

**Illinois Department of Human Services
Bureau of Positive Youth Development**

**Fiscal Year 2022
OPA-Tier 1 Map Work Plan
Appendix 3**

Table 1: Agency and Contact Information

Agency Name:	
Service Area:	
Projected number of youths to be served in FY21: In-school High School In-school Junior High Community-based Setting (optional)	<u>High Schools</u> <u>Junior High Schools</u> <u>Community Based:</u> TOTAL =
Executive Director and/or President: Address: Phone: Fax: Email:	
Fiscal Contact: Address: Phone: Fax: Email:	
Tier 1 Map Project Coordinator: Address: Phone: Mobile Phone: Fax: Email:	

Table 2: Schools in/Serving Youth from the Service Area

List all of the schools that serve students in your service area, those schools that are physically located in the municipality and those schools that are not in the municipality, but serve students from the community. For each school, indicate if your agency has an agreement in place to implement evidence-based curriculum services in FY21 with at least 1 grade level.

School Name	City	Grades Housed in School (e.g., 9-12th grades)	Agreement in place for the delivery of evidence-based curriculum services in FY21?

For those schools that have not agreed to the delivery of evidence-based curriculum services, outline your recruitment strategies for securing their commitment including the representatives you will be meeting with, if known, and timeline.

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Table 3: OPA-Tier 1 Map Staffing

Please include all current staff and any positions yet to be hired that will be involved in direct service to youth, parent/caregivers, and community stakeholders.

Name of Staff Member	Percent of FTE	Name of evidence-based curriculum (EBC) to be used.	Has the staff member received formal training in the selected EBC? Y or N	Will the staff member provide direct service as a facilitator of EBC? Y or N

Teen Pregnancy Prevention Education

Table 4: School/Location Information

Please complete the following table for each school/location your agency intends 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 will be 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 cycles: Please enter the total number of sessions 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 the youth receiving curriculum sessions should be included.

School Name and/or Community-based Setting	City	Grade(s) Targeted	Curriculum including Edition, if applicable	Total Number of Projected Sessions	Total Number of Projected Youth	Projected Month/Year of the Delivery of the First Session

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. Name of School and/or Community-based Setting/Location: Please enter the name of the school and/or community-based setting/location for which the row of information applies.

- A. Name of school/community-based setting and location.
- 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 – Please enter the total number of minutes you will deliver 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/Community-based Setting and Location	B. Curriculum Name	C. Number of Classes per Grade	D. Frequency of Sessions	E. Total # of Sessions	F. Length of Each Session (in minutes)	G. Total Number of Minutes	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. Please mark yes or no from the dropdown menu for each curriculum aspect. **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.	

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.	

Coalition Information

Table 7: Coalition Members and Sector Representation

Please complete the following questions for the entire fiscal year. Include information on the representation from all sectors of your community, including, but not limited to parents, youth, educators, health care, family support/social service organizations, transportation, housing, faith-based groups, media, local government, or other (please specify).

1. Name of Coalition or Sub-committee most involved in Teen Pregnancy Prevention:
2. Are you a member of more than one Coalition or Sub-committee?
3. What community (s) served by this coalition?
4. Please provide the following information in regard to the coalition listed in question 1.

Name	Sector Represented	Agency or N/A if Parent or Youth	Participated in Grant Application

Coalition Activities

Describe the activities you plan to conduct with your coalition throughout the fiscal year in the box below, including:

- 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):
- e. Planning for sustainability of the project beyond the grant:

Strategic Communication Activities

Describe the strategic communication activities your agency plans to deliver throughout the fiscal year in the box below, including at minimum:

- Have an online presence for the project
- Use social media effectively
- Share lessons learned as well as successes with key stakeholders
- Publish articles or present at professional conferences or otherwise make publicly available the results of the work supported through the funded project.