

Incentive Guidelines for Head Start 2024-2025

<u>Program Element</u>	<u>Participation</u>	<u>Incentive</u>
All Participants	<ul style="list-style-type: none"> • Create Annual Quality Improvement Plan (QIP) • Create 3 QIP goals approved by Q4K 	<ul style="list-style-type: none"> • \$250 stipend for completion of the 3 approved goals
“Let’s Get Moving Amador” 2024-25 Campaign	<ul style="list-style-type: none"> • Create intentional moments in your day for children to move their bodies. And at the end fill out the Log with the top 3 favorite movement activities and 3 new movement activities you implemented that month. The logs must be received no later than the 15th of the following month. 	<ul style="list-style-type: none"> • \$50 stipend per month will be paid quarterly. • Bonus Incentive: comment on each month’s post for a chance to win a movement incentive.
Professional Development (Early Head Start and Home Visitors only)	<ul style="list-style-type: none"> • Complete 25 hours of Professional Development by attending workshops, training, etc. that align with your goals. 	<p>\$400 per participant one-time (per fiscal Year) stipend upon completion of 25 hours per family childcare provider and participating assistant.</p>
Referrals	<ul style="list-style-type: none"> • Refer another Family, Friend or neighbor provider for participation in Quality for Kids 	<ul style="list-style-type: none"> • \$50 stipend for successful FFN participant referral • \$50 stipend when the referred FNN provider to attends a workshop or training
Dental Care Routine	<ul style="list-style-type: none"> • When a provider implements tooth brushing routine into their program’s daily routine 	<p>Each Site that adopts the new Tooth brushing routine into their program will receive a Tooth Brushing kit.</p>

Site of Employment: _____

Name: _____ Date: _____

Check the items below for your sites goals this year. Please leave completion dates blank. If you have any additional goals please write them below.

<u>Program Element</u>	<u>Participation</u>	<u>Office use only</u>
<p>All Participating:</p>	<p><input type="checkbox"/> Quality Improvement Plan</p> <p><input type="checkbox"/> 3 QIP Goals</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>Completion Date: _____</p> <p>Completion Date: _____</p>
<p>Ages and Stages Questionnaires (ASQ-3 and ASQ-SE2)</p>	<p><input type="checkbox"/> Attend ASQ3/ASQ-SE2 training</p> <p><input type="checkbox"/> Distribute ASQ's to families, track, provide appropriate referrals and follow-up.</p> <p><input type="checkbox"/> Complete ASQ's for the children in your care (<u>FFN only</u>)</p>	<p>Completion Date: _____</p> <p>Completion Date: _____</p> <p>Completion Date: _____</p>
<p>"Let's Get Moving Amador" 2024-25 Campaign</p>	<p><input type="checkbox"/> Complete monthly movement logs.</p>	<p>Completion Date(s):</p> <p>1st quarter: _____</p> <p>2nd quarter: _____</p> <p>3rd quarter: _____</p> <p>4th quarter: _____</p>
<p>Professional Development</p>	<p><input type="checkbox"/> Complete 25 hours of Professional Development. Proof of completion for all 25 hrs. with completed Professional Development tracking form submitted.</p>	<p>Completion Date: _____</p>

Program Element	Participation	Office Use Only
Continuing Education	<input type="checkbox"/> Completion of Education Plan prior to classes. <input type="checkbox"/> Complete up to 12 ECE units to qualify for Child Development Permit. <input type="checkbox"/> Working toward A.A. or B.A. in Child Development or similar programs, including general education college units. ***Participants must receive a grade C or better.***	Completion Date: _____ Completion Date: _____ Completion Date: _____
Infant Care	<input type="checkbox"/> Caring for or training with the intent to care for infants. (<u>FFN only</u>)	Completion Date: _____
Health and Safety	<input type="checkbox"/> Complete pre-approved Health and Safety Course. (<u>FFN only</u>) <input type="checkbox"/> Implement the Brush in a Box Program and education into daily routine. (<u>FFN only</u>)	Completion Date(s): 1st quarter: _____ 2nd quarter: _____ 3rd quarter: _____ 4th quarter: _____
Imagination Library	<input type="checkbox"/> Participate in the Imagination Library for the children in your care. (<u>FFN only</u>)	Completion Date: _____
Referrals	<input type="checkbox"/> Refer another Family, Friend and Neighbor provider to participate in Quality for Kids program. Successful referral of _____ Successful referral of _____	Completion Date: _____ Completion Date: _____