

East Maricopa Regional Partnership Council
Meeting Minutes
March 18, 2015

Welcome and Call to Order

A regular meeting of the First Things First East Maricopa Regional Partnership Council was held on March 18, 2015 at the Vista del Camino Park and Community Center, 7700 East Roosevelt Street, Scottsdale, Arizona 85257.

Vice Chair Marie Raymond welcomed everyone and called the meeting to order at approximately 4:32 p.m.

Members Present:

Vice Chair Marie Raymond, and Council Members Trinity Donovan, Cheryl Foster, Beth Haas, Emily Rajakovich, and Marin Velarde

Members Absent:

Chair Frank Narducci and Council Members Becky Henry, Bill Myhr, and Mary Permoda

There were 9 members of the public present.

Call to the Public

- Leila Serna with Little Kings & Queens expressed her concerns about loss of scholarship funds for her preschool.
- Yessica Morales with the Chandler Christian Community Center presented an update on their activities and families served at their family resource center.

Approval of Meeting Minutes of February 18, 2015

Council Member Donovan moved to approve the meeting minutes of February 18, 2015. Council Member Rajakovich seconded the motion, and it passed unanimously, 6-0.

2nd Quarter Grantee Data and Narrative Summary Report

- Community Awareness Strategy**
- Family Support Strategies**

Regional Director Conrad Lindo reviewed the Data and Narrative Summary Report with the Regional Council members and answered any questions they had related to the report. Regional Director Lindo had a conversation with staff from the Child Abuse Prevention and Awareness Coalition and they are considering being able to provide mandatory child abuse reporting training to grantees. Regional Director Lindo further explained that First Things First Program staff has been working on a new data template for uniform reporting of unduplicated numbers for family resource centers. It was also noted that moving forward, the Standard of Practice for Parenting Education will require all programs to be evidence-based. Regional Director Lindo will follow up and check on the reported numbers for hearing, vision and development screenings for grantees.

First Things First Quality Assurance Site Visit

Regional Director Conrad Lindo provided information about the Quality Assurance site visit results for the Arizona American Academy of Pediatrics for the Care Coordination and Medical Home strategy and answered any questions the Council members had related to the site visit report.

Community Outreach Update

Community Outreach Coordinator Leveen reviewed her February Community Outreach Report with the Council members and answered their questions.

Community Outreach Coordinator Leveen provided information about the nominees for the Community Outreach Champions for Young Children Award: Cathy Arvizu, Andrea Benkel, Gitika Pawar, and Carol Stautberg. Full details of the nominees will be included in the April meeting packet for Council members to vote on their nominee from the East Maricopa Regional Partnership Council.

Let the record reflect that at 5:30 p.m. Council Member Foster physically left the meeting, however, was connected by telephone prior to leaving the meeting so there was no loss of quorum.

Director Updates

Regional Director Lindo referred the Council members to the Qualify First Update which was included as part of the meeting packet.

Regional Director Lindo stated that the Community Awareness budget will be discussed at a future meeting, and part of that budget is for sponsorships. Information about the sponsorship to the Arizona Science Center for a February 21, 2015 event was included in the packet. Mr. Lindo also shared information about what he observed during his attendance at the event.

Regional Director Lindo stated that numerous Requests for Grant Applications have been sent out with reviews of the applications taking place in the next few months and voting on the RFGA's taking place at the May meeting.

As a follow-up to a question posed by Council Member Donovan last month on whether or not the reduction in child care scholarships would affect the federal matching funds for the State of Arizona, Regional Director Lindo researched the issue and reported the reduction in child care scholarships would not affect the federal match because First Things First was already well above the minimum amount of \$30 million in matching funds.

Regional Director Lindo noted as a result of the request from Council members, the elevator speech has been printed on everyone's tent cards; unfortunately, the elevator speech could not be added to the meeting agenda.

Regional Council Updates

Council Member Rajakovich reported on the civic engagement training which she attended with Regional Director Lindo. The meeting included leaders from various philanthropies around the state. The purpose of the training was to identify how as grant makers, we could encourage civic engagement or engage with the groups that they serve in a more meaningful way and the impact they could have. Everyone felt that it was a great initial session and hope that there are more meetings.

Adjournment

Vice Chair Raymond asked for any additional questions or comments from the Council and receiving none adjourned the meeting at 5:39 p.m.

Note: Council Member Foster participated in the meeting from 5:30 to 5:39 p.m. via the use of the Regional Director's cellphone with it being on speaker phone with Council Member Foster being able to hear and fully participate in the meeting.

Submitted By _____
Caitlyn Hollins, Administrative Assistant III

Approved By _____
Marie Raymond, Vice Chair

DRAFT



FIRST THINGS FIRST

EAST MARICOPA REGIONAL PARTNERSHIP COUNCIL

SFY 2015

2nd Quarter Grantee Data and Narrative Summary Report

**American Academy of Pediatrics – AZ Chapter
Care Coordination/Medical Home Strategy**

TOTAL AWARD: \$196,984	SFY15 FUNDS EXPENDED: (50.3%)	\$99,176
CONTRACTED SERVICE UNIT		700
TOTAL NUMBER OF CHILDREN SERVED	Q2:	741
NUMBER OF HEARING SCREENING CONDUCTED	Q2:	1
NUMBER OF VISION SCREENING CONDUCTED	Q2:	1
NUMBER OF DEVELOPMENTAL SCREENINGS CONDUCTED	Q2:	11
NUMBER OF CHILDREN RECEIVING SCREENING	Q2:	16
NUMBER OF REFERRALS	Q2:	228

Narratives Reports Summary

Program Implementation:

Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

Important Highlights:

- 776 children ages 0-5 years are receiving care coordination services within the East Maricopa region– 40 of whom were newly enrolled this quarter. An additional 27 children over the age of 5 years received services this quarter through this program.
- 1,222 children ages 0-5 years are receiving care coordination services within the Southeast Maricopa region– 171 of whom were newly enrolled this quarter. An additional 127 children over the age of 5 years received services this quarter through this program.
- We continue to monitor the number of behavioral health referrals from a single practice in Southeast Maricopa. A significant increase was seen in October, but it decreased in subsequent months.
- For the first time, the program was able to run reports to identify process areas of improvement for individual care coordinators. The data trends indicate some disparity among host sites related to rates of follow-up, caseloads and referral patterns. Significant progress was made to close these gaps and prevent them in the future. In “more senior practices” in East Maricopa, we anticipate additional time spent following up with “old families” resulted in a decrease in the number of new enrollees (about 12 fewer than last quarter).
- The Care Coordination Committee has focused on “the future of the program.” They are identifying ways practices can “buy in” to this type of care, how to best leverage FTF funds to serve more practices and families, and ways to prepare the healthcare workforce for this type of service delivery model in the future.

Describe current issues related to staffing necessary for program implementation.

- Effective in late December, Cheryl Swain joined the AzAAP team as the Care Coordination/ Medical Home consultant. With a background in managing healthcare clinics and programs, Cheryl will provide the necessary expertise to standardize our program model. She will serve as the liaison between the program and the Care Coordination committee, supervise the program staff, ensure contractual deliverables, monitor data trends and will partner directly with host sites to implement strategies to improve their delivery of care coordination services. Rebecca Nevedale will now be AzAAP's Public & Community Affairs Officer and Grant Development Coordinator. She will remain in the care coordination program for a portion of her time to implement special projects for the program, assist Cheryl in troubleshooting issues and expanding on previous successes, provide some historical perspective and continue system-level work with First Things First and other community agency partners.
- In November, AzAAP welcomed Angela Auckerman onto our team as administrative assistant. Angela will provide data entry, schedule quarterly site visits and committee meetings, format training manuals, record meeting minutes and provide general administrative support for the program.
- In reviewing new data reports, program management identified some performance issues specific to certain sites. Since care coordinators are not based at the AzAAP office, addressing employee-related issues has shown to be a bit of a challenge. To help address challenges, we have met with the practice team overseeing the care coordinators on-site to receive feedback outside of the regularly-scheduled employee evaluation period. In addition, the program will be implementing work plans in the beginning of next quarter to enhance supervision and help CCs meet their goals.

Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?

- Implementation of a new data management system continues to be a barrier:
 - In response to trends identified in new data reports, additional policies and procedures were implemented. Our intent is to ensure both that data entry is similar across host sites, and to create systems for standardized follow-up for families. Many of these procedures have required CCs to change workflows, creating a slower "pace" and sometimes frustrations and confusion. While we anticipate additional protocols will be created to improve our service delivery model, we intend to continually measure policies are achieving their intended results through more regular site visits and data analysis.
 - As we continue improving the functionality and usability of the database, it frequently changes in how it "looks" to users, making it difficult for CCs to create habits to improve productivity of data entry. As of the beginning of next quarter, we intend to not make any additional changes to how the database looks, where required fields are located, etc. All CC's are required to participate in a database re-training in the beginning of next quarter.
- While not a barrier to implementation, the model of care coordination we are implementing poses some challenges to capturing full data reporting for First Things First; especially related to developmental and sensory screening. We continue to work with FTF State staff to resolve these issues.

- The foundation for providing effective, family-centered care coordination services is timely and appropriate follow-up with families. We identified several barriers to CCs providing effective follow-up – see question #2 for additional information.
- Care coordinators report the following issues related to capacity of organizations serving children age 0-5:
 - Families continue to report having to drive long distances to access certain services (nutrition classes, parenting classes, etc.).
 - Long wait times for home visitation programs (My Child is Ready) still exist – providers would like increased access to programs with broad qualification guidelines.
 - CCs report difficulty identifying resources for undocumented families – especially rent and utility assistance.
 - Wait lists for some subspecialties – most notably developmental pediatricians – are extremely long.
 - There is a lack of developmental pediatricians on AHCCCS.
 - Shelters in Maricopa County continue to have a very long waiting list – causing some families to be placed in desperate situations.
 - SARRC has a 6-8 month waiting list for services.
 - The United Food bank runs out of most of its food by 12:00pm on Fridays though the vouchers say it is open until 2:00pm
 - AzEIP Easter Seals program closed which creates transition issues for parents to new services.

Collaboration and Communication:

Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.

- “Makannah, 4 years old, was referred via task message to the CC in late March 2014. She had just been diagnosed with ADHD, and parents wanted her to be in preschool. Mom worked and Dad cared for Makannah and her 10-month-old brother Kingston. The doctor asked me to help them enroll Makannah in Head Start, and said Dad may need some community resources to help him keep the kids busy while he cared for them. I called Dad and discussed the process to apply for and enroll in Head Start. He was close by the Head Start main office in Mesa, so wanted to go apply right then. He also wanted to enroll her in a dance class, so I emailed him some low-cost options. I called Dad back in a few days; he’d enrolled Makannah in Head Start and put Kingston on the wait list for Early Head Start. I assessed the family’s needs, and started a care plan. The next month, I followed up with dad and discussed additional opportunities for him to take kids out to play groups and parent-child interaction classes. He was delighted to know about these options, and I emailed him links and flyers for the programs. I added that to the family care plan, enrolling Kingston in Care Coordination also. Dad was very grateful for all the information, and emailed a picture of him with the kids to me, with updates on the kids. In July, Dad called me and said the kids’ AHCCCS had run out and they needed other insurance options. I emailed

him the link to find a healthcare navigator/assister. Mom and Dad had split during this time and kids were living with mom, but dad was caring for them much of the time. He wanted to keep them busy, so we discussed previous referrals, and new ones. Dad said he would try the Mesa Family Resource Center and New Directions, as well as My Child's Ready. I followed up with dad again in October 2014. Dad has kids 3 days/week and has not been able to find a job that will accommodate that schedule. Makennah is doing great in Head Start, and Kingston is still on the wait list for Early Head Start. Mom is about to be laid off from her job. So I discussed additional services with dad that may help the family, such as scholarships for child care for Kingston, and specific play groups that could accommodate both kids (now ages 1 and 5). Dad asked about Kingston's chronic ear infections, and how to follow up with the doctor about an ENT referral. I referred him to the main office number to inquire. This dad has shown a lot of perseverance and responsibility in getting needed services for his family, without a lot of resources at his disposal. He has kept in touch with the CC as a reliable support person, and even though he has not participated in each activity to which he was referred, he is open to ideas and does what he can. The CC has been instrumental in keeping in touch with this family, and updating addresses and phone numbers for the practice, since mom and dad have split up and moved at least once in the past several months."

Support or Additional Information:

Describe any additional information you would like to share about program implementation.

- We are proud of the accomplishments made thus far in building on our infrastructure to maintain a sustainable program. We anticipate additional challenges in our ability to pull necessary data reports and think through what the data is telling us so that we can best prepare the healthcare workforce for our changing system. We still have a journey ahead of us, and we look forward to partnering with you as we all learn together. Since our program's inception we have recognized its power as a "learning lab." We will work on growing the knowledge to include not just AzAAP CCs, but CCs from other programs as well as system-level individuals who will participate in shaping our new system of care for children of all ages.
- In order for care coordination to be sustained "in the long run", there will need to be a change in the payment system for healthcare. Many of these changes are happening throughout the nation – mostly in adult medicine. AzAAP is grateful for your support so that we can test different models of care coordination in your region so we are well positioned to educate payers and our membership of pediatricians about how to provide comprehensive, coordinated care to children and families in the future. Without short-term grant support, the private sector in your region would not be as well-equipped.

**Southwest Human Development
Children with Special Needs Strategy**

TOTAL AWARD: \$198,440	SFY15 FUNDS EXPENDED: (54.6%)	\$108,417
CONTRACTED SERVICE UNIT		83
TOTAL NUMBER OF ADULTS SERVED	Q2:	33
NUMBER OF HEARING SCREENING CONDUCTED	Q2:	7
NUMBER OF VISION SCREENING CONDUCTED	Q2:	12
NUMBER OF DEVELOPMENTAL SCREENINGS CONDUCTED	Q2:	16
NUMBER OF CHILDREN RECEIVING SCREENING	Q2:	32

Narratives Reports Summary

Program Implementation:

Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

- The PCSS program has served a total of 35 families and 31 children this grant year.
- Despite outreach efforts and signed Memorandums of Understanding, we continue to lack referrals from AzEIP providers and school districts in this region. The majority of our referrals come from other sources, such as child care centers, private and public preschool programs, Smooth Way Home, Smart Support, community programs and the Birth to Five Helpline.
- Each new family is surveyed using the new survey form that was developed for this grant year to determine what days and times would be best for their family to attend a playgroup. Each quarter, these are reviewed by the Program Manager to determine the best dates and times to schedule a playgroup. The Parent Coaches provide the families with a flyer that includes the topic, date, location and time of each playgroup at least two weeks in advance of the scheduled playgroup. The Coaches also write the time, location and date of the playgroup on the home visit log that is given to the family at each home visit. The Parent Coaches also contact each family in their preferred method of communication (phone call, text or email) the day before the playgroup is held. The Parent Coaches held three playgroups this quarter. Three families attended the October playgroup and two families attended the November playgroup. Because of the success we experienced last year, the December playgroup was held at the Phoenix Zoo. Many of the families we serve lack the financial resources to enjoy cultural events around the cities they live in and as we know, these experiences are important for the development of young children. Two families attended this event and stayed to enjoy the zoo for the entire day. Playgroups have been scheduled in a variety of locations, days and times to offer families more opportunities to attend. Families report a lack of transportation and work schedules as the most frequent reasons as to why they could not attend a playgroup.

- Participation in the parent forums continues to be low in this region. As mentioned earlier, each new family is surveyed using the new survey form to determine what days and times would be best for their family to attend a parent forum. The PCSS Program Manager reviews this information on a quarterly basis and the PCSS team schedules the forums based on the information received from the surveys. The Parent Coaches provide the families with a flyer that includes the topic, date, location and time of each parent forum at least two weeks in advance of the scheduled forum. The Coaches also write the time, location and date of the parent forum on the home visit log that is given to the family at each home visit. The Parent Coaches also contact each family in their preferred method of communication (phone call, text or email) the day before the parent forum is held. The Parent Coaches held one parent forums this quarter. The topic for the November parent forum was Toy Safety. Two families attended the November parent forum. Forums have been scheduled in a variety of locations, days and times to offer families more opportunities to attend. Families report a lack of transportation and work schedules as the most frequent reasons as to why they could not attend a parent forum.
- Satisfaction surveys given to the families at the third and final visit. The surveys we receive from the families are always positive. Comments reflect the impact the program has had on the family and the goals of the PCSS program.

Describe current issues related to staffing necessary for program implementation.

- The PCSS program has a number of children who have difficulty with self-regulation, behavior and fine motor skills. The parent coaches consult frequently with the STAT Occupational Therapist for suggestions, strategies and resources for these families. Due to the number of children with these difficulties, we increased the STAT Occupational Therapist's time in the grant to better serve the Parent Coaches and families we serve.
- The mental health consultant continues to be a great asset to the PCSS program. She has been very helpful in assisting the coaches with challenging families. Domestic violence, substance abuse, trauma and a history of difficulties in attachment have a significant impact on a child's development. The mental health consultant has been able to assist the coaches in better understanding the history of the family and its effect on the way they parent their children.

Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?

- Despite all the outreach efforts that have been made, recruitment of families continues to be our biggest challenge. The PCSS program continues to refer families who have not been screened to their local school district and AzEIP. The families that are referred to AzEIP are averaging four to six weeks from the time of referral to the date of eligibility. However, the families we have referred to the local school districts are averaging four to five months from the time of the referral to the time of eligibility. Some school districts only hold screenings once a month and slots fill quickly. Sometimes, the families have to wait one to two months for a screening date. Once the child is screened and the team determines that a full evaluation is recommended, the family can wait one to two months for the evaluation to be completed. Once the evaluation is completed, the school district has 60 days to convene a Multidisciplinary Evaluation Team meeting to review the results of the evaluation and determine eligibility with the family. Once eligibility is determined, the school district has 30

days to convene to write an Individualized Education Plan and place the child in their preschool program. These timelines have allowed the coaches to provide the families with several weeks and months of support during the eligibility process as well as support the families through this complex system. Some of the families found the process so frustrating that they almost did not complete the process and only did so from support from their Parent Coach. Many of the families the PCSS program referred for screenings did not meet eligibility criteria. In these situations, the Parent Coach has been able to continue to support the families.

- Another challenge continues to be the low number of families attending the playgroups and parent forums. Playgroups and forums have been offered at multiple locations, days and times in hopes to better accommodate the families we serve. Obstacles in attending the playgroups and forums include lack of transportation, preschool schedules and family work schedules.

Collaboration and Communication:

Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.

Success Story

H. was referred to the Parent Coaching and Support Services program in July 2014 at six months old after he did not qualify for the AZ Early Intervention Program. The AzEIP evaluation did show delays in motor and social/emotional skills, but not enough of a delay to qualify H. for AzEIP services. H. lives with his mother and mother's fiancé.

Early on, H's mom had concerns about his health. H. often chokes and vomits when eating/drinking. He was diagnosed with asthma and reflux. At nine months old, H. was in the hospital for an endoscopy to determine the cause of choking and reflux. He required an emergency blood transfusion and was admitted to the PICU after the procedure. Results showed no concerns and H. was referred for a swallow study. The swallow study showed a diagnosis of Dysphasia. Mom was given directions by the feeding therapist who contradicted the directions given to her from the GI doctor.

H. has difficulty sleeping and wakes up crying; he screams often and resists diaper changes, being in his car seat and getting dressed, to the point where H. is in considerable distress. He often bangs his head or throws himself. Mom and Parent Coach discussed having mental health services in place for H. Currently, he is on the waiting list for The Good Fit Center.

Currently, at 12 months old, H. is receiving Physical Therapy, Occupational Therapy and Feeding Therapy through his private insurance. It is sometimes a challenge for mom to coordinate his appointments and therapy sessions at different facilities that are not close to home. Mom and the Parent Coach discussed ways for mom to communicate with the many medical professionals that H. is seeing and how to coordinate the many appointments he has weekly. She has said it is a challenge to keep all the appointments and specialists organized. Mom and the Parent Coach discussed ways to keep all of H's records together and mom has done a great job of keeping everything in a big binder. Mom has told the Parent Coach that she has a learning disability, mild Cerebral Palsy and has mental health services which require a DDD case worker. This also makes it difficult at times to understand what H's specialists are discussing with her.

It has been a challenge for H's mom to work because of H's appointments and because he needs to be watched carefully when eating. He vomits often and then the day care will call mom at work and ask her to pick H. up early. At times, H's mom has had to rely on AHCCCS transportation which has proven to be unreliable.

H's mother communicates with the Parent Coach almost daily for advice and to ask questions about H's development, his behavior or to ask to clarify something a specialist has told her that she does not understand. Mom has asked the Parent Coach to attend numerous appointments to better help her understand what is being discussed about H's development and health. The Parent Coach has been helping Mom to integrate cognitive, play and adaptive skills into her daily routines. Because the Parent Coach has attended some of the appointments with mom, she is better able to discuss ways for mom to use what is happening at therapy, at home.

Recently, H. and his family were able to attend our field trip to The Phoenix Zoo. Mom said it was so nice to do something as a family that didn't involve a doctor's appointment or therapy. Mom has expressed how bad she feels whenever she has to take H. to an appointment. Because of mom's difficulty working a consistent schedule and H's appointments, the family doesn't usually have the funds to do something together as a family and the free field trip to the zoo was a wonderful family day for them. Both mom and mom's fiancé expressed how wonderful it was to see H. smiling and enjoying himself.

Support or Additional Information:

Describe any additional information you would like to share about program implementation.

No further information to share at this time.

Dignity Health Foundation – East Valley
Oral Health Strategy

TOTAL AWARD: \$366,169	SFY15 FUNDS EXPENDED YTD: (53.9%)	\$181,130
CONTRACTED SERVICE UNIT		1,500
NUMBER OF ORAL HEALTH SCREENINGS GIVEN TO CHILDREN (0-5 YRS)	Q2:	1244
NUMBER OF ORAL HEALTH SCREENING GIVEN TO EXPECTANT MOTHERS	Q2:	
CONTRACTED SERVICE UNITS	50	23
NUMBER OF FLUORIDE VARNISH APPLIES TO CHILDREN (0-5 YRS)	Q2:	
CONTRACTED SERVICE UNITS	1500	1071
NUMBER OF ADULTS WHO ATTENDED GROUP TRAININGS	Q2:	
CONTRACTED SERVICE UNITS	2500	310

Narratives Reports Summary

Program Implementation:

Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

- **Immunization Clinics:** Staff continues to provide education, screening and fluoride varnish at monthly immunization clinics at Chaparral Elementary school in the Southeast Maricopa Region and at Chandler Regional Medical Center, Kyrene Family Resource Center and Chandler Fashion Square in the Central Maricopa region in partnership with the Dignity Health Immunization Clinics. Weekly clinics are held at the Chandler CARE Center immunization clinic.
- **WIC Clinics.** Clinics are held twice a month at the Mesa, Greenfield, Broadway, Chandler and Guadalupe WIC offices and additional days when scheduling permits.
- **Pregnant women and new moms** were educated at WIC offices, immunization clinics, Family Resource Centers, childbirth preparation classes, the TEENS 4 Teens support group and at Aid to Women.
- **Child Care Centers:** Oral health education, screening and fluoride varnish were provided to children at 30 childcare centers, preschools and Head Start locations.
- **Community Events:** Pan de Vida, Upper Iowa University and St. Mark’s Food Bank in Southeast Maricopa and Getz Parent University, Chandler Day of Play and Chandler Christian Community Center in East Maricopa.
- **Professional Presentations:** Lunch and Learns were presented to two General Dental practices.

Clinic satisfaction surveys are one tool we use for program evaluation. In the second quarter, we received an average score of 4.8 out of 5 from the teachers whose classrooms we visit. Program staff work diligently to develop relationships with teachers, minimize classroom disruption and provide quality educational and clinical experiences for the children. We are pleased to share some of the comments we received from teachers this quarter.

This was awesome! Great staff with our special needs kiddos! I hope this becomes a yearly thing.

Thanks! Kids really responded well and remembered the information.

Dental visit was amazing. Great presentation. Staff did a wonderful job. I was very impressed! The staff continues to impress me with their ability to handle difficult students who have significant behavioral/emotional difficulties.

I had a little girl go home on Monday and every morning & night she "teaches" her sister how long she needs to brush & what shape to make with the brush in her month.

We also request feedback from parents at WIC offices and immunization clinics. 100% of respondents stated that staff were courteous and respectful and that all questions were answered. 32% of families chose to have screening/fluoride varnish because the location was convenient; 44% because the services were provided at no cost and 24% because they have no insurance coverage. These results confirm the value of providing services at community locations increases access to care by decreasing barriers faced by many families.

Describe current issues related to staffing necessary for program implementation.

Our newly-hired Oral Health nurse is in place and has completed training. With her on board we will be able to resume scheduling of dentist and pediatrician presentations. We have posted the educator position to replace one of our educators who has left to continue her education. We hope to have that position filled soon.

Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?

Due to the recent announcement that AHCCCS will reimburse pediatricians for application of fluoride varnish at well-child visits, the pilot program proposed for Pendleton Pediatrics has been canceled. We will continue to support pediatric offices with training and education as requested.

Collaboration and Communication:

Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.

Nine children were identified with urgent need for dental care in the second quarter. Three of these children had no dental insurance; three had private insurance and three had AHCCCS. Those with AHCCCS and private insurance were encouraged to follow-up with their dental provider. The three with no insurance were connected with follow-up care through the Chandler Children's Dental Clinic, Children's Dental Village and ABC Dental. We continue to be grateful for the partnerships with local dental providers who are willing to provide care for children in need with no means to pay.

Support or Additional Information:

Describe any additional information you would like to share about program implementation.

The program manager and director were invited to present at the Northern Arizona University Oral Health Literacy Conference. The presentation, "It Takes a Village to Prevent Tooth Decay" highlighted our systems-based approach to decreasing childhood caries. We demonstrated the techniques and rationale we used to enlist the "village"

surrounding a child to multiply the impact of our message and shared success stories of children who received dental care through the support of their “village.” Educating caregivers, teachers and school nurses empowers them to identify oral health concerns and facilitate the connection between a child and a dentist. Encouraging general dentist practices to expand their patient-base to include young children expands access to care. Providing pediatricians with the tools for oral screening and referrals ensures that parents and caregivers are hearing oral health messages at their well-child visits from a trusted medical provider. Our goal is to educate and engage the “village” that surrounds the child to widen the net of early childhood stakeholders who can initiate early oral health intervention.

Maricopa County Department of Public Health
Oral Health Strategy

TOTAL AWARD: \$151,484	SFY15 FUNDS EXPENDED: (47.7%)	\$72,282
CONTRACTED SERVICE UNIT		1250
NUMBER OF ORAL HEALTH SCREENINGS GIVEN TO CHILDREN (0-5 YRS)	Q2:	698
NUMBER OF ORAL HEALTH SCREENING GIVEN TO EXPECTANT MOTHERS	Q2:	
CONTRACTED SERVICE UNITS	220	0
NUMBER OF FLUORIDE VARNISH APPLIES TO CHILDREN (0-5 YRS)	Q2:	
CONTRACTED SERVICE UNITS	1250	620
NUMBER OF ADULTS WHO ATTENDED GROUP TRAININGS	Q2:	
CONTRACTED SERVICE UNITS	220	0

Narratives Reports Summary

Program Implementation:

Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

In the 2nd quarter of 2014-2015, we were able to provide basic oral screenings to 579 children in the Northeast region, 505 children were given fluoride varnish application and we provided 247 1:1 educational sessions with parents during services. The 1:1 educational sessions were provided to the parent during the time of service and the program finds this to be the most effective form of education to parents regarding their children’s oral health since we are able to show the parent the concerns we see in the mouth. We were able to visit 30+ childcare centers, preschools or community events in the 2nd quarter.

Describe current issues related to staffing necessary for program implementation.

We were able to hire additional registered dental hygienists in order to provide services in the region.

Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?

We recently had several site assistants leave the program for various reasons. Due to their departure, we will be short staffed for bilingual site assistants and will utilize health educators whenever possible until we are able to replace those staff members. We have a solicitation out and will be interviewing in the first part of the 3rd quarter.

The First Teeth First program format works best when our program provides services in a permanent location (preferably a Women, Infant and Child [WIC] clinic) where children in our age range come on a regular basis. We

are looking at possible partnerships to provide services during this fiscal year at a permanent location at a resource center in the region.

Another barrier in the region is providing services for pregnant women. At this time, there are no permanent sites where both children and pregnant women may receive services. The health educator is working to form partnerships with OB/GYN offices and other locations that provide services to pregnant women in the NE area 1-2 times a month.

Collaboration and Communication:

Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.

At the end of the 2nd Quarter, due to the hard work of the regional health educator, we have been able to complete more than half the target service units for the fiscal year.

A great success to the program has been the ability to schedule more than one school/childcare center/etc. in a day within the region. This is beneficial in the out laying areas to maximize, both, the time of the health educator and hygienist doing services. It can also allow the health educator to do additional outreach in the area should services be completed before the end of their day.

Support or Additional Information:

Describe any additional information you would like to share about program implementation.

During December, the First Teeth First staff participated in the Central Arizona Mission of Mercy dental services. This event provides free access to dental care “while raising public awareness of the increasing difficulty low-income adults and children face in accessing critical dental care.” Our staff worked to guide people to locations throughout the venue and educate on the importance of proper oral hygiene.

First Teeth First staff at the AzMOM event, (L to R: Gus Galindo, Tirsia Lopez, Kimberly Richards and Jamal Robinson)



Arizona State University
Community Based Professional Development Early Care and Education
Professionals Strategy

TOTAL AWARD: \$400,000	SFY15 FUNDS EXPENDED: (20.6%)	\$82,480
CONTRACTED SERVICE UNIT		840
TOTAL NUMBER OF ADULTS SERVED	Q2:	290

Narratives Reports Summary

Program Implementation:

Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

Increased director support of staffing patterns consistent with primary caregiving, continuity of care, and small groups has been observed. The directors have been meeting with coaches to address the complicated process of addressing all the criteria that needs to be considered when staffing infant toddler classrooms that value relationships. How we plan for staff breaks, staff schedules, daily schedules and enrollment practices are all important components. These are also very individualized issues for each of the participating centers. Strong trusting relationships developed between Coaches and directors and providers make this unique kind of coaching possible.

Just as the coaching sessions with the directors are sensitive, in-depth and creative to meet the individualized needs of participating directors, this approach is also critical in the on-site coaching with teachers and staff in classrooms. Classroom coaching has focused on goals for the curriculum, daily schedules and understanding responsive caregiving. Approaches are based on the needs of individual teachers and meeting the participants where they are regarding experience and knowledge.

Another component of the coaching has focused on professional development. The participants in this project have committed an impressive amount of clock hours to training and coaching. The coaches wanted to ensure that participants had goals for their professional development and that we aligned our work together whenever possible. One coach, Barbara Mezzio, has extensive background and work experience in the higher education systems and took the lead in these dialogues with participants. Initial discussions and exploration of individual Professional Development plans for 20 participants has been started with this coach. The plans are to help participants explore opportunities of completing early Childhood college courses and/or degrees. The discussions are ranging from renewal of a Child Development Associate (CDA) to a Master’s degree. Some initial outcomes from this coaching strategy include:

- One teacher/caregiver is graduating with a BAS (non-certification) degree in Early Childhood in December from NAU expressed an interest in getting a Teacher certified degree. Coach was able to help her explore different routes and she successfully connected with the right program at NAU to work on a Master’s degree while working on Teacher Certification rather than taking extra undergraduate courses.
- 5 providers plan on attending community college in Spring semester 2015.

Another success is the Increased and consistent attendance, particularly from Lil' Footprints. The trainings have been customized to address issues that have been arising in most of the programs and take the topics to a deeper level. Coaches also offer on-site staff trainings for programs to address any challenges or goals that are individual to their program or need more time for their staff to fully understand and implement.

Describe current issues related to staffing necessary for program implementation.

One infant/toddler teacher commutes from Prescott and has been unavailable for trainings and community of practice sessions. Coaches are spending extra one on one time with her and the center director to address this ongoing challenge.

Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?

Ongoing challenges with staffing to reflect principles of the model (e.g. primary caregiving and minimizing transitions for infants and toddlers). We address this barrier through individualized coaching and mentoring.

Another challenge, which is particularly complicated due to the high quality goals of primary caregiving and continuity of care, is staff turnover. When a teacher leaves and a new employee is hired, the efforts need to address the new staff person's ability and knowledge. A new relationship needs to be nurtured and trust developed. These efforts take time and often can be challenging to move center-wide or classroom- team plans forward. Communication between the staff / team members is critical.

We have addressed this through the customized coaching and also am providing a full day workshop in January which will provide each participant with knowledge about adult temperaments / personality types and communication strategies. The Myers-Briggs Type Indicator tool will be utilized and each participant will have a customized, individual feedback session along with the group training.

Collaboration and Communication:

Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.

Thirteen providers were given individual coursework and degree plans from Arizona colleges and Universities based on their interest. Written information on the CDA through the Council for Professional Recognition was provided for 5 providers.

A Center is joining Quality First and there is strong collaboration between the center director, project staff and QF team. The different and complementary foci of First Relationships and Quality First programs is under discussion and the transition is going smoothly thus far.

Another Center that has experienced serious flooding, a robbery and health issues of one of the owners has had the highest staff participation rates at recent trainings and Community of Practice sessions. They are also a Center serving a high percentage of DES supported families.

Support or Additional Information:

Describe any additional information you would like to share about program implementation.

The project continues to take a holistic view of infant/toddler teachers and directors, including trainings in mindfulness, leadership, and personal goal-setting related to their work. Part of this has also involved team-building and strengthening communication among staff.

One aspect of coaching that we have worked to successfully implement is “remote coaching” from an out of state infant/toddler expert. Remote coaching connections are provided to the directors of the participating programs by Dr. Kay Albrecht, who has worked with First Relationships as a consultant/coach since the beginning of the project.

Remote coaching connections are designed to support ongoing work related to administrative/management functions, particularly policies and procedures, internal and external communication, and family engagement, and using some of the lessons learned in 2013-14 about using technology to support directors in getting their work completed.

Initial coaching is focused on goal setting and subsequent sessions, completed by conference call or other technological strategies such as Google + shared document drafting and updating, and video calls, work on specific goals to sustain the work of First Relationships.

Integration is the focus—integrating what has been shared in face to face training sessions and coaching sessions with physical resources provided by First Relationships, such as the computer, orientation materials, curriculum resources, print materials that focused on missing director skills, and other management and coaching supports.

Remote Coaching sessions last from 45 minutes to over 2 hours, depending on the topic and are supported by additional online support such as drafting documents for modification or individualization for particular programs, and finding additional resources to fit a need.

Southwest Human Development
Director Mentoring Strategy

TOTAL AWARD: \$75,000	SFY15 FUNDS EXPENDED: (54.8%)	\$41,064
CONTRACTED SERVICE UNIT		10
TOTAL NUMBER OF PROFESSIONALS SERVED	Q2:	33

Narratives Reports Summary

Program Implementation:

Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

The pre-assessment tool, the *Early Childhood Work Environment Survey* (ECWES) was completed by each staff member during September at each of the directors' centers. The ECWES is a standardized assessment of a center's work climate and it provides a comprehensive analysis of organizational functioning. The ECWES is designed for use by all administrators, teachers, and support staff who work in a paid capacity more than 10 hours a week in the program. Each staff member completes a survey anonymously which takes approximately 15 minutes. Surveys are returned to the McCormick Center for Early Childhood Leadership for scoring and then each center receives a computer generated profile showing their results.

The Work Environment Profile summarizes the combined ratings for all participants at each individual site. The profile includes graphic representations of staff perceptions of current organizational practices, their level of commitment, and their perceptions of how their current work setting compares to their ideal. The survey looked at the following ten dimensions of organization climate:

- Collegiality
- Professional growth
- Supervisor support
- Clarity
- Reward system
- Decision making
- Goal consensus
- Task orientation
- Physical setting
- Innovativeness

The staff also ranked the importance of each dimension.

Survey results were received in October. Mentors reviewed these results with each of their assigned directors during their mentor visits in October and November. Mentors reported that it was hard for some of the directors not to take the results personally. The directors agreed that this was also a great opportunity to really get a sense of

what their staff is thinking. They are planning to incorporate goals into their plans that will address areas of concern as a result of their staff's responses.

Describe current issues related to staffing necessary for program implementation.

There are no issues regarding staffing to report for this quarter.

Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?

There are no new barriers to successful implementation or challenges to be shared for this reporting period.

Collaboration and Communication:

Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.

Here are some comments from one of the directors about her work in Module Four-Managing Program Operations: *Module Four really helped me understand that it is up to me to be the leader and lead by example. If I make policies and procedures a daily priority and really focus on those, my staff will also see how important they are. Staff will incorporate them into their daily work with the children and their families. All the tools provided in this module are tools that I foresee myself using on a daily basis to ensure that our quality is the best. In this module I learned that every time I am in and out of the classroom, I need to really stop and see what is going on around me. If I take the time to really observe, it will ensure that all of my teachers are caring for the children in the best possible way.*

Support or Additional Information:

Describe any additional information you would like to share about program implementation.

At the end of the monthly cohort meeting, each director is asked to reflect on their work in the module of the month. Here are some thoughts from one of the participants based on her work in Module Three- Promoting Peak Performance which focused on appreciating individual differences, supervising staff, promoting professional development and the concept of reflective supervision:

I learned that supervision is very important and that it should not be for finding fault but to help the teacher grow in his work. Reflective supervision is a very good concept. Regular meetings and supervision lets the staff know that you care. The most important idea I got from this module is that I should have regular staff meetings and that I should develop an environment that promotes teamwork and encourages my staff to advance themselves professionally.



FY14-FY16 Statewide Strategic Communication Plan Goals

1. Raise awareness of, and build public support for, the importance of early childhood.
2. Position First Things First as a recognized and trusted voice in early childhood.
3. Build awareness of early childhood programs and services, particularly First Things First statewide initiatives and locally supported programs among priority audiences.

Focus on Engagement

First Things First's community outreach and engagement efforts are directly supported by regional partnership councils and the FTF Board through two strategies- Community Outreach and Community Awareness. The FY14-FY16 Strategic Communications Plan includes a more formalized, deliberate community engagement program that focuses on moving stakeholders to take action on behalf of young kids. Engaging others will help us expand our outreach and awareness efforts.

The work of engagement begins by connecting with and identifying likely supporters and then motivating them to take action through tactics such as sharing success stories or showing the impact of early childhood programs through a site tour. This is followed by providing continual training and tools to support the efforts of these Friends, Supporters and Champions¹. This three-tier program offers stakeholders an opportunity to be involved at whatever level they feel most comfortable. Specific calls-to-action for each of the three-tiers are employed.

¹ See FTF FY14-16 Strategic Communications Plan for detailed information on tiered engagement program.

Community Outreach and Awareness: Regional Partnership Council Role

1. Provides input and expertise in the development of the community outreach plan.
2. As our highest-level Champions, work with **Regional Director** and **Community Outreach Coordinator** to attend and/or present at local events, media opportunities, etc.
3. Provides ongoing feedback and guidance to both the **Regional Director** and **Community Outreach Coordinator** for leads, next steps, and recommendations for the successful implementation of the Community Outreach and Awareness strategies.
4. To assist Regional Partnership Council members with conducting outreach and awareness, Community Outreach Coordinators offer the following trainings:
 - Early Childhood, Every Day- *Simple ways to spread the word about early childhood and First Things First in your community*
 - The Write Way- *Writing and Sharing Effective Impact Stories*

Regional considerations for Regional Councilmember role; training or information needed:



FIRST THINGS FIRST

Community Awareness Budget
FTF Directed Strategy
East Maricopa RPC (Program Code: 20837)
SFY 2016

Total Community Awareness Budget: \$ 35,000

Budget Category		Total Cost	Finance use below
CONTRACTED SERVICES	REPORT CATEGORY	\$ -	
FTF Hosted Event	Other Professional & Outside Services	\$0	6299
OTHER OPERATING EXPENSES	REPORT CATEGORY	\$ 35,000.00	
ACI folders, OfficeMax, Born Learning, printing by External Vendor	External Printing	\$5,000	7472
Community Awareness Equipment (cart, table, chair, etc.)	Office Supplies	\$1,000	7321
Community Awareness Supplies (educational, craft project, etc.)	Other Office Supplies	\$1,000	7381
ERI, Branded Items, Engagement Wheel (Brown & Bigelow)	Entertainment & Promotional Items	\$9,000	7521
Event Sponsorships (\$), Media	Advertising	\$12,000	7461
FTF Hosted Event (event participation)	Conference Registration/Attendance Fees	\$1,000	7455
Rent conference/meeting room	Rent of Facilities	\$0	7229
Children's Books	Books, Subscriptions, Publications	\$6,000	7541
Specify here if not listed above:			7599
Total Award:		\$ 35,000.00	

Approval Signature

Date

(after signed, give to Finance)

Level 3 - "Champions"

Champions actively support both First Things First and the importance of early childhood development and health. They spend a significant amount of time being recruiters and endorsers of FTF and early childhood issues. They anticipate inclusion and information about FTF and early childhood issues, and expect to be recognized and thanked for their efforts. Champions engage in calls to action that include Friend and Supporter level calls to action and one or more of the following or other awareness-raising efforts:

- Help host an FTF information table at a community event
- Organize or host an EC- awareness building activity (ECDH guest speaker, EC event)
- Attend FTF advanced training (The Write Way)
- Participate in a "rapid response" effort (post comments to online media, etc.)
- Write a letter to the editor
- Share their FTF success story through their own testimony (i.e., social media, personal blogs)
- Apply to serve on a Regional Partnership Council

Recognition/Acknowledgment of Champions will include:

- E-note acknowledging Champion level action was taken. Message will be sent automatically through Salsa when Coordinators move a Supporter to a Champion level. This email will be signed by the FTF Board Chair.
- FTF Champion pin.
- Special invitations to FTF events (guest speakers, Summit, etc.) where they can stay abreast of early childhood issues
- Champion Toolkit that will include:
Everything included in the Supporter Toolkit plus-
20 Birth to Five Helpline cards; one Core Message card; business cards for Community Outreach Coordinator or Regional Director for regions without CO staff and a children's book with a literacy message to be shared as part of their outreach efforts.
- Regional Acknowledgement
 - Each year, one FTF Champion can be recognized regionally for their efforts to build public awareness about the importance of early childhood. This special recognition will be based on the individual's efforts to promote early childhood that are outside the normal scope of the individual's everyday work.
 - The "Champion for Young Children" award will include a highlight of the regional Champion on the FTF regional page and announced in the FTF e-newsletter.
 - Regional "Champion for Young Children" awardees will be the subject of an earned media pitch in their region.
 - Every regional "Champion for Young Children" awardee will receive a personal invitation from the Board Chair to attend the FTF annual Summit.

East Maricopa Cathy Arvizu

Cathy has been a valuable and helpful Champion in East Maricopa. She has provided significant referrals for First Things First in the community: Aid to Women Center, the STEM Charter School President, a charter school focusing on preschool to 3rd grade students, and a credit law attorney who keeps Family Resource Guides in his office to share with families. Cathy provided 2 seats to the Arizona Leadership conference which allowed First Things First staff to participate. Cathy provided the business professional quote on the First Things First website in support of early childhood. Cathy has been incredibly active in engaging the business community by introducing Regional Director Conrad Lindo to the Tempe and Phoenix Chamber of Commerce meetings.

East Maricopa Gitika Pawar

Gitika has been a Champion in the East Maricopa region for over a year. She has been trained in the Early Childhood, Every Day and the Write Way trainings. She uses the core messages she has learned when she visits child care centers in the north part of the East Maricopa region to share Family Resource Guides, Quality First information, and other First Things First materials. She has volunteered at the First Things First table at the Scottsdale Ultimate Play Date in 2014 and has volunteered for the 2015 event.

East Maricopa Carol Stautberg

Carol is a champion for the East Maricopa community. Carol is very visible at multiple community events and meetings including the Guadalupe Partnership meeting and the Association for Supportive Child Care monthly networking. She has been trained in the First Things First Core Messages through the Early Childhood, Every Day and The Write Way trainings.

She shares First Things First collateral, Educational Reinforcement Items, and grantee information to a variety of parent audiences. Carol teaches classes for expecting and new parents through Tempe St. Luke's and she makes a deliberate choice to share First Things First information and core messages with her attendees. She encourages families to seek more information by signing up for the First Things First e-newsletter. In the last six months, Carol has signed up more than 50 individuals as Friends of First Things First.

Carol is changing jobs and has committed to volunteering at various parent group organizations and will continue sharing First Things First collateral, Educational Reinforcement Items, and early childhood education messages.

East Maricopa Andrea Benkel

Andrea is a fantastic champion for children in East Maricopa. In addition to her work at Summit Schools of Ahwatukee, she is a member of the Valley of the Sun Association for the Education of Young Children (VOS AEYC). She shares information about First Things First at professional development trainings through VOS AEYC. She also made key introductions for First Things First in the East Maricopa region: to new members of VOS AEYC and to Treasures for Teachers. First Things First has been able to leverage these relationships to ensure high quality care for young children.

Andrea volunteers to brainstorm and train with other organizations in the community about STEM/STEAM, such as the McCormick-Stillman Railroad Park.



SUMMARY OF ACTIVITIES

March 2015

Early Childhood, Every Day and The Write Way Training

Joy Leveen conducted two *Early Childhood, Every Day* for 7 community partners and *The Write Way* training for 2 new community partners.

Events

Joy Leveen participated in or provided materials for seven community events in March: the 5th Annual Scottsdale Unified School District Mental Health day, the Special Day for Special Kids at McCormick-Stillman Railroad Park, the Kyrene Parent Summit, and the Guadalupe Family Resource Center's presence at the first Produce on Wheels in Guadalupe.

Networking Meetings

Outreach staff attended one community networking meeting of faith leaders through the First Thursday Networkers, based on a referral from Pastor Bruce Johnson, Scottsdale Presbyterian Church.

Presentations

Outreach staff conducted one presentations to over 25 newly informed East Maricopa residents at the Celebrate Books and Babies group through the Scottsdale Public Library.

1:1 Meetings

First Things First staff conducted 5 one on one meetings with early childhood community stakeholders, including the Arcadia Neighborhood Learning Center, Horizon Child Care Foundation, Aid to Women Center, and Changing Hands Bookstore.

Upcoming Opportunities

Inspire Early Childhood Leadership Conference, April 11 from 8:30 am to 4:30 pm at Pinnacle Presbyterian Preschool

HopeFest at Chase Field on April 18th from 9 am to 3 pm

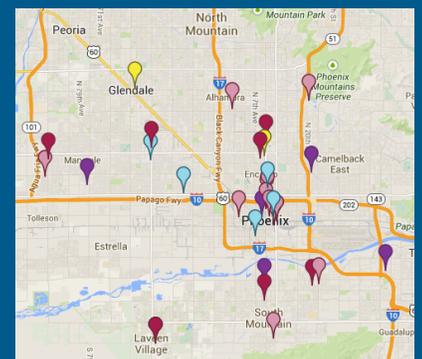
Early Childhood, Every Day and The Write Way training, April 24th at 10

Horizon Child Care Foundation Site Tour, May 1st at 10 am

FTF Core

Message of the Month

90% of a child's critical brain development happens by the time they are 5 years old.
The job of helping kids get ready for school starts the day they're born.



Google Maps

<https://www.google.com/maps/d/edit?mid=zGNXIBQCerYg.k5g9jV5hTT58>

“A peaceful home creates a peaceful society.”

How do you solve a problem like sibling rivalry? For one East Valley mother, the answer was parenting classes!

Maanasi, the mother of a 9 year old girl and a 3 year old boy, was having a hard time playing referee for her two children. They would fight over toys, books, even where the other was supposed to sit when getting in the car. As their strife increased, so did Maanasi's frustration.

Then she attended the Nurturing Parenting classes offered by New Directions Institute. Maanasi discovered a community of parents facing similar challenges and Parent Educators who facilitated child development education and parental trouble shooting on common difficulties. Maanasi learned to be conscious and mindful of her children's desires, not because she was necessarily going to allow whatever they wanted, but because understanding why her son or daughter wanted a particular thing would help her re-direct them. She made a point of speaking to her children, especially her youngest, in a low and calm voice. One day, Maanasi's daughter announced that she would try to speak to her little brother like her mother did! Amazingly, the strategy even worked for the 9 year old.

Before, when Maanasi tried to get her 3 year old son into his car seat, he would often cry and refuse to sit in his seat. He insisted on sitting next to his older sister. Maanasi implemented her Nurturing Parenting training and struck a deal with the little boy. He gets to sit next to sister when they first climb into the car while Maanasi sings the ABCs. When the song is over, it is time for him to get into his own seat. Now, he willingly clamors into his car seat. “It takes a few moments longer, but we are all calmer when we leave,” Maanasi said.

“A peaceful home creates a peaceful society,” Maanasi reflects. “It's so simple.”

Through funding programs like Nurturing Parenting, First Things First partners with parents and communities to help all kids start school healthy and ready to succeed. To find out more about what First Things First does in our community, [please visit azftf.gov](http://azftf.gov).

Joy Leveen

Community Outreach Coordinator, East Maricopa

jleveen@azftf.gov

Office 602.771.4992

Cell 602.708.4866



TRAINING OPPORTUNITIES

As an early childhood professional, sometimes it's tough to find the time to participate in professional development and training opportunities. ADHS, Bureau of Child Care Licensing has created a number of online training resources that are available for the early childhood community to access at your convenience and receive credit for obtaining new skills and knowledge. The resources available include online videos and study guides that are available for downloading. The training modules are available on several topics including: Physical Activity, Family Style Meals, Art: The Process & The Product, and Staff Files for Centers. They also have an online New Owner Orientation Training that is available for programs. These online trainings can help to build on your quality improvement efforts through Quality First.

Please visit their website at <http://azdhs.gov/als/childcare/training/index.htm> for more resources.



FAMILY RESOURCE CENTERS

At First Things First, we understand that parents are a child's first and best teachers. To support parents and families in this important role, First Things First funds family resource centers in a number of locations within Maricopa and Santa Cruz Counties. These family resource centers offer a wide variety of information, services and classes for parents and caregivers at low cost or no cost, and child care is often provided while parents take classes or get help from staff members. Families can use family resource centers to access information on healthy development, early literacy development, as well as referrals to connect with other community resources. Family resource centers in the First Things First Family Resource Network give parents and caregivers the tools they need to support the learning and healthy development of their young children all in one location.

To learn more about how to connect families that you work with to a nearby family resource center, visit <http://familyresourceaz.org>.



WHAT IS BEST FOR YOUNG CHILDREN – SUPPORTING HEALTHY ADULTS!

Having comfortable, adult-sized seating in your early childhood environment is an important component to providing quality care for young children. We often think about the experience of the children in our environment and forget to consider that healthy, comfortable adults provide better care than adults with pain, stiffness and other discomforts associated with long-term poor posture. Ergonomic seating for adults provides for the health, safety and comfort of caregivers, makes it easier to get up and down as needed, and also provides a higher vantage point for supervising children. Adult comfort and ease of movement between activities is an important part of maintaining a high quality early childhood environment.

For more information about the importance of adult-sized seating in early childhood environments, check out resources in the Environment Rating Scale at www.ersi.info.