

# 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.

1. Funded child enrollment by program option:

Center-based enrollment

Home-based enrollment

Combination option enrollment

Family child care enrollment

Other option enrollment

Total Child Enrollment

2. Number of pregnant women enrolled in EHS

## 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 type="text"/>	CB: Center-based <input type="text"/>	CB: Center-based <input type="text"/>	CB: Center-based <input type="text"/>	CB: Center-based <input type="text"/>
* 3. Funded enrollment	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input 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 type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
4b. Double session	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
* 5. Number of hours of classes/groups/FCC settings per child, per day	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
* 6. Number of days of classes/groups/FCC settings per child, per week	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
* 7. Number of days of classes/groups/FCC settings per child, per year	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
* 8. Number of home visits per child, per year	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
* 9. Number of hours per home visit	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

Complete #10-13 for home-based options

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

Tracking Number:

## 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	CB: Center-based	CB: Center-based	CB: Center-based	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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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	CB: Center-based	CB: Center-based	CB: Center-based	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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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	CB: Center-based	CB: Center-based	CB: Center-based	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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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