

# Incentive Guidelines for State Preschool 2024-2025

<b><u>Program Element</u></b>	<b><u>Participation</u></b>	<b><u>Incentive</u></b>
<b>All Participants</b>	<ul style="list-style-type: none"> <li>• Create Annual Quality Improvement Plan (QIP)</li> <li>• Create 3 QIP goals approved by Q4K</li> </ul>	<ul style="list-style-type: none"> <li>• \$250 stipend for completion of the 3 approved goals</li> </ul>
<b>“Let’s Get Moving Amador” 2024-25 Campaign</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• \$50 stipend per month will be paid quarterly.</li> <li>• Bonus Incentive: comment on each month’s Facebook post for a chance to win a movement incentive.</li> </ul>
<b>Dental Care Routine</b>	<ul style="list-style-type: none"> <li>• Implement the Brush in a Box Program and education into daily routine.</li> </ul>	<p>Each site will receive a Brush in a Box Toolkit, ongoing support, supplies, education and more.</p>
<b>Referrals</b>	<ul style="list-style-type: none"> <li>• Refer another Family, Friend or neighbor provider for participation in Quality for Kids</li> </ul>	<ul style="list-style-type: none"> <li>• \$50 stipend for successful FFN participant referral</li> <li>• \$50 stipend when the referred FNN provider to attends a workshop or training</li> </ul>

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.

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

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. <b>***Participants must receive a grade C or better.***</b>	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: _____