

Exploring the Quality First Points Scale: Ten Frequently Asked Questions



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But first... the Points Scale Process!

- When does a site qualify?



Quality First Star Rating Scale



STAR RATINGS

RIISING STAR



Committed to quality improvement

PROGRESSING STAR



Approaching quality standards

QUALITY



Meets quality standards

QUALITY PLUS



Exceeds quality standards

HIGHEST QUALITY



Far exceeds quality standards

| ERS Average Program Score |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1.0 – 1.99 | 2.0 – 2.99 | 3.0 – 3.99 | 4.0 – 4.99 | 5.0 and above |
| | | <i>No classroom score below 2.5</i> | <i>No classroom score below 3.0</i> | <i>No classroom score below 3.0</i> |
| CLASS™ Average Program Score |
| N/A | N/A | (ES* 4.5) (CO 4.5) (IS* 2.0) | (ES* 5.0) (CO 5.0) (IS* 2.5) | (ES* 6.0) (CO 6.0) (IS* 3.0) |
| Quality First Points Scale |
| N/A | N/A | <i>6-point minimum</i> | <i>10-point minimum</i> | <i>12-point minimum</i> |
| | | (SQ 2) (AP 2) (CA 2) | (SQ 2) (AP 2) (CA 2) | (SQ 4) (AP 4) (CA 4) |

ERS = Environment Rating Scales

ECERS: Early Childhood Environment
 ITERS: Infant/Toddler Environment
 FCCERS: Family Child Care Environment

CLASS™ = Classroom Assessment Scoring System™

ES*: Emotional Support Domain (Pre-K and Toddler)
 CO: Classroom Organization Domain
 IS*: Instructional Support/Engaged Support for Learning Domain (Pre-K and Toddler)

Quality First Points Scale

SQ: Staff Qualifications
 AP: Administrative Practices
 CA: Curriculum and Assessment

#1- Do I need to change all my practices?

- NO!
- What does research say supports what is best for kids? → Those are the elements being looked for!



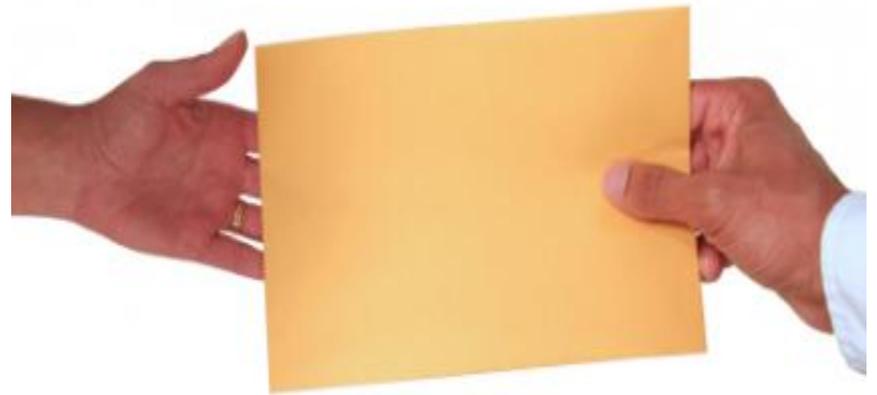
#2- Do I always get a 6-month window?



- YES!
- 1st time through the process
- Existing 3, 4 or 5 Star participants

#3- Do I have to resubmit my Teaching Certificates each year?

- YES!
- If there is no ECE Endorsement, transcripts must still be submitted



#4- Does everyone need to submit transcripts? When can I submit unofficial transcripts?

WHO?

- Directors
- Assistant Directors
- Lead Teachers
- Only in drastic circumstances can unofficial transcripts be submitted

Your School Name Here
Your School Address
Name: Your Name
ID#: Your Student ID
DOB: Your Date of Birth

Dep.	Course No.	Title	Units Attempted	Units Earned	GRADE	CREDITS
*** ACADEMIC TRANSCRIPT ***						
FALL	1968					
COM	101	Introduction to Speech Communication	3.0	3.0	A-	12.0
CIS	101	Introduction to Business Computers	3.0	3.0	B	9.0
ENG	121	English Composition	3.0	3.0	A	12.0
FRN	101	Beginning French I	3.0	3.0	B	9.0
MTH	111	Analytical Geometry & Calculus I	3.0	3.0	B-	9.0
PHY	111	Classical Physics	3.0	3.0	A	12.0
SEMESTER TOTALS			18.0	18.0	3.50	63.0
SPRING 1969						
ENG	122	Critical Writing and Reading	3.0	3.0	A	12.0
FRN	102	Beginning French II	3.0	3.0	B	9.0
MTH	112	Analytical Geometry & Calculus II	3.0	3.0	A	12.0
PHY	114	Classical Physics II	3.0	3.0	B	9.0
PSY	101	Introduction to Psychology	3.0	3.0	A-	12.0
SEMESTER TOTALS			15.0	15.0	3.60	54.0
CUMULATIVE TOTALS			33.0	33.0	3.55	117.0
FALL	1969					
ART	123	Art Appreciation	3.0	3.0	B-	9.0
BIO	121	General Biology I	3.0	3.0	B	9.0
ECON	201	Intro to Microeconomics	3.0	3.0	A-	12.0
FIN	101	Personal Finance Decision	3.0	3.0	A	12.0
HIS	122	World History 1871 to Present	3.0	3.0	A	12.0
SEMESTER TOTALS			15.0	15.0	3.60	54.0
SPRING 1970						
ACC	201	Moniers Accounting I	3.0	3.0	A	12.0
ART	131	Intro to Music Appreciation	3.0	3.0	B	9.0
BIO	127	General Biology II	3.0	3.0	A	12.0
ECON	202	Intro to Macroeconomics	3.0	3.0	A-	12.0
FIN	204	Principles of Finance	3.0	3.0	A	12.0
ENG	204	Written Business Communications	3.0	3.0	A-	12.0
SEMESTER TOTALS			18.0	18.0	3.83	69.0
CUMULATIVE TOTALS			66.0	66.0	3.64	240.0

Minors and Forfeits
CG Change of grade
E Incomplete removed
K Incomplete changed
EC Expired date
S Substitution
HP In petition
TC Transfer credit
AP Audit only, no credit received
Student is in good standing unless otherwise indicated.

Transcripts Issued: 06/09/1991
Degree or Certificate Certification: BBA 06/09/1991

TRANSCRIPT IS ONLY VALID WITH THIS SIGNATURE
Thomas Alan Coathran
OFFICE OF THE REGISTRAR





Transcript Verification and Fee Request

Please use the following form to list all staff members who will be requesting transcripts for the Quality First Point Scale Assessment process. Include current name, previous or maiden name, and the name of the institutions sending the transcript. Please use one row per transcript requested (i.e. one staff member that is requesting multiple transcripts would list their name on multiple lines). This will ensure that the transcript evaluation grantee includes all transcripts prior to identifying the highest education achieved and the number of ECE/related field credits. Multiple forms may be used as necessary.

Please use one of the ways below to submit this form to Southwest Human Development Transcript Verification Team and provide a copy to your Coach:

- Fax to (602) 468-3402
- Mail to 2850 N. 24th St. Phoenix, AZ 85008, Attention Jeanette Brainard.
- E-mail to jbrainard@swhd.org

Date:		Participant Name:	
Coaching Agency:		Participant ID #:	
		Address:	

Please check one of the options below:

- Request for Pre-Payment** (receipts must be submitted within 2 weeks of pre-payment)
- Request for Reimbursement** (receipts must be attached to this request)

Name	Previous/Maiden Name(s)	Last four digits of Social Security # <u>OR</u> birthdate	Name of Institution	Transcript Fees
				\$
				\$
				\$
				\$

#5- Are ratios and group sizes only captured for classrooms that were randomly selected for CLASS and ERS?



- Completed in **all** classrooms
- Adults in the classroom
- Capacity/Self-Limited



Quality First Points Scale Ratio and Group Size

Name of On-Site Administrator During the Review:		Participant Name and Address:	
Name of Assessor:	Date of Review:	Participant ID#:	

Guidance: Assessors will use this form to verify ratios and group sizes in *every classroom/group at the program*. Assessors will indicate the maximum enrollment of each classroom, which may not be the licensed capacity if participants choose to self-limit beyond what licensed capacity is for the room. Assessors will visit each classroom/group twice to count the number of adults and the number of children present. Each visit does **not** need to occur on two different dates, but **must** occur at two different points in time. Counts will only occur only inside unless simultaneous indoor/outdoor practices occur. Additional pages may be used, if necessary. Information will also be used in the calculation of retention. Upon completion of this assessment, the assessor will upload the document into the extranet on the Rating tab.

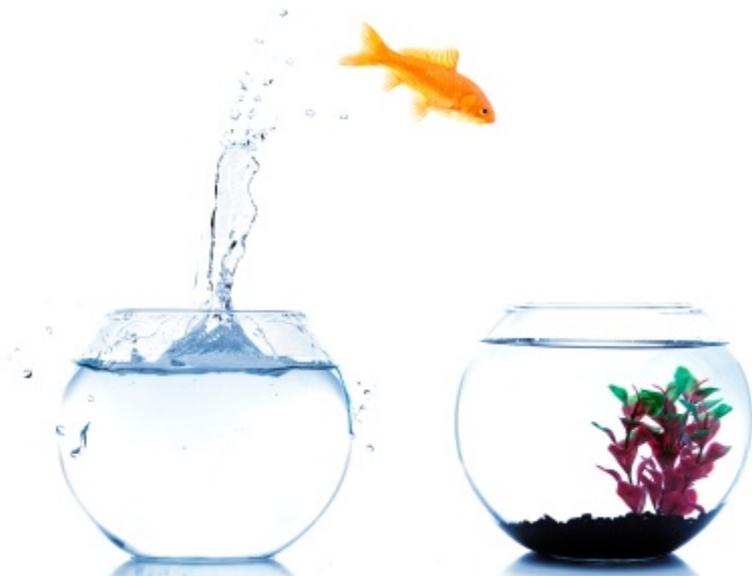
GROUP/CLASSROOM NAME	NEW CLASSROOM	DATE/TIME	LICENSED CAPACITY/ SELF-LIMIT CAPACITY	BIRTHDATE OF YOUNGEST ENROLLED	NAME/TITLE OF PAID ADULTS IN THE CLASSROOM	NUMBER OF CHILDREN PRESENT	COMMENTS
	<input type="checkbox"/> Past 2 Years <input type="checkbox"/> Past 3 Years <input type="checkbox"/> N/A						
	<input type="checkbox"/> Past 2 Years <input type="checkbox"/> Past 3 Years <input type="checkbox"/> N/A						
	<input type="checkbox"/> Past 2 Years <input type="checkbox"/> Past 3 Years <input type="checkbox"/> N/A						
	<input type="checkbox"/> Past 2 Years <input type="checkbox"/> Past 3 Years <input type="checkbox"/> N/A						
	<input type="checkbox"/> Past 2 Years <input type="checkbox"/> Past 3 Years <input type="checkbox"/> N/A						
	<input type="checkbox"/> Past 2 Years <input type="checkbox"/> Past 3 Years <input type="checkbox"/> N/A						

#6- Why does the Assessor ask for a Retention Plan?

- WHAT is a retention plan?
- WHO is it for?
- WHY is it important?



#7- What does it mean when the Assessor asks for a Transition Plan?



- WHAT is a Transition Plan?
 - Timelines
 - Activities
- WHO is it for?
- WHY is it important?



Quality First Points Scale Administrative Documents

Name of On-Site Administrator During the Review:	Participant Name and Address:
Name of Assessor:	Participant ID#:

Guidance: Assessors will use this form to verify the Retention Plan, Transition Plan, Written plan for Sharing Curriculum with Families, Parent Teacher Conference Schedule, and written Screening and Referral Policy. The procedure in which the items will be verified is included in each table below.

	Included	Not Included	N/A	The assessor will check the box, "included" if there is a completed retention plan. The assessor will check the box, "not included" if there is no retention plan.
Retention Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Transition Plan	Timeline	Activities	The assessor will check the "timeline" box if the Transition Plan includes a timeline for a child's transition from home to the program, within the program, and upon exiting the program. The assessor will check the "activities" box if the Transition Plan includes activities for a child's transition from home to the program, within the program, and upon exiting the program.
Home to Program	<input type="checkbox"/>	<input type="checkbox"/>	
Within Program	<input type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A	
Exiting Program	<input type="checkbox"/>	<input type="checkbox"/>	

	Included	Not Included	The assessor will check the box, "included" if there is a written plan for sharing curriculum with families. The assessor will check the box, "not included" if there is no written plan for sharing curriculum with families.
Sharing Curriculum with Families	<input type="checkbox"/>	<input type="checkbox"/>	

	Not offered	Once per Year	Twice Per Year	More than Twice per year	The assessor will check the box that indicates the number of times a parent teacher conference is offered each year as documented on a schedule, a written policy, or other documentation.
Parent Teacher Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Included	Not Included	The assessor will check the box, "included" if there is documentation of a written child screening and referral policy. The assessor will check the box, "not included" if there is no documentation of a written child screening and referral policy.
Screening and Referral Policy	<input type="checkbox"/>	<input type="checkbox"/>	

#8- What is a “small group” when looking at Curriculum Planning?

- Things to consider for a “small group”
- WHY is this important?





Quality First Points Scale Curriculum Review

Name of On-Site Administrator During the Review:		Participant Name and Address:	
Name of Assessor:	Date of Review:	Participant ID#:	

Guidance: Assessors will review the four most recent curriculum plans in the *same classroom(s)/group(s) that were assessed with the ERS and/or CLASS*. During the curriculum review, the assessor will place a check mark in the box if the item is indicated on the curriculum plan. Additional sheets may be used, if necessary. Upon completion of this assessment, the assessor will upload the document into the extranet on the Rating tab.

Classroom/Group Dates of Lesson Plans Reviewed	Week	2.b. AZELS or AZITDG indicated on plan (minimum of 1 standard per week)	4.b. Individual children's goals are reflected on plan (minimum of 1 goal per week)	6.b. Modifications for children with IFSP, IEP, or specialized health plan (can be N/A if no children w/special needs)	Comments
Children with identified disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Children with specialized health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	#1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A ITDG	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	#2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A ITDG	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	#3	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A ITDG	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	#4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A ITDG	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Classroom/Group Dates of Lesson Plans Reviewed	Week	2.b. AZELS or AZITDG indicated on plan (minimum of 1 standard per week)	4.b. Individual children's goals are reflected on plan (minimum of 1 goal per week)	6.b. Modifications for children with IFSP, IEP, or specialized health plan (can be N/A if no children w/special needs)	Comments
Children with identified disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Children with specialized health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	#1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A ITDG	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	#2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A ITDG	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	#3	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A ITDG	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	#4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A ITDG	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

#9- What goes into my portfolio? What developmental areas are being looked at?



- Developmental Areas:
 - Social
 - Emotional
 - Cognitive
 - Physical
- Ways to gather information:
 - Anecdotal notes
 - Developmental Checklists
 - Work Samples

#10- What does “parent input” look like? What if I have a parent who does not return my parent input form?

- Why is parent input important?
- Components? Signature needed!
- Document attempts





Quality First Points Scale Child Assessment Review

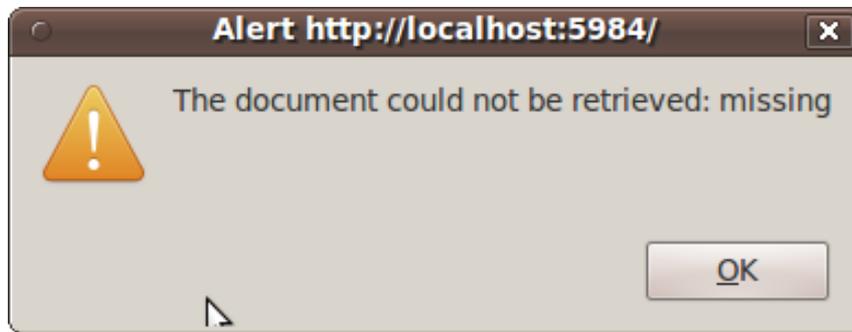
Name of On-Site Administrator During the Review:		Participant Name and Address:	
Name of Assessor:	Date of Review:	Participant ID#:	

Guidance: The assessor will randomly choose four child assessments *from each classroom/group that was assessed with the ERS and/or CLASS*. If there are less than four children enrolled in a classroom/group, the assessor will review an assessment for each child that is enrolled. During each child assessment review, the assessor will place a checkmark in the box for each item (dated within the last year) included in a child's file. Additional sheets may be used, if necessary. Upon completion of this assessment, the assessor will upload the document into the extranet on the Rating tab.

Does the program use a standardized child assessment system? Yes No If yes, please list:

Classroom/Group	Child	Social Development <small>Self Awareness; Separation; Cooperation; Respect; Confidence; Persistence; Initiative; Rights, Responsibilities, and Roles of Citizenship; Family Identity</small>	Emotional Development <small>Recognition of Feeling; Expression of Feelings; Self Control</small>	Cognitive Development <small>Language (listening, talking); Literacy (letters, reading, writing); Mathematics (numbers, counting, numerical operations, measurement); Science (exploring, hypothesizing/testing); Creativity; Problem Solving; Fine Motor Skills; Handwriting; Sound and Rhythm; (vocabulary); Comparisons, Classifications and Organization; Data Tables, Patterns, Social Relationships; Logical Reasoning; Analogies</small>	Physical development <small>Personal Health and Hygiene; Safety/Injury Prevention; Creative Movement</small>	Family Input	Comments
	#1	<input type="checkbox"/> work sample <input type="checkbox"/> anecdotal note <input type="checkbox"/> dev. checklist <input type="checkbox"/> none observed	<input type="checkbox"/> work sample <input type="checkbox"/> anecdotal note <input type="checkbox"/> dev. checklist <input type="checkbox"/> none observed	<input type="checkbox"/> work sample <input type="checkbox"/> anecdotal note <input type="checkbox"/> dev. checklist <input type="checkbox"/> none observed	<input type="checkbox"/> work sample <input type="checkbox"/> anecdotal note <input type="checkbox"/> dev. checklist <input type="checkbox"/> none observed	<input type="checkbox"/>	
	#2	<input type="checkbox"/> work sample <input type="checkbox"/> anecdotal note <input type="checkbox"/> dev. checklist <input type="checkbox"/> none observed	<input type="checkbox"/> work sample <input type="checkbox"/> anecdotal note <input type="checkbox"/> dev. checklist <input type="checkbox"/> none observed	<input type="checkbox"/> work sample <input type="checkbox"/> anecdotal note <input type="checkbox"/> dev. checklist <input type="checkbox"/> none observed	<input type="checkbox"/> work sample <input type="checkbox"/> anecdotal note <input type="checkbox"/> dev. checklist <input type="checkbox"/> none observed	<input type="checkbox"/>	
	#3	<input type="checkbox"/> work sample <input type="checkbox"/> anecdotal note <input type="checkbox"/> dev. checklist <input type="checkbox"/> none observed	<input type="checkbox"/> work sample <input type="checkbox"/> anecdotal note <input type="checkbox"/> dev. checklist <input type="checkbox"/> none observed	<input type="checkbox"/> work sample <input type="checkbox"/> anecdotal note <input type="checkbox"/> dev. checklist <input type="checkbox"/> none observed	<input type="checkbox"/> work sample <input type="checkbox"/> anecdotal note <input type="checkbox"/> dev. checklist <input type="checkbox"/> none observed	<input type="checkbox"/>	
	#4	<input type="checkbox"/> work sample <input type="checkbox"/> anecdotal note <input type="checkbox"/> dev. checklist <input type="checkbox"/> none observed	<input type="checkbox"/> work sample <input type="checkbox"/> anecdotal note <input type="checkbox"/> dev. checklist <input type="checkbox"/> none observed	<input type="checkbox"/> work sample <input type="checkbox"/> anecdotal note <input type="checkbox"/> dev. checklist <input type="checkbox"/> none observed	<input type="checkbox"/> work sample <input type="checkbox"/> anecdotal note <input type="checkbox"/> dev. checklist <input type="checkbox"/> none observed	<input type="checkbox"/>	

Bonus Question! 😊 HOW do I know if I didn't give the Assessor what they needed?



- The Missing Documents Form!
 - A safeguard for participants
 - A way to capture certain elements that are missing



Quality First Points Scale Missing Documents Form

Name of On-Site Administrator During the Review:	Participant Name and Address:	Participant ID::
Name of Assessor:		

The assessor has completed the initial review of your program's Quality First Points Scale documentation. The checked items below indicate the documents that the assessor did not find in the review. The assessor will provide an additional 30 minutes to produce these documents.

This missing documents form was given to the participant at _____ on _____ Date. The participant has until _____ to _____ Time

+ Attach any missing documents to this form and provide to the assessor.

Missing Documents	Received by Assessor									
<input type="checkbox"/> Retention Plan If a participant does not meet the retention at the 2, 4 or 6 points levels, the points can still be earned with a retention plan in place. <ul style="list-style-type: none"> The participant will provide written documentation of the program's retention plan that is currently implemented. The retention plan will be reviewed by the assessor during the on-site visit for the Quality First Points Scale. The assessor will document their findings on the Administrative documents form. 	<input type="checkbox"/> Time: Comments:									
<input type="checkbox"/> Transition Plan The participant will provide written documentation of the transition plan that is currently implemented and includes the details below. <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Home to Program</td> <td><input type="checkbox"/> Within Program</td> <td><input type="checkbox"/> Exiting Program</td> </tr> <tr> <td><input type="checkbox"/> Activities</td> <td><input type="checkbox"/> Activities</td> <td><input type="checkbox"/> Activities</td> </tr> <tr> <td><input type="checkbox"/> Timeline</td> <td><input type="checkbox"/> Timeline</td> <td><input type="checkbox"/> Timeline</td> </tr> </table>	<input type="checkbox"/> Home to Program	<input type="checkbox"/> Within Program	<input type="checkbox"/> Exiting Program	<input type="checkbox"/> Activities	<input type="checkbox"/> Activities	<input type="checkbox"/> Activities	<input type="checkbox"/> Timeline	<input type="checkbox"/> Timeline	<input type="checkbox"/> Timeline	<input type="checkbox"/> Time: Comments:
<input type="checkbox"/> Home to Program	<input type="checkbox"/> Within Program	<input type="checkbox"/> Exiting Program								
<input type="checkbox"/> Activities	<input type="checkbox"/> Activities	<input type="checkbox"/> Activities								
<input type="checkbox"/> Timeline	<input type="checkbox"/> Timeline	<input type="checkbox"/> Timeline								
<input type="checkbox"/> Sharing Curriculum with Families The participant will provide written documentation of the process for sharing curriculum with families that is currently implemented. This may be an excerpt from the family handbook or a written policy in an employee procedures manual.	<input type="checkbox"/> Time: Comments:									

Director/Owner/Program Designee Initials



Quality First Points Scale Missing Documents Form

<input type="checkbox"/> Curriculum Review The participant will provide 4 full weeks of the most recent weeks of curriculum. The week(s) checked below were not provided to the assessor for curriculum review. <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Week 1 Dates: _____</td> <td><input type="checkbox"/> Week 2 Dates: _____</td> </tr> <tr> <td><input type="checkbox"/> Week 3 Dates: _____</td> <td><input type="checkbox"/> Week 4 Dates: _____</td> </tr> </table>	<input type="checkbox"/> Week 1 Dates: _____	<input type="checkbox"/> Week 2 Dates: _____	<input type="checkbox"/> Week 3 Dates: _____	<input type="checkbox"/> Week 4 Dates: _____	<input type="checkbox"/> Time: Comments:
<input type="checkbox"/> Week 1 Dates: _____	<input type="checkbox"/> Week 2 Dates: _____				
<input type="checkbox"/> Week 3 Dates: _____	<input type="checkbox"/> Week 4 Dates: _____				
<input type="checkbox"/> Parent-Teacher Conference Schedule The participant will provide the current parent-teacher conference schedule that indicates when and how often conferences that are held each year.	<input type="checkbox"/> Time: Comments:				
<input type="checkbox"/> Child Assessment Review The participant will provide 4 child assessments from all of the classrooms that were assessed using the ERS and/or the CLASS assessment based on a random selection by the assessor. The following children's portfolios were randomly selected to be reviewed and were not provided to the assessor: _____ _____ _____	<input type="checkbox"/> Time: Comments:				
<input type="checkbox"/> Policy for Screening and Referral The participant will provide written documentation of the screening and referral policy that is currently implemented.	<input type="checkbox"/> Time: Comments:				
<input type="checkbox"/> All Points Scale Documents Received	<input type="checkbox"/> Time: Comments:				

Signature of On-Site Administrator _____ Date _____ Signature of Assessor _____ Date _____

Director/Owner/Program Designee Initials

What are *your* Questions?



Contact Information

- **Virginia Maya**, Assessment Coordinator- Association for Supportive Child Care
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- **Katie Romero**, Assistant Director of Training & Assessment Program Manager- Southwest Human Development
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- **Liz Winkelman**, Assessment Supervisor & Statewide Trainer- Southwest Human Development
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