

Participant Site Name: _____ Participant ID #: _____

Coaching Agency: _____ Coordinator Name: _____

☐ **I accept enrollment in Quality First.** By accepting enrollment in Quality First by signing below, the early child care provider (Participant) agrees to follow all Quality First and Quality First Scholarships policies and procedures and carry out all of Participant's Quality First and Quality First Scholarships responsibilities, as applicable, found in the most current Participant Guide, and all other Quality First and Quality First Scholarships guides, manuals, policies or agreements. Participant acknowledges that Quality First and Quality First Scholarships guides, manuals and policies may be updated from time to time, and Participant agrees to follow those updates unless Participant withdraws from the Quality First and/or Quality First Scholarships program. **Quality First Scholarships are not a guaranteed component of Quality First Enrollment.** If the Participant receives Quality First Scholarships, the Participant will need to sign an agreement with the Scholarships administrative home as well.

Participants may be required to submit documentation of participation in the E-verify program and/or provide a Statement of Lawful Presence & Eligibility to Receive Public Benefits and supporting documentation in accordance with state and federal law to access certain state public benefits, such as the Quality First funds.

Participant further acknowledges that if it is not in good standing with its regulatory agency for over 60 days or if it is not in good standing more than once within a 12-month period, its participation in Quality First may be terminated pending further determinations by First Things First. Participant understands that its enrollment in Quality First may determine its eligibility for other First Things First programs and that discontinuing enrollment in Quality First may make Participant's program ineligible for other funding opportunities or services provided through First Things First.

Level of Support:

Star rating and level of support are assigned upon completion of the initial rating. **One of the following will be assigned:**

- **Pursuing Quality** - Includes ongoing on-site coaching (48-72 hours annually), coordination, child care health consultation (15 hours quarterly or 5 hours monthly), quality improvement funding, assessment and star rating.
(For programs with a 1-star or 2-star rating)
- **Achieving Quality** - Includes ongoing on-site coaching (30 hours annually), coordination, child care health consultation (9 hours quarterly or 3 hours monthly), quality improvement funding, assessment and star rating.
(For programs with a 3-star rating)
- **Continuing Quality** - Includes coaching (on request), coordination, child care health consultation (3 hours quarterly or one hour monthly), staff recognition funding*, assessment and star rating.
(For programs with a 4-star or 5-star rating, Head Start programs and eligible 3-star programs that are approved to opt-in to this level.)
**Type of funding is based on participant's actual star rating. For example, Head Start programs with a 1-star, 2-star, or 3-star rating and eligible 3-star programs that are approved to opt-in to Continuing Quality have access to quality improvement funding.*

Fund Source:

- ☐ FTF Regional Partnership Council Funding
- ☐ Other Fund Source*: _____

Fund period begins: _____

Fund period ends: _____

*Participation funded through an external fund source is provided for the duration of the funding period. At the end of the funding period, the external funder may choose to extend the funding period or cease funding. Early childhood programs who have participated in Quality First through an external source are eligible to participate through regional funding after their external funding period is complete. Interested programs must reapply for Quality First and will be placed on a waitlist until openings are available. The application is available online at QualityFirstAZ.com.

☐ **I decline enrollment in Quality First.** The participant is unable or unwilling to fulfill the required responsibilities of an enrolled participant. The participant understands that declining enrollment in Quality First may make its program ineligible for other financial funding or services provided through First Things First in its regional area. The participant further understands that should it be interested in future enrollment, it is able to submit a new Quality First application for future selection consideration.

By signing below, I certify that I am authorized to sign this document on behalf of my organization.

Authorized Name

Authorized Signature

Date