parents input and every effort should be made to review screening results the same day. Parent educators will talk through the screening results with the parents and share information about the next stages of their child's development as well as strategies on how to promote further development in their child. Parent educators may use the *Screening Summary* form provided by Parents as Teachers National Center or activity handout pages from the ASQ-3 and ASQ:SE2.

If a screening is left with a parent to complete on their own, parent educators will review the screening results, and recommendations for follow up activities, and possible referral(s) with parents at the next personal visit.

## Rescreening

When the parent educator is unable to screen with the vision spot screener or OAE due to the child being uncooperative, sick or otherwise untestable, the screening may be repeated during the next visit.

ASQ's and the Health Record may be left with the family for completion.

If the child scores within the monitor (gray) area of an ASQ screening, the parent educator will document specific recommendations for follow up activities to support the child's development and rescreen the child within two months for follow up.

## Referral Procedures

If the child is unable to be screened using the OAE or Vision Spot Screener, or there is a concern noted on the Health Record, the family will be referred to a medical provider for further assessment.

Children who score in the concern (black) area of an ASQ will be referred for further assessment. Families may be referred to any of the following:

- Medical provider (vision, family doctor, pediatrician, ENT)
- TinyK (early intervention Part C Services). Must be made within 7 days of screening.
- Mental health agency
- Speech therapist
- Audiologist

Parent educators should help parents address concerns and barriers to following through with further assessment if necessary.

## Documentation and Follow Up

- All screenings/assessments should be documented within two business days from the home visit.
- After each visit, the parent educator will review and update (as applicable) the *Milestones* in Visit Tracker.
- ASQ-3, ASQ:SE2, the Child's Health Record, Spot Vision Screener and OAE results will be recorded in Visit Tracker.
- Once the parent educator has screened the child in the health, vision, hearing and developmental screenings, the parent educator will mark the checkbox in Visit Tracker to signify the screenings are complete for the program year.
- Children whose screenings result in a refer will be marked as so in Visit Tracker. The parent educator will record the referral and follow up in Visit Tracker.
- Children who are receiving services from their local Part B or Part C provider do not need to be screened by the parent educator unless specifically requested by the family. Parent educators will document this in the child screening section of Visit Tracker by selecting IFSP, checking the checkbox to signify the screenings are complete for the program year, and documenting a referral to continue with service provider.
- The parent educator will follow up with the family and document in Visit Tracker whether they received services or not.

## 12. District Liaison and Advisory Committee

Each school district contracting services from Keystone PAT provides a district liaison. PAT Liaison responsibilities are as follows:

- Be familiar with the scope of the PAT services
- Be familiar with the Quarterly PAT Progress Report
- Assist the parent educator(s) to establish a partnership with the district by:
  - Meet with the parent educator(s) on a regular basis (at least quarterly is recommended)
  - Provide opportunities for the parent educator(s) to present to the school board at least once a year
  - Provide contact information for key district staff who could provide referrals to the program
  - Encourage district staff to provide referrals to the PAT program
- Provide school district space for group connections as needed
- Communicate with the parent educator(s) and Keystone PAT Program Coordinator if have questions and/or concerns
- Assist with visibility in the district through:
  - District and school newsletters
  - District and school websites
  - District events
- Attend the bi-annual Keystone PAT Advisory Committee Meeting

Keystone PAT recruits one Advisory Committee member from each district served. In addition, Keystone recruits one committee member who represents the following roles:

- Parent who has participated in PAT services
- Parent who is currently participating in PAT services
- Infant-Toddler Special Services
- 3 – 5 Special Services
- Superintendent
- Ministerial Alliance
- Child Care
- County Health Department
- Mental Health and Guidance Center
- Current Parents as Teachers Staff

*See Keystone PAT Memorandum of Agreement (Appendix)*

## **13. Protocol for Child Abuse and Neglect**

Keystone PAT staff are mandated reporters of suspected child abuse and neglect. The first step in helping abused children is learning to recognize the symptoms of child abuse. Mandated reporters need to be aware of signs that may indicate child abuse and neglect. When it does occur, the proper measures must be taken to protect the child.

All PAT Staff are required to annually complete training on Child Abuse and Neglect as mandated reporters. In addition, staff must read A Guide to Reporting Child Abuse and Neglect, Compiled by The Kansas Department for Children and Families. PAT Staff are required to comply with all guidance and procedures outlined in this manual.

In addition, if a staff member has reason to suspect child abuse or neglect with a family they are serving, they must talk with their supervisor about their concerns. If a parent educator does make a report of child abuse or neglect, they must immediately notify their supervisor or PAT Program Coordinator.

Any Keystone employee who has reason to know or suspect a child has been injured as a result of physical, mental or emotional abuse or neglect or sexual abuse, shall promptly report the matter to the local Department for Children and Family Services (DCF) office or to the local law enforcement agency if the DCF office is not open.

These policies will follow the guidelines established by the State of Kansas for reporting child abuse.

Procedures for Keystone PAT staff making reports of abuse or neglect are as follows:

1. Notify the supervisor prior to making the report, if possible, or as soon as possible after making the report.
2. The mandated report to (DCF) or law enforcement is verbal.
3. If the staff member believes a verbal report should be made, s/he must do so even if the supervisor disagrees.

4. It is important to document everything in writing. A written record of the report will be kept in the family file by the reporting party in the following manner:
  - a. What exactly you were told (do not make interpretations about what you think was meant)
  - b. What exactly you observed in a specific, objective, and concise manner
  - c. Description of any visible injury
  - d. Date/time you made the report and to whom.

Ideally, the parent educator should talk with the family when making the report. Remind the family that you are a mandated reporter and in this circumstance you are required to report the concerns identified to DCF. If parent educator safety is a concern, the parent educator should leave the visit immediately by providing an excuse to leave.

The parent educator should follow-up with the family as soon as possible. The parent educator should consult with their supervisor on the timing of follow-up.

*See A Guide to Reporting and Child Abuse and Neglect in the Appendix and can be found on the following link:*  
<http://www.dcf.ks.gov/services/PPS/Documents/GuidetoReportingAbuseandNeglect.pdf>

## **14. Protocol for Parental Mental Health Issues**

*See Appendix for Protocol*

## **15. Protocol for Intimate Partner Violence**

*See Appendix for Protocol*

## **16. Protocol for Parental Substance Abuse**

*See Appendix for Protocol*

Today's Date:

How did you hear about us?



Parents as Teachers  
*Affiliate*

Mother's Name

Father's Name

Address

Zip Code

Phone Number

Can you accept text messages?

Email Address

How often do you check email?

What school district do you live in?

Do you prefer daytime or evening visits?

Name of child #1

Birthdate:

Name of child #2

Birthdate:

Name of child #3

Birthdate:

**Keystone Learning Services  
Parents as Teachers  
Program Assistant Coordinator  
Job Description**



**Position Summary:**

The Parents as Teachers Assistant Coordinator is the person who assists the Program Coordinator with design, direction, coordination, initiation, and/or administration of the PAT program guidelines, direct program management, and budget. The objective of the job is to provide support to facilitate the delivery of the services to children and families in accordance with PAT standards.

**Qualifications:**

- Earned 4-year degree (preferred early childhood education or related field of study)
- Demonstrated ability to work with adults and their young children
- Strong communication and interpersonal skills (e.g., nonjudgmental, objective, reflective, empathetic, patient, tactful)
- Strong organizational and record keeping skills
- Ability to work independently and be self-motivated
- Computer skills including web browsing, e-mail, internet, and word processing

**Responsibilities:**

- Assist with initiation and/or administration the PAT program following national and state PAT requirements and guidelines:
  - Be knowledgeable of Visit Tracker Data Management System
    - Train and assist PAT staff with Visit Tracker
  - Assist with writing goals for the KSDE program grant annually
  - Assist with the Quality Assurance process
  - Maintain certification as a parent educator and supervisor through PATNC.
- Administer fiscal management and coordination responsibilities of the program with Keystone Learning Services:
  - Review staff Work Schedules and Expense Reports on a monthly basis in a timely fashion
  - Enter expenses from expense reports in the EReq system for approval
  - Assist with purchasing needed equipment, supplies, materials, and services for the PAT program
  - Assist with the organization, facilitation, and presentation to the Keystone PAT Advisory Board bi-annually
- Assist with supervision of PAT Staff
  - Assist with staff meetings and trainings on a monthly basis
  - Assist with additional ongoing training for staff and provide opportunities for professional development of all staff.
  - Assist with supervision of staff as required to meet Keystone, KSDE, and PATNC guidelines.
- Assist with grant writing for additional funding
- Promote and support the philosophy and mission of Parents as Teachers National Center.
- Promote and support the mission and vision of Keystone Learning Services.

# Parents as Teachers TRANSITION PLAN

Family Name

Number of Years in Parents as Teachers (total)

Name and age of child transitioning out of Parents as Teachers

Other children in the home

	Date of last screening	Results (pass, monitor, refer)
<b>ASQ</b>		
<b>ASQ-SE</b>		
<b>Health</b>		
<b>Hearing</b>		
<b>Vision</b>		

	Yes	No	Other
<b>Current IFSP or IEP?</b>			
<b>Attends preschool program?</b>			
<b>Attends childcare center with curriculum?</b>			

List any other supports, resources or services your CHILD receives:

Are there any supports, resources or services you would like help in receiving for your CHILD?

<b>Considering the following services &amp; resources:</b>				
Food Stamps	WIC		Medicaid or KanCare	
TANF	Earned Income Tax Credit		Mental Health Services	
Unemployment	Child Care Subsidy/Assistance		Substance Abuse Services	
Employment Resources	Tobacco Cessation Services		Domestic Violence Services	
Public Housing or Utilities	Job Training/Adult Education		Parent Education Classes	
	<b>YES</b>	<b>MAYBE</b>	<b>NO</b>	<b>NOT SURE</b>
<b>If I needed these services or resources, I would know where to go:</b>				
<b>I feel like we have resources to meet our needs:</b>				

List any other supports, resources or services your FAMILY receive:

Are there any supports, resources or services you would like help in receiving for your FAMILY?



How would you describe your relationship with your family?		
Very close & supportive	Somewhat close & supportive	Not very close or supportive
I have friends I can talk to about my problems or when I feel lonely.		
Most of the time	Sometimes	Rarely
If I have questions about my child's development, I know where to go.		
Most of the time	Sometimes	Rarely
When it comes to discipline, I feel like:		
I know what to do most of the time.	I know what to do sometimes.	I am not sure what to do.

List any other supports, resources or services YOU receive:

Are there any supports, resources or services you would like help in receiving for YOURSELF?

## Parents as Teachers TRANSITION PLAN

PE Expected Caseload		District Expected Caseload	
PE Actual Caseload		District Actual Caseload	
# of Families with High Needs		# of Families with High Needs	
Total		Total	
Current Openings on Caseload		Current Openings in District	
# of Families Exiting in the Next 3 Months		Waiting List	

**Parent Educator**

**District Name and USD #**

	Discontinue PAT with Resources	Continue with PAT
<b>Family will:</b>		

**INTENT: If the family continues with PAT, explain the focus of continued services.**

- > Improve the understanding of...
- > Provide an opportunity to...
- > Build skills in...
- > Assist parents in developing...
- > Explore...
- > Assist parents in discovering...

**Date of Next Transition Plan (for continuing families):**

**Keystone Learning Services  
Parents as Teachers  
Program Coordinator Job Description**



**Position Summary:**

The Parents as Teachers Coordinator is the person to whom authority is delegated to design, direct, coordinate, initiate, and or administer Parents as Teachers (PAT) program guidelines, direct program management and budget. The coordinator performs administrative, and daily operational functions through interaction with the district administrators, Kansas State Department of Education (KSDE), Kansas State Board of Education (KSBE) leadership, legislators, Parents as Teachers National Center (PATNC) administration, superintendents of contracting school districts, and area PAT programs. The objective of program management is to facilitate the delivery of the services to children and families in accordance with PAT standards while maximizing funding source guidelines. The coordinator is responsible for facilitating on-going communication with administrators in the district to promote a supportive environment for the operation of PAT services fostering the district focus of preparing students to be ready for college and careers.

**Qualifications:**

- Earned 4-year degree (preferred Early childhood education or related field of study)
- Demonstrated ability to work with adults and their young children
- Strong communication and interpersonal skills (e.g., nonjudgmental, objective, reflective, empathetic, patient, tactful)
- Strong organizational and record keeping skills
- Ability to work independently and be self-motivated
- Computer skills including web browsing, e-mail, internet, and word processing

**Responsibilities:**

- Initiate and/or administer the PAT program following national and state PAT requirements and guidelines:
  - Reviews individual and program reports
    - Caseloads
    - Screening compliance
    - Resource referrals
    - Goals
    - Annual Program Report
    - Performance Measures Report
  - Develop and maintain a system for organized record keeping for local state and national reports.
  - Write KSDE program grant annually and submit to appropriate administration for approval.
  - Prepare the end of year reports as directed by KSDE and PATNC.

- Oversees and implements Quality Assurance process
- Maintain certification as a parent educator and supervisor through PATNC.
- Administer fiscal management and coordination responsibilities of the program with Keystone Learning Services:
  - Maintain accurate and detailed records of budget and expenditures
  - Review, approve, and submit staff Work Schedules and Expense Reports on a monthly basis in a timely fashion
  - Present to the Keystone Board of Directors on an annual basis
  - Organize, facilitate, and present to the Keystone PAT Advisory Board bi-annually
  - Communicate with Superintendents of contracting districts
    - Quarterly Progress Reports
    - Unit Requests
    - Changes in program requirements
    - Other as needed
- Oversee supervision of PAT Staff
  - Provide staff meetings and trainings on a monthly basis
  - Oversees time management of employees
  - Provide information to staff on district, state, and national policies and procedures as directed.
  - Provide additional ongoing training for staff and provide opportunities for professional development of all staff.
  - Provide documentation of parent connections, playgroups, home visits, screenings, and resource networking as required.
  - Supervise staff as required to meet Keystone, KSDE, and PATNC guidelines.
- Engage community, state, national leaders in support of PAT programming.
  - Build relationships with community resources for program and staff.
  - Advocate for the program, parent educators and families.
  - Seek additional funding sources through grant writing and networking with local, state, and national agencies.
- Promote and support the philosophy and mission of Parents as Teachers National Center.
- Promote and support the mission and vision of Keystone Learning Services.

#### **Qualifications:**

- Bachelor's Degree in early childhood education, education, behavioral or social sciences or a related field is required. Master's Degree preferred.
- Demonstrated ability to work with adults and young children.
- Successful completion of the Parents as Teachers Foundational and Supervisors trainings.
- Experience using various computer programs.
- Experience writing grants.
- Experience managing a budget and staff
- Additional training as required by hiring organization.

- Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists.
- Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.
- Be informed on pertinent laws, codes, policies, and/or regulations; personnel processes; curriculum adoption process; program planning and development; and learning styles and curriculum models.
- Ability to schedule a number of activities, meetings, and/or events; often gather, collate, and/or classify data; and use job-related equipment.
- Flexibility to independently work with others in a wide variety of circumstances; analyze data utilizing defined but different processes; and operate equipment using standardized methods.
- Ability is also required to work with a significant diversity of individuals and/or groups; work with data of widely varied types and/or purposes; and utilize a variety of job-related equipment.
- Independent problem solving is required to analyze issues and create action plans. Problem solving with data frequently requires independent interpretation of guidelines; and problem solving with equipment is moderate to significant.
- Ability to apply knowledge of current research and theory to instructional program; ability to plan and implement lessons based on division and school objectives and the needs and abilities of students.

#### **Physical Requirements/Environmental Conditions:**

- Reliable and dependable transportation
- Valid and current driver's license
- Must be able to pass a certified background check
- Ability to travel to observations, meetings, and to Keystone Offices (Oskaloosa & Ozawie)
- Ability to manage a home office with access to internet
- Ability to be contacted by phone during working hours



**Keystone Learning Services**  
**Parents as Teachers**  
**Program Assistant Coordinator**  
**Job Description**



**Position Summary:**

The Parents as Teachers Assistant Coordinator is the person who assists the Program Coordinator with design, direction, coordination, initiation, and/or administration of the PAT program guidelines, direct program management, and budget. The objective of the job is to provide support to facilitate the delivery of the services to children and families in accordance with PAT standards.

**Qualifications:**

- Earned 4-year degree (preferred early childhood education or related field of study)
- Demonstrated ability to work with adults and their young children
- Strong communication and interpersonal skills (e.g., nonjudgmental, objective, reflective, empathetic, patient, tactful)
- Strong organizational and record keeping skills
- Ability to work independently and be self-motivated
- Computer skills including web browsing, e-mail, internet, and word processing

**Responsibilities:**

- Assist with initiation and/or administration the PAT program following national and state PAT requirements and guidelines:
  - Be knowledgeable of Visit Tracker Data Management System
    - Train and assist PAT staff with Visit Tracker
  - Assist with writing goals for the KSDE program grant annually
  - Assist with the Quality Assurance process
  - Maintain certification as a parent educator and supervisor through PATNC.
- Administer fiscal management and coordination responsibilities of the program with Keystone Learning Services:
  - Review staff Work Schedules and Expense Reports on a monthly basis in a timely fashion
  - Enter expenses from expense reports in the EReq system for approval
  - Assist with purchasing needed equipment, supplies, materials, and services for the PAT program
  - Assist with the organization, facilitation, and presentation to the Keystone PAT Advisory Board bi-annually
- Assist with supervision of PAT Staff
  - Assist with staff meetings and trainings on a monthly basis
  - Assist with additional ongoing training for staff and provide opportunities for professional development of all staff.
  - Assist with supervision of staff as required to meet Keystone, KSDE, and PATNC guidelines.
- Assist with grant writing for additional funding
- Promote and support the philosophy and mission of Parents as Teachers National Center.
- Promote and support the mission and vision of Keystone Learning Services.

- Additional responsibilities as directed by the Program Coordinator.

### **Qualifications:**

- Bachelor's Degree in early childhood education, education, behavioral or social sciences or a related field is required. Master's Degree preferred.
- Demonstrated ability to work with adults and young children.
- Successful completion of the Parents as Teachers Foundational and Supervisors trainings.
- Experience using various computer programs.
- Experience writing grants.
- Additional training as required by hiring organization.
- Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists.
- Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.
- Ability to schedule a number of activities, meetings, and/or events; often gather, collate, and/or classify data; and use job-related equipment.
- Flexibility to independently work with others in a wide variety of circumstances; analyze data utilizing defined but different processes; and operate equipment using standardized methods.
- Ability is also required to work with a significant diversity of individuals and/or groups; work with data of widely varied types and/or purposes; and utilize a variety of job-related equipment.
- Independent problem solving is required to analyze issues and create action plans. Problem solving with data frequently requires independent interpretation of guidelines; and problem solving with equipment is moderate to significant.
- Ability to apply knowledge of current research and theory to instructional program; ability to plan and implement lessons based on division and school objectives and the needs and abilities of students.

### **Physical Requirements/Environmental Conditions:**

- Reliable and dependable transportation
- Valid and current driver's license
- Must be able to pass a certified background check
- Ability to travel to observations, meetings, and to Keystone Offices (Oskaloosa & Ozawie)
- Ability to manage a home office with access to internet
- Ability to be contacted by phone during working hours





## PARENT EDUCATOR RESOURCE



# Appendix F: Sample Job Description

This resource summarizes Parents as Teachers roles and offers sample job descriptions when hiring supervisors and parent educators.

## Parents as Teachers supervisor job description

### Position summary

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

### Qualifications

- > At least a bachelor's degree in early childhood education, social work, health, psychology or a related field (or equivalent degree outside the United States).
- > At least five years' experience working with families and young children.
- > Strong interpersonal skills.
- > A commitment to reflective supervision, data collection, and continuous quality improvement.

- > New supervisors complete *Foundational Training* and *Model Implementation Training* before delivering the PAT model or supervising parent educators.

### Essential functions (organizations may have additional organization specific responsibilities)

- > Coordinate and monitor service delivery in accordance with Essential Requirements, Quality Standards, and affiliate policies/procedures.
- > Coordinate advisory committee.
- > Develop/maintain relationships with community organizations and leaders to help grow and sustain the program.
- > Establish and update memorandums of understanding with community organizations, along with a resource network directory.
- > Oversee direct recruitment efforts or participation in centralized intake system.

- > Supervise parent educators (maintaining necessary documentation of the following activities):
  - Provide at least two hours of individual reflective supervision monthly to each parent educator.
  - Provide an orientation process for new parent educators that begins with hiring and continues throughout the first year after PAT training.
  - Conduct at least two hours of staff meetings monthly that cover administrative issues and provide opportunities for review of implementation data, case discussion, peer support, and skill building.
  - Observe parent educators delivering services within six months after training and then at least annually thereafter, providing verbal and written feedback.
  - Observe at least one group connection quarterly.



## PARENT EDUCATOR RESOURCE



Parents as Teachers

- Facilitate parent educators' completion of an annual core competencies self-assessment.
- Complete an annual performance evaluation of each parent educator, including written professional development goals.
- Ensure that parent educators obtain necessary professional development and renew certification with PATNC annually.
- > Ensure that staff have access to necessary technology, workspace and supplies to effectively fulfill their responsibilities.
- > Monitor service documentation, data collection and reporting (including annual submission of the Affiliate Performance Report).
- > Engage in quality assurance using PAT quality assurance tools.
- > Facilitate continuous quality improvement.
- > Maintain and monitor the budget for the PAT program.

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51

**Keystone Learning Services  
Parents as Teachers  
Parent Educator Job Description**



**Position Summary:**

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

The parent educator provides personal instruction, demonstrates appropriate educational activities, and delivers research-based printed materials to parents regarding child development and related issues.

The parent educator conducts child developmental screenings including but not limited to health, vision, hearing, and dental.

**Qualifications:**

- Earned 4-year degree (preferred Early childhood education or related field of study)
- Demonstrated ability to work with adults and their young children
- Strong communication and interpersonal skills (e.g., nonjudgmental, objective, reflective, empathetic, patient, tactful)
- Ability to establish rapport with families and empower them by building on their strengths
- Strong organizational and record keeping skills
- Ability to work independently and be self-motivated (often in the field)
- Computer skills including web browsing, e-mail, internet, and word processing

**Responsibilities:**

- Provide professional parent instruction and delivery of information to district families implementing the PAT Foundational Curriculum and meeting the requirements as directed by Parents as Teachers National Center and Kansas Department of Education
  - Complete an initial and annual family-centered assessment with each family
  - Develop, monitor, and review goals with each family
  - Plan, provide, and document personal visits focused on parent-child interaction, development-centered parenting, and family well-being
  - Provide group connections to give families and opportunity to build social connections, engage in parent-child interaction, and increase their knowledge of ways to support their child's development
  - Complete at least an initial and annual developmental screening and health review for each enrolled child
  - Connect families to resources that help them reach their goals and address their needs

- Help parents and children transition to other services as needed, to preschool, and/or kindergarten
- Maintain and submit in a timely way all required family and program documentation
- Organize and inventory supplies, materials, etc.
- Participate in at least 2 hours of reflective supervision monthly and at least 2 hours of staff meeting monthly
- Obtain competency-based professional development and renew parent educator certification annually
- Participate in continuous quality improvement
- Coordinate services with other community programs with similar purposes
- Support and enhance the existing PAT program
  - Recruit families with multiple stressors
  - Represent the district at various community events supporting families and/or young children
- Support the philosophy and mission of Parents As Teachers

**Physical Requirements/Environmental Conditions:**

- Ability to lift 5 – 8 pounds
- Ability to sit on the floor for periods of a time
- Occasional stooping, bending, lifting and reaching
- Reliable and dependable transportation
- Valid and current driver's license
- Must be able to pass a certified background check
- Ability to travel to home visits, meetings, group connections, and to Keystone Offices (Oskaloosa & Ozawie)
- Ability to manage a home office with access to internet
- Ability to be contacted by phone during working hours



## New Parent Educator Orientation

PE Name \_\_\_\_\_

Task	Date Completed	Approved by Supervisor
<b>Keystone Office:</b>		
Payroll Processing		
Introductions to office staff		
Keystone Employee Handbook		
<b>Training:</b>		
Instructions for PATNC training		
ASQ-3 & ASQ:SE training		
Vision training		
OAE training		
Shadow PV, Screening, Group Connection		
Observed w/PV, Screening, GC		
Home Visit Safety		
Child Abuse and Neglect		
Confidentiality		
<b>Technology:</b>		
Mac Book and I Pad		
Visit Tracker		
PAWS		
<b>Keystone PAT:</b>		
Calendar		
Supervisions & Blueprint		
Caseload		
Child Files and Records		
PAT Handbook		
<b>District:</b>		
Introductions to district staff		
Introductions to community agency staff		

## Enrollment Record

Parent Educator \_\_\_\_\_ Funding Source \_\_\_\_\_ Visit Frequency \_\_\_\_\_

### Contact Information

Enrollment Date (Date of first personal visit): \_\_\_\_\_

Parent Name: (Legal Guardian--person who has legal authority to accept PAT services for the child/family):

First

Last

Address:

Street/Apt. #

Zip Code

Phone

Phone

Cell

Cell

Parent #1 Home

Other Parent Home

Parent #1

Other Parent

Email:

☐ Home ☐ Work

Email:

☐ Home ☐ Work

Emergency contact:

Name

Relationship

Phone Number

Best time to contact: \_\_\_\_\_ Best way to contact: \_\_\_\_\_ Time to visit: ☐ Day ☐ Evening

### Child Information

Child State (KIDS) ID# \_\_\_\_\_

Child's legal name: (Confirm the spelling of child's legal name. Write "NMI" if there is "no middle name")

DOB

First

Middle

Last

Due Date:

Child's age at enrollment \_\_\_\_\_ months

Gender ☐ Male ☐ Female ☐ Prenatal

Born in:

Hospital, Birth Clinic, or Other

City

State

Country

Birth weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Length \_\_\_\_\_ in. Gestational age at birth (if known) \_\_\_\_\_

Child's Healthcare Provider:

Date of last check-up or exam:

If Family has no Healthcare Provider, where is child taken for medical attention?

(Check one of the following): ☐ ER ☐ Health Dept. ☐ Urgent Care ☐ Other \_\_\_\_\_

Ethnicity (Choose only one): ☐ Hispanic ☐ Not Hispanic (Origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

Race (Check all that apply) ☐ American Indian/Alaska Native (Origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.) ☐ Black or African-American ☐ Asian ☐ Native Hawaiian or other Pacific Islander ☐ White (Origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Type of insurance for child: ☐ No Insurance Coverage ☐ Private ☐ State ☐ Other \_\_\_\_\_

With whom does child reside: [May check only one]: ☐ Both Parents ☐ Mother ☐ Father ☐ Legal Guardian ☐ Joint Responsibility ☐ Foster Parents

Participation in other programs (e.g. Head Start, Kindergarten, Centered Based Preschool) \_\_\_\_\_

**Parent Information (Same as on Page 1)**

(Check exact spelling of names)

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
First name Last name

**Length at current address:** \_\_\_\_\_ **Primary Language:** \_\_\_\_\_ **Speaks English:** ☐ Yes ☐ No

**Housing Status:** ☐ Homeless and sharing housing ☐ Homeless and living in an emergency or transitional center ☐ Homeless, in some other living arrangement ☐ Lives in Public Housing ☐ Lives with parent or family member ☐ Not Homeless, in some other living arrangement ☐ Rents or shares own home or apartment ☐ Owns or shares own home or apartment

**Community Type:** ☐ Suburban ☐ Small Town ☐ Rural

**Relationship to child:** ☐ Mother ☐ Father ☐ Grandparent ☐ Step Parent ☐ Foster Parent ☐ Legal Guardian

**Country of Birth:** \_\_\_\_\_ **Current Marital Status:** ☐ Married ☐ Single ☐ Partnered ☐ Never Married ☐ Divorced ☐ Widowed ☐ Separated

**Ethnicity:** ☐ Hispanic ☐ Not Hispanic **Race:** ☐ American Indian/Alaska Native ☐ Black or African-American ☐ Asian ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ More than one race

**Education:** ☐ Less than High School ☐ High School Diploma ☐ High School ☐ GED ☐ Some College ☐ Associates Degree ☐ Bachelor's Degree or higher ☐ Technical Training

**Enrolled in:** ☐ High School ☐ GED ☐ Technical Training ☐ College/Graduate School ☐ Not a student/trainee

**Enrolled in Start Date:** \_\_\_\_\_ **End Date (If Applicable):** \_\_\_\_\_ **Year of Graduation:** \_\_\_\_\_

**Type of insurance for parent:** ☐ No Insurance Coverage ☐ Private ☐ State ☐ Medicare ☐ Other \_\_\_\_\_

**Location for regular Medical Checkups:** ☐ Urgent Care ☐ Emergency Room ☐ Clinic ☐ Primary Care Physician ☐ Other: \_\_\_\_\_

**Emergency Room Visits:** Reason For Visits (Select one)

**Date:** \_\_\_\_\_ ☐ Injury ☐ Illness ☐ poisoning ☐ Other (please specify): \_\_\_\_\_ Referred by health care professional? ☐ Yes ☐ No

**Pregnancy history (females only)** **Date:** \_\_\_\_\_ **Total Pregnancies to date** \_\_\_\_\_ **Live Births to date:** \_\_\_\_\_

**Alcohol consumption (last 30 days)** **Date:** \_\_\_\_\_ How many days did you have at least 1 drink of an alcoholic beverage? \_\_\_\_\_  
 On the days you drank, about how many drinks did you have on average? \_\_\_\_\_

**Tobacco use in last 30 days** ☐ Everyday ☐ Some days ☐ Not at all ☐ Not reported

**Smoked at least 100 cigarettes (5 packs) in your entire life?** ☐ Yes ☐ No ☐ Prefer not to report

**Other substances:** ☐ Yes ☐ No ☐ Prefer not to report If yes what? \_\_\_\_\_

**Employed:** ☐ Full-time ☐ Part-time ☐ Not Employed

**Employer:** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Current Military Service** ☐ Yes ☐ No **Branch of Service** \_\_\_\_\_ **If yes, currently deployed** ☐ Yes ☐ No

**\*Qualified for Special Ed** ☐ Yes ☐ No **\*Disability or Delays** ☐ Yes ☐ No **\* If yes, describe:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

**Parent #2**☐ Check here if Parents # 2 is not involved and no information is providedName: \_\_\_\_\_ DOB: \_\_\_\_\_  
First name Last nameLength at current address: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Speaks English: ☐ Yes ☐ NoHousing Status: ☐ Homeless and sharing housing ☐ Homeless and living in an emergency or transitional center ☐ Homeless, in some other living arrangement ☐ Lives in Public Housing ☐ Lives with parent or family member ☐ Not Homeless, in some other living arrangement ☐ Rents or shares own home or apartment ☐ Owns or shares own home or apartmentCommunity Type: ☐ Suburban ☐ Small Town ☐ RuralRelationship to child: ☐ Mother ☐ Father ☐ Grandparent ☐ Step Parent ☐ Foster Parent ☐ Legal GuardianCountry of Birth: \_\_\_\_\_ Current Marital Status: ☐ Married ☐ Single ☐ Partnered  
☐ Never Married ☐ Divorced ☐ Widowed ☐ SeparatedEthnicity: ☐ Hispanic ☐ Not Hispanic Race: ☐ American Indian/Alaska Native ☐ Black or African-American ☐ Asian  
☐ Native Hawaiian or other Pacific Islander ☐ White ☐ More than one raceEducation: ☐ Less than High School ☐ High School Diploma☐ High School ☐ GED ☐ Some College ☐ Associates Degree ☐ Bachelor's Degree or higher ☐ Technical TrainingEnrolled in: ☐ High School ☐ GED ☐ Technical Training ☐ College/Graduate School ☐ Not a student/trainee

Enrolled in Start Date: \_\_\_\_\_ End Date (If Applicable): \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Type of insurance for parent: ☐ No Insurance Coverage ☐ Private ☐ State ☐ Medicare ☐ Other \_\_\_\_\_Location for regular Medical Checkups: ☐ Urgent Care ☐ Emergency Room ☐ Clinic ☐ Primary Care Physician  
☐ Other: \_\_\_\_\_

Emergency Room Visits: Reason For Visits (Select one)

Date: \_\_\_\_\_ ☐ Injury ☐ Illness ☐ poisoning ☐ Other (please specify): \_\_\_\_\_ Referred by health care professional? ☐ Yes ☐ No

Pregnancy history (females only) Date: \_\_\_\_\_ Total Pregnancies to date \_\_\_\_\_ Live Births to date: \_\_\_\_\_

Alcohol consumption (last 30 days) Date: \_\_\_\_\_ How many days did you have at least 1 drink of an alcoholic beverage?  
On the days you drank, about how many drinks did you have on average? \_\_\_\_\_Tobacco use in last 30 days ☐ Everyday ☐ Some days ☐ Not at all ☐ Not reportedSmoked at least 100 cigarettes (5 packs) in your entire life? ☐ Yes ☐ No ☐ Prefer not to reportOther substances: ☐ Yes ☐ No ☐ Prefer not to report If yes what? \_\_\_\_\_Employed: ☐ Full-time ☐ Part-time ☐ Not Employed

Employer: \_\_\_\_\_ Work # \_\_\_\_\_

Current Military Service ☐ Yes ☐ No Branch of Service \_\_\_\_\_ If yes, currently deployed ☐ Yes ☐ No\*Qualified for Special Ed ☐ Yes ☐ No \*Disability or Delays ☐ Yes ☐ No \* If yes, describe: \_\_\_\_\_Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family qualifies for free/reduced lunch: ☐ Yes ☐ No

Average yearly family income

Average monthly family income

- ☐ Less than \$10,000    ☐ \$40,000 – \$49,999    ☐ \$80,000 – \$89,999  
☐ \$10,000 – \$19,999    ☐ \$50,000 – \$59,999    ☐ \$90,000 – \$99,999  
☐ \$20,000 – \$29,999    ☐ \$60,000 – \$69,999    ☐ Greater than \$100,000  
☐ \$30,000 – \$39,999    ☐ \$70,000 – \$79,999

\$ \_\_\_\_\_

Sources of Income (Check all that apply)

- ☐ Child support/alimony    ☐ Salary/wages    ☐ TANF  
☐ Energy assistance    ☐ SS/disability    ☐ Unemployment  
☐ SNAP    ☐ WIC    ☐ Other (please specify): \_\_\_\_\_  
☐ Housing assistance    ☐ Unknown/did not report

<b>Child Care Information</b>	<b>Does child receive child care from a licensed childcare provider?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If Child is receiving Inconsistent childcare from a non-regulated provider, please explain in Notes.)	<b>Indicate type of childcare:</b> <input type="checkbox"/> Home-based (licensed) <input type="checkbox"/> Center-based <input type="checkbox"/> Family/relative <input type="checkbox"/> Friend <input type="checkbox"/> Other (please note) <input type="checkbox"/> Family does not use childcare	<b>Child Care Contact Information:</b>  <b>Notes:</b>

<b>Siblings</b>	Name (first/last)	Gender	Age	Living in the Home	Date of Birth	Delays/Disabilities
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Notes:</b>						

<b>Residents living in the home other than immediate family</b>	Name (first/last)	Gender	Age	Relationship to Child
<b>Notes:</b>				



## Participation Agreement and Consent for Services

### What is Parents as Teachers?

Parents as Teachers is an early childhood home visiting program designed to help you learn more about parenting, support your child's development, and help with the challenges of parenting. Our services are available to your family until your child turns 3. Families may continue beyond age 3 based on needs identified through the annual transition plan. Your participation is voluntary and there is no cost.

### Our services for your family include:

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

### What can you expect?

First, we will get to know you better by learning about your family. We call this family-centered assessment. We will also partner with you to set goals that are meaningful to you and your family.

- You will receive 1 – 2 visits each month.
- You will be able to participate in group connections with other families.
- Within the first 90 days and then annually, your child(ren) will receive developmental screening and a review of health, hearing, and vision.
- We will help you connect to resources in the community.

### What will we ask of you?

- Be present for and participate actively in all scheduled visits.
- If you need to cancel or reschedule, please contact your parent educator at least 24 hours in advance. It is important that you commit to scheduled visits.
- If you miss 3 consecutive months of visits, we will discuss priority of program needs.
- Attend group connections as often as you can.
- Share your observations of your child each visit and during screenings.
- Provide a safe area for personal visits by turning on porch/driveway lights at night, clearing a path to the house during winter weather, restraining pets, and not smoking.

### Rescheduling Visits/Cancellations

We request that if *anyone in your home* has been ill, has had a fever, vomiting or diarrhea within the last 24 hours that you reschedule your personal visit. If you need to reschedule due to illness or schedule conflicts, let your Parent Educator know as soon as possible.

### Inclement Weather

If hazardous weather prevents travel, your personal visit may be rescheduled. Group Connections will be cancelled if your school district closes due to inclement weather.

### Record keeping

During your participation in PAT, routine information will be collected and stored in our secured data entry system and family file. This includes family background information, health related information, screening results, referrals, recommendations you and your child receive, and information about the services we provide to your family.

Parents or legal guardians have access to their family file. If you would like to see your family file, please make this request in writing to the Program Coordinator, Cammie Braden at [cbraden@keystonelearning.org](mailto:cbraden@keystonelearning.org). You will need to allow at least 5 business days for access and sign a statement that you were provided with your records.

### Confidentiality

By providing your consent, your individual information may be shared with Keystone Learning Services & your local school district to meet requirements of this program. The data includes information on the PAT services provided to your family, information you provided to the parent educator about your family, and information on forms you fill

out as a participant in our program. For reporting purposes, your data will be summarized, de-identified (this means that your name and any information that personally identifies you will not be connected to the data), and reported to the Parents as Teachers National Center (PATNC) and to Kansas State Department of Education.

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

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

#### Limits of our services

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

**Questions?** You can ask your parent educator now or contact the program supervisor at:

---

Parent Educator Name & Contact

Supervisor Name & Contact

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

**Please review and sign annually.**

Printed name of enrolled participant	Date	Signature of enrolled participant	Date
Signature of enrolled participant	Date	Signature of enrolled participant	Date
Signature of enrolled participant	Date	Signature of enrolled participant	Date
Signature of enrolled participant	Date	Signature of enrolled participant	Date
Printed name of parent educator	Date	Signature of parent educator	Date
Signature of parent educator	Date	Signature of parent educator	Date
Signature of parent educator	Date	Signature of parent educator	Date
Signature of parent educator	Date	Signature of parent educator	Date



## **Keystone Parents as Teachers**

### **Memorandum of Agreement for Services**

**Program Year 2018 – 19**

**Keystone Learning Services agrees to provide the following to ensure quality delivery of Parents as Teachers services:**

- **Maintain Parents as Teachers National Center (PATNC) Affiliate status:**
  - Adhere to Parents as Teachers National Center Essential Requirements. *(See attached PATNC Essential Requirements 18 19)*
  - Submit PATNC Annual Program Report in a timely fashion
  - Provide payment for all PATNC certification, re-certification, and affiliation fees
  - Complete the PATNC Quality Endorsement Process every 5 years
- **Maintain Kansas Department of Education (KSDE) Parents as Teacher program status:**
  - Comply and implement the Kansas Parents as Teachers requirement per the Kansas Department of Education Parents as Teachers Grant Requirements: Assurances. *(See the attached PAT Assurances)*
  - Submit the KSDE Parents as Teachers grant application in a timely fashion
  - Ensure proper use of KSDE PAT grant funds and use of funds in a timely fashion
- **Contract with individual school districts to provide PAT services as outlined in the above documents:**
  - For the number of families per the returned PAT Unit Request
    - Recruit and enroll families with children under 72 months
    - Give **priority for enrollment** to families with
      - Less than 3 years participation in PAT services
      - Two or more high needs or stressors
      - 1<sup>st</sup> time parents
  - Provide quarterly PAT Program Progress Reports to each contracting school district superintendent and the Keystone Learning Services Board of Directors
  - Establish a partnership between the parent educator(s) and district:
    - Meet with the superintendent at least twice a year
    - Present to the district school board at least once a year
    - Communicate throughout the year with identified district staff to elicit referrals to the PAT program
    - Provide PAT families with information about district events such as kindergarten roundup, enrollment, community screenings, school fairs, etc.
    - Ensure visibility of the PAT program within the district throughout the year
      - Information in district and school newsletters
      - Information on district and school websites
      - Information at identified school events such as enrollment, kindergarten roundup, community screenings, etc. and be available at identified district events
      - Provide Ages & Stages Questionnaires at community screenings

**Each school district contracting Parents as Teachers services with Keystone Learning Services agrees to:**

- Provide payment for PAT services to Keystone Learning Services per the PAT Unit Request in a timely fashion
- Provide support for the PAT Program from designated PAT Liaison or Superintendent:
  - Be familiar with the scope of the PAT services as outlined in the documents above.
  - Be familiar with the Quarterly PAT Progress Report
  - Assist the parent educator(s) to establish a partnership with the district by:
    - Meet with the parent educator(s) on a monthly basis
    - Providing opportunities for the parent educator(s) to present to the school board at least once a year
    - Provide contact information for key district staff who could provide referrals to the program
    - Encourage district staff to provide referrals to the PAT program
    - Provide school district space for group connections as needed
    - Communicate with the parent educator(s) and Keystone PAT Program Coordinator if have questions and/or concerns
    - Assist with visibility in the district through:
      - District and school newsletters
      - District and school websites
      - District events

**We, the undersigned have read and agree with this MOU:**

_____	_____	_____	_____
Superintendent Signature	Printed Name	Email Address	Date

_____	_____	_____
Liaison Name	Email Address	Phone Number

Cammie Braden	cbraden@keystonelearning.org
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_____	_____	_____	_____
Program Coordinator Signature	Printed Name	Email Address	Date





# A Guide to Reporting Child Abuse and Neglect

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Compiled by  
The Kansas Department for Children and Families



# Table of Contents

Table of Contents.....	1
Preface.....	3
<b>Defining and recognizing child abuse and neglect</b>	
What is Child Abuse	
Tips for Mandated Reporters.....	4
Physical Abuse.....	5
Abusive Head Trauma	
Distinguishable Abuse from Accident.....	6
Sexual Abuse.....	7
Sexual Abuse Myths and Facts.....	8
Emotional Abuse.....	10
Neglect of a Child.....	11
<b>Reporting Child Abuse and Neglect</b>	
Who is Required to Report Child Abuse or Neglect? (Kansas Reporting Laws).....	12
Frequently Asked Questions: Reporting.....	14
What is the legal penalty if a mandated reporter fails to report?	
Is a reporter liable for reporting?	
Would a reporter incur any civil liability if required to participate in court proceedings?	
On what basis may a report be made?	
What does "reason to suspect" mean?	
What if an employer has separate policies for reporting?	
What if the situation has already been reported; is there still a requirement to report?	
Can a mandated reporter make a report anonymously?	
Frequently Asked Questions: How to Make a Report.....	15
How should a report be made?	
What type of information should a report contain?	
To whom should reports be made?	
Where do I report a suspected incident with a child that lives on an Indian Reservation?	
Frequently Asked Questions: After Report is Made.....	16
Will the identity of the reporter be disclosed?	
What can a reporter know about a case once a report is made?	
If an agency receives a court order to disclose confidential information, what procedure should be followed?	

# Table of Contents

**INVESTIGATION OF CHILD ABUSE AND NEGLECT**

Frequently Asked Questions: Investigation Process..... 18

- What does Kansas law require of child protection and law enforcement agencies?
- How quickly are reports investigated?
- Under what circumstances is a joint investigation required under Kansas law?
- Does DCF report investigations of llcensed facilities to the Department of Health and Environment?
- Are school personnel required to provide DCF access to a child?

Frequently Asked Questions: Child Protective Custody..... 19

- When should a law enforcement officer remove the child from his/her home?
- What happens when a child is under the protective custody of a law enforcement officer?
- Are multidisciplinary child protection teams used in the investigation of and response to reports?
- What is the role of the Child Advocacy Center?
- What is the DCF response to child abuse and neglect following investigations?

**DCF ASSESSMENT PROCESS FOR ALLEGATION OF CHILD ABUSE AND NEGLECT..... 20**

**CHILD ABUSE PREVENTION..... 21**

- Strengthening Families
- Five Protective Factors
- What Can I Do to Prevent Child Abuse?

**CONCLUSION..... 22**

**NOTES..... 23**



# PREFACE

The first step in helping abused children is learning to recognize the symptoms of child abuse. This booklet is intended to help both concerned citizens and individuals who are required by law to know how and when to report child abuse and neglect. Information in this booklet includes:

- Tips for mandated reporters
- Definitions of types of abuse
- Behavioral and physical indicators
- Common myths and facts of abuse
- Kansas reporting laws
- When to make a report
- What information is needed to make a report
- Where to make a report
- Consequences of failure to report
- How child protection systems play an important role in promoting safe families
- How to prevent child abuse and neglect

*"Every dollar spent on prevention saves \$7 on intervention services"*

**THE HIGH/SCOPE PERRY  
PRESCHOOL STUDY**

Mandated reporters and the general public need to be aware of signs that may indicate child abuse. This booklet can be used to educate communities about child abuse and help prevent it from happening. When it does occur, the proper measures can be taken to protect the child.

Child abuse prevention efforts are one way to combat other social problems concerning all citizens. Prevention helps create a more compassionate society, one which places a high value on the welfare of children. It is important to provide families the tools and resources they need to raise their children in healthy and nurturing homes free from abuse and neglect.

## ACRONYMS

Listed are some of the many acronyms that are commonly used in Child Protection Services work:

AHT	Abusive Head Trauma
CAN	Child Abuse and Neglect
CASA	Court Appointed Special Advocate
CBCAP	Community Based Child Abuse Prevention
PPS	Prevention and Protection Services
CINC	Child in Need of Care
CPS	Child Protective Services
CRB	Citizen's Review Board
JJA	Juvenile Justice Authority
KCCTF	Kansas Children's Cabinet and Trust Fund
PCAA	Prevent Child Abuse America
PCA KS	Prevent Child Abuse Kansas
SBS	Shaken Baby Syndrome
DCF	Department for Children and Families

*"It would be much better to report a case that did not end up being abuse than to overlook one true abusive situation."*

**- DENTIST**

# DEFINING AND RECOGNIZING CHILD ABUSE AND NEGLECT

## WHAT IS CHILD ABUSE?

Child abuse is any physical injury, physical neglect, emotional injury, or sexual act inflicted upon a child. Several indicators, including a child's behavior, may indicate the occurrence of child abuse.

Behavioral indicators, as defined in the sections following, have a valid place in decision making. They provide important clues for potential reporters to pursue. However, the presence of a single behavioral indicator does not necessarily prove that child abuse or neglect is occurring. The reporter is alerted to the possibility of child abuse and neglect by the:

- Repeated occurrences of an indicator
- Presence of several behavioral and physical indicators
- Appearance of suspicious serious injury or death

If a child reports he or she is a victim of abuse or neglect, give reassurance that telling you about what happened is okay and safe. Respect the privacy of the child. The child will need to tell the story in detail later to the investigators, so do not press for details, display shock or disapproval of the parents, the child or the situation. Tell the child that you are going to call someone who will help.

## TIPS FOR MANDATED REPORTERS

When getting information to make a report, ask the minimum to get the information you need. You do not need to know all the facts of the situation to make a report. A reporter only needs to have suspicion that a child has been harmed as a result of abuse or neglect. More information on reporting is available on page 9.

It is important to gather enough information to make a report, but be careful not to ask too many questions. Asking questions with too much detail can potentially alter facts of the case unintentionally. Leave it to the professionals at the Kansas Department for Children and Families (DCF) and the law enforcement officers who are trained to interview children.

When working with children that trust you to keep their secret, let them know that you are going to call someone you trust to get them help. It is important that children are not intimidated by you making a report.

# PHYSICAL ABUSE

**Definition:** Infliction of physical harm or the causation of a child's deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health is endangered. (K.S.A. 38-2202)

## Indicators of Physical Abuse

Both physical and behavioral indicators of child abuse may be evident. Physical indicators should be considered based on inconsistent medical history, the child's developmental state and the presence of other indicators if known. Listed below are common physical and behavioral indicators of physical abuse. This is a list of common indicators and is not all inclusive as there could be other indicators presented.

### Common Physical Indicators

- Bruises, welts or bite marks
  - Different colors or in various stages of healing
  - Back, buttocks & back of legs
  - Groups, clusters or patterns
  - Not common for age & activity level of child
  - Defense wounds to back of arms and hands
  - Shape of bruise, ie: shape of an object
- Burns
  - Scald and immersion burns
    - Sock-like, glove-like, doughnut shaped on buttocks or genitalia
    - Splash burns
  - Contact burns
    - Cigar, cigarette especially on the soles, palms, back, buttocks
    - Patterned like electric iron, electric burner, fire place tool, etc.
    - Rope burns on arms, legs, neck and torso
- Fractures, scars or internal injuries
- Lacerations, abrasions or unusual bleeding
  - Loop-type lacerations from belts, straps and extension cords
  - Lacerations to the backside of the body (whipping)
  - Series or groups of straight-line lacerations or welts
- Head trauma
  - Black eyes
  - Split lips or loose teeth
  - Lumps on the head
  - Facial bruises or bruising behind the ear

### Common Behavioral Indicators

- Demonstrating behavioral extremes, including very aggressive or demanding conduct
- Appearing frightened of the parent or caretaker
- Being full of rage, passive or withdrawn
- Being apprehensive when other children cry
- Verbally reporting abuse
- Being extremely hyperactive, distractible or irritable
- Demonstrating disorganized thinking, self injuries or suicidal behavior
- Running away from home or engaging in illegal behavior, such as drug abuse, gang activity or cult activity
- Displaying severe depression, flashbacks (including hallucinatory experiences) and dissociative disorders
- Sudden changes in behavior
- Child starts wetting or soiling clothing or bed
- Sleep problems, including nightmares
- Cannot recall how injuries occurred or offers an inconsistent explanation

Please note that these behavioral indicators must be considered with other evidence. Ask yourself these questions when determining whether physical abuse has occurred:

- Is the explanation consistent with physical evidence?
- Are there any other physical or behavior indicators?
- Are there family/environmental stresses that are apparent?

## **ABUSIVE HEAD TRAUMA** *(formerly known as Shaken Baby Syndrome)*

Abusive Head Trauma (AHT) is an inflicted traumatic brain injury that occurs when a baby is violently shaken or slammed. Shaking has significant impact on children under age two because their neck muscles are generally weak and the head is quite large in comparison with the body. The brain of an infant is not well protected like that of an adult as the skull of an infant is relatively unstable and still developing.

### **Symptoms of AHT are:**

- Altered level of consciousness – sleepy, yet irritable or may have seizures or even be in a coma
- Eyes unable to focus
- Poor sucking or swallowing
- Irritability
- Lethargy
- Difficulty breathing
- Signs of shock: pale, sweating, vomiting, listless
- May have abdominal and/or chest injuries present

## **DISTINGUISHING ABUSE FROM ACCIDENT**

The very nature of childhood invites accidents. Children are curious and fearless. They run, climb, jump and explore. A child's motor skills usually outpace cognitive skills, allowing the child to approach danger without recognizing it. How can you distinguish the accidental injury caused by the exuberance of childhood from the non-accidental injury caused by the abuse of an adult?

### **When observing injury you suspect might be the result of abuse, consider:**

- **Where is the injury?** Certain locations on the body are more likely to sustain accidental injury: knees, elbows, shins and the forehead; all are parts of the body that can be injured during an accidental fall or bump. Protected parts of the body, such as the back, thighs, genital area, buttocks, back of the legs or face, are less likely to accidentally come into contact with objects that could cause injury. It is important to remember to look for other indicators and the history.
- **How many injuries does the child have?** Are there several injuries occurring at one time or over a period of time? The greater the number of injuries, the greater the cause for concern. Unless involved in a serious accident, a child is not likely to sustain a number of different injuries accidentally. Injuries in different stages of healing can suggest a chronological pattern of occurrence.
- **What are the size and shape of the injuries?** Many non-accidental injuries are inflicted with familiar objects: a stick, a board, a belt, a hair brush. The marks that result bear strong resemblance to the object that was used. For example, welts caused by beating a child with an electrical cord might be loop-shaped; a belt might cause bruises in the shape of the buckle. Accidental marks resulting from bumps and falls usually have no defined shape.
- **Does the description of how the injury occurred seem likely?** If an injury is accidental, there should be a reasonable explanation of how it happened consistent with its severity, type and location. When the description of how the injury occurred and the appearance of the injury do not seem related, there is cause for concern.
- **Is the injury consistent with the child's developmental capabilities?** As a child grows and gains new skills, he increases his ability to engage in activities that can cause injury. A toddler trying to run is likely to suffer bruised knees and a bump on the head before the skill is perfected. He is less likely to suffer a broken arm than is an eight-year-old who has discovered the joy of climbing trees. A two-week-old infant does not have the movement capability to self-inflict a bruise.

# SEXUAL ABUSE

**Definition:** Sexual Abuse is any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child or another person. Sexual abuse shall include, but is not limited to, allowing, permitting or encouraging a child to be:

- Photographed, filmed or depicted in obscene or pornographic material; or
- Subjected to aggravated human trafficking, as defined in K.S.A. 2014 Supp. 21-5426(b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2015 Supp. 21-6419 or 21-6422, and amendments thereto. (K.S.A. 38-2202)

Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity, or coercion. KAR 30-46-10(i).

## Indicators of Sexual Abuse

There are both physical and behavioral indicators of sexual abuse. The following are some physical and behavioral indicators that a child is being sexually abused. This is a list of common indicators and is not all inclusive as there could be other indicators presented.

### Common Physical Indicators

- Sexually transmitted venereal disease or infection, including oral infections
- Pregnancy, especially in early adolescents
- Pelvic inflammatory disease
- Torn, stained or bloody underclothing
- Difficulty or pain in walking and/or sitting
- Foreign matter in the bladder, rectum, urethra, or vagina
- Painful discharge of urine and/or repeated urinary infections
- Bruising, trauma and lesions inside or around the mouth

### Common Behavioral Indicators

- Verbally reporting abuse
- Seductive behavior, advanced sexual knowledge for the child's age, promiscuity
- Expressing fear of a particular person or place
- Excessive masturbation, precocious sex play, excessive curiosity about sex
- Sexually abusing another child
- Delinquency, runaway or truancy
- Self-injurious behaviors, suicide attempts
- Extreme fear of being touched; unwilling to submit to physical examination
- Poor peer relationships

*It is important to note the physical symptoms listed above are not normally seen in young children and are often difficult (impossible in some cases) to explain by any other cause than sexual abuse.*

*Children are not typically physically hurt during sexual abuse; therefore, special attention should be paid to behavioral indicators.*

### **An adult who may be sexually abusing a child may exhibit these behaviors:**

- Acting extremely protective or jealous of the child
- Encouraging the child to engage in prostitution or sexual acts

## Risks for Victimization of Human Trafficking

It is not solely a history of sexual abuse that places a youth at risk for victimization of human trafficking. Youth at a higher risk are vulnerable youth with histories of abuse/neglect; homeless and runaways; youth within the foster care system; and youth lacking a safety net. Any youth may be at risk of victimization of human trafficking including youth of any ethnicity, race, or religion; any socio-economic class; both male and female; any sexual orientation; and youth of all ages, including teenagers.

## SEXUAL ABUSE - MYTHS AND FACTS

***MYTH: You usually can spot a child sexual abuser.***

FACT: Unless you are clinically trained and given the opportunity for diagnostic assessment, it is unlikely that you could identify a child sexual abuser. The perpetrator usually does not suffer from psychosis and is likely to engage in ordinary work and social activities. It is difficult to “avoid” a child sexual abuser. Even the most cautious and vigilant of parents cannot, nor would they want to, keep a 24-hour watch on their child. Besides, the adults who are prone to sexually abuse children often choose work or activities that bring them into contact with children. The best line of defense against sexual abuse is education. The second is communication. Parents are primary teachers of children and are responsible for showing them how to survive and how to cope with life. The first thing parents can do to protect their children is to teach them to protect themselves, to communicate their fears and to talk about their daily activities. Certainly all children should be taught the dangers of the unknown. In most instances of sexual abuse, however, the abuser is someone the child knows and trusts. The abuser may be a member of the family, a relative, a babysitter or a neighbor.

***MYTH: Sexual abuse of children always occurs between adult men who exploit young girls and adult women who exploit young boys.***

FACT: The majority of cases that are referred to child protection agencies involve adult men and underage girls. When boys are abused or exploited, they usually are the victims of adult males. This is not to say that other types of abuse do not occur, merely that they are not reported at the same rate. Some researchers hold the opinion that sibling incest is by far the most widespread form of incest. The comparatively lower rate of reported mother-son incest may be the result of the lower incidence of accompanying physical injury, a societal perception of its being less harmful or a general disbelief in its existence.

***MYTH: The child sexual abuser relies on physical violence.***

FACT: The child sexual abuser rarely uses physical violence and usually will avoid its use; injury may lead to discovery. The sexual abuser is more likely to use power and authority as an adult (or older child) to coerce the child victim through bribes, threats and the child's fear of the unknown. Children are taught to obey without question or resistance. The abuser's most powerful weapons are authority and secrecy.

***MYTH: The sexual abuser can be the victim of the seductive or sexually-promiscuous child.***

FACT: The child is the victim. A seductive or promiscuous child often is the result, but never the cause, of sexual abuse. One characteristic common to sexual abusers is a capacity for rationalizing their actions, mentally justifying an illegal, unacceptable and inappropriate behavior as necessary and right. Perpetrating the myth of the seductive or sexually promiscuous child is one way of doing this. Through this type of reasoning, the abuser shifts the blame onto someone else. In the same manner, incestuous parents often justify their own sexual behavior as a way of teaching children or keeping them off the street. These justifications ignore the abuser's responsibility as an adult, the child's vulnerability and dependency on the adult, and the long-term harm to the child.

***MYTH: Using electronic communications (cell phones, videos, email, internet, etc.) does not involve physical contact and therefore is not sexual abuse.***

FACT: Children can be victims of sexual exploitation by use of electronic media. Taking explicit pictures of a child and posting them on the internet could be considered sexual abuse. Having sexually explicit conversations with a child via phone, internet or text for the sexual stimulation of either party, could be considered sexual abuse.

***MYTH: The sexual abuser will abuse a child once and then find another victim.***

FACT: If the sexual abuser is a stranger, this usually is true. This type of perpetrator will abuse many children a single time, generally stopping only if caught. The “stranger abuser” often lures a child by appealing to the child's helpfulness or by posing as a friend of the parents or other authority figure. When the sexual abuser is known to the child, however, the methods of seduction usually are very different. The abuse frequently will be of long duration, escalating in frequency and intimacy over time. The “known abuser” builds upon a relationship with the child, using the child's innocence and trust as the main weapons.

***MYTH: The lower the family income and social status, the higher the likelihood of sexual abuse.***

FACT: Socioeconomic status is of no help in identifying sexual abuse. Sexual abuse appears to occur at all levels of income and education. Most of the families present an appearance of respectability. The vast majority of parents hold jobs, function well in the community and are respected by their peers

***MYTH: In the majority of cases, sexually-abused children want to leave their homes permanently.***

FACT: On the contrary, most children do not want their families disrupted; they simply want the abuse to stop.

***MYTH: Sexual touching between children (i.e. siblings, neighbors, cousins) is not abuse and should not be reported.***

FACT: Sexual contact between siblings should always be reported. Contact between non-related children may or may not be abusive. There is normal sexual exploration at certain developmental stages. This should occur between age mates. If the age difference is troubling or if there is power or coercion used, a report should be made.

***MYTH: Sexual contact between children always indicates they are acting out sexual abuse.***

FACT: At certain developmental stages there will be normal exploration of sexuality. This could also be from non-intentional exposure to adult media and literature.

***MYTH: Once incest is brought to the attention of the authorities, the family admits the problem and seeks help.***

FACT: The denial system of the family usually is very strong. Generally, family members will assert that nothing has happened or if confronted with undeniable circumstances, claim that "it will never happen again." In this circumstance, treatment is very difficult. If the victim returns home without intensive intervention in the family system, the old patterns of sexual abuse may continue.

***MYTH: The legal age of consent for sexual contact in Kansas is 16, so once a child is 16 he/she cannot be the victim of sexual abuse.***

FACT: There are many variables which must be considered when determining if a child has been sexually abused.

Whether or not the child is of age to consent is just one. If a 16 or 17-year-old has entered a sexual relationship with someone who has power or control over him/her, such as a teacher or a coach, this may be a sexual abuse situation. If the adult with power or control over the teen is also a relative, sexual abuse is a definite possibility, perhaps a certainty. If someone uses coercion to convince a 16 or 17-year-old to have sex with them, this too may be sexual abuse.

*"Reporting child abuse is important because every child has the right to grow up feeling safe and secure in their surroundings. Intervention is necessary to prevent the repeating pattern of abuse in families."*

**- CHILD CARE PROVIDER**

# EMOTIONAL ABUSE

**Definition:** Infliction of mental or emotional harm or the causing of a deterioration of a child, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional wellbeing is endangered. This term may include any act, behavior or omission that impairs or endangers a child's social or intellectual functioning. This term may include the following:

- Terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child or toward others in the child's presence that demonstrates a flagrant disregard for the child;
- Emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child or failing to provide adequate nurturance of the child; and
- Corrupting a child, by teaching or rewarding the child for unlawful, antisocial or sexually-mature behaviors.

Emotional abuse or maltreatment is a consistent, chronic behavior by an adult that has a harmful effect on the child. It involves a pattern of attitudes or acts that are detrimental to the child's development of a sound and healthy personality. Each of us may be guilty of having unkindly snubbed a child or of having criticized him/her too harshly. However, emotional abuse, as defined here, seriously impairs the child's social, emotional or intellectual functioning.

## Indicators of Emotional Abuse

Physical indicators are not commonly associated with emotional abuse; however there are many behavioral indicators that can be presented by the child and the adult abuser. The following are some physical and behavioral indicators that the child and adult may display. This is a list of common indicators and is not all inclusive, as there could be other indicators presented.

### Common Physical Indicators

- Daytime anxiety and unrealistic fears
- Irrational and persistent fears, dreads, or hatreds
- Sleep problems, nightmares
- Behavioral extremes
- Biting, rocking, head-banging or thumb sucking in an older child (habit disorders)
- Substance abuse
- Cutting
- Fire starting
- Loss of interest
- Sudden grade changes
- Changes in behavior, personality or appearance

### Common Behavioral Indicators

- Rejecting or belittling the child (making the child feel he/she can do nothing right)
- Ignoring the child (taking little or no interest in the child)
- Terrorizing the child by blaming the child for things for which the child has no control
- Isolating the child (cutting the child off from normal social experiences)
- Corrupting the child (teaching the child socially-deviant patterns of behavior)
- Repeatedly giving the child contradictory messages that leave the child confused and incapable of pleasing the adult
- Using an inconsistent, unpredictable, erratic and threatening style of discipline

It is important to remember that maltreatment by a caregiver is not the cause of all behavioral, emotional or developmental problems in children. Ask these questions when considering whether or not emotional abuse is occurring:

- Do interactions between adult and child seem primarily negative?
- Are specific instances of emotional abuse or maltreatment frequently observed?



## NEGLECT OF A CHILD

**Physical Neglect:** Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include but shall not be limited to: failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child. (K.S.A. 38-2202)

**Medical Neglect:** Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to:

- Failure to use resources available to treat a diagnosed medical condition if such treatment will make a child substantially more comfortable, reduce pain and suffering, or correct or substantially diminish a crippling condition from worsening.
- A parent legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of religious beliefs shall not for that reason be considered a negligent parent. (K.S.A. 38-2202)

**Lack of Supervision:** Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to: failure to provide adequate supervision of a child or to remove a child from a situation which requires judgment or actions beyond the child's level of maturity, physical condition or mental abilities and that results in bodily injury or a likelihood of harm to the child. (K.S.A. 38-2202)

Abandonment: to forsake, desert or cease providing care for the child without making appropriate provisions for substitute care. (K.S.A. 38-2202)

### Indicators of Neglect

While physical abuse is usually episodic, physical neglect tends to be chronic. There are physical and behavioral indicators of physical neglect. This is a list of common indicators and is not all inclusive, as there could be other indicators presented.

#### Common Physical Indicators

- Constant hunger
- Lack of proper supervision, abandonment or desertion
- Lack of adequate clothing and good hygiene
- Clothing consistently not appropriate for weather conditions
- Lack of medical or dental care
- Lack of adequate nutrition and shelter
- Failure to achieve expected growth patterns
- Physical and speech delays
- Failure to thrive physically or emotionally
- Child states feeling pain in the mouth, jaw or ear
- Diagnosed signs of dental decay, and the child states feeling pain and has difficulty eating

#### Common Behavioral Indicators

- Begging, stealing and hoarding food
- Extended stays at school
- Constant fatigue
- Delinquency
- States there is no caretaker
- Runaway behavior
- Conduct disorders
- Behavior extremes
- Develops habits, such as sucking, biting and rocking

## REPORTING CHILD ABUSE AND NEGLECT

### WHO IS REQUIRED TO REPORT CHILD ABUSE OR NEGLECT?

**Kansas Reporting Laws:** Mandated reporters are required to report child abuse or neglect under the Kansas reporting law (K.S.A. 38-2223) as follows:

(a) *Persons making reports.* (1) When any of the following persons has reason to suspect that a child has been harmed as a result of physical, mental or emotional abuse or neglect or sexual abuse, the person shall report the matter promptly as provided in subsections (b) and (c);

(A) the following persons providing medical care or treatment: Persons licensed to practice the healing arts, dentistry and optometry; persons engaged in postgraduate training programs approved by the state board of healing arts; licensed professional or practical nurses; and chief administrative officers of medical care facilities;

(B) the following persons licensed by the state to provide mental health services: Licensed psychologists, licensed masters level psychologists, licensed clinical psychotherapists, licensed social workers, licensed marriage and family therapists, licensed clinical marriage and family therapists, licensed behavioral analysts, licensed assistant behavioral analysts, licensed professional counselors, licensed clinical professional counselors and registered alcohol and drug abuse counselors;

(C) teachers, school administrators or other employees of an educational institution which the child is attending and persons licensed by the secretary of health and environment to provide child care services or the employees of persons so licensed at the place where the child care services are being provided to the child;

(D) firefighters, emergency medical services personnel, law enforcement officers, juvenile intake and assessment workers, court services officers and community corrections officers, case managers appointed under K.S.A. 2005 Supp. 23-1001 et seq., and amendments thereto, and mediators appointed under K.S.A. 23-602, and amendments thereto; and

(E) any person employed by or who works as a volunteer for any organization, whether for profit or not-for-profit, that provides social services to pregnant teenagers, including, but not limited to, counseling, adoption services and pregnancy education and maintenance.

(2) In addition to the reports required under subsection (a)(1), any person who has reason to suspect that a child may be a child in need of care may report the matter as provided in subsection (b) and (c).

(b) *Form of report.* (1) The report may be made orally and shall be followed by a written report if requested. Every report shall contain, if known: The names and addresses of the child and the child's parents or other persons responsible for the child's care; the location of the child if not at the child's residence; the child's gender, race and age; the reasons why the reporter suspects the child may be a child in need of care; if abuse or neglect or sexual abuse is suspected, the nature and extent of the harm to the child, including any evidence of previous harm; and any other information that the reporter believes might be helpful in establishing the cause of the harm and the identity of the persons responsible for the harm.

(2) When reporting a suspicion that a child may be in need of care, the reporter shall disclose protected health information freely and cooperate fully with the secretary and law enforcement throughout the investigation and any subsequent legal process.

(c) *To whom made.* Reports made pursuant to this section shall be made to the secretary, except as follows:

(1) When the department of social and rehabilitation services is not open for business, reports shall be made to the appropriate law enforcement agency. On the next day that the department is open for business, the law enforcement agency shall report to the department any report received and any investigation initiated pursuant to K.S.A. 38-2226, and amendments thereto. The reports may be made orally or, on request of the secretary, in writing.

(2) Reports of child abuse or neglect occurring in an institution operated by the secretary of the department of social and rehabilitation services or the commissioner of juvenile justice shall be made to the attorney general. All other reports of child abuse or neglect by persons employed by or of children of persons employed by the department of social and rehabilitation services shall be made to the appropriate law enforcement agency.

(d) *Death of child.* Any person who is required by this section to report a suspicion that a child is in need of care and who knows of information relating to the death of a child shall immediately notify the coroner as provided by K.S.A. 22a-242, and amendments thereto.

(e) *Violations.* (1) Willful and knowing failure to make a report required by this section is a class B misdemeanor. It is not a defense that another mandatory reporter made a report.

(2) Intentionally preventing or interfering with the making of a report required by this section is a class B misdemeanor.

(3) Any person who willfully and knowingly makes a false report pursuant to this section or makes a report that such person knows lacks factual foundation is guilty of a class B misdemeanor.

(f) *Immunity from liability.* Anyone who, without malice, participates in the making of a report to the secretary or a law enforcement agency relating to a suspicion a child may be a child in need of care or who participates in any activity or investigation relating to the report or who participates in any judicial proceeding resulting from the report shall have immunity from any civil liability that might otherwise be incurred or imposed.

## FREQUENTLY ASKED QUESTIONS: Reporting

***Q: What is the legal penalty if a mandated reporter fails to report suspected child abuse?***

A: CLASS B MISDEMEANOR. Failure of a mandated reporter to make a report is a crime that could result in a \$1,000 fine or up to six (6) months in jail. Some agencies may expect staff to discuss abuse situations with their supervisor before reporting. However, if a staff member believes a report of child abuse or neglect needs to be made to DCF or law enforcement, it is the responsibility of the staff member to report, whether or not the supervisor is in agreement. Employers are prohibited from imposing sanctions on employees making report or cooperating in investigations. K.S.A. 38-2224

***Q: Is a reporter liable for reporting suspected child abuse and neglect?***

A: Kansas law provides immunity from liability for reporters of child abuse.

***Q: Would a reporter incur any civil liability if required to participate in court proceedings as a witness?***

A: No.

***Q: On what basis may a report of suspected child abuse be made?***

A: A report must be made by a mandated reporter if there is reason to suspect that a child has been harmed as a result of physical, mental, emotional or sexual abuse.

***Q: What does "reason to suspect" mean?***

A: "Reason to suspect" means anytime anyone believes or has a hint or a clue, a child is, or has been, a victim of abuse or neglect. A reporter may have "reason to suspect" when there is a discrepant or inconsistent history in explaining a child's injury. An example of a discrepant history would be a situation in which a parent or caregiver of a child describes the injury as accidental, but bruises are on multiple areas of the body and in various stages of healing, indicating the child was imposed at different times and there was more than one incident as opposed to a single accidental injury.

Consider whether the description of how the injury occurred seems likely. If the injury is accidental, there should be a reasonable explanation of how it happened that is consistent with the severity, type and location of the injury. When the description of how the injury occurred and the appearance of the injury do not seem related, there is cause for concern ("a reason to suspect").

A report based on "reason to suspect" also means the law does not require proof that abuse or neglect has actually occurred or that the reporter witnessed the incident in question. A reporter's suspicion may result from an incident the reporter witnessed, a child's disclosure or third-party information. Once a mandated reporter is aware of any information that causes a "reason to suspect", the reporter is mandated by law to report the concerns. Further, a reporter is relieved of the need to make a final determination of whether or not child abuse or neglect actually occurred. Reporting is a request for an assessment into the condition of a child.

There have been public reports of children who have been coached to provide false allegations. As a reporter, it is important the public confusion regarding false allegations not discredit the reports of children who have been traumatized by abuse. The determination of whether abuse or neglect has actually occurred is the responsibility of DCF or appropriate law enforcement agencies.

***Q: What if an employer has separate policies for reporting child abuse or neglect?***

A: Often employers have policies separate from the statutes for reporting suspicions or concerns of child abuse or neglect, such as notifying a supervisor first. It is important to note, any local policies or procedures do not supersede a mandated reporter's statutory requirement to report. As a mandated reporter, you are responsible to report your concerns.

***Q: What if a mandated reporter believes the situation has already been reported; is there still a requirement to report?***

A: Yes, Reference: K.S.A. 38-2223 (e) Violations (1) "It is not a defense that another mandatory reporter made a report."

***Q: Can a mandated reporter make a report anonymously?***

A: If a mandated reporter chooses to remain anonymous, DCF will not have documentation to support that the person made a report to use as a defense against a failure-to-report charge.

## **FREQUENTLY ASKED QUESTIONS: How to Make a Report**

***Q: How should the report be made?***

A: The report may be made orally and followed by a written report if requested by DCF or law enforcement agencies.

***Q: What type of information should a report contain?***

A: Both mandated reporters and concerned citizens should attempt to include the following information:

- The name and address of the child, the child's parents or other individuals responsible for the child's care
- The child's location
- The child's condition, including the nature and extent of the child's injury
- Whether the alleged perpetrator has access to the child
- Any other information that the reporter believes might be helpful in showing the cause of the injuries or the extent to which the child might be in danger.

***Q: To whom should reports of suspected child abuse or neglect be made?***

A: Reports of suspected child abuse or neglect should be made to the Kansas Protection Report Center or if the child has serious injuries or is in immediate danger to the appropriate law enforcement agency. (On the next day that DCF is open for business, the law enforcement agency will report to DCF any report received and any investigation initiated.)

Reports of abuse and neglect in an DCF institution (such as State hospitals) should be made to DCF or the Attorney General's office at 785-296-7968. Reports of DCF employees as alleged perpetrators should be made to local law enforcement agencies. Kansas law requires that these types of cases not be investigated by DCF. A reporter should call the statewide number 1-800-922-5330. The Kansas Protection Report Center can be called 24-hours a day, seven days a week and may be reached from any location. Reports are referred to the appropriate local office to be investigated. If the DCF office is closed, Kansas Protection Report Center staff immediately refer emergencies to local law enforcement agencies.

***Q: Where do I report a suspected incident with a child that lives on an Indian reservation?***

A: The Kansas Protection Report Center accepts reports for all children. The Indian Child Welfare Act of 1978 was enacted to give Indian tribes more authority over their children, both on and off the reservation. A state court proceeding that may result in the out-of-home placement of an Indian child triggers the Act.

In addition, reports can also be made by

- **Telephone:** 1-800-922-5330
- **Fax:** Sent to Kansas Protection Report Center, 1-866-317-4279
- **Mail:** Kansas Protection Report Center 500 S.W. Van Buren St., Topeka, KS 66603
- **On-Line Web Intake:** The Kansas Protection Report Center has an option for mandated reporters to report concerns of child and adult abuse or neglect online.

***Mandated reporters may access the online report by*** visiting the DCF website at <http://www.dcf.ks.gov>, select "ReportAbuse" under the list of "Quick Links" right of screen. On the ReportAbuse page, click on the link "Mandatory Reporters Online ReportForm."



## FREQUENTLY ASKED QUESTIONS: After Report is Made

***Q: Will the identity of the reporter be disclosed once a report is made?***


A: Kansas law provides the identity of the reporter may not be disclosed to the child's parents, persons having legal responsibility for the child or to such persons' legal representatives. The protection is not absolute, however. If a case is heard in court or if a DCF finding is appealed and heard in a DCF administrative hearing, there is a possibility the identity of a reporter will be discovered.

***Q: What can a reporter know about a case once a report is made?***

A: Kansas law requires confidentiality of all records and reports of child abuse or neglect received by DCF or law enforcement agencies. DCF may inform the reporter of child abuse or neglect the agency's decision to either accept the report for investigation or to not assign for further assessment.

***Q: If an agency receives a court order to disclose confidential information about an individual under investigation, what procedure should be followed?***

A: Under Kansas law, a multidisciplinary team, DCF or law enforcement agency may request disclosure of documents, reports or information by applying to a court for an order to release information. If a subpoena or order is received for a person and/or his/her records, the person will be given an opportunity to notify the court of any objection. A judge will then make a final decision as to what information to disclose.



*"I believe it's an obligation for all people to be concerned and make reports on child abuse."*

**- LAW ENFORCEMENT  
OFFICER**

# INVESTIGATION OF CHILD ABUSE AND NEGLECT

## FREQUENTLY ASKED QUESTIONS: Investigation Process

***Q: What does Kansas law require of child protection and law enforcement agencies concerning the investigation of child abuse and neglect?***

A: DCF and law enforcement agencies have the duty to receive and investigate reports of child abuse or neglect for the purpose of determining whether the report is valid and whether action is required to protect the child from further abuse or neglect. If DCF determines no action is necessary to protect the child but that a criminal prosecution should be considered, then DCF may make a report of the case to the appropriate law enforcement agency.

***Q: How quickly are reports of suspected child abuse or neglect investigated?***

A: Based on the age of the child, nature of the allegation, continued access of the perpetrator to the child, and other factors, Kansas Protection Report Center specialists determine the response time assignment for the report. If the Kansas Protection Report Center specialist determines a child is in imminent risk of serious harm, the report is assigned a same-day response time. These reports may require the involvement of law enforcement. If the report does not allege a child is in imminent risk of serious harm, DCF must respond within 72 hours, excluding weekends and holidays. If the report alleges that a child may be in need of services for reasons not related to maltreatment, DCF may respond within 20 working days, unless criteria is met to assign with a same-day or 72-hour response time.

***Q: Under what circumstances is a joint investigation of child abuse or neglect between child protection agencies and the appropriate law enforcement agencies required under Kansas law?***

A: A joint investigation by DCF and the appropriate law enforcement agency is required when a report of child abuse or neglect indicates the following:

- Serious physical injury or deterioration; or
- Sexual abuse of the child; and
- Reason to believe action may be required to protect the child

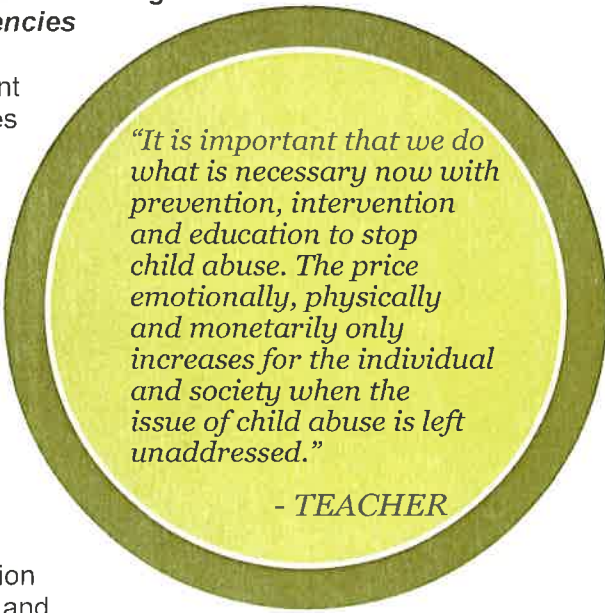
In the course of a joint investigation, there should also be a free exchange of information between the agencies. In the event a statement is obtained by either agency, a copy of the statement must be provided to the other agency upon request.

***Q: Does DCF report investigations of licensed facilities to the Department of Health and Environment?***

A: Investigations involving a facility subject to licensing or regulation are promptly reported to either the Kansas Department of Health and Environment or to DCF Foster Care and Residential Facility Licensing. Child Care facilities and maternity centers are licensed by the Kansas Department of Health and Environment. Family foster homes and residential facilities for children and youth are licensed by DCF Foster Care and Residential Facility Licensing.

***Q: Is school personnel required to provide DCF access to a child?***

A: School personnel, DCF and law enforcement agencies must cooperate with the investigation of reports of suspected child abuse or neglect. Furthermore, administrators of elementary and secondary schools must provide employees of DCF and law enforcement agencies access to a child in a non-threatening environment on school premises determined by school personnel for the purpose of investigating a report of suspected child abuse or neglect. School personnel should only be present during the investigation at the request of law enforcement or DCF.



*"It is important that we do what is necessary now with prevention, intervention and education to stop child abuse. The price emotionally, physically and monetarily only increases for the individual and society when the issue of child abuse is left unaddressed."*

- TEACHER

## **FREQUENTLY ASKED QUESTIONS: Child Protective Custody**

### ***Q: When may a law enforcement officer remove the child from his/her home?***

A: A law enforcement officer is authorized to remove the child from the location where the child is found if the officer reasonably believes the child is in imminent danger. DCF may not remove the child from a location without a court order. However, DCF can contact law enforcement agencies if the child is in immediate physical danger.

### ***Q: What happens when a child is under the protective custody of a law enforcement officer?***

A: When any law enforcement officer takes a child into custody without a court order, the child must be delivered to the custody of the parent or caregiver unless there is reason to believe it would not be in the best interest of the child. If the child is not delivered to the custody of the parent or caregiver, the child must be delivered to a facility or person designated by DCF or to a court-designated shelter or person. A court hearing is required within 72 hours (not including weekends or holidays) to determine if the child can be returned home.

### ***Q: Are Multidisciplinary Child Protection Teams used in the investigation of and response to reports of child abuse?***

A: Yes. Multidisciplinary Teams may be appointed by the court at the recommendation of DCF or the county or district attorney to assist DCF with the investigation of suspected child abuse and neglect. Teams may be comprised of a standing group of community experts from a variety of disciplines or may be specific to a case, bringing together professionals who have knowledge about the child and family. The team members review the selected case(s) brought to their attention, share knowledge they have about specific children and recommend a plan of action. To determine the existence of a Multidisciplinary Team in a particular area, contact the local DCF office.

### ***Q: What is the role of the Child Advocacy Center?***

A: A Children's Advocacy Center (CAC) is an agency where a team of professions, including DCF, law enforcement, prosecutors, therapists, medical providers and victim advocates come together to respond to cases of suspected or alleged child abuse, especially sexual and serious physical abuse. Children are referred to a CAC by DCF, law enforcement or other designated professionals after a report is made about suspected abuse. At the CAC, forensic interviews take place with children about their experience. Interviews are completed by a trained interviewer and take place in a neutral, child-friendly setting. Victim Advocates at the CAC educate families about the dynamics of abuse, connect children with specialized mental health and medical care, either provided onsite or are referred to a facility in the community, and identify other helpful community resources. The goal of a CAC is to maintain a professional response to child abuse that is child-centered and makes the process easier for abused children and their families.

CACs are required to follow State guidelines defined in K.S.A. 38-2227, and are modeled on a specific set of standards developed by the National Children's Alliance. Many CACs in Kansas are nationally-accredited, and others are working toward securing accreditation. To find out if a CAC is active in your area, go to [www.ksdac.org](http://www.ksdac.org) and link to "CACs in Kansas" for a current map of CAC service areas.

### ***Q: What is DCF's response to child abuse and neglect following investigation?***

A: Services for prevention and treatment of child abuse may be provided by DCF and other community resources to children and families such as: intensive in-home services, family preservation services, in-home visits, parenting classes, foster care, referrals to mental health centers, drug and alcohol treatment, and Batterer's Intervention Programs. It is always the goal of DCF to maintain children with their families when this can be done safely.



## ***Allegation of suspected child abuse or neglect is received from a reporter***

Initial Assessment Decision and Response Determination are done by the Kansas Protection Report Center. Reports are initially assessed to determine if they meet statutory criteria for further assessment. The response determination specifies how quickly contact with the alleged victim and/or family shall be initiated.

Investigation, Family Assessment and Finding are made to assess health and safety of child and to determine whether abuse or neglect occurred. Depending on the assessment, the case is referred to...

### ***...Protective Custody:***

If the information shows the child is in imminent danger or harm, DCF may request a law enforcement officer to take the child into protective custody for as long as 72 hours pending court action.

### ***...District/County Attorney***

may file a petition to request the Child in Need of Care. District/County Attorney can become involved on his/her own initiative, but usually at the request of DCF.

### ***...Family Services or Family Preservation***

may include direct services by DCF or a referral to intensive in-home Family Preservation services provided to prevent removal of the child from the home.

### ***...Other Alternatives***

may include referrals to a community mental health center or other community services.

### ***District Court***

The court may release the child to the parents, or if there is evidence that the child is not safe in the home, the court can order temporary custody pending the hearing. The court can find a child to be a Child In Need of Care and grant custody to DCF or another person. The court can order the family to accept family services or can dismiss the case.

### ***Evaluation and Placement***

For children placed in DCF custody by the court, DCF's placement options include: foster care with services to unite the family or adoption, if indicated. While children are in DCF custody, services are provided to the child and family, and progress is reported to court. The court may return custody to the parents, grant custody to a relative or sever parental rights to allow for adoption.

## STRENGTHENING FAMILIES

Strengthening Families is a research-based, cost-effective strategy to increase family stability, enhance child development and reduce child abuse and neglect. The Strengthening Families Approach, developed by the Center for the Study of Social Policy, promotes five protective factors that shifts the focus of prevention efforts from risks and deficits to strengths and resiliency. By employing strategies that increase protective factors, all families will be better equipped to deal with stress and diminish factors that place them at risk for abuse and neglect. Kansas is one of more than 30 states using the Strengthening Families framework to establish a strengths-based approach that focuses on families.

### THE FIVE PROTECTIVE FACTORS ARE:

- Parental Resilience
- Social Connections
- Knowledge of Parenting and Child Development
- Concrete Support in Times of Need
- Social and Emotional Competence of Children

For more information, visit the Kansas Strengthening Families Plan online at [bit.do/KSFP](http://bit.do/KSFP).

### WHAT CAN I DO TO PREVENT CHILD ABUSE?

It is important that mandated reporters and citizens in the community know what their role is in preventing child abuse. The goal is to prevent abuse before it occurs. To do this, it is important that families receive the support and help they need. Listed are some ways you can help strengthen families:

- **ADVOCATE:** Help change the way our state and nation thinks about prevention by focusing on community activities and public policies that prioritize prevention right from the start. Contact local, state and national lawmakers about the importance of prevention programs.
- **VOLUNTEER:** Serve on a committee or board. We all play a role in raising children, whether we are neighbors, educators, caregivers or family members.
- **EDUCATE:** Contact local school districts and faith communities about sponsoring classes for parents. Be a mentor to a new parent, share your skills with your neighbors. A healthy, nurturing environment for children is one of the best lifelong investments we can make.
- **SUPPORT:** Get to know and support the children and families in your community. With the support of engaged communities and nurturing families, all of our children can thrive. Know the resources available in your community and how to connect families to them. Call the Parent Helpline at 1-800-CHILDREN.
- **REPORT:** Recognize the signs and symptoms of child abuse. If you suspect child abuse and/or neglect, call the Kansas Protection and Report Center at 1-800-922-5330.

To learn more about child abuse prevention, contact Prevent Child Abuse Kansas.

**1-800-CHILDREN.**

## CONCLUSION

Child Maltreatment 2014 relies on data states provide through the National Child Abuse and Neglect Data System (NCANDS), with information collected from 50 states, the District of Columbia and the Commonwealth of Puerto Rico. During FFY 2014, CPS agencies received an estimated 3.6 million referrals. Of these referrals, 60.7 percent were assigned for investigation or assessment. For FFY 2014, approximately 3.2 million children were the subjects of at least one report. Approximately 17.8 percent of children were found to be victims with dispositions of substantiated.

Information provided by Kansas for this national report is compiled from the DCF Family and Child Tracking System (FACTS). DCF received 65,631 reports from July 2014 to June 2015. During this same time period, 36,611 (56 percent) were assigned for further assessment.

Even when child abuse is not fatal, it can have disastrous effects on normal growth and development. It is important to report suspected or known child abuse or neglect to protect the child. Dr. Bruce Perry once said:

*“If 20 million people were infected by a virus that caused anxiety, impulsivity, aggression, sleep problems, depression, respiratory and heart problems, vulnerability to substance abuse, antisocial and criminal behavior, retardation and school failure, we would consider it an urgent public health crisis. Yet in the United States alone, there are more than 20 million abused, neglected and traumatized children vulnerable to these problems. Our society has yet to recognize the epidemic, let alone develop an immunization strategy.”*

The intent is to strengthen children and families by getting them the help they need. We all have a stake in protecting children. The lessons necessary to the development of interpersonal skills may not be taught in an abusive or neglectful environment. The emotional damage that commonly accompanies child abuse or neglect may be vented through self-destructive actions, such as substance abuse, prostitution, suicide or criminal acts against others.

It is our hope that by encouraging the reporting of child abuse and neglect and raising awareness of prevention efforts taking place across the state, the state's next generation will be productive Kansans capable of rearing their children in a caring, nurturing fashion.

Communities currently offer programs that promote strengthening families and the prevention of child abuse and neglect. Some programs include the *Period of PURPLE Crying®* Shaken Baby Syndrome prevention program; parent support groups; parent education; and early childhood home visitation models, such as Parents As Teachers, Healthy Families, Early Head Start and Head Start.

## NOTES

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# The Parent Helpline

# 1- 800-CHILDREN



***Because  
Kids Don't  
Come With  
Instructions***

The Parent Helpline is a **FREE**, anonymous information and referral service. The Helpline is **available 24 hours a day, seven days a week, in English and Spanish**, and can refer you to services anywhere in Kansas. Call the Parent Helpline whenever you have a parenting question or concern.

## **TO REPORT SUSPECTED CHILD ABUSE OR NEGLECT:**

Phone: 1-800-922-5330

Fax: 1-866-317-4279

Email: DCF.KSPRC@ks.gov Online: [bit.do/DCFreport](http://bit.do/DCFreport)

## **TO ORDER ADDITIONAL GUIDES CONTACT:**

Kansas Children's Service  
League 1365 N. Custer  
Wichita, KS 67203  
316-942-4261 • 877-530 5275

***Guide Sponsors:***



## **Guidelines for Parent Educators Working with Families Affected by Substance Abuse**

Substance abuse includes the use of illicit substances, non-medical use of prescription drugs, and abuse of alcohol and tobacco.

Substance abuse during pregnancy poses serious threats to the developing fetus, with a higher prevalence of birth defects and developmental delays. There is no known "safe" level of alcohol use in pregnancy. Fetal alcohol syndrome is estimated to affect up to 2 out of every 1,000 live births, with approximately three times as many children affected by fetal alcohol spectrum disorders (CDC, 2010). As these children get older they are more likely to experience emotional and conduct disorders, anxiety, and difficulties in school (Werner, Joffe, & Graham, 1999). A report published in the National Survey on Drug Use and Health indicates that 18 percent of pregnant women drink alcohol during early pregnancy. (NSDUH, 9/2013)

Substance abuse by parents also puts children at greater risk of negative outcomes, including physical and sexual abuse and unintentional injuries. These risks are even greater for children who have two parents with alcohol problems (Werner et al., 1999).

Tobacco use in pregnancy and smoking around young children are also of concern for children's health and development.

### **PARENT EDUCATOR Role**

#### **Screening and Referral**

- ❖ Share information in a non-stigmatizing way as a precursor to screening. For example, you might say, "A lot of families have issues with alcohol."
- ❖ Use non-judgmental, simple questions to screen and help identify those families who may be dealing with substance abuse issues.
  - Ask two simple questions as a basic screen:
    - "Have you ever ..." (or, "In the past year, have you...")
      - "... thought you should cut down on your drinking or drug use?"
      - "... drank or used more drugs than you meant to?"
- ❖ Ensure that you have built a relationship of trust prior to addressing substance abuse.
- ❖ Use open-ended questions to explore the presence of substance abuse and the parent's motivation and/or commitment to change her or his behavior.
- ❖ Support the parent's choices and follow-up with those who indicate an intention to change their behavior.
- ❖ Inform families of appropriate resources and refer to services.
- ❖ Identify and address barriers to treatment, such as transportation, childcare, and lack of understanding of what happens during treatment.
- ❖ Provide a family with information regarding options to fund treatment and any preferred providers that must be used because of HMO or Medicaid requirements.
- ❖ Consider cultural factors that may make one treatment option a better "fit" than others
- ❖ Use ASQ and ASQ SE screening tools and follow program protocols if you identify any red flags regarding a child's development.

#### **Service to Families**

- ❖ Strive for a visit completion rate of 75% or better.
- ❖ Balance the strength-based approach by more actively addressing identified risk factors. Add reduction of risks posed by substance abuse to the family-identified needs and aspirations of the family plan.
- ❖ Maintain focus on the overall program goals in planning services with the family: maintenance of child safety, promotion of healthy child development, promotion of positive parenting, and improvement of family functioning.
- ❖ Take into account the effect of substance abuse on the parent-child relationship.
- ❖ Encourage the development and maintenance of an appropriate, healthy, informal support network.

### **Addressing the Parenting Role**

- ❖ Help the parent manage the substance abuse within the context of the parenting role, using proven strategies that promote strength-based services. You might:
  - develop a safety plan for the child(ren)
  - establish child care arrangements
  - use program resources such as curriculum and group events to minimize the impact of substance abuse on the parent-child relationship
- ❖ Provide information on how parents' substance abuse affects their health, the health of a developing fetus, and the health and development of their child(ren).
- ❖ Discuss the danger of drugs, alcohol, and paraphernalia being accessible to the child(ren).

### **Safety**

- ❖ Be aware of the following indicators that a "meth lab" may be in a home you are visiting:
  - Unusually strong odor like cat urine, ammonia, acetone, or other chemicals
  - Windows blacked out
  - Excessive trash, including large amounts of: antifreeze containers; lantern fuel cans; red, chemically stained coffee filters; drain cleaner or excessive cans of DRANO; duct tape; starter fluid cans; propane tanks that have been altered; small strips of aluminum foil; shredded batteries; cold tablet containers; glass containers
- ❖ Contact the coordinator and report suspected illegal activity to law enforcement

## **COORDINATOR Role**

### **Training and Supervision**

- ❖ Support parent educators through supervision.
- ❖ Implement safety education, planning, and techniques according to agency protocols for all planned home visits to assure home visitor safety.
- ❖ Provide training to parent educators about the legal implications of illicit substance abuse; effects on fetuses and children; and implications for the family.

### **Program Management**

- ❖ Develop processes for parent educators and supervisors to systematically review child safety in families with substance abuse and how to determine the need for reporting to child protection.
- ❖ Maintain authentic working relationships with providers through periodic meetings and shared information.
- ❖ Work with partners to reduce barriers to participation in treatment.

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## **Guidelines for Parent Educators Working with Families Affected by Domestic Violence**

Domestic violence (DV) is defined as “a pattern of assaultive and/or coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners” (Schechter & Edelson, 1999, pp. 122-123). Kansas law defines domestic violence as an act of violence or threat of violence against a family or household member or a person who is or was involved in a dating relationship with the offender. Domestic violence also includes *any crime* or municipal ordinance violation committed against a person or property when the act is directed at a family or household member or a person currently or formerly in a dating relationship with the offender. (Followill, 2014)

Domestic violence affects many families in Kansas and throughout the United States. The Kansas Bureau of Investigation report for 2012 indicates that 24,373 incidents of domestic violence were the most reported in the past 20 years, though only a 0.9 increase over 2011. In 2012, twenty-four homicides in Kansas were related to domestic violence, which is about one quarter of homicides.

Research shows that domestic violence and child maltreatment often occur in the same homes, and families with risk factors for child maltreatment are often also at increased risk of domestic violence. Parent educators and home visitation programs can help victims of domestic violence and reduce its effects on children by screening participants for domestic violence, responding appropriately, and helping victims to access DV services.

### **PARENT EDUCATOR Role**

#### **Screening, Assessment, and Referral**

- ❖ Potential domestic violence may be identified during screening, assessment, and/or services
- ❖ Use screening and assessment tools to improve identification
- ❖ If not using a formal screening or assessment tool, you can ask these questions (used by many health care providers):
  - “Because violence is so common in many women’s lives and because there is help available for women being abused, I now ask every woman I work with about domestic violence:
    1. Within the past year – or since you have been pregnant – have you been hit, slapped, kicked or otherwise physically hurt by someone?
    2. Are you in a relationship with a person who threatens or physically hurts you?
    3. Has anyone forced you to have sexual activities that made you feel uncomfortable?”
- ❖ If you suspect domestic violence, document the concern and discuss it with your supervisor immediately to ensure appropriate follow-up.
- ❖ If you suspect domestic violence or a parent discloses it, offer referrals to local DV service providers. Document the referral in personal visit records.

#### **Providing Services to Families**

- ❖ Once domestic violence has been identified:
  - Validate the victim’s feelings and reinforce the victim’s self-worth.
  - Determine the victim’s and children’s safety.
  - Encourage the development and maintenance of informal support networks.
  - Provide non-judgmental support and education to enhance safety.

- Help the parent understand the alternatives available, including respite. Provide information on DV services. (Turning Point Domestic Violence Crisis Line at 1-800-221-6311)
  - Create a safety plan with the victim for the victim and the child(ren).
    - You can use this safety plan template:  
[http://www.ncadv.org/protectyourself/MyPersonalSafetyPlan\\_131.html](http://www.ncadv.org/protectyourself/MyPersonalSafetyPlan_131.html)
  - Help the victim understand how domestic violence impact's children.
  - Continue to provide support, whether the victim stays, leaves or returns after leaving.
- ❖ Cautions:
- Do not discuss the violence with the parents together.
  - Do not discuss the violence with the child(ren)
  - Do not engage in counseling or mediation with the victim and abuser unless you are specifically trained to do so
  - Do not pressure victims to leave before they are ready
  - Do not transport families to a DV shelter or program
- ❖ Maintain an ongoing trusting relationship
- ❖ Maintain focus on the child
- ❖ Balance the strength-based approach with attention to identified risk factors. Assist the victim to consider "increasing places and times where my children and I feel safe."
- ❖ Maintain focus on the overall program goals in planning services with the family: maintenance of child safety, promotion of healthy child development, promotion of positive parenting, and improvement of family functioning. Take into account the effect of the domestic violence on the parent-child relationship.

### **Addressing the Parenting Role**

- ❖ Provide information on the effects of violence on children and on the parent-child relationship.
- ❖ Provide supports to the parent-child relationship. Encourage the parent to strengthen the relationship with the child(ren) through loving, positive interactions whenever possible, despite the presence of domestic violence.
- ❖ Skills that parents learn through home visits (such as communication skills and learning to manage their anger in their parenting role) may help them to maintain healthier adult relationships as well, and will benefit both the parent and the child.

### **Safety**

- ❖ If you feel there is a threat to your safety, or your presence in the home makes it less safe for the victim, offer visits located outside the home.
- ❖ Ensure that paperwork, cards and brochures left with the parent do not identify the nature of the topic or name of the DV center so that the parent does not face additional risk.
- ❖ If a circumstance arises that puts a parent, child or staff member at risk during a home visit, consider your personal safety first.
  - Leave the dangerous situation immediately and call 911.
  - Immediately contact your supervisor about the situation. Do not return until your supervisor and other appropriate authorities determine it is safe.
  - If a child is at risk, call Kansas Protection Report Center at 1-800-922-5330.
  - Contact the family as soon as possible following a threatening event to ensure that they are safe.
- ❖ If there is reason to believe someone is in danger during a phone contact:
  - Get information about their location.
  - Tell the person you are calling 911, unless it could make the situation worse or cause the caller to hang up.

- Try to keep the person on the line by using another phone to call 911 or having someone else call.
- Consult with your supervisor as soon as possible.
- Stay in touch with the family as safety permits.

## **COORDINATOR Role**

### **Training and Supervision**

- ❖ Ensure that parent educators are trained on domestic violence, including levels of risk, when to report, and how to address the parent's role.
- ❖ Help parent educators understand reporting requirements and the DV system.
- ❖ Provide parent educators with support through supervision meetings at least bi-monthly, once domestic violence has been identified
- ❖ Assist parent educators to:
  - identify domestic violence and assess the level of risk
  - help families access services
  - remain safe; give them permission to stay safe
  - maintain professional boundaries
  - help decide who and when to call to report
  - understand levels of "success" for families affected by domestic violence
  - balance attention to the risk factor with attention to the child and child's safety

### **Program Management**

- ❖ Implement safety education, planning, and techniques according to agency protocols for all planned home visits to assure parent educator safety.
- ❖ Develop processes for the parent educator and supervisors to systematically review child safety in families with domestic violence and how to determine need for report for CPS.
- ❖ Visit local DV service provider(s) so you are aware of the services they offer and what the shelter/program is like to better refer.
- ❖ Create formal linkages and agreements with local DV service providers.
- ❖ Have current working relationships with DV providers to maintain up-to-date training and protocols, with periodic meetings and shared information.
- ❖ Have staff visit the local shelter and have DV providers attend staff meetings to conduct in-service trainings.
- ❖ Attend joint conferences and workshops with partner agency staff for cross-training

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## **Guidelines for Parent Educators Working with Families Affected by Mental Illness**

The National Alliance on Mental Illness (NAMI) defines mental illnesses as “medical conditions that disrupt a person’s thinking, feeling, mood, ability to relate to others and daily functioning.” These illnesses can pose a challenge to parent-child relationships as well as to sustained participation in a home visiting program. However, home visitors can identify parents that are facing mental health challenges, refer them to appropriate services, and work with them effectively.

Approximately six percent of Americans live with a serious mental illness; one in four adults experiences a mental health disorder in any given year. Young adults are among those at higher risk of experiencing mental illness, contributing to a higher incidence among new parents than in the general population.

In addition, both mothers and fathers are particularly susceptible to depression in the first year of a child’s life. Perinatal/postpartum depression (PPD) affects between eight and 15 percent of new mothers. PPD is different from and more severe than the “baby blues,” which affect 50-80% of mothers in the first days and weeks postpartum. Women who experience depression or anxiety during pregnancy, women who have had previous depression or mood disorders, and those with a family history of depression are at higher risk of developing PPD. Other risk factors include having experienced a significant loss in the past year, a negative birth experience, low levels of social support and marital satisfaction, and physical health challenges for the mother or infant.

Please note that infant mental health and childhood mental illness are also serious concerns for many families, but are not addressed in these guidelines. The Ages and Stages Questionnaire – Social-Emotional is the standard screening tool used to identify young children who may be suffering from mental health challenges.

### **PARENT EDUCATOR Role**

#### **Screening and Referral**

- ❖ Be aware of depression risk and stay alert to signs, beginning in pregnancy.
- ❖ Screen all new mothers to help identify parents who are depressed. Build a relationship of trust prior to conducting the screening.
  - The Edinburgh Postnatal Depression Scale (EPDS) is a commonly used questionnaire. It is included in the PATNC curriculum.
- ❖ Note signs of mental illness that may suggest a recommendation to contact a medical or mental health professional, including significant mood swings; trouble with angry outbursts and/or violence; serious difficulty with sleep; seeing or hearing things that others think are not there; confusion; illicit drug use; and issues that could significantly impact mental health such as domestic violence or a history of trauma or abuse
- ❖ Be alert to “red flags” that a person may be considering or planning suicide, and ask, “Are you thinking of suicide?” Or, “Have you been feeling so hopeless that you find yourself thinking about death?” (Asking these questions will not make a person any more likely to commit suicide.) Statements and actions to watch for include:
  - Vague statements such as “Sometimes I don’t want to be here anymore,” or “I feel like giving up” - these vague statements should not be ignored – it may be the person’s way of reaching out for help
  - sudden change in feelings or behavior, including sudden lack of concern about things that had previously been important or upsetting to them
  - giving away prized belongings

- ❖ inform families of appropriate resources; support their choices and encourage follow through. In Johnson County you may refer to The Pregnancy & Postpartum Resource Center [www.kansasppd.org](http://www.kansasppd.org) or Johnson County Mental Health Services 24 Hour Emergency Services 913-268-0156 [www.jocogov.org/dept/mental-health/home](http://www.jocogov.org/dept/mental-health/home)
- ❖ identify and address barriers to treatment, such as transportation, child care, lack of understanding of what happens during treatment, stigma of seeking mental health treatment, etc
- ❖ encourage parents who have a primary care provider to see that provider as a first step if they are reluctant to seek treatment - this may be less threatening to the parent. It may also provide faster access to treatment in some cases
- ❖ provide a family with general assistance regarding options to fund treatment and any preferred providers that must be used because of HMO or Medicaid requirements
- ❖ connect parents and other affected family members to informal supports for PPD and mental illness such as support groups like a local chapter of the National Alliance on Mental Illness

### **Service to Families**

- ❖ Talk openly about safety. Gently start a conversation about whether she has thoughts of harming herself or her baby. (See suicidal "red flags" above.) Make referrals as necessary.
- ❖ Encourage the development and maintenance of informal support networks.
- ❖ Promote self-care; give the parent permission to take care of herself as a means of preventing and/or coping with depression and anxiety.
- ❖ Use supportive communication to provide emotional support and empathy.
- ❖ Work to develop a relationship with the parent.
- ❖ Use the following strategies, as appropriate for the situation:
  - use specific and sincere compliments, without qualification or requests
  - pay attention to keeping things confidential and stating that you will do so
  - do things together - for example, folding laundry or dressing a child
  - break things down into manageable steps. For example, give only one piece of information or suggestion at a time
  - accept small gestures of reaching out, for example offering food or small gifts.
  - partner, rather than teach
  - reassure the person that you will not abandon them
  - accept that the person's view of the world is real for them
- ❖ Cautions, based on advice from professionals and the National Alliance on Mental Illness:
  - don't touch, unless invited - always ask permission
  - don't use sarcasm, teasing or double meaning - it can be taken literally
  - don't be condescending or treat the person like a child - people with mental illness are astute observers of body language and will discredit your intentions
  - don't treat the person like a criminal or a freak - oversensitivity to judgment will result in a less than positive interaction
  - avoid "should" that may cause a defensive response
  - don't probe for explanations beyond what the person offers; probing for more details may awaken past trauma - let the person decide when to stop sharing.

### **Addressing the Parenting Role**

- ❖ When working with a depressed mother, try the following strategies to support the mother-infant relationship:
  - suggest using part of the visit to "just be with" the baby; model nurturing, developmentally appropriate interaction - when modeling, work to bring the mother directly into the interaction with the baby - be careful not to "out-mother" the mother
  - "wonder" with the mother about what the baby needs when he is fussing
  - support and reinforce the mother's positive efforts toward reading her baby's cues and providing support.

- speak for the baby to highlight the cues she is giving and how she is reacting to her mother's efforts
  - amplify the baby's initiatives toward the mother
  - model gentle handling and responsivity toward the baby
- ❖ Help parents to establish routines and structure their daily lives (and those of their children) as much as possible
  - ❖ Encourage the parent to seek the support they need for their own mental wellness

## **COORDINATOR Role**

### **Training and Supervision**

- ❖ Help parent educators understand the signs, symptoms and risk factors of mental illnesses, as well as the illness's effect on mother/infant relationships, infant development, and parenting capacities.
- ❖ Ensure that parent educators learn to use screening tools.
- ❖ Ensure that parent educators have an understanding of community resources.
- ❖ Ensure that parent educators learn techniques to develop relationships with, work with, and support parents with various mental illnesses.
- ❖ Support parent educators in prioritizing and maintaining good self care so that they can continue to be present in their important work with families.
- ❖ Consider additional training in these issues for parent educators who are facing particular challenges.
- ❖ Supervision meetings should occur at least bi-monthly with educators that have families facing these challenges on their caseload.

### **Program Management**

- ❖ Develop processes for the parent educator and the supervisor to systematically review child safety of families with mental illness and how to determine need for report for child protection.
- ❖ Implement safety education, planning, and techniques according to agency protocols for all planned home visits to assure home visitor safety.
- ❖ Have formal referral arrangements or MOU's with service providers to assure service access and coordination.
- ❖ Have authentic and current working relationships with providers, as demonstrated through periodic meetings or shared information to enhance recovery.

## REFERENCES AND RESOURCES FOR ADDITIONAL INFORMATION

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