

**FORM 3. First 5 IMPACT Phase 2 High-Quality Action Plan –
Implementation Step Layer Funding
SAMPLE RESPONSES**

***Disclaimer:** First 5 California is providing this to support Lead Agencies in the development of their High-Quality Action Plans. The sample responses are not indicative of all the models which consortia could choose to implement. They are pulled from a variety of sources including, but not limited to, Race to the Top-Early Learning Challenge (RTT-ELC) Action Plans and CARES Plus Quality Performance Reports.*

The First 5 IMPACT Phase 2 High-Quality Action Plan is due December 11, 2015.

For access to Phase 2 First 5 IMPACT Implementation Step funds, each participating Lead Agency and local consortium must develop a First 5 IMPACT High-Quality Action Plan (Action Plan). This Action Plan includes a description of how First 5 IMPACT funds will support the local CA-QRIS (Rating Matrix and Continuous Quality Improvement Pathways).

In addition to the Action Plan, the following forms also must be submitted:

- Form 4 First 5 IMPACT Five-Year Budget Table
- Form 5 First 5 IMPACT Annual Budget Table
- Form 6 First 5 IMPACT Annual Budget Narrative
- Form 7 First 5 IMPACT Performance Measure Targets

This template is to be used for the submission of an Action Plan for each consortium. Only Lead Agencies that have previously submitted the first two components of the First 5 IMPACT application, the Letter of Intent and the Phase 1 Asset Map, are eligible to submit the Action Plan for Phase 2 funding. Please fill out each section, as applicable, and sign and date.

Lead Agency		Lead Agency Contact	Phone Number
Click here to enter text.		Click here to enter text.	Click here to enter text.
Address		City	Zip Code
Click here to enter text.		Click here to enter text.	Click here to enter text.
Signature		Date	E-mail
		Click here to enter text.	Click here to enter text.
Program Lead Contact Person	Program Contact's E-mail	Phone Number	
Click here to enter text.	Click here to enter text.	Click here to enter text.	
Fiscal Lead Contact Person	Fiscal Contact's E-mail	Phone Number	
Click here to enter text.	Click here to enter text.	Click here to enter text.	

By signing this signature page, the applicant(s) certify the information contained in the Phase 2 Action Plan is accurate and all forms required to be submitted as part of the First 5 IMPACT Request for Application (RFA) are certified to be true and binding.

Additionally, in signing this signature page, the Lead Agency is confirming it will use the current CA-QRIS (Rating Matrix and Continuous Quality Improvement Pathways) and the QRIS Implementation Guide, located on the First 5 IMPACT webpage at http://www.cafc.ca.gov/programs/programs_impact.html.

Guidance: For a definition of all acronyms used in this document, refer to Appendix C: First 5 IMPACT Acronyms from the RFA.

Local IMPACT Design – System Functions

1. Build Local Consortia

Successful county Early Learning and Development Systems, including QRIS, are built on broad-based stakeholder participation and effective governance structures. In this section, Lead Agencies will need to identify and obtain signatures from the required local consortium participants, identify other organizations participating in their local consortium, develop a process for regularly bringing together the local consortium, and develop a governance structure. This includes delineating the decision-making process, identifying and defining roles and responsibilities, and creating an alignment across the partnerships and CQI efforts.

NOTE: If applying as a regional consortium, every county in the region must complete questions 1a and 1b. It is the responsibility of the Lead Agency to collect information from participating counties in the region and submit each county's form with the Phase 1 application.

Name of County: [Click here to enter text.](#)

1a. Consortium Partner Signatures

i. The local consortium must include representatives from the organizations identified below.

- *Fill out the required information and secure stakeholder signatures.*
- *Add additional signature blocks as needed.*
- *If applying as a region, the required participants for each county must be included.*

Signing this section means that representatives have read and concur with the application that is being submitted.

First 5 County Commission (required)	
Agency: Click here to enter text.	
Print Name of Representative: Click here to enter text.	
Title of Representative: Click here to enter text.	
Signature:	Date: Click here to enter text.
E-mail: Click here to enter text.	Phone: Click here to enter text.
CSPP Block Grant Lead Agency (if applicable)	
Agency: Click here to enter text.	
Print Name of Representative: Click here to enter text.	
Title: Click here to enter text.	
Signature:	Date: Click here to enter text.
E-mail: Click here to enter text.	Phone: Click here to enter text.
Local Educational Agency (required if no CSPP Block Grant or in addition to above)	
Agency: Click here to enter text.	
Print Name of Representative: Click here to enter text.	
Title: Click here to enter text.	
Signature:	Date: Click here to enter text.
E-mail: Click here to enter text.	Phone: Click here to enter text.
RTT-ELC Lead (required if not otherwise included)	
Agency: Click here to enter text.	
Print Name of Representative: Click here to enter text.	
Title: Click here to enter text.	
Signature:	Date: Click here to enter text.

E-mail: Click here to enter text. Phone: Click here to enter text.	
Institution(s) of Higher Education (required)	
Agency: Click here to enter text.	
Print Name of Representative: Click here to enter text.	
Title: Click here to enter text.	
Signature:	Date: Click here to enter text.
E-mail: Click here to enter text. Phone: Click here to enter text.	
Local Child Care Planning Council (required)	
Agency: Click here to enter text.	
Print Name of Representative: Click here to enter text.	
Title: Click here to enter text.	
Signature:	Date: Click here to enter text.
E-mail: Click here to enter text. Phone: Click here to enter text.	
Local Resource & Referral Agency(ies) (required, include all in county)	
Agency: Click here to enter text.	
Print Name of Representative: Click here to enter text.	
Title: Click here to enter text.	
Signature:	Date: Click here to enter text.
E-mail: Click here to enter text. Phone: Click here to enter text.	
Optional additional partners (other local agencies that provide services to children birth through age 5, such as County Health and Human Services Agency or Family Resource Centers)	
Agency: Click here to enter text.	
Print Name of Representative: Click here to enter text.	
Title: Click here to enter text.	

Signature:	Date: Click here to enter text.
E-mail: Click here to enter text.	Phone: Click here to enter text.

Template for additional optional partners:

Optional additional partners (other local agencies that provide services to children birth through age 5, such as County Health and Human Services Agency or Family Resource Centers)	
Agency: Click here to enter text.	
Print Name of Representative: Click here to enter text.	
Title: Click here to enter text.	
Signature:	Date: Click here to enter text.
E-mail: Click here to enter text.	Phone: Click here to enter text.

1b. Consortium Partner Roles

Guidance: Not all activities will be funded by First 5 IMPACT, but the roles described should be part of the local quality improvement system which First 5 IMPACT is helping to build and strengthen under the CA-QRIS framework.

<p><i>ii. All Implementation Steps: Describe local IMPACT activities and services by agency, providing location, population served, approach taken to identify gaps and opportunities (including professional development, technical assistance, on-site consultation, and coaching), and how the consortia will work locally to effectively increase coordination and alignment with participating sites.</i></p>	
<p>Identify required partners and all relevant agencies that are committed partners within the local consortium. Check all that apply, fill in the name of the agency, and describe the role(s) of each checked agency within the local IMPACT model.</p>	
Required Consortium Partners	
<input checked="" type="checkbox"/>	<p>A. First 5 County Commission: X County Commission</p> <p>Role: Funds a variety of programs to support the school readiness of children. The local First 5 IMPACT consortium will build upon this infrastructure of support and resources for children and families in the county; Commission staff will serve as the regional lead to align with state and regional efforts. Staff will collaborate with the local Early Care and Education Planning Council as the lead for this project, ensuring a</p>

	central point of access for communication.
<input checked="" type="checkbox"/>	<p>B. CSPP Block Grant Lead Agency (if applicable): Click here to enter text. Role: Same as LEA below</p>
<input checked="" type="checkbox"/>	<p>C. Local Educational Agency (if not otherwise included): X County Office of Education Role: The LEA plays several roles in this consortium: (1) Regional lead agency for the California Preschool Instructional Network (CPIN) and facilitates professional development on California Department of Education (CDE) publications and resources within the community and neighboring counties – these will be used as key training resources for the local IMPACT model; (2) Lead agency working to promote appropriate practices for students enrolled in transitional kindergarten (TK) programs – cross-training will be available for TK teachers and providers participating locally in IMPACT; (3) A key partner in providing program coaching, and oversees several workforce development initiatives.</p>
<input checked="" type="checkbox"/>	<p>D. RTT-ELC Lead (if not otherwise included): Role: Same as First 5 county commission</p>
<input checked="" type="checkbox"/>	<p>E. Institution(s) of Higher Education: <i>List names of Higher Education Institutions</i> Role: University offers BA completion using a cohort model; 2-year colleges support monolingual Spanish speaking providers in local IMPACT model to achieve 24 units, including tutoring, textbook loans, and study groups; One university and one community college are participating in HigherEdU pilot for early childhood teachers and TK teachers; Is a CARES Plus partner and provides classes at alternative hours to meet various schedules.</p>
<input checked="" type="checkbox"/>	<p>F. Local Child Care Planning Council: X County Local Child Care and Development Planning Council (LPC) Role: Meets on a bi-monthly basis and has a history of facilitating planning processes for other workforce development and quality improvement projects requiring consortia-building (e.g., provides local program coordination, including the implementation of the CARES Plus program offering education, training, advising, and incentives). The LPC will work with local First 5 commission in leading this project, and ensuring all the partners are at the table at meetings.</p>
<input checked="" type="checkbox"/>	<p>G. Resource & Referral Agency(ies): <i>List names of R&R (s)</i> Role: Serves as a key resource to families seeking early care and education for young children. Also offers training opportunities and parent education. They will help provide information on the quality of early learning and post ratings.</p>
Optional Consortium Partners	
<input checked="" type="checkbox"/>	<p>H. Early Head Start/Head Start Grantees: <i>List name(s) of Head Start/Early Head Start Grantee</i> Role: Promote appropriate and comprehensive services for children birth through age</p>

	5; Offer professional development to Head Start teachers and will open these trainings and supports to other providers participating locally in First 5 IMPACT. Will allow a room at their site to be used to support a family, friend, and neighbor (FFN) group to meet twice a week under the “alternative settings” category in Step 1.
<input type="checkbox"/>	I. Early Education and Support Division (EESD), CDE (e.g., CSPP, General Child Care, Alternative Payment, Migrant, CalWORKS Stage 2 & 3): Click here to enter text. Role: Click here to enter text.
<input type="checkbox"/>	J. County Health and Human Services (e.g., Child Welfare Services, Welfare to Work, WIC, etc.): Click here to enter text. Role: Click here to enter text.
<input checked="" type="checkbox"/>	K. Other (e.g., Family Resource Center(s), Home Visiting Program(s), Federal Migrant or Tribal Child Care Program, Library, Parent Groups, etc.): County Library Role: County library offers education and health workshops to adults and their children, ages 0 to 5. Will be a key partner in our ability to address families.

1c. Convening and Strengthening Partnerships and Local Governance

Guidance: Read each question thoroughly and be sure to answer all parts of each question. In this section, we recommend using language about community partner agencies from your Phase 1 application. Hone the language to be specific to the work of First 5 IMPACT. Describe partnerships among both required and optional partners in your narrative. If you have not yet completed the work described in the questions, include details of a plan to do so. The intent is to have one local consortium and to bring together all partners working on quality improvement (e.g. First 5 IMPACT, CSPP Block Grant, RTT-ELC, CARES Plus).

iii. Describe how the consortium brought together required partners and other organizations (those checked in Section 1b.) in the county or region with the same goal of improving the quality of early learning for children from birth through age five and supporting improved outcomes for sites, early educators, children, and families.

EXAMPLE 1:

The local First 5 IMPACT consortium consists of a collaborative partnership based upon a diverse group of stakeholders from throughout the community, most of which already work together on our P-3 Initiative. In the planning stages, consortium members met and created a shared vision of what a successful QRIS would look like in the county. Stakeholders designed a shared vision based upon numerous years of collaborative partnership building and a countywide definition of school readiness. They created county goals and objectives around increasing the quality of early learning programs in order to support children and families. Consortium partners also have met to assist with the development of the local IMPACT Action Plan. Partners provided input focused on

incentives, workforce development, increasing program quality and access for children with high needs, technical assistance and coaching, and a communication plan to build public awareness. The consortium will continue to communicate information, align resources, and coordinate program delivery through regular consortium meetings, Steering Committee meetings, conference calls, and e-mail correspondence.

EXAMPLE 2:

The county's First 5 IMPACT model will be anchored by our 10-year, community-based service system designed to deliver comprehensive and quality early childhood programs to children ages 0 to 5 and their families. The system includes eleven local partnerships with schools, city governments, local parks and recreation districts, libraries, local businesses, and other community-based organizations. In addition, these community-based services are supported by and have close working relationships with teams of professionals from First 5-funded County Public Health and Behavioral Health agencies, medical and dental care systems, culturally based community outreach organizations, and other funded contractors to supplement local resources and capacity. These collaborations and existing relationships with countywide agencies will serve as the platform for bringing organizations together around the goal of improving the quality of early learning.

The local First 5 IMPACT consortium also will build on the highly successful efforts of the LPC. For the past 3 years, the LPC has convened a Quality Committee which has been at the forefront of informing local work around adopting a QRIS. The Quality Committee includes representatives from higher education, resource and referral, county agencies, school districts, Head Start, and other child development agencies, and will be the foundation for further expanding the local IMPACT consortium.

EXAMPLE 3:

Although our county is new to QRIS efforts, we have an LPC that has been meeting quarterly to discuss issues around child care. The LPC will convene the Consortium with representatives from local businesses, public and private community agencies, public and private early care providers and consumers of child care, and the high school ROP program.

Consortium members will convene in regularly scheduled meetings (monthly at first) and in periodic subcommittees to discuss major topics in depth (such as how to reply to questions in the Action Plan). The local First 5 commission made the initial invitation to stakeholders that had previously engaged in early childhood discussions. Since this initial invitation, consortium members have been asked to help outreach to additional potential partners including private centers and FCC homes.

EXAMPLE 4:

Our county has strong and well-coordinated partnerships built on the CARES Plus-required consortia. As the CARES Plus Lead Agency, a local consortium was created to develop and implement CARES Plus. The consortium partners provide a wide variety of

cost-effective services and have addressed duplication of services over time. Consortia partners, such as the local R&R agency, provide outreach, recruitment, and communication with local providers. In addition to the required CARES Plus partners, our county has collaborated with other partners to enhance quality improvement efforts. For instance, the local tribal child care center and migrant education-related agencies have engaged and increased the participation of bilingual providers. The county office of education has provided CPIN staff to train county CARES Plus program staff to help develop new training materials. These established county partnerships will serve as the basis for our local First 5 IMPACT consortia. We'll add the required First 5 IMPACT members (e.g., CSPP QRIS Block Grant).

iv. Describe how the consortium has/will develop a local governance structure, including the process for defining roles and responsibilities, collaboration, and decision-making.

If you have related visuals, such as a flow chart, include it below or as an attachment.

EXAMPLE 1:

The local First 5 commission and County Office of Education engaged in state and local level planning meetings leading to the development of our local IMPACT model. The LPC's Quality Committee functions as the advisory body for quality initiatives in the county, including the QRIS, and serves as the local RTT-ELC Consortia. The Quality Committee also will serve as the advisory body for our local First 5 IMPACT model.

Our consortium will build upon the strengths of existing initiatives such as CSP and the Child AB212, using lessons learned in the process to further align and coordinate with statewide efforts.

Using base funding, the consortium began looking into hiring a facilitator to help define roles and responsibilities, collaboration and decision making processes, etc. These will be further defined in the coming months and will be reported in a future Action Plan update by May 2016 and the Annual Performance Report.

EXAMPLE 2:

Our local First 5 commission convenes quarterly meetings to discuss issues related to early learning. This existing group includes all of the required local First 5 IMPACT partners, plus a parent representative, a local small business, child care providers, and a representative from the county health department. This group will become the local consortium for our First 5 IMPACT model and will be the decision-making body. As our scope of work is changing, we plan to discuss issues related to governance, including new roles and responsibilities, at our next Consortium meeting. We will update our Action Plan when final decisions have been made (by May 2016) and also include the final governance structure in the Annual Performance Report.

v. Describe how the consortium will ensure engagement by all partners in the local First 5 IMPACT work.

EXAMPLE 1:

Throughout the implementation of ongoing quality improvement efforts, local networks have been built and developed. Many of our efforts are geographically based, which facilitates local networking within and across providers in the community, as well as agency leaders who oversee those settings.

The Lead Agency will ensure all members of the consortium will continue to participate throughout First 5 IMPACT by providing regular and ongoing e-mail updates alerting consortium members of progress in the planning process, implementation of the local First 5 IMPACT Framework, recruitment of early care and education providers as participants, next steps in decision making, availability of resources, professional development, training and technical assistance, and how to assist with public outreach. Consortium meetings, Steering Committee meetings, and phone conferences also will be used to engage partners in refining IMPACT implementation. Staff will continue to provide regular updates at existing meetings held within the community.

EXAMPLE 2:

The local First 5 commission employs numerous ways to outreach and network with our stakeholders and partners to ensure they stay engaged. We have quarterly grantee meetings and Director Roundtables. We have five family resource centers that outreach and inform parents and caregivers. We also have committee meetings that keep partner agencies involved, including Coaching Collaborative, Early Educator Focus, Family Support and Engagement, and Inclusion Network. Regular and ongoing e-mail updates to local consortium members keep partners informed of progress in the planning process, next steps in decision-making, and recruitment and engagement needs. The rich culture of community collaboration within the county will continue through the duration of the project.

In addition, we serve on several county-level committees, including the Family Support Network, Home Visiting Task Force, and the Help Me Grow Advisory. Consortium members are encouraged to discuss the local First 5 IMPACT model at other community meetings in order to foster dialogue, questions, and engagement. RTT-ELC implementation has become a standing item on the agenda of the LPC along with other First 5-related items. We also have monthly First 5 county commission meetings and keep our Board of Education and Board of Supervisors updated and engaged.

EXAMPLE 3:

Consortium partners are active and engaged participants in the statewide dialogue on advancing education for young children. During LPC meetings a “First 5 Report” is a standing agenda item and First 5 IMPACT updates will be included in the presentation. Agendas and meeting notes are distributed to a wide body of community stakeholders to ensure that everyone has a chance to get involved in the dialogue.

Five school districts are participating members in the local First 5 IMPACT planning effort, in addition to the County Office of Education and the Local Child Care Planning

Council. These partners have a rich history of collaborative planning and problem solving and have a strong historic working relationship.

These partners also are part of longstanding efforts to create a birth to age eight continuum, including projects focusing on school readiness such as kindergarten bridge programs and literacy programs; child health and wellness; and rural home visiting. School readiness programs have been funded by First 5 for over ten years.

vi. Describe the consortium's guiding vision, mission, principles, and outcomes for how the local First 5 IMPACT system sectors work together or describe a plan to develop these during the First 5 IMPACT funding period.

EXAMPLE 1:

The LPC's Quality Committee, as the advisory body for quality for First 5 IMPACT, will convene stakeholder meetings beginning in January 2016. We will use First 5 IMPACT funds to hire a facilitator to lead at least three groups of stakeholders – early learning professionals, including child care providers; parents and families; and the broader community, including business leaders and policy makers. We will gather input on a roadmap for early learning in the county. The facilitator will compile all of the information from stakeholder meetings and the advisory body will use that as the basis to finalize a vision, mission, principles, and outcomes. At the completion of this process, we will update our Action Plan by May 2016 and include information in our Annual Performance Report.

EXAMPLE 2:

Vision: All children in the county with high needs and their families are supported through high-quality early learning settings.

Mission: To support children and families by increasing the quality of early learning settings through the implementation of a 5-tier QRIS.

Principles:

1. Support for First 5 IMPACT must come through blended funding streams in order to be effective and sustainable. These currently include local First 5, state funds from First 5 IMPACT, CARES Plus, CSPP QRIS Block Grant, and federal RTT-ELC grant funds.
2. The Consortium must have active representation from all key organizations that provide early education resources and supports in the county. These include required partners (R&R, County Office of Education, LPC, etc.) and others such as Head Start/Early Head Start grantee, family support organizations, health care providers, and early intervention service providers.
3. Success requires substantial capacity building and development of local infrastructure.
4. Inclusion of all providers is critical to success and to spreading the message of "quality counts" across the county.

5. Services and providers must reflect the culturally and linguistically diverse population of children and families in the county.

Outcomes (5 year):

1. 70% of participating sites in the county are at Tier 3 or above.
2. 75% of parents understand aspects of high-quality early learning programs.
3. 80% of children are prepared for kindergarten as measured by a kindergarten entry assessment.

Guidance: Be sure to answer each part of the question. This is specific to how broader stakeholders, including parents, are or will be part of the local consortium to ensure they are providing input into the planning, implementation, and evaluation process.

vii. Describe strategies to:

- Engage stakeholders from the broader community of business, civic leaders, etc. and support them to ensure their active engagement
- Support parents to ensure their active engagement
- Create alignment across the partnerships within broader quality improvement and local First 5 IMPACT efforts

Engaging the broader community: The local consortium plans to develop talking points and outreach materials to use with business and civic leaders that emphasize the importance of high-quality early learning on school and life success. Our First 5 county commission includes a local Supervisor from our county board, so we will connect there initially to strategize on how to spread the message to other elected officials. We also plan to recruit a local business owner and a staff member from a foundation to participate as part of the consortium.

Supporting parents: The local consortium will include two parents to advise and provide perspective on family priorities. We will work with the various participating stakeholders mentioned previously to develop and disseminate information that facilitates engagement and information sharing with families about the local First 5 IMPACT model. The local consortium also will develop clear and concise parent-friendly QRIS language that is easy to read, easy to explain, and can be shared in a variety of formats (e.g., meetings, newsletters, brochures, websites). Also, the diversity of the consortium partners will help ensure QRIS information will be appropriately translated for families for whom English is not their first language.

Creating alignment: The consortium will address alignment during the first six months of local First 5 IMPACT planning. We think early problem-solving regarding duplication of services and creating strategies to increase efficiencies are critical to the success of First 5 IMPACT in our county. We will rely on the strong relationships and partnerships established within the community, CDE, state agencies, and surrounding counties to create coherence and alignment in planning and implementing the county's QRIS. We will build upon existing infrastructure of resources such as CPIN, AB212, CARES Plus,

our local Infant Development Program, and home visiting program.

The consortium members will determine how to most effectively use the resources and current funding for continuous quality improvement, family engagement, and workforce development. In addition, materials and outreach will be developed to use with professionals/organizations who have points of contact with young children and their families, including welfare workers, OB/GYN offices, pediatricians, mental health providers, health clinics, hospitals, homeless shelters and transitional housing, Child Protective Services, family resource centers, preschool directors and administrators, FCC home operators, Community Care Licensing, Regional Center, SELPA, Foster Youth services, and 211. See Section 3, Enhance and Align Standards, for greater detail.

2. Finance Strategically – Identify Funding Sources and Sustainability Strategies

In this section, Lead Agencies and their consortium will need to identify and maximize innovative funding strategies that will help maintain long-term sustainability of the local First 5 IMPACT efforts. This includes identifying funding resources from all sectors that are being made available to assist in the development, implementation, and validation of the local QRIS. This is accomplished through defining roles and responsibilities of the local consortium agencies and the resources they bring to the local First 5 IMPACT model and highlighting what funding streams are being matched and leveraged.

Additional information will be captured in the First 5 IMPACT RFA – Fiscal Budget and Budget Narrative (Forms 4–6).

Guidance: Consider all potential funding partners here, including those who are new or outside-the-box. Those who are not typical funders may be able to provide unique resources and support. Include all funding sources, including in-kind and leveraged funds. One of the principles of First 5 IMPACT is to better align across services and funding streams, so that should be reflected here. If you have not yet completed the work described in the questions, include details of a plan to do so in the future and a timeline for completion of the plan.

- i. Describe work with existing partners in the county/region to identify and maximize innovative funding strategies that will help maintain long-term sustainability of the local First 5 IMPACT model. Identify any new funding partners that will be targeted over the duration of First 5 IMPACT.*

The local consortium will map all current local and state funds allocated for services to young children and families in order to identify where these services can best support the local QRIS system in an efficient and cost-effective manner. We plan to align and leverage local resources (Help Me Grow, Strengthening Families training offered through the Resource and Referral agency, etc.) and state resources (CPIN, California Early Childhood Online, AB212, etc.) to offer the most robust menu of resources, while stretching our dollars. As a county with a CSPP QRIS Block Grant, we will work with our county office of education to align our coaching models, share assessors and

resources, and jointly fund other aspects of QRIS, as possible. This will create coherence for families, as well as providers.

In order to maintain long-term sustainability, the local consortium envisions a multi-pronged approach to both increasing public awareness and gaining buy-in from parents, policy makers, and stakeholders. This will be accomplished through public and parent engagement, public education on the importance of quality, and including business community, parent, and local legislative representatives on our Consortia Advisory Board. A communications consultant will be contracted to develop messaging, outreach materials, and mechanisms for gathering public feedback. We also plan to reach out to business community members and a local foundation as possible partners for future funding.

Additionally, to streamline processes and leverage existing resources and capacity, the local consortium will work with high performing sites that have been working on quality improvement to mentor other sites in later years.

ii. Describe funding resources from all sectors that are being made available to assist in the development, implementation, and validation of the local First 5 IMPACT model.

The following funding sources in the local consortium will be allocated to assist in the development of the local QRIS:

- Local First 5 county commission currently funds coaches for quality improvement and will provide in-kind funds to help manage the QRIS.
- COE funds to provide support in local QRIS work plan development, training and technical assistance, and contracts with local community college for ECE coursework.
- CARES Plus, funded by the local First 5 county commission, to provide educational stipends for workforce training (year 1). This will transition to using First 5 IMPACT funds in years 2-5.
- AB212 funds to support ongoing stipends and supports for early educators working in publically funded programs. This is aligned with CARES Plus so applicants focus on requirements and not the funding source.
- R&R agency will expand training and resources for both parents and providers.
- Help Me Grow will provide training and technical assistance on developmental screening and follow-up while the local Early Head Start/Head Start will open up their trainings on developmental screening to other sites.
- Local home visiting program and family resource center will collaborate with the R&R to offer parent education on the importance of choosing quality child care.
- Local university will contract to provide ECE coursework and provide in-kind consultation on marketing and public outreach materials. Both the community college and California State University will plan to offer NCQTL coursework starting in 2016 and will use CARES Plus and AB212 funds to encourage students to take these courses.

3. Enhance and Align Standards – The Consortium’s Local First 5 IMPACT Model

In this section, the consortium will provide an overview of their local First 5 IMPACT model, including key indicators of quality. Consortia should identify the element(s) specifically from the CA-QRIS Framework and describe how services and practices are integrated across system sectors, as appropriate.

NOTE: If applying for Step 3, applicants must also complete the QRIS Rating Matrix template at the end of this High-Quality Action Plan to indicate local changes to Tiers 2 and 5.

Guidance: Either summarize current work, including a brief history, or describe a plan to implement a local First 5 IMPACT model drawing from the CA-QRIS Framework. This should include specific details on implementation strategies. Be explicit about ways in which your consortium will target certain populations within your local First 5 IMPACT model. For the last two questions (3aiii and 3aiv), if no work has been done, please indicate that in the space provided (do not leave any section blank).

When filling out the table to indicate quality elements, be sure to check the appropriate boxes for ALL applicable Steps.

For counties with Step 3 sites, there are additional notes for guidance within the last table.

3a. Overview of the Consortium’s CA-QRIS

i. Provide a brief summary of the consortium’s First 5 IMPACT model for all applicable Implementation Steps including background information on the development of local CQI efforts.

EXAMPLE 1:

Building on eight successive years of successful quality investments, the local consortium has implemented a quality rating system, “Quality Stars.” Stars are awarded to licensed providers that meet local quality standards. Components of the initiative include annual achievement awards, site improvement plans, professional development, and incentives. Early Childhood Specialists (ECS) are available to provide coaching and on-site training and technical assistance as needed.

The ECS will continue to be a critical component of the local First 5 IMPACT work for all three Implementation Steps. At Step 3, they will work with the site administrators to interpret ERS and CLASS scores, identifying areas for program improvement, and developing a site improvement plan to increase program quality. This plan is based upon the Desired Results Program Improvement Plan and may include environment, curriculum, child development, and family engagement strategies. Site administrators

will be encouraged to apply for site improvement funding to implement strategies.

At Steps 1 and 2, First 5 IMPACT funds will pay for 3 additional bilingual ECSs to target small FCC and FFN providers. At Step 1, providers will have a choice of focusing on family engagement, adult-child interactions, or developmental screening, which will have a focus on general child development. Providers will complete a Growth Plan, with guidance from their ECS, which includes 2-3 personal goals based on the element of quality they choose. They will receive monthly visits from their ECS.

At Step 2, the ECS will conduct an informal CLASS assessment to introduce the providers to the general concepts within the tool and at least one of their goals within their Continuous Quality Improvement Plan will be based on the CLASS. The family engagement element will be primarily implemented through a partnership with the local R&R, which provides training and support based on the Strengthening Families Five Protective Factors. At least one goal will reflect improvement in family engagement strategies. Providers at Step 2 also will have the option to focus on developmental screening, with support through the local developmental screening initiative. The ECS will work with providers to develop the CQI Plan, and to coordinate other resources and supports to avoid duplication and to avoid overwhelming the providers.

EXAMPLE 2:

Our county has a history of supporting family engagement and oral health initiatives, which will be incorporated into our local First 5 IMPACT model. The local consortium will leverage existing initiatives, which have developed materials and resources for parents on child development, oral health, and nutrition. First 5 IMPACT funds will support the implementation of existing evidence-based models, with adaptation as needed to meet local needs. We will partner with local institutions of higher education and the R&R to implement and adapt the materials.

At Step 1, participating sites will have the option of choosing either family engagement of health, nutrition, and physical activity as a focus area. The primary target populations for Step 1 will be alternative settings, including libraries, and family resource centers, which provide playgroups throughout the county.

At Implementation Step 2, we will use the revised family engagement materials mentioned above and also begin introducing FCC providers and private centers to the CLASS. The tool has not been used heavily within the county in the past, but we plan to build capacity by taking advantage of the State Assessor Management System.

At both Implementation Steps 1 and 2, we plan to have participating sites create a Quality Improvement Plan that identifies strengths, as well as goals for improvement.

ii. Describe the plan for engaging and increasing the quality of sites that serve special populations of children, including dual language learners, children with disabilities and other special needs, infants and toddlers, migrant, tribal, and children who are

homeless or in the foster care system, as applicable.

EXAMPLE 1:

Through the Quality Campaign, parents, providers, and community members will better understand the benefits of high-quality early care and education settings, with the objective of increasing the number of providers participating in QRIS and the number of families with high need children choosing high-quality programs. The local consortium will focus on children with disabilities and other special needs as one of our target populations. Inclusion specialists will be available to provide one-on-one mentoring to participating sites for up to three visits, assuring children with special needs are fully included within participating QRIS sites and building site capacity to better support all children. We also will access the California Inclusion and Behavior Consultation Network, as applicable.

This county will provide professional development and TA for program staff participating in QRIS on the use of developmental and behavioral screening tools such as the ASQ and ASQ:SE with the goal of increasing early identification. The Child Abuse Prevention Council, a local consortium partner, will offer overview sessions on the ASQ and ASQ-SE screening tools for participating program staff. Coaching and technical assistance will be provided directly to program staff working in participating programs on the integration of these screening tools to support teaching and learning.

In addition, support at the site level will be provided through the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) model to develop individualized support plans for children who may need more intensive support.

Because this county also has a high number of dual language learners (DLL), they will be another target population. We will build our DLL work beginning with selected school district sites. Working with a local DLL expert, we plan to implement Cantonese and Spanish training sessions for preschool teachers. Key leadership and coaches from the selected programs will participate in an intensive 5-day training that includes development of a language model plan for each of the sites. Staffing or programmatic changes will be monitored and re-training will occur as needed. DLL training will be within the frame of effective teacher-child interactions.

EXAMPLE 2:

The local consortium will focus on children who are homeless or children in foster care as a target population. Participating sites providing early care and education services to families and children experiencing homelessness will be given priority for enrollment into the QRIS. Providers serving this population of children will receive specific training on screening, referral, and follow-up through training using the federal *Birth to 5: Watch Me Thrive* materials targeted to housing and homeless shelter providers.

The local consortium also will strategically target centers serving infants and toddlers, and FCC providers. ECSs will offer training on Infant/Toddler Learning and Development Foundations to providers. We will also facilitate bringing Program for Infant and Toddler Care (PITC) to the county. In order to provide effective TA, we will

have staff members achieve reliability in CLASS, both Infant and Toddler tools, in order to provide more effective coaching.

iii. Describe how the consortium's local First 5 IMPACT model will align and work with the CSPP QRIS Block Grant.

EXAMPLE 1:

Both the CSPP QRIS Block Grant and First 5 IMPACT are administered by the same entity in this county. The county office of education will serve as the QRIS administrator and employ assessors, coaches, and analysts to validate rating portfolios for all sites participating in QRIS, regardless of funding streams. Because 50% of the county's QRIS sites are CSPPs, staff whose main job functions relate to rating will be equally funded from both funding streams. Coaches will provide training and TA, and will assist sites in completing Quality Improvement Plans. They will be funded primarily with First 5 IMPACT funds. Members of our local consortium will advise on issues pertaining to both First 5 IMPACT and the CSPP QRIS Block Grant, and in-kind resources will be shared across program type.

EXAMPLE 2:

In our county, First 5 IMPACT is administered by the local First 5 commission and the CSPP QRIS Block Grant is administered by the County Office of Education. The two Lead Agencies have decided to hold countywide consortium meetings every other month that bring together all stakeholders and partners to address progress and issues with QRIS, inclusive of First 5 IMPACT and the CSPP Block Grant. This will ensure continuity for both providers and families. Decision makers from each Lead Agency also will have regular meetings to address the specifics of each grant separately (i.e., fiscal and data reporting). As much as possible, incentives and professional development have been aligned so participating sites receive similar levels of support, regardless of the funding stream. The Anchor will be shared across grants to train and supervise the assessors.

EXAMPLE 3:

This county does not currently participate in the CSPP QRIS Block Grant. We plan to use First 5 IMPACT funds to build our local consortium, build capacity and resources, and apply for the Block Grant next year. At that point, we will update our High-Quality Action Plan to reflect alignment between the two funding streams and reflect it in our Annual Performance Report.

iv. Describe how the consortium's First 5 IMPACT model will align and work with the Infant/Toddler QRIS Block Grant.

The California Department of Education has not yet released official guidance or an RFA. This section will be updated as more information becomes available and will be reflected in any updated Action Plans and in our Annual Performance Report.

3b. Local CA-QRIS Elements and Tiers

v. Check the elements included in each Step of your local IMPACT model. Step 2 must include Effective Teacher-Child Interactions and Family Engagement; Step 3 must include all elements of the Rating Matrix.

CA-QRIS Elements	Step 1	Step 2	Step 3
RATING MATRIX			
1. Child Observation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Developmental and Health Screenings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Minimum Qualifications for Lead Teacher/Family Child Care Home (FCCH)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Effective Teacher-Child Interactions: CLASS® Assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Ratios and Group Size	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Program Environment Rating Scale(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Director Qualifications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CONTINUOUS QUALITY IMPROVEMENT PATHWAYS <i>Steps 2 and 3 must include Effective Teacher-Child Interactions and Family Engagement</i>			
1. School Readiness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Social-Emotional Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Health, Nutrition, and Physical Activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Effective Teacher-Child Interactions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Professional Development	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Program Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Family Engagement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Guidance: If this is the same information included in question 5a.iii, indicate that here and refer to that section. If it is different, describe below.

vi. For each element checked in 3b above, describe how the consortium will incorporate the CA-QRIS Framework into the local IMPACT model, including strategies.

Strategies for incorporating the CA-QRIS Framework are described in our answer to question 5a.iii. along with the CQI process.

vii. **Step 3 only:** Complete the following matrices to indicate alignment and local differences in reference to the Rating Matrix. Refer to the CA-QRIS Matrix (RFA Appendix D). Please indicate using a check mark whether Local Tier 2 is based on points or is blocked for licensed early learning centers and FCC homes. Also

provide local changes to Tiers 2 and 5, if applicable.

TOTAL POINT RANGES: LICENSED EARLY LEARNING CENTERS – 7 rated elements with 35 total possible points		
	CA-QRIS Point Range	Changes to Local Tiers 2 and 5, if applicable
Tier 1 (Common)	Blocked – Must Meet All Elements	
Tier 2 (Local)	<input type="checkbox"/> 8 to 19 points Local Modification: <i>(please describe in box to the right)</i> <input checked="" type="checkbox"/> Local Block <input type="checkbox"/> Other	Guidance: Tier 2 is generally either a block (all elements must be met at the 2 point level) or it remains the same. Check the appropriate box based on your local consortium’s decision.
Tier 3 (Common)	20 to 25 points	
Tier 4 (Common)	26 to 31 points	
Tier 5 (Local)	<input type="checkbox"/> Points 32 and above Local Modification: <i>(please describe in box to the right)</i> <input type="checkbox"/> Blocked (describe) <input checked="" type="checkbox"/> Points plus additional requirement <input type="checkbox"/> Local Block <input type="checkbox"/> Other	Guidance: Many consortia add requirements in order to achieve a Tier 5 rating. Additional requirements DO NOT change the point range to achieve Tier 5 or alter the 5-point requirements within the Matrix. They typically function as blocked requirements that are necessary to achieve a 5-star or Tier 5 rating. Below are some examples of additional requirements to achieve a Tier 5 rating: <ul style="list-style-type: none"> • 4 years management or supervisory experience AND with at least 50% of the 21 annual hours of professional development in Leadership and Management. • Six units or 90 hours of specialized classes or training for lead teachers on working with children with special needs. • Implementation of a developmental cultural linguistic approach (DCLA) in lesson plans and classroom materials, provision of written development and health information in the home language of parents, and one member of the teaching team fluent in any language that represents at least 20 percent of children in the classroom.

		<ul style="list-style-type: none"> • Overall ERS score of 6 (rather than 5.5) or CLASS PreK: Instructional Support score of 4.5; and CLASS Toddler: Engaged Support for Learning score of 5.0. • Providers are required to offer information on community-based resources, including Family Strengthening Protective Factors related to social and emotional competence of children. • National accreditation requirement (e.g., NAEYC).
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TOTAL POINT RANGES: LICENSED FAMILY CHILD CARE HOMES – 5/6 rated elements with 25/30 total points possible

	CA-QRIS Point Range	Changes to Local Tiers 2 and 5, if applicable
Tier 1 (Common)	Blocked – Must Meet All Elements	
Tier 2 (Local)	<input type="checkbox"/> 6 to 13 points Local Modification: <i>(please describe in box to the right)</i> <input type="checkbox"/> Local Block <input type="checkbox"/> Other	See “Guidance” above.
Tier 3 (Common)	14 to 17 Points	
Tier 4 (Common)	18 to 21 points	
Tier 5 (Local)	<input type="checkbox"/> 22 Points and above Local Modification: <i>(please describe in box to the right)</i> <input type="checkbox"/> Blocked (describe) <input type="checkbox"/> Points plus additional requirement <input type="checkbox"/> Local Block <input type="checkbox"/> Other	Guidance: Below are some examples of additional requirements to achieve a Tier-5 rating: <ul style="list-style-type: none"> • Must have a completed Business Administration Scale (BAS). • Must be accredited by the National Association for Family Child Care.

4. Recruit and Engage Participants – Early Learning Setting Outreach

Engagement of early learning sites across the full spectrum of setting types are critical to system-wide success of a QI initiative. In this section, the consortium will demonstrate the types and methods of strategic communication used to increase culturally and linguistically diverse participation across the early learning settings in the local IMPACT model. Include who will lead the specific activities and work (e.g., Lead Agency, funded First 5 IMPACT consortium partner, consortium partner using other funds, contractor, etc.) and specify the role of First 5 IMPACT funding in supporting local consortium activities, as applicable.

The Performance Measure Targets (Form 7) captures baseline data and goals, types and numbers of, and quality level (if known).

Guidance: Question 4.i. should focus on the types of outreach your consortium will employ in order to enroll sites in First 5 IMPACT. Question 4.ii. should focus more on the types of providers you will target for enrollment. Please include at least two different examples for each of these questions.

- i. Describe the types and methods of outreach the consortium will use to recruit and engage early learning sites across the full spectrum of setting types, ensure culturally and linguistically diverse participation, and include FCCH and centers serving infants and toddlers. Also note any special outreach to sites serving dual language learners, children with disabilities and other special needs, migrant, tribal, and children who are homeless or in the foster care system, as applicable.*

EXAMPLE 1:

Several strategies have been used to outreach to the community for RTT-ELC, and those will continue with First 5 IMPACT. We hope to maintain our preschool programs and Head Start sites, as well as most of the private and FCC providers previously enrolled in our Quality Counts initiative. In addition, we will send an application invitation through the Local Planning Council's listserv with over 800 e-mail addresses, and conduct presentations to community groups such as the Family Child Care Network. Employing these strategies has helped the Consortium to exceed the original enrollment projection with RTT-ELC and should help us meet or exceed our targets for IMPACT.

We also plan to expand our partnership with the County Library Early Literacy Specialists to recruit sites to participate in Implementation Steps 1 and 2 that were not previously engaged in our QRIS. This will include FFN providers. We plan to use our local libraries as locations for information sessions in hopes of recruiting providers who attend story time. We will provide outreach through Alternative Payment Programs and put up fliers at local laundry mats and churches.

We plan to strategically target centers serving infants and toddlers by creating training opportunities specifically for the population they serve. Our Early Learning Specialists offer training on Infant/Toddler Learning and Development Foundations, Infant and

Toddler CLASS, and ITERS. We will work with our local R&R and LPC to ensure these sites receive information on QRIS and the infant/toddler-specific training.

EXAMPLE 2:

We plan to target sites serving low-income children and children of color as primary populations for IMPACT. Strategies to accomplish this include targeting neighborhoods of highest needs based on public school performance and the faith-based community. We have only six center-based preschool sites in the county, all of which are operated through the local school district. The district leadership has expressed significant interest in partnering with us, so we feel confident that we can enroll all of those sites early on.

As a local consortium, we will develop various presentations on IMPACT targeted to specific audiences. FCC and FFN are the main provider types serving infants and toddlers and we hope to enroll many of those providers in either Implementation Step 1 or Step 2. We also plan to develop materials in Spanish and English to distribute to the R&R, libraries, and other places where we might reach our target population of providers. Finally, we will reach out to our local FCC Association and attend their meetings to help with outreach and awareness.

ii. Describe the type(s) of sites that will be a priority for participation in your consortium, including outreach strategies.

EXAMPLE 1:

In order to effectively target FCC providers, a challenging population for us, we have developed a number of strategies. First, we are reaching out to FCC homes participating in the EHS-Child Care Partnership grants so they can participate in First 5 IMPACT as well. We employ a Technical Assistant Specialist to specifically support FCC and develop initial improvement plans based on observations and interviews with providers about their current practices. We also created a professional development plan specifically for FCC providers, which include training on the CLASS, Infant/Toddler Learning & Development Foundations, and the Infant/Toddler Curriculum Framework. Although all of the providers are bilingual, all training has been developed and conducted in Spanish to accommodate adult learning styles.

We have a significant homeless population in our county and, as such, will target license-exempt sites serving children experiencing homelessness. Our local shelter and Crisis Nursery both offer child care and we will target these sites for participation. These settings have not previously had the opportunity to participate in any quality improvement efforts, so we hope they will be enthusiastic to hear about the support and resources IMPACT will offer.

EXAMPLE 2:

The local consortium will intentionally target sites with full-inclusion classrooms to ensure we specifically address children with disabilities and other special needs. We have particular interest in serving private centers, especially those serving families with

vouchers, as these sites typically have less access to high-quality resources and coaching. As a county office of education, we also implement the county infant program and special education preschool sites for children with solely low incidence disabilities. This will allow us to tap into a breadth of resources for providers serving children with special needs. We look forward to working with West Ed Inclusion Project, which will target training opportunities for private providers in working with children with special needs.

We also have a significant history in working with family resource centers and Boys and Girls Clubs in our county. First 5 IMPACT will allow us to provide deeper training, technical assistance, and coaching to these alternative settings. Our existing relationships with these programs will simplify the transition to First 5 IMPACT.

iii. If the consortium plans to include FFN care providers in the local First 5 IMPACT model, please describe engagement and implementation strategies.

EXAMPLE 1:

As a small, rural county, much of our child care is provided by FFN providers. Initially, we plan to tap into collaborations with agencies and other providers, such as medical providers, R&R and Alternative Payment, library, school district, and other programs working with child care homes in order to identify FFN caring for children birth to five.

Our local consortium has preliminarily identified a number of needs and gaps for these providers. We plan to use these to create enrollment and support strategies as detailed below:

- Provide resource and referral information on health and development of young children, as well as information on resources available in the community
- Provide information and support on becoming a licensed provider
- Provide information and referral information on accessing coursework related to early childhood education
- Foster professional, supportive relationships between FFN caregivers and community-based coaches or mentors
- Provide assistance, coaching, mentoring, and support by community-based coaches or mentors to FFN providers, as needed and appropriate, to increase the quality of child care that is provided
- Create a program improvement plan with the provider, specific to each provider and the children they care for, that will serve as a roadmap for the provider to move toward higher quality of care and potentially toward licensure

EXAMPLE 2:

We are excited about the opportunity to engage FFN providers in new ways through First 5 IMPACT funding. Some of the most urban areas of our county include large low-income housing developments that have significant populations of young children with high needs. We plan to have one of our coaches, who is bilingual in Spanish, take on three new cohorts of FFN providers, one at each of the largest housing complexes. The groups will meet monthly and discuss general child development, the importance of high-quality environments for young children, school readiness, adult-child interactions, and quality improvement. The sessions will include hands-on activities for providers and children together that foster positive relationships, teach school readiness skills, and improve provider confidence. We occasionally will invite guest speakers, such as someone from Community Care Licensing, to talk about the process of starting an FCC home. We plan to offer resources and materials to use at home with the children in their care.

- iv. *If the consortium plans to include alternative settings in the local First 5 IMPACT CA-QRIS, describe engagement strategies and the service model.*

EXAMPLE 1:

We will reach out to the Developmental Playgroups Program, a community-based intervention that provides parent–child playgroups, to encourage the healthy development of infants and young children who are at risk for developmental delays. They incorporate developmentally rich play activities with parent support and education. Groups are located throughout the county in high-need communities. Most of the groups are composed predominantly of Latino families and are offered in Spanish. Playgroups are led by trained Family Coaches. Family Coaches will be the primary target for providing CQI activities, such as training, coaching, and mentoring. As part of First 5 IMPACT, we will introduce evidence-based curricula and frameworks, including Strengthening Families and Touch Points.

EXAMPLE 2:

Our libraries have long-standing relationships with the community, particularly with parents of young children. Targeting libraries as alternative settings will allow us to reach more children, as well as other provider types, such as FCC and FFN. The library system already operates twice-weekly playgroups in multiple languages for families with both infants/toddlers and preschool children. We plan to target recruitment efforts to all county library branches for enrollment in Step 1, and eventually move them into Step 2. We will implement the evidence-based program, Raising a Reader, and concepts from the CLASS tool in our focus on family engagement and teacher-child interactions. Improving the knowledge and skills of library staff will allow us to move into a longer-term plan to contract with libraries to provide coaching to FCC and FFN providers.

5. Create and Support Improvement Strategies –CQI Process

In this section, the consortium will describe the CQI process for participating sites. This includes how needed improvements are determined, the types of CQI activities

that will be incorporated, goals for improvement activities and mechanisms for determining that goals were met, how CQI strategies will support quality improvement and child outcomes, and incentives provided to participants at the site and early educator levels.

Include who will lead the specific activities and work (e.g., Lead Agency, First 5 IMPACT-funded consortium partner, consortium partner using other funds, contractor, etc.) and specify the role of First 5 IMPACT funding in supporting local consortium activities, as applicable.

Guidance: For all questions, provide specific examples of CQI strategies, and differentiate provider type and Implementation Step (of participating sites), as applicable. For question 5a.iii., you DO NOT need to address Ratio/Group Size. For Consortia funded at Implementation Step 1 ONLY, address elements from the Pathways in this question (5a.iii). Consortia funded at Implementation Steps 2 and 3 (as indicated on your Phase 1 application) will address the Pathways in question 5b.v.

5a. All Steps

i. Describe the consortium's process to identify gaps and opportunities for sites in accessing CQI services and supports.

Our county has worked closely with the LPC and R&R agency to identify gaps through a needs assessment. A special focus will be placed on the professional development needs of FCC providers, who typically have fewer ECE/general education units and less familiarity with CDE's Foundations and Frameworks. Licensed FCC providers are estimated to account for nearly two-thirds of early learning programs in the county and serve an estimated 5,500 preschool age children, but are often discussed as some of the most difficult provider types to support due to their independent status. As small business owners, FCC providers often see themselves "on their own," and will need careful support and coaching to encourage their participation in professional development activities.

We also have a large number of FFN providers, many of whom have limited-English proficiency and live in a rural part of the county. This population of providers has typically received little to no support. The consortium values a diverse workforce, and therefore supports workforce development among limited-English speakers, individuals without extensive educational backgrounds, and individuals living in rural areas. Partnerships with local colleges will help ensure that some courses will be offered in Spanish and that bilingual academic coaching will be available for those providers who wish to take college courses. Bilingual coaches also will be available to provide topical training sessions for cohorts of FFN providers.

ii. Describe the CQI process for participating sites. Include information on how the process varies by tiered rating (if applicable) and/or setting type.

EXAMPLE 1:

Providers will receive support to assist them in completing a self-assessment based on the elements of the CA-QRIS being offered (Effective Teacher-Child Interactions; Family Engagement; Child Assessment; Health and Developmental Screening; and Health, Nutrition, and Physical Activity). The self-assessment will help sites determine their current strengths and areas of need for training and TA within these elements and will allow them to prioritize their top three areas of interest. This also will serve to assist the Consortium in identifying other training and TA needs for future planning. The self-assessment will become the basis of a continuous quality improvement plan that maps to the QRIS and Pathways resources. Our coaching model will be strengths-based, goal-oriented, and targeted to areas identified by the providers as a focus for improvement. We anticipate that the coaching for sites in Implementation Steps 1 and 2 will begin at one visit per month, but may increase or decrease based on the site's needs. Professional development advising will be offered to sites in both Steps. Additionally, sites will have access to mental health and inclusion consultation, leveraged through our county health department, for specific training and consultation needs.

EXAMPLE 2:

As a grantee through RTT-ELC, we will continue our existing model of CQI. We plan to provide the following site-level quality improvement activities to teaching staff, both center-based and FCC:

- Technical assistance and coaching
- Professional and educational advising
- Resources, materials, and supplies
- Site-and teacher-level monetary incentives based on tiered rating and achievement of individual professional development goals
- Workforce development through cohort models, lost wages, leadership development, and other higher education links
- Coordination with other state and local quality improvement efforts (e.g., California Department of Education Quality Projects, AB212, and CARES Plus)
- Free access to professional development trainings, including CLASS, MyTeachingPartner, ERS, ASQ, and DRDP

Currently, coaches identify an area of growth through observations and/or through conversations with teachers or with site supervisors. Once an improvement area is identified, strategies are established to address those areas. Follow-up occurs through meetings and conducting additional observations to identify progress in response to the improvement area and to evaluate whether improvement was made or additional support is needed. Action Plans are developed from each coaching session and provided to the teachers and supervisors. The Action Plan documents the visit and the strategies identified to measure progress in an effort to keep the coach and teacher accountable throughout the coaching process. Data are tracked locally to capture the duration of the coaching session in addition to the improvement strategy used. This process has worked well for our consortium; however, it may be modified as needs

change and we expand to add more alternative settings through IMPACT.

iii. *How does the consortium plan to address the CQI process for each element included in the local First 5 IMPACT model (address all elements checked in question 3b.)?*

Developmental and Health Screening: The county funds a developmental screening initiative to be implemented on-site at participating Step 3 early learning sites. Early learning sites are provided training and resource materials based on the Developmental and Behavioral Screening Guide for Early Care and Education Providers. Providers will deepen their understanding of developmental milestones, learn about local resources and strategies to talk with parents, and understand their role in developmental screening and follow-up. Support for on-site developmental screening is provided annually at early learning sites. Step 2 sites with an interest in developmental screening will receive an on-site training based on the “Developmental and Behavioral Screening Guide for Early Childhood Education Providers” as a beginning step. Because of the resources needed for this element, sites must move to Step 3 to receive the full spectrum of support, training, and materials.

Child Assessment: Coaches will be trained to provide support on the DRDP and teachers will focus on its completion and linking results to curriculum planning. The coaches also will assist site directors in creating parent education materials based on the DRDP for use at parent meetings. These supports are available to all early learning providers in FCC or centers, regardless of Step.

This model incorporates four Elements from the Rating Matrix: Effective Teacher-Child Interactions, Minimum Qualifications for Lead Teacher/FCCH, Director Qualifications, and Family Engagement. The consortium will continue implementation of CARES Plus elements and transition to site-level participation. We will encourage full participation of teachers and administrators at every site so they can access training and support in order to accomplish their own professional development goals. As part of a focus on teacher-child interactions, at least one goal at each site and one individual professional development goal will be focused on this area. In addition, through partnerships with our local community college and R&R, we will be able to offer a variety of training, college coursework, and resources. We will contract with the community college for at least one course per semester, specifically for First 5 IMPACT participants. We are planning to operate a local model similar to MyTeachingPartner and will transition to using myTeachstone with staff at participating sites.

Family Engagement: We will fund FSS within our QRIS structure to work with participating site staff to support families. This may include helping staff assess family needs, provide resources and referrals, encourage parents’ participation in their children’s learning, and conduct parent meetings that include information on characteristics of quality early learning environments and school readiness. The FSS will use the Strengthening Families Protective Factors framework and support sites to implement within their program. First 5 IMPACT funds will support training and coaching for FSS and cross-agency work on coordinating family support services without

duplication. On-site support will be provided to early learning sites to ensure implementation success.

Health, Nutrition, and Physical Activity: Sites will be encouraged to participate in Preschools SHINE, as available. In addition, the previously developed oral health materials will be available to all sites. These include materials for parents and providers, dental resources, and a curriculum for preschool children. Training and mentoring will be available for those sites wishing to implement this element of quality.

Environment: Each participating FCC or center, regardless of Step, will have access to training with follow-up TA to improve the quality of their environment. When applicable (typically Step 3), this also will be addressed through the use of ERS scores to provide specific T&TA on areas that need improvement. The focus will be on improving health and safety, as this is an area that has been a significant challenge for our providers. We also will offer gift cards to purchase needed classroom materials and assistance in arranging the environment to promote play and positive interactions among children.

Social-Emotional Development/School Readiness: Because social-emotional skills are critical to school success, we will focus on this area of development as our overall strategy to address school readiness. We will continue our intensive work utilizing the CSEFEL through a partnership with California CSEFEL and our Inclusion Collaborative. This work will provide our sites with intensive training and coaching for classroom teams. We plan to provide a Training of Trainers and Coaching Certification track to increase our local capacity to support CSEFEL work. Alternative settings at Step 1 also will be able to participate in CSEFEL training.

iv. What types of incentives will the consortium use to encourage providers to participate in local First 5 IMPACT model (e.g., financial incentives, training, classroom materials)? Include information on how incentives vary by Implementation Step or tiered rating (if applicable).

EXAMPLE 1:

The local consortium will invite applications from all licensed providers in the county serving children ages 0 to 5, as well as provide outreach to FFN providers and alternative settings. Sites may apply to participate in either Step 1 or Step 2. All sites, regardless of Step, will receive regular training, TA and coaching, and any materials necessary to improve quality in their goal areas (e.g., ASQ kits). Additionally, sites will receive initial incentives when they sign a participation agreement: \$250 for Step 1 and \$500 for Step 2. They will receive an achievement award when completing their 12-month goals: \$500 for Step 1 and \$750 for Step 2. The funds may be used to purchase enhancements such as classroom materials and curricula.

All individuals working with children ages 0 to 5 and their families will be able to apply for individual educational incentives (scholarships). A partnership agreement has been drafted with the community colleges, ensuring all applicants receive financial aid advising from career counselors.

EXAMPLE 2:

Our consortium will not provide monetary incentives for participation but instead will focus on free T&TA, including on-site TA and coaching. We will provide small material packs related to early math and literacy skills.

5b. Steps 2 and 3 only

Guidance: This question pertains to the funding step – not participating site step.

v. How will the consortium use the CA-QRIS CQI Pathways?

Our local consortium has used the Pathways Core Tools and Resources as the primary guide when developing all the professional development opportunities presented to RTT-ELC sites. This will continue with First 5 IMPACT.

CORE I: CHILD DEVELOPMENT & SCHOOL READINESS

Foundations and Frameworks – QRIS providers will participate in an intensive training series on the Foundations and Frameworks and receive coaching on strategies to integrate them to their programs' curricula.

Health and Nutrition – Through alignment between our CARES Plus and QRIS programs we will continue to work to increase awareness and promote providers' participation in the Tobacco Cessation online training. Our R&R also provides TA for participation in the USDA program and they provide mini-grants and TA for sites to adopt healthy food and beverage, physical activity, and screen time policies at early care and education sites throughout the county.

CORE II: TEACHERS AND TEACHING

Effective teacher-child interactions – Through our partnership with higher education institutions, we will provide teachers the opportunity to participate in peer learning groups and reflective practices, through which they will learn about CLASS dimensions and best practices around teacher-child interactions that lead to positive outcomes for children.

Currently, we are working with our local university to offer the Engaging Interactions and Environment Course through EarlyEdU (the F5CA Pilot). The course focuses on CLASS concepts. We hope to continue to offer this course and others through the expanded, national EarlyEdU. The local Institute of Higher Education (IHE) indicated it will become part of the national EarlyEdU Pilot and will gain access to all 15 courses. We are looking into a second option to offer the practice-based coaching degree by supporting students to apply to University of Washington's remote Early Childhood and Family Studies Bachelors' Degree.

Professional Development – Through our partnership with the community colleges, we will offer numerous opportunities for our workforce to obtain their degrees (e.g., English

and Math cohort, ECE tutors, and ECE advising services).

Use of child observation data – Providers will participate in trainings on use of the DRDP and how to integrate it into curriculum to support children’s progress.

CORE III: PROGRAM AND ENVIRONMENT

Environment – QRIS providers will be exposed to ERS tools through training followed by coaching on tool implementation in their programs.

vi. How will the consortium address effective teacher-child interactions? How does the professional development system include intentional training and education on interpreting and using data for planning and improvement of practice?

EXAMPLE 1:

Our county has successfully implemented a CLASS assessment system that reflects the cultural and linguistic needs of the ECE provider community by ensuring all materials, resources, and tools are in the language of the provider. In addition, we have created and developed a fully coordinated T&TA system that uses trend data from CLASS to provide meaningful professional development, mentor/coaching, early childhood mental health consultation, inclusion supports, and health consultation to the ECE provider community. These strategies may be tailored to participants in any Step based on current competencies.

In January 2016, we plan to add a teacher community of practice for educators using a project approach in DLL programs. This will include an in-depth seminar series for teaching teams based on specific CLASS domains. See above for additional information on our use of EarlyEdU.

EXAMPLE 2:

Our county is new to the use of CLASS. We plan to begin building capacity by utilizing the Assessor Management System to train our lead coach or anchor on all three tools. We will provide a CLASS introductory training at least twice-a-year in the western and eastern areas of our county. Our initial target will be site directors and FCC owners so they can work with their own staff on use of the tool. Although we are a Step 2 county, we plan to have our coaches conduct CLASS assessments annually and use results to tailor their coaching and support. We also will use those results to plan for training based on the areas that need the most improvement.

vii. How will the consortium encourage and support early educators to engage in ongoing professional development, including attainment of higher levels of education? Include information on how institutions of higher education will be involved to support early educators in the local First 5 IMPACT model.

We plan to expand AA and BA cohort models with IHE through California State Universities or units through community colleges currently organized by the county office of education. We will contract with the community college district to offer ECE

courses in the community at locations and times that are accessible for early educators.

The consortium has identified a need for greater access to ECE units geared toward degree completion and professional development on QRIS resources and tools as priorities in the county. To ensure a diverse workforce within the mixed-delivery system, consortium members have identified a need for more intensive support to sites that are rated as Tiers 1, 2, or 3 within Implementation Step 3, as well as those in Implementation Steps 1 and 2. Consortium members will leverage existing resources to ensure sustainability for our quality improvement efforts. See 5b.v. for more information on our facilitation of EarlyEdU access locally.

The consortium will identify the local workforce needs and link them with appropriate existing federal, state, and local efforts. Because a large number of children are being served in private child care centers and FCC homes, the consortium will encourage participation of private providers/sites and ensure support is appropriate for their needs. Consortium members will network at the local level to leverage existing resources that will support workforce development. We will draw on AB212 to support those in subsidized programs and will use CARES Plus and then IMPACT for others.

viii. How will the consortium address effective family engagement and strengthening?

Our consortium, including individual partners such as the First 5 commission and LPC, adopted the Strengthening Families Framework and has begun to offer training on the framework throughout our community. In the roll out of this new effort, we are using the framework's self-assessment tool and the family survey. We are currently exploring options for tracking data on how we are using the framework and look forward to providing more information on our next report. The consortium plans to collaborate with Strategies, a nationally recognized family support organization specializing in Strengthening Families, to deepen our work on family engagement using the Five Protective Factors framework. Strategies will customize a training series that targets two different audiences, those providing professional development and early learning program staff.

First 5 also will serve as a center for professional development for family support providers and First 5 IMPACT sites. Examples of evidence based practices that support early education efforts include Touch Points, Abriendo Puertas, Triple P, and SEEDS. Sites and providers participating in First 5 IMPACT will have access to training and support of the above models, regardless of Implementation Step, although the intensity of the support will build as sites progress up QRIS tiers.

In addition, families have been trained on the CSEFEL Teaching Pyramid strategies and exposed to the concepts used in the classrooms with early learning providers. Parents have adopted some of the strategies and language to use with their children at home. We plan to train all of our FRC staff in the county on CSEFEL so parent access to the strategies can be more widespread.

6. Ensure Accountability – Rating, Assessing, and Monitoring, and Evaluating the Impacts on Child Outcomes

In this section, the consortium will describe their processes for monitoring improvement of participating sites and collecting common data fields relevant to the Implementation Step. The consortium also must include who will lead the specific activities and work (e.g., Lead Agency, First 5 IMPACT-funded consortium partner, consortium partner using other funds, contractor, etc.) and specify the role of First 5 IMPACT funding in supporting local consortium activities, as applicable.

Consortia in Steps 2 and 3 will describe the local or regional data system they will use to track progress on outcomes and benchmarks, as well as their process to regularly review and use data to guide continuous improvement and inform planning, policy, practice, and operation. They will describe strategies to coordinate program monitoring and accountability across sectors where appropriate (e.g., a single or coordinated monitoring visit or sharing monitoring data across sectors or funding streams). In addition, Step 3 will need to describe the Rating and Assessment process.

Guidance: Be as thorough as possible with your answers. For 6.i., monitoring refers to data collection processes. For 6.ii, describe monitoring as it relates to quality improvement. If you have not yet completed the work described in the questions, include details of a plan to do so in the future and a timeline.

i. How is the consortium collecting data and implementing a local monitoring process?

EXAMPLE 1:

Our county seeks to make data-informed decisions at both the program and QRIS administration levels. To that end, upon QRIS engagement and entry, sites conduct a self-assessment based upon the CA-QRIS framework. The documented results of this self-assessment are included in the site's portfolio, along with other necessary documentation, to be used by coaches and site staff to identify and prioritize program goals for quality improvement. Information from the portfolio is then used to create a site profile in the county's QRIS data system. As programs and providers access resources to assist them with making progress toward achieving program goals and continuing to progress along the QRIS tiers, the updated portfolio and any corresponding information are used to further update the QRIS data system, including ERS and CLASS assessment scoring and documentation of specific element point score attainment. The data system record is able to track sites from QRIS entry through the years, highlighting improvements and assisting QI decisions.

Our county is committed to providing the sites and coaches with regular reports as to a site's overall QRIS status and QI progress. Efficient data input procedures are emphasized and supported by offering coaches and program administrators with regular opportunities to update and upload pertinent information. Relevant data are available to various users at various levels, as needed. Additionally, data from these reports can be

used to complement publicized ratings to articulate for parents where the program is excelling, and areas in which the site is seeking to improve.

As a county moving forward on joining the California ECE Registry, we intend to link the QRIS and Registry systems, and create a comprehensive data system that provides our IMPACT consortium with transparency in local quality investments, and needs of families and children 0 to 5.

Locally, we intend to use the information detailed above to plan and execute a local evaluation. It is our hope to refine our local processes and QI offerings to include those most effective and useful to our partners. The data included in the data system is key to demonstrating what is working best.

EXAMPLE 2:

Our county will initially be using a series of Excel spreadsheets to track data required for Common Data Fields reporting, as well as on-going professional development for teachers at our Step 1 and 2 sites. It will be the responsibility of our First 5 IMPACT coaches to disseminate and collect data collection forms from all of the First 5 IMPACT participating sites. Once the forms are received, our agency's data entry staff person will enter and maintain applicable data in our data spreadsheets. Coaches will be required to provide timely updates to our data entry staff to keep all data up to date and accurate over time.

We have begun conversations with other counties in our region and intend to join a regional data system, coordinated by a Regional First 5 IMPACT T&TA Hub. This will enable us to enter and track comprehensive data on program participation step, performance and technical assistance. For sites at all Steps, coaches and other technical assistance providers will have access to assigned site information in order to develop integrated quality improvement plans with directors, FCCH providers, and teachers. The anticipated system has reporting and analysis capabilities which can be utilized to track and inform program performance.

Our local protocols will ensure Common Data Fields are complete and submitted on time each year, and that we can participate in any statewide evaluation efforts.

ii. Describe the consortium's process for monitoring and evaluating the impact of your quality improvement efforts. Include child, early educator, and site outcomes, as applicable.

EXAMPLE 1:

The local consortium has identified key benchmarks of success and will be reviewing progress to meet these benchmarks on a quarterly basis. Benchmarks for success are linked to overarching goals as well as specific planned strategies, including:

Goal 1. Ensure more early learning programs engage in the quality improvement process

- Primary Indicator: Overall site enrollment in IMPACT

Goal 2: Ensure providers are progressing into the QRIS model.

- Primary Indicator: Rates of site entrance into the QRIS (Step 3)

Goal 2. Increase overall quality of early learning programs.

- Primary Indicator: Rates of site progression up the tiers

Goal 3: Ensure more high-needs children have access to high-quality early learning opportunities.

- Primary Indicator: Number of children who meet high-needs criteria (including target geographic areas) who attend Tier 3 and above programs

Intermediate Measures of success will be used to track progress toward achieving the overarching goals. The intermediate measures will be used to assess the extent to which core strategies have been implemented.

Strategy 1: Outreach and Engagement

- # and type of sites engaged
- Length of time participating in IMPACT (retention)

Strategy 2: Training and Technical Assistance

- CQI Plan goals achieved, by CA-QRIS element
- #, frequency, and duration of CQI: trainings, technical assistance, coaching, etc.

Strategy 3: Workforce Development

- # and type enrolled in educational programs
- # and type achieving professional development goals
- Longevity in position

Strategy 4: Incentives

- # and type of sites/early educators receiving incentives

EXAMPLE 2:

Our local First 5 IMPACT model embraces the CA-QRIS for assessing and improving the quality of early learning programs. In order to measure and improve quality, a number of tools will be used, including the DRDP 2015, ERS, CLASS, ASQ, ASQ-SE, PAS, and the California Early Learning System (Foundations, Frameworks, Preschool English Learner Guide, ECE Competencies).

Participant demographic data, service data, intake data, and the results of ongoing assessments and screenings will be analyzed by QRIS staff. Administrators and early educators will have access to the data in order to develop individual child, classroom, and teacher goals. Staff will determine resources and supports needed to meet the goals. Progress toward meeting the goals will be evaluated at least on a quarterly basis to further inform supports and strategies to be implemented.

Our local consortium plans to develop outcomes for children, sites, and early educators. A separate workgroup will be tasked with developing draft outcomes. We will update our Action Plan when those outcomes have been approved by the consortium (by May

2016).

6b. Step 3 Only

Guidance: Lead Agencies must complete section 6b if their consortium has any sites participating at Step 3 (QRIS).

iii. Within the requirements of the Implementation Guide, what are the local QRIS rating and monitoring frequency decisions (based on local goals and resources)?

EXAMPLE 1:

Local First 5 IMPACT monitoring will align with the CSPP QRIS Block Grant monitoring schedule as a means to maximize resources and leverage existing efforts. Formal rating and ongoing monitoring of participating Step 3 sites will take place as follows:

- Initial rating will be given within the first 6 months or earlier upon indication of readiness.
- Follow-up monitoring/ratings assessments will be made within 12 months.
- Reassessment for ratings will occur no more frequently than once in a 12-month period.
- A program shall receive no more than three formal rating visits and two monitoring visits throughout the duration of First 5 IMPACT.

This frequency was determined based upon experiences gained implementing a monitoring system through the RTT-ELC, and assessing the administrative burden that is anticipated to be assumed by the regional assessment team. The design of the monitoring and rating approach was drawn from best practices in other states and complies with the Implementation Guide.

EXAMPLE 2:

Our local consortium will use a portfolio-based system for sites to self-report some quality elements and on-site observation, including file review, for other quality elements, in accordance with the QRIS Implementation Guide. For on-site visits, technical assistance specialists/raters will randomly select two files from each classroom to review for proof of child assessments, and developmental and health screenings. This information is not collected in hard copy; it is reviewed and noted on the Data Screening form. The outside assessor conducts ERS and CLASS assessments for the random selection of 33% of the classrooms and provides the summary report to the technical assistant specialists/raters for review and determination of points earned.

The process includes a second review of the data by the QRIS team, prior to assigning a rating, to ensure correct interpretation and accuracy. A QRIS Report is developed, which includes the points earned for each quality element and the recommendation for areas of improvement. The technical assistant specialists/raters debrief with site administrators and provide a copy of the report. Each site receives a QRIS certificate with the site rating and the expiration date for the rating. Sites administrators will be encouraged to post their Certificate but also will be advised that posting will not be

mandatory until 2017.

Monitoring will take place annually through electronic submission of a select number of documents, which will vary by site and be determined by the rater based on the initial rating.

iv. Describe how the consortium will ensure the qualifications of those who are conducting the assessments (QRIS ratings) will meet the requirements of the Implementation Guide. Include the process(es) for ongoing quality control for maintaining an appropriate degree of rigor, including inter-rater reliability, in its rating processes.

EXAMPLE 1:

Our county plans to continue contracting with independent assessors for both CLASS and ERS. All prospective assessors must provide the appropriate paperwork demonstrating reliability prior to signing a contract. Currently, our county has 16 certified Pre-K CLASS assessors within the Head Start program. In addition, through the local Professional Development Program and CARES Plus program, there are 12 CLASS assessors for both the Infant and Toddler tools. These assessors will go through a re-certification process with F5CA and Teachstone annually to maintain their status as a certified CLASS assessor. This pool of certified CLASS assessors will assist sites in conducting self-assessments using the CLASS tool for programs in Tiers 1, 2 and 3. For programs in Tiers 4 and 5, independent CLASS observations will be conducted by the pool of CLASS-certified assessors in accordance with the Implementation Guide. Another valuable resource in the county is a team of assessors for the ERS. Significant capacity was developed during implementation of RTT-ELC. The county currently has a team of ERS assessors on staff that is certified at the Anchor level to conduct the ECERS, FCCERS, and ITERS. In addition, we are working with neighboring counties to explore a regional approach for conducting QRIS assessments. This regional approach will help ensure that the neighboring counties are maximizing resources and coordinating efforts to support collaborative efforts among the counties in this region.

EXAMPLE 2:

Our regional consortium is working on designing an approach for conducting QRIS assessments throughout the five-county region. Our current plan is to hire four coaches for the region who also will become certified assessors. This regional approach will help ensure that ratings are consistent throughout the region and make it easier to disseminate lessons learned and collaborate across all counties in the region.

Once established, the regional assessment team will serve as coaches, as well as assessors. They will assess only those sites for which they do not provide coaching or support to maintain the external assessor requirement. Assessors will receive periodic training (e.g., annually, or per guidelines) to ensure continued fidelity to the various assessment tools. We plan to uphold the requirement for the assessment team to undergo yearly reliability updates and will conduct verification checks every ten visits.

v. *What local or regional QRIS data system will the consortium utilize to track progress on outcomes?*

EXAMPLE 1:

Our current data management capacity is limited to tracking and monitoring the rating of programs using an excel data base. It is not linked to the quality improvement system, able to provide real-time reporting for analysis, nor incorporate other data elements of quality.

Because our current data collection method is limiting, our First 5 IMPACT consortium is exploring a variety of options to implement a local data system for First 5 IMPACT. Staff members from the county would like to participate in planning and input sessions offered by First 5 California and will participate in any webinars offered. We are exploring the possibility of partnering with neighboring counties to defray the cost of setting up a new system.

EXAMPLE 2:

Our county currently uses a web-based data and evaluation system. The data system is a central data warehouse for storing, managing, and integrating participant and program data contributed by each funded partner. Data include information on participant demographics and characteristics, service projections, service utilization, client satisfaction, and participant outcomes. A quarterly review of demographic participant reports will help programs modify program outreach and recruitment strategies to ensure the First 5 IMPACT target population is reached.

We are in the process of assessing our existing QRIS data base to determine whether a different system might better meet the local QRIS data collection needs. These data bases include WELS, EQS, Pinwheel, Branagh, and Mosaic Networks. It is anticipated a decision will be made by January 2016. We will provide updated information in any revised Action Plan (May 2016) and in our Annual Performance Report (September 2016).

7. Outreach and Communication – Disseminating Information to Parents and the Public About Program Quality (Step 3 only)

Guidance: Only consortia requesting to be considered at Implementation Step 3 are required to complete this section.

In this section, the consortium will need to describe its plan to disseminate information to parents and the public about quality, including site-specific tiered ratings and participation in CQI activities. In addition, the consortium must provide a plan to increase family and public awareness of the characteristics of quality early learning programs and the impact of quality on improved outcomes for children. Include who will lead the specific activities and work (e.g., Lead Agency, funded First 5 IMPACT consortium partner, consortium partner using other funds, contractor, etc.) and specify the role of First 5 IMPACT funding in supporting local consortium activities, as applicable.

i. Describe the consortium's campaign to inform the public about its local QRIS, including publication of ratings.

EXAMPLE 1:

We already have begun this work. In May 2015, the Local Planning Council hosted a QRIS Public Forum with approximately 100 people in attendance. Panel presentations from key QRIS partners provided the public with an introduction to QRIS and progress on the implementation of activities thus far. Attendees were primarily early childhood educators. Participants received a QRIS binder with local, state, and federal information. This is an annual event, and in coming years, we will continue to bring in panelists to stress the importance of early childhood education and quality improvement (and rating). We will partner with our R&R and strive to include a greater number of parents, as well as develop a parent-specific forum.

In addition, our local First 5 commission has a communication plan/public awareness strategy that includes several social media outlets, including our website, Twitter and Facebook accounts, a newsletter, and a regular blog. We will continue to use these outlets to communicate the important issues of early childhood; national, state, and local issues and events; and as a vehicle to inform our communities about local work.

One of our community colleges is developing a course about Quality Improvement, focused on the QRIS, including assessment tools. This should be offered in Spring Semester, 2016. We are working with other IHEs in our county to make this course available more widely. We are modifying some of the course content to be appropriate to parents to help inform them about the importance of quality child care. The content will be broken into six one-hour sessions. We hope to target parents in the foster care program, teen parent program, and other places where parents (most hard to reach, high needs) who might have the least access to information but would benefit from the information most.

We will implement publication of ratings in two phases:

Phase 1 will begin immediately, upon receipt of IMPACT funding:

1. As we recruit sites and sign them on to participate in our local First 5 IMPACT, every participating site will be offered a lawn sign with our local county's QRIS logo and tagline. Every participating site also will be given an electronic logo they can insert into parent communications and will be offered multi-lingual templates for informing parents about their participation in QRIS activities.
2. We are working with our R&R to ensure parents are informed about quality when they make their choice about care. We will develop a script to be used by R&R counselors when they talk to parents – they will explain the importance of quality on child outcomes. Parents will be offered a list of questions to ask providers when they

visit prospective sites.

3. Providers will receive information - in writing and through a podcast – on how to talk about elements of quality. We believe (and research supports) that - whether rated or not - there are certain elements of quality that have a profound impact on child outcomes, including teacher/provider levels of education, adult-child interactions, curriculum used in the program, how the program works with families, and some elements of the environment.
4. We plan on developing additional marketing materials and resources such as a tip sheet for parents about quality early education, car magnets, and banners to further our public education efforts.

Phase 2:

By January 2017, we believe we will have providers fully engaged, and our partners, particularly the R&R, fully on board. The current plan is to represent sites in terms of ranges, as opposed to strictly by tiered ratings. For example, Tiers 1 and 2 will be described as “engaging in quality practices,” Tier 3 will be described as “advancing quality practices,” and Tiers 4 and 5 will be described as “exceeding quality practices.” The site will receive a letter with its rating, along with a packet that includes background information on the rating, a decal that they can post, a framed certificate that identifies that site’s RTT-ELC Quality Range, and ideas and materials to help promote their rating on their own. We are leaning toward sharing the rating information with the site in the form of a “report card” – one will be brief and written for parents and a second version will be longer with more information for the provider.

EXAMPLE 2:

We plan to develop and produce a QRIS binder and accompanying PowerPoint to share information about QRIS implementation with the ECE community, the First 5 commission, the county board of supervisors, and other key stakeholders. The binder and PowerPoint will provide an overview of the QRIS project, including the purpose, benefits, and projected outcomes. We plan to distribute binders at various local events, including the Local Planning Council’s QRIS Public Forum and our annual First 5 School Readiness Conference.

In addition, we will outreach to the following: college faculty will be encouraged to share the materials with their students, executive directors from various agencies and organizations will be encouraged to share with their management teams and boards, and QRIS site staff will share the information with parents.

In addition, we are adding QRIS information for families and providers to the local First 5 website. In the future, we plan to hire a contractor to develop additional marketing and outreach tools, including a brochure and messaging tailored to the audience, for families, policy makers, and the business community.

We plan to publish ratings in accordance with the First 5 IMPACT RFA. We look forward to discussions with other counties on how they have accomplished this, and hope that First 5 California can assist in facilitating conversations on this topic.

- ii. *Describe how the consortium will work together with the local resource and referral agency(ies), and other partners to:*
- *Increase family and public awareness of characteristics of early learning program quality that promote better outcomes for children*
 - *Make quality rating data available to parents inquiring about early learning and child care programs*

EXAMPLE 1:

With the award of RTT-ELC, along with the new funding allocations available through the QRIS Block Grant, high-quality early learning programs and continuous quality improvement are becoming the key focus among early education practitioners. Examples for increasing public awareness have been the development of the “Child Development Selections for Educational Experiences” flyer by the Alternative Payment Program, which sets forth quality indicators which should be present in a high-quality early education program. This flyer is for practitioners within the early education system and parents. Also developed by the R&R was a brochure entitled “Supporting High-quality Care and Education.” This brochure is designed to assist parents in selecting quality early education settings taking into consideration aspects of supervision, health and safety, the environment, positive discipline approaches, and the qualifications of teachers/child care providers. These strategies are essential in informing parents and the community on the foundational elements of quality in early education settings and set the stage for the posting of formal ratings.

We will post ratings on our local CARES Plus website with links to our R&R, First 5, and COE websites. In addition, because many families do not have internet access, our R&R will provide rating information over the phone and each participating site will receive a rating sheet in hard copy to post at their physical site.

EXAMPLE 2:

Through a strong relationship with our local R&R agency, we have developed multiple strategies to inform the public and parents about QRIS and the importance of high-quality early learning. We will design a three-part QRIS orientation series developed and offered at each R&R in our region. This orientation also will be accessed on-line. The content will be geared toward providers and community members. We recently convened a communications work group to develop outreach strategies and eventually a plan to post site ratings. As we develop our strategies to publish ratings, we will develop a parent education series on the importance of quality early learning. We will work with our R&R to modify the existing parent education series to include QRIS.

Our current plan is to have our local R&R counsel families seeking child care individually and also post ratings on its website both in English and Spanish. We will be

using First 5 IMPACT funds to secure a contractor to modify the website. The website will be searchable and will include the overall site rating, as well as star ratings in each of the core areas, and any areas of “expertise” as indicated by a score of 5 points. R&R counselors will inform them of the QRIS and assist parents in accessing the website, as needed.

iii. Describe how the consortium will incorporate and connect to the Talk. Read. Sing.[®] campaign in its local First 5 IMPACT activities.

Our consortium will connect every participating site and other types of early learning settings to the Talk.Read.Sing. campaign in several ways:

1. The consortium will send a monthly newsletter by mail and/or by e-mail (preference stated by providers) containing First 5 IMPACT requirements, participation updates, training information, as well as tips and materials for parents. Each month, aspects of the Talk.Read.Sing. activities will be highlighted, drawn from the First 5 California website, as well as from the Talking is Teaching site (<http://talkingisteaching.org/>) and other resources. Providers will be encouraged to share this information with families.
2. Similar information will be shared with Family Resource Centers, home visitors, libraries, and hospitals as ready-to-use tip sheets in multiple languages.
3. Annually, consortia partners will host a community fair to promote Talk.Read.Sing. A key partner in this endeavor will be our libraries. More information about this event will be shared as the event is planned.
4. We plan to develop a specific training for FCC that builds off Talk.Read.Sing. It will cover early brain development and everyday activities FCC providers can include in their routines to better support babies and build strong relationship with positive and effective adult-child interactions.