



FIRST THINGS FIRST

Ready for School. Set for Life.

Arizona Early Child Development and Health Board Yavapai Regional Partnership Council

DRAFT Minutes

Call to Order

A Regular Meeting of the First Things First – Yavapai Regional Partnership Council was held on April 23, 2014 at the Yavapai County Cottonwood Annex, Verde Room, 10 S. 6th Street, Cottonwood, Arizona, 86326.

Dr. Kathy Watson, Chair, called the meeting to order at 9:00 a.m.

Members Present: Kathy Watson, Anne Babinsky Rawlings, Ophelia Tewawina, Sherry Birch, Sara Lienau, Juanita Setzer, and Angela Bradshaw Napper. Olga Morris and Julie Hall Allison attended telephonically.

Members Absent: No members were absent.

Council Member Conflict of Interest Disclosure

Council Member Sara Lienau declared a conflict of interest with regard to deliberations concerning any agenda items pertaining to Quality First, TEACH scholarships, REWARDS and Raising a Reader because she works for an organization that is a potential recipient of Quality First, and her organization may be recipients of these services.

Council Member Juanita Setzer declared a conflict of interest with regard to deliberations concerning Teen Outreach Pregnancy Service because she is employed with the organization.

Council Member Ophelia Tewawina declared a conflict of interest with regard to deliberations concerning Native Language Preservation because she and her staff are recipients of these services.

Vice Chair Sherry Birch declared a conflict of interest with regard to deliberations concerning any agenda item pertaining to Quality First, TEACH scholarships, Child Care scholarships, REWARDS, Child Care Health Consultation, Mental Health Consultation and Raising a Reader because she, her staff or center are recipients of these services.

Approve RPC Meeting Minutes

Council Member Angela Bradshaw Napper noted that the March 19, 2014 meeting minutes needed to be amended as she was not present at the meeting as indicated. Vice Chair Anne Babinsky Rawlings made a motion to approve the minutes of the March 19, 2014 Regular Meeting of the Yavapai Regional Partnership Council, as corrected. The motion was seconded by Council Member Sara Lienau and passed unanimously.

Call to the Public

Community Member Rainee Crabtree with Arizona's Children Association addressed the Yavapai Regional Partnership Council to provide updates pertaining to the program Parents as Teachers.

Yavapai Regional Program Updates

Judy Piner with the Yavapai-Apache Nation provided a presentation regarding the Native Language Preservation Program. Laura Pedersen with the Teen Outreach Pregnancy Services provided a presentation regarding their organization which included a video along with information pertaining to the success and challenges of the program.

Discussion and Possible Approval of Review Committee Recommendation – Parent Education-Community Based Training RFGA (FTF-RC022-15-0488-00)

Chair Kathy Watson called for a motion to move into Executive Session Pursuant to ARS 38-431.03 (C), for the purposes of discussion of confidential information regarding Parent Education-Community Based Training Grant Awards.

Council Member Sherry Birch made a motion that the Council move into Executive Session for the purposes of discussion of confidential information regarding the Parent Education-Community Based Training Grant Awards. The motion was seconded by Council Member Sara Lienau and passed unanimously. Council moved to Executive Session which started at 9:34 a.m. with the review of Parent Education-Community Based Training.

Council Members and the Public returned to the Council Meeting after Executive Session. Council Member Angela Bradshaw Napper made a motion that the Executive Session be closed. Motion was seconded by Vice Chair Anne Babinsky Rawlings and passed unanimously. Executive was closed at approximately 9:53 a.m.

Chair Kathy Watson called for a motion in regard to the RFGA for Parent Education-Community Based Training. Council Member Angela Bradshaw Napper made a motion that the Yavapai Regional Council accepts the recommendation of the review committee for RFGA # (FTF-RC022-15-0488-00) Parent Education-Community Based Training. The motion was seconded by Vice Chair Anne Babinsky Rawlings and passed unanimously.

Discussion and Possible Approval of SFY2015 Grant Renewals

Regional Director Lisa Blyth presented the renewal process and provided grantee performance updates to the Yavapai Regional Partnership Council in order to make recommendations.

Council Member Sherry Birch made a motion that grant #FTF-RC022-13-0372-02 with Yavapai Regional Medical Center to provide the Healthy Families home visiting program in the Yavapai region be renewed in the amount of \$276,268.00 for the twelve month period beginning July 1, 2014; the grant will serve 70 families. The motion was seconded by Vice Chair Anne Babinsky Rawlings and passed unanimously.

Council Member Sara Lienau made a motion that grant #FTF-RC022-13-0372-03 with Arizona's Children Association to provide the Parents as Teachers home visiting program in the Yavapai region be renewed in the amount of \$273,752.00 for the twelve month period beginning July 1, 2014; the grant will serve 80 families. The motion was seconded by Vice Chair Anne Babinsky Rawlings and passed unanimously.

Council Member Angela Bradshaw Napper made a motion that grant #FTF-RC022-13-0372-05 with the Yavapai County Community Health Services to provide the Nurse Family Partnership home visiting

program in the Yavapai region be renewed in the amount of \$255,000.00 for the twelve month period beginning July 1, 2014; the grant will serve 50 families. The motion was seconded by Council Member Sherry Birch and passed unanimously.

Council Member Sherry Birch made a motion that grant #FTF-RC022-13-0430-01 with the Verde Valley Medical Center to provide the Healthy Families home visiting program in the Yavapai region be renewed in the amount of \$249,841.00 for the twelve month period beginning July 1, 2014; the grant will serve 40 families. The motion was seconded by Council Member Juanita Setzer and passed unanimously.

Vice Chair Anne Babinsky Rawlings made a motion that grant #FTF-RC022-13-0384-01 with Community Counts to provide Parent Education-Community Based Trainings in the Yavapai region be renewed in the amount of \$150,000.00 for the twelve month period beginning July 1, 2014; the grant will serve 360 adults. The motion was seconded by Council Member Sherry Birch and passed unanimously.

Council Member Angela Bradshaw Napper made a motion that grant #FTF-MULTI-13-0362-02 with Prevent Child Abuse Arizona to provide Court Teams in the Yavapai Region be renewed in the amount of \$66,500.00 for the twelve month period beginning July 1, 2014; the grant will serve 140 children and 500 adults. The motion was seconded by Council Member Juanita Setzer and passed unanimously.

Council Member Ophelia Tewawina made a motion that grant #FTF-MULTI-13-0406-01 with Association for Supportive Child Care to provide Family, Friend and Neighbor in the Yavapai region be renewed in the amount of \$30,000.00 for the twelve month period beginning July 1, 2014; the grant will serve 20 home based providers. The motion was seconded by Council Member Sherry Birch and passed unanimously.

Vice Chair Anne Babinsky Rawlings made a motion that grant #FTF-STATE-13-0344-01 with Southwest Human Development to provide Mental Health Consultation services in addition to those through the Quality First contract, be renewed in the amount of \$307,500.00 for the twelve month period beginning July 1, 2014; the grant will serve 13 center based providers and 5 home based providers. The motion was seconded by Council Member Angela Bradshaw Napper and passed with a majority of votes. Council Member Sherry Birch and Council Member Sara Lienau abstained.

Council Member Angela Bradshaw Napper made a motion that grant #GRA-STATE-13-0511-01 with Yavapai County Community Health Services to provide Child Care Health Consultation services be renewed in the amount of \$152,020.00 for the twelve month period beginning July 1, 2014; the grant will serve 50 center based providers and 7 home based providers. The motion was seconded by Council Member Juanita Setzer and passed with a majority of votes. Council Member Sherry Birch and Council Member Sara Lienau abstained.

Review of Fiscal Policy Direction from FTF Finance Committee

Regional Director Lisa Blyth and Senior Director Virginia Turner provided a summary review of the Finance Committee recommendation to the State Board in order to sustain funding for First Things First and examined future allocations for the Yavapai Regional Partnership Council's funding balance. Chair Kathy Watson and Vice Chair Anne Babinsky Rawlings asked the Council to address a series of questions pertinent to the regional funding and fiscal policy direction to inform their participation in the upcoming Chair and Vice Chair meeting.

Community Outreach Coordinator Report

Community Outreach Coordinator Claire Louge reported on a number of updates regarding the Community Outreach Plan and benchmarks including; the benchmark for presentations and outreach events are 5 per month and Yavapai conducted 47 for the month of April; and the media benchmark is 2 per month and Yavapai had 3 for the month of April. The Buena Vista Children’s Celebration; Week of the Young Child where 478 books were distributed countywide; and gratitude for supportive partnerships was also addressed.

Regional Director’s Report

Regional Director Lisa Blyth reported on a number of updates including: dates to remember; community meetings; AzEIP Coordination efforts to hold information sessions around the state; the Yavapai Regional Partnership Council recruitment updates; Round Robin meeting to be held directly after the Regular meeting on May 28, 2014 which will include state programs; and the Chair and Vice Chair Meeting.

Council Member Updates and Report

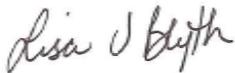
Council Member Sherry Birch shared that the Sonshine Learning Centers toddler room is now open. The Sonshine Learning Center’s Preschool will also be hosting a barbeque and auction at Bumble Bee Ranch. Council Member Sherry Birch extended an invitation on April 26, 2014 and encouraged the community to attend. Senior Director Virginia Tuner shared the status and updates pertaining to the Yavapai Regional Council recruitment process.

Next Meeting

The next Regular meeting of the Regional Partnership Council is scheduled for May 28, 2014 at 9:00 a.m. in Prescott.

Adjournment

There being no further business, Council Member Sherry Birch moved to adjourn the meeting. The motion was seconded by Council Member Angela Bradshaw Napper and passed unanimously. Chair Kathy Watson adjourned the meeting at approximately 11:38 a.m.



Lisa Blyth, Yavapai Regional Director

Approved:

Kathy Watson, Chair

May 28, 2014



FIRST THINGS FIRST

Ready for School. Set for Life.

Arizona Early Child Development and Health Board Yavapai Regional Partnership Council

DRAFT Minutes

Call to Order

A Special meeting of the First Things First – Yavapai Regional Partnership Council was held on May 5, 2014 at the First Things First Office, Conference Room, 724 N. Montezuma Street, Prescott, Arizona, 86301.

Sherry Birch, Acting Chair, called the meeting to order at 11:02 a.m.

Cindy Marshall Pemberton conducted roll call.

Members Present: Sherry Birch, Juanita Setzer, Sara Lienau, Julie Hall Allison, Ophelia Tewawina, and Olga Morris attended telephonically.

Members Absent: Kathy Watson, Anne Babinsky Rawlings and Angela Bradshaw Napper

Council Member Conflict of Interest Disclosure

No Members of the Yavapai Regional Partnership Council stated a conflict of interest.

Discussion and Possible Amendment of SFY2015 Home Visiting Contract with Yavapai Regional Medical Center Grant Renewal

Regional Director Lisa Blyth provided the background of the renewal amounts and the discrepancy of the travel *per diem* rates that were not included in the original renewal request. The Yavapai Regional Medical Center resubmitted the amended clarifications. The Yavapai Regional Partnership Council voted on the renewal in the sum of \$276,268.00 and the amended amount should be \$277,268.00.

Council Member Julie Hall Allison made a motion that the renewal of grant #FTF-RC022-13-0372-02 with Yavapai Regional Medical Center to provide the Healthy Families home visiting program in the Yavapai Region be amended to reflect the inclusion of the correct travel *per diem* rate for a total grant amount of \$277,268.00 for the twelve month period beginning July 1, 2014; the grant will serve 70 families. The motions was seconded by Council Member Juanita Setzer and passed unanimously.

Next Meeting

The next meeting of the Regional Partnership Council is a Regular Meeting scheduled for May 28, 2014 at 9:00 a.m. in Prescott.

Adjournment

There being no further business, Council Member Sara Lienau moved to adjourn the meeting. The motion was seconded by Council Member Ophelia Tewawina and passed unanimously. Acting Chair Sherry Birch adjourned the meeting at approximately 11:10 a.m.

Lisa J Blyth

Lisa Blyth, Yavapai Regional Director

Approved:

Kathy Watson, Chair

May 28, 2014



FIRST THINGS FIRST

Community Awareness Budget FTF Directed Strategy

YAVAPAI RPC
SFY 2015

Total Community Awareness Budget: \$ 6000

Budget Category		Total Cost	Finance use below
CONTRACTED SERVICES	REPORT CATEGORY	\$	-
FTF Hosted Event	Other Professional & Outside Services		6299
OTHER OPERATING EXPENSES	REPORT CATEGORY	\$	6,000.00
ACI folders, OfficeMax, Born Learning, printing by External Vendor	External Printing		7472
Community Awareness Equipment (cart, table, chair, etc.)	Office Supplies	\$ 100.00	7321
Community Awareness Supplies (educational, craft project, etc.)	Other Office Supplies		7381
ERI, Branded Items, Brown & Bigelow, Engagement Wheel	Entertainment & Promotional Items	\$ 300.00	7521
Event Sponsorships (\$), Media	Advertising	\$ 4,500.00	7461
FTF Hosted Event (event participation)	Conference Registration/Attendance Fees	\$ 200.00	7455
Printing of materials by FTF internal copier	Internal Printing		7471
Rent conference/meeting room	Rent of Facilities		7229
Children's Books	Books, Subscriptions, Publications	\$ 900.00	7541
Specify here if not listed above:			7599
Total Award:		\$ 6,000.00	

Approval Signature

Date

(after signed, give to Finance)

Budget Narrative: for each line item above, provide description below of the activities and rationale for funding level

CONTRACTED SERVICES	
FTF Hosted Event	
OTHER OPERATING EXPENSES	
ACI folders, OfficeMax, Born Learning, printing by External Vendor	
Community Awareness Equipment	Due to normal wear and tear, some items used for the transportation and storage of Community Awareness supplies will be replaced, including a rolling cart or a small rubbermaid table. Total: \$100
Community Awareness Supplies	
ERI, Branded Items, Brown & Bigelow, Engagement Wheel	Funding will be used to purchase educational reinforcement items: <i>200 non-laminated grocery bags x \$1.37 = \$274</i> <i>Shipping and Handling: \$26</i> Total: \$300
Event Sponsorships (\$), Media	Funding will be used to sponsor local events related to early childhood health and development. Possible events include: <i>Buena Vista Children's Services Conference at \$1,500</i> <i>Partners Improving Early Childhood Experiences awareness or recognition events: \$500</i> <i>Step Up for Kids Mom to Mom Support Group events: \$500</i> <i>Other early childhood events and activities not yet identified: \$2000</i> Total: \$4,500
FTF Hosted Event	This funding will be used to pay the fees associated with event participation that will help First Things First reach target audiences, example: <i>League of Women Voters meet and greet: \$40</i> Total: \$200
Printing by FTF internal copier	
Rent conference/meeting room	
Children's Books	This funding will be used to purchase children's books to be given to children and families during presentations and events as educational reinforcement items. Book stickers will be placed on each book for branding. <i>375 books x \$2.00 each = \$750</i> <i>500 book stickers x .12 = \$60</i> <i>Shipping & handling = \$90</i> Total: \$900
Specify if not listed above:	



FIRST THINGS FIRST

Parent Outreach and Awareness Budget FTF Directed Strategy

YAVAPAI RPC SFY 2015

Total Parent Outreach and Awareness Budget: \$ 10,000

Budget Category		Total Cost	Finance use below
CONTRACTED SERVICES	REPORT CATEGORY	\$ 10,000.00	
FTF Hosted Event	Other Professional & Outside Services	\$ 10,000.00	6299
OTHER OPERATING EXPENSES	REPORT CATEGORY	\$ -	
ACI folders, OfficeMax, Born Learning, printing by External Vendor	External Printing		7472
Equipment (cart, table, chair, etc.)	Office Supplies		7321
Supplies (educational, craft project, etc.)	Other Office Supplies		7381
ERI, Branded Items, Brown & Bigelow, Engagement Wheel	Entertainment & Promotional Items		7521
Event Sponsorships (\$), Media	Advertising		7461
FTF Hosted Event (event participation)	Conference Registration/Attendance Fees		7455
Printing of materials by FTF internal copier	Internal Printing		7471
Rent conference/meeting room	Rent of Facilities		7229
Children's Books	Books, Subscriptions, Publications		7541
Specify here if not listed above:			7599
Total Award:		\$ 10,000.00	

Approval Signature _____

Date _____

(after signed, give to Finance)

Budget Narrative: for each line item above, provide description below of the activities and rationale for funding level

CONTRACTED SERVICES	
FTF Hosted Event	In partnership with the Arizona Community Foundation, the parent resource guide- <u>Little Kids/Big Kids Book</u> is produced. The guide provides families with connections to resources and activities that promote healthy development and school readiness. SFY 2015 is the final year of First Things First Yavapai Regional funding for this project. The Foundation and the Yavapai Regional Council will share the production costs for the project to include: design, assembly, printing, distributing and storing of the guide as well as media awareness and website maintenance that captures provider information. <i>10,000 books x \$1/book = \$10,000</i>
OTHER OPERATING EXPENSES	
ACI folders, OfficeMax, Born Learning, printing by External Vendor	
Parent Outreach & Awareness Equipment	
Parent Outreach & Awareness Supplies	
ERI, Branded Items, Brown & Bigelow, Engagement Wheel	
Event Sponsorships (\$), Media	
FTF Hosted Event	
Printing by FTF internal copier	
Rent conference/meeting room	
Children's Books	
Specify if not listed above:	



FIRST THINGS FIRST

Family Support Coordination
FTF Directed Strategy

YAVAPAI RPC
SFY 2015

Total Family Support Coordination Budget: \$4,500

Budget Category		Total Cost	
CONTRACTED SERVICES	REPORT CATEGORY	\$	1,800.00
FTF Hosted Event	Other Professional & Outside Services	\$	1,800.00
OTHER OPERATING EXPENSES	REPORT CATEGORY	\$	2,700.00
ACI folders, OfficeMax, Born Learning, printing by External Vendor	External Printing		
Equipment (cart, table, chair, etc.)	Office Supplies		
Supplies (educational, craft project, etc.)	Other Office Supplies	\$	420.00
ERI, Branded Items, Brown & Bigelow, Engagement Wheel	Entertainment & Promotional Items		
Event Sponsorships (\$), Media	Advertising		
FTF Hosted Event (event participation)	Conference Registration/Attendance Fees		
Printing of materials by FTF internal copier	Internal Printing	\$	280.00
Rent conference/meeting room	Rent of Facilities	\$	1,000.00
Children's Books	Books, Subscriptions, Publications	\$	1,000.00
Specify here if not listed above:			
Total Award:		\$	4,500.00

Approval Signature

Date

(after signed, give to Finance)

Budget Narrative: for each line item above, provide description below of the activities and rationale for funding level

CONTRACTED SERVICES	
FTF Hosted Event	<p>The Child Care Coalition is funded through this strategy with the purpose of improving and strengthening services delivered to families by providing continuing education for child care providers that supports the early literacy messages to their participating families.</p> <p>Child Care Coalition [Professional Development] Conference: Scheduled for October 2014, the CCC will host its sixth annual Conference in West Yavapai. An estimated 200 people will attend as well as 10 or more vendors. Of the 473 attendees over the past four years, 70% of the attendees have been new to the event demonstrating the continued need and reach to Child Care professionals in the region.</p> <p><i>1 Keynote Speaker: \$300</i> <i>9 Workshop Presenters x \$100 each: \$900</i> <i>5-7 pro-bono Presenters</i></p> <p>Director's Boot Camp: Scheduled for January 2015, this leadership training utilizes a "Leadership in Action" model. It is a series of trainings through New Horizons Educational Consultants and Learning Resources that provides CEU's for child care directors and supervisors. Joyce Tanner, the Homework and Activity Club Director at Humboldt Unified School District is a trained facilitator and requested by local directors. She facilitates the Boot Camp and provides individualized follow-up when requested.</p> <p><i>Trainer fee for 6 hour training: \$600</i> TOTAL: \$1800</p>
OTHER OPERATING EXPENSES	
ACI folders, OfficeMax, Born Learning, printing by External Vendor	
Equipment	
Supplies	
ERI, Branded Items, Brown & Bigelow, Engagement Wheel	<p>Child Care Coalition Conference: The Coalition would like to provide attendees with a take-away item that acknowledges their contributions and promotes their importance in children's lives. Regional staff will work with FTF communications staff in identifying and developing an appropriate acknowledgement.</p> <p><i>200 attendees x average cost \$2.10/item = \$420</i></p>
Event Sponsorships (\$), Media	
FTF Hosted Event	
Children's Books/Books	<p>Director's Boot Camp: The Boot Camp training is based on a chosen book from New Horizons Educational Consultants and Learning, Director's Tool Kit. For SFY 15, the Coalition will use either <u>From the Inside Out: The Power of Reflection and Self-Awareness</u>; or <u>Circle of Influence: Implementing Shared Decision Making and Participative Management</u>.</p> <p><i>40 attendees x \$25/book = \$1000</i></p>

Printing by FTF internal copier	<p>Child Care Coalition Conference: Program flyers, agendas, presentation hand-outs, name tags and day of event signage. The cost estimate per person (pp) has been calculated based on printing costs from previous conferences. <i>200 attendees x \$1.40 avg cost pp = \$280</i></p>
Rent conference/meeting room	<p>Child Care Coalition Conference: For SFY15 the Coalition was charged with identifying a location that aligned with the professional nature of the event to include: temperature controlled environment, seating appropriate for adults, adequate sound barriers between break-out sessions and an accessible location. The Coalition successfully established an agreement with the local hotel, Hassayampa, at a deeply discounted rate. <i>Site rental:\$400</i></p> <p>Director's Boot Camp: The location for the Boot Camp has not yet been confirmed. \$600 was the amount for the space in SFY14 and is the proposed amount for SFY15 based on that history. Every effort will be made to identify a location at a lower cost or for free, including an inquiry to Hassayampa. <i>Room rental: \$600</i></p> <p>TOTAL: \$1000</p>
Specify if not listed above:	

First Things First
Yavapai Regional Partnership Council

Governance Policy Manual

P R E F A C E

This document, initially adopted by the Yavapai Regional Partnership Council on May 28, 2008, and updated periodically thereafter, constitutes the complete and official body of policies for the governance and operation of the Yavapai Regional Partnership Council.

DISCLAIMER

ALL POLICIES FOUND IN THIS GOVERNANCE POLICY MANUAL ARE SUBJECT TO CHANGE FROM TIME TO TIME AS APPROVED BY THE REGIONAL PARTNERSHIP COUNCIL. THE FIRST THINGS FIRST REGIONAL OFFICE DISSEMINATES HARD COPIES OF ADDITIONS/REVISIONS NOT MORE THAN TWICE EACH YEAR. THE WEB COPY, LOCATED AT [HTTP://WWW.AZECDH.GOV](http://www.azecdh.gov) IS UPDATED AS NEEDED FOLLOWING APPROVAL BY THE REGIONAL PARTNERSHIP COUNCIL. PRIOR TO ACTING IN RELIANCE UPON A SPECIFIC COUNCIL POLICY AS IT APPEARS IN ANY COPY OF THE GOVERNANCE POLICY MANUAL, PLEASE CHECK TO MAKE SURE THAT THE COUNCIL HAS NOT RECENTLY APPROVED ANY ADDITIONS OR REVISIONS TO THAT SPECIFIC POLICY.

Contact: [Lisa Blyth](#), Regional Director
928.776.0062 or email lblyth@azftf.gov

Contact Information:
First Things First
Yavapai Regional Partnership Council
724 Montezuma St, 724B
Prescott, AZ 86301
Phone: 928.776.0062
Fax: 928.776.8118

1-101 Organization, Authority and Location

The Yavapai Regional Partnership Council (herein referred to as “the Council”) is established as a result of a ballot initiative, Proposition 203, which was approved by voters in November 2006.

The purpose, authority, powers and duties of the Council are included in A.R.S. Title 8, Chapter 13 as well as in other statutes and laws of the State of Arizona. The Council is appointed by the Arizona Early Childhood Development and Health Board and is assisted in the performance of its duties by staff employees known as First Things First Staff.

The First Things First Yavapai Region office is located in Prescott, Arizona. The office is maintained by Yavapai Regional Staff.

Adopted: May 28, 2008

Revised: March 27, 2013

1-102 Departure from Council Policy

Persons desiring to depart from the policies adopted by the Council shall submit a request in writing to the Chairperson of the Council.

No departure from Council policy shall be permitted without the approval of the Council.

Adopted: May 28, 2008

Revised: March 27, 2013

1-103 Meetings of the Council

The Council shall adopt a calendar of regular meetings of the Council prior to the beginning of each calendar year. The Chairperson or any four members of the Council may at any time call a special meeting of the Council.

A majority of the membership of the Council shall constitute a quorum for the transaction of business at any meeting of the Council, but a number less than a quorum may adjourn from time to time. Council members may participate at any meeting in person, by teleconference or by videoconference provided that all members may hear one another.

Public notice of all meetings of the Council shall be provided in accordance with the requirements of law. In addition, written notice shall be provided to each member of the Council. All notices required by this policy shall at least specify the time, date and place of the meeting.

Written notice of any regular meeting of the Council, plus the agenda and all material relating to agenda items, shall be transmitted to each member of the Council at each member's last known place of residence or other designated address by the quickest and most reliable method at least five (5) days prior to the date of such meeting. Materials may be transmitted by mail or email. Amendments to the agenda and additional supporting materials, not previously available, shall be transmitted a minimum of two (2) days prior to the scheduled meeting. Except with the approval of three-fourths of the voting members in attendance at a meeting, and if permitted by law, no action shall be taken by the Council on any matter where material is not timely submitted in accordance with this policy.

Special meetings may be held upon such notice to the members of the Council as is appropriate to the circumstances and upon such public notice as is required by law. Special meetings may be held by teleconference and/or videoconference. All material relating to special meeting agenda items shall be transmitted to each member of the Council as far in advance of the meeting as possible.

Adopted: May 28, 2008
Revised: February 24, 2010
Revised: March 27, 2013

1-104 Meeting Procedures

The rules contained in the current edition of Robert's Rules of Order Newly Revised (available online at <http://www.rulesonline.com/>) shall govern the deliberations of the Council in all cases to which they are applicable and in which they are not inconsistent with these Council policies and special rules of order the Council may adopt, and with any applicable statutes.

The order of business for any regular meeting of the Council shall be in accordance with the written agenda prepared for the meeting. Such agenda shall provide for both an executive session and open session in accordance with requirements of law. The open session portion of the agenda shall provide at least for the following:

1. Call to order
2. Approval of minutes of prior regular or special meetings
3. Adoption of all consent agenda items
4. Matters presented by the chairs of standing committees of the Council
5. Reports, if any, from ad hoc or special committees appointed by the Council
6. Matters presented by the First Things First Regional Director
7. Adjournment

A "Call to the Public" may be included, but is not required, in all regular and special meeting agendas of the Council.

Routine matters listed in the open session portion of the agenda for a regular meeting of the Council may be grouped together and decided by the Council without discussion or debate. Such matters shall be designated as "Consent Agenda Items." Any member of the Council may request discussion or debate on any individual item listed as a Consent Agenda Item, and the matter shall be considered and decided separately at such time in the meeting as may be directed by the Chairperson.

During the course of any regular meeting of the Council, the Chairperson shall act as presiding officer and all motions shall be directed to the Chairperson. However, the Chairperson may delegate to the chair of each respective standing committee the responsibility for chairing discussion of items presented to the Council by that chairperson. Whenever a matter before the Council is deferred for further discussion, the Chairperson may assign the matter to an appropriate committee, schedule the matter for further consideration at a future meeting of the Council, or take other appropriate action, and may otherwise direct the Regional Staff with respect to the matter.

All meetings of the Council are open to the public except for executive sessions. The Council reserves the right to maintain order to prevent interference by any member or members of the public with the conduct of its meetings.

Adopted: May 28, 2008

Revised: February 24, 2010

Revised: March 27, 2013

1-105 Call to the Public Procedure

During a Council meeting, the Council may conduct a "Call to the Public" when members of the public may address the Council. Speakers who wish to address the Council:

- Must turn in a signed request (using the form provided at the Council meeting) to the Regional Director. Any written materials for the Council should be included with this request.
- Are given up to five minutes to make their remarks.
- The Chair may further limit time allotted for remarks based on the size of the agenda and the number of people wishing to address the Council.

The following priority will be given to speakers during "Call to the Public":

1. Comments pertaining to items scheduled on that meeting's agenda.
2. Other matters: presenters who have not addressed the Council in the previous two months.
3. Other matters: presenters who have addressed the Council in the previous two months.

The Council retains its prerogative to:

- Limit or refuse to hear comments from the public based on time constraints.
- Limit or refuse to hear comments on a specific issue.
- Limit the time or the number of speakers on the same issue.
- Refuse to have letters read on behalf of other individuals.

If speakers have comments that are too long for the time allowed they may provide written materials to the Regional Director for distribution to the Council. Written materials may also be provided to the Regional Director for distribution to the Council if the member of the public is not afforded an opportunity to address the Council or at the individual's request. Sufficient copies for all Council members should be provided. Written materials provided by the public at Council meetings will be distributed to the Council during the "Call to the Public" portion of the meeting.

Because of the diversity of issues presented during "Call to the Public," Council members generally do not respond to speakers during this comment period. The speaker's concerns are recorded and may be referred to the appropriate staff for follow-up. The Council is informed of the outcomes of the staff efforts to respond to the speaker's concerns.

Adopted: May 28, 2008

Revised: February 24, 2010

Revised: March 27, 2013

1-106 Minutes of Meetings of the Council

Minutes of all meetings of the Council shall be created and maintained in accordance with the requirements of law. The Council may incorporate by reference into its minutes reports, lists, formal written resolutions and other material of similar import, and such material shall be maintained in a permanent file to be designated as the "Yavapai Regional Partnership Council Documents File," which shall be kept in the custody of the Regional Director and available for ready reference.

Each member of the Council shall be furnished with a copy of the minutes of the open session portion of each regular and special meeting of the Regional Partnership Council. Members of the Council shall be furnished with copies of the minutes of the executive session portion of any meeting of the Council for the purpose of approving those minutes, after which all copies shall be returned to the Regional Director.

All minutes of the open session portion of any meeting of the Council shall be open to public inspection during regular business hours at the First Things First Regional Office located in Prescott, AZ. Minutes of executive sessions shall be kept confidential except from members of the Council or as otherwise required by law. Copies of minutes or excerpts from any minutes of the open session portion of any Council meeting or from any executive session, if the law permits such disclosure, may be furnished by the Regional Director. If such minutes have not yet been approved by the Council, they shall be marked "Draft."

Adopted: May 28, 2008

Revised: March 27, 2013

1-107 Committees and Subcommittees

The Council may establish and maintain standing committees composed of members of the Council appointed by the Chairperson. The Chairperson or designee will serve as an ex officio member of all standing committees.

Standing Committees may meet either apart from regular meetings of the Council and provide a report to the Council of business conducted, or may meet as a committee of the whole during the course of a regular Council meeting. All members of the Council attending a standing committee meeting are eligible for voting on standing committee matters.

The Chairperson of the Council may establish such other ad hoc or special committees as the Chairperson deems necessary or advisable. The Chairperson shall appoint the membership of such committees, which may, but need not, include members of the Council, and shall designate the matters to be considered by said committees. All such committees shall act as advisory bodies to the Council and report their recommendations to the Council.

All such standing, ad hoc or special committees shall hold and conduct their meetings in accordance with requirements of law. The chair of each such committee shall be its presiding officer and shall set the time, date and place of the meetings.

The Executive Committee shall be a standing committee of the Council. Its members shall include the Chairperson, Vice-Chairperson and the chairs of any other Standing Committees established by the Council. Unless otherwise directed by the Chairperson, the Chairperson will preside over the Executive Committee. If the law permits, the Council may delegate a specific decision-making authority to the Executive Committee from time to time. In addition, if a matter is deemed to be urgent by the Chairperson, the Executive Committee may be convened for specific decision-making, subject to adoption at a subsequent regular meeting of the Council.

Adopted: May 28, 2008

Reviewed: March 27, 2013

1-108 Council Officers and Their Duties

At the first regular meeting of the Council following May 1 of each fiscal year beginning in 2008, the Council shall elect a Chairperson and Vice-Chairperson from among the appointed members to serve for the ensuing fiscal year beginning July 1, who shall hold office for twelve months and until successors are duly elected. The election shall be by ballot. A majority vote of the appointed members of the Council shall be required to elect.

In the absence of good reason to the contrary, it shall be the Policy of the Council, in nominating members to serve as its Chairperson and Vice-Chairperson, to nominate members who have previously served as a member of the executive committee to help ensure greater past experience on the Council. Notwithstanding the previously stated preference for experience, the Council may nominate any appointed member for its Chairperson and Vice-Chairperson.

It shall be the duty of the Chairperson to preside over the meetings of the Council, to call meetings as herein provided, to serve as an ex officio member of all committees of the Council, and to perform such other duties as are set forth in these policies or as shall be vested in the Chairperson.

It shall be the duty of the Vice-Chairperson to assume the duties of the Chairperson in the absence of the Chairperson. The Vice-Chairperson does not automatically succeed the Chairperson. Both the Chairperson and the Vice-Chairperson are eligible for reelection.

Adopted: May 28, 2008

Revised: May 28, 2014

1-109 Communications To or From the Council

Communications from the Council to members of the legislature, the press and the public should, whenever possible, be transmitted by and through the Chairperson of the Council. Inquiries in regard to matters upon which the Council has taken, or probably will take a position, should be referred to the Chairperson.

There will be cases when an individual member of the Council will feel obligated to answer inquiries. In these cases, the member of the Council expressing an opinion as to matters upon which the Council has taken a position should support the position taken by the Council or make it perfectly clear that he or she is expressing an opinion that has not been approved by the Council.

Adopted: May 28, 2008

Revised: March 27, 2013

1-110 Lobbying

The Council recognizes and appreciates the privilege each individual in this State and nation has to express his or her opinion and to seek to make that opinion known to members of Congress, the State legislature and other elected bodies. The Council also recognizes the responsibilities with which it has been entrusted in connection with the operation of the early childhood development and health system and the advancement of early childhood development and health programs in the State of Arizona and recognizes that on occasion the interests of the Council will not coincide with the interests of individual members of the Council.

In approaching members of Congress, the State legislature or other elected bodies, members of the Council shall make every effort to indicate clearly that the position they take is an individual position or is the position of a group other than the Council. In instances in which the Council has taken an official position, the member endorsing a differing position shall make it clear to the legislative body that the Council has endorsed a different or contrary position.

The members responsible for the disbursement or allocation of State funds shall determine prior to disbursement or allocation that such funds will not be used for purposes of influencing legislation unless such use receives specific authorization by the Council.

Only the Chairperson of the Council or his or her designated delegate shall speak for the Council to members of the legislature in matters relating to policy. In responding to members of Congress, State legislators or other elected officials, Council members shall make every effort to accurately communicate official Council positions. In matters for which the Council hasn't taken an official position, Council members should indicate clearly that the position they take is an individual position or is the position of a group other than the Council.

This policy is not intended to nor shall it be enforced so as to restrict rights guaranteed to individual employees or Council members but is an attempt only to separate the views of those individuals from positions which the Council may take in attempting to discharge its responsibilities under the statutes of the State of Arizona.

Adopted: May 28, 2008

Reviewed: March 27, 2013

1-111 Conflict Of Interest

Council members and employees shall comply with the conflict of interest provisions of A.R.S. Title 38, Chapter 3, Article 8. These statutes set the minimum standards expected of public officers and employees who, in their official capacities, are faced with a decision or contract that might affect their direct or indirect pecuniary or proprietary interests or those of a relative.

Section 38-503 provides in part:

Any public officer or employee of a public agency who has, or whose relative has, a substantial interest in any contract, sale, purchase or service to such public agency shall make known that interest in the official records of such public agency and shall refrain from voting upon or otherwise participating in any manner as an officer or employee in such contract, sale, purchase or service.

Any public officer or employee who has, or whose relative has, a substantial interest in any decision of a public agency shall make known such interest in the official records of such public agency and shall refrain from participating in any manner as an officer or employee in such decision.

Under this law, a Council member or employee who has a conflict of interest must disclose the interest and refrain from participating in the matter. Council members and employees may find guidance on this subject in the Arizona Agency Handbook, which is available on the Attorney General's website at http://www.azag.gov/Agency_Handbook/Agency_Handbook.html. Public officers and employees should review conflicts of interest matters not specifically addressed in the Handbook with their supervisors or legal counsel.

In addition to complying with the conflict of interest provisions of Title 38, Chapter 3, Article 8, no Regional Partnership Council member shall vote on, or participate in the discussion of, any grant proposal in which any entity by which they are employed or on whose Board they serve has a substantial interest, as defined by Section 38-502.

In addition to complying with the conflict of interest provisions of Title 38, Chapter 3, Article 8, all Council members and employees shall complete a Conflict of Interest Statement upon adoption of this policy and annually thereafter on a form to be provided by First Things First. These forms will be reviewed by the Regional Director and First Things First legal counsel for resolution or mitigation of potential conflicts of interest. Any potential conflicts of interest that cannot be resolved or mitigated satisfactorily will be placed on the Regional Partnership Council's upcoming agenda for disclosure purposes and to help ensure compliance with the conflict of interest laws.

Adopted: May 28, 2008
Revised: March 27, 2013

1-112 Amendments

These policies shall not be added to, amended, or repealed except at a meeting of the Council and by public vote of a majority of all voting members of the Council. Any proposed addition, deletion, or amendment shall be filed with the Regional Director, in writing, at least ten days before such meeting, and it shall be the duty of the Regional Director to promptly distribute a copy to each member of the Council.

Amendments to Council policy will require a two-step process to adopt: 1) the draft policy change will receive a *first reading* at a public meeting, during which Council members may discuss the draft amendment and request that staff make changes as deemed appropriate (a vote to adopt is not taken at this stage) and 2) the draft policy change will receive a *second reading* at a subsequent public meeting during which the Council may direct staff to make further changes or may vote its adoption.

Adopted: May 28, 2008

Revised: March 27, 2013

1-113 Attendance

A.R.S. §8-1162(D), the state law governing First Things First, recognizes the importance of consistent attendance by Regional Council members with the following statement:

Members of the Regional Partnership Council who miss more than three meetings without excuse or resign their membership shall be replaced by the Board after a public application process and with the input of the Regional Partnership Council.

Attendance Expectations: Regional Council members are expected to attend all Regional Council meetings. It is understood, that there will be times when Regional Council members will need to miss a meeting. The Regional Director will maintain an attendance roster that documents each Regional Council member's attendance at scheduled meetings. The attendance policy shall be in effect for all regularly scheduled Regional Council meetings and shall not apply to special meetings.

Excused Absence: An excused absence occurs when a Regional Council member is unable to attend a meeting due to an emergency, illness, injury, or previously scheduled travel, work, tribal ceremony, or family obligation which prevents participation at a meeting either in person or by phone.

Notification of a previously planned obligation should be provided to the Regional Director at least two (2) weeks in advance of the scheduled meeting. A Regional Council member who misses a meeting other than for a previously planned obligation shall contact the Regional Director as soon as possible providing an explanation for missing a meeting. An emergency is a situation that cannot reasonably be planned for in advance, e.g. car trouble, weather conditions, family illness and obligation to tribal ceremonies.

Unexcused Absence: An unexcused absence occurs when a Regional Council member is absent from a scheduled meeting without providing sufficient notice or without providing an explanation of the reasons for the member's absence, consistent with excused absence definition above.

Determination of Excused Absence: The Regional Director or staff will assist the Chair in keeping track of absences. If there is a question about whether an absence meets the definition of an excused absence, the Regional Council Chair or Vice-Chair may consult with the Regional Director for a determination.

Problem Attendance: An attendance problem will be defined as:

- a. 2 consecutive unexcused absences
- b. 3 consecutive absences, excused or unexcused
- c. more than 3 unexcused absences in a 12-month period
- d. more than 5 excused and unexcused absences in a 12 month period

Addressing an Attendance Problem: Upon identification of an attendance problem, the Regional Council Chair or Vice-Chair will call the Regional Partnership Council member to discuss his/her attendance record and remind him/her of the attendance expectations. If the Regional Council member's difficulties are resolvable, then the Chair or Vice-Chair will attempt to help resolve them with assistance of staff.

If after conversations the Regional Council members attendance reaches a level of non-attendance as identified in "c" above and no mutually satisfactory resolution is possible, the Regional Council Chair or Vice-Chair will ask that the member resign his/her position on the Regional Partnership Council. If, upon request, the member does not resign, the matter shall be forwarded to the Board for appropriate action.

If a member reaches a level of non-attendance under "d" above, of which no more than 3 are unexcused, the Regional Council Chair may ask the member to resign his/her position in order to ensure the Regional Council has sufficient participation to timely and appropriately complete its work. If the member wishes to continue on the Regional Council, the matter shall be put to the Regional Partnership Council at its next meeting. The Regional Council member shall be entitled to speak to this item. The Regional Council will then decide to allow the member to continue to participate or to refer the member to the Board for possible removal from the Regional Council.

Effective: September 1, 2009

Revised: March 27, 2013

1-114 E-Mail Communications between Regional Council Members

Regional Council members should be cognizant of their responsibilities to ensure that the Regional Council's business is conducted at public meetings, and may not use e-mail in a manner that circumvents statutory Open Meeting Law ("OML") requirements. Regional Council members shall not be parties to an exchange of e-mail communications that involve discussions, deliberations, or taking legal or official action by a quorum of the Regional Council concerning any matter that possibly may come before the Regional Council for action. Meetings for these purposes are defined as the discussion of legal or official action, proposing legal or official action, and deliberating with respect to such actions; provided, however, that:

- The mere use or passive receipt of e-mail does not automatically constitute a meeting.
- A one-way communication by one Regional Council member to other members that form a quorum, with no further exchanges between members, is not a *per se* violation of the OML. However, a one-way communication by one Regional Council member to other members that form a quorum that proposes legal or official Regional Council action may constitute a violation of the OML; communications should be limited to recommending general matters for inclusion on a future agenda rather than proposing legal or official action.
- Passive receipt of information from a member of the staff or the public with nothing more does not violate OML.
- E-mail discussions between less than a quorum of the Regional Council members that are forwarded to a quorum by or at the direction of a Regional Council member would violate the OML.
- Regional Council members may e-mail staff and a quorum of the Regional Council proposing that a general matter be placed on a future agenda. Proposing that the Regional Council have the opportunity to consider a subject at a future public meeting, without more discussion, does not propose legal or official action and therefore is permissible.
- Regional Council members may e-mail a unilateral communication to other Regional Council members concerning facts or opinions relating to Regional Council business, but Regional Council members may not respond to such e-mail.
- An e-mail request by a Regional Council member to staff for specific information does not violate the OML, even if other Regional Council members are copied on the e-mail.

Staff may reply to all Regional Council members without violating the OML as long as that response does not communicate opinions of other Regional Council members.

- A Regional Council member may use e-mail to send an article, report or other factual information to other Regional Council members or staff with a request to include the information in the Regional Council's agenda packet.
- A Regional Council member may copy other members with an e-mailed response to an inquiry from a member of the public, but Regional Council members may not respond to such e-mail.

Adopted: May 26, 2010

Reviewed: March 27, 2013

Yavapai Regional Partnership Council
Director's Report: May 2014

UPDATES

- A. School Readiness Indicator Benchmark Update
 - 1. 80% of children enrolled a Quality First care and education program with a Quality First rating of 3-5 stars.
 - 30% of children enrolled an early care and education program with a Quality First rating of 3-5 stars.
 - 2. 67% of families who report they are competent and confident about their ability to support their child's safety, health and well-being.

- B. Quality Assurance Site Visit Update (Attachment 8)
 - 1. Community Counts - Parent Education-Community Based Training
 - 2. Association for Supportive Child Care – Family, Friend and Neighbor

- C. Regional Partnership Council member recruitment
 - 1. Interviews complete and recommendations to Board have been made.
 - 2. Orientation July 31, 2014 in Sedona

COMMUNITY MEETINGS

- A. May 1, Chair/Vice Chair Meeting
- B. May 8, Yavapai Apache Nation Council Meeting
- C. May 13, Prescott Valley Networking luncheon
- D. May 14, Cottonwood Service Coordination project
- E. May 21, 2015 Bright Bears Pre-School Graduation

YAVAPAI REGIONAL STRATEGY SCOPES OF WORK (Attachment 9)

- A. Court Teams
- B. Parent Education-Community Based Training
- C. Mental Health Consultation
- D. Family, Friend and Neighbor



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**Quality Assurance Site Visit with the Association for Supportive Child Care
Multi-Region Contract
Implemented in Cottonwood, in Spanish, and known as Family, Friend and Neighbor
Site Visit Date: February 24, 2014 – February 28, 2014
Overall Impressions**

The Association for Supportive Child Care (ASCC) Kith and Kin Project is in alignment with the Family, Friends, and Neighbors Standard of Practice. The highlights of the site visit include:

1. Responsiveness to the participants and the support-training group format- through the entire site visit and a review of the documentation submitted by ASCC it was evident that the program leadership has made significant adjustments to the program based on participant feedback or the project's external evaluator's feedback. Five session observations were completed as part of this site visit and during all the observations the ASCC Specialists respectfully and adequately responded to the participants' questions and conversation topics. The support-training group format allowed the participants to gain large amounts of relevant information as well interact with each other and the group facilitator in order to build a sense of community and partnership.
2. Content and the flow of the sessions- Specialists have the flexibility to present each topic in the order that makes the most sense to their group. The flow of topic to topic and the flow within each session is calm and natural. During the observations, the ASCC Specialists fluidly moved their groups from one topic to another in response to the participants' needs and wants. The topic content presented is of high quality and is extremely relevant to the participants in whatever role they are currently in.
3. Inclusion of the Leaps and Bounds curriculum and the opportunity for the participants to interact with the children during the session- ASCC has infused a Kindergarten readiness curriculum for the children that are cared for in the on-site child care. As part of the session agenda, the participants spend the final 20 minutes of each meeting time interacting with the children and participating in a Leaps and Bounds activity. The observed activities included making play dough and tracing children's feet with chalk.
4. High-quality on-site child care and the availability of transportation in most regions- mobile, on-site child care can be very challenging to implement in a high-quality fashion but ASCC staff have done this in the Kith and Kin program. The environments the children were in were arranged well and stocked with child appropriate materials. The child care staff also create a weekly curriculum and follow a schedule for each session which supports a high quality experience for the children. The Specialists take advantage of the availability of on-site child care to demonstrate and model appropriate adult-child interactions when working with the participants.

Development areas include:

1. All Specialists have a baseline understanding of important topics (such as regulation requirements and abuse and neglect laws)- during two of the observations, Specialists showed a hesitation regarding their knowledge of two very important topics when working with the Family, Friends, and Neighbors population. The first observation included a Specialist that shared that her understanding of child abuse laws in Arizona is that adults can not leave a mark on a child's body, but other forms of corporal punishment are allowable by law. She specifically indicated that physical punishment is not acceptable in any situation, but having a solid understanding of the child abuse and neglect laws in Arizona is essential to the work she is doing. Part of the follow up required from this site visit includes ASCC developing a resource that all Specialists can easily access while on-site to refresh their understanding of child abuse and neglect laws. During a second observation, a participant asked the Specialist how many children she can care for before she needs a license. The Specialist replied that she thought it was six children including the provider's own children. Although technically correct, in Arizona unregulated care is limited to four unrelated children and two of the provider's own children. In addition to the abuse and neglect laws, applicable child care regulation laws will also be included on the resource that ASCC will develop as part of their action plan.
2. Set the expectation with the participants that they are all expected to interact with the children during the Leaps and Bounds activity- in several observations, Specialists made very clear that all the participants must engage with the children during the Leaps and Bounds activity and several Specialists did not communicate that expectation. The level of engagement and interaction where that expectation was set was significantly higher than the groups where the participants were not expected to interact with the children. There is such value in the on-site child care and the inclusion of the participants interacting with the children as part of the session that the site visit follow up includes ASCC standardizing the expectation that all participants interact with children during the Leaps and Bounds activity.
3. Adjust and abide by the ratios established in the Scope of Work regarding child care ratios- on-site child care is not a requirement for the Family, Friends, and Neighbors strategy, but if it is offered FTF is starting to attach standards that support high quality care. Of the four contacts assessed as part of the site visit, one contract included the child care standards. All of the observations completed were associated with contracts that did not include the child care standards. The child care standards indicate that ratios of adults to children be based on the age of the youngest children and the ratio for infants is 1:4. At all the observations of on-site child care there were infants present and the actual ratio of adults to children never exceeded 1:4. The Kith and Kin handbook indicated that the ratio for infants is 1:5. The follow up required on this item is for ASCC to adjust and abide by the lower ratios indicated in the child care standards.



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Quality Assurance Site Visit with Community Counts Implemented across Yavapai Region Site Visit Date: February 18, 2014 – February 20, 2014 Overall Impressions

Community Counts' history in the Yavapai region has allowed them to successfully provide outreach and collaboration efforts supporting Parent Education Community-Based Training. The program models of Common Sense Parenting, Love and Logic, and Circle of Security are implemented by four sub grantees: Yavapai County Education Service Agency, Del E. Webb Family Enrichment Center - Yavapai College, Buena Vista Children's Services, and the Camp Verde School District. The target population of parents/caregivers/early childhood professionals is reached through a variety of outlets including contact emails, flyers, newsletters, and ongoing networking with community contacts. There are several significant strengths of this program:

1. Through the use of multiple sub grantees, this program has extended a large reach into the community to offer classes in a variety of locations and times, also reaching into the more rural areas, such as Cornville. This program maintains a level of collaboration between sub grantees to connect and share information of successes and challenges in the community and offer resources and information. Connections have been built with regional agencies, such as child care centers, schools, colleges, Head Start programs, and churches, which offers opportunities for classes to be held in family-friendly locations with child care. There are 17 facilitators from the community that have extensive knowledge and experience in child and parent education and are dedicated to support caregivers in their communities. Frequent opportunities for feedback from participants reflect a feeling of trust and support from all the facilitators. Classes are also offered in Spanish.
2. As gathered through observations, the environment and implementation of the curricula reflected a positive relationship between facilitator and participants and promoted opportunity for open sharing and individualized feedback.
3. The curricula utilized offers a strong component parenting skills and promotion of positive parent-child interactions. A variety of one-time workshops and a Kindergarten Fair are also offered that align with classroom topics and extend to the larger community to provide education and resource information. A wealth of resource and referral information is distributed to class participants. Community Counts maintains a high-quality website containing event calendars, enrollment information and community resources.
4. In extensive outreach to the community, this program has been able to provide parenting classes to a multitude of caregivers, including parents, with a higher reported involvement of fathers, grandparents, extended family, and early childhood professionals.

Community Counts reports it is supported by a strong board of directors and is a recognized program of AmeriCorps. Identified areas for growth and development:

1. Develop or amend current outreach efforts to clearly specify intended target population of parents/caregivers/early childhood professionals of children birth through age five. Currently, there are some flyers that do not contain this information. Community Counts is going to ensure numbers of parents completing the series reported to FTF are reflective of this population. As per the Scope of Work, Community Counts is going to initiate efforts to coordinate with the Yavapai Apache Nation to deliver classes on the reservation.



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Standards of Practice

COURT TEAMS

I. Description of Strategy

The principal goals of Court Teams are to improve outcomes and reduce the recurrence of abuse and neglect for infants and toddlers. These goals are achieved by developing court-community teams led by superior court judges to:

- Raise awareness of the developmental needs of maltreated infants and toddlers.
- Assure case plans that support the developmental needs of these children
- Assure a permanency plan resulting in stable placements for children with foster families, relatives, or other caretakers.
- Assure continuing focus on child well-being when children are returned to parents, relatives, or other caretakers.

Court teams promote policies and procedures that will foster a system of care that focuses on meeting the developmental needs of children and supports their healthy development. Research has shown a number of positive outcomes as a result of the court teams processes.

It is the intent of Court teams to strengthen the support and care for infants and young children in the Juvenile Dependency system. This is accomplished through training, shared planning and regular consultation of those agencies working with the child and family. The Court team may recommend and refer the child and family for services, but does not directly provide these services.

Research on the outcomes for young children under the jurisdiction of juvenile courts that utilize Court Teams has shown:

- A significant increase in the services provided to eligible children and their parents, particularly in access to health care and early intervention services.
- Decrease in the number of foster home moves for infants and toddlers.
- An increase in parent-child visits.
- An increase in relative/kinship placements.¹

II. Implementation Standards of Practice

Court Teams provide the mechanism to implement policies that are informed by the science of early childhood to assure the best decisions for the health, development, and well-being of each child under the jurisdiction of the juvenile court system. Model Court Teams accomplish this through the application of eight identified key components. The components are:

¹ Zero to Three, *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*, Fact Sheets. [Zero to Three Funded Projects - Court Team](#).

Judicial Leadership: Local judges in Court Team communities are the catalysts for the programs that meet the needs of vulnerable children and their families. When beginning a Court Team, a local judge convenes the initial meeting with representatives of the community, service providers and other stakeholders to build commitment and cooperation.

Local Community Coordinator: In each Court Team community, a local Community Coordinator serves as a resource for child development expertise for the court. The Community Coordinator coordinates services and resources in support of infants and toddlers in the court systems.

Court Team: The Court Team is made up of key community stakeholders who commit to working to restructure the way the community responds to the needs of maltreated infants and toddlers. The makeup of Court Teams varies from community to community, but typically the team includes pediatricians; child welfare workers; attorneys representing children, parents, and the child welfare system; Court Appointed Special Advocates (CASAs); Guardians Ad Litem (GALs); mental health professionals; substance abuse treatment providers; representatives of foster parent organizations and children's advocacy groups; Early Head Start and child care providers; and Court Improvement Project staff.

Monthly Case Reviews: Each month, all individuals and organizations delivering court-mandated services to infants and toddlers meet together with the judge to review progress on each case. This monitoring process in and of itself can help prevent very young children from falling through the cracks in the child welfare system and ensure that the services they are receiving are effective and age appropriate.

New Court Order Forms: Court-ordered service referrals have been expanded in Court Team sites to include a variety of services for children. By focusing attention on the children themselves, it is hoped that children's needs for medical and mental health interventions will be incorporated into resolving the family's child welfare system involvement.

Training and Technical Assistance: Training and technical assistance to court personnel and community service providers on topics such as being more responsive to, and responsible for, the children's social and emotional development needs; general infant and toddler development; parenting interventions; services available to foster children in the community; and the impact of trauma on children.

Mental Health Treatment: Ideally each Court Team will have the capacity to refer parents to mental health services which are designed to improve the parent-child relationship by focusing on reading and responding to cues in ways that support child development and to address unmet emotional needs that the parent may have which impacts her/his ability to meet the needs of the young child.

Resource Materials: Access to resource materials including bench books and training videos developed by Zero to Three and other organizations involved with the development of Court Teams.

It has been found that a partnership between judges and individuals involved in the child welfare system results in enhanced and more coordinated services for infants and toddlers in the court system.

Considerations to support the successful coordination of the Court Team process include:

- Ensuring that team members understand and respect the role, responsibilities, and perspective of each member.
- Establishing protocols and/or guidelines for reaching consensus on the optimal plan for each child and his or her family.
- Assigning responsibility for taking case conference notes and timely dissemination of information decisions and action steps.
- Providing for access to confidential information for members of the team that need such access.
- Establishing a process for timely dissemination of information to team members regarding critical incidents or change in status that may impact the well-being of a child.
- Establishing procedures for including non-team members in team meetings when appropriate and relevant to planning for a particular child.

III. Staff Qualifications Standards of Practice:

Knowledge of human services systems and community development; experience in facilitating coordination and collaboration. Knowledge of and experience in the juvenile (dependency) court system is highly desired. Typically individuals with advanced academic degrees (Masters or higher) possess these attributes.

IV. Cultural Competency

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

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

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



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Standards of Practice Parent Education Community-Based Training

I. Strategy Description

All children need caring parents and adults who provide nurturing and stable relationships for good developmental outcomes and success in school and life. “But even the most educated parents cannot provide all of the learning tools children need, and many parents have not been prepared with an understanding of how children learn and develop” (Tangible Steps Toward Tomorrow, 2007). Recognizing parents and families play the most critical role in shaping their young child’s readiness for school and potential for success in life, it is important to invest in the continuum of family support strategies which support parents and families in their critical role. Evidence-based community parent education programs are a part of the continuum of family support. When implemented based upon needs assessments, community-based parent education works to enable families to build on their own strengths and capacities to promote the healthy development of children. “Evidence-based parenting education programs are those that have been studied in both controlled, clinical trials and community settings and have demonstrated specific, expected outcomes. However, the effectiveness of any parent training program will be dependent upon selecting a model that is appropriate for the given population and implemented with fidelity” (Meeker, 2005). Successful family education programs facilitate the acquisition of parenting and problem-solving skills necessary to strengthen families. Effective parenting education helps parents and families understand the importance of developing nurturing, positive and strong relationship bonds with their young child to support children’s social-emotional development, provides information on parenting and of child development, increases parental resilience, and social connections and awareness of support mechanisms available for parents. Research suggests that improving fundamental parenting practices reduces the likelihood of problem behaviors in children. Parent-child relationships can be enhanced through parent training and family strengthening programs.

Evidence based programs involve both parents and children in a series of classes (e.g., one to three hours per class session with participation in a series of sessions held once to several times a week over the course of several weeks) to demonstrate a positive impact upon school readiness and child development outcomes. Effective program models may run simultaneous parent-only and child-only sessions followed by family sessions with opportunities to practice new skills. The essential element is that families have opportunities to practice skills with on-site staff guidance.

An evidence-based community-based parent education program is defined as:

- existing for at least three years,
- research-based, grounded in relevant empirically-based knowledge,

- linked to program determined outcomes,
- associated with a national organization or institution of higher education with comprehensive community-based parent education program standards that ensure high quality service delivery and continuous program quality improvement,
- demonstrated significant, sustained positive outcomes per required model benchmarks and participant outcomes when evaluated using well-designed and rigorous, randomized controlled research designs, and,
- results are published in a peer-reviewed journal, or from a quasi-experimental research design, or the model must conform to a promising and new approach which achieves the required benchmarks and participant outcomes that should be grounded in empirical work and have an articulated theory of change.

While these programs come in different forms, they have a common goal of increasing the level of family functioning and promoting healthy child development. Parent education programs are embedded in their local communities. As a result, parents and families are able to access education and information in their community on a variety of child development and health topics.

Based upon *Building Bright Futures*, regional needs and assets reports, and preliminary information from the Family and Community Survey 2010, it is known that Arizona's parents and families with young children need information on child development, to develop parenting skills and have access to resources. Evidence-based community-based family education programs serve as another opportunity for Arizona's parents and families to access education, information and resources. These programs can have the greatest impact with families of older toddlers and preschoolers and/or teen parents who are seeking out educational opportunities with socialization components to support their child's early language and emergent literacy and social emotional development.

It is expected that evidence-based community-based family education programs funded by First Things First will be offered to families of young children at no-cost, on a voluntary basis.

II. Standards of Practice

A. Implementation Standards

1. Family centered and strengths-based approach:

- Conduct local awareness, outreach and enrollment activities for eligible families and their young children ages birth to five years.
- Provide information about where and when parenting education programs are available easily accessible by all interested persons.
- Establish programmatic expectations for each enrolled parent or family, i.e., what parents and families hope to achieve through participation and the commitment to complete the series of classes/ program completion.
- Engage parents and families of young children in assessing their strengths and needs particularly around the following areas: parental resilience; social connections; knowledge of parenting and child development including a focus on early language and emergent literacy and health; and concrete support in times of need.

- Implement retention activities to sustain parents' and families' engagement and ongoing participation and completion of the series of classes.
- Provide resource and referral information - identify services available to families.
- If providing on-site child care, grantees must meet these requirements:
 - ü All the adults who are left alone with children have had background and criminal screenings based on fingerprint clearance.
 - ü Qualified adults have some experience in caring for young children.
 - ü Qualified adults will receive specific initial and ongoing training on child development, CPR and first aid training and child abuse prevention and how to report suspected cases.
 - ü Qualified adults supervise (see and hear) children at all times.
 - ü The number of children in each group is limited and the ratio of adults to children is different for infant, toddler, preschoolers.
 - ü Adults and children wash their hands after using the bathroom, changing diapers, before and after eating.
 - ü Age appropriate toys and materials are available. No toys, objects or materials for infants and toddlers that pose a choking hazard (e.g., small Legos).
 - ü Qualified adults use positive guidance techniques: no yelling, spanking, and other negative punishments.
 - ü The play space is organized and some age- appropriate toys or materials are available at all times.
 - ü There is a plan for notifying parents and families when a diaper change is needed and there is a clean and safe place designated for diaper changing that can be cleaned and sanitized after each use.
 - ü There a plan to follow if a child is injured, sick or lost.
 - ü First aid kits are readily available.
 - ü The outdoor play area is a safe place for children to play.

2. Information, education and coaching on each of the core areas:

Programs offer a **series of classes** for each enrolled parent or family using curricula that provide information and support in each of the core areas: child development including a focus on early language and emergent literacy, health, parenting skills, and resource and referral:

- All domains of child development (social emotional, language and communication—including emergent literacy, cognitive, physical and motor development), including understanding when to have concerns related to children's development.
- A focus on early language and emergent literacy:
 - Inform and educate parents and families on typical early language and emergent literacy development for young children i.e. infants, toddlers and preschoolers.
 - 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.
 - 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 language and literacy development of their children.
 - Support and resources for parents in maintaining a literacy-rich home environment.
- 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).
- Appropriate child-adult interactions and development of parenting skills (i.e., physical touch, showing affection, spending time together, positive discipline, parental monitoring, early reading, language experiences, and communication).
- Identify families' natural supports such as peer support.
- Resource and Referral Information: Identify supports and services available to families with young children. For example, if a particular session is educating parents and families on typical development and when to be concerned about their child's development, it will be important for the facilitator/ parent educator to provide local resources of where to seek additional assistance if a family is concerned that their child may be developmentally delayed.

3. Service delivery is based upon a culture of trust and respect.

- Create a family-centered environment.
- Parent educators 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.
- Clearly define program objectives with the families upon enrollment; understanding what the program will accomplish helps families become fully engaged in program services.
- Create opportunities for formal and informal feedback regarding services delivered and act upon it; ensure that input shapes decision-making.
- Encourage open, honest communication.
- Maintain confidentiality; be respectful of family members and protective of their legal rights.
- Support the growth and development of all family members; encourage families to be resources for themselves and others.

- Encourage family members to build upon their strengths.
 - 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.
 - Help families identify and acknowledge informal networks of support and community resources.
 - Create opportunities to enhance parent-child and peer relationships.
 - Strengthen parent and staff skills to advocate for themselves within institutions and agencies.
4. Programs are flexible and continually responsive to emerging family and community issues while ensuring model fidelity.
- Be accessible for families. Offer extended service hours including weekend/evening hours.
 - Ensure manageable classroom size and appropriate staffing patterns. Calculate classroom size and staffing patterns based upon:
 - Space, square footage; for adult-only sessions, there will be a maximum of 25 participants; and
 - Number of sessions held for families throughout a calendar week; and Program model. For example, for groups that involve both adults and children, staffing patterns must demonstrate appropriate staff to family ratios (e.g. lead instructor and two teachers for eight families with two year olds – while adults receive information from lead instructor, teachers provide care for the two year olds and are available to assist with facilitation of parent-child activities).
 - Engage families as partners to ensure that the program is beneficial. Families have regular input and feedback in programmatic planning to meet their needs.
 - Develop a collaborative, coordinated response to community needs.
5. Evaluation and monitoring is a collaborative, ongoing process that includes input from staff, families, program administrators, and community members.
- 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.

B. Staff Standards

1. The length of employment and experience/education are reflective of high quality staff. Parent and family educators are required to have a minimum of a Bachelor's degree in early childhood development, education, family studies, social work, nursing or a closely related field.
2. Establish an effective, consistent supervisory system that provides support for all staff members and ensures accountability to participants, funders, and the community.
3. 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 parent educators 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.

4. All staff work as a team, modeling respectful relationships.
5. Build a team of staff who is consistent with program goals and whose top priority is the well-being of families and children.
6. Assess staff skills and abilities. Staff must be able to engage families while keeping a professional rapport.
7. Provide ongoing staff development/training on the First Things First Community-Based Training Parent Education Standards of Practice principles and other required Standards of Practice as appropriate. Staff includes supervisors, direct service staff, volunteers and sub-grantee or partner personnel implementing the strategy.
8. Supervisors and resource, referral staff (including supervisors, direct service staff, volunteers and sub-grantee or partner personnel implementing the strategy) will have access to and receive training on the utilization of the Arizona Infant and Toddler Developmental Guidelines (January 2012), the Early Learning Standards and the Program Guidelines for High Quality Early Education: Birth through Kindergarten as a regular part of practice.
9. Provide ongoing staff development/training to ensure program quality and give staff an opportunity to develop professionally.
10. Supervisors should work with staff to prepare professional development plans.

C. Cultural Competency

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

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

are not reflective of each other. Services to Tribal communities and on reservations must be provided in a manner compatible with the Tribe's/Nation's cultural beliefs and practices, to include the preferred language of the community. Services must also be provided in accordance with the Tribe's/Nation's laws, policies and procedures. The effectiveness of services is directly related to the provider's consideration of the beliefs, customs and laws of the Tribe/Nation.

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

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



FIRST THINGS FIRST

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Standards of Practice Mental Health Consultation

I. Description of Health Strategy

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

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

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

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

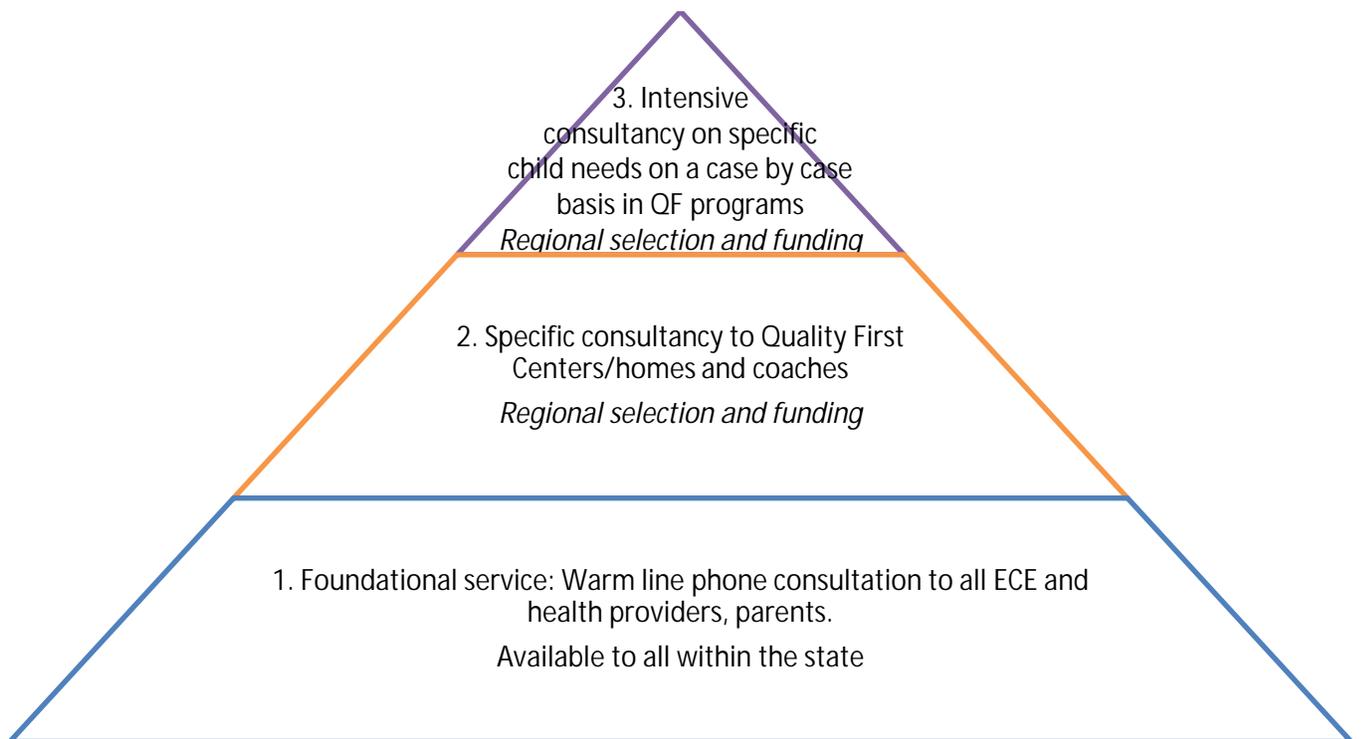
Teachers and other child care professionals often cite children's problem behavior as one of the most challenging issues with which they are presented (Center for Evidence Based Practices, 2005; NICHD Early Child Care Research Network, 2006). The alarming statistics on preschool expulsion rates provide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

of a larger concern which in turn may lead to serious juvenile delinquency in the adolescent years and evolve into a stable pattern of adult offending (Moffitt, Caspi, Dickson, Silva, & Stanton, 1996).

Two recent studies provide data on what can happen when early care and education providers are not equipped to cope with the growing demands of young children with challenging behaviors (Gilliam, 2005; Gilliam & Shaha, 2006). Gilliam and Shaha (2006) examined expulsion rates and predictors of expulsion from preschool programs in Massachusetts. More than one-third of the teachers reported having expelled at least one preschool child in the past 12 months; Head Start teachers, who often have access to mental health consultation, were less likely than for-profit or non-profit child care centers to have expelled at least one child. Teachers with high levels of job stress or depressive symptoms were more likely to expel children while teachers with a high sense of work satisfaction were less likely to expel children. One of the most surprising findings was that the rate of expulsion from preschool in Massachusetts was more than 34 times the State's rate for expelling school-aged children K-12.

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

FTF Model of Mental Health Consultants



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

3. Conduct appropriate screening and assessments within the context of Quality First child care and education settings identified as needing more intensive MHC services in regions that have funded the strategy.
 - More extensive training activities for early care and education teachers, other staff, and families that enhance teachers' and caregivers' capacities to attend to the emotional well-being of children.
 - Develop center/home plans for change with directors and staff
 - Family consultation – including facilitating communication between teachers, caregivers and families.
 - Provide family referrals to clinical and assessment services such as therapeutic groups, neurodevelopment assessment, and dyadic child-parent psychotherapy.

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

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

II. Implementation Standards

Mental Health Consultation services include:

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

A Mental Health Consultation administrative home includes the following:

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

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

Qualifications of a MHC and training needs:

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

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

III. Cultural Competencies

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

- To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members and program participants' effective, understandable, and respectful care that is provided in a culturally competent manner. Early childhood practitioners /early childhood service providers should ensure that staff and participants at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children." <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15> <http://www.naeyc.org/positionstatements/linguistic>
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- The ideal applicant will demonstrate their ability to operate within these parameters through prior experience working with Tribes/Nations, demonstrating that staff are culturally competent, partnerships with agencies serving Native American families, knowledge of cultural beliefs, customs and laws of the Tribe/Nation or a combination of these elements.
- Related to data collection, evaluation or research activities:
 - In the United States, Native American Tribes are considered autonomous nations with all of the rights and responsibilities of a nation. Understanding this, Native American Tribes are charged with protecting the health and safety of their people. To this end, Tribes have full ownership over any data collected within their reservation boundaries. This means that Tribes can allow or not allow any program to collect data from or related to any early childhood development and health program or activities on the reservation.
 - Any grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive data from or related to any early childhood development and health program or activities. Such data can include but not be limited to:
 - Morbidity and mortality among children members of their communities
 - Information regarding child safety and welfare
 - Information regarding children in foster care
 - Infectious and chronic disease information among members of their communities
 - BMI and healthy weight information beginning at age 2 years and each year after that

IV. References and resources

Early childhood mental health

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Standards of Practice Family, Friend and Neighbor Care

I. Strategy Description

First Things First defines Family, Friend and Neighbor (FFN) care as: a broad range of child care arrangements provided in the home of the child or caregiver, by extended family members, friends, neighbors and other unrelated adults for a fee, or free, while parents need to be away, go to work or go to school. Family, friend and neighbor care is also often referred to as *kith and kin, informal care, unregulated and license exempt child care, or relative care*. (BUILD Initiative, CLASP, Families and Work Institute: Sparking Connections Report)

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

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

Evidence suggests that training provided to FFN caregivers can result in positive outcomes for children. For example, report findings from a national study involving Arizona community partners who provided training and support to FFN caregivers, showed that 81 percent of providers indicated making specific changes in the care provided to the children as a result of

their involvement in the program. The impact was noted in the following areas: 1) safety in the home environment, particularly fire safety; 2) establishing and maintaining a daily schedule for the children; 3) encouraging providers to utilize the resources of their local library; 4) developing a written formalized child care services agreement with parents, and 5) increased knowledge regarding the Child and Adult Food Program. Participants in this program indicated interest in becoming better providers by providing a higher level of care to the children and families they serve. (ERIC Education Resource Information Center, ED496388, *Strategies for Supporting Quality in Kith and Kin Child Care: Findings from the Early Head Start Enhanced Home Visiting Pilot Evaluation. Final Report*, <http://eric.ed.gov>)

In 2010, a local study of over 800 participants in the Arizona Kith and Kin Project, conducted by the Indigo Cultural Center¹, found significant increases in quality indicators in the areas of: health and safety; materials in the physical environment; provider-child communication patterns; provider engagement; learning activities; and providers' basic knowledge about child development.

Research has also been conducted relative to promoting the health and safety of children by increasing the knowledge base of families. In several studies regarding toddler obesity, motor vehicle restraint usage, and increasing father participation in the child-raising process, group sessions, seminars and trainings have been shown to be effective service delivery methods.

In recent years, the question of what types of child care programs best prepare children for kindergarten has emerged as a dominant issue in the early care and education public policy agenda. This has been propelled to the forefront due to the national focus on children's school achievement and the widespread creation of state-funded pre-kindergarten programs for three and four year old children. Growing awareness of the large number of children in unregulated FFN care settings and emphasis on school readiness has generated increasing interest in efforts to support these caregivers and their need for professional development. (Research to Policy Connections No. 5, *Assessing Initiatives for Family, Friend, and Neighbor Child Care*, March 2007).

II. Standards of Practice

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

- In-home support for FFN caregivers: with some variations of duration and intensity, professional development and coaching is provided to caregivers in their home to achieve individualized goals (quality safety, nutrition, etc.)
- Community-based training and professional development: Professional development through group meetings and trainings are delivered in a series of ongoing sessions that bring home-based providers together with qualified and experienced staff in a community setting to learn elements of quality care and safety and that are responsive

to the needs and diversity among FFN care providers. Child care should be provided and the sessions should take place at a time convenient for the FFN providers.

- Playgroup opportunities: In socialization or “Play and Learn” models, caregivers and children participate together in activities in a center-like setting offered in different sites in the community with the spaces ideally equipped with a variety of activities that are intended to promote cognitive, language, and physical development. Staff facilitators, whose backgrounds include early childhood and parent education, model interactions with children for the caregivers.
- A pathway to regulation: Information, support, additional resources and financial supports are provided for FFN providers who wish to become certified or licensed.

Within all models and approaches there must be opportunities for the following:

- Distribution of or access to financial incentives to help purchase safety and quality improvement equipment/materials
- Resource and referral information on health and development of young children as well as information on resources available in the community
- Information and support on becoming a regulated provider
- Information and resources on educational and professional development opportunities related to early childhood education

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

Those who propose to serve the FFN population must meet the following requirements:

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

III. Qualifications for Trainers/Instructors:

- Instructors should be knowledgeable about and possess experience in working with home care providers, adult learners and young children birth to age five.

- Instructors must have experience in early childhood education or elementary education with a concentration in early childhood, child and family studies, or a closely related field. Supervisors must meet or exceed these requirements with at least two years of program management experience. If programs experience hardship in recruitment efforts, they must notify and consult with First Things First.
- Instructors should possess appropriate credentials and experience in conducting professional development activities.
- Instructors should demonstrate knowledge and skills that reflect current best practices and research and that are aligned with the Arizona Infant Toddler Developmental Guidelines www.azed.gov/early.../az_infant_toddler_guidelines_complete-2.pdf and Arizona Early Learning Standards www.azed.gov/early.../arizona-early-learning-standards-3rd-edition.pdf
- Instructors should have a minimum five years experience working with young children (combination of classroom and supervisory experience). If programs experience hardship in recruitment of qualified trainers/instructors, they must notify and consult with First Things First.
- Instructors should have experience working with adult learners and diverse cultures.
- Instructors with knowledge of diverse populations and languages preferred.

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

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

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

- Increase the availability of and participation in high quality professional development opportunities for those working with or preparing to work with children birth through age five.
- Provide high quality professional development opportunities through innovative and creative approaches.

- Develop outreach and recruitment practices that engage and retain participants.
- Provide resource and referral information to participants on the healthy development of young children; and resources available in the community such as early literacy programs, family support agencies, and physical and oral health resources.
- Provide resource and referral information to participants who indicate an interest in being a regulated provider or obtaining certification or degree related to early childhood education and related fields.
- Identify and coordinate with existing training opportunities within the region.
- Conduct trainings based on best practices and research giving consideration to:
 - § Utilizing subject matter experts (Child Care Health Consultants, local physicians, published authors, researchers, etc.) to enhance training content and delivery
 - § The frequency and sequence of training sessions
- Provide professional development sessions that are interactive, model desired behaviors, and address the multiple learning styles of adult learners.
 - § At a minimum, topics must include:
 - § Understanding the five domains of early childhood development (physical well being and motor development; social and emotional development; approaches to learning; language development; and, cognition and general knowledge) for typically developing children and children with special needs
 - § Observing and understanding children’s behaviors
 - § Ensuring safe and healthy learning environments
 - § Understanding ethical and professional issues when working with young children
 - § Utilizing developmentally appropriate practices
 - § Advancing physical and intellectual competence
 - § Supporting social/emotional development and using positive guidance techniques
 - § Establishing respectful, positive, and productive relationships with families
 - § Ensuring a well-run purposeful program responsive to child and family needs
 - § Understanding the need to limit screen time for young children
 - § Understanding the health, nutrition and physical activity needs of young children
 - § Additional training topics may include, but are not limited to:
 - § Sensory integration, behavioral health, and special needs
 - § Role of creativity in learning
 - § Role of materials in the learning environment
 - § Role of the arts in cognitive and social emotional growth and development
 - § Role of the environment and environmental design in children’s learning
 - § Role of the teacher/educator as researcher
 - § Significance of play
 - § Written and oral communication skills of providers
- Maintain flexibility and responsiveness to emerging issues in the community and the early childhood field.

- § Recruit staff from the community who has extensive knowledge of community resources
- § Recruit staff that reflect the cultural and ethnic experiences and language of the participants, and integrate their expertise into the program
- § Develop a collaborative, coordinated response to community needs
- § Be accessible for program participants
- Ensure the provision of high-quality professional development opportunities through experienced and responsive staff.

Programs delivering professional development opportunities to support FFN care will be required to ensure that these opportunities are designed and implemented according to the following principles:

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

FFN services will include:

- Identification and recruitment of FFN providers caring for children birth through age five.
- Fostering professional, supportive relationships between FFN care givers and community-based coaches or mentors.
- Tools and resources for assessing and measuring quality in the FFN caregiving environment, i.e., Child Care Assessment Tool for Relatives (CCAT-R), Family Child Care Environmental Rating Scale (FCCERS), California Health and Safety Checklist or other valid instruments.
- Providing assistance, coaching, mentoring and support, by community-based coaches or mentors, to FFN care providers, as needed and appropriate, to increase

the quality of child care that is provided and to help move in-home care providers toward appropriate licensure.

- Creating a program improvement plan with the provider, specific to each provider and the children they care for, that will serve as a roadmap for the provider to move towards higher quality of care and potentially towards licensure.
- Implementing a strength-based curriculum that focuses on safety, brain development, social-emotional developmental needs, positive guidance and discipline, nutrition, parent/caregiver relationships, language and literacy, appropriate learning activities, culture, and health and sanitary practices.
- Emphasizing the importance of early, often and ongoing monitoring of a child's development by the family's Medical Home or through conducting developmental screenings, with parent involvement and permission, using a tool such as the Ages & Stages questionnaire or other valid instrument.
- Developing training materials for providers that identify and utilize available resources.
- Fostering partnerships between existing community agencies and entities so that training, information, services and other supports for FFN care providers can be provided at non-traditional settings and locations, such as public schools, and other "education" settings.
- Coordinating with other First Things First statewide and regionally funded programs.

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

- To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members and program participants' effective, understandable, and respectful care that is provided in a culturally competent manner. Early childhood practitioners /early childhood service providers should ensure that staff and participants at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children." ⁱⁱ<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15> <http://www.naeyc.org/positionstatements/linguistic>
- Service providers should understand individual Tribes/Nations are distinct and separate communities from other Tribes/Nations and their governmental systems and structures are not reflective of each other. Services to Tribal communities and on reservations must be provided in a manner compatible with the Tribe's/Nation's cultural beliefs and practices, to include the preferred language of the community. Services must also be provided in accordance with the Tribe's/Nation's laws, policies and procedures. The

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

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

ⁱ Arizona Kith and Kin Project, The Invisible Child Care Provider. 2010. Institute for Child Development Research and Social Change, Indigo Cultural Center, Inc.

ⁱⁱ 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>