**Continuing Quality Opt-In Request SFY25**

Participants with a 3-star rating may request to opt-in to the Continuing Quality level of support if they have existing internal supports. Internal supports include but are not limited to health and safety support and coaching. Please submit this form to your QF coordinator or coach. Final decisions for approval will be made within 21 days of receiving the request.

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| Participant Site Name and Address:  | Participant ID#:  |
| Assessment Cycle End Date:  |
| Date of Request: | Coaching Agency:  |

**Please respond to the following questions:**

1. Describe the reason for your request to opt-in to the Continuing Quality level of support.
2. Describe your program’s internal quality supports.
3. What is your plan for sustaining quality practices in your program?

**Please initial each statement of understanding:**

 I understand that I am not guaranteed an approval to opt into the Continuing Quality level of support. The Coaching & Incentives Grantee and FTF Quality First Team will review the request to determine participant need and regional needs to maintain quality improvement services.

 I understand that even if my request to opt into the Continuing Quality level of support is approved, my level of support may be reevaluated and updated at a later time, as determined by First Things First.

 I understand that if my request to opt into the Continuing Quality level of support is approved, and I wish to return back to the Achieving Quality level, this is only possible in the new fiscal year following the original request.

 I understand that if approved to opt into the Continuing Quality level of support, I will have access to coaching services (on request) and reduced Child Care Health Consultation hours (3 hours quarterly/1 hour monthly). My program’s continued commitment and effort will be important to sustain quality practices.

 I understand that reduced coaching and CCHC services may impact my program’s ability to maintain quality practices. If my program experiences a decrease in star rating, I may not cite reduced support as a rationale for an appeal of my star rating.

 I understand that funding (quality improvement funds) for the fiscal year are based on my program’s star rating as of April 1 of the previous fiscal year, and will not be affected by my request to opt in to the Continuing Quality level of support.

 I understand that any approval to opt into the Continuing Quality level of support is dependent on my star rating. If my program’s rating moves below a 3-star, I will no longer be eligible for this level of support and will move to the Pursuing Quality level. Additionally, if my star rating decreases, I will no longer have access to funding.

Participant Name Participant Signature Date

----------------------------------------------------Section to be completed by FTF upon initial request----------------------------------------

**First Things First’s response:**

[ ]  Approved for Continuing Quality opt-in

[ ]  Not approved for Continuing Quality opt-in

Rationale for decision:

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FTF Quality First Staff Member FTF Quality First Staff Member Signature Date

----------------------------------------------------Section to be completed when revisiting prior request----------------------------------------------

Coach/Coordinator/ Participant Notes:

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**Coaching Agency Recommendation:**

[ ]  Stay in Continuing Quality level

[ ]  Move to Achieving Quality level

**First Things First’s response:**

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FTF Quality First Staff Member FTF Quality First Staff Member Signature Date