

Participant Site Name and Address:

Participant ID #:

I, _____, understand the commitment of a Quality First participant identified below. I understand that additional details about Quality First participation are included in the Participant Guide

PLEASE READ AND INITIAL EACH ACKNOWLEDGMENT BELOW

As a Quality First participant:

- ___ I understand that my program's compliance with all regulatory requirements (ADHS, DES, tribal or military authority, as applicable) are required for my participation in Quality First. I will notify the Quality First coordinator or coach of any enforcement actions or change in regulatory status.
- ___ I understand that my level of service and supports (Pursuing Quality, Achieving Quality, or Continuing Quality) will typically be based on my star rating. As a participant I will commit to engage in the quality improvement process, including:
 - ☐ Providing access to Quality First assessors to observe classrooms/home to complete the assessment process;
 - ☐ Maintaining up-to-date information about my program in the extranet and Registry;
 - ☐ Participating in the Quality First orientation and onboarding with my Quality First coordinator as applicable and requesting their assistance with the Extranet and help in finding resources for my program;
 - ☐ Engaging with the Quality First coach during site visits to set goals and put plans in place to achieve goals that will improve the quality of the program environment and interactions with young children and families;
 - ☐ Engaging with the child care health consultant (CCH Consultant), by participating in the required consultation hours, completing the Health and Safety Assessment and creating and working on a Health and Safety Action Plan.
- ___ I will communicate my program's quality improvement goals to all staff and volunteers. This will help make sustainable quality improvements and support their professional growth.
- ___ I will maintain professionalism and respectful communication in my interactions with families, colleagues, staff, and technical assistance providers.
- ___ I will notify the Quality First coach, CCH consultant or QF coordinator at least 24 hours in advance in the event that I am not available to meet per our agreed upon schedule.
- ___ I understand that the staff and volunteers responsible for the care or treatment of children at my program are mandated reporters by law (as described in Arizona Revised Statutes section 13-3620). This means that if they reasonably believe that a child has suffered abuse or neglect, then they are required to immediately report or cause a report to be made regarding the belief to the appropriate authorities (e.g., Department of Child Safety, local police).
- ___ I understand that if a QF coach, CCH consultant, QF coordinator, QF assessor, early childhood mental health consultant, and/or inclusion coach witnesses any serious health or safety violations or reasonably believes that

abuse, neglect or child endangerment has occurred, then they may be required to report that information. First Things First policy requires coaches and consultants to complete a critical incident report which may result in notification to law enforcement, ADHS Bureau of Child Care Licensing, DES Division of Child Care, or Department of Child Safety.

Participant Name	Participant Signature	Date
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