

UCLA/Johnson & Johnson
HEALTH CARE INSTITUTE
for Head Start

IN ASSOCIATION WITH



AND THE WASHINGTON STATE HEALTH CARE AUTHORITY

PROGRAM SELECTION CRITERIA CHECKLIST

All of the following criteria **must be satisfied** in order to participate in this program. Please check each box to indicate that your program satisfies each requirement.

- Head Start, Early Head Start, or ECEAP programs that have received **positive Peer Review** or **positive State ECEAP Review** ratings.
- Head Start, Early Head Start, or ECEAP programs that have **demonstrated ability to develop new initiatives** and develop them from start to finish.
- Head Start, Early Head Start, or ECEAP programs that has a history in data collection and tracking of data for reporting other than for the reports required by the Federal Government (ACF) and/or State Government.

Once the above qualifications have been met, the following requirements must be committed to. Please check each box to indicate your program's commitment.

- Head Start, Early Head Start, or ECEAP programs that have signed an agreement with UCLA/J&J for the project period. This agreement must be signed by the Program Director, Policy Council President, and Chairman/President of the Board of Directors.
- The Program must create a team of staff members to help manage the training program. **This includes the Project Team attending the Train the Trainers session to be held in Washington (location TBD), May 13-14, 2008, conducting parent training(s) at their program sites, and manage follow up tracking of health care data.** The Training Team should have 4-5 people, representing the following roles (titles may vary by agency):

Required team members:

- HS Director
- Social Service Specialist/Coordinator
- Health Service Specialist/Coordinator

Two other team members suggested list:

- Parent Involvement Specialist/Coordinator
- Family Literacy Specialist/Coordinator
- Adult Education/Parent Education Specialist
- Community Partnership Specialist

- The Program must train a specified amount of families during the project period (2007-2010). Number of families trained will depend on program size. Two hundred participants is an ideal number, but we encourage programs to participate with fewer families from which to recruit.
- The Director of the program must identify a Project Coordinator that has the responsibility of reporting to UCLA/J&J for the project. The Project Coordinator will be the primary contact for the project.

[Return with application by December 14, 2007](#)



APPLICATION FOR PARTICIPATION

PROGRAM INFORMATION

Name of Program: _____

Program Street Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____

Website: _____

SCOPE OF PROGRAM:

Total Number of Children _____

0-2.9 years old _____

3-4 years old _____

5 years old _____

Number of Staff _____

Number of Centers _____

Home-Based Areas _____

Number of Families _____

Child Care Homes _____

TYPE OF COMMUNITY (check one): Rural Urban Rural/Urban Suburban

SERVICES (check all that apply): Preschool Early Head Start Year-round

Public School Center-Based

PLEASE INDICATE THE NUMBER OF CHILDREN IN YOUR PROGRAM WHO ARE IDENTIFIED BY THEIR PARENTS AS:

_____ African American

_____ Native American

_____ Caucasian

_____ Pacific Islander

_____ Hispanic/Latino

_____ Other

PLEASE INDICATE THE TOP TWO LANGUAGES SPOKEN BY YOUR FAMILIES:

1. _____
2. _____

PLEASE LIST THE MAJOR EMPLOYERS OF YOUR PARENTS IN YOUR AREA:

1. _____
2. _____
3. _____

TEAM MEMBER NAMES:

PLEASE INDICATE WHO THE PROJECT COORDINATOR WILL BE BY CIRCLING THE NUMBER NEXT TO HIS/HER NAME.

- | | |
|----------------|----------------|
| 1. Name: _____ | 4. Name: _____ |
| Title: _____ | Title: _____ |
| Email: _____ | Email: _____ |
| Phone : _____ | Phone : _____ |
|
 | |
| 2. Name: _____ | 5. Name: _____ |
| Title: _____ | Title: _____ |
| Email: _____ | Email: _____ |
| Phone : _____ | Phone : _____ |
|
 | |
| 3. Name: _____ | |
| Title: _____ | |
| Email: _____ | |
| PHONE: _____ | |

COMPLETED APPLICATION PACKET MUST BE POSTMARKED BY 12/14/07

**INCLUDE: Selection Criteria Checklist
Application for Participation
Statement of Intent
Commitment Form**

**MAIL TO: UCLA/J&J Health Care Institute
UCLA Anderson School of Management
110 Westwood Plaza, Suite C-305
Los Angeles, CA 90095-1481
Att: Jeanette Lim**



STATEMENT OF INTENT
(TO BE COMPLETED BY PROGRAM DIRECTOR)

Please limit your answers to a total of two typed pages and attach your statement to this page.

- Describe one or two initiatives that you started and completed at your program. What were the overall results/impact of these initiatives on your program and the community at large?

- Please explain how your program's participation in the Health Care Institute will benefit your children/families/community that you serve.

[Return with application by December 14, 2007](#)



PROGRAM: _____

COMMITMENT FORM

TRAINING TEAM

By applying to participate in the UCLA/J&J Health Care Institute, I understand that I am making the following commitments upon my acceptance to the program:

- ◆ To be a part of the Health Care Institute for the 2007-10 project period and train **at least 200 parents during the project period** (# families trained/year will depend on size of program),
- ◆ To work cohesively within the Training Team throughout the duration of the study,
- ◆ To conduct follow up tracking on a monthly basis and report this information to the J&J/ UCLA team,
- ◆ To use due diligence in the management and expenditure of the training budget; and submit an expense statement as required,
- ◆ To meet deadlines as established by the J&J/UCLA team and to communicate regularly with the J&J/UCLA team,
- ◆ To obtain support from policy council and board of directors,
- ◆ Under the guidance and training of the Health Care Institute training, develop and implement an effective incentive system for families and staff.

Program Director (Team Member #1)

Team Member #4

Social Service Specialist (Team Member #2)

Team Member #5

Health Care Coordinator (Team Member #3)

POLICY COUNCIL AND BOARD MEMBERS

By signing this application, I understand and accept the above commitments made by the team. I further agree to make the following personal commitment:

- ◆ I will work with and support the team from my HS, EHS or ECEAP program to effectively run the Health Care training program at our agency.

Policy Council Member

Board Member

Date: _____

Date: _____

Return with application by December 14, 2007