Early Head Start	Home Instruction for parents of Preschool Youngsters (HIPPY)	Healthy Families America (Home Visiting for Child Well-Being)	Healthy Families America (Home Visiting for Prevention of Child Abuse and Neglect)	Parents as Teachers	Nurse Family Partnership
Scientific Rating	Scientific Rating	Scientific Rating	Scientific Rating	Scientific Rating	Scientific Rating
3 — Promising Research Evidence	2- Supported by Research Evidence	1 — Well-Supported by Research Evidence	4 — Evidence Fails to Demonstrate Effect	3 (provisional) — Promising Research Evidence	1 <i>(provisional)</i> — Well-Supported by research Evidence
Child Welfare System Relevance	Child Welfare System Relevance	Child Welfare System Relevance	Child Welfare System Relevance	Child Welfare System Relevance	Child Welfare System Relevance
2 — Medium	2 — Medium	2 — Medium	2 — Medium	2 (provisional) — Medium	2 (provisional) — Medium
Child Welfare Outcomes	Child Welfare Outcomes	Child Welfare Outcomes	Child Welfare Outcomes	Child Welfare Outcomes	Child Welfare Outcomes
Safety and Child/Family Well-Being	Child/Family Well-Bing	Child/Family Well-Being	Child/Family Well-Being	Safety and Child/Family Well-Being	Safety and Child/Family Well-Being
Topic Area(s)	Topic Area(s)	Topic Area(s)	Topic Area(s)	Topic Area(s)	Topic Area(s)
Home Visiting Programs for Child Well-Being	Home Visiting Programs for Child Well- Being	Home Visiting Programs for Child Well- Being	Home Visiting Programs for Prevention of Child Abuse and Neglect	Home Visiting Programs for Child Well- Being and Prevention of Child Abuse and Neglect (Primary) Programs	Home Visiting Programs for Child Well-Being, Home Visiting Programs for Prevention of Child Abuse and Neglect, Teen Pregnancy Services, and Prevention of Child Abuse and Neglect (Primary) Programs
Brief Description	Brief Description	Brief Description	Brief Description	Brief Description	Brief Description
Early Head Start (EHS) is a federally funded early childhood development program aimed at low-income families. Children and families enrolled in center-based programs receive comprehensive child development services in a center-based setting, supplemented with home visits by the child's teacher and other EHS staff. In home-based settings, children and their families are supported through weekly home visits and bi-monthly group socialization experiences. EHS also serves children through locally designed family child care options, in which certified child care providers care for children in their homes. Services include: early education both in and out of the home; parenting education; comprehensive health and mental health services for mothers and children; nutrition education; and family support services.	HIPPY is a home-based and parent-involved school readiness program that helps parents prepare their children ages three to five years old for success in school and beyond. The parent is provided with a set of carefully developed curriculum, books, and materials designed to strengthen their child's cognitive and early literacy skills, as well as their social, emotional, and physical development. The HIPPY Curriculum contains 30 weekly activity packets, a set of storybooks, and a set of 20 manipulative shapes for each year. In addition to these basic materials, supplies such as scissors and crayons are provided for each participating family. The program uses trained coordinators and community-based home visitors who go into the home. These coordinators and home visitors role-play the activities with the parents and support each family throughout its participation in the program. HIPPY believes that parents play a critical role in their children's education. The HIPPY program seeks to support parents who may not feel sufficiently confident to prepare their children for school, and is designed to remove barriers to participation in education.	HFA is a home visiting program model designed to work with overburdened families who are at-risk for child abuse and neglect and other adverse childhood experiences. It is designed to work with families who may have histories of trauma, intimate partner violence, mental health issues, and/or substance abuse issues. HFA services are offered voluntarily, intensively, and over the long-term (3 to 5 years after the birth of the baby). The HFA model is based upon 12 Critical Elements. These Critical Elements are operationalized through a series of standards that provide a solid structure for quality, yet offer programs the flexibility to design services specifically to meet the unique needs of families and communities.	HFA is a home visiting program model designed to work with overburdened families who are at risk for child abuse and neglect and other adverse childhood experiences. It is designed to work with families who may have histories of trauma, intimate partner violence, mental health issues, and/or substance abuse issues. HFA services are offered voluntarily, intensively, and over the long-term (3 to 5 years after the birth of the baby). The HFA model is based upon 12 Critical Elements. These Critical Elements are operationalized through a series of standards that provide a solid structure for quality, yet offer programs the flexibility to design services specifically to meet the unique needs of families and communities.	Parents as Teachers is an early childhood parent education, family support, and school readiness home visiting model based on the premise that "all children will learn, grow, and develop to realize their full potential." Based on theories of human ecology, empowerment, self-efficacy, attribution, and developmental parenting. Parents as Teachers involves the training and certification of parent educators who work with families using a comprehensive curriculum. Parent educators work with parents to strengthen protective factors and ensure that young children are healthy, safe, and ready to learn.	The Nurse-Family Partnership (NFP) program provides home visits by registered nurses to first-time, low-income mothers, beginning during pregnancy and continuing through the child's second birthday.
Program Goals	Program Goals	Program Goals	Program Goals	Program Goals	Program Goals
Please check in the Brief Description section above for Program Goals. If they are not there, the program's representative has not provided these since we began requesting them in Fall 2010.	The primary goal of the Home Instruction for Parents of Preschool Youngsters (HIPPY) program is to: Increase vulnerable children's success in school and, ultimately, in life.	The goals of <i>Healthy Families America (HFA)</i> are to: •Build and sustain community partnerships to systematically engage overburdened families in home visiting services prenatally or at birth. •Cultivate and strengthen nurturing parent-child relationships. •Promote healthy childhood growth and development. •Enhance family functioning by reducing risk and building protective factors.	The goals of <i>Healthy Families America</i> (<i>HFA</i>) are to: •Build and sustain community partnerships to systematically engage overburdened families in home visiting services prenatally or at birth. •Cultivate and strengthen nurturing parentchild relationships. •Promote healthy childhood growth and development. •Enhance family functioning by reducing risk and building protective factors.		Nurse-Family Partnership (NFP) has three primary goals: To improve pregnancy outcomes by promoting health-related behaviors To improve child health, development and safety by promoting competent care-giving To enhance parent life-course development by promoting pregnancy planning, educational achievement, and employment

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Program Goals	Program Goals	Program Goals	Program Goals	Program Goals	Program Goals
				The four goals of <i>Parents as Teachers</i> are: Increase parent knowledge of early childhood development and improve parenting practices Provide early detection of developmental delays and health issues Prevent child abuse and neglect Increase children's school readiness and school success	The program also has two secondary goals: To enhance families' material support by providing links with needed health and social services To promote supportive relationships among family and friends
Target Population	Target Population	Target Population	Target Population	Target Population	Target Population
Not Specified	Parents who have young children and have limited formal education and resources	Families who have been reported to the child welfare system for child maltreatment including physical and emotional maltreatment in addition to child neglect; may be used as a court-ordered parenting program	Families with an expectant mother or parents of children up to kindergarten entry (usually 5 years)	Families who had been reported to the child welfare system for child maltreatment including physical and emotional maltreatment in addition to child neglect; may be used as a court-ordered parenting program	First-time, low-income mothers (no previous live births)
Age Range	Age Range	Age Range	Age Range	Age Range	Age Range
Not Specified	3-5 years old	0 – 5 years old	0 – 5 years old	0 – 5 years old	0 – 5 years old
Child/Adolescent Services	Child/Adolescent Services	Child/Adolescent Services	Child/Adolescent Services	Child/Adolescent Services	Child/Adolescent Services
This program does not directly provide services to children/adolescents.	This program directly provides services to children/adolescents and addresses the following: • Limited exposure to reading readiness skills				This program directly provides services to children/adolescents and addresses the following: • First child of a mother with a low socio-economic status
Parent/Caregiver Services	Parent/Caregiver Services	Parent/Caregiver Services	Parent/Caregiver Services	Parent/Caregiver Services	Parent/Caregiver Services
This program does not directly provide services to parents.	This program directly provides services to parents/caregivers and addresses the following: • Low literacy level • Limited English proficiency	Expectant or new parents screened and/or assessed as moderate to high risk for child maltreatment and/or poor early childhood outcomes (e.g., mental health issues, domestic violence, substance abuse, poverty, housing, lack of education, lack of social support, etc.).	Expectant or new parents screened and/or assessed as moderate to high risk for child maltreatment and/or poor early childhood outcomes (e.g., mental health issues, domestic violence, substance abuse, poverty, housing, lack of education, lack of social support, etc.).	Pregnant or parent of a child five years old or younger in possible high-risk environments (e.g., teen parents, low income, parental low educational attainment, single-parent household, etc.)	This program directly provides services to parents/caregivers and addresses the following: • Pregnant with first child, low socio-economic level

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Intensity	Intensity	Intensity	Intensity	Intensity	Intensity
Not Specified	Home visitors engage their assigned parents on a weekly basis. Service delivery is primarily through home visits. A home visit consists of a one-hour, one-on-one interaction between the home visitor and their assigned parents. Parents then engage their children in educational activities for five days per week for 30 weeks. At least six times per year, one or more cohorts of parents meet in a group setting with the coordinator and their assigned home visitor(s). Group meetings feature enrichment activities for parents and their children and last approximately two hours.	Families are to be offered weekly home visits for a minimum of six months after the birth of the baby. Home visits typically run 50-60 minutes. Upon meeting the defined criteria for family functioning, visit frequency is reduced to biweekly visits, monthly visits, and quarterly visits and services are tapered off over time. Typically, during pregnancy, families receive 2-4 visits per month. During times of crisis families may be seen 2 or more times in a week.	Families are to be offered weekly home visits for a minimum of six months after the birth of the baby. Home visits typically run 50-60 minutes. Upon meeting defined criteria for family functioning, visit frequency is reduced to biweekly visits, monthly visits, and quarterly visits and services are tapered off over time. Typically, during pregnancy, families receive 2-4 visits per month. During times of crisis families may be seen 2 or more times in a week.	Personal visits are delivered weekly, every 2 weeks, or monthly, depending on family needs. Families with two or more high needs characteristics receive at visits at least twice monthly (24 visit/year). Families with fewer than two high needs characteristics receive at least monthly visits (12 visits/year). Visits last approximately 60 minutes with more time allocated for families with more than one child. At least 12 group connections should also be provided across the program year. Length of the group connection varies by topic but are typically between 1 and 2 hours in length.	Ideally, nurses begin 60-90 minute visits with pregnant mothers early in their pregnancy (about 16 weeks gestation). Registered nurses visit weekly for the first month after enrollment and then every other week until the baby is born. Visits are weekly for the first six weeks after the baby is born, and then every other week through the child's first birthday. Visits continue on an every-other-week basis until the baby is 20 months. The last four visits are monthly until the child is two years old. Nurses use their professional nursing judgment and increase or decrease the frequency and length of visits based on the client's needs.
Duration	Duration	Duration	Duration	Duration	Duration
Not Specified	A minimum of 30 weeks of interaction with the home visitor; curriculum available for up to three years of home visiting services	Services are offered prenatally or at birth until the child is at least three years of age and can be offered until he/she is five years of age.	Services are offered prenatally or at birth until the child is at least three years of age and can be offered until he/she is five years of age.	The program is designed so that it can be implemented with each family from the child's birth or prenatally until age 3. Services are offered to families for a minimum of two years duration. If parent educators are trained in delivering the Born to Learn Curriculum: 3 Years to Kindergarten Entry, then services ideally would continue until Kindergarten entry. Children may be enrolled at any time within those age windows. This allows siblings to be served by the program, and does not limit participation to children enrolled in infancy or prenatally.	Clients are able to participate in the program for two- and-a-half years and the program is voluntary.
Delivery Settings	Delivery Settings	Delivery Settings	Delivery Settings	Delivery Settings	Delivery Settings
This program is typically conducted in a(n):	This program is typically conducted in a(n):	This program is typically conducted in a(n):	This program is typically conducted in a(n):	This program is typically conducted in a(n):	This program is typically conducted in a(n):
Not Specified	 Adoptive Home Birth Family Home Foster/Kinship Care 	•Birth Family Home	•Birth Family Home	•Adoptive Home •Birth Family Home •Community Agency •Foster/Kinship Care •Hospital •Outpatient Clinic •Residential Care Facility •School	Birth Family Home Community Agency

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Languages	Languages	Languages	Languages	Languages	Languages
Not Specified	Materials available in a language other than English:	Materials available in a language other than English:	Materials available in a language other than English:	Materials available in a language other than English:	Materials available in a language other than English:
	•Spanish	•Chinese •Japanese •Spanish	•Chinese •Japanese •Spanish	•French •German •Mandarin •Spanish	•Spanish
Resources Needed	Resources Needed	Resources Needed	Resources Needed	Resources Needed	Resources Needed
Not Specified	Office space, furniture and basic furnishing, and a computer for administrative functions of program Supplies for home visitation part that are not always commonly found in a home setting are provided by the program, such as coffee stirrers, sand paper, screws, etc. Group meetings are held in the program office or community settings, such as a church, school, community center, etc.	A host agency or a collaboration of host agencies that provide office space with confidentiality related to participant files/records Computer and email Data or tracking system Cell phones Program Manager 1 FTE Supervisor per 5-6 FTE home visitors 1 FTE Supervisor per 5-6 FTE assessment staff Travel expense reimbursement (mileage) for home visitors A community advisory board Diversified, and sustainable funding.	A host agency or a collaboration of host agencies that provide office space with confidentiality related to participant files/records Computer and email Data or tracking system Cell phones Program Manager IFTE Supervisor per 5-6 FTE home visitors IFTE Supervisor per 5-6 FTE assessment staff Travel expense reimbursement (mileage) for home visitors A community advisory board Diversified, and sustainable funding	Prior to sending home visitors to attend a training, new organizations must complete an Affiliate Plan that details their implementation plan. Information on how to start and implement a program is available in the Quality Assurance Guidelines posted at www.parentsasteachers.org. Following approval of the Affiliate Plan, successful completion of the foundational and model implementation trainings and access to the digital curriculum are required for each parent educator. Supervisors must attend the model implementation training and are encouraged to attend the foundational training as well. Parent educators and supervisors also require access to: Office space with a telephone, computer with Internet access, and copier Secure/locked storage for files, books, toys and other materials needed for personal visits and group meetings A meeting space for both staff and	 Office space that facilitates confidentiality related to clients and health care records Computer and telecommunication capabilities Cell phones 1 FTE Nurse Supervisor per 4 FTE nurse home visitors 0.50 FTE clerical/data entry support for each 4-nurse team serving 100 families Adequate travel expense reimbursement (mileage) for home visitors In addition, a community advisory board and strong, stable, and sustainable funding for agency operations is recommended.
Minimum Provider Qualifications Not Specified	Minimum Provider Qualifications The home visitors live in the community they serve and work with the same group of parents for three years. They receive weekly comprehensive training to well equip them to serve their assigned families effectively. The training also encourages them to seek further education. Many home visitors earn degrees in early childhood education. Educational requirements are established by the implementing agency and are usually a high school diploma or GED. Home visitors must be able to read in and speak the language of the families they serve. The coordinator, who trains the home visitors and oversees the local program, is required to have the minimum of a Bachelor's degree.	Program staff is selected because of a combination of personal characteristics, experiential, and educational qualifications. Direct Service Staff should have qualifications including, but not limited to: •Experience in working with or providing services to children and families. •An ability to establish trusting relationships. •Acceptance of individual differences. •Experience and willingness to work with the culturally diverse populations that are present among the program's target population. •Knowledge of infant and child development. Supervisors and Program Managers are also required to have specific	Program staff is selected because of a combination of personal characteristics, experiential, and educational qualifications. Direct Service Staff should have qualifications including, but not limited to: •Experience in working with or providing services to children and families. •An ability to establish trusting relationships. •Acceptance of individual differences. •Experience and willingness to work with the culturally diverse populations that are present among the program's target population. •Knowledge of infant and child development. Supervisors and Program Managers are also required to have specific qualifications.	Minimum Provider Qualifications Parent educators must successfully complete the Parents as Teachers Foundational and Model Implementation trainings. Supervisors are required to attend the Model Implementation training, and ideally, Foundational training as well. The intervention requires annual renewal of parent educator certification. For parent educators, 20 hours of continuing education is required their first year, 15 hours in their second year, and 10 hours annually thereafter. Parent educators typically have a bachelor's degree or beyond in early childhood education or a related field with supervised experience working in the early childhood field, although the minimum education level required for a parent educator is a high school diploma or GED and two years' previous supervised work experience with young	Nurse home visitors: Registered Nurse with a Bachelor's Degree in nursing, as a minimum qualification Nurse Supervisor: Registered Nurse with a Bachelor's Degree in nursing, as a minimum qualification, and a Master's Degree in Nursing, as a minimum qualification, and a Master's Degree in Nursing preferred
Manual	Manuel	qualifications.	Manual	children and/or parents.	Manual
Manual There is not a manual that describes	Manual Yes, there is a manual that describes how	Manual Yes, there is a manual that describes	Manual Yes, there is a manual that describes how	Manual Yes, there is a manual that describes	Manual Yes, there is a manual that describes how to
how to implement this program.	to implement this program.	how to implement this program.	to implement this program.	how to implement this program.	implement this program.
Training Available	Training Available	Training Available	Training Available	Training Available	Training Available