

<b>Program Approach Form</b>	Grantee Number	Delegate Number	Agency Name																																																																																				
<p><b>I. Enrollment by Program Option</b></p> <p>This section should be filled out and submitted for each grantee and delegate agency.</p> <p>1. Funded child enrollment by program option:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Center-based enrollment</td><td></td></tr> <tr><td>Home-based enrollment</td><td></td></tr> <tr><td>Combination option enrollment</td><td></td></tr> <tr><td>Family child care enrollment</td><td></td></tr> <tr><td>Other option enrollment</td><td></td></tr> <tr><td><b>Total Child Enrollment</b></td><td></td></tr> </table>				Center-based enrollment		Home-based enrollment		Combination option enrollment		Family child care enrollment		Other option enrollment		<b>Total Child Enrollment</b>																																																																									
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<p>2. Number of pregnant women enrolled in EHS: <input style="width: 100px;" type="text"/></p>																																																																																							
<p><b>II. Program Schedule</b></p> <p>This section should be filled out for each group of children served for different hours of service each year.</p> <p>Complete #1-3 for all groups of children</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">1. Program schedule number</td> <td style="width: 15%; text-align: center;">1</td> <td style="width: 15%; text-align: center;">2</td> <td style="width: 15%; text-align: center;">3</td> <td style="width: 15%; text-align: center;">4</td> <td style="width: 15%; text-align: center;">5</td> </tr> <tr> <td>2. Program option identification</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3. Funded enrollment</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Complete #4-9 for center-based, family child care, combination, and other options</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">4a. Number of classes/groups/family child care settings</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/></td> <td style="width: 15%; text-align: center;"><input type="checkbox"/></td> <td style="width: 15%; text-align: center;"><input type="checkbox"/></td> <td style="width: 15%; text-align: center;"><input type="checkbox"/></td> <td style="width: 15%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4b. Double session</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5. Number of hours of classes/groups/FCC settings per child, per day</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6. Number of days of classes/groups/FCC settings per child, per week</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7. Number of days of classes/groups/FCC settings per child, per year</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>8. Number of home visits per child, per year</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9. Number of hours per home visit</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Complete #10-13 for home-based options</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">10. Number of home visits per child, per year</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td>11. Number of hours per home visit</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12. Number of hours per home-based socialization experience</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>13. Number of home-based socialization experiences per child, per year</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>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</p> <p>NOTE: If more than 5 different schedules, use the next pages</p>				1. Program schedule number	1	2	3	4	5	2. Program option identification						3. Funded enrollment						4a. Number of classes/groups/family child care settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4b. Double session						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						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					
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## 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	6	7	8	9	10
1. Program schedule number					
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					

<b>Program Approach Form</b>					
<b>II. Program Schedule</b>					
<i>This section should be filled out for each group of children served for different hours of service each year.</i>					
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.

	16	17	18	19	20
1. Program schedule number					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					
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