



FIRST THINGS FIRST

The right system for bright futures

March 17, 2009

Dear Organizations in La Paz and Mohave Counties:

Arizona is facing unprecedented, tumultuous economic times. Families are facing tremendous financial and emotional stress, threatening the well being of young children. The First Things First (FTF) Board has approved an Emergency Response Plan to help mitigate some of the economic damage and respond immediately to the urgent needs of Arizona's young children and families. The plan includes approval from the Arizona Department of Administration (ADOA) for a bid waiver, granting authority to expedite the awarding of contracts quickly in certain strategy areas through a non-competitive process.

The La Paz/Mohave Regional Partnership Council is releasing this **Request for Information (RFI)** to organizations in the La Paz/Mohave Region (which includes all of La Paz and Mohave Counties) in response to the Emergency Response Plan approved by the FTF State Board. Specifically, the La Paz/Mohave Regional Partnership Council is seeking information from organizations that can carry out services in the following three areas:

- Child care scholarships to families with children ages 0-5 with incomes at 200% or below Federal Poverty Level (FPL)
- Emergency food boxes for families with infants and toddlers
- Home visitation programs to support families and prevent abuse and neglect

To be considered, organizations must meet the following criteria:

- Provide services in compliance with FTF Scopes of Work and Standards of Practice
- Immediate capacity to serve families in La Paz and Mohave Counties
- Current service provider in Arizona and ability to effectively serve La Paz and Mohave Counties
- Currently serves communities in La Paz or Mohave Counties or demonstrates capacity to immediately expand to this geographic area
- Will keep administrative costs below 10%
- A.R.S. §8-1183 provides for a prohibition on supplanting of state funds by First Things First expenditures, meaning that no FTF monies expended are to be used to take the place of any existing state or federal funding for early childhood development and health programs

William Allsbooks
Chair

Lenore Knudtson
Vice Chair

Alisa Burroughs
Member

Ariana De Leon
Member

Riley Frei
Member

Jose Garcia
Member

Melissa Howell
Member

Betsy Lewis
Member

Nancy Mongeau
Member

Debra Weger
Member

Scopes of Work, Standards of Practice, and Request for Information (RFI) forms are included with this letter. Please complete these forms if your organization is interested in providing services under any of these three areas.

The Regional Partnership Council will review the forms submitted, as well as state approved vendors carrying out programs under the statewide emergency response plan, and determine if they will make any additional award(s) for the La Paz/Mohave region. Should the Regional Partnership Council decide to recommend awards in these three areas, award amounts could be made up to a total of \$782,514 for any or all of these components. The Regional Partnership Council may also choose not to award any funds in these three areas.

To complete the RFI, please review the attached Scopes of Work and Standards of Practice to determine if your organization can fulfill the requirements. If able to fulfill these requirements, please complete the RFI for any or all three components.

In addition, organizations may be asked to present in person and/or answer questions on the information you provide. The information provided in the RFI can be used to make decisions on the selection of vendors or awards.

Please submit the RFI to Merritt Beckett by Friday, March 27, 2009 at 5:00pm.

Sincerely,

Merritt Beckett
Regional Coordinator
La Paz/Mohave Regional Partnership Council
1979 N. Mc Culloch Blvd. Suite 106
Lake Havasu City, AZ 86403
Phone: (928) 854-8732
Fax: (928) 854-8742
mbeckett@azftf.gov

Attachments:

Request for Information Forms
Child Care Scholarships Scope of Work
Emergency Food Box Scope of Work
Home Visitation Scope of Work
Home Visitation Standards of Practice

First Things First Home Visitation Scope of Work

The current national and local economic crisis has increased the number of families facing tremendous challenges in providing for the well-being of their young children. Research indicates that children are at higher risk for abuse and neglect when families experience stress. To address this immediate need to support young children and families, the First Things First Board approved an Emergency Early Childhood Response plan at its February 23, 2009 meeting. The plan allows Regional Partnership Councils to expedite funding for home visitation programs that prevent child abuse and neglect.

The La Paz/Mohave Regional Partnership Council has identified the need for implementation of the following strategy: Support, enhance and implement home visitation programs and services that provide parents and caregivers access to information, resources and high-quality social support.

The intended target population of this funding opportunity is families with children birth to five years. Service providers should target at risk and vulnerable populations, including low-income families, pregnant and parenting teens, underserved populations or those not currently served, families living in isolated geographic areas, families with children with special needs, families involved with substance abuse, mental health issues, family violence, the court system and children of incarcerated parents. Service providers should also target those families not currently served through existing home visiting efforts in the Region.

A needs and assets assessment of the Region has shown that there is a lack of sufficient quality family support. There is also a lack of capacity among available programs to meet the needs of all families in the Region in addition to a limited geographic service area of available programs. In order to address these needs, the La Paz/Mohave Regional Partnership Council is seeking current home visitation service providers who are interested in providing home visitation strategies in the Region.

At birth the brain is about one-quarter of full adult size, by the age of two, the brain is not only bigger, but complex connections have been made between cells. Brain size is only a small part of the story. It is the connections between brain cells that help young children control their bodies and learn about their worlds. Young children need stimulation and interaction throughout their lives, but lack of enrichment can be most damaging in the very early years. Connections in the brain become stronger when they are used often, and connections that are not used die away in childhood and early adolescence. Babies and young children need stimulation to develop socially, emotionally, and intellectually.¹ Children who experience sensitive, responsive care from a parent performs better academically and emotionally.

¹ **Shonkoff, J. P. (2008). The Science of Child Development and the Future of Early Childhood Policy. Presented at the National Symposium on Early Childhood Science and Policy. June 26, 2008. <http://www.developingchild.harvard.edu/>

Research suggests that the best home visiting programs have been able to help parents learn parenting skills, increase confidence in their parenting skills, promote appropriate parent-child interactions and increase linkages with community services including health and social services. Home visiting has been shown to be highly effective with regard to promoting effective parenting in the area of preventing abuse and neglect.

Family support is the foundation for enhancing children's positive social and emotional development.² Parents and families need education and support to understand child development and health and to develop parenting skills as well as having access to resources to be the best parents possible.

Implementation Requirements:

Service providers must address these specific Goals and Key Measures:

First Things First Goal Area to be addressed:

- Family Support.

First Things First Goals to be addressed:

- First Things First will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.
- First Things First will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.
- First Things First will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

First Things First Key Measures to be addressed:

- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health and well-being.
- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.
- Percentage of families with children birth through age five who report they maintain language and literacy rich home environments.
- Percentage of families with children birth through age five who report reading to their children daily in their primary language.
- Total number and percentage of children with health insurance
- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children
- Total number and percentage of children receiving appropriate and timely well-child visits
- Ratio of children referred and found eligible for early intervention.

² Meeker, Elizabeth and Levison-Johnson, Jody. Evidence-Based Parenting Education Programs: Literature Search, September 2005. Coordinated Care Services, Inc.

The primary focus of home visiting services is clearly to promote effective parenting. Home visitors may also focus on the importance of early education for young children/parent's role as a child's first teacher, positive discipline, how to develop a supportive social network, proper nutrition for all families members, encouraging families to enroll in health insurance, receive prenatal care and seek out a consistent medical home in order to receive timely medical and oral health preventive care. Families often have difficulties accessing and organizing needed community services. Families may not be aware of their eligibility or the application paperwork may be onerous. Families may struggle with the practical difficulties of using public transportation to meet service appointments.

The home visitor works with families to identify the services that they need and the subsidies to which they are entitled, to help them to fill out the forms to gain those services, and to negotiate with other service providers to make sure that the families are served promptly.

All service providers must demonstrate how the proposed strategy follows the First Things First Standards of Practice for Home Visitation, attached.

Home visitation programs must be comprehensive to improve parenting skills and child development and health outcomes. Programs may include various levels of intensity designed to meet the needs of the children and families. Using a family-centered and strength-based approach in natural environments, these programs will:

1. Engage the family to assess their status using research supported tools to identify strengths and needs. Programs will identify the tools currently used in practice or may use First Things First recommended tools including Life Skills Progression (LSP) or Infant-Toddler and Family Instrument (ITFI).
2. Help families develop and implement a family service plan based upon assessment findings and goals and objectives identified with the family. Plan should include outcomes and activities for the family, frequency and duration of home visits and a plan for transition from home visitation.
3. Conduct regular developmental screenings using a standardized or criterion-referenced tool at 9, 18 and 24 months of age for all of the following developmental domains: cognitive, language, social-emotional and motor skills. Programs will use the Ages and Stages Questionnaire (ASQ) or Parents Evaluation of Developmental Status (PEDS).
4. Provide service coordination with other community resources to make an effort to minimize duplication and to ensure that families receive comprehensive services as needed.
5. Identify outreach, engagement and retention practices with participants/families.
6. Provide program evaluation data and information to demonstrate evidence of program effectiveness and impact upon the identified performance and key measures. Pre and Post testing must be administered.

Specifically, each family must receive information and support in each of the core areas: child development, parenting skills, health, resource and referral and service coordination.

Information and support should be tailored to the needs of the family as identified in the family service plan.

Those core areas include:

- All domains of child development (physical, cognitive, social, emotional, language, sensory).
- Appropriate child-adult interactions and development of parenting skills (i.e. physical touch, showing affection, spending time together, positive discipline, parental monitoring, early reading and language experiences and communication).
- Health (e.g. nutrition; obesity; breastfeeding; physical activity; immunizations; oral health; insurance enrollment; participation in consistent medical/dental homes; participation in prenatal care; home safety/injury prevention; developmental health, vision and hearing screening).
- Resource & Referral Information-Identify services available to families and the subsidies to which they may be entitled; help them to fill out the forms to gain those services; and help them to follow-through to ensure service delivery as needed.

Programs may also help families:

- Identify their natural supports such as peer support.
- Access opportunities to participate in family literacy activities.
- Address issues of substance abuse, domestic violence, mental health, and children with developmental delays or disabilities.
- Facilitate, arrange or organize group activities to further enhance socialization and peer-support.

The implementation of this strategy is intended to promote effective parenting and support parents as their child's first and most important teacher. Programs must work with families to mobilize formal and informal resources to support family development, and advocate with families for services and systems that are fair, responsive and accountable to the families served. Programs will have a mechanism in place to provide families information and support in each of the core areas listed above. Program must support the social and emotional development of the children served as well as conduct screening for social and emotional delays. Language and early literacy development can be a component of the strategy and service providers will need to address how it will be supported through their services.

Service providers are asked to build on existing home visitation programs, allowing expansion to the service areas or target populations that are not currently served. This may include expanding resources to underserved locations in the region and expanding services to rural and underserved communities within the region. A strong emphasis must be placed on collaborative partnerships among numerous community and neighborhood-based entities. Interested providers must demonstrate a history of collaboration with other service providers and community resources as well as how they will specifically serve the region in which they are receiving funding.

As part of successful program implementation, service providers should describe how they will enhance family support through programs that are both evidence-based and relevant to the community served. Interested providers must provide their plans for outreach, recruitment, family engagement and retention. Family participation in home visitation services is voluntary and must be provided free of charge to the family.

Preference will be given to approaches that are research-based and to programs who can demonstrate positive outcomes for the target population. If selected to provide services, providers must show staff qualifications, supervision and training that will support the successful implementation of the evidence based model. All staff conducting developmental screening or other screening using standardized tools must receive training to administer these tools through a formal training program approved by the administering agency of that standardized tool.

Coordination and collaboration with all FTF grantees is critical to developing a seamless service delivery system for children and families. Services and programs cannot be implemented in isolation and coordination and collaboration must occur within a region and across regions. FTF staff and Regional Councils will identify opportunities for collaboration and coordination with successful applicants that become grantees of First Things First. Successful service providers will be required to attend meetings and workgroups in the region being served to identify, develop and implement mechanisms around coordination and collaboration. Successful service providers will also be required to share data with First Things First and the Regional Partnership Council that will be used for cross regional analysis. Successful service providers will also participate in cross regional and statewide work that may include additional workgroups and meetings. In order to accomplish these tasks, service providers should plan the appropriate budget that would include travel for monthly meetings within the regional area, four cross regional meetings/workgroups held in various locations, and one statewide meeting to be held in Phoenix, Arizona. All travel related costs for these trainings and meetings should be included in the provider's budget and calculated using the State of Arizona travel policy as described on the budget narrative worksheet.

The evaluation should be directly connected to the Goals, Key Measures, and the Performance Measures and should determine the extent to which the program has accomplished the stated

goals and key measures. The evaluation should also measure program fidelity by assessing which activities were implemented and the quality, strengths and weaknesses of the implementation. Successful service providers agree to participate in the First Things First evaluation and will meet the requirements of the evaluation including, but not limited to, timely and regular reporting and cooperation with all First Things First evaluation activities. Timely and regular reporting of all performance and evaluation data includes the electronic submission (through the First Things First secure web portal) of performance measures and other evaluation data as proposed by the service provider. Performance measure data must be submitted in its raw form (e.g. number of children served/proposed service number = 52 actual children served/50 proposed service number).

Successful providers are also required to collaborate with the First Things First longitudinal evaluation. The provider must participate in child assessment activities associated with the longitudinal evaluation including tracking and reporting to First Things First data pertaining to participant attendance, enrollment, and demographic information, all of which must be maintained in a secure and anonymous manner. In addition, providers agree to allow First Things First and evaluation consultants of First Things First to observe program activities on site and obtain parent consent for data collection related to evaluation efforts.

Performance Measures are defined by First Things First to determine the key impacts of the strategies, programs and approaches being implemented. Providers are expected to collect and report data to First Things First on the progress of achieving the Performance Measures. Performance Measures for purposes of this RFGA are as follows:

Performance Measures:

- Number of families receiving home visiting/proposed service number
- Home Visitor caseload number/proposed caseload number
- Number of visits per family/proposed visit number
- Number of families recruited to participate/families enrolled and participating for at least one month
- Family attrition/target population
- Home Visitor attrition/target population
- Number of families who successfully meet family service plan outcomes/actual service number
- Number of families reported satisfaction with provided home visitation/actual service number
- Number of families showing increases in parenting knowledge and skill after receiving home visitation/actual service number-using observational pre/post measure aligned with research based program requirements
- Total number of children served/proposed service number
- Number of children with health insurance/actual service number
- Number of children with completed well-child visits/immunizations
- Number of expectant mothers receiving regular prenatal care/actual service number

- Number of children having dental visit before age one/actual service number
- Number of children screened for developmental delays/actual service number
- Number of children screened for vision and hearing/actual service number
- Number of families who report an increase in reading to their child in pre-post test/actual service number
- Number of faith-based organizations referring families for home visits in the region
- Number of child care centers/family child care homes referring families for home visits in the region
- Percent of families receiving home visits whose children have health insurance
- Percent of families receiving home visits that have a consistent medical provider

3/17/2009

First Things First Food Assistance Scope of Work

First Things First and the La Paz/Mohave Regional Partnership Council wish to address food insecurity among families with children ages 0-5.

Research has shown that even moderate under-nutrition, the type seen most frequently in the United States, can have lasting effects on the brain development of children. According to the Center on Hunger and Poverty, inadequate nutrition is a major cause of impaired cognitive development, and is associated with increased educational failure among impoverished children.

In Arizona, fifteen percent of families report that their children skipped meals because there was not enough money for food. Twenty-eight percent of the families within the past year had to choose between buying food and paying for medical care. Forty-one percent of the families within the past year had to choose between buying food and paying for utilities.

Demand for emergency food assistance is growing during these tough economic times. Many food banks are reporting that an increasing number of middle income families are seeking food assistance for their families as the economy becomes increasingly unstable and job loss grows. The assistance available is not keeping pace with the growing demand. In 2007, more than 1,250 food banks, pantries and other agencies provided first -line defenses against hunger for Arizona's children, yet 36 percent of pantry programs reported lack of food as the most frequent reason for having to turn families away. According to the Arizona Association of Food banks, demand for emergency food boxes grew by over 40 percent in the last quarter of 2008 from the previous year.

At the same time that demand is increasing, emergency food resources appear to be static or declining. Arizona food banks are reporting decreases in corporate contributions, and \$62,251 was cut from the FY 09 budget that is typically directed towards the purchase of food for these emergency food boxes. Currently, many food banks are placing quotas on the amount of food families are able to receive. Other food pantries and agencies, such as those operated by St. Vincent de Paul, have shortened their hours of operation due to insufficient amounts of food for those seeking assistance.

The La Paz/Mohave Regional Partnership Council is seeking applications from providers aimed at addressing food insecurity among families with children ages 0-5 who are at risk for hunger. Different food banks across the state currently use varying methods and criteria for determining eligibility for food assistance. Generally, food assistance is not limited to families living in poverty. It is also available to low income families and to families experiencing crises such as unemployment. Applicants are required to identify existing eligibility criteria and how eligibility is determined. It is not the intent of FTF to establish new eligibility requirements beyond those currently used by providers. However, FTF is only interested in applicants who propose

strategies aimed at addressing the hunger needs of families with children ages 0-5 who are at-risk of hunger. Evidence of how Applicants will ensure that such a population is targeted must be present in the proposal in order for it to be considered.

While some people receiving food boxes might also be receiving resources from Food Stamps or WIC, it is recognized that the amount of food available through these existing programs is inadequate to meet the needs of children and families. In addition, we recognize that many middle class families are struggling in today's economy, and food boxes may be needed by many more families than those typically served by providers serving low-income families.

The Regional Council is interested in a variety of proposals aimed at addressing food insecurity among families of children ages 0-5 at risk for hunger. Expanded provision of emergency food boxes for families of children ages 0-5 are one such strategy. However, other potential strategies will also be considered. These include, but are not limited to:

- Distribution of a supplemental food packages for children ages 0-5 to accompany existing food box distribution to families of children ages 0-5;
- Bulk purchases of food products or products such as diapers that can be distributed to families through existing distribution efforts, such as provision of emergency food boxes;
- Expansion of voucher programs that enable families with children ages 0-5 to purchase nutritious food;
- Distribution of infant boxes containing formula, diapers, infant food, or other such commodities to families with young children.

Applications proposing other strategies supporting the provision of food to children ages 0-5 and their families facing food insecurity are also welcome. However, applicants will be required to describe how they could ensure funding would serve the target population of children ages 0-5. Some providers, such as those who operate dining halls, may find it challenging to identify how they can ensure that the target population is served.

The purpose of this funding is to address the immediate and emergency need for food faced by families with children ages 0-5. While First Things First funding may, at some later time, support strategies such as expansion of summer food programs or community gardens, this funding will not be used to support programs that do not address emergent food needs. This funding will also not be used to start new food programs, or address capital or other infrastructure needs that exist.

While WIC and Food Stamps are two other strategies that address hunger among the target population, these resources will not be used to support these programs directly. (Example: we

will not accommodate caseload growth for WIC through this strategy.) It is recognized that WIC and Food Stamps are the responsibility of the federal and state governments. In addition, it is recognized that increased funding for WIC and Food Stamps has been included in the federal stimulus package. However, we WILL consider strategies that work in tandem with the Food Stamps and WIC programs. For example, we would entertain applications to provide supplemental food boxes through WIC providers.

The purchase of non-food related items typically included in food boxes for families of children ages 0-5 will also be considered. This includes the purchase of diapers, diaper ointment, diaper wipes, and baby formula.

First Things First wishes to encourage healthy eating among families. Applicants are encouraged to identify the types and quantities of nutritious foods that would be purchased or included in food distribution efforts as a result of FTF funding. Applicants are encouraged to refer to new WIC food package (see www.azdhs.gov/azwic/documents/FFY2010FinalFoodList.pdf) for listings of foods deemed nutritious for children in this age group. Applicants should also identify and address any unique nutritional needs among families living in the region where services are proposed to be delivered.

Applicants proposing purchase of perishable foods should ensure that foods are stored and or distributed in a timely manner to ensure food safety and minimize food waste.

First Things First funding cannot be used to supplant other funding. A.R.S. §8-1183 provides for a prohibition on supplanting of state funds by First Things First expenditures, meaning that no FTF monies expended are to be used to take the place of any existing state or federal funding for early childhood development and health programs. In addition, potential Applicants from tribal communities should be apprised that allocations from the state may cause a reduction in federal monies (Food Distribution Program on Indian Reservation monies).

The intent of these monies is to purchase food and related commodities that will be distributed to families of children ages 0-5. Proposals will not be considered where administrative costs exceed 10 percent.

Contracts with awarded organizations may go through June 15, 2010. Contract duration will be based on local considerations, the amount of money available (including regional monies added), and discussions with local providers on implementation considerations.

The La Paz/Mohave Regional Partnership Council will award a minimum of \$16,392 for the purpose of implementing this food insecurity strategy in La Paz and Mohave Counties. It is

anticipated that this amount will fund multiple awards. The Regional Council may also choose to allocate additional funds for implementation of this strategy. The Regional Council will review applications received for its region, and make decisions on how dollars will be allocated locally.

The Regional Council will make decisions on how monies are allocated based on the following factors:

- Experience and capacity to address the hunger of children ages 0-5 in the region.
- Geographic location and reach of current services. (To ensure equitable distribution of providers across the region.)
- Ability of the proposed strategy to meet the nutritional needs or basic needs of children ages 0-5 and their families.
- Type of service provider. (To ensure that funding is spread across a variety of types of service providers – faith-based, non-profit, etc.)
- System-building potential. The ability of the potential applicant to link families to other systems (example: referrals to WIC, Food Stamps) or provides educational materials related to FTF goals (examples: nutrition or literacy information) as part of this process.
- Efficacy and cost effectiveness of the proposed strategy.

Applicants who become successful grantees will be required to monitor and report the provision of food units or other materials to families of children ages 0-5. Performance measures and reporting requirements will be developed and agreed upon between FTF and Applicant during the contracting process.

3/17/2009

First Things First

Child Care Scholarships Scope of Work

The current economic crisis has resulted in a confluence of factors that, combined, threaten the infrastructure of the early care and education industry which supports working families and provides a safe and nurturing environment for young children. Without access to child care, working families are forced to make devastating decisions about whether to quit their jobs or leave children in the care of older siblings or other settings ill-equipped to meet the developmental and safety needs of Arizona's youngest children.

The First Things First Board approved an emergency early childhood response plan at its February 23, 2009 meeting which included providing child care scholarships to help keep families working, help parents find work or support parents seeking new job skills to attain or maintain employment. The scholarships will help support families so parents can continue to work and have safe and dependable child care for their children. This in turn benefits employers by reducing employee absenteeism due to not having child care.

The La Paz/Mohave Regional Partnership Council may expand the number of child care scholarships provided in the region to families whose household income falls at or below 200% of the 2009 Federal Poverty Guidelines (See Appendix A). The La Paz/Mohave Region has a total of 61 child care providers licensed by the Department of Economic Security (DES) and 69 providers licensed by the Department of Health Services (DHS). These include both center and home-based providers. The Regional Council is seeking organizations that have expertise and capacity to work with these regulated child care providers to administer child care scholarships in the region in response to this Request for Information.

Child care is often a significant expense for families. Parents sometimes choose lower quality child care because of the expense of higher quality care. Child care scholarships work to stabilize families who are experiencing financial stress due to the economic downturn, whether they are working families, families looking for work, or families seeking new job skills to attain or maintain employment. Scholarships also work to ensure that children have continuity of care in a safe, nurturing environment while their parents are engaged in work and related activities.

There are factors critical to the success of this strategy that must be demonstrated by the organization. These factors include:

1. **Regional Reach:** The scholarships will be administered through qualified child care providers, including centers and homes, in every community across the region. It is critical, therefore, that an organization has the ability to work with providers throughout the region.
2. **Capacity and Urgency:** Organizations must demonstrate both the capacity and ability to implement the program immediately. Organizations must have the business capacity to recruit providers, both homes and centers, develop individual binding agreements with providers, issue a federal form 1099 to each provider and require documentation of all information related to

family eligibility, provider reporting, scholarship amounts, and reimbursement requests. In addition, organizations are required to assure accountability through mechanisms such as random record audits.

3. Experience: Organizations should demonstrate sufficient experience in funding community-based providers by varying types and sizes including small and group home family providers, nonprofit providers, for profit providers, and other child care providers.
4. Service Numbers: For budgeting purposes, an average cost of care was used to calculate the monthly cost of each scholarship.

Type of Care	Per Month Scholarship for Full Day Enrolled Children (more than 4 hours per day)	Per Month Scholarship for Part Day Enrolled Children (4 hours or less per day)
Infant / Toddler (birth – 35 months)	\$678	\$339
Preschool (36 months – 5 years or kindergarten entry)	\$550	\$275
Family Child Care	\$391	\$195

Implementation

Provider Participation: Successful implementation of the child care scholarship program will include the need to quickly and strategically recruit centers and homes to participate. First Things First has identified provider eligibility for participation in the emergency response to include:

- a. Provider is regulated by DES, DHS, or if applicable, an Arizona Tribal Government, the Federal Government, or Military regulating body and is in good standing with the regulating body or bodies, as defined by First Things First, and
- b. Provider is accredited by one of the State of Arizona Board of Education approved accrediting bodies or by one of the bodies accepted by the Arizona Department of Economic Security to receive an enhanced reimbursement rate (American Montessori International; National Association for the Education of Young children; The National Early Childhood Program Accreditation Commission; Association for Christian Schools International; American Montessori Society; National Accreditation Commission for Early Care and Education. For home-based child care: National Family Child Care Association; Council for Professional Development), or
- c. Provider is participating in Quality First or has applied for Quality First.

- d. In all cases, provider serves children in families earning 200% of Federal Poverty Level or less that are not eligible for and receiving for a DES child care subsidy. Due to the temporary nature of this program, families eligible for a DES subsidy but placed on a waiting list are urged to remain on the waiting list and accept a DES subsidy if one is available to them.

In addition to meeting the eligibility criteria, selection for provider participation will be based on the following priorities, in order of appearance:

1. Geographic representation throughout each regional council area (the location of the provider, not the location of the families receiving scholarships);
2. Centers and homes that offer full-day, full-week, year-round services to meet the needs of working parents, and
3. Centers and homes that serve infants and toddlers.

Accountability and Documentation: Successful implementation of the child care scholarship program will necessitate a high level of accountability and documentation.

1. Copies and documentation of family eligibility for scholarships is required and must be maintained at the provider level. Documentation must include any of the following: current pay stubs, written statement from employer, documentation of current receipt of public assistance such as KidsCare, Food Stamps, Free and Reduced Lunch Program, etc. If unemployed, a letter from previous employer whenever possible is required. For those who are self employed, the most recent Individual Income Tax Form 1040, Form 1099, or W-2 forms are required.
2. Scholarship Selection Process: Whenever possible, priority will be given to families who have experienced a decrease in income, job loss, or loss of other employment supports and who have a child or children from birth to age 5 who are in need of full-time care (not enrolled in kindergarten).
3. Number of slots funded per provider:
 - a. Child Care Homes shall not exceed 1 slot per home.
 - b. Small Centers (enrollment up to 50 children at any given time within the past 30 days) shall not exceed 5 slots per center.
 - c. Medium Centers (enrollment of 51 to 150 children at any given time within the past 30 days) shall not exceed 10 slots per center.
 - d. Large Centers (enrollment of 151 or more children at any given time within the past 30 days) shall not exceed 15 slots per center.
 - e. Any exceptions to this policy, including expanding the number of available slots to particular providers, shall be determined in consultation with First Things First and based on the goals of this strategy.

4. Provider must agree to fill all slots and is accountable for 90% enrollment at any given time. When vacancies occur, the provider must immediately fill the slot with an eligible child.
 - a. Each provider must develop and maintain a waiting list to assure that eligible children enter the program as vacancies occur.
 - b. Providers will reimburse the administrative home for all slots not filled for a period exceeding 15 days.
 - c. Unused slots are subject to reassignment to another provider.
 - d. Attendance: In instances of chronic absenteeism by a child, the slot must be considered an enrollment vacancy. Chronic absenteeism is determined to be absence of more than 8 days in any month (part-time or full-time).
 - i. If the absences are due to a physician documented illness or condition, no special action is required.
 - ii. If the absences are the result of an extenuating circumstance, the administrative home will make the determination regarding the slot in keeping with the goals of this strategy.

5. Payment: A provider may at no time be reimbursed for more than their customary rate. In other words, the scholarship amount alone or in combination with a parent copayment cannot exceed the provider's customary rate. Participating providers will need to accept the scholarship and parent contribution as payment in full.
 - a. Scholarships may not be used to replace or supplant other funding sources including, but not limited to, DES, Head Start, EDBG, or other public or private scholarship programs.
 - b. Participating providers must waive all registration and other fees for families receiving scholarships, with the exception of enrichment activities such as music lessons.
 - c. A policy for instances where a participating home or center discontinues business or fails to participate in data submission requirements, proper record keeping or other program requirements must be developed.

6. Copayments: The Child Care Scholarships program will not require a copayment from parents.

Family Participation: The Child Care Scholarship program is available to families earning 200% or less of the 2009 Federal Poverty Guidelines. The maximum number of scholarships available to any family is three. Families will complete a simple application designed specifically for scholarships that includes, at minimum, the following: Name of Parent(s) or legal custodian of child(ren), Name of Child(ren), Age of Child(ren), Address, Telephone Numbers, Income (documentation to be attached), Days and Hours of Activity (e.g. employment, training, etc.), Validation of Citizenship or Legal Residency of Child(ren), and a Signed Declarative Statement as to the truth and accuracy of the information, Signature, Date.

Evaluation: First Things First is committed to evaluation. Clear understanding of the impact of programmatic performance in both short and long term strategies is critical. Any evaluation efforts

should be directly connected to the Goals, Key Measures, and the Performance Measures and should determine the extent to which the program has accomplished the stated goals and key measures, as follows:

Goal Area, Goal and Key Measures

First Things First Goal Area to be addressed:

- Quality and Access

First Things First Goals to be addressed:

- First Things First will increase availability and affordability of early care and education settings.
- First Things First will improve access to quality early care and education programs and settings.

First Things First Key Measures to be addressed:

- Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population 0-5.
- Current cost of early care and education for families as a proportion of the median income for a family of four.

Organizations must agree to participate in the First Things First evaluation and will meet the requirements of the evaluation including, but not limited to, timely and regular reporting and cooperation with all First Things First evaluation activities. Timely and regular reporting of all performance and evaluation data includes the electronic of performance measures and other evaluation data. Performance measure data must be submitted in its raw form (e.g. number of children served/proposed service number = 52 actual children served/50 proposed service number).

The organization must participate in data collection and reporting activities by tracking and reporting to First Things First data pertaining to participant attendance, enrollment, and demographic information, all of which must be maintained in a secure and anonymous manner.

Performance Measures are defined by First Things First to determine the key impacts of the strategies, programs and approaches being implemented. Organizations are required to collect and report data to First Things First on the progress of achieving the Performance Measures. Performance Measures for purposes of the child care scholarships are as follows:

Performance Measures:

- number of providers recruited/strategic target number
- number of providers receiving scholarships/number providers recruited
- number of families receiving scholarships/proposed service number
- number of children receiving scholarships/proposed service number
- Cost to parents/proposed target number
- number of parents reporting satisfaction (minimum questions provided by FTF staff)/strategic target number

Appendix A

The 2009 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family	Poverty guideline
1	\$10,830
2	14,570
3	18,310
4	22,050
5	25,790
6	29,530
7	33,270
8	37,010
For families with more than 8 persons, add \$3,740 for each additional person.	

Note – The Federal Poverty Guideline is equal to 100% FPL.