

Program Approach Form Grantee Number * Delegate Number 1 * Agency Name

I. Enrollment by Program Option

This section should be filled out and submitted for each grantee and delegate agency.

<p>1. Funded child enrollment by program option:</p> <p>Center-based enrollment <input style="width:100px;" type="text" value="0"/></p> <p>Home-based enrollment <input style="width:100px;" type="text" value="0"/></p> <p>Combination option enrollment <input style="width:100px;" type="text" value="0"/></p> <p>Family child care enrollment <input style="width:100px;" type="text" value="0"/></p> <p>Other option enrollment <input style="width:100px;" type="text" value="0"/></p> <p>Total Child Enrollment <input style="width:100px;" type="text" value="0"/></p>	<p>2. Number of pregnant women enrolled in EHS <input style="width:100px;" type="text" value="0"/></p>
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II. Program Schedule

This section should be filled out for each group of children served for different hours of service each year.

Complete #1-3 for all groups of children

* 1. Program schedule number	1	2	3	4	5
* 2. Program option identification	CB: Center-based <input style="width:100px;" type="text"/>				
* 3. Funded enrollment	<input style="width:100px;" type="text" value="0"/>				

Complete #4-9 for center-based, family child care, combination, and other options

* 4a. Number of classes/groups/family child care settings	<input style="width:100px;" type="text" value="0.00"/>				
4b. Double session	<input checked="" type="checkbox"/>				
* 5. Number of hours of classes/groups/FCC settings per child, per day	<input style="width:100px;" type="text" value="0.00"/>				
* 6. Number of days of classes/groups/FCC settings per child, per week	<input style="width:100px;" type="text" value="0.00"/>				
* 7. Number of days of classes/groups/FCC settings per child, per year	<input style="width:100px;" type="text" value="0.00"/>				
* 8. Number of home visits per child, per year	<input style="width:100px;" type="text" value="0.00"/>				
* 9. Number of hours per home visit	<input style="width:100px;" type="text" value="0.00"/>				

Complete #10-13 for home-based options

* 10. Number of home visits per child, per year	<input style="width:100px;" type="text" value="0.00"/>				
* 11. Number of hours per home visit	<input style="width:100px;" type="text" value="0.00"/>				
* 12. Number of hours per home-based socialization experience	<input style="width:100px;" type="text" value="0.00"/>				
* 13. Number of home-based socialization experiences per child, per year	<input style="width:100px;" type="text" value="0.00"/>				

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

Program Approach Form

II. Program Schedule

This section should be filled out for *each group of children served for different hours of service each year.*

Complete #1-3 for all groups of children

* 1. Program schedule number	6	7	8	9	10
* 2. Program option identification	CB: Center-based				
* 3. Funded enrollment	0	0	0	0	0

Complete #4-9 for center-based, family child care, combination, and other options

* 4a. Number of classes/groups/family child care settings	0.00	0.00	0.00	0.00	0.00
4b. Double session	<input checked="" type="checkbox"/>				
* 5. Number of hours of classes/groups/FCC settings per child, per day	0.00	0.00	0.00	0.00	0.00
* 6. Number of days of classes/groups/FCC settings per child, per week	0.00	0.00	0.00	0.00	0.00
* 7. Number of days of classes/groups/FCC settings per child, per year	0.00	0.00	0.00	0.00	0.00
* 8. Number of home visits per child, per year	0.00	0.00	0.00	0.00	0.00
* 9. Number of hours per home visit	0.00	0.00	0.00	0.00	0.00

Complete #10-13 for home-based options

* 10. Number of home visits per child, per year	0.00	0.00	0.00	0.00	0.00
* 11. Number of hours per home visit	0.00	0.00	0.00	0.00	0.00
* 12. Number of hours per home-based socialization experience	0.00	0.00	0.00	0.00	0.00
* 13. Number of home-based socialization experiences per child, per year	0.00	0.00	0.00	0.00	0.00

NOTE: If more than 10 different schedules, use the next pages

Program Approach Form

II. Program Schedule

This section should be filled out for *each group of children served for different hours of service each year.*

* 1. Program schedule number	11	12	13	14	15
* 2. Program option identification	CB: Center-based				
* 3. Funded enrollment	0	0	0	0	0

Complete #4-9 for center-based, family child care, combination, and other options

* 4a. Number of classes/groups/family child care settings	0.00	0.00	0.00	0.00	0.00
4b. Double session	<input checked="" type="checkbox"/>				
* 5. Number of hours of classes/groups/FCC settings per child, per day	0.00	0.00	0.00	0.00	0.00
* 6. Number of days of classes/groups/FCC settings per child, per week	0.00	0.00	0.00	0.00	0.00
* 7. Number of days of classes/groups/FCC settings per child, per year	0.00	0.00	0.00	0.00	0.00
* 8. Number of home visits per child, per year	0.00	0.00	0.00	0.00	0.00
* 9. Number of hours per home visit	0.00	0.00	0.00	0.00	0.00

Complete #10-13 for home-based options

* 10. Number of home visits per child, per year	0.00	0.00	0.00	0.00	0.00
* 11. Number of hours per home visit	0.00	0.00	0.00	0.00	0.00
* 12. Number of hours per home-based socialization experience	0.00	0.00	0.00	0.00	0.00
* 13. Number of home-based socialization experiences per child, per year	0.00	0.00	0.00	0.00	0.00

NOTE: If more than 15 different schedules, use the next pages

Program Approach Form

II. Program Schedule

This section should be filled out for *each group of children served for different hours of service each year.*

* 1. Program schedule number	16	17	18	19	20
* 2. Program option identification	CB: Center-based				
* 3. Funded enrollment	0	0	0	0	0

Complete #4-9 for center-based, family child care, combination, and other options

* 4a. Number of classes/groups/family child care settings	0.00	0.00	0.00	0.00	0.00
4b. Double session	<input checked="" type="checkbox"/>				
* 5. Number of hours of classes/groups/FCC settings per child, per day	0.00	0.00	0.00	0.00	0.00
* 6. Number of days of classes/groups/FCC settings per child, per week	0.00	0.00	0.00	0.00	0.00
* 7. Number of days of classes/groups/FCC settings per child, per year	0.00	0.00	0.00	0.00	0.00
* 8. Number of home visits per child, per year	0.00	0.00	0.00	0.00	0.00
* 9. Number of hours per home visit	0.00	0.00	0.00	0.00	0.00

Complete #10-13 for home-based options

* 10. Number of home visits per child, per year	0.00	0.00	0.00	0.00	0.00
* 11. Number of hours per home visit	0.00	0.00	0.00	0.00	0.00
* 12. Number of hours per home-based socialization experience	0.00	0.00	0.00	0.00	0.00
* 13. Number of home-based socialization experiences per child, per year	0.00	0.00	0.00	0.00	0.00