

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: Jennifer Steiger

Date Prepared: May 15, 2015

Point of Contact: Mary Gomez

Phone Number: 520-432-9404

Department: Health

PRIMARY GRANT

Primary Grantor: AZ Early Childhood Development & Health Board (First Things First)

CFDA: www.CFDA.gov

Grant Title: Child Care Health Consultation

Grant Term From: Jul 1, 2015

To: Jun 30, 2016

Total Award Amount: 78,064

New Grant: Yes No

Grant No.: GRA-STATE-16-0785-01

Amendment No.:

Funding No.: TBD

If new, Finance will assign a funding number.

Strategic Plan: Health & Wellbeing

District: CW

Mandated by Law? Yes No

Number of Positions Funded: 6

Asset(s) Acquired:

Briefly describe the purpose of the grant.

The intent of this evidence based strategy is to provide Child Care Health Consultation services for child care centers and homes in the Cochise Region.

If this is a mandated service, cite the source. If not mandated, cite indications of local customer support for this service.

PRIMARY FUNDING SOURCE:

Funding Year: Federal Funds 332.100

State Funds 336.100

County Funds 391.000

Other Funds:

Total Funds:

Funding Year: Federal Funds 332.100

State Funds 336.100

County Funds 391.000

Other Funds:

Total Funds:

Funding Year: Federal Funds 332.100

State Funds 336.100

County Funds 391.000

Total Revenue:

Has this amount been budgeted? Yes No

Method of collecting funds: Lump Sum Quarterly Draw Reimbursement

Is reversion of unexpended funds required at the end of grant period? Yes No

(a) Total A-87 Cost Allocation: (b) Amount of overhead allowed by grant:

County Subsidy (a) - (b):

Does Grantor accept indirect costs as an allowable expenditure? Yes No

If yes, dollar amount or percentage allowed:

Second Grantor:

Grant Term From: To:

Secondary Award Amount:

Grant No.:

Amendment No.:

Funding Year: Federal Funds 332.100

State Funds 336.100

County Funds 391.000

Other Funds:

Funding Year: Federal Funds 332.100

State Funds 336.100

County Funds 391.000

Other Funds:

Total Revenue:

Has this amount been budgeted? Yes No

Method of collecting funds: Lump Sum Quarterly Draw Reimbursement

Is reversion of unexpended funds required at the end of grant period? Yes No

(a) Total A-87 Cost Allocation: (b) Amount of overhead allowed by grant:

County Subsidy (a) - (b):

Does Grantor accept indirect costs as an allowable expenditure? Yes No

If yes, dollar amount or percentage allowed:

Is County match required? Yes No

County Match Source:

County match dollar amount or percentage:

Signature: J.STEIGER

Board Approval: _____ Date _____

Please e-mail completed form to Finance ldevore@cochise.az.gov.

NOTE: Once approved by the Board of Supervisors, the department is responsible for sending a copy of the fully executed grant document to the Finance Department

Recommendation:

Approve the new Grant Agreement, GRA-STATE-16-0785-01, Child Care Health Consultation, between the Arizona Early Childhood Development and Health Board (First Things First) and Cochise Health & Social Services, in the amount of \$78,064.00, for the period of 7/1/15 – 6/30/16.

Background (Brief):

Cochise Health & Social Services will be partnering with First Things First in a new way, utilizing the Nursing Division, and adding one new position to provide program support. This new program is intended to further improve the health and well being of children who attend childcare facilities within Cochise County, with the help of CHS nursing staffs’ specialized guidance and consultations.

The intent of this evidence based strategy is to provide Child Care Health Consultation services for child care centers and homes in the Cochise Region. The CCHC will provide health and safety information to child care staff and directors, conduct trainings, and provide other direct or referral services related to health and safety to early childhood providers for children birth to five. Services will be provided using the 3-tiered service levels. These service levels range from telephonic support to on-site visits depending on the needs of the providers.

Early childhood professionals are entrusted to provide care for children, and they must keep children safe from injuries and infectious diseases, while providing care. Health and safety related issues directly impact the quality of early care and education programs. The health and safety standards for this program are higher than state licensing standards. The Child Care Health Consultation program is evidence based and has been shown to promote healthy and safe improvements in child care environments.

Child Care Health Consultants (CCHC) offer specialized training and technical assistance to child care staff and directors of centers and homes enrolled in the Quality First Program. The role of the CCHC is to promote the health and development of children, families, and to ensure a healthy and safe child care environment. Topics of technical assistance include: sanitation, hand-washing, playground safety, medication management, emergency preparedness, nutrition, and health and illness management.

Fiscal Impact & Funding Sources:

Salaries/EREs	\$	69,271
A-87 OH at 44.44%*	\$	30,784
Authorized OH	\$	-
Net County Subsidy	\$	30,784

* FY 15 A-87 rate of 44.44% used pending announcement of FY 16 rate.

Next Steps/Action Items/ Follow-up:

Your approval is respectfully requested.

Impact of Not Approving:

Not approving this amendment will prevent CHSS from improving the health and well being of children who attend childcare facilities within Cochise County through the CCHC model in partnership with First Things First.

Grant Agreement Summary

GRA Number: GRA-STATE-16-0785-01

Region/Funding Source: Statewide

Applicant Information:

Cochise Health and Social Services
Mary Gomez, MN
MGomez@cochise.az.gov
520-432-9400

Strategy: Child Care Health Consultation

Amount Available for Award: \$78,064.00

Target Service Units:

Number of center based providers to be served – 23

Number of home based providers to be served – 13

Brief Description:

The intent of this evidence based strategy is to provide Child Care Health Consultation services for child care centers and homes in the Cochise Region. The CCHC will provide health and safety information to child care staff and directors, conduct trainings, and provide other direct or referral services related to health and safety to early childhood providers for children birth to five. Services will be provided using the 3-tiered service levels.

Grant Term/Estimated Start Date:

The estimated grant term is July 1, 2015 through June 30, 2016, unless terminated, cancelled or extended.

Contact Information:

Charlene Surber
Quality First Fiscal Specialist
First Things First
Email: csurber@azfff.gov
Phone: (602) 771-5079

GRANT AGREEMENT

GRA-STATE-16-0785-01

Between The
Arizona Early Childhood Development and Health Board
(First Things First)
And
Cochise Health and Social Services

I. Purpose

The intent of this evidence based strategy is to provide Child Care Health Consultation services for child care centers and homes in the Cochise Region. The CCHC will provide health and safety information to child care staff and directors, conduct trainings, and provide other direct or referral services related to health and safety to early childhood providers for children birth to five. Services will be provided using the 3-tiered service levels.

II. Term, Renewal

The term of this Agreement is July 1, 2015 through June 30, 2016. The parties may renew this Agreement for up to two (2) additional twelve (12) month extensions (including lesser parts thereof).

III. Description of Services

Early childhood professionals are entrusted to provide care for children, and they must keep children safe from injuries and infectious diseases, while providing care. Health and safety related issues directly impact the quality of early care and education programs. The health and safety standards are based on the *Caring for Our Children* (3rd edition) standards that are higher than state licensing standards. The Child Care Health Consultation program is evidence based and has been shown to promote healthy and safe improvements in child care environments.

Child Care Health Consultants offer specialized training and technical assistance to child care staff and directors of centers and homes enrolled in the Quality First Program. In some regions, there are CCHC only centers that are not enrolled in the Quality First Program. The role of the CCHC is to promote the health and development of children, families, and to ensure a healthy and safe child care environment. Topics of technical assistance: sanitation, hand-washing, playground safety, medication management, emergency preparedness, and health and illness management.

The target population of the Child Care Health Consultation Program is centers and homes enrolled in the Quality First Program, and in some regions in centers or homes not enrolled in Quality First as determined by the regional council.

IV. GRANTEE'S Responsibilities

The Grantee shall:

A. Prior to entering into this Agreement, have completed and submitted to First Things First for review and approval the following forms and documents:

1. Agency/Organization Profile
2. Program Personnel Table/Program Organization Chart
3. Required Narrative Responses
4. Implementation Plan
5. Line-Item Budget and Budget Narrative
6. Funding Sources and Financial Controls

The completed forms and documents comprise part of this Agreement.

- B. Complete the Program(s) and Implementation Plan described in Section IV.A. In providing these services, the Grantee shall act in accordance with its Program Questions and Narrative Responses and the approved budget as well as the following First Things First documents: the Scope of Work (Exhibit A), Guidance Materials (Exhibit B), and the Data Security Guidelines and Requirements for Collaborators (Exhibit C).
- C. Coordinate and collaborate with all First Things First grant recipients, as collaboration is critical to developing a seamless service delivery system for children and families.
- D. Submit timely the reports described in Section VI.

V. Reimbursement/Payment

A. First Things First shall pay the Grantee on a cost-reimbursement basis for expenses approved in the budget, up to \$78,064.00, on the terms described in this Section.

B. Payment is conditioned upon receipt by First Things First of timely, accurate and complete (i) reimbursement documents, (ii) Program Narrative Reports and (iii) Data Submission Reports submitted via the First Things First Partner Grant Management System (PGMS). Payments shall be made only for those services performed or goods received.

C. The Grantee shall submit reimbursement requests at least quarterly, though not more frequently than monthly. **The Grantee shall submit a final reimbursement request marked "final" no more than forty-five (45) days after the Agreement end date.** Expenses eligible for reimbursement must be paid, accrued or obligated by the Grantee by the Agreement term end date. Final payment shall be contingent upon receipt of all fiscal, programmatic, and data reports required of the Grantee under this Agreement.

Requests for reimbursement received later than forty-five (45) days after the Agreement end date will not be paid.

- D. Funds provided to the Grantee under this Agreement shall only be used to fulfill the Grantee's responsibilities under this Agreement. Any questions regarding the appropriate use of the funds shall be resolved by mutual agreement between the parties.
- E. If the Grantee receives reimbursement for expenditures that are disallowed by an audit exception by First Things First, the state or the federal government, the Grantee shall promptly repay the funds to First Things First.

VI. Quarterly Program Narrative and Data Submission Reporting Requirements

- A. At a minimum, the Grantee shall submit quarterly one Program Narrative Report and three Data Submission Reports (one per month) by the 20th of the month following the quarter via PGMS. Failure to submit timely reports will result in suspension of reimbursement. The reports shall contain such information as deemed necessary by First Things First.
- B. Program Narrative and Data Submission Reports are due:

1 st Quarter (July 1 - September 30)	Due: October 20
2 nd Quarter (October 1 - December 31)	Due: January 20
3 rd Quarter (January 1 - March 31)	Due: April 20
4 th Quarter (April 1 - June 30)	Due: July 20
- C. If the Grantee provides services to more than one First Things First region (multi-regional strategies), the Grantee shall collect, store and report the data for the Data Submission Reports separately for each region served.

VII. General Terms

- A. FTF Grants Uniform Terms and Conditions. First Things First's Grants Uniform Terms and Conditions (revision date January 2015) are hereby incorporated by reference into this Agreement as if fully set forth herein. Copies of this document are available at <http://www.azftf.gov/WhatWeDo/Funding/Pages/Eligibility.aspx> (under Eligibility), by emailing grants@azftf.gov or by calling the First Things First Procurement Specialist, at 602-771-5114.
- B. Working on Sovereign Tribal Land. If the Grantee performs any work under this Agreement on sovereign land of an Indian tribe or nation, the Grantee shall comply with any requirements set forth by the tribal government in relation to essential functions of the grant operation, including data collection. It is a material requirement

of this Agreement that the Grantee follow all First Things First tribal policies and procedures including the Tribal Data Policy, complete all Institutional Review Board (IRB) requirements, obtain all appropriate parental consents and obtain appropriate tribal approvals as designated by tribal authorities.

- C. **Non-Discrimination.** The provisions of State Executive Order 2009-09 are incorporated herein by reference. These provisions mandate, in part, that contractors will not discriminate against any employee or applicant for employment because of race, age, color, religion, sex or national origin. The Grantee shall also comply with all other applicable state and federal statutes, regulations and executive orders concerning non-discrimination practices, including the Americans with Disabilities Act and Federal Executive Order No. 13279 – Equal Protection of the Laws for Faith-Based and Community Organizations.
- D. **Records.** Pursuant to A.R.S. § 8-1174, the Grantee shall retain and shall contractually require each subcontractor and subgrantee to retain all books, accounts, reports, files and other records (“records”) relating to the Agreement for a period of five years after the completion of the Agreement. All records shall be subject to inspection and audit by the State (including First Things First) and by an independent auditor at all reasonable times. Upon request, the Grantee shall produce any or all such records at First Things First’s main office in Phoenix, Arizona.

Notwithstanding the foregoing paragraph, pursuant to 2 C.F.R. § 200.333, if the grant includes federal pass-through funds, then the Grantee shall retain and shall contractually require each subcontractor and subgrantee to retain all records pertaining to the federal pass-through funds for a period of three years from the date of submission of the final expenditure report and until any litigation, claims or audit findings involving the records have been resolved and final action taken. All such records shall be accessible and subject to audit in accordance with 2 C.F.R. § 200.336. This paragraph does not apply to a grantee, subgrantee or subcontractor that is a federal agency.

- E. **Non-Availability of Funds.** Every payment obligation of First Things First under this Agreement is conditioned upon the availability of funds appropriated or allocated for the payment of such obligation. If funds are not allocated and available for the continuance of this Agreement, this Agreement may be terminated by First Things First at the end of the period for which funds are available. No liability shall accrue to First Things First in the event this provision is exercised, and First Things First shall not be obligated or liable for any future payments or for any damages as a result of termination under this paragraph.
- F. **Relationship of Parties.** The Grantee under this Agreement is an independent contractor. Neither party to this Agreement shall be deemed to be the employee or agent of the other party.

VIII. Agreement Administration and Operations

- A. Advertising, Publishing and Promotion of Agreement.** The Grantee shall not use, advertise or promote information for commercial benefit concerning this grant without the prior written approval of First Things First.
- B. Acknowledgment of FTF Funding.** The Grantee shall recognize First Things First as a funding source of programs and services funded in whole or part under this Agreement in all publicly distributed print or electronic materials related to those programs and services. The Grantee shall make this recognition in a manner described in First Things First's most current protocol and style guide. First Things First will post any updates to the protocol and style guide under the Grantee Resources section of PGMS. The Grantee shall also recognize First Things First as a funding source of programs and services funded in whole or part under this Agreement in all formal oral presentations and media interviews related to those programs and services.

The Grantee shall submit to First Things First via PGMS all print and electronic materials related to the programs and services funded under this Agreement before publicly distributing those materials so that First Things First may first review and approve the Grantee's compliance with this subsection. In consultation with First Things First, the Grantee shall revise the materials to meet First Things First's protocol and style requirements before publicly distributing the materials. First Things First shall have full and complete rights to reproduce, duplicate, disclose, perform and otherwise use all materials prepared under this Agreement.

- C. Public Awareness Efforts.** The Grantee shall consult with First Things First in the planning of public awareness/marketing strategies, such as websites, advertising or media campaigns, related to the programs or services funded under this Agreement.
- D. Property of the State.** Any materials and data required to be collected, delivered or created under this Agreement, including but not limited to reports, computer programs and other deliverables, are the sole property of the State (First Things First). The Grantee is not entitled to a patent or copyright on those materials and may not transfer the patent or copyright to anyone else. The Grantee shall not use or release these materials without the prior written consent of First Things First.
- E. Ownership of Intellectual Property.** Any and all intellectual property, including but not limited to copyright, invention, trademark, trade name, service mark, and/or trade secrets created or conceived pursuant to or as a result of this Agreement and any related subcontract or subgrant ("Intellectual Property"), shall be work made for hire and First Things First shall be considered the creator of such Intellectual Property. First Things First shall own (for and on behalf of the State) the entire right, title and interest to the Intellectual Property throughout the world. The Grantee shall notify First Things First, within thirty (30) days, of the creation of any Intellectual Property by it or its subcontractor(s) and subgrantee(s). The Grantee, on behalf of itself and any

subcontractor(s) and subgrantee(s), agrees to execute any and all document(s) necessary to assure ownership of the Intellectual Property vests in the State and shall take no affirmative actions that might have the effect of vesting all or part of the Intellectual Property in any entity other than the State. The Intellectual Property shall not be disclosed by Grantee or its subcontractor(s) and subgrantee(s) to any entity not the State without the express written authorization of First Things First.

IX. Indemnification

- A. **Not State Agency.** This paragraph applies if the Grantee is not a department, agency, board, commission or university of the State. Each party (as "Indemnitor") agrees to indemnify, defend and hold harmless the other party (as "Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, costs or expenses (including reasonable attorneys' fees) ("Claims") arising out of bodily injury of any person (including death) or property damage but only to the extent that such Claims which result in vicarious/derivative liability to the Indemnitee are caused by the act, omission, negligence, misconduct or other fault of the Indemnitor or any of its officers, officials, agents, employees or volunteers.
- B. **Patent and Copyright.** The Grantee shall indemnify and hold harmless the State against any liability, including costs and expenses, for infringement of any patent, trademark or copyright arising out of grant performance or use by the State of materials furnished or work performed under this Agreement. The State shall reasonably notify the Grantee of any claim for which it may be liable under this paragraph. This paragraph does not apply if the Grantee is insured pursuant to A.R.S. § 41-621.
- C. **Subcontractors.** The Grantee shall contractually require its subcontractors and subgrantees, if any, to defend, indemnify and hold harmless the State of Arizona and its departments, agencies, boards, commissions, universities, officers, officials, agents and employees ("State") from and against any and all Claims (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of the subcontractor or subgrantee or any of its owners, officers, directors, agents, employees or volunteers. This indemnity shall include any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of the subcontractor or subgrantee to conform to any federal, state or local law, statute, ordinance, rule, regulation, or court decree. It is the specific intention of the parties that the State shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the State, be indemnified by the subcontractor or subgrantee from and against any and all Claims. It is agreed that the subcontractor or subgrantee will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable.

X. Insurance.

The Grantee shall provide a Certificate of Self-Insurance. The Certification shall be sent directly to First Things First, Fiscal Specialist, 4000 N. Central, Suite 800, Phoenix, Arizona 85012. If the Grantee is a department, agency, board, commission or university of the State of Arizona, then the Certificate of Self-Insurance requirement does not apply.

In addition, the Grantee shall contractually require its subcontractors to procure and maintain until all of its obligations have been discharged or satisfied, including any warranty periods under this Agreement, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work by the subcontractor and its owners, officers, directors, agents, employees, or volunteers. The insurance policies shall be in accordance with recommendations of the Risk Management Division of the Arizona Department of Administration and consultation with First Things First.

XI. Termination Upon 30 Days Notice

In addition to the termination provisions incorporated by reference, either party may terminate the Agreement for any or no reason by giving at least thirty (30) days written notice of termination to the other party. If the Grantee requests termination under this provision, the Grantee shall cooperate with reasonable requests from First Things First to decrease services and costs related to the Agreement.

XII. Notices

The Grantee shall address all notices related to this Agreement to:

First Things First
Finance Division
4000 N. Central Avenue, Suite 800
Phoenix, AZ 85012

First Things First shall address all notices related to this Agreement to:

Mary Gomez, MN
Cochise Health and Social Services
1415 Melody Lane, Bldg. A
Bisbee, AZ 85603

XIII. Authority to Execute this Agreement

Each individual executing this Agreement represents and warrants that he or she is duly authorized to do so.

XIV. In Witness Whereof

The parties hereto agree to carry out the provisions of this Agreement.

**FOR AND BEHALF OF
Cochise Health and Social Services**

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



Mary Gomez, MN
Director

Josh Allen
CFO/COO

4/29/15
Date

Date

FOR AND BEHALF OF Cochise County Board of Supervisors

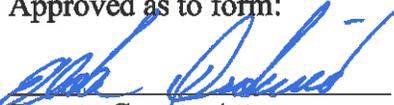
SIGNATURE _____
Patrick Call, Chairman
Cochise County Board of Supervisors

DATE _____

Attest:

Approved as to form:

Arlthe G. Rios, Clerk of the Board



Deputy County Attorney

Date: _____

Date: _____

Grant Agreement Attachments and Exhibits

Attachment A	Agency/Organization Profile
Attachment B	Program Personnel Table/Program Organization Chart
Attachment C	Required Narrative Responses
Attachment D	Implementation Plan
Attachment E	Line Item Budget and Budget Narrative
Attachment F	Funding Sources and Financial Controls
Exhibit A	Overview of First Things First and Scope of Work
Exhibit B	Guidance Materials
Exhibit C	Data Security Guidelines and Requirements for Collaborators

Proposed Program Information/Description:

Amount requested: \$78,064.00 _____

Service area of proposed program: Cochise County _____

Target population of proposed program: Child Care Centers and Homes enrolled in Quality First Program

Number of center based providers to be served: 23 _____

Number of home based providers to be served: 13 _____

Please provide a brief description (250 words or less) of the proposed program, including service area and target population. This description may be used by First Things First for public information regarding the grant.

Cochise Health and Social Services (CHSS) will provide consultation services for licensed child care centers and homes enrolled in the Quality First Initiative as directed by First Things First, throughout the Cochise County region. Following the guidelines provided by the First Things First program, CHSS will hire at least one Child Care Health Consultant to fulfill the deliverables of this grant. Our goal will be to have at least one RN in each of our five service centers trained as a certified Child Care Health Consultant within six months of the beginning of this grant period. CHSS understands the impact of health and safety related issues on the quality of early care and education programs. CHSS services will be based on the *Caring for Our Children* (3rd edition) standards that are higher than state licensing standards. The CHSS Child Care Health Consultants will apply the principles the evidence based program taught in their certification program to promote healthy and safe improvements in child care environments in our service area.

CHSS Child Care Health Consultants (CCHC) shall offer specialized training and technical assistance to child care staff and directors of centers and homes enrolled in the Quality First Program in the Cochise region as directed by FTF Regional Council. CHSS shall promote the adoption of the Quality First Program for child care centers and homes in Cochise County who do not currently have that designation. The role of the CCHC is to promote the health and development of children, families, and to ensure a healthy and safe child care environment. Topics of technical assistance shall include: sanitation, hand-washing, playground safety, medication management, emergency preparedness, and health and illness management. CHSS CCHCs will have access to the professionals in other CHSS Divisions, such as Environmental Health, and from the Arizona Department of Health Services to provide resources and information as needed at each Child Care Center and Home enrolled in the Quality First Program.

C. Contact Information:

The First Things First Partner Grant Management System (PGMS) has four contact slots per contract. The same person may be assigned to more than one slot.

Main Contact: is responsible for the overall program and will have access to all financial, programmatic, and data reports in PGMS.

Finance Contact: is responsible for the submission of reimbursement requests through PGMS and will have access to budget and reimbursement information in PGMS.

Program Contact: is responsible for program implementation and will have access to the program and data reports in PGMS.

Evaluation Contact: is responsible for the program evaluation and data collection activities and will have access to only the data reports in PGMS.

PGMS Contacts		
Main Contact	Name: Mary Gomez	Email: mgomez@cochise.az.gov
	Title/Position: CHSS Director	Phone: 520-432-9404
	Physical Address (if different than the agency address):	
Finance Contact	Name: Ray Falkenberg	Email: rfalkenberg@cochise.az.gov
	Title/Position: Administrative Services Manager	Phone: 520-432-9414
	Physical Address (if different than the agency address):	
Program Contact	Name: Beth Hill	Email: bhill@cochise.az.gov
	Title/Position: CHSS Nursing Director	Phone: 520-432-9468
	Physical Address (if different than the agency address):	
Evaluation Contact	Name: Beth Hill	Email: bhill@cochise.az.gov
	Title/Position: CHSS Nursing Director	Phone: 520-432-9468
	Physical Address (if different than the agency address):	

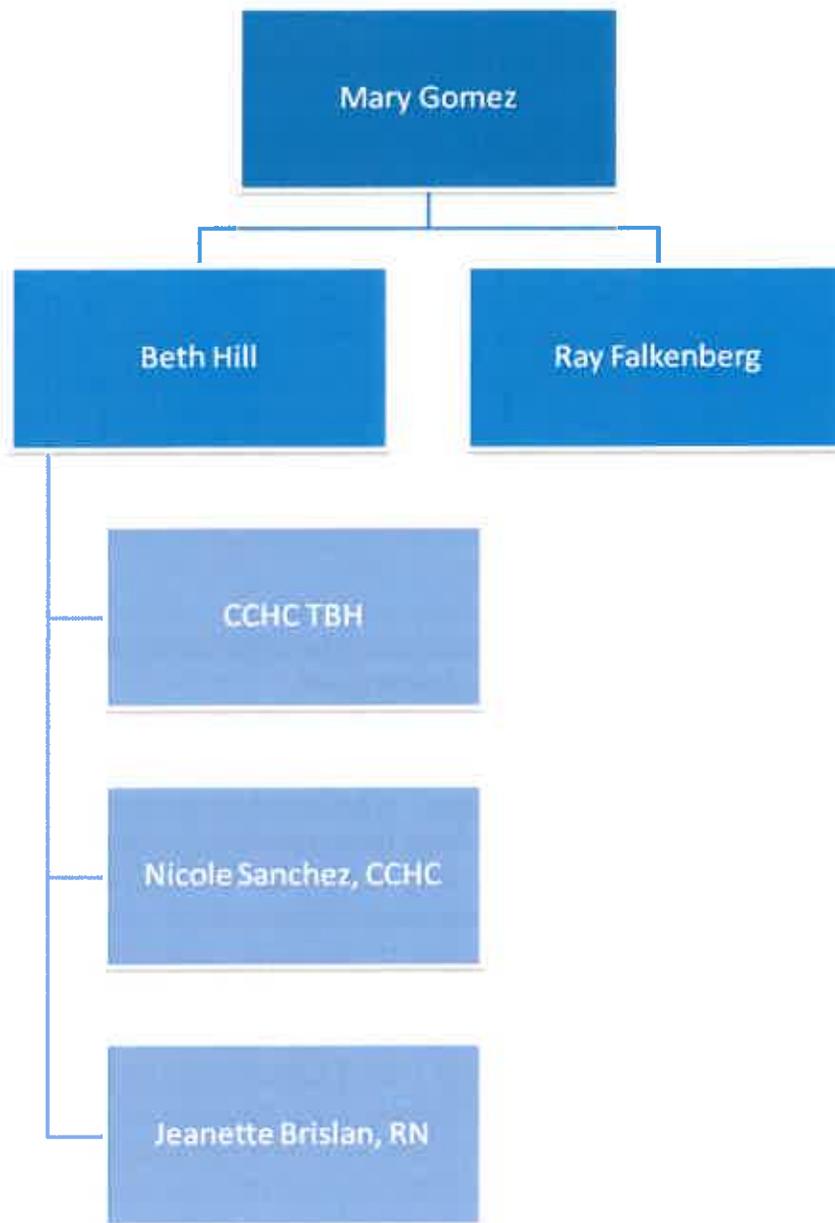
Program Personnel Table

In the following table, provide a list of all personnel or positions that will be fully or partially funded through the proposed program. For Key Personnel, include the name and position title; pertinent background and/or expertise that specifically relates to the program, including degrees, field of study, number of years in the field, and other qualifications that align with the Standards of Practice requirements; and their roles and responsibilities. If the position is to be hired (TBH), then describe the desired background/expertise/degrees and field of study. For all personnel, provide the Full Time Equivalent (FTE) for each position. *Example:*

Key Personnel - those individuals directly responsible for program implementation/services and are fully or partially funded through the proposed program.			
Name/ Position Title	Background/Expertise*	Key Roles and Responsibilities	FTEs funded through the program
<i>Beth Hill/ Director of Nursing</i>	<i>20+ yrs of nursing and management experience, Master's in Nursing and Healthcare Administration</i>	<i>Provide supervision and performance evaluation for all CCHCs, coordinate CCHC training efforts</i>	<i>.05</i>
<i>TBH/ CCHC</i>	<i>TBH</i>	<i>Consultation services for Child Care Centers and Homes, Bisbee area, guidance/support for newer CCHCs</i>	<i>.9</i>
<i>Nicole Sanchez/ Home Visitor</i>	<i>Current CCHC certification, 5 yrs experience as RN, previously worked in this program as CCHC</i>	<i>Consultation services for Child Care Centers and Homes, Sierra Vista area, guidance/support for newer CCHCs</i>	<i>.05</i>
<i>Jeanette Brislan/ Home Visitor</i>	<i>To receive CCHC training, 35+ years RN experience including public health, bilingual. Newly hired at CHSS.</i>	<i>Consultation services for Child Care Centers and Homes, Willcox area</i>	<i>.05</i>
Additional Personnel - those individuals fully or partially funded through the proposed program but not directly implementing or managing the program.			
<i>Mary Gomez, RN, MN/CHSS Director</i>			<i>0.00</i>
<i>Ray Falkenberg/Accounting Manager</i>			<i>.05</i>
Program Total:			1.10

* Resumes and/or job descriptions for **key personnel** may be requested at any time but unless otherwise indicated, they do not need to be submitted. If awarded and the program undergoes changes in staff, a Staff Change Notification form along with an updated version of this table will need to be submitted to First Things First within 14 days of the proposed change.

CCHC Program Organizational Chart



Required Narrative Responses

Provide a narrative response that addresses the following items.

- a) How would you develop and implement the CCHC program?

CHSS currently employs one RN who is already certified as a CCHC and has worked in this program in the past. Our plan would be to employ one additional full-time CCHC who with our current CCHC, Nicole Sanchez, could immediately begin consulting, training, and providing technical assistance to child care facilities during this ramp up phase. Over the next several months, we would send at least one other RN working in CHSS sites throughout the County through the CCHC program in Tucson so that at least three RNs would be qualified to perform the duties under this agreement. This plan would minimize travel expenses and provide local access to a CCHC for providers throughout the County.

- b) Provide a description of how Quality First centers and homes will be provided CCHC services based on the three-tiered service levels.

All services will be provided by CCHCs, initially with newly hired full-time CCHC and one RN on staff who is currently a certified CCHC, Nicole Sanchez. We have reviewed the list of Cochise County Quality First Sites and have the capacity to manage those enrolled providers at their current Tier with the capability to move between assigned tiers as needed. Tier 1 (telephone) services will be provided by the full-time CCHC who will be based in the Bisbee office. All records will be maintained on network files and available to other CCHCs as they are trained. Tier 2 (on site visits) will be provided initially by full-time CCHC and current CCHC on staff 1-4 times/year as needed. As other CHSS RNs complete the CCHC training program, Tier 2 sites will be assigned to the closest CHSS service center to minimize travel expenses. Tier 3 (comprehensive CCHC services) will be provided initially by the newly hired CCHC and current CCHC during ramp up phase, but eventually transitioned to RN in closest service center. In addition, CCHCs will have immediate access to other CHSS professional staff members for consultation, i.e., Environmental Health inspectors for food safety issues, Registered Dietitians for menu and nutrition support, Infectious Disease Surveillance staff in the event of any type of communicable disease outbreak, etc. CHSS is in a unique position to provide this added value immediately available to CCHCs as needed.

- c) How will you collaborate with the Quality First Coaches and other early childhood professionals in delivering CCHC services?

CCHCs will begin by identifying current Quality First Coaches and providers in collaboration with FTF. Once this group is identified, CCHC will make site visits and be available by phone and email to provide assistance as required and/or requested. CCHCs will coordinate with FTF staff regarding frequency of visits and to confirm tier level assignment.

- d) Identify capacity or infrastructure building, which will be needed, including agreements and partnerships with other departments and agencies, additional resources, and training and technical assistance to provide the proposed service.

As stated previously, CHSS plans to hire one additional CCHC and currently has one CCHC on staff. Over next several months, other CHSS RNs will be sent to CCHC training program and be qualified to perform services under this agreement. Current CHSS space in our five service centers in Bisbee, Douglas, Sierra Vista, Benson and Willcox will be utilized as well as existing equipment (copiers, computers, etc.). CCHCs will have access to all other CHSS staff for technical assistance and advice, especially our Registered Dietitians in our WIC program. CHSS already has strong partnerships with community service organizations, schools, and medical providers throughout the County which will assist in implementation of this program.

- e) Identify barriers to providing the service or program proposed and plans for addressing these barriers. If the CCHC is on leave in your program, how would you provide continued coverage without disruption of service for an extended period?

As previously stated, over the next several months, we will have at least three RNs trained as CCHCs and able to provide services as needed. The only barrier would be the availability of this training in Tucson if that is an issue. All CCHCs would meet periodically to discuss best practices and any on-going issues with particular child care facilities. Records would be maintained in network files so that all CCHCs would have access in the event of an unexpected absence of one CCHC in a particular service area.

- f) Describe plans to recruit and locate personnel within the geographical region of the provided service that meet the staff qualification standard detailed in the Standards of Practice, and are linguistically appropriate and culturally responsive for the population to be served. If there is anticipated difficulty in hiring qualified personnel, include a plan and timeline for supporting staff to meet the qualification standard.

As previously stated, we already have one CCHC on staff and have identified another CCHC in the County who will likely be interested in a position with CHSS if this agreement is approved. Staff throughout CHSS are bilingual (English/Spanish) and we also have telephone access to a translation service should the need arise for a language other than Spanish. More than half of CHSS staff members were born and raised in this area and are well-versed and immersed in the culture of our communities. CHSS also requires annual CLAS training for all staff members.

- g) Describe steps that will be taken to promote collaboration with other government departments and partners working with the agency.

CHSS is an active participant in the home visitors' collaboration currently meeting in the County. CHSS recently conducted a Community Health Assessment (CHA) and developed a Community Health Improvement Plan (CHIP) to focus on the needs identified in the CHA. The CHIP committee has been meeting regularly for nearly two years and reports to the Cochise Board of Health. The

CHIP committee is a diverse group of community leaders working in several sectors (private and public) throughout the County. At the recommendation of the CHIP committee, we are also actively developing local Health and Wellness Advisory groups in several communities throughout the County. These groups discuss issues of concern in each community and spearhead activities to address those issues. Members of the local advisory groups include civic leaders, healthcare providers, educators, community activists, and other interested parties. Collaboration has long been a priority for CHSS and we have strong community partnerships throughout the County.

- h) Describe the plan and resources necessary to meet FTF basic reporting requirements and maintain data securely and confidentially.

CHSS computer network is supported by the county's IT department and meets all HIPAA data security requirements for storage and transmission. CHSS staff is accustomed to dealing with Protected Health Information on a daily basis and attend HIPAA training at least annually. All CHSS staff sign HIPAA agreements at the time of hire and are educated in the importance of maintaining the confidentiality of records. All network files are protected by IT and only specific individuals are given access to those files. All CCHCs would be issued laptops and cell phones to communicate remotely as needed through the County's secure VPN should the need arise. CHSS and Cochise County have in place data security policies that identify how the organization ensures that data is protected in all its forms, during all phases of its life cycle, from inappropriate access, use, modification, disclosure, or destruction.

Attachment D – Implementation Plan

The Implementation Plan should illustrate the critical activities in developing, initiating, and implementing the program. The following table should be expanded as necessary to include the activities that demonstrate effective program planning and implementation.

**Implementation Plan
July 1, 2015 – June 30, 2016**

Activities	Task	Person Responsible	Date Task Will Be Completed	Support Documentation
Provide timely health consultation services by CCHCs to regulated child care centers and homes throughout Cochise County who are enrolled in the Quality First program. Communicate effectively with child care centers and homes.	Work with FTF and Quality First Coaches to identify Quality First providers in this service area.	CCHC	7/31/15 and on-going	List of providers in CHSS network files as provided by FTF.
	Contact all providers by telephone to make initial introductions.	CCHC	7/31/15 and on-going	Documentation of telephone contact in network files set up for each provider. Include in quarterly report to FTF.
	Determine any needs of providers and confirm current Tier status. Be prepared to move providers between Tiers as needed.	CCHC	8/31/15 and on-going	Initial and mid-year needs assessments as needed documented in network files. Any training provided documented in network files by provider. Include in quarterly report to FTF.
	After initial contact, maintain relationships with regulated providers. Maintain waiting list if necessary for new providers.	CCHC	On-going.	Documentation of contacts maintained in network file for each provider. Include in quarterly report to FTF.

<p>Enter data from CCHC visits into the FTF database system quarterly by the 20th day.</p>	<p>Review data entered into CHSS network files and enter as needed/required into FTF database system.</p>	<p>CCHC</p>	<p>Quarterly beginning 7/1/15 on 20th day of month and ongoing.</p>	<p>Quarterly reports.</p>
<p>Communicate with grantee and community partners. Coordinate services with QF coaches and other specialized TA providers. Work together with QF coaches and other specialized TA providers across early childhood settings to support positive transitions for children.</p>	<p>Attend quarterly meetings with FTF and program staff and more frequently as requested in person or by WebEx. Maintain regular (at least monthly) phone contact with QF coaches and other TA providers. Understand CCHC role and other early childhood professional roles, and make referrals when necessary.</p>	<p>CCHC</p>	<p>On-going.</p>	<p>Maintain records of meeting attendance in network files along with meeting agendas.</p>
<p>Program staff to be properly supervised and supported.</p>	<p>Provide day to day supervision of CCHC and program staff. Provided needed space, vehicles (or mileage) and equipment for staff to perform duties under this agreement. Ensure that CCHCs maintain current professional certification and continuing education/training.</p>	<p>Beth Hill Mary Gomez</p>	<p>On-going.</p>	<p>Timely performance evaluations completed on all employees. Strong participation in planning and implementation efforts, technical support for program staff as needed. Coordinate efforts with other CHSS divisions as needed.</p>

Attachment E – Line-Item Budget and Budget Narrative

The budget narrative should provide a clear and concise explanation of the methods used to determine the amounts for each line item in the following line-item budget.

Budget period: July 1, 2015 – June 30, 2016

Budget Category	Line Item Description	Requested Funds	Total Cost
PERSONNEL SERVICES		Personnel Services Sub Total	\$52,415
Salaries	Hill – 0.05 FTE CCHC (TBH) – 0.9 FTE Sanchez – 0.05 FTE Brislan – 0.05 FTE Falkenberg – 0.05 FTE	3,088 43,200 2,293 2,511 1,323	
EMPLOYEE RELATED EXPENSES		Employee Related Expenses Sub Total	\$16,856
Fringe Benefits or Other ERE	FICA: 0.0765% salary; ASRS: 0.1154% salary; Worker's Comp: 0.0028% salary; and Health Insurance: \$6,216/employee		
PROFESSIONAL AND OUTSIDE SERVICES		Professional & Outside Services Sub Total	\$0
Contracted Services			
TRAVEL		Travel Sub Total	\$4,000
In-State Travel		4,000	
AID TO ORGANIZATIONS OR INDIVIDUALS		Aid to Organizations or Individuals Sub Total	\$0
Subgrants or Subcontracts to organizations/agencies/entities			
OTHER OPERATING EXPENSES		Other Operating Expenses Sub Total	\$2,233
• Telephones/Communications Services		400	
• Internet Access		100	
• General Office Supplies		600	
• Postage		200	
• Printing/Copying		300	
• Program Materials		333	
• Program Supplies		300	
NON-CAPITAL EQUIPMENT		Non-Capital Sub Total	\$0
Equipment \$4,999 or less in value			
Subtotal Direct Program Costs:			\$
ADMINISTRATIVE/INDIRECT COSTS		Total Admin/Indirect	\$2,560
Indirect/Admin Costs	4.8%		
Total		\$	\$78,064

Authorized Signature  Date 4/29/15

Budget Narrative

The purpose of the budget narrative is to provide more clarity and detail on the budget line items. The budget narrative should explain the criteria used to calculate the amounts entered in the line-item budget. The budget narrative should include all budgeted items and correspond directly with the proposed line-item budget.

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

All program staff listed in Attachment B above with number of hours worked. Attached spreadsheet shows current salaries. No anticipated increases this year or next.

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

See attached spreadsheet. FICA: 0.0765% salary; ASRS: 0.1154% salary; Worker's Comp: 0.0028% salary; and Health Insurance: \$6,216/employee

Professional and Outside Services: *If professional consultants/services costs are proposed in the budget, define how the costs for these services were determined and the justification for the services related to the program. Explain how all contracts will be procured. **None anticipated.***

Travel: *Separate travel that is in-state and out-of-state. Include a detailed breakdown of hotel, transportation, meal costs, etc. Indicate the location(s) of travel, the justification for travel, how many employees will attend and how the estimates have been determined. Explain the relationship of each cost item to the program (e.g., if training or training expenses are requested, explain the topic of the training and its relationship to the program). Applicants **must** use the State of Arizona Travel Policy on rates limitations for mileage, lodging, and meals (<https://gao.az.gov/travel/travel-information>) for both in-state and out-of-state travel.*

All travel will be in-state only from service centers to survey sites or for training. Not anticipating any registration costs for training. Budgeting mileage at \$0.58/mile (County rate) for just less than 7,000 miles.

Aid to Organizations or Individuals: *In the event that this application represents collaboration and you will be utilizing subcontractors (including subgrantees) to perform various components of the program, include a list of subcontractors, programmatic work each subcontractor will perform, and how costs for each subcontractor are determined. **None anticipated.***

Other Operating Expenses: *Explain each item to be purchased, how the costs were determined and justify the need for the items. All purchases should be made through competitive bid or using established purchasing procedures. All items should be categorized in the following categories: Telephones /*

First Things First is designed to meet the diverse needs of children and families in Arizona communities. The statewide First Things First Board and Regional Partnership Councils in local communities across the state share the responsibility of ensuring that early childhood funds are spent on strategies that will result in improved development, health and education outcomes for young children.

Local Regional Partnership Councils are comprised of community volunteers, with each member representing a specific segment of the community that has a role in ensuring that Arizona's children grow up to be ready for school and set for life: parents, leaders of faith communities, tribal representatives, educators, health professionals, business leaders and philanthropists.

First Things First Strategic Direction

First Things First's commitment to young children means more than only funding programs and services. It means having a shared vision about what being prepared for kindergarten actually means. First Things First specifies that programs and services funded by the First Things First Board and Regional Partnership Councils are to address one or more of the following Goal Areas to impact children birth to age five and their families:

- Improve the quality of early childhood development and health programs
- Increase the access to quality early childhood development and health programs
- Increase access to preventive health care and health screenings
- Offer parent and family support and education concerning early childhood development and literacy
- Provide professional development and training for early childhood development and health providers
- Increase coordination of early childhood development and health programs and provide public information about the importance of early childhood development and health

The First Things First Board established a strategic framework with a set of school readiness indicators that provide a comprehensive composite measure to show if Arizona is making progress in providing opportunity for young children to be ready for school and set for life. The strategies funded by First Things First work collectively to develop a comprehensive system across the state and regionally to address the school readiness indicators. The First Things First Board and Regional Partnership Councils determine the priorities and strategies to be funded across the state and throughout the regions assessing the challenges and building on the resources and assets in place.

School Readiness Indicators

- #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive and motor and physical.
- #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars.

- #/% of children with special needs enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars.
- #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars.
- % of children with newly identified developmental delays during the kindergarten year.
- #/% of children entering kindergarten exiting preschool special education to regular education.
- #/% of children ages 2-4 at a healthy weight (Body Mass Index-BMI).
- #/% of children receiving at least six well child visits within the first 15 months of life.
- #/% of children age 5 with untreated tooth decay.
- % of families who report they are competent and confident about their ability to support their child's safety, health and wellbeing.

Scope of Work

Statement of Need

Early care and education providers are entrusted with young children for hours every day. While providing early education services, they must also keep children safe and protected from injuries and potentially serious infectious diseases. Child care staff also work with parents to promote good social, emotional and physical health for children—all generally without benefit of medical expertise. According to the American Academy of Pediatrics, “following health and safety best practices is an important way to provide quality early care and education for young children”. Unfortunately, in many circumstances center staff may have to call multiple resources to answer health related questions, if they can find assistance at all.

Research has shown that many health and safety related issues such as immunization compliance, adherence to medication administration protocols, diapering and hand washing and development of emergency plans directly impact the quality of early care and education programs. *Caring For Our Children*, the national health and safety performance standards developed by the National Resource Center for Health and Safety in Childcare in partnership with other leading children's health organizations states (Standard 1.6.0.1) that an early care and education facility “should identify and engage/partner with a child care health consultant (CCHC) who is a licensed health professional with education and experience in child and community health and child care and preferably specialized training in child care health consultation”.

Child Care Health Consultation has been shown to promote healthy and safe environments for children in child care and encourage early care and education settings (centers and family child care homes) to implement the highest standards of health and safety on behalf of the children in their care. CCHC has been shown to be an essential element in achieving high quality early care and education programs and in maintaining the quality gains made over time.

For Administrative Home Task and Responsibilities:

The Administrative Home for this strategy is First Things First. FTF has the responsibility for oversight and management of the CCHC grantees. The FTF Administrative Home does not provide direct service(s) but it is responsible for the following:

- **Fiscal and contract oversight.**
Overall fiscal and contract management. This includes but is not limited to adherence to the Standard of Practice, personnel qualifications and monitoring invoices, budget modifications and staff change forms.
- **Coordination of data reporting using the database developed by FTF.**
This includes coordinating database use, and responding to database questions.
- **The Administrative Home will coordinate training and professional development opportunities with Technical Assistance grantees-Maricopa and Pima County Health Departments to ensure quality implementation of professional development. This includes the following:**
 - **Build upon and leverage the existing professional development infrastructure and system.**
 - **Co-determine frequency, methods and sequence of training and professional development opportunities.**
 - **Establish a coordinated plan for training and professional development with TA grantees. For example, development and implementation of a Community of Practice i.e. a forum for communication and sharing of best practices, such as in which grantees and other providers meet to regularly enhance skills in service provision.**
 - **Service Integration: support coordination and collaboration across all community programs, service providers and community stakeholders (not specific to sub-grantee or FTF grantees).**
 - **Coordinate and collaborate with grantees implementing the Child Care Health Consultation strategy. The Administrative Home will regularly convene sub-grantees and other providers in the region to develop a seamless and coordinated system of service delivery.**

Description of Strategy

Child Care Health Consultants are specially trained health professionals who provide consultation and support to child care providers on a variety of health and safety issues that might be encountered in out of home child care settings. In Arizona, the service is primarily delivered in Quality First (QF) participating programs although there some regions that have the service available to all providers regardless of participation in QF.

The program has three service levels available to participants based on FY16 Standards of Practice.

- Tier one: This tier is for programs that do not wish to receive more intensive CCHC services or are on a waitlist for services. The CCHC will call the tier one centers and determine if they do not want CCHC services at the time or if they are placed on the waiting list.
- Tier two: This level is for providers who are encountering a specific, acute health and safety related issue that requires expert intervention by a health professional. This is not a long term service but rather a short term option to address a particular problem that has arisen. Some examples of this include, but are not limited to, a newly enrolled child with a chronic disease issue (diabetes, asthma) that staff is not adequately trained to address, or a communicable disease outbreak that needs containment.
- Tier three: This level is an intensive service delivery level. Programs participating in this level will receive a health and safety assessment and follow up services that are specific to their individualized needs. They will follow a care pathway to address the most common health and safety needs encountered in child care programs. This level of services requires approximately 12-18 month commitment. Additional information regarding the services that might be delivered at this level is available in the CCHC Handbook and the attached FTF CCHC Model Document.

Participating programs can and will be expected to move between these service levels as appropriate based upon multiple factors that might include self-selection, a coaching referral, or an external referral (such as might be made by a local health department) however, they may only participate in one level at a time.

CCHC expectations:

- It is expected for CCHCs to provide timely services and communicate effectively with child care centers and homes.
- It is expected that after a newly enrolled Quality First center or home by Quality First staff, that the CCHC contractor will call the center/home to introduce the program. They will determine the tier level and if they are tier 1, they will determine if no services are needed or if they will be placed on a waiting list. This information will be reported in the quarterly narrative report.
- CCHC agreement with region may be terminated during the year if services are not effectively provided to centers and homes.
- #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, motor, and physical.
- #/% of children ages 2-4 at a healthy weight (Body Mass Index-BMI).
- #/% of children receiving at least six well child visits within the first 15 months of life.
- #/% of children age 5 with untreated tooth decay.
- % of families who report they are competent and confident about their ability to support their child's safety, health and wellbeing.

Applicable Goal Areas

Partners implementing this strategy will work collectively with First Things First to address the goal areas below:

- Improve the quality of early childhood development and health programs
- Increase the access to quality early childhood development and health programs
- Increase access to preventive health care and health screenings
- Offer parent and family support and education concerning early childhood development and literacy
- Provide professional development and training for early childhood development and health providers
- Increase coordination of early childhood development and health programs and provide public information about the importance of early childhood development and health

Target Population and Geographic Area to Serve

Cochise Regional Partnership Council provides services throughout Cochise County. It also includes all of ZIP code 85602, which crosses into Pima County.

Target Service Units

The target population the Cochise Regional Council wants to reach through Child Care Health Consultation is only available to participating and enrolled Quality First centers and homes.

Target Service Units: 36 Total

23 center based providers

13 home based providers

Exhibit B – Guidance Materials

Guidance Materials

All Standards of Practice and Target Service Unit (TSU) Guidance Documents can be accessed through the FTF Strategy Toolkit, located at <http://www.azftf.gov/pages/strategytoolkit.aspx>.

Links to the documents specific to this Grant Agreement are located below. There may be other documents that appear on the links but the documents required for this Grant Agreement are indicated below. For difficulty in accessing any of the documents, email the name of the document and the Grant Agreement number to grants@azftf.gov for assistance.

Standards of Practice Documents Required for this Grant Agreement

Child Care Health Consultation Standards of Practice:

<http://www.azftf.gov/pages/WebMain.aspx?PageId=9E8669C97C0C408B9F3567C855744398&StrategyId=84>

Suspected Child Maltreatment - Mandated Reporting Policy:

<http://www.azftf.gov/pages/WebMain.aspx?PageId=9E8669C97C0C408B9F3567C855744398&StrategyId=84>

Target Service Unit (TSU) Guidance Document

Child Care Health Consultation TSU Guidance Document:

<http://www.azftf.gov/pages/WebMain.aspx?PageId=9E8669C97C0C408B9F3567C855744398&StrategyId=84>

First Things First - Arizona Early Childhood Development and Health Board Data Security Guidelines and Requirements for Collaborators

BACKGROUND:

The purpose of the Arizona Early Childhood Development and Health Board (First Things First - FTF) is to aid in the creation of a system that offers opportunities and support for families and communities in the development of all children, so they can grow up healthy and ready to succeed. Our work is accountable and transparent to decision-makers and the citizens of Arizona. Collaboration and direct funding of grantees to undertake work on behalf of the children and families of Arizona is fundamental to the purpose and mission of FTF. Regular submission of data related to funded work is an important part of ensuring accountability and maximum positive impact for young children, as well as a material condition of receiving FTF grant funding.

Data Security Guidelines for Data Submission to FTF

First Things First will ensure that resources allocated have maximum impact for the benefit of children and families. To ensure this accountability, FTF has established data reporting requirements for all state and regional grantees. All funded providers shall regularly submit programmatic and financial reports as identified in the FTF reporting requirements.

FTF data submissions are classified in one of three levels:

- **Public data**
- **Limited distribution data**
- **Confidential data**

The majority of FTF reporting submissions are completed through the FTF Partner Grant Management System (PGMS). Subsequent to the award of a grant, the grantee will receive general training on login and navigation within the PGMS system. With this login, the grantee will be able to manage their contract information. An additional training on strategy-specific data submission requirements will also be conducted. During that training, the grantee will be informed on submission of data reporting requirements through PGMS. All data submitted through PGMS is **public data** or **limited distribution data**. Because PGMS is located in a secure extranet environment, grantees using PGMS for data submission are not required to undertake additional security measures related to their data submission above those identified in the general and data submission orientations (password and login security, guidelines for upload of narrative and other reports).

A small group of grantees submit data requirements, with an agreement between the grantee and FTF, through an established secure web service or FTP (File Transfer Protocol) site via the internet, rather than a PGMS web-based entry form. Such data is likely to contain limited distribution data and shall adhere to the following protocols. Grantees that submit data through the secure web service must submit data within the established data structures and format; follow all login procedures; submit a formal data change request form if needed; and ensure that limited distribution data may not be intercepted or viewed at any time by parties other than the grantee and FTF. Additionally, Grantees must ensure that throughout the reporting and submission process the data is secured and that any confidential data is de-identified and/or encrypted.

Any grantee submitting data identified as confidential must file a formal data security policy with FTF.

Data Security Guidelines for Grantee Maintenance of Data

In order to submit data to FTF in fulfillment of reporting requirements, grantees shall keep all data collected for their program(s) within their system (database) or hardcopies. Grantee data is likely to contain highly sensitive information on individuals, their education and their health. These guidelines and requirements are for the maintenance of those data.

All grantees must have a data security policy in force that identifies how the organization ensures that data is protected in all its forms, during all phases of its life cycle, from inappropriate access, use, modification, disclosure, or destruction.

All grantees subject to HIPAA, FERPA, tribal law, or other data regulation are required to submit and maintain those approvals for all data.

Data Permission Guidelines for Grantee Data

All grantees must be prepared for FTF review of client-level data (e.g. child-level, teacher-level, or early care and education provider-level) during on-site visits. Additionally, FTF data reporting requirements may include submission of client-level data (e.g. child-level, teacher-level, or early care and education provider-level). The grantee agrees to allow FTF to access such data. Should the data be subject to HIPAA, the grantee agrees to enter into FTF's HIPAA Business Associate Agreement.

To inform clients of FTF's reporting requirements, all grantees must include in their client enrollment forms the statement: "To comply with reporting requirements of the funding source, I grant permission to [insert grantee organizational name] to release background, service, and impact related information to the Arizona Early Childhood Development and Health Board, also known as First Things First." The grantee warrants to FTF that prior to entering into the grant agreement for FTF funding, it has appropriately enquired and satisfied itself that it has the ability and authority comply with the requirements of this section.

Grantees Serving Clients on Tribal Lands

First Things First recognizes Arizona tribes as sovereign nations that have the right to regulate research and data collection on their tribal lands. To this end, First Things First is committed to obtaining all appropriate tribal approvals for data collection, analysis and reporting. Accordingly, grantees shall only collect, use and share data from tribal land in accordance with a data collection agreement between a tribe and First Things First or the grantee.

Compliance with Data Security Guidelines

The grantee acknowledges that failure to comply with any requirement of these Data Security Guidelines shall be a material breach of the grant agreement.

First Things First's own Data Security Policy & Procedures and Tribal Data Policy may be viewed on the FTF website, www.azftf.gov, under Funding/Eligibility & How to Apply or <http://www.azftf.gov/WhatWeDo/Funding/Pages/Eligibility.aspx>

Revised December 2014