



Early Learning Coalition Plan

This Plan describes the early learning activities developed by the

SEMINOLE COALITION

for July 2006-June 2009.

Plan Approval Date: _____

Approved By: _____

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

Part 1. Coalition Identification and Information

Coalition Name:	Seminole County Coalition for School Readiness dba Early Learning Coalition of Seminole	FEIN #:	59-3664594
Address:	239 Rinehart Road Lake Mary, FL 32746	Mailing Address (if different)	
Phone:	407-871-1101	Fax:	407-871-1100
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Chairperson's Name: Edwin Wright
Address (if different than above): _____

Executive Director's Name: Ramicah Watkins

Counties represented by Coalition: Seminole

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

Chair Signature:	_____	Executive Director:	_____
Printed Name:	_____	Printed Name:	_____
Date Signed:	_____	Date Signed:	_____

Part 2. Community Plan**Community Plan (s. 411.01(5)(c)1.g., F.S.)****Background and Organizing Principles**

During the June 2004 Board Retreat, Seminole Coalition members identified two strategic goals as critical to the future work of the Coalition. Those are:

Strategic Goal One: Increasing community awareness of issues associated with high quality early education and care.

Strategic Goal Two: Expanding and enhancing resources available to promote high quality early education and care services.

These strategic goals framed five objectives intended to guide the development of all Coalition initiatives regardless of funding application or request.

Objective One: Coalition public policy and service delivery decisions will be research-based, data-driven, and outcome-focused to advance high quality childcare.

Objective Two: Seminole County early education and care providers will have the information necessary to provide high quality learning environments.

Objective Three: Seminole County parents will have the information necessary to select high quality early education and care providers.

Objective Four: Seminole County human service leaders will have the information necessary to include early education and care among the prevention strategies directed at reducing high school dropout rates and the incidence of early pregnancy.

Objective Five: Seminole County political and business leaders will have the information necessary to support high quality childcare.

The resources available to the Coalition through its allocation from the Agency for Workforce Innovation Office of Early Learning will target all of the above objectives during the July 2006 through June 2009 period.

It is the intent of the Coalition to implement as many of the specific activities referenced within this plan as possible. However, should changes be required, the Coalition reserves the right to substitute or add additional activities without modification of this plan as long as such are consistent with the strategic goals and objectives outlined above.

Additionally, the Coalition reserves the right to make provider rate changes and parent sliding scale fee changes in the event of an emergency or deficit.

Section 1. Vision

Response Assessment: Information Only

All Seminole County children will enter school ready and eager to learn.

Section 2. Mission

Response Assessment: Information Only

To advance high quality early education and care services offered to Seminole County children ages birth to 5 years of age, and to promote affordable before and after school care for our county's school age children.

To accomplish our mission, we strive to be a recognized and trusted authority in Seminole County for information regarding high quality school readiness and child care services. Through our efforts, parents can make informed choices when selecting childcare providers and community leaders can make informed decisions when faced with competing human service funding investments.

Section 3. Community Needs Assessment

Response Assessment: Evaluation

A. Community Demographics

Data from the 2004 American Community Survey shows Seminole County as home to almost 400,000 residents. Sandwiched between Orlando to the west and Daytona to the east, Seminole County is part of Central Florida's growing

tri-county area which also includes Orange and Osceola counties. The County covers 308 square miles which makes it one of Florida’s smaller land mass counties. It includes seven incorporated cities: Altamonte Springs, Casselberry, Lake Mary, Longwood, Oviedo, Sanford, and Winter Springs. The county seat is Sanford.

Natural “green spaces” including Lake Monroe, its somewhat smaller complement, Lake Jesup, and numerous other minor water bodies occupying most of the center of the county. Additionally the St. John River traverses across the County’s eastern border. As a result, six of the seven major population centers are fairly clustered in the southern most part of the county.

Over the past ten years the county has changed from an agricultural region to a cluster of small urban centers. Once seen as primarily a bedroom community to Orlando, Seminole County now boasts over 30 major businesses¹ employing almost 21,000 people. Those non-governmental employers include:²

Name of Major Employer	Location	Number of Employees
Convergys	Heathrow	1,800
Florida Hospital	Altamonte	1,444
Sprint PCS	Altamonte	1,225
Bank One	Lake Mary	1,200
ATT&T	Lake Mary	1,132

Demographically over 80% of the county’s residents are white. African-Americans represent 8.5% of the population. 13.3% self-report Hispanic ethnicity.

The average age in the county is 37.5 years, which surpasses the US average by 1.3 years. Yet Seminole County is primarily comprised of young families, with slightly less than 11% of the population over the age of 65. Census also reports just under 25,000 children are less than 5 years of age (6.3% of the population) residing in the county.

¹ 300 employees or more

² Based on 2004 data compiled by Seminole County

In 2004, 92% of residents 25 years and over had at least graduated from high school and 33% had a bachelor's degree or higher. Among residents 16 to 19 years old, 7% were dropouts and, therefore, were neither enrolled in school nor had they graduated from high school.

Median family income is \$51,506, which is the highest in the state. In 2004, the median monthly housing costs for mortgaged owners was \$1,243. For non-mortgaged owners it was \$355. For renters it was \$875. Thirty percent of owners with mortgages, 12% of owners without mortgages, and 54% of renters in Seminole County spent 30% or more of household income on housing.

In 2006, the average price of single family home skyrocketed to \$279,000. No data is currently available to adjust the above monthly housing investments as a part of family income.

Yet despite this impressive statistics, the county struggles to address the needs of its less educated and less affluent citizens.

Two percent of Seminole County households do not have telephone service and 4% of the households did not have access to a car, truck, or van for private use. Lack of access to a vehicle is particularly troublesome due to limited public transportation options.

The 2000 Census indicates a poverty rate for families of 6.9%. For individuals, the rate increases to 8.6%. However, for children under the age of 5 years, the rate balloons to over 13% for families and 16% for individuals.

The current geographic distribution of school readiness-funded children shows concentration in the municipality zip codes of Sanford and Altamonte Springs. Census data also reveals these zip codes host the highest percentages of non-White families.

Extrapolations from the 1999 Census provided by the Agency for Workforce Innovation show over 5,000 Seminole County children under the age of 12 living below 150% of poverty. An additional 3,300 children under the age of 12 are living below 200% of poverty.

Based on this projection, the Coalition estimates that the cost for subsidize child care **at the Seminole Coalition current reimbursement rate (see discussion below) for all children under 150% of poverty would surpass \$18 million.**

Seminole County is fortunate in that it does not face a myriad of unique populations. Nonetheless, we do have challenges.

The Seminole County Public Schools (SCPS) report a spike in children receiving free and reduced lunch. In 2001, the district provided subsidized meals to 25.3% of attending students. In 2006, that number jumped to 30%. While not a direct indicator of eligibility for the Coalition's school readiness funding, it does support census data showing a growing number of low income children.

Another area of challenge is the growing number of children from non-English speaking families. In 2004, 11 percent of the people living in Seminole County were foreign born. Among people at least five years old, 16 percent spoke a language other than English at home. Of those speaking a language other than English at home, 63 percent spoke Spanish and 37 percent spoke some other language. Thirty-four percent reported that they did not speak English "very well."

Additionally, SCPS reports an increasing number of children presenting developmental disabilities. The special needs most commonly noted are developmental and speech/language delays.

This mirrors some of the data from the Coalition's developmental screening efforts. During the 12 calendar months of the Coalition's 2004-2005 fiscal year, 2,334 children receiving a Level 1 Ages and Stages (ASQ) developmental screen. 313 children (13.4%) received a Level 2 screen with 67 (2.9%) children receiving a Level 3 screening. The most commonly noted needs are speech/language, fine motor, behavior, and global delay.

For the first 6 month of the Coalition's 2005-2006 fiscal year 1,687 children have received a Level 1 screen. Level 2 and Level 3 have been 7% and 1.2% respectively; and the most commonly noted needs have not changed. Unfortunately when we look at the data across these two fiscal years, many of the children identified in the prior fiscal year appear not to have received successful interventions to remediate the delay.

Our inclusion activities also point to a need in this area as children who have not previously been engaged in structured early education programming are now being identified through the voluntary pre-kindergarten program (VPK). During the first 6 months of VPK, our Inclusion Specialist has conducted observations on 26 children in need of speech/language and 8 in need of behavioral services.

B. Child Development and Early Learning Programs

According to the 2004 American Community Survey, school enrollment in Seminole County that year was 106,000. Pre-primary school enrollment was 14,000. Elementary through high school enrollment was 64,000 children. College enrollment was 27,000.

The Coalition’s primary concern is the 14,000 children who participate in pre-school services. We question whether this is a complete accounting for children from birth to 5 years of age.

The 2006 Child and Adolescent Health Survey reports 62.9% of parents with children under the age of 6 serve as the child’s primary caregiver. These parents would likely be classified as “stay at home moms”. 17.9% of parents used licensed family or center-based care. 9.6% used other family members or friends. Another 9.4% report the use of other types of care (the report offers no explanation of these types).

For children age 6 through 14, however, this same survey shows significantly more parents (80%) serve as the primary caregiver for after school arrangements. The report is unclear as to whether this accommodation is on-site or through tele-communications. As for the balance of the report, 7.5% of parents use organized after school programs; 2.7% of children are “latch key”; and the remained are reported as supervised by other family members or friends.

Seminole County is fortunate to have over 418 public and private childcare programs listed in the Child Care Resource and Referral (CCR&R) data base. Over 188 (45%) of these providers are participating in either or both school readiness (SR) or the voluntary pre-kindergarten (VPK) program. The following table indicates market penetration of available providers:

Type of Provider	Number in CCR&R	% Offering SR or VPK	# SR/VPK Children Served
Gold Seal Centers	28	89%	1094
Licensed Centers	110	65%	2296
Faith-based Exempt	23	43%	209
Public Schools Exempt	40	93%	385
Gold Seal Homes	3	67%	9
Licensed Homes	16	44%	18
Registered Homes	128	18%	107

Research shows intensive high quality and developmentally appropriate early education intervention enhances the school readiness performance of low income and special needs children. The standard benchmark for high quality is accreditation. Yet, less than 32% of Seminole County SR-funded children receive services from accredited child care sites. That percentage is significantly better for VPK, however (46%).

Another indicator of quality is environmental rating scale (ERS) scores. The Coalition began using the ECERS, ITERS and FCERS in late 2003 as part of its School Readiness quality initiatives. Since that time, 97 ERS reviews have been completed at SR-funded sites. At initiation, 68% (66 providers) scored 4.5 or higher in each subscale of the environmental rating instrument for an overall rating of 4.5 or above. 38 re-evaluations are scheduled to be conducted prior to June 30, 2006. While the Coalition is aware that a number of providers still struggle to improve their instructional environments, these scores, on whole, suggest the Seminole County School Readiness network is composed of moderate to high quality providers.

A growing concern, however, is the turnover rate of both School Readiness and VPK instructional staff. While anecdotal information suggests internal churning (teachers changing employers for increased hourly wages but remaining in the industry), studies are underway to attempt to quantify the actual turnover rate and the degree to which such turnover is internal or external (teachers leaving the industry for other types of opportunities).

The statewide benchmark used to set reimbursement rates is the 75% percentile of market. According to the Florida Children's Forum's 2005 report, the 75% percentile weekly full time market rate cost of child care for an infant and a 3 year old in Seminole County is \$165.00 and \$128.00 respectively. The impact on a family of 4 with an annual income of \$38,700 means this "average" family would spend 37% of their annual income on childcare. More illustrative of the high cost of care is that this family's **annual childcare bill is twice of the cost of tuition for an entire Associates Degree at Seminole Community College.**

Currently the Coalition serves over 2,000 SR children per month. Due to 5 years of stagnant funding, the Coalition's reimbursement rates range from a low of 63% of the statewide benchmark for infants to a high of 81% of the statewide benchmark for 4 year olds. **To increase rates for all age groups to the statewide benchmark of the 75% percentile of market, and hence afford more parental choice, would require the Coalition in invest almost \$11 million a year in child care payments alone just for these 2,000 children.** This is \$2.3 million more than the Coalition's entire school readiness budget.

The Coalition is also concerned about the limited VPK hours available particularly for low-income children. Fortunately over 2,500 (roughly 66%) of the funded 4 year olds in Seminole County took advantage of the program during the 05-06 fiscal year. Over 250 of those children were co-enrolled in SR services to expand their learning experience and promote school readiness.

C. Education, Health, Nutrition and Social Service Needs of Low Income Families

A review of the 2005 kindergarten readiness scores in Seminole County shows an emphasis on emergent literacy is critical to improving school readiness. Specifically:

- ✓ 13% of kindergarteners in the county were not ready for school (ESI-K)
- ✓ 29% of kindergarteners in the county were unable to successfully name letters (DIBELS letter naming scale)
- ✓ 38% of kindergarteners in the county were unable to successfully identify letter sounds (DIBELS initial sounds scale)

As a result, the Coalition is using the Child Care Resource and Referral system and the DOE “feeder website” to identify providers located in the geographic vicinity of these struggling elementary schools to build bridges and impact school readiness scores.

According to the 2003 Department of Health Vital Statistics Report, 97.6% of Seminole County kindergarten children have received all age appropriate immunizations. This compares to 94.4% across the state during that same timeframe. While this indicator is promising, the Seminole County Health Department reports an increasing number of parents who fail to act on doctor referrals for issues such as suspected hearing and vision weaknesses. This is particularly true among the non-English speaking population. This is similar to the findings referenced above regarding ASQ and inclusion screenings.

As indicated previously, SCPS reports a significant increase in the percent of children eligible for free and reduced lunch. Community Coordinated Care for Children (4C Orlando) reports that 43 Seminole County providers take advantage of the subsidized food program.

While Seminole County domestic violence reports are among the lowest in the state, recent statistics from Community Based Care of Seminole (CBC) and the Seminole County Sheriff’s Department Child Protective Services unit (CPS) point to an increase in child abuse/neglect reports. For the period of July 2004 to June 2005, CBC reported a monthly average of 290 cases. For the six month period of July 2005 to January 2006, the monthly average was 320 cases. Unfortunately statistics suggest this is not a low income phenomenon.

Additionally, Head Start notes in its 2004 community assessment that less than 14% of its targeted low income survey respondents had incomes over \$20,000. This compares to the Coalition’s current SR families who report an average income of \$17,982.

Further, Workforce Central Florida, which operates our community’s one stop workforce development system, revealed that the impact of proposed changes to the TANF work requirements might have significant impact on the demand for childcare. Coalition records show that roughly 33% of TANF clients are only funded for part-time services. Should the requirements change in October 2006 to mandate more intensive participation, the financial impact to increase these TANF families to full-time care will be close to \$200,000 annually.

D. Community Resources

The majority of supporting Seminole County social service programs are satellites of Orlando-based organizations. There are, however, a number of Seminole County-based organizations serving children. As noted in the Teen Directory (a comprehensive guide geared towards children’s services), key community resources include:

Name of Organization	Location	Service Type	Current Waitlist for Services
211	Accessible via telephone	Resource and Referral for community resources	N/A
Threshold	Winter Park	Educational, early intervention, vocational and residential services for children and adults with autism and other development disabilities	Services are generally cost prohibitive without private insurance
FDLRS	Accessible via telephone	Information, training, support to districts and families, in order to promote effective parent participation in the education of children who are exceptional and/or have special needs.	N/A
Healthy Start	Fern Park	Promotes prenatal health & development of babies	No
Seminole County Health Department	Sanford	Immunizations and health screening	N/A

Seminole County Community Assistance	Sanford	Emergency assistance for rent/utilities, transportation, limited medical care, childcare	Service on a first come basis
Safe House of Seminole	Sanford	Domestic violence shelter	No
Christian Sharing Center	Sanford	Emergency assistance similar to the County's Community Assistance program	Service on a first come basis
Lisa Merlin Center	Sanford	Shelter and substance abuse intervention	Yes
Shepherd's Hope Health Center	Oviedo & Apopka	Volunteer run, non-emergency medical care	No
Kid's House of Seminole	Sanford	Services for children who are victims of abuse from report and investigation through treatment and prosecution	No
Community Based Care of Seminole	Lake Mary	Intervention services for abused/neglected children	No
The Grove Counseling Center	Varied	Mental health counseling	Services are generally cost prohibitive without private insurance
Quest	Apopka	Evaluations, parent training, consultation related to behavior management	Services are generally cost prohibitive without private insurance
United Cerebral Palsy	Sanford	Early intervention education services, inclusion pre-school, before and after school care, pediatric occupational therapy, physical therapy, and speech services	No

Developmental Center for Infants and Children	Orlando	Early intervention access and referrals to therapy services in the community	No
Seminole County Public School ESE program	Varied	Early intervention services for special needs children	No
Heart of Florida United Way	Orlando	Funding for matching dollars, targeted child focus initiatives	N/A
Seminole County Board of County Commissioners	Sanford	Funding for matching dollars	N/A
Seminole County Municipalities	Varied	Funding for matching dollars	N/A
Faith Community	Varied	Resource for volunteer and parent support activities	N/A

Section 4. Coalition Priorities
Response Assessment: Information Only

Priority	Description	Priority Addresses this Community Need	Element Where the Priority is Addressed
1.	Implement a quality improvement scale and system	VPK program and service evaluation SR program and service evaluation Parent training and involvement Quality and Availability of Enhancement Activities Infant and Toddler Quality Improvement Activities	1.9.1 1.9.2 3.4.1 5.1.1 5.3.1

2.	Promote workforce stability and increase credentials among early education and care instructors	Payment Rate Parent Fee Scale Coordinated staff development	1.5.1 1.6.1 2.4.1
3.	Increase kindergarten readiness scores	Parent training and involvement Developmental screenings Developmental assessments Developmentally appropriate curricula Quality activities	3.4.1 4.2.1 4.2.2 4.3.3 5.1.1

*Add more fields as needed.

Part 3. Coalition Governance

Section 0.1 Board Operation

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

Response Assessment: Evaluation

Yes

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

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

Response Assessment: Bylaws and Articles of Incorporation/ Evaluation, Organizational Chart/ Information Only

Yes, and copies of the bylaws, articles of incorporation, and organizational chart are included in **Attachment 0.2.1A, Attachment 0.2.1B through E, and Attachment 0.2.1F.**

No

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

Response Assessment: Demonstration

Yes

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

The Coalition's personnel policies address employee complaints (see **Attachment 0.3.1**). Additionally, the Coalition has adopted the Carver Principles and is in the process of developing its policies regarding board interaction and board/staff interaction. These policies are estimated to be in place by June 30, 2006.

Part 4. Program Elements

Section 1. Program Administration

1.1 Support Services

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

Response Assessment: Evaluation

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

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

Service	Provided by Coalition	Provided by other Entity(ies), (NAME)s
Resource and Referral	<input checked="" type="checkbox"/>	4C Orlando has specific activities in its contract that are supplemented by Coalition-sponsored activities
Eligibility Determination	<input type="checkbox"/>	4C Orlando
Provider Training	<input checked="" type="checkbox"/>	4C Orlando has specific activities in its contract that are supplemented by Coalition-sponsored activities
Parent Support and Involvement	<input checked="" type="checkbox"/>	4C Orlando has specific activities in its contract but the Coalition is involved in consumer awareness and information activities.
Inclusion Warm Line	<input checked="" type="checkbox"/>	Coalition
Reimbursement	<input type="checkbox"/>	4C Orlando
Other (List all)	<input checked="" type="checkbox"/>	The Coalition has lead on mini-grants, scholarships, and related activities with the support of 4C Orlando
	<input checked="" type="checkbox"/>	4C Orlando has lead on environmental assessments with support from the Coalition's inclusion specialist.

1.2 Single Point of Entry and Unified Waiting List

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

Response Assessment: Evaluation

Yes

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

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

Response Assessment: Evaluation

Yes

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

1.3 Eligibility and Enrollment Processes

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

Response Assessment: Evaluation

Yes

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

1.3.2. Has the coalition established additional eligibility priorities?

Response Assessment: Demonstration

Yes, and the priorities are included in **Attachment 1.3.2.**

No

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

Response Assessment: Evaluation

Yes

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

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

Response Assessment: Demonstration

Yes, and the procedures are included in **Attachment 1.3.4.**

No, and the following describes why:

1.4 VPK Verification of Attendance Procedures

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

Response Assessment: Evaluation

Yes

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

1.5 Payment Rates

1.5.1. Coalitions are required to establish payment rates that encompass all programs funded by the coalition and take into consideration the most current market rate survey. A copy of the most current payment rate is included in **Attachment 1.5** (s. 411.01(5)(e)2, F.S.)([OEL File # 400.02](#))

Response Assessment: Evaluation

The Coalition intends, during the first year of this plan, to increase provider reimbursement rates for selected classes of care and age groups. That increase is reflected in the attachment referenced above. We believe this is the right thing to do to advance our objective to promote licensing and accreditation as well as promote some level of equity for services to children. Doing so will not reduce service levels to Seminole County children.

1.6 Sliding Fee Scale

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

Response Assessment: Evaluation

The Coalition intends to make a modest increase in parent fees as part of our effort to promote self-sufficiency. We believe this appropriate since parent fees have not been increased in Seminole County for 5 years prior to the inception of Coalitions. That increase is reflected in the attachment referenced above.

At the request of our Workforce representative, we reviewed the impact on TANF families and found that less than 40% of School Readiness providers serving TANF children charged a differential above the cost paid by the Coalition. As such, we do not believe this increase in parent fees would result in a hardship on School Readiness-funded families.

The increase represented in the attachment is \$1.00 per day for full time care and \$0.50 per day for part time care. No parent, except those with no income as required by CCDF, will experience a parent fee in excess of 10% of income. This calculation is made at time of the eligibility interview. As such, the Coalition's sliding fee scale represents the highest parent fee that would be charged.

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

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

The Coalition limits parent fees to 10% of income except for those families with no income as required by CCDF.

No

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

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

Response Assessment: Evaluation

Coalition staff reviews CCR&R reports on a monthly basis to determine type of care requests. To date there is no evidence that parents are unable to access extended day or extended year services. What has been noted is a potential lack of evening and weekend care.

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

Required Element	Current Situation	Objective	Activities	Outcome
1.7.1. Extended Day and Extended Year Services	CCR&R reports a potential lack of evening and weekend care in the Geneva, Chuluota, Apopka, and Fern Park areas.	Increase evening and weekend care options for working families in targeted areas of the community.	<ol style="list-style-type: none"> 1. Analyze CCR&R data to “qualify” suspected areas of the county as truly lacking access to evening and weekend care. 2. Host “business opportunity” sessions with targeted providers to recruit evening and weekend care options within “qualified” areas of the community. 	Based on data analysis, by June 30, 2009, recruit a minimum of three new evening and/or weekend care providers serving the “qualified” areas.

1.8 Provider Eligibility and Provider Files

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

Response Assessment: Demonstration

Yes, and the following describe the process:

Coalition service provider releases the VPK provider application, advises prospective VPK providers of required documentation, and reviews all submissions. Prospective applicants can also get the necessary documents on-line from the Coalition's website.

The prospective VPK provider is totally responsible for providing all documentation necessary to satisfy AWI Form 10. Once received by the Coalition service provider, the prospective VPK provider is advised in writing of their "provisionally approved" status and is added to the Coalition's VPK provider profile.

To move from "provisionally approved" to "conditionally approved" status, the prospective VPK provider must submit a completed AWI Form 11 with documentation for at least one VPK classroom. As a courtesy to providers, the Coalition service provider assists when necessary by pulling missing documentation from available websites. Providers are advised of information that is not readily available and instructed to secure such.

Once the prospective VPK provider is "conditionally approved", Coalition staff release 2 copies of the VPK contract for prospective VPK provider signature. Upon receipt of the signed contract, the Coalition Executive Director countersigns. One original is mailed to the provider and a copy is sent to the Coalition's service provider for placement in the provider file. The remaining signed original contract is retained at the Coalition office.

A final review of the file is conducted by the Coalition's service provider and, if complete, the provider's data is entered into EFS. At this point the provider is considered "fully approved", and is eligible for pre-payment once certificates from a minimum of four VPK eligible children are submitted and entered into EFS.

"Fully approved" providers needing to add classrooms or change instructional staff, curriculum or calendar submit the appropriate AWI form and supporting documentation to the Coalition's service provider for review prior to entry into EFS.

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

1.9 Program and Service Evaluation

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

Response Assessment: Demonstration

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

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

A sample of the Coalition’s VPK monitoring process is included as **Attachment 1.9A through Attachment 1.9E**. While it addresses many of the factors required in the “Guidance and Instruction Workbook”, we are unable to respond affirmatively to this section as resources available through VPK are insufficient to carry out little more than just a “drive by” review of this program. Until sufficient resources are available, the Coalition is unable to ensure providers are “implementing effective VPK programs”. This is particularly true in regards to validating the selection/use of developmentally appropriate curriculum and/or effective implementation of a selected curriculum.

Our approach to addressing this rests with our intent over this plan period to adopt a standardized quality improvement rating process with evaluators that are independent from TAT providers (see section 1.9.2). This system will be voluntary on the part of VPK-only providers who are not offering School Readiness services.

1.9.2. Describe how the coalition evaluates the effectiveness of school readiness programs and services. (s. 411.01(5)(g), F.S.)

Response Assessment: Evaluation

Four primary approaches are currently used, however for the most part, the Coalition is reliant on proxies to discern program and service effectiveness.

First is our historical review of the quality of direct program delivery. For the last 4 years the Coalition has primarily used ERS scores to advise if programs are DAP. Secondly, we have tracked increases in the number of licensed and/or accredited providers. Third, we have tracked provider participation in our curriculum and 4-year old pre/post test roll outs. All of the above have a high correlation to successful school readiness outcomes for children. Lastly, during the prior plan period, we attempted a "SRUSS drill down" study to discern performance at the Coalition and provider level. Unfortunately, data matching proved to be problematic and we were only able to determine that such a study was possible, but not without significant focus on data collection at the eligibility level.

Second is our historical review of Coalition plan objective achievement. As such, a full review of Coalition plan accomplishments is conducted at mid and end of fiscal year. All of this type of information is provided to the full Coalition on an annual basis, though the Coalition’s Planning & Program Committee is advised as data is available. Over the past 3 years, the Coalition has achieved over 95% of its objectives.

Third is our desk-top and on-site monitoring of our primary service provider. Annually Coalition staff or our independently contracted consultant monitors compliance with contract terms and conditions. Unless contra-indicated, the Coalition reviews a minimum of 5% of school readiness family eligibility files and 5% of school readiness provider payment files. A like percentage of VPK family and provider files are reviewed as well. Included in the on-site review are invoice documentation and personnel records related to mandated credentials. Equally important is our review of the delivery of quality initiatives.

Fourth, during this past fiscal year, the Coalition has attempted to quantify cost effectiveness of resource investments. Here the Coalition has begun to evaluate its **annual investment in school readiness child care slot expenditures**. Over the past 3 years we have surpassed our annual slot target of at least 80%. We have requested statewide data to evaluate the Coalition’s **non-slot cost per child served**. Because the cost of compliance with state and federal mandates is generally common regardless of allocated resources (larger coalitions may enjoy an economy of scale) and each coalition has latitude in its quality initiatives, our Coalition believes a more appropriate comparison is against like-funded sister coalitions. While we are still awaiting comparative data, our target is to ensure our administrative, non-direct, and quality investments are on par with similarly situated coalitions.

Lastly, this past year, the Coalition has initiated board level discussions relative to the tenets of a quality rating system as part of our parent education strategy. It is our intent over this plan period to adopt a standardized quality improvement rating process with evaluators that are independent from TAT providers.

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

Required Element	Current Situation	Objective	Activities	Outcome
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<p>1.9.2. Evaluation Plan</p>	<p>The Coalition annually conducts an ERS review on 50% of providers on board by July 1st of each fiscal year and a programmatic review of 100% of new providers.</p> <p>These reviews are conducted by the TAT provider.</p>	<p>Implement a quality improvement rating system (QIRS) to increase parent awareness and knowledge of the importance of high quality early education and care settings with the support of coalitions who are in various stages of implementation and in collaboration with affected community partners</p>	<ol style="list-style-type: none"> 1. Conduct program reviews and appropriate ERS reviews through June 2007 on all newly recruited SR providers and provide necessary TAT to improve performance. 2. Initiate training for ERS self-assessment by SR and VPK providers. 3. Complete board analysis of quality indicators and develop rating tool. 4. Conduct rating tool pilot and refine as needed. 5. Role out rating system to scale. 	<ol style="list-style-type: none"> 1. By June 30, 2007, establish a QRS system that ensures program validity using independent reviewers and TAT providers. 2. By June 30, 2009, not less than 50% of Seminole County SR providers will participate in the ERS self-assessment process.
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1.10 Grievance Policies

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

Response Assessment: Information Only

Yes, and attached is a sample of the grievance policies or procedures.

Attachment 0.3.1 contains Coalition staff grievance procedures. **Attachment 1.3.2** describes parent right to appeal dis-enrollment decisions. **Attachment 1.10.1A** describes provider right to appeal non-compliance with the

Coalition's agreement for services. **Attachment 1.10.1B** outlines general grievance processes outside of the above issues.

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

Section 2. Community Coordination

2.1 School-age Care

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

Response Assessment: Demonstration

Yes, and the following describes the coalition's partner agencies and the services provided:

The Coalition's CCR&R program reaches out to all after school and summer programs to ensure proper listing in the CCR&R data base. Staff responsible for maintaining and updating listings make periodic phone calls to community partners to confirm status, capacity, availability, and schedules.

The major school age child care providers include Seminole County Public Schools, Boys & Girls Clubs, YMCA centers, several community-based summer camps, karate schools, and private providers who also serve as School Readiness and VPK providers.

The Coalition also works with the County Community Assistance Department to ensure coordination of resources to serve school age children and children outside the Coalition's eligibility criteria. Periodic meetings are held to review current priorities and resource use. CCR&R refers families to the County when a family is outside the Coalition's eligibility or priority and appears to meet the County guidelines. Currently the Coalition is analyzing resource useage trends by families served by the County to determine gaps or duplication of service.

No, and the following describes why:

2.2 Coordination with Public Schools

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

Response Assessment: Demonstration

Yes

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

2.3 Coordination with the Department of Children and Families

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

Response Assessment: Demonstration

Yes, and the following describes coordination efforts:

Meetings are held with DCF Staff assigned to the monitor Seminole County providers. The CCR&R Complaint Form is faxed to DCF when staff observes a reportable event of non-compliance with DCF requirements. Ratio violations observed during technical assistance visits are reported to DCF by phone and/or fax. DCF usually follows up with licensed and registered provider on ratio calls.

A Red Flag Form was created to alert the Coalition of certain VPK infractions observed as a part of the annual DCF inspections. We will be working with DCF to expand this approach given the pending School Readiness health and safety requirements charged to Coalitions.

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

2.4 Coordinated Staff Development and Training

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

Response Assessment: Demonstration

The Coalition partners with several organizations in its effort to coordinated staff development and training. Those organizations are Seminole Community College (the Coalition co-hosts an annual conference and serves on the Early Childhood Advisory Committee); Community Coordinated Care for Children (provides DCF mandatory training and provision of Coalition-funded provider workshops); ECA (the Coalition offers conference scholarships); FFCCHA Central Florida Chapter (the Coalition offers conference scholarships); and FACCM (the Coalition offers conference scholarships).

We are also exploring opportunities for directors and owners to take advantage of our membership in the Employers Association of Florida (EAF) which offers training and technical assistance related to employment and labor law.

The Coalition facilitates the marketing and outreach for various training through links from our website to the partnering agency. We routinely do e-mail blasts and inserts into attendance sheet mailings to advise providers of upcoming events and training opportunities. Further we believe that increasing the quality of the workforce necessitates stabilizing the workforce. As such the Coalition has initiated a turnover study to inform an appropriate response.

On a disappointing note, we have been advised that Community Coordinated Care for Children will no longer offer CDAE training; rather they will offer the National CDA which will allow immediate articulation to advanced degrees. While this move is supportive of the Coalition’s efforts to promote VPK articulation goals, it may have serious short-term implications for VPK providers needing a steady supply of CDA-level instructional staff.

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

Required Element	Current Situation	Objective	Activities	Outcome
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<p>2.4.1. Coordinated Staff Development and Training</p>	<p>The Coalition and its partners currently track training attended by providers independently.</p> <p>The Coalition purchased a customized reporting system to track participation in professional development.</p> <p>The Coalition initiated a comprehensive review of teacher turnover.</p>	<p>1. Create centralized instructor listing for key partners to post training completion.</p> <p>2. Understand the extent of and reason for turnover among early education instructional staff</p>	<p>1.a. Populate provider tracking system with instructor credentials and training completed.</p> <p>2.a. Initiate Phase Two of the turnover study to determine degree of and reasons for internal and external churning among instructional staff.</p> <p>2.b. Design and implement a 2-year pilot project in response to turnover analysis.</p>	<p>1. By June 30, 2009, 90% of provider staff receiving training from 4C, SCC and/or the Coalition will be listed of the Coalition's PD tracking system.</p> <p>2. By June 30, 2007, Phase Two of the turnover reduction project will be initiated with not less than 30% of Seminole County providers participating.</p>
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Identify the elements of the coalition's coordinated staff development and training plan in **chart B** below:

Does the coalition's coordinated staff development and training plan include:	Yes	No	Responsible Entity *	Which Groups Participate
A link to Early Learning Guidelines	☒	☐	Link on Coalition website (both) SR Training provided by 4C-Orlando under contract with Coalition (both) VPK standards training offered by Coalition through approved trainers (VPK)	Providers

Does the coalition’s coordinated staff development and training plan include:	Yes	No	Responsible Entity *	Which Groups Participate
Continuum of training and education to form a career path	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Seminole Community College has lead in conjunction with input from the Early Learning Advisory Council Coalition is a member (Both)	Providers
Articulation from one type of training to the next	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seminole Community College (n/a)	Providers
Quality assurance through approval of trainers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Coalition approves trainers delivering Coalition sponsored events (both)	Providers
Quality assurance through approval of training content	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Coalition reviews content for all training sponsored by Coalition. Approval is required for sessions offering CEUs Coalition coordinates with ECA for CEU award (both)	Providers
A system to track practitioners’ training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Coalition tracks training participation of those in Coalition sponsored activities only. Desire is to expand tracking to include training offered by other key partners. Strategy includes making better use of DCF	Providers

Does the coalition’s coordinated staff development and training plan include:	Yes	No	Responsible Entity *	Which Groups Participate
			transcript tracking (both)	
Assessment or evaluation of training effectiveness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	All Coalition sponsored events include an evaluation. Pre/Post demonstration, however, is not part of the process at this time. (both)	Providers
Administrators’ Credential	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seminole Community College (both)	Providers
Specialized strategies to reach informal providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4C-Orlando under contract with Coalition provides check sheets and recommended activities to informals monthly (SR only)	Providers
Other (explain):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Coalition is a participant in the DOE facilitator project (VPK only)	Providers

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

2.5 Collaboration and Coordination of Services with Other Entities

2.5.1. Does the coalition consult with representatives of local governments, health agencies and organizations, employment agencies and organizations, public education, child welfare agencies and organizations, Head Start, programs that promote

inclusion of children with special needs, and other local private entities providing early childhood development services in developing and implementing programs?

Response Assessment: Demonstration

Yes, and the following describes with which agencies the coalition consults and the collaboration and coordination that results:

See table below

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

See table below

Agency	Coordination/Consultation (Yes/No)	Activities/Rationale
Representatives of local governments	Yes/No	The Coalition has a strong working relationship with our County Commission who provides matching funds for low income children. While we were successful in obtaining matching funds from the majority of our municipalities, we have not yet built a long term relationship based on common goals.
Health agencies and organizations	Yes/No	Our health department representative demonstrates an active interest in Coalition initiatives yet we have not yet built a long term relationship based on common goals.
Employment agencies and organizations	Yes/No	Our workforce development representative demonstrates an active interest in Coalition initiatives yet we have not yet built a long term relationship based on common goals. Child Care staff is, however, collocated at One Stop Centers.
Public education	Yes	The Coalition has a strong working relationship

		with our school district and has implemented a number of initiatives responsive to the needs of low income children.
Child welfare agencies and organizations	Yes	The Coalition has a strong working relationship with our local community based care organization.
Head Start	Yes	The Coalition has a strong working relationship with our local Head Start organization.
Programs that promote inclusion of children with special needs	Yes	The Coalition has initiated a working relationship with our local school district ESE program. The addition of our representative serving children with disabilities has brought a finer focus to our inclusion services.
Other local private entities providing early childhood development services	Yes	University of Central Florida – we provide hands on internship experience through our service provider for a psychology major interested in child development.

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

Response Assessment: Demonstration

The Coalition is a member of the Seminole County/Lake Mary Chamber of Commerce. We also serve on that Chamber’s Education Committee.

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

Required Element	Current Situation	Objective	Activities	Outcome
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<p>2.5.2. Coordination of Services – Public-private partnerships</p>	<p>The Coalition has polled its members to identify membership in community and civic organizations.</p> <p>A director of community affairs has been retained to promote early education and care issues.</p> <p>A comprehensive community awareness campaign has been commissioned which includes economic benefit factors.</p>	<p>Develop a “speaker’s bureau” available to address key civic groups.</p>	<ol style="list-style-type: none"> 1. Finalized materials targeted to private sector civic organizations and develop “canned presentations” of 10 to 30 minutes in length. 2. Identify targeted groups most likely to be “child friendly”. 3. Pitch presentations to identified organizations. 	<p>By June 30, 2009, not less than 30 private sector-focused organizations will have hosted Coalition early education and care presentations.</p>
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2.5.3. Describe coalition efforts and activities to meet Match requirements? Response Assessment: Information Only

Without an alternate funding stream to cover match requirements, the Coalition finds itself competing for resources generally allocated to funding other critical human services needs within our community including programs for hungry children and homeless people. It is not a comfortable position for an organization mandated by the state to ensure children are ready for school. This is particularly relevant given that our projected matching funds requirement will significantly increase each year of this plan due to reductions in families receiving TANF as well as reductions in children under protective services.

Regardless the Coalition has done each of the following to meet its new match requirement:

- Applied for funding to the Seminole County Commission
- Applied for funding to Heart of Florida United Way
- Applied for funding from each municipality
- Applied for funding from business foundations
- Applied for funding from major business without foundations

- Participated in independent fund development
- Participated in strategy development with other Coalitions to find ways to certify matching funds from other sources

Additionally, the Coalition is working with a number of other Seminole County youth serving agencies to evaluate the feasibility of advocating for the establishment of a local children’s services council.

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

Required Element	Current Situation	Objective	Activities	Outcome
.5.3. Coordination of Services – match	The Coalition has not established a strong matching fund development process.	Strengthen the Coalition’s ability to generate needed matching funds.	<ol style="list-style-type: none"> 1. Develop niche marketing materials for use at matching fund development activities. 2. Prepare both solicited and unsolicited application to County and municipalities 3. Determine the feasibility of establishing a local Children’s Services Council 	Annually, generate necessary match to allow full access to funding available for working poor families.

Section 3. Processes with Parents

3.1 Consumer Education

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

Response Assessment: Evaluation

Yes

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

3.2 Choice of Settings

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

Response Assessment: Evaluation

Yes

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

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

Response Assessment: Demonstration

Yes

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

3.3 Parent Access

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

Response Assessment: Evaluation

Yes

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

3.4 Parent Involvement and Skill-building

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

Response Assessment: Evaluation

The Coalition currently provides opportunities for parent involvement and skill-building in a number of ways.

First is by providing high quality, accessible CCR&R services providing information regarding access and selection of child care providers.

Second is provider on-site sessions regarding topics of general interest to parents.

Third is information regarding quality indicators included in our VPK parent information packet.

Fourth is distribution of our service provider magazine “The Source”.

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

Required Element	Current Situation	Objective	Activities	Outcome
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<p>3.4.1. Parent Involvement and Skill-building</p>	<p>Oral and written information is provided during CCR&R calls as well as on-site visits with eligibility interviewers.</p> <p>Provider on-site sessions are hosted to increase parent knowledge of early education issues.</p> <p>Little is done related to media based information regarding making informed choice.</p>	<p>Provide accurate and timely information to the general public regarding high quality child care and developmentally appropriate activities.</p>	<ol style="list-style-type: none"> 1. Evaluate benefit added from provider on-site training and "The Source". 2. Develop "family friendly" public awareness campaign related to quality rating system including connections to doctor offices, faith-based sites, Healthy Start, and Healthy Families. 	<ol style="list-style-type: none"> 1. By December 31, 2006, implement parent awareness campaign using both print and visual media. 2. By June 30, 2008, parent awareness campaign will be linked to the Coalition's quality rating system (see 1.9.2).
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3.4.2. Describe how the coalition provides family literacy opportunities. (s. 411.01(4)(o), F.S.)

Response Assessment: Evaluation

During the past plan period, the Coalition, through its service provider offered provider on-site sessions targeted at parent identified interests. Additionally the Coalition has purchased "lending library" materials to advance parent involvement in early literacy reading during the next plan period.

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

Required Element	Current Situation	Objective	Activities	Outcome
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<p>3.4.2. Family Literacy</p>	<p>The Coalition has not historically funded opportunities in this area.</p> <p>During the past program year the Coalition has invested in resources to create a “lending library” at interested provider sites.</p>	<ol style="list-style-type: none"> 1. Increase parent awareness of the Florida school readiness standards. 2. Encourage development of lending libraries within provider sites. 	<ol style="list-style-type: none"> 1. Include school readiness standards as “sound bites” in the parent awareness campaign (see 3.4.1). 2. Develop a “Request for Interest” to attract providers interested in developing a lending library. Included in the announcement is the development of strategic relationships with local public libraries. 	<ol style="list-style-type: none"> 1. By June 30, 2008, not less than 45 “sound bites” will be created and launched as part of the parent awareness campaign (see 3.4.1). 2. By June 30, 2007, not less than 10 SR/VPK providers have signed on to the Coalition’s “lending library” concept.
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3.5 Family Support Services

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

Response Assessment: Evaluation

The Coalition, through its service provider, offers guidance and counseling regarding community resources. During the SR eligibility interview, parents are given a list of available services that may meet family needs. Included, as appropriate, are counseling, education, legal aid, medical/dental services, housing assistance, clothing, food, and employment services. Families are also provided information about the 211 Community Resource Hot Line.

Due to funding limitations and Coalition priorities, working poor families with school age children have little access to child care subsidies. To address this issue, the Coalition is working with the County Community Assistance Department to ensure coordination of resources to serve school age children. Periodic meetings are held to review current priorities and resource use. CCR&R includes referrals to the County when a family with school agers

appears to meet eligibility guidelines. Currently the Coalition is analyzing resource useage trends by families served by the County to determine gaps or duplication of service.

Also of concern is the gap between eligibilty guidelines of the Coalition and other community based child care subsidy services.

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

Required Element	Current Situation	Objective	Activities	Outcome
3.5.1. Family Support Services	<p>Parents receive an appointment for interview to verify eligibility for child care assistance.</p> <p>During the interview parents may request information about other community services.</p> <p>Counselors print a list of possible resources and refer parents to the 211 Information Hot Line Service.</p>	Minimize duplication between child care services offered by the Coalition and the County Community Assistance department.	<ol style="list-style-type: none"> 1. Formalize partnership meetings between the 2 agencies to promote improved coordination. 2. Enhance referral process to minimize parent travel and repetition of personal data. 	By June 30, 2007, Coalition service provider and County Community Assistance staff will be cross-trained in program eligibility and documentation requirements.

3.6 Unique Population Groups

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

Response Assessment: Evaluation

The Coalition currently serves families from such unique population groups as teen parents, english speakers of other languages, at-risk children, homeless children, children with special needs/disabilities, and families with very low income.

The Coalition partners with Seminole County Public Schools (SCPS) to serve **teen parents** attending high school. Parents are referred to the Coalition's service provider with a child care referral and are enrolled in school readiness services as determined eligible by the school system. To date there is no evidence from SCPS that teen parents are unable to access needed services.

Both the Coalition and its service provider employ bi-lingual (Spanish/English) staff to assist **ESOL and/or non-English speaking clients**. Key documents have also been translated into Spanish and, as needed, correspondence to parents and providers is also in Spanish. Additionally the Coalition's service provider has access to translation services if needed in other languages. To date there is no evidence from our CCR&R services that parents are unable to access needed services due to language barriers.

The Coalition partners with Community Based Care of Seminole (CBC) to provide school readiness services to children that are **at risk of abuse and neglect and reside with their parents, relatives or foster parents**. Parents are referred to the Coalition with a child care referral and are enrolled in school readiness services based on need. To date there is no evidence from CBC that at risk children are unable to access needed services

Safe House and the Lisa Merlin House for Women and Children are the two programs that refer **homeless** families to the Coalition in Seminole County. Eligible parents are referred to the Coalition with a child care referral and are enrolled in school readiness services. We recognize that a gap exists for those non-working homeless parents who need child care for job search.

Children with special needs/disabilities receive school readiness services and are enrolled at various providers within the County. Parents who have children with special needs received a copy of the Central Directory brochure and Inclusion booklet in the parent packet after they have received child care referrals through CCR&R. The Coalition's Inclusion Specialist is also available to provide consultation and technical assistance for parents and providers.

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

Required Element	Current Situation	Objective	Activities	Outcome
3.6.1. Unique Population Groups	SCPS reports a lack of options for families with special needs children.	Increase options for families with special needs children.	<ol style="list-style-type: none"> Analyze SCPS data to determine which areas of the county appear to lack access to “inclusion friendly” care options. Host “business opportunity” sessions with targeted providers to recruit “inclusion friendly” care options. 	By June 30, 2009, a minimum of three new “inclusion friendly” providers will offer services to children with special needs.

Section 4. Processes with Providers

4.1 Health Screenings

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

Response Assessment: Demonstration

Yes, and those entities include:

Entity(ies)	Immunization Requirements	Type(s) of Screening Administered (For Demonstration Purposes Only)	Referral Method (For Demonstration Purposes Only)
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Coalition Service Provider	<input checked="" type="checkbox"/>	Immunization records are required when registering for school readiness services unless objected to by the parent on grounds of health or religious beliefs	Referred to Seminole County Health Department if immunizations are not current.
Seminole County Health Department	<input checked="" type="checkbox"/>	Community health screening and immunizations	

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

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

Response Assessment: Demonstration

Yes, and the following describes the requirements established by the coalition within the following health and safety categories:

- The prevention and control of infectious disease (including age-appropriate immunizations)

All children must present current immunizations records at the time of enrollment into a child care setting.

- Building and physical premises safety

Providers receive a program evaluation that reviews Health & Safety Standards. Technical assistance is provided to those who score less than "fully meets" requirements.

- Health and safety training

Workshops are presented on various Health & Safety topics. During this plan period specific attention will be paid to disaster readiness. Informal Providers must complete Abuse Register background screening. Informal Providers are also given the Performance Standards requirements for Health & Safety and Activity Packs to help them meet these standards.

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

While all Seminole County providers, via signed statement, agree to maintain a healthy and safe environment for children in their care, the Coalition has not spelled out specifics in this area other than that stated above. Service provider staff does report obvious violations to DCF. For minor violations, however, service provider staff assists the provider to immediately correct the situation.

The Coalition is awaiting guidance from AWI on further requirements associated with this new state mandate.

4.2 Age-appropriate Screening and Assessments

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

Response Assessment: Evaluation

The Coalition has adopted the Ages and Stages Questionnaire as its approved developmental screen for birth to 5 year old children participating in school readiness.

The ASQ is sent to all parents of birth to five year old children at time of enrollment. Each year, within 30 days of the child' birthday, an age appropriate ASQ is sent to the child care provider who is required to screen the child unless the parent has objected to testing.

Children who do not pass the screening are re-screened by the Coalition's service provider for validation. Children who do not meet the validation screening for their age receive a Hearing & Vision Screening as well as a individualized learning plan (ILP). The Coalition's Inclusion Specialist is advised at this time. Activities to rectify the delay are provided to the child care provider, and another screening is conducted after 8 weeks.

Referrals to community resources are made for all children who still show developmental delay at the 8 week re-screening.

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

Required Element	Current Situation	Objective	Activities	Outcome
4.2.1. Age-appropriate screening	<p>The Coalition has no formal process for tracking Level III children who have been referred for community services.</p> <p>Level III children referred in the prior year demonstrate the same/heightened delays in the current year.</p>	Establish an effective post-referral tracking process for Level III children.	<ol style="list-style-type: none"> 1. Evaluate the number and types of referrals provided to Level III children during the past 2 fiscal years. 2. Determine the degree to which the services are available in Seminole County. 3. Determine methods of payment for such services. 	By June 30, 2009, 95% of Level III children will receive a 30, 90 and 180 day follow up to evaluate service satisfaction.

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

Response Assessment: Evaluation

Pre-school Age Children: The Coalition has adopted Lollipop as its approved pre/post test for SR-funded 4 and 5 year old children. Many VPK-only providers have opted to use this tool as well.

A pre-test is administered by the child care provider at entry to their program generally any time prior to the end of the calendar year unless the parent has objected to testing. A post-test is administered at least six months later generally in April or May.

Results from the pre-tests are sent to the Coalition’s service provider for analysis. The results of the analysis is returned to the provider along with technical assistance packets containing activities designed to strengthen areas of need common across the class. Specialized materials are also recommended for children falling outside the strengths of their classmates.

Upon completion of the post-tests the results are again sent to the Coalition’s service provider for analysis. The results of the analysis is returned to the provider and will be used by the Coalition to discern the predicability of the assessment to kindergarten readiness scores.

Birth to 3 year old children: After reviewing the available instruments, the Coalition has created a progress measurement tool based on the birth to 3 year old standards. While this tool is still in the pilot testing stage, the concept is to use the initial age of the child within the age range (birth to 8 months, 8 to 18 months, etc) established by the standards as the pre-test. As the child ages into the next age range this will become the post-test for the initial age and the pre-test for the next age.

Pre-test scores will be sent to the Coalition’s service provider for analysis and the response to the provider will be similar to that under Lollipop.

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

Required Element	Current Situation	Objective	Activities	Outcome
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<p>4.2.2 Pretest and Posttest</p>	<p>All current providers serving 4 and 5 year old SR (and if elected VPK only) children have been trained on Lollipop.</p> <p>The Coalition will launch its birth to 3 year old instrument pilot prior to June 30, 2006.</p>	<ol style="list-style-type: none"> 1. Determine the degree to which Lollipop post-test scores are predictive of kindergarten readiness. 2. Bring birth to 3 year old pre/post test initiative to scale. 	<ol style="list-style-type: none"> 1.a. Analyze Lollipop post-test scores against actual kindergarten readiness results once available in Fall 06. 1.b. Determine whether comparative analysis necessitates retraining of providers on proper application of Lollipop. 2.a. Analyze results of birth to 3 instrument pilot and refine training modules. 2.b. Host training sessions during July and November 2006 to roll out tool. 2.c. Beginning in January 07, collect and analyze pre-test results and develop technical assistance packets for distribution to providers. 	<ol style="list-style-type: none"> 1. By June 30, 2008, 90% of children showing higher Lollipop scores will demonstrate higher kindergarten readiness scores. 2. 75% of instructional staff serving birth to 3 year old will report pre-test scores for children under their care.
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4.3 Developmentally Appropriate Curriculum

4.3.1. Has the coalition identified and implemented developmentally appropriate curricula? (s. 411.01(5)(c) 2.a., F.S.)
Response Assessment: Criteria/ Evaluation, Attachments/ Demonstration

Yes, and the following describes the process for identifying, monitoring, and providing support to providers on developmentally appropriate curricula.

School Readiness Year Round Developmentally Appropriate Curriculum Roll Out: The Coalition hosted several task force meetings composed of Coalition members and child care providers to evaluate and recommend developmentally appropriate curricula. When adopting the list (see **Attachment 4.3.1A**) in June 2004, the Coalition was clear to state that while each of the approved curricula was sound, providers needed to supplement such with more targeted emergent literacy materials.

Included in action taken by the Coalition was a process based on NAEYC DAP criteria for providers to submit a curriculum to the Coalition for evaluation and/or recommendation (see **Attachment 4.3.1B** and **Attachment 4.3.1C**). Since adopting the process which allows only the submitting provider to use the curriculum, 3 providers have requested consideration and, after a thorough review by the curriculum review team, all 3 were accepted with minor modification.

Once adopted, the Coalition began hosting information sessions to talk about the approved curricula. These information sessions culminated in a Curriculum Fair in January 05. Over 130 providers attended this all day session which began with an overview of curriculum and considerations necessary to make an informed choice. Providers then had the opportunity to look in-depth at their top two interests. The session ended with a Q&A session where providers were informed that the Coalition would be hosting no cost training on each of the curriculum. At the training, providers would also receive the curriculum at no cost (or at a reduced cost in the instance of High Reach).

Curriculum training has been underway since April 05. Over 95% of SR-funded providers have participated. A significant number of VPK-only providers have taken advantage of the training as well. Prior to attending training each provider signed a statement acknowledging the Coalition would only pay for one curriculum for the site. While we have had a few providers who have decided to change their curriculum choice after attending training, the Coalition has only allowed the provider to attend a second curriculum training but not receive a second no-cost curriculum.

In addition to training on actual curriculum, the Coalition and its service provider have offered a number of other types of complementary workshops and conferences. These types of activities are expected to continue during this plan period.

School Readiness Supplemental Emergent Literacy Curriculum Roll Out: As stated above, the Coalition expected providers would need an emergent literacy enhancement to any curriculum approved by the Coalition. In preparation for the “Strokes of Genius” project, Coalition staff has reviewed approved curriculum offerings of sister Coalitions. Of note is Doors to Discovery. As such, the Coalition adopted Doors to Discovery as an approved curriculum to build emergent literacy skills at its April 06 meeting.

Monitoring of DAP implementation: All monitoring of all providers relative to DAP is generally done as part of our ERS reviews (see section 1.9.2.).

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

4.3.2. Has the coalition identified and implemented character development program(s)? (s. 411.01(5)(c) 2.b., F.S.)
Response Assessment: Criteria/ Evaluation, Attachments/ Demonstration

Yes, and the following describes the process for identifying, monitoring, and providing support to providers on character developmental programs, as well as a process in place for a provider to submit a character development program to the coalition for evaluation and/or recommendation. **Attachment:**

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

While all SR providers, via signature on the agreement with the Coalition, have agreed to provide a character development curriculum, the Coalition has not adopted one or more specific curricula. Based on a brief survey of providers, most are using a conglomeration of workbooks, puppets, and related materials.

The Coalition has modified its provider monitoring tool to collect information relative to identifiable “named brands” and will evaluate, over the period of this plan, those that are most appropriate for use. In the interim, the Coalition has adopted “Sparkle and Shine” for purposes of the Coalition’s “Strokes of Genius” project.

4.3.3. Describe how the coalition ensures that school readiness providers use developmentally appropriate curricula.
Response Assessment: Demonstration

As stated in 4.3.1. above, monitoring of all providers relative to DAP is generally done as part of our ERS reviews (see section 1.9.2.). Also as stated previously, for the last 3 years the Coalition has primarily used ERS scores to advise if programs are complying with DAP.

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

Required Element	Current Situation	Objective	Activities	Outcome
4.3.3. Developmentally appropriate curricula	<p>Over 95% of School Readiness providers have been trained in one or more of Coalition approved curriculum.</p> <p>The Coalition has no cost efficient way to track provider/instructor participation in curriculum training.</p>	Create centralized instructor listing for key partners to post training completion.	<ol style="list-style-type: none"> 1. Continue curriculum training initiative. 2. Populate provider tracking system with instructor credentials and training completed. 	By June 30, 2009, 90% of provider staff receiving training from 4C, SCC and/or the Coalition will be listed of the Coalition's PD tracking system.

4.4 Confidentiality of Records

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

Response Assessment: Evaluation

Yes

The Coalition has designated its service provider EFS director as the responsible agent to ensure all staff who have access to EFS and confidential information have signed the AWI security agreement. Such records are contained in personnel files.

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

Section 5: Quality Activities and Services

5.1 Quality Activities

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

Response Assessment: Evaluation

Category	Description
Comprehensive consumer education	The Coalition intends to include this activity in its quality initiatives (see section 3.4.1.).
Gold Seal Differential	The Coalition intends to offer up to a 20% differential for Gold Seal designation.
Grants or loans to providers to assist in meeting State and local standards	The Coalition intends to include this activity in its quality initiatives. These may be in the form of competitive mini-grants or non-competitive enhancement awards.
Professional development, including training, education, and technical assistance	The Coalition intends to include this activity in its quality initiatives. These may be in the form of scholarships to conferences or workshops as well as assistance to complete required classes or credentials.
Improving salaries and other compensation for early learning providers	The Coalition may include this activity in its quality initiatives. Inclusion will depend upon the results of our turnover survey and the degree that resources are available.
Activities in support of early language, literacy, pre-reading, and early math concepts development	The Coalition intends to include this activity in its quality initiatives. These may be in the form of targeted workshops or briefings on key topics.
Activities to promote inclusive early learning	The Coalition intends to include this activity in its quality initiatives. These may be in the form of adaptive equipment or materials.
Health activities including those designed to promote the social and emotional	The Coalition may include this activity in its quality initiatives. Inclusion will depend upon the results of our “Strokes of Genius” project and the degree that resources

development of children	are available.
Quality activities that increase parental choice and improve the quality and availability of early learning. (§98.51(a)(1) and (2))	The Coalition intends to include this activity in its quality initiatives. These will be in the form of a parent awareness campaign and development of a quality rating system.
Other	The Coalition intends to continue to invest resources to advance school readiness at targeted public school sites where over 25% or more of entering kindergarten children are at moderate to high risk on DIBLES.

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

Required Element	Current Situation	Objective	Activities	Outcome
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<p>5.1.1. Quality and Availability Enhancement Activities</p>	<p>The Coalition currently uses quality resources to fund conference scholarships, host workshops, award mini-grants, conduct program evaluations, and provide technical assistance to address identified needs.</p> <p>In late April 06, the Coalition launched the start up phase of its 3-year "Strokes of Genius" project to enhance the school readiness performance of children entering kindergarten at targeted elementary schools. The selected schools reported over 30% of children entered school at moderate to high risk on DIBELS.</p>	<ol style="list-style-type: none"> 1. Implement a quality improvement rating system (QIRS) (see 1.9.2) 2. Enhance school readiness of VPK-funded children entering targeted elementary schools. 	<ol style="list-style-type: none"> 1.a. Complete board analysis of quality indicators and develop rating tool. 1.b. Conduct rating tool pilot and refine as needed. 1.c. Role out rating system to scale. 2.a. Set benchmarks and launch Phase One of "Strokes of Genius" project. 2.b. Conduct mid-year analysis and refine technical assistance. 2.c. Develop Phase Two and Three interventions. 	<ol style="list-style-type: none"> 1. By June 30, 2009, not less than 50% of Seminole County SR providers will participate in the QRS system. 2. By June 30, 2009, not more than 15% of VPK-funded children from providers participating in the "Strokes of Genius" project will enter kindergarten at moderate to high risk.
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5.2 Discretionary Funds Related to Early Learning Resource and Referral and School-age Care

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

Response Assessment: Evaluation

Adequately staffing CCR&R services has always been a challenge for the Coalition. This is particularly true during times of open enrollment, before and after hurricanes or other types of disasters, and with the advent of the Voluntary Pre-kindergarten program.

During the past year the Coalition added a part time CCR&R position to simply work the SR waitlist and respond to calls generated through marketing and outreach when slots were opened as a result of savings from SR children co-enrolled in VPK. Additionally the Coalition is evaluating its staffing needs in light of the high number of transfers resulting from poorly informed choices for VPK services. Further, we anticipate an increase in CCR&R calls once the Coalition implements its quality rating system.

Additionally we are trying to provide a higher level of support for parents looking for school age child care for children above the age of 9. As indicated previously, we are increasing our coordination efforts with the County Community Assistance department to minimize service duplication and gaps.

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

Required Element	Current Situation	Objective	Activities	Outcome
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<p>5.2.1. CCR&R and School-age Quality Improvement Activities</p>	<p>The Coalition has increased CCR&R staffing to improve responsiveness to parent calls.</p> <p>The large number of VPK transfers within 60 days of program start up imply a higher need for CCR&R services for this program.</p> <p>The Coalition’s pending quality rating system will likely generate more questions from parents.</p> <p>Strengthen coordination with subsidy programs available to serve low income children over the age of 8 years is needed.</p>	<ol style="list-style-type: none"> 1. Reduce the number of VPK transfers by dissatisfied parents. 2. Increase coordination with community resources to maximize services to low income school age children. 	<ol style="list-style-type: none"> 1.a. Analyze reasons for VPK transfers and conduct follow up calls were necessary. 1.b. Redesign “selecting a pre-k provider” information. 1.c. Pilot “parent support” corner during VPK roundups. 2.a. Establish regular meeting schedule with County Community Assistance department to discuss resource availability. 2.b. Develop MOA regarding referral process. 	<ol style="list-style-type: none"> 1. By June 30, 2008, reduce VPK transfers within 60 days of program start up to not more than 5% of total enrollees. 2. By June 30, 2007, all school age children on Coalition waitlist will have a demonstrated referral to County Community Assistance program.
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5.3 Discretionary Funds Related to Infant and Toddler Early Learning

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

Response Assessment: Evaluation

Historically the Coalition has funded a full time Infant and Toddler Specialist. With limited resources, however, this position has been combined with services for children from birth to 5 years of age. The merger of this position, nonetheless, has not diminished the Coalition’s focus on birth to 3 year old children.

These programs have access to all of the services offered through the Coalition's quality enhancement strategies including conference scholarships, workshops, mini grants, program evaluations, and technical assistance to address identified needs.

Infant and toddler programs will also benefit from the Coalition's quality rating system.

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

Required Element	Current Situation	Action	Activities	Outcome
5.3.1. Infant and Toddler Quality Improvement Activities	The Coalition currently uses quality resources to fund conference scholarships, host workshops, award mini grants, conduct program evaluations, and provide technical assistance to address identified needs.	Implement a quality improvement rating system (QIRS) (see 1.9.2)	1.a. Complete board analysis of quality indicators and develop rating tool. 1.b. Conduct rating tool pilot and refine as needed. 1.c. Role out rating system to scale.	By June 30, 2009, not less than 50% of Seminole County SR providers will participate in the QRS system.

5.4 Discretionary Funds Related to Inclusive Early Learning

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

Response Assessment: Evaluation

The Coalition promotes inclusive participation by special needs children in a number of ways.

First the Coalition funds a part time position which is available to assist providers who are experiencing challenges serving special needs children. Our experience indicates that the vast majority of calls for this service are related

to behavior problems. Intervention necessitates changes in room arrangement, instructional design, and classroom routines.

Second the Coalition hosts quarterly workshops on topics related to comprehensive services for children.

Third the Coalition funded the development and printing of a help manual full of advise and direction when preparing to serve a special needs child.

Fourth the Coalition periodically meets with the school district ESE program to discuss strategies to create more inclusive environments for children (see section 3.6.1.).

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

Required Element	Current Situation	Action	Activities	Outcome
5.4.1. Inclusive Early Learning Quality Improvement Opportunities	SCPS reports a lack of options for families with special needs children.	Increase options for families with special needs children.	<ol style="list-style-type: none"> 1. Analyze SCPS data to determine which areas of the county appear to lack access to “inclusion friendly” care options. 2. Host “business opportunity” sessions with targeted providers to recruit “inclusion friendly” care options. 	By June 30, 2009, a minimum of three new “inclusion friendly” providers will offer services to children with special needs.

Required Attachments