

# FIRST THINGS FIRST

*Ready for School. Set for Life.*

azftf.gov

**Arizona Early Childhood Development and Health Board  
4000 North Central, Suite 800  
Phoenix, Arizona 85012**

**Quality First Academy**

**Request for Grant Application (RFGA)  
FTF-STATE-14-0431-00**

<b>Deadline</b>	Grant Applications shall be submitted on or before 10:00 a.m. (Arizona MST) on March 4, 2013 at First Things First, 4000 North Central Avenue, Suite 800, Phoenix, Arizona 85012.
<b>Procurement Guidelines</b>	<p>In accordance with A.R.S §41-2701, competitive sealed grant Applications for the services specified within this document will be received by First Things First at the above-specified location until the time and date cited. Grant Applications received by the correct time and date will be opened and the name of each Applicant will be publicly read.</p> <p><b>Grant Applications must be in the actual possession of First Things First on or prior to the exact time and date indicated above. Telefaxed, electronic, or late grant Applications <u>shall not</u> be considered.</b></p> <p><b>Grant Applications must be submitted in a sealed envelope with the RFGA Number and the Applicant's name and address clearly indicated on the envelope.</b></p> <p>All Applications must be typewritten and a complete grant Application returned along with the offer by the time and date cited above. <b>Additional instructions for preparing a grant Application are included within this document.</b></p> <p>Applicants are strongly encouraged to read the entire Request for Grant Application document carefully.</p> <p><b>It is the sole responsibility of Applicants to check the First Things First website for any changes to this RFGA, <a href="http://aztf.gov">http://aztf.gov</a>.</b></p>
<b>Pre-Application Conference</b>	Prospective Applicants are encouraged to attend a Pre-Application Conference on February 7, 2013 at 10:00 a.m. at First Things First, 4000 N. Central Ave., Suite 800, 8 <sup>th</sup> Floor Board Room in Phoenix, Arizona. The purpose of the meeting is to discuss and clarify this Request for Grant Application.
<b>Special Accommodations</b>	Persons with a disability may request reasonable accommodation such as a sign language interpreter by contacting the Fiscal and Contracts Specialist at <a href="mailto:grants@aztf.gov">grants@aztf.gov</a> or via Fax (602) 265-0009. Requests should be made as early as possible to allow time to arrange the accommodation.
<b>Contract Information</b>	<p><u>Service</u>: First Things First Regional Funding</p> <p><u>Contract Type</u>: Cost Reimbursement</p> <p><u>Contract Term</u>: The effective date of this Contract shall be the date that the First Things First designee signs the Offer and Acceptance form or other official contract form (estimated July 1, 2013) and shall remain in effect until June 30, 2014, unless terminated, cancelled or extended as otherwise provided herein.</p>
<b>Contact Information</b>	<p>Fiscal and Contracts Specialist  First Things First  Fax: (602) 265-0009  Email: <a href="mailto:grants@aztf.gov">grants@aztf.gov</a></p>

## CERTIFICATION

**TO THE STATE OF ARIZONA, ARIZONA EARLY CHILDHOOD DEVELOPMENT AND HEALTH BOARD:**

If awarded a grant, the Undersigned hereby agrees to all terms, conditions, requirements and amendments in this request for grant Application and any written exceptions, as accepted by the Arizona Early Childhood Development and Health Board in the Application.

### APPLICANT OFFER

Arizona Transaction (Sales) Privilege Tax License No.: \_\_\_\_\_ Name of Point of Contact Concerning this Application: \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_

Federal Employer Identification No.: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_ Signature of Person Authorized to Sign Offer

Name of Applicant

\_\_\_\_\_ Printed Name

Address

\_\_\_\_\_ Title

City State Zip

By signature in the Offer section above, the Applicant certifies:

1. The submission of the Application did not involve collusion or other anti-competitive practices.
2. The Applicant shall not discriminate against any employee or Applicant for employment in violation of Federal Executive Order 11246, State Executive Order 99-4 or A.R.S. §41-1461 through §1465.
3. The Applicant has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to provide a valid signature affirming the stipulations required by this clause shall result in rejection of the offer. Signing the offer with a false statement shall void the offer, any resulting contract and may be subject to legal remedies provided by law.

### ACCEPTANCE OF APPLICATION

The Application is hereby accepted. The Applicant is now bound to perform as stated in the Applicant's grant Application as accepted by the Arizona Early Childhood Development and Health Board and the Request for Grant Application document, including all terms, conditions, requirements, amendments, and/or exhibits.

This grant shall henceforth be referred to as Grant No. \_\_\_\_\_

Arizona Early Childhood Development and Health Board,  
 Awarded this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 First Things First Designated Authorizing Official

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## Overview of First Things First

On November 7, 2006, Arizonans made an historic decision on behalf of our state's youngest citizens. By majority vote, they made a commitment to all Arizona children 5 and younger, that children would have the tools they need to arrive at school healthy and ready to succeed. The voters backed that promise with an 80-cent per pack increase on tobacco products to provide dedicated and sustainable funding for early childhood services for our youngest children. The initiative created the statewide First Things First board and the 31 regional partnership councils that share the responsibility of ensuring that these early childhood funds are spent on strategies that will result in improved education and health outcomes for kids 5 and younger.

First Things First is designed to meet the diverse needs of Arizona communities. The regional councils are comprised of community volunteers, with each member representing a specific segment of the community that has a role in ensuring that Arizona's children grow up to be ready for school, set for life: parents, leaders of faith communities, tribal representatives, educators, health professionals, business leaders, and philanthropists.

### ***First Things First Strategic Direction***

FTF's commitment to young children means more than simply funding programs and services. It means having a shared vision about what being prepared for kindergarten actually means. First Things First specifies that programs and services funded by the FTF Board and Regional Partnership Councils are to address one or more of the following Goal Areas as defined by the statute:

- Improve the quality of early childhood development and health programs.
- Increase the access to quality early childhood development and health programs.
- Increase access to preventive health care and health screenings for children through age five.
- Offer parent and family support and education concerning early childhood development and literacy.
- Provide professional development and training for early childhood development and health providers.
- Increase coordination of early childhood development and health programs and provide public information about the importance of early childhood development and health.

The FTF Board established a strategic framework with a set of school readiness indicators that provide a comprehensive composite measure to show whether young children are ready for success as they prepare to enter kindergarten. The strategies funded by FTF work collectively to develop a comprehensive system across the state and regionally to address the school readiness indicators. The FTF Board and Regional Partnership Councils determine the priorities and strategies to be funded across the state and throughout the regions assessing the challenges and building on the resources and assets in place.

## **School Readiness Indicators**

1. #/% children demonstrating school readiness at kindergarten entry in the developmental domains of social-emotional, language and literacy, cognitive, and motor and physical
2. #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars
3. #/% of children with special needs enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars
4. #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars
5. % of children with newly identified developmental delays during the kindergarten year
6. #/% of children entering kindergarten exiting preschool special education to regular education
7. #/% of children ages 2-4 at a healthy weight (Body Mass Index-BMI)
8. #/% of children receiving at least six well child visits within the first 15 months of life
9. #/% of children age 5 with untreated tooth decay
10. % of families who report they are competent and confident about their ability to support their child's safety, health and well being

## **What is the Funding Source?**

First Things First provides for distribution of funding through both statewide and regional grants. Statewide programs are considered those implemented across regional boundaries and are designed to benefit Arizona's children as a whole. Regional funding is based on the approval of the Regional Partnership Council funding plans submitted to the FTF Board each year. This Request for Grant Application (RFGA) uses regional funding for implementation of the statewide strategy Quality First Coaching and Incentives.

## **Who is Eligible to Apply for this Funding Opportunity?**

First Things First awards grants to:

- Non-profit 501 (c) (3) organizations providing services in Arizona (both secular and faith-based)
- Units of Arizona government (local, county and state entities as well as schools and school districts)
- Federally recognized Tribal governments or entities providing services within Arizona
- Arizona institutions of higher learning (colleges and universities)
- Private organizations providing services in Arizona

All potential Applicants must demonstrate organizational, fiscal and programmatic capacity to meet the requirements described in the scope of work listed in this RFGA.

## **What is the Total Funding Amount Available in this Request for Grant Application?**

This is a twelve (12) month contract for the fiscal year ending June 30, 2014 with an option for renewal for four (4) additional twelve (12) month periods. Total funds available are approximately \$908,040.00 for the first funding period of assessment and design, with potential comparable award in subsequent years for implementation. First Things First reserves the right not to award the entire amount of available funds or to award an amount that is greater than the posted available funds. Renewal will be contingent upon satisfactory contract performance, evaluation and availability of funds. First Things First intends to make one statewide award for this RFGA; however, First Things First reserves the right to award multiple awards dependent on the quality and rationale in the proposals submitted providing justification for multiple awards which clearly provide seamless and consistent services in a statewide, fully accountable model.

## **Scope of Work: What Strategy Will This Grant Fund and How Will It Make a Difference for Children?**

### **Statement of Need**

Quality First, Arizona's Quality Improvement and Rating System, is designed to improve the quality of Arizona's early care and education programs so that young children can begin school safe, healthy and ready to succeed. First Things First will fund a successful Applicant to develop and administer the Quality First Academy, intended as a targeted component of the Arizona early childhood professional development system to provide specific professional development opportunities to the coaches and consultants providing service to early care and education programs enrolled in Quality First. This primary audience of coaches and consultants includes Quality First Coaches and Coaching Supervisors, Assessors and Assessor Supervisors, and other consultants and their supervisors that provide services to providers in the Quality First system such as Mental Health Consultants, Child Care Health Consultants, Inclusion Coaches and Arizona Department of Education Mentors. Also included in the target audience are child care licensing surveyors, child care certification specialists and their supervisors that work with Quality First providers.

Smith, et. al. describes Quality Rating Improvement Systems as offering a potentially strong mechanism for improving the quality of early childhood settings in ways that can benefit young children's well-being and long-term school success (p. 4).<sup>1</sup> Quality Rating Systems are also utilized as a primary means of informing families, regulators and policy makers about quality standards for early care and education programs.

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<sup>1</sup> Smith, S., Schneider, W., Kreader, J.L. (2010). *Features of professional development and on-site assistance in child care quality rating improvement systems*. New York: National Center for Children in Poverty.

Quality First is the approach and framework by which First Things First invests significant finances and resources in building a high quality early care and education system. First Things First recognizes quality, access and affordability as the essential elements of an early learning system and has aligned Quality First with other programs such as Quality First Child Care Scholarships and Pre-Kindergarten Scholarships in providing a comprehensive early childhood financing model that offers access for families to affordable high quality early childhood experiences for children five years and younger. First Things First has built Quality First on the foundation of state licensing regulations, addressing multiple aspects of early care and education through research-based indicators of quality including the following components:

- A foundation of child care licensing or certification to assure basic health and safety standards are met;
- Program assessment using standardized instruments to measure quality as well as identify strengths and areas of improvement;
- Coaching and consultation to provide individualized technical assistance, curriculum guidance and quality improvement support;
- Financial incentives to assist participants in achieving quality improvement goals and meeting quality benchmarks;
- Child Care Scholarships to support access to high quality early education opportunities for children in at-risk populations, including children who speak English as their second language, children with special needs and children from low income families;
- Scholarship opportunities with T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood<sup>®</sup> ARIZONA to provide access to higher education for early childhood teachers and caregivers;
- Child care health consultation to provide individualized training, guidance and linkage to community health resources;
- Specialized Technical Assistance Helpline in the areas of child health, mental health and inclusion of children with special needs to provide expert telephone consultation and build content knowledge for Quality First participants; and
- Star Ratings for all center-based early care and education programs and family child care providers enrolled in Quality First.

Quality First participants receive supports and services in the form of coaching, mentoring, consultation and technical assistance from a variety of professionals such as Mental Health Consultants, Child Care Health Consultants, Inclusion Coaches, Quality First Coaches, Arizona Department of Education Mentors and Quality First Assessors. The National Association for the Education of Young Children (NAEYC) defines coaching as “a relationship-based process led by an expert with specialized and adult-learning knowledge and skills, who often serves in a different professional role than the recipient(s). Coaching is designed to build capacity for specific professional dispositions, skills, and behaviors and is focused on goal setting and achievement for an individual or group.”<sup>2</sup> For the purpose of this RFGA, “Coach/Consultant” will be used universally for all service providers noted above that provide coaching, mentoring, consultation technical assistance, and supervision of such in the Quality First system .

NAEYC also found that there is a need for an integrated system of professional development for technical assistance strategies [*supports and services provided by coaches*].<sup>2</sup> The report states that focus group participants indicated that ongoing support for coaches is often delivered in silos dependent upon the funding and policies of individual agencies or initiative. NAEYC suggests more cross sector work needs to be done to maximize the professional development and technical assistance support and that the diverse ongoing training needs for technical assistance professionals are not typically available to those in the field.

Smith, et. al. (2012) report findings from an interview study with technical assistance providers in 17 states.<sup>3</sup> The authors suggest that the complexity of the coaching process and the challenges associated with helping quality rating system participants improve program quality suggest the need for initial and ongoing coach training that goes beyond the mechanics of the quality rating system initiative. They further suggest that “an educational background in early childhood and experiences in the field are not sufficient on their own to successfully perform the job of a quality rating system coach.” While technical assistance providers reported receiving a variety of training, they also recommended more training and supervision overall.

Currently, the professional development of the coaches/consultants who are providing on-site services in Quality First sites is not integrated. Each grantee that provides coaching/consultation services have specific professional standards that must be met for their specialty, and has varied access to professional development and educational opportunities that continue to build their expertise in their specialty. For example, Quality First Child Care Health Consultants must have a degree in nursing or related field, and have additional training following the National Training Institute (NTI) Child Care Health Consultation curriculum; a Quality First Coach must have a BA, and meet the workforce knowledge and competencies required for coaches. (Exhibit F, Standard of Practice – Quality First Coaching and Exhibit K Quality First Coach Competencies). Each coach/consultant will have different workforce knowledge and competency requirements; however, not all coaches/consultants may have foundational knowledge about the Quality First model and improvement process, the quality standards, assessment tools used to measure quality standards, and other aspects of the early childhood development and health system. Additionally, coaches/consultants may not have expertise in adult learning styles, early childhood pedagogy, reflective coaching, service coordination, or the content expertise to maximize their interactions with Quality First early childhood providers and optimally support program improvement toward the goal of providing each enrolled child the equal opportunity to start school healthy and ready to succeed.

### **Description of Strategy:**

The desired outcome of this funding opportunity is to develop and implement the Quality First Academy, intended as a targeted component of the Arizona early childhood professional

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<sup>2</sup> Young, B. (2012). *Strategic Directions: Technical Assistance Professionals in state Early Childhood Professional Development Systems*. NAEYC Public Policy Report.

<sup>3</sup> Smith, S., Robbins, T., Schneider, W., Kreader, J. L., Ong, C. (2012). *Coaching and Quality Assurance in Quality Rating Improvement Systems: Approaches Used by TA Providers to Improve Quality in Early Care and Education Programs and Home-based Settings*. National Center for Children in Poverty.

development system to provide specific professional development opportunities to the coaches and consultants providing services to early care and education programs enrolled in Quality First. The Quality First Academy is not intended to duplicate or replace current degree, credentialing or professional development systems already in place for coaches/consultants, but rather support professional development for coaches and consultants that furthers their knowledge and/or skills in coaching/consulting pedagogy, regulatory and rating standards and content that encompasses all early childhood specialty disciplines. The Quality First Academy will not take the place of discipline-specific, required training that is included in current Standards of Practice and contracts for Mental Health Consultation, Child Care Health Consultation, Inclusion Coaching and ADE Mentoring.

Concurrent to development of the Quality First Academy, First Things First is a partner with cross-sector early childhood stakeholders under the auspices of BUILD Arizona to substantially expand and improve the early childhood professional development system in Arizona. This work is in the planning phase, and will initially focus on professional development of direct providers of early care and education services for young children, with work in three areas:

1. Strengthen and expand a progression of statewide early childhood degrees and credentials
2. Revision and utilize of Arizona's Early Childhood Workforce Knowledge and Competency Framework, and
3. Design, develop and launch an early childhood workforce registry and professional development website.

While the Quality First Academy will be a component of the overall professional development system, it will provide a coordinated and integrated delivery of professional development targeted solely to coaches/consultants providing professional services to Quality First programs. The successful Applicant will develop and implement the Quality First Academy to meet the needs for:

- Coaches/consultants providing onsite services to early care and education programs enrolled in Quality First and
- Supervisors providing reflective supervision to the direct service coaches/consultants

The successful Applicant will identify:

- The workforce knowledge and competencies for coaches/consultants (to be aligned with BUILD Arizona's work on Early Childhood Workforce Knowledge and Competency Framework)
- Courses/professional development that assists coaches/consultants in meeting and exceeding these competencies
- Alignment of such coursework/professional development with college credit as appropriate
- A measure to determine the success of coaches/consultants meeting and exceeding the competencies

The successful applicant will develop and implement the Quality First Academy in three phases:

- Phase 1 – Assets and Areas of Focus Assessment
- Phase 2 – Quality First Academy Curriculum and Delivery System Development
- Phase 3 – Quality First Academy Full Implementation

### **Phase 1 –Assets and Areas of Focus Assessment (July 1, 2013 – December 31, 2013)**

During the first six months of the contract, the successful applicant will conduct a thorough examination of the skills, knowledge and ability assets among the current coaches/consultants delivering services in Quality First programs, and determine areas of focus that are needed and desired to provide optimal support and services to enrolled Quality First programs. On or before December 31, 2013, the successful Applicant will present findings of the following in a written report to First Things First:

- Current skills, knowledge and professional education and qualification requirements and/or standards for Quality First Coaches, Quality First Assessors, First Things First Mental Health Consultants, First Things First Child Care Health Consultants, First Things First Inclusion Coaches and Arizona Department of Education Mentors, Child Care Licensing Surveyors and Certification Specialists and their supervisors.
- Areas of focus that current Quality First Coaches, Quality First Assessors, First Things First Mental Health Consultants, First Things First Child Care Health Consultants, First Things First Inclusion Coaches and Arizona Department of Education Mentors, Child Care Licensing Surveyors and Certification Specialists and their supervisors need and desire for further professional development.
  - Content knowledge topics
  - Delivery method(s) preferred (i.e. online, community of practice, college credit bearing, one-time training session, long term training session, annual conference, entry level, advanced, etc.)
  - Need for development of specialized coaching/consultant credential
- Based on the assessment findings and the curriculum requirements on pg. 13 in this RFGA, an implementation plan of next steps for the development of the curriculum and delivery system for the Quality First Academy. The implementation plan includes, but is not limited to:
  - Outline of the proposed curriculum and delivery system
    - Curriculum topics and potential presenters for those topics
    - Delivery method(s)
  - Tasks to be completed
  - Timeline in which tasks will be completed
  - Responsible person for each task
  - Implementation system components that will be necessary
    - Personnel
    - IT components
    - Communication and outreach plan
    - Data system and tracking (inclusive of specific fields required and determined in collaboration with First Things First)

A detailed description of the means by which the assessment will be conducted is to be provided in the application. A variety of strategies will be used and may include, but are not limited to, surveys, focus groups, individual interviews. Additionally, the successful application will include the proposed overarching assessment questions to be answered by the assessment, and the successful applicant will present evidence of the organization's experience in successfully collecting and analyzing information in an exploratory phase of a project. The following participants must be included in the assessment process:

- Quality First Coaches, Quality First Assessors, First Things First Mental Health Consultants, First Things First Child Care Health Consultants, First Things First Inclusion Coaches, Arizona Department of Education Mentors, Child Care Licensing Surveyors and Certification Specialists
- The Supervisory Team for the above coaches/consultants
- The current Grantees providing Quality First Coaching, Quality First Assessment, First Things First Mental Health Consultation, First Things First Child Care Health Consultation, First Things First Inclusion of Children with Special Needs, and the Arizona Department of Health Services Child Care Licensing and Department of Economic Security Child Care Administration
- Enrolled Quality First Early Care and Education Participants, and
- Early childhood community stakeholders

## **Phase 2 – Quality First Academy Curriculum and Delivery System Development (January 1, 2014 – June 30, 2014)**

During the second six months of the contract, the successful applicant will plan and finalize the curriculum, delivery system, and marketing and communication plan that will be implemented starting Fiscal Year 2015 (July 1, 2014). The development of the curriculum and delivery system must be aligned with the individual strategies, standards of practice and competencies for each coaching/consultant specialty.

- A detailed description of strategy models for Quality First, Mental Health Consultation, Child Care Health Consultation, Inclusion Coaching and Pre-Kindergarten Mentoring is included in Exhibits A - E, Quality First Strategy Summary, Mental Health Consultation Strategy Summary, Child Care Health Consultation Strategy Summary, Inclusion of Children with Special Needs Strategy Summary and Pre-Kindergarten Strategy Summary.
- The First Things First Standard of Practice for Quality First Coaching, Mental Health Consultation, Child Care Health Consultation, Inclusion of Children with Special Needs and Pre-Kindergarten Mentoring is included in Exhibits F - J.
- The current Quality First Coaching Competencies are included in Exhibit K. These competencies can be used to inform the development of workforce knowledge and competencies for all coaches/consultants.
- The current job description for the Arizona Department of Education Mentors is included in Exhibit L.

The successful applicant will use the above strategy model descriptions, standards of practice and professional knowledge and competency requirements to determine how they are already

addressed in existing professional development systems; and how to address gaps into an integrated and coordinated curriculum and delivery system through the Quality First Academy .

A final written plan for the curriculum, delivery system, and marketing and communication plan for the Quality First Academy will be provided to First Things First on or before May 30, 2014.

At a minimum, the plan must include the following elements:

- Strategy models for Quality First, including Coaching and Assessment, Child Care Health Consultation, Mental Health Consultation and Inclusion for Children with Special Needs; Pre-Kindergarten Mentoring
- Quality Standards and Quality First Assessment Tools
- Adult Learning
- Reflective Coaching
- Relevant Arizona child care regulations
- Arizona State Standards for Early Childhood
- Common Core Standards
- Early Childhood Curriculum Development
- Child Level Assessment/Ongoing Progress Monitoring
- Instructional Support
- Early Childhood Business Management
- Kindergarten Readiness
- Kindergarten Transition
- Public-Private Partnerships to blend and braid funding
- Engaging and Partnering with Families
- Additional content at determined by Phase I assessment
- content in the areas above must be infused with cultural responsiveness and be relevant across disciplines (i.e. early childhood education, early childhood mental health, early childhood inclusion, child health and licensing/certification):
- how gaps in the standards of practice and competencies of each coaching/consultant specialty will be incorporated into the curriculum and delivery system
- the delivery plan, including dates, times locations, and enrollment process, including how coaches in rural, urban and Tribal communities have access in a variety of modalities where they live or work (online, in person, facilitated community of practice, college credit bearing and as determined by Phase I)
- minimum knowledge, competencies, degrees and credentials for educators delivering professional development through the Quality First Academy
- opportunities for coaches/consultants to further their own professional development in facilitating training/professional development for their peers
- intentional facilitation that incorporates strategies and resources for coaches/consultants to use in their work with the providers enrolled in Quality First
- how the successful applicant will initiate and maintain collaboration and communication with the grantees for
  - Quality First Coaching
  - Quality First Assessment
  - First Things First Mental Health Consultation
  - First Things First Child Care Health Consultation

- First Things First Inclusion of Children With Special Needs
- First Things First Pre-Kindergarten Mentoring
- how the successful applicant will initiate and maintain collaboration and communication with the Arizona Department of Health Services Child Care Licensing and Department of Economic Security Child Care Administration
- A marketing and communication plan for the target audience and stakeholders for Quality First Academy
- A mechanism by which participants can provide ongoing evaluation feedback

### **Phase 3 – Quality First Academy Full Implementation**

Quality First Academy implementation will begin on July 1, 2014. During implementation, the successful applicant will:

- conduct a participant evaluation for each professional development opportunity;
- conduct a program evaluation at least annually that includes, at minimum, all elements addressed in the initial assessment during Phase I;
- use the program evaluation and participant evaluations to implement revisions and continuous improvement in the delivery model and
- commit to actively participate in the BUILD Arizona Professional Development Workgroup to ensure alignment of the Quality First Academy with the workgroup goals and activities for enhancement of the Arizona early childhood professional development system. .

#### **First Things First School Readiness Indicators related to this strategy:**

FTF is seeking successful applicants to implement this strategy and work collectively with FTF to impact the school readiness indicators below:

1. #/% children demonstrating school readiness at kindergarten entry in the developmental domains of social-emotional, language and literacy, cognitive, and motor and physical
2. #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars.
3. #/% of children with special needs enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars.

#### **First Things First Goal Area to be addressed**

1. Professional Development

#### Target Population to serve

The target population is coaches/consultants serving early care and education programs enrolled in Quality First.

#### Geographic Area

The geographic area is the entire state of Arizona. (See Exhibit P, Target Service Units Guidance Document)

### Coordination and Collaboration

First Things First prioritizes coordination and collaboration among early childhood service providers as critical to developing a seamless service delivery system for children and families. Coordination and collaboration is described as two or more organizations working together in the delivery of programs and services to a defined population. As a result of coordination and collaboration, services are often easier to access and are implemented in a manner that is more responsive to the needs of the children and families. Coordination and collaboration may also result in greater capacity to deliver services because organizations are working together to identify and address gaps in service, which results in higher quality services and cost efficiency. Successful Applicants must demonstrate capacity to work with and participate in coordination and collaboration activities. This may include but is not limited to engaging with other partners delivering the same or similar programs and services; clarifying target populations and outcomes; and defining processes and plans to reach desired outcomes. There may be local or statewide collaborative meetings which the Applicant may be asked to attend, and for this particular strategy, this includes active participation in the BUILD Arizona Professional Development Workgroup. In order to accomplish this, Applicants should plan the appropriate staffing and budget to support travel to and attendance at meetings and at other statewide meetings, as appropriate. Guidance for collaboration between Quality First Coaches and other can be found in the Implementation Guide (see Exhibit A Implementation Guide, p. 140)

### Quality Assurance Assessment

First Things First Quality Assurance (QA) system involves a continuum of performance and programmatic monitoring. The QA process is a team approach in collaboration with grant partners. A strength-based, comprehensive QA assessment will be used to evaluate the implementation of the strategy Standards of Practice and to support grant partners through technical assistance that addresses specific issues and concerns. The results of the QA process have the potential to inform and strengthen the development of the Standards of Practice and the early childhood development and health system. Successful Applicants agree to actively participate in the QA process, which will involve a strategy specific QA assessment conducted by First Things First QA specialists during an on-site visit typically once during a contract cycle (every three years or so). The QA process includes adequate notice through pre-visit communication, the on-site visit and discussion, and follow-up report.

### **Program Specific Data Collection and First Things First Evaluation**

Successful Applicants agree to participate in the First Things First evaluation and any program specific evaluation or research efforts, including collaboration with evaluation-led child assessment activities. Collaborative activities may include tracking and reporting data pertaining to participant attendance, enrollment, and demographic information. In addition, Applicants agree to allow First Things First and evaluation consultants of First Things First to observe program activities on site and successful applicants must collaborate with First Things First led and initiated evaluation activities to encourage parent consent for data collection.

Data collection and First Things First evaluation activities are directly connected with the Goals, Performance Measures and Units of Service aligned to the strategy described in this RFGA. When services are provided to more than one region (multi-regional strategies), the grantee must collect and store client data for each region served through the grant agreement.

First Things First honors tribal ownership of data and recognizes communication is necessary with Arizona Tribes to determine what process/protocol is needed to obtain data. We further recognize Arizona Tribes as owners of their indigenous knowledge, cultural resources and intellectual property. To this end, it is imperative that all appropriate tribal approvals for data collection and submission to First Things First must be obtained.

Successful Applicants must have capacity to collect and submit First Things First data requirements, securely and confidentially store client data, obtain client and any necessary tribal approvals for First Things First data submission, and utilize data to assess progress in achieving desired outcomes of the proposed strategy (see Exhibit M). Units of Service, Target Service Numbers, and Performance Measures outline how quarterly data submissions will be evaluated according to the contracted deliverables and standards of practice for that contract. Additionally, they are used by First Things First to determine the key impacts of the strategies, programs and approaches being implemented.

Unit of Service and related Target Service Number:

A Unit of Service is a First Things First designated indicator of performance specific to each First Things First strategy. It is composed of a unit of measure and a number (Target Service Number). A Unit of Measure/Service can be a target population and/or a service/product that a grantee is expected to serve as part of an agreement. The Target Service Number represents the number of units (e.g. target population) proposed to be served or number of products/services proposed to be delivered during the contract year.

For example, for the First Things First strategy Home Visitation, the First Things First Unit of Service is “number of families served” and a Target Service Number of 50 represents the number of families the Applicant proposes to serve during the contract period. All First Things First applicants must clearly state in the proposal a target service number for each strategy specific Unit of Service.

Performance Measures:

Performance Measures measure (1) key indicators of performance (i.e. Unit of Service); (2) basic implementation of strategy; (3) alignment of program activities to strategy specific standards of practice, (4) performance or progress toward pre-established strategic goals. Performance measures may include the level or type of program activities conducted (e.g. serving families/children through home visits) and/or the direct services and products delivered by a program (e.g., providing scholarships).

All successful Applicants will be provided with data reporting requirements by First Things First and will meet the requirements of the First Things First evaluation including, but not limited to,

timely and regular reporting and cooperation with all First Things First evaluation activities. Timely and regular reporting of all performance and evaluation data includes the electronic submission of data (as identified in data reporting templates designed for each strategy) through the First Things First secure web portal known as PGMS.

Units of Service and Performance Measures that are aligned to the Goal for the purposes of this RFGA are as follows:

**Unit of Service:**

Target Service Units will be identified prior to the Quality First Academy implementation year beginning state fiscal year 2015.

The deliverable services and projects required in state fiscal year 2014 are detailed below in the performance measures.

**Performance Measures:**

- On or before December 31, 2013, a report detailing the elements of Phase I will be provided to First Things First.
- On or before June 30, 2014, an implementation plan detailing the elements of Phase II will be provided to First Things First.
- July 1, 2014, full implementation of the plan will commence.
- 80% of coaches/consultants report that they are satisfied with the professional development opportunities offered by the Quality First Academy

For more information on FTF Goal Areas, Goals and Performance Measures, please reference the FTF Strategy Toolkit at:

<http://azftf.gov/pages/webmain.aspx?PageID=2D427ADB35B34BB09F353B77B74AB9BA>

## How Will Applications be Evaluated?

The review committee will evaluate Applications and recommend those for an award based on the following criteria:

- Capacity of the Applicant for Addressing Needs (25%)
- Proposed Program or Activity (25%)
- Implementation Activities (25%)
- Budget (10%)
- Data Collection (15%)

Those Applicants not selected for funding will be notified in writing; however, pursuant to A.R.S. §41-2702 (E), all Applications shall not be open for public inspection until after grants are awarded. A.R.S. §41-2702 (G) also states the evaluator assessments shall be made available for public inspection no later than thirty (30) days after a formal award is made.

## **Application: Responding to the Scope of Work**

To complete your Application, provide a comprehensive narrative response that addresses each of the items in the Executive Summary and the criteria sections below. If an item requires a completed attachment, please reference that attachment within the narrative response when indicated. The narrative must include a one page executive summary, use 12 point font size and have no less than an one inch margin. It is recommended that the narrative not exceed 50 pages, including the executive summary.

### **A. Executive Summary** (required – 1 page overview)

Provide a one (1) page narrative overview of the proposed project that includes the target service number, a brief summary of the program or strategy, how it will be implemented, the Applicant's capacity to implement this program and how success and outcomes will be measured. Also complete the First Things First Standard Data Collection Form (Attachment A).

### **B. Capacity for Addressing the Need and Implementing the Strategy Successfully (25%)**

Provide a narrative description describing your organization's understanding of the needs and capacity to implement the proposed service, addressing the following:

- 1) Describe the need(s) the proposed strategy will address and include data to support evidence of the need.
  - I. Describe the assets that currently exist, within the organization, to address the need and support the proposed strategy.
- 2) Provide examples of experience implementing professional development programs and/or current experience (if applicable) and the outcomes of those programs. It should be noted that past performance on any grants might be taken into consideration in evaluation of your proposal.
- 3) Describe your organization's professional knowledge and experience of the target population to reach.
- 4) Identify capacity or infrastructure building which will be needed and the proposed approach, including agreements and partnerships with other agencies, additional resources, and training and technical assistance to provide the proposed service.
- 5) Include the coordination and collaboration activities in which the organization is currently engaged and how this will support the proposed strategy.
  - I. Indicate the agencies/partners you anticipate involving. Attach letters of support or Memoranda of Understanding for each proposed partner, describing the role and responsibilities for the success of the project (specifically list programs outside of First Things First);
  - II. Describe the collaboration activities you will participate in with First Things First;
  - III. Describe how you will collaborate with the Quality First Coaching Grantee(s), Quality First Assessment Grantee, First Things First Mental Health Consultation Grantee, First Things First Child Care Health Consultation Grantee(s), and First Things First Inclusion of Children with Special Needs grantee.
  - IV. Describe how you will collaborate with other First Things First strategies funded in the regions you are serving.

- 6) Identify personnel recruitment, qualifications and supervision. (Also complete Key Personnel Overview, Attachment B)
- 7) Describe plans to recruit and locate personnel within multiple geographic regions of the provided service who are linguistically and culturally competent for the population to be served.
- 8) Describe your organization's ability to increase the services as necessary if additional funding becomes available for program expansion.
  - I. Include timelines that would be necessary for an increase of services.

**C. Proposed Program or Strategy (25%)**

Provide a description of the program being proposed including the following:

- 1) Provide a clear and thorough description of the proposed program/services by addressing all aspects of the scope of work. A successful applicant will include, but not be limited to the following:
  - I. Conduct an assets and areas of focus evaluation.
    - a) Describe the method(s) you will use to gather information from Quality First Coaches, Quality First Assessors, First Things First Mental Health Consultants, First Things First Child Care Health Consultants and First Things First Inclusion Coaches, child care licensing surveyors and certification specialists, the supervisors from each Technical Assistance specialty, grantees for each Technical Assistance specialty, the Arizona Department of Health Services Child Care Licensing and Department of Economic Security Child Care Administration, providers enrolled in Quality First and community stakeholders.
      1. How will you ensure that all coaches and supervisors have an opportunity to participate in the evaluation?
      2. How will you ensure that grantees for Quality First Coaching, Quality First Assessment, First Things First Mental Health Consultation, First Things First Child Care Health Consultation, First Things First Inclusion of children with Special Needs and First Things First Pre-K Mentoring have an opportunity to participate in the evaluation?
      3. How will you ensure that child care licensing surveyors and certification specialists have an opportunity to participate in the evaluation?
      4. How will you ensure that all participants enrolled in Quality First have an opportunity to participate in the evaluation?
      5. Identify the early childhood stakeholders that you will include in the evaluation. How will you ensure that all stakeholders have an opportunity to participate in the evaluation?
    - b) Indicate the overarching questions that will dictate the direction of the evaluation.
    - c) Indicate the questions that will be used in surveys, focus groups, or individual interviews, and how would those methods be used.
      1. How will you identify the current strengths of coaches?
      2. How will you identify the areas that need more focus?
      3. How will you gather information about the content areas that coaches would like to be included in the Quality First Academy topics?

- II. Indicate how the program descriptions, standards of practice and competencies of each specialty discipline will be incorporated into the curriculum and delivery system.
- III. Indicate how you will infuse cultural responsiveness into the content areas below (as well as any additional content as determined in Phase I).
  - a) Strategy models for Quality First, including Coaching and Assessment; Child Care Health Consultation, Mental Health Consultation and Inclusion for Children with Special Needs; Pre-Kindergarten Mentoring
  - b) Quality Standards and Quality First Assessment Tools
  - c) Adult Learning
  - d) Reflective Coaching
  - e) Relevant Arizona child care regulations
  - f) Arizona State Standards for Early Childhood
  - g) Common Core Standards
  - h) Early Childhood Curriculum Development
  - i) Child Level Assessment/Ongoing Progress Monitoring
  - j) Instructional Support
  - k) Early Childhood Business Management
  - l) Kindergarten Readiness
  - m) Kindergarten Transition
  - n) Public-Private Partnerships for blending and braiding funding
  - o) Engaging and Partnering with Families
  - p) Additional content as determined by Phase I assessment
- IV. Indicate how you will ensure that the content above (as well as any additional content as determined in Phase I) will be relevant across disciplines (i.e. early childhood education, early childhood mental health, early childhood inclusion, child health).
- V. Identify regional areas where delivery would be necessary so that coaches in rural, urban and Tribal communities have access to the Quality First Academy. How will you ensure that these regional areas are effective and relevant in future years.
- VI. Describe how a variety of modalities will be determined (online, in person, facilitated community of practice, college credit bearing and as determined by Phase I)
- VII. What will be the minimum competencies for trainers and professional development facilitators?
  - a) How will you measure these competencies?
  - b) How will you ensure that these competencies are met throughout implementation?
- VIII. How will you include opportunities for coaches to further their own professional development in facilitating training/professional development for their peers
- IX. How will you ensure intentional facilitation of professional Development in the Quality First Academy that incorporates strategies and resources for coaches/consultants to use in their work with the providers enrolled in Quality First?
- X. How will you initiate and maintain collaboration and communication with the grantees for:

- a) Quality First Coaching
  - b) Quality First Assessment
  - c) First Things First Mental Health Consultation
  - d) First Things First Child Care Health Consultation
  - e) First Things First Inclusion of Children With Special Needs
  - f) First Things First Pre-K Mentoring
- XI. How will you initiate and maintain collaboration and communication with the Arizona Department of Health Services and Department of Economic Security?
- XII. How will you conduct a participant evaluation for each professional development opportunity?
- a) What questions will be included in the evaluation form?
  - b) How will you execute the evaluation process (on-line, paper form, postal mail, fax, e-mail, etc.)?
  - c) How will you know when participants are satisfied with the professional development opportunities in the Quality First Academy?
  - d) What will you do if participants are dissatisfied with the professional development opportunities in the Quality First Academy?
- XIII. How will you conduct a program evaluation at least annually that includes, at minimum, all elements evaluated in the initial investigation during Phase I;
- a) What will your overarching program evaluation questions be?
  - b) How will you execute the evaluation process?
  - c) Who will you involve in the program evaluation process?
  - d) How will you use the program evaluation to reassess the Quality First Academy for effectiveness?
- XIV. How will you use the program evaluation and participant evaluations to implement revisions and continuous improvement in the delivery model?
- XV. Provide assurance of your commitment to actively participate in the Build Professional Development Workgroup.
- a) How will you ensure alignment of the workgroup goals and activities with the Quality First Academy?
- XVI. What will the Quality First Academy look like when it is fully implemented and effective, including:
- a) Your vision of the Quality First Academy;
  - b) How you will communicate with coaches about the professional development activities;
  - c) How you will measure that the professional development activities offered in the Quality First Academy are enhancing the coaches abilities to assist enrolled Quality First providers in reaching the quality levels of the Quality First Rating Scale;
  - d) How you will identify and measure the core competencies of coaches/consultants;
  - e) How you will assist coaches/consultants and their supervisors in identifying a professional development path within the Quality First Academy to support the achievement of the coaching competencies.

This narrative should provide context for the activities listed in the next section, Implementation Activities.

**D. Implementation Activities (25%)**

Using Attachment C, Implementation Plan, describe the activities needed to operationalize the proposed strategy(ies), including timelines, responsibilities, and coordination activities.

**E. Budget (10%)**

The budget and budget narrative should provide a clear and concise explanation of the methods used to determine the amounts for each line item in the proposed program budget. All budget forms must be signed by an authorized agency representative.

- 1) Submit the Funds Requested Form (Attachment D). No additional narrative is required.
- 2) Submit the Line Item Budget (Attachment E) using only the budget categories listed on the form. No additional narrative is required.
- 3) Submit the Budget Narrative (Attachment F) using only the budget categories listed on the form.
- 4) Submit the Disclosure of Other Funding (Attachment G). This list should include all other sources of funding currently received from other State or public agencies, Federal agencies, non-profit organizations and other sources that will be applied to the proposed program/strategy(ies). Note that statute A.R.S. §8-1183 provides for a prohibition on supplanting of state funds by First Things First expenditures, meaning that no FTF monies expended are to be used to take the place of any existing state or federal funding for early childhood development and health programs.
- 5) Describe your organization's business management system by completion of the Financial Systems Survey. Attach the Financial Systems Survey (Attachment H) to capture basic financial system/operational information to assess financial capacity early in the process. No additional narrative is required. As noted in the financial system survey, you are required to submit a complete copy of the most recent audited, reviewed or compiled financial statements as well as management letters and a schedule showing the TOTAL federal funds (by granting agency) expended by your agency for the most recent fiscal year. NOTE THAT ONLY ONE COPY OF EACH OF THESE DOCUMENTS NEEDS TO BE INCLUDED WITH THE APPLICATION MARKED "ORIGINAL".

**F. Data Collection (15%)**

Describe in this section the plan and resources necessary to meet FTF basic reporting requirements, maintain data securely and confidentially, and ensure that ongoing data collection is used within the grantee institution to ensure fidelity and overall effectiveness. In this section, include discussion of:

- 1) Who will have overall responsibility for the data collection, maintenance, and reporting. Be sure to include this person in your Key Personnel Overview, Attachment B.
- 2) How the required data will be collected, maintained, and aggregated. Describe how you will ensure that data entered into the Quality First web-based database after it has been collected is accurate and timely. What procedures will be in place to assure the quality

of your data (e.g., training for data collectors, oversight of data entry, timeliness for administering tools, etc.)?

- 3) If applicable, describe the anticipated approval process to collect and report data from tribal government programs.
- 4) What resources (e.g., personnel, supplies, computer, etc.) will be needed to complete necessary activities related to data collection, maintenance, and security as well as the assurance of quality data input and data collection for the program. In addition to this narrative description, the funds dedicated to evaluation should be reflected in the budget and budget narrative in Section D above.
- 5) Complete the Data Collection Form, Attachment I.
- 6) Prepare a plan for monitoring the integrity of program implementation for coaching and incentives.
- 7) How will you use the results of program implementation monitoring to inform program implementation?

## Instructions to Applicants

### A. Inquiries

1. Duty to Examine. It is the responsibility of each Applicant to examine the entire RFGA, seek clarification in writing (inquiries), and examine its' Application for accuracy before submitting the Application. Lack of care in preparing an Application shall not be grounds for modifying or withdrawing the Application after the Application due date and time, nor shall it give rise to any Contract claim.
2. RFGA Contact Person. Any inquiry related to an RFGA, including any requests for or inquiries regarding standards referenced in the RFGA shall be directed solely to the RFGA contact person. The Applicant shall not contact or direct inquiries concerning this RFGA to any other State employee unless the RFGA specifically identifies a person other than the RFGA contact person as a contact.
3. Submission of Inquiries. The Fiscal and Contracts Specialist identified in this RFGA, who is the contact for all inquiries except at the Pre-Application Conference, requires that an inquiry be submitted in writing. Any inquiry related to the RFGA shall refer to the appropriate RFGA number, page and paragraph. Do not place the RFGA number on the outside of the envelope containing that inquiry, since it may then be identified as an Application and not be opened until after the Application due date and time. Electronic inquiries are acceptable. First Things First shall consider the relevancy of the inquiry but is not required to respond in writing.
4. Timeliness. Any inquiry or exception to the RFGA shall be submitted as soon as possible and should be submitted at least seven days before the Application due date and time for review and determination by First Things First. Failure to do so may result in the inquiry not being considered for an RFGA Amendment.

5. No Right to Rely on Verbal Responses. An Applicant shall not rely on verbal responses to inquiries. A verbal reply to an inquiry does not constitute a modification of the RFGA.
6. RFGA Amendments. The RFGA shall only be modified by a formal written RFGA amendment. Formal written amendments are posted on the First Things First website, [www.azftf.gov](http://www.azftf.gov). It is the sole responsibility of the Applicant to check the website regularly.
7. Pre-Application Conference. A Pre-Application Conference has been scheduled for this RFGA and specific date, time and location are found on Page 2 of this RFGA. Applicants should raise any questions about the RFGA at that time. The Pre-Application Conference will clarify the contents of the RFGA in order to prevent any misunderstanding of First Things First's position. Any doubt as to the requirements of the RFGA or any apparent omission or discrepancy should be presented to First Things First at the Conference. An Applicant may not rely on any verbal responses to questions at the Conference. Material issues raised at the Conference that result in changes to the RFGA shall be answered solely through a formal written RFGA amendment. **Attendance at the Pre-Application Conference is strongly encouraged, but not mandatory.**
8. Persons with Disabilities. Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the RFGA contact person. Requests shall be made as early as possible to allow time to arrange the accommodation.

## **B. Application Preparation**

1. Forms. No facsimile or electronic mail Applications shall be accepted. An Application shall be submitted using the forms provided in this RFGA or on their substantial equivalent. Any substitute document for the forms provided in this RFGA must be legible and contain the same information requested on the forms, unless the RFGA indicates otherwise.
2. Technical Requirements. Applications will be reviewed initially for compliance with technical requirements. Noncompliance with these requirements may result in the Application being deemed non-responsive, and therefore, not susceptible to award.
  - Responses should be typed, single-spaced with one-inch margins or wider with a twelve (12)-point font used.
  - Applications are not to be bound in spiral binders or in 3-ring notebooks. Please submit the Application either stapled in the upper left-hand corner or use a binder clip.
  - Applications should be single sided, NOT duplexed.
  - Number all pages and include a table of contents that follows the underlined categories in the "Application: Responding to the Scope of Work" Section. Enclose one (1) original (clearly marked "ORIGINAL") and nine (9) additional copies.
  - All Attachments must be completed as instructed.

- The organization name and the Request for Grant Application Number (**RFGA number found on page 1 of this RFGA**) must be clearly marked on the outside of the sealed envelope/package.

Please refer to the Checklist within this RFGA to verify inclusion of all required documentation and use of the proper format.

3. Evidence of Intent to be Bound. The Applicant Offer and Acceptance Form within the RFGA shall be submitted with the Application and shall include a signature by a person authorized to sign the Application. The signature shall signify the Applicant's intent to be bound by the Application, the terms of the RFGA and that the information provided is true, accurate and complete. Failure to submit verifiable evidence of intent to be bound, such as an original signature, shall result in rejection of the Application.
4. Exceptions to Terms and Conditions. All exceptions included with the Application shall be submitted in a clearly identified separate section of the Application in which the Applicant clearly identifies the specific paragraphs of the RFGA where the exceptions occur. Any exceptions not included in such a section shall be without force and effect in any resulting Contract unless such exception is specifically accepted by the Fiscal and Contracts Specialist in a written statement. The Applicant's preprinted or standard terms will not be considered by First Things First as a part of any resulting Contract. All exceptions that are contained in the Application may negatively affect First Things First's proposal evaluation based on the evaluation criteria stated in the RFGA or result in rejection of the Application.
5. Subcontracts. Applicant shall clearly list any proposed subcontractors and the subcontractor's proposed responsibilities in the Application.
6. Cost of Application Preparation. First Things First will not reimburse any Applicant the cost of responding to an RFGA.
7. RFGA Amendments. Each RFGA Amendment shall be signed with an original signature by the person signing the Application, and shall be submitted no later than the Application due date and time. Failure to return a signed copy of a RFGA Amendment may result in rejection of the Application.
8. Additional Materials. Additional materials such as promotional brochures or examples of other programs should not be submitted unless they directly relate to the information required in the Application.
9. Provision of Tax Identification Numbers. Applicants are required to provide their Arizona Transaction Privilege Tax Number and/or Federal Tax Identification number in the space provided on the Offer and Acceptance Form.

10. Disclosure. If the firm, business or person submitting this Application has been debarred, suspended or otherwise lawfully precluded from participating in any public procurement activity, including being disapproved as a subcontractor with any Federal, state or local government; or if any such preclusion from participation from any public procurement activity is currently pending, the Applicant shall fully explain the circumstances relating to the preclusion or proposed preclusion in the Application. The Applicant shall include a letter with its Application setting forth the name and address of the governmental unit, the effective date of this suspension or debarment, the duration of the suspension or debarment, and the relevant circumstances relating to the suspension or debarment. If suspension or debarment is currently pending, a detailed description of all relevant circumstances including the details enumerated above shall be provided.
11. RFGA Order of Precedence. In the event of a conflict in the provisions of this RFGA, the following shall prevail in the order set forth below:
  - 11.1 First Things First Special Terms and Conditions
  - 11.2 State of Arizona Uniform Terms and Conditions
  - 11.3 Scope of Work
  - 11.4 Attachments
  - 11.5 Exhibits
  - 11.6 Instructions to Applicants
  - 11.7 Other documents referenced or included in the RFGA

### **C. Submission of Application**

1. Sealed Envelope or Package. One (1) original (clearly marked "original") Application and nine (9) copies shall be submitted to the submittal location identified in this RFGA. Applications must be submitted in a sealed envelope or container. The envelope or container should be clearly identified with name of the Applicant and RFGA number. First Things First may open envelopes or containers to identify contents if the envelope or container is not clearly identified.
2. Late Applications. An Application submitted after the exact Application due date and time shall be rejected. Applications **must** be received by First Things First at the designated due date and time.
3. Application Amendment or Withdrawal. An Application may not be amended or withdrawn after the Application due date and time except as otherwise provided under applicable law.
4. Application Opening. Applications shall be opened publicly at the time and place identified in this RFGA. The name of each Applicant shall be read publicly and recorded.
5. Disqualification. An Applicant (including each of its principals) who is currently debarred, suspended or otherwise lawfully prohibited from any public procurement activity shall have its Application rejected.

6. Public Record. All Applications submitted and opened are public records and must be retained by First Things First. Applications shall be open to public inspection no later than 30 days after Contract award pursuant to A.R.S. §41-2702 (E), except for such Applications deemed to be confidential by First Things First. If an Applicant believes that information in its Application should remain confidential, it shall indicate as confidential the specific information and submit a statement with its Application detailing the reasons that the information should not be disclosed. Such reasons shall include the specific harm or prejudice which may arise. First Things First, pursuant to A.C.R.R. R2-7-104, shall review all requests for confidentiality and provide a written determination. If the confidential request is denied, such information shall be disclosed as public information, unless the person utilizes the "Protest" provision as noted in A.R.S. §41-2611 through §41-2616.
7. Application Acceptance Period. Applications shall be irrevocable for 120 days after the RFGA due date and time.
8. Non-collusion, Employment, and Services. By signing the Offer and Acceptance Form, the Applicant certifies that:
  - a. The Applicant did not engage in collusion or other anti-competitive practices in connection with the preparation or submission of its Application; and
  - b. The Applicant does not discriminate against any employee or applicant for employment or person to whom it provides services because of race, color, religion, sex, national origin, sexual orientation or disability, and that it complies with all applicable Federal, state and local laws and executive orders regarding employment.
9. Budget Limitations. In the event that the Applications received exceed the budget limitations, First Things First reserves the option to request a reduction in the scope of the Applicant's proposed program. Revised budget documents will be required. First Things First reserves the right to award contracts for less than the proposed amount and/or less than the available funds or make awards that exceed the posted available funds as additional funds become available.
10. Waiver and Rejection Rights. Notwithstanding any other provision of the RFGA, the State reserves the right to:
  - 10.1 Waive any minor informality,
  - 10.2 Reject any and all Applications or portions thereof, or
  - 10.3 Cancel the RFGA.

#### **D. Award**

1. Single Award. In order to ensure adequate coverage of First Things First requirements, a single award is anticipated to be made; however multiple awards may be considered.

2. Contract Inception. An Application does not constitute a Contract nor does it confer any rights on the Applicant to the award of a Contract. A Contract is not created until the Application is accepted in writing by the First Things First designee's signature on the Offer and Acceptance Form. A notice of award or of the intent to award shall not constitute acceptance of the Application.
3. Effective Date. The effective date of this Contract shall be the date that the First Things First designee signs the Offer and Acceptance form or other official contract form, unless another date is specifically stated in the Contract.

#### **E. Protests**

1. A protest shall comply with and be resolved according to A.R.S. §41-2611. Protests shall be in writing and filed with the Chief Executive Officer, Arizona Early Childhood Development and Health Board. A protest of an RFGA shall be received by the Fiscal and Contracts Specialist before the Application due date. A protest of a proposed award or of an award shall be filed within ten (10) days after the protester knows or should have known the basis of the protest. A protest shall include:
  - 1.1 The name, address and telephone number of the protester,
  - 1.2 The signature of the protester or its representative,
  - 1.3 Identification of the RFGA or Contract number,
  - 1.4 A detailed statement of the legal and factual grounds of the protest including copies of relevant documents, and
  - 1.5 The form of relief requested.

#### **F. Comments Welcome**

1. First Things First periodically reviews the Instructions to Applicants and welcomes any comments you may have. Please submit your comments to the Fiscal and Contracts Specialist, [grants@azftf.gov](mailto:grants@azftf.gov)

## **Terms and Conditions**

#### **FIRST THINGS FIRST SPECIAL TERMS AND CONDITIONS**

1. Term of Contract. The effective date of this Contract shall be the date that the First Things First designee signs the Offer and Acceptance form or other official contract form and shall remain in effect until June 30, 2014, unless terminated, cancelled or extended as otherwise provided herein.
2. Contract Renewal/Contract Amendment. This Contract shall not bind nor purport to bind First Things First for any contractual commitment in excess of the original contract period. First Things First shall have the right, with consult of the awardee, to issue a written contract amendment to expand services and increase funding awarded to compensate for the agreed upon service expansion. First Things First shall have the right, at its sole option, to renew the contract for four (4) one-year periods or a portion thereof. Contract awards may be increased, decreased, or not renewed based on evaluation, programmatic and fiscal performance, adherence to standards of practice,

the availability of funds, or the discretion of First Things First. If First Things First exercises such rights, all terms, conditions and provisions of the original contract shall remain the same and apply during the renewal period.

3. Reporting. At minimum, grantees shall submit quarterly programmatic progress reports due by the 20<sup>th</sup> of the month following the quarter and will submit evaluation data reports and enter data into the First Things First Partners in Grants Management System (PGMS). Program narrative reports shall also be submitted via the First Things First PGMS. Failure to submit timely reports will result in suspension of reimbursement. The report shall contain such information as deemed necessary by First Things First.

Requests for program and budget changes must be sent to First Things First designated staff. First Things First will post any important grantee requirement information under the Grantee Resources section of PGMS and this can include updates to Standards of Practice, Units of Service or other day to day operational updates that relate to any awarded grants.

4. Reimbursement/Payment. The Grantee shall be paid on a cost-reimbursement basis, at a maximum of monthly or a minimum of quarterly for those items submitted and approved in the budget inclusively. Reimbursement requests shall be submitted monthly or quarterly via the First Things First PGMS. **Grantee shall submit a final reimbursement request for expenses obligated prior to the date of contract termination no more than forty-five (45) days after the contract end.** Requests for reimbursement received later than forty-five (45) days after the contract termination will not be paid. **If awarded a contract, your organization must have sufficient funds to meet obligations for at least sixty- (60) days while awaiting reimbursements.** If an exception is requested to this requirement, it must be provided in writing in your Application describing the justification and need for alternative considerations, which will be separately considered during the application review and may not be approved. Requests for exceptions to reimbursement-based payments submitted after awards are made are subject to separate review and may not be approved.

Financial budget modification requests must be sent to First Things First designated staff.

5. Confidentiality of Records. The Grantee shall establish and maintain procedures and controls that are acceptable to First Things First for the purpose of assuring that no information contained in its records or obtained from First Things First or from others in carrying out its functions under the contract shall be used by or disclosed by it, its agents, officers, or employees; except as required to efficiently perform duties under the contract. Persons requesting such information shall be referred to First Things First. Grantee also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of the Grantee as needed for the performance of duties under the contract, unless otherwise agreed to in writing by First Things First.

6. Key Personnel. It is essential that the Grantee provide an adequate staff of experienced personnel, capable of and devoted to the successful accomplishment of work to be performed under this contract. The Grantee must assign specific individuals to the key positions, when possible or submit an official position description for which candidates must qualify. **Once assigned to work under the contract, if key personnel are removed or replaced, written notification shall be sent to First Things First.**
7. Orientation. A mandatory Orientation Meeting will be scheduled during the first quarter after awards are made and will provide all awarded grantees the information required to manage the contract.
8. Working with Tribal Regional Partnership Council(s). A grantee must comply with requirements set forth by the Tribal Government in relation to essential functions of the grants operation including data collection. It is the responsibility of the grantee to follow appropriate policy and procedures, complete IRB, parent consent, and appropriate tribal approvals as designated by tribal authorities.
9. Geographic Distribution. If Applications are not received from geographic areas within the region or if an Application submitted is not deemed applicable to funding by the review committee all funding may not be awarded or could be awarded to meet disparate geographic need for services. First Things First also reserves the right to fund more than one program in an area, to not award the entire amount of available funds, or to award an amount that is greater than the posted available funds.

## **STATE OF ARIZONA UNIFORM TERMS AND CONDITIONS**

### **1. Contract Interpretation**

- 1.1 Arizona Law. This Contract shall be governed and interpreted by the laws of the State of Arizona. The venue for any proceedings, actions, or suits arising from this Contract shall be in Maricopa County, Arizona.
- 1.2 Implied Contract Terms. Each provision of law and any terms required by law to be in this Contract are a part of this Contract as if fully stated in it.
- 1.3 Contract Order of Precedence. In the event of a conflict in the provisions of the Contract, as accepted by First Things First and as they may be amended, the following shall prevail in the order set forth below:
  - 1.3.1. First Things First Special Terms and Conditions
  - 1.3.2. State of Arizona Uniform Terms and Conditions
  - 1.3.3. Statement or Scope of Work
  - 1.3.4. Attachments/Exhibits
  - 1.3.5. Documents referenced or included in the RFGA

- 1.4 Severability. The provisions of this Contract are severable. Any term or condition deemed illegal or invalid shall not affect any other term or condition of the Contract.
- 1.5 No Parole Evidence. This Contract is intended by the parties as a final and complete expression of their contract. No course of prior dealings between the parties and no usage of the trade shall supplement or explain any terms used in this document and no other understanding either oral or in writing shall be binding.
- 1.6 No Waiver. Party's failure to insist on strict performance of any term or condition of the Contract shall not be deemed a waiver of that term or condition even if the party accepting or acquiescing in the nonconforming performance knows of the nature of the performance and fails to object to it.

## 2. **Contract Administration and Operation**

- 2.1 Records. Pursuant to A.R.S. §35-214 and §35-215, the Grantee shall retain and shall contractually require each subcontractor to retain all data and other "records" relating to the acquisition and performance of the Contract for a period of five years after the completion of the Contract. All records shall be subject to inspection and audit by First Things First at reasonable times. Upon request, the Grantee shall produce a legible copy of any or all such records.
- 2.2 Non-Discrimination. The Grantee shall comply with State Executive Order No. 99-4 and all other applicable Federal and State laws, rules and regulations, including the Americans with Disabilities and all applicable provisions and regulations relating to Executive Order No. 13279 – Equal Protection of the Laws for Faith-based and Community Organizations.
- 2.3 Audit. Pursuant to A.R.S. §35-214, at any time during the term of this Contract and five (5) years thereafter, the Grantee's or any subcontractor's books and records shall be subject to audit by First Things First and, where applicable, the Federal Government, to the extent that the books and records relate to the performance of the Contract or subcontract.
- 2.4 Financial Audit. In compliance with the Federal Single Audit Act (31 U.S.C. par., 7501-7507), as amended by the Single Audit Act Amendments of 1996 (P.L. 104 to 156), grant sub-recipients, as prescribed by the President's Council on Integrity and Efficiency Position #6, expending Federal Grants from all sources totaling \$500,000 or more, must have an annual audit conducted in accordance with OMB Circular #A-133, "Audits of States, Local Governments and Non-profit Organizations." **If you have expended more than \$500,000 in federal dollars, a copy of your audit report for the previous fiscal year must be submitted with your Application.**
- 2.5 Audit Trails. Grantee shall maintain proper audit trails for all reports related to this contract. First Things First reserves the right to review all program records.

- 2.6 Fund Management. The Grantee must maintain funds received under this contract in separate ledger accounts and cannot mix these funds with other sources. Grantee must manage funds according to applicable regulations for administrative requirements, cost principles and audits.

The Grantee must maintain adequate business systems to comply with State requirements. The business systems that must be maintained are:

- a. Financial Management
- b. Procurement
- c. Personnel
- d. Property
- e. Travel

A system is adequate if it is: 1) written; 2) consistently followed – it applies in all similar circumstances; and 3) consistently applied – it applies to all sources of funds.

- 2.7 Notices. All notices, requests, demands or communications by either party to this Agreement, pursuant to or in connection with this Agreement shall be in writing and shall be delivered in person or shall be sent by the United States Postal Service, certified mail, return receipt requested, to the respective parties at the following addresses:

First Things First  
Finance Division  
4000 N. Central Avenue, Suite 800  
Phoenix, AZ 85012

- 2.8 Advertising, Publishing and Promotion of Contract. The Grantee shall not use, advertise or promote information for commercial benefit concerning this Contract without the prior written approval of the Fiscal and Contracts Specialist.

- 2.9 Ownership of Information/Printed Material. First Things First reserves the right to review and approve all publications and/or media funded or partially funded through this contract. All publications funded or partially funded through this contract shall recognize First Things First as the funding source. First Things First shall have full and complete rights to reproduce, duplicate, disclose, perform, and otherwise use all materials prepared under this Agreement.

The Grantee agrees that any report, printed matter, or publication (written, visual, or sound, but excluding press releases, newsletters, and issue analyses) issued by the Grantee describing programs or projects funded under this agreement in whole or in part with First Things First funds and shall follow the protocol and style guide provided by First Things First. First Things First will post any important updated communications protocol information under the Grantee Resources section of PGMS.

### **3. Funding/Payments**

- 3.1. Funding. Requested funding must be submitted in an all-inclusive basis. The State will not reimburse any item other than the all-inclusive funding contained on the budget forms.
- 3.2. Tax Indemnification. Grantee and all subcontracts shall pay all Federal, state and local taxes applicable to its operation and any persons employed by the Grantee. Grantee shall, and require all subcontractors to hold First Things First harmless from any responsibility for taxes, damages and interest, if applicable, contributions required under Federal, and/or state and local laws and regulations and any other costs including transaction privilege taxes, unemployment compensation insurance, Social Security and Worker's Compensation.
- 3.3. IRS Substitute W9 Form. In order to receive payment the Grantee shall have a current IRS Substitute W9 Form on file with State of Arizona, unless not required by law.
- 3.4. Availability of Funds for the Next Fiscal Year. Funds are not presently available for performance under this contract beyond the current fiscal year. Every payment obligation of First Things First under this Contract is conditioned upon the availability of funds appropriated or allocated for the payment of such obligation. If funds are not allocated and available for the continuance of this Contract, this Contract may be terminated by First Things First at the end of the period for which funds are available. No liability shall accrue to First Things First in the event this provision is exercised, and First Things First shall not be obligated or liable for any future payments or for any damages as a result of termination under this paragraph.

### **4. Contract Changes**

- 4.1. Amendments. Any change in the contract including the scope of work and budget described herein, whether by modification or supplementation, must be accomplished by a formal written contract amendment signed and approved by and between the duly authorized representatives of the Grantee and First Things First. Any such amendment shall specify an effective date, any increases or decreases in the Grantee's compensation, if applicable, and entitled as an "Amendment" and signed by the parties identified in the preceding sentence. The Grantee expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence, acts, and oral communications by or from any person, shall be used or construed as an amendment or modification or supplementation to the contract.
- 4.2. Subcontractors. The Grantee agrees and understands that no subcontract that the Grantee enters into with respect to performance under this contract shall in any way relieve the Grantee of any responsibility for performance of its duties. It is highly recommended by First Things First that a Memorandum of Understanding or

some other type of contract is in place between the Grantee and a Subcontractor for services to be performed, and in which a payment amount has been negotiated and approved, to avoid any misunderstanding between both parties. The Subcontract shall incorporate by reference the terms and conditions of this Contract.

- 4.3 Assignment and Delegation. The Grantee shall not assign any right nor delegate any duty under this Contract without the prior written approval of the Fiscal and Contracts Specialist. First Things First shall not unreasonably withhold approval.

## 5. Risk and Liability

- 5.1. Indemnification. (Not Public Agency) The parties to this Contract agree that First Things First, its departments, Board and Councils shall be indemnified and held harmless by the Grantee for the vicarious liability of First Things First as a result of entering into this contract. However, the parties further agree that First Things First, its departments, Board and Councils shall be responsible for its own negligence. Each party to this contract is responsible for its own negligence.

- 5.2 Indemnification Language for Public Agencies Only. Each party (as 'indemnitor') agrees to indemnify, defend, and hold harmless the other party (as 'indemnitee') from and against any and all claims, losses, liability, costs, or expenses (including reasonable attorney's fees) (hereinafter collectively referred to as 'claims') arising out of bodily injury of any person (including death) or property damage but only to the extent that such claims which result in vicarious/derivative liability to the indemnitee, are caused by the act, omission, negligence, misconduct, or other fault of the indemnitor, its officers, officials, agents, employees, or volunteers.

*This indemnity shall not apply if the Grantee or sub-contractor(s) is/are an agency, board, commission or university of the State of Arizona.*

- 5.3 Insurance Requirements. Grantee and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Contract, are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Grantee, his agents, representatives, employees or subcontractors.

The *insurance requirements* herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. First Things First in no way warrants that the minimum limits contained herein are sufficient to protect the Grantee from liabilities that might arise out of the performance of the work under this contract by the Grantee, its agents, representatives, employees or subcontractors, and Grantee is free to purchase additional insurance.

A. MINIMUM SCOPE AND LIMITS OF INSURANCE: Grantee shall provide coverage with limits of liability not less than those stated below.

**1. Commercial General Liability – Occurrence Form**

Policy shall include bodily injury, property damage, personal injury and broad form contractual liability coverage.

- General Aggregate \$2,000,000
  - Products – Completed Operations Aggregate \$1,000,000
  - Personal and Advertising Injury \$1,000,000
  - Blanket Contractual Liability – Written and Oral \$1,000,000
  - Fire Legal Liability \$50,000
  - Each Occurrence \$1,000,000
- a. The policy shall be endorsed to **include coverage for sexual abuse and molestation.**
  - b. The policy shall be endorsed to include the following additional insured language: ***“The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Grantee”.***
  - c. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Grantee.

**2. Business Automobile Liability**

Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this Contract.

- Combined Single Limit (CSL) \$1,000,000
- a. The policy shall be endorsed to include the following additional insured language: ***“The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Grantee, involving automobiles owned, leased, hired or borrowed by the Grantee”.***
  - b. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Grantee.

**3. Worker's Compensation and Employers' Liability**

- Workers' Compensation Statutory
- Employers' Liability
  - Each Accident \$ 500,000
  - Disease – Each Employee \$ 500,000
  - Disease – Policy Limit \$1,000,000

- a. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Grantee.
- b. This requirement shall not apply to separately, EACH Grantee or subcontractor exempt under A.R.S. §23-901, AND when such Grantee or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

**4. Professional Liability (Errors and Omissions Liability)**

- Each Claim \$1,000,000
  - Annual Aggregate \$2,000,000
- a. In the event that the professional liability insurance required by this Contract is written on a claims-made basis, Grantee warrants that any retroactive date under the policy shall precede the effective date of this Contract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Contract is completed.
  - b. The policy shall cover professional misconduct or lack of ordinary skill for those positions defined in the Scope of Work of this contract.

- B. ADDITIONAL INSURANCE REQUIREMENTS: The policies shall include, or be endorsed to include, the following provisions:
1. The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees wherever additional insured status is required such additional insured shall be covered to the full limits of liability purchased by the Grantee, even if those limits of liability are in excess of those required by this Contract.
  2. The Grantee's insurance coverage shall be primary insurance with respect to all other available sources.
  3. Coverage provided by the Grantee shall not be limited to the liability assumed under the indemnification provisions of this Contract.
- C. NOTICE OF CANCELLATION: Each insurance policy required by the insurance provisions of this Contract shall provide the required coverage and shall not be suspended, voided, canceled, or reduced in coverage or in limits except after thirty- (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to (First Things First, Fiscal and Contracts Specialist, 4000 N. Central, Suite 800, Phoenix, AZ 85012) and shall be sent by certified mail, return receipt requested.
- D. ACCEPTABILITY OF INSURERS: Insurance is to be placed with duly licensed or approved non-admitted insurers in the state of Arizona with an "A.M. Best" rating of not less than A-VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Grantee from potential insurer insolvency.

- E. VERIFICATION OF COVERAGE: Grantee shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Contract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.
- F. All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.
- G. All certificates required by this Contract shall be sent directly to (First Things First, Fiscal and Contracts Specialist, 4000 N. Central, Suite 800, Phoenix, AZ 85012). The State of Arizona project/contract number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time. **DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATE OF ARIZONA'S RISK MANAGEMENT SECTION.**
- H. SUBCONTRACTORS: Grantees' certificate(s) shall include all subcontractors as insureds under its policies or Grantee shall furnish to the State of Arizona separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to the minimum requirements identified above.
- I. APPROVAL: Any modification or variation from the *insurance requirements* in this Contract shall be made by the Department of Administration, Risk Management Section, whose decision shall be final. Such action will not require a formal Contract amendment, but may be made by administrative action.
- J. EXCEPTIONS: In the event the Grantee or sub-contractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If the Grantee or sub-contractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply.

5.4 Force Majeure. If either party hereto is delayed or prevented from the performance of any act required in this Agreement due to acts of God, strikes, lockouts, labor disputes, civil disorder, or other causes without fault and beyond the control of the party obligated, performance of or payment for such act will be excused for the period of the delay.

5.5 Third Party Antitrust Violations. The Grantee assigns to First Things First any claim for cover charges resulting from antitrust violations to the extent that those violations concern materials or services supplied by third parties to the Grantee, toward fulfillment of this Contract.

## **6. Compliance**

- 6.1 Compliance with Applicable Laws. The services supplied under this Contract shall comply with all applicable Federal, state and local laws, and the Grantee shall maintain all applicable licenses and permit requirements.
- 6.2 Sectarian Requests. Funds may not be expended for any sectarian purpose or activity, including sectarian worship or instructions.
- 6.3 Restrictions on Lobbying. The Grantee shall not use these funds to pay for, influence, or seek to influence any officer or employee of First Things First, state government or the federal government if that action may have an impact, of any nature, on this contract.
- 6.4 Licenses. Grantee shall maintain in current status all federal, state and local licenses and permits required for the operation of the business conducted by the Grantee.
- 6.5 Fingerprinting. Pursuant to A.R.S. §41-1758 Grantee will obtain fingerprint cards and/or background checks as applicable.

This Contract may be cancelled or terminated if the fingerprint check or the certified form of any person who is employed by a provider, whether paid or not, and who is required or allowed to provide services directly to children, discloses that a person has committed any act of sexual abuse of a child, including sexual exploitation or commercial sexual exploitation, or any act of child abuse or that the person has been convicted of or awaiting trial on any criminal offenses in this state or similar offenses in another state or jurisdiction.

## **7. State's Contractual Remedies**

- 7.1 Right to Assurance. If First Things First in good faith has reason to believe that the Grantee does not intend to, or is unable to perform or continue performing under this Contract, the Fiscal and Contracts Specialist may demand in writing that the Grantee give a written assurance of intent to perform. Failure by the Grantee to provide written assurance within the number of Days specified in the demand may be, at First Things First's discretion, the basis for terminating the Contract under the First Things First Uniform Terms and Conditions or other rights and remedies available by law or provided by the contract.
- 7.2 Cancellation for Failure to Perform. Failure by the Grantee to adhere to any provision of this Agreement or its Attachments in the time and manner provided by this Contract or its Attachments shall constitute a material default and breach of this Contract and First Things First may cancel, at its option, this Agreement upon prior written notice.

First Things First may issue a written ten (10) day notice of default to the Grantee for acting or failing to act including but not limited to any of the following:

- The Grantee provides personnel that do not meet the requirements of this Agreement or are of an unacceptable quality.
- The Grantee fails to perform adequately the services required in this Agreement.
- The Grantee fails to furnish the required product or services within the time stipulated in this Agreement.
- The Grantee fails to make progress in the performance of the requirements of the Agreement and/or gives a positive indication that the Grantee will not or cannot perform to the requirements of this Agreement.

If the Grantee does not correct any problem(s) within ten (10) days after receiving the notice of default, First Things First may cancel the Contract. If First Things First cancels the Contract pursuant to this clause, First Things First reserves all rights or claims to damage for breach of the Contract and the Grantee agrees to a general release in favor of First Things First for any claim for reimbursement.

7.3 Non-Exclusive Remedies The rights and the remedies of First Things First under this Contract are not exclusive.

## **8. Contract Termination**

8.1 Cancellation for Conflict of Interest. Pursuant to A.R.S. §38-511, First Things First may cancel this Contract within three (3) years after Contract execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the Contract on behalf of First Things First is or becomes at any time while the Contract or an extension of the Contract is in effect an employee of or a consultant to any other party to this Contract with respect to the subject matter of the Contract. The cancellation shall be effective when the Grantee receives written notice of the cancellation unless the notice specifies a later time. If the Grantee is a political subdivision of the State of Arizona, it may also cancel this Contract as provided in A.R.S. §38-511.

8.2 Suspension or Debarment. First Things First may, by written notice to the Grantee, immediately terminate this Contract if First Things First determines that the Grantee has been debarred, suspended or otherwise lawfully prohibited from participating in any public procurement activity, including but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body. Submittal of an Application or execution of a contract shall attest that the Grantee is not currently suspended or debarred. If the Grantee becomes suspended or debarred, the Grantee shall immediately notify First Things First.

8.3 Termination for Convenience. First Things First reserves the right to terminate the Contract, in whole or in part at any time, when in the best interests of First Things First without penalty or recourse. Upon receipt of the written notice, the Grantee

shall stop all work, as directed in the notice, notify all subcontractors of the effective date of the termination and minimize all further costs to First Things First. In the event of termination under this paragraph, all documents, data and reports prepared by the Grantee under the Contract shall become the property of and be delivered to First Things First upon demand. The Grantee shall be entitled to receive just, equitable compensation for work in progress, work completed, and materials accepted before the effective date of the termination. The cost principles and procedures provided in A.A.C. R2-7-701 shall apply.

8.4 Termination for Default. In addition to the rights reserved in the contract, First Things First may terminate the Contract in whole or in part due to the failure of the Grantee to comply with any term or condition of the Contract, to acquire and maintain all required insurance policies, bonds, licenses and permits, or to make satisfactory progress in performing the Contract. First Things First shall provide written notice of the termination to the Grantee. Upon termination under this paragraph, all materials, documents, data and reports prepared by the Grantee under the Contract shall become the property of and be delivered to First Things First on demand. Upon termination of this Contract, First Things First may procure, on terms and in the manner that it deems appropriate, materials or services to replace those under this Contract. The Grantee shall be liable to First Things First for any excess costs incurred by First Things First in procuring services in substitution for those due from the Grantee.

## 9. **Contract Claims**

9.1 Arbitration. The parties to this Contract agree to resolve all disputes arising out of or relating to this contract through arbitration, after exhausting applicable administrative review, to the extent required by A.R.S. §12-1518, except as may be required by other applicable statutes (Title 41).

## 10. **Federal and State Laws and State of Arizona General Uniform Terms and Conditions**

First Things First follows all State of Arizona and Federal laws, State of Arizona Uniform Terms and Conditions. These laws include Federal Immigration and Nationality Act (FINA) and all other federal immigration laws and regulations related to immigration status of its employees. First Things First may request verification for any Grantee, Contractor, or Subcontractor performing work under the agreement. Grantees are required to follow any and all State laws around immigration and English only. Should First Things First suspect that a grantee is not in compliance with state or federal laws and First Things First may pursue any and all remedies allowed by law, including but not limited to: suspension of work, termination, and suspension and/or debarment of the grantee. All costs necessary to verify compliance are the responsibility of the grantee.

The latest edition of the Arizona Uniform General Terms and Conditions and Uniform Instructions to Applicants is incorporated into this Request for Grant Application by reference. Copies may be obtained from the Arizona State Procurement Office at (602) 542-5511 or at: [http://spo.az.gov/Admin\\_Policy/SPM/Forms/default.asp](http://spo.az.gov/Admin_Policy/SPM/Forms/default.asp).

## Checklist

Use the following list to make sure your Grant Application is complete and meets the requirements specified in this request for grant Applications:

- One (1) original copy marked “original”, and nine (9) additional copies
- Completed and signed First Things First Offer and Acceptance form
- Signed copy of all amendments issued for the RFGA (if applicable)
- Table of Contents
- Application including Executive Summary and response to **ALL** questions in sections A – F of Application: Responding to the Scope of Work
- Standard Agency Information Collection Form completed, Attachment A
- State of Arizona Substitute W-9 Form (must be downloaded and printed) signed, if applicable, [http://www.gao.az.gov/onlineforms/forms/AZ\\_subw-9\\_010410.pdf](http://www.gao.az.gov/onlineforms/forms/AZ_subw-9_010410.pdf)
- Key Personnel Overview completed, Attachment B
- Implementation Plan completed, Attachment C
- Funds Requested Page, completed and signed, Attachment D
- Standard Line Item Budget, completed and signed, Attachment E
- Budget Narrative, completed and signed, Attachment F
- Disclosure of Other Funding Sources, completed and signed, Attachment G
- Financial Systems Survey is completed and signed, Attachment H
- Data Collection Form, Attachment I
- Resumes for all personnel listed in the budget
- One copy of your agency’s most recent audited, reviewed or compiled financial statements as well as a schedule showing the total federal funds (by granting agency) expended by your agency for the most recent fiscal year included with the Application marked Original.
- Page numbers are included on all pages, in sequence, twelve point font or larger and single-spaced, with one inch margins or wider.
- In the original application, documents requiring signatures should have **ORIGINAL** signatures.
- Do **NOT** bind your Application in spiral binders or in 3-ring notebooks. Please submit your Applications either stapled in the upper left-hand corner or use a binder clip.
- When submitting your Application, insure your organization name and the Request for Grant Application Number (**found on Page 1 of this RFGA**) is CLEARLY marked on the outside of the SEALED envelope/package.
- It is the responsibility of each Applicant to insure their Application is delivered to First Things First by the due date and time listed on Page 2 of this RFGA.** Please allow for such contingencies as heavy traffic, weather, directions, parking, security, etc.

## Attachments and Exhibits

Attachment A	Standard Agency Information Collection Form
Attachment B	Key Personnel Overview
Attachment C	Implementation Plan
Attachment D	Funds Requested Page
Attachment E	Line Item Budget Form
Attachment F	Budget Narrative Explanation
Attachment G	Disclosure of Other Funding Sources
Attachment H	Financial Systems Survey
Attachment I	Data Collection Form

Exhibit A	Strategy Summary – Quality First
Exhibit B	Strategy Summary – Mental Health Consultation
Exhibit C	Strategy Summary – Child Care Health Consultation
Exhibit D	Strategy Summary – Inclusion of Children with Special Needs
Exhibit E	Strategy Summary – Pre-Kindergarten Scholarships
Exhibit F	Standard of Practice – Quality First Coaching
Exhibit G	Standard of Practice – Mental Health Consultation
Exhibit H	Standard of Practice – Child Care Health Consultation
Exhibit I	Standard of Practice – Inclusion of Children with Special Needs
Exhibit J	Standard of Practice – Pre-Kindergarten Scholarships
Exhibit K	Quality First Coach Competencies
Exhibit L	Arizona Department of Education Job Description:
Exhibit M	First Things First – Arizona Early Childhood Development and Health Board Data Security Guidelines and Requirements for Collaborators
Exhibit N	Standard Terms Defined
Exhibit O	Sample Certificate of Insurance
Exhibit P	Target Service Unit Guidance Document



Please provide a **brief** description of the **proposed program** in one or two paragraphs and this will be the source for a public description describing the nature of the program being implemented that will be used by First Things First.

**C. Contact Information**

First Things First Partner and Grants Management System (PGMS) require four designated contacts for contact with First Things First related to this grant (the same person may be assigned to more than one of the roles, if appropriate).

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**Main Contact Information** – This should be information for the person designated as the Main contact for this grant award and this person can view all information related to this grant (financial, programmatic and data collection/evaluation in nature). This person will also be the primary contact for First Things First and should be the person responsible for ensuring the program plan is implemented. Primary correspondence from First Things First will be sent to this person.

Main Contact Person \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ x \_\_\_\_\_ Fax \_\_\_\_\_

**Program Contact Information** – This should be information for the person designated as the Program contact for this grant award and this person can view information related to this grant for program or data collection purposes only.

Program Contact Person \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ x \_\_\_\_\_ Fax \_\_\_\_\_

**Financial Contact Information** – This should be information for the person designated as the financial contact for this grant award and this person can view information related to this grant for financial purposes only.

Financial Contact Person \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ x \_\_\_\_\_ Fax \_\_\_\_\_

**Evaluation Contact Information** – This should be information for the person designated as the Evaluation contact for this grant award and this person can view information related to this grant for data collection purposes only.

Evaluation Contact Person \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ x \_\_\_\_\_ Fax \_\_\_\_\_

In addition, your application may have included information about a collaborating partner/agency. Please replicate this information as many times as necessary to document the participation and agreement to be involved with the application as a collaborating agency/partner.

**Collaborator**

Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County \_\_\_\_\_

Contact Person \_\_\_\_\_  
Position \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_ x \_\_\_\_\_ Fax \_\_\_\_\_

**Collaborator**

Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County \_\_\_\_\_

Contact Person \_\_\_\_\_  
Position \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_ x \_\_\_\_\_ Fax \_\_\_\_\_

**Collaborator**

Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County \_\_\_\_\_

Contact Person \_\_\_\_\_  
Position \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_ x \_\_\_\_\_ Fax \_\_\_\_\_

**Collaborator**

Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County \_\_\_\_\_

Contact Person \_\_\_\_\_  
Position \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_ x \_\_\_\_\_ Fax \_\_\_\_\_

## **Attachment B**

### **KEY PERSONNEL OVERVIEW\***

<b>STAFF MEMBER</b>	<b>BACKGROUND AND EXPERTISE OF PERSONNEL</b>
Name: Title: FTE on this project:	

**\*In addition to this overview, please attach a resume (for current personnel) or a job description (for positions to be hired) for the key individuals involved in the project. If awarded and your project experiences changes in staff, notification must be sent to First Things First. In addition, if you are describing a position to be hired, you must send staff notification and resume to First Things First when the position is filled.**

**KEY PERSONNEL SHOULD INCLUDE ANYONE WHO WILL BE PAID FROM THE GRANT**

**Attachment C**

**July 1, 2013 – June 30, 2014 Implementation Plan**

Activities	Task	Person Responsible	Date Task Will Be Completed/Timeline	Support Documentation

**Attachment D**

**FUNDS REQUESTED PAGE**

The Offer must state a firm, fixed total guaranteed not-to-exceed amount of funds requested for the Grant.

\$\_\_\_\_\_ Total Funds Requested

Authorized Signature\_\_\_\_\_

Date\_\_\_\_\_

Job Title \_\_\_\_\_

## **Attachment E and F Instructions**

### **How to Complete the Line Item Budget and Budget Narrative**

Complete a 12-month budget for the period July 1, 2013 through June 30, 2014 using the template provided in Attachment E. Please make sure you include a budget narrative as Attachment F.

Please keep in mind items described in a line item budget and in more detail in the budget narrative should describe how the costs were determined and the public purpose for the cost related successfully implementing the project. Please assure that all requested funds follow these guidelines:

- Be necessary and reasonable for proper and efficient performance and administration of First Things First funds.
- Be authorized or not prohibited under State or local laws or regulations.
- Be consistent with policies, regulations, and procedures that apply uniformly to all costs charged and expended by the agency – consistent treatment of costs.
  - For example – a cost may not be assigned to another grant award as an indirect cost if any other cost incurred for the same purposes in like circumstances has been allocated to the First Things First award as a direct cost.
  - For example – a cost for a certain type of expense is charged one rate to another source of funding and a different rate to First Things First - this would not be consistent treatment of costs.
- Be determined in accordance with generally accepted accounting principles.
- Be adequately documented.
- All travel related costs for these trainings and meetings should be included in the Applicant's budget and calculated using the State of Arizona travel rate limitations for mileage, per diem and lodging as described on the budget narrative worksheet. For more information about the state requirements, visit <http://www.gao.az.gov/travel/>.
- Requests for line item modifications, which do not change the total program funding, shall be requested in writing and shall only be made following receipt of written authorization from First Things First.

Please note the line items included in the budget template represent the types of costs possible for a line item budget these line items may or may not be applicable or appropriate for your Application. Your budget line items requested must fit within one of the categories listed. However, it is expected that you would not need to utilize all of the sample line items.

## Attachment E – Line Item Budget

While you must use this format, you may reproduce it with Word Processing or Spreadsheet software. Limit your budget line items to the following categories: Personnel, Fringe Benefits, Professional Services, Travel, Pass-Through (i.e. Sub grants), Other Operating Expenses and Administrative/Indirect Costs.

**Budget period: July 1, 2013 – June 30, 2014**

Budget Category	Line Item Description	Requested Funds	Total Cost
<b>PERSONNEL SERVICES</b>		<b>Personnel Services Sub Total</b>	<b>\$</b>
Salaries			
<b>EMPLOYEE RELATED EXPENSES</b>		<b>Employee Related Expenses Sub Total</b>	<b>\$</b>
Fringe Benefits or Other ERE			
<b>PROFESSIONAL AND OUTSIDE SERVICES</b>		<b>Professional &amp; Outside Services Sub Total</b>	<b>\$</b>
Contracted Services			
<b>TRAVEL</b>		<b>Travel Sub Total</b>	<b>\$</b>
In-State Travel			
Out of State Travel			
<b>AID TO ORGANIZATIONS OR INDIVIDUALS</b>		<b>Aid to Organizations or Individuals Sub Total</b>	<b>\$</b>
Subgrants or Subcontracts to organizations/agencies/entities			
<b>OTHER OPERATING EXPENSES</b>		<b>Other Operating Expenses Sub Total</b>	<b>\$</b>
<ul style="list-style-type: none"> <li>• Telephones/Communications Services</li> <li>• Internet Access</li> <li>• General Office Supplies</li> <li>• Food</li> <li>• Rent/Occupancy</li> <li>• Evaluation (non-contracted &amp; non-personnel expenses)</li> <li>• Utilities</li> <li>• Furniture</li> <li>• Postage</li> <li>• Software (including IT supplies)</li> <li>• Dues/Subscriptions</li> <li>• Advertising</li> <li>• Printing/Copying</li> <li>• Equipment Maintenance</li> <li>• Professional Development/Staff Training</li> <li>• Conference Workshops/ Training Fees for Staff</li> <li>• Insurance</li> <li>• Program Materials</li> <li>• Program Supplies</li> <li>• Scholarships</li> <li>• Program Incentives</li> </ul>			
<b>NON-CAPITAL EQUIPMENT</b>		<b>Non-Capital Sub Total</b>	<b>\$</b>
Equipment \$4,999 or less in value			
<b>Subtotal Direct Program Costs:</b>			<b>\$</b>
<b>ADMINISTRATIVE/INDIRECT COSTS</b>		<b>Total Admin/Indirect</b>	<b>\$</b>
Indirect/Admin Costs		\$	\$
<b>Total</b>		<b>\$</b>	<b>\$</b>

Authorized signature \_\_\_\_\_

Date \_\_\_\_\_

## **Attachment F – Budget Narrative**

The purpose of the budget narrative is to provide more clarity and detail on the various budget line items. The budget narrative should explain the criteria used to compute the budget figures on the budget form. Please verify that the narrative and budget form correspond and the calculations and totals are accurate. ***Please include one narrative that matches the 12-month line item budget categories and subcategories.***

**Personnel Services:** *Include information such as position title(s), name of employee (if known), salary, time to be spent on this program (hours or %), number of months assigned to this program, etc. Explain how the salary rate for each position was determined. If salaries are expected to increase during the project year, indicate the percentage increases for each position and justify the percent of the salary increase. Also, be sure to include the scheduled salary increases on the Budget Form.*

**Employee Related Expenses:** *Include a benefit percentage and what expenses make up employee benefit costs. Indicate any special rates for part-time employees, if applicable. Explain how the benefits for each position were determined. If using a fringe benefit rate, explain how this percentage is justified or approved by your agency.*

**Professional and Outside Services:** *If professional consultants/services costs are proposed in the budget, define how the costs for these services were determined and the justification for the services related to the project. Explain how all contracts will be procured.*

**Travel:** *Separate travel that is in-state and out-of-state. Include a detailed breakdown of hotel, transportation, meal costs, etc. Indicate the location(s) of travel, the justification for travel, how many employees will attend and how the estimates have been determined. Explain the relationship of each cost item to the project (e.g., if training or training expenses are requested, explain the topic of the training and its relationship to the project). Applicants **must** use the State of Arizona Travel Policy on rates limitations for mileage, lodging, and meals (<http://www.gao.az.gov/travel/>) for both in-state and out-of-state travel.*

**Aid to Organizations or Individuals:** *In the event that this application represents collaboration and the contract will be utilizing other sub grantees or subcontractors to perform various components of the program, include a list of sub grantees, programmatic work each sub grantee will perform, and how costs for each sub grantee are determined.*

**Other Operating Expenses:** *Explain each item to be purchased, how the costs were determined and justify the need for the items. All purchases should be made through competitive bid or using established purchasing procedures. All items should be categorized in the following categories: Telephones / Communications Services, Internet Access, General Office Supplies, Food, Rent/Occupancy, Evaluation (non-contracted and non-personnel expenses), Utilities, Furniture, Postage, Software (including IT supplies), Dues/Subscriptions, Advertising, Printing/Copying, Equipment Maintenance, Professional Development/Staff Training, Conference Workshops/ Training Fees for Staff, Insurance, Program Materials, Program Supplies, Scholarships, and Program Incentives*

**Non-Capital Equipment:** *For items with a unit cost less than \$5,000 and an initial estimated useful life beyond a single year, explain each item to be purchased, how the costs were determined and justify the need for the items. All purchases should be made through competitive bid or using established purchasing procedures. For example, items such as computers, printers, projectors, etc. each with a unit cost less than \$5,000.*

**Administrative/Indirect Costs:** *Administrative costs are general or centralized expenses of overall administration of an organization that receives grant funds and does not include particular program costs. For organizations that have an established federally approved indirect cost rate for Federal awards, indirect costs mean those costs that are included in the organization’s indirect cost rate. Such costs are generally identified with the organization’s overall operation and are further described in 2 CFR 220, 2 CFR 225, and 2 CFR 230.*

**Applicants must list either Option A or Option B and provide proper justification for expenses included:**

- Option A - Administrative Costs:** *with proper justification, sub grantees may include an allocation for administrative costs for up to 10% of the total direct costs requested of the grant request. Administrative costs may include allocable direct charges for: costs of financial, accounting, auditing, contracting or general legal services; costs of internal evaluation, including overall organization’s management improvement costs; and costs of general liability insurance that protects the organization(s) responsible for operating a project, other than insurance costs solely attributable to the project. Administrative costs may also include that portion of salaries and benefits of the project’s director and other administrative staff not attributable to the time spent in support of a specific project.*

**OR**

- Option B - Federally Approved Indirect Costs:** *If your organization has a federally approved indirect cost rate agreement in place, grantees may include an allocation for indirect costs for up to 10% of the direct costs. **Applicants must provide a copy of their federally approved indirect cost rate agreement.***

*Indirect costs are costs of an organization that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project. The cost of operating and maintaining facilities, depreciation, and administrative salaries are examples of the types of costs that are usually treated as indirect.*

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

**Attachment G**

**DISCLOSURE OF OTHER FUNDING SOURCES**

Please list all other funding that your organization currently receives from State or Public Agencies, Federal Agencies, Non-Profit Organizations, or any other source providing funding for the proposed Program\*. A.R.S. §8-1183 provides for a prohibition on supplanting of state funds by First Things First expenditures, meaning that no First Things First monies expended are to be used to take the place of any existing state or federal funding for early childhood development and health programs.

Use a continuation sheet if necessary. The following form may be reproduced with word processing software or another form may be created that contains all the information requested.

Type of Funding (Federal, State, local, other)	Received From	Amount	✓ If used for match on this grant
<b>TOTAL:</b>			

**\*This table should include only those funds that will support the program detailed in this Application.**

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

Job Title \_\_\_\_\_

## Attachment H

### FIRST THINGS FIRST FINANCIAL SYSTEMS SURVEY

Name of Applicant: \_\_\_\_\_

**Please answer every question by filling in the circle next to the correct answer. Attach materials and document comments as required.**

As stewards of federal and state funds, First Things First awards funds to organizations (regardless of how small or large) that are both capable of achieving project goals/objectives and upholding their responsibility for properly managing funds as they achieve those objectives.

This survey will be used primarily for initial monitoring of the organization. This survey may also be used in evaluating the financial capability of the organization in the award process. Deficiencies should be addressed for corrective action and the organization should consider procuring technical assistance in correcting identified problems.

#### A. GENERAL INFORMATION

1. Has your organization received a Federal or State Grant within the last two years?	<input type="radio"/> YES <input type="radio"/> NO
2. Has your organization completed an A-133 Single Audit within the past two years? If yes, please <b>attach</b> a complete copy of your A-133 Audit, including, but not limited to, your Management Letter, Findings and Questioned Costs.	<input type="radio"/> YES <input type="radio"/> NO
3. If your organization has not completed an A-133 Single Audit, have your financial statements been audited, reviewed or compiled by an independent Certified Public Accountant within the past two years? If yes, please <b>attach</b> a complete copy of the most recent audited, reviewed or compiled financial statements. NOTE THAT ONLY ONE COPY OF YOUR AUDIT NEEDS TO BE INCLUDED WITH THE APPLICATION MARKED "ORIGINAL". It is not necessary to include additional copies with each copy of the completed Application.	<input type="radio"/> YES <input type="radio"/> NO
4. Please <b>attach</b> a schedule showing the TOTAL federal funds (by granting agency) expended by your agency for the most recent fiscal year. Note: If your organization had an A-133 Single Audit, a copy of the "Schedule of Expenditures for Federal Awards" can be submitted. ONLY ONE COPY IS NEEDED, TO BE INCLUDED WITH THE APPLICATION MARKED "ORIGINAL"	<input type="radio"/> Not applicable for State of Arizona agencies
5. Has your organization been granted tax-exempt status by the Internal Revenue Service?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
6. If you answered YES to question #5, under what section of the IRS code? <input type="radio"/> 501 C (3) <input type="radio"/> 501 C (4) <input type="radio"/> 501 C (5) <input type="radio"/> 501 C (6) <input type="radio"/> Other  Specify: _____	
7. Does your organization have established policies related to salary scales, fringe benefits, travel reimbursement and personnel policies?	<input type="radio"/> YES <input type="radio"/> NO

**B. FUNDS MANAGEMENT**

1. Which of the following describes your organization’s accounting system?	<input type="radio"/> Manual <input type="radio"/> Automated <input type="radio"/> Combination
2. How frequently do you post to the General Ledger?	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Other
3. Does the accounting system completely and accurately track the receipt and disbursements of funds by each grant or funding source?	<input type="radio"/> YES <input type="radio"/> NO
4. Does the accounting system provide for the recording of actual costs compared to budgeted costs for each budget line item?	<input type="radio"/> YES <input type="radio"/> NO
5. Are time and effort distribution reports maintained for employees working fully or partially on state or federal grant programs that account for 100% of each employee’s time?	<input type="radio"/> YES <input type="radio"/> NO
6. Is your organization familiar with Federal Cost Principles (i.e., 2 CFR 220, 2 CFR 225, and 2 CFR 230)?	<input type="radio"/> YES <input type="radio"/> NO
7. How does your organization plan to charge common/indirect costs to this grant?  <b>NOTE:</b> Those organizations using allocable direct charges <b>must attach</b> a copy of the methodology and calculations in determining those charges. Those organizations using a federally approved indirect cost rate <b>must attach</b> a copy of the approval documentation issued by the federal government.	<input type="radio"/> Direct Charges <input type="radio"/> Utilizing an Indirect Cost Allocation Plan or Rate

**C. INTERNAL CONTROLS**

1. Are duties of the bookkeeper/accountant segregated from the duties of cash receipt or cash disbursement?	<input type="radio"/> YES <input type="radio"/> NO
2. Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?	<input type="radio"/> YES <input type="radio"/> NO
3. Are all accounting entries and payments supported by source documentation?	<input type="radio"/> YES <input type="radio"/> NO
4. Are cash or in-kind matching funds supported by source documentation?	<input type="radio"/> YES <input type="radio"/> NO
5. Are employee time sheets supported by appropriately approved/signed documents?	<input type="radio"/> YES <input type="radio"/> NO
6. Does the organization maintain policies that include procedures for assuring compliance with applicable cost principles and terms of each grant award?	<input type="radio"/> YES <input type="radio"/> NO

**D. PROCUREMENT**

1. Does the organization maintain written codes of conduct for employees involved in awarding or administering procurement contracts?	<input type="radio"/> YES <input type="radio"/> NO
2. Does the organization conduct purchases in a manner that encourages open and free competition among vendors?	<input type="radio"/> YES <input type="radio"/> NO
3. Does the organization complete some level of cost or price analysis for every major purchase?	<input type="radio"/> YES <input type="radio"/> NO
4. Does the organization maintain a system of contract administration to ensure Grantee conformance with the terms and conditions of each contract?	<input type="radio"/> YES <input type="radio"/> NO
5. Does the organization maintain written procurement policies and procedures?	<input type="radio"/> YES <input type="radio"/> NO





## **Exhibit A, Strategy Summary – Quality First**

**Quality First** is Arizona’s voluntary quality improvement and rating system designed to improve the quality of early care and education so that young children can begin school safe, healthy and ready to succeed. Quality First does not duplicate or replace, but builds upon state licensing regulations, addressing multiple aspects of early care and education through research-based indicators of quality. Quality First was implemented in three phases:

**1. Phase 1: Quality Improvement Participation (2009)**

During the initial phase of Quality First, program emphasis was targeted solely toward improving quality. This approach was a unique distinction between Quality First and other rating systems across the country that assigned ratings upon enrollment.

**2. Phase 2: Quality Rating Pilot (2010)**

32 programs volunteered to participate in the Quality Rating Pilot Study. Study participants represent a variety of provider types throughout the state of Arizona. The rating scale, assessment instruments and application processes were examined through the pilot study. The pilot study helped to inform the final design of the Quality First Rating System.

**3. Phase 3: Rollout of Star Rating (2011)** On June 14, 2011, the First Things First Board approved the Quality First Rating Scale. This is the first statewide Quality Improvement and Rating System to be implemented in Arizona.

### **Program Enrollment**

Quality First is a multiyear strategy. Programs that provide care from birth to age five and are regulated and in good standing with Arizona Department of Health Services (DHS), Department of Economic Security (DES), Tribal Authority or Military Government are eligible to participate in Quality First and are enrolled in Quality First throughout the fiscal year as funding is available. Programs are considered to be in good standing when their license/certificate is not in open enforcement action (legal action status), suspended or revoked.

Quality First addresses the cost of quality by providing **continuous enrollment** for eligible centers and family child care homes. This means that Quality First participating child care centers and family child care homes may remain enrolled in Quality First until:

- Program determines they will no longer participate
- Program is no longer eligible due to regulatory status
- Program is terminated due to corrective action or non compliance with Quality First enrollment agreement
- Funding is no longer available to support participation

Programs are enrolled throughout the fiscal year on a five week selection cycle based on expansion funding or current vacancies. The selection schedule is created at the beginning of each fiscal year and is determined by looking at each region with slots available and the number of applications on the waiting list to fill the slot. Regions that have waiting lists that meet the number of slots available are scheduled early in the fiscal year, while programs that do not have enough programs on the waiting list are scheduled later in the fiscal year to provide time for recruitment. Vacant slots are refilled in the current fiscal year only if the initial program that filled the slot did not have a program assessment completed and no incentive funds have been expended.

### **Enrollment Funding Options**

Regional Councils may fund two types of enrollment options for FY13: **Full Participation** or **Rating Only Participation**.

1. **Full Participation** includes all eight program components of Quality First: coaching, financial incentives, licensure fee assistance, Child Care Scholarships, T.E.A.C.H. Arizona scholarships, program assessment, assignment of Star Rating and specialized technical assistance. All components are described in more detail below. Full Participation is an enrollment option available for **all** eligible early learning programs that serve children birth through age five.
2. **Rating Only Participation** includes two components of Quality First: program assessment/assignment of Star Rating and 6 months of coaching. Rating Only as an enrollment option was introduced through an initial launch and is limited to programs that typically receive funding to support program operations. ( i.e. Head Start, Title 1 and IDEA programs) and programs receiving Pre-Kindergarten Scholarships.

#### **Rating Only Participation for Pre-Kindergarten Scholarships**

Programs receiving Pre-Kindergarten Scholarships are required to have a 3 - 5 Star Rating. This means that Regional Councils funding Pre-K Scholarships must also fund the Quality First Rating Only Participation for all Pre-K programs that **are not** currently enrolled in Quality First.

For more information about pre-kindergarten scholarships, please review the strategy summary <http://www.azftf.gov/pages/WebMain.aspx?PageId=9E8669C97C0C408B9F3567C855744398&StrategyId=10>

#### **Benefits of Rating Only Option:**

- Provides opportunity for more programs to participate in Quality First system
- Provides lower cost model for programs that do not need quality improvement supports
- Provides Star Rating to programs receiving Pre-K Scholarships

## **Program Components**

**On-site coaching** provides individualized technical assistance and quality improvement support for Full Participation programs. Coaching caseloads (ratio 1:9) provide a differentiated coaching model determined by the Star Rating, with higher intensity supports at the 1 and 2-Star levels to move the Quality Improvement Plan forward, and less coaching intensity at the 3, 4 and 5 Star levels to prepare for Star Rating or quality maintenance. Programs in Rating Only will receive 6 months of coaching (implemented as determined by the coach and program to meet the needs of the program).

**Financial incentives** assist programs in achieving quality improvement goals and meeting quality benchmarks. Financial incentives are available for all programs in Full Participation and are determined by the provider type (center or home) and size of program as identified through Quality First for licensed capacity of children birth through age five. Programs will access financial incentives according to Star levels through the form of enhancement grants (used to purchase materials, improve facility equipment and supplement professional development opportunities as prioritized by quality improvement planning) or a Quality Bonus (monetary incentive that offers flexibility for providers to decide which areas of improvement financial incentives will be used).

**Licensure Fee assistance** is a financial component available for Full Participation programs regulated by the Department of Health Services. Quality First builds on the health and safety standards regulated by the Arizona Department of Health Services. Fifty percent of each Quality First provider's child care licensing fee will be paid through an agreement between FTF and DHS.

**Child Care Scholarships** will be available for all programs in Full Participation enrollment. The number of scholarships and payment rate of scholarships are determined by the program size and Star Rating. Child care scholarships are a significant component of the financing model, providing access to quality early care settings for low-income children. Higher quality programs receive more scholarships and a higher reimbursement for each scholarship.

*\* for more information on Child Care Scholarship Strategy please see the strategy toolkit*

<http://www.azftf.gov/pages/WebMain.aspx?PageId=9E8669C97C0C408B9F3567C855744398&StrategyId=51>

**T.E.A.C.H. Arizona Scholarships** help to provide higher education professional development opportunities for teachers and administrators in Quality First programs. Every program in Full Participation has access to T.E.A.C.H. Arizona scholarships as determined by the provider type (center or home). Two T.E.A.C.H. scholarships are available for enrolled center-based programs and one scholarship is available for every two enrolled family child care programs. T.E.A.C.H. specialists are assigned in each regional area to provide assistance with application submission for T.E.A.C.H. scholarships.

**Program Assessments** are used to determine the quality of programs in both Full Participation and Rating Only. The Environment Rating Scales (ERS) and the Classroom Assessment Scoring System (CLASS) are utilized to measure the quality of the environment and the interactions between adults and children. The Quality First Points Scale Assessment assesses three additional evidenced-based areas including staff qualifications, administrative practices and curriculum / child assessment. The scores of these three assessment tools are used to calculate a Star Rating.

Quality First assessors are trained to reliability on assessment tools through a rigorous 12 week training process. Assessors reach and maintain a reliability level of .85 on all Environmental Rating Scales and a .80 on the Classroom Assessment Scoring System. To assure reliability is maintained, assessor supervisors conduct reliability checks on every tenth assessment. Assessors who are unable to demonstrate reliability at the required levels are removed from assessment activities, provided additional training and do not conduct assessments until reliability has been re-attained.

**Star Ratings** are calculated for all enrolled programs in both Full Participation and Rating Only Participation as determined by the program assessment. *(See attached rating scale for information.)* Publication of Star Rating is determined by the enrollment agreement signed by the program:

- Grandfathered programs (programs enrolled before July 1, 2012) signed an enrollment agreement that stated that the 3<sup>rd</sup> assessment would be the public rating assessment.
- New programs entering QF will sign an enrollment agreement that states the 2<sup>nd</sup> assessment will be the public rating assessment. \*Programs will have the option to publicize ratings at any assessment cycle if they choose.

In Fiscal Year 2013, public ratings will be posted on the FTF website as programs are rated publicly. Quality First is a multi-year program in which programs are enrolled throughout the fiscal year. First Things First will launch a Star Rating Public Marketing Campaign when there is a critical mass of rated programs throughout the state. Although programs will receive a public star rating according to their enrollment agreement, a targeted marketing campaign will be scheduled at a later date once there are a substantial number of rated programs.

**Specialized Technical Assistance** is a new component of Quality First that will be available to assist Quality First coaches and providers based on their own prioritized needs. This component will help to build content awareness for coaches through professional development in three specialty areas: child health, early childhood mental health and inclusion special needs. The Specialized Technical Assistance also includes:

- **Warm-line** for coaches and providers to contact expert consultants for assistance in addressing more challenging issues and identifying community resources in the areas of *child care health, inclusion special needs and mental health*.
- **Access to a Child Care Health Consultant** is available to all enrolled programs in Quality First. Child Care Health Consultants may provide onsite technical assistance and training as requested by coach and provider. There are three levels of service a Quality First Provider might receive based on the availability of the CCHC within the region:
  - Tier One: Programs receive technical assistance via phone consultation with a trained CCHC
  - Tier Two: Programs receive short term, on-site expert health advice to address a specific need. At this level, there is an opportunity for staff to participate in Health Champion training.
  - Tier Three: Programs receive individualized, intensive, ongoing consultation services, including a health and safety assessment.

**Quality First Outreach/Marketing:**

- Quality First applications are accepted at any time and are available on the FTF Website <http://www.azftf.gov/WhatWeDo/Programs/QualityFirst/Pages/QFInstructions.aspx>
- Designated contact information for all Quality First external users:  
**Email:** [qualityfirst@azftf.gov](mailto:qualityfirst@azftf.gov)      **Helpline:** (602) 771-5000      **Toll Free:** 1-877-803-7234

**Exhibit B, Strategy Summary – Mental Health Consultation**

STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST
<p>Early childhood mental health consultation (MHC) builds the capacity of early care and education providers to nurture the social-emotional development of young children, as well as to prevent, identify, and reduce the impact of mental health problems among children from birth to age 6 and their families.<sup>4</sup> MHC requires a collaborative relationship between a professional consultant who has mental health expertise and an early care and education professional. In program-focused mental health consultation the intent is to improve the overall quality of the classroom environment as well as to provide strategies to build early care and education staff capacity to address problem behaviors or organizational problems within the setting that may be affecting one or more of the children, families, or staff. Specifically, early child care mental health consultants accomplish these goals by providing the following supports:</p> <ul style="list-style-type: none"> <li>• On-site consultation services to child care teachers and other care staff to build their competence in forming responsive relationships, using curriculum for intentional teaching of social emotional competence, and understanding working with families in collaborative partnerships.</li> <li>• Training activities for teachers, other child care staff and families that focus on social-emotional development of young children and enhance staff ability to support the emotional well-being of children.</li> <li>• Conduct screening and assessments within the context of the early care and education setting for children identified as potentially needing more intensive services.</li> <li>• Family consultation, including facilitating communication between teachers and families.</li> <li>• Referrals to clinical and assessment services to children and families, such as therapeutic groups, neurodevelopment assessment and dyadic child-parent</li> </ul>	<p>Early childhood mental health consultation (ECMHC) is emerging as an effective strategy for supporting young children’s social/emotional development and addressing challenging behaviors in early care and education (ECE) settings. Growing evidence supports its efficacy in reducing problem behaviors and the risk of preschool expulsion, as well as improving early care and education provider skills and ECE program quality (Duran, et al., 2009<sup>5</sup>).</p>	<ul style="list-style-type: none"> <li>• This is a multi-regional strategy with an administrative home infrastructure. (MHC are regionally hired and supervised through regional sub-contracts).</li> <li>• A multi-year commitment is required.</li> <li>• It is a support strategy for Quality First and also serves non Quality First providers.</li> <li>• Costs include funding to support capacity building through tuition reimbursement to qualified applicants.</li> <li>• When considering adding or expanding this strategy and the number of MHC positions to be funded, a council should consult with the policy specialist for the mental health consultation strategy and the statewide administrative home to establish a MHC staffing plan for the region that may be achieved within the first three months of the contract period. .</li> <li>• Depending on capacity in a region, councils may also consider extending</li> </ul>

<sup>4</sup> Cohen, E., & Kaufmann, R. (2000). Early childhood mental health consultation. Rockville, MD: Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration and the Georgetown University Child Development Center.

<sup>2</sup> Brennan, E., Bradley, J., Allen, M.D., & Perry, D. F. (2008). The evidence base for mental health consultation in early childhood settings: Research synthesis addressing staff and program outcomes. *Early Education & Development*, 19(6), 982-1022.

<sup>5</sup> Duran, F., Hepburn, K., Irvine, M., Kaufmann, R., Bruno, A., Horen, N., Perry, D. (2009). What works? A study of effective early childhood mental health consultation programs. Center for Child and Human Development: Georgetown University.

<p>psychotherapy.</p> <p>Occasionally, requests for mental health consultation may arise as a result of concerns related to a specific child or classroom. Once established, however, the consulting relationship expands to include center assessment and a plan to improve the staff's capacity to support the mental health of young children in their care.</p>		<p>this service to providers of home visiting services. Consultation to support a home visitation strategy and increase home visitors' capacity to support young children's social-emotional development and health is the identified need when considering this option. However, first priority for this service is early care and education programs.</p> <ul style="list-style-type: none"> <li>• The timeline for establishing the service in a region not previously served is a minimum of 60 days. Staff recruitment and hiring could be up to 90 days depending on the number of staff to be recruited.</li> <li>• Coordination and collaboration with Quality First, child care health consultants and any other quality improvement programs that serve early care and education providers is essential; and is an expectation of the administrative home and subcontractors for this program.</li> </ul>
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**Exhibit C, Strategy Summary – Child Care Health Consultation**

STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST
<p>Child Care Health Consultation (CCHC): Health professionals are trained to support early care and education programs with health and safety issues during on-site visits and through referrals to community agencies. Specifically, they:</p> <ul style="list-style-type: none"> <li>• Support and improve children’s health, and safety in child care settings, based upon a common set of standards for health, safety and positive child development;</li> <li>• Address social-emotional development of children by promoting positive interactions between teachers and children; and</li> <li>• Increase early identification of developmental concerns.</li> </ul> <p>CCHCs are part of the Quality First model. Each Quality First participant receives some level of support from a CCHC. Some regions have funded additional consultants for early care and education programs not participating in Quality First.</p> <p>Carefacts is the statewide web based software program that is utilized by CCHC. It allows data collection and evaluation.</p> <p>Currently 17 states are operating statewide quality improvement and rating systems, and another 30 states are at various stages in the development process.</p>	<p>Proven Practice</p> <p>There are more than 21 published outcomes studies and 58 additional evaluations, presentations and monographs that validate the impact of CCHC on early childhood education programs.<sup>6</sup></p> <p>A meta-analysis of research shows a reduction of hazards and risky practices in child care settings related to:</p> <ul style="list-style-type: none"> <li>-Safe active play, emergency preparedness, nutrition and food safety, utilization of safe sleep practices, and SIDS risk reduction.</li> <li>-Reduction of infectious disease outbreaks, reduction of lost work time for parents, improved written health policies, increased preventive health care for children<sup>7</sup></li> </ul> <p>Data from the Tucson, Arizona pilot Quality Improvement and</p>	<p>All CCHC’s operate within the statewide infrastructure for child care health consultation. There is a statewide administrative home for this program.</p> <p>Quality First participants automatically get access to CCHCs as part of the program, and QF coaches work closely with CCHCs.</p> <p>Local providers typically provide the actual services</p> <p>Outreach for programs outside of the Quality First program is time consuming. Caseloads will not be full immediately, as specific efforts to publicize the program with early care and education programs will require time Expansion of CCHCs outside of Quality First may be limited, based upon the capacity of the grantee within a regional area.</p>

<sup>6</sup> Ramler, M., Nakatsukasa-Ono, W., Loe, C., Harris, K. The Influence of Child Care Health Care Health Consultants in Promoting Children’s Health and Well-Being: A Report on Selected Resources. (August 2006).

<sup>7</sup> Ramler, M., Nakatsukasa-Ono, W., Loe, C., Harris, K., (2006). *The Influence of Child Care Health Consultants in Promoting Children’s Health and Well-Being: A Report on Selected Resources*, Educational Development Center, Newton, Ma.

	<p>Rating system (<i>First Focus on Quality</i>) shows improved health and safety practices in child care settings related to child care health consultation.<sup>8</sup> The evaluation found significant improvement in 46 centers in quality components of health &amp; safety.</p>	
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**Program Staff**

**Ann Kaskel, Child Health Care Health Consultation Program Manager**

**Karen Peifer, Senior Director, Child Health**

**LINKS TO:**

[Pima Health](#)

## **Rationale for Statewide Strategy: Child Care Health Consultation**

Child Care Health Consultation (CCHC) has been shown to promote healthy and safe environments for children in child care and encourage child care settings (centers and family child care homes) to implement the highest standards of health and safety on behalf of the children in their care. CCHC has been shown to be an essential element in achieving high quality early care and education programs and in maintaining the quality gains made over time.

State licensing regulations do not include child care consultation. Research data shows that when child care facilities receive health consultation the health and safety of the facility is improved as follows:

- Reduction of hazards and risky practices in child care settings related to:
  - Safe active play
  - Emergency preparedness
  - Nutrition and food safety
  - Utilization of safe sleep practices and SIDS risk reduction
- Reduction of infectious disease outbreaks
- Reduction of lost work time for parents
- Improved written health policies
- Increased preventive health care for children<sup>9</sup>
- Data from the Tucson *First Focus on Quality* pilot project of a quality improvement and rating system shows improved health and safety practices in child care settings related to child care health consultation.<sup>10</sup>

**A Child Care Health Consultant (CCHC)** is a health professional with specialized knowledge of early childhood development, child care and child care regulation, community health and social services. In addition to their professional credentials as nurses or other health professionals, Child Care Health Consultants receive 60 hours of instruction on:

- Health consultation skills
- Quality in early child care programs and how to measure quality
- Caring for children with special needs
- Infectious diseases and caring for children who are ill or temporarily disabled
- Injury prevention in the child care setting
- Oral health in the child care setting
- Mental health and supporting social and emotional development in the child care setting
- Nutrition and physical activity in the child care setting
- Skill building to work with child care providers and families

CCHC's assist child care providers in achieving high standards related to health and safety of the children cared for daily in child care centers.<sup>11</sup> CCHC's offer periodic, consistent monitoring visits and consultation as well as responding to emergent requests to provide assistance regarding the health of a specific child in care.

CCHC's also provide expert information and consultation on working and communicating with families of children enrolled in child care and provide referral and follow-up for needed community based services.

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<sup>9</sup> Ramler, M., Nakatsukasa-Ono, W., Loe, C., Harris, K., (2006). *The Influence of Child Care Health Consultants in Promoting Children's Health and Well-Being: A Report on Selected Resources*, Educational Development Center, Newton, Ma.

<sup>10</sup> *First Focus on Quality: Final Evaluation Report United Way of Tucson and Southern Arizona, Tucson, Arizona, August 2006*, [United Way of Tucson](#)

<sup>11</sup> Ramler, M., Nakatsukasa-Ono, W., Loe, C., Harris, K., (2006). *The Influence of Child Care Health Consultants in Promoting Children's Health and Well-Being: A Report on Selected Resources*, Educational Development Center, Newton, Ma.

**Exhibit D, Strategy Summary – Inclusion of Children with Special Needs**

STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST
<p>This strategy provides a comprehensive, consultative model which provides on-going training, on-site technical assistance, and a variety of staff supports to promote effective, inclusive practices among early care and education settings. Technical assistance is provided based on assessment to support providers' understanding of established goals and objectives of children's Individualized Education Plans (IEPs), Individual Family Service Plans (IFSPs), or medically diagnosed (by a doctor, psychiatrist or psychologist ) health condition and how to incorporate them into the program's established curriculum and daily routines. In addition, identification of adaptive materials or program modifications that may be needed to support children's full participation is also a component of an effective consultative model. Referral and support networks are established and maintained with appropriate state agencies such as the Department of Health Services/Division of Children with Special Health Care Needs, community agencies, social services, AzEIP and school systems so that early care and education providers are able to offer families accurate information and appropriate linkages to needed services.</p>	<p>Information on appropriate and effective inclusionary practices can be found in the joint position statement by NAEYC and DEC at: DEC/NAEYC (2009). <i>Early childhood inclusion: A joint position statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)</i>. Chapel Hill: The University of North Carolina, FPG Child Development Institute</p>	<ul style="list-style-type: none"> <li>• Providers are often unwilling to serve children with special needs, therefore target numbers should be reasonable and realistic due to likely challenges with outreach and provider enrollment.</li> <li>• Consider whether the region has the capacity to implement the strategy, or will it require seeking contracts outside of the region.</li> <li>• This strategy serves child care providers – not specific children.</li> <li>• As a strategy tied to QAA, eligible providers must meet the requirements of quality indicators</li> <li>• Councils should consider how many consultation models, such as Child Care Health Consultation or Mental Health Consultation, are available in their region currently and ensure coordinated efforts are conducted and managed.</li> </ul>

**Exhibit E, Strategy Summary – Pre-Kindergarten Scholarships**

STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST
<p>Pre-kindergarten Scholarships provide funding and technical assistance for high quality, part- or full-time, classroom-based early education for children ages 3 and/or 4 years of age from low-income families (200% of Federal Poverty Level (FPL) or below). Children may be enrolled in public or private schools or community-based early care and education programs.</p> <p>Currently Pre-kindergarten providers, both public schools and community-based programs, are required to apply for, enroll in and/or be rated through Quality First. A number of the programs are already enrolled in Quality First Improvement.</p> <p>High quality is defined as achieving 3 , 4 or 5 Stars on the Quality First Rating Scale. To participate, programs must already have a Quality First Star Rating (for start up programs, please see the Expansion-Start Up strategy summary). Additional standards related to parent engagement and transition to kindergarten are included in the Standard of Practice</p> <p>This strategy supports those children who may not otherwise have access to high quality early care and education during the two years prior to their</p>	<p>Multiple longitudinal studies show that investments in high-quality pre-kindergarten programs improve both short- and long-term outcomes for children. These outcomes include school success, high school graduation, college attendance and improved earnings.<sup>i</sup> Negative outcomes are reduced, such as involvement in the criminal justice system, grade repetition and high school dropout rates.</p> <p><sup>ii</sup> This research finds that positive outcomes do not occur when quality is diluted. <sup>iii</sup></p> <p>A recent publication lays out the evidence for a pre-kindergarten model which produces school readiness and life impacts. “The Pre-K Debates: Current Controversies &amp; Issues,” Edward Zigler, Walter S. Gilliam and W. Steven Barnett, Brooks Publishing, (2011).</p> <p>A Pre-K research paper released in</p>	<p>After identifying a need for high quality Pre-Kindergarten classes in the region, a Council should first determine the number of children to be served, the age of the children (3-5 or 4-5) and the length of program day needed by families in the region. Then the part or full time cost can be determined.</p> <p>In FY13 one administrative home will administer all scholarship programs – QF Child Care and Pre-kindergarten – throughout the state. This will maximize efficiency, accountability and program oversight of the contract, data reporting, outreach and communication with constituents and financial disbursements. Current Pre-K Scholarships directly funded from FTF to public school districts will be grandfathered through FY2013, but will transition to the scholarship administrative home in FY2014. Tribal regions will be considered on a case-by-case basis to determine the most appropriate funding structure.</p> <p>A separate contract will provide the technical</p>

<p>kindergarten entry. Inherent in this strategy is the principle that all families, regardless of income, children’s abilities or other factors have the right to access a high quality early childhood program. Ensuring that all children have such access requires the use of a “mixed delivery” system of early care and education. In utilizing a mixed delivery system, this strategy supports access to a wide array of program types, including public school programs as well as private, for-profit programs, and non-profit programs.</p> <p>This strategy also recognizes the importance of the link between pre-kindergarten programs and kindergarten, which is reinforced by a technical assistance/mentoring component designed to ensure the communication and connections between pre-kindergarten and kindergarten programs as they develop and implement a transition plan for children and their families. The program year for Pre-K may follow the school year or operate for 10, 11 and even 12 months.</p>	<p>November 2011 notes these effects: <b>Pre-k has significant, persistent benefits.</b> Research has consistently shown that quality pre-kindergarten programs benefit not only individual students, but school districts and communities. Nobel-Prize-winning economist James Heckman estimates that every dollar spent on early childhood education returns 10 cents annually over the life of a child (Heckman 2011).</p> <p><b>A combination of pre-k and full-day kindergarten is best; but a combination of pre-k and half-day kindergarten is better than full-day kindergarten alone.</b></p> <p>Pre-k and full-day kindergarten presents the best combination. However, we looked to see what combination of other options would be best. In particular, this study focused on two combinations -- no pre-k and full-day kindergarten vs. pre-k and half-day kindergarten—and found that a combination of pre-k and half-day kindergarten was</p>	<p>assistance and mentoring to maintain a direct link between public schools and community-based early childhood providers, facilitate transition activities and engage families as their children transition to kindergarten. (See Standard of Practice for Pre-Kindergarten Scholarships)</p> <p><b>Regional councils should calculate the cost of the scholarships, then add 11% for administrative and mentoring costs.</b></p> <p>In some regions a period of start-up may be required before a setting is ready to enroll children. Start-up which includes just technical assistance and mentoring in preparation for becoming licensed by DHS, hiring qualified staff, setting up the environment or understanding quality standards may be provided through the administrative home providing the Transition Liaison or Mentor. Start-up which involves capital improvements, renovations or major purchase of equipment must follow the Standards of Practice and Policy on Capital Expenditures for the Expansion: Slots and Capital Expense strategy. <b><i>Please review the Expansion-Start Up Strategy Summary for additional information on funding start up programs.</i></b></p>
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	<p>significantly better. Some highlights:</p> <ul style="list-style-type: none"> <li>• Students who attend pre-k and half-day kindergarten are more likely to have higher reading skills by the third grade than students who attend full-day kindergarten alone.</li> <li>• The impact of pre-k and half-day kindergarten was the greatest for Hispanic children, black children, English Language Learners (ELL) and children from low-income families.</li> </ul> <p><b>Early childhood education should be a collaboration</b> between providers, schools, school boards, and the community. Close collaboration with communities, especially parents, Head Start, and other early childhood providers, is necessary in order to develop programs that best meet the community’s needs.<sup>iv</sup></p> <p>In estimating the costs of early childhood programs, “Meaningful Investments in Pre-K: Estimating the per-Child Costs of Quality Programs,” published by the institute for women’s Policy Research (2008).</p>	<p><b>Quality First Participation is required for all programs receiving Pre-K Scholarships. Programs must have a star rating of 3 Stars or above to participate in the Pre-K Scholarship strategy..</b></p> <p>For program sites unable to attain a 3-5 star rating by fy14, it may be an option to participate as a Quality First full participation site, with Child Care Scholarships, depending upon the availability of funded opportunities. Regional Councils will be considering these options for funding during the planning cycles each fiscal year. See the attached Pre-K Scholarship Guidance document for further information on funding scholarships for programs that do not achieve a 3 – 5 Star Rating.</p> <p>Regions are encouraged to explore leveraging of funds, matching funds, philanthropic, corporate, or private pay sources to cover the cost of scholarships or to fund additional children.</p>
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	<p>Available at:  <a href="http://www.iwpr.org/publications/pubs/meaningful-investments-in-pre-k-estimating-the-per-child-costs-of-quality-programs">http://www.iwpr.org/publications/pubs/meaningful-investments-in-pre-k-estimating-the-per-child-costs-of-quality-programs</a></p> <p>Research has also been done to determine effective kindergarten transition strategies, including Downer, J. (undated). <b>Successful Kindergarten Transitions: Developing a Community Action Plan</b> [PowerPoint slides]. Retrieved from Arizona Department of Education  Evaluation of the North Carolina More at Four Pre-Kindergarten Program. (2008). Available at:  <a href="http://www.fpg.unc.edu/~mafeval/pdfs/year_7_key_findings.pdf">http://www.fpg.unc.edu/~mafeval/pdfs/year_7_key_findings.pdf</a></p>	
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<sup>i</sup> Ramey, C.T., Ramey, S.L. & Stokes, B.R. (2009). Research evidence about program dosage and student achievement. In Pianta, R. C. & Howes, C. (Editors) *The Promise of Pre-K*. Brooks Publishing: MD

<sup>ii</sup> Reynolds, A.J., Temple, J.A., White, B.A., Ou, S., & Robertson, D.L. (2011). Age 26 cost-benefit analysis of the Child-Parent Center early education program. *Child Development, 82* 379-404.

<sup>iii</sup> Barnett, W.S., Lamy, C., & Jung, K. (2005) *The Effects of state prekindergarten programs on young children’s school readiness in five states*. New Brunswick, NJ: National Institute for Early Education Research. Retrieved January 3, 2011, from <http://nieer.org/resources/research/multistate/fullreport/pdf>.

<sup>iv</sup> Kelleher, M. *Starting out right: pre—k and kindergarten: full report*. November 2011, from <http://www.centerforpubliceducation.org/Main-Menu/Organizing-a-school/Starting-Out-Right-Pre-K-and-Kindergarten/Starting-Out-Right-Pre-K-and-Kindergarten-full-report.html>

## **Exhibit F, Standard of Practice - Quality First Coaching**

- **Strategy Description:**

First Things First has designated Quality First as a Signature Statewide Program. Program Coaching is an essential element in determining success in raising the overall quality of early care and education among all program types within Arizona. The role of the coach is to provide a supportive and encouraging environment in which the learner (program staff) and coach jointly examine and reflect on current practices, apply new skills and competencies with feedback, and problem-solve challenging situations with the desired outcome of improved program quality. The coach's ultimate goal is sustained performance in which the learner has the competence and confidence to engage in self-reflection, self-correction, and generalization of new skills and strategies to other situations as appropriate.

Research indicates that effective on-site individualized coaching is an integral component associated with overall quality improvement in early care and education programs. As part of early childhood practices, coaching promotes self-reflection and refinement of current practices by the practitioner being coached. This results in competence and mastery of desired skills for the early childhood practitioner, as well as the children and families with whom the early childhood practitioner interacts.<sup>12</sup>

### **I. Implementation Standards:**

#### **Purpose and Definition of Coaching**

Coaching is a complex process and can be defined in multiple ways. In considering using the coaching process as a strategy to support another person's ability to generate ideas, refine existing skills, and develop new abilities, the purpose of coaching can be described in multiple ways.

- The purpose of coaching is to:
  - design, implement and evaluate intervention strategies with providers;
  - promote high-quality care and education; and
  - promote professional development and advancement of the field.
- Coaching can be defined as "a type of helping relationship in which an early care and education professional delivers assistance to another early care and education professional or group of professionals, so as to solve a work-related or caretaking related issue."<sup>13</sup> The definition also includes both prevention and intervention functions, becoming active agents in achieving solutions to problems, and/or strengthening provider competencies to address similar issues in the future.

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<sup>12</sup> Rush, D. & Sheldon, M. (2005) *Insights into Early Childhood and Family Support Practices; Evidence –Based Definition of Coaching Practices*. CASEinPoint Volume 1, p3

<sup>13</sup> Buysse, V. & Wesley, P. (2005) *Consultation in Early Childhood Settings*, p9

- Coaching in early childhood is an interactive process of observation, reflection and action in which a coach promotes, directly and/or indirectly, a learner's ability to support program improvement.
- The role of the coach is to provide a supportive and encouraging environment in which the learner and coach jointly examine and reflect on current practices, apply new skills and competencies with feedback, and problem-solve challenging situations.

### **Process and Stages of Coaching:**

The process of coaching can be viewed as a framework or structure to support the change process, yet it will look different and unique in each situation. Despite the variability, there are identified stages in the coaching process. Early childhood coaches will work through these stages at a different pace and methodology based on the skills they bring to the situation and the environment or individuals they will be working alongside. The stages set forth below are based on proven strategies from other disciplines and traditions that build on research-based knowledge. It is essential that each coach have a commitment to building the capacity of others. Building another person's capacity is intentional, planful, and ongoing. Coaching is a non-linear process. Each individual situation determines the order in which the coaching stages unfold; however, during the coaching relationship, the coach and early care providers will move through each of these stages.<sup>14</sup>

- Stages in the Coaching Process:
  - Stage One – Gaining entry: establish the general purpose for consultation; assess the provider's willingness and commitment to participate.
  - Stage Two – Building the relationship: form an open and trusting relationship; establish the parameters; discuss general coaching roles and goals.
  - Stage Three – Gathering information through assessment: Identify factors relevant to the need for change.
  - Stage Four – Setting goals: Reach a consensus on concrete goals for change.
  - Stage Five – Selecting strategies: Reach a consensus on a plan to address the goals.
  - Stage Six – Implementing the plan: Implement the plan (executed by the provider with assistance and support from the coach)
  - Stage Seven – Evaluating the plan: Assess the match between desired and actual outcomes.

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<sup>14</sup> *Coaching in Early Childhood*; [www.coachinginearlychildhood.org/ccoaching.php](http://www.coachinginearlychildhood.org/ccoaching.php) accessed November 21, 2011

- Stage Eight – Holding a summary conference: Transfer to the provider responsibility for maintenance of the current plan; consider new goals if applicable.<sup>15</sup>
- What the Stages Look Like:
  - Stage One – The coach presents him or herself as approachable and creates a climate that invites questions and comments from the provider. He or she shares information about his or her role and the coaching process.
  - Stage Two – The coach comments on his or her observations of the provider setting and asks questions to gain additional information. The coach avoids offering a quick fix regarding observations or when the provider initially asks, “What should I do?”
  - Stage Three – The coach uses questioning strategies to achieve a thorough understanding of the provider’s concerns and clarify the focus of the assessment process. The coach expands the assessment to include an examination of the classrooms and program environments.
  - Stage Four – The coach uses a combination of facilitation and interpretation skills to make sense of the assessment results and to help the provider set goals.
  - Stage Five – The coach asks the provider which strategies have been tried before and found to be effective. He/she incorporates relevant approaches into the development of new strategies.
  - Stage Six – The coach acts as a sounding board for the provider and tries to reflect the provider’s feelings while demonstrating patience, understanding, and willingness to problem solve.
  - Stage Seven – The coach and provider identify new areas of need and schedule time to explore those areas in the near future.
  - Stage Eight – The coach solicits feedback from the provider about his or her satisfaction with the overall experience. Together the coach and provider make plans to modify the process to address concerns.<sup>16</sup>

## II. Staff Qualifications, Supervision and Professional Development Standards

### Coaching Skills:

The skills required of a coach are critical to the success of the coaching relationship and process. Because coaching is basically an interpersonal exchange, the coach’s success depends largely on his or her skills in communication and relationship building as well as on-going self-reflection about communication and the relationship. Specific communication skills include the ability to communicate ideas in a helpful, nonthreatening manner that is consistent with the

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<sup>15</sup> Buysse, V. & Wesley, P. (2005) Consultation in Early Childhood Settings, p18

<sup>16</sup> Buysse, V. & Wesley, P. (2005) Consultation in Early Childhood Settings, p23

purpose of the communication; responsive listening; reflecting content and feelings; questioning; probing; clarifying; and summarizing (Cormier & Cormier, 1985; Parsons, 1996)<sup>17</sup>

- Essential Coaching Skills
  - **Interpersonal:** putting the provider at ease through the use of small talk and humor, demonstrating respect and authenticity in interactions, and creating a base of social influence by building the provider's belief in the coach's trustworthiness, competence, and similarities.
  - **Communication:** using nonverbal behaviors, active listening, questioning, clarifying, summarizing, providing information and feedback.
  - **Problem solving:** using objectivity in gathering, analyzing, interpreting information, designing responsive interventions and predicting ramifications.
  - **Organizational management skills:** working with organizations, determining the communication channels in the work place, identifying the organization's standards and values, assessing the types of available internal resources and determining how to use them.
  - **Group facilitation:** focusing and maintaining attention on relevant issues, managing meeting agendas, facilitating discussion and the development of the group process and providing feedback.
  - **Responsiveness to cultural diversity:** neither under - nor overemphasizing cultural variables, refraining from value judgments, and building on the experiences of the provider.
  - **Ethics:** Respecting confidentiality, adhering to accepted guidelines for professional behavior.
  - **Self-Reflection:** thinking about one's own interactions in the context of the relationship to determine if changing my own interactions is necessary to achieve results.
  
- Personal characteristics
  - The drive and desire to make a difference (Bianco-Mathis & Veazey, 1996)
  - A high level of awareness of his or her values (Caplan, 1970)
  - The ability to see things through different perspectives, including culturally differing frames of reference. (Hunsaker, 1985; Soo-Hoo, 1998; Varney, 1985; Zins et al., 1993)
  - Genuineness or the ability to be sincere without presenting a false front (Zins et al., 1993)
  - Determination, energy and persistence (Maher, 1993)
  - A personal and professional growth orientation (Dougherty, 2000)
  - Other characteristics include confidence characterized by a positive outlook about oneself, others, and the process; trustworthiness; humor; helpfulness;

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<sup>17</sup> Buysse, V. & Wesley, P. (2005) Consultation in Early Childhood Settings, p30

a commitment to creativity; and a willingness to take risks. (Dougherty, 2000; Lippett & Lippett, 1986)<sup>18</sup>

### III. Organizational Standards:

#### Quality First Coaching Standards

Quality First Coaches will successfully implement the following standards of practice to support quality improvement planning through individualized coaching and consultation:

- Quality First Coaches will provide support based on intensity levels as determined by the participant's Star Rating.
  - Participants rated at 1 and 2 stars will receive a higher level of coaching intensity through implementation a Quality Improvement Plan, derived from an accumulation of program assessment reports, participant's self-assessment and anecdotal records and Quality First coaching observations. The Quality Improvement Plan is used to prioritize improvement activities through goal setting and benchmarks that will ultimately support measureable quality improvement outcomes in raising quality standards.
  - Participants rated at 3, 4 and 5 stars will receive less coaching intensity through implementation of a Quality Rating Plan utilized to outline prioritized activities for preparation of Quality First Point Scale assessment as indicated above.
- In addition, the Quality First Coach will collaborate with other early childhood education consultants including child care health consultants, mental health consultants and inclusion coaches of children with special needs, T.E.A.C.H. Early Childhood<sup>®</sup> ARIZONA specialists and instructional support specialists as applicable during goal setting and quality improvement planning for assigned participants. Joint collaboration activities may include but is not limited to:
  1. Joint visits with the participant
  2. Planning visits with the early childhood education consultants
  3. Feedback and input in the Quality Improvement Plan and/or Quality Rating Plan
  4. Sharing of training resources and materials

This joint collaboration with early childhood consultants will require Quality First coaches to have a service coordination role in facilitating collaboration opportunities for joint quality improvement planning and on-site technical assistance support. Quality First coaches will lead coordination efforts in scheduling regular joint collaboration opportunities as deemed applicable by the coach, participant and early childhood consultant(s).

- Coaches will have access to the Quality First database and will be able to document site visits, training and technical assistance provided to the

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<sup>18</sup> Buysse, V. & Wesley, P. (2005) Consultation in Early Childhood Settings, p26

participating center-based program or family child care home. Coaches will also have access to Quality First Specialized Technical Assistance from early childhood consultants in the areas of child care health consultation, mental health consultation, inclusion of children with special needs and instructional support. The specialized technical assistance will include a warm-line for coaches and participants to contact expert consultants for assistance in addressing more challenging issues and identifying community resources for Quality First enrolled participants. Coaches will also participate in professional development opportunities provided by these expert consultants through the Quality First Academy

- The Coach will be assigned a caseload with the average of 1:9. The caseload may vary according to coaching intensity levels, geography, language of the providers and children, cultural characteristics and program size.
  - Continuing education is an essential component in Quality First for ongoing professional development of Quality First coaches. All Coaches will be required to attend the Quality First Academy which will provide standardized continuing education for all Quality First coaches throughout all First Things First funded regional areas as well as ensure that the foundation from which all Quality First coaches build their practice is consistent.
- All Quality First coaches must possess a Bachelor's degree in early childhood education, child development or related field and have at least two years full time as a teacher or primary care provider in an early care and education setting with infants, toddlers or preschoolers. Director experience in an early care and education setting is preferable.
  - To successfully conduct ongoing coaching and consultation services within Quality First, it is beneficial that coaches possess previous experience in and/or knowledge of:
    - Training, coaching or mentoring in early care and education settings
    - Child development and family dynamics
    - Early childhood education
    - Management in early care and education settings
    - ADHS child care licensure/DES certification/Tribal or Military regulations
    - Accreditation standards and systems
    - Quality early care and education indicators
    - Curriculum and assessment in early childhood
    - Early Learning Standards
    - Adult learning principles
    - Community resources

- Successful change process

#### IV. Evaluation and Monitoring Standards

The Coaching Grantee must agree to participate in the FTF evaluation and any program specific evaluation or research efforts. Data collection and FTF evaluation activities are directly connected with the Goals, Performance Measures and Units of Service aligned to the strategy as described in the RFGA.

##### - Cultural Competency Standards

Affirm, strengthen and promote families' cultural, racial and linguistic identities and enhance their ability to function in a multicultural society.

- Create opportunities for families of different backgrounds to identify areas of common ground and to accept and value differences between them.
- Hire staff who reflect the cultural and ethnic experiences and language of the families with whom they work and integrate their expertise into the entire program.
- To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members' effective, understandable, and respectful care that is provided in a culturally competent manner- a manner compatible with their cultural beliefs and practices and preferred language. Early childhood practitioners /early childhood service providers should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children."
   
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15> ;
   
<http://www.naeyc.org/positionstatements/linguistic>

- I. Service providers should understand individual Tribes/Nations are distinct and separate communities from other Tribes/Nations and their governmental systems and structures are not reflective of each other. Services to Tribal communities and on reservations must be provided in a manner compatible with the Tribe's/Nation's cultural beliefs and practices, to include the preferred language of the community. Services must also be provided in accordance with the Tribe's/Nation's laws, policies and procedures. The effectiveness of services

is directly related to the provider's consideration of the beliefs, customs and laws of the Tribe/Nation.

- II. Service providers can obtain information about providing services on tribal lands from a variety of sources. These include the FTF Regional Director, Regional Council members, tribal websites and publications, as well as official representatives of the Tribe/Nation such as the governing body, standing committees and authorized departments. It is highly recommended that service providers seek guidance from one or more of these sources before initiating services on reservations. Failure to do so could result in contraventions of cultural beliefs, Tribal laws or sovereignty.
- III. Programs will demonstrate their ability to operate within these parameters through prior experience working with Tribes/Nations, demonstrating that staff are culturally competent, partnerships with agencies serving Native American families, knowledge of cultural beliefs, customs and laws of the Tribe/Nation or a combination of these elements.
- IV. Related to data collection, evaluation or research activities:
  - o In the United States, Native American Tribes are considered autonomous nations with all of the rights and responsibilities of a nation. Understanding this, Native American Tribes are charged with protecting the health and safety of their people. To this end, Tribes have full ownership over any data collected within their reservation boundaries. This means that Tribes can allow or not allow any program to collect data from or related to any early childhood development and health program or activities on the reservation.

Any grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive data from or related to any early childhood development and health program or activities

## **Exhibit G, Standard of Practice – Mental Health Consultation**

### **I. Description of Health Strategy**

Early childhood mental health consultation aims to build the capacity (and improve the abilities) of early learning programs, staff, and families to prevent, identify, and reduce the impact of social-emotional development problems among young children. Mental health consultants are engaged in both solving problems and forming collaborative relationships with child care staff (Cohen & Kaufmann, 2000).

Consultation involves a collaborative relationship between a mental health professional who has expertise in the social-emotional development of young children, and early child care and education professionals. Specifically, early childhood mental health consultation is a service made available to early care and education providers—not a therapeutic service delivered directly to a child or family (Brennan, Bradley, Allen, & Perry, 2008). Innovative ways to improve the quality of early care and education are necessary to effectively enhance the experiences young children have in various child care settings.

Whatever the child care setting, it is the quality of the relationships between the adults and the children that either significantly enrich or detract from a child’s experiences. Although relationships are important in most professions, relationships in child care directly shape a young child’s growth and development – for better or worse. As more young children, especially infants and toddlers spend longer hours in early care and education programs, it is critical that their relationships with caregivers and teachers are positive, nurturing and responsive in order to promote their healthy social and emotional development. Mental health consultation works to enhance all of the relationships in an early care and education program, with special attention paid to those between caregivers, teachers and children.

Research also tells us that investing in very young children’s social and emotional health is an effective strategy in preparing them for success in both school and in life (Raver & Knitzer, 2002). Mental health consultation is one of the valuable investments many states are making in order to decrease negative outcomes, such as preschool expulsion, and increase positive outcomes, such as being competent problem solvers and confident learners.

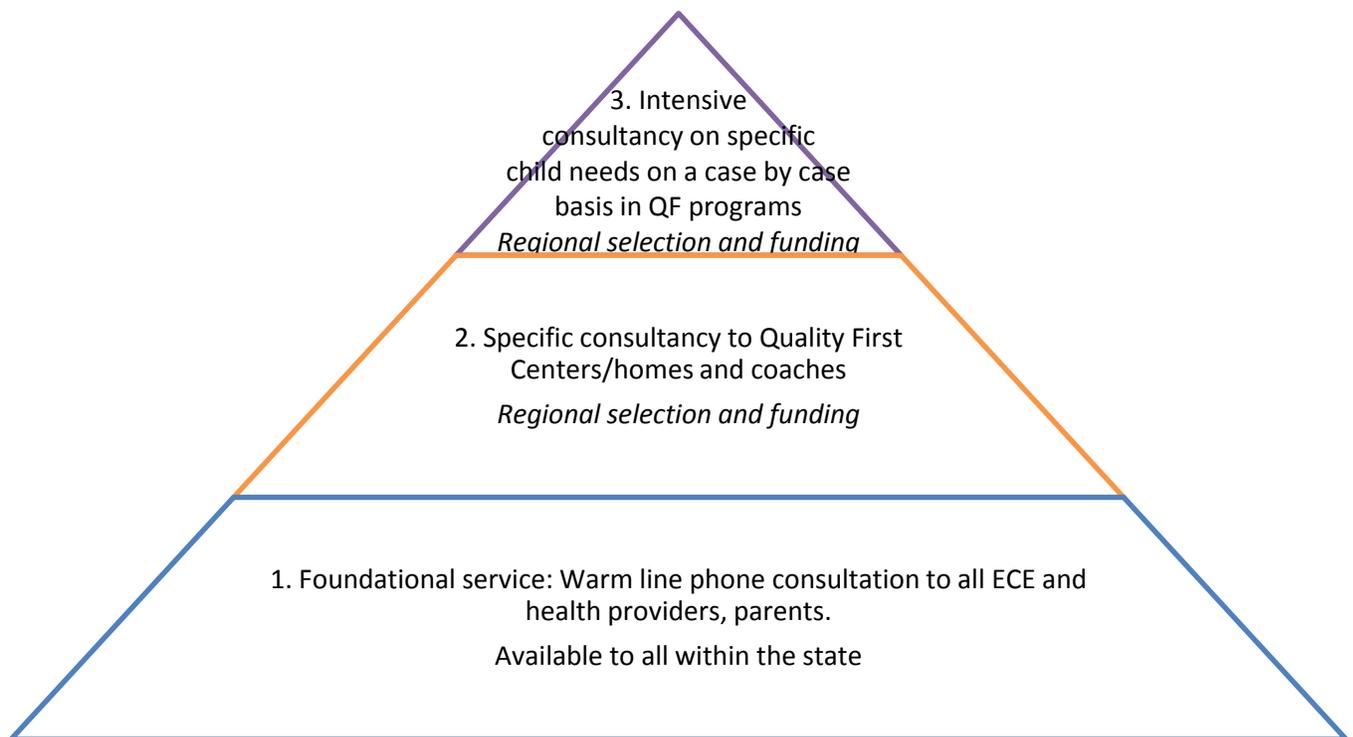
Teachers and other child care professionals often cite children’s problem behavior as one of the most challenging issues with which they are presented (Center for Evidence Based Practices, 2005; NICHD Early Child Care Research Network, 2006). The alarming statistics on preschool expulsion rates provide compelling evidence that early care and education program staff need increased assistance in addressing children’s healthy social and emotional development (Perry, Dunne, McFadden, & Campbell, 2007). Preschool expulsion is one of the strongest indicators that a child is on a developmental pathway that could lead to negative outcomes later in life (Moffitt, 1993; Patterson, DeBaryshe, & Ramsey, 1989). Early, unaddressed behavior problems may be an indicator of a larger concern which in turn may lead to serious juvenile delinquency in the adolescent years and evolve into a stable pattern of adult offending (Moffitt, Caspi, Dickson, Silva, & Stanton, 1996).

Two recent studies provide data on what can happen when early care and education providers are not equipped to cope with the growing demands of young children with challenging behaviors (Gilliam, 2005; Gilliam & Shahr, 2006). Gilliam and Shahr (2006) examined expulsion rates and predictors of expulsion from preschool programs in Massachusetts. More than one-third of the teachers reported having expelled at least one preschool child in the past 12 months; Head Start teachers, who often have access to mental health consultation, were less likely than for-profit or

non-profit child care centers to have expelled at least one child. Teachers with high levels of job stress or depressive symptoms were more likely to expel children while teachers with a high sense of work satisfaction were less likely to expel children. One of the most surprising findings was that the rate of expulsion from preschool in Massachusetts was more than 34 times the State's rate for expelling school-aged children K-12.

Access to mental health consultation was also found to be associated with lower rates of expulsion. Programs that reported on-site access to a psychologist or social worker expelled 5.7 children per 1,000; compared to somewhat higher expulsion rates than those with occasional or no access to mental health consultation.

### FTF Model of Mental Health Consultants



1. Foundational service is available through a warm phone line to all ECE, health providers and parents.
2. Mental Health Consultant in Quality First Centers and homes as funded by regional councils.
  - On-site consultation services to early care and education staff to build their competence around forming responsive relationships, using curriculum to teach, provide for intentional teaching of social emotional competence, and understanding working with families in collaborative partnerships.
  - Training activities for early care and education teachers, other staff, and families that enhance teachers' and caregivers' capacities to attend to the emotional well-being of children (4 trainings per year are expected)
3. Conduct appropriate screening and assessments within the context of Quality First child care and education settings identified as needing more intensive MHC services in regions that have funded the strategy.

- More extensive training activities for early care and education teachers, other staff, and families that enhance teachers' and caregivers' capacities to attend to the emotional well-being of children.
- Develop center/home plans for change with directors and staff
- Family consultation – including facilitating communication between teachers, caregivers and families.
- Provide family referrals to clinical and assessment services such as therapeutic groups, neurodevelopment assessment, and dyadic child-parent psychotherapy.

The success of consultation depends on the consultant's ability to develop an alliance with Quality First early child care and education teachers, providers and families. Within this alliance, they work to understand what children need and how best to provide it.

A hallmark of the effort is respect for the teacher, children and families. However, forming such an alliance takes time and depends on the establishment of a predictable, protective atmosphere of learning. Not only must the mental health consultant understand concerns about particular children or programs, but also strive to understand the early care and education provider's experience and appreciate the stresses experienced by staff members, their readiness to engage in the learning process, and their particular professional and cultural views about childrearing.

## **II. Implementation Standards**

### **Mental Health Consultation services include:**

- Educate child care staff on and support them in developing nurturing, responsive relationships with children and families.
- Support staff in designing teaching strategies that effectively promote children's development of specific social emotional skills (such as turn-taking, friendship skills, problem-solving, etc.).
- Providing a "safe" space in which staff members can identify, examine and discuss their feelings about their relationships with children and families.
- Conduct individual child observations.
- Design and implement program practices responsive to the identified needs of an individual child.
- Provide crisis intervention series for staff regarding a child's behavior.
- Support staff with individual child behavior and classroom management.
- Provide one-on-one modeling or coaching for individual child support.
- Provide support for reflective practices.
- Advise and assist staff in linking to community resources and services.
- Educate providers and parents on children's social and emotional needs and what constitutes an issue of concern
- Facilitate staff providing referrals to parents for community mental health services.

### **A Mental Health Consultation administrative home includes the following:**

- Provide reflective supervision of all MHC and document the regularity of supervision activities
- Supervision of MHC sub-contractors around the state
- Adhere to a professional Code of Ethics adopted by the Association of Social Workers

- Identify and resolve conflicts of interest and grievances between MHC and child care staff
- Develop opportunities for MHC staff to discuss their concerns and to examine how stress affects their work.
- Provide a forum to explore cultural differences and workplace conflicts.

### **Qualifications of a MHC and training needs:**

The early childhood mental health consultant (MHC) must have:

- A master’s degree or higher in one of the following disciplines: early childhood education, early childhood special education, social work, marriage and family counseling, educational psychology, psychology, clinical nursing with a mental health focus, or infant family practice.
- Formal education in the social-emotional development of children in the early years of life and issues that may lead to more serious mental health concerns.
- Must be knowledgeable of child development and caring for young children in child care settings, including knowledge of curriculum development, developmentally appropriate instructional practices, formative child assessment strategies and the Arizona Early Learning Standards.
- Consultants receive training and information regarding mandatory reporting. Arizona law requires mental health consultation staff who suspect that a child has received non-accidental injury or has been neglected, to report their concerns to Child Protective Services or local law enforcement (ARS §13-3620.A).
- Early childhood Mental Health Consultants will participate in continuing education to remain current and update skills and knowledge to meet the requirements of this scope of work as well as remain current on the literature and research related to the social emotional development of young children and the methods and approaches to providing mental health consultation in child care settings.

### **III. Cultural Competencies**

**Programs will also implement the following best practices and standards related to Cultural Competencies:**

- To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members and program participants’ effective, understandable, and respectful care that is provided in a culturally competent manner. Early childhood practitioners /early childhood service providers should ensure that staff and participants at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children.”  
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>  
<http://www.naeyc.org/positionstatements/linguistic>

- Service providers should understand individual Tribes/Nations are distinct and separate communities from other Tribes/Nations and their governmental systems and structures are not reflective of each other. Services to Tribal communities and on reservations must be provided in a manner compatible with the Tribe's/Nation's cultural beliefs and practices, to include the preferred language of the community. Services must also be provided in accordance with the Tribe's/Nation's laws, policies and procedures. The effectiveness of services is directly related to the provider's consideration of the beliefs, customs and laws of the Tribe/Nation.
- Service providers can obtain information about providing services on tribal lands from a variety of sources. These include the FTF Regional Director, Regional Council members, tribal websites and publications, as well as official representatives of the Tribe/Nation such as the governing body, standing committees and authorized departments.
- It is highly recommended that service providers seek guidance from one or more of these sources before initiating services on reservations. Failure to do so could result in contraventions of cultural beliefs, Tribal laws or sovereignty.
- The ideal applicant will demonstrate their ability to operate within these parameters through prior experience working with Tribes/Nations, demonstrating that staff are culturally competent, partnerships with agencies serving Native American families, knowledge of cultural beliefs, customs and laws of the Tribe/Nation or a combination of these elements.
- Related to data collection, evaluation or research activities:
  - In the United States, Native American Tribes are considered autonomous nations with all of the rights and responsibilities of a nation. Understanding this, Native American Tribes are charged with protecting the health and safety of their people. To this end, Tribes have full ownership over any data collected within their reservation boundaries. This means that Tribes can allow or not allow any program to collect data from or related to any early childhood development and health program or activities on the reservation.
  - Any grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive data from or related to any early childhood development and health program or activities. Such data can include but not be limited to:
    - Morbidity and mortality among children members of their communities
    - Information regarding child safety and welfare
    - Information regarding children in foster care
    - Infectious and chronic disease information among members of their communities
    - BMI and healthy weight information beginning at age 2 years and each year after that

#### **IV. References and resources**

Early childhood mental health consultants

[http://www.ecmhc.org/tutorials/consultative\\_stance/mod1\\_0.html](http://www.ecmhc.org/tutorials/consultative_stance/mod1_0.html)

Zero to three article on infant mental health:

<http://www.zerotothree.org/child-development/early-childhood-mental-health/vol21-2s.pdf>

Brennan, E. M., & Bradley, J. R., Perry, D.F., Allen M.D. (2008). The evidence base for mental health consultation in early childhood settings: Research synthesis addressing staff and program outcomes. *Early Education and Development*. 19(6): p. 982-1022.

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Emde, R., Bertacchi, J., & Mann, T. (2001). Organizational environments that support mental health. **ZERO TO THREE**, 22(1), 67-69

Green, B.L., Everhart, M., Gorden, L. & Gettman, M.G. (2006). Characteristics of effective mental health consultation in early childhood settings: Multilevel analysis of a national survey. **Topics in Early Childhood Special Education**, 26, 142-152

Hepburn, K., Kaufmann, R., Perry, D., Allen, M. D., Brennan, E., & Green, B. (2007). **Early childhood mental health consultation: An evaluation tool kit**. Washington, DC: Georgetown University Center for Child & Human Development.

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Kaufmann, R. & Hepburn, K. (2007). Early childhood mental health services and supports through a systems approach, in **Social and emotional health in early childhood: Building bridges between services and systems** (Deborah F. Perry, Roxane K. Kaufmann, and Jane Knitzer (Eds.). Baltimore, MD: Paul H. Brookes Publishing Co.

Korfmacher, J. & Hilado, A. (2008). Creating a workforce in early childhood mental health: Defining the competent specialist. Research Report, 2008, No. 1. Chicago, IL: Herr Research Center for Children and Social Policy at Erickson Institute.

## **Exhibit H, Standard of Practice – Child Care Health Consultation**

### **I. Description of Health Issue**

Child care providers are entrusted with young children for hours every day. While providing early education services, they must also keep children safe and protected from injuries and potentially serious infectious diseases. Child care staff also work with parents to promote good social, emotional and physical health for children—all generally without benefit of medical expertise. Center staff may have to call multiple resources to answer health related questions.

Child Care Health Consultants (CCHCs) are experts in children’s health who are available to support child care providers and to assure that children are safe, healthy and ready to succeed.

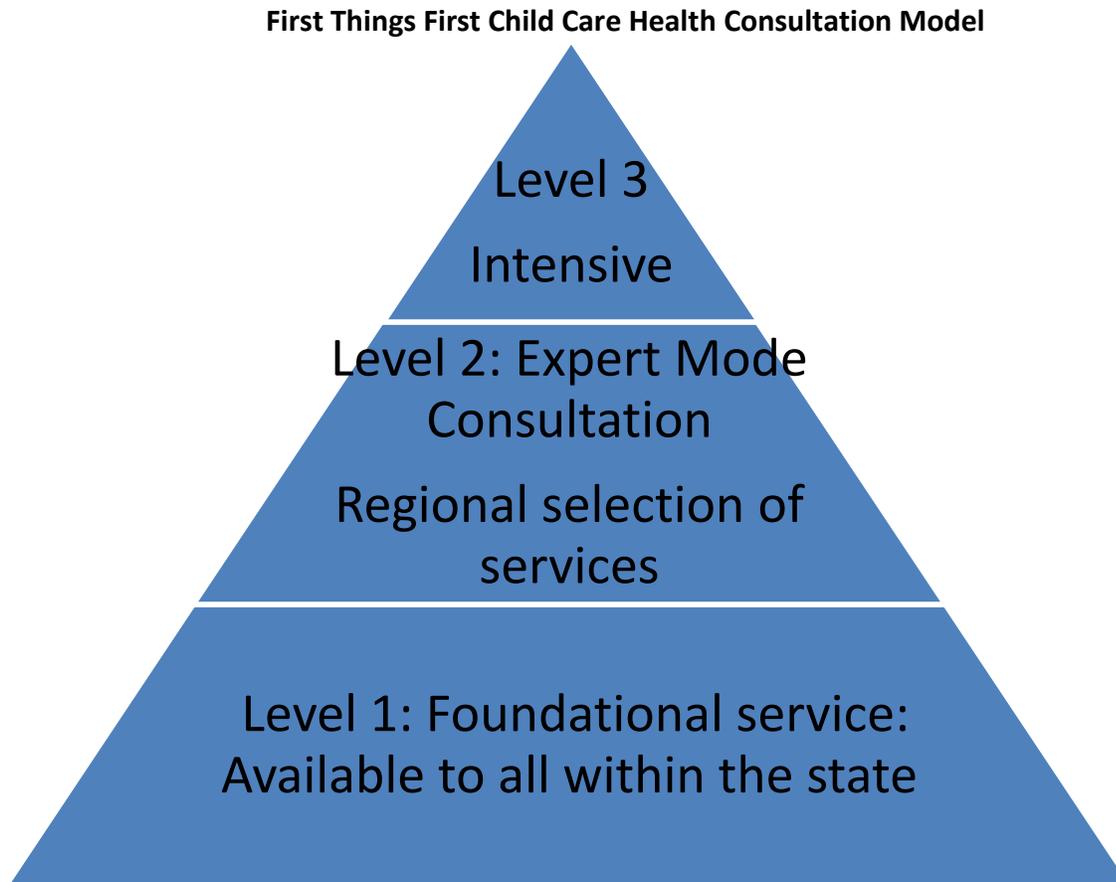
CCHCs help child care staff to improve health and safety in child care facilities. They also provide advice on the well-being of a single child, with the view toward training child care staff to prevent and intervene appropriately in future occurrences. CCHCs provide a one-stop health resource through:

- Onsite and telephone guidance and consultation
- Staff training on health and safety best practices and requirements
- Reviews of and assistance to develop health, safety, and nutrition policies and practices
- Provide links and referrals to community resources
- Develop and provide information for parents

CCHCs have specific training following the National Training Institute (NTI) Child Care Health Consultation curriculum. They are prepared to train child care staff to talk with families about health topics such as oral health, nutritional eating and weight control, developmental screening, and the value of physician well-child exams and immunizations.

## II. Implementation Standards

The First Things First Child Care Health Consultation Model is depicted below:



Level One Services include:

- Provide Professional Development and Training to Quality First Coaches.
- Provide technical assistance via a warm line for child care providers and coaches
- Provide additional consultation, problem solving by telephone.

Level Two Services include Level One services as well as:

- Expert Mode Child Care Health Consultation to programs with a specifically identified health need.
- Provide Health Champion Training for Early Childcare and Education Professionals who have identified a desire to participate.
- Participate with other team members such as the Quality First coach and contractors to implement the program improvement plan and assist child care providers to meet the health and safety objectives outlined in the approved plan.

Level Three Services include Level One and Two services as well as:

- Collaborative Mode Child Care Health Consultation to programs that have been identified and given consent for this level of services.
- A health and safety assessment.

**A. Programs implementing community health education efforts will include:**

1. Provide tiered health consultation services by Child Care Health Consultants to regulated child care providers (centers and homes) enrolled in Quality First, the quality improvement and rating system created by the First Things First.
2. Provide tiered health consultation services to regulated child care providers that are not participants of Quality First, if appropriate.
3. Provide day to day supervision, salary and benefits, practice liability protection and any other employee-related services comparable to other employees in the same employee classification.
4. Support the Child Care Health Consultant to participate in technical assistance/mentoring visits from the First Things First designated statewide support and quality assurance agency. Receive, review and resolve quality performance issues.
5. Assure the CCHC remains current with professional licensure/ certifications which qualify the CCHC to perform services related to this contract.
6. Provide and maintain an adequate workspace for the CCHC and provide telephone and internet access.
7. Provide a multimedia projector and laptop computer.
8. Support local travel and instate travel to serve designated child care centers and homes within the region and to attend Quality First-required meetings and training sessions. Provide an agency vehicle or mileage reimbursement for miles traveled in the CCHC's insured personal vehicle.
9. Support CCHC to attend continuing education provided by First Things First's statewide administrative entity.

**B. Child Care Health Consultants will:**

1. Provide Child Care Health Consultation services in accordance with the First Things First Technical Assistance model and the Child Care Health Consultation handbook for delivery of services.
2. Complete a Health and Safety assessment of participating programs to identify and prioritize each programs individual needs
3. Provide three tiered Child Care Health Consultation services (as appropriate and funded) to regulated child care providers as described below.
4. For programs receiving Level Three services, either join the Quality First coach or schedule an initial meeting with the child care center director or child care home provider to be introduced; to provide an overview of the CCHC program; review health and safety issues identified in the assessment; provide guidance documents such as the Arizona Health and Safety Policy Manual for child Care Centers and other guidance documents that may be identified by Quality First; and plan for ongoing consultation.

5. For those not enrolled in the Quality First program who are receiving Level Three Services schedule a meeting with the child care center director or child care home provider to introduce themselves: provide an overview of the CCHC program; provide guidance documents such as the Arizona Health and Safety Policy Manual for Child Care Centers and other guidance documents; and the plan for ongoing consultation.
6. For those not enrolled in the Quality First program that are receiving Level Three services, complete an assessment of the child care center or home to identify priority areas to be addressed.
7. Provide additional review of child care facility and/or staff needs that may include:
  - Indoor health and safety hazards to children and child care staff;
  - Injury prevention and Safe, Active Play;
  - Health and safety practices of child care staff ( i.e. hand washing, sanitation, dental health, physical fitness, nutrition; Serve as a resource to other agencies, organizations and educational institutions which provide consultation, monitoring or resources to child care programs.
  - Measures and practices to prevent, recognize, and report communicable diseases, including staff and parent education;
  - Procedures for documenting and reporting children's immunizations;
  - Health and safety policies, illness and injury logs;
  - The status of child care provider' inclusion of children with special needs;
  - Participate in emergency preparedness plan;
  - Communication among the child care provider, parent, and primary care provider;
  - Medication administration, recording, and storage;
  - Determine health insurance and health care access; and other identified child health and safety concerns.
  - Guidance, support, referrals and access to care coordination for families and child care providers to access mental health consultation and educational services for the family, children, or child care providers.
  - Educate children, their families and child care providers about child development, mental and physical health, safety, nutrition and oral health issues.
8. Provide additional education and training in group settings off site in conjunction with Quality First Coaches or other FTF funded program staff.
9. Provide, as appropriate and in accordance with the Child Care Health Consultation Handbook, developmental and sensory screening and limited delivery of immunizations.
10. Document activities and services utilizing the computerized documentation system designated by First Things First including:
  - Attend training on documentation requirements and computerized charting system.
  - Keep all charting of visits and activities current within 5 working days of performance.
  - Maintain a signed, printed record of information and activities as the legal chart.
11. Participate in CCHC systems development and marketing activities within the local community.

- Participate in First Things First systems development meetings, regional council meetings, and other events as appropriate.
- Provide community presentations regarding the role of child care health consultation in improving the status of health and safety in child care programs.
- Collect/report data, surveys, evaluation reports or other elements requested by FTF or quality assurance personnel.

### **III. Training and Qualifications Standards**

1. The child care health consultant should have a minimum of a bachelor's degree and be a pediatrician, pediatric nurse practitioner, pediatric or community health nurse, or a health professional with expertise in mental health, nutrition, health education, oral health, environmental health, and/or emergency management.
2. Must have completed the sixty (60) hour National Training Institute (NTI) for Child Care Health Consultants curriculum program PRIOR to the beginning work as a CCHC.
3. A minimum of one year experience in a public health setting.
4. The Child Care Health consultant must have experience in providing consultation to and interacting with child care settings including family child care.
5. The Child Care Consultant must have knowledge of the following:
  - Child development and family dynamics
  - Immunization Schedules
  - ADHS Child Care Licensure
  - Accreditation Systems
  - Quality Indicators
  - Adult Learning
  - Community Resource
  - Injury Prevention
  - Recognition and Reporting requirements for child abuse and neglect
  - Health Care Systems in the service area
6. The Child Care Consultant must have developed skills in the following:
  - Interpersonal Communication
  - Training of Adult Learners
  - Facilitation
  - Consultation Strategies
  - Collaborative Problem Solving
  - Cultural Responsiveness
  - Team Process
  - Computer Data Entry

#### IV. Cultural Competencies

**Programs will also implement the following best practices and standards related to Cultural Competencies:**

- To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members and program participants effective, understandable, and respectful care that is provided in a culturally competent manner. Early childhood practitioners /early childhood service providers should ensure that staff and participants at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children.”  
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>  
<http://www.naeyc.org/positionstatements/linguistic>
- Service providers should understand individual Tribes/Nations are distinct and separate communities from other Tribes/Nations and their governmental systems and structures are not reflective of each other. Services to Tribal communities and on reservations must be provided in a manner compatible with the Tribe’s/Nation’s cultural beliefs and practices, to include the preferred language of the community. Services must also be provided in accordance with the Tribe’s/Nation’s laws, policies and procedures. The effectiveness of services is directly related to the provider’s consideration of the beliefs, customs and laws of the Tribe/Nation.
- Service providers can obtain information about providing services on tribal lands from a variety of sources. These include the FTF Regional Coordinator, Regional Council members, tribal websites and publications, as well as official representatives of the Tribe/Nation such as the governing body, standing committees and authorized departments.
- It is highly recommended that service providers seek guidance from one or more of these sources before initiating services on reservations. Failure to do so could result in contraventions of cultural beliefs, Tribal laws or sovereignty.
- The ideal applicant will demonstrate their ability to operate within these parameters through prior experience working with Tribes/Nations, demonstrating that staff are culturally competent, partnerships with agencies serving Native American families, knowledge of cultural beliefs, customs and laws of the Tribe/Nation or a combination of these elements.
- Related to data collection, evaluation or research activities:

- In the United States, Native American Tribes are considered autonomous nations with all of the rights and responsibilities of a nation. Understanding this, Native American Tribes are charged with protecting the health and safety of their people. To this end, Tribes have full ownership over any data collected within their reservation boundaries. This means that Tribes can allow or not allow any program to collect data from or related to any early childhood development and health program or activities on the reservation.
- Any grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive data from or related to any early childhood development and health program or activities. Such data can include but not be limited to:
  - Morbidity and mortality among children members of their communities
  - Information regarding child safety and welfare
  - Information regarding children in foster care
  - Infectious and chronic disease information among members of their communities
  - BMI and healthy weight information beginning at age 2 years and each year after that

#### **V. References and Resources**

American Academy Of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. 3rd edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>.

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## **Exhibit I, Standard of Practice – Inclusion of Children with Special Needs**

### **I. Strategy Description**

As noted in a joint position statement issued by the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC), “an ever-increasing number of infants and young children with and without disabilities play, develop, and learn together in a variety of places – homes, early childhood programs, neighborhoods, and other community based settings” (2009). In the broadest sense, “early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a [wide] range of activities and contexts as full members of families, communities, and society” (DEC/NAEYC, 2009). Embracing the philosophies of inclusive practices and family-centered services often results in: children and their families feeling a strong sense of belonging; development of positive social relationships; and learning occurring to children’s fullest potentials.

Inclusive practices benefit all children – both children with special needs as well as those who are typically developing. Research suggests that including children with special needs with typically developing classmates supports the development of individual abilities, interests, positive social relationships, developmental rates, and learning styles of young children both with and without identified disabilities (National Professional Development Center on Inclusion, 2009). Children with identified disabilities may include those who are being served through an Individual Education Plan (IEP), and Individual Family Service Plan (IFSP), or have a medically diagnosed health condition for which the child would benefit from the development of an Individual Health Plan (IHP).

Parents and professionals alike typically view inclusion as a positive ideal, however, many families often share concerns related to the quality of early childhood settings and the capacity of providers to appropriately care for their child. Therefore, improving the quality of early care and education for young children is critical to the successful promotion of inclusive practices. High quality inclusive programs ensure:

- Access – to materials, environments, and services;
- Participation – in a wide range of activities in which typically developing children also participate; and
- Supports - access to a variety of resources, professional development activities, and funding (DEC/NAEYC, 2009).

To address quality improvements in early childhood programs and further promote effective inclusive practices, First Things First supports the provision of a comprehensive, consultative model which provides on-going training, on-site technical assistance, and a variety of staff supports based on needs. A successful approach is developed first through assessment of the early care and education staff’s knowledge base and expertise related to children with disabilities and general understanding of child development. Based on the assessment of staff, an appropriate plan is developed to address individual and programmatic needs. Technical assistance to an early care and education provider is then provided that includes supporting their understanding of established goals and objectives of children’s Individualized Education Plans (IEPs), Individual Family Service Plans (IFSPs), or medically diagnosed (by a doctor, psychiatrist or psychologist ) health condition and how to incorporate them into the program’s established curriculum and daily routines. In addition identification of adaptive materials or program modifications that may be needed to support children’s full participation is also a component of an

effective consultative model. Furthermore, referral and support networks are established and maintained with appropriate state agencies such as the Department of Health Services/Division of Children with Special Health Care Needs, community agencies, social services, AzEIP and school systems so that early care and education providers are able to offer families accurate information and appropriate linkages to needed services.

## **II. Early Childhood Consultation delivery includes the following activities:**

Early Childhood consultants will provide services to programs that address the needs of all children identified with developmental (IEP or IFSP) or special health care (medically diagnosed condition) needs rather than just providing a focus on any specific type of disability such as autism.

Early childhood consultation for the purpose of improving inclusive practices focuses on the three areas of high quality inclusive settings: access, participation and supports. Consultants ensure these issues are addressed through a wide variety of training and technical assistance activities. These activities include:

### **1. Assessment of Program and Staff**

- Identification of providers who wish to enroll children with special health care or developmental needs or increase services to children with special health care or developmental needs.
- Assess the environment for space, materials and equipment
- Assess the child development knowledge and belief sets of program staff
- Assess the levels of child participation in all program activities
- Assess the availability of program supports such as community services, funds, and professional development opportunities.

### **2. Improving Access**

- Assist with the identification of any equipment or program modifications (e.g. curricular changes, meal changes, etc.) necessary to ensure full participation of all children.
- Assist staff in designing teaching strategies that effectively promote children's progress toward specific goals and objectives as outlined in their IEP or IFSP
- Educate staff on children's development and identifying developmental red flags

### **3. Improving Participation**

- Educate staff on use of family centered practices and how to best support staff's development of nurturing, responsive relationships with children and families. Facilitate staff abilities to implement family centered practices to include:

- **Recognition that the family unit is the focus of attention.**  
Family-centered practice works with the family as a collective unit, insuring the safety and well-being of family members.
- **Emphasis on strengthening the capacity of families to function effectively .**  
The primary purpose of family-centered practice is to strengthen the family's potential for carrying out their responsibilities.
- **Engagement of families in designing all aspects of the policies, services, and program evaluation.**  
Family-centered practitioners partner with families to use their expert knowledge

throughout the decision- and goal-making processes and provide individualized, culturally-responsive, and relevant services for each family.

- **Connection of families with more comprehensive, diverse, and community-based networks of supports and services.**

Family-centered interventions assist in mobilizing resources to maximize communication, shared planning, and collaboration among the several community and/or neighborhood systems that are directly involved in the family.

(National Resource Center for Permanency and Family Connections, 2009)

- Directly observe staff and child interactions to ensure all children are included in social interactions
- Conduct individual child observations
- Design and implement program practices responsive to the identified needs of an individual child and program
- Support staff with individual child behavior and classroom management
- Provide on-on-one modeling or coaching for individual child support
- Educate providers and parents on children’s developmental and health needs

#### **4. Improving Supports**

- Support staff in providing referrals to parents for early intervention, special education referrals or health care referrals.
- Advise and assist staff in linking to community resources and service, including but not limited to the Arizona Early Intervention Program, local school districts, other state agency services such as the Department of Health Services/Division of Children with Special Health Care Needs, health care providers, health insurance information, and community services such as library programs, local resource centers and behavioral health services.
- Facilitate meetings, conversations, and collaborations between providers and others who serve the child in various settings, including but not limited to outside therapists, AzEIP providers/support coordinators, local school districts, and health care and behavioral health providers.
- Ensure coordination among all service providers delivering training, consultation, and/or coaching services to a provider. Facilitate team-based planning, discussion, and reflection to ensure consistent information is disseminated and multiple methods are used to enhance learning opportunities for the provider.

### **III. Service Delivery Standards**

#### **1. Intensity of Services**

Consultation services must be of sufficient intensity and duration to generate changes in practices. At a minimum, consultants must meet with providers with face to face contact two times each calendar month. However, providers that may need more intensity of service delivery based on assessment will receive the appropriate consultation activities as determined by their needs. Ratios of consultants to providers should be no more than 1 consultant to 10 providers, but be adjusted when the needs of providers (or other community constraints) require more intensive services.

#### **2. Assessment**

All consultation models follow a procedure of assessment, individualized plan development, plan implementation and review of assessment activities. Consultation must begin with assessment to determine the specific needs of an individual provider. The following standards should be met in implementing assessment activities:

- If a specific assessment instrument is used, it must be valid for the population and setting for which it is used
- Assessment activities must align with the goals and activities conducted. In the case of consultation for inclusion, assessment must align with the indicators of inclusive practices: access, participation, and supports.
- Assessment activities include multiple methods which may include, but are not limited to, an assessment instrument or tool, personnel surveys, provider's own observations, etc.
- Assessment is conducted prior to consultation plans being developed

### **3. Improvement Planning**

Individualized planning activities matched to assessment results are developed in partnership with participating providers. The standards of plan development include the following:

- Coordination and confirmation of assessment results with others who provide similar or other consultative services to the provider
- Review of assessment results with a provider
- Prioritize needs and identify three to five goals to be met throughout the service delivery
- For each goal, identify the following:
  - Expected outcomes of plan that are attainable within the service delivery timeline, observable, and measurable.
  - Outline of steps to implementation
  - Expected completion date
  - Possible barriers and plans to overcome
  - Identification of where further supports such as financing would be needed
- Monitor progress toward goal attainment during the course of implementation and assess effectiveness of consultation services
- Adjust consultation activities as determined by ongoing monitoring and assessment of practices

### **4. Relationship-based/Reflective Practices**

Consultation to early care and education providers occurs as a means to assist in the development of family-centered, relationship-based and reflective programs. Relationship-based programs are characterized by "trust, support, and growth... among caregivers, parents, and children (Seibel, Britt, Gillespie, and Parlakian, 2009). Consultation activities are provided in such a way that they support a program's overall growth and understanding of inclusion and its value through a process of ongoing teamwork and reflection. Expected activities by the consultant to promote relationship-based organizational development and reflective practices include:

- Assist the program in identifying shared goals of inclusion
- Facilitate the program's commitment to growth and change through the development of individualized program improvement plans which lead to attainment of program goals and reflect its values.

- Schedule ongoing opportunities for reflecting and discussing staff activities, concerns, and new information
- Maintain and encourage respect among and between staff, families, and children
- Encourage and support open communication to share thoughts, ideas and feedback
- Develop opportunities for staff to discuss their concerns and to examine how attitudes, fears and beliefs affect their work;
- Facilitate the development of high standards and expectations for staff through a program definition of professional excellence

(adapted from the PCAN training curriculum: Seibel, Britt, Gillespie, and Parlakian, 2009)

#### **IV. Training and Qualifications of Early Childhood Consultant Standards**

Providing training and onsite consultative services to early care and education providers requires specific education and skills.

- For the purpose of increasing the early childhood professional’s capacity to provide inclusive services to children with special needs, consultants should be able to demonstrate the following knowledge and expertise
  - Knowledge of inclusionary practices;
  - Knowledge of child development and recognizing developmental red flags;
  - Knowledge of Arizona Early Learning Standards and developmentally appropriate practices;
  - Experience providing care and education for young children with disabilities and who are typically developing;
  - Ability to work with adults of varying education and skill levels and knowledge of adult learning principles
  - Experience providing training and coaching to adults of varying educational and skill levels;
  - Knowledge of the Arizona early care and education industry;
  - Experience working with families;
  - knowledge of and experience in linking early care and education programs with community resources, state early intervention and special education systems, and health care resources
  - Observation, listening, interviewing, and assessment skills;
  - Curiosity and respect for differences.
- A bachelor’s degree or higher in the following disciplines: early childhood education, early childhood special education, speech/language pathology, occupational therapy, physical therapy, music therapy, social work, marriage and family counseling, educational psychology, or child psychology.
- To address cultural competency objectives, consultants shall ensure that providers, children and families receive from all staff members’ effective, understandable, and respectful services that are provided in a culturally competent manner- a manner compatible with their cultural beliefs and practices and preferred language. Consultants should receive ongoing education and training in culturally and linguistically appropriate service delivery. Consultants should develop participatory, collaborative partnerships with providers and their communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement in designing and implementing the National Standards on Culturally and Linguistically Appropriate Services.

- Consultants receive training and information regarding mandatory reporting. Arizona law requires early care and education staff who suspect that a child has received non-accidental injury or has been neglected, to report their concerns to Child Protective Services or local law enforcement (ARS §13-3620.A).
- Early Childhood Consultants will participate in continuing education to remain current and update skills and knowledge to meet the requirements of this scope of work.

#### **V. Supervision, Quality Assurance and Evaluation Standards**

- Supervision of consultants is conducted as a collaborative process with mechanisms that support them in challenging situations and provides ongoing and regularly scheduled (no less than monthly) opportunities for discussion to reflect and debrief. Supervision will also include observation, feedback and opportunities for peer consultation.
- Evaluation of consultation services utilizes quantitative and qualitative process that includes measures of change within the early childhood environment that accrue due to the consultation process and input from staff, families, program administrators, and community members. Evaluation includes review of the original assessment results, review of the improvement plan activities and re-assessment to determine if consultation made improvements to initial assessment activities.
- Compensation and benefits are adequate for supporting high quality staff and retention of that staff.

# Early Childhood Inclusion

A Joint Position Statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)

**T**oday an ever-increasing number of infants and young children with and without disabilities play, develop, and learn together in a variety of places – homes, early childhood programs, neighborhoods, and other community-based settings. The notion that young children with disabilities<sup>1</sup> and their families are full members of the community reflects societal values about promoting opportunities for development and learning, and a sense of belonging for every child. It also reflects a reaction against previous educational practices of separating and isolating children with disabilities. Over time, in combination with certain regulations and protections under the law, these values and societal views regarding children birth to 8 with disabilities and their families have come to be known as early childhood inclusion.<sup>2</sup> The most far-reaching effect of federal legislation on inclusion enacted over the past three decades has been to fundamentally change the way in which early childhood services ideally can be organized and delivered.<sup>3</sup> However, because inclusion takes many different forms and implementation is influenced by a

wide variety of factors, questions persist about the precise meaning of inclusion and its implications for policy, practice, and potential outcomes for children and families.

The lack of a shared national definition has contributed to misunderstandings about inclusion. DEC and NAEYC recognize that having a common understanding of what inclusion means is fundamentally important for determining what types of practices and supports are necessary to achieve high quality inclusion. This DEC/NAEYC joint position statement offers a definition of early childhood inclusion. The definition was designed not as a litmus test for determining whether a program can be considered inclusive, but rather, as a blueprint for identifying the key components of high quality inclusive programs. In addition, this document offers recommendations for how the position statement should be used by families, practitioners, administrators, policy makers, and others to improve early childhood services.



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## **Definition of Early Childhood Inclusion**

*Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports.*

### **What is meant by Access, Participation, and Supports?**

**Access.** Providing access to a wide range of learning opportunities, activities, settings, and environments is a defining feature of high quality early childhood inclusion. Inclusion can take many different forms and can occur in various organizational and community contexts, such as homes, Head Start, child care, faith-based programs, recreational programs, preschool, public and private pre-kindergarten through early elementary education, and blended early childhood education/early childhood special education programs. In many cases, simple modifications can facilitate access for individual children. Universal design is a concept that can be used to support access to environments in many different types of settings through the removal of physical and structural barriers. Universal Design for Learning (UDL) reflects practices that provide multiple and varied formats for instruction and learning. UDL principles and practices help to ensure that every young child has access to learning environments, to typical home or educational routines and activities, and to the general education curriculum. Technology can enable children with a range of functional abilities to participate in activities and experiences in inclusive settings.

**Participation.** Even if environments and programs are designed to facilitate access, some children will need additional individualized accommodations and supports to participate fully in play and learning activities with peers and adults. Adults promote belonging, participation, and engagement of children with and without disabilities in inclusive settings in a variety of intentional ways. Tiered models in early childhood hold promise for helping adults organize assessments and interventions by level of intensity. Depending on the individual needs and priorities of young children and families, implementing inclusion involves a range of approaches—from embedded, routines-based teaching to more explicit interventions—to scaffold learning and participation for all children. Social-emotional development and behaviors that facilitate participation are critical goals of high quality early childhood inclusion, along with learning and development in all other domains.

**Supports.** In addition to provisions addressing access and participation, an infrastructure of systems-level supports must be in place to undergird the efforts of individuals and organizations providing inclusive services to children and families. For example, family members, practitioners, specialists, and administrators should have access to ongoing professional development and support to acquire the knowledge, skills, and dispositions required to implement effective inclusive practices. Because collaboration among key stakeholders (e.g., families, practitioners, specialists, and administrators) is a cornerstone for implementing high quality early childhood inclusion, resources and program policies are needed to promote multiple opportunities for communication and collaboration among these groups. Specialized services and therapies must be implemented in a coordinated fashion and integrated with general early care and education services. Blended early childhood education/early childhood special education programs offer one example of how this might be achieved.<sup>4</sup> Funding policies should promote the

pooling of resources and the use of incentives to increase access to high quality inclusive opportunities. Quality frameworks (e.g., program quality standards, early learning standards and guidelines, and professional competencies and standards) should reflect and guide inclusive practices to ensure that all early childhood practitioners and programs are prepared to address the needs and priorities of infants and young children with disabilities and their families.

### **Recommendations for Using this Position Statement to Improve Early Childhood Services**

Reaching consensus on the meaning of early childhood inclusion is a necessary first step in articulating the field's collective wisdom and values on this critically important issue. In addition, an agreed-upon definition of inclusion should be used to create high expectations for infants and young children with disabilities and to shape educational policies and practices that support high quality inclusion in a wide range of early childhood programs and settings. Recommendations for using this position statement to accomplish these goals include:

1. *Create high expectations for every child to reach his or her full potential.* A definition of early childhood inclusion should help create high expectations for every child, regardless of ability, to reach his or her full potential. Shared expectations can, in turn, lead to the selection of appropriate goals and support the efforts of families, practitioners, individuals, and organizations to advocate for high quality inclusion.
2. *Develop a program philosophy on inclusion.* An agreed-upon definition of inclusion should be used by a wide variety of early childhood programs to develop their own philosophy on inclusion. Programs need a philosophy on inclusion as a part of their broader program mission statement to ensure that

practitioners and staff operate under a similar set of assumptions, values, and beliefs about the most effective ways to support infants and young children with disabilities and their families. A program philosophy on inclusion should be used to shape practices aimed at ensuring that infants and young children with disabilities and their families are full members of the early childhood community and that children have multiple opportunities to learn, develop, and form positive relationships.

3. *Establish a system of services and supports.* Shared understandings about the meaning of inclusion should be the starting point for creating a system of services and supports for children with disabilities and their families. Such a system must reflect a continuum of services and supports that respond to the needs and characteristics of children with varying types of disabilities and levels of severity, including children who are at risk for disabilities. However, the designers of these systems should not lose sight of inclusion as a driving principle and the foundation for the range of services and supports they provide to young children and families. Throughout the service and support system, the goal should be to ensure access, participation, and the infrastructure of supports needed to achieve the desired results related to inclusion. Ideally, the principle of natural proportions should guide the design of inclusive early childhood programs. The principle of natural proportions means the inclusion of children with disabilities in proportion to their presence in the general population. A system of supports and services should include incentives for inclusion, such as child care subsidies, and adjustments to staff-child ratios to ensure that program staff can adequately address the needs of every child.

4. *Revise program and professional standards.* A definition of inclusion could be used as the basis for revising program and professional standards to incorporate high quality inclusive practices. Because existing early childhood program standards primarily reflect the needs of the general population of young children, improving the overall quality of an early childhood classroom is necessary, but might not be sufficient, to address the individual needs of every child. A shared definition of inclusion could be used as the foundation for identifying dimensions of high quality inclusive programs and the professional standards and competencies of practitioners who work in these settings.
5. *Achieve an integrated professional development system.* An agreed-upon definition of inclusion should be used by states to promote an integrated system of high quality professional development to support the inclusion of young children with and without disabilities and their families. The development of such a system would require strategic planning and commitment on the part of families and other key stakeholders across various early childhood sectors (e.g., higher education, child care, Head Start, public pre-kindergarten, preschool, early intervention, health care, mental health). Shared assumptions about the meaning of inclusion are critical for determining who would benefit from professional development, what practitioners need to know and be able to do, and how learning opportunities are organized and facilitated as part of an integrated professional development system.
6. *Influence federal and state accountability systems.* Consensus on the meaning of inclusion could influence federal and state accountability standards related to increasing the number of children with disabilities enrolled in inclusive programs. Currently, states are required to report annually to the U.S. Department of Education the number of children with disabilities who are participating in inclusive early childhood programs. But the emphasis on the prevalence of children who receive inclusive services ignores the quality and the anticipated outcomes of the services that children experience. Furthermore, the emphasis on prevalence data raises questions about which types of programs and experiences can be considered inclusive in terms of the intensity of inclusion and the proportion of children with and without disabilities within these settings and activities. A shared definition of inclusion could be used to revise accountability systems to address both the need to increase the number of children with disabilities who receive inclusive services and the goal of improving the quality and outcomes associated with inclusion.

## Endnotes

- 1 Phrases such as "children with special needs" and "children with exceptionalities" are sometimes used in place of "children with disabilities."
- 2 The term "inclusion" can be used in a broader context relative to opportunities and access for children from culturally and linguistically diverse groups, a critically important topic in early childhood requiring further discussion and inquiry. It is now widely acknowledged, for example, that culture has a profound influence on early development and learning, and that early care and education practices must reflect this influence. Although this position statement is more narrowly focused on inclusion as it relates to disability, it is understood that children with disabilities and their families vary widely with respect to their racial/ethnic, cultural, economic, and linguistic backgrounds.
- 3 In accordance with the Individuals with Disabilities Education Act (IDEA), children ages 3-21 are entitled to a free, appropriate public education (FAPE) in the least restrictive environment (LRE). LRE requires that, to the extent possible, children with disabilities should have access to the general education curriculum, along with learning activities and settings that are available to their peers without disabilities. Corresponding federal legislation applied to infants and toddlers (children birth to 3) and their families specifies that early intervention services and supports must be provided in "natural environments," generally interpreted to mean a broad range of contexts and activities that generally occur for typically developing infants and toddlers in homes and communities. Although this document focuses on the broader meaning and implications of early childhood inclusion for children birth to eight, it is recognized that the basic ideas and values reflected in the term "inclusion" are congruent with those reflected in the term "natural environments." Furthermore, it is acknowledged that fundamental concepts related to both inclusion and natural environments extend well beyond the early childhood period to include older elementary school students and beyond.
- 4 Blended programs integrate key components (e.g., funding, eligibility criteria, curricula) of two or more different types of early childhood programs (e.g., the federally funded program for preschoolers with disabilities [Part B-619] in combination with Head Start, public pre-k, and/or child care) with the goal of serving a broader group of children and families within a single program.

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[http://community.fpg.unc.edu/resources/articles/Early\\_Childhood\\_Inclusion](http://community.fpg.unc.edu/resources/articles/Early_Childhood_Inclusion)

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## **Exhibit J, Standard of Practice – Pre-Kindergarten Scholarships**

### **II. Strategy Description**

First Things First has identified a need to increase the number of children who receive high quality early care and education services in order to improve young children’s success in school and in life. High quality early childhood services are strongly linked to both academic and life-skills success among children, especially those from families with several risk factors such as low income and low educational levels of parents and/or caregivers. This regionally-funded Pre-Kindergarten strategy addresses the identified need by allocating scholarships to support children receiving high quality, early care and education in a center or classroom based setting. Funding will support programming for those children who may not otherwise have access to high quality early care and education during the two years prior to their kindergarten entry.

Inherent in this strategy is the principle that all children, regardless of family income, or other factors, should have access to a high quality early childhood program if their family desires. Ensuring that all children have such access requires the use of a “mixed delivery” system of high quality early care and education that includes a wide array of program types, such as public school and Bureau of Indian Affairs programs as well as private, for-profit, non-profit, Head Start and faith based programs. By implementing a mixed service delivery system, families whose children need part day, full day, school based or center based services which promote early learning can find and participate in those programs. With multiple options, families with infants and toddlers as well as preschoolers targeted in this strategy can access services at a single location. Spreading investments across a variety of early childhood education program types also improves the stability of funding through higher enrollment numbers that, in turn, support quality improvement and quality maintenance for participating partners.<sup>v</sup> Therefore, this strategy includes methods by which high quality early care and education programs work collaboratively to provide services to preschool aged children in various settings in the community.

Pre-Kindergarten Scholarship programs collaborate with their public and private community partners in order to assure effective transitions from one program to another, meet standards for sensory and developmental screening, implement parent education and other community events and engage in professional development opportunities.

In order to ensure the high quality and systemic approach that is necessary to achieve readiness for success in kindergarten and later school, this strategy also includes a mentoring component. Mentors provided by the administrative home will assist programs to form community partnerships and facilitate collaboration between private providers and public schools, leverage resources and share in professional development activities.

### **III. Program Quality Standards**

The standards listed below are applicable to the various roles assumed by administrative homes, public school settings and community based early care and education providers.

High quality pre-kindergarten is demonstrated by such indicators as a safe and healthy environment, well-qualified and experienced staff, a developmentally and culturally

appropriate environment that is child centered and promotes learning, low staff to child ratios combined with limited group sizes, meaningful family engagement and a clear and well-implemented plan for transition from pre-kindergarten to kindergarten programs. Adherence to these quality standards is defined in Arizona's early care and education system as achieving a Quality First rating of 3 stars or higher. These Quality First standards were developed to align to the state's *Program Guidelines for High Quality Early Education: Birth Through Kindergarten*<sup>vi</sup>. Incorporated into the Quality First standards are requirements for understanding and using the state's *Early Learning Standards* (for children age 3 -5 years)<sup>vii</sup>.

In addition to the Quality First rating of 3 stars or higher, programs funded through this strategy must meet higher quality standards in the following areas:

#### Curriculum Standard

Research has found that "while no single curriculum or pedagogical approach can be identified as best, children who attend well-planned, high-quality early childhood programs in which curriculum aims are specified and integrated across domains tend to learn more and are better prepared to master the complex demands of formal schooling"<sup>viii</sup> To ensure curricula approaches are used that meet the individual developmental needs of children by providing intentionally designed instructional support, the following standards are required:

1. Curriculum is designed around children's interests and needs and aligns clearly with the *Arizona Early Learning Standards* (for 3 – 5 year old children). Comprehensive models that align with Arizona's state standards and use ongoing assessment to inform instructional support are given priority over structured curricula with specifically outlined and prescribed lesson plans focused only on one developmental domain, such as language and literacy.

All programs receiving Pre-Kindergarten Scholarships must follow the guidance provided by the *Arizona Guidelines for High Quality Early Education Programs Birth to Kindergarten*.

2. All program personnel working with children will receive training facilitated by the administrative home on using the *Arizona Early Learning Standards* (for 3 – 5 year old children) and the *Arizona Guidelines for High Quality Early Education Programs Birth to Kindergarten*. They must link curriculum to the Common Core standards as they are incorporated into the revised *Early Learning Standards* (revision to occur in 2013).

#### Child Screening Standard

Early identification of children with special needs ensures that young children receive the services and supports necessary to maximize their opportunities for healthy development and learning. School districts are required by statute to "...identify, locate, and evaluate all children with disabilities within their geographic boundaries who are in need of special education and related services" (§300.111 Child Find).<sup>ix</sup> Screening activities are a first step in the identification process. Therefore, it is imperative that a comprehensive screening procedure be in place to ensure children are identified and receive the supports they need.

1. All children will receive comprehensive developmental and sensory (vision and hearing) screening within the first 45 calendar days of the first day of attendance in the program in accordance with First Things First Developmental and Sensory Screening Standards of Practice.
2. Comprehensive screening must include the developmental domains of children's cognitive, physical, language/communication, social/emotional and adaptive behavior, as well as sensory screenings for vision and hearing. Pre-kindergarten programs are encouraged to conduct more in-depth social-emotional screenings in the context of children's daily activities and routines, as well as solicit family input.
3. Screening will be conducted in partnership with the local school district(s) to ensure coordinated and seamless efforts are maintained, and appropriate referrals for evaluation are made in a timely manner.
4. Program staff conducting screening, whether at school districts, Head Start programs, or other community based programs, have either the training or support they need to ensure that screening takes place within the timeframe and in a developmentally appropriate manner. Screening will be conducted only by those who have been trained to administer screening instruments or methods.
5. Follow up referrals and activities that are initiated to secure appropriate services will be documented and tracked to ensure that families receive the information and/or services necessary.

#### Child Assessment and Ongoing Program Monitoring Standard

Ongoing monitoring of children's progress for the purpose of guiding instruction and making curricular decisions is a critical part of high-quality programming. Formative assessment activities, including using observation, collecting work samples, and gathering family input are a requirement of this funding opportunity.

1. All programs participating in this opportunity shall use the Arizona State Board of Education approved instrument and system, Teaching Strategies Gold, for documenting and reporting children's progress.
2. Child assessment data from Teaching Strategies Gold will be entered into the on-line assessment system.
3. Training in appropriate use of Teaching Strategies Gold is required for all staff of pre-kindergarten programs funded through this agreement who have not been previously trained on the instrument. This training will be provided by the administrative home.

#### Staff-to-Child Ratio and Class Size Standard

Low ratios of children to adults and limited group sizes are correlated with higher overall quality programs and improved outcomes for children, including lower rates of illness, more positive child/staff interactions, and improved school readiness and mental health<sup>x</sup>. According to Bowman et. al. (2000), low ratios of children to adults are associated with more extensive teacher-child

interaction, more individualization, and less restrictive and controlling teacher behavior. Smaller group size has been associated with more child initiations and more opportunities for teachers to work on extending language, mediating children's social interactions, and encouraging and supporting exploration and problem solving.

Programs receiving Pre-Kindergarten Scholarships are required to maintain a ratio and group size that meets the six point level on the Quality First Points Scale. This means that:

1. Classrooms for four year olds exclusively may not exceed a staff to child ratio of one to ten, and class size may not exceed 20 children;
2. Classrooms for three year olds exclusively or mixed age classrooms including three year olds may not exceed a staff to child ratio of one to nine, and class size may not exceed 18 children; and
3. Inclusive settings that include children with disabilities will adjust their ratios and group size to a lower level in accordance with the specific disabilities and/or needs of the children present. At maximum, they may not exceed a staff to child ratio of one to nine and class size of 18 children.

#### Director/Administrator Education and Qualifications Standard

1. At a minimum, directors/administrators (those responsible for the direct supervision of the program and staff (may include principal, program coordinator, director or owner) must hold a Bachelor's degree in Early Childhood, Child Development, Family Studies, or Early Childhood Special Education OR hold a principal's certificate through the Arizona Department of Education.
2. Areas of knowledge and competencies must include:
  - a. Curriculum Development and Planning
  - b. Administration and Management of Early Care and Education Programs
  - c. Leadership Development
  - d. Developmentally Appropriate Practices
  - e. Children's Health and Safety, including Licensing Rules and Regulations
  - f. *Arizona Early Learning Standards* (for 3 – 5 year old children)
  - g. *Arizona Guidelines for High Quality Early Childhood Programs Birth to Kindergarten*

#### Teacher Education and Qualifications Standard

1. At a minimum, Pre-Kindergarten lead teachers must hold a Bachelor's degree in Early Childhood, Child Development, or a related field recognized by the Quality First Point Scale.
2. Staff should have the following areas of knowledge and competencies in:
  - a. Typical/atypical child development

- b. Developmentally Appropriate Practices
  - c. Classroom management
  - d. Curricular planning and design
  - e. Early childhood child assessment
  - f. Children’s health and safety standards
  - g. *Arizona Early Learning Standards (for 3 – 5 year old children)*
  - h. *Arizona Guidelines for High Quality Early Childhood Programs Birth to Kindergarten*
2. To address cultural competency objectives, Pre-kindergarten teachers shall ensure that children and families receive effective, understandable, and respectful services that are provided in a culturally competent manner compatible with the families’ cultural beliefs and practices and preferred language. Pre-Kindergarten staff should receive ongoing education and training in culturally and linguistically appropriate service delivery. They should develop participatory, collaborative partnerships with other providers and their communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement as they implement the cultural and linguistically appropriate program standards in the *Arizona Guidelines for High Quality Early Childhood Programs Birth to Kindergarten* and the *National Standards on Culturally and Linguistically Appropriate Services*.<sup>xi</sup>
  3. All program personnel will participate in continuing education to remain current and update skills and knowledge to meet the requirements of this standard of practice.
  4. All teaching personnel will have individualized professional development plans specific to their personal /professional goals.

Supervision, Quality Assurance and Evaluation Standards

1. Effective programs recognize that building and maintaining quality requires an ongoing and iterative process. Participants and their respective partners shall conduct ongoing, reflective practices that continuously assess the quality and effectiveness of the implementation of the pre-kindergarten program and the maintenance or improvement of their Quality First rating. In addition, community partner providers will join with their public school partners in the Early Childhood Quality Improvement Practices (ECQUIP) process.
2. Supervision of program personnel is conducted as a collaborative process with mechanisms that support them in challenging situations and provides ongoing and regularly scheduled (no less than monthly) opportunities for discussion to reflect and debrief. Supervision will also include observation, feedback, and opportunities for peer consultation.
3. Compensation and benefits are adequate to support the hiring and retention of highly skilled staff.

Intensity of Services Standard

Experts who study the effects of early childhood education on children’s development have found several factors as critical in producing positive outcomes for young children. In addition to high staff-to-child ratios and well-qualified staff, programs found to be most effective are those that operate with significant intensity and duration both number of hours children attend in a day and the length of the program year(s)<sup>xii</sup>. To address this factor, those programs operating under this funding are

required to enroll children for a minimum number of hours per day and for a minimum number of program days per year.

1. To ensure sufficient intensity and duration of program services, children may be enrolled in either a full day/full time or part day/part time services based on the following definitions and requirements:
  - Full day/full time services for children are defined as a minimum of 28 hours per week and a minimum of 4 days per week.
  - Part day/part time services are defined as less than 28 hours per week, but a program must serve children for a minimum of 3 hours per day and total no less than 12 hours per week and no less than 3 days per week.
2. Program services must be provided for a minimum of 9 months per year, unless prorated for a late start-up.

#### Inclusion of Children with Special Needs

Early childhood inclusion in high quality early care and education programs focuses on access, participation and supports for all children, including children with special needs, defined here as: children with an Individualized Education Program (IEP), Individualized Family Service Plan (IFSP), or other professionally diagnosed educational disability; or a child with a 504 plan or individual health plan (IHP) or 504 Plan by a medical professional. Inclusion in early childhood education embodies the values, policies, and practices that support every child and his or her family, regardless of ability, to participate in a broad range of activities.... as full members of society.<sup>xiii</sup> Programs which receive Pre-Kindergarten Scholarships are highly encouraged to enroll children with special needs and model appropriate inclusive practices.

## **IV. Implementation Standards**

#### Target Population

First Things First's Pre-kindergarten Scholarships will improve access and affordability to high quality early education programs for low-income children who are at least three years of age before September 1 of the program year and not yet enrolled in kindergarten. Low income is defined at 200% or less of the Federal Poverty Level (FPL). (Exceptions to the income eligibility are described on page 8.)

#### Mixed-Service Delivery Model

In order to promote optimal family choice, First Things First uses a mixed-service delivery model in the provision of high quality pre-kindergarten services. In a mixed-service delivery model, pre-kindergarten is accessed in a wide array of program types, including public school programs, private, for-profit or non-profit settings and Head Start programs. Full-time and part-time options are available to best meet the needs of the families and children. Not only are a variety of preschool programs eligible to apply for Pre-Kindergarten Scholarships, but successful applicants are required to partner in planning to assure services such as sensory and developmental screening, provide activities to promote family engagement, promote shared professional development and assure a smooth transition as children move from preschool into kindergarten programs.

### Determination of Pre-kindergarten Provider Eligibility

Pre-kindergarten Scholarships improve both access and affordability to high quality early care and education. A designated administrative home has the responsibility for verifying the Quality First rating for each early childhood education program and monitoring to determine that additional quality and eligibility criteria for this strategy are met. Commitment to maintaining quality is achieved for this strategy through the following programmatic eligibility criteria:

1. Programs must be located within the Region funding the grant; exceptions may be made when there is mutual agreement between a First Things First Regional Council that agrees to pay for Pre-Kindergarten Scholarships in another Region.
2. Programs comply with requirements of the appropriate certifying, licensing or regulatory authority (State, Federal, Tribal or Military) and remain in good standing.
3. Programs participate in Quality First, either Full Participation or Rating Only based upon the following:
  - a. Programs receiving Pre-Kindergarten Scholarships prior to or during state fiscal year 2012 (July 1, 2011 – June 30, 2012) and enrolled in Quality First must achieve a star rating of 3-5 stars by April 1, 2013.
  - b. Programs receiving Pre-Kindergarten Scholarships prior to or during state fiscal year 2012 (July 1, 2011 – June 30, 2012) and not enrolled in Quality First until after July 1, 2012, must enroll in Quality First and achieve a star rating of 3-5 stars by April 1, 2013.
  - c. Programs newly awarded Pre-Kindergarten Scholarships in state fiscal year 2013 (July 1, 2012 – June 30, 2013) will be enrolled in Quality First to be rated and achieve a 3-5 star rating on or before April 1, 2013.

### Children's Enrollment, Eligibility, and Attendance

Enrollment and eligibility requirements are intended to ensure that services provided with this grant funding increase access to high quality early care and education for children whose family incomes do not exceed 200% of the federal poverty level, with exceptions only allowed at the discretion of the First Things First Regional Council and with notification to the administrative home.

Programs are required to leverage funding, ensure non-duplication of services and conduct an effective enrollment process and documentation of the following:

1. Age Requirement: Children are at least three or four years of age (dependent on the regional funding guidance) before September 1 of the program year and are not yet enrolled in Kindergarten.
2. Financial Eligibility Requirements include:
  - a. Children may not be receiving duplicate programming through other funding available from State, Federal or Tribal sources such as: Department of Economic Security (DES) child care subsidy, Title I, Special Education Programs, or Head Start.

Children eligible for these resources but who are currently on waiting lists for these programs are eligible to participate, AND

- b. Family income must be at or below 200% of the Federal Poverty Level (FPL), with exceptions noted above. Verification of income eligibility must be obtained by the Pre-Kindergarten provider and maintained on site for at least two years.
  - i. Acceptable documentation of income may include any of the following: current pay stubs; written, notarized statement from employer; documentation of current receipt of unemployment insurance; of documentation of receipt of public assistance such as KidsCare, Food Stamps, Free and Reduced Lunch Program, etc. Gross income as listed on the most current federal Individual Tax Form 1040, Form 1099, or W2 forms may also be used for documentation.
  - ii. For those who are self employed, at least one of the tax forms is required.
3. Child's Legal Residency: Proof of the child's legal residency must be documented and maintained on file with the pre-kindergarten program.
4. Children's Attendance: Attendance policies must support consistency and ongoing participation. Programs must create and implement policies to determine when follow up on non-attendance is required, and the grantee will implement policies indicating when families may lose the scholarship due to children's non-attendance. These policies must be in writing and given to the families at time of enrollment. Programs must document all decisions regarding children's continued participation. Vacancies must be filled within 30 days.

#### Funding Requirements

Providing a full range of high quality pre-kindergarten experiences requires both appropriate funding levels and significant leveraging of multiple program resources. To ensure equity across the state so that all children have access to quality early care and education, a standard allocation rate has been established. These amounts have been determined to be fair and reasonable based on data collected through the Arizona Department of Education and national information on the cost of quality care.<sup>xiv</sup>

1. The funding formula will be allocated based on the service numbers awarded to each Pre-Kindergarten provider. Each provider must produce a budget for the actual cost of services. The formula cost per child will be based upon a program's star rating, geographical location and program size.
2. Under this strategy, children must be enrolled and attending school prior to or during the first quarter of the fiscal year (July 1 – October 1). Yearly start-up costs may be budgeted during this time period, but should be no more than 5% of the total allocation.

3. Programs must show evidence of leveraged funding at a minimum of 20% of the total cost of services. Funding may be leveraged through cash donations to the program or through in-kind contributions, must be fairly evaluated and may consist of, but are not limited to:
  - a. Building space and utilities
  - b. IDEA Part B funding
  - c. Title I targeted to support preschool programming
  - d. Tribal or Migrant funds
  - e. Child and Adult Food Care Program (CACFP)
  - f. Transportation costs
  - g. Family co-payments (not to exceed 10% of family income)
  - h. Other state, tribal or federal dollars targeted to support preschool programming
  - i. Donations or grants for preschool programming
4. Programs are expected to braid funding to provide services to the maximum number of children, but shall not supplant any current funding source and shall provide written assurance that the First Things First funding is not supplanting any currently existing funding.
5. Pre-kindergarten programs shall be free or as low-cost as possible to the eligible low-income families receiving the scholarships. If there is a co-payment, it is recommended that it not exceed 10% of the gross family income.

#### Family Engagement

Family members play a central role in a child's life. With this understanding, engaging in a two-way, reciprocal relationship with families is paramount to successful, comprehensive early care and education programming, as well as to the success of children throughout their education.<sup>xv</sup> (See *Guidelines for High Quality Early Childhood Programs Birth to Kindergarten*.) A framework of six types of family involvement helps educators and families to develop more comprehensive school-family-community partnerships. The following are strategies which are expected to be employed by Pre-Kindergarten Scholarship recipient programs with a specific family engagement plan required for each site:

1. Parenting: assisting families with parenting skills and understanding their child's development
2. Communicating: having two-way communications with families about the early childhood program and their children's progress
3. Volunteering: offering a variety of opportunities for families to volunteer in ways that will support the early childhood program and their child's development
4. Learning at Home: involving families with expanding their children's learning within the home setting, especially using everyday routines

5. Decision-Making: including families as participants in programmatic decisions, governance and advocacy
6. Collaborating with Community: coordinating resources and services for families and children, as well as connecting with local businesses, agencies and other local groups

#### Kindergarten Transition

Families, community-based, private child care and preschool providers and public schools are critical to the development of a high quality early childhood education system for young children entering kindergarten. Effective coordination and collaboration among communities, schools and families is required for a successful transition program. Providers receiving funding through this strategy will participate in developing ongoing transition activities, as facilitated by the mentors and partnerships formed through this strategy

In order to maximize school readiness, comprehensive kindergarten transition plans and practices involve preparing children and their families for school entry. It is expected that Pre-Kindergarten Scholarship recipients will develop a kindergarten transition plan and implement strategies that involve children, families and elementary schools to support the following:

1. Child-school connections to increase children's familiarity with the new classroom and school setting and the people within it;
2. Family-school connections to increase collaboration and family involvement with the school and the transition process; and
3. School-school connections to provide children with stable classroom experiences across time and facilitate communication between preschool and kindergarten staff through regular meeting between Pre-Kindergarten and Kindergarten staff<sup>xxvi</sup>.

#### Collaborative Partnerships

The development of community partnerships among all elements of the early childhood education system, including public and private schools, early care and education centers, family child care homes and community providers of family supports, are essential to ensure ongoing support for children's readiness for success in kindergarten and throughout their education continuum. Pre-Kindergarten Scholarship programs are required to:

1. Collaborate to assure effective transitions from one program to another;
2. Partner to promote school readiness through appropriate child and family activities such as literacy and STEM (Science, Technology, Engineering and Math) events;
3. Partner to meet the requirements of this strategy, such as sensory and developmental screening;
4. Partner to provide professional development to both Pre-Kindergarten and Kindergarten teachers;

5. Implement parent education, parent activities and other community events; and
6. Schedule meetings between Pre-Kindergarten and Kindergarten teachers and administrators to promote mutual understanding and appropriate sharing of information about children who will be transitioning into Kindergarten.

## V. Cultural Competency Standards

Programs will also implement the following best practices and standards related to Cultural Competency:

- To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members and program participants effective, understandable, and respectful care that is provided in a culturally competent manner. Early childhood practitioners /early childhood service providers should ensure that staff and participants at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children.”  
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>  
<http://www.naeyc.org/positionstatements/linguistic>
- Service providers should understand that individual Tribes/Nations are distinct and separate communities from other Tribes/Nations and their governmental systems, and structures are not reflective of each other. Services to Tribal communities and on reservations must be provided in a manner compatible with the Tribe’s/Nation’s cultural beliefs and practices, to include the preferred language of the community. Services must also be provided in accordance with the Tribe’s/Nation’s laws, policies and procedures. The effectiveness of services is directly related to the provider’s consideration of the beliefs, customs and laws of the Tribe/Nation.
- Service providers can obtain information about providing services on tribal lands from a variety of sources. These include the FTF Regional Director, Regional Council members, tribal websites and publications, as well as official representatives of the Tribe/Nation such as the governing body, standing committees and authorized departments.

- It is highly recommended that service providers seek guidance from one or more of these sources before initiating services on reservations. Failure to do so could result in contraventions of cultural beliefs, Tribal laws or sovereignty.
- The successful Applicant will demonstrate their ability to operate within these parameters through prior experience working with Tribes/Nations, demonstrating that staff are culturally competent, partnerships with agencies serving Native American families, knowledge of cultural beliefs, customs and laws of the Tribe/Nation or a combination of these elements.
- Related to data collection, evaluation or research activities:
  - In the United States, Native American Tribes are considered autonomous nations with all of the rights and responsibilities of a nation. Understanding this, Native American Tribes are charged with protecting the health and safety of their people. To this end, Tribes have full ownership over any data collected within their reservation boundaries. This means that Tribes can allow or not allow any program to collect data from or related to any early childhood development and health program or activities on the reservation.

Any grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive data from or related to any early childhood development and health program or activities.

## **Exhibit K, Quality First Coach Competencies**

### ***Core Values***

Some underlying themes are woven throughout each section of the competencies that have emerged as core values and beliefs. While coaching is viewed as a relationship between “co-learners”, one of the coach’s primary roles is to be responsive to the goals and needs of the program and person being coached, in the service of positive outcomes for children and families. Additional themes include:

- Coaching requires authentic collaboration; to be effective it must be a partnership.
- Coaching requires respectful, professional regard for the Provider.
- Coaching is not static; being in a learning relationship is a dynamic process.
- Coaching goes beyond the surface of quality practice to explore the roots of what supports children’s growth and development.
- Coaching relies on being open to possibilities and welcoming the unexpected.
- Coaching promotes self-reflection and experimentation as primary learning strategies.
- Coaching is a parallel process. The coach practices and models behaviors and dispositions that support the Provider’s learning.
- Coaching should assist Providers to develop self-awareness, self-reflection, and self-directed action to benefit the children and families whom the Provider serves.

The Early Childhood Education Coaching Competencies are not meant to be used as requirements for hiring or by which coaches would be evaluated, but rather as a description of best practice. The competencies can be a useful resource to support coaching work in the following ways:

- As a professional development tool for programs and initiatives that employ coaches
- As a coach self-assessment tool to review and strengthen skills and dispositions
- As a guide for selection of professionals interested in becoming coaches
- As a tool for strengthening professional identity among early childhood educators who are doing coaching
- As a tool for promoting coaching as a profession
- To inform ongoing conversation on the role of coaching in early childhood education professional development and how to support coaching efforts in Arizona

## ***Ethical Guidelines and Professional Standards***

A code of ethics is one of the criteria that set professionals apart from other workers (Katz and Ward, 1991). Coaches may have to make difficult decisions that have moral and ethical implications during their work coaching early childhood providers. The importance of a code of ethics is to provide guidance when there are ethical problems in areas of “power and status, multiplicity of Providers; ambiguity of data base; role ambiguity” (Katz, 1978). In combination, these three documents can provide guidance to coaches on maintaining high standards of professionalism in general, and support for decision-making in specific early childhood coaching situations.

*The NAEYC Code of Ethical Conduct (Revised 2005)* serves as a resource to assist coaches in resolving ethical dilemmas. The standards of ethical behavior are based on: commitment to core values, appreciation of childhood as unique, grounding one’s work on current knowledge of child development and learning, appreciation of child and family bonds, and understanding the child within the context of the family. The NAEYC Code states that when the issues involve young children, its provisions should be broadly applied to include specialists who do not work directly with children. “Above all we shall not harm children.” This principle has precedence over all others. The document can be found on-line at <http://www.naeyc.org/about/positions/PSETH05.asp>

Another NAEYC document, *Code of Ethical Conduct: Supplement for Early Childhood Educators*, references those involved in “mentoring” and provides specific direction that “everything we do in our role as educators of adults is intended to further this ultimate commitment” to the healthy development and welfare of young children. The core values include to “respect the critical role of a knowledgeable, competent, and diverse early childhood education workforce in supporting the development and learning of young children” and to “base practice on current and accurate knowledge of early childhood education, child development, adult development and learning, as well as other relevant disciplines.” The Supplement outlines ethical responsibilities to adult learners. This document can be found on-line at <http://www.naeyc.org/about/positions/ethics04.asp>.

The *ICF Code of Ethics* provides specific guidelines on professional conduct with Providers. (The Partnership has chosen to use the term “Providers”.) This document includes a philosophy statement and “Standards of Ethical Conduct” for coaches working in a variety of contexts. Many of these standards are applicable to coaching in early childhood education settings and are excerpted in the Appendix. In combination, these three documents can provide guidance to

coaches on maintaining high standards of professionalism in general, and support for decision-making in specific early childhood coaching situations.

### **Competencies:**

The following Coaching competencies address skills, knowledge and attitudes that lay the foundation for developing a professional relationship with all Providers and promoting a strength-based approach to continuous quality improvement.

### **Content Area 1: Setting the Foundation**

The professional skills and knowledge that each Coach brings to their work.

1.1		Demonstrates understanding of Arizona’s Early Childhood systems and Early Childhood content knowledge as defined by relevant policies, regulations, and standards.
1.2		Demonstrates content competence in child development, curriculum, child assessment, Arizona Early Learning standards and developmental guidelines, quality rating tools used in Arizona, working with families, health and safety standards and business practices.
1.3		Is familiar with the major areas of child development: a) Cognitive b) Language and literacy c) Social emotional d) motor
1.4		Develops and maintains an awareness of current research
	1.4a	Demonstrates the ability to incorporate best practices into work with Providers
1.5		Advocates, supports, and works towards standards of quality
1.6		Demonstrates leadership in the field through ongoing professional development and networking at the local, state and national level
1.7		Develops and maintains skills in various forms of technology needed for successful completion of job responsibilities
1.8		Develops and maintains an awareness of other Consulting programs and how to access those resources to support the Provider
1.9		Demonstrates knowledge of and adheres to a code of ethics for making professional decisions
1.10		Understands and demonstrates the ability to maintain confidentiality in all areas
1.11		Demonstrates ethical and professional behavior, including trustworthiness and integrity
1.12		Addresses needs of Provider without personal bias of values, beliefs, prejudices and past experiences
1.13		Uses reflective practice

		<ul style="list-style-type: none"> <li>a. to re-examine actions and feelings expressed by Provider</li> <li>b. to solve ethical dilemmas</li> <li>c. to reflect on his/her own work</li> </ul>
1.14		Demonstrates Cultural Competence when providing coaching by implementing a variety of strategies, such as:
	1.14a	Uses evidence-based practices that are culturally and linguistically competent;
	1.14b	Collects and analyzes data using variables that have meaning to and an impact on culturally diverse groups
1.15		Advocates for or with populations that are underserved or unserved
1.16		Demonstrates understanding of Developmentally and Culturally Appropriate Practices (reference NAEYC's DAP/DCAP position paper)
1.17		Has a working knowledge of and uses the NAEYC Code of Ethical Conduct and Statement of Commitment, and the Supplement for Early Childhood Adult Educators to guide decision-making when one important value is in conflict with another.
1.18		Has a working knowledge of and uses the relevant International Coaching Foundation Standards of Ethical Conduct to guide professional conduct in coaching interactions.
1.19		Has a working knowledge of and uses the Arizona Early Learning Standards and Developmental Guidelines.
1.20		Demonstrates knowledge of the Arizona Department of Health licensing requirements and the contracting requirements through the Arizona Department of Economic Security, Child Care Administration.
1.21		Understands the stages\phases of the consultation process
1.22		Is family with disabilities and their impact on development and understands the early childhood and early intervention service system

## Content Area 2: Establishing The Coaching Agreement

The ability to understand the requirements of the Quality First Improvement and Star Rating System and align these requirements with the needs and expectations of the Provider.

2.1		Effectively explains the goals and parameters of Quality First in which the coach and Provider are partnering. These may include time commitment, logistics, expected outcomes and measures of success, reporting requirements, resources available, confidentiality, roles of other parties, etc. (e.g. funders, project coordinators, evaluators)
2.2		Sets mutually defined goals and coaching agendas that align those of the Provider, the early childhood program in which the Provider works, the Quality First program, and the coach.
2.3		Reaches agreement about roles and responsibilities of the coach and the Provider, and expectations for coaching interactions (e.g. norms related to missed appointments, giving and receiving feedback, follow-through on tasks, etc.)
2.4		If the Provider is participating in more than one First Things First initiative, assists in coordinating consultation efforts.
2.5		Determines whether there is an effective match between his/her coaching

		method/skills and the needs of the prospective Provider
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### Content Area 3: Co-Creating the Relationship

The process of forming mutual, trusting, safe, and respectful relationships with Providers.

3.1		Uses positive interpersonal skills to develop a respectful and responsive relationship with Provider
3.2		Demonstrates respect for and interest in the Provider’s individual strengths, learning style, goals, and cultural context
	3.2a	Partners with Provider to identify learning and communicating styles and preferences
	3.2b	Uses teaching tools that match the Provider’s learning style (e.g. metaphor, concrete examples, charts and other visuals, etc.)
	3.2c	Demonstrates appreciation for the Provider’s perspective, even when it is different from one’s own
	3.2d	Recognizes the importance of Provider’s “self-discovery”.
	3.2e	Uses language that is non-sexist, non-racist, non-technical, non-jargon
3.3		Demonstrates feelings of care and empathy that are strength-based and focused on positive change when working with Provider
3.4		Provides support as needed by Provider while maintaining a professional relationship
3.5		Demonstrates a commitment to the concept of shared learning by using strategies that encourage shared decision making, joint problem-solving, and partnership development
3.6		Establishes and maintains clear agreements
3.7		Maintains professional boundaries
3.8		Maintains professionalism by being on time, organized, and prepared for each coaching session
3.9		Provides ongoing support for new behaviors and actions, focusing on learning opportunities even when outcomes are disappointing
3.10		Celebrates Provider’s successes and capabilities for future growth
3.11		Is fully attentive, shifting perspectives and coaching approaches as needed in the moment
3.12		Remains focused on the Provider’s needs when disagreements or conflicts surface.
3.13		Establishes and maintains regular communication with other Quality First Consultants to promote collaboration and streamlining of services

### Content Area 4: Communication

The shared process of speaking, listening and responding used to achieve mutual understanding and responsive interaction. This process is both verbal and non-verbal.

4.1		Uses a range of effective communication techniques designed to address both verbal and non verbal communication with Provider
4.2		Encourages, explores, and accepts without judgment the Provider’s expression of feelings, perceptions, concerns, beliefs, suggestions, etc.
4.3		Asks critical thinking questions to clarify vision, beliefs, thoughts, and actions

4.4		Summarizes, paraphrases, and restates to reflect back what the Provider has said for clarity and understanding
4.5		Makes the Provider's communication a focal point of the interaction by integrating and building on their perspective
4.6		Is clear, articulate, and direct in communicating coaching objectives, providing feedback, and making recommendations.
4.7		Uses reframing to give the Provider another perspective on their wants or concerns
4.8		Demonstrates the ability to share information in a timely manner with Providers, partners and stakeholders
4.9		Demonstrates the ability to facilitate the Coaching process through timely, goal-focused interactions by summarize the conversation and articulate next steps
4.10		Strategically identifies possible conflicts and addresses them through using positive conflict management strategies
4.11		Demonstrates the ability to promote cooperation through the facilitation of team building skills
4.12		Demonstrates effective written communication skills

## Content Area 5: Change Process

The process through which coaching facilitates and enables change, especially to understand situations from an objective standpoint (to step back and be non-judgmental), and then to help the Provider(s) understand reasons, aims and ways of responding positively according to their own situation and capabilities.

5.1		Demonstrates an understanding of the change process
5.2		Demonstrates the ability to manage and facilitate change
5.3		Responds effectively to Provider's changing needs
5.4		Demonstrates understanding that improvement is continuous and takes time
5.5		Documents changes occurring with the Provider
5.6		Understands conflict management and demonstrates resolution strategies
5.7		Is able to identify positive and negative effects that might result from efforts to change part of the program

## Content Area 6: Principles of Adult Learning

The process of engaging adult learners in the structure of the learning experience.

6.1		Demonstrates ability to apply motivational strategies in relationship-based (RB) settings
6.2		Acknowledges and builds on the experience and knowledge Providers bring to the relationship-based setting
6.3		Facilitates opportunities for Provider to practice new learning before integrating into daily activities
6.4		Provides opportunities for Provider to integrate new learning into their current setting, experience and knowledge base
6.5		Lays the groundwork for transfer of learning by using a variety of instructional

		techniques that promote ongoing learning and the development of communities of practice
6.6		Provides Provider interactions that are tailored to individual learning styles and preferences
6.7		Facilitates a comfortable learning environment that acknowledges contributions by all involved
6.8		Demonstrates a commitment to shared learning by using a feedback process that is strength-based

## Content Area 7: Assessment, Planning and Goal Setting

The process of working with the Provider to determine the level of growth and change achieved as well as the next steps for growth and change.

7.1		Uses formal and informal observation strategies and tools to gather information
7.2		Analyzes the collected data and provides reliable information to Provider
	7.2a	Provides Provider with the skills and tools necessary to self evaluate, and the opportunity to discuss/analyze findings
	7.2b	Helps the Provider to evaluate alignment of values, goals, and actions
	7.2c	Identifies the thinking behind the Provider's underlying concerns
	7.2d	Assists the Provider to identify major strengths and major areas for learning and growth
	7.2e	Communicates insights and broader perspectives to help the Provider see different, interrelated factors that affect them and their program
	7.2f	Helps the Provider to discover for themselves alternative viewpoints and find new possibilities for action
7.3		Consolidates collected information to establish a coaching plan with the Provider that addresses concerns and major areas for learning and program improvement
7.4		Supports the Provider in prioritizing goals and actions and creates an implementation plan with goals that are attainable, measurable, specific and have target dates
7.5		Works collaboratively with Provider to develop action steps which lead to achievement of established goals
7.6		Targets early successes that are important to the Provider
7.7		Supports ongoing reflection with the Provider to determine progress on goals and whether adjustments to the plan are necessary
7.8		Helps the Provider identify and access different resources needed to achieve their goals
7.9		Chooses the coaching strategy most appropriate for the specific objectives and learning needs of the Provider, i.e. uses consulting (technical assistance, collaborating, or cognitive coaching methods depending on the Provider's level of information and skill in addressing a goal
7.10		Demonstrates and models processes and actions that can help the Provider achieve their goals
7.11		Supports the Provider in acting strategically to take advantage of activities, partnerships, and/or environmental conditions that will contribute to achieving their goals.

7.12		Provides assistance and tools for continuously evaluating progress toward goals
7.13		Supports the Provider in self-reflection on progress: what has been learned and/or accomplished since previous coaching session(s)
7.14		Continuously works to align the Provider's goals with current activities and direction
7.15		When barriers to progress are identified, engages the Provider to explore alternative ideas and solutions, evaluate options, and make decisions
7.16		Provides guidance in making adjustments to goals
7.17		Encourages Provider self-development in making decisions, addressing key concerns, determining priorities, and in other competencies needed for continuous program improvement

## Content Area 8: Assessing Success of the Coaching Partnership

Success of the coaching partnership can be assessed on two levels: the best practices of the coach and the improved practices of the Provider

8.1		Engages in continual self reflection of own professional practices and how these practices influence the Provider's performance and outcomes
8.2		Fosters conversations that facilitate the Provider's determination of measureable criteria for success, and the Provider's ability to clarify and determine gains in their thinking, skills, knowledge and practices.
8.3		<p>Develops measurable criteria for success, in partnership with Provider, in the following areas:</p> <ul style="list-style-type: none"> <li>• Expansion of the Provider's ability to <b>self reflect, self analyze and self modify</b></li> <li>• Shift in the Provider's <b>dispositions</b> (beliefs, attitudes and/or thinking) in relation to their individual practices and/or program framework</li> <li>• Increase in the Provider's <b>skills and knowledge.</b></li> <li>• The Provider's improved <b>practices/application</b> of dispositions, skills, and knowledge, in relation to their individual and program goals</li> </ul>

## **Exhibit L, Arizona Department of Education Job Description**

An Early Childhood Education Quality Mentor will be assigned to a local education agencies to support quality improvement efforts and facilitate collaborative relationships with local childcare providers. He/she will mentor the Early Childhood Education (ECE) instructional staff in ensuring and facilitating quality indicators such as outlined in environmental rating scales and the Classroom Assessment Scoring System tools along with child screening and assessment, family involvement, K transitions, and community collaboration. The Mentor's mission shall be to 1) help ECE instructional staff gain the knowledge and skills necessary to transform the quality of both the LEA and any collaborating ECE program, and 2) help develop an infrastructure in order to ensure sustainability of the collaborative relationship of ECE within the local community to improve outcomes for children.

### Major responsibilities:

- Providing technical assistance to participants with the purpose of supporting the implementation of strategies and approaches that are developmentally appropriate.
- Develop and work with existing implementation plans with participants to achieve improved levels of quality and improved outcomes for young children.
- Attending meetings, conferences, workshops in the community to continually seek ways to bridge theory and practice for project participants as well as build local systems of quality early childhood education
- Collecting, developing, and providing informational and educational materials to project participants.
- Conducting applicable training and professional development sponsored by ADE

## **Exhibit M, First Things First - Arizona Early Childhood Development and Health Board Data Security Guidelines and Requirements for Collaborators**

### **BACKGROUND:**

The purpose of First Things First is to aid in the creation of a system that offers opportunities and supports for families and communities in the development of all children so they can grow up healthy and ready to succeed. Our work is accountable and transparent to decision-makers and the citizens of Arizona. Collaboration and direct funding of grantees to undertake work on behalf of the children and families of Arizona is fundamental to the purpose and mission of FTF. Regular submission of data related to funded work is an important part of ensuring accountability and maximum positive impact for young children.

### **Data Security Guidelines for Data Submission to FTF**

The Arizona Early Childhood Development and Health Board (First Thing First - FTF) will ensure that resources allocated have maximum impact for the benefit of children and families. To ensure this accountability, FTF will establish data reporting requirements for all state and regional grantees. All funded providers will regularly submit programmatic and financial reports as identified in the FTF reporting requirements.

FTF data submissions are classified in one of three levels:

- **Public data**
- **Limited distribution data**
- **Confidential data**

The majority of FTF reporting submissions are completed through the FTF Partner and Grants Management System (PGMS). Subsequent to the award of a FTF contract, the grantee will receive general training on login and navigation within the PGMS system. With this login the grantee will be able to manage their contract information. An additional training on strategy-specific data submission requirements will also be conducted. During that training the grantee will be informed on submission of data reporting requirements through PGMS. All data submitted through PGMS is **public data** or **limited distribution data**. Because PGMS is located in a secure extranet environment, grantees using PGMS for data submission are not required to undertake additional security measures related to their data submission above those identified in the general and data submission orientations (password and login security, guidelines for upload of narrative and other reports).

A small group of grantees submit data requirements, through agreement between the grantee and FTF, directly through the FTF extranet, rather than a PGMS web-based entry form. These data are likely to contain limited distribution data and must follow the following protocols. Data structure agreement, Login, ftp, revision request. Grantees that submit data through the FTF extranet must ensure that limited distribution data may not be intercepted or viewed at any time by parties other than the grantee and FTF and that throughout the reporting and submission process the data are secured.

Any grantee submitting data identified as confidential must file a formal data security policy with FTF. Confidential data will not be a part of standard data submission requirements. Grantee general orientation and data reporting orientation will identify data requirements as public data, limited distribution data, and/or confidential data.

#### Data Security Guidelines for Grantee Maintenance of Data

In order to submit data to FTF in fulfillment of reporting requirements, grantees must keep all data collected for their program(s) within their system (database) or hardcopies. While FTF data submissions are generally aggregated and contain no individually identifying information, grantee data is likely to contain highly sensitive information on individuals, their education and their health. These guidelines and requirements are for the maintenance of those data.

All grantees must have a data security policy in force which identifies how the organization ensures that data is protected in all its forms, during all phases of its life cycle, from inappropriate access, use, modification, disclosure, or destruction.

All grantees subject to HIPAA, FERPA, GITA, or other data regulation, are required to submit and maintain those approvals for all data. If HIPAA, FERPA or other data regulation requires that participating individuals give consent to data collection on their person and if in the course of regular data submissions to FTF such data will be provided to FTF, submission of personal data to FTF must be reflected in all data regulation documents.

## **Exhibit N, Standard Terms Defined**

As used in these Instructions, Special Terms and Conditions and Uniform Terms and Conditions, the terms listed below are defined as follows:

1. *"Application"* means bid, proposal, quotation or what is submitted in response to an RFGA.
2. *"Applicant"* means a person who responds to a RFGA.
3. *"Attachment"* means any item the RFGA that requires an Applicant to submit as part of the Application.
4. *"Contract"* means the combination of the RFGA, including the Instructions to Applicants, The Uniform and Special Terms and Conditions, and the Specifications and Statement or Scope of Work; the Application and any Application Clarifications; and any RFGA Amendments or Contract Amendments.
5. *"Contract Amendment"* means a written document signed by the Fiscal and Contracts Specialist that is issued for making changes in the Contract.
6. *"Days"* means calendar days unless otherwise specified.
7. *"Exhibit"* means any item labeled as an Exhibit in the RFGA or placed in the Exhibits section of the RFGA. Exhibits are typically resource materials.
8. *"Grantee"* means any Applicant whose Application has been accepted and has been awarded a Grant with First Things First.
9. *"Fiscal and Contracts Specialist"* means the person, or his or her designee, duly authorized by First Things First to enter into and administer Contracts and make written determinations with respect to the Contract.
10. *"May"* indicates something that is not mandatory but permissible
11. *"RFGA"* means an a Request for Grant Application
12. *"RFGA Amendment"* means a written document that is signed by the Fiscal and Contracts Specialist and issued for making changes to the RFGA.
13. *"Shall, Must"* indicates a mandatory requirement. Failure to meet these mandatory requirements may result in the rejection of an offer.
14. *"Should"* indicates something that is recommended but not mandatory. If the Applicant fails to provide recommended information, the State will evaluate the offer without the information but reserves the right to clarify the recommended information.
15. *"State"* means the State of Arizona, Early Childhood Development and Health Board also known as First Things First who executes the Contract.
16. *"State Fiscal Year"* means the period beginning with July 1 and ending June 30.
17. *"Subcontract"* means any Contract, express or implied, between the Grantee and another party delegating or assigning, in whole or in part, the furnishing of any service required for the performance of the Contract.

**Exhibit O, Sample Certificate of Insurance**

Prior to commencing services under this contract, the Grantee must furnish the state certification from insurer(s) for coverages in the minimum amounts as stated below. The coverages shall be maintained in full force and effect during the term of this contract and shall not serve to limit any liabilities or any other Grantee obligations.

Name and Address of Insurance Agency:		Company Letter:	Companies Affording Coverage:		
		A			
		B			
		C			
Name and Address of Insured:		D			
LIMITS OF LIABILITY MINIMUM - EACH OCCURRENCE		COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	DATE POLICY EXPIRES
Bodily Injury Per Person Each Occurrence Property Damage OR Bodily Injury and Property Damage Combined			Comprehensive General Liability Form Premises Operations Contractual Independent Contractors Products/Completed Operations Hazard Personal Injury Broad Form Property Damage Explosion & Collapse (If Applicable) Underground Hazard (If Applicable)		
Same as Above			Comprehensive Auto Liability Including Non-Owned (If Applicable)		
Necessary if underlying is not above minimum			Umbrella Liability		
Statutory Limits			Workmen's Compensation and Employer's Liability		
			Other		

State of Arizona and the Department named above are added as additional insureds as required by statute, contract, purchase order, or otherwise requested. It is agreed that any insurance available to the named insured shall be primary of other sources that may be available.

It is further agreed that no policy shall expire, be canceled or materially changed to affect the coverage available to the state without thirty- (30) days written notice to the State. This Certificate is not valid unless countersigned by an authorized representative of the insurance company.

Name and Address of Certificate Holder:

\_\_\_\_\_

\_\_\_\_\_

Date Issued: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

## **Exhibit P, Target Service Unit Guidance Document**

### **Quality First**

#### **Definitions:**

##### **Unit of Service and related Target Service Number**

A Unit of Service is a FTF designated indicator of performance specific to each FTF strategy. It is composed of a unit of measure and a number (Target Service Number).

A Unit of Measure/Service can be a target population and/or a service/product that a grantee is expected to serve as part of an agreement. Target Service Number represents the number of units (e.g. target population) proposed to be served or number of products/services proposed to be delivered during the contract year.

For example, for the FTF strategy Home Visitation the FTF Unit of Service is “number of families served” and a Target Service Number of 50 represents the number of families the program proposes to serve during the contract period. All FTF applicants must clearly state in the proposal a target service number for each strategy specific Unit of Service.

NOTE: **Quality First** is a First Things First administered program. Because of the scope and complexity of the program, there are multiple contracted grantees implementing different portions of the program. The following measurement information is related to the Quality First program overall. Units of service, performance measures, and reporting requirements for Quality First contractors are NOT presented here.

For **Quality First**, the units of service are:

**Number of home based providers served**  
**Number of center based providers served**

#### **Determining and Interpreting Target Service Numbers**

**Please note: Quality First is a First Things First directed strategy. Units of Service, Target Service Numbers and Performance Measures found here are for Council and Board planning rather than assessment and targeting for FTF subcontractors.**

**Number of home based providers served** should reflect the total number of home based early care and education providers who are targeted and funded to be enrolled in Quality First for one grant contract period (in most cases, one year).

**Number of center based providers served** should reflect the total number of center based early care and education providers who are targeted and funded to be enrolled in Quality First for one grant contract period (in most cases, one year).

**END OF REQUEST FOR GRANT  
APPLICATION**

**FTF-STATE-14-0431-00**