

Program Approach Form

Grantee Number

* Delegate Number

* 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					
* 3. Funded enrollment					

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

* 4a. Number of classes/groups/family child care settings					
4b. Double session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 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				

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					
* 3. Funded enrollment					

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

* 4a. Number of classes/groups/family child care settings					
4b. Double session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 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

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					
* 3. Funded enrollment					

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

* 4a. Number of classes/groups/family child care settings					
4b. Double session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 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

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					
* 3. Funded enrollment					
Complete #4-9 for center-based, family child care, combination, and other options					
* 4a. Number of classes/groups/family child care settings					
4b. Double session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 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					