

FTF STRATEGY TOOLKIT

GOAL AREA: Family Support/Strong Families

FTF Priority: Supports and Services for Families – Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families.

Goal Area Overview:

First Things First will expand families’ access to information, services and resources to support their child’s optimal development by increasing the availability, quality and diversity of resources that support children’s health, safety, emotional well-being, and language and literacy development. As a result, families who need or want assistance can access a continuum of services, support, and resources in their communities across Arizona to increase their competence and confidence as parents to ensure their children enter school healthy and ready to success. These services and supports will be planned, developed, funded, and delivered in a coordinated and culturally appropriate manner that best meets the needs and preferences of families, leverages available resources, and involves families in the program development and implementation.

Strategies	Strategy Workgroup Leads	Policy Staff	Grants and Contracts Specialist
Parent Education Community-Based Training	Family Support Workgroup: Wendy Sabatini and K. Vilay	K. Vilay	
Home Visitation	Family Support Workgroup: Wendy Sabatini and K. Vilay	K. Vilay	
Family Support – Children with Special Needs	Early Identification/Special Needs Allison Landy and Shari Elkins	Allison Landy	
Food Security	Family Support Workgroup: Wendy Sabatini and K. Vilay	K. Vilay	
Family Resource Centers	Family Support Workgroup: Wendy Sabatini and K. Vilay	K. Vilay	
Community-based Literacy	Family Support Workgroup: Wendy Sabatini and K. Vilay	K. Vilay	
Reach Out and Read	Family Support Workgroup: Wendy Sabatini and K. Vilay	K. Vilay	Chris Cramer
Native Language Enrichment	Family Support Workgroup: Wendy Sabatini and K. Vilay	K. Vilay	

Policy Specialist: K. Vilay

GOAL AREA: FAMILY SUPPORT

STRATEGY NAME: PARENT EDUCATION COMMUNITY BASED TRAINING

<p>GOAL:</p> <ul style="list-style-type: none"> • FTF will coordinate 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. • FTF will increase the availability, quality, and diversity of relevant resources that support language and literacy development for young children and their families. 			
STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	COST
<p>For those families who do not qualify or choose to participate in a home visitation program, community-based family education programs serve as another opportunity for Arizona’s parents and families to access education, information and resources. Community based parent education should be offered at times and locations convenient to families of young children. Using a family-centered and strengths-based approach these programs should offer families a series of classes that provide information and support in each of the core areas: child development, parenting skills, and resource and referral. Ideally, a parent education curriculum that has an evidence base and a proven track record with the target population is utilized.</p> <p>Successful family education programs facilitate the acquisition of parenting and problem-solving skills necessary to build a healthy family. Effective parenting education develops parent-child nurturing and attachment to support children’s social-emotional</p>	<p>Little evidence exists on the effectiveness or impact of community based training for parent-family education. However, research does indicate that programs who involve both parents and children demonstrate a positive impact upon outcomes.</p> <p>The critical element in any parent education program is that parents and families have opportunities to practice newly learned skills with support from parent educators.</p> <p>Some parenting curriculum is more effective with specific target populations and should be researched thoroughly before selection.</p>	<p><u>Capacity for Expansion</u> Consider expansion of existing community based family education programs to include early childhood development and health topics including parenting skills for families of infants, toddlers and preschoolers. Programs must identify curricula which is evidence-based with plans for implementation for of a birth through five program.</p> <p><u>Links to Other Strategies</u> This strategy should be implemented in coordination with other family support strategies such as home visitation and/or resource center strategies to ensure optimal programming for each family. FTF funded programs should also support families to use their Arizona Parent Kit, or access the Birth to Five Helpline. Programs should refer families to other FTF or other community resources as a regular part of the curriculum and services.</p>	<p>Costs will vary depending upon program approach: adult-only or adult and child sessions, frequency and duration of each series and class session. Estimates include a range from \$500 to \$2000 per family on an annual basis.</p> <p>Costs may include:</p> <ul style="list-style-type: none"> Staff Staff Training Outreach and Promotion Curriculum Program Supplies and Materials Incentives. Transportation Child Care Space

<p>development, knowledge of parenting and of child development, parental resilience, and social connections and awareness of support mechanisms available for parents.</p> <p>Family participation in community-based family education services is voluntary and must be provided free of charge to the family.</p>		<p><u>Timeline for Implementation</u> Establishing a new program may take 3 to 6 months prior to enrollment of families due to staff recruitment, training, material development and availability, marketing/ outreach and securing of space/ locations for family education sessions.</p> <p><u>System-building Issues and Recommended Saturation Level</u> Community based parent education can be a part of a system of family support in a local regional/ community area, especially to provide information to families who may not access or participate in home visitation programs. Many councils build or expand community based parent education into existing resource centers as many families already access other support and services through established resource centers. An ongoing series of classes for parents should take preference over one-shot workshops.</p>	
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Policy Specialist – K Vilay

Parent Education Community-Based Training

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

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

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

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

Definitions:

Unit of Service and related Target Service Number

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

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

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

For **Parent Education Community-Based Training**, the units of service are:

Total number of adults attending education sessions

Performance Measures

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

For **Parent Education Community-Based Training**, performance measures are:

Total number of adults attending education sessions/proposed service number

Total number of children attending education sessions /proposed service number

Total number of families receiving referrals for community based services/ target service number

Total number of education sessions offered/proposed service number

Data Reporting Templates

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

For **Parent Education Community-Based Training**, the data reporting template is:



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The right system for bright futures

Community Based Training Evaluation Report

Evaluation Report - Microsoft Internet Explorer provided by Arizona First Things First

http://ftf/extranet/apps/pgms/pages/EvaluationReportMain.aspx?ID=1&StrategyId=8&EvalReqId=38&EvaluationId=0&rpc=VixyKGP69D4=&DueDate=7P/vjRS+ReCp3ynsNKoVM3Fd41dM0pR&Report

File Edit View Favorites Tools Help

bing News Entertainment Video Sports Money Autos Lifestyle Health A-List Windows Live

PGMS Evaluation Report

Contract Summary **pgms** partner grant management system **Evaluation Report**

CONTRACT DATES
4/1/2009 TO 6/30/2010

First Things First, Sample for Production
Address: 4000 North Central Avenue, Suite 800 Phoenix, AZ 85012
Contract ID: IGA-MULTI-12-0005-01

Save Changes Save and Continue Cancel Changes Exit To My Contracts

[View Reporting Instructions and FAQ](#)

General Information

User Completing Report AZFTF\zeval

Reporting Period Month Year
5 2009

Regional Partnership Council Pinal

Status In Progress

Date Completed

Training Sessions

Session Date	Name	Topic
No Training Sessions have been defined		
Add new row		

* Required field.

Save Changes Save and Continue Cancel Changes Exit To My Contracts

Local intranet 100%

***Name:**

***Topic:**

- | | |
|--|--|
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Native Language and Culture |
| <input type="checkbox"/> Parenting Skills | <input type="checkbox"/> Culturally Responsive Practices |
| <input type="checkbox"/> Health Support | <input type="checkbox"/> Community Resources |
| <input type="checkbox"/> Safety | <input type="checkbox"/> Support Group |
| <input type="checkbox"/> Early Language and Literacy | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Socioemotional | |

***Number of Trainers:**

***Qualifications of Trainers:**

***Description:**

Session Format:

Session Duration:

Session Venue:

***Session Date:**

[Open the calendar popup.](#)

<<< September 2009 >>>

S	M	T	W	T	F	S
36	30	31	1	2	3	4
5	37	6	7	8	9	10
11	12	38	13	14	15	16
17	18	19	39	20	21	22
23	24	25	26	40	27	28
29	30	1	2	3	41	4
5	6	7	8	9	10	

Location: ***City:**
:
***Zip:**

Target Audience:

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***Adults Enrolled:**

***Adults Attending:**

***Children Enrolled:**

***Children Attending:**

***Number of families receiving referrals to community services:**

***Number of families referred who report receiving services from referral:**

***Number of children receiving referrals to community services:**

***Number of children referred who report receiving services from referral:**

Required - If none, enter 0

*** Required Field**

Data Reporting Instructions

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

For **Parent Education Community-Based Training**, the data reporting instructions are:

INFORMATION

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

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

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

OVERVIEW

- For each reporting period, enter all data for all Regional Partnership Council areas served into the First Things First web-based evaluation report. Your “Evaluation Report” screen will automatically show you how many reports to submit.
- For each quarter, **data should be tallied for each month of service.**
- Your final data submission for the quarter cannot be completed until you complete all monthly reports.
- When you have completed your data entry (or want to save and return at a later time) click “Save Changes” in the data system.
- If you make an error, and want to change a piece of information, don’t forget to click “Save Changes” for your correction to be saved.
- **Do not forget to change the status of your report from ‘in progress’ to ‘completed’. A COMPLETED status notifies FTF that your data report is ready for review.**

DIRECTIONS FOR DATA ENTRY

To begin data entry click “Add New Row”, this will bring up the data entry page.

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

1. ***Name of Session:** In this data field you will enter name of the training session.
Example: Parenting for Success.

2. ***Topic:** This data field has multiple choice fields for a session topic. You can choose more than one topic. If none of the topics lists applies to the training session you are conducting, please choose **"Other (please specify)"** box and enter (type in) the Topic of your training session in the text box provided under the Other (Please Specify)" option.
3. ***Number of Trainers:** In this data field you will enter the number of trainers who offered training in this specific session.
4. ***Qualification of Trainers:** This data field is a text box. You will enter the range of qualifications your trainers had. Example: Bachelors Degree, Masters Degree, CDA, Community Leader or Parent.
5. ***Description:** In this data field you will enter a brief description about the training session. Example: For the **Session Name:** 'Parenting for Success', the **Description** could be- 'what can parents expect from their child as an infant, toddler, and preschooler'.
6. **Session Format:** This data field is a drop down menu. You can choose either 'face to face' or 'Other' option. If you choose **"Other (please specify)"**- then you need to enter the format of your session in the text box provided under the Other (Please Specify)" option. Example: small group, large group.
7. **Session Duration:** This data field is a drop down menu. You can choose only one choice that best applies for your session.
8. **Session Venue:** This data field is a drop down menu. You can choose either one of the **listed** options or the 'other (please specify)' option. If you choose **"Other (please specify)"**- then you need to enter the venue at which your session took place in the text box provided under the Other (Please Specify)" option. Example: Community center.
9. ***Session Date:** For this data field you will report the date your session took place. You can either enter a date directly into the data field or chose a date from the calendar (icon is next to the box).
10. **Location:** In this data field you will enter the **City's** name at which the session took place and the **Zip code** for the city you entered. Example: City: Scottsdale; Zip- 85259.
11. **Target Audience:** This data field is a drop down menu. You can choose either one of the **listed** options or the 'other (please specify)' option. If you choose **"Other (please specify)"**- then you need to enter the target audience of your session in the text box provided under the Other (Please Specify)" option. Example: Teen mothers.
12. ***Adults Enrolled:** In this data field you will enter the total number of adults (Example: Parents/caregivers) who enrolled into this session. **Note:** All teenagers who are parents are counted as adults and their children are counted in the children enrolled/attending fields.
13. ***Adults Attending:** In this data field you will enter the total number of adults who attended the session. (Example: 15 enrolled but only 10 attended the session, then the number 10 will be entered here.)
14. ***Children Enrolled:** In this data field you will enter the total number of children (0-5) who enrolled in this session. **Note:** All teenagers (<18 years of age) who are parents are counted as adults and their children are counted in the children enrolled/attending fields.

15. ***Children Attending:** In this data field you will enter the total number of children (0-5) who attended the session. (Example: 10 children were enrolled but only 5 attended the session, then the number 5 will be entered here.)
16. ***Number of Families receiving referrals to community services:** In this data field you will enter only the adult(s) in the family who received a referral. (Example: a pregnant teenager who was referred to prenatal services will be counted here as a family.)
17. ***Number of Families referred who report receiving services from referral:** In this data field you will enter the total number of families that reported they received services from their referral. (Example: 10 families such as pregnant teenagers were referred to WIC services and 5 reported back that they are now enrolled in WIC, the number 5 will be entered here.)
18. ***Number of Children receiving referrals to community services:** In this data field you will enter only the child (birth thru 5) who receives a referral. (Example: a 1 year old baby of a teenage parent who was referred to child care will be counted here.)
19. ***Number of children referred who report receiving services from referral:** In this data field you will enter the total number of children, whose parent(s)/guardian reported they received services from their referral. (Example: 7 children were referred to low cost child care and 3 reported back that they are now enrolled in low cost child care, the number 3 will be entered here.)

Frequently Asked Questions

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

For **Parent Education Community-Based Training**, the frequently asked questions are:

In development

GOAL AREA: FAMILY SUPPORT/STRONG FAMILIES

STRATEGY NAME: HOME VISITATION

GOAL: <ul style="list-style-type: none"> • FTF will coordinate 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. • FTF will increase the availability, quality, and diversity of relevant resources that support language and literacy development for young children and their families. 			
STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	COST
<p>Comprehensive Home Visitation programs provide participating families of young children with information and education on parenting, child development and health topics while assisting with connections to other resources or programs as needed. A variety of models exist to address the spectrum of universal needs to targeted or specialized needs of particular populations such as first time parents, teen parents, families at-risk for abuse-neglect, low income families.</p> <p>Home visiting professionals trained in child development and family support make regular, scheduled visits to each family’s home -or other natural environments such as the library. Home visitors meet with the family and their infant, toddler or preschooler or with a family expecting a child, to answer questions, provide information and resources, assist parents in their parenting or assist in early detection of any developmental problems in the young child.</p>	<p>Research indicates that home visiting program models 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.</p> <p>Specific outcomes and impact of each home</p>	<p><u>Administrative Home Infrastructure</u> Home Visitation RFGA applicants should include narrative and budget information specific to the activities, responsibilities and related costs to maintain a program’s affiliation, accreditation and/or certification. It is the responsibility of the grantee to maintain model fidelity and standing with the administrative home.</p> <p><u>Timeline for Implementation</u> When establishing a home visitation program new to a region, it can take several months (3 to 6 or more) to ramp up prior to family enrollment and service provision beginning. Activities and timelines and initial costs/ budgeting should be clearly defined in an RFGA application including recruitment of staff, initial training, forms, case management system, data collection and reporting system, etc.</p> <p><u>Capacity for Expansion and Multi-Year Commitment</u> Prior to the release of an RFGA, needs and assets and other reports should inform each council to the existence and availability of home visitation</p>	<p>Costs vary per program model – typically based upon frequency and duration of visits – and must include model affiliation, accreditation and/or certification costs.</p> <p>Cost per family annually can range from \$3,000 to \$10,000.</p> <p>If serving families at a frequency of one time per week, the average caseload per home visitor is about 20 families.</p>

<p>Family participation in a home visitation program is voluntary, with no fee for service to families. A family-centered approach is utilized with consideration for each child’s present level of development, parent/families knowledge and understanding of child development, current parenting practices, daily routines and interactions, or other information/ instructional needs. A minimum of 3 to 4 home visits annually through a low intensity program model serving families with no or low risk factors should be delivered through a comprehensive program. The greater the needs and risk levels of the family, the greater the frequency and duration of home visits. Some home visitation models provide for weekly home visits, and include parent-child playgroups.</p> <p>National program models such as Nurse Family Partnership, Parents As Teachers and Healthy Families have established administrative homes and must maintain model fidelity. This may include participation in training and evaluation activities mandated by the model.</p>	<p>visitation program is based upon the target population and the program designed to serve that target population.</p> <p>Research suggests that a minimum of 3 to 4 home visits for a non-intensive program model will have some impact upon parent knowledge and awareness.</p>	<p>programs in the region. If possible, information and data on a programs’ capacity to expand service provision should be gathered and reviewed. In RFGA applications, the target number of families to be served (existing or newly enrolled), number of existing or new staff needed should be identified, training and program materials needed with estimated costs related to expansion activities. Funding commitments for home visitation should be considered for multi-year investments.</p> <p><u>Links to Other Strategies and System-Building</u> Home Visitors should support families to ask for a kit upon discharge from the hospital with their newborns and to use their FTF Arizona Parent Kit. They should also inform families of the availability of the Birth to Five Helpline and provide the toll-free number.</p> <p>It will also be important for home visitors to be aware of and refer to FTF funded and other community resources such as quality child care, QFI centers and homes, pre-k options, parenting support groups or classes, food assistance, libraries.</p> <p><u>Saturation</u> Depends upon the population of the region and family needs and the program model to be implemented. Socio-economic dynamics unique to each regional area must be considered.</p> <p><u>Target Population</u> Consideration should be given to the age group to receive services. The FTF Home Visitation document recommends home visitation for the birth to age 3 age range.</p>	
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FIRST THINGS FIRST

Home Visitation

Standards of Practice

Home visitation programs deliver education, information and support to families where they are - in their homes. Through stand-alone programs or in partnership with center-based services, voluntary home visitation programs educate families and bring them up-to-date information about health, child development and school readiness, and connect them to critical services. Home visitation is a bridge that links the resources of the community with the safety of the home environment, empowering even hard-to reach parents to build a better future for themselves and their children.

A variety of home visitation program models exist and differ in many technical aspects, such as the target population, the experience and credentials of the home visitor, the duration and intensity of the visits, and the end goal or focus of the intervention. Yet, the common ground that unites home visitation program models is the importance placed on infant and child development. Parents play a pivotal role in shaping their children's lives and often the best way to reach families with young children is by bringing services to their front door.

While each First Things First funded home visitation program may be uniquely designed, they all have a valuable role to play in meeting the complex needs of families and communities across the State of Arizona. First Things First focuses on programs and services that provide children with the best opportunities for school and life success. Funding decisions are based upon a robust process of review to ensure programs are supported by research, value the family, use approaches considered to be best practice and are responsive to the specific needs identified in each region. First Things First funded programs shall supplement, not supplant, other state expenditures and federal monies received for early childhood development and health programs.

It is expected that home visitation programs funded by First Things First will be comprehensive for the families they serve and will be offered at no-cost, on a voluntary basis. Programs are also expected to minimize duplication of home visitation services for families. Using a family-centered and strengths-based approach, these programs will also:

- Engage families in assessment of their strengths and needs particularly around the following areas: parental resilience; social connections; knowledge of parenting and child development; concrete support in times of need; and children's social-emotional development.
- Assist families in the development and implementation of a family service plan, which includes specific goals and objectives based upon assessment findings, and future planning for transition from the home visitation program.

- Ensure children receive developmental screening, preferably during well-child visits at 9, 18 and 24 months of age and every six months thereafter, or at any other time there are concerns about developmental delays, for all of the following developmental domains: motor, cognitive, social-emotional, language and self-help. If the home visitor is conducting the developmental screening, the First Things First Developmental Screening Standards of Practice must be followed.
- Assist families in developing skills related to observing and understanding their child's ongoing growth and developmental progress. Connect families with the most appropriate provider and/or agency when developmental or health related concerns are noted.
- Provide resource and 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 the families to follow through to ensure service delivery, as needed.
- Provide service coordination with other community resources to make an effort to minimize duplication and to ensure that families receive comprehensive services as needed.

Each family must receive information and support in each of the core areas: Parental resilience, social connections, knowledge of parenting and child development, concrete support mechanisms and children's social-emotional development. Information and support should be tailored to the needs of the family, as identified in the family service plan:

- All domains of child development (cognitive, communication, physical, social/emotional, and adaptive), including understanding when to have concerns related to children's development; and
- Appropriate child-adult interactions and development of parenting skills (i.e. physical touch, positive discipline, early language and literacy experiences and verbal and visual communications); and
- Health (e.g. nutrition; obesity; breastfeeding; physical activity; immunizations; oral health; insurance enrollment; participation in consistent medical/dental homes; participation in prenatal care; safety; developmental health; vision and hearing screening); and
- Identify their natural support systems such as peers.

Programs may also help families:

- 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.

Programs will:

1. Provide services to families that are based upon a culture of trust and respect.
 - A. Create a family-centered environment:
 - Home visitors are from the community and have extensive knowledge of community resources.
 - Structure activities compatible with the family's availability and accessibility.
 - Demonstrate genuine interest in and concern for families.
 - B. Clearly define program objectives with the families upon enrollment; understanding what the program will accomplish helps families become fully engaged in program services.
 - C. Create opportunities for formal and informal feedback regarding services delivered and act upon it; ensure that input shapes decision-making.
 - D. Encourage open, honest communication.
 - E. Maintain confidentiality; be respectful of family members and protective of their legal rights.
2. Support the growth and development of all family members; encourage families to be resources for themselves and others.
 - A. Encourage family members to build upon their strengths.
 - B. Reflect the commitment to effectively serve the identified target population with an emphasis on fathers and grandparent caregivers, through publicity/outreach, literature and staff training.
 - C. Help families identify and acknowledge informal networks of support and community resources.
 - D. Create opportunities to enhance parent-child and peer relationships.
3. Affirm, strengthen and promote families' cultural, racial and linguistic identities and enhance their ability to function in a multicultural society.
 - A. Create opportunities for families of different backgrounds to identify areas of common ground and to accept and value differences between them.
 - B. Strengthen parent and staff skills to advocate for themselves within institutions and agencies.
 - C. Hire staff who reflect the cultural and ethnic experiences and language of the families with whom they work and integrate their expertise into the entire program.
 - D. To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members effective, understandable, and respectful care that is provided in a culturally competent manner- a manner compatible with their cultural beliefs and practices and preferred

language. Early childhood practitioners /early childhood service providers should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children.”

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15> ;

<http://www.naeyc.org/positionstatements/linguistic>

4. While ensuring model fidelity, programs are flexible and continually responsive to emerging family and community issues.
 - A. Be accessible for families. Offer extended service hours including weekend/evening hours.
 - B. To ensure quality services, caseload size for each staff person is based upon:
 - How many hours per week the home visitor works; and
 - Family need and intensity of services provided (for example, for families with high risk or multiple risk factors, frequency and intensity of programming can increase to allow for more time to build relationships, modify maladaptive behaviors or attitudes, or practice newly learned parenting skills); and
 - Where each family lives.

For example; 20 families is the maximum caseload for a home visitor working entirely in homes with families assessed as high risk or with multiple risk factors, at one visit per week.
 - C. Engage families as partners to ensure that the program is beneficial. Families have regular input and feedback in programmatic planning to meet their needs.
 - D. Develop a collaborative, coordinated response to community needs.
5. Home visitors receive ongoing staff development/training to ensure program quality and give staff an opportunity to develop professionally.
 - A. Assess home visitors’ skills and abilities. Home visitors must be able to engage families while maintaining professional boundaries.
 - B. Prior to serving families, staff must have professional training or have participated in development opportunities to ensure a level of competency in service delivery.
 - C. Staff will receive training and information regarding mandatory reporting. Arizona law requires home visitation staff who suspect that a child has received a non-accidental injury or has been neglected, to report their concerns to Child Protective Services or local law enforcement (ARS §13-3620.A).

- D. A confidential case file is maintained for each family. This file will include documentation such as contact notes, intake, assessment or screening tools and the service plan. Programs will ensure quality of service provision through regular case file reviews.
 - E. Provide ongoing staff development/training.
 - F. Supervisors should work with home visitation program staff to prepare professional development plans.
6. All First Things First Home Visitation Standards of Practice are modeled in all activities including planning, governance, and administration.
- A. Wages and benefits are adequate for supporting high quality staff.
 - B. The length of employment and experience/education are reflective of high quality staff. Home visitors are required to have a minimum of a Bachelors degree in early childhood development, education, family studies, social work, nursing or a closely related field; unless a specific program model is implemented through lay-persons such as a promotora model of service delivery.
 - C. Establish an effective, consistent supervisory system that provides support for all staff members and ensures accountability to participants, funders, and the community.
 - D. Establish supervision as a collaborative process with mechanisms that support staff in difficult situations and provides ongoing opportunities for discussion between staff members and supervisors to reflect and debrief. Supervision will also include observation. It is important that supervisors spend time with home visitors in the field to have a sense of how the service is being delivered. This will help supervisors and staff to identify coaching and mentoring opportunities.
 - E. All staff work as a team, modeling respectful relationships.
 - F. Build a team of staff who is consistent with program goals and whose top priority is the well-being of families and children.
 - G. Structure governing bodies so that they reflect the diverse constituencies of the community and are knowledgeable about community needs.
 - H. Evaluation and monitoring is a collaborative, ongoing process that includes input from staff, families, program administrators, and community members.
 - 1. Activities, as identified by First Things First, include pre- and post- testing, self-assessment and opportunities for feedback; and
 - 2. Identify outreach, engagement and retention practices; and
 - 3. Programs must demonstrate mechanisms to assess program effectiveness and to implement quality improvements. Programs must participate in data collection and reporting of performance measures to First Things First.

Home Visitation

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

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

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

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

Definitions:

Unit of Service and related Target Service Number

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

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

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

For **Home Visitation**, the units of service are:

Total number of families receiving home visiting services

Performance Measures

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

For **Home Visitation**, performance measures are:

- Total number of families receiving home visiting services/proposed service number**
- Home Visitor caseload /proposed service number
- Family attrition/target service number
- Home visitor attrition/target service number
- Total number of children receiving home visiting services /proposed service number
- Total number of families receiving referrals for health insurance or health coverage enrollment/
target service number
- Total number of families receiving referrals for community based services/ target service
number
- Total number of children receiving developmental screening/target service number
- Total number and percentage of families reported satisfaction with provided home visitation
services/total service number (minimum questions provided by FTF)

Data Reporting Templates

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

For **Home Visitation**, the data reporting template is:



Evaluation Report

CONTRACT DATES

7/1/2010
TO
7/31/2010

TEST PRODUCTION AGENCY (APPS)

Address: Parter Address Agency Details
Test City, AZ 85032

Contract ID: GRA-STATE-10-0218-01

[View Reporting Instructions and FAQ](#)

HOME VISITATION OUTCOMES

GENERAL INFORMATION

User Completing Report AZFTF\mshahi

Reporting Period Month Year
7 2010

Regional Partnership Council State

Status In Progress

Date Completed

Number of families who received referrals to the following agencies

If none, please enter zero

Community Social Service Provider*

Community Support Group*

Dental Provider*

Early Care and Education (Child Care)*

Early Intervention/Therapy (e.g., Arizona Early Intervention Program, Division of Developmental Disabilities, Special Education Pre-schools, Physical/speech)*

Education – School District (for children)*

Education – Parent (e.g. GED, College)*

Faith Community*

Family Planning*

Financial (Emergency utility/Rent/Food assistance/
Earned income tax credit/Temporary Assistance for
Needy Families, Child Care Subsidy)*

Health Insurance (public or private)*

Hospital*

Housing Support (e.g., Shelter Services)*

Job Development/Placement*

Legal (e.g., Child Support Enforcement, Child Custody)*

Mental Health Counseling*

Nutrition (e.g., WIC- Women Infant Children, Food Boxes, Food Stamps)*

Primary Care Physician*

Socialization/Recreation*

Specialized medical*

Transportation*

Native American Indian Center*

Other(Please Specify)

Health Insurance Enrollment Assistance:

Please indicate the number of families that you serve that are uninsured or underinsured and those who received enrollment assistance to obtain insurance.

If none, please enter zero

Number of families served who are not covered by private insurance, AHCCCS, Indian Health Services, or Kids Care*

Number of families served who report they are underinsured*

Number of families served who report lack of insurance or underinsurance who received enrollment assistance to obtain insurance*

Home Visitation Program Satisfaction Survey

Did you administer a Home Visitation Program Satisfaction Survey during this reporting period?* Yes No

If yes, please provide the follow data.
If none, please enter zero

Number of participant Satisfaction Surveys Administered

Number of participant Satisfaction Surveys Completed

For each question, enter the total number of respondents who selected A, B, C or D.

	Strongly Agree [A]	Agree [B]	Disagree [C]	Strongly Disagree [D]
Finding and receiving services was easy.				
Program services were scheduled at convenient times.				
The program fit my family's beliefs, culture, and values.				
My family's experience with the program was very good.				
The program provided the help and services my family and I needed .				
I received high quality services from my home visitor.				
I felt comfortable discussing my concerns with my home visitor.				
The program staff listened to my concerns and acted on them.				
My home visitor did a good job explaining things to me.				
I am satisfied with the information I received.				
As a result of the program, I can support my children better.				
I would recommend this program to others.				

Home Visitation

Data Reporting Instructions

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

For **Home Visitation Implementation**, the data reporting instructions are:

INFORMATION

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

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

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

OVERVIEW

- For each reporting period, enter all data for all Regional Partnership Council areas served into the First Things First web-based evaluation report. Your “Evaluation Report” screen will automatically show you how many reports to submit.
- For each quarter, **data should be tallied for each month of service.**
- Your final data submission for the quarter cannot be completed until you complete all monthly reports.
- When you have completed your data entry (or want to save and return at a later time) click “Save Changes” in the data system.
- If you make an error, and want to change a piece of information, don’t forget to click “Save Changes” for your correction to be saved.
- **Do not forget to change the status of your report from ‘in progress’ to ‘completed’. A COMPLETED status notifies FTF that your data report is ready for review.**

DIRECTIONS FOR DATA ENTRY

1. Summary of Families Served

Enter totals for the reporting period (by month): Summary of families served (caseloads)

- a. The first data entry box is the total number of families being served at the beginning of month (carryover from previous month)
- b. The next box is the total number of newly enrolled families during that month.
- c. Next is the total number of disenrolled families during that month.
- d. **Number of families served this month:** this field is calculated by the data system and should be the same as your total number of families being served (caseload) at the end of the month (a+b-c).
- e. **Number of families receiving services during the month:** this field is also calculated by the data system it is the total number of families that received services during the month (including those who disenrolled during that period [a+b]).

2. Family Disenrollment Reasons

Enter totals for the reporting period (by month): Reasons for family **disenrollment**

- a. The first data entry box is the total number of families that completed the program per the model.
- b. The next box is the total number of families that transitioned to other programs.
- c. Next is the total number of families that discontinued services.
- d. Next is the total number of families that moved.
- e. Next is the total number of families that disenrolled for other/unknown reason.
- f. **Total family disenrolled:** this field is calculated by the data system and should be the same as your total number of families disenrolled.

3. New children enrollment by age

- a. In the first data entry box enter the total number of newly enrolled children birth through 12 months old enrolled during the reporting period.
- b. In the remaining boxes, enter the total number of newly enrolled children enrolled who were birth through 12 months, 13 months through 24 months, etc, respectively.
- c. **Total number of newly enrolled children this month:** this field is calculated by the data system and should be the same as your total number of newly enrolled children enrolled at all eligible ages (0 through 5 years of age or 72 months).

4. Total children served by age at end of month (includes continuing and newly enrolled)

- a. In the first data entry box enter the **total** number of children served/enrolled birth through 12 months old enrolled during the reporting period.
 - b. In the remaining boxes, enter the **total** number of children served/enrolled who were birth through 12 months, 13 months through 24 months etc., respectively.
 - c. **Total number of children served this month:** this field is calculated by the data system and should be the same as your **total** number of children served/enrolled at all eligible ages (0 through 5 years of age or 72 months).
5. *Ethnicity of New children 0-5 (Only applies to newly enrolled children)*
- Note:** Please use Parent report of race/ethnicity from enrollment/intake form to determine race/ethnicity of children.
- a. In the first data entry box enter the total number of newly enrolled children of African American or Black heritage served/enrolled during the reporting period.
 - b. In the remaining boxes, enter the total number of newly enrolled children of American Indian or Alaska Native, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White, Asian, Multi-ethnic (two or more races), or unknown race or ethnicity, respectively.
 - c. **Total number of Newly enrolled children by Ethnicity:** this field is calculated by the data system and should be the same as your total number of newly enrolled children enrolled at all eligible ages (0 through 5 years of age or 72 months).
6. *Developmental Screening*
- Note:** Screening for developmental delays should be completed within 30 days of the required ages. A child is deemed to be eligible in that month if it is feasible to do the screening in that month. For instance a child that turns nine months in the last week of the month would be consider eligible the following month as that is the first scheduled visit after reaching nine months.
- a. In the first data entry box enter the total number of children –nine months of age --that were eligible for screening in the reporting month (as determined by age).
 - b. In the data entry box below the nine month eligibility box, enter the number of eligible children (nine months of age) that received screening in the reporting month.
 - c. In the data box below the nine month receiving eligibility box, enter the number of children who received screening and for whom a delay was identified (based on the standardized screening tool).
- Note:** This total is the number of children whose assessment scores indicate a delay, rather than those that are eligible for specific services or programs.
- d. Repeat steps a, b, and c above for children ages 18 months and 24 months.

- e. In the column labeled “other” indicate the number of children who received screening and were identified with a delay at ages other than 9, 18, or 24 months.
- f. **Total number of children eligible, screened and identified with possible delay:** The “total” columns are calculated by the data system and should be the same as your total number of children who were eligible for screenings, who received screening and who were identified with a delay, respectively.

Note: Screening at 9, 18, and 24 months is recommended by the American Academy of Pediatrics and aligns with the standards of practice for home visiting identified by First Things First.

7. Staffing Summary (both Home Visitors and FTE’s must be filled out)

- a. In the first data entry box enter the total number of Home Visitors employed at the beginning of the month.
- b. In the next box enter the total **FTEs** for home visitors employed at the beginning of the month. *Full Time Equivalent (FTE) for example, If you have 5 behavioral specialist staff spending half their time working through FTF funds, they would be recorded as 2.5 FTEs.
- c. In the next box enter the total number of Home Visitors hired during the month.
- d. In the next box enter the total **FTEs** for home visitors hired during the month.
- e. In the next box enter the total number of Home Visitors leaving employment during the month.
- f. In the next box enter the total **FTEs** of Home Visitors leaving employment during the month.
- g. **Total home visitor at the end of the month:** this field is calculated by the data system and should be the same as your total number of home visitors (a+c-e).
- h. **Total FTE at the end of the month:** this field is calculated by the data system and should be the same as your total number of FTEs (b+d-f).
- i. **Average home visitor caseload:** this field is calculated by the data system and should be the same as your average caseload per home visitor.
- j. **Average FTE caseload:** this field is calculated by the data system and should be the same as your average caseload per home visitor FTE.
- k. Total number of HV staff meeting minimum requirement: is the total number of Home Visitors meeting minimum education requirements and should match either total number of persons or FTE’s.

Note: Minimum education requirements are prescribed by the First Things First standards of practice, the First Things First scope of work and your contract for home visiting services.

8. Families Served per Zip Code per month

Note: For assistance in entering your data electronically, refer to “User Guide for Data Entry: Home Visitation Data Collection Form”.

- a. The First Things First data system will provide a drop-down of the zip codes within the Regional Partnership Council area(s) you are serving.
- b. In the first column of data boxes, for each zip code in which you served families, enter the total number of families served at the beginning of the month.
- c. In the next column of data boxes, enter for each zip code in which you served families, the total number of families enrolled during the reporting month.
- d. In the next column of data boxes, enter for each zip code in which you served families, the total number of families that have disenrolled services during the reporting month.
- e. **Number of families served at the end of the month:** this data field is calculated by the data system and should be the same as your total number of families being served (caseload) at the end of the month, for each zip code.
- f. **Number of families receiving services during the month:** this field is also calculated by the data system it is the total number of families that received services during the month (including those who disenrolled during that month), for each zip code.

For **Home Visitation Outcomes**, the data reporting instructions are:

DIRECTIONS FOR DATA ENTRY

Number of families who received referrals to the following agencies: In the data entry boxes enter the number of families who received referrals to the following agencies.

Agency	Number of families who received referrals at the agency
<i>Community Social Service Provider</i>	
<i>Community Support Group</i>	
<i>Dental Provider</i>	
<i>Early Care and Education (Child Care)</i>	
<i>Early Intervention/Therapy (e.g., Arizona Early Intervention Program, Division of Developmental Disabilities, Special Education Pre-schools, Physical/speech)</i>	
<i>Education – School District (for children)</i>	
<i>Education – Parent (e.g. GED, College)</i>	
<i>Faith Community</i>	
<i>Family Planning</i>	
<i>Financial (Emergency utility/Rent/Food assistance/ Earned income tax</i>	

<i>credit/Temporary Assistance for Needy Families, Child Care Subsidy)</i>	
<i>Health Insurance (public or private)</i>	
<i>Hospital</i>	
<i>Housing Support (e.g., Shelter Services)</i>	
<i>Job Development/Placement</i>	
<i>Legal (e.g., Child Support Enforcement, Child Custody)</i>	
<i>Mental Health Counseling</i>	
<i>Nutrition (e.g., WIC- Women Infant Children, Food Boxes, Food Stamps)</i>	
<i>Primary Care Physician</i>	
<i>Socialization/Recreation</i>	
<i>Specialized medical</i>	
<i>Transportation</i>	
<i>Native American Indian Center</i>	
<i>Other(Please Specify)</i>	

Health Insurance Enrollment Assistance.

Please indicate the number of families that you serve that are uninsured or underinsured and those who received enrollment assistance to obtain insurance.

***Number of families served who are not covered by private insurance, AHCCCS, Indian Health Services, or Kids Care:** In this data field you will enter the number of families who are not covered by private insurance, AHCCCS, Indian Health Service, or Kids Care.

***Number of families served who report they are underinsured:** In this data field you will enter the number of families who report they are underinsured.

***Number of families served who report lack of insurance or underinsurance who received enrollment assistance to obtain insurance:** In this data field you will enter in the number of families served who report a lack of insurance or underinsurance who received enrolled assistance to obtain insurance.

Home Visitation Program Satisfaction Survey

Did you administer a Home Visitation Program Satisfaction Survey during this reporting period? YES or NO. If yes, please fill out the following:

Number of participant Satisfaction Surveys Administered: In this data field you will enter the number of Satisfaction Surveys that were Administered.

Number of participant Satisfaction Surveys Completed: In this data field you will enter the number of Satisfaction Surveys that were completed.

For each question, enter the total number of respondents who selected A, B, C or D.

	Strongly Agree (A)	Agree (B)	Disagree (C)	Strongly Disagree (D)
Finding and receiving services was easy.				
Program services were scheduled at convenient times.				
The program fit my family's beliefs, culture, and values.				
My family's experience with the program was very good.				
The program provided the help and services my family and I needed .				
I received high quality services from my home visitor.				
I felt comfortable discussing my concerns with my home visitor.				
The program staff listened to my concerns and acted on them.				
My home visitor did a good job explaining things to me.				
I am satisfied with the information I received.				
As a result of the program, I can support my children better.				
I would recommend this program to others.				

Frequently Asked Questions

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

For **Home Visitation**, the frequently asked questions are:

Insert

GOAL AREA: FAMILY SUPPORT

STRATEGY NAME: CHILDREN WITH SPECIAL NEEDS – PARENT COACHING

<p>GOAL:</p> <ul style="list-style-type: none"> FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families. 			
STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	COST
<p>This strategy specifically targets children who have been screened and referred for evaluation of eligibility for intervention services (either through AzEIP or their local school district), but who are found not to qualify. Although children who do not qualify for state and/or federally funded specialized services, they can still benefit from enhanced support by their families and caregivers.</p> <p>To assist families in developing knowledge and skills to enhance their abilities to help their children reach their fullest potential, First Things First promotes a Parent Coaching and Support model to provide individualized support in coordination with an interactive parent and child together model of services.</p> <p>The core components of the Parent Coaching and Support Services Model include:</p> <ul style="list-style-type: none"> Individual Visits: Ongoing Child Progress Monitoring and Screening: Parent and Child Interactive Time Networking and Coordination of Services: 	<p>This strategy is a hybrid of the Parents As Teachers home visitation program and Family Literacy education program. Both models have significant evidence of effectiveness in improving families' abilities to support children's development.</p>	<p>Include considerations, such as:</p> <ul style="list-style-type: none"> This model is best utilized where strong developmental screening activities are occurring to provide a foundation for recruiting families into the program. Councils should be aware of the capacity of agencies in their region to implement this strategy, for example: Grantees must have strong understanding of the referral systems in the community; Grantees are best prepared to implement this strategy if they have an understanding of routines based interviewing and other ways to support families in their understanding of children's development. This strategy is not yet implemented in any region, but is funded in Yuma and White Mountain Apache Tribe. 	<p>Based on the Parents as Teachers Model: Unit costs vary depending on service intensity, but at a minimum, require 2500/family for service delivery.</p> <p>Also consider:</p> <ul style="list-style-type: none"> travel expenses for highly rural communities, salary for program personnel responsible for data collection and entry. Rental fees may need to be considered for parent meeting locations due to the interactive nature of parent groups Other start up costs such as staff training, parenting materials, children's materials.

STANDARDS OF PRACTICE

Children with Special Needs - Parent Coaching

I. Description of Strategy

Often times when a family has a concern about their child's development they share that concern with the child's health care, child care provider, or school program. Children may then be screened to determine if a further assessment of development is necessary. Evaluation of a child's development by an Arizona Early Intervention Program (AzEIP) provider, a local school district, or other professional, may or may not lead to a determination that the child qualifies to receive state supported intervention services. Reasons vary from the child only demonstrating mild delays in development to misperceptions of what children can do at a particular age. Although children who fall into these categories do not qualify to receive specialized services through state and federal funding, they can still benefit from enhanced support by their families and caregivers.

To assist families in developing knowledge and skills to enhance their abilities to help their children reach their fullest potential, First Things First promotes a Parent Coaching and Support model to provide individualized support in coordination with an interactive parent and child together model of services.

Evidence of effective programs that focus on parenting skills identifies four core components of an effective parent education logic model (Parents as Teachers National Center, Inc., www.parentsasteachers.org). These fundamental, core components of a Parent Coaching and Support Services Model include:

1. Individual Visits¹: Visits may be conducted in the home or other locations where the family typically frequents and feels most comfortable. Personalized activities center on children's specific needs and family strengths for supporting children's on target development;
2. Ongoing Child Progress Monitoring and Screening: Families are encouraged to develop skills around recognizing how to observe and understand their child's development. Children may be rescreened after specific time periods have passed and no progress is noted;
3. Parent and Child Interactive Time: Families participate in facilitated group activities where they can interact with their children and enjoy opportunities to be connected with other families with similar concerns;
4. Networking and Coordination of Services: Families are provided with information and support in connecting with additional services, navigating referral systems and accessing community resources to improve their natural, concrete support networks

¹ Although home visits are a component of this strategy, they are not intended to be a comprehensive education program, rather specific to the child developmental needs and the individual needs of the family. Therefore, this SOP document is used in place of any additional home visitation standards of practice.

II. Implementation Standards:

Intensity of Services

Intensity of services may vary dependent on the specific needs of the family. Research has demonstrated a clear connection between program intensity and retention of families. The minimum standards for intensity of services for Parent Coaching are as follows:

- Personal Visits – At minimum, one face to face visit for at least one hour will be conducted each month of service delivery. The number of personal visits should be adjusted for families in need of more intensive services, especially recommended for families that may be more isolated from the community, but may not be less than the required minimum.
- Parent and Child Interactive Time – One parent group activity for a minimum of 2 hours will be conducted each month of service delivery.

Conducting Personal Visits

Individualized, personal visits are the core of the Parent Coaching model. During these visits, the family is gaining greater understanding and confidence in their role as the primary teacher of their child. Supporting the parent-child relationship is key to success.

- Prior to conducting personal visits, the grantee uses a standard form or instrument to conduct an “intake” process. The intake process shall include interview of the family, review of other records if available, and information related to child’s referral and evaluation to demonstrate eligibility for the parent coaching service and to ensure that duplication of services are not conducted. Intake procedures shall also identify both prior and current resources the family is or has attempted to access.
- Personal visits begin with assessment of family needs, the results of which are used to determine
- Parent coaches shall create a family profile to be reviewed regularly with the family to maintain understanding for the family’s routines and ongoing activities.
- Parent coaches implement a structured, research-based curriculum that promotes proven parenting practices that foster children’s development.
- Design activities to be conducted during personal visits that are specifically designed around the child’s current levels of development and health and ensure that activities are tailored to the individual needs of each family
- Families are fully engaged and are clear partners in the process of monitoring and documenting their child’s progress. Families shall be provided with models for writing observations or noting their child’s development and encouraged to keep records of developmental progress to better understand their child’s growth.
- In addition to the individualized topics and activities, visits will address the following skills:
 - Understanding typical and atypical child development
 - Recognizing age appropriate child expectations
 - Identifying developmental milestones and developmental red flags
 - Using strategies for engaging in learning during daily activities and routines specific to the family’s lifestyle, background and culture.

- Maintaining meaningful parent-child interactions
- Visits will be conducted using a family-centered practice model
 - **Recognition that the family unit is the focus of attention.**
Family-centered practice works with the family as a collective unit, insuring the safety and well-being of family members.
 - **Emphasis on strengthening the capacity of families to function effectively**
The primary purpose of family-centered practice is to strengthen the family's potential for carrying out their responsibilities.
 - **Engagement of families in designing all aspects of the policies, services, and program evaluation.**
Family-centered practitioners partner with families to use their expert knowledge throughout the decision- and goal-making processes and provide individualized, culturally-responsive, and relevant services for each family.
 - **Connection of families with more comprehensive, diverse, and community-based networks of supports and services.**
Family-centered interventions assist in mobilizing resources to maximize communication, shared planning, and collaboration among the several community and/or neighborhood systems that are directly involved in the family.

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

Conducting Parent and Child Interactive Group Meetings

Parent and child interactive time is based on the presumption that “all parents deserve and can benefit from support from other parents, research-based information regarding child development, early opportunities to become involved with community and school, and enriched opportunities with [their] child[ren] (Parents as Teachers National Center, Inc., 2004). The goals of the parent and child interactive group times are to remove family sense of isolation and for families to see themselves as support for one another. Additional goals include to support families in recognizing their role as their children’s primary teacher as well as give parents opportunities to interact with their children in a learning environment.

- Group meetings occur in family friendly locations that allow for structured activities facilitated by the coach that provide information and promote parenting knowledge.
- Group meetings are held on a schedule convenient for the families participating, including holding events in evenings and on weekends.
- Group meetings include time for parents to meet with and support each other.
- Group meetings are used to reinforce learning occurring during personal visits
- Group meetings provide opportunities for children to play and interact with others outside of the family while parent coaches model and facilitate parent learning.
- Group meetings provide families opportunities to learn by attending activities and events in the community

Training and Qualifications Standards

Providing Parent Coaching services requires specific education and skills.

- Parent Coaches have obtained at minimum an associate's degree in a field related to early childhood education, early childhood special education, child and family studies, social work, or adult education.
- Areas of knowledge and competencies demonstrated in:
 - a. Child development
 - b. Early intervention/early childhood special education
 - c. Availability of community resources and how to access them
 - d. Reflective practices
 - e. Child observation and ongoing progress monitoring
 - f. Family protective factors
 - g. Facilitation of group learning
 - h. Adult education
- To address cultural competency objectives, coaches shall ensure that children and families receive effective, understandable, and respectful services that are provided in a culturally competent manner- a manner compatible with their cultural beliefs and practices and preferred language. Coaches should receive ongoing education and training in culturally and linguistically appropriate service delivery. Coaches should develop participatory, collaborative partnerships with families and their communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement in designing and implementing the National Standards on Culturally and Linguistically Appropriate Services.
- Parent coaches receive training and information regarding mandatory reporting. Arizona law requires early care and education staff who suspect that a child has received non-accidental injury or has been neglected, to report their concerns to Child Protective Services or local law enforcement (ARS §13-3620.A).
- Parent coaches will participate in continuing education to remain current and update skills and knowledge to meet the requirements of this scope of work.

Supervision, Quality Assurance and Evaluation Standards

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

III. Service Delivery Activities:

Parent coaching provides families with the supports they need to ensure their children reach their maximum potential through a comprehensive service delivery model. Coaching focuses on building families' understanding of the primary relationship they have with their children. Coaching is directed toward expanding parent skills and knowledge rather than an intervention service to a child. Such a comprehensive model includes the four components of Individual Visits, Monitoring of Children's Progress, Parent and Child Interactive Time, and Networking and Coordination of Services. Each component is devised of the following activities:

1. Individual Visits

- Provide individual coaching to a family in the home setting or other natural setting where a family typically frequents and feels comfortable.
- Build a strong relationship between the coach and family based on respect.
- Include an initial family intake process to determine family and child needs.
- Engage the family in learning about information related to their specific needs as well as the general topics of child development including information on typical and atypical development, age-appropriate expectations, and information on recognizing children's developmental milestones.
- Model, consult, coach parenting practices
- Engage the family in creating a home learning environment, offer ideas for turning daily activities and routines into interactive, relationship-building, learning opportunities.
- Observe the family in parent/caregiver-child interactions.

2. Ongoing Child Progress Monitoring

- Engage the parent/caregiver in conducting ongoing observation of the child's behavior and development across the domains of cognition, language/communication, social-emotional and motor skills.
- Assist the family in understanding the importance of ongoing monitoring of children's progress and development.
- Engage the family in a tangible means to document children's progress and development (e.g. compiling a child portfolio or creating a scrapbook of developmental milestones)
- Discuss with family any ongoing concerns regarding children's development.
- Provide additional screening and/or referral to appropriate health care or educational entities when concerns persist over time.

3. Parent and Child Interactive Group Time

- Facilitate group meetings with families to provide information about parenting skills, child development, child health, adult-child interactions, discussing concerns with professionals and availability of community resources.
- Provide a venue for parents to meet, discuss mutual concerns, support each other, and create parent to parent connections.
- Facilitate interactive learning activities between parents/caregivers and children.

4. Networking and Coordination of Services

- Connect families to fully inclusive community programs, groups, or other opportunities that enrich family and child experiences in settings where children of all abilities are present.
- Provide information and referral supports for medical, mental health, social services, employment etc.
- Assist families in the transition to early intervention, special education or special health care services if a qualifying delay becomes identified.
- Coordinate programming with other service providers also working with the family from other programs or disciplines.

Family Support – Children with Special Needs

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

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

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

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

Definitions:

Unit of Service and related Target Service Number

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

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

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

For **Family Support – Children with Special Needs**, the units of service are:

Total number of families receiving parent coaching and support services

Performance Measures

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

For **Family Support – Children with Special Needs**, performance measures are:

Total number of families receiving parent coaching and support services/proposed service number

Parent coach caseload /proposed service number

Family attrition/target service number

Total number of children receiving support services /proposed service number

Total number of families attending parent and child group activities /proposed service number

Total number of children attending parent and child group activities /proposed service number

Data Reporting Templates

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

For **Family Support – Children with Special Needs**, the data reporting template is:

In Development

Data Reporting Instructions

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

For **Family Support – Children with Special Needs**, the data reporting instructions are:

In Development

Frequently Asked Questions

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

For **Family Support – Children with Special Needs**, the frequently asked questions are:

In development

GOAL AREA: FAMILY SUPPORT

STRATEGY NAME: FOOD SECURITY

GOAL: <ul style="list-style-type: none"> FTF will coordinate 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. 			
STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	COST
<p>Through this strategy, FTF funding can be used to support the distribution of emergency food boxes with a focus on including items and nutritional resources for families with young children. Boxes provide food during an emergency situation. Each box provides a three-day supply of food and serves a family until more permanent assistance is found.</p> <p>Programs which provide food boxes funded through First Things First should work to support families with young children when they lack access to sufficient, safe and nutritious food in order to meet the dietary needs of both young children and parents who care for them. To support families facing food insecurity, and prevent potential long-term negative effects of under-nutrition in young children, the American Academy of Pediatrics has created a general outline of daily feeding schedules for infants, toddlers, and preschoolers. FTF funded food insecurity grantees will follow the AAP guidelines and the other requirements listed in the FTF Standards of Practice.</p>	<p>Scientific evidence suggests that hungry children are less likely to develop into healthy, productive citizens. 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, elevated occurrence of health problems, higher levels of aggression, hyperactivity, and anxiety among impoverished children. Therefore, it is important to support young children and their families in the area of nutrition and healthy eating; especially for those experiencing food insecurity.</p>	<p><u>Capacity for Expansion</u> A variety of food security providers are well-established in both rural and metropolitan areas of the state. If food insecurity is identified as a priority, it is recommended that the Regional Partnership Council identify the existing providers and develop strategies that expand service provision and/or focus on supporting families with infants, toddlers and preschoolers. Food Bank expansion depends on the following variables; a) capacity for storage, and b) the number of available volunteers.</p> <p><u>Timeline for Implementation</u> In most cases, distribution of emergency food boxes can begin almost immediately with established providers if food storage and mechanism for serving families is already established.</p> <p><u>Multi-Year Commitment</u> This is an excellent one-time expenditure to meet immediate needs of families in emergency situations – this does not require a long-term commitment.</p>	<p>Costs vary from provider to provider as some food banks measure in total pounds of food vs. number of food boxes.</p> <p>Approximate cost is \$15 to \$20 for a 3 day emergency food box which includes food for children ages one through five years. If including infant supplements such as diapers, formula and/or pureed foods, the costs may increase from this range.</p>

FIRST THINGS FIRST

Food Security

Standards of Practice

The American Academy of Pediatrics recognizes that proper nutrition begins at the supermarket with the foods parents buy and continues in the home as parents prepare and serve meals. Giving children a healthy start with good eating habits promotes his or her lifelong health. A variety of foods provides the nutrients that young children need to build strong bodies and stay healthy. Food also supplies the energy that children need to grow normally, play, learn, and explore the world around them. The American Academy of Pediatrics encourages families to think of their nutritional decisions as *health* decisions. Ideally, all young children and families would have access to healthy food and educational information, but recent studies indicate otherwise. For example, in Arizona as many as 1 in 5 children suffer from hunger, and with the continued economic downturn food pantries have seen demand for food boxes continue to rise.

The problem of childhood hunger is not simply a moral issue. Scientific evidence suggests that hungry children are less likely to become productive citizens. 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, elevated occurrence of health problems, higher levels of aggression, hyperactivity, and anxiety among impoverished children. Therefore, it is important to support young children and their families in the area of nutrition and healthy eating; especially for those experiencing food insecurity.

To support families facing food insecurity, and prevent potential long-term negative effects of under-nutrition in young children, the American Academy of Pediatrics has created a general outline of daily feeding schedules for infants, toddlers, and preschoolers. Food Security Programs who provide food boxes funded through First Things First should work to support families with young children when they lack access to sufficient, safe and nutritious food in order to meet the dietary needs of both young children and parents who care for them.

All Food Security Programs must:

- Coordinate, collaborate and communicate with community partners such as universities, local farmers, schools, food banks, State agencies, Tribal entities, faith based community, and private businesses to ensure that families have information about available food assistance providers in the surrounding area.
- Provide information on comprehensive social services and supports available to families.
- Develop a partnership with WIC (Women, Infant and Children) to help ensure that families who may be eligible could also receive WIC services.

Programs may also help families with:

- Financial literacy education to support families toward independence and breaking the constant state of crisis in which families may find themselves. The Food Security Programs need to utilize a positive, family centered, and evidence-based financial literacy curriculum.
- Other resources including diapers, books, clothing and other appropriate items for children birth through five years of age.

Suggested Daily Feeding Schedule for Infants

Food should only be given if the infant is developmentally ready, as recommended by a health provider. Indicators of readiness may include: infants are able to sit up, they open their mouths when they see a spoon coming towards them, they can move the food from the spoon and swallow without pushing it back out of their mouths, they make chewing motions, they have doubled their birth weight, and they have the ability to reject food (turning head and keeping mouth tightly closed).

Following is a general outline suggested by the American Academy of Pediatrics (measures included in the tables below were converted from metric by the Gila River Indian Community's Nutrition office):

Food Group	1-3 Months	4 Months	5 Months	6 Months	7 Months	8 Months	9 Months	10 Months	11 Months	12 Months
Breastmilk	Provides the best nutrition throughout the first year of life. Feed according to baby's hunger cues.									
Formula	18-32 ounces	30-32 ounces	30-32 ounces	30-32 ounces	29-31 ounces	26-31 Ounces	24-30 ounces	22-30 Ounces	20-28 ounces	18-24 ounces
Infant Cereal				4-6 Tbsp.	4-6 Tbsp.	4-6 Tbsp.	¼ -½ Cup	¼ -½ Cup	½ -¾ Cup	½ -¾ Cup
Vegetables				1-5 Tbsp. strained	1-5 Tbsp. strained	¼ -½ Cup strained or mashed	8-10 Tbsp. strained or mashed	½ -¾ strained or mashed	½ -¾ Cup Chopped	½ -¾ Cup Chopped
Fruits				1-5 Tbsp. strained	1-5 Tbsp. strained	¼ -½ Cup strained or mashed	¼ -½ Cup strained or mashed	½ Cup Chopped	½ Cup Chopped	½ Cup Chopped
Crackers, Teething Biscuits, Dry Toast						1 cracker 1 biscuit	1 cracker 1 biscuit	1 cracker 1 biscuit	1 cracker 1 biscuit	2 cracker 2 biscuit
Meat, Poultry, Fish Tofu, Cottage Cheese, Cheese						1-3 Tbsp strained	1-4 Tbsp strained or ground	2-4 Tbsp ground	2-4 Tbsp ground	1 ounce o ¼ cup ground
Egg Yolk (hard cooked)						1 Tbsp mashed	1 Tbsp mashed	2 Tbsp Mashed	1 Egg Yolk	1 Whole egg
Potatoes, Rice, Pasta,						2-4 Tbsp.	2-4 Tbsp.	2-4 Tbsp.	¼ Cup	¼ -½ Cup

Mashed Beans										
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Suggested Dietary Needs for Young Children ages 1 through 5

Following is a general outline suggested by the American Academy of Pediatrics:

Food Group	Number of Servings Each Day	Ages 1-2 years	Ages 3-5 years	Example Food Item
Bread, Cereal, Rice, Pasta	6-11	¼ cup dry cereal ½ slice of bread ¼ cup rice ¼ cup pasta	½ cup dry cereal ½ slice bread ½ cup rice or pasta ¼ cup cooked cereal ½ 6" tortilla	Dry Cereal, Whole Grain Bread, Rice or pasta, cooked cereal, 6" tortilla
Vegetables	3-5	1-2 Tbsp.	3-5 Tbsp.	Fresh or frozen, raw, or cooked
Fruits	2-4	¼ -½ apple orange, banana ¼ cup fresh fruit ¼ cup fruit juice	½ apple, orange, banana ½ cup fresh fruit ½ cup fruit juice	Apple, orange or banana, fresh fruit, fruit juice
Milk, Yogurt & Cheese	3 or more. No more than 20 ounces per day	½ cup milk ½ yogurt ¼ cup ice cream 1 oz. cheese	¾ cup milk ¾ cup yogurt ½ cup frozen yogurt ice cream 1½ oz. cheese	whole milk, yogurt, frozen yogurt or ice cream, cheese
Meat, Poultry, Fish, Dry Beans, Eggs & Peanut Butter	2-3	¼ cup meat 1oz fish 1oz dry beans 1 egg None-peanut butter	½ cup beans or peas 1 egg 1oz. tuna 2 Tbsp. Peanut butter	Cooked or dried beans or peas, eggs, lean meat (tuna), peanut butter

Infant Food Box: Birth to 12months of age:

Following is a general outline for a 3 day food box for infants only:

Food Group	1-3 Months	4 Months	5 Months	6 Months	7 Months	8 Months	9 Months	10 Months	11 Months	12 Months
Formula	powder formula 1 can →									
Infant Cereal						1 box →				
Vegetables						4 canned or Fresh Vegetables →				
Fruits						4 canned or Fresh Fruits →				
Crackers, Teething Biscuits, Dry Toast							1 box →			
Meat, Poultry, Fish, Tofu, Cottage Cheese, Cheese							½ lb cheese 2 cans of tuna →			
Egg Yolk (hard cooked)							3 eggs →			
Potatoes, Rice, Pasta, Mashed Beans							½ lb. →			

Early Childhood Food Box: 1 through 5 years of age

Food boxes for young children include food for family of 4 with at least one child under 6 years old.

Following is a general outline for a 3 day food box:

Food Group	Options for food items in a food box Ages 1-5 years
Bread, Cereal, Rice, Pasta	Bread one loaf 1 -3 lb bag of rice 2 packs of pasta 1-2 boxes of whole grain cereal 1 pack of yellow corn tortillas
Vegetables	1-2 jars of spaghetti sauce 7 cans of assorted vegetables
Fruits	6 cans of assorted fruits Fresh fruits, 1 quart fruit juice
Milk, Yogurt & Cheese	1 gallon of milk, 40 ounces of yogurt 1 lb of cheese
Meat, Poultry, Fish, Dry Beans, Eggs & Peanut Butter	2 lbs cooked or dried beans or peas 12 eggs 1 jar of peanut butter

Source: “Children’s Health Topics: Nutrition Family Community Resources.” American Academy of Pediatrics. 2010.

Center on Hunger and Poverty.

GOAL AREA: FAMILY SUPPORT

STRATEGY NAME: FAMILY RESOURCE CENTERS

GOAL: <ul style="list-style-type: none"> • FTF will coordinate 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. • FTF will increase the availability, quality, and diversity of relevant resources that support language and literacy development for young children and their families. 			
STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	COST
<p>Family Resource Centers embedded in local communities provide families with young children access to information and/or education on a variety of child development and health topics. Information about where and when parenting education programs are available should be easily accessible by all interested persons. These centers can also contribute to the community building process as they serve as a central location for engaging local community organizations and local government in the identification and resolution of community concerns.</p> <p>FTF funded Family Resource Centers provide resource and referral information to identify supports and services available to families with young children and</p>	<p>There is little evidence that resource centers in and of themselves have a direct impact on outcomes for young children and their families. However, having “accurate information about raising young children and appropriate expectations for their behavior” has been cited by the Doris Duke Strengthening Families Initiative as one of five key protective factors that improve child outcomes and reduce the incidence of child abuse and neglect (Center for the Study of Social Policy, 2008).</p>	<p><u>Capacity for Expansion and Links to Other Strategies</u></p> <p>In addition to providing resource, referral and information services through resource centers, Councils should consider how an existing resource center will enhance the network of agencies supporting families in the region. Family Resource Centers can incorporate and implement other family support strategies, such as community based parent education and serve as a location for FTF grantees and other community service programs and providers to meet on partnership and collaboration activities.</p> <p>It is important to also consider how this strategy targets expansion of those resources to underserved locations within the region, but also allows for the development of new services.</p> <p>FTF funded resource centers should promote use of the Arizona Parent Kit and bring awareness to the availability of the Birth to Five Helpline as well as other FTF statewide strategies such as Quality First!</p> <p>Councils may identify partnerships with cities or other state and local entities in expansion or development of a family resource center. Considerations for implementation should</p>	<p>Costs vary (5,000 to 300,000+ if also providing community based parent education sessions) but must include:</p> <ul style="list-style-type: none"> • new or additional materials (pamphlets, brochures, books, videos, etc.) that cover the variety of health and development topics and community resources. • Staffing • Marketing/ Outreach <p>If providing community based parent education – costs associated with classroom and/or playgroup sessions should also be included. Refer to Community Based Parent Education Strategy for full details.</p>

<p>provide each family with access to information and support on topics such as parenting skills, early childhood development and health. Community based parent education sessions may also be housed and offered at resource center locations.</p>		<p>include how FTF funded resource, referral and/or community based parent education will be incorporated into existing programming/ services already offered at the center.</p> <p><u>Multi-Year Commitment and Timeline for Implementation</u> A plan for recruitment and outreach to families and the community must be identified. This can take a considerable amount of time before families actually begin to utilize a resource center (2 to 3 months).</p> <p><u>System-Building Issues</u> Resource center expansion to engage families with young children should be coordinated and aligned across the community with the other organizations providing services. Resource centers could be 'one-stop' service centers where families have access to early childhood development and health information, identify and locate other family support or parent education programs such as home visitation, parenting classes, food banks, or health insurance enrollment assistance.</p> <p><u>Recommended Saturation Level</u> It may not be necessary to establish new resource centers to meet the needs of families with young children. Across urban and rural communities, families may already be gathering or coming to established settings such as libraries, WIC or DES offices, non profit or city funded community resource centers. If a council prioritizes this as a need, then the existing gathering places or established resource centers must be identified so that an FTF strategy can build upon these assets to directly serve families.</p> <p>Family Resource Centers can also serve as a hub for other FTF and community funded family support programs to coordinate services for families i.e. home visitation programs could locate the staff office space at the center.</p>	
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FIRST THINGS FIRST

Family Resource Centers

Standards of Practice

Based upon Building Bright Futures, regional needs and assets reports, and preliminary information from the Family and Community Survey, we know that Arizona’s parents and families with young children need information on child development; to develop parenting skills; and have access to resources. Having “accurate information about raising young children and appropriate expectations for their behavior” has been cited by the Doris Duke Strengthening Families Initiative as one of five key protective factors that improve child outcomes and reduce the incidence of child abuse and neglect (Center for the Study of Social Policy, 2008). All families, regardless of background, can benefit from information or education related to child development and health, as well as access to resources, supports and services. At some point during the course of parenting, all families have questions and seek information. Some families may be searching for nearby family child care providers, while others may be concerned about their child’s learning. Families also may be trying to cope with the everyday issues of parenting like toilet training and feeding a picky eater.

While there is no one single support strategy or solution to providing information to families (Daro, 2006), an integral component of an effective family support infrastructure ensures that information is available in a variety of forms and addresses the varying concerns families may have. Information provided must do the following:

- Connect programs across communities
- Be available in a variety of forms
- Be culturally appropriate
- Build on family strengths and knowledge
- Provide accurate information
- Offer opportunities for sharing among and between families through various family and social networks

Although information or education can come in different forms, a common goal is to increase the level of family functioning and promote optimal child development. Family Resource Centers embedded in local communities can provide families with young children access to information and/or education on a variety of child development and health topics. Information about where and when parenting education programs are available needs to be easily accessible by all interested persons. These centers can also contribute to the community building process as they serve as a central location for engaging local community organizations and local government in the identification and resolution of community concerns.

While each First Things First funded Family Resource Center may be uniquely designed, they all have a valuable role to play in meeting the complex needs of families and communities across the State of Arizona. First Things First focuses on programs and services that provide children with the best opportunities for school and life success. Funding decisions are based upon a robust process of review to ensure programs are supported by research, value the family and use approaches considered to be best practice, which are responsive to the needs identified in a specific Region. First Things First funded programs shall supplement, not supplant, other state expenditures on, and federal monies received for early childhood development and health programs.

It is expected that family resource centers funded by First Things First will use a family-centered and strengths-based approach to:

1. Provide resource and referral information to identify supports and services available to families with young children (e.g. quality early care and education programs; family literacy activities; nutrition; obesity; breastfeeding; physical activity; immunizations; oral health; health insurance enrollment assistance; how to access and participate in consistent medical/dental homes; prenatal care; safety; and where to access regular developmental, vision and hearing screenings). **NOTE: When providing direct health insurance enrollment assistance, programs must follow the First Things First Health Insurance Outreach and Application Assistance Standards of Practice.**
2. Provide each family with access to information and support in each of the core areas: child development and parenting skills.
 - All domains of child development (cognitive, communication, physical, social/emotional and adaptive)
 - 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)

Family Resource Centers may also offer parent education classes at their location. **NOTE: When providing parent education community based training, programs must follow the First Things First Parent Education Community Based Training Standards of Practice.**

Family Resource Centers will:

1. Provide services to families that are based upon a culture of trust and respect
 - A. Create a safe family-centered environment.
 - a. Staff are from the community and have extensive knowledge of community resources
 - b. Structure activities that are compatible with the family's availability and accessibility

- c. Demonstrate genuine interest in and concern for families
 - d. Services are provided in the family's primary language
 - e. Clearly define program objectives with the families when they participate: understanding what the program will accomplish helps families become fully engaged in program services.
 - B. Create opportunities for formal and informal feedback and act upon it; ensure that input shapes decision-making.
 - C. Encourage open, honest communication.
 - D. Maintain confidentiality, being respectful of family members and protective of their legal rights.
2. Support the growth and development of all family members; encourage families to be resources for themselves and others.
- A. Encourage family members to build upon their strengths.
 - B. Reflect the commitment to effectively serve the identified target population with an emphasis on fathers and grandparent caregivers, through publicity/outreach, literature and staff training.
 - C. Help families identify and acknowledge informal networks of support and community resources.
 - D. Create opportunities to enhance parent-child and peer relationships.
3. Affirm, strengthen and promote families' cultural, racial and linguistic identities and enhance their ability to function in a multicultural society.
- A. Create opportunities for families of different backgrounds to identify areas of common ground and to accept and value differences between them.
 - B. Strengthen parent and staff skills to advocate for themselves within institutions and agencies.
 - C. Hire staff who reflect the cultural and ethnic experiences and language of the families with whom they work and integrate their expertise into the entire program.
 - D. To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members effective, understandable, and respectful care that is provided in a culturally competent manner- a manner compatible with their cultural beliefs and practices and preferred language. Early childhood practitioners /early childhood service providers should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory,

collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children.” <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15> ; <http://www.naeyc.org/positionstatements/linguistic>

4. Programs are flexible and continually responsive to emerging family and community issues.
 - A. Be accessible for all families of children ages birth through five in the local community. Family Resource Centers will be located in areas where families routinely congregate (e.g. churches, schools, early care and education centers, libraries, community centers) to provide parenting education, early literacy development, social support opportunities, and/or access to local community resources.
 - B. Locations and environments within the location are safe and welcoming for families with young children.
 - C. The site will be accessible for persons with disabilities and will be compliant with the American’s with Disabilities Act.
 - D. Engage families and other community members as partners to ensure that the program is beneficial. Families and community members have regular input and feedback in programmatic planning to meet their needs.
 - E. Develop a collaborative, coordinated response to community needs.
5. Family Resource Centers provide ongoing staff development/training to ensure program quality and give staff an opportunity to develop professionally.
 - A. Assess staff skills and abilities. Staff must be able to engage families while keeping a professional rapport.
 - B. Provide ongoing staff development/training on the First Things First Family Resource Centers Standards of Practice principles.
 - C. Supervisors should work with staff to prepare professional development plans.

6. All First Things First Family Resource Centers Standards of Practice are modeled in all activities including planning, governance, and administration.
 - A. The length of employment and experience/education are reflective of high quality staff. Staff is required to have a minimum of a high school diploma with knowledge of the surrounding community and the available resources. Supervisors must also meet or exceed this educational and knowledge requirement and, in addition, must also have at least two years of program management experience.
 - B. Establish an effective, consistent supervisory system that provides support for all staff members and ensures accountability to participants, funders, and the community.
 - C. Establish supervision as a collaborative process with mechanisms that support staff in difficult situations and provides regular discussion to reflect and debrief. Supervision will also include observation. It is important that supervisors spend time with staff as they provide services to families to have a sense of how the service is being delivered. This will help supervisors and staff to identify coaching and mentoring opportunities.
 - D. All staff work as a team, modeling respectful relationships.
 - E. Build a team of staff who is consistent with program goals and whose top priority is the well-being of families and children.
 - F. Evaluation and monitoring is a collaborative, ongoing process that includes input from staff, families, program administrators, and community members.
 1. Activities, as identified by First Things First, include pre and post testing, self-assessment and opportunities for feedback
 2. Identify outreach, engagement and retention practices
 3. Programs must demonstrate mechanisms to assess program effectiveness and to implement quality improvements. Programs must participate in data collection and reporting of performance measures to First Things First.

Family Resource Centers

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

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

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Definitions:

Unit of Service and related Target Service Number

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

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

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

For **Family Resource Centers**, the units of service are:

Total number of families receiving family resource services

Performance Measures

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

For **Family Resource Centers**, performance measures are:

- Total number of families receiving family resource services/proposed service number**
- Total number of children receiving family resource services/proposed service number
- Total number of families receiving referrals for health insurance or health coverage enrollment/
target service number
- Total number of families receiving referrals for community based services/ target service
number
- Total number of calls received/target service number

Data Reporting Templates

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

For **Family Resource Centers**, the data reporting template is:

Data Reporting Instructions

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

For **Family Resource Centers**, the data reporting instructions are:

INFORMATION

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

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

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

OVERVIEW

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

DIRECTIONS FOR DATA ENTRY

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

Section 1: Families and Children Served

1. ***Total number of families with children (0-5 years) receiving resource and referral information:** In this data field you will enter the total number of families with children (0-5 years) receiving resource and referral information in-person/face to face and Over Phone.
 - a. ***Please report the number of families with children (0-5 years) receiving resource and referral information in the following categories.***

Table 1A

Category	In person - face to face	Over phone
<i>Literacy</i>		
<i>Parent Education</i>		
<i>Food</i>		
<i>Health Care (Excluding Indian Health Services (IHS)/Indian Tribal Urban (ITU))</i>		
<i>Indian Health Services (IHS)/ Indian Tribal Urban (ITU)</i>		
<i>Health-E-APP</i>		
<i>Housing</i>		
<i>Dental Care</i>		
<i>Child Find</i>		
<i>Child Care</i>		
<i>Mental Health Services</i>		
<i>Other (please specify)</i>		

2. ***Total number of children (0-5 years) in families receiving resource and referral information:** In this data field you will enter the total number of children (0-5 years) in families receiving resource and referral information in-person/face to face and Over Phone.
 - a. **Please report the number of children (0-5 years) in families receiving resource and referral information in the following categories. Refer to table 1A**

Section 2: Referrals to Services Offered at the Family Resource Center

3. ***Total number of families referred to services at the Resource Center:** In this data field you will enter in the total number of families referred for services at Resource Center in-person/face to face and Over Phone.
 - a. **Please report the number of families referred to services at the resource center in the following categories. Refer to table 1A**

4. ***Total number of children (0-5yrs) in families referred to services at the Resource Center:** In this data field you will enter in the total number of children (0-5) that were referred for services at the Resource Center in-person/face to face and Over Phone.
 - a. **Please report the number of children (0-5 yrs) in families referred to services at the resource center in the following categories. Refer to table 1A**

5. **In total Number of service providers housed in your family resource center.** In this data field you will enter the total number of service providers housed in your family resource center
- a. *Please report the total number of service providers housed in your family resource center in the following categories.*

Table 1B

Category	Total number of service providers housed in your family resource center
<i>Literacy</i>	
<i>Parent Education</i>	
<i>Food</i>	
<i>Health Care (Excluding Indian Health Services (IHS)/Indian Tribal Urban (ITU))</i>	
<i>Indian Health Services (IHS)/ Indian Tribal Urban (ITU)</i>	
<i>Health-E-APP</i>	
<i>Housing</i>	
<i>Dental Care</i>	
<i>Child Find</i>	
<i>Child Care</i>	
<i>Mental Health Services</i>	
<i>Other (please specify)</i>	

Section 3: Referrals to Services Outside of the Family Resource Center

6. ***Total number of families with children (0-5 years) receiving referrals to other agencies in network/region:** In this data field you will enter in the total number of families with children (0-5 years) that received referrals to other agencies in the network/region in-person/face to face and Over Phone.
- a. *Please report the number of families with children (0-5 years) receiving referrals to other agencies in network/region in the following categories. Refer to table 1A*
7. ***Total number of children (0-5 yrs) in families receiving referrals to other agencies in network/region:** In this data field you will enter in the total number of children (0-5) in families that received referrals to other agencies in the network/region in-person/face to face and Over Phone.
- b. *Please report the number of children (0-5 years) in families receiving referrals to other agencies in network/region in the following categories. Refer to table 1A*

Section 4: Health Insurance Enrollment Assistance.

Are you providing any Health Insurance Enrollment Assistance as part of your family resource center services? YES or NO. If yes, please fill out the following:

8. *** Number of families referred to AHCCCS or DES to receive health coverage:** In this data field you will enter the number of families referred to AHCCCS or DES to receive health coverage.
9. ***Number of families served who are not covered by private insurance, AHCCCS, Indian Health Services, or Kids Care:** In this data field you will enter the number of families who are not covered by private insurance, AHCCCS, Indian Health Service, or Kids Care.
10. ***Number of families served who report they are underinsured:** In this data field you will enter the number of families who report they are underinsured.
11. ***Number of families served who report lack of insurance or underinsurance who received enrollment assistance to obtain insurance:** In this data field you will enter in the number of families served who report a lack of insurance or underinsurance who received enrolled assistance to obtain insurance.

Frequently Asked Questions

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

For **Family Resource Centers**, the frequently asked questions are:

In development

GOAL AREA: FAMILY SUPPORT

STRATEGY NAME: COMMUNITY BASED LITERACY

<p>GOAL:</p> <ul style="list-style-type: none"> • FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families 			
STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	COST
<p>FTF funded Community Based Literacy Programs:</p> <ul style="list-style-type: none"> ✓ Provide training for parents that will assist them in improving the skills to be their child’s first teacher. ✓ Provide information or education on developmentally appropriate learning opportunities that support early language and literacy development which prepares children for success in school and life. ✓ Make accommodations in curriculum for children and adults with special needs. ✓ Provide “family- friendly” community sites that offer family literacy and parenting education to enable adults to attain proficiency in basic skills. ✓ Offer developmentally appropriate early language and literacy activities for infants, toddlers and preschoolers. <p>Through community based trainings and settings, such as libraries, family resource centers, faith organizations and arly care and education programs, families can learn about activities which support early language and literacy development and can become part of their daily routines. It is critical that families understand the importance of and how to read, talk and sing with their infants, toddlers and preschoolers on a daily basis.</p>	<p>Research indicates that community based family literacy programs which provide learning opportunities for <u>both</u> the young child and his or her parents positively impact young children and their families. (Literacy N. C., 2009)</p> <p>Studies have also shown that shared-reading interventions can have a significant, substantial and positive impact both on young children’s oral language skills and on young children’s print knowledge, both reading readiness indicators needed for learning to read. Neuman, Copple, and Bredekamp (2000), state that “the single most</p>	<p><u>Administrative Home Infrastructure</u> Program models, including national program models <i>Reach Out and Read</i> and <i>Raising a Reader</i>, have established administrative homes. Community Based Literacy RFGA applicants should include narrative and budget information specific to the activities, responsibilities and related costs to maintain a program’s affiliation, accreditation and/or certification. Grantees must maintain model fidelity and standing with the administrative home. When considering Family Literacy programs, this type of program may already exist within a school district and/or Head Start program and the administrative oversight should be identified.</p> <p><u>Capacity for Expansion</u> Regional Partnership Councils should explore and identify opportunities to build upon existing literacy networks, such as public libraries, in order to allow existing programs to serve additional families. In many instances, opportunities also exist for multiple community-based organizations to combine their resources to address complex family needs. First Things</p>	<p>Cost varies (\$5,000 to \$300,000+ annually) upon program model or programmatic approach. Examples include:</p> <p><u>Family Literacy</u> Approximately \$5,000 per family per year.</p> <p><u>Reach out and Read (ROR)</u>. A unit cost is under development and will be available through the Policy Staff. This cost will include books and equipment, as well as coordination and administration at the regional level</p>

<p>Comprehensive literacy programs that are moderate to high intensity like <i>family literacy</i> programs involve both the parent and child in a series of ongoing center based trainings and learning opportunities. Model strategies support serving the needs and concerns of the family rather than serving individual family members in isolation.</p> <p>Other national models are lower intensity programs that engage the parent and child in community settings such as meeting areas in apartment complexes or in pediatric medical practices.</p> <p>Reach Out and Read: ROR is a program whose mission is “...to make literacy promotion a standard part of pediatric primary care, so that children grow up with books and a love of reading” (Reach Out and Read Arizona, 2008). The ROR program is delivered through medical practices, and trains doctors and nurses to advise parents about the importance of reading aloud. It also provides books to children at pediatric check-ups from six months to five years of age, with a special focus on children growing up in poverty. ROR health providers, utilize the book to promote age-appropriate literacy skills and as a tool to discuss developmental issues with parents and families.</p> <p>Raising a Reader: Raising A Reader’s training in community settings helps to develop the capacity of families to create a language-rich environment for young children. The program circulates over 100 high quality children’s books into children’s homes through an average rotation cycle but helps children and families develop, practice, and maintain the habit of sharing those books (‘book cuddling’).</p>	<p>important activity for building ... skills essential for reading success appears to be reading aloud to children.”</p>	<p>First literacy strategies can expand the capacity of established early language and literacy programs to provide supports and services to young children and their families.</p> <p><u>Links to Other Strategies</u> This strategy is directly linked to Community Based Parent Education – refer to those documents when considering this strategy. This strategy should also be implemented in coordination with other family support strategies such as home visitation and/or resource center strategies to ensure optimal programming for each family. FTF funded programs can support families to use their Arizona Parent Kit, or access the Birth to Five Helpline. Programs should refer families to other FTF or other community resources as a regular part of the curriculum and services.</p> <p><u>System-Building Issues and Recommended Saturation Level</u> Community based literacy can be a part of a system of family support in a local regional/ community area, especially to provide information to families who may not access or participate in home visitation programs. Many councils build or expand community based parent education into existing literacy programs as many families already access other support and services through established programs.</p> <p><u>Parent Awareness</u> Parent awareness of the importance of literacy development in young children may be built through lower intensity activities, such as public library programs.</p>	<p><u>Raising a Reader</u> Estimated at \$100.00 per child for program materials and technical assistance; a \$2,000 licensing fee— meant to take the project to scale— meaning community wide; and RAR Coordinator travel and hotel costs to attend training provided by Raising a Reader Program. The cost per book in the first year can be as low as \$1.00.</p>
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Policy Specialist: K. Vilay

FIRST THINGS FIRST
Early Language and Literacy Programs in Home and Community
Settings
Standards of Practice

Early childhood stakeholders, families, and communities recognize that when early language and literacy development is optimized, it can be the foundation for a child's later academic success in school. "The years from birth through age five are a critical time for children's development and learning. Early childhood educators understand that at home and in early childhood education settings, young children learn important skills that can provide them with the cornerstones needed for the development of later academic skills..." (Literacy, 2009)

Literacy acquisition encompasses the four domains of language (reading, writing, speaking and listening) and numeracy. Early literacy or precursor literacy skills include the following variables that are consistently shown to predict later literacy achievement:

- alphabet knowledge: knowledge of the names and sounds associated with printed letters
- phonological awareness: the ability to detect, manipulate, or analyze the auditory aspects of spoken language (including the ability to distinguish or segment words, syllables, or phonemes), independent of meaning
- rapid automatic naming of letters or digits: the ability to rapidly name a sequence of random letters or digits
- rapid automatic naming of objects or colors: the ability to rapidly name a sequence of repeating random sets of pictures of objects (e.g., "car," "tree," "house," "man") or colors
- writing or writing name: the ability to write letters in isolation on request or to write one's own name
- phonological memory: the ability to remember spoken information for a short period of time
- concepts about print: knowledge of print conventions (e.g., left-right, front-back) and concepts (book cover, author, text)
- print knowledge: a combination of elements of alphabet knowledge, concepts about print, and early decoding
- reading readiness: usually a combination of alphabet knowledge, concepts of print, vocabulary, memory, and PA
- oral language: the ability to produce or comprehend spoken language, including vocabulary and grammar
- visual processing: the ability to match or discriminate visually presented *symbols*

Programs that support young children’s early language and literacy development are a part of the family support system in Arizona. An array of early language and literacy programs and service delivery methods may be implemented to meet the needs of families with young children. Research indicates that family literacy programs which provide learning opportunities for both the young child and his or her parents positively impact young children and their families. (Literacy N. C., 2009) According to Adult Education and Family Literacy Act (AEFLA) standards, the term “family literacy services” means programming that is of sufficient intensity in terms of hours, and of sufficient duration, to make sustainable changes in a family and that integrates all of the following core components:

- ✓ Interactive literacy activities between parents and their children, and
- ✓ Training for parents regarding how to be the primary teacher for their children and full partners in the education of their children, and
- ✓ Parent literacy training that leads to economic self-sufficiency, and
- ✓ An age-appropriate education to prepare children for success in school and life experiences.

Family literacy programs are built on four core principles; 1) the value of education for success in life, 2) the central role of the parent in a child’s development, 3) the identification of individual strengths, and 4) the value of experiential learning.

While each First Things First funded early language and literacy program may be uniquely designed, they all have a valuable role to play in meeting the complex needs of families and communities across the State of Arizona. First Things First focuses on programs and services that provide children with the best opportunities for school and life success. Funding decisions are based upon a robust process of review to ensure programs are supported by research, value the family, use approaches considered to be best practice and are responsive to the specific needs identified in each region. First Things First funded programs shall supplement, not supplant, other state expenditures on, and federal monies received for early childhood development and health programs.

It is expected that early language and literacy programs funded by First Things First will be offered at no-cost, on a voluntary basis. **Programs and service can be delivered through home visitation or community based training.** Please, also refer to the First Things First Home Visitation and/or Parent Education Community Based Training Standards of Practice documents.

Using a family-centered and strengths-based approach these programs will:

1. Provide a Focus on Literacy
 - A. Inform and educate parents and families on typical early language and emergent literacy development for children ages birth through five.
 - B. Literacy coaching and instruction should be woven into the activities of all program components; presented and practiced in contexts that are meaningful to families’ lives and needs. If providing literacy services in a community based setting, it is critical that

parents and families are taught to bridge classroom experiences to home environments with their own young children.

- C. Training for parents regarding how to be the primary teacher for their children and full partners in the education of their children.
 - Actively engage parents in learning how everyday experiences can nurture the literacy development of their children.
 - Support parents in maintaining a literacy-rich home environment.
 - Assist parents to learn how to advocate for their children within a variety of settings, including school, child care and human service agencies.
2. Use a research-based curriculum and activities to promote learning in contexts which are relevant to the lives of participants.
3. Provide Sufficient Intensity and Duration of Services
 - For example, typical frequency and duration of family literacy programs is a minimum of 6 sessions at 2 hours per session.

Programs may also:

- Align with Arizona's Early Learning Standards/Guidelines.

Family literacy programs across the nation also take into consideration alignment with their state's Early Learning Guidelines which describe the expectations about what children should know (understand) and do (competency and skills) across the different domains of learning. In Arizona, the Department of Education developed Early Learning Standards to provide a framework for the planning of quality learning experiences for all children 3 to 5 years of age. The document can be found here:
<http://www.ade.state.az.us/earlychildhood/downloads/EarlyLearningStandards.pdf>
First Things First is developing Early Learning Developmental Guidelines for infants and toddlers.
- Provide parent literacy training that leads to economic self-sufficiency.
 - Assist adults in raising their literacy levels.
 - Assist adults in gaining the knowledge and skills needed for employment and self-sufficiency.
 - Assist adults who are parents in gaining educational skills they need to be full partners in the educational development of their children.
 - Assist adults in completing their secondary school education or its equivalent (e.g., English language classes, Adult Basic Education, Adult Secondary Education, preparation for the General Education Development (GED) examination, and workplace literacy)

- In community settings, instruction should include a combination of individual and group activities, and encourage cooperative learning.
- Assessment, both formal and informal, should occur on an ongoing basis in order to provide adult learners with feedback about progress they have made toward goals.
- Participants must be actively engaged in the decision-making process with regard to their education.
- Program staff must support adult learners in being self-directed, with understanding that adult education builds upon the knowledge, experiences and roles of participating adults.

All First Things First funded Home Based Early Language and Literacy Programs must also follow the First Things First Home Visitation Standards of Practice.

All First Things First funded Community Based Early Language and Literacy Programs must also follow the First Things First Parent Education Community Based Training Standards of Practice.

March 23, 2010

Community-based Literacy

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

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

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

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

Definitions:

Unit of Service and related Target Service Number

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

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

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

For **Community-based Literacy**, the units of service are:

- Total number of families attending family literacy trainings or literacy workshops**
- Total number of children attending family literacy trainings or literacy workshops**
- Total number of books distributed**

Performance Measures

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

For **Community-based Literacy**, performance measures are:

Total number of family literacy trainings or literacy workshops conducted/proposed service number

Total number of families attending family literacy trainings or literacy workshops /proposed service number

Total number of children attending family literacy trainings or literacy workshops /proposed service number

Total number of books distributed/proposed service number

Data Reporting Templates

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

For **Community-based Literacy**, the data reporting template is:

In Development

Data Reporting Instructions

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

For **Community-based Literacy**, the data reporting instructions are:

In Development

Frequently Asked Questions

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

For **Community-based Literacy**, the frequently asked questions are:

In development

GOAL AREA: FAMILY SUPPORT

STRATEGY NAME: COMMUNITY BASED LITERACY – REACH OUT AND READ (ROR)

<p>GOAL:</p> <ul style="list-style-type: none"> • FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families 			
STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	COST
<p>FTF funded Community Based Literacy Programs:</p> <ul style="list-style-type: none"> ✓ Provide training for parents that will assist them in improving the skills to be their child’s first teacher. ✓ Provide information or education on developmentally appropriate learning opportunities that support early language and literacy development which prepares children for success in school and life. ✓ Make accommodations in curriculum for children and adults with special needs. ✓ Provide “family- friendly” community sites that offer family literacy and parenting education to enable adults to attain proficiency in basic skills. ✓ Offer developmentally appropriate early language and literacy activities for infants, toddlers and preschoolers. <p>Reach Out and Read: ROR is a program whose mission is “...to make literacy promotion a standard part of pediatric primary care, so that children grow up with books and a love of reading” (Reach Out and Read Arizona, 2008). The ROR program is delivered through medical practices, and trains doctors and nurses to advise parents about the importance of reading aloud. It also provides books to children at pediatric check-</p>	<p>Research indicates that community based family literacy programs which provide learning opportunities for <u>both</u> the young child and his or her parents positively impact young children and their families. (Literacy N. C., 2009)</p> <p>Studies have also shown that shared-reading interventions can have a significant, substantial and positive impact both on young children’s oral language skills and on young children’s print knowledge, both reading readiness indicators needed for learning to read. Neuman, Copple, and Bredekamp (2000), state that “the single most</p>	<p><u>Administrative Home Infrastructure</u> The <i>Reach Out and Read</i> model has an established administrative home – the Arizona Academy of Pediatrics. Community Based Literacy RFGA applicants should include narrative and budget information specific to the activities, responsibilities and related costs to maintain this program’s affiliation, accreditation and/or certification. Grantees must maintain model fidelity and standing with the administrative home.</p> <p><u>Capacity for Expansion</u> For 2012 Regional Partnership Councils can purchase into the statewide contract existing between First Things First and the Academy of Pediatrics.</p> <p><u>Links to Other Strategies</u> This strategy is directly linked to Community Based Parent Education – refer to those documents when considering this strategy. ROR sites can support families to use their Arizona Parent Kit or access the Birth to Five Helpline. Programs should refer families to other FTF or</p>	<p><u>Reach out and Read (ROR).</u> A unit cost is under development and will be available through the Policy Staff. This cost will include books and equipment, as well as coordination and administration at the regional level</p>

<p>ups from six months to five years of age, with a special focus on children growing up in poverty. ROR health providers, utilize the book to promote age-appropriate literacy skills and as a tool to discuss developmental issues with parents and families.</p>	<p>important activity for building ... skills essential for reading success appears to be reading aloud to children.”</p>	<p>community resources as a regular part of the curriculum and services.</p> <p><u>System-Building Issues and Recommended Saturation Level</u></p> <p>Community based literacy can be a part of a system of family support in a local regional/ community area, especially to provide information to families who may not access or participate in home visitation programs.</p> <p><u>Parent Awareness</u></p> <p>Parent awareness of the importance of literacy development in young children can be enhanced by involvement of their pediatrician or other health professional.</p>	
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Policy Specialist: K. Vilay

FIRST THINGS FIRST

Community Based Literacy - Reach Out And Read

Standards of Practice

Early childhood stakeholders, families, and communities recognize that when early language and literacy development is optimized, it can be the foundation for a child's later academic success in school. "The years from birth through age five are a critical time for children's development and learning. Early childhood educators understand that at home and in early childhood education settings, young children learn important skills that can provide them with the cornerstones needed for the development of later academic skills..." (Literacy, 2009)

Literacy acquisition encompasses the four domains of language (reading, writing, speaking and listening) and numeracy. Early literacy or precursor literacy skills include the following variables that are consistently shown to predict later literacy achievement:

- alphabet knowledge: knowledge of the names and sounds associated with printed letters
- phonological awareness: the ability to detect, manipulate, or analyze the auditory aspects of spoken language (including the ability to distinguish or segment words, syllables, or phonemes), independent of meaning
- rapid automatic naming of letters or digits: the ability to rapidly name a sequence of random letters or digits
- rapid automatic naming of objects or colors: the ability to rapidly name a sequence of repeating random sets of pictures of objects (e.g., "car," "tree," "house," "man") or colors
- writing or writing name: the ability to write letters in isolation on request or to write one's own name
- phonological memory: the ability to remember spoken information for a short period of time
- concepts about print: knowledge of print conventions (e.g., left-right, front-back) and concepts (book cover, author, text)
- print knowledge: a combination of elements of alphabet knowledge, concepts about print, and early decoding
- reading readiness: usually a combination of alphabet knowledge, concepts of print, vocabulary, memory, and PA
- oral language: the ability to produce or comprehend spoken language, including vocabulary and grammar
- visual processing: the ability to match or discriminate visually presented *symbols*

Programs that support young children’s early language and literacy development are a part of the family support system in Arizona. An array of early language and literacy programs and service delivery methods may be implemented to meet the needs of families with young children. Research indicates that family literacy programs which provide learning opportunities for both the young child and his or her parents positively impact young children and their families. (Literacy N. C., 2009) According to Adult Education and Family Literacy Act (AEFLA) standards, the term “family literacy services” means programming that is of sufficient intensity in terms of hours, and of sufficient duration, to make sustainable changes in a family and that integrates all of the following core components:

- ✓ Interactive literacy activities between parents and their children, and
- ✓ Training for parents regarding how to be the primary teacher for their children and full partners in the education of their children, and
- ✓ Parent literacy training that leads to economic self-sufficiency, and
- ✓ An age-appropriate education to prepare children for success in school and life experiences.

Family literacy programs are built on four core principles; 1) the value of education for success in life, 2) the central role of the parent in a child’s development, 3) the identification of individual strengths, and 4) the value of experiential learning.

While each First Things First funded early language and literacy program may be uniquely designed, they all have a valuable role to play in meeting the complex needs of families and communities across the State of Arizona. First Things First focuses on programs and services that provide children with the best opportunities for school and life success. Funding decisions are based upon a robust process of review to ensure programs are supported by research, value the family, use approaches considered to be best practice and are responsive to the specific needs identified in each region. First Things First funded programs shall supplement, not supplant, other state expenditures on, and federal monies received for early childhood development and health programs.

It is expected that early language and literacy programs funded by First Things First will be offered at no-cost, on a voluntary basis. **Programs and service can be delivered through home visitation or community based training.** Please, also refer to the First Things First Home Visitation and/or Parent Education Community Based Training Standards of Practice documents.

Using a family-centered and strengths-based approach these programs will:

1. Provide a Focus on Literacy
 - A. Inform and educate parents and families on typical early language and emergent literacy development for children ages birth through five.
 - B. Literacy coaching and instruction should be woven into the activities of all program components; presented and practiced in contexts that are meaningful to families’ lives and needs. If providing literacy services in a community based setting, it is critical that

parents and families are taught to bridge classroom experiences to home environments with their own young children.

- C. Training for parents regarding how to be the primary teacher for their children and full partners in the education of their children.
 - Actively engage parents in learning how everyday experiences can nurture the literacy development of their children.
 - Support parents in maintaining a literacy-rich home environment.
 - Assist parents to learn how to advocate for their children within a variety of settings, including school, child care and human service agencies.
2. Use a research-based curriculum and activities to promote learning in contexts which are relevant to the lives of participants.
3. Provide Sufficient Intensity and Duration of Services
 - For example, typical frequency and duration of family literacy programs is a minimum of 6 sessions at 2 hours per session.

Programs may also:

- Align with Arizona's Early Learning Standards/Guidelines.

Family literacy programs across the nation also take into consideration alignment with their state's Early Learning Guidelines which describe the expectations about what children should know (understand) and do (competency and skills) across the different domains of learning. In Arizona, the Department of Education developed Early Learning Standards to provide a framework for the planning of quality learning experiences for all children 3 to 5 years of age. The document can be found here:
<http://www.ade.state.az.us/earlychildhood/downloads/EarlyLearningStandards.pdf>
First Things First is developing Early Learning Developmental Guidelines for infants and toddlers.
- Provide parent literacy training that leads to economic self-sufficiency.
 - Assist adults in raising their literacy levels.
 - Assist adults in gaining the knowledge and skills needed for employment and self-sufficiency.
 - Assist adults who are parents in gaining educational skills they need to be full partners in the educational development of their children.
 - Assist adults in completing their secondary school education or its equivalent (e.g., English language classes, Adult Basic Education, Adult Secondary Education, preparation for the General Education Development (GED) examination, and workplace literacy)

- In community settings, instruction should include a combination of individual and group activities, and encourage cooperative learning.
- Assessment, both formal and informal, should occur on an ongoing basis in order to provide adult learners with feedback about progress they have made toward goals.
- Participants must be actively engaged in the decision-making process with regard to their education.
- Program staff must support adult learners in being self-directed, with understanding that adult education builds upon the knowledge, experiences and roles of participating adults.

All First Things First funded Home Based Early Language and Literacy Programs must also follow the First Things First Home Visitation Standards of Practice.

All First Things First funded Community Based Early Language and Literacy Programs must also follow the First Things First Parent Education Community Based Training Standards of Practice.

March 23, 2010

Reach Out and Read

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

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

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

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

Definitions:

Unit of Service and related Target Service Number

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

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

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

For **Reach Out and Read**, the units of service are:

Total number of medical practitioners participating in reach out and read model
Total number of books distributed

Performance Measures

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

For **Reach Out and Read**, performance measures are:

Total number of medical practitioners participating in reach out and read model/proposed service number

Total number of medical practitioners trained in reach out and read model/proposed service number

Total funds leveraged for books/ target service number

Total number of books distributed/ proposed service number

Data Reporting Templates

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

For **Reach Out and Read**, the data reporting template is:

Data Reporting Instructions

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

For **Reach Out and Read**, the data reporting instructions are:

INFORMATION

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

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

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

OVERVIEW

- For each reporting period, enter all data for all Regional Partnership Council areas served into the First Things First web-based evaluation report. Your “Evaluation Report” screen will automatically show you how many reports to submit.
- For each quarter, **data should be tallied for each month of service.**
- Your final data submission for the quarter cannot be completed until you complete all monthly reports.
- When you have completed your data entry (or want to save and return at a later time) click “Save Changes” in the data system.
- If you make an error, and want to change a piece of information, don’t forget to click “Save Changes” for your correction to be saved.
- **Do not forget to change the status of your report from ‘in progress’ to ‘completed’. A COMPLETED status notifies FTF that your data report is ready for review.**

DIRECTIONS FOR DATA ENTRY

Section 1: Physician and Medical Practice data

1. **Number of physicians/practitioners trained in ROR model during current month:** In this data field you will enter in the total number of physicians/practitioners trained in ROR model during the current month.

2. **Number of newly participating physicians/practitioners enrolled during current month**: In this data field you will enter in the total number of newly participating physicians/practitioners during the month.
3. **Number of physicians/practitioners who discontinued participation during current month**: In this data field you will enter in the total number of physicians/practitioners who discontinued participation during the current month.
4. **Number of participating physicians/practitioners trained at the end of the month: Auto calculated.**
5. **Number of participating physician offices/clinics trained in ROR model during current month**: In this data field you will enter in the total number of participating offices/clinics trained in ROR model during the current month.
6. **Number of newly participating physician offices/clinics during current month**: In this data field you will enter in the total number of newly participating offices/clinics during the current month.
7. **Number of physicians' offices/clinics who discontinued participation during current month**: In this data field you will enter in the total number of offices/clinics who discontinued participation during the current month.
8. **Number of participating physicians' offices/clinics trained at the end of the month: Auto calculated.**
9. **During this reporting period were there any training sessions provided by Speech/Language pathologist?** Choose **YES or NO**. If yes:
 - **Number of trainings provided by Speech/ language pathologist during current month**: In this data field you will enter in the total number of trainings provided by Speech/Language pathologist during current month.

Section 2: Other Training Provided

10. Did your program provide any other training(s) during this reporting period? **YES or NO**. **If Yes**, please specify the other training(s) provided during the current month and report the number of training sessions provided by topic.
11. **Name of Training Session: In this data field you will enter the names of all training sessions completed**
12. **Number(Attending Training Session): In this data field you will enter the number of individuals attending each session**

Section 3: Children Served

13. **Number of children 0-5 years served at the beginning of the month**: In this data field you will enter in the total number of children 0-5 years served at the beginning of the month (carryover from previous month).
14. **Number of new children 0-5 years enrolled during current month**: In this data field you will enter in the total number of newly enrolled children 0-5 years during the month.
15. **Number of children 0-5 years disenrolled during current month**: In this data field you will enter in the total number of children 0-5 years disenrolled during the current month.
16. **Number of children 0-5 years served at the end of the month: Auto calculated.**

17. Total number of children 0-5 years receiving services: Auto calculated.

Section 4: Funds Leveraged

- 18. Total other funds leveraged for book distribution:** In this data field you will enter the total amount of funds (\$) leveraged from all sources excluding FTF funds for book distribution. For example, Pediatric Practice funds donation, other grants, etc.
- 19. Total book commitment funds:** In this data field you will enter the total book commitment funds (\$) from ALL sources including FTF funds.

Section 5: Purchase and distribution of BOOKs by ZIP CODE

*Did you distribute or purchase books in this reporting period? **YES or NO**. If yes, please enter the following information:*

- 20. Zip Code:** In this data field enter each zip code in which books were distributed to physician office/clinics in your regional council. For example, the zip code of the doctor's office.
- 21. Number of books distributed during current month:** In the next column, enter for each zip code the total number of books distributed at each site during the reporting period.
- 22. Total number of books purchased during current month:** In the last column of data boxes, enter for each zip code the total number of books purchased during the reporting period. If you cannot breakout purchase by zip code please enter the total number of books purchased for the Regional Partnership Council area for the reporting period.

Frequently Asked Questions

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

For **Reach Out and Read**, the frequently asked questions are:

In development



Evaluation Report

CONTRACT DATES

7/1/2010
TO
7/31/2010

TEST PRODUCTION AGENCY (APPS)

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

[View Reporting Instructions and FAQ](#)

REACH OUT AND READ AZ REGIONAL

GENERAL INFORMATION

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

Physician and Medical Practice Data

If none, please enter zero.

Number of physicians/practitioners trained in Reach Out and Read model during current month *	<input type="text"/>
Number of newly participating physicians/practitioners during current month *	<input type="text"/>
Number of physicians/practitioners who discontinued participation during current month *	<input type="text"/>
Number of participating physicians/practitioners trained at the end of the month	0
Total number of participating physicians/practitioners receiving training	0
Number of participating physicians' offices/clinics trained in Reach Out and Read model during current month *	<input type="text"/>
Number of newly participating physicians' offices/clinics during current month *	<input type="text"/>
Number of physicians' offices/clinics who discontinued participation during current month *	<input type="text"/>
Number of participating physicians'	0

GOAL AREA: FAMILY SUPPORT

STRATEGY NAME: NATIVE LANGUAGE ENRICHMENT

GOAL:

- FTF will coordinate 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.
- FTF will increase the availability, quality, and diversity of relevant resources that support language and literacy development for young children and their families.

STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	COST
FTF Native Language Enrichment strategies fund the training of early care and education providers to support native language and cultural acquisition for the young children of Native American families in child care, early head start/head start or other group settings as part of the regular programming and curriculum.	Native languages throughout the state of Arizona are endangered. Many native languages have been passed from generation to generation orally, and with them, the stories, customs, and life of a people.	<p><u>Capacity for Expansion and Multi-Year Commitment</u></p> <p>In most cases, this type of strategy requires the establishment of new programming. Curricula needs to be developed and/or adapted for each Tribe. Significant program development is required.</p> <p><u>Links to Other Strategies, System-Building Issues and Recommended Saturation Level</u></p> <p>Language revitalization initiatives should be interwoven with efforts for family involvement. Once trained through this strategy, early care and education providers should coordinate efforts and activities for native language and culture acquisition with families, the Tribal Council and family support providers such as home visiting programs, community based parent education programs and community resource centers.</p> <p><u>Timeline for Implementation</u></p> <p>Expect considerable time for program development, 6 months to 1 year, prior to service to children and families is implemented.</p>	Unit Costs will vary – please consult with Policy Specialist.

Policy Specialist: K. Vilay

First Things First Native Language Enrichment Standards of Practice

Native languages throughout the state of Arizona are endangered. Many native languages have been passed from generation to generation orally, and with them, the stories, customs, and life of a people. Native languages are inseparable from cultural identity and spirituality.

Since every community is different, language stabilization and acquisition strategies will also differ from one place to another, allowing them to be consistent with local customs. The concepts of language, identity, culture, and spirituality are highly complex. One can and should ask whose responsibility and privilege is it to teach a native language. The answer may be unclear and likely varies from one context or community to another. Further confusion may be inevitable now that the schools on tribal lands are involved in the teaching of native language and literacy.

A significant factor to revitalize native language is largely dependent on reinforcement in the home. Parents choose, for a variety of valid social reasons, not to teach their children their native tongue or they themselves do not speak their native language. Success of language preservation efforts depends strongly on family support and participation. If family members do not reinforce and support their children learning their native language, success will be difficult. Therefore, language revitalization initiatives should be interwoven with efforts for family involvement because preservation of native language can not prevail if the leadership does not originate in the home.

Every means possible to promote native language and the virtues of bilingualism must be utilized. For example, use of radio announcements, airing speakers' testimonials, displaying posters or bumper stickers, and wearing T-shirts could all be a part of a community effort to save/maintain a language.

Within each community, native language transmission can occur at different levels;

School level: Schools develop curriculum for mother (family)/child programs. Fluent native speakers teach non-native speaking parents the traditional language. This methodology will ensure that children learn and maintain the language.

Individual level: Native speakers help latent speakers and non-speakers learn the native language by utilizing existing language learning material, taped stories, and by creating new materials.

Family level: Family reunions and family-based summertime and weekend language immersion activities are organized; families are encouraged to limit the intrusion of English-language media; and parental support groups are established to further encourage native language.

Community level: Senior citizens centers are encouraged to have seniors use their native language with young children, for example in "language nests" at local preschools and Head Start centers; community seminars in the native language are promoted; community meetings and conferences about native language are organized, language institutes for families and

communities are held, programs for parents of children in bilingual programs are developed; and “banks” of language learning materials are created and available to all community members.

Tribal Nations level: Elected officials are encouraged to use and promote the native language; networks of Native American language supporters are developed across tribal boundaries.

Communities recognize that lessening the threat of native language extinctions will mean both individual and group attitudes must be changed. These changes must permeate throughout the entire community.

Within each community, native language early literacy transmission occurs at multiple levels and simultaneously;

It is understood that from birth, all young children are exposed to different languages, cultural values, beliefs and assumptions within the family and in the context of their community. Children absorb powerful messages from people, the environment, and the community that shape their identity, social and cultural values. How infants, toddlers, and young children interact within their environment and respond to experiences is heavily influenced by the values and beliefs of the family and others who care for them.

Because culture has a powerful impact on early learning, early childhood education professionals need competencies in learning about the families, cultures, and languages of children in their care to challenge their own assumptions about differences. Early childhood education professionals must be knowledgeable about their own cultural values and how their experiences can influence learning and development. This will allow them to be better equipped to deliver services in a culturally sensitive manner to all young children, including infants and toddlers.

Children’s early experiences with oral and written language, both formal and informal, provide essential foundations for all of their learning. Therefore, it is expected that centers, implementing Native Language early literacy programs will use the following Early Literacy Standards of Practice when teaching young children in center based settings.

Standards of Practice for Early Literacy in Early Childhood Education Settings:

Standard #1: Provide daily opportunities in the identified Native Language for children to develop listening and understanding skills.

- Provide daily opportunities for children to listen to stories, rhymes, songs and conversations as appropriate for the age group.
- Talk to babies and toddlers with simple language, frequent eye contact, and responsiveness to their cues and language attempts.
- Talk to preschool children using sophisticated vocabulary and sentence structure within the context of the learning environment.

- Tell and retell oral stories to children.

Standard #2: Provide daily opportunities in the identified Native Language for children to speak and practice communicating throughout the day.

- Engage children in reciprocal (back and forth) conversations about topics that are of interest to them.
- Provide opportunities throughout the day for children to verbally express their thoughts, feelings and understandings.
- Provide for a balance of child and adult conversations.

Standard #3: Provide opportunities in the identified Native Language for children to develop the ability to distinguish between sounds

- Frequently play with young children by talking to, singing to, and doing finger plays.
- Include books with rhyming words and alliteration in the shared reading experiences.
- Introduce culturally appropriate nursery rhymes to young children by reciting them frequently.

Standard #4: Provide children with daily opportunities to learn about books, their purpose, and how to handle them

- Share age-appropriate books *in the identified Native Language* with children on a daily basis by reading to the child on an adult's lap or together with one or two other children (infants, toddlers and preschool), or in a large group (preschool).
- Allow children, even babies the opportunity to handle books.
- Reread books, especially favorite ones.

Standard #5: Provide children with opportunities to practice using drawing and writing materials

- Provide simple writing materials such as crayons and markers and large paper for toddlers to explore and manipulate.
- Provide ample variety of writing materials that are readily accessible to preschool children throughout the day and throughout the child care setting including outdoor environments.
- Model purposeful writing for children such as making recipe for making traditional foods, lists of traditional foods or materials needed for an activity, making a birthday or get well card for a child or writing a recipe.

Standard #6: Provide opportunities for children to begin to develop alphabet knowledge.

- Use the names of the letters throughout the day within the context of writing children's names or modeling writing for preschool children.
- Incorporate the names of letters into interactive songs and games.

Standard #7: Provide books that are reflective of the child and family's language and culture

- Provide books that are written in the language that is spoken in the child's home.
- Provide books that reflect the child's culture or ethnicity in a non-stereotypical manner.
- Provide books that reflect the child's family structure in a respectful manner.

Additionally, grantees providing native language early literacy training to teaching staff should follow the First Things First **Professional Development Community Based Training Standards of Practice**.

RESEARCH NOTES:

Fishman J, Clarke D, Reyhner J, Christensen R, Wallace L, Zepeda O (1996 & 2007). *Stabilizing Native Languages*. Northern Arizona University.: <http://jan.ucc.nau.edu/~jar/SIL/>. 67-79.

Bowman, B.T., Donovan, M. S., & Burns, S. S. (Eds.). (2001). *Eager to learn, educating our preschoolers*. Washington, D.C.: National Academy Press, 186-200.

Neuman, S.B., Copple, C., & Bredekamp, S. (2000). *Learning to read and write, developmentally appropriate practices for young children*. Washington, D.C.: National Association for the Education of Young Children.

Native Language Enrichment

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

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

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

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

Definitions:

Unit of Service and related Target Service Number

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

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

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

For **Native Language Enrichment**, the units of service are:

- Total number of early care and education providers receiving professional development in culturally appropriate early literacy practice**
- Total number of culturally appropriate books distributed**

Total number of families attending culturally appropriate family literacy trainings or literacy workshops

Total number of children attending culturally appropriate family literacy trainings or literacy workshops

Performance Measures

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

For **Native Language Enrichment**, performance measures are:

Total numbers of early care and education providers receiving professional development in culturally appropriate early literacy practice/proposed service number

Total number of culturally appropriate early literacy professional development sessions conducted/proposed service number

Total number of early care and education providers adding culturally appropriate lending libraries/proposed service number

Total number of families attending culturally appropriate family literacy trainings or literacy workshops in early care and education settings/proposed service number

Total number of children attending culturally appropriate family literacy trainings or literacy workshops in early care and education settings /proposed service number

Total number of culturally appropriate books distributed/proposed service number

Total number of culturally appropriate family literacy trainings or literacy workshops offered/proposed service number

Total number of families attending culturally appropriate family literacy trainings or literacy workshops /proposed service number

Total number of children attending culturally appropriate family literacy trainings or literacy workshops /proposed service number

Data Reporting Templates

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

For **Native Language Enrichment**, the data reporting template is:

Data Reporting Instructions

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

For **Native Language Enrichment**, the data reporting instructions are:

INFORMATION

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

- 1st Quarter – July-September – Report due October 20
- 2nd Quarter – October-December – Report due January 20
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- Data should be only reported for services funded by First Things First.
- Data should be reported for each Regional Partnership Council area in which contracted services are provided. For example, if your community based training program is contracted to provide services in both Central Maricopa and Northeast Maricopa regions, two separate reports must be submitted.

OVERVIEW

- For each reporting period, enter all data for all Regional Partnership Council areas served into the First Things First web-based evaluation report. Your “Evaluation Report” screen will automatically show you how many reports to submit.
- For each quarter, **data should be tallied for each month of service.**
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- If you make an error, and want to change a piece of information, don’t forget to click “Save Changes” for your correction to be saved.
- **Do not forget to change the status of your report from ‘in progress’ to ‘completed’. A COMPLETED status notifies FTF that your data report is ready for review.**

DIRECTIONS FOR DATA ENTRY

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

Section 1

***Does your program serve:** In this data field you will check one of the following choices? *If you are serving only Native Language Providers please skip Sections I through III and proceed to Section IV for data entry*

- a. Center Based Child Care Providers (CCP) → go to Center Based CCP column
- b. Home Based Child Care Provider (CCP) → go to Home Based CCP column
- c. Both → enter numbers in both Center and Home Based CCP columns

Data Fields

Service Number

1. ***Number of providers served at the beginning of the month:** In this data field you will enter in the total number of providers served at the beginning of the month (carryover from previous month).
2. ***Number of new providers enrolled during current month:** In this data field you will enter in the total number of newly enrolled providers during the month.
3. ***Number of providers disenrolled during current month:** In this data field you will enter in the total number of providers disenrolled during the current month.
4. **Number of providers served at the end of the month: Auto Calculated.**
5. **Total number of providers receiving services: Auto Calculated.**
6. ***Provider Disenrollment Reasons:** In this data field enter the total number of providers disenrolled by reason breakout for the month. **Note:** This is the breakout of Q #4.
 - a. No longer in business ___
 - b. Discontinued services ___
 - c. Completion ___
 - d. Other (Please specify) -this is a text field (500 characters)

Employment

7. ***Number of teachers employed at the beginning of the month:** In this data field you will enter in the total number of teachers employed at the beginning of the month (carryover from previous month).
8. ***Number of new teachers hired during current month:** In this data field you will enter in the total number of newly hired teachers during the month.
9. *** Number of teachers leaving employment during current month:** In this data field you will enter in the total number of teachers leaving employment during the month.
10. **Number of teachers employed at the end of the month: Auto Calculated.**
11. **Total number of teachers employed this reporting period: Auto Calculated.**
12. ***Number of assistant teachers employed at the beginning of the month:** In this data field you will enter in the total number of assistant teachers employed at the beginning of the month (carryover from previous month).

13. ***Number of new assistant teachers hired during current month**: In this data field you will enter in the total number of newly hired assistant teachers during the month.
14. ***Number of assistant teachers leaving employment during current month**: In this data field you will enter in the total number of assistant teachers leaving employment during the month.
15. **Number of assistant teachers employed at the end of the month: Auto Calculated.**
16. **Total number of assistant teachers employed this reporting period: Auto Calculated.**

Children Served

17. ***Number of infants served at the beginning of the month**: In this data field you will enter in the total number of infants (0 to 12 months) enrolled at the beginning of the month (carryover from previous month).
18. ***Number of new infants enrolled during current month**: In this data field you will enter in the total number of newly enrolled infants (0 to 12 months) during the month.
19. **Total Number of infants served at the end of the month: Auto Calculated.**
20. ***Number of toddlers served at the beginning of the month**: In this data field you will enter in the total number of toddlers (13 to 35 months) enrolled at the beginning of the month (carryover from previous month).
21. ***Number of new toddlers enrolled during current month**: In this data field you will enter in the total number of newly enrolled toddler (13 to 35 months) during the month.
22. **Total Number of toddlers served at the end of the month: Auto Calculated.**
23. ***Number of preschoolers enrolled at the beginning of the month**: In this data field you will enter in the total number of preschoolers (36 to 71 months) enrolled at the beginning of the month (carryover from previous month).
24. *** Number of new preschooler enrolled during current month**: In this data field you will enter in the total number of newly enrolled preschoolers (36 to 71 months) during the month.
25. **Total Number of preschoolers served at the end of the month: Auto Calculated.**
26. ***Number of children with special needs served at the beginning of the month**: In this data field you will enter in the total number of special needs children (0 to 71 months) enrolled at the beginning of the month (carryover from previous month).
27. ***Number of new children with special needs enrolled during current month**: In this data field you will enter in the total number of newly enrolled special needs children (0 to 71 months) during the month.
28. **Total Number of children with special needs served at the end of the month: Auto Calculated.**

29. * Does your program work with providers (including center based and home based) offering a Lending Library? Yes or No. In this data field you will answer either Yes or No. If yes, then please complete this section (a-h). If No, you can skip this section and go section III.
- *Number of providers with lending libraries: in this data field you will enter in the total number of providers with existing lending libraries.
 - *Number of providers adding new lending libraries: In this data field you will enter in the total number of providers adding NEW lending libraries.
 - *Number of providers adding books to their lending libraries: In this data field you will enter in the total number of provider Creating lending libraries that circulate culturally relevant children's book.
 - *Number of families checking out books: In this data field you will enter in the total number of families checking out books.
 - *Number of books checked out by families: In this data field you will enter the total number of books checked by families.

Section III – Family Enrichment Events

30. * Does your program work with providers (including center based and home based) offering Family Enrichment Events? In this data field you will answer either Yes or No. If yes, then please complete this section. If No, you can skip this section and go to section IV.
- *Number of family enrichment events provided this month: In this data field you will enter the total number of family enrichment events provided during this month.
 - *Total number of children attending family enrichment events this month: In this data field you will enter the total number of children attending family enrichment events this month.
 - *Total number of families attending family enrichment events this month: In this data field you will enter the total number of families attending family enrichment events this month.

Section IV – Native Language Program – NOTE: this section is only for those program working with Native Language Providers

31. *Does your program working with Native Language Providers? In this data field you will answer either Yes or No . If yes, then please check one of the following fields.
- **If you answered NO, you do not have to complete section IV & V.****
- Center Based Child Care Providers (CCP) → go to Center Based CCP column
 - Home Based Child Care Provider (CCP) → go to Home Based CCP column
 - Both → enter numbers in both Center and Home Based CCP columns.

Service Numbers

32. ***Number of provider implementing culturally based literacy and language programs served at the beginning of the month:** In this data field you will enter the total number of provider that are implementing culturally based literacy and language programs that are served at the beginning of the month (continuing programs).
33. ***Number of providers implementing culturally based literacy and language programs enrolled during current month:** In this data field you will enter the total number of providers that are implementing culturally based programs that are newly enrolled during the current month.
34. ***Number of providers implementing culturally based literacy and language programs disenrolled during current month:** In this data field you will enter the total number of providers implementing culturally based literacy and language programs that are disenrolled during the current month.
35. **Number of providers implementing culturally based literacy and language programs served at the end of the month: Auto Calculated.**
36. **Total number of centers implementing culturally based literacy and language programs providers receiving services: Auto Calculated.**
37. ***Provider Disenrollment Reasons:** In this data field enter the total number of providers disenrolled by reason breakout for the month. **Note:** This is the breakout of Q #35.
 - a. No longer in Business____
 - b. Discontinued Services____
 - c. Completion____
 - d. Other (Please specify) -this is a text field (500 characters)

Employment

38. ***Number of teachers employed at the beginning of the month:** In this data field you will enter in the total number of teachers employed at the beginning of the month (carryover from previous month).
39. ***Number of new teachers hired during current month:** In this data field you will enter in the total number of newly hired teachers during the month.
40. *** Number of teachers leaving employment during current month:** In this data field you will enter in the total number of teachers leaving employment during the month.
41. **Number of teachers employed at the end of the month: Auto Calculated.**
42. **Total number of teachers employed this reporting period: Auto Calculated.**
43. ***Number of assistant teachers employed at the beginning of the month:** In this data field you will enter in the total number of assistant teachers employed at the beginning of the month (carryover from previous month).
44. ***Number of new assistant teachers hired during current month:** In this data field you will enter in the total number of newly hired assistant teachers during the month.

45. ***Number of assistant teachers leaving employment during current month**: In this data field you will enter in the total number of assistant teachers leaving employment during the month.
46. **Number of assistant teachers employed at the end of the month: Auto Calculated.**
47. **Total number of assistant teachers employed this reporting period: Auto Calculated.**

Children Served

48. ***Number of infants served at the beginning of the month**: In this data field you will enter in the total number of infants (0 to 12 months) enrolled at the beginning of the month (carryover from previous month).
49. ***Number of new infants enrolled during current month**: In this data field you will enter in the total number of newly enrolled infants (0 to 12 months) during the month.
50. **Total Number of infants served at the end of the month: Auto Calculated.**
51. ***Number of toddlers served at the beginning of the month**: In this data field you will enter in the total number of toddlers (13 to 35 months) enrolled at the beginning of the month (carryover from previous month).
52. ***Number of new toddlers enrolled during current month**: In this data field you will enter in the total number of newly enrolled toddler (13 to 35 months) during the month.
53. **Total Number of toddlers served at the end of the month: Auto Calculated.**
54. ***Number of preschoolers enrolled at the beginning of the month**: In this data field you will enter in the total number of preschoolers (36 to 71 months) enrolled at the beginning of the month (carryover from previous month).
55. ***Number of new preschooler enrolled during current month**: In this data field you will enter in the total number of newly enrolled preschoolers (36 to 71 months) during the month.
56. **Total Number of preschoolers served at the end of the month: Auto Calculated.**
57. ***Number of children with special needs served at the beginning of the month**: In this data field you will enter in the total number of special needs children (0 to 71 months) enrolled at the beginning of the month (carryover from previous month).
58. ***Number of new children with special needs enrolled during current month**: In this data field you will enter in the total number of newly enrolled special needs children (0 to 71 months) during the month.
59. **Total Number of children with special needs served at the end of the month: Auto Calculated.**

Section V – Lending Libraries

60. *** Does your program work with providers (including center based and home based) offering a Lending Library? Yes or No.** In this data field you will answer either **Yes** or **No**.

If yes, then please complete this section (a-h). **If No, you can skip this section and go section VI.**

- a. ***Number of providers with lending libraries:** in this data field you will enter in the total number of providers with existing lending libraries.
- b. ***Number of providers adding new lending libraries:** In this data field you will enter in the total number of providers adding NEW lending libraries.
- c. ***Number of providers adding books to their lending libraries:** In this data field you will enter in the total number of provider Creating lending libraries that circulate culturally relevant children's book.
- d. ***Number of providers adding culturally relevant books to their lending libraries:** In this data field you will enter in the total number of providers that are adding culturally relevant books to their existing lending libraries.
- e. ***Number of families checking out books:** In this data field you will enter in the total number of families checking out books.
- f. ***Number of families checking out culturally relevant books:** In this data field you will enter the total number of families checking out culturally relevant books.
- g. ***Number of books checked out by families:** In this data field you will enter the total number of books checked by families.
- h. ***Number of culturally relevant books checked out by families:** In this data field you will enter in the total number of culturally relevant books checked out by families.

Section VI – Family Enrichment Events

61. *** Does your program work with providers (including center based and home based) offering Family Enrichment Events?** In this data field you will answer either **Yes** or **No**. If yes, then please complete this section. **If No, you can skip this section.**
 - d. ***Number of family enrichment events provided this month:** In this data field you will enter the total number of family enrichment events provided during this month.
 - e. ***Total number of children attending family enrichment events this month:** In this data field you will enter the total number of children attending family enrichment events this month.
 - f. ***Total number of families attending family enrichment events this month:** In this data field you will enter the total number of families attending family enrichment events this month.
 - g. ***Number of culturally based family enrichment events provided this month:** In this data field you will enter the total number of culturally based family enrichment events provided this month.
 - h. *** Total number of children attending culturally based family enrichment events this month:** In this data field you will enter the total number of children attending culturally based family enrichment events.

- i. *** Total number of families attending culturally based family enrichment events this month:** In this data field you will enter the total number families attending culturally based family enrichment events.

Frequently Asked Questions

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

For **Native Language Enrichment**, the frequently asked questions are:

In development



CONTRACT DATES
7/1/2010
TO
7/31/2010

TEST PRODUCTION AGENCY (APPS)
Address: Parter Address Agency Details
Test City, AZ 85032
Contract ID: GRA-STATE-10-0218-01

[View Reporting Instructions and FAQ](#)

PROVIDER TRAINING II DATA REPORTING TEMPLATE

User Completing Report

AZFTF\mshahi

Reporting Period

Month Year
7 2010

Regional Partnership Council

State

Status

In Progress

Date Completed

DATA ENTRY

Section I

Does your program serve:

- Center Based Child Care Providers *
- Home Based Child Care Providers *
- Serve Only Native Language Providers *

**** If you are serving only Native Language Providers please skip Sections I through III and proceed to Section IV for data entry**

Data Fields

Center Based Child Care Providers	Home Based Child Care Providers
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Section I A

Number of providers served at beginning of the month

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Number of new providers enrolled during current month

--	--

Number of providers disenrolled during current month

--	--

Number of providers served at end of the month

0

0

Total number of providers receiving services

0

0

Provider Disenrollment Reasons

No longer in Business

--	--

Discontinued Services

--	--

Completion

--	--

Other (Please Specify)

Section I B

Center Based Child Care Providers	Home Based Child Care Providers
---	---------------------------------------

Does your program conduct intensive training for providers? If Yes, then please complete this section. If No, you can skip Section I B.

Yes No

Number of teachers employed at beginning of the month	0	0
Number of new teachers hired during current month	0	0
Number of teachers leaving employment during current month	0	0
Number of teachers employed at the end of the month	0	0
Total number of teachers employed this reporting period	0	0
Number of assistant teachers employed at beginning of the month	0	0
Number of new assistant teachers hired during current month	0	0
Number of assistant teachers leaving employment during current month	0	0
Number of assistant teachers employed at the end of the month	0	0
Total number of assistant teachers employed this reporting period	0	0
Number of infants served at beginning of the month	0	0
Number of new infants enrolled during current month	0	0
Number of infants served at end of the month	0	0
Number of toddlers served at beginning of the month	0	0
Number of new toddlers enrolled during current month	0	0
Number of toddlers served at end of the month	0	0
Number of preschoolers served at beginning of the month	0	0
Number of new preschoolers enrolled during current month	0	0
Number of preschoolers served at end of the month	0	0
Number of children with special needs served at beginning of the month	0	0
Number of new children with special needs enrolled during current month	0	0
Number of children with special needs served at end of the month	0	0

Section II: Lending Libraries

Does your program work with providers (including center based and home based) offering a Lending Library? If Yes, then please complete this section. If No, you can skip this section.

Yes No

Number of providers with lending libraries	0
Number of providers adding new lending libraries	0

Number of providers adding books to their lending libraries

Number of families checking out books

Number of books checked out by families

Section III: Family Enrichment Events

Does your program work with providers (including center based and home based) offering Family Enrichment Events? If Yes, then please complete this section. If No, you can skip this section.

Yes No

Number of family enrichment events provided this month

Total number of children attending family enrichment events this month

Total number of families attending family enrichment events this month

Section IV: Applies only for Programs working with Native Language Providers

Does your program work with Native Language Providers?

Yes No

If Yes, does your program work with the following. If No, you do not have to complete Sections IV- VI

- Center Based Child Care Providers *
- Home Based Child Care Providers *

Data Fields	Center Based Child Care Providers	Home Based Child Care Providers
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Section IV A

Number of providers implementing culturally based literacy and language programs served at the beginning of the month	<input type="text"/>	<input type="text"/>
Number of new providers implementing culturally based literacy and language programs enrolled during current month	<input type="text"/>	<input type="text"/>
Number of providers implementing culturally based literacy and language programs disenrolled during current month	<input type="text"/>	<input type="text"/>
Number of providers implementing culturally based literacy and language programs served at the end of the month	0	0
Total number of providers implementing culturally based literacy and language programs receiving services	0	0
Provider Disenrollment Reasons		
No longer in Business	<input type="text"/>	<input type="text"/>
Discontinued Services	<input type="text"/>	<input type="text"/>
Completion	<input type="text"/>	<input type="text"/>
Other (Please Specify)	<input type="text"/>	<input type="text"/>

Section IV B	Center Based	Home Based
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**Child Care
Providers**

**Child Care
Providers**

Does your program conduct intensive training for Native language providers? If Yes, then please complete this section. If No, you can skip Section IV B.

Yes No

Number of teachers employed at beginning of the month	<input type="text"/>	<input type="text"/>
Number of new teachers hired during current month	<input type="text"/>	<input type="text"/>
Number of teachers leaving employment during current month	<input type="text"/>	<input type="text"/>
Number of teachers employed at the end of the month	0	0
Total number of teachers employed this reporting period	0	0
Number of assistant teachers employed at beginning of the month	<input type="text"/>	<input type="text"/>
Number of new assistant teachers hired during current month	<input type="text"/>	<input type="text"/>
Number of assistant teachers leaving employment during current month	<input type="text"/>	<input type="text"/>
Number of assistant teachers employed at the end of the month	0	0
Total number of assistant teachers employed this reporting period	0	0
Number of infants served at beginning of the month	<input type="text"/>	<input type="text"/>
Number of new infants enrolled during current month	<input type="text"/>	<input type="text"/>
Number of infants served at end of the month	0	0
Number of toddlers served at beginning of the month	<input type="text"/>	<input type="text"/>
Number of new toddlers enrolled during current month	<input type="text"/>	<input type="text"/>
Number of toddlers served at end of the month	0	0
Number of preschoolers served at beginning of the month	<input type="text"/>	<input type="text"/>
Number of new preschoolers enrolled during current month	<input type="text"/>	<input type="text"/>
Number of preschoolers served at end of the month	0	0
Number of children with special needs served at beginning of the month	<input type="text"/>	<input type="text"/>
Number of new children with special needs enrolled during current month	<input type="text"/>	<input type="text"/>
Number of children with special needs served at end of the month	0	0

Section V: Lending Libraries

Does your program work with providers (including center based and home based) offering Lending Library? If Yes, then please complete this section. If No, you can skip this section.

Yes No

Number of providers with lending libraries	<input type="text"/>
Number of providers adding new lending libraries	<input type="text"/>
Number of providers adding books to their lending libraries	<input type="text"/>
Number of providers adding culturally relevant books to their lending libraries	<input type="text"/>
Number of families checking out books	<input type="text"/>

Number of families checking out culturally relevant books

Number of books checked out by families

Number of culturally relevant books checked out by families

Section VI: Family Enrichment Events

Does your program work with providers (including center based and home based) offering Family Enrichment Events? If Yes, then please complete this section. If No, you can skip this section.

Yes No

Number of family enrichment events provided this month

Total number of children attending family enrichment events this month

Total number of families attending family enrichment events this month

Number of culturally based family enrichment events provided this month

Total number of children attending culturally based family enrichment events this month

Total number of families attending culturally based family enrichment events this month