

# GRANTEE AGREEMENT

**GRA-STATE-13-0502-01**

**Between the  
Arizona Early Childhood Development and Health Board  
(First Things First)  
And  
Gila County Health Department**

WHEREAS, A.R.S. Title 8, Chapter 13, Article 3 charges the Arizona Early Childhood Development and Health Board (also known as First Things First), (hereinafter referred to as GRANTOR) with the responsibility of administering funds.

THEREFORE, it is agreed that the GRANTOR shall provide funding Gila County Health Department (hereinafter referred to as the GRANTEE) for services under the terms of this Grant Agreement.

## **PURPOSE OF AGREEMENT**

The purpose of this Agreement is to specify the responsibilities and procedures for the GRANTEE role in administering Arizona Early Childhood Development and Health Board grant funds.

### • **TERM OF AGREEMENT, TERMINATION AND AMENDMENTS**

This Agreement shall become effective on July 1, 2012 and shall terminate on June 30, 2013. This agreement is renewable for two (2) additional twelve (12) month extensions, based on satisfactory performance and continued available funding.

### **III. DESCRIPTION OF SERVICES**

The GRANTEE shall provide the following services for the GRANTOR as approved and summarized below:

- A. Provide health consultation services by Child Care Health Consultants to child care providers (centers and homes) Refer to Scope of Work, Exhibit A for Child Care Health Consultation.
- B. Comply with the Scope of Work Narrative Responses, Implementation Plan and Submit the Grant Management Forms provided by First Things First (Attachments A – G).  
NOTE: Narrative Responses, Implementation Plan, Line Item Budget, and Line Item Budget Narrative are required to be submitted prior to this agreement becomes final and is signed by First Things First. Submission is required by May 4, 2012.
- C. Agencies and Departments implementing FTF programming are required to coordinate and collaborate with all First Things First grant recipients. Collaboration is critical to developing a seamless service delivery system for children and families.

**IV. MANNER OF FINANCING**

The GRANTOR shall:

- A. This is a 12 month contract for the fiscal year ending June 30, 2013 with an option for renewal for two (2), additional twelve (12) month periods. Total funds available are \$16,920 for the first funding period. Renewal will be contingent upon satisfactory contract performance, evaluation and availability of funds.
- B. Payment made by the GRANTOR to the GRANTEE shall be on a reimbursement basis only and is conditioned upon receipt of applicable, accurate and complete reimbursement documents to be submitted by the GRANTEE via the First Things First on-line grants management system. Final payment will be contingent upon receipt of all fiscal and programmatic reports required of the GRANTEE under this Agreement.
- C. Prior to processing payment, a review of submitted quarterly program narratives and data submission reports will be conducted as well as a review of any other required submission of programmatic information by the grantor to ensure programmatic requirements have been fulfilled. Timely submission of these reports is also required for payment.

**V. FISCAL RESPONSIBILITY**

It is understood and agreed that the total amount of the funds used under this Agreement shall be used for the project(s) and scope of work outlined in this Agreement. Therefore, should the project not be completed, be partially completed, or be completed at a lower cost than the original budget called for, the amount reimbursed to the GRANTEE shall be for only the amount of dollars actually spent by the GRANTEE. For any funds received under this Agreement for which expenditure is disallowed by an audit exception by the GRANTOR, the State, or Federal government, the GRANTEE shall reimburse said funds directly to the GRANTOR immediately.

**VI. FINANCIAL AUDIT**

GRANTEE agrees to terms specified in A.R.S. §§ 35-214 and 35-215.

In addition, in compliance with the Federal Single Audit Act (31 U.S.C. par., 7501-7507), as amended by the Single Audit Act Amendments of 1996 (P.L. 104 to 156), GRANTEE must have an annual audit conducted in accordance with Office of Management and Budget (OMB) Circular #A-133 ("Audits of States, Local Governments, and Non-profit Organizations") if GRANTEE expends more than \$500,000 from federal awards/dollars, *a copy of the GRANTEE's audit report for the previous fiscal year must be submitted to the GRANTOR for review within thirty (30) days of signing this Agreement. Otherwise the annual audit review/statement must be provided to the GRANTOR within thirty (30) days*

**VII. DEBARMENT CERTIFICATION**

The GRANTEE agrees to comply with the Federal Debarment and Suspension regulations as outlined in the “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions”.

**VIII. FUNDS MANAGEMENT**

The GRANTEE must maintain funds received under this Agreement in separate ledger accounts and cannot mix these funds with other sources. GRANTEE must manage funds according to applicable regulations for administrative requirements, costs principles and audits.

The GRANTEE must maintain adequate business systems to comply with State of Arizona requirements. The business systems that must be maintained are:

- Financial Management
- Procurement
- Personnel
- Property
- Travel

A system is adequate if it is 1) written; 2) consistently followed – it applies in all similar circumstances; and 3) consistently applied – it applies to all sources of funds. Rates for mileage, lodging and meals are limited to the rates established by the State of Arizona Travel Policy (<http://gao.az.gov/travel/default.asp>).

**IX. REPORTING REQUIREMENTS**

Regular reports by the GRANTEE shall include:

Programmatic, Data Submission, and Financial Reports

1. The GRANTEE shall provide quarterly program narrative & evaluation data reports to the GRANTOR within twenty (20) working days of the last day of the quarter in which services are provided. Reporting is submitted via the First Things First on-line grants management system known as Partners and Grant Management System (PGMS) and shall contain such information as deemed necessary by the GRANTOR.
  - a. Quarterly Programmatic Narrative & Data Submission Reports are due:
    - i. Period: July 1, 2012 – September 30, 2012  
Due: October 20, 2012
    - ii. Period: October 1, 2012 – December 31, 2012  
Due: January 20, 2013
    - iii. Period: January 1, 2013 – March 31, 2013  
Due: April 20, 2013

- iv. April 1, 2013 – June 30, 2013  
Due: July 20, 2013
- v. The final programmatic report as submitted shall be marked FINAL

b. Financial Reimbursement Reports

- i. The GRANTEE shall provide, as frequently as monthly but not less than quarterly, requests for reimbursement. Reimbursement requests shall be submitted using the First Things First online grants management system known as Partners and Grant Management System (PGMS). This submission includes a basic line item ledger the detail the type of expense relating to the approved line item budget and validates approved staffing assigned to the project, travel is within the approved state rate limitation, and other line item budget expenditure details.
- ii. The GRANTEE shall submit a final reimbursement request for expenses obligated prior to the end of the termination of this Agreement no more than forty-five (45) days after the end of the Agreement. Requests for reimbursement received later than the forty-five (45) days after the Agreement termination will not be paid. The final reimbursement request as submitted shall be marked FINAL.

All reports shall be submitted to the contact person designated in Paragraph XLII, NOTICES, of this Agreement.

**X. ASSIGNMENT AND DELEGATION**

GRANTEE may not assign any rights hereunder without the express, prior written consent of both parties.

**XI. AMENDMENTS**

Any change in this Agreement including but not limited to the Description of Services and budget described herein, whether by modification or supplementation, must be accomplished by a formal written Agreement amendment signed and approved by and between the duly authorized representative of the GRANTEE and the GRANTOR.

Any such amendment shall: 1) specify an effective date; 2) specify any increases or decreases in the amount of the GRANTEE's compensation if applicable; 3) be titled as an "Amendment"; and 4) be signed by the parties identified in the preceding sentence. The GRANTEE expressly and explicitly understands and agrees that no other method of communication, including any other document, correspondence, act, or oral communication by or from any person, shall be used or construed as an amendment or modification or supplementation to this Agreement.

**XII. SUBCONTRACTORS**

The GRANTEE may enter into written subcontract(s) for performance of certain of its functions under the contract in accordance with terms established in the State of Arizona procurement policy.

The GRANTEE agrees and understand that no subcontract that the GRANTEE enters into with respect to performance under this Agreement shall in any way relieve the GRANTEE of any responsibilities for performance if its duties. The GRANTEE shall give the GRANTOR immediate notice in writing by certified mail of any action or suit filed and prompt notice of any claim made against the GRANTEE by any subcontractor or vendor which in the opinion of the GRANTEE may result in litigation related in any way to the Agreement with the GRANTOR.

**XIII. OFFSHORE PERFORMANCE OF WORK PROHIBITED**

Due to security and identity protection concerns, all services under this Agreement shall be performed within the borders of the United States. All storage and processing of information shall be performed within the borders of the United States. This provision applies to work performed by subcontractors at all tiers.

**XIV. PROHIBITION ON GOVERNMENT CONTRACTS**

Pursuant to A.R.S. 35-393.06, the GRANTEE certifies that it does not have business operations in either Sudan or Iran.

**XV. AGREEMENT RENEWAL**

This Agreement shall not bind nor purport to bind the GRANTOR for any contractual commitment in excess of the original Agreement period.

**XVI. RIGHT TO ASSURANCE**

If the GRANTOR in good faith has reason to believe that the GRANTEE does not intend to, or is unable to perform or continue performing under this Agreement, the GRANTOR may demand in writing that the GRANTEE give a written assurance of intent to perform. Failure by the GRANTEE to provide written assurance within the number of days specified in the demand may, at the GRANTOR's option, be the basis for terminating this Agreement under the terms of this Agreement or other rights and remedies available by law.

**XVII. CANCELLATION FOR CONFLICT OF INTEREST**

The GRANTOR or the GRANTEE may, by written notice cancel this Agreement without penalty or further obligation pursuant to A.R.S. § 38-511 if any person significantly involved in initiating, negotiating, securing, drafting or creating the Agreement on behalf of the State or its subdivisions (unit of local government) is an employee or agent of any other party in any capacity or a consultant to any other party to the Agreement with respect to the subject matter

of the Agreement. Such cancellation shall be effective immediately upon receipt of written notice from the GRANTOR or the GRANTEE, unless the notice specifies a later time.

**XVIII. THIRD PARTY ANTITRUST VIOLATIONS**

GRANTEE assigns to the State of Arizona, GRANTOR any claim for overcharges resulting from antitrust violations to the extent that such violations concern materials or services supplied by third parties to GRANTEE toward fulfillment of this Agreement.

**XIX. AVAILABILITY OF FUNDS**

Every payment obligation of the GRANTOR under this Agreement is conditioned upon the availability of funds appropriated or allocated for the payment of such obligations. If the funds are not allocated and available for the continuance of this Agreement, the GRANTOR may terminate this Agreement at the end of the period for which funds are available. No liability shall accrue to the GRANTOR in the event this provision is exercised, and the GRANTOR shall not be obligated or liable for any future payments or for any damages as a result of termination under this paragraph, including purchases and/or contracts entered into by the GRANTEE in the execution of this Agreement.

**XX. FORCE MAJEURE**

If either party hereto is delayed or prevented from the performance of any act required in this Agreement due to acts of God, strikes, lockouts, labor disputes, civil disorder, or other causes without fault and beyond the control of the party obligated, performance of or payment for such act will be excused for the period of the delay.

**XXI. ARBITRATION**

This agreement is subject to arbitration to the extent required by A.R.S. § 12-1518.

**XXII. GOVERNING LAW AND CONTRACT INTERPRETATION**

- a) This Agreement shall be governed and interpreted in accordance with the laws of the State of Arizona. First Things First follows all State of Arizona and Federal laws, State of Arizona Uniform Terms and Conditions and in particular abides by the Arizona Uniform Terms and Conditions and Uniform Instructions and are incorporated into this Agreement through reference. These laws include Federal Immigration and Nationality Act (FINA) and all other federal immigration laws and regulations related to immigration status of its employees. First Things First may request verification for any Grantee, Contractor, or Subcontractor performing work under the agreement. Anyone entering into an Agreement with First Things First is required to follow any and all State laws around immigration and English only. Should First Things First suspect that a grantee is not in compliance with state or federal laws and First Things First may pursue any and all remedies allowed by law, including but not limited to: suspension of work, termination, and suspension and/or debarment of the grantee. All costs necessary to verify compliance are the responsibility of the grantee.

- b) This Agreement is intended by the parties as a final and complete expression of their agreement. No course of prior dealings between the parties and no usage of the trade shall supplement or explain any terms in this document.
- c) Either party's failure to insist on strict performance of any term or condition of the Agreement shall not be deemed a waiver of that term or condition even if the party accepting or acquiescing in the nonconforming performance knows of the nature of the performance and fails to object.

**XXIII. ENTIRE AGREEMENT**

This Agreement and its Attachments/Exhibits constitute the entire Agreement between the parties hereto pertaining to the subject matter hereof and may not be changed or added to except by a writing signed by all parties hereto in conformity with Section X Reporting Requirements of this Agreement; provided, however, that the GRANTOR shall have the right to immediately amend this Agreement so that it complies with any new legislation, laws, ordinances, or rules affecting this Agreement. All prior and contemporaneous agreements, representations, and understandings of the parties, oral, written, pertaining to the subject matter hereof, are hereby superseded or merged herein.

**XXIV. RESTRICTIONS ON LOBBYING**

The GRANTEE shall not use funds made available to it under this Agreement to pay for, influence, or seek to influence any officer or employee of a State, Local or Federal government.

**XXV. LICENSING**

The GRANTEE, unless otherwise exempted by law, shall obtain and maintain all licenses, permits and authority necessary to perform those acts it is obligated to perform under this Agreement.

**XXVI. NON-DISCRIMINATION**

The GRANTEE shall comply with all state and federal equal opportunity and non-discrimination requirements and conditions of employment, including the American with Disability Act, in accordance with A.R.S. Title 41, Chapter 9, Article 4 and Executive Order 2009-09, which mandates that all persons, regardless of race, color, religion, sex, age, national origin, disability or political affiliation, shall have equal access to employment opportunities and all applicable provisions and regulations relating to Executive Order No. 13279 – Equal Protection of the Laws for Faith-based and Community Organizations.

**XXVII. SECTARIAN REQUESTS**

Funds disbursed pursuant to this Agreement may not be expended for any sectarian purpose or activity, including sectarian worship or instruction in violation of the United States or Arizona Constitutions.

**XXVIII. SEVERABILITY**

The provisions of this Agreement are severable. Any term or condition deemed illegal or invalid shall not affect any other term or condition of the Agreement.

**XXIX. ADVERTISING AND PROMOTION OF AGREEMENT**

The GRANTEE shall not advertise or publish information for commercial benefit concerning this Agreement without the written approval of the GRANTOR.

**XXX. OWNERSHIP OF INFORMATION, PRINTED AND PUBLISHED MATERIAL**

First Things First reserves the right to review and comment on any publication, forms or materials funded or partially funded through this Agreement. All publications funded or partially funded through this Agreement shall recognize First Things First, and First Things First shall have full and complete rights to reproduce, duplicate, disclose, perform, and otherwise use all materials prepared under this Agreement.

First Things First shall have thirty (30) days after receipt of said copies to object to such proposed public dissemination; in which event U of A shall refrain from making such publication or presentation for a maximum of ninety (90) days from the date of receipt of such objection in order for the parties to take appropriate measures to protect such information. Should First Things First deem any publication of such material potentially harmful to the mission of First Things First, First Things First and U of A agree to resolve these objections in a timely manner prior to publication.

Property of the State

When both parties to the Agreement are agencies of the State, the Property shall be considered to be jointly owned. Universities shall have the right to publish; however, First Things First requires notification, review, and comment on any publications.

Ownership of Intellectual Property

When both parties to the agreement are state agencies, the intellectual property shall be considered to be jointly-owned, and the agencies shall agree which party shall be responsible for the management and any potential commercialization of the intellectual property.

**XXXI. INDEMNIFICATION**

Indemnification Language for Public Agencies ONLY. Each party (as 'indemnitor') agrees to indemnify, defend, and hold harmless the other party (as 'indemnitee') from and against any and all claims, losses, liability, costs, or expenses (including reasonable attorney's fees) (hereinafter collectively referred to as 'claims') arising out of bodily injury of any person (including death) or property damage but only to the extent that such claims which result in vicarious/derivative liability to the indemnitee, are caused by the act, omission, negligence, misconduct, or other fault of the indemnitor, its' officers, officials, agents, employees, or volunteers."

**XXXII. INSURANCE REQUIREMENTS**

Grantee and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Contract, are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Grantee, his agents, representatives, employees or subcontractors.

The *insurance requirements* herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. First Things First in no way warrants that the minimum limits contained herein are sufficient to protect the Grantee from liabilities that might arise out of the performance of the work under this contract by the Grantee, its agents, representatives, employees or subcontractors, and Grantee is free to purchase additional insurance.

All certificates required by this Contract shall be sent directly to (First Things First, Grants and Contracts Procurement Specialist, 4000 N. Central, Suite 800, Phoenix, AZ 85012). The State of Arizona project/contract number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time and shall be submitted within 15 days of the Agreement becoming final.

EXCEPTIONS: In the event the Grantee or sub-contractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If the Grantee or sub-contractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply.

**XXXIII. CONFIDENTIALITY OF RECORDS**

The GRANTEE shall establish and maintain procedures and controls that are acceptable to the GRANTOR for the purpose of assuring that no information contained in its records or obtained from the State of Arizona or from a subcontractor under this Agreement shall be used by or disclosed by it, its agents, officers, or employees, except as required, to efficiently perform duties under the Agreement. GRANTEE also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of the GRANTEE as needed for performance of duties under this Agreement, unless otherwise agreed to in writing.

**XXXIV. CONFIDENTIALITY OF GRANTEE 'S INFORMATION**

GRANTEE acknowledges that confidentiality provided in A.R.S. § §41-1505.06 (D) and 41-1505.07(J) may be waived with the GRANTEE's consent, and GRANTEE consents to a total and complete waiver of confidentiality. In waiving confidentiality, GRANTEE understand and consents to disclosure of any information submitted to the GRANTOR that concerns the identify, background, financial status, marketing plans, or trade secrets or any other proprietary information related to the GRANTEE or any person or organization involved in the project(s), including the application and supporting materials, unless such information or materials are clearly marked as "confidential".

**XXXV. TERMINATION**

- a) The GRANTOR reserves the right to terminate the Agreement in whole or in part due to the failure of the GRANTEE to comply with any term or condition of the Agreement, to acquire and maintain all required insurance policies, bonds, licenses and permits or to make satisfactory progress in performing the Agreement. The GRANTOR staff shall provide written notice of the termination to the GRANTEE.
- b) The GRANTOR may, upon termination of this Agreement, procure, on terms and in the manner that it deems appropriate, materials or services to replace those under this Agreement. The GRANTEE shall be liable to the GRANTOR for any excess costs incurred by the GRANTOR in procuring materials or services in substitution for those due from the GRANTEE.

**XXXVI. CONTINUATION OF PERFORMANCE THROUGH TERMINATION**

The GRANTEE shall continue to perform, in accordance with the requirements of the Agreement, up to the date of termination, as directed in the termination notice.

**XXXVII. PARAGRAPH HEADINGS**

The paragraph headings in this Agreement are for convenience of reference only and do not define, limit, enlarge, or otherwise affect the scope, construction, or interpretation of this Agreement or any of its provisions.

**XXXVIII. COUNTERPARTS**

This Agreement may be executed in any number of counterparts, copies, or duplicate originals. Each such counterpart, copy, or duplicate original shall be deemed an original, and collectively they shall constitute one agreement.

**XXXIX. AUTHORITY TO EXECUTE THIS AGREEMENT**

Each individual executing this Agreement on behalf of the GRANTEE represents and warrants that he or she is duly authorized to execute this Agreement.

**XL. COMPLIANCE WITH FEDERAL IMMIGRATION LAWS AND REGULATIONS**

The GRANTEE shall comply with Executive Order 2005-30, which mandates as follows: 1) The GRANTEE shall, and by signing this agreement does, represent that it is in compliance with all federal immigration laws and regulations; 2) The GRANTEE shall take affirmative action to ensure that all subcontractors of the Contractor execute similar representation; 3) the breach of any such warranty shall be deemed a material breach of this Contract, subject to monetary penalties or other penalties up to and including termination of the Contract; and 4) the State retains the legal right to inspect the papers of any employee who works on the Contract to ensure that the employer is in compliance with its representation.

**XLI. Legal Arizona Worker**

GRANTEE hereby warrants that it will at all times during the term of this Contract comply with all federal immigration laws applicable to GRANTEE employment of its employees, and with the requirements of A.R.S. § 23-214 (A) (together the "State and Federal Immigration Laws"). GRANTEE shall further ensure that each subcontractor who performs any work for GRANTEE under this contract likewise complies with the State and Federal Immigration Laws.

**XLII. NOTICES**

Any and all notices, requests, demands or communications by either party to this Agreement, pursuant to or in connection with this Agreement shall be in writing and shall be delivered in person or shall be sent by the United States Postal Service, certified mail, return receipt requested, to the respective parties at the following addresses:

The GRANTEE shall submit notices relative to this Agreement to:

First Things First  
Attention: Finance  
4000 North Central, Suite 800  
Phoenix, Arizona 85012

GRANTOR shall address all notices relative to this Agreement to:

Gila County Health Department  
Division of Health and Community Services  
5515 S. Apache Ave., Ste. 100  
Globe, AZ 85501

**XLIII. IN WITNESS WHEREOF**

The parties hereto agree to execute this Agreement.

**FOR AND BEHALF OF**

**Gila County Division of Health and Emergency Services**

**FOR AND BEHALF OF THE**

**Arizona Early Childhood Development  
And Health Board**

\_\_\_\_\_  
Tommie Cline Martin  
Chairman, Gila County Board Of Supervisors

\_\_\_\_\_  
Rhian Evans Allvin  
Chief Executive Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Grant Agreement Attachments & Exhibits

Attachment A	Standard Agency Information Collection Form
Attachment B	Key Personnel Overview
Attachment C	Implementation Plan
Attachment D	Line Item Budget Form
Attachment E	Budget Narrative Explanation
Attachment F	Disclosure of Other Funding Sources
Attachment G	Financial Systems Survey
Exhibit A	Child Care Health Consultation Scope of Work
Exhibit B	Child Care Health Consultation Standards of Practice
Exhibit C	First Things First Child Care Health Consultation Model
Exhibit D	Child Care Health Consultation Caseload Guidance
Exhibit E	First Things First - Arizona Early Childhood Development and Health Board Data Security Guidelines and Requirements for Collaborators

**Attachment A**

**FIRST THINGS FIRST STANDARD AGENCY INFORMATION COLLECTION FORM**

**A. Agency Information:**

Program Name (if applicable) Gila County Child Care Health Consultant Program

Agency Gila County Division of Health and Emergency Services Contact Person Lorraine Dalrymple

Address 5515 S. Apache Avenue, Suite 100 Position Health Services Program Manager

Address \_\_\_\_\_ Email ldalrymp@co.gila.az.us

City, State, Zip Globe, AZ 85501 Phone 928-402-8807 Fax 928-425-0794

County Gila Employer Identification Number: 86-6000444

Agency Classification:  State Agency  County Government  Local Government  Schools  
 Tribal  Faith Based  Other

Have you previously conducted business with First Things First using this EIN? Yes  N  
If **NO**, please go to the following website, download the State of Arizona Substitute W-9 Form and submit with your Application: [http://www.gao.az.gov/Vendor/account\\_setup\\_home.asp](http://www.gao.az.gov/Vendor/account_setup_home.asp).

In which Congressional (Federal) District is your agency? Enter District # 1  
<http://www.azredistricting.org> (click on Final Maps)

In which Legislative (State) District is your agency? Enter District # 5  
<http://www.azredistricting.org> (click on Final Maps)

Approximately how much FEDERAL funding (from a Federal Source) will your organization expend in your current fiscal year?  
\$ \$5,500,000.

What is your organization's fiscal year-end date? 6-30-2012

Accounting Method:  Cash  Accrual

Does your organization undergo an annual independent audit in accordance with OMB Circular A-133?  Y  N

Please provide contact information of the audit firm conducting your audit:

Agency Miller, Allen & Co., P.C.

Address 5333 North 7<sup>th</sup> Street, Suite 100, Phoenix, AZ 85014

Phone Number 602-264-3888

**B. Proposed Program Information / Description:**

Amount requested: \$16,920.00

Service area of proposed program: All of Gila County

Target population of proposed program: Gila County Daycare Centers registered with First Things First

Number of Quality First Programs to be served: 5  
Number of Quality First Homes to be served: 3

Please provide a **brief** description of the **proposed program** in one or two paragraphs and this will be the source for a public description describing the nature of the program being implemented that will be used by First Things First.

All enrolled Quality First Programs will be serviced by a local Child Care Health Consultant based on their identified needs. The Child Care Health Consultant provides training and resources for a variety of health and safety concerns.

Those Quality First Programs with no current issues will have access via telephone to a warm line where their questions will be answered. If a Quality First Program has an immediate need the Child Care Health Consultant will work with the center by providing training and resources as needed. If a Quality First Program has many health or safety issues the Child Care Health Consultant can provide a variety of intensive , individualized services.

### **C. Contact Information**

**First Things First Partner and Grants Management System (PGMS) require four designated contacts for contact with First Things First related to this grant (the same person may be assigned to more than one of the roles, if appropriate).**

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**Main Contact Information** – This should be information for the person designated as the Main contact for this grant award and this person can view all information related to this grant (financial, programmatic and data collection/evaluation in nature). This person will also be the primary contact for First Things First and should be the person responsible for ensuring the program plan is implemented. Primary correspondence from First Things First will be sent to this person.

Main Contact Person Lorraine Dalrymple

Position Health Services Program Manager, Gila County Division of Health and Emergency Services

Address 5515 S. Apache Avenue, Suite 100

City, State, Zip Globe, AZ 85501

Email [ldalrymp@co.gila.az.us](mailto:ldalrymp@co.gila.az.us)

Phone 928-402-8807 Fax 928-425-0794

**Program Contact Information** – This should be information for the person designated as the Program contact for this grant award and this person can view information related to this grant for program or data collection purposes only.

Program Contact Person Lorraine Dalrymple

Position Health Services Program Manager, Gila County Division of Health and Emergency Services

Address 5515 S. Apache Avenue, Suite 100

City, State, Zip Globe, AZ 85501

Email [ldalrymp@co.gila.az.us](mailto:ldalrymp@co.gila.az.us)

Phone 928-402-8807 Fax 928-425-0794

**Financial Contact Information** – This should be information for the person designated as the financial contact for this grant award and this person can view information related to this grant for financial purposes only.

Financial Contact Person Sarah Chavez

Position Fiscal Account Clerk, Gila County Division of Health and Emergency Services

Address 5515 S. Apache Avenue, Suite 100

City, State, Zip Globe, AZ 85501

Email [schavez@co.gila.az.us](mailto:schavez@co.gila.az.us)

Phone 928-402-4332 Fax 928-425-0794

Contact Person Ginnie Scales

Position CCHC Gila County Division of Health and Emergency Services

Address 5515 S. Apache Avenue, Suite 100

City, State, Zip Globe, AZ 85501

Email [gcales@co.gila.az.us](mailto:gcales@co.gila.az.us)

Phone 928-402-4328 Fax 928-425-0794

**Evaluation Contact Information** – This should be information for the person designated as the Evaluation contact for this grant award and this person can view information related to this grant for data collection purposes only.

Evaluation Contact Person Lorraine Dalrymple

Position Health Services Program Manager, Gila County Division of Health and Emergency Services

Address 5515 S. Apache Avenue, Suite 100

City, State, Zip Globe, AZ 85501

Email [ldalrymp@co.gila.az.us](mailto:ldalrymp@co.gila.az.us)

Phone 928-402-8807 Fax 928-425-0794

In addition, your application may have included information about a collaborating partner/agency. Please replicate this information as many times as necessary to document the participation and agreement to be involved with the application as a collaborating agency/partner.

**Collaborator**

Agency <u>Gila County Injury Prevention</u>	Contact Person <u>Charles Turney</u>
Address <u>5515 S. Apache Avenue</u>	Position <u>Community Health Worker Sr.</u>
Address <u>Suite 100</u>	Email <u>cturney@co.gila.az.us</u>
City, State, Zip <u>Globe, AZ 85501</u>	Phone <u>(928) 402-8868</u> x <u>    </u> Fax <u>425-0794</u>
County <u>Gila</u>	

**Collaborator**

Agency <u>Health Start</u>	Contact Person <u>Jessica Alexander</u>
Address <u>5515 S. Apache Avenue</u>	Position <u>Community Health Assistant</u>
Address <u>Suite 100</u>	Email <u>Jtalexander@co.gila.az.us</u>
City, State, Zip <u>Globe, AZ 85501</u>	Phone <u>(928) 402-8810</u> x <u>    </u> Fax <u>425-0794</u>
County <u>Gila</u>	

**Collaborator**

Agency \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ x \_\_\_\_\_ Fax \_\_\_\_\_

County \_\_\_\_\_

**Attachment B**

**KEY PERSONNEL OVERVIEW**

STAFF MEMBER	BACKGROUND AND EXPERTISE OF PERSONNEL
Name: Lorraine Dalrymple Title: Health Services Program Manager FTE on this project: 2%	<ul style="list-style-type: none"> <li>● Registered Nurse</li> <li>● Staff RN-Pediatrics</li> <li>● RN Pediatric home care</li> <li>● Child Care Health Consultant Certification</li> </ul>
Name: Ginnie Scales Title: Public Health Nurse FTE on this project: 9%	<ul style="list-style-type: none"> <li>● Registered Nurse</li> <li>● Child Care Health Consultant Certification</li> <li>● Early Childhood Education Certificate (2002)</li> <li>● Associate in Child Development</li> </ul>
Name: Lucinda Campbell Title: Public Health Nurse FTE on this project: 9%	<ul style="list-style-type: none"> <li>● Registered Nurse</li> <li>● Child Care Health Consultant Certification</li> </ul>
Name: Sarah Chavez Title: Fiscal Acct. Clerk	<ul style="list-style-type: none"> <li>●25 years of accounting experience</li> <li>●15 years of experience in payroll</li> </ul>
Name: Title: FTE on this project:	
Name: Title: FTE on this project:	

**\*In addition to this overview, please attach a resume (for current personnel) or a job description (for positions to be hired) for the key individuals involved in the project.**

## **Attachment C**

### **IMPLEMENTATION PLAN: July 1, 2012 – June 30, 2013**

<b>Activities</b>	<b>Task</b>	<b>Person Responsible</b>	<b>Date Task Will Be Completed/Timeline</b>	<b>Support Documentation</b>
Preparations	Continue to purchase equipment and supplies for CCHC	Collaboration between Manager and CCHC's	By June 30, 2013	Purchase orders and invoices.
	Purchase incentives for Center	CCHC's	PRN, by end of contract	Purchase orders and invoices.
	Purchase supplies to promote Program	CCHC's	Ongoing	Purchase orders and invoices
Training	Additional trainings for CCHC	Collaboration between Manager and CCHC's	Ongoing	Certificates for attendance and invoices for travel expenses
	Provide review –Meet with CCHC to discuss any concerns	Program Manager	At Monthly Nursing Staff Meeting	Staff Meeting Minutes
Coordination	Set up necessary paperwork and travel needs for CCHC visits	Program Manager and CCHC's	Ongoing	Quarterly reports
	Contact clients requesting assistance	CCHC's	Ongoing`	Care Fax Documentation
	Confirm dates of community health fairs	Program Manager	Ongoing	Attendance to event
Outreach	Participate in Health Fairs with information regarding CCHC's and First Things First.	Program Manager along with CCHC's	September 31, 2012	Purchase orders and invoices. List of Health Fairs Attended
Implementation	Schedule Quality First Visits to provide assessments & assistance as needed.	CCHC's	Ongoing	Carefacts Documentation
	Ensure reports are complete and accurate	Program Manager	Quarterly	Quarterly Reports
Followup	Schedule revisits and needed	CCHC's	Ongoing	Carefacts
	Provide programs assistance as needed	CCHC's	Ongoing	Carefacts

Evaluations	Ensure that all reports are provided to FTF in a timely manner as specified in the contract	Program Manager	Ongoing	Quarterly Reports
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## **Attachment D and E Instructions**

### **How to Complete the Line Item Budget and Budget Narrative**

Complete a 12-month budget for the period of July 1, 2012 through June 30, 2013 using the template provided in Attachment E. Please make sure you include a budget narrative as Attachment F.

Please keep in mind items described in a line item budget and in more detail in the budget narrative should describe how the costs were determined and the public purpose for the cost related successfully implementing the project. Please assure that all requested funds follow these guidelines:

- Be necessary and reasonable for proper and efficient performance and administration of First Things First funds.
- Be authorized or not prohibited under State or local laws or regulations.
- Be consistent with policies, regulations, and procedures that apply uniformly to all costs charged and expended by the agency – consistent treatment of costs.
  - For example – a cost may not be assigned to another grant award as a indirect cost if any other cost incurred for the same purposes in like circumstances has been allocated to the First Things First award as a direct cost.
  - For example – a cost for a certain type of expense is charged one rate to another source of funding and a different rate to First Things First - this would not be consistent treatment of costs.
- Be determined in accordance with generally accepted accounting principles.
- Be adequately documented.
- All travel related costs for these trainings and meetings should be included in the Applicant's budget and calculated using the State of Arizona travel rate limitations for mileage, per diem and lodging as described on the budget narrative worksheet. For more information about the state requirements, visit <http://www.gao.az.gov/travel/>.
- Requests for line item modifications, which do not change the total program funding, shall be requested in writing and shall only be made following receipt of written authorization from First Things First.

Please note the line items included in the budget template represent the types of costs possible for a line item budget these line items may or may not be applicable or appropriate for your Application. Your budget line items requested must fit within one of the categories listed. However, it is expected that you would not need to utilize all of the sample line items.

## Attachment D – Line Item Budget

While you must use this format, you may reproduce it with Word Processing or Spreadsheet software. Limit your budget line items to the following categories: Personnel, Fringe Benefits, Professional Services, Travel, Pass-Through (i.e. Sub grants), Other Operating Expenses and Administrative/Indirect Costs.

**Budget period: July 1, 2012 – June 30, 2013**

Budget Category	Line Item Description	Requested Funds	Total Cost
<b>PERSONNEL SERVICES</b>		<b>Personnel Services Sub Total</b>	<b>\$</b>
Salaries	Sarah Chavez, Finance Clerk Ginnie Scales, RN, CCHC Lucinda Campbell, RN, CCHC	\$2,250 \$4,000 \$4,000	\$2,250 \$4,000 \$4,000
<b>EMPLOYEE RELATED EXPENSES</b>		<b>Employee Related Expenses Sub Total</b>	<b>\$10,250</b>
Fringe Benefits or Other ERE	Sarah Chavez Ginnie Scales, RN, CCHC Lucinda Campbell, RN, CCHC	\$0 \$1,560. \$1,560.	\$0 \$1,560. \$1,560.
<b>PROFESSIONAL AND OUTSIDE SERVICES</b>		<b>Professional &amp; Outside Services Sub Total</b>	<b>\$3,120.00</b>
Contracted Services			
<b>TRAVEL</b>		<b>Travel Sub Total</b>	<b>\$200.00</b>
In-State Travel Out of State Travel	Travel to Phoenix for FTF Meetings	\$200.00	
<b>AID TO ORGANIZATIONS OR INDIVIDUALS</b>		<b>Aid to Organizations or Individuals Sub Total</b>	<b>\$0</b>
Subgrants or Subcontracts to organizations/agencies/entities			
<b>OTHER OPERATING EXPENSES</b>		<b>Other Operating Expenses Sub Total</b>	<b>\$</b>
<ul style="list-style-type: none"> <li>• Telephones/Communications Services</li> <li>• Internet Access</li> <li>• General Office Supplies</li> <li>• Food</li> <li>• Rent/Occupancy</li> <li>• Evaluation (non-contracted &amp; non-personnel expenses)</li> <li>• Utilities</li> <li>• Furniture</li> <li>• Postage</li> <li>• Software (including IT supplies)</li> <li>• Dues/Subscriptions</li> <li>• Advertising</li> <li>• Printing/Copying</li> <li>• Equipment Maintenance</li> <li>• Professional Development/Staff Training</li> <li>• Conference Workshops/ Training Fees for Staff</li> <li>• Insurance</li> <li>• Program Materials</li> <li>• Program Supplies</li> <li>• Scholarships</li> <li>• Program Incentives</li> </ul>	Pens, paper, presentations. 4 classes for parents/staff  Nat'l Assoc of Education of Young Children x 2  1 black ink cartridge Calibration of hearing machines  Meetings & trainings for FTF – CCHC  Posters, coloring books,etc.	\$300.00 \$200.00  \$200.00  \$140.00 \$380.00  \$400.00  \$200.00	
<b>CAPITAL EQUIPMENT</b>		<b>Capital Equipment Sub Total</b>	<b>\$1,820.00</b>
Equipment \$5,000 or greater in value			
<b>NON-CAPITAL EQUIPMENT</b>		<b>Non-Capital Sub Total</b>	<b>\$</b>
Equipment \$4,999 or less in value			
<b>Subtotal Direct Program Costs:</b>			<b>\$</b>
<b>ADMINISTRATIVE/INDIRECT COSTS</b>		<b>Total Admin/Indirect</b>	<b>\$</b>
Indirect/Admin Costs		\$	\$1,530.00
<b>Total</b>		<b>\$</b>	<b>\$16,920.00</b>

Authorized signature \_\_\_\_\_

Date \_\_\_\_\_

## **Attachment E – Budget Narrative**

The purpose of the budget narrative is to provide more clarity and detail on the various budget line items. The budget narrative should explain the criteria used to compute the budget figures on the budget form. Please verify that the narrative and budget form correspond and the calculations and totals are accurate. ***Please include one narrative that matches the 12 month line item budget categories and subcategories.***

**Personnel Services:** *Include information such as position title(s), name of employee (if known), salary, time to be spent on this program (hours or %), number of months assigned to this program, etc. Explain how the salary rate for each position was determined. If salaries are expected to increase during the project year, indicate the percentage increases for each position and justify the percent of the salary increase. Also, be sure to include the scheduled salary increases on the Budget Form.*

**Health Services Program Manager, Lorraine Dalrymple, RN, CCHC, 2% of time = N/C**

**Lucinda Campbell, RN, CCHC, \$44,000/year, 9% = 4,000.00**

**Ramona (Ginnie) Scales, RN, CCHC, \$44,000/year, 9% = \$4,000**

**Sarah Chavez, Finance Clerk, set amount per grant reduced to \$2,250.00**

**Employee Related Expenses:** *Include a benefit percentage and what expenses make up employee benefit costs. Indicate any special rates for part-time employees, if applicable. Explain how the benefits for each position were determined. If using a fringe benefit rate, explain how this percentage is justified or approved by your agency.*

**Taxes, health insurance, and State retirement = 39%**

**Professional and Outside Services: None**

**Travel: Per Diem for 4 “First Things First” Meetings in Phoenix. (\$25 a day times 2 CCHC’s)**

**Aid to Organizations or Individuals: N/A**

### **Other Operating Expenses:**

General Office Supplies: Paper, pens, folders \$150x 2 CCHC	\$300.00
Food – 4 classes at \$50/a class	\$200.00
Membership/Dues: 2 x Nat’l Association of Education of Young Children (2x \$100.00)	\$200.00
Printing and Copying (1 black ink cartridge)	\$140.00
Calibration of Hearing Equipment ( 2 X \$60.00 and 2 X \$120.00)	\$360.00
Conference/Workshops – (2 x \$200 to cover hotel, and registration	\$400.00
Program Incentives – posters, educational material, coloring books	\$200.00

**Capital Equipment:** N/A

**Non-Capital Equipment:** N/A

**Administrative/Indirect Costs:** \$1,530.00 (10%)

**Applicants must list either Option A or Option B and provide proper justification for expenses included:**

**Option A - Administrative Costs:** *with proper justification, sub grantees may include an allocation for administrative costs for up to 10% of the total direct funds requested of the grant request. Administrative costs may include allocable direct charges for: costs of financial, accounting, auditing, contracting or general legal services; costs of internal evaluation, including overall organization's management improvement costs; and costs of general liability insurance that protects the organization(s) responsible for operating a project, other than insurance costs solely attributable to the project. Administrative costs may also include that portion of salaries and benefits of the project's director and other administrative staff not attributable to the time spent in support of a specific project.*

**Or** **Option B - Federally Approved Indirect Costs:** *If your organization has a federally approved indirect cost rate agreement in place, grantees may include an allocation for indirect costs for up to 10% of the grant request. **Applicants must provide a copy of their federally approved indirect cost rate agreement.***

*Indirect costs are costs of an organization that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project. The cost of operating and maintaining facilities, depreciation, and administrative salaries are examples of the types of costs that are usually treated as indirect.*

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

Tommie Cline Martin, Chairman of the Board of Supervisors

**Attachment F**

**DISCLOSURE OF OTHER FUNDING SOURCES**

Please list all other funding that your organization currently receives from State or Public Agencies, Federal Agencies, Non-Profit Organizations, or any other source providing funding for the proposed Program\*. Statute ARS 8-1183 provides for a prohibition on supplanting of state funds by First Things First expenditures, meaning that no FTF monies expended are to be used to take the place of any existing state or federal funding for early childhood development and health programs.

Use a continuation sheet if necessary. The following form may be reproduced with word processing software or another form may be created that contains all the information requested.

<b>Type of Funding (Federal, State, local, other)</b>	<b>Received From</b>	<b>Amount</b>	<b>✓ If used for match on this grant</b>
<b>TOTAL: 0</b>			

**\*This table should include only those funds that will support the program detailed in this Application.**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Job Title Tommie Cline Martin, Chairman of the Board of Supervisors

**Attachment G:**

**FIRST THINGS FIRST FINANCIAL SYSTEMS SURVEY**

Name of Applicant: Gila County Childcare Health Consultant Program

**Please answer every question by filling in the circle next to the correct answer. Attach materials and document comments as required.**

As stewards of federal and state funds, First Things First awards funds to organizations (regardless of how small or large) that are both capable of achieving project goals/objectives and upholding their responsibility for properly managing funds as they achieve those objectives.

This survey will be used primarily for initial monitoring of the organization. This survey may also be used in evaluating the financial capability of the organization in the award process. Deficiencies should be addressed for corrective action and the organization should consider procuring technical assistance in correcting identified problems.

**A. GENERAL INFORMATION**

1. Has your organization received a Federal or State Grant within the last two years?	<input type="radio"/> YES <input type="radio"/> NO
2. Has your organization completed an A-133 Single Audit within the past two years? If yes, please <b>attach</b> a complete copy of your A-133 Audit, including, but not limited to, your Management Letter, Findings and Questioned Costs.	<input type="radio"/> YES <input type="radio"/> NO
3. If your organization has not completed an A-133 Single Audit, have your financial statements been audited, reviewed or compiled by an independent Certified Public Accountant within the past two years? If yes, please <b>attach</b> a complete copy of the most recent audited, reviewed or compiled financial statements. NOTE THAT ONLY ONE COPY OF YOUR AUDIT NEEDS TO BE INCLUDED WITH THE APPLICATION MARKED "ORIGINAL". It is not necessary to include additional copies with each copy of the completed Application.	<input type="radio"/> YES <input type="radio"/> NO
4. Please <b>attach</b> a schedule showing the TOTAL federal funds (by granting agency) expended by your agency for the most recent fiscal year. Note: If your organization had an A-133 Single Audit, a copy of the "Schedule of Expenditures for Federal Awards" can be submitted. ONLY ONE COPY IS NEEDED, TO BE INCLUDED WITH THE APPLICATION MARKED "ORIGINAL"	
5. Has your organization been granted tax-exempt status by the Internal Revenue Service?	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A
6. If you answered YES to question #5, under what section of the IRS code? <input type="radio"/> 501 C (3) <input type="radio"/> 501 C (4) <input type="radio"/> 501 C (5) <input type="radio"/> 501 C (6) <input type="radio"/> Other Specify: _____	
7. Does your organization have established policies related to salary scales, fringe benefits, travel reimbursement and personnel policies?	<input type="radio"/> YES <input type="radio"/> NO

**B. FUNDS MANAGEMENT**

1. Which of the following describes your organization's accounting system?	<input type="radio"/> Manual <input checked="" type="radio"/> Automated <input type="radio"/> Combination
--	---

2. How frequently do you post to the General Ledger?	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Other
3. Does the accounting system completely and accurately track the receipt and disbursements of funds by each grant or funding source?	<input type="radio"/> YES <input type="radio"/> NO
4. Does the accounting system provide for the recording of actual costs compared to budgeted costs for each budget line item?	<input type="radio"/> YES <input type="radio"/> NO
5. Are time and effort distribution reports maintained for employees working fully or partially on state or federal grant programs that account for 100% of each employee's time?	<input type="radio"/> YES <input type="radio"/> NO
6. Is your organization familiar with Federal Cost Principles (i.e. 2 CFR 220, 2 CFR 225, and 2 CFR 230)?	<input type="radio"/> YES <input type="radio"/> NO
7. How does your organization plan to charge common/indirect costs to this grant? <b>NOTE:</b> Those organizations using allocable direct charges <b>must attach</b> a copy of the methodology and calculations in determining those charges. Those organizations using a federally approved indirect cost rate <b>must attach</b> a copy of the approval documentation issued by the federal government.	<input type="radio"/> Direct Charges <input type="radio"/> Utilizing an Indirect Cost Allocation Plan or Rate

### C. INTERNAL CONTROLS

1. Are duties of the bookkeeper/accountant segregated from the duties of cash receipt or cash disbursement?	<input type="radio"/> YES <input type="radio"/> NO
2. Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?	<input type="radio"/> YES <input type="radio"/> NO
3. Are all accounting entries and payments supported by source documentation?	<input type="radio"/> YES <input type="radio"/> NO
4. Are cash or in-kind matching funds supported by source documentation?	<input type="radio"/> YES <input type="radio"/> NO
5. Are employee time sheets supported by appropriately approved/signed documents?	<input type="radio"/> YES <input type="radio"/> NO
6. Does the organization maintain policies that include procedures for assuring compliance with applicable cost principles and terms of each grant award?	<input type="radio"/> YES <input type="radio"/> NO

### D. PROCUREMENT

1. Does the organization maintain written codes of conduct for employees involved in awarding or administering procurement contracts?	<input type="radio"/> YES <input type="radio"/> NO
2. Does the organization conduct purchases in a manner that encourages open and free competition among vendors?	<input type="radio"/> YES <input type="radio"/> NO
3. Does the organization complete some level of cost or price analysis for every major purchase?	<input type="radio"/> YES <input type="radio"/> NO
4. Does the organization maintain a system of contract administration to ensure Grantee conformance with the terms and conditions of each contract?	<input type="radio"/> YES <input type="radio"/> NO
5. Does the organization maintain written procurement policies and procedures?	<input type="radio"/> YES <input type="radio"/> NO

**E. CONTACT INFORMATION**

Please indicate the following information. In the event that First Things First has questions about this survey, this individual will be contacted.

Prepared By: Lorraine Dalrymple

Job Title: Health Services Program Manager

Date: 5/22/2012

Phone/Fax/Email: 928-402-8807/928-425-0794/ldalrymp@co.gila.az.us

**F. CERTIFICATION**

I certify that this report is complete and accurate, and that the Grantee has accepted the responsibility of maintaining the financial systems.

\_\_\_\_\_  
Authorized Signature  
Tommie Cline Martin, Chairman of the Board of Supervisors

**G. COMMENT AND ATTACHMENTS**

Please use the space below to comment on any answers in Sections A – D. Please indicate the Section and Question # next to each comment.

Number of Attachments (please number each attachment): \_\_\_\_\_

COMMENTS:

# EXHIBIT A

## I. Brief statement about the scope of work

### A. Brief Statement of Need

Early care and education providers are entrusted with young children for hours every day. While providing early education services, they must also keep children safe and protected from injuries and potentially serious infectious diseases. Child care staff also work with parents to promote good social, emotional and physical health for children—all generally without benefit of medical expertise. According to the American Academy of Pediatrics, “following health and safety best practices is an important way to provide quality early care and education for young children”. Unfortunately, in many circumstances center staff may have to call multiple resources to answer health related questions, if they can find assistance at all.

Research has shown that many health and safety related issues such as immunization compliance, adherence to medication administration protocols, diapering and handwashing and development of emergency plans directly impact the quality of early care and education programs. Caring For Our Children, the national health and safety performance standards developed by the National Resource Center for Health and Safety in Childcare in partnership with other leading children’s health organizations states (Standard 1.6.0.1) that an early care and education facility “should identify and engage/partner with a child care health consultant (CCHC) who is a licensed health professional with education and experience in child and community health and child care and preferably specialized training in child care health consultation”.

Child Care Health Consultation has been shown to promote healthy and safe environments for children in child care and encourage early care and education settings (centers and family child care homes) to implement the highest standards of health and safety on behalf of the children in their care. CCHC has been shown to be an essential element in achieving high quality early care and education programs and in maintaining the quality gains made over time.

### B. Brief Description of the Strategy

Child Care Health Consultation is one component of the specialized training and technical assistance provided to participants in the Quality First, Quality Improvement and Ratings System. In addition, in some regions CCHC is available to programs not participating in QF. The role of the CCHC is to promote the health and development of children, families, and staff and to ensure a healthy and safe child care environment (11).

The CCHC is not acting as a primary care provider at the facility but offers critical services to the program and families by sharing health and developmental expertise, assessments of child, staff, and family health needs and community resources. The CCHC assists families in care coordination with the medical home and other health and developmental specialists. In addition, the CCHC should collaborate with an interdisciplinary team of early childhood consultants, such as, early childhood education, mental health,

and nutrition consultants. Additional information regarding the scope of work and standards of practice for this strategy are located in Exhibits A and B.

C. The target population for this strategy is regulated early care and education providers who are participating in the Quality Improvement and Ratings System, Quality First. In the Gila region, the number of programs expected to receive tiered service are:

5 QF programs  
3 QF homes  
0 non QF centers  
0 non QF homes

This grantee is expected to provide intensive service to those programs listed above participating in level two and level three services. The remainder of programs in this region will receive level one services via the Telephone Consultation grantee.

## II. Scope of Work

### Overview of First Things First

On November 7, 2006, Arizonans made an historic decision on behalf of our state's youngest citizens. By majority vote, they made a commitment to all Arizona children 5 and younger, that children would have the tools they need to arrive at school healthy and ready to succeed. The voters backed that promise with an 80-cent per pack increase on tobacco products to provide dedicated and sustainable funding for early childhood services for our youngest children. The initiative created the statewide First Things First board and the 31 regional partnership councils that share the responsibility of ensuring that these early childhood funds are spent on strategies that will result in improved education and health outcomes for kids 5 and younger.

First Things First is designed to meet the diverse needs of Arizona communities. The regional councils are comprised of community volunteers, with each member representing a specific segment of the community that has a role in ensuring that Arizona's children grow up to be ready for school, set for life: parents, leaders of faith communities, tribal representatives, educators, health professionals, business leaders, and philanthropists.

#### ***First Things First Strategic Direction***

FTF's commitment to young children means more than simply funding programs and services. It means having a shared vision about what being prepared for kindergarten actually means. First Things First specifies that programs and services funded by the FTF Board and Regional Partnership Councils are to address one or more of the following Goal Areas as defined by the statute:

- Improve the quality of early childhood development and health programs.
- Increase the access to quality early childhood development and health programs.
- Increase access to preventive health care and health screenings for children through age five.
- Offer parent and family support and education concerning early childhood development and literacy.
- Provide professional development and training for early childhood development and health providers.
- Increase coordination of early childhood development and health programs and provide public information about the importance of early childhood development and health.

The FTF Board established a strategic framework with a set of school readiness indicators that provide a comprehensive composite measure to show whether young children are ready for success as they prepare to enter kindergarten. The strategies funded by FTF work collectively to develop a comprehensive system across the state and regionally to address the school readiness indicators. The FTF Board and Regional Partnership Councils determine the priorities and strategies to be funded across the state and throughout the regions assessing the challenges and building on the resources and assets in place.

### **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

## **Scope of Work: What Strategy Will This Grant Fund and How Will It Make a Difference for Children?**

### **Statement of need**

Early care and education providers are entrusted with young children for hours every day. While providing early education services, they must also keep children safe and protected from injuries and potentially serious infectious diseases. Child care staff also work with parents to promote good social, emotional and physical health for children—all generally without benefit of medical expertise. According to the American Academy of Pediatrics, “following health and safety best practices is an important way to provide quality early care and education for young children”. Unfortunately, in many circumstances center staff may have to call multiple resources to answer health related questions, if they can find assistance at all.

Research has shown that many health and safety related issues such as immunization compliance, adherence to medication administration protocols, diapering and handwashing and development of emergency plans directly impact the quality of early care and education programs. Caring For Our Children, the national health and safety performance standards developed by the National Resource Center for Health and Safety in Childcare in partnership with other leading children's health organizations states (Standard 1.6.0.1) that an early care and education facility “should identify and engage/partner with a child care health consultant (CCHC) who is a licensed health professional with education and experience in child and community health and child care and preferably specialized training in child care health consultation”.

Child Care Health Consultation has been shown to promote healthy and safe environments for children in child care and encourage early care and education settings (centers and family child care homes) to implement the highest standards of health and safety on behalf of the children in their care. CCHC has been shown to be an essential element in achieving high quality early care and education programs and in maintaining the quality gains made over time.

## Description of strategy including Standards of Practice

Child Care Health Consultants are specially trained health professionals who provide consultation and support to child care providers on a variety of health and safety issues that might be encountered in out of home child care settings. In Arizona, the service is primarily delivered in Quality First (QF) participating programs although there are some regions who have the service available to all providers regardless of participation in QF.

The program has three service levels available to participants.

- Level one, which consists of a telephone warmline that providers can call to ask health and safety related questions. A trained CCHC is available to provide assistance to callers on a variety of subjects. This level is for programs who are not appropriate for, or who do not wish to participate in more intensive CCHC services.
- Level two is for providers who are encountering a specific, acute health and safety related issue that requires expert intervention by a health professional. This is not a long term service but rather a short term option to address a particular problem that has arisen. Some examples of this include, but are not limited to, a newly enrolled child with a chronic disease issue (diabetes, asthma) that staff are not adequately trained to address, or a communicable disease outbreak that needs containment.
- Level three is an intensive service delivery level. Programs participating in this level will receive a health and safety assessment and follow up services that are specific to their individualized needs. They will follow a care pathway to address the most common health and safety needs encountered in child care programs. This level of services requires approximately a 12-18 month time commitment. Additional information regarding the services that might be delivered at this level is available in the CCHC Handbook and the attached FTF CCHC Model Document (Exhibit C).

Participating programs can and will be expected to move between these service levels as appropriate based upon multiple factors that might include self selection, a coaching referral, or an external referral (such as might be made by a local health department) however, they may only participate in one level at a time.

Responsibilities of the grantee delivering CCHC services are detailed below.

### **I. Hiring of staff**

- a. Hiring staff to deliver CCHC services in all FTF regions outlined in the geographic boundaries and target population description below .

The grantee is responsible to assure that tiered Child Care Health Consultation services are delivered regionally, under the model outlined by First Things First to:

1. All programs participating in the Quality First program
  2. In participating regions, to licensed or regulated child care homes or centers not participating in Quality First.
- b. Provide day to day supervision, salary and benefits, practice liability protection and any other employee-related services comparable to other employees in the same employee classification
  - c. Determining staffing assignments in all assigned regions
  - d. The grantee is responsible to assure that all staff hired to deliver Child Care Health Consultation Services meet the following requirements:

- i. The child care health consultant should have a minimum of a bachelor's degree and can be a MD, pediatrician , pediatric nurse practitioner, pediatric or community health nurse, or a health professional with expertise in mental health, nutrition, health education, oral health, environmental health, and/or emergency management.
- ii. Must have completed the sixty (60) hour National Training Institute (NTI) for Child Care Health Consultants curriculum program PRIOR to the beginning work as a CCHC.
- iii. A minimum of one year experience in a public health setting.
- iv. Remain current on all professional licensure/certifications which qualify the CCHC to perform services related to this contract either directly or through subcontracts
- v. The Child Care Health consultant must have experience in providing consultation to and interacting with child care settings including family child care.
- vi. The Child Care Consultant must have knowledge of the following:
  - 1. Child development and family dynamics
  - 2. Immunization Schedules
  - 3. ADHS Child Care Licensure
  - 4. Accreditation Systems
  - 5. Quality Indicators
  - 6. Adult Learning
  - 7. Community Resource
  - 8. Injury Prevention
  - 9. Recognition and Reporting requirements for child abuse and neglect
  - 10. Health Care Systems in the service area
- vii. The Child Care Consultant must have developed skills in the following:
  - 1. Interpersonal Communication
  - 2. Training of Adult Learners
  - 3. Facilitation
  - 4. Consultation Strategies
  - 5. Collaborative Problem Solving
  - 6. Cultural Responsiveness
  - 7. Team Process
  - 8. Computer Data Entry

## **II. Delivery of CCHC services**

- a. Provide Level two and Level three tiered services, as outlined by First Things First, described in Exhibit B, FTF Standards of Practice, CCHC; Exhibit C, CCHC Model; and Exhibit D Caseload Guidance Document. Additional requirements are outlined in the CCHC Handbook which

can be found at

<http://www.azftf.gov/WhatWeDo/Programs/Documents/CCHC%20Handbook3.31.10.pdf>

- b. Tiered Health Care Health Consultation services are delivered statewide, under the model outlined by First Things First to:
  - 1. All programs participating in the Quality First program
  - 2. In participating regions, to licensed or regulated child care homes or centers not participating in Quality First.
- c. An updated list of providers participating in Quality First as well as a listing of regions participating in Non Quality First CCHC programming will be provided to the grantees by First Things First
- d. Collaborate with Telephone Consultation Grantee to develop and maintain a process for referring callers from the Warm line to receive level two and level three services in the assigned regions
- e. Collaborate with Telephone Consultation Grantee to develop and maintain a resource and referral listing for assigned regions
- f. Participate in initial and ongoing training in use of the Carefacts data entry system
- g. Enter data on all service delivery activities into the Carefacts system in an accurate and timely fashion as outlined by the CCHC handbook
- h. Collaborate with the FTF CCHC Program Manager, and the Training Grantee on a continuous quality improvement process
- i. Assist training grantee in identifying child care provider staff who might be interested in participating in Health Champion Training

### **III. Evaluation and Data Reporting Requirements**

- a. Collecting and reporting all data as required by FTF regarding program activities. This is currently already done through the Carefacts program.
- b. Provide analysis of performance data and outcomes.
- c. Provide ongoing assessment and recommendations for CCHC system development and refinement in support of the goals of First Things First.
- d. A review of consultation services is provided for all First Things First statewide and Regional Council consultation sites and an independent system report regarding the strengths of the services delivered is submitted to FTF quarterly
- e. On not less than a monthly basis, review performance and outcome data related to assessment, intervention and evaluation within the FTF-selected documentation system.
- f. The CCHC will document activities and services utilizing the computerized documentation system designated by Quality First. The CCHC will:
  - i. Attend training on the Omaha System of Documentation and the CareFacts computerized charting system.
  - ii. Be prepared to have the CareFacts software installed on the laptop provided by the contractor at the CareFacts training.
  - iii. Keep all charting of visits and activities current within 5 working days of performance.
  - iv. Maintain a signed, printed record of information and activities as the legal chart.
  - v. Perform the CareFacts update procedure at least every 5 days.

#### **First Things First School Readiness Indicators related to this strategy:**

FTF is seeking successful applicants to implement this strategy and work collectively with FTF to impact the school readiness indicators below:

- #/% 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 the kindergarten year
- #/% of children ages 2-5 at a healthy weight (Body Mass Index-BMI)
- % of families who report they are competent and confident about their ability to support their child's safety, health and well being

**First Things First Goal Area to be addressed:**

Health

Target Population to serve

The target population for this strategy is regulated early care and education providers who are participating in the Quality Improvement and Ratings System, Quality First. In the Gila region, the number of programs expected to receive tiered service are:

- 5 QF programs
- 3 QF homes
- 0 non QF centers
- 0 non QF homes

This grantee is expected to provide intensive service to those programs listed above participating in level two and level three services. The remainder of programs in this region will receive level one services via the Telephone Consultation grantee.

Geographic Area

The Gila Regional Partnership Council provides services to the communities of Gila County and the Tribal lands of the Tonto Apache Tribe. The Gila Region does not include the portion of the Fort Apache Indian Reservation (lands of the White Mountain Apache Tribe) within Gila County, nor the portion of the San Carlos Apache Indian Reservation within Gila County.

Coordination and Collaboration

First Things First prioritizes coordination and collaboration among early childhood service providers as critical to developing a seamless service delivery system for children and families. As a result of coordination and collaboration, services are often easier to access and are implemented in a manner that is more responsive to the needs of the children and families. Coordination and collaboration may also result in greater capacity to deliver services because organizations are working together to identify and address gaps in service. Grant partners must demonstrate capacity to work with and participate in coordination and collaboration activities occurring within the First Things First region being served. This may include but is not limited to participating in regular meetings. Depending upon the strategy, there may be additional statewide meetings which the Grant partners may be asked to attend, as noted in the Scope of Work. In order to accomplish this, Grant partners should plan the appropriate staffing and budget to support travel to and attendance at monthly meetings within the regional area or statewide meetings, as appropriate.

## Program Specific Data Collection and First Things First Evaluation

Grant partners agree to participate in the FTF evaluation and any program specific evaluation or research efforts. Data collection and FTF evaluation activities are directly connected with the Goals, Performance Measures and Units of Service aligned to the strategy described in this scope of work.

When services are provided to more than one region (multi-regional strategies), the grant partner must collect and store client data for each region served through the grant agreement.

### Unit of Service and related Target Service Number Definition:

A Unit of Service is a FTF designated indicator of performance specific to each FTF strategy. It is composed of a unit of measure and a number (Target Service Number). A Unit of Measure/Service can be a target population and/or a service/product that a grantee is expected to serve as part of an agreement. The Target Service Number represents the number of units (e.g. target population) proposed to be served or number of products/services proposed to be delivered during the contract year.

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

### Performance Measures Definition:

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

Grant partners must have capacity to collect and submit FTF data requirements, securely and confidentially store client data, and utilize data to assess progress in achieving desired outcomes of the proposed strategy. Units of Service, Target Service Numbers, and Performance Measures outline how quarterly data submissions will be evaluated according to the contracted deliverables and standards of practice for that contract. Additionally, they are used by FTF to determine the key impacts of the strategies, programs and approaches being implemented.

Grant partners will be provided with data reporting requirements by FTF and will meet the requirements of the FTF evaluation including, but not limited to, timely and regular reporting and cooperation with all FTF evaluation activities. Timely and regular reporting of all performance and evaluation data includes the electronic submission of data (as identified in data reporting templates designed for each strategy) through the FTF secure web portal known as PGMS.

Grant partners are required to collaborate with any FTF external evaluation activities, which means collaborating with external evaluation-led child assessment activities. Collaborative activities may include tracking and reporting data pertaining to participant attendance, enrollment, and demographic information. In addition, Applicants agree to allow FTF and evaluation consultants of FTF to observe

program activities on site and successful applicants must collaborate with FTF led and initiated evaluation activities to encourage parent consent for data collection. (Standards for data security for this strategy are found in Exhibit C.)

Units of Service and Performance Measures that are aligned to the Goal for the purposes of this RFGA are as follows:

**Unit of Service:**

- 3 home based providers served
- 5 center based providers served

**Performance Measures:**

- Number of home based providers served/proposed service number
- Number of center based providers served/proposed service number
- Number and percentage of early care and education programs served by a CCHC improving their Quality First rating

For more information on FTF Goal Areas, Goals and Performance Measures, please reference the FTF Strategy Toolkit at:

<http://www.azftf.gov/pages/webmain.aspx?PageID=2D427ADB35B34BB09F353B77B74AB9BA>

## Exhibit B



# FIRST THINGS FIRST

*Ready for School. Set for Life.*

## Standards of Practice

### Child Care Health Consultation

#### I. Description of Health Issue

Child care providers are entrusted with young children for hours every day. While providing early education services, they must also keep children safe and protected from injuries and potentially serious infectious diseases. Child care staff also work with parents to promote good social, emotional and physical health for children—all generally without benefit of medical expertise. Center staff may have to call multiple resources to answer health related questions.

Child Care Health Consultants (CCHCs) are experts in children’s health who are available to support child care providers and to assure that children are safe, healthy and ready to succeed.

CCHCs help child care staff to improve health and safety in child care facilities. They also provide advice on the well-being of a single child, with the view toward training child care staff to prevent and intervene appropriately in future occurrences. CCHCs provide a one-stop health resource through:

- Onsite and telephone guidance and consultation
- Staff training on health and safety best practices and requirements
- Reviews of and assistance to develop health, safety, and nutrition policies and practices
- Provide links and referrals to community resources
- Develop and provide information for parents

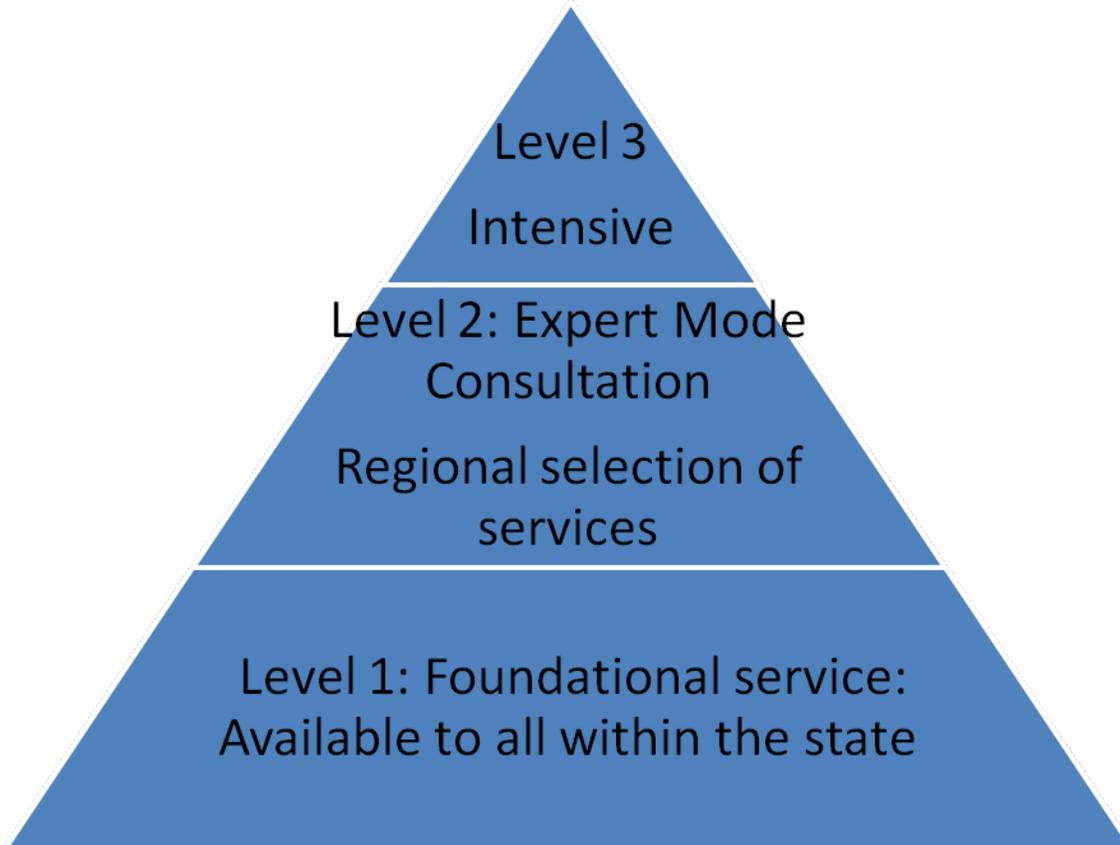
CCHCs have specific training following the National Training Institute (NTI) Child Care Health Consultation curriculum. They are prepared to train child care staff to talk with families about health topics such as oral health, nutritional eating and weight control, developmental screening, and the value of physician well-child exams and immunizations.

#### II. Implementation Standards

The First Things First Child Care Health Consultation Model is depicted on the following page:

**Exhibit C**

**First Things First Child Care Health Consultation Model**



Level One Services include:

- Provide Professional Development and Training to Quality First Coaches.
- Provide technical assistance via a warm line for child care providers and coaches
- Provide additional consultation, problem solving by telephone.

Level Two Services include Level One services as well as:

- Expert Mode Child Care Health Consultation to programs with a specifically identified health need.
- Provide Health Champion Training for Early Childcare and Education Professionals who have identified a desire to participate.
- Participate with other team members such as the Quality First coach and contractors to implement the program improvement plan and assist child care providers to meet the health and safety objectives outlined in the approved plan.

Level Three Services include Level One and Two services as well as:

- Collaborative Mode Child Care Health Consultation to programs that have been identified and given consent for this level of services.
- A health and safety assessment.

**A. *Programs implementing community health education efforts will include:***

1. Provide tiered health consultation services by Child Care Health Consultants to regulated child care providers (centers and homes) enrolled in Quality First, the quality improvement and rating system created by the First Things First.
2. Provide tiered health consultation services to regulated child care providers that are not participants of Quality First, if appropriate.
3. Provide day to day supervision, salary and benefits, practice liability protection and any other employee-related services comparable to other employees in the same employee classification.
4. Support the Child Care Health Consultant to participate in technical assistance/mentoring visits from the First Things First designated statewide support and quality assurance agency. Receive, review and resolve quality performance issues.
5. Assure the CCHC remains current with professional licensure/ certifications which qualify the CCHC to perform services related to this contract.
6. Provide and maintain an adequate workspace for the CCHC and provide telephone and internet access.
7. Provide a multimedia projector and laptop computer.
8. Support local travel and instate travel to serve designated child care centers and homes within the region and to attend Quality First-required meetings and training sessions. Provide an agency vehicle or mileage reimbursement for miles traveled in the CCHC's insured personal vehicle.
9. Support CCHC to attend continuing education provided by First Things First's statewide administrative entity.

**B. *Child Care Health Consultants will:***

1. Provide Child Care Health Consultation services in accordance with the First Things First Technical Assistance model and the Child Care Health Consultation handbook for delivery of services.
2. Complete a Health and Safety assessment of participating programs to identify and prioritize each programs individual needs
3. Provide three tiered Child Care Health Consultation services (as appropriate and funded) to regulated child care providers as described below.
4. For programs receiving Level Three services, either join the Quality First coach or schedule an initial meeting with the child care center director or child care home provider to be introduced; to provide an overview of the CCHC program; review health and safety issues identified in the assessment; provide guidance documents such as the Arizona Health and Safety Policy Manual for child Care Centers and other guidance documents that may be identified by Quality First; and plan for ongoing consultation.
5. For those not enrolled in the Quality First program who are receiving Level Three Services schedule a meeting with the child care center director or child care home provider to introduce themselves: provide an overview of the CCHC program; provide guidance documents such as the Arizona Health and Safety Policy Manual for Child Care Centers and other guidance documents; and the plan for ongoing consultation.

6. For those not enrolled in the Quality First program that are receiving Level Three services, complete an assessment of the child care center or home to identify priority areas to be addressed.
7. Provide additional review of child care facility and/or staff needs that may include:
  - Indoor health and safety hazards to children and child care staff;
  - Injury prevention and Safe, Active Play;
  - Health and safety practices of child care staff ( i.e. hand washing, sanitation, dental health, physical fitness, nutrition; Serve as a resource to other agencies, organizations and educational institutions which provide consultation, monitoring or resources to child care programs.
  - Measures and practices to prevent, recognize, and report communicable diseases, including staff and parent education;
  - Procedures for documenting and reporting children's immunizations;
  - Health and safety policies, illness and injury logs;
  - The status of child care provider' inclusion of children with special needs;
  - Participate in emergency preparedness plan;
  - Communication among the child care provider, parent, and primary care provider;
  - Medication administration, recording, and storage;
  - Determine health insurance and health care access; and other identified child health and safety concerns.
  - Guidance, support, referrals and access to care coordination for families and child care providers to access mental health consultation and educational services for the family, children, or child care providers.
  - Educate children, their families and child care providers about child development, mental and physical health, safety, nutrition and oral health issues.
8. Provide additional education and training in group settings off site in conjunction with Quality First Coaches or other FTF funded program staff.
9. Provide, as appropriate and in accordance with the Child Care Health Consultation Handbook, developmental and sensory screening and limited delivery of immunizations.
10. Document activities and services utilizing the computerized documentation system designated by First Things First including:
  - Attend training on documentation requirements and computerized charting system.
  - Keep all charting of visits and activities current within 5 working days of performance.
  - Maintain a signed, printed record of information and activities as the legal chart.
11. Participate in CCHC systems development and marketing activities within the local community.
  - Participate in First Things First systems development meetings, regional council meetings, and other events as appropriate.
  - Provide community presentations regarding the role of child care health consultation in improving the status of health and safety in child care programs.
  - Collect/report data, surveys, evaluation reports or other elements requested by FTF or quality assurance personnel.

### III. Training and Qualifications Standards

1. The child care health consultant should have a minimum of a bachelor's degree and be a pediatrician, pediatric nurse practitioner, pediatric or community health nurse, or a health professional with expertise in mental health, nutrition, health education, oral health, environmental health, and/or emergency management.
2. Must have completed the sixty (60) hour National Training Institute (NTI) for Child Care Health Consultants curriculum program PRIOR to the beginning work as a CCHC.
3. A minimum of one year experience in a public health setting.
4. The Child Care Health consultant must have experience in providing consultation to and interacting with child care settings including family child care.
5. The Child Care Consultant must have knowledge of the following:
  - Child development and family dynamics
  - Immunization Schedules
  - ADHS Child Care Licensure
  - Accreditation Systems
  - Quality Indicators
  - Adult Learning
  - Community Resource
  - Injury Prevention
  - Recognition and Reporting requirements for child abuse and neglect
  - Health Care Systems in the service area
6. The Child Care Consultant must have developed skills in the following:
  - Interpersonal Communication
  - Training of Adult Learners
  - Facilitation
  - Consultation Strategies
  - Collaborative Problem Solving
  - Cultural Responsiveness
  - Team Process
  - Computer Data Entry

### IV. Cultural Competencies

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

- To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members and program participants effective, understandable, and respectful care that is provided in a culturally competent manner. Early childhood practitioners /early childhood service providers should ensure that staff and participants at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with

communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children.”

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

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

- Service providers should understand individual Tribes/Nations are distinct and separate communities from other Tribes/Nations and their governmental systems and structures are not reflective of each other. Services to Tribal communities and on reservations must be provided in a manner compatible with the Tribe’s/Nation’s cultural beliefs and practices, to include the preferred language of the community. Services must also be provided in accordance with the Tribe’s/Nation’s laws, policies and procedures. The effectiveness of services is directly related to the provider’s consideration of the beliefs, customs and laws of the Tribe/Nation.
- Service providers can obtain information about providing services on tribal lands from a variety of sources. These include the FTF Regional Coordinator, Regional Council members, tribal websites and publications, as well as official representatives of the Tribe/Nation such as the governing body, standing committees and authorized departments.
- It is highly recommended that service providers seek guidance from one or more of these sources before initiating services on reservations. Failure to do so could result in contraventions of cultural beliefs, Tribal laws or sovereignty.
- The ideal applicant will demonstrate their ability to operate within these parameters through prior experience working with Tribes/Nations, demonstrating that staff are culturally competent, partnerships with agencies serving Native American families, knowledge of cultural beliefs, customs and laws of the Tribe/Nation or a combination of these elements.
- Related to data collection, evaluation or research activities:
  - In the United States, Native American Tribes are considered autonomous nations with all of the rights and responsibilities of a nation. Understanding this, Native American Tribes are charged with protecting the health and safety of their people. To this end, Tribes have full ownership over any data collected within their reservation boundaries. This means that Tribes can allow or not allow any program to collect data from or related to any early childhood development and health program or activities on the reservation.
  - Any grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive data from or related to any early childhood development and health program or activities. Such data can include but not be limited to:
    - Morbidity and mortality among children members of their communities
    - Information regarding child safety and welfare
    - Information regarding children in foster care

- Infectious and chronic disease information among members of their communities
- BMI and healthy weight information beginning at age 2 years and each year after that

**V. References and Resources**

American Academy Of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>.

CCHP (2006). *A Curriculum for Child Care Health Advocate*, First Edition. Oakland, CKA; Author.

## Exhibit D

DRAFT

### Child Care Health Consultation Caseload Guidance

The U.S. Department of Health and Human Services (HHS) defines Caseload as “the number of cases (children or families) assigned to an individual worker in a given time period. Caseload reflects a ratio of cases (or clients) to staff members and may be measured for an individual worker, all workers assigned to a specific type of case, or all workers in a specified area”

Workload is defined as “The amount of work required to successfully manage assigned cases and bring them to resolution. Workload reflects the average time it takes a worker to (1) do the work required for each assigned case; and (2) complete other non-casework responsibilities “.

Caseload Management refers to the ability to manage a number of clients within a given amount of time and provide optimal services.

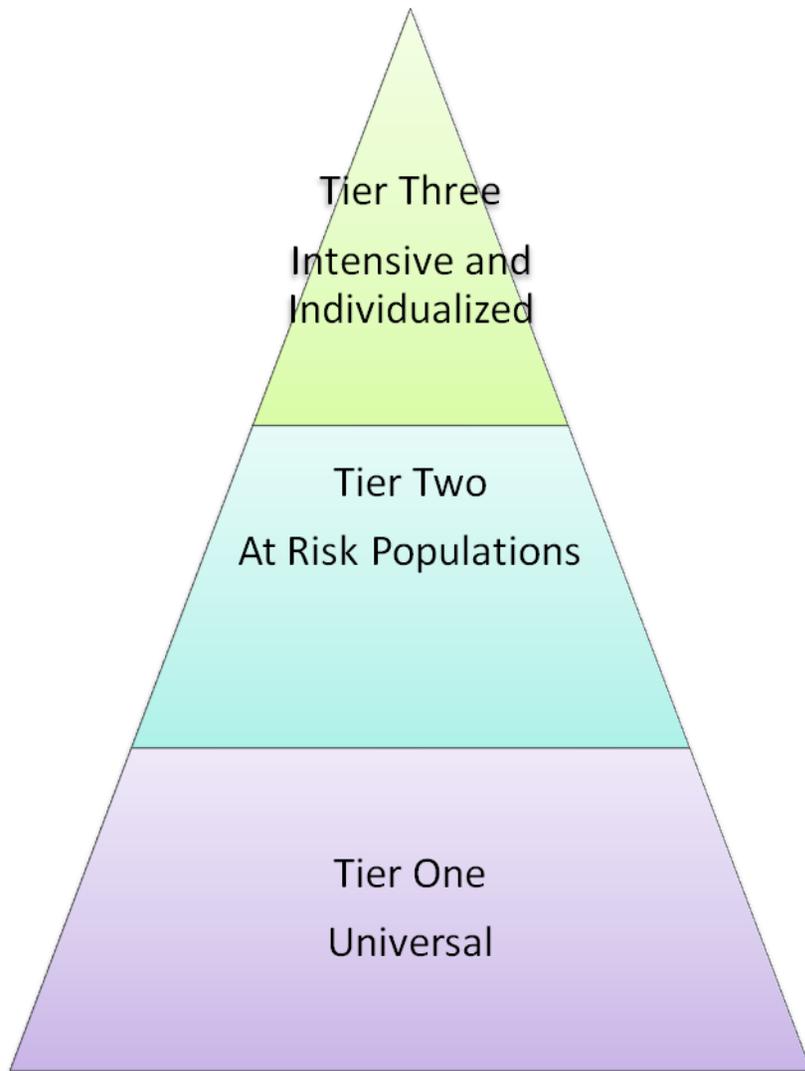
A number of factors influence the ability to effectively manage a caseload. Beginning on July 1, 2012, First Things First is implementing a points system for Caseload Management. The following guidelines are intended to assist Child Care Health Consultation grantee’s to determine how many clients each staff person can manage. There may be other factors not included here, that have a significant impact on caseloads such as the experience level of the CCHC or the background and skills of a particular client. If these other factors are present, each grantee is expected to document their reasons for adjusting the caseload appropriately.

1. Maximum of 35 points per FTE
2. Maximum caseload of 25 clients total per FTE
3. Each level 3 program automatically gets one (1) point
4. Each level 2 program automatically gets .75 points
5. Add ½ point for any of the following:
  - a. Large program based upon number of classrooms OR total daily enrollment
  - b. Excessive distance or travel time
  - c. Significant language barrier
6. Add ¼ point for any of the following:
  - a. Star rating of 1 or 2

Each grantee will be asked to document and track staff monthly caseloads over time. Caseloads will be reviewed periodically using caseload tracking and time logs in Carefacts. Assuring that data entry of staff time in Carefacts is accurate will be vital in assuring that we have caseloads that allow the best possible services can be delivered to providers.

#### Resources

U.S. Department of Health and Human Services: Child Welfare Information Gateway. Available online at [www.childwelfare.gov/pubs/case\\_work\\_management/](http://www.childwelfare.gov/pubs/case_work_management/)



**Tier three programs will receive**

1. A health and safety assessment
2. Collaborative mode consultation services
3. Individualized instruction and training on health needs *utilizing the care pathway*
4. All services available in tiers one and two

**Tier two programs will receive**

1. Expert mode consultation services to address an identified health need
2. An opportunity to identify and have trained an on site Health Champion
3. Participate in implementation of the QIP, if appropriate
4. All services available in tier one

**Tier one programs will receive**

1. Coaches who have received professional development on identification of health and safety issues
2. Technical assistance via a warm line for providers and/or coaches
3. Telephone consultation/problem solving services with a trained CCHC

## **Exhibit E**

### **First Things First - Arizona Early Childhood Development and Health Board Data Security Guidelines and Requirements for Collaborators**

#### **BACKGROUND:**

The purpose of First Things First is to aid in the creation of a system that offers opportunities and supports for families and communities in the development of all children so they can grow up healthy and ready to succeed. Our work is accountable and transparent to decision-makers and the citizens of Arizona. Collaboration and direct funding of grantees to undertake work on behalf of the children and families of Arizona is fundamental to the purpose and mission of FTF. Regular submission of data related to funded work is an important part of ensuring accountability and maximum positive impact for young children.

#### Data Security Guidelines for Data Submission to FTF

The Arizona Early Childhood Development and Health Board (First Thing First - FTF) will ensure that resources allocated have maximum impact for the benefit of children and families. To ensure this accountability, FTF will establish data reporting requirements for all state and regional grantees. All funded providers will regularly submit programmatic and financial reports as identified in the FTF reporting requirements.

FTF data submissions are classified in one of three levels:

- **Public data**
- **Limited distribution data**
- **Confidential data**

The majority of FTF reporting submissions are completed through the FTF Partner and Grants Management System (PGMS). Subsequent to the award of a FTF contract, the grantee will receive general training on login and navigation within the PGMS system. With this login the grantee will be able to manage their contract information. An additional training on strategy-specific data submission requirements will also be conducted. During that training the grantee will be informed on submission of data reporting requirements through PGMS. All data submitted through PGMS is **public data** or **limited distribution data**. Because PGMS is located in a secure extranet environment, grantees using PGMS for data submission are not required to undertake additional security measures related to their data submission above those identified in the general and data submission orientations (password and login security, guidelines for upload of narrative and other reports).

A small group of grantees submit data requirements, through agreement between the grantee and FTF, directly through the FTF extranet, rather than a PGMS web-based entry form. These data are likely to contain limited distribution data and must follow the following protocols. Data structure agreement, Login, ftp, revision request. Grantees that submit data through the FTF extranet must ensure that limited distribution data may not be intercepted or viewed at any time by parties other than the grantee and FTF and that throughout the reporting and submission process the data are secured.

Any grantee submitting data identified as confidential must file a formal data security policy with FTF. Confidential data will not be a part of standard data submission requirements. Grantee general orientation and data reporting orientation will identify data requirements as public data, limited distribution data, and/or confidential data.

#### Data Security Guidelines for Grantee Maintenance of Data

In order to submit data to FTF in fulfillment of reporting requirements, grantees must keep all data collected for their program(s) within their system (database) or hardcopies. While FTF data submissions are generally aggregated and contain no individually identifying information, grantee data is likely to contain highly sensitive information on individuals, their education and their health. These guidelines and requirements are for the maintenance of those data.

All grantees must have a data security policy in force which identifies how the organization ensures that data is protected in all its forms, during all phases of its life cycle, from inappropriate access, use, modification, disclosure, or destruction.

All grantees subject to HIPAA, FERPA, GITA, or other data regulation, are required to submit and maintain those approvals for all data. If HIPAA, FERPA or other data regulation requires that participating individuals give consent to data collection on their person and if in the course of regular data submissions to FTF such data will be provided to FTF, submission of personal data to FTF must be reflected in all data regulation documents.