

FTF STRATEGY TOOLKIT

GOAL AREA: Quality, Access, and Affordability

FTF Priority: Quality Early Care and Education - Convene partners, provide leadership, and provide funding for increased availability of and access to high quality, regulated, culturally responsive, and affordable early care and education programs.

Goal Area Overview:

First Things First envisions a comprehensive early care and education system that addresses quality, accessibility and affordability. High quality is promoted by Quality First, FTF’s signature quality improvement and rating system for regulated early care and education settings. In addition, higher quality programs must be both accessible to all children and affordable for families of every income level. Quality First Scholarships and Prekindergarten strategies promote affordability of a variety of quality early care and education settings, offering families the ability to choose the setting that best meets their needs. Additionally, quality early and education must be accessible to children of all abilities and needs. Some regions have addressed the issue of inclusion of children with disabilities and special health care needs directly through consultation and professional development strategies. While regulated care and education is a FTF prioritized role, in Arizona it is estimated that over 60% of children ages 3 and younger are cared for in family, friend and neighbor (FFN) settings for which there is no public oversight. Some FTF strategies address improving the quality of these settings through education and support groups. It is the intent of FTF to ensure that all early care and education programs actively include children with special needs.

Strategies	Strategy Workgroup and Leads	Policy Staff	Grants and Contracts Specialist
Quality First!	Quality, Access & Affordability Workgroup: Jennifer Johnson and Jill Stevens	Ena Binns Ginger Sandweg	Lyra Contreras
Child Care Scholarships	Quality, Access & Affordability Workgroup: Jennifer Johnson and Jill Stevens	Jill Stevens	Jeanne Weeks
Expansion: Pre-K and Head Start	Quality, Access & Affordability Workgroup: Jennifer Johnson and Jill Stevens	Jill Stevens	Kathy Rice
Expansion: Expand slots and/or capital expense (Expansion: Infant/Toddler)	Jennifer Johnson and Jill Stevens	Jill Stevens	
Inclusion of Children with Special Needs	Early Identification/Special Needs Workgroup: Allison Landy and Shari Elkins	Allison Landy	
Family, Friends, and Neighbors	Quality, Access & Affordability Workgroup: Jennifer Johnson and Jill Stevens	Jill Stevens	

GOAL AREA: QUALITY, ACCESS and AFFORDABILITY

STRATEGY NAME: QUALITY FIRST!

<p>GOAL:</p> <ul style="list-style-type: none"> • FTF will improve access to quality early care and education programs and settings. 			
STRATEGY SUMMARY	EVIDENCE/RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	COST
<p>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.</p> <p>Two types of participation in Quality First:</p> <ul style="list-style-type: none"> ▪ Full Participation: Includes three years of quality improvement supports <i>and</i> receiving a Quality First star rating ▪ Rating Only Participation: Includes program assessment, portfolio submission and receiving a Quality First star rating <p>Eligibility Requirements for participation:</p> <ul style="list-style-type: none"> ▪ Provide care to children from birth to age five ▪ Regulated with Arizona Department of Health Services (DHS), Department of Economic Security(DES), Tribal Authority or Military Government ▪ In “Good Standing” with regulatory authority 	<p>Research conducted in 5 states with long-term systems and evaluation designs, e.g. CO, NC¹, PA, TN and OK², show significant improvement in the quality of participating programs/settings.</p> <p>Locally, the Tucson <i>First Focus on Quality</i> pilot program evaluation found significant improvement in 46 centers in key quality components such as physical learning environment, adult-child interactions, school readiness strategies, health and safety, and director and staff qualifications.</p>	<p>Due to program implementation development, year round selection and the Rating Pilot Study there is no capacity for Quality First expansion in FY11. For FY12 planning, it is recommended that Regional Councils review the following considerations for Quality First expansion:</p> <ul style="list-style-type: none"> ▪ Multiyear Strategy <ul style="list-style-type: none"> - 3 Year Commitment - Year Round Selection Schedule <p>Funding committed to Quality First supports a program during the entire three year improvement process.</p> <p>Quality First programs are enrolled throughout the fiscal year on a ten week selection cycle. The remaining dates and number of programs to be selected for FY11 are:</p> <ul style="list-style-type: none"> - October 14 50 programs - January 6 52 programs - March 17 52 programs - May 26 52 programs <p>Vacant slots will be refilled in the current fiscal year if a program declines pre enrollment. Slots that are vacant post enrollment will be filled in</p>	<p>The Quality First unit cost includes the cost of quality improvement supports (enrollment incentives, improvement grants, coaching and assessment), child care health consultation and T.E.A.C.H. scholarships.</p> <p>When a Regional Council purchases a Quality First slot, all quality improvements supports and benefits are included in the cost.</p> <p>Regional Councils should use the unit cost below for FY12 funding planning.</p>

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<p>Programs are considered to be in good standing when their license/certificate is not in open enforcement action (legal action status), suspended or revoked.</p> <p>Quality Improvement components include:</p> <p>Individualized coaching</p> <ul style="list-style-type: none"> ▪ Onsite training and technical assistance ▪ Assistance with goal setting and development of quality improvement plans and expenditure of program improvement grants <p>Child care health consultation</p> <ul style="list-style-type: none"> ▪ Onsite training and consultation on best health and safety practices and requirements ▪ Connections to community resources <p>Program Assessment of quality using standardized assessment tools and reliable assessors.</p> <p>Financial grants and awards for materials, equipment, professional development and other resources to reach goals in the quality improvement plan.</p> <p>Professional development opportunities and access to a T.E.A.C.H. Early Childhood Arizona Scholarships for teachers and caregivers.</p>	<p>¹Research-based and experiential practices for consideration in activity design; target population; common characteristics of effective activities</p>	<p>the following fiscal year.</p> <ul style="list-style-type: none"> ▪ State funded Quality First improvement slots <ul style="list-style-type: none"> - At the end of the three year improvement cycle, state funding will be targeted toward administration costs, infrastructure and the rating implementation. - State funding will not be used for funding any additional quality improvement slots. ▪ Evidence of Demand <ul style="list-style-type: none"> - # of current regulated centers/homes ; # of programs on current waitlist; # of accredited programs <p>Regional Councils may want to begin funding <i>some</i> additional improvement slots in FY12 due to the number of statewide programs that will be exiting quality improvement in FY13. Councils should strategically consider their long-term plan for financing quality due to the linkage between Quality First and other quality support programs such as Pre K Expansion, Scholarships, FFN and other Professional Development strategies.</p>	<p>Per Facility Cost for Homes:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>QF improvement</td> <td style="text-align: right;">\$15,250</td> </tr> <tr> <td>T.E.A.C.H.</td> <td style="text-align: right;">\$2000</td> </tr> <tr> <td>CCHC</td> <td style="text-align: right;">\$4000</td> </tr> <tr> <td>Total:</td> <td style="text-align: right;">\$21,250</td> </tr> </table> <p>Per Facility Cost for Centers:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>QF improvement</td> <td style="text-align: right;">\$22,500</td> </tr> <tr> <td>T.E.A.C.H.</td> <td style="text-align: right;">\$3300</td> </tr> <tr> <td>CCHC</td> <td style="text-align: right;">\$4000</td> </tr> <tr> <td>Total:</td> <td style="text-align: right;">\$29,800</td> </tr> </table> <p>Quality First Service Caseload:</p> <p>Coaching: 1:12 Assessment: 1:20 Child care health consultation: 1:30</p> <p>T.E.A.C.H. Early Childhood Arizona Scholarships</p> <p>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.</p>	QF improvement	\$15,250	T.E.A.C.H.	\$2000	CCHC	\$4000	Total:	\$21,250	QF improvement	\$22,500	T.E.A.C.H.	\$3300	CCHC	\$4000	Total:	\$29,800
QF improvement	\$15,250																		
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¹ LeCroy & Milligan Associates, Inc. (August 2006). *First Focus on Quality: Final Evaluation Report*.

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<p>All programs participating in quality improvement will receive an initial Quality Rating after two years of receiving improvement supports.</p> <p>Quality First Outreach/Marketing:</p> <ul style="list-style-type: none">▪ New Quality First brochures were developed and are available to all regional offices.▪ There will be a targeted marketing campaign in FY12 to educate parents on identifying quality indicators and selecting early care settings using the Quality Ratings.▪ Designated contact information for all Quality First external users: Email: qualityfirst@azftf.gov Helpline: (602) 771-5000 Toll Free: 1-877-803-7234		<ul style="list-style-type: none">▪ Rating Only Participation<ul style="list-style-type: none">- In FY11, 60 programs will be selected to participate in the rating pilot study.- Programs selected will represent home and center-based, accredited, non accredited, Head Start, for-profit/non-profit, school-based and faith-based programs located throughout the state. All participating programs may choose from four different incentive packages (literacy, math, science, blocks, of infant/toddler) which include both program and staff materials valued at approximately \$2500.00. Pilot Ratings will not be made public.- In FY12, state funding will support 75 programs in an initial Quality Rating. An additional 600+ programs will receive their initial rating through their enrollment in Quality First improvement.- Regional funding opportunities for Quality Ratings in FY13 will be determined after analyses of the rating pilot study are completed and the rating process and instruments are finalized.	<p>Two T.E.A.C.H. scholarships are available for enrolled center-based programs and one scholarship is available for every two enrolled home-based programs.</p>
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STRATEGY NAME: QUALITY FIRST!

Ginger Sandweg, Quality First Assistant

1. **Links:** Quality First Workgroup Page <http://ftf/projects/Quality%20First%20Strategy%20Workgroup/default.aspx>
2. **Quality First Workgroup documents include:** QF Reports, QF Implementation Guide, QF Target Service Numbers, QF Application, Rating Pilot Fact Sheet, QF brochure, Quality Rating Systems Comparison to Quality First and other implementation documents

Rationale for Statewide Strategy:

Quality First: Arizona's Quality Improvement and Rating System

The First Things First Board approved funding to design, build and implement the first phase of *Quality First!*, Arizona's Quality Improvement and Rating System (QIRS) for early care and education centers and homes. Because so many of Arizona's youngest children are enrolled in child care, early education and preschool settings, the quality of programs is undeniably important. Just 15% of early care and education centers and less than 1% of family child care homes in Arizona are accredited by a national accreditation system, currently the only measure of high-quality available in the state.

State licensing regulations are considered adequate and minimal and do not include quality determiners, i.e. optimal recommended adult-child ratios, maximum group size, well-qualified personnel, and strong curriculum and environments. Many children are in settings where quality is poor or mediocre¹, and poor quality settings may harm children or may be a barrier to optimal development.

Arizona will now have a system and working model of early childhood care and education quality standards, assessment and supports (financial and other) throughout the state, rather than multiple models, in order to ensure public confidence in its validity and to systematically evaluate outcomes for children.

In order to reach the vision of a coordinated, collaborative QIRS with an infrastructure available throughout the state, FTF is taking the lead in both designing and implementing the statewide baseline model. Regional Partnership Councils may choose to fund additional enrollments for child care homes or centers in their Region to participate in QIRS. (For example, the statewide model may only fund four child care homes in a region, but a Regional Partnership Council may decide to expand that number to ten.)

Arizona's QIRS is a unique model – both in content and process. It combines two models – the “block” and the “points” model into a new hybrid model. It also intentionally rolls out the quality improvement and rating system in distinct phases. The first phase provides support for quality improvement and later phases introduce the “star ratings” for early care and education settings. This innovative model includes core elements which link quality improvement activities, professional development, child care health consultation and family outreach into a comprehensive statewide system.

Quality improvement and rating systems are comprehensive strategies being used throughout the country to improve the quality of early care and education and inform families, providers, funders, regulators and policy makers about quality standards for early care and education. Currently 17 states are operating statewide quality improvement and rating systems, and another 30 states have local pilots or are developing their systems.

Research conducted in five states with long-term systems and evaluation designs, e.g. Colorado, North Carolina², Pennsylvania, Tennessee and Oklahoma³, show significant improvement in the quality of participating programs/settings. Locally, the Tucson *First Focus on Quality* pilot program evaluation found significant improvement in 46 centers in key quality components such as physical learning environment, adult-child interactions, school readiness strategies, health & safety, and director and staff qualifications.⁴ A new study of the Colorado's Qualistar Quality Rating and Improvement System by the RAND Corporation⁵ suggests that the quality indicators which produce child outcomes measure not only the quality of the environment, but also the quality of interactions, in early care and education settings. Arizona is incorporating this research into its development of *Quality First!*.

¹ Vandell & Wolfe (2002); Cost, Quality and Child Outcomes Study Team; (1995); Helburn & Bergmann (2002); Phillips, (1995)

² Bryant, D., Bernier, K., Maxwell K., & Peisner-Feinberg, E. (2001) *Validating North Carolina's 5-star child care licensing system*. Chapel Hill, NC: University of North Carolina, Frank Porter Graham Child Development Center

³ Norris, D., Dunn, L., & Eckert, L. (2003). *“Reaching for the Stars” Center Validation Study: Final report*. Norman, OK: Early Childhood Collaborative of Oklahoma.

⁴ LeCroy & Milligan Associates, Inc. (August 2006). *First Focus on Quality: Final Evaluation Report*.

⁵ Zellman, Gail L., Perlman, Michal, Le, Vi-Nhuan, Messan Setodji, Claude (2008). *Assessing the Validity of the Qualistar Early Learning Quality Rating and Improvement System as a Tool for Improving Child-Care Quality*. Rand Corporation.

QUALITY EARLY CARE AND EDUCATION

Our Goal: “Quality” Environments for All Children

Our goal is that every child in Arizona, birth to five, experience environments which promote optimal social, emotional, physical, intellectual and academic growth and development. Specifically,

- Every child is safe and healthy
- Every child has the opportunity to engage in supportive, nurturing interactions with others – both emotionally and instructionally
- Every child experiences a stimulating, relevant and rich physical environment

Child Development Literature

The literature about quality early care and education settings indicate that quality has multiple dimensions, broadly classified as:

- *Structural quality*: group size, child-adult ratios, teacher education and training, curriculum, and health and safety practices. Federal, state and local requirements set minimum standards for most of these features.
- *Process quality*: what happens in the classroom or home care setting, such as teacher-child or child-child interactions, activities in which children engage, group management and use of time, language and literacy development and attention to children’s problem-solving skills.

Goal for Quality, Integrated Early Care and Education System

QUALITY FIRST is an essential part of a statewide, integrated and inclusive system of early care and education.

First Things First Quality Fact Sheet 1

Why Should You Care About Early Care and Education?

In many important ways, the preschool years determine our future competitive role in the global economy, the public safety of our communities, the cost-effective investment of public and private dollars, and the success of welfare reform. Child care and education provides a necessary support for families, and the quality of that care is critical to the healthy development of children. If done well, child care benefits us all.

What do we mean when we say early care and education? Historically, child care and early education have been the privately or publicly financed services a child receives in a center or home-based setting when not in the direct care of a parent. Terminology varies for these programs and includes child care, day care, preschool, nursery school, pre-kindergarten, and even "babysitting". Professionals in the field prefer the term early care and education or early childhood education, since all these programs provide care and nurturing, as well as education for young children.

The safe, nurturing environment of quality child and education may support a child's need for early education, a parent's need to work or attend school, or a child's need for a healthy meal and protection resulting from a family crisis.

Research Says:

Children from disadvantaged backgrounds benefit most from high-quality child care and early education programs. (Manhattan Institute, *"Pre-K: Shaping the System That Shapes Children"*, 2006)

Children in higher quality care had more advanced language development. Children in lower quality care became progressively further behind the children in higher quality care on all language measures, especially with vocabulary.

(Frank Porter Graham Child Development Institute at UNC-Chapel Hill, *"Quality of Childcare Affects Language Development"*, 2007)

How can my Regional Partnership Council use this?

- Background Information
- Press Release
- Public Presentation
- With Business Leaders

First Things First Quality Fact Sheet 2

Why is High Quality Early Childhood Education Important?

Research on brain development scientifically demonstrates how important the first years of life are to a child's later development and readiness for school. High-quality early childhood education is one of the most effective ways to ensure children begin school with the skills they need to succeed. It is associated with higher reading skills, better test scores, and fewer behavioral problems. Low quality early childhood education can have the opposite effect.

Children may spend 30-40 hours per week for as long as 5 years in out-of-home care, before they start kindergarten. Arizona regulates the health and safety of some out-of-home care, but does not measure the quality of that care. Many states are now developing quality improvement and rating systems, which have been proven to improve standards for early childhood providers, as well as to give parents the information they need to select high-quality care. These systems depend upon well trained staff to survey and monitor programs.

- 90% of a child's brain develops by age 5, and stimulating learning experiences during this period of rapid growth lay the groundwork for a lifetime of learning. (Zero-to-Three Brain Wonders)
- More than 40% of America's children are not fully prepared for school when they arrive in kindergarten. *"Set for Success: Building a Strong Foundation for School Readiness Based on the Social and Emotional Development of Young Children,"* Kauffman Early Education Exchange
- Good quality child care is strongly linked to school achievement and the development of social skills that enable a child to grow into happy, productive adults. Such child care has been used successfully to prepare at-risk children for school while poor quality child care can harm children. Their intellectual and social development can be stunted. In extreme cases, children have been harmed physically. *"Good Quality Child Care: A Dramatic Opportunity to Promote Learning and Prevent Damage in Our Youngest Children,"* Child Care Action Campaign, 1996

How can my Council use this:

- Background Information
- Press Release
- Public Presentations
- With Parents

Currently, early childhood education functions in Arizona are spread among multiple state, tribal and local agencies, and no state-level body has authority to promote coordination.

First Things First Quality Fact Sheet 3

What are the Key Indicators of Quality in Early Care and Education?

- ❖ **Adult to Child Ratio*:** How many children are there for each adult?
 - Fewer children for each adult is better
 - The younger the child, the smaller the ratio
 - 1:4 (one adult for four infants) and 1:10 (one adult for ten preschoolers) are optimal ratios

- ❖ **Group Size**:** How large is each group of children?
 - Smaller groups are better
 - The younger the child, the smaller the group size
 - No more than 8 infants and 20 preschoolers should be in a group

- ❖ **Director Qualifications and Leadership:** What knowledge and leadership does the director bring to the program?
 - Philosophy and standards set by the director
 - Administrative skills guide center operations

- ❖ **Teacher/Caregiver Qualifications:** What is the caregiver's education and training?
 - Degrees and specialized training result in better child outcomes
 - They should receive continuing education

- ❖ **Turnover:** How long have the teacher/caregivers been in their job?
 - Young children need continuous care by trusted adults
 - Children should be with one adult for at least one year
 - Continuity of care is most important for infants and toddlers

- ❖ **Curriculum:** Is it developmentally and culturally appropriate, stimulating and intentional?
 - Individual goals and activities planned for each child
 - Reflects all areas of child development: physical, social, emotional and cognitive

- ❖ **Accreditation:** Is the program accredited by a national organization?
 - Voluntary standards which are higher than licensing requirements
 - Examples are:
 - ❖ National Association for the Education of Young Children (NAEYC)
 - ❖ National Association for Family Child Care (NAFCC)
 - ❖ National Accreditation Commission (NAC)

- ❖ **Quality First Rating:** Is the program participating in Arizona's quality improvement and rating system? [Future – what is the program's star rating?]

First Things First Quality Fact Sheet 4

How Do We Ensure High-Quality Early Childhood Programs?

- Advocate for **Quality Child Care Licensing Regulations**, which set the foundation for basic health, safety and well-being of children in out-of-home early childhood programs.
- Set **High Quality Standards** for programs (e.g. *Quality First*, Arizona's quality rating system, national accreditation) and for practitioners (e.g. a credential, degree, license, career lattice).
- Provide **Supports**, such as technical assistance and grants, to help programs and practitioners meet standards.
- Create **Infrastructure** to ensure that programs and practitioners maintain compliance with quality standards.
- Provide **Financial Assistance** linked to meeting standards.
- Build **Understanding and Support** among child care providers about quality.
- Ensure **Consumer Engagement** in selecting high-quality child care by providing information.
- Improve **compensation, benefits, and working conditions** for early childhood practitioners.
- Create **public-private partnerships** to build capacity of local communities to provide quality early childhood education.
- **Coordinate** early childhood functions between state agencies, Head Start and Tribes.

"Improving Child Care Quality: Key Elements", Alliance for Early Childhood Finance

How can my Council use this:

- Promote Ideas
- Funding Plans
- Public Presentations

First Things First Quality Fact Sheet 5

What Should You See in a High-Quality Early Childhood Program?

- ✓ **Teachers / caregivers** who are responsive and engaged with children in conversation, play and interactions.

- ✓ **Indoor and outdoor environments** that are safe, child-centered, stimulating without being overwhelming, and contain a variety of age-appropriate toys and materials available to children.

- ✓ **Daily schedule and routines** which are predictable and have a balance of:
 - child-directed and teacher-directed activities
 - indoor and outdoor time
 - active and quiet activities

- ✓ Well-designed **curriculum** which is research-based, culturally and linguistically sensitive, and aligned with early learning standards (Arizona Early Learning Standards, Head Start Performance Standards).

- ✓ **Ongoing assessment** of children's progress and program effectiveness that support individual children's learning and development, as well as programs' continuous improvement.

- ✓ **Family involvement and educational** opportunities for parents, guardians and other family members.

How can my Council use this:

- Guide for Observation
- Parent Checklist
- Public presentation

Quality First Data Reporting Requirements

First Things First reporting requirements and progress monitoring are aligned with First Things First Goals, Key Measures, and Standards of Practice. The purpose of First Things First data submission and monitoring is to determine the extent to which each program has accomplished the stated goals, key measures, targeted service number, and activities outlined in the standards of practice.

Grantees will be provided with data reporting requirements by First Things First. There are five main components to these requirements:

- Unit of Service
- Performance Measures
- Data Reporting Template
- Data Reporting Instruction
- Frequently Asked Questions

The data reporting template captures the set of data the grantee submits on a quarterly basis; the instructions support that data submission. Units of Service and performance measures outline how the quarterly data submissions will be evaluated according to the contracted deliverables and standards of practice for that contract. Frequently asked questions present answers to common reporting, evaluation, policy, and performance questions.

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 contacted 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:

Total number of early care and education home- based providers participating in Quality First

Total number of early care and education center-based providers participating in Quality First

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).

For Quality First, performance measures are:

Total number of children enrolled in early care and education programs participating in Quality First / proposed service number

Total number of early care and education home- based providers participating in Quality First / proposed service number

Total number of early care and education center-based providers participating in Quality First / proposed service number

Total number and percentage of early care and education programs participating in Quality First with a high level of quality as measured by Quality First / targeted service number

Total number and percentage of early care and education programs participating in Quality First improving their Quality First rating/ targeted service number

Data Reporting Templates

Data reporting templates are the tools utilized to gather data to assess grantee Performance Measures.

Data reporting for **Quality First** is through regular updates in the Quality First data system.

Data Reporting Instructions

Data reporting instructions support data submission through the data reporting template.

Data reporting for **Quality First** is through regular updates in the Quality First data system.

Frequently Asked Questions

Frequently Asked Questions present answers to common reporting, evaluation, policy, and performance questions.

For **Quality First**, the frequently asked questions are:

Data reporting for **Quality First** is through regular updates in the Quality First data system.

GOAL AREA: QUALITY, ACCESS & AFFORDABILITY

STRATEGY NAME: CHILD CARE SCHOLARSHIPS

GOAL: <ul style="list-style-type: none"> • FTF will improve access to quality early care and education programs and settings 			
STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	COST
<p>Early care and education scholarships improve access and affordability of high quality early care and education for low-income families with young children. They provide continuity of care for families who might otherwise be unable to pay for quality care so that child-caregiver relationships are not disrupted.</p> <p>Child Care Scholarships are considered an ongoing commitment to help families afford higher levels of quality care and to support the achievement and maintenance of quality improvements.</p>	<p>Access to high quality early care and education is an important factor in school readiness, and is particularly important for high-risk children living in poverty.</p> <p>Most of the evidence for providing Scholarships rests on what we know about children who cannot access high quality early care and education programs. Without access, these children are less ready to begin and realize success in school and later in life. By providing scholarships, more children will enter school ready to succeed. Data from our longitudinal study will help inform us of the effectiveness of this strategy.</p> <p>Lally, J. R. & Signer, S. M. Introduction to Continuity. Available at: http://www.pitc.org/cs/pitclib/download/pitc_res/360/Introduction%20to%20Continuity.pdf?x-r=pcfile_d</p> <p>Heckman, J.J. 2008. The Case for Investing in Disadvantaged Young Children. In: Big Ideas for Children: Investing in Our Nation’s Future. Available at: http://www.firstfocus.net/Download/BigIdeas.pdf</p> <p>Shonkoff, J. P. & Phillips, D.A. (2000). From Neurons to Neighborhoods: the Science of Early Childhood Development. National Academy Press. Washington, DC.</p>	<p>Scholarship rates are determined by median cost by geographic area, provider type and year of child.</p> <p>Scholarships are most often used for full-time care although they can be used for part-time care if a child is receiving 20 hours or less of service per week.</p> <p>Family income is used in determining eligibility and most often may not exceed 200% of the federal poverty level.</p> <p>The administrative home for this strategy – Valley of the Sun United Way - coordinates the program beginning with outreach to providers, contracting and providing monthly funding to providers, data collection, and evaluation. This strategy is easily expanded throughout the state. The current administrative home contract is for FY2011 is renewable for two additional years.</p> <p>Currently, homes or centers must be licensed or certified and enrolled in Quality First or accredited to participate as a provider. There are some exceptions to this rule where providers are on the waiting list for Quality First.</p>	<p>Cost per scholarship varies by region, age of the child and type of provider. The rate is tied to the most recent Market Rate Survey (MRS) and, beginning in FY2013 scholarships are set at the median rate using the formula daily rate X 5 X 50. S</p>

		<p>Regions with this strategy will also need to consider the percentage of their early care and education programs that have applied for and are participating in Quality First, since that is a prerequisite for receiving child care scholarships. Other strategies that may be considered are as pre-kindergarten expansion and/or family, friend and neighbor care.</p> <p>Child Care scholarships will ultimately be available only to programs enrolled in Quality First or rated by Quality First that have achieved an identified star rating level or higher. The particular programmatic components of tying scholarships with quality rating are under development.</p>	
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Policy Specialist – Jillynn Stevens

First Things First
Quality, Access & Affordability
Quality First Scholarships
Standards of Practice

Quality First Scholarships improve the access and affordability of high quality early care and education for low-income families with children birth through five. Scholarships benefit children, families, the child care industry and communities by offsetting the cost of quality care.

Quality First Scholarships are defined as payments to an early childhood provider, either center- or family-based child care, for the full or partial cost of care based on a per day or week child cost. Quality First Scholarship amounts are determined using data from the most recent “Market Rate” as defined by the Department of Economic Security (DES).ⁱ These rates indicate the cost of care per age group, setting and attendance status in different districts of the state. Prior to FY2012, Quality First Scholarships were referred to as “Early Care and Education Scholarships” or simply “Child Care Scholarships.”

Benefits to Young Children

Access to quality early care and education programs can result in social, developmental and health benefits to young children that help to prepare them for later success in school and in life. Quality early care experiences in stable out-of-home settings help young children develop strong attachments not only to parents but also to caregivers and teachers. These attachments set the stage for future relationships throughout a child’s life. Scholarships support continuity of care to children so that previously formed supportive relationships with caregivers can remain in place. Research shows that children thrive in the care of familiar, skilled caregivers who play a significant role in their lives and on whom they count for consistency, feelings of security, belonging and love. Continuity of care is particularly important for infants and toddlers as they are in the developmental stages of building basic trust and a sense of self.ⁱⁱ Disruptions in care, particularly those that are abrupt, that result from changes in child care settings can be minimized with the use of Quality First Scholarships.

In addition to promoting continuity of care, Quality First Scholarships can help families to access high quality early care and education with learning environments that meet the developmental needs of young children. Preliminary findings from First Things First parent surveys and individual interviews with families receiving scholarships reveal that even short exposures to quality care result in developmental benefits such as improved language and social skills, and increased recognition of numbers, letters and shapes.

Renowned Professor of Economics, James J. Heckman, advocates strongly for quality early care and education programs that target disadvantaged children. Living in families that are struggling to survive, children in low-income families are particularly vulnerable to insecurity in food, housing and other basic need areas. This lack of supports in turn can impact a young child’s development. Without access to stable settings, children from impoverished families often do not receive the cognitive and social supports they need that have been shown to be the determinants of future socioeconomic success. In several reports, Heckman demonstrates that enriching early environments can help to overcome the challenges of being born into a disadvantaged family.ⁱⁱⁱ

Benefits to Families

The high cost of early care and education is one of the most difficult obstacles to obtaining and maintaining employment for many low-income single-parent families. Without access to quality care, working families are forced to decide whether to quit their jobs or leave children in the care that is not their primary choice.

Families with incomes less than 200% of the Federal Poverty Guidelines (FPL) may lack the resources necessary to place children with providers offering quality early care and education. Quality child care is costly due to factors such as low staff to child ratios, small group sizes, employment of experienced professionals with early education degrees, higher

wages to pay for education and experience, and early learning environments and curricula designed to maximize the social and developmental needs of children.

Quality First Scholarships support families who are employed, seeking employment or who are improving their skills by participating in training or education to better compete in the market place and who wish to give their children an educational boost. Although families with incomes less than 165% of the FPL would otherwise qualify for child care subsidies through the DES, legislative budget cuts have resulted in a waiting list for subsidies. To date, thousands of children are on the DES waiting list which is only expected to increase as a result of additional budget cuts.

Benefits to the Early Care and Education Industry

Dramatic decreases in enrollment, increasing costs, and decreased DES child care reimbursements have resulted in severe financial pressures experienced by child care providers in both center- and home-based settings. Providers across the state have closed their doors, and many others are threatened with closure without an infrastructure in place to help them stabilize their financial situations. Quality First Scholarships offer a reliable source of income that contributes to the financial stability of regulated providers and allows them to remain operational. With improved financial stability, centers and homes have the increased ability to maintain staff which contributes to the stability of the environment and quality of care to enrolled children. Scholarships also play a strong role in achieving and maintaining high quality care and education.

Benefits to Communities

Early care and education providers serve an important function in communities throughout Arizona. Not only do they provide a safe and nurturing environment for young children, they also play a pivotal role in supporting working parents. The child care industry contributes to the economy by employing some 15,000 individuals in Arizona^{iv} thereby contributing to both the local and state tax base. Quality First Scholarships, then, support the healthy development of young children, keep parents working, and support the child care industry – all factors that contribute to the economic viability of communities in Arizona.

Best Practices: Introduction

While scholarships are a growing trend across the nation, the majority of these programs have been developed during the current economic downturn. In addition to Arizona, two states have initiated early care and education scholarships. One program, based in St. Paul, Minnesota, was launched in 2008 as a four-year pilot project funded by foundation dollars. This program targets three-year-olds and supplies a scholarship for two consecutive years per child to support a child's continuity of care with their provider as a means to enhance school readiness. A parent mentoring component is also included. The program serves families at or below 185% of FPL with a total of 171 children enrolled in an early childhood education program during fall 2008. The Minnesota scholarship program is currently being evaluated; no preliminary data is available.^v

Arizona was the first in the nation to launch a statewide scholarship program through its First Things First Emergency Child Care Scholarships. Implemented in April 2009, the Early Childhood Development and Health Board allocated \$23 million to address the sudden economic downturn in the state. Over 10,000 children benefited from the emergency program. In addition, more than one-third of Regional Partnership Councils approved additional funding to continue the scholarship program through the end of FY2010 and many regions funded scholarships in FY2011.

One other state, Tennessee, is using \$42 million from the American Recovery and Reinvestment Act to fund scholarships through September 2010 or until funding is exhausted (whichever comes first). Tennessee is making scholarships available to working families with young children including those children up to age 12 in after-school and summer programs. Tennessee anticipates serving a total of 7,000 children. The program is administered by the state Department of Human Services.

Best Practices: Core Principles

Quality First Scholarships are to be used as a strategy to improve both access and affordability to high quality early care and education. These core principles have been developed based on lessons learned during First Things First's initial Emergency Child Care Scholarship program, as well as limited experiences of other states.

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 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.

Early Care and Education Provider Eligibility and Guidelines

1. Early care and education programs participating in First Things First funding quality, access and affordability opportunities are required to be regulated by any applicable State, Federal or Tribal authorities. First Things First (or when applicable, a designated administrative home) has the responsibility for monitoring and verifying that early care and education programs meet the following eligibility criteria for participation:
 - A. Provides early care and education services to children with the age range of birth through age five.
 - B. Complies with requirements of the appropriate certifying, licensing or regulatory authority or authorities and is in good standing with those authorities, and
 - C. Program demonstrates a commitment to quality by one of the following:
 - i. Is enrolled as a Quality First participant and actively working towards quality improvement, or
 - ii. Is accredited by one of the 6 national accreditations recognized also by ADE and DES, or
 - iii. Has applied for Quality First (improvement or rating, when available) and does not decline an opportunity to participate.

[Approved, FTF Board, as part of the construction policy October 27, 2009]

Note 1: Those programs who have, previous to this updated policy, declined enrollment in Quality First, can reapply. If Quality First Improvement or Rating opportunity is offered and declined, from here forward, the program will no longer be eligible for funding through FTF.

Note 2: Programs which decline enrollment in the Quality First improvement program, due to their participation in another approved quality improvement program (Arizona Self-Study, Hands on Quality -United Way Tucson Southern Arizona, and Helios Education Foundation and Valley of the Sun United Way Professional Development Project) may be allowed to participate in FTF funding opportunities. These programs will be expected to participate in the Quality First Rating system, when available.

[Approved, workgroup 1/24/10]

- D. As the emphasis is that providers ensure continuity of care for young children in a safe, nurturing environment, eligibility determination shall not occur more frequently than every 12 months.
- E. Providers receiving Quality First Scholarships shall not charge more than their usual and customary rate. The scholarship and parental copayment may add up to, but not exceed, the customary rate.
- F. Child care providers shall offer Quality First Scholarships to working families, families looking for work, and families engaged in high school, technical training or postsecondary education.
- G. Providers shall ensure equity in access to Quality First Scholarships and practices that support the full inclusion of children with special needs.

- H. In addition to the above listed eligibility criteria, selection for provider participation shall be based on regional priorities.
- I. The number of participating providers will, by necessity, be limited due to financial constraints. Each region will set caps to enrollment based on licensure capacity.
 - i. At no time shall providers exceed the following numbers of Quality First Scholarships (unless exceptional circumstances exist and a written directive from First Things First is given):
 - 1. Small Family Homes: 2
 - 2. Family Group Homes 4
 - 3. Small Centers 10
 - 4. Medium Centers 15
 - 5. Large Centers 20
- J. Participating early care and education providers shall determine child eligibility and track certain activities including: attendance, enrollment requirements, and financial information. This information must be maintained in a secure and anonymous manner and be made available to First Things First assignees and designated outside observers of program activities. Random audits shall be conducted by the administrative home to assure fiscal and program accountability.
- K. Providers serving families working nontraditional hours are to receive the same scholarship benefits as those working traditional hours with adjustments made to daily rates based on traditional care equivalents.
- L. Attendance: In instances of chronic absenteeism by a child, individual circumstances will be assessed and a decision made in conjunction with FTF staff as to whether a scholarship will be terminated or continued due to extenuating circumstances.

Family Eligibility and Guidelines

- 1. Eligibility for Quality First Scholarships is limited to families with incomes at or below 200% of the most recent Federal Poverty Level (FPL) who have children ages birth through age five and not yet in kindergarten.
 - A. Because of limited resources or to align with needs identified in their regional needs and assets report, Regional Partnership Councils may target Quality First Scholarships to subpopulations within the birth through age five population such as infants and toddlers only or preschoolers only.
 - B. Families who have children with special needs are eligible and must be given equal access to Quality First Scholarships.
 - C. Families shall complete a scholarship application, along with required verification such as proof of family income and proof of citizenship or legal residency of children.
 - D. Due to limited resources, families with a parent available to care for their children who are seeking employment are limited to part-time scholarships until they become employed for 20 or more hours per week.
 - E. Quality First Scholarships should reduce, not eliminate the parent contribution, by establishing an affordable rate for families that, ideally, would not to exceed 10% of their gross income.
 - F. Quality First Scholarships are not available to children in families currently receiving a DES child care subsidy. Families who are the waiting list for DES subsidized child care are eligible for Quality First Scholarships but are required to accept the DES subsidy when offered. Declining the subsidy will result in the loss of any Quality First Scholarships a family receives.
 - G. Children enrolled in part-time programs (less than 20 hours per week) may receive part-time scholarships.
 - H. The maximum number of Quality First Scholarships available to any given family is two although special circumstances may warrant exceptions.
 - I. Quality First Scholarships should accommodate families working non-traditional hours.

Accountability and Documentation

1. An administrative home is used to manage the administration of Quality First Scholarship funds.
2. Cooperation with evaluation requirements is required and includes active collaboration with the First Things First evaluation division.
3. Quality First Scholarships will be provided through a funding formula. Each enrolled provider will be assigned a specific number of Quality First Scholarships targeting particular age groups of children as determined by the funding council. The rate (tied to the DES Market Rate Survey) per scholarship is based on the median cost of care of the most current Des Market Rate Survey. The daily rate is multiplied by 250 (representing 5 days per week multiplied by 50 weeks) for a full 12 month period. Participating providers will be reimbursed for 1/13 of this amount for each child they serve. Quality First Scholarships implemented for less than one year will be prorated to adjust for the number of months services are provided.
 - i. Although the rate is based on a set number of days, it is intended that children enrolled in programs under this funding will be enrolled and allowed to attend all of the normal days of operation.
 - ii. It is the intention of First Things First to update the funding formula in the future to tie Quality First Scholarship amounts to quality rating.
 - iii. By accepting formula funding, providers benefit from receiving regular program to facilitate their day-to-day operations and ability to engage in long-term planning.
4. Participating providers must agree to fill all Quality First Scholarship vacancies and are accountable for maintaining 90% enrollment, at minimum, throughout the contract period. When vacancies occur, the provider must immediately fill the vacancy with an eligible child.
 - i. In order to ensure full enrollment, each provider shall develop and maintain a waiting list to assure that eligible children enter the program as vacancies occur. The provider may wish to contact the Child Care Resource and Referral to fill vacant enrollments.
 - ii. Providers that consistently fail to maintain enrollment requirements are subject to a reduction in the maximum number of available scholarships assigned to them or they may request to do so through the administrative home.
 - iii. Continued underenrollment may result in the discontinuation of program participation and payment.
5. Programs and administrative homes are required to demonstrate practices which maximize existing resources and opportunities, such as federal and state funding.
6. A provider may at no time receive a Quality First Scholarship for more than their customary rate. The Quality First Scholarship amount alone or in combination with a parent copayment cannot exceed the provider's customary rate. Participating providers shall accept the Quality First Scholarship and parent contribution as payment in full.

Quality First Scholarship Levels

Quality First Scholarships shall be set at amounts that combine a balance of the actual cost of providing care with the need to keep child care affordable for eligible families (based on the national standard that family copayments should not exceed 10% of gross family income whenever possible). Please refer to number 3 under Accountability and Documentation.

Appeals process

A fair, equitable and objective appeals process will be available to providers and families in the event of disputes. The appeals process will include 3rd party input and will be conducted in a timely manner.

ⁱ Market Rate Survey. <https://egov.azdes.gov/cmsinternet/appreports.aspx?Category=136&subcategory=426>

ⁱⁱ Lally, J. R. & Signer, S. M. Introduction to Continuity. Available at:

http://www.pitc.org/cs/pitclib/download/pitc_res/360/Introduction%20to%20Continuity.pdf?x-r=pcfile_d

ⁱⁱⁱ Heckman, J.J. 2008. The Case for Investing in Disadvantaged Young Children. In: Big Ideas for Children: Investing in Our Nation's Future.

Available at: <http://www.firstfocus.net/Download/BigIdeas.pdf>

^{iv} Arizona Workforce Informer. Available at: http://www.workforce.az.gov/admin/uploadedPublications/2790_AzOccProj06-16.pdf

^v Minnesota Early Learning Foundation. (2009). Summary of Annual Report. Available at: <http://www.melf.us/vertical/Sites/%7B3D4B6DDA-94F7-44A4-899D-3267CBEB798B%7D/uploads/%7B3D934F12-4EAA-4BC2-9D87-55CDB858D526%7D.PDF>

Child Care Scholarships Data Reporting Requirements

First Things First reporting requirements and progress monitoring are aligned with First Things First Goals, Key Measures, and Standards of Practice. The purpose of First Things First data submission and monitoring is to determine the extent to which each program has accomplished the stated goals, key measures, targeted service number, and activities outlined in the standards of practice.

Grantees will be provided with data reporting requirements by First Things First. There are five main components to these requirements:

- Unit of Service
- Performance Measures
- Data Reporting Template
- Data Reporting Instruction
- Frequently Asked Questions

The data reporting template is the set of data the grantee submits on a quarterly basis; the instructions support that data submission. Units of Service and performance measures outline how the quarterly data submissions will be evaluated according to the contracted deliverables and standards of practice for that contract. Frequently asked questions present answers to common reporting, evaluation, policy, and performance questions.

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.

For **Child Care Scholarships**, the unit of service is:

Total number of children receiving scholarships

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).

For **Child Care Scholarships**, performance measures are:

Total number of early care and education providers offering scholarships/proposed service number

Total number of children receiving scholarships/proposed service number

Total number of families benefitting from scholarships/proposed service number

Total cost for parents/target service number

Data Reporting Templates

Data reporting templates are the tools utilized to gather data to assess grantee Performance Measures. All FTF grantees submit data on a quarterly basis through designated data reporting templates.

For **Child Care Scholarships**, the data reporting template is:

In Development

Data Reporting Instructions

Data reporting instructions support data submission through the data reporting template.

For **Child Care Scholarships**, the data reporting instructions are:

INFORMATION

Your data report is always due on the 20th day of the month following the end of each quarter. Each quarterly submission will include information for the entire quarter broken out by month. Each data report submitted will include information for the entire preceding quarter.

1st Quarter – July-September – Report due October 20

2nd Quarter – October-December – Report due January 20

3rd Quarter – January-March – Report due April 20

4th Quarter – April- June – Report due July 20

- Data should be only reported for services funded by First Things First.
- Data should be reported for each Regional Partnership Council area in which contracted services are provided with separate data for each Regional Partnership Council area, for each reporting period.

OVERVIEW

- For each quarter, **data should be tallied for each month of service.**
- Your final data submission for the quarter cannot be completed until you complete all monthly reports.

DIRECTIONS FOR DATA ENTRY

Worksheet 1: Service Numbers

General Information

1. **Provider Name:** Your organization's name.
2. **Contract ID:** Your organization's FTF Contract number.
3. **Reporting Period:** Month/Year of data
4. **User completing report:** The name of the person completing the report.
5. **User completing report's email:** The email address of the person completing the report.
6. **Date completed:** The date of when the report was completed.

I. Child Care Providers Scholarship Data Fields

For all Regional Partnership Councils in which you are serving children and families provide a separate row of scholarship summary fields for each unique combination of reporting period and provider type:

7. **Regional Partnership Council:** The name of the Regional Partnership Council in which your organization is serving children & families.
8. **Reporting Period:** The month for which the data is being reported.
9. **Provider Type:** The type of provider: Home or Center Based Child Care Provider
10. **Number of providers offering scholarship or stipends:** The total number of providers that offered scholarship or stipends to families.
11. **Number of NEW families benefitting from scholarship or stipends:** The total number of new families that received a scholarship or stipend during the month.
12. **Number of CONTINUING families benefitting from scholarship or stipends.** The total number of continuing families that received a scholarship or stipend during the month.
13. **Number of DISENROLLED families.** The number of families disenrolled during the month.
14. **Number of NEW Infants (0-12 months) benefitting from scholarship or stipends.** The total number of new infants (0-12 months) that received a scholarship or stipend during the month.
15. **Number of CONTINUING Infants (0-12 months) benefitting from scholarship or stipends.** The total number of continuing infants (0-12 months) that received a scholarship or stipend during the month.
16. **Number of DISENROLLED infants.** The number of infants disenrolled during the month.

17. **Number of NEW Toddlers (13-35 months) benefitting from scholarship or stipends.**
The total number of new toddlers (13-35 months) that received a scholarship or stipend during the month.
18. **Number of CONTINUING Toddlers (13-35 months) benefitting from scholarship or stipends.** The total number of continuing toddlers (13-35 months) that received a scholarship or stipend during the month.
19. **Number of DISENROLLED toddlers.** The number of toddlers disenrolled during the month.
20. **Number of NEW Preschoolers (36+ months) benefitting from scholarship or stipends.**
The total number of new preschoolers (36+ months) that received a scholarship or stipend during the month.
21. **Number of CONTINUING Toddlers (36+months) benefitting from scholarship or stipends.** The total number of continuing preschoolers (36+ months) that received a scholarship or stipend during the month.
22. **Number of DISENROLLED preschoolers.** The number of preschoolers disenrolled during the month.
23. **Number of NEW children with Special Needs benefitting from scholarship or stipends.**
The total number of new children with special needs (0-71 months) that received a scholarship or stipend during the month.
24. **Number of CONTINUING children with Special Needs benefitting from scholarship or stipends.** The total number of continuing children with special needs (0-71 months) that received a scholarship or stipend during the month.
25. **Number of DISENROLLED children with special needs.** The number of children with special needs disenrolled during the month.

Worksheet 2: Out of pocket cost

II. Total out of pocket costs to parents per child per month

For all Regional Partnership Councils in which you are serving children and families provide a separate row of co-pay fields for each unique combination of reporting period, age group, length of day, and provider type:

1. **Regional Partnership Council:** The name of the Regional Partnership Council in which your organization is serving children & families.
2. **Age Group:** The age group of the children benefiting from the stipend: Infants (0-12 months), Toddlers (13-35 months) or Preschoolers (36+ months).
3. **Length of Day:** Half or Full day child care.
4. **Provider Type:** The type of provider: Home or Center Based Child Care Provider.

Please enter the number of children by amount of parent's co-pay:

5. ***\$0 co-pay***
6. ***\$1-49***
7. ***\$50-99***
8. ***\$100-149***
9. ***\$150-199***
10. ***\$200-249***
11. ***\$250-299***

12. [\\$300-349](#)
13. [\\$350-399](#)
14. [\\$400-449](#)
15. [\\$500 and over](#)

Frequently Asked Questions

Frequently Asked Questions present answers to common reporting, evaluation, policy, and performance questions.

For **Child Care Scholarships**, the frequently asked questions are:

In development

GOAL AREA: QUALITY, ACCESS AND AFFORDABILITY

STRATEGY NAME: EXPANSION PRE K AND HEAD START

GOAL: <ul style="list-style-type: none"> FTF will increase availability and affordability of early care and education settings. 			
STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	COST
<p>Pre-kindergarten Expansion is a high quality, part- or full-time, classroom-based early education model. Children are enrolled in schools and community-bases sites, with group size and ratios appropriate to ages, well-qualified professional teachers, curriculum and assessments, health, and parent supports.</p> <p>Target population is children ages 3 and/or 4 years of age from low-income families. Family copayments are kept at an affordable rate.</p> <p>This strategy supports the expansion of 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 by either increasing the number of hours children participate in a high quality program or by increasing the number of children who can be served.</p> <p>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</p>	<p>There are multiple longitudinal studies showing that investments in high-quality pre-kindergarten programs improve both short- and long-term outcomes for children. Improvements include school success, high school graduation, college attendance and improved earnings. Negative outcomes are reduced such as involvement in the criminal justice system, grade repetition and high school dropout rates.</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 in 2008. Available at: http://www.iwpr.org/pdf/G718preknow.pdf.</p> <p>¹ Downer, J. (undated). <i>Successful Kindergarten Transitions: Developing a Community Action Plan</i> [PowerPoint slides]. Retrieved from Arizona Department of Education</p> <p>¹ Evaluation of the North Carolina More and Four Pre-Kindergarten Program. (2008). Available at:</p>	<p>Six of the seven regions currently funding this strategy use a single administrative home: the Arizona Department of Education. The administrative home coordinates the program beginning with outreach, applications from school districts and partners, community-based partnership assurances, mentoring to build strong collaborations, technical assistance, data collection, and evaluation. The administrative home has made a multi-year commitment to this project.</p> <p>It is strongly advised that regions use the administrative home to implement pre-k expansion strategies to maximize accountability and program oversight to ensure the standard of practice is being followed.</p>	<p>Pre-kindergarten programs under this strategy are reimbursed via formula funding. Full-time slots, defined as a minimum of 5 days a week, 6 hours per day for a total of 30 hours per week are funded at \$600 per month per child. Part-time slots, less than 30 hours per week, are funded at \$300 per month per child.</p> <p>The cost to administer the strategy through ADE is 10% of the total investment.</p>

<p>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. Therefore, this strategy includes methods by which early care and education programs work collaboratively to provide services to preschool aged children in these various settings.</p> <p>A minimum of 20% of total funding going to a school district must be passed through to a community-based provider or providers. Most regions have increased this investment to 40% by the third year of implementation.</p> <p>Typically, the program year for pre-k is similar to a school year although community-based providers and some schools have opted to operate for 10, 11 and even 12 months.</p>	<p>http://www.fpg.unc.edu/~mafeval/pdfs/year_7_key_findings.pdf</p>	<p>The strategy can easily be expanded to any region in the state, assuming that the public or charter school systems are willing to make application.</p> <p>Pre-k expansion providers, both schools and community-based, are required to be rated when rating is available for Quality First. A number of the programs are enrolled in Quality First Improvement.</p> <p>The geography of a particular region may impact how the model is implemented. For example, in remote regions of the state where community child care does not exist, it may not be possible to implement a mixed service delivery model.</p> <p>A recommendation is that a Regional Council first determines the number of children it wishes to serve and then calculate the dollar amount needed to achieve that number.</p> <p>A number of regions have determined that pairing this strategy with child care scholarships targeting infants and toddlers enables them to increase access and affordability to quality early care and education services for the entire birth to age 5 population.</p>	
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STANDARDS OF PRACTICE¹

Expansion: Pre K and Head Start

I. 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 beyond. High quality early childhood services have been strongly linked to both academic and life-skills success among children, especially those from families with several risk factors such as low income, low education levels of parents/caregivers, etc. This strategy addresses the identified need by allocating funds for the provision of high quality, early care and education in a center or classroom based setting. Funding will support the expansion of 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 by either increasing the number of hours children participate in a high quality program or by increasing the number of children who can be served.

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 (whose personnel and/or programming are not funded by a public school entity). Therefore, this strategy includes methods by which early care and education programs work collaboratively to provide services to preschool aged children in these various settings.

High quality early care and education programs maintain the following:

- Safe, healthy environments that support children's learning in ways that are stimulating, engaging and developmentally appropriate.
- High quality instructional staff members who have the education, knowledge and expertise to support children's interactions and facilitate their learning.
- Administrative systems that support staff development, retention and collaboration with the community.
- High levels of engagement by families in their child's program.

II. Service Delivery Standards

Intensity of Service Standard

¹ This Standard of Practice must be accompanied by the following Standards of Practice: Developmental Screening Administration; Sensory Screening; Community Based Family Education

Experts in the study of the effects of early childhood 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)] (Bowman, Donovan, & Burns, 2000). 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 or part day of service based on the following definitions and requirements.
 - A full day of services for children is defined as a minimum of 5 days a week, 6 hours per day for a total of 30 hours per week.
 - A part day of services is defined as less than 30 hours per week, but a program must serve children for a minimum of 3 hours per day, 4 days per week or a total of 12 hours per week over at least 3 days in order to receive funding (a 2 day a week program does not meet the requirements of this grant).
2. Program services must be provided for a minimum of 9 months, or a minimum of 170 program days to be funded at the 9 month allocation.
3. A full year program is defined as one that provides services for a minimum of 245 days per year.

Children’s Enrollment, Eligibility, and Attendance Standard

Enrollment and eligibility requirements are intended to ensure that services under this grant funding increase children’s access to high quality early care and education. Programs are required to leverage funding and ensure non-duplication of services by meeting the following standards of operation:

1. Programs are required to demonstrate that children served are eligible to participate by conducting effective intake procedures that at minimum obtain documentation of age of child, family income, and proof of the child’s legal residency.
 - Age Requirements: Children shall be between at least three years of age on or before September 1 of the program year and not yet enrolled in Kindergarten.
 - Financial Enrollment Requirements – child must meet all requirements listed below:
 - a. Children participating 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) unless otherwise specified by a Regional Partnership Council. The definition

of poverty is family income at or below 100%; the definition of low-income is family income at or below 200% of FPL.

- i. Documentation of family income eligibility must be obtained by program administrator and be maintained on site for at least two years.
 - ii. 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. Adjusted Gross Income as listed on the most current federal Individual Tax Form 1040, Form 1099, or W2 forms may also be used for documentation. For those who are self employed, at least one of the tax forms is required.
2. Children’s consistent attendance leads to maximum learning opportunities, therefore, attendance policies must support consistency and ongoing participation. When a child has been absent for three consecutive days, the site administrator should contact the family and identify reasons for non-attendance. Programs must put policies in place to determine when children shall be excluded from participation because of 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.

Funding and Match Standards

Providing a full range of high quality early childhood services requires both appropriate funding levels as well as significant leveraging of 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, Early Childhood Block Grant programs and national information on the cost of quality care. ⁱ

1. To be eligible for funding, programs must be located within the Region providing the grant opportunity.
2. The funding formula will be allocated based on the grantee’s proposed total (all of grantee and partner entities) service numbers. The grantee must produce a budget for the actual cost of services. If the total per child dollar amount for actual cost of services is less than the allowable allocation, then the rate will be adjusted accordingly so as not to exceed the actual cost of early childhood services. The formula cost per child (to be reviewed annually) will be computed as follows:
 - a. An annual per child rate of \$7,200 for a full day, full year, 12 month program and \$5,400 and for a full day, 9 month school year program will be established, and the

- monthly per child rate of \$600 per month will be used as a basis for prorating the formula.
- b. An annual per child rate of \$3,600 for a part-time, full-year (12 month) program and no more than \$2,700 per child for a part-time, 9 month program will be established with a monthly per child rate of \$300 per month for use in prorating the formula. These rates will be prorated based on the length of the contract and based on the state fiscal year.
3. Startup costs are recognized as a potential expense during a program's first year of expansion. Therefore, up to 20% of the total allocation may be budgeted for startup costs and activities. Up to 5% of a total allocation may be used for startup costs in subsequent grant periods but only under justifiable circumstances (e.g. a classroom must be moved to another community campus).
 4. Startup costs may include but are not limited to the following:
 - a. Minor repairs or alterations necessary for the safe operation of an early care and education program
 - b. Architectural plans or other requirements for licensure
 - c. Purchase of classroom equipment and supplies
 - d. First time licensing fees
 - e. Staff recruitment and marketing
 5. A match requirement for total cost of services is as follows: Programs must match funds at a minimum of 20% of the total cost of services. Matching funds may be provided in cash or through in-kind contributions, fairly evaluated, and may consist of, but are not limited to: building space, IDEA Part B funding, Title I, migrant funds, Child and Adult Food Care Program (CACFP) funds, and other state, tribal or federal dollars.
 6. 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 FTF's funding is not supplanting any currently existing funding.
 7. Programs may charge families for wrap-around services (time periods before or after the regular school day), but total funding (parent co-pay, FTF, and match dollars) may not exceed the total cost of the program.
 8. Parent contributions toward the cost of early childhood education must remain affordable for families and are not to exceed 10% of the gross family income. Parent contributions plus FTF funding and match dollars may not exceed the total cost of care. Families experiencing financial hardship may be excused from the requirement of cash payment (documentation of the hardship must be maintained). In lieu of cash payment, additional parent participation is required. (See Family Involvement Standards for ways in which families may volunteer)

Program Quality Standard

High-quality early care and education improves young children’s “...health and promotes their development and learning” (Pediatrics, 2005). Ensuring effective implementation of a comprehensive, high quality early care and education program requires alignment with a variety of nationally recognized quality indicators. Arizona currently enlists several methods to identify early childhood programs with a significant commitment to providing high quality care and education. Participation in this grant funding requires a program’s strong commitment to quality by meeting the following:

1. Programs in receipt of the grant funding must meet the following criteria:
 - Early care and education programs participating in First Things First quality, access and affordability opportunities are required to be regulated by any applicable State, Federal or Tribal authority(ies). First Things First (or when applicable, a designated administrative home) has the responsibility for monitoring and verifying that early care and education programs meet the following eligibility criteria for participation:
 - Provides early care and education services to children within the three through five age range.
 - Complies with requirements of the appropriate certifying, licensing or regulatory authority or authorities and is in good standing with those authorities, and
 - Program demonstrates a commitment to quality by one of the following:
 - Is enrolled as a Quality First participant and actively working toward quality improvement, or
 - Is accredited by one of the six national accreditations recognized also by ADE and DES, or
 - Has applied for Quality First (improvement or rating, when available) and does not decline an opportunity to participate.

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” (Bowman, 2000). To ensure curricular approaches are used that both meet the individual and developmental needs of children while also providing them with intentionally designed instruction and activities, the following standards are required:

1. Curriculum is designed around children’s interests and needs and aligns clearly with the Arizona Early Learning Standards. Nationally recognized models that align with the state standards and incorporate ongoing assessment to determine instructional needs are given priority over packaged curricula with specifically outlined and prescribed lesson plans. Some examples of appropriate curricular approaches include:
 - a. The Creative Curriculum for Pre-School (www.teachingstrategies.com)
 - b. High Scope Pre-school Curriculum (www.highscope.org)
 - c. Project Approach (www.projectapproach.org)
 - d. Reggio Emilio (www.reggiochildren.com)
2. Planning for children’s learning aligns with the full content of the Arizona Early Learning Standards rather than providing a focus only on language and literacy and/or numeracy development.
3. All programs will follow the most current edition of ADE “Program Guidelines for High Quality Early Education.”
4. All program personnel receive training on using the Arizona Early Learning Standards in the development of appropriate curriculum as part of the initial staff development or when staff members are employed who have not previously completed the training activities.

Child Screening and Assessment 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). 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 assessment of children’s cognitive, physical, language/communication, social/emotional and adaptive behavior developmental domains. Additionally, more in-depth social-emotional screenings conducted in the context of children’s daily activities and routines, along with parental input, are

- encouraged to identify possible needs for further supports related to high risks associated with the low-income population
3. All screening will be conducted in partnership with the local school district(s) to ensure coordinated and seamless efforts are maintained.
 4. Programs must ensure that any identified program partners such as districts, Head Start programs, or other community based providers 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.

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 data collected to document children's achievement using one of the Arizona State Board of Education approved instruments. It is highly encouraged that all of the providers receiving this funding within a specific region use the same assessment instruments as are currently being used by the local school district. Programs with current County/Type/District/Site (CTDS) numbers will input student assessment data into the Student Accountability and Information System (SAIS) with ADE on the reporting schedule outlined by ADE. For programs without current CTDS numbers, they will be responsible for collecting and maintaining student assessment data and reporting to FTF in quarterly reporting submissions.
2. Public School entities receiving grants directly through this funding are required to enter student data in the SAIS system for their community-based partners until it is technologically possible for the partners to have direct access into the system.
3. Training in appropriate use of the chosen child assessment is required for all staff not previously trained on the selected instrument/s.

Staff-to-Child Ratio and Class Size Standard

According to Bowman et. al. (2000):

Both class size and adult-child ratios are correlated with greater program effects. 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, more opportunities for teachers to work on extending language, mediating children's social interactions, and encouraging and supporting exploration and problem solving.

To ensure maximum learning opportunities are available to children participating in programs funded through this grant, the following group sizes and ratios are required:

1. Classrooms may not exceed a staff to child ratio of one to ten.
2. Class size may not exceed 20 children.
3. A minimum of one lead teacher and one assistant teacher per classroom for classrooms serving more than ten children is minimum staffing required.
4. When classrooms are used for mixed age groups that include three year olds, or as inclusion settings for children with disabilities, ratios and staffing decisions should be adjusted in accordance with the specific disabilities and/or needs of the children present. At a minimum, these groups will maintain a staff to child ratio of no more than one adult per nine children and a maximum group size of 18.

Family Involvement Standard

More so than any other individual, the parent plays a central role as the most influential person 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. Studies have confirmed that involved parents improve children's progress and increase their likelihood for later school and life success (Desmione, 1999). According to Epstein, et. al. (1997), "parents need an array of options that she classifies as 'parent involvement types' "each with specific practices for implementation. Programs receiving funding under this grant must involve families in a variety of ways that support some or all of the following types of family engagement:

- Parenting: assisting families with parenting skills and understanding their child's development
- Communicating: having two-way communications with families about the early childhood program and their children's progress
- Volunteering: offering a variety of ways for families to volunteer in ways that will support the early childhood program and their child's development
- Learning at Home: involving families with expanding their children's learning within the home setting, especially using everyday routines
- Decision-Making: including parents as participants in programmatic decisions, governance and advocacy

- Collaborating with Community: coordinating resources and services for families, children as well as connecting with local businesses, agencies and other local groups
1. To develop strong family involvement connections, programs in receipt of this funding must create and implement plans for family involvement that align with the effective types of family engagement outlined by Epstein et. al (1997). A copy of the written plan shall be available on-site upon request. Activities outlined in the plan may include but are not limited to the following:
 - a. Home or community visits (initial and ongoing)
 - b. Family conferences
 - c. Classroom visits with options for parents to participate
 - d. Process for family involvement in decision-making about their own children
 - e. Parent satisfaction surveys
 - f. Child progress reports
 - g. Parent nights with family activities and parent education activities
 2. Family engagement activities shall include a focus on involving the family as key decision makers and assessors of the program
 3. Family involvement programs that choose to include community based training activities follow the FTF community-based family education standards of practice when delivering family education services.

Kindergarten Transition Standards

1. As part of ensuring effective collaborations with the community and providing children and families with seamless services as they move to school entry, grantees shall create and implement a written Kindergarten Transition Plan that supports the child and family in making a smooth transition into kindergarten. The transition plan shall include a clearly described partnership between the early childhood provider and the kindergarten program into which each child will enter, whether public or private. Kindergarten transition activities support the following:
 - Child-School Connections to increase children’s familiarity with the classroom setting and the people within it.
 - Family-School Connections to increase collaboration and involvement with the school and the transition process.
 - School-School Connections to provide children with stable classroom experiences across timeⁱⁱ

Community Collaboration Standards²

Both community-based, private providers and public schools are critical to the development of a high quality early childhood education system for young children ages three through five. Financing early childhood education programs through a mixed service delivery model ensures that sufficient resources and standards are in place to support high quality through coordinated community efforts. Additionally, “mixed delivery system” promoted in this strategy offers parents choices on where their children can receive quality early childhood experiences, including in programs located in public schools, Head Start programs, tribal programs, for- and non-profit preschools /centers, and faith-based programs. A true mixed delivery model requires equal and equitable access to programs and funding across early care and education settings. For example, in North Carolina’s *More at Four Program*, about 50% of enrolled children are served in public school sites, with 30% served in private early childhood settings and smaller proportions in Head Start.ⁱⁱⁱ

1. All grantees in receipt of this funding, regardless of program type (e.g. public school entity, Head Start, private provider), must develop and implement a written plan outlining how the program will create financial and non-financial partnerships with other provider types in the region to ensure effective parent choice using a mixed delivery service model. A copy of the written plan and the implementation status is submitted to FTF with the quarterly report and is available during the on-site monitoring visits.
2. When funding is granted directly to a Head Start or public school entity, partnerships are to be established between school districts and community-based providers to implement a mixed model of service delivery. The model requires that public school (including Charters) and Head Start programs develop meaningful financial and non-financial relationships with community based partners and pass through funding at an equitable level for early childhood education services in the community. A specific percentage of funding must be made available to community-based providers as contractually required and may be increased incrementally to reflect deeper investments in the mixed service delivery model.
3. Coordination and collaboration with all FTF grantees is critical to develop a seamless service delivery system for children and families. Services and program cannot be implemented in isolation and coordination and collaboration must occur within a region and across regions. FTF State and Regional Councils will identify opportunities for

² Written and signed Memoranda of Understanding or Partnership Agreementd between partners must be submitted as part of a response either to an ISA or RFGA related to this strategy.

collaboration and coordination within the region and across regions. Representatives from each participating school district will be required to attend meetings and workgroups in the region being served to identify, develop, and implement mechanisms around coordination and collaboration.

Early Care and Education Expansion Training and Qualifications Standards

Administration of this grant funding falls under certain statutory requirements. Specifically, Public School entities and their partners in receipt of this funding are bound by Arizona Administrative Code R7-2-612 which requires either a provisional or standard early childhood education certificate for those individuals teaching in early childhood education programs.

(quoted in part) For the purposes of this rule, public school early childhood education programs are defined as education programs provided by local education agencies, including their sub-grantees and contracted providers, for children birth through age 8 for the purpose of providing academically and developmentally appropriate learning opportunities that are standards-based with defined curriculum and comprehensive in content to include all appropriate developmental and academic areas as defined by the Arizona Early Childhood Education Standards or the Arizona K-12 Academic Standards approved by the Board. ...Public school early childhood education programs include, but are not limited to, half day and full day kindergarten programs, Early Childhood Block Grant programs pursuant to A.R.S. § 15-1251, Family Literacy Programs for preschool children pursuant to A.R.S. § 15-191.01, and public school-administered early childhood education programs funded in whole or part with federal funds, such as the Head Start or Even Start programs, provided nothing in these rules conflicts with the terms of the federal grant. Extended day child care programs provided by local educational agencies are not considered early childhood education programs for purposes of this rule unless the program meets the definition of a public school early childhood education program set forth above

Director/Administrator Education and Qualifications

1. At a minimum, directors/administrators (those responsible for the direct supervision of the program and staff; this may include principals, program coordinators, provider owner/director) must hold a Bachelors degree in Early Childhood, Child Development and Family Studies, or Early Childhood Special Education. OR Hold a principal's certificate through ADE.
2. Areas of knowledge and competencies in:
 - 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
- f. Arizona Early Learning Standards
- g. Arizona Guidelines for High Quality Early Childhood Programs

Teacher Education and Qualifications

1. At a minimum, all primary classroom teachers must hold an Associate's degree in Early Childhood or Child Development, and be currently enrolled in an approved bachelor's degree program leading to early childhood teacher certification.
2. In accordance with ARS cited above, by July 1, 2012, the primary classroom teacher in grantees that are public school entities and their partners must be a teacher who holds an early childhood certificate or endorsement.
3. In accordance with ARS cited above, July 1, 2012, the teaching assistants in grantees that are public school entities and their partners must have a Child Development Associate Credential (CDA) or an Associate's Degree in Early Childhood Education/Child Development.
4. To address cultural competency objectives, early childhood providers shall ensure that 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. Early childhood providers should receive ongoing education and training in culturally and linguistically appropriate service delivery. Early Childhood providers 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 in designing and implementing the National Standards on Culturally and Linguistically Appropriate Services.
5. Staff should have the following areas of knowledge and competencies in:
 - a. Typical/Atypical child development
 - b. Developmentally Appropriate Practices
 - c. Classroom Management
 - d. Children's developmental expectations
 - e. Curricular planning and design
 - f. Children's health and safety
 - g. Arizona Early Learning Standards
6. All program personnel will participate in continuing education to remain current and update skills and knowledge to meet the requirements of this scope of work.

7. All personnel will have individualized professional development plans specific to their personal goals and the specific needs of the age group with which they work.

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 early childhood program. Program assessment is collaborative and conducted in partnership with the district's Early Childhood Quality Improvement Practices (EQUIP) 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.

III. Strategy Implementation Activities

The intent of this strategy is to increase access to high quality, comprehensive early care and education for preschool age children. Implementing a comprehensive early childhood program requires attention to a variety of system components:

- Effective recruitment and enrollment activities that meet the needs of the community.
- Implementation of an appropriate early education curriculum that provides opportunities for children to learn and grow in safe, nurturing and engaging environments.
- Provision of the necessary personnel training needed to implement high quality services.
- Collaboration with the community to ensure families' access to a variety of resources.
- Partnerships with a variety of early care and education providers in the community to ensure parent choice.

Programs funded under this strategy should be ready or near-ready to provide services to children upon application. This strategy is not intended to be used for major construction or renovation projects. Programs with an existing infrastructure requiring minimal startup capital are targeted for this funding. Activities to be conducted include:

Enrollment Activities

1. Conduct ongoing community outreach and recruitment to identify eligible children for services, and to support community awareness and understanding of the financial opportunities.
2. Complete intake procedures that ensure enrolled children are age and income eligible under contract requirements.
3. Implement enrollment procedures that match the contract's priorities of service delivery, (e.g. only 4 year olds, 3 and 4 year olds, children who have never participated in an early childhood program, etc.).
4. Maintain a viable enrollment wait list to ensure required service numbers are sustained throughout the grant period.
5. Enroll eligible children regardless of special developmental or health care needs and promote highly inclusive practices.
6. Develop and implement effective transition activities for children entering the program, moving between program services, and exiting the program.

Implementation Activities

1. Implement a comprehensive early childhood program using a developmentally appropriate practice based curriculum aligned with the Arizona Early Learning Standards.
2. Conduct ongoing, developmentally appropriate, and naturally occurring child assessment for the purpose of monitoring children's progress and making instructional decisions.
3. Provide ongoing staff development to support the implementation of a developmentally appropriate curriculum, effective adult/child interactions and assessments.

Administration Activities

1. Provide appropriate referrals to families for additional evaluation and/or services as needed.
2. Develop and implement a child attendance policy to support children's consistent attendance and participation.
3. Include family involvement and engagement as a component of comprehensive service delivery by providing meaningful opportunities for parents and families to build trusting relationships and be decision-makers in the early childhood program.
4. Develop and implement staff development plans to ensure the ongoing education of program personnel specific to their roles and responsibilities.
5. Conduct ongoing, reflective practices that continuously assess the quality and effectiveness of the implementation of the early childhood program.
6. Collect and maintain child assessment data using an instrument approved by the Arizona Department of Education.
7. Participate in partnership with public schools in their Early Childhood Quality Improvement Practices (ECQUIP) procedures.

Community Collaboration Activities

In order to promote parent choice and a mixed delivery system of early care and education, coordination and collaboration among the various providers within a region are required. Providers incorporated within this system include, but are not limited to, programs located in public schools, Head Starts, tribal programs, for- and non-profit preschools/centers, and faith-based settings. The activities required for successful coordination and collaboration are as follows:

1. Develop and maintain both financial and non-financial relationships across early childhood program settings as well as share resources and professional development opportunities.
2. Conduct outreach with the various local early childhood education providers in the community for the purpose of including them in the provision of services under this funding.
3. Participate in cross-regional and statewide coordination efforts that may include additional workgroups and meetings.

References:

Eager to Learn:
Educating Our
Preschoolers

Author: Barbara T. Bowman, M.
Suzanne Donovan, and M.
Susan Burns, *Editors*;
Committee on Early
Childhood Pedagogy;
National Research Council

Publisher: The National Academies
Press

Date: 2000

Desmione, L. (1999). *Linking Parent Involvement with Student Achievement: Do Race and Income Matter?* In *Journal of Educational Research*, Sept-October (93): 1, 11-30.

ⁱ 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 in 2008. Available at: <http://www.iwpr.org/pdf/G718preknow.pdf>.

ⁱⁱ Downer, J. (undated). *Successful Kindergarten Transitions: Developing a Community Action Plan* [PowerPoint slides]. Retrieved from Arizona Department of Education

ⁱⁱⁱ Evaluation of the North Carolina More and Four Pre-Kindergarten Program. (2008). Available at: http://www.fpg.unc.edu/~mafeval/pdfs/year_7_key_findings.pdf

Expansion: Pre-K and Head Start Data Reporting Requirements

First Things First reporting requirements and progress monitoring are aligned with First Things First Goals, Key Measures, and Standards of Practice. The purpose of First Things First data submission and monitoring is to determine the extent to which each program has accomplished the stated goals, key measures, targeted service number, and activities outlined in the standards of practice.

Grantees will be provided with data reporting requirements by First Things First. There are five main components to these requirements:

- Unit of Service
- Performance Measures
- Data Reporting Template
- Data Reporting Instruction
- Frequently Asked Questions

The data reporting template is the set of data the grantee submits on a quarterly basis; the instructions support that data submission. Units of Service and performance measures outline how the quarterly data submissions will be evaluated according to the contracted deliverables and standards of practice for that contract. Frequently asked questions present answers to common reporting, evaluation, policy, and performance questions.

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.

For **Expansion: Pre-K and Head Start**, the units of service:

Total number of public school-district Pre-K sites receiving support

Total number of private/public community partner Pre-K sites receiving support

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).

For **Expansion: Pre-K and Head Start**, performance measures are:

Total number of public school-district Pre-K sites receiving support

Total number of private/public community partner Pre-K sites receiving support

Total number of increased slots for children/proposed service number

Total number of early care and education providers receiving professional development/proposed service number

Total number of professional development sessions conducted/proposed service number

Total number of early care and education providers applying to be regulated through the Department of Economic Security or the Department of Health Services / targeted service number

Data Reporting Templates

Data reporting templates are the tools utilized to gather data to assess grantee Performance Measures. All FTF grantees submit data on a quarterly basis through designated data reporting templates.

For **Expansion: Pre-K and Head Start**, the data reporting template is:

Pre- K Expansion Data Reporting Template						
Provider Name	The Arizona Department of Education					
Contract ID						
User Completing Report						
User Completing Report Email						
Reporting Period	Month	Year				
	January	2010				
Regional Partnership Council						
Date Completed						
DATA ENTRY						
Section I: Which of the following Pre-K sites are in your program?						
School District Pre-K sites (Public)	X					
Private Pre-K sites (Community Partners)	X					
Other	X					
Section II: Number of Pre-K sites served during this period:						
	Number of sites served at the beginning of the month	Number of classroom (within sites) served at the beginning of the month	Number of sites newly enrolled during current month	Number of classroom (within sites) newly enrolled during current	Number of sites disenrolled during current month	Number of classrooms (within sites) disenrolled during current month

				month		
School District Pre-K sites (Public)						
Private Pre-K sites (Community Partners)						
Other						
Reasons for disenrollment						
	No Longer in Business	No longer eligible	Completed program goals	No longer wishes to participate/ Discontinued Services	Other (please specify)	
School District Pre-K sites (Public)					Text --> 999	
Private Pre-K sites (Community Partners)						
Other						
Section III: Preschooler Enrollment						
A. Preschoolers (36+ months)	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)	Other			
Number of FTF funded preschoolers enrolled at the beginning of this reporting period						
Number of FTF funded preschoolers newly enrolled during this reporting period						
Number of FTF funded preschoolers who disenrolled (withdrew) during this reporting period						
B. Preschooler Disenrollment Reasons						
	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)	Other			
Family moved out of the area						
Family transportation						
Family change in schedule						
Program cost						
Child moved to another program						
Program terminated child enrollment						
Other (Please specify):						
Total number of FTF funded preschooler vacancies (slots) at the end of the reporting period						
Total number of non-FTF funded preschoolers enrolled at the end of the reporting period						
C. Special Needs/ Special Health Care Needs						
	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)	Other			
Number of FTF funded preschoolers with identified special needs (IEP, other professionally diagnosed educational disability) and/or special health care needs (504 plan or Individual Health Plan by a medical professional) enrolled at the beginning of this reporting period						

Number of FTF funded preschoolers with identified special needs (IEP, other professionally diagnosed educational disability) and/or special health care needs (504 plan or Individual Health Plan by a medical professional) newly enrolled during <u>this reporting period</u>			
Number of FTF funded preschoolers with identified special needs (IEP, other professionally diagnosed educational disability) and/or special health care needs (504 plan or Individual Health Plan by a medical professional) disenrolled during <u>this reporting period</u>			

D. FTF funded Preschooler Disenrollment Reasons (identified special needs and special health care needs)			
	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)	Other
Family moved out of the area			
Family transportation			
Family change in schedule			
Program cost			
Family other specified			
Family other unspecified			
Program terminated enrollment			
Other (Please specify):			

Section IV. Developmental and Health Screening Information

A. Developmental Screening (FTF funded preschoolers ONLY)	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)	Other
Number of preschoolers screened during this reporting period			
Number of preschoolers referred for follow up Early Childhood Special Education Services			
Number of preschoolers receiving Early Childhood Special Education Services			
B. Hearing Screening (FTF funded preschoolers ONLY)	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)	Other
Number of preschoolers screened during this reporting period			
Number of preschoolers referred for follow up hearing services			
Number of preschoolers receiving hearing services			
C. Vision Screening (FTF funded preschoolers ONLY)	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)	Other
Number of preschoolers receiving a vision screening during this reporting period			
Number of preschoolers referred for follow up vision screening			
Number of preschoolers receiving vision services			
D. Oral Health Screening (FTF funded preschoolers ONLY)	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)	Other

Number of preschoolers receiving oral health screening during this reporting period			
Number of preschoolers referred for follow up oral health screening			
Number of preschoolers receiving oral health services			
E. Immunization	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)	Other
Number of preschoolers up to date on Immunization shots during this reporting period			
Number of preschoolers needing to have immunization during this reporting period			
Number of preschoolers receiving needed immunizations			
Section V. Staff Information			
A. Staff Employment	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)	Other
Number of teachers employed at beginning of current month			
Number of new teachers hired during current month			
Number of teachers leaving employment during current month			
Number of assistant teachers employed at beginning of current month			
Number of assistant teachers hired during current month			
Number of assistant teachers leaving employment during current month			
B. Staff Qualifications	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)	Other
Associate Degree			
Bachelor Degree			
Master Degree			
Ph.D.			
C. ECE Staff Certification or Endorsement			
Do any of your staff have an Early Childhood Education (ECE) Certification or Endorsement?			
YES or NO	YES	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)
	If Yes, how many?		

Data Reporting Instructions

Data reporting instructions support data submission through the data reporting template.

For **Expansion: Pre-K and Head Start**, the data reporting instructions are:

INFORMATION

Your data report is always due on the 20th day of the month following the end of each quarter. Each quarterly submission will include information for the entire quarter broken out by month. Each data report submitted will include information for the entire preceding quarter.

- 1st Quarter – July-September – Report due October 20
- 2nd Quarter – October-December – Report due January 20
- 3rd Quarter – January-March – Report due April 20
- 4th Quarter – April- June – Report due July 20

- Data should be only reported for services funded by First Things First.
- Data should be reported separately for each Regional Partnership Council area in which contracted services are provided. For example, if your program is contracted to provide services in both Central Maricopa and Northeast Maricopa regions, two separate reports must be submitted.
- For each quarter, **data should be tallied for each month of service.**
- Your final data submission for the quarter cannot be completed until you complete all monthly reports.

DIRECTIONS FOR DATA ENTRY

***Any data field with an asterisk mark is required, you cannot skip it.**

Worksheet 1: Pre-K Expansion

***Section I:** Which of the following Pre-K sites are in your program? Mark all that apply and enter the number of sites for each type.

- a. School District Pre-K sites (Public)_____
- b. Private Pre-K sites (Community Partners)_____
- c. Other_____

***Section II:** Number of Pre-K sites served during this period. Enter data for each type of Pre-K sites by the following variable breakouts.

	Number of sites using FTF funds at the beginning of the month	Number of classrooms (within sites) using FTF funds at the beginning of the month	Number of sites using FTF funds newly enrolled during current month (receiving FTF \$)	Number of classrooms (within sites) using FTF funds newly enrolled during current month	Number of sites using FTF funds disenrolled during current month	Number of classrooms (within sites) using FTF funds disenrolled during current month
School District Pre-K sites (Public)						
Private Pre-K sites (Community Partners)						
Other						

Section III: Preschoolers (37+ months) Enrollment Data by Sites

A. *Preschoolers (37+ months): In this table, you will breakout the children enrolled by the total number of preschool aged children (36-72 months enrolled by *School District/Private Pre-K/Other*).

A. Preschoolers (37+ months)	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)	Other
Number of FTF funded full time preschoolers enrolled at the beginning of this reporting period			
Number of FTF funded half time preschoolers enrolled at the beginning of this reporting period			
Number of FTF funded full time preschoolers newly enrolled during this reporting period			
Number of FTF funded half time preschoolers newly enrolled during this reporting period			
Number of FTF funded full time preschoolers who disenrolled (withdrew) during this reporting period			
Number of FTF funded part time preschoolers who disenrolled (withdrew) during this reporting period			
Total number of approved full time FTF slots			
Total number of full time FTF funded preschooler vacancies (slots) at the end of the reporting period			
Total number of approved half time FTF slots			
Total number of half time FTF funded preschooler vacancies (slots) at the end of the reporting period			
Total number of non-FTF funded preschooler enrolled at the end of the reporting period			

B. *Special Needs/Special Health Care Needs: In this table, you will breakout the total number of children with special needs/special health care needs by school district/private pre-k/other.

C. Special Needs/ Special Health Care Needs	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)	Other
Number of FTF funded preschoolers with identified <u>special needs</u> (IEP, other professionally diagnosed educational disability) <u>and/or special health care needs</u> (504 plan or Individual Health Plan by a medical professional) enrolled at the beginning of this reporting period			
Number of FTF funded preschoolers with identified <u>special needs</u> (IEP, other professionally diagnosed educational disability) <u>and/or special health care needs</u> (504 plan or Individual Health Plan by a medical professional) newly enrolled during <u>this reporting period</u>			
Number of FTF funded preschoolers with identified <u>special needs</u> (IEP, other professionally diagnosed educational disability) <u>and/or special health care needs</u> (504 plan or Individual Health Plan by a medical			

professional) disenrolled during <u>this reporting period</u>			
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Definition of 'Children with Special Needs': Children who have been identified as having a medical, health, or developmental concern requiring additional supports and services and outlined in an Individual Family Service Plan (IFSP), Individual Education Plan (IEP), Individual Health Plan (IHP) written by a medical provider, or 504 Plan.

Section IV: Developmental, Hearing, Vision, Oral Health, Immunization Screenings

A. Developmental Screening (FTF funded preschoolers ONLY)	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)	Other
Number of preschoolers screened during this reporting period			
Number of preschoolers referred for follow up Early Childhood Special Education Services			
B. Hearing Screening (FTF funded preschoolers ONLY)	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)	Other
Number of preschoolers screened during this reporting period			
Number of preschoolers referred for follow up hearing services			
C. Vision Screening (FTF funded preschoolers ONLY)	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)	Other
Number of preschoolers receiving a vision screening during this reporting period			
Number of preschoolers referred for follow up vision screening			
D. Oral Health Screening (FTF funded preschoolers ONLY)	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)	Other
Number of preschoolers receiving oral health screening during this reporting period			
Number of preschoolers referred for follow up oral health screening			
E. Immunization	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)	Other
Number of preschoolers up to date on Immunization shots during this reporting period			
Number of preschoolers needing to have immunization during this reporting period			
Number of preschoolers receiving needed immunizations			

Section V: Staff Information

a. In this table please enter data on staff employment by school district, pre-k/private pre-k and/or other sites.

a. Staff Employment	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)	Other

Number of teachers employed at beginning of current month			
Number of new teachers hired during current month			
Number of teachers leaving employment during current month			
Number of assistant teachers employed at beginning of current month			
Number of assistant teachers hired during current month			
Number of assistant teachers leaving employment during current month			

b. Child Care/ECE Staff Qualification

***Number of staff with following qualifications:** In this table, please enter the total number of staff with the following credential by school district pre-k/private pre-k/other sites.

b. Staff Qualifications	School District Pre-K sites (Public)	Private Pre-K sites (Community Partners)	Other
High School Diploma/GED			
Child Development Associate Certificate (CDA)			
Associate Degree			
Bachelor Degree			
Master Degree			
Ph.D.			

c. Child Care/ECE Staff Certification/Endorsement

***Does anyone on your staff have an Early Childhood Education (ECE) Credential or Endorsement? YES or NO**

- If **Yes**, How many? by school district pre-k/private pre-k/other sites_____

Worksheet 2: Pre-K Parent Education

Training Session data fields

1. **Name of Training Session:** In this data field you will enter the name/topic of the session (e.g. Parenting Skills, Safety, Early Language and Literacy, Child Development)
2. **Number of Trainers:** In this data field you will enter the number of trainers who offered training in this specific session.
3. **Qualifications of Trainer/s:** In this data field please report the highest degree completed by the trainer/s.
4. **Session format:** This data field is a drop down menu. You can choose either '**One on One**' or '**small group**'. If you choose "**Other (please specify)**"- then you need to enter the format of your session in a row added under this field.
5. **Session duration:** This data field is a drop down menu. You can choose only one choice that best applies for your session. The choices are: **less than an hour, 1 hour, 2 hours, 3 hours, or more than 3 hours.**
6. **Session venue:** This data field is a drop down menu. You can choose either one of the **listed** options or the '**other (please specify)**' option. If you choose "**Other (please specify)**"- then you need to add a row under this field enter the venue at which your session took place for this specific session.
7. **Session date:** For this data field you will report the date your session took place using the following format: mm/dd/yyyy.
8. **Session location – City:** In this data field you will enter the **City** at which the session took place. Example: City – Phoenix.
9. **Session location – Zip:** In this data field you will enter the zip code of where the training session occurred. For example: Phoenix, Zip Code: 85012

Target Audience

1. ***Number of Parents/Caregivers enrolled in this session:** In this data field you will enter the total number of parents/caregivers enrolled in the training session.
2. ***Number of Parents/Caregivers attending this session:** In this data field you will enter the total number of parents/caregivers who attended the session.

Pre-K Staff Training

DIRECTIONS FOR DATA ENTRY

***Did your school district offer/conduct any Pre-K staff training during this month? Yes/No**, if yes, please fill out the following data fields

Training Session data fields

1. **Name of Training Session:** In this data field you will enter the name/topic of the session (e.g. Positive Guidance and Discipline, Safety, First Aid)
2. **Number of Trainers:** In this data field you will enter the number of trainers who offered training in this specific session.
3. **Qualifications of Trainer/s:** In this data field please report the highest degree completed by the trainer/s.
4. **Session format:** This data field is a drop down menu. You can choose either **'One on One'** or **'small group'**. If you choose **"Other (please specify)"**- then you need to enter the format of your session in a row added under this field.
5. **Session duration:** This data field is a drop down menu. You can choose only one choice that best applies for your session. The choices are: **less than an hour, 1 hour, 2 hours, 3 hours, or more than 3 hours.**
6. ***Session venue:** This data field is a drop down menu. You can choose either one of the **listed** options or the **'other (please specify)'** option. If you choose **"Other (please specify)"**- then you need to add a row under this field enter the venue at which your session took place for this specific session.
7. ***Session date:** For this data field you will report the date your session took place using the following format: mm/dd/yyyy.
8. ***Session location – City:** In this data field you will enter the **City** at which the session took place. Example: City – Phoenix.
9. ***Session location – Zip:** In this data field you will enter the zip code of where the training session occurred. For example: Phoenix, Zip Code: 85012

Target Audience

10. **Number of Public Pre-K staff enrolled in this session:** In this data field you will enter the total number of public pre-k staff enrolled in the training session based on the type of target audience.
11. **Number of Public Pre-K staff attending:** In this data field you will enter the total number of public pre-k staff who attended the session.
12. **Number of Private Pre-K staff enrolled in this session:** In this data field you will enter the total number of private pre-k staff enrolled in the training session based on the type of target audience.

13. **Number of Private Pre-K staff attending:** In this data field you will enter the total number of private pre-k staff who attended the session.
14. **Number of Other Pre-K staff enrolled in this session:** In this data field you will enter the total number of other pre-k staff enrolled in the training session based on the type of target audience.
15. **Number of Other Pre-K staff attending:** In this data field you will enter the total number of other pre-k staff who attended the session.

Frequently Asked Questions

Frequently Asked Questions present answers to common reporting, evaluation, policy, and performance questions.

For **Expansion: Pre-K and Head Start**, the frequently asked questions are:

In development

GOAL AREA: QUALITY, ACCESS AND AFFORDABILITY

STRATEGY NAME: EXPANSION: EXPAND SLOTS AND/OR CAPITAL EXPENSE

EXPANSION: INFANT/TODDLER

GOAL: FTF will increase availability and affordability of early care and education settings.

STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	COST
<p>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 beyond in certain areas of the state. 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, low education levels of parents/caregivers, etc. Regional funding will support the expansion of programming for those children who may not otherwise have access to high quality early care and education in particular neighborhoods or localities where there is a lack of licensed and/or certified providers.</p> <p>While various models exist, most include financial support for planning, facility improvement grants to renovate or expand current settings in order to allow the program to serve more children. It is also possible for regions to provide financial support for capital improvement as long as the FTF capital improvement policy is followed which requires matching funds.</p>	<p>There exist multiple longitudinal studies showing that investments in high-quality pre-kindergarten programs improve both short- and long-term outcomes for children. Improvements include school success, high school graduation, college attendance and improved earnings. Negative outcomes are reduced such as involvement in the criminal justice system, grade repetition and high school dropout rates.</p>	<p>Child care expansion strategies have proven difficult to implement in the current economic environment. System-wide under-enrollment precipitated by fewer children receiving DES subsidies and higher unemployment means that most providers throughout the state have available child care slots.</p> <p>There are sometimes remote areas of the state or underserved neighborhoods where an increase in child care slots is warranted.</p> <p>A thorough analysis should be conducted when considering child care expansion as a strategy to assure that if new slots are developed, that there are families who can afford them or that this strategy is combined with one that insures access such as Quality First Scholarships.</p> <p>Regions may elect to focus on a subpopulation within the birth to five age range such as infants and toddlers or preschoolers.</p>	<p>The cost of this strategy varies according to the specific needs of a region. Major capital expansion is clearly more expensive than facility modification or minor renovation.</p>

Expansion: Increase slots in regulated classrooms/homes and capital expense Date Reporting Requirements

First Things First reporting requirements and progress monitoring are aligned with First Things First Goals, Key Measures, and Standards of Practice. The purpose of First Things First data submission and monitoring is to determine the extent to which each program has accomplished the stated goals, key measures, targeted service number, and activities outlined in the standards of practice.

Grantees will be provided with data reporting requirements by First Things First. There are five main components to these requirements:

- Unit of Service
- Performance Measures
- Data Reporting Template
- Data Reporting Instruction
- Frequently Asked Questions

The data reporting template is the set of data the grantee submits on a quarterly basis; the instructions support that data submission. Units of Service and performance measures outline how the quarterly data submissions will be evaluated according to the contracted deliverables and standards of practice for that contract. Frequently asked questions present answers to common reporting, evaluation, policy, and performance questions.

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.

For **Expansion: Increase slots in regulated classrooms/homes and capital expense**, the units of service are:

Total number of home based early care and education providers served
Total number of center based early care and education providers served
Total number of increased slots for participating children

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).

For **Expansion: Increase slots in regulated classrooms/homes and capital expense**, performance measures are:

Total number of home based early care and education providers served/proposed service number
Total number of center based early care and education providers served/proposed service number
Total number of increased slots for participating children/proposed service number
Total number of early care and education providers receiving professional development/proposed service number
Total number of professional development sessions conducted/proposed service number
Total number of early care and education providers applying to be regulated through the Department of Economic Security or the Department of Health Services / targeted service number

Data Reporting Templates

Data reporting templates are the tools utilized to gather data to assess grantee Performance Measures. All FTF grantees submit data on a quarterly basis through designated data reporting templates.

For **Expansion: Increase slots in regulated classrooms/homes and capital expense** the data reporting template is:

In development

Data Reporting Instructions

Data reporting instructions support data submission through the data reporting template.

For **Expansion: Increase slots in regulated classrooms/homes and capital expense**, the data reporting instructions are:

In development

Frequently Asked Questions

Frequently Asked Questions present answers to common reporting, evaluation, policy, and performance questions.

For **Expansion: Increase slots in regulated classrooms/homes and capital expense**, the frequently asked questions are:

In development

GOAL AREA: QUALITY ACCESS AND AFFORDABILITY

STRATEGY NAME: INCLUSION OF CHILDREN WITH SPECIAL NEEDS

GOAL: <ul style="list-style-type: none"> FTF will improve access to quality early care and education programs and settings. 			
STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	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"> 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. Consider whether the region has the capacity to implement the strategy, or will it require seeking contracts outside of the region. This strategy serves child care providers – not specific children. As a strategy tied to QAA, eligible providers must meet the requirements of quality indicators 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. 	<p>Similar to other consultation models, may be more intense due to the nature of the subject matter.</p> <p>Estimate between 6,500-7,500/ provider served.</p> <p>Include costs for adaptive equipment or environmental materials</p> <p>Additional costs are travel related and administrative</p>

Policy Specialist: Allison Landy

STANDARDS OF PRACTICE

Increasing Inclusion of Children with Special Needs

I. Description of Strategy

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 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.

Inclusion of Children with Special Needs Data Reporting Requirements

First Things First reporting requirements and progress monitoring are aligned with First Things First Goals, Key Measures, and Standards of Practice. The purpose of First Things First data submission and monitoring is to determine the extent to which each program has accomplished the stated goals, key measures, targeted service number, and activities outlined in the standards of practice.

Grantees will be provided with data reporting requirements by First Things First. There are five main components to these requirements:

- Unit of Service
- Performance Measures
- Data Reporting Template
- Data Reporting Instruction
- Frequently Asked Questions

The data reporting template is the set of data the grantee submits on a quarterly basis; the instructions support that data submission. Units of Service and performance measures outline how the quarterly data submissions will be evaluated according to the contracted deliverables and standards of practice for that contract. Frequently asked questions present answers to common reporting, evaluation, policy, and performance questions.

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.

For **Inclusion of Children with Special Needs**, the units of service:

Total number of home based early care and education providers served
Total number of center based early care and education providers served

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).

For **Inclusion of Children with Special Needs**, performance measures are:

- Total number of home based early care and education providers served/proposed service number**
- Total number of center based early care and education providers served/proposed service number**
- Total number of increased slots for children/proposed service number
- Ratio of typically developing children to children with special needs served/target service number
- Total number of early care and education providers receiving professional development training/proposed service number
- Total number of professional development training sessions conducted/proposed service number
- Total number of early care and education providers applying to be regulated through the Department of Economic Security or the Department of Health Services / targeted service number

Data Reporting Templates

Data reporting templates are the tools utilized to gather data to assess grantee Performance Measures. All FTF grantees submit data on a quarterly basis through designated data reporting templates.

For **Inclusion of Children with Special Needs**, the data reporting template is:

In development

Data Reporting Instructions

Data reporting instructions support data submission through the data reporting template.

For **Inclusion of Children with Special Needs**, the data reporting instructions are:

In development

Frequently Asked Questions

Frequently Asked Questions present answers to common reporting, evaluation, policy, and performance questions.

For **Inclusion of Children with Special Needs**, the frequently asked questions are: In development

GOAL AREA: QUALITY, ACCESS AND AFFORDABILITY

STRATEGY NAME: FAMILY, FRIEND AND NEIGHBOR CARE

GOAL:			
<ul style="list-style-type: none"> FTF will improve access to quality early care and education programs and settings. 			
STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	COST
<p>Family, Friend and Neighbor Care is a strategy to provide support, training, resources and referral for unregulated providers caring for children in their homes in order to increase quality of care provided.</p> <p>There are several different models and components for delivery of this service:</p> <ul style="list-style-type: none"> Group meetings and trainings delivered in a series of sessions (14 weeks, for example) bring home-based providers together with qualified and experienced staff to learn elements of quality care and safety. In-home visits and the use of an environmental rating instrument (FCERS or CCAT-R) to measure quality improvements. Financial incentives to help purchase safety and quality improvement equipment/materials. 	<p>National estimates suggest that as many as 60 percent of all children need child care due to parent’s employment and of these, as many as 50 percent of children ages 5 and under are cared for in home-based settings.</p> <p>In Arizona, home-based child care providers can legally care for 4 children for pay, with a maximum limit of 6 children under the age of 12, including their own. For these homes, there is no licensing or regulatory requirement; therefore, there is no mechanism or support system in place to assist these providers in creating high-quality environments for the children in their care. Child care provided by family, friend, and neighbor caregivers, which is typically home-based child care, is for the most part legally exempt from regulation and, is of growing concern to parents and policymakers to ensure that children are in healthy and safe places with quality care.</p>	<p>Various regions in the state use at least three different models to deliver Family, Friend and Neighbor quality improvement services. Considerations for specific components and the associated costs should be made at the local level.</p> <p>Knowledge of the needs for support, the child and family demographics, provider demographics, geography and current capacity of providers to participate should all be part of determining an appropriate model.</p> <p>Current models being implement in Arizona include:</p> <ol style="list-style-type: none"> Based on a facilitated group model which brings providers together for professional development and practice sessions, includes 14 weeks of classes. The curriculum includes elements of quality care and safety, which are available in English and in Spanish. <p>An evaluation component comprised of the Child Care Assessment Tool for</p>	<p>The unit costs vary based on the program model and vendor providing the services.</p> <p>The facilitated group model cost is about \$25,000 per 14 week session. Groups are generally comprised of around 20 providers for a per provider cost of \$1,250.</p>

<ul style="list-style-type: none"> Additional resources and financial supports for providers toward certified or licensed. 	<p>Evidence suggests that training provided to home-based family, friend, and neighbor caregivers can result in positive outcomes for children. In a study including Arizona home-based providers, impact was noted in the following areas: 1) Safety in the home environment, particularly fire safety; 2) Establishing and maintaining a daily schedule for the children; 3) Encouraging providers to utilize the resources of their local library; 4) Developing a written formalized child care services agreement with parents, and 5) Increased knowledge regarding the Child and Adult Food Program. <i>(ERIC Education Resource Information Center, ED496388, Strategies for Supporting Quality in Kith and Kin Child Care: Findings from the Early Head Start Enhanced Home Visiting Pilot Evaluation. Final Report, http://eric.ed.gov)</i></p>	<p>Relatives (CCAT-R) developed by Bank Street College in New York and a self-report comprise some of the evaluation tools.</p> <p>2. A second model provides up to 4 in-home visits and the use of an environmental rating instrument (FCERS) to assess quality improvement. This model also includes up to \$2000 available to each provider to make quality and safety improvements and an additional \$500 is available for becoming regulated.</p> <p>3. A tribal model includes a college course with 9 sessions and college credit available. Course content includes early childhood development, how to create child-friendly spaces in the home, activities and safety issues.</p> <p>Note: The statewide competitive grant serving Coconino and Yuma regions will expire on June 30, 2011.</p>	<p>The in-home model, which makes small grants available to up to 60 providers, costs nearly \$6,000 per provider.</p> <p>The tribal model service target is 35 providers at a unit cost of roughly \$2,300 per participant.</p>
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Policy Specialist – Jillynn Stevens

Standards of Practice

Family, Friend and Neighbor Care

National estimates suggest that as many as 60 percent of all children need child care due to parent's employment and of these, as many as 50 percent of children ages 5 and under are cared for in home-based settings. Home-based care providers largely do not receive regular access to information, education, or training on children's health, safety and child development. In Arizona, home-based child care providers can legally care for 4 children for pay, with a maximum limit of 6 children under the age of 12, including their own. For these homes, there is no licensing or regulatory requirement; therefore, there is no mechanism or support system in place to assist these providers in creating high-quality environments for the children for whom they provide care. Child care provided by family, friend, and neighbor caregivers – home-based child care that is, for the most part, legally exempt from regulation—therefore, is of growing concern to parents and policymakers.

Nationally, in-home care is the most common type of child care for children under the age of 5 whose parents work (Maher & Joesch, 2005; Snyder, Dore, & Adelman, 2005). Nearly half of all children spend their days – and sometimes their nights – in these types of settings (Boushey & Wright, 2004). Increased availability of information, relevant trainings, and supports for providers who care for children in their homes has been identified by several Regional Councils as a strategy to both improve the quality of care being provided, and increase the over-all professional development of these care providers. Additionally, the strategies include expanding existing services of federal, state, tribal, and community agencies to provide research-based resources, seminars and hands-on training to improve basic parenting/care giving skills, knowledge and understanding.

Evidence suggests that training provided to home-based family, friend, and neighbor caregivers can result in positive outcomes for children. For example, report findings from a national study involving Arizona community partners who provided training and support to family, friend, and neighbor caregivers, showed that 81 percent of providers indicated making specific changes in the care provided to the children as a result of their involvement in the program. The impact was noted in the following areas: 1) Safety in the home environment, particularly fire safety; 2) Establishing and maintaining a daily schedule for the children; 3) Encouraging providers to utilize the resources of their local library; 4) Developing a written formalized child care services agreement with parents and 5) Increased knowledge regarding the Child and Adult Food Program. Participants in this program indicated interest in becoming better providers by providing a higher level of care to the children and families they serve. (*ERIC Education Resource Information Center, ED496388, Strategies for Supporting Quality in Kith and Kin Child Care: Findings from the Early Head Start Enhanced Home Visiting Pilot Evaluation. Final Report, <http://eric.ed.gov>*)

Research has also been conducted relative to promoting the health and safety of children by increasing the knowledge base of families. In several studies regarding toddler obesity, motor

vehicle restraint usage, and increasing father participation in the child-raising process, group sessions, seminars and trainings have been shown to be effective service delivery methods. In recent years, the question of what types of child care programs best prepare children for kindergarten has emerged as a dominant issue in the early care and education public policy agenda. This has been propelled to the forefront due to the national focus on children's school achievement and the widespread creation of state-funded prekindergarten programs for three and four year old children. Growing awareness of the large number of children in unregulated family, friend and neighbor care settings and concerns about school readiness have generated increasing interest in efforts to support these caregivers and their need for professional development. (Research to Policy Connections No. 5, Assessing Initiatives for Family, Friend, and Neighbor Child Care, March 2007).

Those who operate successful child care programs must meet the following requirements:

- Focus on building collaborative partnerships with existing programs and agencies in order to build upon current revenue and funding sources.
- Enhance and expand current training opportunities to include FFN providers.
- Develop evaluative and monitoring processes that are collaborative, ongoing and that include input from providers, program administrators and staff, families, and community members.
- Include pre and post evaluative activities that involve self-assessment by home-based providers, and opportunities for feedback conversations with their trainer/instructor.
- Identify outreach, engagement and retention practices for home-based care providers.
- Demonstrate program effectiveness by meeting and addressing First Things First performance measures, outcomes and key measures.
- Demonstrate evidence that the Grantee can retain high quality staff whose tenure ensures program integrity and consistency in home-based care provider relationships.

While each First Things First funded community-based professional development program may be uniquely designed, they all have a valuable role to play in meeting the complex needs of early care and home based care providers, families, and communities across the State of Arizona. First Things First focuses on programs and services that provide children with the best opportunities for school and life success.

First Things First funded programs may supplement but not supplant other state expenditures on, and federal monies received for early childhood development and health programs. Funding decisions are based upon a robust process of review to ensure programs are supported by research, value the family and use approaches considered to be best practice.

Qualifications for Trainers/Instructors:

- Instructors should be knowledgeable about and possess experience in working with home care providers, adult learners and young children birth to age five.
- Instructors must have experience in early childhood education, elementary education with a concentration in early childhood, child and family studies, or a closely related

field. Supervisors must meet or exceed these requirements with at least two years of program management experience. If programs experience hardship in recruitment efforts, they must notify and consult with First Things First.

- Instructors should possess appropriate credentials and experience in conducting professional development activities.
- Demonstrated knowledge and skills that reflect current best practices and research that are aligned with Early Childhood Education standards for children and professionals.
- Minimum five years experience working with young children (combination of classroom and supervisory experience). If programs experience hardship in recruitment of qualified trainers/instructors, they must notify and consult with First Things First.
- Experience working with adult learners and diverse cultures.
- Knowledge of diverse populations and languages preferred.

Applicants delivering professional development opportunities to FFN providers will be required to ensure that opportunities are designed and implemented according to the following principles:

- Professional development opportunities to early care and home based care providers are based upon a culture of trust and respect.
 - Clearly define program objectives to ensure comprehension, engagement, and retention.
 - Create opportunities for and act upon formal and informal feedback ensuring that input shapes on-going decision-making.
 - Encourage honest, open communication between participants and instructors.
 - Maintain confidentiality, being respectful of program participants.
 - Is culturally responsive
- Sessions should be based on current research, core areas of competency, and early learning standards.
 - Curriculum should incorporate and reflect the theoretical framework that informs practice in the classroom/home.
- Sessions should be responsive to the needs of the region's early care and home based care providers.
- Experiences should be relevant to the participant's background and as a home based care provider.
- Sessions should involve adult active learning techniques for participants.

Providers of community-based professional development opportunities for early care and home based care providers will:

- Increase the availability of and participation of home based providers in high quality professional development opportunities for those working with or preparing to work with children birth through age five.
- Provide high quality professional development opportunities through innovative and creative approaches.
- Develop outreach and recruitment practices that engage and retain participants.
- Provide resource and referral information to participants on the healthy development of young children; and resources available in the community such as early literacy programs, family support agencies, and physical and oral health resources.

- Provide resource and referral information to participants who indicate an interest in being a regulated provider or obtaining certification or degree related to early childhood education and related fields.
- Identify and coordinate with existing training opportunities within the region.
- Conduct trainings based on best practices and research, giving consideration to:
 - Utilizing subject matter experts (Child Care Health Consultants, local physicians, published authors, researchers, etc.) to enhance training content and delivery
 - The frequency and sequence of training sessions
- Provide professional development sessions that are interactive, model desired behaviors, and address the multiple learning styles of adult learners.
 - Topics should address the core competency areas identified by the National Council for Professional Recognition. At a minimum, topics must include:
 - Understanding the five domains of early childhood development (physical well being and motor development, social and emotional development, approaches to learning, language development and cognition and general knowledge), including early childhood special education
 - Observing, documenting, and assessing children’s behaviors
 - Ensuring safe and healthy learning environments
 - Understanding ethical and professional issues when working with young children
 - Utilizing developmentally appropriate practices
 - Advancing physical and intellectual competence
 - Supporting social/emotional development and using positive guidance techniques
 - Establishing respectful, positive, and productive relationships with families
 - Ensuring a well-run purposeful program responsive to child and family needs
 - Additional training topics may include, but are not limited to:
 - Sensory integration, behavioral health, and special needs
 - Role of creativity in learning
 - Role of materials in the classroom
 - Role of the arts in cognitive and social emotional growth and development
 - Role of the environment and environmental design in children’s learning
 - Role of the teacher/educator as researcher
 - Significance of play
 - Written and oral communication skills of providers
- Maintain flexibility and responsiveness to emerging issues in the community and the early childhood field
 - Recruit staff from the community who has extensive knowledge of community resources
 - Recruit staff that reflect the cultural and ethnic experiences and language of the participants, and integrate their expertise into the program
 - Develop a collaborative, coordinated response to community needs.
 - Be accessible for program participants
- Ensure the provision of high-quality professional development opportunities through experienced and responsive staff.

Programs delivering professional development opportunities to support Family Friends and Neighbor Care will be required to ensure that these opportunities are designed and implemented according to the following principles:

- Create collaborations with and among agencies and other early care and education stakeholders such as Arizona Department of Economic Security (DES), Arizona Department of Health Services (ADHS), Arizona Kith & Kin Project, Child Care Resource and Referral, Regional Libraries, Head Start Programs, School Districts, Child Care Health Consultants, Professional Development Training and Scholarship systems, and other programs working with child-care homes.
- Respond to the diversity among Family Friends & Neighbors (FFN) care providers by addressing the individual needs of home-based care providers.
- Address transportation issues or assist with access to transportation, to and from professional development sessions.
- Provide materials to home-based care providers, including safety equipment and/or safety kits, books, or educational materials that are developmentally appropriate for the children being served.
- Ensure community-based professional development seminars and hands-on training are evidence-based and relevant to the communities in which providers are working, seminars, small group sessions or other methods of gathering home-based providers together so that information and materials can be delivered, peer connections can be made, and opportunities for discussion and group learning can be accessible and available.
- Ensure CPR/First Aid certification, and/or safety training for home-based care providers is part of overall training.
- Ensure a system of support for home-based child care providers that incorporates a mentoring or coaching component, is research-based and proven to improve the quality outcomes for home-based child care, and that can be provided via a variety of service delivery methods.
- “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>)

FFN services will include:

- Identification and recruitment of in-home providers caring for children birth through age five.
- Fostering professional, supportive relationships between home-based care givers and community-based coaches or mentors.
- Providing assistance, coaching, mentoring and support, by community-based coaches or mentors, to in-home care providers, as needed and appropriate, to increase the quality of child care that is provided and to help move in-home care providers toward appropriate licensure.
- Creating a program improvement plan with the provider, specific to each provider and the children they care for, that will serve as a roadmap for the provider to move towards higher quality of care and potentially towards licensure.
- Implementing a curriculum that is a strength-based approach based on the providers' needs and recommendations and will focus on safety, brain development, social-emotional developmental needs, positive guidance and discipline, nutrition, parent/caregiver relationships, language and literacy, appropriate learning activities, culture, and health and sanitary practices.
- Developing training materials for providers that identify and utilize available resources.
- Fostering partnerships between existing community agencies and entities so that training, information, services and other supports for in-home care providers can be provided at non-traditional settings and locations, such as public schools, and other "education" settings.
- Coordinating with other First Things First funded programs such as the Kith and Kin Statewide Competitive Grant Program funded through First Things First Statewide Competitive Grant and other programs providing services in the community.

Family, Friend, and Neighbor Care Data Reporting Requirements

First Things First reporting requirements and progress monitoring are aligned with First Things First Goals, Key Measures, and Standards of Practice. The purpose of First Things First data submission and monitoring is to determine the extent to which each program has accomplished the stated goals, key measures, targeted service number, and activities outlined in the standards of practice.

Grantees will be provided with data reporting requirements by First Things First. There are five main components to these requirements:

- Unit of Service
- Performance Measures
- Data Reporting Template
- Data Reporting Instruction
- Frequently Asked Questions

The data reporting template is the set of data the grantee submits on a quarterly basis; the instructions support that data submission. Units of Service and performance measures outline how the quarterly data submissions will be evaluated according to the contracted deliverables and standards of practice for that contract. Frequently asked questions present answers to common reporting, evaluation, policy, and performance questions.

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.

For **Family, Friend, and Neighbor**, the unit of service is:

Total number of family, friend and neighbor early care and education providers served

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).

For **Family, Friend, and Neighbor**, performance measures are:

**Total number of family, friend and neighbor early care and education providers served/
proposed service number**

Total number of family, friend and neighbor early care and education providers receiving professional development/ proposed service number

Total number of professional development sessions conducted/proposed service number

Total number of technical assistance visits conducted/proposed service number

Total number of family, friend and neighbor early care and education providers applying to be regulated through the Department of Economic Security or the Department of Health Services / targeted service number

Data Reporting Templates

Data reporting templates are the tools utilized to gather data to assess grantee Performance Measures. All FTF grantees submit data on a quarterly basis through designated data reporting templates.

For **Family, Friend, and Neighbor**, the data reporting template is: In development



Evaluation Report

CONTRACT DATES

7/1/2010
TO
7/31/2010

TEST PRODUCTION AGENCY (APPS)

Address: Parter Address Agency Details
Test City, AZ 85032
Contract ID: GRA-STATE-10-0218-01

[View Reporting Instructions and FAQ](#)

FAMILY FRIEND AND NEIGHBOR

GENERAL INFORMATION

User Completing Report AZFTF\mshahi
Reporting Period Month Year
7 2010
Regional Partnership Council State
Status In Progress
Date Completed

Services Provided

Please select from the list below the format by which you outreach and provide services as part of your program. You must select at least one.

Service Provisions

Outreach and services provided through traditional training/support sessions
 Outreach and services provided via other means
 Other (Please Specify)

Number of providers served at beginning of the month *

Number of new providers enrolled during current month *

Did any providers disenroll during the current month? If YES please break out the number disenrolled by following reasons. Yes No

If none, please enter zero

Out of Business

Discontinued Services

Completion

Unknown

Other (Please Specify)

Number of providers disenrolled during current month 0

Number of providers served at end of the month 0

Total number of providers receiving services 0

Does your program collect home based caregivers employment related data? Yes No

If none, please enter zero

Number of home based caregivers employed at beginning of the month

Number of home based caregivers newly hired during current month

Number of home based caregivers leaving employment during current month

Number of home based caregivers employed at end of the month 0

Total number of home based caregivers employed this reporting period 0

Does your program collect child enrollment data? Yes No

If none, please enter zero

Number of infants (birth-12 months) served at beginning of the month

Number of new infants enrolled during current month

Number of toddlers (13-35 months) served at beginning of the month

Number of new toddlers enrolled during current month

Number of pre-schoolers (36-71 months) served at beginning of the month

Number of new pre-schoolers enrolled during current month

Number of children with special needs served at beginning of the month

Number of children with special needs newly enrolled during current month

Newly Regulated/Licensed Providers

Does your program collect regulation related data? Yes No

If none, please enter zero

Number of Providers that applied for licensure

Number of Newly Licensed Providers

Number of Providers that applied for regulation

Number of Newly Regulated Providers

Number of Providers that applied for renewal

Number of Newly Renewed Providers

Did you provide any training sessions as part of your program during the current reporting period? *

Yes No

Name of Training Session	Session Date	Session Location City	Session Location Zip		
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Data Reporting Instructions

Data reporting instructions support data submission through the data reporting template.

For **Family, Friends, and Neighbors**, the data reporting instructions are:

INFORMATION

Your data report is always due on the 20th day of the month following the end of each quarter. Each quarterly submission will include information for the entire quarter broken out by month. Each data report submitted will include information for the entire preceding quarter.

- 1st Quarter – July-September– Report due October 20
- 2nd Quarter – October-December – Report due January 20
- 3rd Quarter – January-March – Report due April 20
- 4th Quarter – April- June – Report due July 20

- Data should be only reported for services funded by First Things First.
- Data should be reported for each Regional Partnership Council area in which contracted services are provided. For example, if your program is contracted to provide services in both Central Maricopa and Northeast Maricopa regions, two separate reports must be submitted.

OVERVIEW

- For each reporting period, enter all data for all Regional Partnership Council areas served.
- For each quarter, **data should be tallied for each month of service.**
- Your final data submission for the quarter cannot be completed until you complete all monthly reports.

DIRECTIONS FOR DATA ENTRY

***Any data field with an asterisk mark is required, you cannot skip it.**

Section I: Services Provided

Please select from the list below the format by which you outreach and provide serves as part of your program. You must select at least one.

- Outreach and services provided through traditional training/support sessions
- Outreach and services provided via **“other” means**
 - If other, please specify _____

Section II: Data Fields

Providers

1. ***Number of providers served at the beginning of the month:** In this data field you will enter the total number of providers served at the beginning of the month (carryover from previous month).
2. ***Number of new providers enrolled during current month:** In this data field you will enter in the total number of newly enrolled providers during the month.
3. ***Did any providers disenrolled during current month? Yes or No.** *If YES please break out the number disenrolled by the following reasons:* In this data field enter the total number of providers disenrolled by reason breakout for the month.
 - a. No longer in business____
 - b. Discontinued services____
 - c. Completion____
 - d. Other (Please specify):_____

Children Served

4. ***Does your program collect child enrollment data? Yes or No:** In this data field you will answer either **Yes or No**. If YES, please answer the following questions relating to children enrollment. **If NO, skip this section.**
 - a. **Number of infants served at the beginning of the month:** In this data field you will enter in the total number of infants (0 to 12 months) enrolled at the beginning of the month (carryover from previous month).
 - b. **Number of new infants enrolled during current month:** In this data field you will enter in the total number of newly enrolled infants (0 to 12 months) during the month.
 - c. **Number of toddlers served at the beginning of the month:** In this data field you will enter in the total number of toddlers (13 to 35 months) enrolled at the beginning of the month (carryover from previous month).
 - d. **Number of new toddlers enrolled during current month:** In this data field you will enter in the total number of newly enrolled toddler (13 to 35 months) during the month.
 - e. **Number of preschoolers served at the beginning of the month:** In this data field you will enter in the total number of preschoolers (36 to 71 months) served at the beginning of the month (carryover from previous month).
 - f. **Number of preschoolers enrolled during the current month:** In this data field you will enter in the total number of preschoolers (36 to 71 months) enrolled during the month.
 - g. **Number of children with special needs (see definition below) served at the beginning of the month:** In this data field you will enter in the total number of special needs children (0 to 71 months) enrolled at the beginning of the month (carryover from previous month).

- h. **Number of new children with special needs enrolled during current month:** In this data field you will enter in the total number of newly enrolled special needs children (0 to 71 months) during the month.

Definition of 'Children with Special Needs': Children who have been identified as having a medical, health, or developmental concern requiring additional supports and services and outlined in an Individual Family Service Plan (IFSP), Individual Education Plan (IEP), Individual Health Plan (IHP) written by a medical provider, or 504 Plan.

Section III: Regulated Program

5. ***Does your program collect regulation related data?** In this data field you will answer either **YES or NO**. If you answer YES, please fill out the following questions in this section. **If NO, skip this section.**
- Number of Providers that applied for licensure
 - Number of Newly Licensed Providers
 - Number of Providers that applied for regulation
 - Number of Newly Regulated Providers
 - Number of Providers that applied for renewal
 - Number of Newly Renewed Providers

Section IV: Training Data

- *Name of Training Session:** In this data field you will enter name of the training session. Example: Reading, Writing, Numeracy.
- *Topic of Training Session:** This data field is a drop down menu choice fields for a session topic. You can choose more than one topic. If none of the topics lists applies to the training session you are conducting, please choose "**Other (please specify)**" box and enter (type in) the Topic of your training session in the text box provided under the Other (Please Specify)" option.
- *Number of Trainer(s):** In this data field you will enter the number of trainers who offered training in this specific session.
- *Qualifications of Trainer(s) Please select the highest degree achieved by the trainer(s):** This data field is a text box. You will enter the range of qualifications your trainers had. Example: Bachelors Degree, Masters Degree, CDA, Community Leader or Parent.
- *Description of Session:** In this data field you will enter a brief description about the training session. Example: For the **Session Name:** 'Reading', the **Description** could be 'what can Early Literacy and Native Language providers support young children's reading skills'.
- *Session Format:** This data field is a drop down menu. You can choose either one of the listed options or the '**other (please specify)**' option. If you choose "**Other (please specify)**"- then you need to enter the format of your session in the text box provided under the Other (Please Specify)" option.
- *Duration of Session:** This data field is a drop down menu. You can choose only one choice that best applies for your session.

13. ***Session Venue:** This data field is a drop down menu. You can choose either one of the **listed** options or the **'other (please specify)'** option. If you choose **"Other (please specify)"**- then you need to enter the venue at which your session took place in the text box provided under the Other (Please Specify)" option. Example: Resource center.
14. ***Session date:** For this data field you will report the date your session took place.
15. ***Session Location-City:** In this data field you will enter the **City's** name at which the session took place. For example: City: Scottsdale
16. ***Session Location-Zip:** In this data field you will enter the **Zip code** for the city you entered. Example: City: Scottsdale; Zip- 85259.
17. ***Target Audience:** This data field is a drop down menu. You can choose either one of the **listed** options or the **'other (please specify)'** option. If you choose **"Other (please specify)"**- then you need to enter the target audience of your session in the text box provided under the Other (Please Specify)" option.
18. ***Number of Families Enrolled in this session:** In this data field you will enter the total number families who are enrolled in this session.
19. ***Number of Families attending this session:** In this data field you will enter the total number of families who attended the session. (Example: 15 enrolled but only 10 attended the session, then the number 10 will be entered here.)
20. ***Number Child Care Provider/Educator Enrolled in this Session:** In this data field you will enter the total number of Child Care Providers/Educators enrolled in this session.
21. ***Number Child Care Provider/Educator Attended this Session:** In this data field you will enter the total number of Child Care Providers/Educators that attended this session.
22. ***Number Children (0-5 years) Enrolled in this Session:** In this data field you will enter number of children (0-5 years) that were enrolled in this session.
23. ***Number Children (0-5 years) Attended this Session:** In this data field you will enter number of children (0-5 years) that attended this session.
24. **Number of Other Enrolled in this Session:** In this data field you will enter number of other (those that do not fit into previous categories) enrolled in this session.
25. **Number of Other Attended this Session:** In this data field you will enter number of other (those that do not fit into previous categories) that attended this session.
26. ***Did the participants receive equipment as part of the training?** In this data field you will answer either **Yes or No**. If yes, then choose from the drop down list of equipments. For example, smoke detector.

Frequently Asked Questions

Frequently Asked Questions present answers to common reporting, evaluation, policy, and performance questions.

For **Family, Friends, and Neighbors**, the frequently asked questions are:

In development