



## Early Learning Coalition Plan

This Plan describes the early learning activities developed by the  
Early Learning Coalition of Florida's Heartland  
for July 2006-June 2009.

Plan Approval Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

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**THE COMPLETION OF THIS EARLY LEARNING COALITION PLAN MUST BE ACCOMPLISHED IN CONJUNCTION WITH THE EARLY LEARNING COALITION PLAN GUIDANCE AND INSTRUCTION PUBLISHED BY THE AGENCY FOR WORKFORCE INNOVATION'S OFFICE OF EARLY LEARNING.**

**Part 1. Coalition Identification and Information**

|                 |  |                                    |              |
|-----------------|--|------------------------------------|--------------|
| Coalition Name: | Early Learning Coalition of Florida’s Heartland  | FEIN #:                            | 65-1047991   |
| Address:        | 3028 Caring Way, Suite 4<br>Port Charlotte, FL 33952                                       | Mailing Address<br>(if different): | same         |
| Phone:          | 941-255-1650   | Fax:                               | 941-255-5856 |
| E-mail Address: | <a href="mailto:abuhebent@elcfloridasheartland.org">abuhebent@elcfloridasheartland.org</a> |                                    |              |

Chairperson’s Name  
 Address (if different than above): Mr. Andrew Bible

Executive Director’s Name: Anne Bouhebent

Counties represented by Coalition: Charlotte, DeSoto, Hardee and Highlands

I hereby attest that all information provided in this plan is accurate and complete to the best of my belief and knowledge, and once approved, ensure that all services will be conducted in accordance with the approved plan. I also ensure that the local services will be in compliance with all applicable Florida Statutes and Regulations, Florida Administrative Codes, Federal Statutes and Regulations, and any other requirements as stipulated by the Agency for Workforce Innovation/Office of Early Learning.

Chair Signature: \_\_\_\_\_ Executive Director: \_\_\_\_\_

Printed Name: Mr. Andrew Bible Printed Name: Anne Bouhebent

Date Signed: March 28, 2007 Date Signed: March 28, 2007



**Part 2. Community Plan****Community Plan (s. 411.01(5)(c)1.g., F.S.)****Section 1. Vision**

All children will enter school healthy and prepared to succeed in school, and in life.

**Section 2. Mission**

The Mission of the Early Learning Coalition of Florida's Heartland, Inc. is primarily to facilitate access to high-quality early education and care and to provide Voluntary Pre-kindergarten and School Readiness programs for children ages birth to five through an integrated system of services that include linkages to health care and parenting support. Furthermore, the Coalition may facilitate access to safe child care for school-age children eligible for services as described in the Florida Administrative Code.

**Section 3. Community Needs Assessment**

The Early Learning Coalition of Florida's Heartland, Inc is located in the heart of Florida and is comprised of four counties: Charlotte, DeSoto, Hardee and Highlands Counties. These counties extend over 1900 square miles. Hardee, Highlands and DeSoto Counties are located inland and are contiguous with Polk County to the north, Manatee County to the west and Okeechobee County to the east. Charlotte County is considered a coastal county with the Gulf of Mexico and Charlotte Harbor bordering on the west. Glades and Lee Counties surround Charlotte's south and eastern boundaries.

|  | Charlotte | DeSoto | Hardee | Highlands | Florida |
|--|-----------|--------|--------|-----------|---------|
| White                                      | 92.6%     | 73.3%  | 70.7%  | 83.5%     | 78%     |
| Black or African American                  | 4.4%      | 12.7%  | 8.3%   | 9.3%      | 14.6%   |
| American Indian and Alaska Native          | 0.2%      | 1.6%   | 0.7%   | 0.4%      | 1.3%    |
| Asian                                      | 0.9%      | 0.4%   | 0.3%   | 1.0%      | 1.7%    |
| Native Hawaiian and Other Pacific Islander | 0.0%      | 0.0%   | 0.1%   | 0.0%      | 0.1%    |
| Reporting Some Other Race                  | 0.8%      | 10.5%  | 18.0%  | 4.1%      | 3%      |
| Reporting Two or more Races                | 1.1%      | 1.4%   | 2.0%   | 1.5%      | 2.4%    |
| Hispanic or Latino                         | 3.3%      | 24.9%  | 35.7%  | 12.1%     | 65.4%   |
| White, not of Hispanic or Latino Origin    | 90.4%     | 61.2%  | 54.6%  | 76.5%     | 16.8%   |

US Census Bureau 2000

**Charlotte County**

Charlotte County is the largest county within the Coalition service area. Its population averaged just under 157,000\* and ranks the lowest (63<sup>rd</sup>) of all counties in the number of all persons living below poverty\*. Known for its beautiful waterways and coastal boundaries, Charlotte County has experienced rapid growth over the past decade. Many new communities are on the rise in Charlotte County. Punta Gorda is the only incorporated city in Charlotte County. Port Charlotte and Englewood are unincorporated and considered rural areas.

The devastating 2004 hurricanes caused great damage to Charlotte County, Hurricane Charley in particular. School schedules were readjusted to accommodate two cycles of students and many programs took months to get “back to normal”. Public schools continue to be rebuilt in Punta Gorda. Hundreds of homes were damaged or destroyed, and Federal Emergency Management Agency (FEMA) established temporary home sites for a large number of the displaced families. Many families evacuated the area due to loss of both employment and housing. Communities in Charlotte County are still in the recovery process and revitalization of the devastated areas continues to be a focus of many government agencies.

State, federal and local government agencies are major employers in the county. The health care industry is among the largest private employer in Charlotte County. The labor market in Charlotte County is on the rebound and increasing annually.

**DeSoto County**

DeSoto County is one of two rural counties within the Coalition service area. With a population of 32,209\*, this community is comprised of two small towns, Arcadia and Nocatee. DeSoto County has a large, seasonal migrant community as agriculture is the largest employment industry. Cattle, citrus and vegetables are the top commodities farmed and exported. Within the state of Florida, DeSoto County ranks fourth (23.6%) in the number of persons living below poverty\*. The unemployment rate for DeSoto County decreased by 2.8% from 2005-2006.

Hurricane Charley, Frances and Jeanne all caused considerable damage to DeSoto County residents. The devastation left hundreds of families homeless and closed numerous businesses. Child care provider sites were temporarily closed and a few were not able to reopen. Rebuilding the community has been a very challenging process. Temporary housing for displaced families is still prevalent on the outer boundaries of DeSoto County.

**Hardee County**

Hardee County, population 26,938\*, is the second rural county in the Coalition service area. Its population fluctuates during the seasonal months as agriculture is also this county's largest employment industry. Hardee County is ranked second 24.6%\* when reviewing the poorest counties in the state\*.

Hardee County, along with Charlotte and DeSoto, was included in the direct path Hurricane Charley. It too, experienced extensive water line damage, power outages and the closure of public schools and child care centers. The affects of the devastation are still apparent throughout the county. The citrus business was greatly impacted and total recovery is still uncertain. Many citrus grove owners have decided to sell to land developers. New communities and developments are planned in all the incorporated cities of Bowling Green, Wauchula, and Zolfo Springs, thus creating new living spaces and a larger labor market.

**Highlands County**

Highlands County is the second largest county within the Coalition service area. Its population of 87,366\* experiences a large fluctuation during winter and springs months, due to the migration of retirees and agricultural workers\*. Avon Park, Sebring and Lake Placid are the incorporated cities that make up Highlands County. Other unincorporated areas are found on its eastern borders. Highlands County labor market is driven by entrepreneurs and local government. Ranking 27<sup>th</sup>\* in the state of all people living in poverty, many low income families work in the citrus industry and caladium fields in Lake Placid.\* Two major hospitals are also major employers in this county.

Although Highlands County was not in the direct path of the 2004 hurricanes, wind and rain caused much damage. Many families from other counties migrated to Highlands County.

**Household Income by County:**

| <b>Statistic</b>                          | <b>Charlotte</b> | <b>DeSoto</b> | <b>Hardee</b> | <b>Highlands</b> |
|---|------------------|---------------|---------------|------------------|
| Number of Household ( FY 2000)            | 63,864           | 10,746        | 8,166         | 37,471           |
| Number of Persons per household (FY 2000) | 2.18             | 2.70          | 3.06          | 2.30             |
| Median household income (FY 2003)         | \$36,479         | \$27,699      | \$27,762      | \$29,382         |

Source: US Census Bureau

Quick Facts:

- More than half the children in the elementary schools in DeSoto, Hardee and Highlands Counties are on free or reduced price lunch (Florida Department of Education, Florida Schools Indicators Report, 2004-2005). In 2005, 71 centers and family child care homes were a part of the U.S. Department of Agriculture Food Program.
- The Coalition served approximately 1900 children each month (June, 2006). During the last quarter of the fiscal year, the Coalition surpassed the state mandate by serving over 2000 children.
- Protective Services children under the Department of Children and Families (DCF) Eligible clients with referrals from DCF receive child care services for up to six months. Coalition staff reviews these files every two months to ensure the need for continued care. Abuse and neglect is considered to be one of Florida’s greatest threats to children. Abuse experienced early in life may cause developmental delays or behavior problems. As an extra layer of protection, the Coalition partners with DCF to place At Risk children in licensed facilities only. Without the requirement of being placed on a waitlist, immediate care is granted to DCF clients with valid referrals.
- Temporary Assistance for Needy Families (TANF) or Wages clients fall into the minority category as it relates to number of children served. TANF and Wages clients are eligible to receive up to two years of child care services. These cases are reviewed by the referring agency with correspondence forwarded to the Coalition. These cases are also given preferential referrals and are not placed on a wait list.
- The majority of clients served by the Coalition fall into the working poor or income eligible category. During the 2005/2006 program year, the wait list was opened and cleared twice (October 2005 and February 2006).
- Currently, all counties are enrolling and each has either reduced the wait list by half or has totally cleared the wait list. The Coalition has established a prioritization list for enrollments from the wait list. The current list reflects each community’s uniqueness.
- An in-depth, comprehensive, community assessment will be conducted during the 2006/2007 program year to assure Coalition board members, and staff, that the prioritized child enrollment wait list continues to accurately meet the needs in each of the four communities served.

**Enrollment Priorities: (Revised December 20, 2006 Board Minutes to Follow)**

| <b>COALITION<br/>Priorities</b>   |   |
|---|---|
| 1 <sup>st</sup> Priority  | TANF Clients  |
| 2 <sup>nd</sup> Priority  | At Risk Clients   |
| 3 <sup>rd</sup> Priority  | Working Poor Birth to One year old                      |
| 4 <sup>th</sup> Priority  | Working Poor Toddlers                                   |
| 5 <sup>th</sup> Priority  | Working Poor Two Year Olds                              |
| 6 <sup>th</sup> Priority  | Working Poor Three Year Olds                            |
| 7 <sup>th</sup> Priority  | Working Poor Four year Olds                             |
| 8 <sup>th</sup> Priority  | Working Poor Five Year Olds prior to Kindergarten entry |
| 9 <sup>th</sup> Priority  | Working Poor School Age-youngest to oldest age category |
| Note: All Working Poor category children are placed by income, beginning with those families below the 100% FPL:<br>1. below 100% FPL<br>2. then 100-150% FPL<br>3. then 150-200% FPL |   |

Care and educational services for infant and toddlers within the Coalition service area is insufficient. Providers generally offer child care beginning at age two and older. This is attributed to the required smaller staff to child ratio, as well as the actual cost of care for infants and toddlers. Many families find it very difficult to place their infant and/or toddler, and the Coalition realizes this as a need. Recruitment at all levels, (colleges, universities, Coalition offices and DCF offices) is on going. Start up mini-grants for family child care homes and child care centers are used as incentives to increase infant and toddler slots.

The need for a variety of child care options is very evident. Medical staff, agriculture workers, phosphate mine employees and public service employees have a need for extended day, weekend coverage, and 24-hour child care. Their work schedules are outside normal business hours; therefore non-traditional hours of care are vital. The Coalition has 48 providers who provide this type of care. Recruitment at all levels is on-going. Coalition staff work closely with Department of Children and Families to ensure contact is made to new providers immediately after a new business is open to the public. Redland Christian Migrant Association (RCMA), East Coast Migrant Head Start Project, (ECMHSP), and Charlotte County Public Schools operate Head Start, Early Head Start and/or Migrant Head Start programs within the four county service area. Combined, these programs serve approximately 906 children (Charting the Progress of Florida’s Children, 2005). The RCMA child development programs and Charlotte County Public School Head Start programs are accredited by the National Association for the Education of Young Children. Effective July 1, 2006, provider rates for Hardee and Highlands Counties were increased to the state maximum. Charlotte and DeSoto Counties' rates reflect the 2004 rate schedule. A request to increase their rates to mirror the 2005 rate schedule will be submitted to Coalition Board members once the wait list is cleared in both counties.

**Availability of Existing Early Learning Centers**

| County           | Number of Children age 5 and younger | Number of Families in poverty | Number of licensed programs | Number of programs exempt from licensing | County Capacity | Number of Accredited Sites |
|------------------|--------------------------------------|-------------------------------|-----------------------------|--|-----------------|----------------------------|
| <b>Charlotte</b> | 5,615                                | 661                           | 77                          | 13                                       | 3708            | 10                         |
| <b>DeSoto</b>    | 1,881                                | 493                           | 18                          | 5  | 1036            | 4                          |
| <b>Hardee</b>    | 2,114                                | 508                           | 13                          | 13                                       | 1091            | 4                          |
| <b>Highlands</b> | 4,463                                | 972                           | 47                          | 23                                       | 1814            | 8                          |

Source: Charting the Progress of Child Care in Florida, Florida’s Children Forum, 2005

Passed into law in 2003 and implemented August 2005, the Voluntary Pre-Kindergarten Program (VPK) is free to all four year olds living in Florida. The Coalition has approximately 2,863 four year olds living in the service area. Within the first year of implementing this new program, the Coalition served 1,670 children which fell just shy of the states estimate of 1,962. By the year 2010, the VPK law states VPK teachers must have at least an Associate of Arts Degree, and by the year 2013 they must have a Bachelor’s Degree in the field of education. Currently, the Coalition has very few VPK providers with AA and/or BA degree level teachers. Educational scholarships are available as quality initiatives to assist providers in obtaining a degree. Charlotte and DeSoto County school systems, along with 49 private providers from all four counties, participated in the year-long VPK program. All four school districts and nine private providers participated in the Summer VPK Program. The Coalition collaborates with the Department of Education (DOE) and the Regional VPK Facilitator to offer training on the Early Learning Standards for VPK. Last year, the Early

Learning Standards training was made available in all four counties. On-site training was also conducted. The Coalition will continue to work to ensure the Early Learning Standards are implemented into VPK classroom instruction.

Teen pregnancy is steadily increasing within the Coalition service area. For the past five years, Hardee and DeSoto Counties have been among the top ten counties for high teen pregnancy rates. Hardee County is currently number three in the state, falling behind Franklin and Hamilton Counties (Community Health Assessment Resource Tool Set (CHARTS), Nov. 2004). Coalition staff works collaboratively with the Teen Pregnancy Prevention Association to address this concern.

Edison College, Polk Community College, and South Florida Community College are the resources that exist for higher education. Both institutions offer an array of two and four year degrees. Charlotte Technical Center, Polk Community College and South Florida Community College offer vocational and technical certificates in various fields.

2005 Fall School Readiness Uniform Screening System scores revealed an increase in the number of children considered ready in DeSoto and Hardee and slight decreases in Charlotte and Highlands Counties. Although the scores lagged below state level scores (82%), DeSoto and Hardee Counties had 74% of children that were considered "Ready Now" for school, thus revealing a three point gain for DeSoto County and a one point gain for Hardee County. Charlotte County scores showed a five point reduction with 81% of the children that are "Ready Now" and Highlands County scores showed an eight point reduction with 69% of children that were considered "Ready Now" for school.

Last year, the Coalition received local match contributions from the following agencies: United Way of Central Florida, Hospital District Board, and the Charlotte and DeSoto Counties Board of County Commissioners. Local cash match requirements were amended and the Coalition fell short of receiving the required amount due to the legislative change which removed the match cap provisional language. A match waiver was granted. This year, each county submitted grant proposals to community partners. As of this date, Hardee County will not receive the required amount for local match contributions (\$46,500.00). Charlotte, DeSoto and Highlands Counties are waiting for responses from their local contributors. The Coalition does not receive Child Care Executive Partnership (CCEP) funds.

The Coalition plans to strengthen parent involvement in their child's education. We believe educating the parent on the importance of early learning makes educating the child an easier task. Last year, the Coalition offered numerous parent trainings. We plan to increase attendance by working collaboratively with providers to establish, and maintain, high quality parent education trainings. During the interview process, parents are educated on choosing a quality center and encouraged to participate in their child's educational activities at the provider site. Coalition staff will work to assist providers in obtaining materials and resources to engage

our parents into actively participating in their child's education. Parents are encouraged to join our Coalition board as an active member, as well as invited to participate in local advisory board meetings.

The Coalition works collaboratively with community partners to ensure that families are aware of special education services. Listed below are some of the agencies in which developmental concerns are referred.

- Florida Diagnostic Learning and Research Services
- Child Find
- Early Steps
- Public School Districts
- Youth and Families Alternatives

### **Health and Social Services**

Within the four county areas, residents have access to a variety of quality health care and social service agencies. Three Florida Hospital facilities are located in Hardee and Highlands Counties and are a part of the Adventist Health System Network throughout the state. Highlands Regional Medical Center, Fawcett Memorial, Peace River Hospital, and Charlotte Regional Hospital are all privately owned and operated hospitals. Florida Department of Health facilities are located in each county. These facilities are state funded and meet health, nutrition and social services needs for the whole family. Care for indigent families is also available at Central Florida Health Care in Hardee and Highlands Counties, Charlotte County Homeless Coalition and Saint Vincent De Paul in Charlotte County. Head Start programs, Healthy Start agencies, and Redline Christian Migrant Associations also provide an array of health, dental, and social services to families within our Coalition service area.

The Early Learning Coalition of Florida's Heartland, Inc. (Coalition) was established July, 2005 as a 501(c) (3) and includes Charlotte, DeSoto, Hardee and Highlands Counties. The Coalition acts as its own service provider and fiscal agent. Services include: Resource and Referral, Eligibility determination, provider trainings, parent support and involvement, inclusion warm line, provider reimbursement, VPK eligibility and reimbursement, and VPK child certification. As the Coalition enters into a second year of providing these services "in-house", the focus to enhance the quality of our early childhood education is foremost. Being readily accessible, and providing frequent on site training to our providers, has helped our providers understand the Coalition is a partner in the education field. The mission of the Coalition is that all children will enter school healthy and prepared to succeed in school, and in life.

The Coalition is an active member in all four communities. The Coalition staff and board members work collaboratively with local agencies, are represented on various boards, and are local members of numerous organizations. The Coalition understands the importance of networking with community agencies to assist in caring for the needs of all children. Strong working relationships have

been established between the Coalition, school boards, community college personnel and other early education providers. The Coalition Board of Directors consists of members that represent the health department, school districts, Work Force Development Boards, and Head Start. These entities work collaboratively to address the whole child. The Coalition is represented at local community events and meetings such as health fairs, back to school events, Kiwanis, Rotary, and Lions Club. It is through these resources and collaborations that the chance of success for all children is greatly increased.

**Section 4. Coalition Priorities**

| Priority   | Description  | Priority Addresses this Community Need   | Element Where the Priority is Addressed |
|--|--|--|---|
| 1.   | The Coalition will collaborate with early care and education community partners to assure that all aspects of support are available for early childhood educators to sustain successful quality programs for young children. | This priority addresses the need for more quality School Readiness and VPK programs. As our community experiences growth since the 2004 hurricanes, there is more need for working parents who need services for extended day, weekend coverage and 24 hour care due to their profession (medical, county services-firemen, police). | 5.1.1 and 5.3.1                         |
| 2.   | The Coalition will offer support and start up incentives to approved School Readiness Programs that care for Infants and Toddlers.   | This priority addresses the need to ensure adequate space for the community’s demand for infant/toddler placements for infant/toddler care due to the continual growth in the Coalition’s four counties.   | 5.3.1                                   |
| 3.   | The Coalition will offer continuing training on the Early Learning Standards to every approved VPK program.  | This priority ensures the implementation of a uniform standard of education for all VPK children to ensure school readiness, as they enter kindergarten.   | 2.4.1                                   |
| 4.   | The Coalition will provide resources for health screenings for all children in approved School Readiness Programs for vision and hearing for children up to kindergarten entry.  | This priority address the community need for professionally trained staff to provide adequate health screenings of all children who are enrolled in approved School Readiness Programs.  | 2.4.1                                   |
| Please note that these are not in order of priority. |  |  |   |

**Part 3. Coalition Governance**

**Section 0.1 Board Operation**

**0.1.1.** Does the Board membership (included in **Attachment 1**) adhere to statute and policy requirements? (s. 411.01(5)(a)4-7., F.S.)([OEL File # 206.01](#), [OEL File # 206.02](#) , [OEL file # 206.03](#), [OEL file # 206.04](#))

Yes

No, and the following describes how the Coalition will completely conform to the requirement:

**0.2.1.** Is the Coalition organized as a corporation? (s. 411.01(5)(d)4.i, F.S.) ([OEL File # 206.10](#))

Yes, and copies of the bylaws, articles of incorporation, and organizational chart are included in **Attachment 2**.

No

**0.3.1.** Does the Coalition have a process in place to address board and personnel complaints?

Yes, **Attachment 3**.

No, and the following describes how the Coalition will develop a process:

**Part 4. Program Elements**

**Section 1. Program Administration**

**1.1 Support Services**

**1.1.1** Does the Coalition directly provide for or does the Coalition contract for the following services: systems support services, such as, an early learning resource and referral, eligibility determinations, training of providers, Inclusion Warm Line and parent support and involvement?(s. 411.01(5)(d)4.g., F.S.) (s. 402.3018(2), F.S.)

Yes, the Coalition maintains overall control of systems support services provided by the Coalition or other entity(ies).

No, and the following describes how the Coalition will completely conform to the requirement:

| Service  | Provided by Coalition               | Provided by other Entity(ies), (NAME)s |
|--|-------------------------------------|--|
| Resource and Referral  | <input checked="" type="checkbox"/> |  |
| Eligibility Determination  | <input checked="" type="checkbox"/> |  |
| Provider Training  | <input checked="" type="checkbox"/> |  |
| Parent Support and Involvement   | <input checked="" type="checkbox"/> |  |
| Inclusion Warm Line  | <input checked="" type="checkbox"/> |  |
| Reimbursement  | <input checked="" type="checkbox"/> |  |
| Other (List all)<br>1. VPK provider certification, eligibility and reimbursement.<br>2. All quality initiatives are provided by the Coalition which includes Accreditation Program, State Mandated trainings, CDAE program and all Coalition supported quality incentives. | <input checked="" type="checkbox"/> |  |
|  | <input type="checkbox"/>            |  |

**1.2 Single Point of Entry and Unified Waiting List**

**1.2.1.** Does the Coalition adhere to the single point of entry and unified waiting list established in statute and rule(s. 411.01(5)(c)1.e., F.S.; s. 1002.53(4)(a), F.S.)(60BB-4.300)

Yes

No, and the following describes how the Coalition will completely conform to the requirement:

**1.2.2.** Do parents apply for VPK and School Readiness services for their children through the single point of entry system? (s. 411.01(5)(c)1.e., F.S.; s. 1002.53(4)(a), F.S.)

Yes

No, and the following describes other points of entry and how the Coalition will completely conform to the single point of entry requirement.

**1.3 Eligibility and Enrollment Processes**

**1.3.1.** Does the Coalition adhere to eligibility priorities established in statute and rule? (s. 411.01(5)(d)4.d., F.S.; s. 411.01(6), F.S.)(60BB-4.200-207,209)

Yes

No, and the following describes how the Coalition will completely conform to the requirement:

**1.3.2.** Has the Coalition established additional eligibility priorities?

Yes, and the priorities are included in Community Needs Assessment that begins on page 6.

No

**1.3.3.** Does the Coalition adhere to the VPK eligibility documentation requirements as outlined in policy OEL-PI-0013-05?

Yes

No, and the following describes how the Coalition will completely conform to the requirement:

**1.3.4.** Has the Coalition established VPK eligibility determination and enrollment procedures? (OEL-PI-0014-05)

Yes, and the procedures are included in **Attachment 4**.

No, and the following describes why:

**1.4 VPK Verification of Attendance Procedures**

**1.4.1.** Does the Coalition adhere to statutes and policy regarding verification of attendance for VPK? (s.1002.71(6)(b), F.S.)([OEL File # 510.04](#))

Yes

No, and the following describes how the Coalition will completely conform to the requirement:

**1.5 Payment Rates**

**1.5.1.** Coalitions are required to establish payment rates that encompass all programs funded by the Coalition and take into consideration the most current market rate survey. A copy of the most current payment rate is included in **Attachment 5**. (s. 411.01(5)(e)2, F.S.)([OEL File # 400.02](#))

**1.6 Sliding Fee Scale**

**1.6.1.** A sliding fee scale, which is used to determine each family's contribution to the cost of early learning, must vary based on income and the size of the family. A copy of this sliding fee scale for early learning services is provided as **Attachment 6**. (s. 411.01(5)(d)4.a, F.S.)(45 CFR 98.42)

Does the Coalition use factors in addition to income and the size of the family to determine the Sliding Fee Scale?

Yes, and the following describe any additional factors that will be used:

No

**1.7 Extended Day and Extended Year Services to Support Self-Sufficiency**

**1.7.1.** Describe the Coalition process for providing, coordinating, and increasing the availability of extended day and extended year services. (s. 411.01(5)(c)1.b., F.S.)

Extended day and extended year service is offered to eligible families through the Coalition. Continual recruitment for extended day and extended year providers is the responsibility of the Coalition, and reviewed each month with the county quality reports. The Coalition will partner with other agencies including the Boys and Girls Club, the local county Parks and Recreation Programs, local Children’s Service Councils/Foundations and the Hardee and Highlands YMCA to become involved in conversation to provide, coordinate and increase availability for extended day and extended year program services.

Identify expected results relative to this element in the chart below:

| Required Element                               | Current Situation  | Objective   | Activities  | Outcome  |
|--|--|---|---|--|
| 1.7.1. Extended Day and Extended Year Services | As of June 30, 2006 there are 48 providers who offer extended day (evening, weekend and overnight care), and 73 providers who offer extended year (school age) services in all four counties combined with a capacity of 1,433 spaces. | To continue to recruit and increase the number of providers locally who offer extended day and extended service to parents as needed. | The COALITION will continue to fund extended day/extended year services for eligible families. The COALITION continues to recruit providers for extended day, extended year services to meet the needs of hard-to-serve and under-served populations, such as special needs, low income, migrants and teen parents. | Increase the number of extended day/extended year child care programs by 3% over the number listed as of June 1, 2006 for baseline comparison, by June 2009. |

**1.8 Provider Eligibility and Provider Files**

**1.8.1.** Does the Coalition adhere to provider eligibility verification requirements? (s.1002.55(3), F.S.) (AWI-VPK Form 10)

Yes, and the following describe the process:  
Reference Attachment 10 VPK Provider Eligibility policy

No, and the following describes how the Coalition will completely conform to the requirement:

**1.9 Program and Service Evaluation**

**1.9.1.** Does the Coalition adhere to VPK program verification requirements? (s. 1002.75(2)(e), F.S.)

Yes, and attached is a sample of the monitoring process included as **Attachment 7**.

No, and the following describes how the Coalition will completely conform to the requirement:

**1.9.2.** Describe how the Coalition evaluates the effectiveness of school readiness programs and services.

(s. 411.01(5)(g), F.S.) The Coalition Board and the Executive Director create a Plan for the Coalition that addresses the requirements pertaining to the School Readiness Statutes. The effectiveness of the Plan’s progress throughout the year is evaluated through reports, presentations and discussion of items in board meetings and committee involvement. The Executive Director provides guidance to the Coalition staff in the development of the Plan and how it is implemented. Ongoing in-house monitoring and AWI/OEL monitors determine the Coalition’s ability to meet the Plan, explore any deficiencies and then create a corrective action to address any deficiencies. All progress is reported at the Coalition Board level throughout the life of the Plan. Meeting with outside agencies, such as Department of Children and Families, State coordinating training agencies and the various county wide health departments, who also monitor child care providers, allows the Coalition insight to determine adherence to statutory and programmatic requirements. These requirements include, but are not limited to, instructional staff training, licensure status, health and safety environments and classroom ratios.

Coalition staff who provide onsite technical assistance and who complete on site monitoring are in a constant cycle of training and reliability testing. Training can include developmental screening and assessment, appropriate curriculum and developmentally appropriate practice along with statutory review of all required elements for child care programs.

Annually, the Coalition will rely on the School Readiness Uniform Screening System to be used as an indicator to evaluate the effectiveness of the School Readiness services. Areas where additional focus is needed will be identified. The LAP-3 and E-LAP ongoing assessments will be also used to evaluate the effectiveness of the School Readiness programs and services.

Identify expected results relative to this element in the chart below:

| Required Element       | Current Situation  | Objective   | Activities  | Outcome  |
|------------------------|--|---|---|--|
| 1.9.2. Evaluation Plan | The Plan is reviewed bi-annually by the Coalition Board and the Executive Director, with input from Coalition staff in the form of reports, monitors and discussion. | To evaluate the effectiveness of the School Readiness and VPK programs. | The Plan is written collaboratively with Coalition Staff, the Coalition Board, with discussion from the child care field. The Plan is reviewed twice a year with reports to the Coalition board. The Board may mend the Plan as needed, with AWI/OEL plan amendment approval. | The Coalition will measure the quality of each provider’s program in the areas of health and safety, developmentally appropriate curriculum, character development and age-appropriate screenings using their evaluation scores for the purposes of measuring ongoing progress each year over a three year period. |

**1.10 Grievance Policies**

**1.10.1.** Does the Coalition have grievance policies or procedures to address parent, provider, and Coalition staff issues?

Yes, and attached is a sample of the grievance policies or procedures included as **Attachment 8**.

No, and the following describes how the collations will develop a procedure(s):

**Section 2. Community Coordination**

**2.1 School-age Care**

**2.1.1.** Does the Coalition coordinate with other community agencies to address the need for school-age care? (45 CFR 98.20(a)(1))

Yes, and the following describes the Coalition’s partner agencies and the services provided:

The Coalition supports using School Readiness Funds for school age care. School Readiness providers care for school age children up to 13 years of age. School age programs are implemented in private, faith based and school district sites throughout all counties by providing year round services including after school and summer child care for scholarship children. The Coalition encourages community partners, including the Cooper Street Rec Center, the local county Parks and Recreational programs, the Boys and Girls Club, and the Hardee and Highlands YMCAs, and to expand availability of services to school age children. The Coalition reviews utilization and enrollment reports monthly for the number of children in school age programs (ages 5-13) and special needs children ages 13 to 19.

The Coalition will be actively seeking local partnerships to become involved in conversations regarding expanding School age care and possible funding.

No, and the following describes why:

**2.2 Coordination with Public Schools**

**2.2.1.** Does the Coalition coordinate with each school district within the Coalition’s county(ies) or region for each school-year and/or summer VPK program? (s. 1002.53(4)(c), F.S.)

Yes, the Coalition coordinates with each school district within the Coalition’s region for both the school year and/or summer VPK program.

No, and the following describes how the Coalition will completely conform to the requirement:

**2.3 Coordination with the Department of Children and Families**

**2.3.1.** Does the Coalition coordinate monitoring activities with the Department of Children and Families to minimize duplication, including adherence to the Standard Levels of Service? (s. 1002.67(3)(d), F.S.)(s. 411.01(2)(c), F.S.)

The Coalition coordinates monitoring services with the Department of Children and Families in accordance with the Standards Levels of Service by meeting a minimum of ten times annually with licensing staff to discuss issues, exchange information and to minimize duplication. Phone contact is also conducted as needed. The Coalition maintains a “designated reporter” confidential log/file of complaints referred to DCF licensing.

No, and the following describes how the Coalition will completely conform to the requirement:

**2.4 Coordinated Staff Development and Training**

**2.4.1.** Describe how the Coalition ensures the provision of coordinated staff development and training (s. 411.01(5)(c)1.c., F.S.), including helping VPK providers meet educational goals. (s.1002.65, F.S.)

The Coalition ensures the provision of coordinated staff development and training by offering and promoting trainings provided by South Florida Community College, Edison College and the Coalition office. A variety of trainings are offered at the local colleges and also college credit classes at locations in all four counties. The Coalition offers monthly trainings at all four offices that are geared to early childhood educators and offers inservice certificates and CEUs. The Coalition distributes TTAS/OEL sponsored statewide trainings that are open to all early care providers. In addition the Coalition offers all state mandated classes at the Charlotte and DeSoto Offices that are open to all four counties. These state mandated classes are very reasonably priced and offered in various time frames to accommodate the schedule of early childhood educators. The Coalition also offers minimally priced/or reimbursable First Aid and CPR classes on an ongoing basis. A free Infant/Toddler CDAE course and Preschool CDAE course is offered twice annually for all eligible participants in the Charlotte and DeSoto Offices that is accessible to all four counties. This CDAE program is DCF approved and Coalition sponsored, and includes 13 months of classes and weekly on site assessment. South Florida Community College offers the CDA program at their Highlands and Hardee Campus.

Ongoing VPK trainings on the VPK standards for both providers and parents will continue to be offered.

Identify expected results relative to this element in the **chart A** below:

| Required Element   | Current Situation   | Objective  | Activities  | Outcome   |
|--|---|--|---|---|
| <p>2.4.1. Coordinated Staff Development and Training</p> | <p>South Florida Community College and Edison College offer trainings for early childhood educators on a continual basis. The Coalition offers inservice trainings and CEU certificates along with minimal cost state mandated classes and First Aid and CPR trainings. The Coalition also offers a free Infant/Toddler and Preschool CDAE program.</p> <p>The Coalition establishes an annual and monthly training calendar that identifies a variety of training opportunities available to School Readiness and VPK providers. The trainings are designed to provide in-service opportunities to child care educators with available CEU credits. The Coalition sponsors two early childhood conferences in collaboration with the SFCC. The Regional VPK Facilitator provides training to VPK providers on average three times annually and can provide on site technical assistance.</p> | <p>1. To ensure that early care educators have options in regard to necessary and needed training locally at reasonable cost and to ensure that up to date information is readily accessible to providers and child care staff.</p> <p>2. To increase the knowledge base of VPK providers in each of the 7 domains as outlined in the VPK Standards.</p> | <p>1. The Coalition will collaborate with respective colleges to assist in development of early childhood training calendars. Teachers will attend in-service trainings, college courses and/or workshops offered locally by the colleges and/or the Coalition.</p> <p>2. VPK Standards trainings will be offered annually and/or by request to VPK teachers. VPK Standards will be distributed to all participating teachers at no cost in English and Spanish languages. Standards trainings will be conducted by the VPK Facilitator and/or those who are trained to teach the VPK Standards. The VPK trainings will be locally accessible, at no cost and readily available and as scheduled on the Coalition training calendars.</p> | <p>1. 80% of participating teachers will have increased their knowledge and skill as demonstrated in survey results, classroom implementation and program assessments.</p> <p>2. 80% of participating VPK teachers will have increased their knowledge and skill as demonstrated in daily classroom implementation and observation.</p> |

Identify the elements of the Coalition’s coordinated staff development and training plan in **chart B** below:

| Does the Coalition’s coordinated staff development and training plan include: | Yes                                 | No                       | Responsible Entity *   | Which Groups Participate   |
|---|-------------------------------------|--------------------------|--|----------------------------|
| A link to Early Learning Guidelines   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Coalition, DOE/VPK Facilitator, SFCC, Polk Community College and Edison College          | SR/ VPK Approved Providers |
| Continuum of training and education to form a career path                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SFCC, Edison College and Polk Community College  | SR/VPK Approved Providers  |
| Articulation from one type of training to the next                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SFCC, Edison College and Polk Community College  | SR /VPK Approved Providers |
| Quality assurance through approval of trainers                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Child Care of SW Florida, Pinellas School District, Coalition and Polk Community College | SR/VPK Approved Providers  |

|  |                                     |                          |  |                           |
|--|-------------------------------------|--------------------------|--|---------------------------|
| Quality assurance through approval of training content | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Child Care of SW Florida, Pinellas School District, Coalition and Polk Community College | SR/VPK Approved Providers |
| A system to track practitioners' training              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Child Care of SW Florida, Pinellas School District, DCF website                          | SR/VPK Approved Providers |
| Assessment or evaluation of training effectiveness     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Child Care of SW Florida, Pinellas School District and Coalition                         | SR/VPK Approved Providers |
| Administrators' Credential                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SFCC, Edison College, Polk Community College   | SR/VPK Approved Providers |
| Specialized strategies to reach informal providers     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Coalition  | Potential SR providers    |
| Other (explain):                                       | <input type="checkbox"/>            | <input type="checkbox"/> |  |                           |

\* Please designate whether the entity is performing services for VPK and /or School Readiness.

**2.5 Collaboration and Coordination of Services with Other Entities**

**2.5.1.** Does the Coalition consult with representatives of local governments, health agencies and organizations, employment agencies and organizations, public education, child welfare agencies and organizations, Head Start, programs that promote inclusion of children with special needs, and other local private entities providing early childhood development services in developing and implementing programs?

Yes.,

**Local Government:** Both Charlotte County and DeSoto County provide matching dollars for direct child care services provided to working parents who are income eligible.. Charlotte County also provides funding for the Accreditation Mentor Program located in Charlotte County. A local Children’s Service Board has been established recently in Charlotte County, and is attended by local Coalition board members. The Children’s Service Board is in the preliminary stages of charting its mission, researching the community needs and seeking funding with support of the County Commissioners. The Executive Director of the Highlands County Children’s Service Council is a member of the Coalition Board.

**School Districts:** The School Districts in all four counties are involved in the Summer VPK program and the Charlotte and DeSoto School Districts participate in the Year round VPK program. The DeSoto School District also participates in the year round school readiness program.

**Head Start Programs:** The Head Start programs in all four counties, whether operated by the local school district ,Redlands Christian Migrant Association, RCMA or East Coast Migrant Head Start Project, ECMHSP, partner with the COALITION to include children with special needs. Educational trainings are also developed and conducted for the Head Start programs.

**Child Welfare Agencies:** The Coalition works in collaboration with the Department of Children and Families, the Safe Child Coalition, the Ruth Cooper Center and Kids Hope United to serve at risk children. For child related referrals the Coalition works directly with either FDLRS or Early Steps, depending on the age of the child.

**AWI:** The Coalition continues to receive TANF referrals, from all local Workforce Development offices and continues to administer the Florida Best Contract in Charlotte County. The Coalition conducts annual training for Workforce staff on the variety of school readiness and VPK programs and the Resource and Referral Process.

**Public Education:** The Coalition provides VPK standards training and technical assistance to public school teachers annually, with emphasis on the referral process for ESE students.

**Higher Institutes of Learning:** The Coalition continues to work closely with SFCC to provide annual Early Childhood Education conferences with CEUs offered, and to sponsor educational scholarships for state mandated courses and other needed trainings.’

**Health Agencies and Organizations:** All four county health offices provide immunization and physicals to families of scholarship children. In Charlotte County staff from the health department borrow the Coalition’s vision and screening equipment several times annually to screen children at private schools, and will assist in working with the Coalition RN for any screenings including vision, hearing, height, weight and BMI. The Coalition collaborates with community partners to promote, and participate in, events with a focus on quality services. Teen Parent alliance groups meet monthly and educational materials are distributed. The Coalition partners with Healthy Families and Healthy Start to distribute education and outreach materials.

No, and these are the agencies that are not consulted with and why:

**2.5.2.** Describe Coalition activities to encourage private partnerships that promote private-sector involvement in meeting early care and education needs. (45 CFR 98.16(d))

The Coalition does not participate in the Child Care Executive Partnership Program. Members of the Coalition are aware of the importance of private sector partnerships and work to strengthen these relationships. A Coalition board member, who is also a Kiwanian, helped obtain a Kiwanis sponsored grant to purchase books and manipulative for child care providers.

Identify expected results relative to the promotion of private-sector involvement in meeting early learning needs in the chart below:

| Required Element  | Current Situation  | Objective  | Activities  | Outcome  |
|---|--|--|---|--|
| 2.5.2. Coordination of Services – Public-private partnerships | Currently the Coalition does not participate in the Child Care Executive Partnership Program. By networking with entities like the local Chambers of Commerce, and advertising the Coalition services in local child care publications, the exposure of the Coalition is visible in all four counties. | To market the business of the Coalition and to seek connections for opportunities that will serve the Coalition and its mission. | Membership in all local Chambers of Commerce, local advertising and networking with private sector business and board members to assist in promoting the Coalition locally. | Annually one new funding opportunity will be presented to the Coalition for review and approval. |

**2.5.3. Describe Coalition efforts and activities to meet Match requirements?**

Match is received from the DeSoto County Board of County Commissioners, the Charlotte County Board of County Commissioners, United Way of Central Florida and the Hospital District Board. With the Legislative change this fiscal year, and based on the prior year spending of the Working Poor category, the Coalition was expected to raise \$277,012.52 in matching funds. The Coalition raised \$206,250.00 in matching funds and the balance was covered by a match waiver approval.

The Coalition will work with the above entities, and others, to raise the required match dollars for FY 2007. If needed, a match waiver will be requested.

Identify expected results relative to securing match in the chart below:

| Required Element                        | Current Situation  | Objective  | Activities  | Outcome  |
|---|--|--|---|--|
| 2.5.3. Coordination of Services – match | The Coalition of Florida’s Heartland is responsible for securing \$ 277,012 in local matching funds. For FY 2006 funds were secured from Charlotte County Board of Commissioners, DeSoto County Board of Commissioners, United Way of Central Florida and the Hospital District Board. | To research and increase the number of funders that are able to support the Coalition with matching funds for the working poor category. | The local Coalition offices in each county will actively participate in seeking new matching fund contributors either in the private sector or in the remaining county commissioner arenas. | Increase the number of local matching fund contributors by one per year, to support the funds used to serve low income working families. |

**Section 3. Processes with Parents**

**3.1 Consumer Education**

**3.1.1.** Does the Coalition ensure that early learning resource and referral services identified in the *Standard Levels of Service* provide consumer education to promote informed early education and care choices by parents, as identified in the Standard Levels of Service? (s. 411.01(5)(c)2.g., F.S.)(45 CFR 98.33)

Yes

No, and the following describes how the Coalition will completely conform to the requirement:

**3.2 Choice of Settings**

**3.2.1.** Does the Coalition ensure that parents are offered a choice of settings in legally operating programs; licensed, registered, religious-exempt, school-based, and informal programs, including access through certificate options, as identified in the *Standard Levels of Service*? (s. 411.01(5)(d)4.b, F.S.; s. 411.01(7)(a), F.S.)(45 CFR 98.1 & 98.30)

Yes

No, and the following describes how the Coalition will completely conform to the requirement:

**3.2.2.** Does the Coalition assist parents in finding eligible VPK providers? (s. 1002.53(5), F. S.)

Yes

No, and the following describes how the Coalition will completely conform to the requirement:

**3.3 Parent Access**

**3.3.1.** Does the Coalition have an established policy that ensures parents have unlimited access to their children whenever children are in the care of School Readiness providers? (CFR 45 Part 98.31)

Yes

No, and the following describes how the Coalition will completely conform to the requirement:

### **3.4 Parent Involvement and Skill-building**

**3.4.1.** Describe how the Coalition ensures the provision of parent involvement and skill-building/education opportunities. (s. 411.01(4)(o), F.S.)

Each Coalition office has a resource library for providers and parents to use. The goal of having the resources is to encourage reading and literacy, and to offer books that concentrate on parent-skill building and developmentally appropriate toys and activities. Educational materials are available in both English and Spanish. Coalition staff provides parent workshops on various topics and host parent specific training offered by professional trainers. Topics include early childhood mental health, behavior problems and resolutions, and opportunities for open discussion on issues important to parents.

Parents participate in the Ages and Stages Questionnaire, ASQ. The parent is the child's first teacher and this screening was created with this concept in mind. Parents are provided with the screenings results and referrals are provided as needed. At provider sites, children are assessed using the E-LAP and LAP-3 assessment tool, which requires parent input, suggested work plans and success reporting to each child's parent. The screening and assessment tools offer opportunities for parent involvement, and provide activities parents can do to help their child enter public school ready to learn.

Coalition staff provide on -site technical assistance to child care providers on effective ways to communicate with parents, parent training topics, and how to help parents stay involved in their child's education Coalition staff encourage providers to use group parent meetings, early morning breakfasts, parent bulletin boards, parent/teacher conferences and the provider handbook as means to encourage parent involvement.

Identify expected results relative to this element in the chart below:

| Required Element                             | Current Situation  | Objective  | Activities   | Outcome   |
|--|--|--|--|---|
| 3.4.1. Parent Involvement and Skill-building | The Coalition offers opportunities for parent focused trainings and use of materials that support parents with educational and skills building needs based on Florida Birth to Three Learning and Developmental Standards, Florida School Readiness Performance Standards for Three-, Four-, Five Year Old Children and Florida Voluntary Pre Kindergarten Education Standards. Parents are also involved at the provider level with their child’s screenings through ASQ and LAP. Technical assistance is offered by Coalition staff to provide training to child care providers on how to involve parents at the provider sites. | 1. To provide scheduled technical assistance to both providers and parents to promote understanding of their child’s development based on Florida Birth to Three Learning and Developmental Standards, Florida School Readiness Performance Standards for Three-, Four-, Five Year Old Children and Florida Voluntary Pre Kindergarten Education Standards and other parent involvement trainings at the child care provider site thus promoting parent involvement. | 1. The Coalition staff will schedule and promote parent and provider trainings within each Coalition communities and continue to provide technical assistance regarding Florida Birth to Three Learning and Developmental Standards, Florida School Readiness Performance Standards for Three-, Four-, Five Year Old Children and Florida Voluntary Pre Kindergarten Education Standards and other parent involvement trainings as requested by providers and parents. | 1. Parents will have reported having greater knowledge regarding developmental milestones as established for birth to three, 3-5 year olds, and 4 year olds in VPK as evidenced by workshop pre-post tests. |

**3.4.2.** Describe how the Coalition provides family literacy opportunities. (s. 411.01(4)(o), F.S.)

The Coalition offers parents of young children, in each of the four counties, training opportunities on the approved Birth to Three Standards, the School Readiness Standards for children Three to Five and the VPK standards for Four year olds.

Identify expected results relative to this element in the chart below:

| Required Element              | Current Situation   | Objective  | Activities   | Outcome   |
|-------------------------------|---|--|--|---|
| <p>3.4.2. Family Literacy</p> | <p>The Coalition has a plan for educating parents on the <i>Florida Birth to Three Learning and Developmental Standards</i> and the <i>Florida School Readiness Standards for Three and Five Year Old Children</i> along with <i>Florida Department of Education VPK Educational Standards for Four Year Olds</i>. Training is advertised and offered in each county.</p> <p>The Coalition continues to expand the existing literacy programs through the use of curriculum resources including prop boxes, literacy bags, behavior bags, the lending library and other family literacy materials that are lent or given to providers.</p> <p>The Reading is Fundamental, RIF, grant was awarded to the Coalition in 2002 and continues to be received and implemented.</p> | <ol style="list-style-type: none"> <li>1. To offer trainings opportunities to parents on understanding the Standards, and to support appropriate family reading time to renew and/or introduce a love of books and reading.</li> <li>2. All approved school readiness programs will be offered materials such as books, prop boxes and teaching guides, to help implement family literacy programs</li> <li>3. To provide funds to purchase RIF books for child care providers.</li> </ol> | <ol style="list-style-type: none"> <li>1. Plan all Standards training for parents of young children locally and promote early reading and family literacy by supplying a variety of reading materials. The parent training will be advertised locally and scheduled in conjunction with the public libraries.</li> <li>2. Offer a variety of literacy related activities and/or opportunities to providers to enhance their understanding, or to share with parents. These may include, but are not limited to, children’s books, formal classes for providers or parents, and classroom or parent meeting observations and feedback.</li> <li>3. Books are chosen and ordered by Coalition staff and then distributed to providers. There are three distributions per year, in conjunction with parent activities.</li> </ol> | <ol style="list-style-type: none"> <li>1. Each county will offer 2 parent trainings on the SR and VPK Standards. Participating parents will respond with an 80% satisfaction rate on the surveys presented.</li> <li>2. Each county office will offer two parent trainings on the SR and VPK Standards. 90% of parents surveyed will identify one new strategy they will use to increase the literacy skill development of young children.</li> <li>3. Coalition Staff will document the progress of the literacy program through monthly quality reports and will make referrals to other literacy programs such as HIPPPY and HeadStart as needed.</li> </ol> |

### **3.5 Family Support Services**

**3.5.1.** Describe how the Coalition ensures the provision of family support services to help achieve economic self-sufficiency. (s. 411.01(5)(c)1.d., F.S.)

The funding through the CCDF grant is used to offer eligible families assistance with the cost of child care, allowing families to continue their education, continue working and use their earned dollars towards other expenses. The largest percentage of scholarship dollars spent in the four county regions is to help working poor families with the cost of child care. Some families can work out of the program due to salary increases and can become self sufficient. The majority of working poor families remains within the income scale of the parent fees as their child progresses through their early childhood years. Families are re-determined annually once they become eligible for services. Eligibility is based on the family income, and work or educational activities.

Referrals that originate from the local Workforce offices secures funding so that families can gain job seeking skills, this securing gainful employment and becoming self sufficient. Transitional Child Care (TCC) is one of the child-care related support services offered to help clients achieve self sufficiency. TCC is a main stay of support services for families who receive some type of cash assistance including Temporary Assistance to Needy Families, Upfront Diversion of Relocations Services. Each group has specific eligibility criteria, and each client is required to demonstrate financial need. When a client becomes eligible for TCC, services can be provided for up to two years.

Resource and Referral services, offered at all four Coalition offices, are reviewed regularly to determine if we are meeting the needs of the families served. The Coalition analysts are dedicated to assisting parents find community resources such as housing, food, assistance with housing costs, employment, counseling and other support services the would assist families in becoming self sufficient. Training provided to child care providers includes understanding the Resource and Referral process, and knowledge regarding how to connect families to community resources, The Resource and Referral services are a combined service that the Analysts perform in concert with scholarship eligibility.

Identify expected results relative to this element in the chart below:

| Required Element               | Current Situation   | Objective   | Activities  | Outcome  |
|--------------------------------|---|---|---|--|
| 3.5.1. Family Support Services | Funding for child care is offered through the Coalition, for working poor clients based on eligibility and by referral from local Workforce offices. Resource and Referral services are free and available to all families who need information of support services, child care providers and scholarship services. | To provide support services to help families achieve economic self sufficiency. | The Coalition’s Resource and Referral analysts will continue to meet with families to meet their individual needs for support services. | At least 90% of families who respond to the survey regarding satisfaction with the Resource and Referral services that referrals assessed resulted in utilization of support services, as evidenced by documentation in the client file. |

**3.6 Unique Population Groups**

**3.6.1.** Describe how the Coalition ensures that support services are provided to families from unique population groups, as identified in the Standard Levels of Service. (s. 411.01(5)(d)4.j., F.S.)(45 CFR 98.44; 45 CFR 98.50(a))

Redlands Christian Migrant Association, RCMA, meet the specific needs of seasonal and migrant farmworker families in DeSoto, Hardee and Highlands Counties. RCMA contracts with the Coalition to provide continuity of child care to families who continue to remain eligible for school readiness services, but who no longer qualify for BG7 funds.

Early Steps and FDLRS serve families who have children with special needs, based on referrals from the Coalition. Each Coalition office employs staff who are bilingual in order to communicate with providers and parents whose first language is not English.

Identify expected results relative to this element in the chart below:

| Required Element                       | Current Situation  | Objective   | Activities  | Outcome  |
|--|--|---|---|--|
| <p>3.6.1. Unique Population Groups</p> | <p>RCMA provides significant and specialized services for the seasonal and migrant farmworker population in DeSoto, Hardee and Highlands Counties.</p> <p>Early Steps/FDLRS serve the special needs population.</p> <p>All office staff assists unique populations of families, whose first language is not English.</p> | <p>1. To meet the specific needs of seasonal and migrant farmworker families who need child care services.</p> <p>2. To meet the specific needs of special needs children and their families.</p> <p>3. Make communication more respectful for non-English speaking families by hiring bilingual staff. The Coalition staff will offer Spanish, Creole, Polish, Russian, Hearing Impaired and other language translator services.</p> | <p>1. Provide child care and family support services to seasonal and migrant farmworker families assisting families to become self sufficient.</p> <p>2. The Coalition Inclusion Specialist and other Coalition staff work with Early Steps and FDLRS staff, child care providers and parents of special needs children to screen/assess and offer recommendation and/or referral services. This collaborative effort assures non-duplication of services.</p> <p>3. Client interviews will be conducted by bilingual Coalition staff and documents will be translated verbally as well as written in client’s preferred language. Coalition staff will access the Language Line and the Florida Relay TDD line to assist clients. Each Coalition office has a toll free Warm line as an additional resource for providers.</p> | <p>1. 100% of seasonal and migrant farmworker families seeking child care services are referred to RCMA.</p> <p>2. 100% of families with children with special needs who are seeking services are referred to Early Steps/FDLRS as documented.</p> <p>3. 100% of families, whose first language is not English, will receive some service or materials in their preferred language, as documented in history notes and in the file copy of the needs survey.</p> |

**Section 4. Processes with Providers**

**4.1 Health Screenings**

**4.1.1.** Does the Coalition conduct health screenings and referrals or coordinate with an entity(ies) to conduct health screenings and referrals on school readiness children including license exempt and faith-based providers? ( s. 411.01(2)(a), F.S)(45 CFR 98.41)

Yes, and those entities include:

| Entity(ies)   | Immunization Requirements           | Type(s) of Screening Administered (For Demonstration Purposes Only) | Referral Method (For Demonstration Purposes Only)   |
|---|-------------------------------------|---|---|
| Health Departments of Charlotte, DeSoto, Hardee and Highlands Counties. | <input checked="" type="checkbox"/> | Provides immunizations and physicals.                               | Every child has to have updated immunizations and a current physical to enter child care centers, child care family homes and public school. Referrals are made to the local Department of Health or to private doctors for immunization and physicals. |
| Coalition Staff   | <input type="checkbox"/>            | Vision and hearing screenings, height, weight measurement and BMI   | If the screening reveals a concern, Coalition staff follow up with the provider and the parent to ensure an appointment with the family doctor or health department is made.  |

No, and the following describes how the Coalition will completely conform to these requirements:

**4.1.2.** Does the Coalition require registered and informal providers to adhere to health and safety requirements in addition to the state required child abuse and neglect screenings? (45 CFR 98.41)(s.411.01(5)(c)2.f., F.S.)

Yes, and the following describe the requirements established by the Coalition within the following health and safety categories:

Currently the Coalition does not have any written contracts with informal child care providers. Registered providers, who do not contract with the Coalition, must complete training required by the Department of Children and Families, adhere to health

and safety requirements and comply with child abuse and neglect screenings. Informal providers, if they wish to serve scholarship children, must pass the Coalition health and safety process prior to child placement.

- The prevention and control of infectious disease (including age-appropriate immunizations)  
All child care providers, including informal providers, are required to comply with all applicable federal, state and local laws and regulations, including but not limited to, local fire and building codes and 65C-22 the Florida Administrative Code.
- Building and physical premises safety  
All child care providers, including informal providers, are required to comply with all applicable federal, state and local laws and regulations, including but not limited to local fire and building codes and 65C-22 the Florida Administrative Code
- Health and safety training  
All child care providers, including informal providers, are required to comply with all applicable federal, state and local laws and regulations, including but not limited to local fire and building codes and 65C-22 the Florida Administrative Code

No, and the following describes how the Coalition will completely conform to the requirement:

**4.2 Age-appropriate Screening and Assessments**

**4.2.1** Describe how the Coalition ensures that all children birth to five years old in school readiness programs receive an age-appropriate developmental assessment(screening) (s. 411.01(5)(c)2.c., F.S.) The description should also include information on how children with screening results outside the developmental norm receive further evaluation and services, if needed.

The Coalition trains child care providers and their staff how to use the LAP assessment and ASQ screening tools. All materials needed to implement the screening and assessments are provided to the child care providers by the Coalition, with ongoing training and one-on-one technical assistance provided as needed. The LAP assessment has been piloted in Charlotte and DeSoto Counties with child care providers who were gold seal accredited or who were enrolled in the accreditation program. The balance of Charlotte and DeSoto providers will be implementing the LAP assessment program by the end of 2007. All Hardee and Highlands providers will be using the LAP assessment program also by the end of 2007. In cases where children have results outside the developmental norm will then be referred to the local Inclusion Specialist at the Coalition, who will provide referral services and/or technical assistance to the child care provider who cares for this child.

Usually the Inclusion Specialist will recommend that for children who score below the accepted range, that they be referred for additional evaluation(s).

Identify expected results relative to this element in the chart below:

| Required Element                 | Current Situation   | Objective   | Activities  | Outcome   |
|----------------------------------|---|---|---|---|
| 4.2.1. Age-appropriate screening | All children in approved school readiness programs will be screened using the ASQ tool and will be assessed twice annually using the age appropriate LAP assessment tool. This includes children between the ages of birth to kindergarten entry. Providers will score both the ASQ and the LAPS and share the results with the families and the Coalition. | To ensure that all children in approved school readiness programs, birth through kindergarten entry receive age appropriate screenings and assessments, with follow up referrals as needed. | Continue to offer trainings on the ASQ and LAP tools to all approved school readiness providers and to provide on site technical assistance as requested. | 100% of all children in approved school readiness programs have signed parental permission forms will have age appropriate screening and assessments that are logged and tracked. 100% of children who score below the accepted range will be recommended for referral. |

**4.2.2** Describe how the Coalition ensures that a pretest (child assessment) is administered to children when they enter a program and a posttest (child assessment) is administered to children when they leave the program. (s. 411.01(5)(c)2.d., F.S.)

The Coalition completed a pilot program and determined that the most appropriate assessment tool and the most provider friendly tool, were the E-LAP and LAP 3 assessment programs. The pilot was begun in accredited provider sites or those in the accreditation mentor program, and now will be expanded in all four counties to approved school readiness programs. Each child is screened in the first quarter of the school year and again in the last quarter of the school year. A school year is based on the public school calendar. In order to ensure that the pre and post tests are administered the Coalition will be able to monitor the LAP assessments as all data is entered into the web based program either at the provider site or with the assistance of Coalition staff. Timely assessments that are on going can be easily viewed on a regular basis. As part of the School Readiness Provider Contract, the requirement for pre and post assessments is clearly stated. On site provider contract

monitoring will also ensure that all children in approved School Readiness providers programs are administering the pre and post assessment.

Identify expected results relative to this element in the chart below:

| Required Element           | Current Situation  | Objective  | Activities   | Outcome   |
|----------------------------|--|--|--|---|
| 4.2.2 Pretest and Posttest | Some children in approved school readiness programs are assessed twice annually using the LAP assessment program. The pre and post assessment allows for ongoing measurement of the individual child’s progress. Providers who were using the DECA and an outside agency created assessment in the past, are now transitioning to the LAP. | All children in approved school readiness programs will be assessed within the first quarter of the school year and in the final quarter for the post assessment. Partner with child care providers to monitor each child’s progress and assist in meeting the child’s individual needs. | The Coalition will develop and implement a process to ensure that all children attending approved school readiness programs will complete a uniform pre and post assessment by June 30, 2007.<br><br>Involve the child’s parent prior to testing and provide explained results, as well as referrals, links and follow up as needed. | 100% of all children with signed parental permission forms in school readiness programs will be screened using the appropriate LAP assessment tool, with referrals as needed. 75% of all School Readiness Children that participate in LAP assessments will demonstrate learning gains as evidenced by their pre and post test scores.<br><br>100% of all parents of children in approved school readiness programs will receive information about the LAP Assessments. |

**4.3 Developmentally Appropriate Curriculum**

**4.3.1.** Has the Coalition identified and implemented developmentally appropriate curricula? (s. 411.01(5)(c) 2.a., F.S.)

Yes--Attachment 11

No, and the following describes how the Coalition will completely conform to the requirement:

**4.3.2.** Has the Coalition identified and implemented character development program(s)? (s. 411.01(5)(c) 2.b., F.S.)

Yes **Attachment 11**

No, and the following describes how the Coalition will completely conform to the requirement:

**4.3.3.** Describe how the Coalition ensures that school readiness providers use developmentally appropriate curricula.

The Coalition supports a developmentally appropriate, research based, curriculum which includes a character development component. The Coalition ensures providers use appropriate curriculums when they perform the annual review.

Identify expected results relative to this element in the chart below:

| Required Element                             | Current Situation  | Objective  | Activities   | Outcome   |
|--|--|--|--|---|
| 4.3.3. Developmentally appropriate curricula | The Coalition requests the provider to indicate their current choice of developmentally appropriate curriculum. This creates a baseline of information for the Coalition staff. We are working to ensure that Coalition staff have baseline data on each provider. | To verify that approved SR providers use developmentally appropriate curriculum. | The Coalition will survey all approved school readiness providers to identify which providers are currently using a developmentally appropriate curriculum. To the providers who did not respond, or who are not using a developmentally appropriate curriculum, Coalition staff will offer technical assistance<br><br>Ongoing curricula training will be available to providers as needed. | 90% of all approved school readiness providers will have indicated their choice of, and be using, a developmentally appropriate curriculum by March 2007 as evidenced during on site program evaluations. |

**4.4 Confidentiality of Records**

**4.4.1.** Has the Coalition established policy and procedures to ensure the confidentiality of individual child records and early learning provider records, as identified in the Standard Levels of Service? (s. 411.011, F.S.)(s.1002.72, F.S.)

Yes

No, and the following describes how the Coalition will completely conform to these requirements:

**Section 5: Quality Activities and Services**

**5.1 Quality Activities**

**5.1.1.** Describe activities the Coalition will implement with quality funds utilizing the chart with descriptive headings listed below. Coalitions are **not** required to develop activities for each heading. (45 CFR 98.51)

The Coalition understands that providing quality activities and initiatives will result in higher quality environments for more age appropriate learning and better working environments for child care staff. Our hope is that our efforts result in a lower percentage of staff turnover and parents who become more involved in their child’s education and child care center. The Coalition meets, and always exceeds, the minimum 4% of total grant dollars for quality expenses. It is our belief that better qualified and trained child care staff, owner/operators who structure their child care business as a business, and rich, developmentally appropriate environments, create the wonder of learning, and the need to inquire. The result is success for the children, providers, staff and families involved.

| Category  | Description  |
|---|--|
| Comprehensive consumer education  | <p>A parent who contacts the Coalition inquiring about child care will be connected to a Resource and Referral analyst who will provide comprehensive information on choosing a quality child care provider. The analyst will provide the parent with information on the variety of programs available, options for child care, and referral them to services they may need.</p> <p>Consumer education is available to all parents in the resource area. Parents can choose videos, books, brochures, pamphlets, magazines and other materials that can assist the parent in being their child's first teacher.</p>  |
| Gold Seal Differential  | <p>The Coalition currently pays the maximum rate of 20% of the Gold Seal differential to Gold Seal Providers.</p>  |
| Grants or loans to providers to assist in meeting State and local standards       | <p>The Coalition provides mini grants to providers based on the complete ERS rating scale and educational mini grants based on an application process.</p>   |
| Professional development, including training, education, and technical assistance | <p>The Coalition provides training in the following areas: Curriculum, Provider Professionalism, Early Childhood Mental Health and YOURS! Universal Precautions, Stress Management, Heads Up Reading, Beyond Center and Circle Time, Beyond Cribs and Rattles, School Age Character Development, Mandated Reporting, Open Ended Art, Music! Music! Music!, Children's Portfolio's, Information on Accreditation, Literacy, Gross Motor Skills, LAP/E-LAP Assessments, VPK and SR Standards, Health and Nutrition, State mandated courses, First Aid and CPR and also Parent focused trainings on many topics. The Coalition also sponsors two early childhood conferences in conjunction with South Florida Community College.</p> <p>The Accreditation Mentor Program is an individualized program that supports child care providers as they advance through the process to become a Gold Seal Program.</p> <p>Free CDA-E classes are available to child care staff in both the infant and preschool modules as accredited by DCF.</p> |

|   |   |
|---|---|
| <p>Improving salaries and other compensation for early learning providers</p>                                 | <p>The Coalition works with the local community colleges and partnering agencies to develop and implement a career ladder for child care staff. We also collaborate to promote higher education, additional training and increased compensation for child care staff. In the Quality Initiatives budget, there are funds earmarked for child care staff that complete their AA or Bachelors degrees each fiscal year.</p>   |
| <p>Activities in support of early language, literacy, pre-reading, and early math concepts development</p>    | <p>The Coalition schedules language rich training for early educators in all four counties and promotes ongoing literacy trainings such as Start with the Arts, Heads Up Reading! And the Provider Literacy on site program. In-Service training that also offers CEU’s include early language, literacy, pre-reading and early math concepts development. Lesson plan training is included to ensure all topics are included into the daily life of the child.</p>   |
| <p>Activities to promote inclusive early learning</p>   | <p>Two Inclusion Specialists who are on staff at the Coalition, provide training and technical assistance in the areas of inclusion and behavioral issues to providers who may call with requests for assistance.</p> <p>The Coalition contacts Early Steps and FDLRS for child referrals. Early Steps supports families to enhance the development of infant and toddlers’ ages’ birth to 36 months. FDLRS provides these services to children 36 month to kindergarten entry age. Services must be provided to the maximum extent possible, in natural environments, which typically include early care settings. The Coalition believes in placing children in the least restrictive environment and promotes inclusion.</p> |
| <p>Health activities including those designed to promote the social and emotional development of children</p> | <p>The E-LAP and LAP-3 Assessments include comprehensive educational information regarding the each child’s developmental level. The LAP assessment also includes a social and emotional component for the child assessed.</p> <p>Training for providers, like the Glow Germ and Health and Safety Modules, assist the child care staff to create safe and healthy environments for all children.</p>   |

|  |   |
|--|---|
| <p>Quality activities that increase parental choice and improve the quality and availability of early learning. (§98.51(a)(1) and (2))</p> | <p>The Resource and Referral rogram, through the Coalition, provides complete information for parents and family members on determining quality child care environments. Resource and Referral provides customized child care options, child care center openings, public assistance information, tax credit and financial aid, quality indicators and guidance on selecting child care, along with everyday tips for a child care search, child care referrals and any other referral that a parent might seek.</p> <p>Our Resource and Referral staff also display. and present. at county fairs, Business Expos, Chamber of Commerce events and any community events that appear to draw the early childhood and/or early childhood advocate audience.</p> |
| <p>Other</p>   |   |

Identify expected results relative to this element in the chart below:

| Required Element  | Current Situation  | Objective  | Activities  | Outcome  |
|---|--|--|---|--|
| <p>5.1.1. Quality and Availability Enhancement Activities</p> | <p>The Coalition currently pays the maximum 20% Goal Seal Differential rate to accredited child care providers.</p> <p>Start up grants are available to prospective child care programs.</p> <p>A Book Exchange is available to the public to take a book in exchange for another book, at no cost, to encourage reading.</p> <p>Resource libraries are available to child care providers and parents to use and borrow materials.</p> <p>Two Early Childhood conferences are planned in partnership with South Florida Community College.</p> <p>An Accreditation Mentor Program is offered to child care providers who are ready to begin the process and reach Gold Seal Status.</p> <p>Training, technical assistance, professional development, and CDAE programs are available to all child care providers to support child care programs in obtaining a high level of quality</p> | <p>To support early child care programs and staff, and to increase the quality and availability of child care services within the Coalition service delivery area.</p> | <p>Annually, after the ERS assessments are completed, Child Care providers will receive the much needed educational/programmatic materials, delivered on site, that support the ERS results.</p> <p>Annually two early childhood programs will begin the accreditation process of their choice.</p> <p>Pay the Gold Seal Differential rate, recruit new providers especially in the infant/toddler age groups,</p> <p>Offer training and technical assistance to providers, their staff and parents,</p> <p>Encourage providers, staff and parents to use the resource and lending libraries</p> <p>Expand the Accreditation Mentor and CDAE Programs within the Coalition.</p> | <p>Child Care providers will have improved the quality and effectiveness of their program as evidenced by increased scores on subsequent evaluations over a three year period.</p> |

**5.2 Discretionary Funds Related to Early Learning Resource and Referral and School-age Care**

**5.2.1.** Describe activities the Coalition will implement to enhance the quality of early learning resource and referral and school-age care. (45 CFR 98.51(2)(i)) (ACYF-PI-CC-99-05)

The Coalition provides Resource and Referral services throughout the four counties and is provided to all interested parents at no cost, and regardless of income. Parents can access Resource and Referral services in person, over the phone, fax and also by email. The Coalition continues to offer a high quality of Resource and Referral services to the public through regular in-house monitoring, state monitoring, attending all Child Care Resource and Referral training and through feedback received from surveys

The Coalition continues to offer select services to all children under the age of 13 and to children up to the age of 19 who are considered special needs.

Identify expected results relative to this element in the chart below:

| Required Element  | Current Situation   | Objective   | Activities   | Outcome  |
|---|---|---|--|--|
| <p>5.2.1. CCR&amp;R and School-age Quality Improvement Activities</p> | <p>Customized Resource and Referral information is provided either in person, by phone, fax or email, or mail to all parents and families who request it.</p> <p>The Coalition presently offers selected services to all children under the age of 13 and to children up to the age of 19 who are physically and mentally incapable of caring for themselves, or under court supervision, in keeping with the Coalition’s established priorities and School Readiness mandates.</p> | <p>1. Improve access and information to child care resource and referral services by parents, regardless of income.</p> <p>2. Offer early childhood development and before and afterschool care to children whose families are income eligible and who request such services.</p> | <p>1. The Coalition will continue to provide parents with child care R&amp;R services and information by using the medium best preferred by the parent. All R&amp;R Specialist will achieve Level I Certification within 3 months of hire date in order to provide good service.</p> <p>2. Earmarked quality dollars will be used to enhance and improve programs for school age children based in interview and observation of Coalition staff at provider sites. In addition, quality dollars will be spent to enhance school age programs based on ERS scores and areas needing improvement to increase scores for school age children. Other areas where quality dollars will be spent are education for provider staff and accreditation. Continue enrollment of eligible school age children into before and after school programs. Children will be enrolled based on the Coalition’s established priorities. A wait list is established when the Coalition determines that enrollment has reached capacity, Referrals for school age children are completed following the normal process, not based on the age of the child.</p> | <p>1. 100% of parents who are surveyed upon completing the Resource and Referral process will express an 85% satisfaction level with services.</p> <p>2. The ERS assessments will show higher classroom scores for school age children in at least 70% of school age provider sites.</p> |

**5.3 Discretionary Funds Related to Infant and Toddler Early Learning**

**5.3.1.** Describe activities the Coalition will implement to enhance the quality of infant and toddler early learning. (ACYF-PI-CC-99-05)

Infant and Toddler Care, and Quality Infant and Toddler Care has decreased Coalition wide. This might be due to the implementation of the VPK program and also the higher ratios and cost of infant/toddler care. Recruitment for infant/toddler slots is ongoing in all four counties. Infant/Toddler CDAE classes are offered to all interested child care staff to increase the awareness of the specialty of infant toddler care and how to operate a quality classroom.

Identify expected results relative to this element in the chart below:

| Required Element   | Current Situation  | Action   | Activities  | Outcome   |
|--|--|--|---|---|
| 5.3.1. Infant and Toddler Quality Improvement Activities | <p>In all four counties there is an inadequate number of infant and toddler care sites. Most children on the Wait List are under the age of two.</p> <p>Infant/Toddler CDAE classes continue to be offered for duration of 13 months with capacity of 20 students per class, with on site observation and technical assistance at no cost. New classes begin every 6 months.</p> | <p>1. Expand the number of infant toddler classrooms in all four counties with emphasis on quality.</p> <p>2. Train staff to understand the daily operations of a quality infant/toddler classroom, and the benefits to enrolled children.</p> | <p>1. Fund infant/toddler quality initiatives through start-up grants, provide technical assistance, and actively recruit providers who are interested in opening infant/toddler classrooms.</p> <p>2. Recruit provider staff for the infant/toddler CDAE programs.</p> | <p>1. At least two new providers will offer additional spaces for infant and toddlers within each county of the Coalition.</p> <p>2. 85% graduation rate of students enrolled in the Infant/Toddler CDAE Program.</p> |

**5.4 Discretionary Funds Related to Inclusive Early Learning**

**5.4.1.** Describe activities the Coalition will implement to enhance inclusive early learning. (ACYF-PI-CC-99-05)

The Coalition, as the service provider for the four counties, also provides the Warm Line services and on site technical assistance and training to child care providers in providing inclusive services as an integral part of their daily program.

Identify expected results relative to this element in the chart below:

| Required Element  | Current Situation   | Action  | Activities  | Outcome   |
|---|---|---|---|---|
| 5.4.1. Inclusive Early Learning Quality Improvement Opportunities | The Inclusion Specialists support, and train, child care providers to be able to provide services for children with special needs. The Warm Line is available to child care providers 24 hours a day with a required one day call back limit. | Increase the availability of child care providers capable of caring for children with special needs through the use of technical assistance and Warm Line access. | Provide technical assistance to providers who care for children with special needs and need assistance to meet the behavioral needs of the children.<br>Provide immediate technical assistance through the Warm Line to providers. Provider Inclusion training to child care providers on an ongoing basis. | Early educators will show an increase in understanding and knowledge of incorporating inclusion activities by ensuring that their classroom environments provide reasonable accommodation for all children. This will be evidenced by program observation and monitoring, resulting in more inclusive classroom environments. |