

PARTNER AGENCY (community-based organization, school district, social service agency, library, etc)

Name: _____

Street Address _____

Town, State: _____ County: _____

Country: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Partner Agency Director: _____ Title: _____

Direct Supervisor of the ParentChild+ Site Coordinator: _____

Title: _____ Phone: (____) _____

Fax: _____ E-Mail: _____

OTHER PARTNER OR SUBCONTRACTING AGENCY (if any)

Name: _____

Street Address _____

Town, State: _____ County: _____

Country: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Contact at Other Partner/Subcontractor: _____ Title: _____

What is the Partner Agency's relationship with this other partner/subcontractor?

PARENTCHILD+ REPLICATION

What will your ParentChild+ replication site be named: **(Must include ParentChild+ in Site Name)**

Site Contact and Staff Information:

Address: _____ Zip _____

Fax: _____ E-Mail: _____

Coordinator: _____

Educational Background:

☐ Associate's Degree

☐ Bachelor's Degree

☐ Master's Degree

☐ Doctorate Degree

☐ Other: _____

Professional Background:

☐ Child Care Director

☐ Preschool Director

☐ Early Childhood Teacher

☐ Teacher (K-12)

☐ Family Child Care

☐ Social Worker

☐ Parent

☐ Other: _____

Title (if other than ParentChild+ Coordinator): _____

Other Responsibilities at Partner Agency: No _____ Yes _____

If yes, what else do you do? _____

How many hours a week are allocated to ParentChild+: _____

Co-Coordinator: _____ Phone (____) _____

Educational Background:

☐ Associate's Degree

☐ Bachelor's Degree

☐ Master's Degree

☐ Doctorate Degree

☐ Other: _____

Professional Background:

☐ Child Care Provider

☐ Preschool Director

☐ Early Childhood Teacher

- ☐ Teacher (K-12)
☐ Family Child Care
☐ Social Worker
☐ Parent
☐ Other: _____

Title (if other than ParentChild+ Coordinator): _____

Other Responsibilities at Partner Agency: No _____ Yes _____

If yes, what else do you do? _____

How many hours a week are allocated to ParentChild+: _____

Early Learning Specialist Title (if other than Home Visitor): _____

Paid ELs ____ # Unpaid ELs ____ # Student ELs ____ # AmeriCorps ELs ____

How do you plan to recruit community based Early Learning Specialists: _____

PROGRAM MATERIALS:

Where will the site be able to securely store materials: _____

Have you identified a potential vendor(s), if so please indicate: _____

Do you have any concerns about purchasing appropriate materials for the families you will be working with, if so, what are they? _____

PROGRAM STRUCTURE/SCHEDULE

Please indicate which of the following program cycles will be implemented:

- ☐ School Year Calendar ☐ Rolling Admissions ☐ Other (explain below)

Number of families for first program cohort:

Cycle I (two-year-olds, as young as 16 months): _____

Anticipated start date (approx. month & year): _____

How many weeks of home visits will you be offering (**all families must receive a minimum of 23 weeks of visits per program cycle**): _____

Proposed number of families in second program cohort:

Cycle I (two-year-olds, as young as 16 months): _____

Cycle II (three-year-olds, continuing from Cycle I): _____

Anticipated start date (**approx. month & year**): _____

How many weeks of home visits will you be offering: _____

Proposed number of families in third program cohort:

Cycle I (two-year-olds, as young as 16 months): _____

Cycle II (three-year-olds, continuing from Program I): _____

Anticipated start date (**approx. month & year**): _____

How many weeks of home visits will you be offering: _____

Proposed number of families in fourth program cohort:

Cycle I (two-year-olds, as young as 16 months): _____

Cycle II (three-year-olds, continuing from Program I): _____

Anticipated start date (**approx. month & year**): _____

How many weeks of home visits will you be offering: _____

DEMOGRAPHICS

What population(s) will the replication site be working with? (check all that apply):

- ☐ Single parents
- ☐ Immigrant Families
- ☐ Refugees
- ☐ DLL Families
- ☐ Teen parents
- ☐ Title I and/or Reduced/free lunch eligible families
- ☐ Families experiencing housing insecurity
- ☐ Grandparents raising grandchildren
- ☐ Foster parents
- ☐ Other (specify) _____

Age of children when entering program:

Cycle I (approx. two-years-old) _____ Cycle II (approx. three-years-old) _____

Ethnic groups site will be working with:

- | | | | | |
|---|--|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Spanish/Hispanic/Latino of <u>any race</u> | <input type="checkbox"/> Asian, non-Hispanic | | | |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Japanese | <input type="checkbox"/> Southeast Asia | | |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Central American | <input type="checkbox"/> Vietnamese | | |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> South American | <input type="checkbox"/> Chinese | <input type="checkbox"/> Asian Indian | |
| <input type="checkbox"/> Spanish _____ | <input type="checkbox"/> Other S/H/L | <input type="checkbox"/> Korean | <input type="checkbox"/> Filipino | <input type="checkbox"/> Malaysian |
| | <input type="checkbox"/> Thai | <input type="checkbox"/> Other Asian _____ | | |

- ☐ White, non-Hispanic (Includes European, Middle Eastern, and other North African origins)
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Native Hawaiian ☐ Samoa ☐ Other Pacific Islander _____
- ☐ Guamanian *And North African origins*)
- ☐ American Indian or Alaskan Native
- ☐ American Indian ☐ Alaskan Native
- ☐ Please specify: _____
- ☐ Black/African American, non-Hispanic
- ☐ African American ☐ Haitian
- ☐ Kenyan ☐ Other African _____
- ☐ Nigerian
- ☐ Bi-Racial or Multi-Racial

Languages of families to be served:

- | | | | |
|----------------------------------|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Haitian-Creole |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Chinese | <input type="checkbox"/> Polish | <input type="checkbox"/> Indian Dialect |
| <input type="checkbox"/> French | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Russian | <input type="checkbox"/> Hindi |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Farsi | <input type="checkbox"/> Punjabi |
| | <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Gujarati | |
- ☐ Other _____
- ☐ African Dialect
- ☐ Amharic
- ☐ Twi
- ☐ Hausa
- ☐ Other _____

Briefly describe community (size, assets, resources, environs, jobs, housing, etc.):

What educational resources does the community have for program “graduates?” Head Start? Public school pre-k? Center-based Child Care? Family Child Care? Other?

FUNDING SOURCES:

What funding sources are supporting your ParentChild+ site?:

- | | |
|--|--|
| <input type="checkbox"/> Title 1 | <input type="checkbox"/> Corporate Donations |
| <input type="checkbox"/> School District Funds | <input type="checkbox"/> Individual Donations |
| <input type="checkbox"/> County Funds | <input type="checkbox"/> Service Organizations (e.g. Junior League, Kiwanis, Rotary) |
| <input type="checkbox"/> City Funds | <input type="checkbox"/> Federal Grants: _____ |
| <input type="checkbox"/> State Education Funds | <input type="checkbox"/> State Grants: _____ |
| <input type="checkbox"/> United Way | <input type="checkbox"/> Foundation Grants: _____ |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Early Head Start | |

Does your funding source require you to administer and implement a particular assessment?

Do your funding sources have any other requirements that could impact implementation of the program?: _____

What challenges do you anticipate in implementing ParentChild+? How do you propose to address with them?

ParentChild+ Coordinator (print): _____

Signature: _____ Date: _____

ParentChild+ Co-Coordinator (print): _____

Signature: _____ Date: _____

Sponsoring Agency Director (print): _____

Signature: _____ Date: _____