

Illinois Department of Human Services
Bureau of Positive Youth Development
Teen Pregnancy Prevention – Personal Responsibility Education Program (TPP-PREP) Appendix 3
Fiscal Year 2022
Work Plan Application

Table 1: Agency and Contact Information

Agency Name:	
Service Area:	
Homeless Youth Shelter (provide name) – if not serving a shelter, indicate NA	
Projected number of youth to be served in FY22: In-school(s) Homeless Youth Shelter(s) Total (Do not include youth served by Adult Preparation Subjects)	
Executive Director: Address: Phone: Fax: Email:	
Fiscal Contact: Address: Phone: Fax: Email:	
PREP Program Supervisor: Address: Phone: Fax: Email:	
PREP Program Preventionist: Address: Phone: Fax: Email:	

Table 2: Time Allocated to each PREP Activity

Activity	Estimated Percent of Time Allocated
Coalition	
Curriculum Planning, Implementation, Evaluation	
Adult Preparation Services	
Total Time	100%

Table 3: PREP Staffing

Name of Staff Member	Percent of FTE

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Table 4: School/Location Information

Please complete the following table for each school/location you intend on providing curriculum-based services over the next fiscal year. If you are serving multiple schools/locations, please insert additional rows as needed. Please report the following for each school/location:

- A. Location – This should be the name of the school and/or community-based site where the curriculum is being implemented.
- B. City/County – Enter the name of the city and county where the school and/or community-based site is located.
- C. Grade(s) Targeted – Enter the grade level(s) of the students you intend to target
- D. Curriculum - Please enter the name of the curriculum you are using.
- E. Number of cohorts: Please enter the total number of cohorts or classrooms you expect to serve over the fiscal year at this school/location.
- F. Number of youth to be served: Please enter the number of youth to be served at this school/location over the fiscal year. This should be an unduplicated number, so only those youth receiving curriculum sessions should be included.
- G. Racial/Ethnic Makeup by School/Location: Provide the percent of African American youth, Hispanic youth, and Multiracial youth at the school or location you are providing the curriculum sessions. For schools, please reference the following website: <http://iirc.niu.edu/>. Type in the name or address of your school, and then from the school’s page there are several tabs at the top of the screen in gray. Click on “Student Characteristics” for a breakdown of the racial/ethnic demographics of the school.
- H. Signed Agreement with School – Please indicate with a “yes” or a “no” whether you have a signed memorandum of agreement or linkage agreement with the school.

School Name/ Location	City/County	Grade(s) Targeted	Curriculum	Total Number of Projected Cohorts	Total Number of Projected Youth	Racial Ethnic Make-Up				Signed agreement with School (Y/N)
						African American %	Latino/ Hispanic %	Multi- racial %	Caucasian racial %	

Table 5: Curriculum Implementation Information

Please complete the following table for the entire fiscal year. Include information for each school/location and curriculum you plan to provide throughout the upcoming year (i.e., if you are doing 1 curriculum at 3 schools, you will have three rows; if you are doing 2 curricula at one school, you would have 2 rows, etc.). If you need additional rows, please copy and paste new rows to the bottom of the table. Please see Appendix B for IDHS PREP Standards for Curriculum Implementation.

- A. Name of School/Location: Please enter the name of the school/location for which the row of information applies.
- B. Curriculum – Please enter the name of the curriculum you are using.
- C. Number of Classes per Grade: Please enter the number of classes you project to serve for each grade. For example, if there are 3 sixth grade classes that you will be delivering the curriculum with at this location, you would insert 6th Grade (3). If there is only one 6th grade class, you would enter 6th Grade (1).
- D. Frequency of Sessions – Please enter how frequently you will be providing sessions (i.e., once per week, twice per week, etc.)
- E. Total # of Sessions – Please list the total number of sessions you plan to implement with each cohort at this location (i.e., 8 sessions for each class = enter “8” in the corresponding row).
- F. Length of Each Session – Please enter the total number of minutes for each session you will deliver. This is the same as the total class time each session, regardless of curriculum content covered. For example, if you have a 90 minute class time and will do 2 modules in that 90 minute period, you would enter 90 minutes in this column
- G. Total Number of Minutes per Cohort – Please enter the total number of minutes that each cohort will receive of this curriculum. Calculate this by multiplying the response from Column E by the response from Column F.
- H. Total Number of Minutes Required by Curriculum Developers – Please enter the dosage by minutes that are required by the developers of the chosen curriculum.
- I. Adaptations Planned? – Please enter Yes or No as to whether the curriculum will require adaptations to delivery or content. See Table 6 to enter any adaptations.

A. Name of School/Location	B. Curriculum Name	C. Number of Classes per Grade	D. Frequency of Sessions	E. Total # of Sessions per Cohort	F. Length of Each Session (in minutes)	G. Total Number of Minutes per Cohort	H. Total Number of Minutes Required by Curriculum Developers	I. Adaptations Planned? (Yes/No)

Curriculum Adaptations

If your agency is proposing any adaptations, you will need to complete this form. If the proposed adaptations will be implemented across all schools/locations, please put "All" next to School/Location. If the adaptation is unique to one school/location, please list the name of the school/location. Replicate this form as many times as needed to provide information about each proposed adaptation. **NOTE: All adaptations must be approved before implementing.**

Table 6: Curriculum or Content Adaptations

Name of the Curriculum: _____ School/Location: _____

Are you changing any of the following aspects of the curriculum...	Yes/No	If yes, provide additional information/rationale about the proposed adaptation
Setting?	Choose an item.	
Length of session?	Choose an item.	
Number of sessions?	Choose an item.	
Facilitator?	Choose an item.	
Grade levels/age groups?	Choose an item.	
Race/ethnicity?	Choose an item.	
Adding Content to a Session?	Choose an item.	
Removing Content from a Session?	Choose an item.	
Changing Content in a Session?	Choose an item.	

Please describe your plan to achieve a high rate of return for parental consent returns in the box below.

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Table 7: Homeless Youth Shelter/Location Information

Please complete the following table for each shelter you intend on providing curriculum-based services over the next fiscal year. If you are serving multiple shelters/locations, please copy and paste the table as needed. Please report the following for each shelter/location:

- A. Location – This should be the name of the shelter/or community-based site where the curriculum is being implemented.
- B. City/County – Enter the name of the city and county where the shelter is located.
- C. Grade(s)/Ages Targeted – Enter the grades or ages of the population you intend to serve
- D. Curriculum - Please enter the name of the curriculum you are using.
- E. Number of cohorts: Please enter the total number of cohorts or classrooms you expect to serve over the fiscal year at this shelter/location.
- F. Number of youth to be served: Please enter the number of youth to be served at this shelter/location over the fiscal year. This should be an unduplicated number, so only those youth receiving curriculum sessions should be included.
- G. Racial/Ethnic Makeup by Shelter/Location: Provide the percent of African American youth, Hispanic youth, and Multiracial youth at the shelter or location you are providing the curriculum sessions.
- H. Signed Agreement with Shelter– Please indicate with a “yes” or a “no” whether you have a signed memorandum of agreement or linkage agreement with the shelter.

Shelter Name/ Location	City/County	Grade(s)/Ages Targeted	Curriculum	Total Number of Projected Cohorts	Total Number of Projected Youth	Racial Ethnic Make-Up			Signed agreement with Shelter (Y/N)
						African American %	Latino/ Hispanic %	Multi- racial %	

Table 8: Homeless Youth Shelter/Location Curriculum Implementation Information

Please complete the following table for the entire fiscal year. Include information for each shelter/location and curriculum you plan to provide throughout the upcoming year (i.e., if you are doing 1 curriculum at 2 shelters, you will have to complete two rows). If you need additional rows, please copy and paste new rows to the bottom of the table. Please see Appendix B for IDHS PREP Standards for Curriculum Implementation.

- A. Name of Shelter/Location: Please enter the name of the shelter/location for which the row of information applies.
- B. Curriculum – Select the name of the curriculum you are using.
- C. Number of Classes per Center: Please enter the number of classes you project to serve for each shelter. For example, if there are 3 classes that you will be delivering the curriculum with at this location, you would insert (3). If there is only one class, you would enter (1).
- D. Frequency of Sessions – Please enter how frequently you will be providing sessions (i.e., once per week, twice per week, etc.)
- E. Total # of Sessions – Please list the total number of sessions you plan to implement with each cohort at this location (i.e., 8 sessions for each class = enter “8” in the corresponding row).
- F. Length of Each Session – Please enter the total number of minutes for each session you will deliver. This is the same as the total class time each session, regardless of curriculum content covered. For example, if you have a 90 minute class time and will do 2 modules in that 90 minute period, you would enter 90 minutes in this column.
- G. Total Number of Minutes per Cohort – Please enter the total number of minutes that each cohort will receive of this curriculum. Calculate this by multiplying the response from Column E by the response from Column F.
- H. Total Number of Minutes Required by Curriculum Developers – Please enter the dosage by minutes that are required by the developers of the chosen curriculum.
- I. Adaptations Planned? – Please enter Yes or No as to whether the curriculum will require adaptations to delivery or content. See Table 6 above to enter any adaptations.

A. Name of Shelter/Location	B. Curriculum Name	C. Number of Classes per Center	D. Frequency of Sessions	E. Total # of Sessions per Cohort	F. Length of Each Session (in minutes)	G. Total Number of Minutes per Cohort	H. Total Number of Minutes Required by Curriculum Developers	I. Adaptations Planned? (Yes/No)

Coalition Information

Please complete the following questions for the entire fiscal year. Include information on the representation from all sectors of your community, including, at a minimum, parents, youth, educators, health care, family support/social service organizations, etc.

1. Name of Coalition or Sub-committee: Choose an item.
2. Name of Coalition or Sub-committee:
3. What community or county is served by this coalition?
4. Describe the efforts you will take to maximize all resources within your community:
 - a. Community education (educating community stakeholders):
 - b. Networking to reach the target population
 - c. Consultation regarding program implementation effectiveness:
 - d. Sharing results (implementation and outcomes):
5. Does your coalition have a resource directory emphasizing referral sources for other needed services for both youth and parents/guardians?
6. Does your coalition have a mission statement that includes the reduction of teen pregnancy, HIV and STIs in the community?
The focus is TPP already
7. Please provide the names of the participants and the sectors the participants represent in Table 9 below.

Table 9: Coalition Members and Sector Representation

Name	Sector Represented
	Choose an item.
	Choose an item.
	Choose an item.
	Choose an item.
	Choose an item.
	Choose an item.
	Choose an item.
	Choose an item.
	Choose an item.
	Choose an item.
	Choose an item.
	Choose an item.

	Choose an item.
	Choose an item.
	Choose an item.
	Choose an item.
	Choose an item.
	Choose an item.
	Choose an item.

Please describe the objectives and activities you plan to conduct with your coalition throughout the fiscal year in the box below.

Adult Preparation Subjects

In the following table, list the services you will provide that address the adult preparation subjects. You can design your own activities, identify a curriculum or program. All activities must address at least three of the six adult preparation subjects and are designed to supplement curriculum information. The standards for implementation of the adult preparation subjects and their definitions are listed in Appendix C.

Table 10: Adult Preparation Subjects (APS)

For adult preparation subjects, you must deliver and/or partner with organizations to offer programming addressing at least three of the six adulthood preparation subjects. See Appendix C for a description of each of the topics and standards.

For each topic, please list how you plan to address that issue. You must select at least three of the topics to address over the course of the fiscal year. If you do not plan to address a topic this year, please indicate that with “Not Applicable.”

- A. How will you Address It? Please include the schools/locations and the targeted grade level(s).
- B. Number and Length of Sessions? Provide the number of sessions that will occur, followed by the length of sessions in minutes. For example, if you plan to have 5 sessions that each last 30 minutes, you would enter “5 sessions, 30 minutes each”
- C. Projected Number of Youth Served? List the projected number of youth for each topic.

Adult Preparation Topics	A. How Will You Address It? (List schools/locations and grades)	B. Number and Length of Sessions?	C. Projected Number of Youth Served?
Healthy Relationships			
Adolescent Development			
Financial Literacy			
Educational and Career Success			
Healthy Life Skills			
Parent/Child Communication			

Appendix B

IDHS PREP Standards for Curriculum Implementation

1. Demonstrate that the core curriculum was implemented in an appropriate setting. When using a model program, the curriculum should be implemented in a setting recommended by the program developer. *(The selected curriculum was implemented in an appropriate setting for ALL of the core curriculum participants).*
2. Demonstrate that the core curriculum is age appropriate for all core curriculum participants. When using a model program, the age of the program participants should adhere to the recommendations of the program developer. *(The selected curriculum was age appropriate for ALL of the core curriculum participants).*
3. Demonstrate that the total program developer required dosage (number of minutes) of the core curriculum is being offered to the majority of core program participants. All required modules of the core curriculum are implemented. *(All core curriculum sessions were offered to at least 80% of the core program participants).*
4. Demonstrate that the core curriculum is offered no more than twice per week for the majority of the core program participants (regardless of program developer recommendations). *(Sessions of the core curriculum were offered no more than twice per week for at least 80% of the core program participants).*
5. Demonstrate that core curriculum sessions are not less than 40 minutes long (regardless of program developer recommendations). *(Sessions of the core curriculum were not less than 40 minutes long).*
6. Demonstrate that the booster curriculum was implemented in an appropriate setting. When using a model program, the curriculum should be implemented in a setting recommended by the program developer. *(The selected curriculum was implemented in an appropriate setting for ALL of the booster program participants).*
7. Demonstrate that the booster curriculum is age appropriate for all booster program participants. When using a model program, the age of the program participants should adhere to the recommendations of the program developer. *(The selected curriculum was age appropriate for ALL of the booster program participants).*
8. Demonstrate that the total program developer required dosage (number of minutes) of the booster curriculum is being offered to the majority of booster program participants. All required modules of the booster curriculum are implemented. *(All booster curriculum sessions were offered for at least 80% of the booster program participants).*
9. Demonstrate that the booster curriculum is offered no more than twice per week for the majority of booster program participants (regardless of program developer recommendations). *(Sessions of the booster curriculum were offered no more than twice per week for at least 80% of the booster program participants).*

10. Demonstrate that booster curriculum sessions are not less than 40 minutes long (regardless of program developer recommendations). *(Sessions of the core curriculum were not less than 40 minutes long).*
11. Demonstrate that program participants are scheduled to receive all levels of the selected curriculum, core and boosters. *(All levels of the selected curriculum, core and booster, are scheduled to be implemented with ALL program participants. This standard will be reviewed in a future fiscal year by comparing the number of booster participants in served in the current fiscal year with the number of core participants served in the previous fiscal year).*
12. Demonstrate that only one level of the selected curriculum is implemented with the same group of program participants within a single school year. *(All program participants received only one level of the selected curriculum during the current school year).*
13. Demonstrate that most program participants have consistent program attendance (students are receiving most of the program). *(Among all cycles, the number of participants attending 80-100% of offered program sessions is 75% or higher).*
14. Demonstrate that most program participants received enough of the required program sessions to benefit from the program outcomes (most students are receiving most of the program). *(Among cycles where all required sessions were delivered, the number of participants attending 80-100% of sessions is 75% or higher as compared to participation in all cycles).*

Appendix C

DHS Standards for Adult Preparation Subjects Definitions

IDHS Standards for Supplemental Activities

The following standards have been developed by DHS for implementation of supplemental activities:

- Positive youth development program must only target youth who received the PREP curriculum sessions.
- An APS may not be a one-time event (e.g. teen conference, etc.) or a one-time campaign (e.g. conducting a week-long national media campaign).
- For in-school, target youth participants who are 11 to 18 years old or in grades 6 through 12. For shelters, target youth participants who are 11-20 years old.
- Sessions must be conducted at least once per week.
- Materials must be culturally sensitive/relevant and suitable to the age and development of the youth being served.
- The majority of program session time must be focused on interactive activities.
- Organized sports and or recreational activities as stand-alone activities are not permissible.

Adult Preparation Subjects

Below is a list of the adult preparation subjects to be incorporated into supplemental activities and a definition of each subject.

- 1. Healthy Relationships** - Relationships are interactions between people that are ongoing, voluntary, and mutually acknowledged. Healthy relationships are those relationships that are based on trust, honesty, and respect. Romantic relationships involve a unique dimension that is marked by affection, which is oftentimes physical and may or may not involve sex. Activities should address topics such as positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage, and family interactions.
- 2. Adolescent Development** - Adolescent development extends beyond the physiological changes that occur in adolescence to also encompass cognitive, emotional, social, sexual, identity formation, and spiritual change and growth. Changing social structure and life demands have catalyzed a paradigm shift in what it takes for adolescents to become “successful” adults. In other words, there has been a significant move toward understanding successful development as a product of preparation and capacity building rather than as simply the absence or management of problems. Activities should address topics such as the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects.

- 3. Financial Literacy** - Financial education is the term used to capture efforts to improve financial literacy, and generally includes those programs that seek to improve knowledge, attitudes, and behavior related to personal finance. While experts do not agree on a uniform definition of the term financial literacy, in general, the term implies a level of basic knowledge or competence about financial concepts. Activities should address topics such as the ability to balance a checkbook, manage a credit card, prepare a budget, take out a loan, and buy insurance.
- 4. Educational and Career Success** - Education and career success programs focus on developing such skills as employment preparation, job seeking, independent living, financial self-sufficiency, and work-place productivity. These programs generally seek to improve academic performance, increase school attendance, increase school engagement and/or increase school completion.
- 5. Healthy Life Skills** - The World Health Organization (WHO) defines life skills as “abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life”. Specific skills and everyday demands may vary throughout the course of adolescence and across different socio-cultural groups. Life skills include, but are not limited to, communication, decision-making, coping, self-management, goal-setting, and avoidance of unhealthy behaviors.
- 6. Parent/Child Communication** - Positive communication between parents and children greatly helps young people to establish individual values and to make healthy decisions. Positive parent child communication can help adolescents have healthy and responsible sexual decision-making by providing accurate information and by creating open lines of communication. If children receive a negative message about sexuality from their parents, they will be less likely to turn to their parents to discuss sexual matters as they get older. In this way, open parent-child communication may be an effective prevention tool.