



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Award Contract Grant

Requested Board Meeting Date: August 20, 2018

* = Mandatory, information must be provided

or Procurement Director Award

***Contractor/Vendor Name/Grantor (DBA):**

Arizona Early Childhood Development and Health Board (First Things First)

***Project Title/Description:**

Child Care Health Consultation (to provide services to child care providers in Pima County)

***Purpose:**

Health and safety consultation services to child care centers and child care homes in Pima County.

***Procurement Method:**

Agreement is a non-procurement agreement and not subject to procurement rules.

***Program Goals/Predicted Outcomes:**

This program creates healthier and safer environments for out of home child care, for both typically developing young children and children with special health care needs. Areas of focus include SIDS risk reduction, prevention and control of communicable diseases, immunization and medication administration, oral health promotion, building and physical premises safety and injury prevention, child abuse/neglect identification and prevention, nutrition and physical activity interventions to reduce obesity in young children, sensory and developmental screening, and referrals for families without access to health care or in need of other health-related services.

***Public Benefit:**

More than 45,000 children ages 0-5 in Pima County regularly require child care while their parent(s), grandparents or foster parents go to work or school or need respite. With large numbers of young children in non-parental care, children's health and safety out-of-home is an essential component of supporting children's physical, cognitive and social-emotional development. This contract supports Pima County Public Health Nurses and a Dietitian specifically prepared as Child Care Health Consultants to provide information, training, and technical assistance to guide child care programs in creating healthy and safe environments, as well as preparing child care staff to provide hearing, vision, and developmental screening for the children in their care. With healthy young children in quality child care, parents miss less work or school and children enter the school system ready to learn.

***Metrics Available to Measure Performance:**

1. Numbers of child care visits, trainings and participant numbers; 2. Changes in knowledge, behavior and status for health and safety-related topics (such as injury prevention, communicable disease, physical activity, and nutrition) are measured every 90 days throughout the consultation process; 3. Annual evaluations of health and safety criteria are observed by outside evaluators hired by First Things First; 4. Annual use of the California Childcare Health Program Health and Safety Checklist as required by First Things First; and 5. Annual Immunization Data Reports submitted by licensed child care programs to Pima County Health Department's Vaccine Preventable Disease program. Performance measurements are used to refocus consultation or select additional consultation strategies.

***Retroactive:**

Yes. This grant agreement is retroactive to July 1, 2018 but was not received until July 17, 2018.

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e.,15-123): _____

Effective Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____

Expense Amount: \$* _____ Revenue Amount: \$ _____

***Funding Source(s) required:**

Funding from General Fund? Yes No If Yes \$ _____ % _____

Contract is fully or partially funded with Federal Funds? Yes No

If Yes, is the Contract to a vendor or subrecipient?

Were insurance or indemnity clauses modified? Yes No

If Yes, attach Risk's approval.

Vendor is using a Social Security Number? Yes No

If Yes, attach the required form per Administrative Procedure 22-73.

Amendment / Revised Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e.,15-123): _____

Amendment No.: _____ AMS Version No.: _____

Effective Date: _____ New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

Expense or Revenue Increase Decrease Amount This Amendment: \$ _____

Is there revenue included? Yes No If Yes \$ _____

***Funding Source(s) required:**

Funding from General Fund? Yes No If Yes \$ _____ % _____

Grant/Amendment Information (for grants acceptance and awards) Award Amendment

Document Type: GTAW Department Code: HD Grant Number (i.e.,15-123): 19-04

Effective Date: 07/01/2018 Termination Date: 06/30/2019 Amendment Number: 00

Match Amount: \$ _____ Revenue Amount: \$ 468,160.00

***All Funding Source(s) required:** First Things First (State tobacco tax revenues)

***Match funding from General Fund?** Yes No If Yes \$ _____ % _____

***Match funding from other sources?** Yes No If Yes \$ _____ % _____

***Funding Source:** _____

***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?**

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature/Date: Margaret Finney 7.25.18

Deputy County Administrator Signature/Date: [Signature] 7/30/18

County Administrator Signature/Date: C. Substacy 7/31/18
(Required for Board Agenda/Addendum Items)

Date: July 25, 2018

To: Jan Lesher
Chief Deputy County Administrator

From: Marcy Flanagan, Director 

Via: Francisco García, Assistant County Administrator 

Re: Proposed Agenda Item for Board of Supervisors Meeting August 20, 2018, Consent Calendar.
New Grant Agreement with the Arizona Early Childhood Development and Health Board (First Things First) for Child Care Health Consultation (GTAW19-04)

Background

In Pima County almost 45,000 children are in child care programs each day. The Pima County Health Department has provided childcare health consultation services to childcare centers, Head Start programs, and family child care providers since 1987. Since 2009 these services have been funded primarily through a grant from First Things First in support of Arizona's quality improvement and rating system.

The Child Care Health Consultant (CCHC) creates healthier and safer environments for out of home child care, for both typically developing young children and children with special health care needs. Areas of focus include SIDS risk reduction, prevention and control of communicable diseases, immunization and medication administration, oral health promotion, building and physical premises safety and injury prevention, child abuse/neglect identification and prevention, nutrition, physical activity, sensory and developmental screening, and referrals for families without access to health care or in need of other health-related services.

Discussion

Currently the Pima County CCHC program is providing services to 209 child care programs in the First Things First program. The current award period for this grant is July 1, 2018 through June 30, 2019. Total funding for this year is \$468,160.00.

This grant award takes effect July 1, 2018 but was not finalized until July 24, 2018.

Financial Impact:

There is no cost to the Pima County General Fund for this grant award.

Recommendation:

Staff recommends approval of this grant amendment.

FIRST THINGS FIRST

Government Agreement Summary	
GRA Number: GRA-STATE-19-0973-01	Region/Funding Source: Statewide
Applicant Information: Pima County Health Department 3950 S. Country Club Road, Suite 100 Tucson, AZ 85714	
Primary Strategy: Child Care Health Consultation	Funding Available: \$468,160.00
Target Service Units <u>Child Care Health Consultation</u> Total number of center-based providers: 149 Total number of home-based providers: 60	
Brief Description: The purpose of this grant is to provide Child Care Health Consultation services to 149 center-based providers and 60 home-based providers in the First Things First Pima North Region, Pima South Region, Pascua Yaqui Region, and the Tohono O’odham 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@azftf.gov Phone: (602) 771-5043

GOVERNMENT AGREEMENT

GRA-STATE-19-0973-01

Between The
Arizona Early Childhood Development and Health Board
(First Things First)
And
Pima County Health Department
(Grantee)

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 Pima North Region, Pima South Region, Pascua Yaqui Region, and the Tohono O'odham 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 target population for the Child Care Health Consultation program is 149 center-based providers and 60 home-based providers enrolled in Quality First.

FTF requires grant partners to submit the following types of data for the Child Care Health Consultation 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 Information

The 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 \$468,160.00, 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@azftf.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:

Director
Pima County Health Department
3950 S. Country Club Road, Suite 100
Tucson, AZ 85714

XIII. Grantee Assurances

Grantee's Authorized Official to initial the following:

GENERAL

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

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

PROGRAMMATIC

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

- UNH To consult with FTF in the planning of public awareness/marketing strategies such as websites, advertising or media campaigns.

EVALUATION

- UNH To provide regular and timely reporting and to participate in all pertinent First Things First research and evaluation efforts.
- UNH 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.
- UNH 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.
- UNH 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
PIMA COUNTY**

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

Richard Elías, Chairman
Pima County Board of Supervisors

Josh Allen
CFO/COO

Date

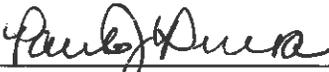
Date

Attest:

Clerk, Board of Supervisors

Date

Approved as to form:



Deputy County Attorney



Date

Approved as to content:



Department Representative



Date

Government Agreement Attachments and Exhibits

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

Attachment A - Profile

Agency/Organization Profile

A. Grantee Information:

Agency/Organization Pima County Health Department Contact Person Victoria Altamirano

Address 3950 S Country Club Rd. Ste 100 Position Program Manager, Sr

Address _____ Email Victoria.altamirano@pima.gov

City, State, Zip Tucson, AZ 85714

Phone 520-724-3961 Ext _____ County Pima

Employer Identification Number: 86-6000543

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 # 7

Legislative district (state) in which agency provides most services: District # 25, 26, 27, 28, 29, 30
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? \$ 40,956,040
(FY2017 actual amount)

Agency's fiscal year-end date: June 30, 2018

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: 3910 N 44th Street, Phoenix, AZ 85018

Phone: (602)553-0333

GRA-STATE-19-0973-01

B. Program Details:

Program Name: Pima County Health Department Child Care Health Consultation

(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: Pima County including Pascua Yaqui Tribal lands and the Tohono O’odham Sovereign Nation

Brief Program Description (250 words or less):

Pima County Health Department provides health and safety consultation training, technical assistance and referral services to childcare providers enrolled in the First Things First Quality First program utilizing public health nurses and a registered dietician, all of whom are graduates of the curriculum of the National Training Institute for Child Care Health Consultants. Consultation may address long-term program improvement goals or assistance with addressing short-term health and safety problems. The CCHC services funded through this contract are available in all areas of Pima County including the Tohono O’odham Nation and the Pascua Yaqui Tribal areas.

Strategy and Proposed Service Units

Child Care Health Consultation

Number of centers/homes served:

- **Center-based providers: 149**
 - **Pima North: 101**
 - **Pima South: 40**
 - **Pascua Yaqui: 0**
 - **Tohono O’odham: 8**

- **Home-based providers: 60**
 - **Pima North: 25**
 - **Pima South: 35**
 - **Pascua Yaqui: 0**
 - **Tohono O’odham: 0**

C. 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: Victoria Altamirano	Email: Victoria.altamirano@pima.gov
	Title/Position: Program Manager, Sr	Phone: (520)724-3961
	Physical Address (if different than the agency address):	
Finance Contact	Name: Candace Moore	Email: Candace.moore@pima.gov
	Title/Position: Finance Analyst Supervisor	Phone: (520)724-7783
	Physical Address (if different than the agency address): - 130 W. Congress, 4 th Floor Tucson, AZ 85701	
Program Contact	Name: Carol Baker	Email: Carol.baker@pima.gov
	Title/Position: CCHC- Nurse Lead/Public Health Nurse	Phone: (520)724-7828
	Physical Address (if different than the agency address):	
Evaluation Contact	Name: Victoria Altamirano	Email: Victoria.altamirano@pima.gov
	Title/Position: Program Manager, Sr	Phone: (520)724-3961
	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.

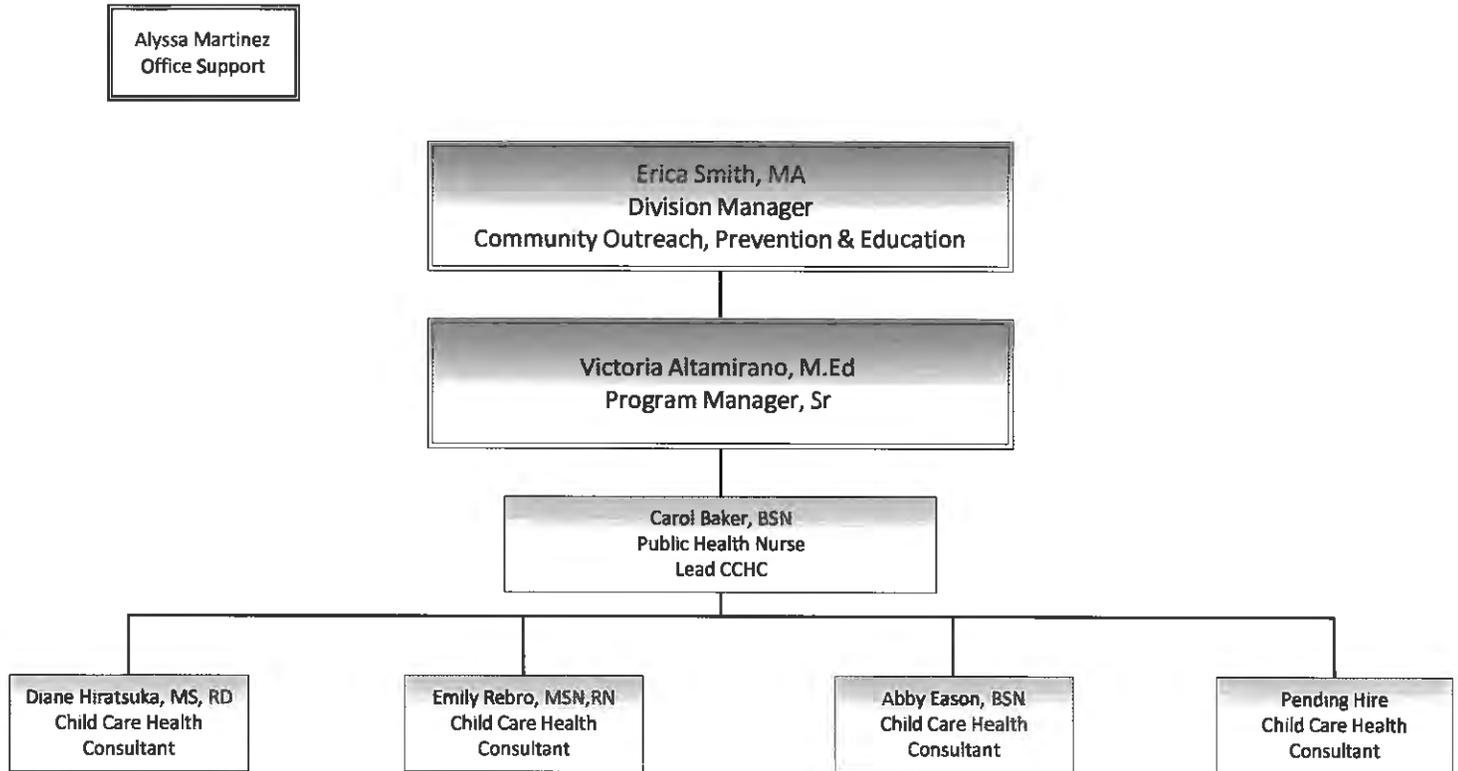
Key Personnel - those individuals directly responsible for program implementation/services and are fully or partially funded through the proposed program.			
Name/ Position Title	Background/Experience* (include qualifications that align with the Standards of Practice)	Key Roles and Responsibilities	FTEs funded through the program
<i>Victoria Altamirano, M.Ed. Program, Manager Sr</i>	<i>More than 15 years of experience working in the public health field. Management experience in Public Health exceeds 15 years Education includes a Masters Degree in Education and Bachelors Degree in Monogement</i>	<i>The Program Manager SR provides administrative leadership and oversight of the Maternal/Child Health Programs within the Community Outreach, Prevention & Education Division. This pasitian provides direct managerial oversight of the Child Care Health Consultant FTF grant</i>	<i>.60</i>
<i>Carol Baker, BSN Public Health Nurse – Lead CCHC</i>	<i>Provides health and safety consultation in childcore programs for 8 years. Graduate of the Notional Training Institute for Child Care Health Consultants</i>	<i>Provide assessment, consultation, referral and training to Quality First-enrolled programs. Assist with program management in the absence of the program manager. Provide manitoring and leadership for CCHC's</i>	<i>.50</i>
<i>Diane Hiratsuka, MS, RD Registered Dietitian CCHC</i>	<i>Provides health and safety consultation in child care programs for 8 years</i>	<i>Provides assessment, consultation, referral and training to Quality First-enrolled programs</i>	<i>.80</i>
<i>Emily Rebro, BSN Public Health Nurse CCHC</i>	<i>Provides health and safety consultation in child care programs far 2 years</i>	<i>Provides assessment, consultation, referral and training to Quality First-enrolled programs</i>	<i>1</i>
<i>Abby Eason, BSN Public Health Nurse CCHC</i>	<i>Provides health and safety consultation in child care programs for 9 years</i>	<i>Provides assessment, consultation, referral and troining ta Quality First-enrolled programs</i>	<i>.80</i>
<i>Alyssa Martinez Office Support III</i>	<i>Administrative Suppart to various programs within Pimo County Health Department</i>	<i>Provide administrative support to program and program staff. Coordinotes, schedules, and organizes program calendars, appointments and meetings. Coordinates support activities such as purchasing ond program specific functions</i>	<i>.50</i>

<i>Pending Hire Public Health Nurse CCHC</i>	<i>Provides health and safety consultation in child care programs</i>	<i>Provides assessment, consultation, referral and training to Quality First- enrolled programs</i>	<i>1</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:			4.75

* 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.

Program Organization Chart

Include a Program Organization Chart that represents all personnel involved in program implementation - those that are fully or partially funded through the program and those that are provided in-kind to support some aspect of the program. The chart should illustrate administrative, supervisory, financial, and data collecting/reporting positions - and should differentiate between the funded and in-kind positions in some manner, such as a different background color in the chart. If subcontracting with an agency - list the agency (preferably in another color); the total number of positions involved in program implementation; and identify who has supervisory oversight of the subcontractor.



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.

The Child Care Health Consultation (CCHC) Program in Pima County provides assessment, consultation, professional development, support and referral to resources for early care and education programs enrolled in First Things First Quality First Program. The program is part of the Pima County Health Department and operates within the Community Outreach, Prevention & Education Division. Using a prevention based approach, CCHC staff offer a variety of services to participants that are designed to educate and empower as well as improve and sustain safe and healthy environments for the children enrolled participants serve. Services include but are not limited to:

- *Guidance and consultation (in-person/on-site, telephone, email, etc.)*
- *Training on health and safety licensing requirements*
- *Training on evidence based best practices*
- *Assistance in the development of health and safety policies and procedures*
- *Assistance in the development of infection control and chronic disease management policies*
- *Referrals to community resources*
- *Assistance in identifying and training health and safety specialists that work within establishment*
- *Distribution (when available) of tools and supplies that support trainings and education given*
- *Administration of a Health and Safety Checklist (upon enrollment and then annually, assuring*

Program services are delivered according the First Things First Child Care Health Consultation Model and follow the Tiered Model of Service Delivery described in the CCHC Standard Operating Procedures. Specifically, upon receiving notice/referral from First Things First that a provider is enrolled in Quality First and seeking CCHC services, the lead CCHC will assign a CCHC for the provider. The assigned CCHC will make contact with the provider to introduce the program and schedule an in-person meeting. At the in-person meeting, the assigned CCHC will go over the CCHC strategy, describe available services offered in each tier and review the Health and Safety Checklist. Once the checklist is reviewed and/or completed (all 1 and 2 star rated early care and education programs will complete the health and safety checklist and be given priority for service delivery) needs will be determined. Based on the meeting, the CCHC will

recommend and encourage an appropriate tier level; however, the assigned CCHC and the provider mutually agree upon the Tier level assigned. The assigned provider and tier level are entered into the Quality First Extranet data system. During the course of program participation, participants can move their tier service level by contacting their assigned CCHC. The CCHC will assure that all goals identified at their current level are completed before the level adjustment is made (only if moving from a higher level to a lower level). Participants are contacted at the beginning of each fiscal year to reassess their tier level.

- B. Provide a description of the following related to the target population to be served by the proposed strategy:
- How the program will specifically address the target population identified in this agreement.

PCHD addresses the target population by offering inclusive series that create an environment conducive to the unique needs of the population. Services are adjusted to support the needs of the population. The CCHC program in Pima County strives to ensure that forms and educational materials are readable, language and literacy level appropriate.

- The proposed units of service to reach in alignment with the Target Services Units stated in this Scope of Work.

PCHD proposes to implement the Quality First Program in 209 centers/homes during FY19. All participants will be located in the Pima North, South, Pascua Yaqui and Tohono O'odham Regions.

Child Care Health Consultation

Number of centers/homes served: 209

- *Center-based providers: 149*
 - *Pima North: 101*
 - *Pima South: 40*
 - *Pascua Yaqui: 0*
 - *Tohono O'odham: 8*

- *Home-based providers: 60*
 - Pima North: 25
 - Pima South: 35
 - Pascua Yaqui: 0
 - Tohono O’odham: 0

- How the program will meet the needs of the targeted population in terms of being culturally responsive, linguistically appropriate, age appropriate and gender responsive.

It is the policy of PCHD to ensure positive healthcare outcomes by providing socially, culturally, and linguistically appropriate services. In an effort to achieve health equity PCHD provides services to a diverse population in a culturally competent manner by following the National Standards for culturally and Linguistically Appropriate Services (CLAS). Education is provided in a person-centered manner to assure that participants understand, are informed, educated and involved in the discussion.

PCHD strives to recruit and retain culturally diverse staff representative of the population in PCHD’s service area. PCHD staff are experienced in providing culturally and linguistically appropriate care, and regularly receive county sponsored trainings, seminars and on-line webinars on cultural sensitivity, which includes disabilities and gender related issues. PCHD also provides staff and clients with a translation service available to assist in communicating with clients who primarily speak a language other than English or Spanish.

PCHD has worked for decades to ensure forms and educational materials are readable, language and literacy level appropriate. PCHD will continue to use its experience providing programming for young children to ensure interventions are age-appropriate, and will enforce experience with children and public health as a preferred qualification for seeking employment or contracting with the program.

- How the program will specifically retain and support programs receiving CCHC services.

PCHD takes a collaborative approach to program implementation by providing program participants with timely services and effective communication. The program works closely with participants to determine need and then provides education and technical support. PCHD’s program also offers support surrounding the complex nature of the early childcare system by assisting participants with policies and procedure development, education on various regulatory requirements and offers networking opportunities with other organizations like; Quality First, Arizona Department of Health Services (Office of Child Care Licensing, Bureau of Women’s & Children’s Health, Bureau of Nutrition & Physical Activity) and Arizona Department of

Economic Security, that offer support and guidance. Collaboration with other First Thing First grantees occurs with Easter Seals Blake and Child & Family Resources. These efforts strengthen the program, avoid duplication of services and assist in retaining program participants. Program staff also network with multiple agencies that allows the exchange of information for mutual benefit. Networking organizations include Child Fatality Review Board, Az State Safe Sleep Task Force, First Things First Regional Council, and the Tohona O’Oodham Regional Partnership Council.

- 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 core of the CCHC program is the personnel. When hiring and promoting staff, the Child Core Health Consultation program identifies individuals with relevant experience and interest in promoting health and safety in childcare. The Pima County Health Department has the infrastructure to develop skills in leadership, communication, health, and other areas through trainings and mentorship. The department also encourages staff to attend outside trainings, symposiums, and conferences to keep current in their field. CCHC’s commitment to staff development in conjunction with the department’s established infrastructure provides health and safety expertise not only to Quality First participants, but to the wider childcare community as well.

Residing within the Pima County Health Department also provides the CCHC program with a wealth of internal resources. CCHCs refer childcare providers, staff, and families to programs such as epidemiology, clinics, the Women, Infants, and Children (WIC) program, First Smiles Matter, and ASHLine, among others. External partners of the department expand capacity even further. These include the Arizona Department of Health Services (Office of Child Care Licensing, Bureau of Women’s and Children’s Health, Bureau of Nutrition and Physical Activity) and the Arizona Department of Economic Security. The Pima County Health Department’s ability to reach out to community partners at all levels creates opportunities for the CCHC program to expand its reach and resources.

CCHCs also draw on department resources for translation services, material design, and editing, publishing, and administrative tasks. These resources allow for greater program efficiency as well as a unified, professional appearance in materials and communications.

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

Barriers PCHD has identified over the past year has been the ability to hire and retain qualified staff for the CCHC Program, specifically, CCHC's. Historically the Department has recruited registered nurses (public health nurse) to fulfill this role, however, due to the increasing demand for nurses it has been difficult to hire at our current salary structure. The lower pay typically recruits new graduates, which do not always meet the staffing qualifications required by First Things First. PCHD has also tried hiring other health professionals such as a Registered Dietitians and an Occupational Therapist, which has and has not been successful. The Department has requested a formal salary study to be done on this classification with the hopes that the salary will be raised and recruitment/retention will be successful. PCHD will also make sure to align all recruitment strategies with the CCHC SOP for Staffing to assure that potential candidates have a strong background in public health and early childhood education.

- 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.

To date, the PCHD CCHC program is fully staffed. Personnel recruitment and selection follows Pima County Merit System Rules (MSR) and Personnel Policies. As stated in MSR 4.1, "Recruitment efforts shall be planned and carried out in a manner that ensures open completion. Development and implementation of recruitment plans shall be a cooperative venture between departments and Human Resources and shall be based on projected workforce needs and labor market conditions, as well as the need for recruitment of minorities, women and other groups where there is under representation in the County's workforce". Further information on the recruitment, selection and application process can be found at http://webcms.pima.gov/government/human_resources/ (Rules and Policies – Merit System Rules and Personnel Policies). Recruitment is conducted using the County Wide Classification System, minimum qualifications for each position are set by Pima County Human Resources; however, programs can specify preferred qualifications. For example, if the minimum qualification is a Bachelor of Science Degree in Nursing, the program can further specify that applicants have a year of public health experience or experience with maternal/child health programming. The PCHD CCHC program will utilize the FTF CCHC SOP staffing qualifications as preferred qualifications for future recruitment. Staff are housed at the Abrams Public Health Center, which is close to the freeway, allowing easy access to most of the geographic regions served by the program.

- 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.

Collaboration with technical assistance providers such as coaches, mental health specialists and inclusion specialists occurs on a per center basis to discuss the best approach for support and education for the participant. CCHCs attend quarterly collaboration meetings for all Tier 3 centers at the invitation of the coach. CCHCs also attend collaboration meetings for Tier 1 and Tier 3 centers if requested by any TA provider and/or the participant. In addition, CCHCS routinely invite coaches to discuss Health and Safety Checklist Assessment results with the provider, with provider permission. When assigned a center, CCHCs often contact the coach to let them know a new CCHC was assigned, request any relevant site information, and offer assistance with health and safety topics. CCHCs plan to make this a standard practice in the next contract year.

CCHCs strive to be a health and safety resource for all technical assistance providers. CCHCS have provided answers to TAs questions about and requests for health and safety resources and trainings via email, phone, and in person. TA providers attend each other's trainings when possible. For example, coaches and a Make Way for Books TA provider attended hand washing, sanitation, and diapering CCHC trainings. A CCHC attended a Make Way for Books training, a coach's training on ECERS, and Child and Family Resource trainings as well. CCHCs plan to continue inviting coaches to trainings and attending other TA trainings when possible. CCHCs also provide information to coaches through the quarterly CCHC newsletter, which has updates, resources, and trainings on health and safety topics. This newsletter is shared with the wider early childhood community through the SAzAIEYC listserv. All TAs have opportunities to train together at the Quality First Collaboration of Learners sessions and symposium. All CCHCs also attend the Collaboration Breakfast for TAs and licensing. CCHCs current staff plan to train new staff in the importance of collaboration with all TA providers.

CCHCs collaborate and support DHS licensing surveyors as outlined in the Standards of Practice. TA supervisors, including the CCHC lead, collaborate with DHS licensing supervisors to ensure accurate and timely information is provided to Quality First participants. The supervisors meet regularly throughout the year at the DHS Tucson office. The committee also holds a panel discussion at the SAzAIEYC annual conference. The CCHC lead will continue to participate in this committee and the panel discussion in the 2018-19 contract year. CCHCs also support DHS by promoting the Empower program. Empower program information is included in the CCHC Initial Visit information and online trainings are listed in every CCHC quarterly newsletter. CCHCS also provide trainings on Empower topics, have completed the Train the Trainer Empower course, and promote Empower policy development and parent communication.

CCHCs support community collaboration efforts as outlined in the standards of practice. CCHCs participate in the following committees: the Tohono O'odham Nation Head Start Health Services Advisory Committee, Child Fatality Review Board, Safe

Sleep quarterly Task Force, COIIN online meetings, First Focus on Kids, Early Childhood Partnership of Southern Pima County, South Pima Coordination of Services Meeting, and University of Arizona Cooperative Extension Garden Kitchen courses for Child Care Providers. CCHCs will continue to collaborate with and support these community partners in the 2018-19 contract year.

As the technical assistance provider for Arizona, PCHD works closely with Maricopa County Health Department and meet at least quarterly in person or over the phone to assure that the CCHC and HHS training is standard statewide. Discussions include updating training and follow up on new ideas attempted to align statewide training.

PCHD also works closely with the Departments Epidemiology and Infection Control Team, FTF Oral Health Program and Public Health Nursing to achieve the desired outcomes of the program. Collaborative activities that align with the scope of work include: quarterly learning collaborative (HHS Specialists), professional development registration and training activities offered by the Arizona Early Childhood Workforce Registry, Arizona Department of Health Services (Empower), United Way, Department of Economic Security, Southwest Human Development and Easter Seals Blake Foundation.

- 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.

PCHD collects data as required by FTF and enters it into the PGM System. Data for each center is entered by the assigned CCHC. All data is entered within 5 days of the visit by the CCHC conducting the visit. Quality Assurance of data collection is done informally quarterly by the lead CCHC. During this, FY Pima plans to develop and implement a formal review process to assure that all data is entered timely and accurate, submitted per guidelines and collected in a secure manner. Program data is used to assure that program outcomes are being met, centers are located within the targeted geographic area and staff are meeting assigned caseload.

Attachment D - Implementation Plan

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

I. Organizational Infrastructure - including but not limited to the following activities. Add additional rows as needed.				
<ul style="list-style-type: none"> ○ 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. ○ The development/updating of policies and procedures for program implementation ○ Determination of staff assignments 				
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
<i>Recruitment: Hire/maintain qualified individuals to provide child care health consultation services to participating Quality First Programs</i>	<i>1. Assure compliance with qualifications for FTF-funded Child Care Health Consultants (CCHCs) and comply with county requirements to hire qualified personnel.</i>	<i>Program Manager and Lead CCHC</i>	<i>Ongoing</i>	<i>Submit a Staff Notification Form and curriculum vitae of newly hired staff to FTF Partner Extranet (PGMS)</i>
	<i>2. Newly hired CCHCs will complete training based on the curriculum of the National Training Institute for Child Care Health Consultants</i>	<i>Lead CCHC</i>	<i>Within three (3) months of hire</i>	<i>Confirmation of course completion submitted to FTF</i>

<i>Professional Development: Provide CCHC Program Management</i>	<i>1. Provide opportunities for continued knowledge and skill development of CCHC's providing services under this contract</i>	<i>Program Manager and Lead CCHC</i>	<i>Ongoing</i>	<i>Report of attendance in Quarterly Reports</i>
	<i>2. Facilitate attendance at FTF-Sponsored CCHC statewide training or coordination of events including training coordinated by the training and technical assistance contractors</i>	<i>Program Manager and Lead CCHC</i>	<i>As scheduled</i>	<i>Report of attendance in Quarterly Reports</i>
	<i>3. Provide supervision, disciplinary actions, performance plans and performance appraisals for staff. Assure compensation and benefits for staff are in compliance with county policies</i>	<i>Program Manager and Lead CCHC</i>	<i>Ongoing</i>	<i>Employment records of staff in compliance with Pima County policies</i>

<p><i>Enrollment: Receive and respond to referrals of Quality First enrolled providers for CCHC services in the model prescribed by FTF.</i></p>	<p><i>1. Lead CCHC assigns to CCHC within five (5) days of notification</i></p> <p><i>2. CCHC will make initial contact by phone with a request to allow an in-person visit from the CCHC. At the in-person visit, the provider and CCHC will determine level of services provided</i></p>	<p><i>1. Lead CCHC and Program Manager</i></p> <p><i>2. All CCHC staff</i></p>	<p><i>1. Within 5 days of notification</i></p> <p><i>2. As assigned</i></p>	<p><i>Reports of activities in Quarterly Narrative</i></p> <p><i>PGMS</i></p>
<p><i>Implementation: Serve providers enrolled in Quality First receiving CCHC services using the tier level service model</i></p>	<p><i>1. Review of health & safety assessments, consultation, training and referral(s) to other providers. Assure that scheduling of services are appropriate to accomplish the provider's health & safety goals</i></p> <p><i>2. Use tools, methods and guidelines specified by the grantor</i></p> <p><i>3. Document activities with providers in the prescribed data collection system within five (5) working days</i></p>	<p><i>All CCHC Staff</i></p>	<p><i>On-Going</i></p>	<p><i>PGMS</i></p>

IV. Coordination and Collaboration (including but not limited to the following activities)

- Describe the process for and implementation of collaboration efforts:
 - Within your organization, across unit/team coordination, 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.

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
<i>Collaboration: PCHD to collaborate with Maricopa County to update NTI training plans</i>	<i>Following completion of a CCHC training series Pima County will collaborate with Maricopa County to review standardizing all training series materials throughout the state</i>	<i>Lead CCHC-TA Grant Coordinator</i>	<i>As needed</i>	<i>Reports of activities in Quarterly Narrative</i>
<i>Collaboration: with other Early Childhood programs</i>	<i>Schedule/participate in case coordination meetings, communities of learners & other opportunities to support positive transitions between a child's learning and development and development in early childhood and the first years of schooling</i>	<i>All CCHC staff</i>	<i>Ongoing</i>	<i>Reports of activities in Quarterly Narrative</i>
<i>Collaboration: Workforce Training and Development</i>	<i>Work with other CCHC programs in Arizona, Child Care Providers, and Quality First Staff to offer appropriate trainings and education to HHS and CCHC staff</i>	<i>Program Manager, Sr Lead CCHC – TA Grant Coordinator</i>	<i>Quarterly</i>	<i>Reports of activities in Quarterly Narrative Quarterly Newsletter</i>

V. Continuous Quality Improvement (CQI)

- Staff supervision including program directors/managers, supervisors, line staff, and administrative staff (e.g. individual supervision, team meetings, staffing, chart reviews, observation and shadowing, etc.)
- Review of program implementation and current CQI methods (e.g., data collection, surveys, participant feedback, etc.) to inform ongoing work
- Ongoing review and updating of program policies and procedures

<p><i>Quality Improvement: Review of documentation</i></p>	<p>1. <i>Review of health & safety assessments, consultation, training and referral(s) to other providers. Assure that scheduling of services are appropriate to accomplish the provider's health & safety goals</i></p> <p>2. <i>Use tools, methods and guidelines specified by the grantor</i></p> <p>3. <i>Document activities with providers in the prescribed data collection system within five (5) working days</i></p>	<p><i>Lead CCHC</i></p> <p><i>All CCHC Staff</i></p>	<p><i>Ongoing</i></p> <p><i>Ongoing</i></p>	<p><i>Reports of activities in Quarterly Narrative</i></p>
<p><i>Performance Management</i></p>	<p><i>Staff receive annual performance appraisals and performance plans</i></p>	<p><i>Program Manager, Sr Lead CCHC – TA Grant Coordinator</i></p>	<p><i>Annually</i></p>	<p><i>Completed plans and appraisals</i></p>
<p>VI. Data Collection, Reporting and Evaluation</p> <ul style="list-style-type: none"> ○ Ongoing data entry ○ Reporting and submission of data and narrative reports to FTF, State and National Offices ○ External evaluation, if applicable 				
<p>Activity <i>a major unit of work for strategy implementation</i></p>	<p>Task(s) <i>set of specific steps or actions to complete the activity</i></p>	<p>Person(s)/Roles Responsible</p>	<p>Timeframe Task(s) Will Be Completed <i>A date, range of dates or frequency (daily, weekly, monthly, quarterly, annually)</i></p>	<p>Supporting Documentation</p>

<i>Data Entry</i>	<i>CCHC staff collect and enter required data within 5 days of the visit into PGMS</i>	<i>All CCHC Staff</i>	<i>On- Going</i>	<i>PGMS</i>
<i>Quarterly Reports</i>	<i>Program Manager and lead CCHC collects data from PGMS to write and submit quarterly narrative report</i>	<i>Program Manager, Sr Lead CCHC</i>	<i>Quarterly</i>	<i>Quarterly Report</i>
VII. Financial Oversight and Management <ul style="list-style-type: none"> ○ Review of budget ○ Reimbursements ○ Modifications 				
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
<i>Budget Management: Program Management</i>	<i>1. Oversee budgets & procurement of program supplies</i>	<i>Program Manager, Sr</i>	<i>Ongoing</i>	<i>Reports submitted in PGMS</i>
	<i>2. Oversee compliance with contract and implementation plan requirements</i>	<i>Program Manager, Sr, Lead CCHC</i>	<i>Ongoing</i>	<i>Reports submitted in PGMS</i>
	<i>3. Prepare quarterly reports of CCHC activities for submission in the Partner Grants Management System (PGMS)</i>	<i>Lead CCHC</i>	<i>October 20, 2018 January 20, 2019 April 20, 2019 July 20, 2019</i>	<i>Reports submitted in PGMS</i>
	<i>4. Preparation and submission of invoices for payment</i>	<i>Pima County Grants Management</i>	<i>Monthly</i>	<i>Expenditure reports and invoices</i>
	<i>5. Monitoring of program revenues and expenses</i>	<i>Pima County Grants Management</i>	<i>Monthly</i>	<i>Pima County Financial Management System</i>

VIII. Other

Include any additional components and activities associated with the proposed program not listed above.

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

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	\$273,300
Salaries	.50 Lead CCHC RN, 2.8 CCHC RN, .8 CCHC RD, .60 Program Mgr, .50 Admin Support	\$273,300	
EMPLOYEE RELATED EXPENSES		Employee Related Expenses Sub Total	\$81,032
Fringe Benefits or Other ERE	.50 Lead CCHC RN, 2.8 CCHC RN, .8 CCHC RD, .60 Program Mgr, .50 Admin Support	\$81,032	
PROFESSIONAL AND OUTSIDE SERVICES		Professional & Outside Services Sub Total	\$
Contracted Services			
TRAVEL		Travel Sub Total	\$12,401
In-State Travel Out-of-State Travel	Mileage, motor pool and in-state meetings and conferences Travel to American Public Health Association Annual Meeting	\$12,401	
AID TO ORGANIZATIONS OR INDIVIDUALS		Aid to Organizations or Individuals Sub Total	\$
Subgrants or Subcontracts to organizations/agencies/entities			
OTHER OPERATING EXPENSES		Other Operating Expenses Sub Total	\$58,867
<ul style="list-style-type: none"> • Telephones/Communications Services • Internet Access • General Office Supplies • Food • Rent/Occupancy • Evaluation (non-contracted & non-personnel expenses) • Utilities • Furniture • Postage • Software (including IT supplies) • Dues/Subscriptions • Advertising • Printing/Copying • Equipment Maintenance • Professional Development (Staff Training, Conferences, Workshops, Training Fees for Staff) • Insurance • Program Materials • Program Supplies • Scholarships • Program Incentives 	<ul style="list-style-type: none"> Desk phones, cell phones Internet access (Wi-Fi) Office Supplies Snacks/water for trainings Program Postage Professional Memberships/Books Program Printing Cost Computer Lease Conference Fees Professional Development Supplies for program implementation Incentives for Child Care Programs and Outreach 	<ul style="list-style-type: none"> \$6,120 \$3,000 \$3,500 \$1,200 \$120 \$3,500 \$2,000 \$4,900 \$3,450 \$4,333 \$12,744 \$14,000 	
CAPITAL EQUIPMENT		NON-CAPITAL EQUIPMENT	\$
Equipment \$5,000 or greater in value			
NON-CAPITAL EQUIPMENT		Non-Capital Sub Total	\$0
Equipment \$4,999 or less in value			
Subtotal Direct Program Costs:			\$425,600
ADMINISTRATIVE/INDIRECT COSTS		Total Admin/Indirect	\$42,560
Indirect/Admin Costs		\$42,560	
Total			\$468,160

Authorized Signature *Marcelyn Trujillo* Date 7.25.18

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

Description	Number	Unit	Rate	Total
1 Program Manager Sr CCHC- V. Altamirano (.60 FTE)	1248	Hour	\$29.00	\$36,192
1 Supervising RN - C. Baker (.50 FTE)	1040	Hour	\$29.89	\$31,086
1 CCHC RN- A. Eason (.8 FTE)	1664	Hour	\$29.56	\$49,188
1 CCHC RN- E. Rebro (1 FTE)	2080	Hour	\$23.15	\$48,152
1 CCHC RD-D. Hiratsuka (.8 FTE)	1664	Hour	\$23.42	\$38,971
1 CCHC VACANT (1 FTE)	2080	Hour	\$26.44	\$54,995
1 Administrative Staff A. Caballero (.50 FTE)	1040	Hour	\$14.15	\$14,716

Personnel Salary Total

\$273,300

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

Description	Number	Unit	Rate	Total
1 Program Mgr Sr - V. Altamirano (.60 FTE)	1248	Hour	Actual Cost	\$13,328
1 Supervising RN- C. Baker (.50 FTE)	1040	Hour	Actual Cost	\$ 8,914
1 CCHC RN- A. Eason (.8 FTE)	1664	Hour	Actual Cost	\$12,247
1 CCHC RN- E. Rebro (1 FTE)	2080	Hour	Actual Cost	\$14,700
1 CCHC RD-D. Hiratsuka (.8 FTE)	1664	Hour	Actual Cost	\$18,722
1 CCHC Vacant (1 FTE)	2080	Hour	Actual Cost	\$10,178
1 Administrative Staff A. Caballero (.50 FTE)	1040	Hour	Actual Cost	\$ 2,943

ERE and Fringe Benefit

\$81,032

Professional and Outside Services: If professional consultants/services costs are proposed in the budget, define how the costs for these services were determined and the justification for the services related to the program. Explain how all contracts will be procured.

Travel: Separate in-state and out-of-state travel. Include a detailed breakdown of hotel, transportation, meal costs, etc. Indicate the location(s) of travel, the justification for travel, how many employees will attend and how the estimates have been determined. Applicants **must** use the State of Arizona Travel Policy on rates limitations for mileage, lodging, and meals (<https://gao.az.gov/travel/welcome-gao-travel>) for both in-state and out-of-state travel.

Description	Number	Unit	Rate	Total
Local Mileage (Reimbursement)	9,000	Miles	\$.445	\$4,005
Motor Pool	10	Daily Charge	\$55.00	\$ 550
In-State Travel & Training to Phoenix Meetings/Continuing Education	5	240 miles	1200 x \$.445	\$ 534
FTF 2018 Summit	7	Daily Govt Hotel Rate	\$124	\$ 868
Strong Families Conference 2018	7	Daily Govt Per Diem Rate x 2 days	\$49	\$ 686
	5	Daily Govt Hotel Rate	\$124	\$ 620
	5	Daily Govt Per Diem Rate x 2 days	\$49	\$ 490
Out-of-State Travel Send 4 staff to attend the Annual American Public Health Association Meeting being held November 10-14, 2018 in San Diego, CA				
Lodging	4	Daily Govt Hotel Rate x 4 nights	\$153	\$2,448
Per Diem (Food)	4	Daily Govt Per Diem Rate x 5 days	\$54	\$1,080
Airfare	4	Roundtrip Flights from Tucson, Az	\$280	\$1,120

Sub-Total Local and Training Travel

\$12,401

Aid to Organizations or Individuals: In the event that this application represents collaboration and you will be utilizing subcontractors (including subgrantees) to perform various components of the program, include a list of subcontractors, programmatic work each subcontractor will perform, and how costs for each subcontractor are determined.

Other Operating Expenses: Explain each item to be purchased, how the costs were determined and justify the need for

the items. All purchases should be made through competitive bid or using established purchasing procedures. Items can only be categorized in the following line items: Telephones /Communications Services, Internet Access, General Office Supplies, Food, Rent/Occupancy, Utilities, Furniture, Postage, Software (including IT supplies), Dues/Subscriptions, Advertising, Printing/Copying, Equipment Maintenance, Professional Development (Staff Training, Conferences, Workshops, and Training Fees for Staff), Insurance, Program Materials, Program Supplies, Scholarships, and Program Incentives.

Telephones, Computers & Communications Services

Description	Number	Unit	Rate	Total
<u>Internet Access</u> -5 MI-Fi for Field Use	12	Monthly Service	\$50.00	\$3,000
<u>Cellphone Service</u> 6 CCHC staff	12	Monthly Service	\$50.00	\$3,600
<u>Desk Phone Service</u> 7 CCHC program staff	12	Monthly Service	\$30.00	\$2,520
<u>Postage & Freight</u> – marketing mailings, documents for CCHCs -	12	Monthly standard mail	\$10.00	\$120
<u>Printing</u> for handouts, flyers, Brochures, training materials, etc.	1	Annual Supply	Varies	\$2,000
<u>Computer Lease</u> fees for staff computers	7	Annually	\$700	\$ 4, 900
Sub-total Communications				\$16,140

General Office Supplies & Equipment

Description	Number	Unit	Rate	Total
<u>Office Supplies</u> General Office Supplies	7 staff	Annual Supply	\$500	\$3,500
<u>Food</u> – Snacks and water for trainings offered by CCHC staff	12	Mo	\$100	\$1,200
<u>Dues/Subscriptions/Books</u> - APHA Dues (annual membership fee for program), annual staff allowance for professional books	1	Annually	\$500	\$500
	6	Annually	\$500	\$3,000

Program Supplies – Supplies for program implementation, evaluation and continuous quality improvement	1	Annually	\$3,450	\$3,450
Program Materials -Brochures, CD's, Pamphlets, materials for trainings, materials for centers (sleep sacks...)		Annually	Varies per item purchased	\$12,714
Professional Development Registration for 4 staff to attend 2018 APHA Annual Conference	4	Ea	\$735	\$2,940
Registration for 7 staff to attend 2018 FTF Summit	7	Ea	\$199	\$1,393
Incentives for Child Care Programs and Outreach Books i.e., Medical Emergencies, Recognizing Common Illnesses in Early Childhood Settings, Active Play and promotional items to market the program via outreach events and educational opportunities throughout Pima County		Annually	Varies per item purchased	\$14,000
Sub-total General Office Supplies & Equipment				\$42,697
Grand Total for Other Operating Expenses				\$58,837
Capital Equipment: <i>If allowable within the scope of the grant - For items that are tangible, non-expendable, and movable having a useful life of more than one year and a value of \$5,000 or greater, explain each item to be purchased, how the costs were determined and justify the need for the items based on the scope of work and the benefit to the program. All purchases should be made through competitive bid or using established competitive purchasing procedures.</i>				
Non-Capital Equipment: <i>For items with a unit cost less than \$5,000 and an initial estimated useful life beyond a single year, explain each item to be purchased, how the costs were determined and justify the need for the items. All purchases should be made through competitive bid or using established purchasing procedures. For example, items such as computers, printers, projectors, etc. each with a unit cost less than \$5,000.</i>				
Administrative/Indirect Costs: <i>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.</i>				

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.

Description	Number	Calculation	Rate	Total
Administrative/Indirect	\$425,600	10% of direct costs	10%	\$42,560
Administrative/Indirect Cost Total				\$42,560

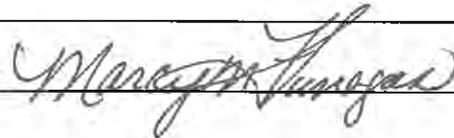
Applicants must list either Option A or Option B and provide proper justification for expenses included:

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



Date 7.25.18

Funding Sources and Financial Controls

A. Funding Sources. In the following table, identify other funding/resources (including federal, state, local and private funding) that the agency/organization will leverage to achieve the objectives of the proposed program. First Things First (FTF) funding can be used to enhance or expand the program funded by these additional funds, but FTF funding cannot supplant or be used to replace any existing state or federal funding for early childhood development and health programs.

Type of Funding (federal, state, local, private) and Agency/Organization Received From:	Brief Description of How the Funding Helps Achieve the Program Objectives	Amount
Total:		

B. Financial Controls.

Grantees will be expected to follow generally accepted accounting principles and be consistent with policies, regulations, and procedures that apply uniformly to all costs charged and expended by their agency/organization - across all funding sources.

Describe the financial controls and accountability measures the agency/organization will employ for the use of FTF funding for the proposed program.

Fiscal Internal Control – Each Finance employee has well defined, standardized, performance expectations, with their documented performance rated against these criteria at least annually. Through supervisory monitoring, individualized intervention (if needed) is provided regularly by the direct supervisor, to assure work meets or exceeds standards. Staff are provided training on various systems used to fulfill accounting responsibilities, such as AMS and ADP, exporter, etc. Additionally, Pima County provides centralized Finance Administrative Procedures, followed by staff, with well-defined segregation of duty, fiscal authority and accountability. Finally, Grant Management Supervisors are well versed in each contract their staff supports, as well as the governing regulations. Fiscal centralization has increased efficiency and standardization of processes for the financial internal controls, and effective partnerships remain in place to ensure regular, effective communication with the grants’ programmatic staff. To improve internal control, Pima County implemented (July 2011) a new Enterprise Resource Program (ERP) called Advantage (AMS). This system, implemented across functional areas, has added workflow controls, standardization

and transparency.

Authorized Signature



Date 5.10.2018

Attachment G – Program Evaluation Information

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.

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 quarterly 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 Pima North Region, Pima South Region, Pascua Yaqui Region, and Tohono O’odham Region is 149-Quality First center-based providers and 60-Quality First home-based providers. The Pima North Regional Partnership Council provides services to the communities of Catalina Foothills, Mount Lemmon, Marana, Oro Valley, Rillito, the City of South Tucson, and the Central and Northern Foothills parts of Tucson, including ZIP codes: 85619, 85658, 85701, 85704, 85705, 85707, 85708, 85709, 85710, 85711, 85712, 85713, 85714, 85715, 85716, 85718, 85719, 85726, 85730, 85737, 85739, 85741, 85742, 85743, 85745, 85748, 85749, 85750, 85755 and the portion of ZIP code 85653 in Pima County. The region also includes Davis Monthan Air Force Base. As of July 1, 2014, ZIP codes 85746 and 85757, previously in the Central Pima region, are part of the Pima South region.

The Pima South Regional Partnership Council provides services to Pima South County including Ajo, Amado, Arivaca, Green Valley, Lukeville, Sahuarita, Sasabe, Summit View, Three Points, Vail and Why, and some Tucson ZIP codes. Pima South ZIP codes include: 85321, 85341, 85601, 85614, 85622, 85629, 85633, 85641, 85645, 85706, 85735, 85736, 85746, 85747, 85756 and 85757. The region also includes ZIP code 85645 in Santa Cruz County. The region does not include the portion of the Tohono O’odham Nation in Pima County nor ZIP code 85602 in Pima County. As of July 1, 2014, ZIP codes 85730 and 85748 are no longer within the Pima South region and are instead in the Pima North region.

The Pascua Yaqui Tribe Regional Partnership Council provides services on the Pascua Yaqui Tribe Reservation in the community of New Pascua.

The Tohono O’odham Nation Regional Partnership Council provides services throughout the tribal lands of the Tohono O’odham Nation in Arizona.

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: 209

- Center-based providers: 149
 - Pima North: 101
 - Pima South: 40
 - Pascua Yaqui: 0
 - Tohono O'odham: 8
 - Home-based providers: 60
 - Pima North: 25
 - Pima South: 35
 - Pascua Yaqui: 0
 - Tohono O'odham: 0
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.

Exhibit B - Links to Guidance Materials

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 represents 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>.

Revised December 2017