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**SEATTLE PRESCHOOL PROGRAM  
PATHWAY**

**PROGRAM MANUAL**

Contract year 2017 – 18  
Revised: 07/11/2017



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**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.

<https://apps.del.wa.gov/MERIT/Home/Welcome?ReturnUrl=%2fMERIT%2f>

Parent – A parent is any person who is the legal guardian of the child; i.e. biological parent, adoptive parent, legal guardian, etc. Throughout this document the word “parent” will be used to reflect any and all legal guardianship.

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.

Culturally Responsive Coaching – Culturally responsive coaching is a model in which coaches model cultural responsiveness by working with teachers in their preferred learning styles, providing coaching and training in the teacher’s primary language, and by supporting directors and teachers with incorporating the cultural practices of children, families, community, and provider staff within the learning environment, e.g., using interpreters.

Instructional Coaching – An instructional coach is one who engages in a partnership approach to support the incorporation of evidence-based instructional practices into the teaching process. An instructional coach follows seven associated partnership principles: Equality, Choice, Voice, Dialogue, Reflection, Praxis and Reciprocity.

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.

Web-Based Early Learning System (WELS) – Washington State Department of Early Learning’s web-based database system for capturing Early Achievers information including but not limited to: agency information, EA scores, coaches notes, agency goals, etc.

## 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 2017-2018 Federal Poverty Level</b>	
<b>Family Size</b>	<b>Gross Monthly Income</b>
2	\$1,488 - \$4,059
3	\$1,872- \$5,106
4	\$2,255 - \$6,150
5	\$2,638 - \$7,194
6	\$3,022 - \$8,241
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.

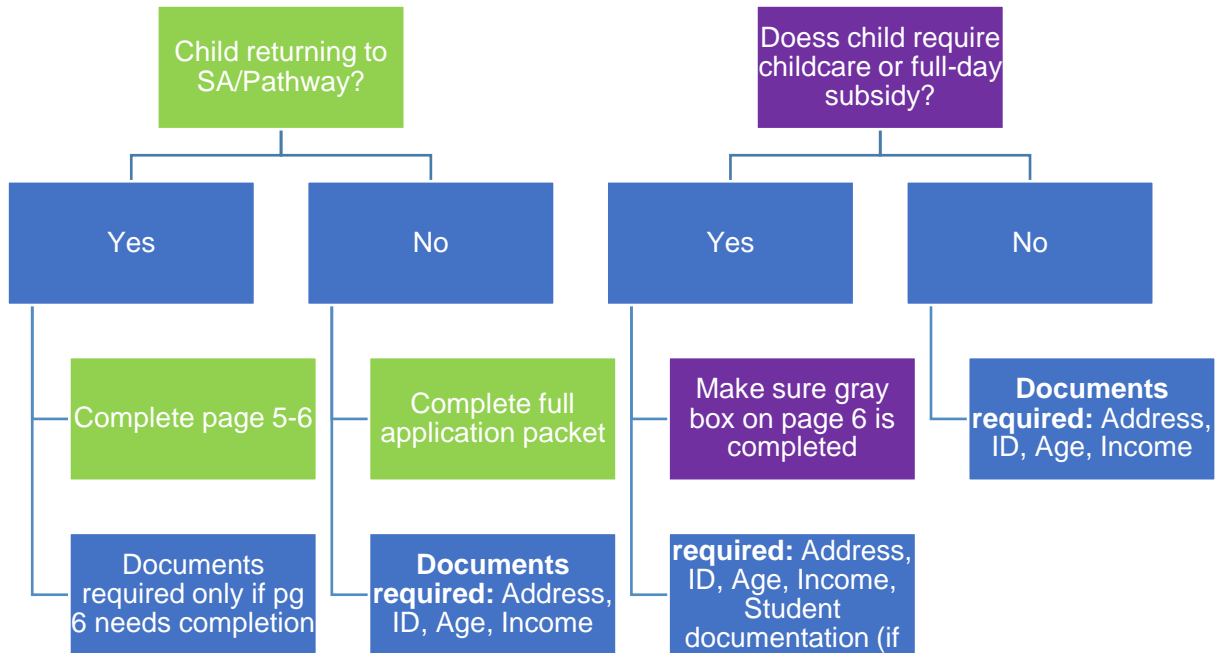
Additional priority will be given to children who fall into the criteria below. These criteria use data from Seattle Public Schools that indicate a high percentage of children in poverty and at risk of academic failure are included in these groups:

- 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

### B-3: Enrollment Overview and Materials Required

<b>STEPS TO CONFIRM SA/PATHWAY ELIGIBILITY</b>	<b>STEPS TO ENROLL ELIGIBLE CHILD</b>
Confirm age eligibility Confirm address eligibility Calculate income Calculate family size Calculate approximate FPL (SA/Pathway vs ECEAP/HS)	1. Enter completed application in CHIPS (pg 5-6 only for returners) 2. Upload age verification 3. Upload identification verification 4. Upload address verification documents (2 if no SCL account) 5. Upload income verification documents 6. Upload other documents required for subsidy

## THE APPLICATION PROCESS



## FAMILY SIZE COMPOSITION



## AGE CALCULATION

CHILD WAS BORN BETWEEN	PROGRAM AGE
9/1/2013-8/31/2014	3 years old
9/1/2012-8/31/2013	4 years old

## VERIFYING ADDRESS

Seattle's My Neighborhood Map reviews an address to determine if it's in Seattle proper. Use this link to verify Seattle residency. <http://web6.seattle.gov/mnm/>

## CALCULATING GROSS INCOME

To calculate average monthly pay – Request 3 months of pay stubs or income.  
Cash benefits are counted only for parents and/or children included in the family size.

Hourly	Weekly	Bi-Weekly	Semi-Monthly	Quarterly
<ul style="list-style-type: none"> <li>•Parent works set number of hours</li> <li>•#Hrs/Week x Hourly wage x 52 ÷ 12</li> </ul>	<ul style="list-style-type: none"> <li>•Parent is paid on the same day every week</li> <li>•Add 12 checks ÷ 12 x 52 ÷ 12</li> </ul>	<ul style="list-style-type: none"> <li>•Parent is paid same day every other week</li> <li>•Add 6 checks ÷ 6 x 26 ÷ 12</li> </ul>	<ul style="list-style-type: none"> <li>•Parent is paid on same date each month (twice/month)</li> <li>•Add 6 checks ÷ 3</li> </ul>	<ul style="list-style-type: none"> <li>•Parent is paid 3 months at a time</li> <li>•Quarterly salary ÷ 3</li> </ul>

### EXAMPLES OF INCOME TO INCLUDE IN HOUSEHOLD INCOME

Gross wages or salaries Net income from self-employment Financial Aid; Scholarships/grants for living expenses Training Stipends Pensions	Alimony Child Support DSHS Foster Care Grant Veterans' Benefits Periodic insurance/annuity payments	DSHS Social Security Supplemental Security Income Emergency Assistance Unemployment/Workers compensation
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### COLLECTING VERIFICATION DOCUMENTS

**Documents are required for new families, returning families who have updates, and any family who requires subsidy/CCAP.**

Ensure each application has the following documents submitted in a *quality* copy/scan. Providers will upload these documents to CHIPS.

- Age verification (1)
- Photo identification (1)
- Address verification (1 or 2, see below)
  - o If the family has a Seattle City Light account under their name, DEEL will verify their address directly through the online database as a convenience. The family may *opt out* of this offer on Page 6 of the application.
  - o If the family does *not* have an active SCL account in their name, they will need to provide two address verification documents
- Income verification (several)
  - o Documents for all income sources must be submitted for the last three months.
  - o Child support documents must be included for the last six months.
  - o Refer to the No Income form and self-employment form.
  - o Include financial aid award letters.
- Student questionnaire (if applying for subsidy and a student parent)
- Official school registration showing cost of tuition (if applying for subsidy and a student parent)

### 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 completed application in CHIPS.
5. Prioritize enrollment according to enrollment priorities outlined in section B-2.
  6. Strive for full enrollment 60 days before program start date.
  7. Complete full enrollment within 30 days of program start date.
  8. 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).
  9. 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.
  10. The last day to enroll a child for the current program year will be March 31, 2018.

## B-5: DEEL Enrollment Responsibilities

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

DEEL Program Intake Representatives will review submitted documents for verification and final enrollment in CHIPS.

## B-6: Extended Child Care

Extended Child Care or “Extended day” is defined as those hours outside of the six hour Step Ahead or SPP Pathway day. Agencies that provide an extended day model may collect payment for hours outside of Step Ahead or SPP Pathway 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	\$2,707 - \$4,059
3	\$3,405 - \$5,106
4	\$4,101 - \$6,150
5	\$4,797 - \$7,194
6	\$5,495 - \$8,241

### 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, 2017													
	Column 1	Column 2	Column 3		Column 4		Column 5		Column 6	Column 7		Column 8	Column 9
If Countable Income is:													
Family Size	100% of FPL	200% FPL	0 to 82% FPL		More than 82% to 137.5%		More than 137.5% to 200%		137.5% FPL	Phase Out Period** 201%-219% FPL		220% FPL	85% state median income (SMI)*
1	\$1,005	\$2,010	\$0	\$824	\$825	\$1,382	\$1,383	\$2,010	\$1,382	\$2,011	\$2,210	\$2,211	\$3,195
2	\$1,353	\$2,706	\$0	\$1,109	\$1,110	\$1,860	\$1,861	\$2,706	\$1,860	\$2,707	\$2,975	\$2,976	\$4,177
3	\$1,702	\$3,404	\$0	\$1,396	\$1,397	\$2,340	\$2,341	\$3,404	\$2,340	\$3,405	\$3,743	\$3,744	\$5,161
4	\$2,050	\$4,100	\$0	\$1,681	\$1,682	\$2,819	\$2,820	\$4,100	\$2,819	\$4,101	\$4,509	\$4,510	\$6,144
5	\$2,398	\$4,796	\$0	\$1,966	\$1,967	\$3,297	\$3,298	\$4,796	\$3,297	\$4,797	\$5,274	\$5,275	\$7,127
6	\$2,747	\$5,494	\$0	\$2,253	\$2,254	\$3,777	\$3,778	\$5,494	\$3,777	\$5,495	\$6,042	\$6,043	\$8,110
7	\$3,095	\$6,190	\$0	\$2,538	\$2,539	\$4,256	\$4,257	\$6,190	\$4,256	\$6,191	\$6,808	\$6,809	\$8,295
8	\$3,443	\$6,886	\$0	\$2,823	\$2,824	\$4,734	\$4,735	\$6,886	\$4,734	\$6,887	\$7,573	\$7,574	\$8,479
9	\$3,792	\$7,584	\$0	\$3,109	\$3,110	\$5,214	\$5,215	\$7,584	\$5,214	\$7,585	\$8,341	\$8,342	\$9,216
10	\$4,140	\$8,280	\$0	\$3,395	\$3,396	\$5,693	\$5,694	\$8,280	\$5,693	\$8,281	\$9,107	\$9,108	\$9,401
Copay		If income is OVER 200% FPL Not Eligible	\$15 Copay		\$65 Copay		Subtract 137.5% FPL From Countable income, then multiply by .50 and add \$65		Subtract 137.5% FPL from 200% FPL, then multiply by .50 and add \$65		If income IS OVER 219% FPL at review, not eligible for Phase-Out. If income is 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 columns 2-7. Determine copay based on the amount or calculation outlined in "Copay" row.													
*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													
**NOTE: If, at time of re-application, a consumer's income is OVER 200% FPL but UNDER 220% FPL they can receive 3 month eligibility phase out period as they transition to the private pay market for child care. The copay for the phase out period will remain constant at the 200% FPL level													

### 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.  <b>AND</b> 30 or more approved quarter credits in ECE verified through MERIT. Up to 10 may be classified as ECE-School Age hybrid ("E/S") credits.
<b>Lead Teacher</b>	Associate's degree (AA) in early childhood education		
<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.  <b>AND</b> 20 or more approved quarter credits in ECE verified through MERIT. Up to 10 may be 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 records** – The agency will maintain current staff records in CHIPS. All agency staff will be entered into CHIPS 2 weeks from the start of the contract period or within 5 business days of any changes. The agency will notify the DEEL education specialist of any staff changes.

**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 (using the Washington Department of Health Certification of Immunization [CIS] form)
- Allergy information
- Food preferences and restrictions

If applicable, confidential health files must also include:

- Results from health-related screenings (conducted by the agency)

- All screening results will be shared with families. 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
- Medical/dental insurance

Teaching Strategies GOLD® – The agency will keep updated records of observations for each child within the Teaching Strategies GOLD® child assessment system. Agencies will collect a minimum of **one piece** of documentation for each TSG objective and work towards collecting two pieces of documentation per objective.

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

- Health records
- Education records
- Family information
- Individual learning plans
- 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 on each child within 90 days of the child’s start date. Information from the screening will be logged in CHIPS (further described in Section E1.2). Follow-ups will be provided to children and families where need is shown.
- Developmental screening Ages & Stages Questionnaires® (ASQ) and ASQ-SE (Social-Emotional) – Agencies will administer the ASQ and ASQ-SE to all students (except for children with current Individualized Education Programs-IEPs) 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 culturally responsive coaching and curriculum support to teachers, center directors, and program supervisors. Coaches will focus on teachers' professional growth to:

- Provide differentiated classroom-based, reflective, instructional coaching to increase the quality and effectiveness of teacher practice,
- Support fidelity of curriculum implementation, coaches may administer the HighScope Program Quality Assessment tool (PQA) or Creative Curriculum Fidelity check tool.
- 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 (as needed) a mock CLASS or ECERS assessment to inform instructional practice.
- Provide one-on-one coaching consultations.
- Conduct Quality Improvement Plan (QIP) reviews.

- Work with a multi-disciplinary team to support teachers to improve their classroom management skills.

### D-1.2: Training

Trainings listed below with an asterisk\* are required and will be eligible for release time reimbursement for eligible teachers and assistant teachers. The paperwork for reimbursement will be provided by DEEL and processed outside of this contract.

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

#### Assessment Training:

- Child assessments – Beginning level training is required for all teachers on Teaching Strategies Gold® (TSG) and the ASQ-3 and the ASQ: SE-2\*, advanced level training will be offered quarterly for teachers, directors and other key staff.
- Classroom Assessments: Beginning and advanced level CLASS and ERS training will be offered quarterly for teachers, directors and other key staff.

Content Training - Both required and data-informed- content training may be provided via in-service training each quarter for Directors and Teachers as outlined below-

- Directors/Program Supervisors:* Directors/Program supervisor level trainings in business, finance, organizational development, educational leadership, Continuous Quality Improvement (CQI), coaching practice and curriculum fidelity.
- Teachers/Assistant Teachers:* Teacher/assistant teacher level trainings that will include ongoing curriculum training, supporting children with special needs, culturally responsive teaching, and partnering with families.

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.

- SPP/ECEAP sites who receive initial training on Creative Curriculum through DEL will not be required to participate in DEEL sponsored curriculum training.
- 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 identified by the assessment data.
- Curriculum re-certification or re-training is required every 3 years.

Health Screening Training\* - Training on how to conduct an individual health screening for each child that includes hearing, vision, weight is required and will be offered and provided by Public Health Seattle King County in collaboration with DEEL in the fall and spring of the contract period.

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

## D-2: Technical Assistance

DEEL will provide technical assistance to the agency through the Early Education Specialist. Early Education Specialists will assist agencies in the following, but not limited to, areas:

- Contract requirements
  - Monitoring for compliance
- Performance Pay requirements and tracking
  - Approval of all performance pay
- Teaching Strategies GOLD®
- Guiding agency staff in leadership and program development
- Assisting agencies in adhering to program standards
- Approve and monitor eligible classroom start-up funds

## 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 Health

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, education specialists and PHSKC, will be able to access these consultation services as needed. Behavioral support services include:

- 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" and work with their coach to develop action plans to support children's social and emotional growth.

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 into DEEL approved and required data entry systems. Data will be monitored on an on-going basis by the Education Specialist and/or Coach. 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®

Agencies will be provided blank child portfolios by DEEL. Agencies must enter child identifiable data into 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 – select all fund sources for child, must include Step Ahead or SPP Pathway.
- Color band placements (color bands are entered at the beginning of the year and do not change)
- Race, gender, ethnicity and language

Agencies will enter ongoing child level observation data in each child portfolio as related to TSG objectives. Agencies must collect at least one piece of documentation per child per objective and are encouraged to collect two pieces if possible. Documentation may include, but 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 for all children enrolled at least 60 days by the time of the checkpoint. Complete and finalized data will include all objectives in all the following 6 areas of development:

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

Use of “Not Yet” and “Not Observed” when finalizing checkpoints:

- The “Not Yet” level can be used on a child who is not yet demonstrating a skill or behavior that is expected of a child who is developing typically.
- The Agency will use “Not Observed” only on rare occasions, such as when a child has had significant absences during the checkpoint period, if used at all. The Agency may not use “Not Observed” when finalizing children for reasons other than significant absences.
  - The Agency must connect with Education Specialist regarding the use of “not observed” prior to the checkpoint date.

**TSG Interrater Reliability Requirements:** All Agency staff who finalize data on children will complete Teaching Strategies GOLD Interrater Reliability (IRR) within 45 days of the start of the program or hire. Agency staff must complete the TSG implementation training, in-person (2-day course offered by DEEL) or online (via Professional Development tab in TSG), prior to taking the IRR. Only Agency staff who spend a minimum of 50% of their time in the classroom with children may finalize checkpoints. Agency staff can access IRR tests through the TSG Dashboard system.

#### E-1.4 ASQ-3™ Online

Agencies will complete a developmental screening for each child within 90 days of child start date. Information collected from the screening must be entered into the ASQ Online system within 5 days of the screening. 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 – similar to the data that will be stored in the CHIPS system to identify children.
- 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. Agencies will update 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 as set by DEEL and done by outside assessors or DEEL Coaches. Assessments listed and described below:



ECERS-3 – Early Childhood Environmental Rating Scale - Third Edition 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 the reliance on observation as the primary source of information on which to base assessment of classroom quality.

The Scale consists of 35 items organized into 6 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 3 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.

## E-3 Agency and External Evaluations

Agencies will participate in both Agency level Self-assessments as well as External Assessments administered by outside entities or DEEL.

### E-3.1 External Evaluations

Agencies will participate in evaluations as laid out by DEEL and administered by outside entities. Evaluations may include, but not limited to:

- Child Assessments
- Child Evaluations
- Teacher Interviews
- Director Interviews
- Teacher Assessments

### E-3.2 Agency Evaluation –Seattle Early Learning Self-Assessment (SEA-ELSA)

Agencies will participate in the SEA-ELSA process in 2017-18SY SEA-ELSA is intended to be used as an informative and reflective assessment. As such, the expectation is that the agency lead or program supervisor along with a team comprised of SPP teachers will work together to complete the evaluation.

## 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 three forms of payments in DEEL's payment structure.

- Base Pay
- Performance Pay

- One-Time Payments

#### F-2 Invoice Process – Base Pay

Base Pay 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

Performance Pay will be made to agencies upon completion of performance targets. Data for Performance Pay measures are due from Agencies by the deadlines in the data systems or forms required as outlined in the Agency contract. The Early Education Specialist will review the data for completeness. DEEL's Data Team will analyze and review the information and determine the Agencies Outcomes for performance measures based on information recorded in CHIPS.

#### 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 Pathway classroom that was a PreK classroom the year prior, and up to \$10,000 for each brand new Pathway 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 Documents Acceptable for Verification
- #3 – SA/Pathway Request for Exception to Policy
- #4 – SA/Pathway Monthly Invoice Template
- #5 – Deliverables Report and Performance Target Table

#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 2017-2018

**Step Ahead and SPP Pathway Preschools serve 3 and 4-year-old lower income children living in Seattle.**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Families with incomes of 110.1% to 300% Federal Poverty Level,</li> <li>• Children who live within boundaries of eligible elementary schools,</li> <li>• Children with parents that have Immigrant or Refugee status;</li> <li>• Children who are English Language Learners;</li> <li>• Children in foster/kinship care or other areas of child welfare system;</li> </ul> | <ul style="list-style-type: none"> <li>• Children not currently in preschool, but in the care of family members, friends or neighbors who would benefit from a Pre-K program;</li> <li>• Children who are homeless;</li> <li>• Children with special needs; and</li> <li>• Children of Color.</li> </ul> |
|---|--|

### CHILD INFORMATION

Last Name: _____	First: _____	Middle: _____
Birth Date: _____		Gender: How does your child identify? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Home Address: _____ Apt/Ste: _____		Mailing Address (if different from Home) _____ Apt/Ste: _____
City: _____ Zip: _____		City: _____ Zip: _____
Do you own or rent your home? <input type="checkbox"/> Y <input type="checkbox"/> N If you do not own/rent your own home, please check all that apply. The child applicant and I currently reside:		
<input type="checkbox"/> In a motel <input type="checkbox"/> In a shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Moving from place to place/couch surfing <input type="checkbox"/> In someone else's house or apartment with another family <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity) <input type="checkbox"/> A car, park, campsite or similar location <input type="checkbox"/> Other		
Is this child in the foster care system? <input type="checkbox"/> Y		Is either parent an immigrant or refugee? <input type="checkbox"/> Y

**Questions A and B must both be answered.** Part A asks about your child's ethnicity; Part B asks about your child's race.

#### A. Is your student of Hispanic or Latino origin?

- Yes  No

#### B. What race(s) do you consider your child? Check all that apply.

African American/Black	Asian	Caucasian	Hispanic	Native Hawaiian/Pacific Islander	Native American	
<input type="checkbox"/> African American/Black <input type="checkbox"/> North African/Middle Eastern <input type="checkbox"/> South African <input type="checkbox"/> East African <input type="checkbox"/> West African <input type="checkbox"/> Central African	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Indian <input type="checkbox"/> Indonesian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Malaysian <input type="checkbox"/> Pakistani <input type="checkbox"/> Singaporean <input type="checkbox"/> Taiwanese <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<input type="checkbox"/> White	<input type="checkbox"/> Central American <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Latin American <input type="checkbox"/> Mexican/Mexican American/Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Spaniard <input type="checkbox"/> Other Hispanic/Latino	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Fijian <input type="checkbox"/> Guamanian Or Chamorro <input type="checkbox"/> Mariana Islander <input type="checkbox"/> Melanesian <input type="checkbox"/> Micronesian <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Alaska Native <input type="checkbox"/> Chehalis <input type="checkbox"/> Colville <input type="checkbox"/> Cowlitz <input type="checkbox"/> Hoh <input type="checkbox"/> Jamestown <input type="checkbox"/> Kalispel <input type="checkbox"/> Lower Elwha <input type="checkbox"/> Lummi <input type="checkbox"/> Makah <input type="checkbox"/> Muckleshoot <input type="checkbox"/> Nisqually <input type="checkbox"/> Nooksack <input type="checkbox"/> Port Gamble Klallam <input type="checkbox"/> Puyallup <input type="checkbox"/> Quileute	<input type="checkbox"/> Quinault <input type="checkbox"/> Samish <input type="checkbox"/> Sauk-Suiattle <input type="checkbox"/> Shoalwater <input type="checkbox"/> Skokomish <input type="checkbox"/> Snoqualmie <input type="checkbox"/> Spokane <input type="checkbox"/> Squaxin Island <input type="checkbox"/> Stillaguamish <input type="checkbox"/> Suquamish <input type="checkbox"/> Swinomish <input type="checkbox"/> Tulalip <input type="checkbox"/> Yakama <input type="checkbox"/> Other Washington Indian <input type="checkbox"/> Other American Indian

Child's Native language: \_\_\_\_\_ Child's Secondary language: \_\_\_\_\_

Does your child have an IEP (Individualized Education Program?)  Yes  No

Do you or your doctor have concerns about your child's development?  Yes  No

Does your child have a diagnosed disability?  Yes  No

Does your child receive services for a special need or concern?  Yes  No

**PRIMARY PARENT/GUARDIAN INFORMATION**

Last Name:		First:	Middle:
Birth Date:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Relationship to child:
Home Address: Apt/Ste: _____ City: _____ Zip: _____		Mailing Address (if different from Home) Apt/Ste: _____ City: _____ Zip: _____	
Email Address:			
Primary Phone: ( ) _____ Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Work <input type="checkbox"/> Cell		Alternative Phone: ( ) _____ Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Work <input type="checkbox"/> Cell	

Questions A and B must both be answered. Part A asks about your ethnicity; Part B asks about your race.

**A. Are you of Hispanic or Latino origin?**

Yes  No

**B. What race(s) do you consider yourself? Check all that apply.**

African American/Black	Asian	Caucasian	Hispanic	Native Hawaiian/Pacific Islander	Native American	
<input type="checkbox"/> African American/Black <input type="checkbox"/> North African/Middle Eastern <input type="checkbox"/> South African <input type="checkbox"/> East African <input type="checkbox"/> West African <input type="checkbox"/> Central African	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Indian <input type="checkbox"/> Indonesian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Malaysian <input type="checkbox"/> Pakistani <input type="checkbox"/> Singaporean <input type="checkbox"/> Taiwanese <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<input type="checkbox"/> White	<input type="checkbox"/> Central American <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Latin American <input type="checkbox"/> Mexican/Mexican American/Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Spaniard <input type="checkbox"/> Other Hispanic/Latino	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Fijian <input type="checkbox"/> Guamanian Or Chamorro <input type="checkbox"/> Mariana Islander <input type="checkbox"/> Melanesian <input type="checkbox"/> Micronesian <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Alaska Native <input type="checkbox"/> Chehalis <input type="checkbox"/> Colville <input type="checkbox"/> Cowlitz <input type="checkbox"/> Hoh <input type="checkbox"/> Jamestown <input type="checkbox"/> Kalispel <input type="checkbox"/> Lower Elwha <input type="checkbox"/> Lummi <input type="checkbox"/> Makah <input type="checkbox"/> Muckleshoot <input type="checkbox"/> Nisqually <input type="checkbox"/> Nooksack <input type="checkbox"/> Port Gamble Klallam <input type="checkbox"/> Puyallup <input type="checkbox"/> Quileute	<input type="checkbox"/> Quinault <input type="checkbox"/> Samish <input type="checkbox"/> Sauk-Suiattle <input type="checkbox"/> Shoalwater <input type="checkbox"/> Skokomish <input type="checkbox"/> Snoqualmie <input type="checkbox"/> Spokane <input type="checkbox"/> Squaxin Island <input type="checkbox"/> Stillaguamish <input type="checkbox"/> Suquamish <input type="checkbox"/> Swinomish <input type="checkbox"/> Tulalip <input type="checkbox"/> Yakama <input type="checkbox"/> Other Washington Indian <input type="checkbox"/> Other American Indian

Parent's Native language: \_\_\_\_\_ Parent's Secondary language: \_\_\_\_\_  
Preferred written language, if other than English: \_\_\_\_\_

**SECONDARY PARENT/GUARDIAN INFORMATION**

Last Name:		First:	Middle:
Birth Date:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Relationship to child:
Home Address: Apt/Ste: _____ City: _____ Zip: _____		Mailing Address (if different from Home) Apt/Ste: _____ City: _____ Zip: _____	
Email Address:			
Primary Phone: ( ) _____ Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Work <input type="checkbox"/> Cell		Alternative Phone: ( ) _____ Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Work <input type="checkbox"/> Cell	

Questions A and B must both be answered. Part A asks about your ethnicity; Part B asks about your race.

**A. Are you of Hispanic or Latino origin?**

Yes  No

**B. What race(s) do you consider yourself? Check all that apply.**

African American/Black	Asian	Caucasian	Hispanic	Native Hawaiian/Pacific Islander	Native American	
<input type="checkbox"/> African American/Black <input type="checkbox"/> North African/Middle Eastern	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino	<input type="checkbox"/> White	<input type="checkbox"/> Central American <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Fijian	<input type="checkbox"/> Alaska Native <input type="checkbox"/> Chehalis <input type="checkbox"/> Colville <input type="checkbox"/> Cowlitz	<input type="checkbox"/> Quinault <input type="checkbox"/> Samish <input type="checkbox"/> Sauk-Suiattle <input type="checkbox"/> Shoalwater

<input type="checkbox"/> South African	<input type="checkbox"/> Hmong	<input type="checkbox"/> Latin American	<input type="checkbox"/> Guamanian Or Chamorro	<input type="checkbox"/> Hoh	<input type="checkbox"/> Skokomish
<input type="checkbox"/> East African	<input type="checkbox"/> Indian	<input type="checkbox"/> Mexican/ Mexican American/ Chicano	<input type="checkbox"/> Mariana Islander	<input type="checkbox"/> Jamestown	<input type="checkbox"/> Snoqualmie
<input type="checkbox"/> West African	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Melanesian	<input type="checkbox"/> Kalispel	<input type="checkbox"/> Spokane
<input type="checkbox"/> Central African	<input type="checkbox"/> Japanese	<input type="checkbox"/> South American	<input type="checkbox"/> Micronesian	<input type="checkbox"/> Lower Elwha	<input type="checkbox"/> Squaxin Island
	<input type="checkbox"/> Korean	<input type="checkbox"/> Spaniard	<input type="checkbox"/> Samoan	<input type="checkbox"/> Lummi	<input type="checkbox"/> Stillaguamish
	<input type="checkbox"/> Laotian	<input type="checkbox"/> Other Hispanic/ Latino	<input type="checkbox"/> Tongan	<input type="checkbox"/> Makah	<input type="checkbox"/> Suquamish
	<input type="checkbox"/> Malaysian		<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Muckleshoot	<input type="checkbox"/> Swinomish
	<input type="checkbox"/> Pakistani			<input type="checkbox"/> Nisqually	<input type="checkbox"/> Tulalip
	<input type="checkbox"/> Singaporean			<input type="checkbox"/> Nooksack	<input type="checkbox"/> Yakama
	<input type="checkbox"/> Taiwanese			<input type="checkbox"/> Port Gamble Klallam	<input type="checkbox"/> Other Washington Indian
	<input type="checkbox"/> Thai			<input type="checkbox"/> Puyallup	<input type="checkbox"/> Other American Indian
	<input type="checkbox"/> Vietnamese			<input type="checkbox"/> Quileute	
	<input type="checkbox"/> Other Asian				

Parent's Native language: \_\_\_\_\_ Parent's Secondary language: \_\_\_\_\_  
 Preferred written language, if other than English: \_\_\_\_\_

**FAMILY MEMBERS AND INCOME**

This page asks for information about family members and income. The Step Ahead/Pathway Programs use this information to help determine eligibility for the program. For program eligibility purposes, include only the following when you calculate your family members:

- Parent, step-parent, guardians and their spouses, dependent children, adoptive siblings- children still in high school.
- All family members live in the same house.
- Homeless families living with others would not include their hosts in the family.

Please carefully fill out the chart below. Do 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, lump-sum insurance payments, or compensations for injury

Notes: For children in the foster care system or on a child-only Temporary Assistance for Needy Families (TANF) grant, the Department of Education and Early Learning (DEEL) includes only the children covered by the grant.

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

PARENT NAME:		PARENT NAME:	
Income Source (including any child's income)	Income Amount	Income Source (including any child's income)	Income Amount
Wages/Salary & self-employed income	\$	Wages/Salary & self-employed income	\$
Child Support, Alimony received	\$	Child Support, Alimony received	\$
Pension, retirement, social security	\$	Pension, retirement, social security	\$
Supplemental Security (SSI)	\$	Supplemental Security (SSI)	\$
DSHS	\$	DSHS	\$
Unemployment benefits	\$	Unemployment benefits	\$
Other, i.e. TANF (explain)	\$	Other, i.e. TANF (explain)	\$
Financial Aid	\$	Financial Aid	\$
Child Support PAID out (subtract)	- \$	Child Support PAID out (subtract)	- \$
<b>Total Monthly Income</b>		<b>Total Monthly Income</b>	

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

**OTHER FAMILY MEMBERS UNDER 18**

Name	Relationship	Gender	DOB	Race	Native Language

This page deliberately left blank.

CHILD FIRST &amp; LAST NAME:

BIRTHDATE:

## ADDITIONAL QUESTIONS

Do we have your consent to refer you to other early learning programs for which you may qualify?  Yes  NoHow did you hear about our program?  Newspaper  Magazine  Radio Ad  Friend or Family Member  Flyers Banners  I have another child in the program  Website  Preschool or School  Other: \_\_\_\_\_

**PARTICIPATION IN FRESH BUCKS TO GO:** Fresh Bucks to Go delivers free fresh fruits and vegetables every other week to some preschools for families to take home. Fresh Bucks to Go is available to qualifying families, at some sites. Not all sites offer this program. If your preschool offers Fresh Bucks to Go, and we determine that you qualify, would you like to participate? (only one bag per household.)  Yes  No

## STEP AHEAD &amp; SPP PATHWAY PRESCHOOL PROGRAM CONSENT

I give permission for my child to participate in the Step Ahead or SPP Pathway Program ("The Program").

Preschool Screening and Assessment Consent

As a participant in The Program, I acknowledge that my child will receive health (weight, height, vision, and hearing) and developmental (Ages and Stages Questionnaire) screenings. The results of these screenings will be shared with me if my child's results on any screening indicate that additional monitoring or actions are advisable.

Additionally, I acknowledge that The Program's providers assess children's physical, cognitive, social, and emotional development to inform their teaching practice and monitor children's progress toward being ready for kindergarten. I understand that the City of Seattle ("the City") intends to use the information gathered through the screenings and assessments to assess program effectiveness. My child's preschool provider will provide additional information about specific assessment activities throughout the school year and that I am responsible for reading and responding by the deadlines provided to all forms sent home to me related to these activities.

Seattle Public Schools ID Consent

I understand that Seattle Public Schools will assign a student identification number for my child. The City will share the following information about my child with Seattle Public Schools via secure file transfer to obtain that number: first name, last name, date of birth, race, ethnicity, grade level, gender, home address, mailing address and The Program provider. This student identification number will aid in evaluating The Program. The City will also use the identification number to support planning and transitions to Seattle Public School programs and to monitor Program participants' progress through the Washington State public education system.

Partner Agency Collaboration Consent

The City will have access to personally identifiable information about my child and family and will only share identifiable information when necessary to deliver services, evaluate the program, or as detailed on this form. I consent to the City and my child's provider disclosing personally identifiable information from my child's records, including student identification number and information collected through health, developmental, and academic assessments, to the following: (1) Washington State Department of Early Learning ("the State"), Public Health-Seattle &amp; King County ("PHSKC") as needed for service delivery and program evaluation; (2) non-governmental research firms and consultants contracted by the City, State, and PHSKC as needed for service delivery and program evaluation; and (3) Seattle Public Schools as needed to assess program effectiveness as my child progresses through the Washington State public education system. If my child has been evaluated by the Seattle Public Schools Special Education Department, I also consent to Seattle Public Schools sharing personally identifiable information from my child's special education records or Individualized Education Program (IEP) with the City and my child's provider to provide the tools, guidance, supports, and services needed to support access, participation, and success in the program. This information may include academic records, educational evaluations, immunization records, social/emotional evaluation, medical and clinical records, vision/hearing evaluation, psychological evaluation, speech/language evaluation and/or occupational/physical therapy evaluation.

Program Reporting Acknowledgement

Additionally, the City may share program information, but not personally identifiable information, with the general public as appropriate to report program progress and effectiveness. Program information will also be shared with organizations conducting studies to develop, validate, or administer predictive tests, administer student aid programs, or improve instruction.

By signing below, I certify that I have read this consent form or have had it read/explained to me. By signing below I consent to the City and my child's Program provider collecting and sharing information in my child's Program records for the purposes described in this form. I certify that the information I have provided on this enrollment form is correct. I understand that I have access rights to all of my child's records referenced herein.

*The City may contact you if clarifications are needed regarding this application. Additional information may be required by the preschool provider.*

Parent/Guardian Initials

\_\_\_\_\_

\_\_\_\_\_

**Optional:** I am giving permission for my child to be videotaped or photographed for educational purposes and advertising Step Ahead, SPP and SPP Pathway Program or the Seattle Early Education Collaborative through various mediums, e.g. internet, flyers, brochures.

**Optional Service:** The Department of Education and Early Learning utilizes the Seattle City Light database to verify address eligibility. Your address will be verified using this system, thereby only requiring you to submit ONE proof of address. If you do not have a SCL account in your name or do not wish DEEL to use this tool, **please initial here.** You will need to offer two proofs of address.

\_\_\_\_\_  
Print Name of Parent or Guardian (required)\_\_\_\_\_  
Relationship to Child (required)\_\_\_\_\_  
Signature of Parent or Guardian (required)\_\_\_\_\_  
Date (required)

(If applicable) This application was completed with the assistance of:

\_\_\_\_\_  
Name of Person Providing Assistance

\_\_\_\_\_  
Contact Information (Agency, phone number, email, etc.)

#### OPTIONAL CHILDCARE ASSISTANCE PROGRAM

If you require longer care than your part or full-day program provides, your income falls between 200.1% and 300% of the federal poverty level and both parents are either working or students, you may apply for the childcare assistance program to subsidize your childcare. This program requires families meet certain criteria for participation and submitting this form does not guarantee subsidy. You will partner with your provider to submit required documents as needed.

Parent Name:	Parent Name:
Training Program Title/Job Title:	Training Program Title/Job Title:
Start Date:	Start Date:
Name of Employer/Program:	Name of Employer/Program:
Employer Address:	Employer Address:
Zip Code:	Zip Code:
Work Schedule	Work Schedule
Sunday From To	Sunday From To
Monday: From To	Monday: From To
Tuesday: From To	Tuesday: From To
Wednesday: From To	Wednesday: From To
Thursday: From To	Thursday: From To
Friday: From To	Friday: From To
Saturday: From To	Saturday: From To

#### CERTIFICATION OF INFORMATION AND PERMISSION TO VERIFY ELIGIBILITY INFORMATION

- I certify that the information provided is true to the best of my knowledge.
- I am aware that the information I provided is subject to review and verification from various City and public resources and that I may need to provide additional documents to support this application.
- I understand that if I receive assistance and have not truly disclosed all information that I will be terminated from the Child Care Assistance Program.
- The City of Seattle may recover the actual cost(s) for the periods I was not eligible and I may be prosecuted for fraud and/or perjury if I intentionally supplied inaccurate or misleading information.
- The City will utilize Seattle City Light's account database to verify your address as a convenience to you, thereby only requiring one additional form of address verification from you. If this is NOT acceptable to you, please opt *out* by marking this box:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

#### FOR RETURNING CHILDREN ONLY

If your information has changed from last school year to this school year, please share the updates below. You will be required to submit appropriate documentation to support these updates. If your family makeup has changed, be sure to indicate if those listed below need to be added or removed from your family list.

PARENT CONTACT INFORMATION	UPDATED INCOME INFORMATION	
Parent Name:	Wages/Salary & Self-employed income	\$
Address:	Child Support, Alimony received	\$
City, Zip Code:	Pension, retirement, social security	\$
Phone Number: ( )	Supplemental Security (SSI)	\$
Email Address:	DSHS	\$
Do you currently reside in inconsistent shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment benefits	\$
	Other, i.e. TANF (explain)	\$
	Financial Aid	\$
	Child Support PAID out (subtract)	- \$



				Total Monthly Income		
OTHER FAMILY MEMBERS						
Name	Relationship	Gender	DOB	Race	Native Language	Add or Remove?

## #2 – SA/Pathway Documents Acceptable for Verification



## City of Seattle

Edward B. Murray, Mayor

Department of Education and Early Learning

Dwane Chappelle, Director



## Documents Acceptable able for Verification

The following list of documents are acceptable for demonstrating identity, age, address and income for The Department of Education and Early Learning's EL programs. Please contact DEEL with questions, clarifications, or to request forms at **206.386.1050**.

## Identity

- Driver's License
- Government issued ID
- Passport
- State ID

## Child's Age

- Birth Certificate
- Passport
- Government issued ID

## Address

DEEL will consult with Seattle City Light (SCL) with your permission to verify your address; if you have an active account in your name, you will provide only ONE additional document.

If you don't have a SCL bill in your name, you will need to provide TWO documents from this sample list.

All documents must be no more than 8 weeks old and must include applying parent's name.

- Lease
  - Including first page and signature page
- Home utility bill
  - Cable, Gas, Landline, Water/Garbage
- Mortgage bill
- Home/renters insurance
- Documents from public agencies
- For Temporary Housing
  - Letter from approved Community-based organization or case manager
  - Host affidavit form (if living with friends/family)
  - Must contact DEEL to receive form

## Income

- Pay stubs
  - Last 3 consecutive months
- Employment verification letter
  - On letterhead from employer
  - Includes start date, hours/week, wage
- Self-Employed
  - Self-employment form & required documents
- Financial Aid
  - Financial aid letter
  - Class schedule
- No income
  - Submit the no income form
  - Must contact DEEL to receive the form
- Paid in cash
  - Employer letter
  - Letter from CBO
- Child Support
  - Court papers including amount
  - 6-month history of payments
  - For open cases, provide statement showing no payment
  - If not receiving child support, provide Child Support Payment form
- Other Income
  - Three months of documents

## #3 – Request for Exception to Policy



# Seattle Department of Education & Early Learning

Edward B. Murray, Mayor  
Dwane Chappelle, Director



## Request for Exception to Policy

This document is to be used to officially request an exception to a policy for a family/child applicant. This form is to be completed by the **Education Specialist** of the provider requesting the exception or by the PIR of the CCAP family requesting the exception. Please submit this to the Manager of the Intake Unit

What type of policy requires an exception?	SUBMISSION INFORMATION
<input type="checkbox"/> Child age <input type="checkbox"/> Family income/FPL <input type="checkbox"/> Residency <input type="checkbox"/> Program elements (misalignment with the program) <input type="checkbox"/> Other: -	DEEL Staff Submitter:
	Staff Title:
	Date Submitted:
	Related to School Year:

APPLICANT INFORMATION		
Child first name:	Child last name:	Child DOB:
Parent first name:	Parent last name:	
Agency:	Site:	Program:

POLICY INFORMATION	
What would be <i>within</i> the policy?	This application is outside of the policy in what way?

NOTES

MANAGER APPROVAL
NOTES:
Manager Name: _____ Please check one: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected

I certify that the above statements are accurate. I have included the address verifications documents requested of me.

\_\_\_\_\_  
DEEL Staff Member signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

## #4 – 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>
<p>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.</p>							
Name (please print or type)		Signature of Authorized Representative				Date	

## # 5– Deliverables Report and Performance Target Table

Reporting Area	Completion Date	Contract Reporting Requirement (Non-Pay Point)
ATTENDANCE	Monthly	<b>The Agency will enter all attendance by the end of the month.</b> <i>Verification: Agency will update information in DEEL data system, calculated by DEEL Data staff, verified by Early Education Specialist.</i>
CHIPS UPDATES	Ongoing	<b>The Agency will update records in CHIPS within five business days of the activity: Child withdraws, Employee is hired/exited, Teacher in classroom changes, Classroom seat associations (Funding models, programs, etc.,) change.</b> <i>Verification: Early Education Specialist will check updates in CHIPS and verify enrollment, staffing and classroom status during monthly meetings.</i>
CHIPS STAFF RECORDS	08/31/2017	<b>The Agency will enter all staff members into CHIPS.</b> <i>Verification: Early Education Specialist confirms all required staff are entered in CHIPS, and approves.</i>
CHIPS CLASSROOM RECORDS	8/31/2017	<b>The Agency will create all Classrooms in CHIPS.</b> <i>Verification: Early Education Specialist will verify in CHIPS.</i>
CHIPS MERIT RECORDS	10/1/2017	The Agency will upload all MERIT verification documents into CHIPS for each director, lead teacher and associate teacher. <i>Verification: Early Education Specialist confirms appropriate documents have been uploaded.</i>
CHIPS CLASSROOM ASSIGNMENT	10/31/2017	The Agency will assign all enrolled children to a classroom. <i>Verification: Early Education Specialist verifies all enrolled children are assigned to a classroom.</i>
PROFESSIONAL DEVELOPMENT PLAN	10/31/2017	<b>The Agency site director and classroom teaching team will develop or update a Professional Development Plan with his/her DEEL Coach.</b> <i>Verification: Copy of Professional Development Plan submitted and approved by DEEL Coach and Early Education Specialist.</i>
DEVELOPMENT SCREENING	10/31/2017 (or within 90 calendar days from the child's first service date)	<b>The Agency will complete a developmental screening by using the following tools: ASQ-3 and ASQ-SE-2.</b> <i>Verification: Agency will update information in ASQ Online, calculated by DEEL Data staff, verified by Early Education Specialist.</i>
CHIPS HEALTH SCREENINGS	11/15/2017	<b>The Agency will enter all health screenings into CHIPS for each child enrolled for 30 days.</b> <i>Verification: DEEL data staff will verify the information. Early Education Specialist will approve.</i>
FALL PPVT	11/15/2017	<b>The Agency will work in partnership with a City-funded consultant to complete the Fall Peabody Picture Vocabulary Test 4<sup>th</sup> edition for all three- and four-year-old children.</b> <i>Verification: PPVT report will be submitted by City-funded consultant and verified by DEEL Data staff and Early Education Specialist.</i>
FALL TSG	11/15/2017	<b>The Agency will complete Fall TSG assessments portfolios for all children enrolled for at least 60 days prior to the Fall checkpoint deadline.</b> <i>Verification: Agency will complete info in TSG database, calculated by DEEL Data staff, verified by Early Education Specialist.</i>

<b>HEALTH SCREENING FOLLOW-UP</b>	1/31/2017	<b>The Agency will complete all requiring follow-up screenings and enter health screening data into CHIPS.</b>  <i>Verification: DEEL Data staff calculates and the Early Education Specialist approves.</i>
<b>CLASSROOM QUALITY IMPROVEMENT PLAN</b>	01/31/2018	<b>The Agency will work in partnership with a DEEL coach to develop or update the teachers' progress on the Classroom Quality Improvement Plans. The Agency will provide the Early Education Specialist with the completed QIP.</b>  <i>Verification: Copy of QIP submitted and approved by DEEL Coach and Early Education Specialist.</i>
<b>DATA MEETING (FIRST)</b>	02/15/2018	<b>The Agency will participate in the first data meeting.</b>  <i>Verification: Meeting attendance will be verified by Early Education Specialist.</i>
<b>WINTER TSG</b>	02/15/2018	<b>The Agency will complete winter TSG assessment portfolios for all children enrolled for at least 60 days prior to the winter checkpoint deadline.</b>  <i>Verification: Agency will complete info in TSG database, calculated by DEEL Data staff, verified by Early Education Specialist.</i>
<b>DATA MEETING (SECOND)</b>	04/15/2018	<b>The Agency will participate in the 2<sup>nd</sup> Data meeting.</b>  <i>Verification: Meeting attendance will be verified by Early Education Specialist.</i>
<b>SPRING PPVT</b>	04/15/2018	<b>The Agency will work in partnership with a City-funded consultant to complete the Spring Peabody Picture Vocabulary Test 4<sup>th</sup> edition for all three- and four-year-old children.</b>  <i>Verification: PPVT report will be submitted by City consultant and verified by DEEL Data staff and Early Education Specialist.</i>
<b>SPRING TSG</b>	06/15/2018	<b>Teachers will complete the Spring TSG assessment portfolios for all children enrolled for at least 60 days prior to the Spring checkpoint deadline.</b>  <i>Verification: Agency will complete info in TSG database, calculated by DEEL Data staff, verified by Early Education Specialist.</i>
<b>CLASSROOM QUALITY IMPROVEMENT PLAN</b>	05/31/2018	<b>The Agency will work in partnership with a DEEL Coach to complete or update the teachers' progress on the Classroom Quality Improvement Plans. The Agency will provide Early Education Specialist with the completed QIP.</b>  <i>Verification: Copy of QIP submitted and approved by DEEL Coach and Early Education Specialist.</i>
<b>DATA MEETING (THIRD)</b>	7/15/18 Or during the fall partnership	<b>The Agency will participate in the 3<sup>rd</sup> Data meeting.</b>  <i>Verification: Meeting attendance will be verified by Early Education Specialist.</i>

Performance Area	Completion Date	Performance Targets (Pay Point)
<b>ENROLLMENT</b>	10/31/2017	<b># of children enrolled by the agency by October 31, 2017.</b>  <i>Verification: Agency will update information in CHIPS, calculated by DEEL Data team, verified by Early Education Specialist.</i>

<b>KINDERGARTEN (KG) TRANSITION ACTION PLAN</b>	10/31/2017	<b>Submit a Kindergarten Transition Action Plan.</b>  <i>Verification: Copy of Transition Plan submitted and approved by Early Education Specialist.</i>
<b>HEALTH SCREENINGS</b>	11/30/2017	<b>% of children with complete health screenings within 90 days of child's start date.</b>  <i>Verification: Agency will update information in CHIPS, calculated by DEEL Data staff, and approved by Early Education Specialist.</i>
<b>PPVT STANDARD SCORE</b>	5/31/2018	<b>% of all three- and four-year old children assessed in the fall whose primary language at home is English will meet the Standard Score of 85 or above on the Peabody Picture Vocabulary Test, fourth edition, (PPVT-4) on the spring assessment.</b>  <i>Verification: PPVT report will be submitted from City consultant, calculated by DEEL Data staff, verified by Early Education Specialist.</i>
<b>PPVT GSV</b>	5/31/2018	<b>% of all three- and four-year old children assessed in the fall and spring will make 8 point gains in GSV on the PPVT-4.</b> <i>Verification: PPVT report will be submitted from City consultant, calculated by DEEL Data staff, verified by Early Education Specialist.</i>
<b>TSG</b>	5/31/2018	<b>% of three- and four-year-old children who completed a fall and/or winter Teaching Strategies Gold (TSG) assessment will meet or exceed age-level expectations in all domains on the spring assessments.</b>  <i>Verification: Agency will complete info in TSG database, calculated by DEEL Data staff, verified by Early Education Specialist.</i>
<b>KG TRANSITION OUTCOMES</b>	6/30/2018	<b>Submit a Kindergarten Transition Action Plan showing outcomes achieved.</b>  <i>Verification: Copy of Transition Plan submitted and approved by Early Education Specialist.</i>
<b>ATTENDANCE</b>	6/30/2018	<b>% of students enrolled for ten or more days will attend 85% of eligible days.</b>  <i>Verification: Agency will update information in CHIPS, calculated by DEEL Data staff, verified by Early Education Specialist.</i>