

Government Agreement Summary	
GRA Number: GRA-STATE-19-0968-01	Region/Funding Source: Statewide
Applicant Information: Cochise Health and Social Services 1415 Melody Lane, Building A Bisbee, AZ 85603	
Primary Strategy: Child Care Health Consultation	Funding Available: \$93400
Target Service Units Child Care Health Consultation Number of centers/homes served: 35 <ul style="list-style-type: none"> • Center-based providers: 25 • Home-based providers: 10 	
Brief Description: The purpose of this grant is to provide Child Care Health Consultation services to 25 center-based providers and 10 home-based providers in the First Things First Cochise Region. The Child Care Health Consultant (CCHC) provides technical assistance, health and safety information, conducts training, and provides other direct or referral services related to health and safety to early childhood providers for children birth to age five. Services are provided using the 3-tiered service levels.	
Required Data Template Training The grantee is required to participate in data template training. Further instruction will be provided closer to award.	
Grant Term/Estimated Start Date: The estimated grant term is July 1, 2018 through June 30, 2019, unless terminated, cancelled or extended.	Contact Information: Russell Spencer Fiscal Specialist First Things First Email: Rspencer@az.zftf.gov Phone: (602) 771-5043

GOVERNMENT AGREEMENT

GRA-STATE-19-0968-01

Between The
Arizona Early Childhood Development and Health Board
(First Things First)
And
Cochise Health and Social Services

I. Purpose

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

II. Term, Renewal

The term of this Agreement is July 1, 2018 through June 30, 2019. The parties may renew this Agreement for up to three (3) additional twelve (12) month extensions (including lesser parts thereof).

III. Description of Services

Early childhood professionals are entrusted to provide care for children, and they must keep children safe from injuries and infectious diseases while providing care. Health and safety related issues directly impact the quality of early care and education programs. The health and safety standards are based on the Caring for Our Children (*Third edition*) standards that are higher than state licensing standards. The Child Care Health Consultation program is evidence-based and has been shown to promote healthy and safe improvements in child care environments.

The Child Care Health Consultation Program offers specialized training and technical assistance to child care staff, and directors of centers and homes enrolled in Quality First in the Cochise Region. The role of the CCHC is to promote the health and development of children, families, and to ensure a healthy and safe child care environment. Topics of technical assistance: sanitation, hand-washing, playground safety, medication management, emergency preparedness, and health and illness management.

The purpose of this grant is to provide Child Care Health Consultation services to 25 center-based providers and 10 home-based providers in the First Things First Cochise Region. The Child Care Health Consultant (CCHC) provides technical assistance, health and safety information, conducts training, and provides other

direct or referral services related to health and safety to early childhood providers for children birth to age five. Services are provided using the 3-tiered service levels.

The target population for the Child Care Health Consultation program is 25 center-based providers and 10 home-based providers enrolled in Quality First.

Specify the Strategy Specific Data Requirements

FTF requires grant partners to submit the following types of data for the {Insert strategy name} strategy:

- **Participant level demographic information:**
 - N/A Yes, Required for SFY 2019 Yes, Capacity Building in SFY 2019
- **Programmatic Outcome Data:**
 - N/A Yes, Required for SFY 2019 Yes, Capacity Building in SFY 2019

IV. GRANTEE'S Responsibilities

The Grantee shall:

- A. Prior to entering into this Agreement, have completed and submitted to First Things First for review and approval the following forms and documents:
 - 1. Agency/Organization Profile
 - 2. Personnel - Program Personnel Table and Program Organization Chart
 - 3. Required Narrative Responses
 - 4. Implementation Plan
 - 5. Line-Item Budget and Budget Narrative
 - 6. Fiscal Information - Funding Sources and Financial Controls
 - 7. Program Evaluation InformationThe completed forms and documents comprise part of this Agreement.
- B. In providing programming described in Section IV.A, the Grantee shall act in accordance with its Program Questions and Narrative Responses; the approved budget; and the following First Things First documents: the Scope of Work (Exhibit A), Guidance Materials (Exhibit B), and the Data Security, Submission and Suppression Guidelines and Requirements for Collaborators (Exhibit C).
- C. Coordinate and collaborate with all First Things First grant recipients, as collaboration is critical to developing a seamless service delivery system for children and families.
- D. Submit timely the reports described in Section VI.

V. Reimbursement/Payment

- A. First Things First shall pay the Grantee on a cost-reimbursement basis for expenses approved in the budget, up to \$93,400, not including the PDG Federal funds, on the terms described in this Section.

- B. Payment is conditioned upon receipt by first Things First of timely, accurate and complete (i) reimbursement documents, (ii) Program Narrative Reports and (iii) Data Submission Reports submitted via the First Things First Partner Grant Management System (PGMS). Payments shall be made only for those services performed or goods received.
- C. The Grantee shall submit reimbursement requests at least quarterly, though not more frequently than monthly. **The Grantee shall submit a final reimbursement request marked "final" no more than forty-five (45) days after the Agreement end date.** Expenses eligible for reimbursement must be paid, accrued or obligated by the Grantee by the Agreement term end date. Final payment shall be contingent upon receipt of all fiscal, programmatic, and data reports required of the Grantee under this Agreement. Requests for reimbursement received later than forty-five (45) days after the Agreement end date will not be paid.
- D. Funds provided to the Grantee under this Agreement shall only be used to fulfill the Grantee's responsibilities under this Agreement. Any questions regarding the appropriate use of the funds shall be resolved by mutual agreement between the parties.
- E. If the Grantee receives reimbursement for expenditures that are disallowed by an audit exception by First Things First, the state or the federal government, the Grantee shall promptly repay the funds to First Things First.

VI. Quarterly Program Narrative and Data Submission Reporting Requirements

- A. At a minimum, the Grantee shall submit quarterly one Program Narrative Report and one Data Submission Report by the 20th of the month following the quarter via PGMS. Failure to submit timely reports will result in suspension of reimbursement. The reports shall contain such information as deemed necessary by First Things First.

- B. Program Narrative and Data Submission Reports are due:

1 st Quarter (July 1 - September 30)	Due: October 20
2 nd Quarter (October 1 - December 31)	Due: January 20
3 rd Quarter (January 1- March 31)	Due: April 20
4 th Quarter (April 1 - June 30)	Due: July 20

- C. If the Grantee provides services to more than one First Things First region (multi-regional strategies), the Grantee shall collect, store and report the data for the Data Submission Reports separately for each region served.

VII. General Terms

- A. FTF Grants Uniform Terms and Conditions. First Things First's Grants Uniform Terms

and Conditions (revision date December 2017) are hereby incorporated by reference

into this Agreement as if fully set forth herein. Copies of this document are available by emailing the First Things First Procurement Specialist, grants@azff.gov.

- B. Working on Tribal Land. If the Grantee performs any work under this Agreement on sovereign land of a tribe, the Grantee shall comply with any requirements set forth by the tribal government in relation to essential functions of the grant operation, including data collection. It is a material requirement of this Agreement that the Grantee follow all First Things First tribal policies and procedures including the Tribal Data Policy as applicable, obtain all appropriate parental consents and obtain appropriate tribal approvals as designated by tribal authorities, which approval may include a requirement to participate in cultural education and community orientation classes.
- C. Non-Discrimination. The provisions of State Executive Order 2009-09 are incorporated herein by reference. These provisions mandate, in part, that contractors will not discriminate against any employee or applicant for employment because of race, age, color, religion, sex or national origin. The Grantee shall also comply with all other applicable state and federal statutes, regulations and executive orders concerning non-discrimination practices, including the Americans with Disabilities Act and Federal Executive Order No. 13279 - Equal Protection of the Laws for Faith-Based and Community Organizations.
- D. Records. Pursuant to A.R.S. § 8-1174, the Grantee shall retain and shall contractually require each subcontractor and subgrantee to retain all books, accounts, reports, files and other records ("records") relating to the Agreement for a period of five years after the completion of the Agreement. All records shall be subject to inspection and audit by the State (including First Things First) and by an independent auditor at all reasonable times. Upon request, the Grantee shall produce any or all such records at First Things First's main office in Phoenix, Arizona.

Notwithstanding the foregoing paragraph, pursuant to 2 C.F.R. § 200.333, if the grant includes federal pass-through funds, then the Grantee shall retain and shall contractually require each subcontractor and subgrantee to retain all records pertaining to the federal pass-through funds for a period of three years from the date of submission of the final expenditure report and until any litigation, claims or audit findings involving the records have been resolved and final action taken. All such records shall be accessible and subject to audit in accordance with 2 C.F.R. § 200.336. This paragraph does not apply to a grantee, subgrantee or subcontractor that is a federal agency.

- E. Non-Availability of Funds. Every payment obligation of First Things First under this Agreement is conditioned upon the availability of funds appropriated or allocated for the payment of such obligation. If funds are not allocated and available for the continuance of this Agreement, this Agreement may be terminated by First Things First at the end of the period for which funds are available. No liability shall accrue to First Things First in the event this provision is exercised, and First Things First shall

not be obligated or liable for any future payments or for any damages as a result of termination under this paragraph.

- F. Relationship of Parties. The Grantee under this Agreement is an independent contractor. Neither party to this Agreement shall be deemed to be the employee or agent of the other party.

VIII. Agreement Administration and Operations

- A. Advertising, Publishing and Promotion of Agreement. The Grantee shall not use, advertise or promote information for commercial benefit concerning this grant without the prior written approval of First Things First.
- B. Review of Printed Materials. First Things First must review and approve all Grantee publications and/or media funded or partially funded through this Agreement for compliance with this Agreement. The Grantee shall submit to First Things First via PGMS all print and electronic materials related to the programs and services funded under this Agreement before publicly distributing those materials so that First Things First may first review and approve prior to release. If deemed necessary by First Things First, the Grantee shall revise the materials as indicated by First Things First before publicly distributing the materials. First Things First shall have full and complete rights to reproduce, duplicate, disclose, perform, and otherwise use all materials prepared under this Agreement.
- C. Acknowledgment of FTF Funding. The Grantee shall recognize First Things First as a funding source of programs and services funded in whole or part under this Agreement in all publicly distributed print or electronic materials related to those programs and services. The Grantee shall make this recognition in a manner described in First Things First's most current protocol and style guide. First Things First will post any updates to the protocol and style guide under the Grantee Resources section of PGMS. The Grantee shall also recognize First Things First as a funding source of programs and services funded in whole or part under this Agreement in all formal oral presentations and media interviews related to those programs and services.
- D. Public Awareness Efforts. The Grantee shall consult with First Things First in the planning of public awareness/marketing strategies, such as websites, advertising or media campaigns, related to the programs or services funded under this Agreement.
- E. Ownership of Materials and Data. Any materials and data required to be collected, delivered or created under this Agreement, including but not limited to reports, computer programs and other deliverables are the sole property of the State (First Things First). The Grantee shall not use or release these materials or data without the prior written consent of First Things First. The Grantee is not entitled to a patent or copyright on these materials and data and may not transfer the patent or copyright to anyone else.

- F. Ownership of Intellectual Property. Any and all intellectual property, including but not limited to copyright, invention, trademark, trade name, service mark, and/or trade secrets created or conceived pursuant to or as a result of this Agreement and any related subcontract or subgrant ("Intellectual Property"), shall be work made for hire and First Things First shall be considered the creator of such Intellectual Property. First Things First shall own (for and on behalf of the State) the entire right, title and interest to the Intellectual Property throughout the world. The Grantee shall notify First Things First, within thirty (30) days, of the creation of any Intellectual Property by it or its subcontractor(s) and subgrantee(s). The Grantee, on behalf of itself and any subcontractor(s) and subgrantee(s), agrees to execute any and all document(s) necessary to assure ownership of the Intellectual Property vests in the State and shall take no affirmative actions that might have the effect of vesting all or part of the Intellectual Property in any entity other than the State. The Intellectual Property shall not be disclosed by Grantee or its subcontractor(s) and subgrantee(s) to any entity not the State without the express written authorization of First Things First.
- G. Sectarian Purposes. Funds provided under this Agreement may not be expended for any sectarian purpose or activity, including religious worship or instruction. Additionally, the Grantee shall implement the programs or services funded under this Agreement consistent with the First Amendment of the United States Constitution. With respect to these programs or services, the Grantee also shall not discriminate against any program or service beneficiary or applicant on the basis of religion. First Things First reserves the right to verify or monitor compliance with this paragraph. The Grantee shall repay any funds awarded under this Agreement that the Grantee spends in violation of this paragraph.

IX. Indemnification

- A. Not State Agency. This paragraph applies if the Grantee is not a department, agency, board, commission or university of the State. Each party (as "indemnitor") agrees to defend, indemnify, and hold harmless the other party (as "indemnitee") from and against any and all claims, actions, liabilities, damages, losses, costs or expenses (including reasonable attorneys' fees) (hereinafter collectively referred to as "Claims") arising out of bodily injury of any person (including death) or property damage, but only to the extent that such Claims which result in vicarious/derivative liability to the indemnitee are caused by the act, omission, negligence, misconduct, or other fault of the indemnitor including its officers, officials, agents, employees or volunteers. The State of Arizona, Early Childhood Development and Health Board (First Things First) is self-insured per A.R.S. § 41-621.
- B. Patent and Copyright. The Grantee shall indemnify and hold harmless the State against any liability, including costs and expenses, for infringement of any patent, trademark or copyright arising out of grant performance or use by the State of materials furnished or work performed under this Agreement. The State shall

reasonably notify the Grantee of any claim for which it may be liable under this paragraph. This paragraph does not apply if the Grantee is insured pursuant to A.R.S. § 41-621.

- C. Subcontractors. The Grantee shall contractually require its subcontractors and subgrantees, if any, to defend, indemnify and hold harmless the State of Arizona and its departments, agencies, boards, commissions, universities, officers, officials, agents and employees ("State") from and against any and all Claims (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of the subcontractor or subgrantee or any of its owners, officers, directors, agents, employees, volunteers, or subcontractors. This indemnity shall include any claim or amount arising out of or recovered under the Workers' Compensation law or arising out of the failure of the subcontractor or subgrantee to conform to any federal, state or local law, statute, ordinance, rule, regulation, or court decree. It is the specific intention of the parties that the State shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the State, be indemnified by the subcontractor or subgrantee from and against any and all Claims. It is agreed that the subcontractor or subgrantee will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. The subcontractor or subgrantee shall agree to waive all rights of subrogation against the State for losses arising from the work performed by the subcontractor or subgrantee for the State.

X. **Insurance.**

The Grantee shall provide a Certificate of Self-Insurance. The Certification shall be sent directly to First Things First, Fiscal Specialist, 4000 N. Central, Suite 800, Phoenix, Arizona 85012. If the Grantee is a department, agency, board, commission or university of the State of Arizona, then the Certificate of Self-Insurance requirement does not apply.

In addition, the Grantee shall contractually require its subcontractors to procure and maintain until all of its obligations have been discharged or satisfied, including any warranty periods under this Agreement, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work by the subcontractor and its owners, officers, directors, agents, employees, or volunteers. The insurance policies shall be in accordance with recommendations of the Risk Management Division of the Arizona Department of Administration, including its published Insurance Modules, and in consultation with First Things First.

XI. **Termination Upon 30 Days' Notice**

In addition to the termination provisions incorporated by reference, either party may terminate the Agreement for any or no reason by giving at least thirty (30) days written

notice of termination to the other party. If the Grantee requests termination under this provision, the Grantee shall cooperate with reasonable requests from First Things First to decrease services and costs related to the Agreement.

XII. Notices

The Grantee shall address all notices related to this Agreement to:

First Things First
Finance Division
4000 N. Central Avenue, Suite 800
Phoenix, AZ 85012







First Things First shall address all notices related to this Agreement to:








Cochise Health and Social Services
1415 Meloday Lane, Building A
Bisbee, AZ 85603








XIII. Grantee Assurances

Grantee's Authorized Official to initial the following:





GENERAL

-  To adhere to the most current version of the Standards of Practice documents (available at <http://www.firstthingsfirst.org/grants/strategy-toolkit>)
-  To adhere to the Data Security, Submission and Suppression Guidelines and Requirements for Collaborators, as applicable.
-  To review and adhere to the First Things First Grants Uniform Terms and Conditions. Copies of this document are available by emailing grants@azfff.gov.
-  To accept funds and administer the programs in accordance with all applicable federal and state statutes and regulations and Grant Agreement requirements.
-  To maintain internal controls, including policies and procedures, for assuring compliance with applicable cost principles and other Grant Agreement requirements.
-  To follow established personnel policies related to salary scales, fringe benefits, and travel reimbursement.

-  To use generally accepted accounting principles (GAAP).
 -  To perform required financial and compliance audits in accordance with federal law and guidelines, including the Single Audit Act and 2 CFR Part 200.
 -  To maintain documentation for employees working across multiple funding sources to ensure the amount of time charged to each employee does not exceed 100%.
 -  To have fiscal control and fund accounting procedures in place to ensure proper disbursement of and accounting for any funds paid to subcontractors.
 -  To maintain enrollment and participate in e-verify, if an employer.
 -  To maintain a system of contract administration to ensure conformance with the Grant Terms and Conditions.
- PROGRAMMATIC**
-  To use proven, effective and/or evidence based programs.

-  To maintain the personnel qualifications outlined in the Standards of Practice with subsequent hires.
-  To comply with any applicable federal, state, and local health and safety requirements that apply to the facilities used for a program.
-  To actively participate in the Quality Assurance process, including assessments.
-  To coordinate, to the extent possible, with other programs in the same geographic area that serve similar target populations.
-  To coordinate with First Things First during the length of the program period.
-  To acknowledge funding from FTF in publicly-distributed materials in compliance with FTF's brand guidelines and submit such materials in advance for review.
-  To consult with FTF in the planning of public awareness/marketing strategies such as websites, advertising or media campaigns.

EVALUATION

-  To provide regular and timely reporting and to participate in all pertinent First Things First research and evaluation efforts.
-  If an evaluation study has been conducted on the proposed program, a copy of the evaluation report (if available) will be submitted to First Things First.
-  If funds are being requested to conduct an evaluation study, approval by First Things First Research and Evaluation team will be obtained prior to implementation.
-  If the evaluation study will include a tribal community, approval by First Things First Research and Evaluation team and Tribal Affairs division will be obtained prior to implementation.


XIV. Authority to Execute this Agreement

Each individual executing this Agreement represents and warrants that he or she is duly authorized to do so.

XV. In Witness Whereof

The parties hereto agree to carry out the provisions of this Agreement.

**FOR AND BEHALF OF
GRANTEE**


 Name RAY FALKENBERG
 Title DEPUTY DIRECTOR
SUBJECT TO BOS AUTHORIZATION
4/28/17
 Date

**FOR AND BEHALF OF THE
Arizona Early Childhood Development
And Health Board**

 Josh Allen
 CFO/COO

 Date

Attachment A	Agency/Organization Profile
Attachment B	Personnel - Program Personnel Table and Program Organization Chart
Attachment C	Required Narrative Responses
Attachment D	Implementation Plan
Attachment E	Line Item Budget and Budget Narrative
Attachment F	Fiscal Information - Funding Sources and Financial Controls
Attachment G	Program Evaluation Information
Exhibit A	Overview of First Things First and Scope of Work
Exhibit B	Guidance Materials
Exhibit C	Data Security, Submission and Suppression Guidelines and Requirements for Collaborators

Agency/Organization Profile

A. Grantee Information:

Agency/Organization Cochise Health and Social Services Contact Person Maureen Kappler
Address 1415 Melody Lane Position Public Health Nurse III
Address Building A Email mkappler@cochise.az.gov
City, State, Zip Bisbee, AZ 85603
Phone 520 432 9400 Ext _____ County Cochise

Employer Identification Number: 86-6000398

Agency Classification: State Agency County Government Local Government Schools
 Tribal Faith Based Non Profit Private Organization Other

Have you conducted business with First Things First using this EIN within the last year? Yes No
If not or if there has been address or EIN changes, please go to https://gao.az.gov/sites/default/files/GAO-W-9_072815-S%26S%26A.pdf, download the State of Arizona Substitute W-9 Form, and submit with your application.

Congressional district (federal) in which agency provides most services: District # 02

Legislative district (state) in which agency provides most services: District # 14
Go to <http://www.azredistricting.org> and click on Final Maps to identify your congressional and legislative district

Approximate federal funding (from a federal source) to be received in current fiscal year? \$ 6MM

Agency's fiscal year-end date: June 30

Agency's accounting method: Cash Accrual

Does your organization undergo an annual independent audit in accordance with 2 CFR Part 200, Subpart F? Yes No

Contact information for firm conducting agency audit:

Audit firm: Arizona Office of the Auditor General

Address: 2910 N. 44th St. Ste. 410 Phoenix, AZ 85018

Phone: (602) 553-0333

B. Program Details:

Program Name: N/A
(The specific name of the program if different from the name of the strategy, organization, or model. If none, then enter N/A)

Program Model: N/A
(The specific name of the program model that has been proposed. If none, then enter N/A)

Geographic Area and/or Target Population: Cochise County Region

Brief Program Description (250 words or less):

Two RN CCHCs will work part time (24 hours per week) in order to more adequately cover the 6400 square miles of Cochise County and the 35 Child Care Centers, including Douglas Unified School District, Benson Unified School District, Valley Union Pre-School and Wesleyan Child care in Willcox pre-school development block grants. The activities we will provide are:

- *Meeting regularly with the coaches and attending collaborative meetings with the coaches and centers
- *Meeting, at a minimum, quarterly, with all coaches and CCHCs rotated around the County
- *Providing Safe Sitter training at least one annually to instill the best practice information with adolescents who mind children and perhaps introduce best practice to them when they become parents
- *Continuously work on issues with the coaches and the ECE staff to improve outcomes
- *We provide resources and assessments, and observations to assist ECE in delivering individualized cost-effective services to children in their care
- *Respond to public health issues such as reportable diseases, threat of expulsion, behavioral health challenges, as needed
- *Provide Staff with health information to assist staff in stress relief, nutrition information, blood pressure and prevention of diabetes
- *Provide timely information in newsletters published at a minimum three quarters per year.
- *Provide the 2019 Standards of Practice for CCHCs

Strategy and Proposed Service Units

Child Care Health Consultation

Center-based providers: served: 25 PDG Grants: Willcox, Palominas, Douglas and Benson

Home-based providers served: 10

B. Contact Information:

The First Things First Partner Grant Management System (PGMS) has four contact slots per contract. The same person may be assigned to more than one slot.

Main Contact: is responsible for the overall program and will have access to all financial, programmatic, and data reports in PGMS.

Finance Contact: is responsible for the submission of reimbursement requests through PGMS and will have access to budget and reimbursement information in PGMS.

Program Contact: is responsible for program implementation and will have access to the program and data reports in PGMS.

Evaluation Contact: is responsible for the program evaluation and data collection activities and will have access to only the data reports in PGMS.

PGMS Contacts		
Main Contact	Name: Maureen Kappler	Email: mka ppler@cochise.az.gov
	Title/Position: CCHC Program Coordinator	Phone: 520-432-9464 520-249-2255
	Physical Address (if different than the agency address):	
Finance Contact	Name: Ray Falkenberg	Email: rfalkenberg@cochise.az.gov
	Title/Position: Deputy Director	Phone: 520-432-9400
	Physical Address (if different than the agency address):	
Program Contact	Name: Maureen Kappler	Email:
	Title/Position:	Phone:
	Physical Address (if different than the agency address):	
Evaluation Contact	Name: Maureen Kappler	Email:
	Title/Position:	Phone:
	Physical Address (if different than the agency address):	

Program Personnel Table

In the following table, provide a list of all personnel or positions employed by the applicant that will be **fully or partially funded** through the program. Expand as needed. For Key Personnel, include the name and position title; pertinent background/experience that specifically relates to the program, including degrees, field of study, number of years in the field, and other qualifications that align with the Standards of Practice requirements; and their roles and responsibilities. If the position is to be hired (TBH), then describe the desired background/experience/degrees and field of study. For all personnel, provide the Full Time Equivalent (FTE) for each position.

Key Personnel - those individuals directly responsible for program implementation/services and are fully or partially funded through the proposed program.			
Name/ Position Title	Background/Experience* (include qualifications that align with the Standards of Practice)	Key Roles and Responsibilities	FTEs funded through the program
<i>Program Coordinator CCHC</i>	<i>Maureen Kappler RN CDE CCHC since 2003</i>	<i>Budget management, assignment, evaluation, liaison, policy development; training, CCHC activities</i>	<i>.6FTE</i>
<i>CCHC</i>	<i>Kimber Wright, RN CCHC since 2015</i>	<i>CCHC Activities, training, meeting attendance</i>	<i>.6FTE</i>
<i>Finance</i>	<i>Ray Falkenberg</i>	<i>Finance activities and funding reimbursement</i>	<i>.019FTE</i>
Additional Personnel - those individuals partially funded through the proposed program but who do not directly implement or have direct oversight of the program			
Total Number of FTEs funded or partially funded through program:			1.219

* Resumes and/or job descriptions for **key personnel** may be requested at any time but unless otherwise indicated, they do not need to be submitted.
If awarded and the program undergoes changes in staff, a Staff Change Notification form along with an updated version of this Program Personnel Table will need to be submitted to First Things First within 14 days of the proposed change.

COCHISE COUNTY HEALTH & SOCIAL SERVICES ORGANIZATIONAL CHART FOR
FIRST THINGS FIRST

Carrie Langley RN
MSN MPH
Director

Ray Falkenberg
Deputy Director

Maureen Kappler
RN CCHC
Program Director

Kimber Wright RN
CCHC

Required Narrative Responses

Provide a narrative response that addresses the following items.

A. Provide a description of the Child Care Health Consultation program proposed, including a description of how the tier system will be implemented.

Cochise County Child Care Health Consultation (CCHC) program provides free health and safety-related consultation, staff training and referral for child care centers, child care homes, and other group care programs. Our CCHCs are public health nurses who have completed additional training based on the curriculum of the National Training Institute for Child Care Health Consultants and have knowledge about the health and safety of children and about child care settings. Our CCHC will work directly with child care providers in our 10 family child care homes, and 25 centers. We cover the 6400 square miles of Cochise County to deliver these services to Benson, Willcox, Douglas, Sierra Vista and Bisbee. When needed, translation into Spanish is also provided in training. Some of the services offered are:

Infection control and communicable disease, reportable diseases, Immunizations, CPR, SAFE Sitter, Safe infant sleep, Safety and injury prevention, Nutrition, EMPOWER training, Child abuse and neglect, Medication administration, Emergency Preparedness, Health and safety policies and procedures, training on the neuroscience of boys and girls, safe playgrounds, encouraging gross motor physical activity and working with challenging behaviors.

The Quality First Program provides Child Care Health Consultation Services via a tiered system, based on child care program's need and desire for Child Care Health Consultation services.

The CCHC and the Director of the center or family home decide which tier best fits the center's needs and this conversation is documented in the Extranet.

Tier 1 Foundational Services:

Available for all enrolled Quality First Participants and if funded by the region, CCHC only sites.

'Meet and greet' contact that explains the CCHC program and the value of the services.

Determination of the tier level for services shall be mutually agreed upon between the CCHC and the Participant, but at minimum will be at Tier 1. This is to be completed in person or on the phone.

CCHCs will ensure that:

Centers/homes receive an informational communication via email six months after initial contact with CCHC.

Centers/homes are contacted at the beginning of each fiscal year to re-assess Tier level.

Centers/homes are invited to any community-based trainings being offered by the CCHC's in the region.

Participants have a phone number to call for minimum consultation.

Participants will have a Health and Safety Checklist completed annually at the annual due date.

Tier 2 Services:

Available for all Quality First Participants and if funded by the region, CCHC only sites.

Short term consultation services to address an identified health need such as infectious disease outbreak, lice outbreak, medication management and emergent need. It is expected that the issue will be resolved in 1-4 visits or the Participant is assigned to a Tier 3 level.

Option to enroll in Tier 1 or Tier 3 services upon termination of Tier 2 services. Administer and score the Health and Safety Checklist upon enrollment and then annually to determine progress in meeting standards.

Tier 3 Services include Tier 1 Services as well as:

Available for all Quality First Participants and if funded by the region, CCHC only sites. Delivery of a comprehensive model of CCHC services including assessment of needs for education and support based on the core components of the service provided (see below):

Assessment of the whole program environment with special attention to the infant room and the toddler room.

Utilization of health and safety standards based on Caring for Our Children, 3rd

Edition (American Academy of Pediatrics, 2011} especially in infant and toddler rooms in determining care pathways and program goals.

Implementation of the program model by following the program guidance in the CCHC handbook and including any FTF policy updates.

Support for compliance with DHS Child Care Licensing rules and report of any observed violations. Administration and scoring of the Health and Safety Checklist upon Participant enrollment and then annually to determine progress in meeting standards.

A CCHC mentor supports the provider identified and trained as a Health and Safety Specialist in the early care and education program. The CCHC and directors of Tier 3 services meet at a minimum quarterly on site at the center or family home.

Core components of Tier Three Services include knowledge and skills in addressing the following: Indoor health and safety hazards to children and child care staff; Injury prevention and Safe, Active Play; Health and safety practices of child care staff (i.e. hand washing, sanitation, dental health, physical fitness, nutrition);

Measures and practices to prevent, recognize, and report communicable diseases, including staff and parent education; Procedures for documenting and reporting children's immunization records; Health and safety policies related to illness and injury logs; Support for the child care provider's inclusion of children with special needs; Emergency preparedness planning; Communication among the child care provider, parent, and primary care provider; Medication administration, recording, and storage; Determining health insurance and health care access;

Methods to educate children, their families and child care providers about child development, mental and physical health, safety, nutrition and oral health issues; and other identified child health and safety concerns.

Provide, as appropriate and in accordance with the CCHC Handbook, developmental and sensory screening education.

If requested by public health authorities; the CCHC may provide limited delivery of immunizations if during an outbreak of disease.

The CCHC does not provide direct clinical services (i.e. injections, blood tests, health examinations).

B. Provide a description of the following related to the target population to be served by the proposed strategy:

Our target population is 10 family care homes and 25 Childcare Centers, one of which is corporate owned Childtime. All are located in the Cochise Region (Cochise County) This amounts to about 900 children at this time.

In any of these communities should we have children with special healthcare needs, gender issues, mental health issues, or learning issues, we will provide the proper resources needed to assist these children have a successful school career. We work with our community partners, Cenpatico, Legacy Foundation, DES, the healthcare providers, the schools, St. Vincent de Paul, Chiricahua Community Health Center and the Health Department.

We have five major hubs, districts in the County, that serve as focal points for the areas where the centers and homes exist.

Douglas borders Agua Prieta, Mexico and has a high rate of unemployment and a high poverty rate. Some of the children are enrolled dually in public school sites where English learning is encouraged. In centers where there is monolingual Spanish, we provide books that are bi-lingual and encourage both English and Spanish language learning for all children enrolled in FTF centers. We provide as much material as we can in Spanish to include the families of these children, provide them resources such as WIC, the Community Health Center for Children (Chiricahua) and work with the providers both at Chiricahua and the Health Department. We respond to the needs of the children expressed by the directors and provide resources such as tooth brushes, pro-bono work of some dentists in the area, equipment for family style dining and sleepers that are approved by the AAP, for example. We have reached out to the Food Banks to provide services in the way of cooking classes and establishing relationships with the centers.

Bisbee (artsy community) has a Montessori and center that runs out of a church, both are part time. We use the play information from Montessori for other schools in the area since they promote play without equipment. We will continue to approach any other center of childcare that opens up in the Bisbee area to apply for FTF services.

Sierra Vista (military and retiree community) has the most centers enrolled in Quality First, including the one corporate one. We assist the centers based on their needs, letting them know where the resources are that are opened in the evening for working parents. We work with Easter Seals Blake to provide training opportunities for all the directors in that area. Since time seems to be the most desired commodity, we will be providing Zoom video conferencing for training to see if this makes a difference in attending training for the staff at the centers. We also support staff, directors, family and the community with evening and Saturday training as this is what seems to be the most convenient for them. We provide support for military children by providing resources for the directors of the schools these children attend.

Willcox is a farming/ranching community with high unemployment and very little in employment opportunities. We will support the only center that is enrolled in FTF with Saturday trainings. We will be working with the food bank to provide healthy and nutritious food for families who have children in childcare.

Benson is a growing community along 110 that is experiencing a growth in the 0-5 population. At this time, we have one center enrolled and one center that wishes to become part of FTF. We will be supporting the Benson Public Schools preschool intensely this year, as it is new to the FTF community and they wish to earn a 5-star rating.

C. Identify infrastructure or capacity building, which will be needed to provide the proposed program, including agreements and partnerships with other departments and agencies, additional resources, and training and technical assistance.

The CCHCs attend community meetings, communicate with site and elected officials to bring to their attention the needs in rural Arizona. It is difficult to entice specialists and providers here because of the lack of resources one would find in an urban area. Our schools do not have a stellar reputation, we do not have the service resources that urban areas have. We work closely with service providers in Cochise County and Southern Arizona to problem solve and create resourceful services so that our 0-5 population is served well. We will continue to work with them and any new entity that comes into the area. One plus is that we have the legacy Foundation whose mission is to increase population wellness and the 0-5 population was included in the latest \$2 million grant that will help with capacity building with input from the University of Arizona

D. Identify barriers to providing the proposed program and plans for addressing these barriers.

The barriers in rural communities are always that one person wears many hats and there is not enough time in the day to address and fix everything needs fixing. The one plus is that we all work together and work on problems together with respect. Other than that, there are no barriers. Even the Retirees are all for improving the lives of the 0-5 population and have offered to provide supervised visits for free for children and their care givers, sew quilts for babies and offer suitcases for children in foster care. All we need is time and funds. We do work with the high schools to encourage them to support adolescents who want to pursue early child care. We have two schools who have CTE programs that will provide the graduates with a CDA if they so desire.

E. Describe plans to recruit and locate personnel within the geographical region of the provided program that meet the staff qualification standards detailed in the Standards of Practice and are linguistically appropriate and culturally responsive for the population to be served. If there is anticipated difficulty in hiring qualified personnel, include a plan and timeline for supporting staff to meet the qualification standard.

We constantly recruit (attempt to staff steal) nurses from around the county to go through the CCHC training. The big drawback is the pay. Public Health Nurses make half of what hospital nurses make, and the hospitals pay overtime. We continuously approach nurses who voice that they need a change or are thinking of slowing down. not working floors and lifting patients and who enjoy children We will continue to do so informally. One CCHC is a member of the American Nurses

Association and has approached the newsletter about doing an article on CCHCs to see if we can get any nurses interested in the CCHC work.

F. Describe how collaboration will be approached and the steps that will be taken to promote collaboration with Quality First technical assistance providers (coaches, mental health specialists, and inclusion specialists), other government/tribal departments and partners working with the agency/tribe. Identify partners to engage with and the current status of these relationships, including how collaborations will align with the continuum in the Standards of Practice and Scope of Work.

We work closely with the coaches and directors to problem solve and provide needed assistance to each other and to the centers. For the Pre School Block Grants (PDG) , we also include in meetings and training and consultation with the Inclusion Coach and the Mental Health Coach. We have bi-monthly or quarterly collaboration meetings with the coaches and quality first manager in Douglas and Sierra Vista We also have monthly collaboration meetings with the inclusion, mental health and teachers, along with the coaches to provide the training that the teachers and directors have requested at the PDG schools. We continue to attend Early Childhood Quality Improvement practices (ECQUIP) meetings as they occur. The preschools that receive the Federal dollars for the Pre School Development Block Grants (PSDBG) hold their meetings on campus either at a district office or in one of the conference rooms. The four PSDBGs are located in Douglas, Willcox, Benson and Palominas. In these meetings We look for every opportunity to work with our collaborators and we use the same standards and training so that the teachers, directors and families receive the correct evidence-based information.

G. Describe your program data collection process including who will be responsible for data collection and data submission; what procedures will be in place to ensure timely, accurate, and secure collection and submission; and how data will be used to inform and improve programming.

Each CCHC is responsible for her own charting. We utilize an excel sheet that keeps up abreast of what needs to occur, with whom and when. At this time the County does not have a data collection system that is only for FTF, or that includes FTF information. We rely on the data that is provided by the FTF manager, collected from the data the Extranet provides and the information the Registry provides. We do an annual needs assessment and those results are included in our Quarterly report in the fall. We also do an evaluation after trainings whenever possible and have that for our own information to assess what works and what doesn't work. We will be implementing a postcard evaluation of CCHC services for each Director, possible for each ECE in the coming year, and it will be sent out at least annually. Our CCHC manager has been timely and excellent at providing any data gathered from the Extranet that we require.

The HelpDesk with the Extranet has been helpful with any technical issues that occur with charting on Center activities.

Each CCHC has her own secure access to the Extranet, using her own screenname and password. The County provided up to date antivirus and alerts for phishing to prevent any incursion from the County website to any other website. Each CCHC has a jumpjack to provide internet through Verizon to provide the capability of charting at home and in between appointments with centers. Internet capability also is used to provide access to web resources such as **Caring for Our Children v.3**, communicable disease, playground safety, nutritious food and snack ideas through the USDA, weather, webinar sites that provide free continuing education and ideas for development of fine and gross motor activities, social emotional growth activities and working with children who have behavioral challenges. We also provide door hangers and pamphlets for the Birth to Five Healthline for staff and families at each center.

The purpose of the Implementation Plan is to identify and define the activities, tasks, and timelines for implementation of the proposed program to ensure effective implementation. The Implementation Plan demonstrates the day-to-day activities and operations of the proposed program that align to and fulfill the strategy Standards of Practice and/or Scope of Work. If the proposed program will be implemented for the first time, the implementation plan should include the additional activities required for start-up and the anticipated timelines for the onset of service delivery to the target population.

All applicable activities and timelines for the following components must be addressed in the plan. Note: the date the task will be completed should include a level of specificity that demonstrates when and how often the activity will take place (e.g. weekly, bi-monthly, quarterly, etc.) Terms such as ongoing, continuous or until met are not acceptable.

Implementation Plan
July 1, 2018 - June 30, 2019

Activity <i>a major unit of work for strategy implementation</i>	Task(s) <i>set of specific steps or actions to complete the activity</i>	Person(s)/Roles Responsible	Timeline Task(s) will be Completed <i>of dates, range of dates or frequency (daily, weekly, monthly, quarterly, annually)</i>	Supporting Documentation
<p>I. Organizational Infrastructure - including but not limited to the following activities Add additional rows as needed.</p> <ul style="list-style-type: none"> o Recruitment, hiring and training of all staff (supervisors, direct service and administrative support staff) including orientation, initial and ongoing professional development, certifications, and training on curriculum, assessments and tools. o The development/updating of policies and procedures for program implementation o Determination of staff assignments 	<p>set of specific steps or actions to complete the activity</p> <ol style="list-style-type: none"> 1. Continue to talk to RNs we encounter who say they would like to change to another exciting job, but part time. 2. Confer with HR and Communications department to post for vacancies 	<p>Program Coordinator</p>	<p>June 30, 2019</p>	<p>Current org chart, Job Descriptions</p>
<p>Recruitment of other RNs in the community who would like to go through the CCHC training and work part time as the work causes burnout</p>				

II. **Outreach and Marketing** to the target population and geographic area (including but not limited to the following activities)

- o The development and approval of collateral materials - brochures, flyers etc (refer to FTF Branding Guide, <http://www.firstthingsfirst.org/grants/grantee-resources>)
- o Media and news releases (refer to FTF Branding Guide, same link)
- o Plan and implement 1 on of targeted outreach activities
- o Coordination and alignment with partners of outreach to target population to be served

Activity <i>a major unit of work for strategy implementation</i>	Task(s) <i>set of specific steps or actions to complete the activity</i>	Person(s)/Roles Responsible	Timeframe Task(s) will be Completed <i>A date, range of dates or frequency (daily, weekly, monthly, quarterly, annually)</i>	Supporting Documentation
Newsletter	Write articles regarding staff health, outdoor activities, family engagement, early literacy, preventing expulsion, etc for distribution to childcare centers	Both CCHCs and occasionally a guest writer	quarterly	See past newsletters that have been sent along with quarterly reporting
Newspaper articles primarily on increasing literacy, neuroscience and effect of screen time	Program Coordinator write articles related to early literacy and the connection to poverty	Program Coordinator	Annually, more if the newspaper (Wick covers the County) accepts more articles	One article written for the paper was submitted to the State FTF CCHC Program Manager; article was printed in March Sunday paper
Safe Sitter Classes	Obtain the curriculum; learn curriculum; hold class when teenagers are out of school	Program Coordinator	Annually, at least once by next June 2019	Not Available. This is to introduce the idea of relationship building, discipline with the children teens mind
High School lesson plan on screen time and effects on literacy and poverty	Incorporate literacy research into high school curriculum for Medical Professionals	Program Coordinator	As needed; This past year we've provided 6 CPR, First Aid and AED trainings in the county for childcare staff	Lesson plan on screen time and how it affects the brain
CPR class	Renew CPR instructor and provide CPR classes for those in childcare as a last resort-for new staff who haven't been able to obtain the training	CCHCs		CPR rosters; copies of CPR cards issued

Activity a major unit of work for strategy implementation	Task(s) set of specific steps or actions to complete the activity	Person(s)/Roles Responsible	Timeframe Task(s) Will Be Completed A date, range of dates or frequency (daily, weekly, monthly, quarterly, annually)	Supporting Documentation
<p>Annual Needs Assessment of childcare center staff to see what types of education they would attend/like to see</p>	<p>Email and bring hardcopies of assessment to meetings, collaborations, training and email them to all the ECE community</p>	<p>Both CCHCs</p>	<p>November 2018</p>	<p>Needs Assessment tool and evaluation of results</p>
<p>Explore centrally located meeting rooms where food can be served, and the room be utilized on Saturday mornings for more than 3 hours</p>	<p>Ask people and restaurants in the area places that can open to about 20 people on a Saturday morning for free, if possible</p>	<p>Both CCHCs and coaches</p>	<p>November 2018</p>	<p>List of places that can open Saturday morning and allow food to be served, along with allowing 20 people in the room</p>
<p>Meet with each center personally at least quarterly</p>	<p>Arrange for meetings and chart them according to CCHC guidelines</p>	<p>Both CCHCs</p>	<p>Beginning July 2019</p>	<p>Charting in the Extranet</p>
<p>IV. Coordination and Collaboration (including but not limited to the following activities)</p> <ul style="list-style-type: none"> o Describe the process for and implementation of collaboration efforts: <ul style="list-style-type: none"> • Within your organ'lat on, across unit/team coordinate On, as applicable • With external partners including other organizations that are a part of the early childhood system (FTF grant partners, FTF Regional Partnership Councils, and FTF regional grant partner meetings, non-profits, community or county-based alliances, coalitions, initiatives, state or tribal government entities, national model organizations, professional entities, faith communities, etc -), • With sub-grant partners, consultants, volunteers, etc. 				
<p>Activity a major unit of work for strategy implementation</p>	<p>Task(s) set of specific steps or actions to complete the activity</p>	<p>Person(s)/Roles Responsible</p>	<p>Timeframe Task(s) Will Be completed A date, range of dates or frequency (daily, weekly, monthly, quarterly, annually)</p>	<p>Supporting Documentation</p>

Work with District Nurses to identify possibilities for mass immunization for pre-schools in each of the 5 districts	Explore the possibilities of working with Community Health Center to partner with CCHCs	Both CCHCs	Ongoing	Scheduled immunization clinics
Coordinate with District Nurses and Epidemiologist regarding the reporting of communicable disease	Monthly ask the centers if there are any children with special health care needs, as well as symptoms of disease or diagnosed communicable disease so we have an adequate accounting of occurrence	Both CCHCs	Ongoing	Documentation in the Extranet
Continue to meet with coaches and FTF staff for bi-monthly or quarterly collaboration meetings that have been happening for several years	Agree on a date that will accommodate most of the attendees and rotate the meetings throughout the county	Both CCHCs, Coaches and FTF staff	Ongoing	Documentation on the Extranet
Continue to attend public Cochise County FTF meetings when able	Both CCHCs are on the list serve for FTF meetings set by FTF	CCHCs	Ongoing	Documentation in the Quarterly Report
<p>V. Continuous Quality Improvement (CQI)</p> <ul style="list-style-type: none"> o Staff supervision including program directors/managers, supervisors, line staff, and administrative staff (e.g. individual supervisors, team meetings, staffing, chart reviews, observation and shadowing, etc.) o Review of program implementation and current CQI methods (e.g., data collection, surveys, participant feedback, etc.) to inform ongoing work o Ongoing review and updating of program policies and procedures 				
Activity <i>a major unit of work for strategy implementation</i>	Task(s) <i>set of specific steps or actions to complete the activity</i>	Person(s)/Roles Responsible	Time frame Task(s) will be Completed <i>A date, range of dates or frequency (daily, weekly, monthly, quarterly, annually)</i>	Supporting Documentation
Evaluations of training held by CCHCs	After each training gather evaluation that have been given at the time of sign in	CCHCs	ongoing	Evaluations on statistics
Ensure that all training held by the CCHCs are in the Registry	As the CCHCs obtain or produce new material for education, the titles are entered into the Registry to make it easier to enter a specific event (from the drop down box)	Program Coordinator	ongoing	100% of all training is captured in the Registry so that the ECE can get full credit for those trainings they have attended

Monthly meeting of CCHCs to ensure that Extranet charting is up to date and Tiers are correct	Monthly sit down to go over the charting and ensure the correct tiers are in place; plan for the next month to quarter	CCHCs	ongoing	Correct extranet assignment of tiers
VI. Data Collection, Reporting and Evaluation				
<ul style="list-style-type: none"> a. Ongoing data entry b. Reporting and submission of data and narrative reports to ITT, State and National Offices c. External evaluation, If applicable 				
Activity <i>a major unit of work for strategy implementation</i>	Task(s) <i>set of specific steps or actions to complete the activity</i>	Person(s)/Roles Responsible	Timeframe Task(s) Will Be Completed <i>A date, range of dates or frequency (daily, weekly, monthly, quarterly, annually)</i>	Supporting Documentation
Quarterly reporting of CCHC activities in the County	Collect Training and any extracurricular activity not captured by the Extranet	Program Coordinator with input from other CCHC	ongoing	Quarterly Report due on the 20 th of the month after the quarter ends
Collection of data from the Extranet recording	Ask for reports from the state CCHC Program Manager regarding CCHC activities	Program Coordinator	Quarterly, right at the end of the quarter when all extranet charting is completed	Quarterly Report
VII. Financial Oversight and Management				
<ul style="list-style-type: none"> a. Review of budget b. Reimbursements c. Modifreac focus 				
Activity <i>a major focus of work for strategy implementation</i>	Task(s) <i>set of specific steps or action to complete the activity</i>	Persons/Roles Responsible	Timeframe Task(s) Will Be Completed <i>A date, range of dates or frequency (daily, weekly, monthly quarterly, annually)</i>	Supporting Documentation
Budget review is done monthly to account for spending	Ask finance for monthly printout of the spending and reimbursement	Program Coordinator	Monthly	Monthly expenditure report
Oversee the machinations of the spending for Fund #228	Monthly	Deputy Director and Program Coordinator	Monthly	Monthly Expenditure Report

Activity <i>a major unit of work for strategy implementation</i>	Task(s) <i>set of specific steps or actions to complete the activity</i>	Person(s)/Roles Responsible	Timeframe Task(s) Will Be Completed <i>A date, range of dates or frequency (daily, weekly, monthly, quarterly, annually)</i>	Supporting Documentation
<p>VII. other Include any additional components and activities associated with the proposed program not listed above.</p>				
<p>Work with the Literacy Group who wishes to bring books to the under S y.o. age group in City of Erie.</p>	<p>Meet with City of Erie, Rotary and families</p>	<p>CCHCs</p>	<p>Task completed (books out to children) by June 30, 2019</p>	<p>Quarterly Report</p>
<p>Family Inclusion activity (this year) to encourage family style dining and conversation, healthy eating</p>	<p>Arrange for one activity in each of the 5 major sites, as yet to be determined, working with the centers in that district</p>	<p>CCHCs</p>	<p>One family inclusion activity by June 30, 2019</p>	<p>Quarterly Report</p>
<p>Work with centers and cities to include activities for children with special needs in planning playgrounds for children</p>	<p>When made aware of planning for playgrounds, CCHC will provide resources and guidance in building safe playgrounds; also provide ideas that do not involve equipment but do allow for large muscle development</p>	<p>CCHCs</p>	<p>As needed</p>	<p>Quarterly report and Extranet when appropriate</p>

Attachment E - Line-Item Budget and Budget Narrative

FY19 Line-Item Budget

Budget period: July 1, 2018 – June 30, 2019

Budget Category	Line Item Description	Requested Funds	Total Cost
PERSONNEL SERVICES		Personnel Services Sub Total	\$65291
Salaries			65291
EMPLOYEE RELATED EXPENSES		Employee Related Expenses Sub Total	\$13015
Fringe Benefits or Other ERE			13015
PROFESSIONAL AND OUTSIDE SERVICES		Professional & Outside Services Sub Total	\$0
Contracted Services			0
TRAVEL		Travel Sub Total	\$3800
In-State Travel			3800
Out-of-State Travel			
AID TO ORGANIZATIONS OR INDIVIDUALS		Aid to Organizations or Individuals Sub Total	\$0
Subgrants or Subcontracts to organizations/agencies/entities			0
OTHER OPERATING EXPENSES		Other Operating Expenses Sub Total	\$8494
<ul style="list-style-type: none"> • Telephones/Communications Services1 • Internet Access2 • General Office Supplies3 • Food4 • Rent/Occupancy5 • Evaluation (non-contracted & non-personnel expenses)6 • Utilities7 • Furniture8 • Postage9 • Software (including IT supplies)10 • Dues/Subscriptions11 • Advertising12 • Printing/Copying13 • Equipment Maintenance14 • Professional Development (Staff Training, Conferences, Workshops, Training Fees for Staff)15 • Insurance16 • Program Materials17 • Program Supplies18 • Scholarships19 • Program Incentives20 			1.1000 2.1000 3. 4.1000 5. 6. 7. 8. 9.100 10. 11.300 12. 13.300 14. 15.3394 16. 17.1000 18.400 19. 20.
CAPITAL EQUIPMENT		Capital Equipment Sub Total	\$0
Equipment \$5,000 or greater in value			0
NON-CAPITAL EQUIPMENT		Non-Capital Sub Total	\$0
Equipment \$4,999 or less in value			0
Subtotal Direct Program Costs:			\$
ADMINISTRATIVE/INDIRECT COSTS		Total Admin/Indirect	\$2800
Indirect/Admin Costs		\$	\$2800
Total		\$	\$93400

Authorized Signature  Date 4/28/17

SUBJECT TO BOS AUTHORIZATION

FY19 Budget Narrative

The budget narrative should provide a clear and concise description of how amounts were determined, including calculations, for each proposed line item in the Line-Item Budget. If a budget category does not apply, either leave blank or delete the category.

Personnel Services:

Maureen Kappler @.6 FTE 24 hours @ 24.14 per hour
Kimber Wright @ .6 FTE @ 27.00 per hour
Ray Falkenberg @ .019FTE at 37.02 per hour

Employee Related Expenses:

OASI at 7.65% = \$4995
Arizona State Retirement at 11.8% = \$7704
Workers Comp at .28% = \$183
Health Ins = \$133

Professional and Outside Services: NONE

Travel:

At this time, no out of state travel is foreseen.
In state Travel to Conferences, Symposiums, Trainings is : 4500

Aid to Organizations or Individuals:

None anticipated

Other Operating Expenses,

Overhead at \$2800
Jump Jacks for computers is \$1000 through Verizon
Printing of 300 colored newsletters through UPS using the AAA discount is about \$1000, we go dark in the summer
Printing at the County rate is \$300, up a little from last year
Postage at Costco Rate \$100
In State travel to sites a minimum of quarterly and travel to conference, symposium, COP and COL training \$3800
Office Supplies: paper, tri fold folders, binders, markers, poster board, slates, glue, staples, scissors, etc \$1000
Professional Development: FTF conference, workshops, Infant mental health conference, etc..\$690
Program materials-CCHC pamphlets, intro CCHC for classrooms, business cards, books, DVDs, thumb drives \$1000
ProgramSupplies \$400 Dues, Subscriptions \$300

Capital Equipment: 0

Non-Capital Equipment: 0

Administrative/Indirect Costs: *Administrative costs are general or centralized expenses of overall administration of an agency/organization that receives grant funds and does not include particular program costs. Such costs are generally identified with the agency/organization's overall operation and are further described in 2 CFR 220, 2 CFR 225, and 2 CFR 230.*

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

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

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

OR

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

Authorized Signature _____

[Handwritten Signature]
SUBJECT TO BDS
AUTHORIZATION

Date _____

6/28/17

Program Evaluation

An evaluation study is a project that is conducted in order to answer questions about the services you provide. There are several types of evaluations that can be conducted, including the following that are most relevant in relation to program implementation:

- **Process/implementation evaluation:** Determines whether program activities have been implemented as intended. **This type of evaluation examines if the program is implemented with fidelity.**
- **Outcome/effectiveness evaluation:** Measures program effects in the target population by assessing the progress in the outcomes or outcome objectives, which the program is supposed to achieve. **This type of evaluation examines if the program is achieving these intended outcome(s).**

Refer to the *Types of Evaluation* brochure created by the Centers for Disease Control and Prevention (CDC) for additional information on program evaluations:

<https://www.cdc.gov/std/Program/pupestd/Types%20of%20Evaluation.pdf>

The following questions are about whether your organization has or is planning to conduct an evaluation study (with or without funding from First Things First).

- A. Has an evaluation study been conducted on your program? (e.g., process evaluation, outcome or impact evaluation study)? Yes No

If Yes, include:

- One (1) copy of the **evaluation report** (if available) with your agreement.
- A **brief synopsis** of the study's specific aims and results:

- B. Are you planning on having an evaluation study conducted on the program proposed in this agreement? Yes No

If YES, please go to C. If No, stop here.

- C. Will FTF funds be utilized to conduct the evaluation study?

- Yes** (Yes, funds are budgeted in the line-item budget and budget narrative for an evaluation study.)
 No (No, we will be using other sources of funding for an evaluation study)

If YES, provide detailed responses to each of the following items: *, ** If No, stop here.

1. Purpose, Intended Outcomes, and Research Questions

2. Methodology and Design

3. Proposed Timeline and Party Responsible (e.g., external vendor/contractor or grant partner program staff) to carry out the work

4. Intended Use of Findings and Dissemination Plan

* *If FTF funds are being requested for an evaluation study, the study will need approval by FTF’s Research and Evaluation team prior to implementation. Specifically, the applicant will be required to provide FTF with a detailed summary of the work proposed (Refer to the Ownership of Intellectual Property section under the Grant Terms and Conditions in this RFGA.) In those instances when the evaluation proposal is in its preliminary stages and therefore lacks sufficient detail at the time of submission (e.g., Applicant is planning to get a vendor to determine the method and design etc.), the grant partner will be required to submit a detailed study proposal when it becomes available. This study proposal is subject to approval by FTF’s Research and Evaluation division.*

** *If the data collection requirements or proposed evaluation will include data from a tribal community (e.g., data gathering in tribal lands), appropriate tribal approvals must be in place prior to commencing data collection. In instances when tribal data approvals are necessary, FTF’s Research and Evaluation and Tribal Affairs divisions will work with the grant partner to secure approvals from the tribe(s). (Refer to the Tribal Data Policy and the Ownership of Intellectual Property sections under the Grant Terms and Conditions in this RFGA).*

In instances when data gathering occurs in tribal lands, the applicant shall address how they will ensure a culturally appropriate methodology (e.g., in-person interviews), and culturally responsive interaction with participants and other stakeholders.

Exhibit A – Overview of First Things First and Scope of Work

First Things First is one of the critical partners in creating a family-centered, comprehensive, collaborative and high-quality early childhood system that supports the development, health and early education of all Arizona's children birth to age five. First Things First partners with families and communities to help kids have the positive, nurturing experiences they need to arrive at school ready to succeed.

First Things First is designed to meet the diverse needs of children and families in Arizona communities. The statewide First Things First Board and Regional Partnership Councils in local communities across the state share the responsibility of ensuring that early childhood funds are spent on strategies that will result in improved development, health and education outcomes for young children.

Local Regional Partnership Councils are comprised of community volunteers, with each member representing a specific segment of the community that has a role in ensuring that Arizona's children grow up to be ready for school and set for life: parents, leaders of faith communities, tribal representatives, educators, health professionals, business leaders and philanthropists.

First Things First Strategic Direction

First Things First's commitment to young children means more than only funding programs and services. It means having a shared vision about what being prepared for kindergarten actually means. The strategic direction approved by the First Things First Board identifies twelve priority system roles to be addressed by First Things First and are the following:

1. **Early Care and Education System Development and Implementation** –comprehensive early care and education system that is aligned both across the spectrum of settings and with the full continuum of the educational system.
2. **Quality Early Care and Education Standards, Curriculum and Assessment** – quality standards for early childhood care and education programs, curricula and assessments.
3. **Quality, Access and Affordability of Regulated Early Care and Education Settings** – increase availability of access to high quality, regulated, culturally responsive, affordable early care and education programs.
4. **Access to Quality Health Care Coverage and Services** – increase access to high quality health care services and affordable health care coverage for children and their families.
5. **Early Screening and Intervention** – increase awareness of and access to a continuum of information, support and services for families and their children who have/are at risk of having developmental, physical and/or mental health issues.
6. **Information and Education for Families** – dissemination of high quality, diverse, and relevant information and education on the importance of the early years, child development, health, early education and related resources for families, providers, partners, and the public.
7. **Supports and Services for Families** – development, enhancement and sustainability of a variety of high quality, culturally responsive and affordable services, supports and community resources for young children and their families.

8. **Professional Development System and Recruitment and Retention of Professionals in the Early Childhood System** – development and enhancement of an early childhood professional development system that addresses availability, accessibility, affordability, quality and articulation; and recruitment, adequate compensation and retention of high quality, culturally diverse early childhood providers.
9. **Early Childhood System Leadership** – high quality, child and family centered, coordinated, integrated and comprehensive early childhood system that includes clearly defined roles and responsibilities.
10. **Coordinated Use of Early Childhood System Data and Evaluation** – define and carry out roles related to collecting, analyzing and reporting data; and utilize data to design, develop, plan and evaluate the early childhood system; and provide leadership in the evaluation of the early childhood system and collaborate with partners to utilize the results to foster continuous improvement of the system.
11. **Building Public Awareness and Support** – increase public awareness of and support for early childhood development, health and early education among partners, public officials, policymakers and the public.
12. **Early Childhood System Funding** – secure, coordinate and advocate for resources required to develop and sustain the early childhood system.

The strategies funded by First Things First work collectively to develop a comprehensive system across the state and regionally to address the priority system roles, specific goals associated with them and system measures of success which are indicators designed to guide and measure progress in building an effective early childhood system in Arizona. Taken collectively, they provide a comprehensive picture of how our state is preparing its youngest children for success in kindergarten and beyond. The First Things First Board and Regional Partnership Councils determine the priority system roles, goals and strategies to be funded across the state and throughout the regions assessing the challenges and building on the resources and assets in place.

Measures of Success

- #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive and motor and physical.
- #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars.
- # of Institutes of higher education with degree requirements and pathways aligned with Arizona's Workforce Knowledge and Competencies that support the movement from high school career and technical education program to an Associate Degree and completion of a Bachelor's Degree.
- #/% of early childhood teachers and administrators, separately, with college degree(s) and/or relevant experience.
- # of programs offering professional development across the state to the early childhood workforce that are aligned with the Workforce Knowledge and Competencies.
- #/% of professionals participating in professional development across the state.
- #/% of children with health coverage.
- #/% of children receiving at least six well child visits within the first 15 months of life.

- #/% of children age 19-35 months who are immunized.
- #/% of children age 5 with untreated tooth decay.
- #/% of children age 9 months to 5 years who received a standardized screening for developmental or behavioral problems.
- % of families who report they are competent and confident about their ability to support their child's safety, health literacy and well-being.

Scope of Work

Statement of Need

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

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

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

Description of Strategy

Child Care Health Consultants are specially trained health professionals who provide consultation and support to child care providers on a variety of health and safety issues that are possibly encountered in early care and education settings. The program has three service levels available to participants based on the Child Care Health Consultation Standards of Practice and for a link to this document, refer to the Guidance Materials section of this Agreement. All participating programs must receive an initial in-person meeting upon enrollment in which the CCHC and participant shall mutually agree on the tier level for services.

Participating programs can and will be expected to move between these service levels, as appropriate, based upon multiple factors that might include self-selection, a coaching referral, or

an external referral (such as might be made by a local health department or the Arizona Department of Health Services Bureau of Child Care Licensing). However, participating programs may only participate in one level of service at a time.

The Health and Safety Checklist guides the process of improving health and safety in the early care environment. The Health and Safety Checklist must be offered annually by CCHCs to all participating centers and homes in Tiers one, two, and three. CCHCs are to focus on supporting 1-2 star programs to help them achieve quality, and CCHCs must complete an annual Health and Safety Checklist for participants that have a 1-2 star rating. Centers and homes that have a 1-2 star rating in Tiers one, two, and three, will not be able to bypass the Health and Safety Checklist.

- Tier one: Centers and homes receiving Tier one services receive a monthly informational communication via email after their initial contact with the CCHC. Informational communication includes a newsletter and health information on resources and health outbreak notices, for example. Tier one centers and homes must be invited to all community-based trainings offered by CCHCs in the region. If a Tier one center or home requests CCHC services, the service must be provided.
- Tier two: This level is for providers who are encountering a specific, acute health and safety related issue that requires expert intervention by a health professional. This is not a long-term service but rather a short-term option to address a particular problem that has arisen. Some examples of this include, but are not limited to, a newly enrolled child with a chronic disease issue (e.g. diabetes or asthma) that staff is not adequately trained to address, or a communicable disease outbreak that needs containment.
- Tier three: This level is an intensive service delivery level. Programs participating in this level receive at minimum one monthly in-person site visit and follow up services that are specific to their individualized needs. A care pathway to address the most common health and safety needs encountered in child care programs is to be developed and followed. This level of service requires approximately a 12-18 month commitment.

CCHC expectations are as follows and additional information can be found in the Child Care Health Consultation Standards of Practice:

- To provide timely services and communicate effectively with child care centers and homes.
- Upon enrollment in Quality First, make contact with the center or home to introduce the Child Care Consultation program. During an in-person meeting, the CCHC and participant will mutually agree on the tier level for services.
- Enter data from CCHC visits in the FTF extranet system within five-days, and complete the quarterly narrative report via the Partner Grant Management System (PGMS) by the 20th day of the following quarter.
- Attend quarterly update meetings. If unable to participate in the scheduled meeting, the option of attending remotely via WebEx is available to CCHCs.
- Coordinate services with Quality First coaches and other specialized Technical Assistance (TA) providers.

- Work together with QF coaches and other specialized TA providers across early childhood settings to support positive transitions for children.
- Understand the CCHC role and other early childhood professional roles, and make referrals when necessary.
- Service Integration: support coordination and collaboration across all community programs, service providers and community stakeholders (not specific to sub-grantee or FTF grant partners).
- Coordinate and collaborate with grant partners implementing the Child Care Health Consultation strategy. The Administrative Home will regularly convene the CCHC grant partners and other providers in the region to develop a seamless and coordinated system of service delivery.
- Required to participate in all training and professional development opportunities provided by the Administrative Home and CCHC Technical Assistance providers’.

First Things First serves as the administrative home for the CCHC strategy. The FTF CCHC Program Specialist has the responsibility for oversight and management of the CCHC grant partners. As the Administrative Home, FTF does not provide direct service(s) and is responsible for the following:

- Fiscal and contract oversight and overall fiscal contract management:
 - This includes but is not limited to adherence to the Standards of Practice by grant partners, personnel qualifications, monitoring invoices, budget modifications and staff change forms.
- Coordination of data reporting using the database developed by FTF:
 - This includes coordinating database use, and responding to database questions.
- Coordinate professional development and training through leveraging the existing professional development system and this includes the CCHC training, and the Health and Safety Specialist (HSS) training with the Technical Assistant (TA) grant partners.
 - In partnership with the TA grant partners determine the frequency, methods and sequence of training and professional development opportunities.
 - Establish a coordinated plan for training and professional development with TA grant partners, for example, development and implementation of a Community of Practice for CCHCs.

Applicable Priority System Roles and Goals

Grant partners implementing this strategy will work collectively with First Things First to address the priority system roles and goals below:

Priority System Roles

1. **Early Care and Education System Development and Implementation** – comprehensive early care and education system that is aligned both across the spectrum of settings and with the full continuum of the educational system.
2. **Quality, Access and Affordability of Regulated Early Care and Education Setting** – increase availability of and access to high quality, regulated, culturally responsive, affordable early care and education programs.

Goals

- To identify and align early care and education programs and services to ensure a comprehensive early childhood system with coordinated and efficient use of resources.
- To increase the number of Arizona children birth through five with access to and participation in quality early care and education.

Applicable Measures of Success

Grant partners implementing this strategy will work collectively with First Things First to address the measures of success below:

- #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars.

Target Population and Geographic Area to Serve

The Target Population for Child Care Health Consultation in the Cochise Region is 25-Quality First center-based providers and 10-Quality First home-based providers. The **Cochise Regional Partnership Council** provides services throughout Cochise County. It also includes all of ZIP code 85602, which crosses into Pima County.

Units of Service and FTF Data Requirements

First Things First (FTF) requires grant partners to submit program service data on a regular basis. This includes Unit(s) of Service information and ongoing program implementation data (quarterly quantitative report and narrative report). Beginning in State Fiscal Year (SFY) 2019, and for specific strategies, FTF will begin to gather participant-level demographic information and programmatic outcome data to inform FTF's reach and strategy impact.

Units of Service

A **Unit of Service** is FTF's designated indicator of performance specific to each FTF strategy. It is composed of a unit of measure and a number. A Unit of Service can be a target population and/or a service or product that a grant partner is expected to serve during the year as part of their contract. In an FTF contract, the following types of Service Units are considered:

1. **Target Service Unit(s):** *The Regional Partnership Council targets a population and/or a service or product to be served or delivered during a state fiscal year (SFY) based on the total funds available (i.e., the grant award amount) for that strategy.*

[Note - Insert the units of service from the TSU Guidance Document and insert the targeted numbers in place of #/% for each strategy. See example below.]

Child Care Health Consultation

Number of centers/homes served: 35

- **Center-based providers: 25**
- **Home-based providers: 10**

2. **Contracted Service Unit(s) (CSU):**

- i. Once the grant has been awarded and the grant partner signs the contract, the proposed service unit number(s) becomes the Contracted Service Unit (CSU) number for each strategy.
- ii. As part of quarterly data submission grant partner submits data on actual **services provided** during the SFY (Actual Service Unit(s)). This data is used to monitor progress on meeting the CSU.

FTF Data Requirements

CCHCs must use the CCHC extranet charting system, the electronic system selected by First Things First to document CCHC services provided to participants. Documentation must occur within five business days and include the following:

- All visits to participants participating in Quality First and Non-Quality First participants via the program's activity log in the Extranet System.
 - Health and Safety Assessments, and training provided must be documented in the Extranet.
- All communication with participants in the Extranet System.
- Tier level selection including when participants move between the tier levels.

Guidance Materials

The following documents can be accessed on the First Things First website, <http://www.firstthingsfirst.org/grants/strategy-toolkit/health> by selecting the “View” button next to the Child Care Health Consultation strategy. If there is difficulty in accessing any of the documents, email the name of the document and the Agreement number to grants@azftf.gov for assistance.

A. Standards of Practice

- **Child Care Health Consultation Standards of Practice**

B. Additional Document(s) Required for the Strategy

- **Mandated Reporting Policy**

C. Contracted Service Unit (CSU) Guidance Document(s)

- **Child Care Health Consultation CSU Guidance Document**

Data Security, Submission and Suppression Guidelines and Requirements for Collaborators

Background

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

Scope

This Data Security, Submission and Suppression Guidelines and Requirements for Collaborators pertains to data collected by or shared with a grantee, governmental entity, or vendor ("collaborator") while assisting with an FTF needs and assets report, conducting an FTF-funded program or service, or performing research services on behalf of FTF.

Data Security Policy

Collaborators must ensure that the data is maintained in a secure manner. Collaborator data is likely to contain highly sensitive information on individuals, their education and their health. Therefore, all collaborators must have a data security policy in force that identifies how the organization ensures that data is protected in all its forms, during all phases of its life cycle, from inappropriate access, use, modification, disclosure, or destruction. FTF has the right to review and request changes to a collaborator's policy. All collaborators subject to HIPAA, FERPA, tribal law, or other data regulation are required to comply with those laws.

Data Classification

FTF classifies data by three levels:

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

Public data is data that is readily available in the public sphere, such as websites, publications, or other widely used sources. Public data includes both data published by FTF (e.g., needs and assets reports and impact reports) and data that has been officially released by an organization and is able to be located and verified by any interested party utilizing the complete citation (e.g., census data). Public data also includes aggregated data, except where the aggregated data constitutes limited distribution data.

Limited distribution data is aggregated data that does not identify individuals, but which may be of sufficiently small cell size that its dissemination poses a reasonable risk to the anonymity of any individual. Limited distribution data may be subject to HIPAA, FERPA, tribal law, or other data regulation.

Confidential data is non-public data that identifies individuals or is governed by agreements or laws that limit its viewing, analysis, or dissemination. Confidential data may also include confidential business information. Confidential data may be subject to HIPAA, FERPA, tribal law, or other data regulation.

Data Submission to FTF

FTF wants to ensure that resources allocated have maximum impact for the benefit of children and families. To ensure this accountability, FTF has established data reporting requirements for collaborators. All collaborators will regularly submit reports as identified in their contract with FTF.

Collaborators Conducting an FTF-Funded Program or Service

Collaborators may submit **public data** and **limited distribution data** to FTF through the FTF Partner Grant Management System (PGMS). Subsequent to the award of a contract, FTF will provide the collaborator with general training on login and navigation within PGMS. With this login, the collaborator will be able to manage its contract information. FTF will also provide additional training on strategy-specific data submission requirements. Because PGMS is located in a secure extranet environment, collaborators using PGMS for data submission are not required to undertake additional security measures related to their data submission above those identified in the general and strategy-specific data submission orientations (password and login security, guidelines for upload of narrative and other reports).

Collaborators submitting **public data**, **limited distribution data** and/or **confidential data** may submit their data, with an agreement between the collaborator and FTF, through an established secure web service or FTP (File Transfer Protocol) site via the internet, rather than a PGMS web-based entry form. Collaborators that submit data through the secure web service must submit data within the established data structures and format, follow all login procedures, submit a formal data change request form if needed, and ensure that confidential data may not be intercepted or viewed at any time by parties other than the collaborator and FTF. Additionally, collaborators must ensure that throughout the reporting and submission process that the data is secured and that any confidential data is encrypted and/or de-identified.

Collaborators Assisting with a Needs and Assets Report or Performing Research Services on Behalf of FTF

Collaborators usually submit their data to FTF through an established secure web service or FTP (File Transfer Protocol) site. Collaborators must follow the more specific data submission requirements in their contracts with FTF. To the extent a contract does not provide more specific submission requirements, collaborators must seek and receive approval of their data submission method from FTF.

All Collaborators

All collaborators must be prepared for FTF review of client-level data (e.g., child-level, professional-level, or early care and education provider-level) during on-site visits. Additionally, FTF data reporting requirements may include submission of client-level data. Collaborators agree to allow FTF to access such data. Should

the data be subject to HIPAA, collaborators agree to enter into FTF's HIPAA Business Associate or Data Use Agreement as appropriate.

Beneficiary Permission for FTF Review

When a collaborator plans to obtain first-hand data from an individual, such as when conducting a program, providing a service, or conducting in-person research, the collaborator must inform the individual of FTF's reporting requirements. For instance, if the collaborator uses an enrollment form, the form should include the following statement: "I grant permission to [collaborator's name] to release my background, service, and impact related information to the Arizona Early Childhood Development and Health Board, also known as First Things First, which is funding this program or service." The collaborator warrants to FTF that prior to entering into the Agreement for FTF funding it has appropriately enquired and satisfied itself that it has the ability and authority comply with the requirements of this section.

Data Suppression Guidelines for Publications

Confidential and limited distribution data must not appear in publications. When a publication includes aggregate data, any limited distributed data must be suppressed. The statistical cutoff procedures help ensure that aggregated data does not put at risk the anonymity of any individual. FTF's intent is to avoid the possibility of inadvertently reporting personally identifiable information.

For data related to social service and early education programming, limited distribution data refers to counts of fewer than ten, excluding counts of zero (i.e., all counts of one through nine). Examples of social service and early education programming include the number of children served in TANF, AzMerit scores, and the number of children served with an IEP.

For data related to health or developmental delay, limited distribution data refers to counts of fewer than six, excluding counts of zero (i.e., all counts of one through five). Examples of health or developmental delay include the number of children without health insurance and the number of newborns admitted to an ICU.

Third-Party Sharing

Collaborators must not share collected data with individuals or parties other than FTF or the collaborator's contractor approved by FTF (see Collaborator Contractors section) or use the collected data for a non-FTF purpose without the prior written consent of FTF, except as follows. A collaborator that is an affiliate of an evidence-based model may share data with the organization that oversees the model as required by that organization. A collaborator providing a program or service under a grant from an entity other than FTF, such as the federal government, may share data with the other funding entity directly tied to that funding grant. Notwithstanding the foregoing, no data collected from tribal lands may be shared or used with any third-party without the appropriate tribal approvals and no data may be shared or used in violation of law.

Collaborator Contractors

All collaborators must contractually require any contractor used by them to assist with the collection, maintenance, submission, analysis or publication of data to comply with these Data Security, Submission and Suppression Guidelines and Requirements for Collaborators. In addition, collaborators must obtain advance written approval from FTF before using a contractor for any of these purposes.

Tribal Data

FTF recognizes Arizona tribes as sovereign nations that have the right to regulate research and data collection on their tribal lands. To this end, FTF is committed to obtaining all appropriate tribal approvals for data collection, analysis and reporting. Accordingly, collaborators must only collect, use and share data from tribal land with appropriate tribal approvals, which approval may require participation in cultural education and community orientation classes, and in accordance, as applicable, with FTF's Tribal Data Policy.

In the case of collaborators conducting an FTF-funded program or service, collaborators are responsible for obtaining the appropriate tribal approvals unless FTF notifies a collaborator in writing that FTF has already obtained the approvals. FTF Regional Directors and Tribal Affairs staff can provide support to collaborators in identifying and navigating each tribe's process and protocols.

In the case of collaborators assisting with a needs and assets report or performing research services on behalf of FTF, FTF staff will take the lead in securing appropriate tribal approvals for data collection. Collaborators need to assist FTF in this process as requested by FTF, which includes providing information and documentation requested by a tribe. Collaborators must not begin collecting data before necessary tribal approvals are obtained.

Compliance

The collaborator acknowledges that failure to comply with any requirement of these Data Security, Submission and Suppression Guidelines and Requirements for Collaborators constitutes a material breach of the Agreement.

FTF's own Data Security Policy & Procedures and Tribal Data Policy may be viewed on the FTF website at <http://www.firstthingsfirst.org/grants/grantee-resources>.

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