FIRST THINGS FIRST
Ready for School. Set for Life.

Arizona Early Childhood Model System

Vision

All Arizona children by the time they are five years old have a solid foundation for success in school and in life because we have worked together to create a family centered, comprehensive, collaborative, and high quality early childhood system that addresses the child's development, health, and early education.

The Child

The early childhood system addresses the child's:

- Development (Physical, Cognitive, Speech and Language, and Social-Emotional)
- Health (Physical, Mental, Oral, Nutritional)
- Early Education

System Partners

- Arizona's young children and their families
- Arizona communities, including Tribal communities
- Faith-based communities and their programs
- Community health organizations and providers including physicians, nurses, dentists and therapists
- Early care and education organizations and providers, including those who provide early intervention and address special needs
- Family support organizations and providers, including home visitors
- Public and private transportation organizations and providers
- K-12 educators and administrators
- Those who educate providers, including colleges and universities
- Researchers
- Community agencies
- Foundations/philanthropy
- Advocacy organizations
- Policy makers at the federal, state and local levels
- State agencies, notably First Things First and its Regional Councils, Department of Economic Security, Department of Education, Department of Health Services and AHCCCS
- Professional associations
- Business community
- Media
- Elected Officials

System Elements

- Leadership
- Governance
- Adequate and secure funding
- Qualified and well-paid workforce
- Standards of practice and a means for monitoring them
- Needs/asset assessment, research/evaluation, and planning/development based on findings
- Technology support
- Public awareness and support
- Coordination among those involved in the early childhood system

Foundational Elements

- Basic survival elements (food, water, air, shelter)
- Safety and security (nurturance, protection from physical threat, psychological safety)
- Family health promotion and health care for women and men, including services that contribute to healthy birth

System Characteristics

- Child and family centered – the system will focus on the child and family, recognize that each child and family is unique, and be developed and implemented in a manner that facilitates their engagement in the system; the system will be driven by Arizona's families
- Strength based – the system will be built and implemented in a manner that identifies, builds on, and strengthens the many assets of Arizona's children and families, their cultures, and their communities
- Comprehensive – the system will address all aspects of child development and health
- Scalable – the system can be implemented throughout the state and for all families, resources permitting
- Outcome focused – goals will be clear and measurable
- Effective – outcomes for children and families, as well as the functioning of the system, will be measured and desired results will be achieved
- Accountable – the system will be transparent, subject to ongoing monitoring and evaluation, and responsive to Arizona's children, families, and the communities of which they are an integral part
- Well funded – resources that are adequate to support the development and implementation of the system will be dedicated to this purpose
- Sustainable – as the system is developed and implemented, consideration will be given to sustaining the system over time
- Collaborative – agencies at all levels, organizations, and individuals involved in the development, funding, implementation, and utilization of the system will help to design, evaluate, and continually improve it
- High quality – the system will be designed, developed, and implemented with recognition of lessons learned from research, evaluation, and experience; the system will seek to meet or exceed standards of good practice in all aspects
- Inclusive and respectful – the system will encompass all Arizona's children and will honor their individuality while promoting their inclusion in the system Equitable – all children, families, and communities will be considered in the assessment of assets and needs and in systems planning and implementation
- Flexible – the system will change as conditions and requirements change
- Clear – while broad in scope and complex in undertaking, the system will be easy to understand and explain
- Seamless – the system will involve many agencies, organizations, and individuals who work together so that services, supports, and funding for them are well-articulated and wrap around the family in a coherent way
- Community based – like children and families, communities are unique; the system recognizes, supports, and builds on the key role communities play in early childhood development and health
- Widely known – Arizonans will have an accurate understanding of the system, how it works, and its goals
- Publicly supported – Arizonans will support public policies that foster early childhood development and health
- Developmentally appropriate and culturally responsive – the system will promote the creation of and support for services that address the unique needs and preferences of each child and family within the context of their culture and community
- Available and accessible to families – the system will encompass services and supports for families **in all communities** throughout Arizona and will function in a manner that overcomes barriers to utilization of these services and supports
- Affordable – the system will develop and provide services and supports that Arizona's families can afford to access when they are needed
- Innovative and Arizona specific – the system envisioned will not be a replication of another system, but will incorporate lessons learned from others and be designed with an understanding of Arizona's unique assets and conditions; it will be inspired by a commitment to Arizona's children and families and serve as a model for other states

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SCHOOL READINESS INDICATORS

1. #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical
2. #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars
3. #/% of children with special needs enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars
4. #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars
5. % of children with newly identified developmental delays during the kindergarten year
6. # of children entering kindergarten exiting preschool special education to regular education
7. #/% of children ages 2-5 at a healthy weight (Body Mass Index-BMI)
8. #/% of children receiving timely well child visits
9. #/% of children age 5 with untreated tooth decay
10. % of families who report they are competent and confident about their ability to support their child's safety, health and well being

System Outcomes	In order for the System Outcomes in Column 1 to be achieved, the following conditions must be met	In order to create these conditions in Column 2, FTF could play the following roles	If FTF plays the role described in Column 3, these are the Goals that FTF would be working toward	All Indicators
EARLY LEARNING: **All children have access to high quality, culturally responsive early care and education that promotes their optimal development.**	**A.** There is a comprehensive early care and education system that is aligned both across the spectrum of settings and with the full continuum of the educational system.	**1. Early Care and Education System Development and Implementation** - Convene partners and provide leadership in the development and implementation of a comprehensive early care and education system that is aligned both across the spectrum of settings and with the full continuum of the educational system.	**a)** Create a coordinated spectrum of programs and services with defined roles and responsibilities across agencies, organizations and individuals. **b)** Design the ECE system to ensure access for all children to high quality, inclusive culturally responsive early care and education. **c)** Identify and align early care and education funding, programs and services to eliminate gaps and prevent unnecessary duplication. **d)** Build a system that promotes accountability and quality improvement, monitors programs and is coordinated among ECE agencies and organizations. **e)** Build an integrated data system that provides data that can be used as part of an evaluation and monitoring system for early care and education.	**How Much:** • # participating in Qualify First • # of agencies, programs and organizations that incorporate Quality First rating into early childhood programs and services • # of statewide agencies funding early care and education quality, access and affordability activities that incorporate Quality First rating into the monitoring process. • # on Quality First wait list **How Well:** • % of early care and education settings with a Quality First rating of 3-5 stars • # of slots in early childhood programs, e.g. Head Start and Early Head Start, Title !, etc., compared with the # served • # of children on wait lists early childhood education programs, e.g. Head Start and Early Head Start, Title 1 preschools, private programs, etc. **Better Offs:** • #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical • #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars • #/% of children with special needs enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars • #/% of children with newly identified developmental delays during kindergarten year. • # of children entering kindergarten exiting preschool special education to regular education • # of families satisfied with the level of cultural responsivity of their early childhood education provider • # of families indicating the Quality First star rating system was an important factor in their choice of an early childhood education program **System Development:** • Existence of a comprehensive plan, endorsed by the Governor and state agency directors, for an early childhood education system in Arizona that minimizes duplication of services among agencies, organizations and individuals • #/% state agencies and private organizations that provide ECE services to children birth to five and their families which have defined goals and objectives that align with the comprehensive state early care and education plan • % under-enrollment across early childhood education programs with similar missions and offering similar services • #/% of public and private agencies with similar missions that have interagency agreements to promote alignment of services and programs • % respondents to a statewide survey indicating high level of satisfaction with efforts to reduce gaps and duplication of early care and education funding, services and programs • # of interagency agreements that allow for the exchange and sharing of data across state, Tribal and other governmental agencies funding or providing early care and education services • #/% of state/Tribal/other government agencies that participate in an integrated data system for early childhood care • % of state budget allotted to early childhood education

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	B. There are health, safety, and quality standards for early care and education; support for attaining the standards; and a process for monitoring them.	**2. Quality Early Care and Education Standards, Curriculum, and Assessment** - Convene partners, provide leadership, and provide funding for the development and implementation of quality standards for early childhood care and education programs and related curricula and assessments.	**a)** Develop quality early learning standards and developmental guidelines and support early childhood providers to align curricula and assessments with the standards.	**How Much:** • #/% of early care and education professionals that have attended the approved training on the introduction to the Arizona Early Learning Standards (AZELS) and the Infant-Toddler Developmental Guidelines (ITDG), when completed **How Well:** • #/% of early care and education programs that implement research-based curricula and child assessment aligned with the AZELS and AZ-ITDG **Better Offs:** • #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical **System Development:** • Existence and implementation of new infant-toddler developmental guidelines for Arizona • Creation of provider self-assessment tools and support system for teacher/caregivers to implement the developmental guidelines
	C. Arizona has enough high quality, culturally responsive, affordable early care and education programs and settings to meet the needs of children and families in all communities throughout the state. **D.** Children and families have access to high quality, culturally responsive, affordable early care and education programs where they live and work. **E.** Families have a choice of schedules (part-day	**3. Quality, Access, and Affordability of Regulated Early Care and Education Settings** - Convene partners, provide leadership, and provide funding for increased availability of and access to high quality, regulated, culturally responsive, and affordable early care and education programs.	**a)** Make available quality, affordable and culturally responsive early childhood education programs to all children and families across Arizona.	**How Much:** • # rural communities with new early learning programs/services available to families • # slots available in regulated child care (in different communities) • #/% of eligible families with children ages five and younger receiving child care subsidies enrolled in programs rated at 3 stars or higher in Quality First • #/% of early childhood educators who are ethnically and culturally reflective of the state's population of children birth to five **How Well:** • #/% of positive ratings on measures of cultural responsiveness of environment • #/% of families reporting quality as a factor when selecting an early care and educational program • Amount of funding ($) available for child care subsidies and start-ups in underserved areas • # children on DES wait list **Better Offs:** • #/% of children ages 5 and younger enrolled in early care and education programs rated at 3 stars or higher in Quality First • #/% of families that spend no more than 10% of the regional median family income on quality care and education (those receiving a star rating of 3-5) **System Development:**

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	or full-day, part-year or full-year), type of provider, and type of setting.	**4. Quality of Family, Friend, and Neighbor Early Care and Education Settings** - Convene partners, provide leadership, and provide funding to improve the quality of culturally responsive early care and education provided by family, friends, and neighbors.	• Goal a: Ensure that children in Arizona have access to high quality, safe, nurturing care when using family, friend, or neighbor care (FFN) settings that are not regulated by the state.	How Much: • # of FFN providers receiving equipment, materials, training, mentoring and/or financial supports to improve the safety and quality care • # of children 5 years and younger in FFN programs becoming certified by DES-CCA or certified or licensed by DHS/Tribes • # of FFN providers participating in quality improvement program that become alternative approval homes in CACFP How Well: • # of Family Friend and Neighbor providers receiving equipment, materials, training/mentoring or financial support , who indicate positive outcome of these supports and resources • # FFN providers reporting increase in confidence and competence in caring for children as measured using the CCATR (Child Care Assessment for Relatives) tool Better Offs: • #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical System Development: • # FFN providers becoming certified or licensed or alternate approval participants • Existence of a regulatory system for all family child care • Availability of FTF funded services to FFN care providers (QF!, TEACH, etc) • Count of unregulated care by geography, income, etc.
HEALTH: **All children have access to high quality preventive and continuous health care, including physical, mental, oral, and nutritional health.**	**A.** Arizona has enough high quality, affordable, comprehensive health care services to meet the needs of children and families in all communities throughout the state.	**1. Supply of Health Care Services** - Collaborate with partners to assess and expand the supply of high quality, affordable, comprehensive health care services.	**a)** Sustain and expand the existing number and range of healthcare professionals who are serving young children and their families in remote and underserved areas of Arizona **b)** Sustain and expand the number of healthcare professionals accepting public health insurance	**How Much:** • # of primary care providers medical, dental, mental health and therapy providers (Speech Language Pathologists/Occupational Therapists/Physical Therapists) • # of pediatric dental providers by Health Professional Shortage Area • # of primary care providers (medical, dental, mental health and therapy providers (Speech Language Pathologists/Occupational Therapists/Physical Therapists) who are qualified to work with children 0-5 • #/% of primary health care providers accepting public health insurance **How Well:** • % of pediatricians by Health Professional Shortage Area • % of pediatric dental providers by Health Professional Shortage Area • % of primary health care providers accepting public health insurance • #/% of parents reporting problems getting necessary treatment for their young child (age 0-5) **Better Offs:** • % of children 0-5 who live in communities with a shortage of primary care medical, dental, mental health and therapy (SLP, OT, PT) providers who are qualified to work with children 0-5 System Development:

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	B. Children and families have access to high quality, affordable health care coverage and services, including services that contribute to healthy births.	**2. Access to Quality Health Care Coverage and Services** - Collaborate with partners to increase access to high quality health care services (including oral health and mental health) and affordable health care coverage for young children and their families.	**a)** Increase the number of children who have comprehensive health insurance **b)** Increase access to and utilization of preventative health care services for children and families **c)** Increase the number of women who receive early and adequate prenatal care	**How Much:** • # of children without health insurance • # of children 0-5 covered by insurance type (Medicaid, Kids Care, Indian Health Service, Private, Employer Based) • #/% of children with oral health screening by age 1 year • #/% of children at or over age 3, who receive at least one preventative dental service within the past year • # of young children (19-35 months) who complete the basic series of age appropriate immunizations • #/% of births to mothers who received late or no prenatal care • #/% of mothers with adequate prenatal care as defined by prenatal care index **How Well:** • % of children without health insurance • % of children covered by insurance type (Medicaid, Kids Care, Indian Health Service, Private, Employer Based) • #/% of children with special health care needs whose families have adequate public or private insurance to pay for services • #/% of children with oral health screening by age 1 year • #/% of children who screen positive and referred to definitive care **Better Offs:** • #/% of children receiving timely well child visits • #/% of children age 5 with untreated tooth decay • #/% of children with newly identified developmental delays during kindergarten **System Development:** • % of communities with adequately fluoridated water

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	C. Families, those who serve young children and their families, and communities promote and support good nutrition and active lifestyles for Arizona's children.	**3. Nutrition and Physical Activity** - Collaborate with partners to support improved nutrition and increased age/developmentally appropriate physical activity levels among young children.	**a)** Increase the number of children, families and caregivers that practice developmentally appropriate physical activity and incorporate good nutrition **b)** Create, sustain and expand community based partnerships that increase access to healthy food and physical activity **c)** Encourage community leadership, public awareness and community design that supports better nutrition, increased physical activity and health conscious neighborhoods and public spaces	**How Much:** • #/% of children with recommended dietary guidelines of fruits and vegetables • #/% of children who are physically active at least 5 days/week • #/% of mothers who are breastfeeding their infants at 6 months of age **How Well:** • # of child care centers participating in Empower (additional Dept. of Health nutrition and health guidelines) • # of early care and education providers participating in Health Consultation • #/% of early care and education providers participating in the Child Care Food Program • % of child care centers participating in Empower (additional Dept. of Health nutrition and health guidelines) • % of early care and education providers participating in Health Consultation • #/% of potentially eligible children participating in WIC **Better Offs:** • #/% of children ages 2-5 at a healthy weight (Body Mass Index - BMI) **System Development:** • #/% of school districts with joint land use agreements • #/% of general plans that include healthy design principles • # of playgrounds/parks per 1,000 people • # of community gardens • #/% of public and private employers with breastfeeding friendly policies • The 10 Empower guidelines are incorporated into Quality First rating scale
	D. Health care for young children is coordinated via a medical and dental home.	**4. Medical and Dental Homes** - Collaborate with partners to increase access to medical and dental homes for young children and their families.	**a)** Increase the availability and use of medical and dental homes by all young children and their families	**How Much:** • # of dental homes • # of medical homes • #/% of children with medical homes • #/% of children with dental homes **How Well:** • # of certified child/family centered medical homes **Better Offs:** • # of children who receive ongoing, routine comprehensive care within a family centered medical home • # of children who receive ongoing, routine comprehensive care within a dental home **System Development:** • Arizona certification process established for children/family centered medical home.

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	E. All children are provided access to early periodic screening and diagnosis to identify physical, mental, and developmental health issues and, if necessary, follow-up treatment/services are provided.	**5. Early Screening and Intervention** – Collaborate with partners to increase awareness of and access to a continuum of information, support, and services for families and their children who have or are at risk of having developmental, physical, and/or mental health issues.	**a)** Create, sustain and expand the development of coordinated statewide and community based systems to identify and serve children with physical, mental and/or developmental health needs **b)** Ensure that all children receive periodic developmental and health screening and if necessary, are referred for additional evaluation	**How Much:** • # of primary care medical, dental, mental health and therapy providers (Speech Language Pathologists/Occupational Therapists/Physical Therapists) providing services to children 0-5 • # of children, ages 3-5 receiving part B special education • # of children receiving part C AzEIP services • #/% of children 0-3 referred to AzEIP for comprehensive evaluations • #/% of children 0-5 who live in communities with a shortage of primary care medical, dental, mental health and therapy providers (SLP, OT, PT) providers who are qualified to work with children 0-5 • #/% of children found eligible for AzEIP/DDD • #/% of children with special health care needs ages 0-5 whose families report the community based services system is organized so they can use services easily • # of children receiving standardized mental health screening • # of primary care physicians routinely using standardized developmental and health screening tools • # of children receiving oral health screening • #/% of children receiving a newborn hearing screening • #/% of children, ages 0-5 identified with or at risk for special needs/disabilities **How Well:** • % of primary care medical, dental, mental health and therapy providers (Speech Language Pathologists/Occupational Therapists/Physical Therapists) providing services to children 0-5 • % of children with disabilities served in Arizona vs. National Standard • #/% of children entering kindergarten who have had a vision and hearing screening **Better Offs:** • #/% of children identified with developmental delays by age 2 • #/% of children with newly identified developmental delays during kindergarten year. **System Development:**

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FAMILY SUPPORT & LITERACY: **All families have the information, services, and support they need to help their children achieve their fullest potential.**	**A.** Families receive high quality, diverse, and relevant information and education on the importance of the early years, child development, health, and early education in a variety of formats and from a variety of sources. **B.** Families have easy access to information on the quality and availability of programs and services.	**1. Information and Education for Families** - Convene partners, provide leadership, and provide funding for the development and coordinated dissemination of high quality, diverse, and relevant information and education on the importance of the early years, child development, health, early education, and related resources for families, providers, partners, and the public	**a)** To increase families' belief that accessing information, resources supports or services is a regular part of raising young children. **b)** To increase access to timely, culturally responsive and accurate information regarding early childhood development, early care & education and developmentally appropriate parenting.	**How Much:** • # of families seeking information about service and supports in their community **How Well:** • % of families who report they are comfortable accessing information, resources and supports **Better Offs:** • % of families that report receiving helpful information about early childhood development **System Development:** • % of families who report that they receive information about services and supports in their community

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	C. Families have access to a variety of high quality, culturally responsive, and affordable services, supports, and community resources, which promote their child's development (physical, cognitive, speech and language, and social-emotional) and health.	**2. Supports and Services for Families** - Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families.	**a)** To increase the availability of high quality family support and literacy services for families with young children. **b)** To increase family access and participation in high quality family support and literacy services. **c)** To increase the ability of families to promote positive child development, health & literacy outcomes for their children. **d)** To continuously improve the quality of family support and literacy services. **e)** To expand the use of evidence based practice in the early childhood family support and literacy service system. **f)** To increase coordination of planning, developing, funding and delivering family support and literacy services to best meet the needs and preferences of families and to leverage available resources. **g)** To increase the number of family members who are actively participating in the development of the system of family support and literacy services	**How Much:** • # of children/families referred to family support and / or literacy programs • # of parent initiated referrals for developmental screenings and services • # of family support and literacy programs that provide training and compensation to support family members to actively participate in systems planning efforts **How Well:** • % of children birth to five screened for developmental or sensory delays • % of families referred who are participating in family support and/ or literacy programs • % of families who report their family support needs are met • % of families who report their early language and literacy needs are met • % of families that report they understand basic health information and services needed to make appropriate health decisions • % of programs who demonstrate fidelity to the evidence based model they are providing e.g. receipt or maintenance of national program model accreditation or certification • % of families who report a literacy rich home environment (composite measure) • % of families with children birth through age five who report reading to their children daily • % of families with children birth through age five who report story telling or singing to their children daily **Better Offs:** • % of children with newly identified developmental delays during the kindergarten year • % of families who report they are competent and confident about their ability to support their child's safety, health and well being • % of children who are demonstrating school readiness at kindergarten entry in the developmental domains of social emotional, language and literacy, cognitive and physical and motor development **System Development:** • % of parent education, family support and literacy programs that are evidence based • Capacity to serve = # of families served vs. # of vacancies in family support and literacy programs serving families of children birth through age five e.g. 100 families served vs. 0 vacancies • %/# of system partners who report a positive change in the development, coordination, and delivery of family services • %/# of system partners leveraging resources • % of families actively participating in systems planning efforts (councils, task forces, focus groups, etc.) (% of total number people participating in systems planning efforts)

FIRST THINGS FIRST
Ready for School. Set for Life.

Arizona Early Childhood Model System

SCHOOL READINESS INDICATORS

1. #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical
2. #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars
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System Outcomes	In order for the System Outcomes in Column 1 to be achieved, the following conditions must be met	In order to create these conditions in Column 2, FTF could play the following roles	If FTF plays the role described in Column 3, these are the Goals that FTF would be working toward	All Indicators
PROFESSIONAL DEVELOPMENT: **All early childhood education and health professionals are well prepared, highly skilled, and compensated commensurate with their education and experience.**	**A.** Arizona has enough culturally diverse early childhood professionals working in a variety of capacities to meet the needs of Arizona's children and families in all communities throughout the state. **B.** Early childhood professionals meet specified educational/professional development requirements and continue their professional development throughout their careers. **C.** There are sufficient educational opportunities to meet the needs of early childhood professionals throughout Arizona. **D.** Early childhood professionals throughout Arizona have access to the education and ongoing professional development required to work in the setting of their choice and facilitate their professional growth.	**1. Professional Development System** - Convene partners, provide leadership, and provide funding for the development and enhancement of an early childhood professional development system that addresses availability, accessibility, affordability, quality, and articulation.	**a)** Build a comprehensive and well-articulated professional development system throughout Arizona that begins with the acquisition of a GED/high school diploma. **b)** Provide access to ongoing education and training for all early childhood and education professionals across Arizona to meet professional development requirements and goals.	**How Much:** • #/% of early care and education professionals at identified levels on an agreed upon professional development continuum from GED/High school diploma to graduate degrees. • # of early care and education professionals enrolled in T.E.A.C.H., PCPP or other professional development scholarship programs • # of relevant administrative training and mentoring opportunities for early care and education administrators • # of community-based professional development opportunities available by region • #/% professionals attending community-based PD by region **How Well:** • #/% of early care and education teachers/caregivers who have a college degree in early childhood education or a related field and/or a CDA credential • # of early care and education home providers attaining a GED/high school diploma from an accredited institution • #/% of directors/administrators who have at least a director's credential, an AA degree or equivalent in early childhood education or related field • # of non-degreed, non-credentialed teachers/ caregivers enrolled in ECE coursework compared to # ECE teachers/caregivers in state • # of higher education early childhood degree programs nationally accredited community-based PD by region **Better Offs:** • #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical • #/% of early care and education programs scoring at least a 2 on the Classroom Instruction domain on the CLASS **System Development:** • Evidence of a comprehensive professional development plan with measurable milestones and a time frame for Arizona • Evidence of core competencies which people working with children 0-5 need in order to provide quality service • #/% of statewide programs funding ECE professional development activities that collect similar qualitative and quantitative data regarding ECE professionals moving through the educational continuum • Existence of a single statewide articulation agreement that includes early childhood core competencies (same course title, course number and course description) applicable to all colleges and universities • #/% of IHEs that have standard degree requirements which allow credits to transfer from one institution to another • A method for tracking data about early care and education professionals in Arizona • Inservice/continuing education for practicing professionals that is sequential, evidence-based and taught by qualified professionals – a system for inservice training/continuing education

Arizona Early Childhood Model System

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System Outcomes	In order for the System Outcomes in Column 1 to be achieved, the following conditions must be met	In order to create these conditions in Column 2, FTF could play the following roles	If FTF plays the role described in Column 3, these are the Goals that FTF would be working toward	All Indicators
	E. High quality professionals are recruited and retained in the early childhood system. **F.** Early childhood professionals are paid commensurate with other fields requiring similar education and experience.	**2. Recruitment and Retention of Professionals** in the **Early Childhood System** - Convene partners, provide leadership, and provide funding for the recruitment, adequate compensation, and retention of high quality, culturally diverse early childhood providers.	**a)** Recruit and retain high quality professionals into the early childhood development and health system who reflect the diversity of the community in which they practice and are culturally competent/sensitive. **b)** Compensate early childhood education professionals across Arizona at a rate commensurate with their education and experience.	**How Much:** • #/% of high school tech prep child development students entering post-secondary early care and education programs • #/% of staff who annually participate in professional development related to cultural responsivity in early childhood education • #/% of early care and education programs that provide staff with an increase in average hourly wage based upon attainment of a higher level of education and experience • % of early care and education professionals who receive cost of living wage increases comparable to the average Arizona wage increase **How Well:** • #/% early care and education staff who are proportionally reflective of the demographics of the community in which they work • #/% of early care and education programs with at least 50% of staff with 3 or more years of experience • #/% of early care and education professionals in their current position for 3 years or more • #/% of students graduating with a degree in early childhood education who remain in the state and field after graduation **Better Offs:** • #/% of early care and education professionals with educational background and experience comparable to a kindergarten teacher who receive an average hourly wage comparable to a kindergarten teacher in Arizona **System Development:**
	G. Arizona has sufficient numbers of health services providers of all types who have had specialized training in working with young children and their families.	**3. Specialized Training for Health Services Providers** - Collaborate with partners to provide funding and implement strategies for increasing the number of health services providers who have had specialized training in working with young children and their families.	**a)** Increase the number of health service professionals, including early intervention professionals who have had specialized training in working with young children and their families across Arizona	**How Much:** • #/% health services professionals (i.e. general dentists, primary care providers pediatricians, family practice, family nurse practitioners) therapists and mental health professionals. **How Well:** • #/% of therapists who are trained to work with children 0-5 • #/% of physicians who are trained to work with children 0-5 • #/% of health and mental health consultants working with early child care settings • #/% of mental health professionals who have specialized training to work with the 0-5 population • #/% of general dentists trained to work with the 0-5 population **Better Offs:** • #/% of children 0-5 who live in communities with a shortage of primary care medical, dental, mental health and therapy (SLP, OT, PT) providers who are qualified to work with children 0-5 **System Development:** • #/% of mentorship programs available to health services professionals

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System Outcomes	In order for the System Outcomes in Column 1 to be achieved, the following conditions must be met	In order to create these conditions in Column 2, FTF could play the following roles	If FTF plays the role described in Column 3, these are the Goals that FTF would be working toward	All Indicators
	H. Family support providers have the knowledge and skills required to work with young children and their families.	**4. Specialized Training for Family Support Providers** - Collaborate with partners to provide funding and implement strategies for increasing the number of family support providers who have knowledge and skills required to work with young children and their families.	**a)** To establish a professional development system for family support and literacy providers.	**How Much:** • # of professional development opportunities offered specific to family support and literacy services • # of family support and literacy providers participating in ongoing professional development and assistance including development of core competencies in early childhood development. **How Well:** **Better Offs:** • % of family support and literacy providers that demonstrated core competencies in early childhood such as the infant toddler mental health endorsement **System Development:** • # of partner agencies collaborating in the coordination of a family support and literacy professional development system • #/% of shared resources to support a family support and literacy professional development system • # of cross-agency family support and literacy providers participating in related professional development opportunities
EARLY CHILDHOOD SYSTEM: **The early childhood system is high quality, child and family centered, coordinated, integrated, and comprehensive.**	**A.** Partners in the early childhood system have clearly defined and well understood roles and responsibilities; planning, program development, service delivery, data, and resources are coordinated among federal, state, tribal and local jurisdictions. **B.** Partners in the early childhood system work together to identify and attain the capacity required to build and sustain the system. **C.** Families of young children and other partners are involved in the design and evaluation of Arizona's early childhood system.	**1. Early Childhood System Leadership** - Convene partners, provide leadership, and provide funding for the conceptualization and implementation of a high quality, child and family centered, coordinated, integrated, and comprehensive early childhood system that includes clearly defined roles and responsibilities.	**a)** Arizona's comprehensive early childhood system (that goes beyond early care and education) is clearly described and roles and responsibilities of those involved in its implementation are defined. **b)** Agencies and organizations involved in the early childhood system have a common understanding of the system and share ownership in it implementation. **c)** Funding for all aspects of the early childhood system is identified and aligned. **d)** More programs serving young children and their families are using evidence-based practices. **e)** There are standards of practice for all child development, health, and education programs and more programs are operating in alignment with these standards. **f)** Child development, health, and education providers are more effectively connecting families to the supports and services they need. **g)** More families are involved in the development of policies and cross-system coordination activities.	**System Development:** • Existence of a comprehensive plan, endorsed by the Governor and state agency directors, for an early childhood education system in Arizona that minimizes duplication of services among agencies, organizations and individuals EL-1 • #/% state agencies and private organizations that provide ECE services to children birth to five and their families which have defined goals and objectives that align with the comprehensive state early childhood framework EL-1 • % under-enrollment across early childhood education programs with similar missions and offering similar services EL-1 • #/% of public and private agencies with similar missions that have interagency agreements to promote alignment of services and programs EL-1 • % respondents to a statewide survey indicating high level of satisfaction with efforts to reduce gaps and duplication of early care and education funding, services and programs EL-1 • Existence of a regulatory system for all family child care EL--4 • Count of unregulated care by geography, income, etc. EL-4 • #/% of general plans that include healthy design principles HLTH-3 • The 10 Empower guidelines are incorporated into Quality First rating scale HLTH-3 • Arizona certification process established for children/family centered medical home HLTH-4 • % of families who report that they receive information about services and supports in their community FS&L-1 • %/# of system partners who report a positive change in the development, coordination, and delivery of family services FS&L-2 • %/# of system partners leveraging resources FS&L-2 • % of families actively participating in systems planning efforts (councils, task forces, focus groups, etc.) (% of total number people participating in systems planning efforts) FS&L-2 • Evidence of a comprehensive professional development plan with measurable milestones and a time frame for Arizona PD-1 • Existence of a single statewide articulation agreement that includes early childhood core competencies (same course

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System Outcomes	In order for the System Outcomes in Column 1 to be achieved, the following conditions must be met	In order to create these conditions in Column 2, FTF could play the following roles	If FTF plays the role described in Column 3, these are the Goals that FTF would be working toward	All Indicators
				title, course number and course description) applicable to all colleges and universities PD-1 • # of partner agencies collaborating in the coordination of a family support and literacy professional development system PD-4 • # of cross-agency family support and literacy providers participating in related professional development opportunities PD-4
	D. There is a coordinated process in use for collecting, analyzing, and utilizing accurate and relevant data related to early childhood development, health, and education and results are used to guide decision making.	**2. Coordinated Use of Early Childhood System Data** – Convene and collaborate with partners to identify data needs and resources; define and carry out roles related to collecting, analyzing, and reporting data; and utilize data to design, develop, plan, and evaluate the early childhood system.	**a)** Data needed to inform and guide program and policy decisions at the state and local level are available, coordinated, and utilized.	**System Development:** • # of interagency agreements that allow for the exchange and sharing of data across state, Tribal and other governmental agencies funding or providing early care and education services EL-1 • #/% of state/Tribal/other government agencies that participate in an integrated data system for early childhood care EL-1 • Evidence of partnership among all agencies to align data collection efforts throughout the early childhood system and across the continuum of programs and services • #/% of statewide programs funding ECE professional development activities that collect similar qualitative and quantitative data regarding ECE professionals moving through the educational continuum PD-1 • A method for tracking data about early care and education professionals in Arizona PD-1
	E. Early childhood programs, services, and resources are evaluated and results used to foster continuous improvement. **F.** The early childhood system as a whole is evaluated to determine if it is child and family centered, coordinated, integrated, and comprehensive and results are used to strengthen the system and guide future planning. **G.** Impact of the early	**3. Early Childhood System Evaluation** - Provide leadership in the evaluation of the early childhood system and collaborate with partners to utilize the results to foster continuous improvement of the system.	**a)** There is a comprehensive evaluation of the early childhood system and results are used for continuous improvement of the system.	**System Development:** • Data is used for continuous improvement and growth of early childhood system • Evaluation of the early childhood system is designed to address the following research questions: 1) are children healthy and ready for school; 2) do families have access to high quality early childhood services; and 3) what impacts do FTF investments have on children and families

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	childhood system on children and families is evaluated and results are used to guide policy development, public awareness messages, resource allocation, and future planning.			
PUBLIC AWARENESS: **All Arizonans understand the importance of the early years and the impact of early childhood development, health, and education on Arizona's economy and quality of life and, as a result, substantially support early childhood development, health, and education both politically and financially.**	**A.** Arizonans receive accurate and data-based information on the importance of the early years, the link between early childhood experiences and subsequent success in school and in life, and the impact of early childhood development, health, and education on the state's economy and quality of life. **B.** Faith-based communities, community-based organizations, foundations, businesses, and other partners demonstrate their support for early childhood development, health, and education and convey their support to elected officials and	**1. Building Public Awareness and Support** - Convene partners, provide leadership, and provide funding for efforts to increase public awareness of and support for early childhood development, health, and early education among partners, public officials, policy makers, and the public.	**a)** The public is aware of the benefits of investing in early childhood development, health, and early education. **b)** The public is committed to a unified early childhood policy agenda that benefits young children and their families. **c)** There is a strong, growing, and mobilized pool of early childhood champions in all sectors.	**System Development:** • % increase of the perceived importance of early childhood development statewide • % increase of awareness and support for FTF's mission

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System Outcomes	In order for the System Outcomes in Column 1 to be achieved, the following conditions must be met	In order to create these conditions in Column 2, FTF could play the following roles	If FTF plays the role described in Column 3, these are the Goals that FTF would be working toward	All Indicators
	other policy makers. **C.** Elected officials and other policy makers actively support early childhood development, health, and early education.			
	D. Resources required to develop and sustain the early childhood system are generated from public and private sources.	**2. Early Childhood System Funding –** Secure, coordinate, and advocate for resources required to develop and sustain the early childhood system.	**a)** Increase public and private funding to build and sustain the early childhood system.	**System Development:** • % of state budget allotted to early childhood education EL-1

Logic Model Guide

A logic model can be defined as a map that graphically displays programmatic planning and impact. A logic model summarizes key program elements; gives the rationale behind activities; clarifies intended outcomes; and acts as a communication tool.[1] According to the W. K. Kellogg Foundation, the five basic components of a logic model are: *Resources* (dedicated to or consumed by the program), *Activities* (what the program does with the inputs to fulfill its mission), *Outputs* (direct products of program activities), *Outcomes* (benefits for participants during and after program activities), and *Goals* (desired long term results of the program).[2]

This packet contains 13 FTF draft logic model documents: this guide, three overarching models, and nine logic sub-models. The *Overall Logic Model* is a graphical depiction of how the logic models described below function together and show impact on kindergarten readiness. The nine sub-models provide additional detail on FTF strategies and are indicated in the *Overall Logic Model* by a "**". The components of the sub-models are: Strategies, Activities, Key Outputs, Short-term Outcomes, Intermediate Outcomes, and Long-term Outcomes.

FTF's Overarching Logic Models (3):

1. *Model of Change* – Presents the most general overview of FTF activities and impacts in the early childhood system in Arizona.
2. *System Processes and Outcomes* – Identifies overall system resources and FTF and early childhood partners' roles in leadership and infrastructure. Components are: resources, assumptions, activities, and system outcomes.
3. *Overall Logic Model* – colored flowchart – Graphical depiction of how the logic sub-models described below function together and show impact on kindergarten readiness.

Key for the ***Overall Logic Model*** (colored flowchart):

- Read model from bottom to top
- Brackets indicate that components below are related to all components immediately above
- Arrows denote logical sequencing
- Double astericks (**) represent that additional detail can be found in the sub-models
- Broken lines (---) indicate a logical relationship across program areas
- Diamonds = School Readiness Indicators 2 through 10
- Blue = Family Support
- Purple = Early Learning
- Light Blue = Child Health
- Green = Child Readiness

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[1] National Network of Libraries of Medicine: http://nnlm.gov/outreach/community/logicmodel.html

[2] *Logic Model Development Guide*, W. K. Kellogg Foundation, October 2000 (1-800-819-9997; item #1209).

Logic Sub-Models (9): FTF's Funded Strategies, Activities, Outputs, and Outcomes:

Key for the *Logic Sub-Models*:

- Read models from left to right
- Arrows denote logical sequencing
- Key Outputs represent the FTF Targeted Service Units (TSUs)
- Single astericks (*) indicate over 2 million in funding

Early Learning

4. *Early Childhood Education (ECE/Quality Access)* – Includes FTF strategies that expand regulated early care and education, increase quality and regulation in Family Friend and Neighbor, and facilitate the transition to kindergarten.
5. *Earnly Learning Professional Development (PD)* – FTF strategies that address the continuous professional development and education of caregivers and teachers of young children.
6. *Quality First (QF)* –FTF strategy to increase access to quality early learning opportunities that will help kids arrive at kindergarten ready to succeed. Quality child care settings include: safe, healthy environments; highly educated teachers; classrooms and materials that stimulate kids at different stages of learning; and appropriate staff-to-child ratios so that kids get the attention and support they need.

Family Support Services

7. *Level I Family Support: Universal* – Services provided to, or routinely available to, all children birth to five and their families; designed to support healthy development in children, parents, and families.
8. *Level II Family Support: Intermediary* – Bridging services designed to facilitate strong family relationships, family connectedness within neighborhoods, and access to community-based health and educational services.
9. *Level III Family Support: Intensive* –Services designed to meet the needs of families with acute, complex, or high level needs that would otherwise be at great risk of poor health, developmental, and educational outcomes.

Health

10. *Improving Access to Health Care* – FTF services to improve: the number of children with continuous health services and insurance, access to the health care system, and early identification and appropriate support and care for children with special needs.
11. *Prevention Services* – FTF services to improve: health for all children, use of dental homes, early identification of developmental and adaptive delays.
12. *Health Professional Development* – FTF strategies that address continuous professional development for those who support the health of young children.

If We:	We Create:	Resulting In:	Achieving:
Develop and fund high quality services for children and families that are necessary but not yet available	Coordinated, high-quality service system for young children	**Early Learning** All children have access to high quality, culturally responsive early care & education.	All Arizona's children are ready to succeed in school and in life.
Strengthen already existing high quality services for children		**Family Support/Literacy** All families have the information, services & supports they need to help children achieve their fullest potential.	
Partner to build a system of early childhood services and information for families		**Early Childhood Professional Development** All child care/education & health professionals are well prepared, highly skilled and compensated commensurate with their education & experience.	
		Health All children have access to high quality preventive & continuous health care to promote physical, mental, oral and nutritional health.	
Lead through the synergy of statewide and local strategic planning	Leadership capacity and infrastructure to create and sustain the high-quality service system	**Early Childhood System** The early childhood system is high quality, child & family centered, coordinated, integrated & comprehensive.	
Harness data and technology to build infrastructure and support data-based decision making and accountability			
Shift the brand and awareness of early childhood in Arizona		**Public Awareness** All Arizonans understand the importance of the early years & recognize the influence of early childhood development, health & education on Arizona's economy & quality of life and, as a result, substantially support early childhood development, health, and education both politically and financially.	

DRAFT

First Things First
Logic Model—System Processes and Outcomes

Processes

Outcomes

1. Resources

- Authorizing legislation – voter approved initiative establishing: dedicated funding source, governance structure, and delivery system.
- Additional state, federal, philanthropic, private, and local funding sources enabled for early childhood services and activities.
- Existing partners: Dedicated and committed groups, individuals, and organizations working on behalf of children and families.
- Strong government to government relations with Arizona's tribes.
- Diverse Families committed to the well-being of Arizona's children.
- Accurate and timely data on the needs and assets of children and families in local communities.

2. Assumptions

- Continuous improvement and innovation throughout the early childhood system is necessary to maximize benefits to children and their families.
- Coordination and economies of scale are necessary to optimize use of resources.
- Competitive grant processes based on state and local strategic planning optimize efficiency and effectiveness in service provision.
- Synergy of local and statewide strategic planning is necessary to maximize innovation and flexibility as well as consistency and scope.
- Strategic planners must have high-quality information the needs of children and families to make the best decisions in resource allocation.
- Educational efforts to increase Arizonans' knowledge of the importance of early childhood leads to support for children's issues.
- Educational Efforts to increase policymakers' knowledge of the importance of early childhood leads to support for children's issues and maintenance of FTF funding.

3. Activities

- FTF funds and implements high quality, child and family centered, coordinated, integrated early childhood services.
- FTF convenes partners, provides leadership, and contributes funding for efforts to increase public awareness of and support.
- FTF convenes partners, provides leadership, and contributes funding for the conceptualization and implementation of a high quality, child and family centered, coordinated, integrated, and comprehensive early childhood system.
- FTF provides leadership in the evaluation of the early childhood system and collaborates with partners to utilize the results to foster continuous improvement.
- FTF provides leadership to increase the quality, completeness and availability of data for decision making.
- FTF secures, coordinates, and advocates for resources required to develop and sustain the early childhood system.

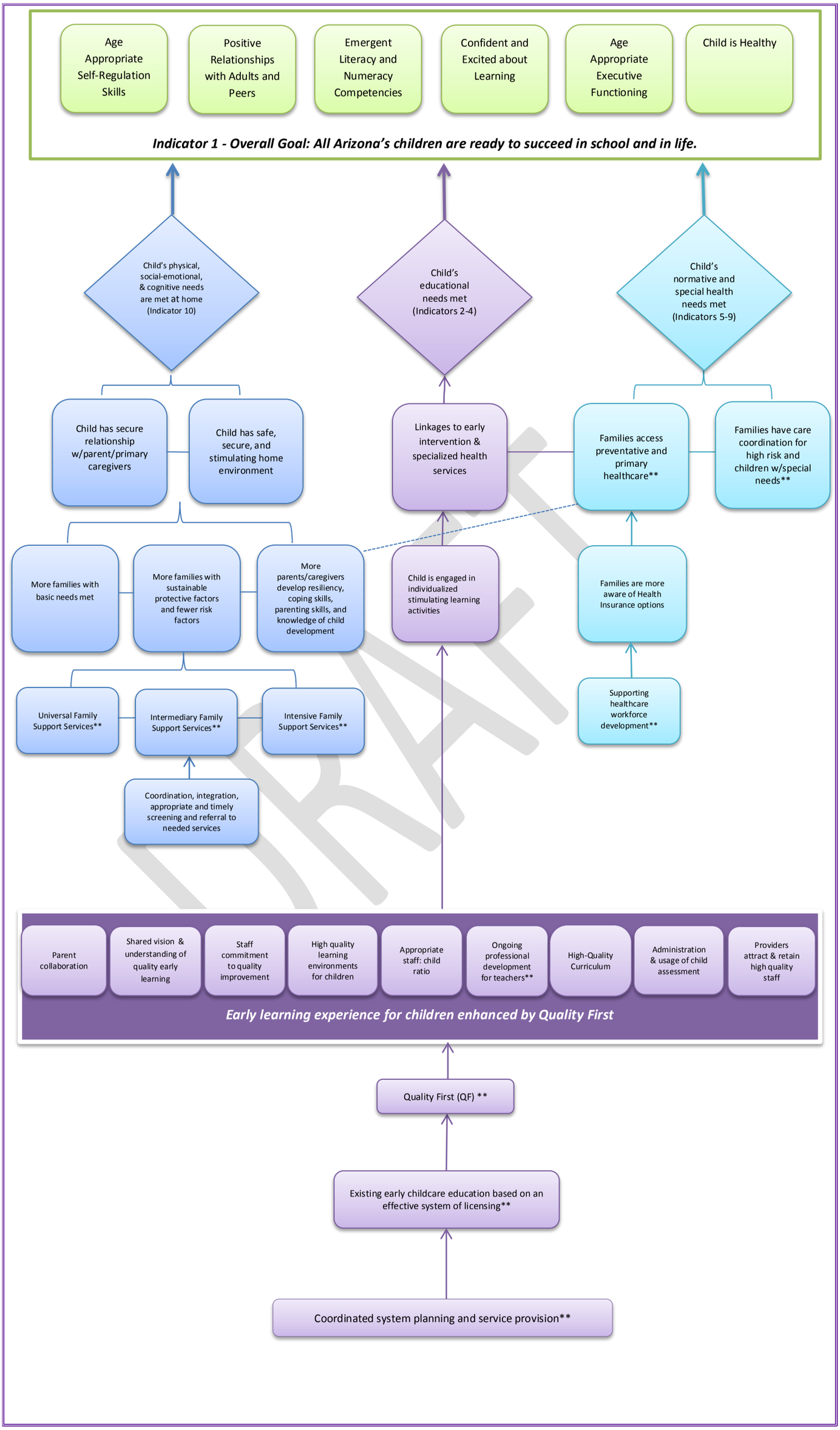
4. System Outcomes

- All children have access to high quality, culturally responsive early care & education.
- All families have the information, services & supports they need to help children achieve their fullest potential.
- All child care/education & health professionals are well prepared, highly skilled and compensated commensurate with their education & experience.
- All children have access to high quality preventive & continuous health care to promote physical, mental, oral and nutritional health.
- The early childhood system is high quality, child & family centered, coordinated, integrated & comprehensive.
- All Arizonans understand the importance of the early years & recognize the influence of early childhood development, health & education on Arizona's economy & quality of life and, as a result, substantially support early childhood development, health, and education both politically and financially.

Overall Assumptions:

1. High quality early care and education contributes to the overall health and economic well-being of society.
2. The early childhood system is vast and complex; FTF has critical roles as a funder, change agent, and collaborator. We are a Partner among partners with agencies and organizations that each has a key role in providing services.

Context: FTF operates within the context of federal and state policies which guide and enable available services for children and families.


Age Appropriate Self-Regulation Skills
Positive Relationships with Adults and Peers
Emergent Literacy and Numeracy Competencies
Confident and Excited about Learning
Age Appropriate Executive Functioning
Child is Healthy
Indicator 1 - Overall Goal: All Arizona's children are ready to succeed in school and in life.
Child's physical, social-emotional, & cognitive needs are met at home (Indicator 10)
Child's educational needs met (Indicators 2-4)
Child's normative and special health needs met (Indicators 5-9)
Child has secure relationship w/parent/primary caregivers
Child has safe, secure, and stimulating home environment
Linkages to early intervention & specialized health services
Families access preventative and primary healthcare**
Families have care coordination for high risk and children w/special needs**
More families with basic needs met
More families with sustainable protective factors and fewer risk factors
More parents/caregivers develop resiliency, coping skills, parenting skills, and knowledge of child development
Child is engaged in individualized stimulating learning activities
Families are more aware of Health Insurance options
Universal Family Support Services**
Intermediary Family Support Services**
Intensive Family Support Services**
Supporting healthcare workforce development**
Coordination, integration, appropriate and timely screening and referral to needed services
Parent collaboration
Shared vision & understanding of quality early learning
Staff commitment to quality improvement
High quality learning environments for children
Appropriate staff: child ratio
Ongoing professional development for teachers**
High-Quality Curriculum
Administration & usage of child assessment
Providers attract & retain high quality staff
Early learning experience for children enhanced by Quality First
Quality First (QF) **
Existing early childcare education based on an effective system of licensing**
Coordinated system planning and service provision**
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First Things First
Logic Model: Early Learning – Other ECE Quality/Access

Processes

1. Strategies

1.1 Expansion: Infant-Toddler or Capital Expense

1.2 *Family, Friend & Neighbor Care

1.3 Summer Transition to Kindergarten

2. Activities

2.1 Recruitment of new or existing providers to increase services for children, including financial and other supports for planning, licensing or certification and facility renovation and improvement.

2.2 Supports provided to family, friend and neighbor (FFN) caregivers to improve quality, including training and financial resources.

2.3 First time classroom experiences for children who are about to begin kindergarten and information to their parents.

Outcomes

3. Key Outputs

3.1 Increased number of early care and education and increased slots for children in regulated care.

3.2 Support, training and financial supports given to FFN providers.

3.3 Number of children without preschool experience who are served in summer transition programs.

4. Short-term Outcomes

4.1 Increased supply and quality of early care and education programs which are state/tribal licensed or certified.

4.2 Improved quality of care and education in unregulated early care settings.

4.3 Children without preschool experience are more familiar with classroom routines and families are better informed about the transition to kindergarten.

5. Intermediate-term Outcomes

5.1 Increased supply and quality of early care and education programs which meet the needs of families and children.

5.2 Children receive improved quality of care and education in unregulated early care settings.

5.3 Children without preschool experience are more prepared for kindergarten success, and families are more involved in the transition.

6. Long-term Outcomes: Child

Children demonstrate school readiness at kindergarten entry in the developmental domains of social-emotional, language and literacy, cognitive, and motor and physical.

Assumptions: 1) All early learning strategies must be interwoven in order to produce child outcomes; 2) Quality and access/affordability are inseparable and must be addressed in a quality improvement and rating system such as Quality First; 3) Additional sources of funding beyond FTF will be required to ensure that every early care and education program applying for Quality First can participate; 4) During the next two years as quality ratings are implemented a validation study on the QF Points Scale and Rating Scale will be required; 5) Child outcomes will be shown to be directly linked to domains within the CLASS tool, specifically the instructional support domain.

Context: 1) Other than the small number of nationally accredited programs, Arizona programs have not been assessed or held to quality standards; 2) Quality is being just beginning to be defined through Quality First; 3) FTF has developed linkages among and between all funded quality, access and professional development strategies that form the early childhood system; 4) Arizona currently does not have a measure to determine readiness at kindergarten, though it is under discussion by a consortium of education agencies and leaders.

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First Things First
Logic Model: Early Learning Professional Development

Processes

1. Strategies

1.1 Recruitment into the Field

1.2 T.E.A.C.H. Professional Scholarships

1.3 Scholarships: Non-TEACH

1.4 Community Based Professional Development – Early Childhood Education

1.5 Professional REWARD$

2. Activities

2.1 Recruits new early care and education professionals by providing educational opportunities in high school and thereafter.

2.2 Provides scholarships for higher education and credentialing to early care and education staff.

2.3 Provides scholarships for higher education and credentialing to early care and education staff.

2.4 Provides quality continuing education and training in community settings to early care and education staff.

2.5 Improves retention of early care and education professionals through financial incentives linked to increased education and credentials.

Outcomes

3. Key Outputs

3.1 Number of participants recruited and enrolled in coursework.

3.2 Number of professionals receiving T.E.A.C.H. Scholarships.

3.3 Number of early care professionals receiving scholarships.

3.4 Number of participating professionals.

3.5 Number of incentives distributed to professionals.

4. Short-term Outcomes: Professional

4.1 Increased number and quality of candidates entering early childhood preparation programs and workforce.

4.2 Increased number of professionals enrolled in degree granting/ credentialing programs.

4.3. Increased number of professionals enrolled in degree granting/credentialing programs.

4.4 Increased number of professionals participating in community-based, high-quality continuing professional development.

4.5 Increased compensation for early care and education professionals who achieve higher levels of education and credentials.

5. Intermediate-term Outcomes: Professional

5.1 Number and quality of candidates with high-quality early childhood preparation is adequate for workforce needs.

5.2 Increased number of individuals receiving professional degrees and the education and skills these degrees provide.

5.3 Increased number of individuals receiving professional degrees and the education and skills these degrees provide.

5.4 Increased number of individuals enrolled in continuing education and improving their skills for working with young children.

5.5 Increased retention of highly qualified and skilled early care and education professionals.

6. Long-term Outcomes: Child

Through interaction with highly qualified, skilled professionals, children demonstrate school readiness at kindergarten entry in the developmental domains of social-emotional, language and literacy, cognitive, and motor and physical.

Assumptions: 1) Providing access through financing and other supports to raise the educational qualifications of ECE staff will increase the quality of early care and education, eventually producing more positive child outcomes; 2) There must be a unified system of supports to build an educated and skilled early childhood workforce, including accessible, affordable pre-service training, higher education degree programs and continuing community-based professional development; 3) Higher education must be rewarded with commensurate compensation in order to retain highly qualified professionals in early care and education.

Context: 1) The early care and education workforce is not universally viewed as a profession – both internally and externally; 2) Current low numbers of ECE workforce with a credential or degree is low (<30%); 3) Licensing requirements for educational qualifications and ongoing professional development are minimal; 4) July 1, 2012 deadline for public school preschool and kindergarten teachers to become ECE certified is likely to pull highly qualified credentialed preschool teachers into kindergarten classes; 5) There is a lack of a comprehensive ECE PD system in the state – no common core coursework, consistent articulation between higher education degree programs or clear pathways; 6) Arizona has no professional development registry system to keep track of staff qualifications, pre-service education and credentials, and continuing in-service professional development.

First Things First
Logic Model
Early Learning - Quality First

Processes

1. Strategies

* Quality First, Arizona's voluntary Quality Improvement and Rating System, is designed to strengthen our state's regulated early care and education programs by establishing a standard for quality care, helping providers meet that standard, and sharing information with the community.

Using nationally-developed performance criteria, Quality First helps developing programs improve, and provides an important resource for families.

2. Activities

2.1 Coaching

2.2 Incentives

2.3 Assessment

2.4 *Child Care Health Consultation

2.5 *Mental Health Consultation

2.6 Inclusion of Children with Special Needs

2.7 *Scholarships for children – Child Care/PreK

2.8 Scholarships for Staff – T.E.A.C.H.

Outcomes

3. Key Outputs

3.1 Individualized guidance and support through on-site visits with targeted training and technical assistance.

3.2 Financial assistance to QF providers to support purchasing of materials, equipment and professional development.

3.3 Valid and reliable assessment tools for program evaluation that focus on the environment & adult-child interactions.

3.4 On-site and telephone guidance and consultation, offering staff training on health and safety issues.

3.5 Consultation on-site and through telephone support for staff to address children's social-emotional developmental needs.

3.6 Specialized services to support inclusive practices for children with developmental needs.

3.7 Financial assistance through scholarships for children at QF sites based on program size and star rating.

3.8 Financial assistance through scholarships for staff at QF sites pursuing higher education.

4. Short-term Outcomes

4.1 Quality Improvement and Rating plans developed to support improved practice.

4.2 Incentives support overcoming barriers to quality improvement.

4.3 Coaching intensity levels determined to define level of support.

4.4 Supports offered in CCHC consultation models based on needs of the program.

4.5 Support for responsiveness to children's mental health needs.

4.6 Increased staff awareness of and preparedness for including children with identified developmental needs.

4.7 Scholarships are available to families based on program rating.

4.8 Continuing education scholarships offered to program staff.

5. Provider/Professional Outcomes Intermediate-term

5.1 Overall program quality increased, enhancing ability to meet children and family needs.

5.2 Improved supply of equipment and materials to support quality.

5.3 Star rating demonstrates a commitment to quality early care and education.

5.4 Improved health and safety practices.

5.5 Increased teacher sensitivity to and preparedness for the mental health needs of children and improved behavior management.

5.6 Improved inclusion of special needs children in quality, appropriate early education activities.

5.7 Scholarships offset the increased cost of high quality education so that quality care remains accessible for all families.

5.8 Increased education and knowledge of early care and education of staff members.

6. Child Long-term Outcomes

Children demonstrate school readiness at kindergarten entry in the developmental domains of social-emotional, language and literacy, cognitive, and motor and physical.

Assumptions: 1) All early learning strategies must be interwoven in order to produce child outcomes; 2) Quality and access/affordability are inseparable and must be addressed in a quality improvement and rating system such as Quality First; 3) Additional sources of funding beyond FTF will be required to ensure that every early care and education program applying for Quality First can participate; 4) During the next two years as quality ratings are implemented a validation study on the QF Points Scale and Rating Scale will be required; 5) Child outcomes will be shown to be directly linked to domains within the CLASS tool, specifically the instructional support domain.

Context: 1) Other than the small number of nationally accredited programs, Arizona programs have not been assessed or held to quality standards; 2) Quality is being just beginning to be defined through Quality First; 3) FTF has developed linkages among and between all funded quality, access and professional development strategies that form the early childhood system; 4) Arizona currently does not have a measure to determine readiness at kindergarten, though it is under discussion by a consortium of education agencies and leaders.

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First Things First
Logic Model
Level I Family Support: Universal

Processes

1. Strategies

1.1 Parent Outreach, Awareness & Media

1.2 Warmline

1.3 Newborn Follow-Up

1.4 Arizona Parent Kit

2. Activities

2.1 Parent outreach and education via workshops and resource distribution; facilitate FTF branding, earned & paid media opportunities and distribution.

2.2 Provide advice and information on child development to families through a free phone line staffed by child development specialists.

2.3 Provide families with one postnatal home visit. Provide screening and referral resources and services.

2.4 Provide families of every newborn leaving the hospital with the Arizona Parent Kit, which includes 6 DVDs about good parenting practices, a resource guide, and a book to encourage daily reading activities.

Outcomes

3. Key Outputs

3.1 Amount of educational and informational materials distributed; number of community awareness activities undertaken; and number of earned and paid media distributed.

3.2 Number of calls received.

3.3 Number of families provided with a newborn follow-up.

3.4 Number of parent kits distributed.

4. Short-term Outcomes

4.1 Families receive high quality, culturally responsive, and relevant information on the importance of the early years, parenting, child development, health, and early education in a variety of formats and from a variety of sources.

4.2 Families have a reliable and readily available source of support which helps them gain greater knowledge of what their child is experiencing developmentally and how parenting and early learning opportunities can result in positive outcomes.

4.3 Families have knowledge of and access to information on the quality and availability of programs and services.

4.4 Families have culturally responsive information on educational resources and community connections that help them support healthy development and school readiness in their children.

5. Intermediate-term Outcomes

Increased public awareness and grassroots support of the importance of early childhood.

Increased percentage of families who have greater awareness of the value of early childhood information and supports.

Increased percentage of parents who believe accessing information and resources is a regular part of raising young children, and who feel comfortable obtaining information and services.

Increased number of parents initiating referrals for developmental screenings & needed services.

Increased number of families appropriately referred to family support programs.

6. Long-term Outcomes

Children participate in early learning opportunities at home and in their communities during the course of everyday interactions and routines.

Assumptions: All families need information and support to raise their children.

Context: Federal/state policies that promote healthy family choices, and broad community-wide outreach efforts to support strong and healthy families.

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First Things First
Logic Model
Level II Family Support: Intermediary

Processes

1. Strategies

1.1 Reach Out and Read

1.2 *Family Resource Center

1.3 Native Language Preservation

1.4 *Parent Education Community Based Training

1.5 Family Support Coordination

2. Activities

2.1 Families experience quality interactions with pediatricians during well-child visits that promote everyday early language and literacy activities; provide books for pediatricians to distribute to families with young children.

2.2 Establish local resource centers; provide families with training, educational opportunities, and resources on how to support healthy child development.

2.3 Provide materials, awareness and outreach to promote native language and cultural acquisition for the young children of Tribal families.

2.4 Provide classes on parenting, child development, and problem-solving skills.

2.5 Improve the coordination of, and access to, family support services and programs.

Outcomes

3. Key Outputs

3.1 Number of participating medical practices and number of books distributed.

3.2 Number of families served by family resource centers.

3.3 Number of adults with young children receiving support in native language preservation.

3.4 Number of adults participating in family support trainings.

3.5 Number of families served through family support coordination.

4. Short-term Outcomes

4.1 Children and parents obtain age-appropriate reading materials; parents understand the importance of daily language and literacy activities.

4.2 Families have greater access to information, supports and services to help with parenting.

4.3 Native children use and value native language; are proficient in English & native language.

4.4 Families have information and supports on child development and behavior.

4.5 Families have improved ability to access the right service at the right time. Families know what services are available, eligibility requirements, what to expect from services, and how and when to access services.

5. Intermediate-term Outcomes

Families read books with their young children daily and incorporate language and literacy activities in their daily routines and interactions.

More families experience a greater sense of community connectedness and reduced isolation.

Families develop increased capacity to problem-solve and seek out appropriate resources when needed – increasing family stability.

6. Long-term Outcomes

Young children are supported by strong and stable families who have a good understanding of a child's developmental needs.

Children participate in early learning opportunities at home and in their communities during the course of everyday interactions and routines.

Assumptions: All families need information and support to raise their children.

Context: Federal/state policies that promote healthy family choices, and broad community-wide outreach efforts to support strong and healthy families.

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First Things First
Logic Model
Level III Family Support: Intensive

Processes

1. Strategies

1.1 Food Security

1.2 Court Teams

1.3 *Home Visitation

2. Activities

2.1 Distribute food boxes to families in need.

2.2 Assign multidisciplinary teams, led by superior court judges, to monitor case plans and supervise placement when a child 5 or younger is involved with the court system.

2.3 Provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition - connects families to resources to support their child's health and early learning.

Outcomes

3. Key Outputs

3.1 Number of food boxes distributed.

3.2 Number of children served.

3.3 Number of families served.

4. Short-term Outcomes

4.1 Families have greater ability to meet the basic food needs of their family.

4.2 Improved case plan management for children involved with the court system.

4.3 Mothers receive timely prenatal care.

Parents learn and practice sound parenting strategies and skills to support positive development and early literacy skills in their child.

5. Intermediate-term Outcomes

Families have increased food security.

More timely resolution of problems necessitating court involvement; reduced recurrence of child abuse and neglect.

Positive birth outcomes for child and mother.

Parents are more responsive to the developmental needs of their young child.

Families have a literacy-rich home environment.

Families experience improved stability and ability to provide a healthy, nurturing, safe home environment for their young children.

6. Long-term Outcomes

Improved well-being for children at risk of or experiencing an out-of-home placement.

Children develop age-appropriate language, social emotional and self-regulatory capacities.

Children have strong, nurturing and positive relationships with family and peers.

Assumptions: All families need information and support to raise their children.

Context: Federal/state policies that promote healthy family choices, and broad community-wide outreach efforts to support strong and healthy families.

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First Things First
Logic Model
Improving Access to Health Care

Processes

1. Strategies

1.1 *Care Coordination/ Medical Home

1.2 Health Insurance Enrollment

1.3 Oral Health

Shared Strategies

1.4 *Child Care Health Consultation

1.5 *Mental Health Consultation

2. Activities

2.1 Provides children and their families with effective care coordination; connects them to appropriate health care services.

2.2 Families receive assistance with applications for health insurance.

2.3 Pregnant women, children and child care providers receive consistent messages on oral health.

2.4/2.5 Provides qualified health professionals who assist child care providers in achieving high standards related to health, safety and behavioral health & inclusion for the children in their care.

Outcomes

3. Key Outputs

3.1 Number of children receiving care coordination services.

3.2 Number of families receiving health insurance enrollment support.

3.3 Increased awareness on importance of oral health for young children.

3.4 Number of early care providers with access to a child care health consultant.

3.5 Number of early care providers with access to a mental health consultant.

4. Short-term Outcomes

4.1 Parents and caregivers are more aware of health insurance and medical care options; increased hiring and use of care coordinators in hospitals and practices.

4.2 Increased enrollment in health insurance; increased continuous coverage.

4.3 Increased awareness of oral health message.

4.4 Early Care providers access health consultation supports.

4.5 Early Care providers access mental health consultation supports.

5. Intermediate-term Outcomes

5.1 Improved coordination of health care for all children especially at- risk children.

5.2 Improved access to health care for children.

5.3 Improved overall oral health.

5.4 Improved health related practices in child care settings.

5.5 More awareness of child social and emotional adaptation challenges in child care environments; consistent and appropriate screening and referrals for children.

6. Long-term Outcomes

Improvement in the number of children with continuous medical, dental health services & insurance.

Children receive appropriate access to the health care system, especially children with special health/ behavioral needs.

Children with health problems, developmental and behavioral delays are identified earlier and receive appropriate support and care.

Assumptions: 1) Care coordination for at risk families prevents children from falling through the gaps in services; 2) Having health insurance improves access to health and dental care.

Context: The limitations within the health care system to meet all of the needs and the changes that are being proposed within the health care system that will address some of these gaps are considered.

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First Things First
Logic Model
Health Prevention Services

Processes

1. Strategies

1.1 *Oral Health

1.2 Prenatal Outreach

1.3 Developmental and Sensory Screening

1.4 Injury Prevention

1.5 Comprehensive Preventative Health Programs

1.6 * Nutrition, Physical Activity and Obesity Prevention

2. Activities

2.1 Screening by dental hygienists or other qualified health professionals; fluoride varnish application; distribution of oral health information to parents; referrals to dentists.

2.2 Provides outreach and education to pregnant women and their families; links pregnant women to sources of prenatal care.

2.3 Provides screening for developmental and sensory delays.

2.4 Provides parents and child care staff education on the importance of health and injury prevention.

2.5 Builds a coalition of health education programs to establish a comprehensive health education system and provide community-based health trainings to young children and their families.

2.6 Provides health education focused on obesity prevention to children, families and early care and education professionals.

Outcomes

3. Key Outputs

3.1 Number of children receiving oral health screening and fluoride varnishes applied; number of participating adults and early care providers receiving training on oral health.

3.2 Number of clients (pregnant/postnatal women) receiving home visitation and community based education

3.3 Number of children screened for developmental delays, vision, and hearing screenings.

3.4 Number of adults and early care providers receiving training on health and injury prevention.

3.5 Number of children and families receiving health prevention education.

3.6 Number of children and families receiving training focused on healthy eating, activity, and obesity prevention.

4. Short-term Outcomes

4.1 Increased numbers of children receiving oral health screening; increased knowledge about dental homes.

4.2 Increased use of prenatal care and needed supports for healthy pregnancy and births.

4.3 Increased rates of appropriate screening and referrals for children.

4.4 Families and early care providers have information and supports on child health and injury prevention.

4.5 Increased access to information and preventative practices to a wider population base.

4.6 Families and early care providers have information and supports on healthy eating, activity, and obesity prevention.

5. Intermediate-term Outcomes

5.1 Increased numbers of children engaged in regular oral health care and receiving timely oral health care from a dental care home.

5.2 Improved birth outcomes.

5.3 Increased rates of appropriate screening and referrals for children.

5.4 Increased safe practices related to injuries and health care prevention.

5.5 Increased knowledge related to the need for prevention services at parent and community level.

5.6 Improved exercise, eating, and wellness activities for young children and families.

6. Long-term Outcomes

6.1 Increased availability and usage of dental homes; decreased dental caries in young children.

6.2 Improved health for all children.

6.3 Children with developmental and adaptive delays are identified earlier and receive appropriate support and care; reduced duplication of services.

6.4 Decreased number of children who are injured – intentionally or un-intentionally.

6.5 Improved health for all children.

6.6 Decrease in childhood obesity, diabetes and other related health issues.

Assumptions: Early, consistent preventive care reduces long term health problems and maximizes health of children.

Context: There are existing health prevention activities occurring within the state, some require specific emphasis to meet the gaps in services for young children.

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First Things First
Logic Model
Health Professional Development

Processes

1. Strategies

1.1 Workforce Capacity – Therapist Scholarships

1.2 Physician Education and Outreach

1.3 Recruitment – Stipends/Loan Forgiveness

1.4 Mental Health Education and Credentials

1.5 DHS Health Professional Education and Outreach

2. Activities

2.1 Provides scholarships for master's degrees for speech and language professionals working with children five and younger, with a requirement for post-graduate service in Arizona.

2.2 Provides consultation and facilitates a self-assessment process for physician practices to provide preventive health care for young children.

2.3 Offers professionals financial incentives to work in underserved communities.

2.4 Mental health professionals receive tuition support and stipends for additional education on early childhood.

2.5 Provides specialized training to health professions serving children 5 and younger.

Outcomes

3. Key Outputs

3.1 Number of graduate or post graduate students receiving continuing education or scholarships.

3.2 Increased number of health care practices participating in learning collaboratives.

3.3 Number of mental health, OT, PT or ST therapists receiving loan forgiveness or stipends for further education.

3.4 Number of tuition reimbursements distributed.

3.5 Number of specialized health professionals in the state.

4. Short-term Outcomes

4.1 Increased number of therapists qualified to serve young children in the state.

4.2 Increased participation of practices in continuing education.

4.3 Increased number of therapists qualified to serve young children, especially those focused on under-served communities.

4.4 Increased number of mental health professionals who are prepared to support children 5 and younger.

4.5 Increased number of health professionals who are prepared to support children 0-5.

5. Intermediate-term Outcomes

Increased professional workforce with specialized knowledge of early childhood needs.

Increased use and availability of medical homes by young children and their families.

Increased awareness of the needs of young children for quality and consistent health care services.

6. Long-term Outcomes

Improved health care system that provides quality, collaborative and integration of health care for children.

Specialized post graduate workforce that is capable of working with young children and their families.

Increased number of medical and other health care professionals to provide services to children.

Assumptions: 1) It cannot be assumed that all health care providers share knowledge about the needs of young children; 2) Continuing education and support of education can be targeted to meet the need for change in systems.

Context: Specialized knowledge is always changing and health related providers require ongoing updates to allow them to meet the needs of young children.

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