2024-2025 KANSAS PARENTS AS TEACHERS PROGRAM ASSURANCES
Kansas State Department of Education

READ COMPLETELY BEFORE SIGNING.

The signature page signed by the superintendent (individual affiliate) or CEO/Director (consortium affiliate) participating in the KPAT program certifies the applicant’s agreement to the following set of assurances.

For the duration of the 2024-2025 performance period, the program must:

1. Provide a nondiscriminatory program.

2. Ensure that funding provided supports only Parents as Teachers National Center Inc.® (PATNC) affiliate programs.

3. Submit Parents as Teachers Affiliate Plan for approval by the KSDE Kansas Parents as Teachers Consultant.

4. Submit the affiliate’s Policy, Procedures and Protocol manual for review by the KSDE Kansas Parents as Teachers Consultant. (Quality Standard #1 requirement)

5. Implement the Parents as Teachers National Center affiliate model with fidelity. If our Parents as Teachers program does not meet model fidelity during the program year (as demonstrated by the Affiliate Performance Report submitted in summer 2024), we will participate in the Parents as Teachers National Center target fidelity project conducted by KSDE.

6. Obtain written authorization from the parent(s) and/or legal caregiver(s) for all health and development screenings administered by the program and maintain documentation if health and/or development screenings are refused. Parents may opt out of screenings for their child(ren).

7. Parents as Teachers program records are documented accurately and thoroughly through a PATNC-approved family data management system. Allow KSDE Parents as Teachers staff access to the records for periodic auditing or other needs as identified by KSDE staff to carry out their duties.

8. Ensure all staff are qualified as their position dictates through PATNC model fidelity.

9. Provide coordination and network of resources with other early childhood care and education programs in the community including Part C Infant Toddler Early Intervention, Bright Futures and other local home visiting programs to build on, and not duplicate, services for families with infants and toddlers.
10. Utilize the Local Interagency Coordinating Council (LICC) or an Advisory Committee that meets at least quarterly (Meetings may occur virtually). This committee must include at least one currently enrolled family. Please note this assurance is a requirement above the PAT National Center requirement of bi-annual advisory meetings.

11. Prepare required reports indicating information about families and children served and provide such other reports and program information as requested by KSDE. A list of required reports is included in this grant application.

12. Obtain a State Student Identifiers number (SSID) for each child participating in the KPAT Program and participate in all required data collections, including entry in the Kansas Individual Data on Students (KIDS) System. *SSID’s may be obtained through Foundations for School Success or an ASGT Record to the KIDS System.

13. Maintain records to provide such information and afford access to such records as KSDE may find necessary to carry out its duties.

14. Use fiscal control and fund accounting procedures to ensure proper disbursement of, and accounting for, state funds paid to such applicants under this program.

15. Comply with all funding source requirements awarded through the grant application process established by the Kansas State Board of Education.

16. Match using local funds of a minimum of .50 cents for every $1 of state grant funding awarded through the grant application process established by the State Board. Total KPAT program budget and local match requirement are subject to the final budget approved during the 2023 legislative session.

I attest that I have read the FY25 Kansas Parents as Teachers program assurances, and that the USD will comply with the provisions included for the duration of the performance period.

Superintendent (individual affiliate)/Consortium Director/CEO (consortium affiliate)

Signature: _______________________________________________________

Printed name: _____________________________________________________

Date: ______________________________