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Program Approach Form <sup>G</sup>	rantee Number			* Delegate Number	r	* Agency Name		
I. Enrollment by Program Option								
This section should be filled out and submitted for each grantee and delegate agency.								
Funded child enrollment by program option:	2. Num	2. Number of pregnant women enrolled in EHS						
Center-based enrollment								
Home-based enrollment								
Combination option enrollment	Combination option enrollment							
Family child care enrollment								
Other option enrollment								
Total Child Enrollment								
II. Program Schedule								
This section should be filled out for each group of o	hildren served for di	ifferent hours of servic	ce each year.					
Complete #1-3 for all groups of children				•				
* 1. Program schedule number		1	:	2		3	4	5
* 2. Program option identification								
* 3. Funded enrollment								
Complete #4-9 for center-based, family child care, combination, and other options								
* 4a. Number of classes/groups/family child care se	ettings							
4b. Double session								
$^{\ast}$ 5. Number of hours of classes/groups/FCC settin per child, per day	gs							
* 6. Number of days of classes/groups/FCC setting child, per week	s per							
* 7. Number of days of classes/groups/FCC setting child, per year	s per							
* 8. Number of home visits per child, per year								
* 9. Number of hours per home visit								
Complete #10-13 for home-based options								
* 10. Number of home visits per child, per year								
* 11. Number of hours per home visit								
* 12. Number of hours per home-based socialization experience	n							
* 13. Number of home-based socialization experier per child, per year	nces							
Funded enrollment by program option must equal the total number of children supported through the budget contained on the SF 424A and the Line-Item Budget  NOTE: If more than 5 different schedules, use the next pages								

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Program Approach Form						
II. Program Schedule  This section should be filled out for each group of children.	an sarved for different hours of servi	ice each vear				
Complete #1-3 for all groups of children	err served for different flours of servi	ce each year.				
* 1. Program schedule number	6	7	8	9	10	
	0	,	0	9	10	
* 2. Program option identification						
* 3. Funded enrollment						
Complete #4-9 for center-based, family child care, comb	ination, and other options					
* 4a. Number of classes/groups/family child care settings						
4b. Double session						
* 5. Number of hours of classes/groups/FCC settings per child, per day						
* 6. Number of days of classes/groups/FCC settings per child, per week						
* 7. Number of days of classes/groups/FCC settings per child, per year						
* 8. Number of home visits per child, per year						
* 9. Number of hours per home visit						
Complete #10-13 for home-based options						
* 10. Number of home visits per child, per year						
* 11. Number of hours per home visit						
* 12. Number of hours per home-based socialization experience						
* 13. Number of home-based socialization experiences per child, per year						
NOTE: If more than 10 different schedules, use the next	pages					

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Program Approach Form						
II. Program Schedule						
This section should be filled out for each group of children	en served for different hours of servi	ce each year.				
* 1. Program schedule number	11	12	13	14	15	
* 2. Program option identification						
* 3. Funded enrollment						
Complete #4-9 for center-based, family child care, combi	ination, and other options		•			
* 4a. Number of classes/groups/family child care settings						
4b. Double session						
* 5. Number of hours of classes/groups/FCC settings per child, per day						
* 6. Number of days of classes/groups/FCC settings per child, per week						
* 7. Number of days of classes/groups/FCC settings per child, per year						
* 8. Number of home visits per child, per year						
* 9. Number of hours per home visit						
Complete #10-13 for home-based options	•	•	•			
* 10. Number of home visits per child, per year						
* 11. Number of hours per home visit						
* 12. Number of hours per home-based socialization experience						
* 13. Number of home-based socialization experiences per child, per year						
NOTE: If more than 15 different schedules, use the next	pages					

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Program Approach Form						
II. Program Schedule						
This section should be filled out for each group of childre	en served for different hours of servi	ce each year.				
* 1. Program schedule number	16	17	18	19	20	
* 2. Program option identification						
* 3. Funded enrollment						
Complete #4-9 for center-based, family child care, comb	pination, and other options			•		
* 4a. Number of classes/groups/family child care settings						
4b. Double session						
* 5. Number of hours of classes/groups/FCC settings per child, per day						
* 6. Number of days of classes/groups/FCC settings per child, per week						
* 7. Number of days of classes/groups/FCC settings per child, per year						
* 8. Number of home visits per child, per year						
* 9. Number of hours per home visit						
Complete #10-13 for home-based options						
* 10. Number of home visits per child, per year						
* 11. Number of hours per home visit						
* 12. Number of hours per home-based socialization experience						
* 13. Number of home-based socialization experiences per child, per year						