**Teen Pregnancy Prevention Initiatives**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name** |  | **Program Director** |  |
| **Phone Number** |  | **Email Address** |  |
| **Curriculum Model** |  | **Edition** |  |
| Please review and complete this Fidelity Monitoring Plan with your team for each evidence-based curriculum model your organization replicates under TPPI/PREP. Please review the tip sheet on Fidelity Monitoring located at: <https://www.acf.hhs.gov/sites/default/files/fysb/prep-fidelity-monitoring-ts.pdf>; as this may provide rationale and guidance in completing a Fidelity Monitoring Plan. The fidelity monitoring plan should be completed annually but reviewed frequently within your teams.  |

**Fidelity Monitoring Plan**

|  |  |  |
| --- | --- | --- |
| **Focus Area** | **Description** |  **Comments** |
| **Staffing** | Number of staff (FTE) who will implement the curriculum. Click or tap here to enter text. | *Provide names of staff and FTE.*  |
| Staff trained to implement the curriculum?[ ] Yes [ ] No | *If “Yes”, when was the training completed and who provided the training? Provide a copy of the training completion certificate or upload it to the EZTPPI database.* *If “No”, how will you train staff in the curriculum? Provide dates trainings will be completed and who will conduct the training.* |
| Do you have additional agency staff, partners or volunteers trained to serve as backup facilitators?[ ] Yes [ ] No | *If “Yes”, names and contact info of backup facilitators.*  |
| Staff completed training in comprehensive sexuality education, positive youth development or effective facilitation skills?[ ] Yes [ ] No | *If “Yes”, include a title of the training, when it was completed and who provided the training?**If “No”, how will you coordinate this training for staff? Provide dates trainings will be completed and who will conduct the training.* |
| **Setting** | Setting(s) the curriculum will be implemented:[ ] School-based during the school day[ ] After school[ ] Community based setting[ ] Out-of-home care setting | *Provide descriptions of the settings the curriculum will be implemented.* |
| Are these settings conducive to effective implementation of the curriculum to full fidelity? [ ] Yes [ ] No | *Provide descriptions of any limitations for implementing within that setting, whether physical limitations due to space available to content limitations due to requests from school, parents/guardians or community.*  |
| **Focus Area** | **Description** |  **Comments** |
| **Setting** | What is the time-frame (i.e. # of hours) and frequency of delivery recommended by the developer? * # of hours: Click or tap here to enter text.
* Frequency: Click or tap here to enter text.
 | *Please describe your plan for implementing the curriculum, including the frequency of when sessions/modules will be implemented. How will you ensure your staff have the minimum amount of time recommended by the developer to facilitate a session/module? What will you do if a facilitator runs out of time and cannot successfully complete a session?* |
| **Priority Audience** | Describe the intended audience as recommended by the developer to receive the curriculum?* Age: Click or tap here to enter text.
* Grade: Click or tap here to enter text.
* Gender: Click or tap here to enter text.
* Ethnicity: Click or tap here to enter text.
* Group Size: Click or tap here to enter text.
 | *Provide a description of the priority audience that will receive the curriculum.* *Indicate if group sessions will be co-ed (i.e. boys and girls receive curriculum together in one class) or same-gender (i.e. boys and girls receive curriculum separately in different classes).* *If additional youth are present at the implementation site, but are unable to participate in the curriculum sessions, what other options will be available to them?* |
| Is the number of participants per facilitator (participant: facilitator ratio) appropriate for the curriculum?[ ] Yes [ ] No | *Provide the number of participants per facilitator ratio.*  |
| **Content** | Considering the setting and intended audience being served, do you anticipate making any adaptations?[ ] Yes [ ] No | *If “Yes”, describe why and what adaptations you will make. Please list the sessions/modules/activity numbers where the adaptations will occur. Describe how you will ensure the adaptations made will meet the intended goals of the adapted session/module/activity?* |
| Will you use any additional sessions, worksheets or distribute other resource materials to support effective delivery of the curriculum?[ ] Yes [ ] No | *Please describe the additional sessions, worksheets and other resources you plan to use.* *Indicate if these resources have been reviewed to determine if they are age appropriate and have been reviewed for medical accuracy.*  |
| **Competence** | How many observers are available within or to your organization? Click or tap here to enter text. | *Describe who the observers are and how they were identified to be observers.*  |
| **Focus Area** | **Description** |  **Comments** |
| **Competence** | Have these observers completed training in the evidence-based curriculum?[ ] Yes [ ] No | *If “Yes”, when was the training completed and who provided the training?**If “No”, how will you train observers in the curriculum? Provide dates the training will be completed and who will conduct the training.* |
| What is the minimum number of observations you plan to conduct with each facilitator for each evidence-based curriculum during the fiscal year?Click or tap here to enter text. | *Describe your plan for conducting observations. Provide goal dates for completing the observations, the name(s) of the observer(s) who would complete the observations, and process for delivering feedback and coaching to staff.* |
| Who will be responsible for collecting, reviewing and submitting fidelity monitoring data?Name: Click or tap here to enter text.Email: Click or tap here to enter text. | *Describe your plan for collecting data on fidelity and quality. What tools will you use? Describe your process for analyzing and reviewing this data.* |
| **Quality Improvement** | Have you developed a tool to collect participant satisfaction data?[ ] Yes [ ] No | *Submit copy of tool that will be used to your TPPI Program Consultant. How frequently will you collect participant satisfaction data? How will you analyze and review this data?* |
| How often will the supervisor check-in with program staff to provide feedback and coaching to facilitators?Click or tap here to enter text. | *Describe your process for providing feedback to facilitators based on observations, fidelity monitoring, and participant satisfaction data.*  |
| When will you conduct your first review for quality improvement?Click or tap here to enter text. | *Describe how data will be used to identify areas for improvement and make decisions about the curriculum and potential changes to curriculum implementation moving forward. This focus is on making changes to curriculum delivery based on feedback from participants, fidelity monitoring, observations, and feedback from stakeholders such as school/community leaders, parents and recommendations from your TPPI Program Consultant.*  |
| How will your community advisory council (CAC) be involved with your quality improvement efforts?  | *Describe how you will utilize your CAC to provide support in identifying and implementing improvement ideas.*  |
| Do you require any coaching, technical assistance or have training needs not otherwise mentioned in this plan? [ ] Yes [ ] No | *If “Yes” please describe your needs so that your TPPI Program Consultant can best assist you.*  |