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## SEATTLE PRESCHOOL PROGRAM PATHWAY

Programs are part of the Seattle Early Learning Collaborative (SEEC)

# PROGRAM MANUAL

Contract year 2016 – 17

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Seattle

Department of

Education and Early Learning

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## SECTION A: Seattle Early Education Collaborative (SEEC) Program Overview

### A-1: Vision

The vision of the Seattle Early Education Collaborative (SEEC) is a community working together in coordinated partnership to close the achievement gap by ensuring that children are prepared to succeed in school. Additionally, schools and communities are prepared to effectively nurture and educate every child.

### A-2: Guiding Principles

SEEC's guiding principles are based on the following values, knowledge, and beliefs:

- Learning begins at birth and every child has the capacity to learn and succeed in school;
- Success in school and life rests on healthy, holistic, and comprehensive development;
- Quality pre-kindergarten (pre-K) programs are a function of the level of education, training, skill, and experience of the teachers in the classroom;
- Parents are the first and most important teachers of their children; respect for home language, culture, etc. are key to supporting families in their role as parents;
- Families are better served when:
  - Services are offered within communities where children and families live, work, and play;
  - A multidisciplinary methodology is used with an emphasis on assessment of outcomes;
  - There are shared professional values and outcomes for early learning professional development;
  - Early learning programs encompass a broad range of ages and settings;
  - All partners are committed to diversity and inclusion.

### A-3: Race and Social Justice

The Seattle Step Ahead/Pathway Preschool Program is dedicated to ensuring that every aspect of the program advances racial equity and social justice and aligns with the City's Race and Social Justice Initiative.

Until race and family income are no longer predictive of aggregate school performance, the City has committed to making investments that will help all of Seattle's children succeed in school and life.

### A-4: Definitions

CHIPS – Child Information and Provider System is the DEEL database used by agencies and DEEL to store and track child and agency level data. Data entry items include, but are not limited to, child-identifiable information, attendance, screening results, notes, etc.

CLASS® – Classroom Assessment Scoring System is a program used to assess interactions between teachers and children to determine teachers' professional development needs; it includes areas of emotional support, classroom organization, and instructional support.

Common Core – The Common Core State Standards, or “Common Core,” are academic learning goals for grades K-12 in math and English language arts. Common Core sets goals or standards that focus on deeper understanding of basic subjects in order to better prepare students for success in college, work, and life. Common Core is part of Washington's K-12 State Learning Standards and was adopted in 2011.

Early Achievers – A voluntary quality rating and improvement system (QRIS) for licensed child care providers in Washington that helps early learning programs offer high-quality care.

ECEAP – Early Childhood Education and Assistance Program funded by Washington State for families earning at or below 110% of the federal poverty level; offers free, part-day, high-quality, culturally and linguistically appropriate preschool services for eligible 3- and 4-year-olds and their families.

ECERS-R – The Early Childhood Environment Rating Scale-Revised: A thorough revision of the ECERS, designed to assess group programs for children from two through five years of age. Total scale consists of 43 items. (Also available in Spanish.)

MERIT – Managed Education and Registry Information Tool managed by the Washington State Department of

Early Learning. It allows individuals who work in early child care and education to track online their education and training experience, find training by state-approved trainers, be recognized and receive awards for their professional achievements, and more.

PPVT™-IV – Peabody Picture Vocabulary Test, Fourth Edition (PPVT™-4) measures verbal ability in standard American English vocabulary; can measure receptive processing from ages two to over ninety.

Quality Level of Excellence – Designation used by the Washington State Department of Early Learning for early learning providers that achieve Early Achievers ratings of Level 3, 4 or 5.

Reflective Coaching – Reflective coaching is the regular and intensive coaching of teachers and their supervisors. These coaching models are designed to enhance the relationship between the teacher and the coach combined with direct observation, reflection/discussion, and modeling of practices.

RSJI – The Seattle Race and Social Justice Initiative (RSJI) is a citywide effort to end institutionalized racism and race-based disparities in City government. RSJI builds on the work of the civil rights movement and the ongoing efforts of individuals and groups in Seattle to confront racism. Its long-term goal is to change the underlying system that creates race-based disparities in our community and to achieve racial equity.

Teaching Strategies GOLD® (TSG) – An observation-based assessment system used to document children's development from birth-kindergarten; can be used with all children, including English Language Learners, children with disabilities, and children who exceed typical developmental expectations. TSG is being incorporated into the Washington Kindergarten Inventory of Developing Skills (WaKIDS) program.

WaKIDS – Washington Kindergarten Inventory of Developing Skills - A process for obtaining a snapshot of where children are developmentally at the start of kindergarten. Gathers information through: 1) a teacher-family meeting; 2) an assessment of the child's social and emotional development, cognition and general knowledge, language, communication and literacy, physical well-being, health and motor development; 3) meetings between teacher/early learning professionals to coordinate children's transition to kindergarten.

Washington State Core Competencies for Early Care and Education Professionals – Washington State Department of Early Learning (DEL) list defining what early care and education professionals need to know and be able to do to provide quality care for children.

## SECTION B: Program Eligibility, Selection, and Enrollment

### B-1: Student Eligibility Criteria

Agencies will enroll children who meet the following criteria:

- Live within the Seattle city limits and within the attendance boundaries of low-performing elementary schools
- Will be three or four years old by August 31 of the school year in which they are enrolled
- Have income between 110% and 300% of the federal poverty level.

| <b>110%–300% of 2015-2016 Federal Poverty Level</b> |                             |
|---|-----------------------------|
| <b>Family Size</b>                                  | <b>Gross Monthly Income</b> |
| 2   | \$1,470 - \$4,005           |
| 3   | \$1,849 - \$5,040           |
| 4   | \$2,229 - \$6,075           |
| 5   | \$2,608 - \$7,110           |
| 6   | \$2,988 - \$8,145           |
| 7+  | Please call (206) 386-1050  |

Additionally, the following children will also be eligible:

- Any child who meets the first criteria above and is not served by Head Start or the Early Childhood Education and Assistance Program (ECEAP).
- Any child from the Parent-Child Home Program (PCHP) who meets the first criteria above will receive priority for enrollment. Agencies will work in partnership with Parent-Child Home program providers to enroll graduates from this program.

## B-2: Student Priority Selection Criteria

Agencies will prioritize students who meet the following criteria:

- Are three- to four-years old
- Come from families with low to moderate incomes
- Live within the Seattle city limits
- Live within the attendance boundaries of low-performing elementary schools.

Additional priority will be given to children who fall into the criteria below. These criteria use data from Seattle Public Schools that indicate a high percentage of children in poverty and at risk of academic failure are included in these groups:

- Children whose parents have Immigrant or Refugee status
- Children who are English language learners
- Children not currently in preschool, but in the care of family, friends or neighbors (FFN) who would benefit from a pre-K program.
- Children in foster care
- Children who are homeless
- Children with special needs

The following is a list of the 2016-17 Seattle schools within the Step Ahead/SPP Pathway priority attendance area:

|                                      |                                    |                          |
|--------------------------------------|------------------------------------|--------------------------|
| Aki Kurose Middle School             | Highland Park Elementary           | Olympic Hills Elementary |
| B.F Day Elementary                   | John Muir Elementary               | Orca Elementary          |
| Bailey Gatzert Elementary            | John Rogers Elementary             | Rainier View Elementary  |
| Beacon Hill International Elementary | Kimball Elementary                 | Roxhill Elementary       |
| Concord International School         | Leschi Elementary                  | Sand Point Elementary    |
| Dearborn Park Elementary             | Lowell Elementary                  | Sanislo Elementary       |
| Denny International Middle School    | Maple Elementary                   | Stevens Elementary       |
| Dunlap Elementary                    | Martin Luther King Jr. Elementary  | Van Asselt Elementary    |
| Emerson Elementary                   | Mercer International Middle School | Viewlands Elementary     |
| Graham Hill Elementary               | Northgate Elementary               | West Seattle Elementary  |
| Hawthorne Elementary                 |                                    | Wing Luke Elementary     |

## B-3: Required Applicant Enrollment Materials

| Required Information                     | Acceptable Documentation   |
|--|--|
| Student Application                      | 1. Fully completed Step Ahead and SPP Pathway application (paper or online)  |
| Enrollment Packet                        | 1. Fully completed Step Ahead and SPP Pathway enrollment packet<br>2. Must include signed and dated consent to participate   |
| Parent/Guardian Identity                 | 1. Photo Identification  |
| Proof of Residency<br>(2 forms required) | 1. Home utility bill<br>2. Mortgage bill<br>3. Lease or rental agreements<br>4. Insurance documents<br>5. Department of Social and Health Services (DSHS) benefits eligibility documents<br>6. For homeless families:<br>a. Letter from approved community-based organization (CBO) verifying address<br>b. Letter from the head of household at temporary residence verifying address |

|   |  |
|---|--|
| Proof of Child's Age                            | <ol style="list-style-type: none"> <li>1. Child's birth certificate (with parent's name) or passport <ol style="list-style-type: none"> <li>a. If the adult enrolling the child is not listed on the birth certificate, he or she must supply documentation of his/her authority to enroll the child.</li> </ol> </li> </ol>   |
| Proof of Income (any of these may be requested) | <ol style="list-style-type: none"> <li>1. Proof of eligibility for Working Connections Child Care (WCCC) subsidy, Comprehensive Childcare Assistance Program (CCAP) subsidy, Early Childhood Education and Assistance (ECEAP) or Head Start.</li> <li>2. Income tax return for previous year and pay stubs for the last three months.</li> <li>3. Income verification letter from employer</li> <li>4. For parents paid in cash: <ol style="list-style-type: none"> <li>a. Recent bank statements</li> <li>b. Letter of income verification from employer or</li> <li>c. Letter of income verification from an approved CBO</li> </ol> </li> </ol> |

#### B-4: Agency Enrollment Responsibilities

Agencies will select and enroll all children attending Step Ahead and Seattle Preschool Program Pathway. Agencies will follow the steps below to ensure proper enrollment:

1. Distribute applications and additional forms to families.
2. Collect completed paperwork and accompanying documentation.
3. Review applications for completeness and signatures.
4. Review applications for eligibility
  - a. Does the family live within the Seattle city limits?
  - b. Will the child be three or four years old by August 31 of the current year?
  - c. Compute family income and determine Federal Poverty Level for the family (see income calculation directions and income eligibility matrix).
  - d. Enter data into ChIPS.
5. Forward copies of applications and documentation to DEEL Program Intake Representatives weekly during enrollment period.
6. Prioritize enrollment according to enrollment priorities outlined in section B-2.
7. Strive for full enrollment 60 days before program start date.
8. Complete full enrollment within 30 days of program start date.
9. Maintain enrollment at a minimum of 95% of capacity; children are expected to attend regularly with fewer than 10 excused or unexcused absences per year (5 per semester).
10. Maintain a waiting list to help ensure full enrollment. When the program is full, children must be referred to programs with openings so the child receives preschool services.
11. The last day to enroll a child for the current program year will be March 31, 2017.

#### B-5: DEEL Enrollment Responsibilities

DEEL Program Intake Representatives will collect all eligibility documentation from agencies and certify enrollment eligibility.

DEEL will provide agencies with contact information for their assigned Program Intake Representative.

#### B-6: Extended Child Care

Extended Child Care or "Extended day" is defined as those hours outside of the six hour SPP day. Agencies that provide an extended day model may collect payment for hours outside of SPP programming. An agency may accept payment for extended care through either private pay or subsidized payment from families as described below:

##### B-6.1: Child Care Assistance Program (CCAP)

The City of Seattle helps low- and moderate-income working families pay for child care for children ages one month to 13 years. Families can choose from more than 100 licensed family child care homes and centers in Seattle, which contract with the City to provide high-quality and affordable child care.

At the time of enrollment, the family will be given a voucher, which authorizes monthly child care payments to the child care home or center that they choose from the City of Seattle's provider list. The amount of the payment from the City varies according to the income of the family, age of the child, and hours of care needed. The City typically pays between 25% to 70% of a standardized rate, and the family is responsible for paying the difference between the voucher amount and the Provider's regular monthly rate.

For more information regarding CCAP call (206) 386-1050.

### Child Care Payment Assistance Income Guidelines

| Family Size | Gross Monthly Income |
|-------------|----------------------|
| 2           | \$2,671 - \$4,005    |
| 3           | \$3,361 - \$5,040    |
| 4           | \$4,051 - \$6,075    |
| 5           | \$4,741 - \$7,110    |
| 6           | \$5,431 - \$8,145    |

### B-6.2: DSHS – Working Connections Child Care

Working Connections Child Care (WCCC) helps families with low incomes pay for child care while they work or meet WorkFirst participation requirements. When a family qualifies for child care subsidy benefits and chooses an eligible provider, the state pays a portion of the cost of child care. The parent is also responsible to pay a copayment to the provider each month.

To get information regarding WCCC contact the DSHS Customer Service Call Center at 1.877.501.2233 or [apply online through Washington Connection; www.workingconnection.org/home](http://www.workingconnection.org/home)

| Working Connections Copay Calculation table Effective April 1, 2016  |             |                |              |         |                         |         |  |         |  |                           |                                |
|--|-------------|----------------|--------------|---------|-------------------------|---------|--|---------|--|---------------------------|--------------------------------|
|  | Column 1    | Column 2       | Column 3     |         | Column 4                |         | Column 5   |         | Column 6   | Column 7                  | Column 8                       |
| If Countable Income is:  |             |                |              |         |                         |         |  |         |  |                           |                                |
| Family Size  | 100% of FPL | Above 200% FPL | 0 to 82% FPL |         | More than 82% to 137.5% |         | More than 137.5% to 200%   |         | 137.5% FPL   | State Median Income (SMI) | 85% state median income (SMI)* |
| 1  | \$981       | \$1,962        | \$0          | \$804   | \$805                   | \$1,349 | \$1,350  | \$1,962 | \$1,349  | \$3,684                   | \$3,131                        |
| 2  | \$1,328     | \$2,656        | \$0          | \$1,089 | \$1,090                 | \$1,826 | \$1,827  | \$2,656 | \$1,826  | \$4,817                   | \$4,094                        |
| 3  | \$1,674     | \$3,348        | \$0          | \$1,373 | \$1,374                 | \$2,302 | \$2,303  | \$3,348 | \$2,302  | \$5,951                   | \$5,058                        |
| 4  | \$2,021     | \$4,042        | \$0          | \$1,657 | \$1,658                 | \$2,779 | \$2,780  | \$4,042 | \$2,779  | \$7,084                   | \$6,021                        |
| 5  | \$2,368     | \$4,736        | \$0          | \$1,942 | \$1,943                 | \$3,256 | \$3,257  | \$4,736 | \$3,256  | \$8,218                   | \$6,985                        |
| 6  | \$2,714     | \$5,428        | \$0          | \$2,225 | \$2,226                 | \$3,732 | \$3,733  | \$5,428 | \$3,732  | \$9,351                   | \$7,948                        |
| 7  | \$3,061     | \$6,122        | \$0          | \$2,510 | \$2,511                 | \$4,209 | \$4,210  | \$6,122 | \$4,209  | \$9,564                   | \$8,129                        |
| 8  | \$3,408     | \$6,816        | \$0          | \$2,795 | \$2,796                 | \$4,686 | \$4,687  | \$6,816 | \$4,686  | \$9,776                   | \$8,309                        |
| 9  | \$3,754     | \$7,508        | \$0          | \$3,078 | \$3,079                 | \$5,162 | \$5,163  | \$7,508 | \$5,162  | \$9,989                   | \$8,490                        |
| 10   | \$4,101     | \$8,202        | \$0          | \$3,363 | \$3,364                 | \$5,639 | \$5,640  | \$8,202 | \$5,639  | \$10,202                  | \$8,671                        |
|  |             | Not Eligible   | \$15 Copay   |         | \$65 Copay              |         | Subtract 137.5% FPL From Countable income, then multiply by .50 and add \$65 |         | If income exceeds 85% of SMI any time during authorization, consumer becomes ineligible and dis-enrolled |                           |                                |
| STEPS TO CALCULATE WCCC ELIGIBILITY AND COPAYMENT:   |             |                |              |         |                         |         |  |         |  |                           |                                |
| 1. Determine TOTAL income. This is the sum of all gross earned and unearned income.  |             |                |              |         |                         |         |  |         |  |                           |                                |
| 2. Determine COUNTABLE income. This is TOTAL income minus any child support PAID OUT.  |             |                |              |         |                         |         |  |         |  |                           |                                |
| 3. Compare COUNTABLE income to Column 2. If amount is greater, client is not eligible. If COUNTABLE income is below column 2 then check column 3, 4 or 5 for correct income range and copayment. |             |                |              |         |                         |         |  |         |  |                           |                                |
| *NOTE: if at any time during the receipt of benefits, the consumers income EXCEEDS 85% of the State median income, that consumer is no longer eligible for WCCC services                         |             |                |              |         |                         |         |  |         |  |                           |                                |

### B-6.3: Private Pay

Parents pay out of pocket for the cost of extended care as determined by the agency.

## SECTION C: Program Requirements

### C-1: Classroom Requirements

Classroom schedule/hours – Step Ahead and Pathway Programs may choose one of the follow models:

- **Full-Day:** Six hours per day, five days per week for 180 days per year beginning in September. Programs wishing to provide full-day services will use other sources including City or State subsidies, parent fees, United States Department of Agriculture (USDA), grants and other revenue sources to cover the additional costs of full-day programming. Agency must be licensed.
- **Part-Day:** Three-and-a-half hours per day, four days a week, either morning or afternoon, for 140 days per year beginning in September. **Free** to eligible families who meet the Step Ahead program's income guidelines.

Classroom size/ratio – Classrooms will have a maximum class size of 20 students and maintain a 1:10 adult to child ratio.

Classroom staff – The average Step Ahead and Pathway classroom will have one lead teacher and one assistant teacher. Teachers must meet the staff qualifications listed in section C-2.

SPP Pathway only – Must be able to become a full-day SPP eligible program within two years of contract start date and must be licensed.

### C-2: Staff Qualifications and Requirements

Staff Qualification levels

|   | Step Ahead/Pathway                                   | SPP*  |   |
|---|--|---|---|
| Staff Level                               | Education Requirements                               | Qualified Degree Major  | Degree Accepted Other than ECE Degree   |
| <b>Director and/or Program Supervisor</b> | No requirements                                      | Bachelor's degree or higher verified as "approved" in MERIT in: <ul style="list-style-type: none"> <li>• Early childhood education (ECE)</li> <li>• Early childhood and family studies</li> <li>• Human development with specialization in ECE</li> <li>• Children's studies / childhood education</li> </ul> | A bachelor's degree or higher from an accredited college verified as "approved" in MERIT.<br><br><b>AND</b><br><br>30 or more approved quarter credits in ECE verified through MERIT. Up to 10 may classified as ECE-School Age hybrid ("E/S") credits.   |
| <b>Lead Teacher</b>                       | Associate's degree (AA) in early childhood education | Bachelor's degree or higher verified as "approved" in MERIT in: <ul style="list-style-type: none"> <li>• ECE</li> <li>• Early childhood and family studies</li> <li>• Human development with specialization in ECE</li> <li>• Children's studies/childhood education</li> </ul>                               | An associate's degree or higher from an accredited college verified as "approved" in MERIT.<br><br><b>AND</b><br><br>20 or more approved quarter credits in ECE verified through MERIT. Up to 10 may classified as ECE-School Age hybrid ("E/S") credits. |
| <b>Assistant Teacher</b>                  | Child Development Credential (CDA)                   | Associate's degree or higher verified as "approved" in MERIT in: <ul style="list-style-type: none"> <li>• ECE</li> <li>• Early childhood and family studies</li> <li>• Human development with specialization in ECE</li> <li>• Children's studies/childhood education</li> </ul>                              | An associate's degree or higher from an accredited college verified as "approved" in MERIT.<br><br><b>AND</b><br><br>20 or more approved quarter credits in ECE verified through MERIT. Up to 10 may classified as ECE-School Age hybrid ("E/S") credits. |

\*SPP Pathway Program staff will work towards meeting the SPP Education Requirements.

Step Ahead and SPP Pathway Program staff must be entered in the DEL MERIT system. Staff education requirements will be verified through the MERIT system. MERIT data entry described in section E-1.5.

### C-3: Documentation Requirements

Staff Report – The agency will submit a completed Staff Report (contract attachment) to DEEL prior to the first day of school. The agency is responsible to submit an updated Staff Report to their Education Specialist any time staffing changes occur.

Health Records – The agency will maintain current and confidential health files on all enrolled children. Those files will include:

- A record of the child's medical home (primary care doctor name, address, and phone number)
- A record of the child's dental home (dentist name, address, and phone number).
- Immunization records
- Allergy information
- Food preferences and restrictions

If applicable, confidential health files must also include:

- Results from health-related screenings conducted by or through the agency
  - All screening results will be shared with families at least three times per year. Scores indicating a developmental or behavioral concern will be discussed with parents during the scheduled parent teacher conference or sooner.
- Accident reports
- Documentation of health-related family contacts
- Documents required by ECEAP
- The name of the child's medical/dental insurance providers.

Teaching Strategies GOLD® – The agency will keep updated records of observations records for each child within the Teaching Strategies GOLD® child assessment system. Documentation within the system can include, but is not limited to, anecdotal notes, observation notes, pictures, and videos.

Child file requirements – The agency will keep a complete child record on-site. This file can include, but is not limited to, the following:

- Enrollment application and documentation
- Health records
- Education records
- Family information
- Communications with family

### C-4: Curriculum Requirements

The agency will use an evidence-based curriculum that includes the following elements: alignment with state early learning guidelines, common core standards and the Seattle kindergarten readiness guidelines.

### C-5: Child Assessments and Screening Requirements

The agency will be required to use and provide data on children using the following assessment and screening tools:

- Teaching Strategies GOLD® – Agencies will track child development data through observations, anecdotal notes, pictures, and videos, and track children's progress throughout the year in the online TSG system.
- Peabody Picture Vocabulary Test (PPVT) – Agencies will work with DEEL's approved outside contractor to assess children's receptive language skills using the PPVT. Agencies will participate in testing twice per year, fall and spring.
- Health screening (height, weight, vision, and hearing) – Agencies will partner with Public Health – Seattle & King County (PHSKC) to conduct health screenings with each child. Information from the screening will be logged in ChIPS. Follow-ups will be provided to children and families where need is shown.

- Developmental screening (ASQ and ASQ-SE) – Agencies will administer the ASQ and ASQ-SE to all students with the support of PHSKC. Agencies will enter all ASQ data into the online ASQ data system.

### C-6: Early Achievers Participation

The agency will be required to participate in DEL’s Early Achievers (EA) activities as made available by the City and/or partners. The agency must start with a Level 2 quality improvement activities (as applicable) and progress through quality standards Levels 3-5.

Agencies that provide part-day service and are not licensed are not required to participate in EA.

#### C-6.1: WELS access

Through an agreement with DEL, DEEL will have access to agencies’ data in the State’s WELS database. The WELS database includes EA scores as well as EA coaching notes.

### C-7: Family Engagement

The following are examples of types of family engagement activities:

- Opportunities for families to learn about preschool educational activities and how to extend this learning into the home.
- Opportunities for instructional staff to learn about families and how to extend this learning into the classroom.
- Assistance to families with enrollment and their children’s transitions to kindergarten.

### C-8: Kindergarten Transition

The agency will provide families with supports and services to ensure that children transition successfully to kindergarten. The agency will be knowledgeable of Seattle Public Schools’ enrollment processes, forms, and deadlines in order to support families in entering school. Services listed below include, but are not limited to, activities related to kindergarten transition:

- Opportunities for early registration to kindergarten, including enrollment and welcoming events in partnership with the elementary schools and before and after-school programs.
- Preparing families with the information necessary to support their child’s transition to kindergarten, particularly for a child with special needs.
- Working in partnership with Seattle Public Schools to acquire invitations to visit kindergarten in the spring of the child’s final preschool year.
- Communicating with elementary schools about individual students and providing information that introduces the kindergarten teacher to the child.
- Sharing a portfolio of child information, family survey, or home visits via WaKIDS.
- Assisting families in finding summer programs for children that are still not meeting kindergarten readiness standards and need more learning opportunities. This may also include literacy-infused enrichment activities or science, math, music and art instruction.
- Provide families with home-learning activities during the year, but particularly in the spring, such as summer booklists, resources for summer family learning events at libraries, family centers, parks and other literacy activities prior to entering kindergarten.
- Helping families identify their kindergarten school assignment based on family address at the time of program enrollment using the Seattle Public School’s enrollment website:  
<http://www.seattleschools.org/modules/cms/pages.phtml?sessionid=ba55f7046e5d73e4d3ea6b887ec76d6e&pageid=172265&sessionid=ba55f7046e5d73e4d3ea6b887ec76d6e>.

## SECTION D: Program Supports

### D-1: Professional Development

The City will fully fund Step Ahead and Pathway professional development. It will be data-driven and include group trainings and on-site, classroom-based intensive coaching. All professional development for teachers, directors, and parents will include elements of peer support.

All training will align with the Washington State Core Competencies for Early Care and Education Professionals.

### D-1.1: Coaching

Coaches will provide on-site curriculum support (reflective coaching) to teachers, center directors, and program supervisors, and off-site training. Coaches will focus on teachers' professional growth.

Coaches will:

- Provide differentiated classroom-based, reflective, instructional coaching to increase the quality and effectiveness of teacher practice.
- Support fidelity of curriculum implementation.
- Facilitate professional development and support for administrators responsible for supervising and evaluating teachers.
- Work with collaborative groups that include directors and teachers to review data and plan instructional best practices.
- Conduct the CLASS and ECERS assessments if the agency does not have a recent assessment on file and has no plans to have these assessments conducted within the next three months.
- Administer the HighScope Program Quality Assessment tool (PQA) or Creative Curriculum Fidelity check tool.
- Provide one-on-one coaching consultations.
- Conduct QIP reviews.

### D-1.2: Training

Trainings listed below will be made available to agencies throughout the contract year:

**Annual Pre-Service** – The required Pre-Service training will be combined with ECEAP and Step Ahead, be held at the beginning of each school year, and cover screenings and assessments, the learning environment, preschool standards, policies and requirements.

**Curriculum Training** – Initial training and certification on the approved curriculum selected by the agency (HighScope or Creative Curriculum) is required and will be provided at least once a year. Ongoing curriculum training will be provided via coaching, content training, and the SEEC Institutes.

- i. ECEAP sites that receive initial training on Creative Curriculum through DEL will not be required to participate in DEEL-sponsored curriculum training.
- ii. Teachers who are already certified on the curriculum will receive continuing education through content training and SEEC Institutes. Other training may also be offered as needed or as identified by the assessment data.

**Content Training** – Both required and data-informed-content training will be held each quarter for directors and teachers as outlined below-

- i. *Directors/Program Supervisors:* Trainings in business, finance, organizational development, educational leadership, Continuous Quality Improvement (CQI), coaching practice and curriculum fidelity.
- ii. *Teachers/Assistant Teachers:* Ongoing curriculum training, supporting children with special needs, culturally responsive teaching, and partnering with families.

**Assessment Training:**

- i. Child assessments – Beginning level training is required for all teachers on Teaching Strategies Gold (TSG) and the ASQ and the ASQ: SE. Advanced level training will be offered quarterly for teachers, directors and other key staff.
- ii. Classroom Assessments: Beginning and advanced level CLASS and ERS training will be offered quarterly for teachers, directors and other key staff.

**Health Screening Training** – Public Health – Seattle & King County, in collaboration with DEEL, will provide training in the fall and spring on how to conduct an individual health screening for each child that includes hearing, vision, and weight.

SEEC Institutes – A day-long institute for early learning providers at all levels will be offered annually during the winter, and spring. Topics will include assessment and data, culturally relevant anti-bias practices, and curriculum development.

Professional Learning Community (PLC) – DEEL coaches, in collaboration with other early learning professionals, will convene a quarterly PLC to discuss best practices and current research in early learning.

On-Site Trainings – The agency may request that some of the required content training be delivered on-site during their in-service training days by their DEEL coach or approved trainer.

## D-2: Technical Assistance

DEEL will provide technical assistance to the agency through the Education Specialist. Education Specialists will assist agencies in the following areas:

- Contract requirements
- Performance pay requirements and tracking
- Teaching Strategies GOLD
- Monitoring for compliance
- Guiding agency staff in leadership and program development
- Assisting agencies in adhering to program standards

## D-3: Health Support- PHSKC

PHSKC Child Care Health Program (CCHP) team is comprised of licensed health professionals including: nurses, mental health clinicians and a registered dietitian/nutritionist. DEEL will partner with PHSKC to provide ongoing health supports to agencies. Agencies may contact PHSKC directly or DEEL may contact PHSKC on behalf of the agency, or PHSKC may directly contact the agency for health-related services. PHSKC provides the following services:

- On-site health consultations: CCHP will meet to discuss areas such as communicable disease and prevention, emergency preparedness, medications management, health care plans, early identification and referral, mental/behavioral health, nutrition/physical activity and identifying best practice health standards.
- Health and safety assessments: CCHP looks into the overall environment, medications, care plans, nutrition/food safety, emergency preparedness and communicable disease prevention.
- Mental health consultation and support: Provide support and consultation to teachers, programs staff, and parents on child behavior, development, early identification and referral, and staff well-being.
- Nutrition consultation and support: Provide support in healthy nutrition, menu planning, food safety and technical support on new guidelines for physical activity in Early Learning.
- Health screening training and support: CCHP provides on-site consultation and technical assistance for agencies involved in the screening process.
- Participate in agencies' site staffings: provide support around health areas during staffing meetings.
- Assistance with referral services: CCHP can assist program staff and parents in identifying and connecting with appropriate resources and services to meet the family or center needs.

## D-4: Behavioral Consultations and Supports

Agencies will have access to additional behavioral services, provided by agencies other than PHSKC, in order to support children's social-emotional and behavioral development. Teachers and center directors, in partnership with coaches and PHSKC, will be able to access consultation services as needed for the following behavioral support services:

- Classroom/child observation
- Teacher coaching
- Screening review
- Referral services
- Behavior plan development.

## D-5: Developmentally Appropriate and Inclusive Supports

Agencies will have access to professional development and coaching around developmentally appropriate curriculum resources and practices and support for children's social and emotional development. DEEL will:

- Support screenings such as the Early Screening Inventory-Revised Version (ESI-R), the Ages and Stages Questionnaire, 3<sup>rd</sup> Edition (ASQ-3™), and/or the Ages and Stages Questionnaire-Social Emotional (ASQ-SE™)
- Provide teachers with in-class support from coaches or mental health professionals.
- Support teachers in effectively meeting the needs of all children, especially those who exhibit challenging behaviors.
- Work alongside Seattle Public Schools' Special Education Department to meet the needs of children with Individualized Educational Plans (IEPs).

### D-5.1: Zero Suspension & Expulsion Policy

Agencies will have a "Zero Expulsion and Suspension Policy" for disruptive behaviors. The Agency will support children's social and emotional growth and through professional development and coaching develop plans of action for children with need.

To support this work the City is providing funding through coaching, professional development and Public Health Child Care Team and other organizations to work with SPP Providers. The following are some of the services offered:

- Classroom/child observation
- Teacher coaching
- Screening review
- Referral services
- Family-teacher meeting facilitation
- Behavior plan management

## SECTION E: Assessment and Data Collection

### E-1: Data System Entry

Agencies will enter data on a regular basis into data entry systems approved and required by DEEL. The Education Specialist and/or coach will monitor the data on an on-going basis.. The DEEL data team will analyze and interpret data to be shared with agency and used for performance measures.

#### E-1.2 Child information and Provider System (ChIPS)

Agencies will be required to enter data on a regular basis into the ChIPS. Data will be collected at both the child and teacher level and will include, but is not limited to, the following:

- Attendance
- Health screening dates and information
- Developmental screening dates
- CLASS scores
- ECERS Scores

#### E-1.3 Teaching Strategies GOLD®

DEEL will provide agencies with blank child portfolios.. Agencies must enter child-identifiable data into the portfolio, which must include the following:

- First name field - Full first name
- Last name field - Full last name
- Identifier field – ChIPS child ID #
- Fund source field – all fund sources for child; must include SPP.

Agencies will enter ongoing child-level observation data related to TSG objectives in each child portfolio.. Agencies will work to collect at least two pieces of documentation per child per objective. Documentation may include, but is not limited to, the following:

- Anecdotal notes
- Observation notes
- Pictures
- Videos

Agencies will complete and finalize TSG data three times per year: fall, winter, and spring. Complete and finalized data will include all of the following six areas of development:

- Social-Emotional
- Physical
- Language
- Cognitive
- Literacy
- Math

TSG Interrater Reliability Requirements: Agency staff will complete Teaching Strategies GOLD Interrater Reliability (IRR) test within six months of contract start date or hire. Staff can access IRR tests through the TSG Dashboard system. Tutorial for TSG IRR access is in Appendix #4.

#### E-1.4 ASQ-3™ Online

Agencies will complete a developmental screening for each child within 30 days of the child's start date. Information collected from the screening must be entered into the ASQ Online system. PHSKC will provide agencies with blank child portfolios within the ASQ system. Agencies will enter the following information into the ASQ online system for each child:

- Child-identifiable data
- ASQ questionnaire information

#### E-1.5 CLASS® “My Teachstone” online

My Teachstone online will be used to track and support teachers in reaching CLASS assessment goals. CLASS will be administered by a DEEL-approved outside contractor and these scores will be entered into the online system which coaches can use to support teachers.

#### E-1.6 MERIT

Agencies will enter and maintain teacher education credentials in MERIT, updating any training information on an on-going basis. DEEL will use the MERIT system to verify teacher qualifications.

### E-2 Assessments

Agencies will participate in all required classroom and child assessments set by DEEL.

#### E-2.1 Classroom Assessments

Agencies will participate in classroom assessments set by DEEL and conducted by outside assessors or DEEL coaches. The assessments are listed and described here:

ECERS-3 – Early Childhood Environmental Rating Scale - Third Edition. This is a major revision from ECERS-R that introduces innovations in both the content and administration of the scale while retaining the continuity of the two principal characteristics of the ECERS, namely its comprehensive or global definition of quality, and its reliance on observation as the primary source of information on which to base assessment of classroom quality.

The rating scale consists of 35 items organized into six subscales:

- Space and Furnishings
- Personal Care Routines
- Language and Literacy

- Learning Activities
- Interaction
- Program Structure

CLASS – Classroom Assessment Scoring System is an observational instrument developed to assess classroom quality in preschool through third grade classrooms. The CLASS dimensions are based on observed interactions among teachers and students in classrooms. The instrument may be used as a research tool, a professional development tool, and/or as a program development and evaluation tool.

The CLASS Assessment Scoring System consists of three domains:

- Emotional Support
- Classroom Organization
- Instructional Support

### E-2.2 Child Assessments

The agency is required to use and provide data on children using the assessments listed and described in C-5.

## SECTION F: Invoicing and Payment Process

### F-1 Payment Structure

Agencies will be paid for providing early learning services to children and families. There are four forms of payments in DEEL's payment structure.

- Base Pay
- Performance Pay
- Kindergarten Transition Funds
- One-Time Payments
  - Classroom Start-up Funds

### F-2 Invoice Process – Base Pay

Base payment will be made to agencies in twelve monthly installments up to a total baseline maximum. The annual base pay maximum will be spelled out in the agency's contract.

### F-3 Invoice Process – Performance Pay

Agencies must submit the data required to identify performance pay measures by the deadlines set out in the data systems or in forms outlined in the agencies' contracts. The Early Education Specialist will review the data for completeness. DEEL's Data Team will analyze and review the data provided and determine the agencies' performance measure outcomes based on the information recorded in ChIPS. Agencies will receive confirmation email from DEEL contracts unit for performance pay billing amount

### F-4 Invoice Process – One-Time Payments

Agencies may be eligible for a one-time payment for Classroom Startup Funds:

- Agencies will receive up to \$7,500 for each new SPP classroom that was a PreK classroom the year prior, and up to \$10,000 for each brand new SPP classroom that has never been a PreK classroom before. Classroom Startup Funds are meant to be used to enhance the classroom environment to meet curriculum or assessment standards. Continuing classrooms are not eligible for these funds.

## APPENDICES

- #1 – SA/Pathway Enrollment Form
- #2 – SA/Pathway Enrollment Checklist
- #3 – SA/Pathway Monthly Invoice Template
- #4 – TSG Tutorial page: IRR

## #1 – SA/Pathway Enrollment Form



**City of Seattle**  
Edward B. Murray, Mayor  
**Department of Education and Early Learning**  
 Dwane Chappelle, Director



**STEP AHEAD and SEATTLE PRESCHOOL PROGRAM PATHWAY  
 CHILD ENROLLMENT FORM SCHOOL YEAR 2016-17**

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Agency:</b> _____              | <b>Site Name:</b> _____        |
| <b>Classroom Name:</b> _____      | <b>Program Enrolled:</b> _____ |
| <input type="checkbox"/> AM       | <input type="checkbox"/> PM    |
| <input type="checkbox"/> Full Day |                                |

## CHILD INFORMATION

|   |  |   |   |
|---|--|---|---|
| 1. Child's Name                                   | Last _____   | First _____   | Middle _____  |
| 2. Child's Birth Date                             | ____ / ____ / ____   |   |   |
| 3. Gender   | <input type="checkbox"/> Female                              | <input type="checkbox"/> Male                             |   |
| 4. Home Address:                                  | _____  |   |   |
|   | City: _____  | State: _____  | Zip: _____ County: _____                                  |
| 5. Mailing Address:                               | _____  |   |   |
|   | City: _____  | State: _____  | Zip: _____ County: _____                                  |
| 6. School District:                               | _____  |   |   |
| 7. Phone:   | Daytime: _____   | Evening: _____  |   |
|   | Message: _____   |   |   |
| 8. Is child of Spanish/Hispanic/Latino ethnicity? | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No                               | <i>This question is about ethnicity, not race.</i>        |
| 9. Race   | <input type="checkbox"/> White                               | <input type="checkbox"/> Asian                            | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
|   | <input type="checkbox"/> Black, African, or African American | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Multi-Racial                     |
|   | <input type="checkbox"/> Other _____                         |   |   |
| 10. Languages Spoken in Home                      | Primary: _____   | Secondary: _____  |   |

|  |  |  |
|--|--|--|
| 11. Are you a refugee or immigrant family?   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No                                      |
| 12. Child has individual Education Plan (IEP) <i>If checked, school district:</i>  | _____  |  |
| 13. Family Receives DSHS Child Care Subsidies (Working Connections Child Care) for this Child:   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No                                      |
| 14. Child is homeless according to the McKinney-Vento Act  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No (See page 6 for more information)    |
| 15. Child resides with   | <input type="checkbox"/> Single Parent* (in joint custody cases, use parent that receives child support) |  |
|  | <input type="checkbox"/> Two Parents* <input type="checkbox"/> Other: _____                              | (please specify)   |
| * Parent means birth parent, custodial parent, foster parent, legal guardian, or other person <u>legally</u> responsible for the welfare of the child. |  |  |
| 16. Enrollment Date  | ____ / ____ / ____   | (Date when enrollment process is confirmed and slot is reserved) |
| 17. Date of Start  | ____ / ____ / ____   | and the hours of child in care from _____ to _____               |

## CHILD MEDICAL/DENTAL HEALTH INFORMATION

18. Child is enrolled in the following medical insurance and/or child health programs (check all that apply)

- Medicaid       Washington Basic Health Plan Plus       DSHS Provider One Services Card  
 Private Medical Insurance       No Medical Insurance       Military Coverage  
 Tribal Coverage       Other \_\_\_\_\_

19. Child is enrolled in the following dental insurance and/or dental health programs (check all that apply)

- Medicaid       Washington Basic Health Plan Plus       DSHS Provider One Services Card  
 Private Medical Insurance       No Medical Insurance       Military Coverage  
 Tribal Coverage       Other \_\_\_\_\_

20. Child has primary health care provider or medical home  Yes       No

21. Date of last medical exam (prior to first service date) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If date of last medical exam was completed over one year ago or left blank, provide date medical exam completed while in Step Ahead or SPP Pathway (must be completed within 90 days of the first service date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

22. Date of last dental exam (prior to first service date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If date of last dental exam was completed over six months ago or left blank, provide date dental exam completed while in Step Ahead or SPP Pathway (must be completed within 90 days of the first service date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

23. Child is fully immunized with age appropriate vaccines (per DOH Immunization Schedule) RCW 28A.210.160 requires a completed Certificate of Immunization Status on file at the school, preschool, or child care facility child attends (except in cases of homelessness).  Yes       No

23a. If child is not fully immunized at time of enrollment, an immunization schedule is in progress  Yes       No

23b. If child is not immunized, a DOH required Statement of Exemption to Immunization Law is signed and on file  
 Yes       No

23c. Date child became fully immunized while in Step Ahead or SPP Pathway (if applicable) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PARENT INFORMATION

## Section I.

| PARENT #1   | PARENT #2   |
|---|---|
| Parent/Guardian Name: _____<br>Date of Birth _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male<br>E-mail Address _____<br>Employer Name _____<br>Employer Address _____<br>Work Phone _____<br>Job Title _____<br>Start Date _____<br>Work schedule and days _____<br>_____<br>Is Parent/Caretaker attending school? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Training Program Title: _____<br>School Name: _____                              | Parent/Guardian Name: _____<br>Date of Birth _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male<br>E-mail Address _____<br>Employer Name _____<br>Employer Address _____<br>Work Phone _____<br>Job Title _____<br>Start Date _____<br>Work schedule and days _____<br>_____<br>Is Parent/Caretaker attending school? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Training Program Title: _____<br>School Name: _____                              |
| Section II  | Section II  |
| <b>Education Level</b><br><input type="checkbox"/> 6th grade or less <input type="checkbox"/> Some college<br><input type="checkbox"/> 7th-9th grade <input type="checkbox"/> 2-year degree<br><input type="checkbox"/> 10th-12th grade <input type="checkbox"/> 4-year degree<br><input type="checkbox"/> High School Diploma <input type="checkbox"/> Graduate degree<br><input type="checkbox"/> GED <input type="checkbox"/> Vocational degree<br><input type="checkbox"/> Other: _____ | <b>Education Level</b><br><input type="checkbox"/> 6th grade or less <input type="checkbox"/> Some college<br><input type="checkbox"/> 7th-9th grade <input type="checkbox"/> 2-year degree<br><input type="checkbox"/> 10th-12th grade <input type="checkbox"/> 4-year degree<br><input type="checkbox"/> High School Diploma <input type="checkbox"/> Graduate degree<br><input type="checkbox"/> GED <input type="checkbox"/> Vocational degree<br><input type="checkbox"/> Other: _____ |
| <b>Migrant/Seasonal Farm worker</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Migrant/Seasonal Farm worker</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>Parent/Caretaker is enrolled in medical/dental plan (check all that apply)</b><br><input type="checkbox"/> Medicaid<br><input type="checkbox"/> Medicare<br><input type="checkbox"/> Washington Basic Health Plan<br><input type="checkbox"/> Washington Basic Health Plan Plus<br><input type="checkbox"/> Private/Employer Medical Insurance<br><input type="checkbox"/> Private/Employer Dental Insurance<br><input type="checkbox"/> Other: _____                                    | <b>Parent/Caretaker is enrolled in medical/dental plan (check all that apply)</b><br><input type="checkbox"/> Medicaid<br><input type="checkbox"/> Medicare<br><input type="checkbox"/> Washington Basic Health Plan<br><input type="checkbox"/> Washington Basic Health Plan Plus<br><input type="checkbox"/> Private/Employer Medical Insurance<br><input type="checkbox"/> Private/Employer Dental Insurance<br><input type="checkbox"/> Other: _____                                    |
| <b>Is parent of Spanish/Hispanic/Latino ethnicity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>This question is about ethnicity, not race</i>  | <b>Is parent of Spanish/Hispanic/Latino ethnicity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>This question is about ethnicity, not race</i>  |
| <b>Race</b><br><input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Black, African, or African American <input type="checkbox"/> Multi-Racial<br><input type="checkbox"/> Other _____   | <b>Race</b><br><input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Black, African, or African American <input type="checkbox"/> Multi-Racial<br><input type="checkbox"/> Other _____   |
| <b>Languages Spoken in Home:</b><br>Primary: _____<br>Secondary: _____<br><b>Are you a refugee or immigrant family?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   | <b>Languages Spoken in Home:</b><br>Primary: _____<br>Secondary: _____<br><b>Are you a refugee or immigrant family?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |

### MONTHLY INCOME Section III

Check all that apply & enter monthly gross income (before deductions)

| PARENT #1  |                 | PARENT #2  |                 |
|--|-----------------|--|-----------------|
| Income Source  | Income Amount   | Income Source  | Income Amount   |
| <input type="checkbox"/> Wages/Salary (include self-employment income) | \$ _____        | <input type="checkbox"/> Wages/Salary (include self-employment income) | \$ _____        |
| <input type="checkbox"/> Child Support, Alimony Received               | \$ _____        | <input type="checkbox"/> Child Support, Alimony Received               | \$ _____        |
| <input type="checkbox"/> Pension, Retirement, Social Security          | \$ _____        | <input type="checkbox"/> Pension, Retirement, Social Security          | \$ _____        |
| <input type="checkbox"/> Supplemental Security (SSI)                   | \$ _____        | <input type="checkbox"/> Supplemental Security (SSI)                   | \$ _____        |
| <input type="checkbox"/> DSHS  | \$ _____        | <input type="checkbox"/> DSHS  | \$ _____        |
| <input type="checkbox"/> Unemployment Benefits                         | \$ _____        | <input type="checkbox"/> Unemployment Benefits                         | \$ _____        |
| <input type="checkbox"/> Alimony/Spousal Support                       | \$ _____        | <input type="checkbox"/> Alimony/Spousal Support                       | \$ _____        |
| <input type="checkbox"/> Other (explain) _____                         | \$ _____        | <input type="checkbox"/> Other (explain) _____                         | \$ _____        |
| <input type="checkbox"/> Financial Aid                                 | \$ _____        | <input type="checkbox"/> Financial Aid                                 | \$ _____        |
| <input type="checkbox"/> Child Support PAID Out                        | (-\$ _____)     | <input type="checkbox"/> Child Support PAID Out                        | (-\$ _____)     |
| <b>Total Monthly Income</b>  | <b>\$ _____</b> | <b>Total Monthly Income</b>  | <b>\$ _____</b> |

Family Size: \_\_\_\_\_ Total Family Monthly Income \$ \_\_\_\_\_

Please list only immediate family members who reside in the same home and who are included in family size:

| Name | Relationship | Gender | DOB | Race | Language |
|------|--------------|--------|-----|------|----------|
|      |              |        |     |      |          |
|      |              |        |     |      |          |
|      |              |        |     |      |          |
|      |              |        |     |      |          |
|      |              |        |     |      |          |
|      |              |        |     |      |          |
|      |              |        |     |      |          |
|      |              |        |     |      |          |

**Documentation of income is required.** Employed Parent/Guardian: Include wage stubs that cover latest month of employment. Three months of wage stubs are required if income varies. Self-employed parent/guardian must fill out 6 months of income and expense form, and provide receipts for expenses for one month. For parents receiving child support and other income, documentation may be required.

**Student Parent.** Fill out a Student Questionnaire and provide a class schedule, an official copy of registration, and financial aid award letter (if applicable). Income documentation is also required.

**Additional Questions for All Parents (questions not on downloadable translated enrollment forms)**

How did you hear about our programs?

- Newspaper     Magazine     Radio Ad     Friend or Family Member     Flyers     Brochures  
 Banners     I have another child in the program     Website     Provider Recruitment     PCHP  
 Other \_\_\_\_\_

I certify that all the information provided is true to best of my knowledge. The information I have provided is subject to review for further verification and I may need to provide additional documentation to support this application.

Parent(s) signatures: \_\_\_\_\_ Date \_\_\_\_\_

## City of Seattle Step Ahead, Seattle Preschool Program Pathway and Seattle Early Education Collaborative (SEEC) PARENT/GUARDIAN CONSENT FORM

SEEC includes Step Ahead, Seattle Preschool Program Pathway, ECEAP, Head Start and the Comprehensive Child Care Program. Each service/activity is designed to enhance your child's participation in the program.

I give permission for \_\_\_\_\_ to participate in the following services/activities initiated by me while he/she is enrolled in the Step Ahead, Seattle Preschool Program Pathway and/or SEEC programs.

| Parent/Guardian Initials | Service or Activity   |
|--------------------------|---|
|                          | To be transported on program field trips about which I have been notified.  |
|                          | To be photographed or video-taped for educational purposes and advertising Step Ahead/SEEC through various mediums, e.g. internet, flyers, brochures. |
|                          | To transport my child to and from the program ( <i>if such services are available</i> ).  |
|                          | To receive a developmental screening (Ages and Stages Questionnaire (ASQ).)   |
|                          | To receive dental screenings ( <i>if such services are available</i> ).   |
|                          | To receive weight and height screenings.  |
|                          | To receive hearing screenings.  |
|                          | To receive vision screenings.   |
|                          | To receive the Peabody Picture Vocabulary Test (PPVT-4).  |
|                          | To receive the Teaching Strategies Gold child assessment portfolio.   |

I have read or had this consent form explained/translated for me. I understand it and consent to my child participating/receiving those activities/services that are initialed above. I understand that I have the right to access the records for all of the above services or activities.

.....

The Step Ahead and Seattle Preschool Program Pathway are funded by the Seattle Families & Education Levy. The ECEAP program is funded by the Washington State Department of Early Learning. The Head Start Program is funded by the Office of Head Start. The Comprehensive Child Care Program is funded by the City of Seattle. I understand that some or all of the information I have provided must be reported to the funding agencies and to other City departments and state agencies. The information may also be shared with Seattle Public Schools and other non-governmental research firms under contract with any of these funders. I certify that the information I have provided on this form is correct.

|                                  |                                 |
|----------------------------------|---------------------------------|
| Child's Name                     | Date                            |
| Print Name of Parent or Guardian | Signature of Parent or Guardian |
| Print Name of Parent or Guardian | Relationship to Child           |
| Print Name of Parent or Guardian | Signature of Parent or Guardian |
| Print Name of Parent or Guardian | Relationship to Child           |

.....

I hereby authorize Seattle Public Schools to release to the City of Seattle as administrator of the Step Ahead and/or Seattle Preschool Program Pathway, my child's student identification number. I understand that the City intends to use some or all information gathered during the course of the program solely for the purposes of assessing program effectiveness, both short- and long-term as the child progresses through Seattle Public Schools. I further understand that the identification of my child and family will be kept confidential to the extent required or authorized by local, state, and federal law.

I certify that the information I have provided on this form is correct.

|                                  |                                 |
|----------------------------------|---------------------------------|
| Child's Name                     | Date                            |
| Print Name of Parent or Guardian | Signature of Parent or Guardian |
| Print Name of Parent or Guardian | Relationship to Child           |
| Print Name of Parent or Guardian | Signature of Parent or Guardian |
| Print Name of Parent or Guardian | Relationship to Child           |

## City of Seattle Step Ahead and Seattle Preschool Program Pathway Additional Information to Complete Enrollment Form

### Step Ahead Preschools serve 3 and 4 year old children from lower income families living in Seattle.

- Families with incomes of 110.1% to 300% Federal Poverty Level,
- Children who live within boundaries of eligible elementary schools,
- Children with parents that have Immigrant or Refugee status;
- Children who are English Language Learners;
- Children not currently in preschool, but in the care of family members, friends or neighbors who would benefit from a Pre-K program;
- Children in foster/kinship care or other areas of the child welfare system;
- Children who are homeless;
- Children with special needs; and
- Children of color.

### Child Information (See question 14)

#### Children from homeless families as defined by the federal McKinney-Vento Homeless Assistance Act includes children who:

- Lack a fixed, regular, and adequate nighttime residence.
- Share housing of other persons due to loss of housing, economic hardship, or a similar reason.
- Live in motels, hotels, temporary trailers, or campgrounds.
- Live in emergency or transitional shelters.
- Are abandoned in hospitals.
- Are awaiting foster care placement.

### Household Information

#### Family Size:

- Count only parents, stepparents, guardians and their spouses, dependent children and adoptive siblings under the age 18 that reside in the same house.
- For homeless families temporarily sharing housing with relatives, do not include the hosts in the total family size.
- For foster children, count only the children covered by the foster care grant in the family size

#### Family Income:

##### Count the following income:

- Gross wages or salaries, and net income from self-employment (gross sales or receipts minus expenses) of all adults counted in the family size.
- Cash benefits to adults or children counted in the family size, such as TANF, Social Security, Supplemental Security Income, Emergency Assistance, Unemployment or Workers Compensation, training stipends, veteran's benefits, alimony, child support, DSHS foster care grant, pensions, periodic insurance or annuity payments or scholarships/grants for living expenses, minus tuition/fees.

##### Income does not include:

- Non-cash benefits, such as food stamps, housing vouchers, Medicaid, Medicare, employee fringe benefits.
- Food or housing received in lieu of wages.
- Assets drawn down, such as cash from sale of an asset or bank withdrawals.
- One-time gifts, loans, lump-sum inheritances, insurance payments, or compensations for injury.

##### Eligibility may be determined based on the time period below that best reflects the family's current financial circumstances:

- Previous calendar year before enrollment or W2 (for taxi drivers only)
- Previous three (3) months gross income; however, if self-employed, previous six (6) months incomes minus business expenses..

All families on Temporary Assistance to Needy Families (TANF) cash assistance and all foster children are eligible for ECEAP or Head Start

## #2 – SA/Pathway Enrollment Checklist

Parents: Last Name \_\_\_\_\_

|  |   |  |                 |
|--|---|--|-----------------|
| Child's Info:  | Last:   | First:   | Middle Initial: |
| Full Day <input type="checkbox"/>  | Child's age : _____                                 | Step Ahead City Subsidy <input type="checkbox"/> |                 |
| Part Day <input type="checkbox"/>  |   | DSHS Subsidy <input type="checkbox"/>            |                 |
| Checklist  | Preschool Site                                      | City of Seattle                                  |                 |
| Step Ahead Application   | Copy of the application<br><input type="checkbox"/> | Original application<br><input type="checkbox"/> |                 |
| Returning Child: <input type="checkbox"/> If checked yes, and no child care subsidy is required <u>and</u> the address remains the same, please fill out pages # 1 & 5 only. |   |  |                 |
| Birth Date Verification  | <input type="checkbox"/>                            | <input type="checkbox"/>                         |                 |
| Documentation of family income   |   |  |                 |
| Paycheck stubs for the last <b>three months</b>  | <input type="checkbox"/>                            | <input type="checkbox"/>                         |                 |
| Six months payment history from the <b>office of Child Support or Declaration of non-payment of child support statement</b>  | <input type="checkbox"/>                            | <input type="checkbox"/>                         |                 |
| Proof of income received from any other source (e.g., SSI, SSA, unemployment benefits, etc.)   | <input type="checkbox"/>                            | <input type="checkbox"/>                         |                 |
| Self-employed – <u>Must fill out a Self-Employed Income and Expense Record form</u> (6 months of income records and 1 month of receipts for expenses)                        | <input type="checkbox"/>                            | <input type="checkbox"/>                         |                 |
| Address Verification (See Address Verification List)   | <input type="checkbox"/>                            | <input type="checkbox"/>                         |                 |
| Parent/Guardian Consent Form   | <input type="checkbox"/>                            | <input type="checkbox"/>                         |                 |
| Certificate of Immunization  | <input type="checkbox"/>                            | <input type="checkbox"/>                         |                 |

**Student Parent/Guardian only**

|  |                          |                          |
|--|--------------------------|--------------------------|
| Student Questionnaire                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Official school registration showing cost of tuition | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial Aid award letter                           | <input type="checkbox"/> | <input type="checkbox"/> |

|  |             |  |
|--|-------------|--|
| Name of Step Ahead or SPP Pathway staff who verified eligibility and documents _____ |             |  |
| Site _____   | Date: _____ |  |

(City Staff use only) Approved by \_\_\_\_\_ Date \_\_\_\_\_

#3 – SA/Pathway Monthly Invoice Template



City of Seattle Department of Education and Early Learning  
SPP Pathway

INVOICE PAYMENT FORM

**Instructions:** Complete grey cells only. All other cells will autofill. Print, sign, and email back to DEEL when completed.

| Provider's Name:   |              | Today's Date:                          |             |                           |                    |                |                     |
|--|--------------|--|-------------|---------------------------|--------------------|----------------|---------------------|
| Provider's Address:  |              | 6/29/2016                              |             |                           |                    |                |                     |
| Provider's Phone No.:  |              | Agency Invoice No. (Optional):         |             |                           |                    |                |                     |
| Contract Number:   |              |  |             |                           |                    |                |                     |
| Contract Period:   |              | 7/1/2016-6/30/2017                     |             | Invoice Month (Auto-Fill) |                    |                |                     |
| Maximum Amount:  |              | \$244,287.00                           |             | Enter Date                |                    |                |                     |
| Category   | Unit Cost    | Maximum Contract Amount                | % Completed | Less Previous             | Earned This Period | Earned to Date | Balance             |
| <b>Base Pay</b>  |              |  |             |                           |                    |                |                     |
| Slot Pay (July/August)   | \$6,730.56   | \$13,461.12                            | 0.0%        | \$0.00                    | \$0.00             | \$0.00         | \$13,461.12         |
| Slot Pay (Sept-Dec)  | \$12,526.32  | \$50,105.28                            | 0.0%        | \$0.00                    | \$0.00             | \$0.00         | \$50,105.28         |
| Slot Pay (Jan-June)  | \$17,449.60  | \$104,697.60                           | 0.0%        | \$0.00                    | \$0.00             | \$0.00         | \$104,697.60        |
| <b>Baseline Pay Subtotal</b>   |              | <b>\$168,264.00</b>                    | <b>0.0%</b> | <b>\$0.00</b>             | <b>\$0.00</b>      | <b>\$0.00</b>  | <b>\$168,264.00</b> |
| <b>Variable Performance Targets (Based on % Complete)</b>  |              |  |             |                           |                    |                |                     |
| Enrollment (Nov Invoice)   | Actual %     | \$11,217.60                            | 0.0%        | \$0.00                    | \$0.00             | \$0.00         | \$11,217.60         |
| Fall TSG (Feb Invoice)   | Banded %     | \$5,608.80                             | 0.0%        | \$0.00                    | \$0.00             | \$0.00         | \$5,608.80          |
| Health Screenings (Jan Invoice)  | Banded %     | \$11,217.60                            | 0.0%        | \$0.00                    | \$0.00             | \$0.00         | \$11,217.60         |
| Winter TSG (April Invoice)   | Banded %     | \$5,608.80                             | 0.0%        | \$0.00                    | \$0.00             | \$0.00         | \$5,608.80          |
| Attendance (Jun Invoice)   | Banded %     | \$5,608.80                             | 0.0%        | \$0.00                    | \$0.00             | \$0.00         | \$5,608.80          |
| Spring TSG (Jun Invoice)   | Banded %     | \$5,608.80                             | 0.0%        | \$0.00                    | \$0.00             | \$0.00         | \$5,608.80          |
| PPVT Achievement (Jun Invoice)   | Banded %     | \$5,608.80                             | 0.0%        | \$0.00                    | \$0.00             | \$0.00         | \$5,608.80          |
| PPVT Outcomes (Jun Invoice)  | Banded %     | \$5,608.80                             | 0.0%        | \$0.00                    | \$0.00             | \$0.00         | \$5,608.80          |
| <b>Fixed Payment Performance Targets (Lump Sum)</b>  |              |  |             |                           |                    |                |                     |
| Classroom Startup (Sep Invoice)  | Fixed Amount | \$15,000.00                            | 0.0%        | \$0.00                    | \$0.00             | \$0.00         | \$15,000.00         |
| Kindergarten Transition Plan (Nov Invoice)   | Fixed Amount | \$1,618.00                             | 0.0%        | \$0.00                    | \$0.00             | \$0.00         | \$1,618.00          |
| Kindergarten Plan Outcomes (Jun Invoice)   | Fixed Amount | \$3,317.00                             | 0.0%        | \$0.00                    | \$0.00             | \$0.00         | \$3,317.00          |
| <b>Performance Targets Subtotal</b>  |              | <b>\$76,023.00</b>                     | <b>0.0%</b> | <b>\$0.00</b>             | <b>\$0.00</b>      | <b>\$0.00</b>  | <b>\$76,023.00</b>  |
| <b>Grand Total</b>   |              | <b>\$244,287.00</b>                    | <b>0.0%</b> | <b>\$0.00</b>             | <b>\$0.00</b>      | <b>\$0.00</b>  | <b>\$244,287.00</b> |
| INVOICE CERTIFICATION: I, the undersigned, do hereby certify under penalty of perjury under the laws of the State of Washington, to the best of my knowledge and belief after diligent inquiry, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due and unpaid obligation against the City of Seattle, and that I am authorized to authenticate and certify to said claim. |              |  |             |                           |                    |                |                     |
| Name (please print or type)  |              | Signature of Authorized Representative |             |                           |                    | Date           |                     |

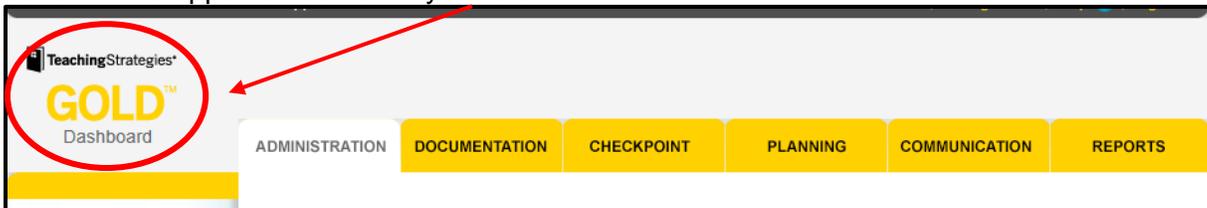
# – TSG Tutorial Page: IRR

**TeachingStrategies GOLD - Interrater Reliability (IRR) Access and Testing Tutorial Page**

Step-by-step instructions for how to access and take the IRR test:

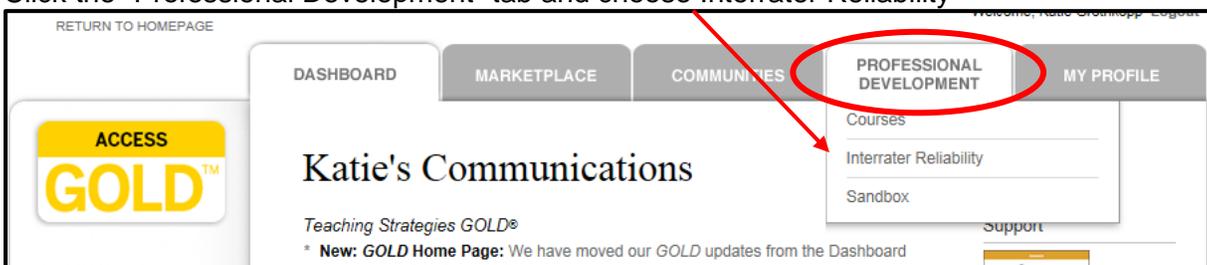
**STEP 1**

If not already on the TSG Dashboard when logged in, click on the “TeachingStrategies GOLD Dashboard” button in the upper left corner of your GOLD.



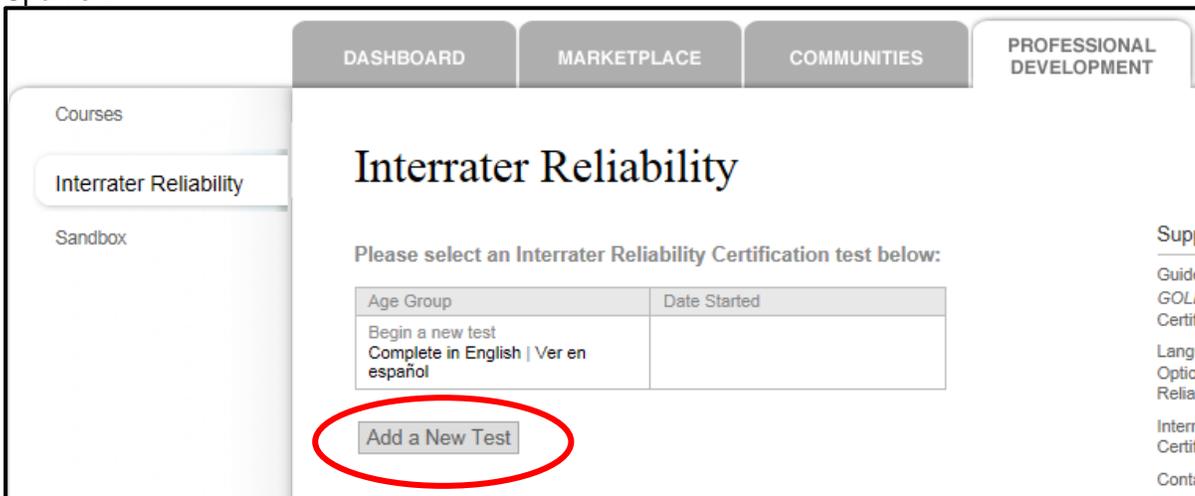
**STEP 2**

Click the “Professional Development” tab and choose Interrater Reliability



**STEP 3**

You will be taken to the IRR page. From here, you will be able to see any tests you have started. Click on “Add a New Test.” You can also click “Complete in English” or “Ver en Español” to begin a new test in English or Spanish.



**STEP :**

You will be directed to the IRR description and agreement page. Read the information and agreement and select “I agree” at the bottom of the screen.



**Certification Testing Agreement**

The *Teaching Strategies GOLD*® Interrater Reliability Certification test is meant to be taken only by the individual named in the Teaching Strategies account. As an examinee, you should neither solicit nor utilize any outside assistance during the testing process.

I certify that 1) I am Katie Grothkopp, and 2) I am completing the test without assistance from any other source.

**STEP 5**

Select the appropriate age group for testing. As stated on the selection page, please check with your administrator if unsure on your selection.) After selecting an age group, click “submit.”

DASHBOARD
MARKETPLACE
COMMUNITIES
PROFESSIONAL DEVELOPMENT

## Interrater Reliability

Please select the age-group for testing:

(If you are not sure which age-group to use, please check with your administrator.)

- Birth through age 2
- Age 3 through kindergarten
- Mixed ages (includes infants/toddlers, preschool children, and kindergarten children)
- Birth through age 2, including children with disabilities
- Preschool, including children with disabilities
- Preschool, including dual language learners
- Preschool, including dual language learners and children with disabilities

**STEP 6**

You will be directed to the test start page, which includes an explanation of the test. Teachers must achieve 80% agreement to the Master Rating Scale to be listed as reliable. Please read the page in full then click on “Round 1” at the bottom of the screen to begin your test.

Click a round below to begin.

| Round   | Status                   | Details     |
|---------|--------------------------|-------------|
| Round 1 | <input type="checkbox"/> | Not Started |