*\*\*This is a resource that partnerships can choose to use to organize data on the early care and education, family strengthening, and health programs in the county, gathered for Section 1B of the Vision 2020 Toolkit. It is not required that partnerships complete these templates.*

**SECTION 1B: RESOURCES AVAILABLE TO SERVE CHILDREN 0-5 AND FAMILIES**

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| **EARLY CARE AND EDUCATION: 3K/4K PRESCHOOL PROGRAMS**  **Instructions: Populate this chart with data for preschool programs in your county.** | | | | | | | | | | |
| **Name of Preschool Program\*** | **Type (Public School, Head Start, Private CDEPP, faith-based, or other)** | **Number Currently Served 4K** | **Number Currently Served 3K** | **Number on Waiting List** | **# Program Days Per Year** | **Wrap-around and/or Summer Care Y/N, Cost for Participant?** | **Kindergarten Transition Program Y/N** | **Eligibility Criteria** | **Other Comments** |
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| **TOTAL** | |  |  |  |  | | | | |
| \*Aggregate programs by school district, Head Start provider, etc. as needed. It is not necessary for larger counties to list each individual location | | | | | | | | | | |

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| **PUBLIC EARLY CARE AND EDUCATION: 0-3**  **Instructions: Populate this chart with capacity data for Early Head Start and other public 0-3 programs.** | | | | | | | | | |
| **Name of Program\*** | **Type (Public School, Head Start, Early Head Start, or other)** | **Pregnant Women Served** | **Infants Served (0-12 mos.)** | **Toddlers Served**  **(12-36 mos.)** | **Number on Waiting List** | **# Program Days Per Year** | **Wrap-around Care Y/N** | **Eligibility Criteria** | **Other Comments** |
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| **TOTAL** | |  |  |  |  |  | | | |
| \*Aggregate programs by school district, Early Head Start provider, etc. as needed. It is not necessary for larger counties to list each individual location. | | | | | | | | | |

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| **Child Care Access by Type of Care & QRIS Participation**  **Instructions: Use data from** [**www.ABCquality.org**](http://www.ABCquality.org) **to list the number of each type of care available in your county and the number that fall into each ABC Quality Level.** | | | | | | | |
| **Type of Center** | **# Providers in County** | **ABC Quality Level** | | | | | **Does not participate in QRIS** |
| **A+** | **A** | **B+** | **B** | **C** |
| **Child Care Centers:** |  |  |  |  |  |  |  |  |
| **Group Child Care Homes:** |  |  |  |  |  |  |  |  |
| **Licensed Family Child Care Home:** |  |  |  |  |  |  |  |  |
| **Registered Family Child Care Home:** |  |  |  |  |  |  |  |  |
| **TOTAL:** |  |  |  |  |  |  |  |

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| |  | | --- | | **Number of Children Age 0-5 who Received Child Care Vouchers by Quality Level & Type of Care** | | **Instructions: Use data from SCDSS on the Number of Vouchers by Care Type located on the SCFS website at** [**FY 17 Needs and Resource Assessment**](http://scfirststeps.com/fy-17-needs-and-resources-assessment/) **under “Data”.** | | | | | | | | | |
|  | **# of Licensed Facilities** | | | | | **Registered Facilities\*** | **FFN Informal\*\*** | **TOTAL** |
| **A+** | **A** | **B+** | **B** | **C** |
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| *\*Primarily child care centers; small percentage are Group Child Care Homes and Exempt Facilities.* |
| *\*\* Includes in-home, out-of-home, related and non-related caregivers.* |

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| **COUNTY CHILD CARE STAFF CREDENTIALS\***  **Instructions: Use data from CCCCD to complete this chart, on the SCFS website at** [**FY 17 Needs and Resource Assessment**](http://scfirststeps.com/fy-17-needs-and-resources-assessment/) **under “Data”.** | | | | | | | | |
| **Number of Current T.E.A.C.H. Scholarships** | **2011** | | **2012** | | **2013** | **2014** | **2015** | **TOTAL** |
| Credentials (ECD101) |  |  | |  | |  |  |  |
| Associate’s |  |  | |  | |  |  |  |
| Bachelor’s |  |  | |  | |  |  |  |
| COUNTY TOTAL |  |  | |  | |  |  |  |

*\*Data provided by CCCCD based on the recipient’s county of residence at the time of the award. Data does not directly correlate to qualifications child care staff currently working within your county.*

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| **COUNTY CHILD CARE TRAINING OPPORTUNITIES**  **Instructions: Briefly describe recent training initiatives in your county, based on CCCCD’s annual training report on the SCFS website at** [**FY 17 Needs and Resource Assessment**](http://scfirststeps.com/fy-17-needs-and-resources-assessment/) **under “Data”.** |
| |  |  | | --- | --- | | **# Courses/Workshops Offered:** |  | | **# of Registered Training Hours:** |  | | **# of Certified Training Hours:** |  | | **# of Child Care Staff Trained:** |  |   **Are there training needs that are not currently being provided, particularly in the priority areas of infant/toddler care and caregiver-child interactions?** |

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| **FAMILY STRENGTHENING PROGRAMS SERVING CHILDREN 0 – 5**  **Instructions: Populate this chart with an inventory of quality family strengthening services for children 0-5 in your county.** | | | | | | | | | | | |
|  | **PROGRAM CAPACITY** | | | | | **PROGRAM QUALITY** | | **SERVICE RESTRICTIONS** | | |  |
| **Name of Provider Organization**  **(i.e., school district, Head Start, First Steps, etc.)** | **Program Funding Sources (First Steps, federal, school district, etc.)** | **Program Capacity (How many families can the program serve?)** | **Number Currently Served** | **Number on Waiting List** | **Age Range of Children Served** | **Program Model (PAT, PCH, NFP, Healthy Families, Early Steps, or specify other) and Service Intensity (visits or meetings per month)** | **Indicators of Program Quality** | **Geographic Restrictions? (ex., only in XYZ school district)** | **Other Eligibility Criteria** | **Funding Stability (funding expiration, or budget reduction)** | **Other Comments** |
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| **TOTAL** | |  |  |  |  | | | | | | |

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| **HEALTH PROGRAMS SERVING CHILDREN PRE-BIRTH – 5**  **Instructions: Compile an inventory of quality health services for children 0-5 in your county.** | | | | | | | | | | | | |
|  |  | **PROGRAM CAPACITY** | | | | **PROGRAM QUALITY** | | | **SERVICE RESTRICTIONS** | | |  |
| **Name of Provider Organization** | **Program Funding Sources (First Steps, federal, etc.)** | **Program Capacity (How many children can the program serve?)** | **Number Currently Served** | **Number on Waiting List** | **Age Range of Children Served** | **Services Provided**  **(developmental screenings, oral health, mental health, etc.)** | **Service Intensity**  **(weekly, monthly, etc.)** | **Indicators of Program Quality** | **Geographic Restrictions?** | **Other Eligibility Criteria** | **Funding Stability (funding expiration, or budget reduction)** | **Other Comments** |
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| **TOTAL** | |  |  | **0** |  | | | | | | | |