

Grantee: El Dorado County Library
 Initiative: Ready to Read at Your Library
 Contract Amount: \$212,500
 Contract Period: FY14-15
 Objective: By 2017, 85% of children 0-5 are read to on a daily basis
 Indicator: # and % of parents report that they or another family member reads with the child each day

Strategy	Goal	Action Steps	Timeline	Annual Target	Quantity Data (AR)	Quality Data (Survey)	Program Level Data
1. Awareness Increase awareness of early childhood health, development and literacy for expectant parents and families with children ages 0-5 years of age that are isolated, unserved or not connected to their community.	Increase contact	<p>Through the use of KSEP, First 5 El Dorado will identify priority school districts.</p> <p>In collaboration with First 5 staff, CHI and TWG, and local school district partners:</p> <ul style="list-style-type: none"> Identify priority neighborhoods. Identify outreach strategies. Engage parents on a weekly basis. Develop outreach plan indicating the dates, times and frequency of services between February and October of each year. Meet on a monthly basis with First 5 staff, CHI and TWG, and local school district partners to review progress. <p>(Schools ID Neighborhoods: i.e. Placerville Union and Tahoe)</p>	<p>*Quarterly meetings with local outreach team</p> <p>*Weekly over nine months</p> <p>*Meet monthly with school district teams.</p> <p>notes: 1 community for 4 weeks; or 1 for 18 weeks: pending plan</p>	<p>4</p> <p>Feb-Oct 9 months x 4 weeks = 36 in Tahoe Basin</p> <p>9 months x 4 weeks = 36 in Western Slope</p> <p>72 total Library Leads</p>	<p>Event Registration Forms (parent): submitted to FS within 2 weeks after event occurs</p> <p>___ Total number of events</p> <p>Event Type List: <u>KSEP Facilitated Group Learning</u></p> <p>Total Number of:</p> <p>___ Parents/Guardians ___ Other Family ___ Providers ___ Ethnicity ___ Language</p> <p>Total Number of Children:</p> <p>___ Less than 3 Years of Age ___ 3 through 5 Years of Age ___ Siblings ___ Ethnicity ___ Language</p>		monthly progress report to review plan
	Increase social connections.	<p>Within the outreach plan, the RR@YL staff will facilitate 9 group learning opportunities to assist families in the priority neighborhoods to:</p> <ul style="list-style-type: none"> Become advocates for their children. Schedule in-person appointments with RR@YL. Provide follow-up and support as needed. Refer to appropriate resources/activities/events that support families with children 0-5 years. Identify challenging behaviors or delayed development early. Use problem solving strategies. Understand the importance of reading to your child on a daily basis. Assess family interest in other early literacy topics Provide group learning activities to address those interests. 	<p>July 1, 2014 - June 30, 2015</p> <p>9mo = Feb-Oct</p>	<p>9 in Western Slope</p> <p>9 in Tahoe</p>	<p>Event Registration Form (parent) <Event Type><Activities>: submitted to FS within 2 weeks after event occurs</p> <p>___ Total number of events</p> <p>Event Type List: <u>KSEP Facilitated Group Learning</u></p> <p>Activities Include: <u>Utilizing Storytime Kits</u> <u>Utilizing Early Learning Kits</u> <u>Other Reading Activities</u></p> <p>___ Parents/Guardians ___ Other Family ___ Providers ___ Ethnicity ___ Language</p> <p>Total Number of Children:</p> <p>___ Less than 3 Years of Age ___ 3 through 5 Years of Age ___ Siblings ___ Ethnicity ___ Language</p>	<p>Client Satisfaction Survey: Contractor staff will email survey link to event registration roster within 2 weeks after event to be assessed</p> <p>CSS Q1 - Isolation: Results of parents/guardians reporting: "I have someone to talk to when I have questions about my child."</p>	
	Increase the knowledge of early childhood literacy.	<p>RR@YL Staff will assist families to understand the importance of reading to their child(ren) daily by using the ROR Milestones. RR@YL Staff will assist families to:</p> <ul style="list-style-type: none"> Use the screening tool to increase their knowledge of early literacy. Identify barriers to early literacy services. Identify resources and assist families to access that may include developing, purchasing, and distributing handouts with clear and fun tips about early literacy. Train staff to use specific words/scripts/songs to use in each program as the "message". Support follow-up contact as needed. Link with services and opportunities to meet their child's needs. <p>Activities will be designed to:</p> <ul style="list-style-type: none"> Include all family members during the social group learning experiences. Encourage and facilitate peer-to-peer parent/family support networks. 	<p>July 1, 2014 - June 30, 2015</p> <p>9mo = Feb-Oct</p>	<p>9 in Western Slope</p> <p>9 in Tahoe</p>	<p>Event Registration Form (parent) <Early Childhood Topics>: submitted to FS within 2 weeks after event occurs</p> <p>Event Type List: <u>KSEP Facilitated Group Learning</u></p> <p>Topics Include: <u>Applying ROR</u> <u>Utilize Services</u></p> <p>notes: engaging topics, i.e. applying and utilizing ROR (Reach Out and Read) milestones</p>	<p>Client Satisfaction Survey: Contractor staff will email survey link to event registration roster within 2 weeks after event to be assessed</p> <p>Knowledge of parenting and child development is defined as: CSS Q2 - Parenting: Increased percentage of parents/guardians reporting "I know of positive ways to guide and teach my child."</p> <p>CSS Q3 - Child Development: Increased percentage of parents/guardians reporting "I know normal behavior for my child's age level."</p>	

Strategy	Goal	Action Steps	Timeline	Annual Target	Quantity Data (AR)	Quality Data (Survey)	Program Level Data
2. Engagement Increase confidence of expectant parents and families caring for children 0-5 years of age by providing group learning opportunities.	Increase group learning opportunities.	RR@YL Staff will meet four times with a minimum of four selected parent groups for the purposes of increasing knowledge of reading with their child(ren) daily and other literacy issues. All programs increase group learning opportunities. Attention getters such as: bulletin boards, handouts, story time talking points, social media (Pinterest, Facebook, State Library Early Learning Site), Playmobile, Early Learning and Storytime kits. Hosting community strengthening events. Encourage the use of our meeting rooms or attendance at our programs. Notes: engage at risk parents, teen moms, and incredible kids	July 1, 2014 - June 30, 2015	meet 4 times with 4 groups = 16	Event Registration Forms (parent): submitted to F5 within 2 weeks after event occurs Event Type List: <u>Parent Group Learning</u> ___ Total number of events Total Number of: ___ Parents/Guardians ___ Other Family ___ Providers ___ Ethnicity ___ Language Total Number of Children: ___ Less than 3 Years of Age ___ 3 through 5 Years of Age ___ Siblings ___ Ethnicity ___ Language		
	Increase parent resilience	RR@YL Staff will engage parents in the group with activities designed to assist families to: • Become advocates for their children. • Provide follow-up and support as needed. • Refer to appropriate resources/activities /events that support families with children 0-5 years. • Identify challenging behaviors or delayed development early. • Use problem solving strategies. Allowing opportunities to network during/after programming. Developing close relationships with families. Accessibility to community pamphlets/ informational sheets.	July 1, 2014 - June 30, 2015	meet 4 times with 4 groups = 16	Event Registration Form (parent) <Event Type><Activities>: submitted to F5 within 2 weeks after event occurs Event Type List: <u>Parent Group Learning</u> Activities Include: <u>Utilizing Storytime Kits</u> <u>Utilizing Early Learning Kits</u> <u>Other Reading Activities</u> notes: engaging activities, i.e. utilizing early learning or storytime kits	Client Satisfaction Survey: Contractor staff will email survey link to event registration roster within 2 weeks after event to be assessed Parent resilience is defined as: CSS Q1 - Isolation: Results of parents /guardians reporting: "I have someone to talk to when I have questions about my child." CSS Q10 - Service Knowledge: Results of parents/ guardians reporting "I know what community services are available for my family and my child." CSS Q11 - Service Access: Results of parents/ guardians reporting " I can access community services for my family and child if I need them."	
	Increase the knowledge of early literacy	RR@YL Staff will utilize the ROR Milestones for the purposes of increasing a parent's knowledge of reading to your child on a daily basis and other literacy issues: • Linking families to services and opportunities that support families with children 0-5 years by encouraging weekly story time participation. • Including and linking all family members to services and opportunities including Play to Grow workshops, Early Literacy Play Centers, Story times, Stay and Play, as well as, evening and weekend programming will engage multiple family members while encouraging networking. • Encouraging and facilitating peer-to-peer parent/family support networks such as Story times allowing opportunities to connect with others as well as observe their child's interactions in social settings. • Assisting families to identify opportunities that support their needs and how to access them including: -Online resources such as: Early Literacy Pinterest Site and the California State Library Early Learning Site. -Attention getters such as: bulletin boards, handouts, story time talking points, social media, Playmobile, Early Learning and Storytime kits.	July 1, 2014 - June 30, 2015	meet 4 times with 4 groups = 16	Event Registration Form (parent) <Early Childhood Topics>: submitted to F5 within 2 weeks after event occurs Topics Include: <u>Applying ROR</u> <u>Utilize Services</u> notes: engaging topics, i.e. applying ROR Reach Out and Read milestones and literacy development applications for the entire family	Client Satisfaction Survey: Contractor staff will email survey link to event registration roster within 2 weeks after event to be assessed Knowledge of parenting and child development is defined as: CSS Q2 - Parenting: Increased percentage of parents/ guardians reporting " I know of positive ways to guide and teach my child." CSS Q3 - Child Development: Increased percentage of parents /guardians reporting " I know normal behavior for my child's age level." CSS Q4 - Behavior Change: Increased percentage of parents /guardians reporting "After working with RR@YL I am more likely to read to my child on a daily basis."	

Strategy	Goal	Action Steps	Timeline	Annual Target	Quantity Data (AR)	Quality Data (Survey)	Program Level Data
<p>3. Support</p> <p>Support expectant parents and families caring for children 0-5 years of age in successfully accessing early childhood services through 1-3 contacts including at least 1 place based visit connecting them with the community.</p>	<p>Increase access to early childhood literacy services.</p>	<p>Four RR@YL Staff will assist 30 ECE Sites on an individual basis through 1-3 visits per site annually to address barriers to early literacy and other literacy issues by:</p> <ul style="list-style-type: none"> Utilizing the ROR Milestones with ECE sites to understand their children's literacy development Identifying barriers to their children's literacy development including: obtaining library cards, utilizing early literacy best practices by connecting the California Early Learning framework during outreach visits, access to attention getters such as: handouts, calendars, story time talking points, social media, Playmobile, Early Learning and Storytime kits at their site, understanding how to extend early literacy practices in the home, - access to books and other materials Establish and maintain relationships with ECE site and offering resource assistance as needed, ensuring the contact is purposeful, meaningful and models early literacy skills. Empowering ECE sites to connect with services to address the barriers including becoming a High 5 For Quality site. Keeping providers informed of library services and programming. ECE sites with a need for intense services will be referred to appropriate services within three visits. <p>Notes: 1-3 visits then refer to H5Q. Estimated 10 sites per ELS</p>	<p>July 1, 2014 - June 30, 2015</p>	<p>30 ECE sites x 1 visit = 30 min</p> <p>30 ECE sites x 3 visits = 90 max</p>	<p>Event Registration Form (Provider): submitted to F5 within 2 weeks after event occurs</p> <p><u> </u> Total number of events</p> <p>Total Number of:</p> <p><u> </u> Parents/Guardians</p> <p><u> </u> Other Family</p> <p><u> </u> Providers</p> <p><u> </u> Ethnicity</p> <p><u> </u> Language</p> <p>Total Number of Children:</p> <p><u> </u> Less than 3 Years of Age</p> <p><u> </u> 3 through 5 Years of Age</p> <p><u> </u> Siblings</p> <p><u> </u> Ethnicity</p> <p><u> </u> Language</p> <p>Event Registration Form <Event Type>: Event Type List: <u>ECE Support</u></p> <p>Event Registration Form <Early Childhood Topics>: Topics Include: <u>Using Storytime Kits</u></p> <p><u>Using Early Learning Kits</u></p> <p><u>Apply ROR</u></p> <p><u>Utilize Services</u></p> <p>Event Registration Form <location>: <u> </u></p> <p>(count not to exceed 3 per ECE site)</p>	<p>Community Partner Survey: Contractor staff will email survey link to event registration roster within 2 weeks after event to be assessed</p> <p>Successful access is defined as:</p> <p>Success: CPS Q5 - Results of ECE Sites reporting "I know how to help families learn about early literacy skills such as reading, story telling and singing."</p> <p>Identify Referrals: CPS Q7 - Results of ECE Sites reporting "I know what early childhood services are available for expectant parents and families with children ages 0-5 in the county."</p> <p>Identify Barriers: CPS Q9 - Results of ECE Sites reporting "What are the barriers to accessing support services for expectant parents and families with children 0-5 years of age? "</p>	

Strategy	Goal	Action Steps	Timeline	Annual Target	Quantity Data (AR)	Quality Data (Survey)	Program Level Data
<p>4. Refer / Capacity Building</p> <p>Build capacity among parents, providers and agencies in understanding and referring expectant parents and families with children 0-5 to community services.</p>	Increase the learning opportunities for community agencies.	<p>RR@YL Staff will facilitate at least 1 learning opportunity for community agencies in the 3 regions of the county. RR@YL Staff will:</p> <ul style="list-style-type: none"> Identifying community partners Assist in prioritizing topics: importance of reading daily, developmental stages of literacy, strategies to assist parents in nurturing early literacy. Assist in developing a schedule, curriculum and materials that may include staff development (webinars, conferences) to provide staff with up to date research and knowledge thereby empowering agencies and families. Follow-up with community partners to reinforce information. <p>Notes: i.e. Choices for Children hosts Network for Providers, LPC, New Morning, Adult Literacy, etc...</p>	July 1, 2014 - June 30, 2015	1 time in each 3 regions (WS, SLT, Divide) = 3	<p>Event Registration Form (Provider): submitted to FS within 2 weeks after event occurs Total number of events Total Number of: Providers Agencies</p> <p>Event Registration Form <Event Type>: Event Type List: Community Agency Support</p> <p>Event Registration Form <Early Childhood Topics>: Topics Include: Importance of reading daily Developmental Stages of Literacy Nurturing Early Literacy</p> <p>Event Registration Form <location>: divide western slope lake tahoe</p>	<p>Community Partner Survey: Contractor staff will email survey link to event registration roster within 2 weeks after event to be assessed Increased knowledge is defined as:</p> <p>CPS Q5 - Results of community partners reporting : I know how to help families learn about early literacy skills such as reading, story telling and singing.</p> <p>CPS Q7 - Results of community partners reporting : I know what early childhood services are available for expectant parents and families with children ages 0-5 in the county.</p> <p>CPS Q8 -Results of community partners reporting : I know how to refer expectant parents and families with children ages 0-5 to services in the county.</p>	
	Increase the knowledge of early childhood community services	<p>RR@YL Staff will attend at least 10 community strengthening group meetings in the 3 regions of the county and regularly report:</p> <ol style="list-style-type: none"> Increase awareness of the importance of reading to your child on a daily basis and other early literacy issues. Report to the community barriers of early literacy development. Engage partners at least twice a year through presentations to reinforce the importance of reading to your child daily and other early literacy issues. 	July 1, 2014 - June 30, 2015	10 CSG /yr in 3 regions = 30	<p>Event Registration Form (Provider): submitted by CSG to FS within 2 weeks after event occurs Total number of events attended</p> <p>Event Registration Form (Provider) <Event Type>: Event Type List: Community Strengthening Group</p> <p>Event Registration Form (Provider) <Location>: </p> <p>Event Registration Form (Provider) <Site Name>: </p>	<p>Community Partner Survey: CSG will email survey link to event registration roster annually in the spring Increased knowledge is defined as:</p> <p>CPS Q5 - Results of community partners reporting : i know how to help families learn about early literacy skills such as reading, story telling and singing.</p>	FS will aggregate attendance from CSG partner registration forms and content from meeting minutes

Strategy	Goal	Action Steps	Timeline	Annual Target	Quantity Data (AR)	Quality Data (Survey)	Program Level Data
Comply with Commission contract requirements.	Support local early childhood system.	On behalf of the Contractor, I will support increased progress on the Commission Initiative indicator.				Client Satisfaction Survey Question 5 Community Partners Survey Question 5	
		On behalf of the Contractor, I will support integration of Commission Initiatives.				Client Satisfaction Survey Question 15 Community Partners Survey Question 10	
		On behalf of the Contractor, I will support parent, guardian, and community partners satisfaction with Commission Initiatives.				Client Satisfaction Survey Question 16 Community Partners Survey Question 11	
	Identify opportunities to improve Initiative strategies.	On behalf of the Contractor, I will provide Commission Initiative updates at community meetings.					CSG Meeting Notes
		On behalf of the Contractor, I will promote the Commission through by introducing the Initiative as "a funded partner of First 5 El Dorado Commission", and on printed materials using the Commission logo and indicating "funded by First 5 El Dorado Commission."					CSG Meeting Notes
	Communicate with Commission Staff.	On behalf of the Contractor, I will attend monthly site visits for the purposes of monitoring progress on contract milestones.					Monthly progress report
		On behalf of the Contractor, I will attend contractor's meetings for the purposes of professional development.					Sign In Sheets
	Demonstrate respect for diverse communities.	On behalf of the Contractor, I will commit to providing programs services that respect diversity.					Sign In Sheets
	Comply with Commission Evaluation requirements.	On behalf of the Contractor, I will participate in training and use of for the Commission's database.					Staff monitor
		On behalf of the Contractor, I will meet all reporting requirements which may include but is not limited to contract milestones, input of AR data, Strategic Plan program level data, monthly progress, registration form data, and emailing surveys					Staff monitor
		On behalf of the Contractor, I will conduct a self assessment utilizing the Family Strengthening Support Program Self Assessment Tool as part of the Semiannual Reporting process.					Staff monitor
		On behalf of the Contractor, I will implement all required reporting tools.					Staff monitor

Print Name of Authorized Representative for Applicant

Signature: _____
Signature of Authorized Representative for Applicant

Date: _____

Attachment II Approved FY Budget: Budget Form 1



Approved FY Budget

Grantee Name: El Dorado County Library			
Project Name: Ready to Read @ Your Library			
Contract Number: 1415-90004-15-608			
Contact Name & Title: Jeanne Amos			
Fiscal Year: FY 2014-2015			
Reporting Period: July 2014-June 2015			
Budget Item			Total Approved Budget Amount
Personnel:	Salary	Benefits	
1) ECLS (4 - .7 FTEs) + Additional Staff	\$ 201,924	\$ -	\$ 201,924
			\$ -
			\$ -
4)			
Subtotal Personnel	\$ 201,924	\$ -	\$ 201,924
Operating Expenses:			
5) Rent and Utilities			\$ -
6) Supplies/Materials			\$ 1,143
7) Telephone			\$ -
8) Postage/Mailing			\$ -
9) Reproduction/Copying/Publicity			\$ -
10) Equipment Lease			\$ -
11) Travel & Mileage			\$ 2,000
12) Training & Conferences			\$ 433
13) Consultants			\$ -
14) Books			\$ 6,500
15) Playmobile			\$ 500
16)			\$ -
17)			\$ -
18)			\$ -
Subtotal Operating:			\$ 10,576
Indirect Expenses:			
	Indirect Cost (8.97% Max)		\$ -
	TOTAL COSTS		\$ 212,500



Monthly Invoice Form

Due Monthly by the 2nd Friday of the Month

Grantee Name: El Dorado County Library								
Project Name: Ready to Read @ Your Library								
Contract Number: 1415-90004-15-608								
Contact Name & Title: Jeanne Amos								
Fiscal Year: FY 2014-2015								
Reporting Period: July 2014								
Budget Item			Total Approved Budget Amount	Billed this Period		Previous Statement Total YTD Billed	Total YTD Billed	Unexpended Balance
Personnel:	Salary	Benefits		Salary	Benefits			
1) ECLS (4 - .7 FTEs) + Additional Staff	\$ 201,924	\$ -	\$ 201,924					\$ 201,924
			\$ -					\$ -
			\$ -					\$ -
4)								
Subtotal Personnel	\$ 201,924	\$ -	\$ 201,924	\$ -	\$ -			\$ 201,924
Operating Expenses:								
5) Rent and Utilities			\$ -					\$ -
6) Supplies/Materials			\$ 1,143					\$ 1,143
7) Telephone			\$ -					\$ -
8) Postage/Mailing			\$ -					\$ -
9) Reproduction/Copying/Publicity			\$ -					\$ -
10) Equipment Lease			\$ -					\$ -
11) Travel & Mileage			\$ 2,000					\$ 2,000
12) Training & Conferences			\$ 433					\$ 433
13) Consultants			\$ -					\$ -
14) Books			\$ 6,500					\$ 6,500
15) Playmobile			\$ 500					\$ 500
16)			\$ -					\$ -
17)			\$ -					\$ -
18)			\$ -					\$ -
Subtotal Operating:			\$ 10,576	\$ -				\$ 10,576
Indirect Expenses:								
	Indirect Cost (8.97% Max)		\$ -					\$ -
TOTAL COSTS			\$ 212,500	\$ -				\$ 212,500

	Estimated Annual	This Month	Previous Month YTD	Total Q4	Total YTD
MAA Claim (5% of Personnel Expenditures):		\$ -			\$ -

MAA Summary:	Q1	Q2	Q3	Q4	Total Annual
				\$ -	\$0

I hereby state that the budget items requested do not supplant any existing revenue sources, or any existing program. I certify that all statements in this report are true and correct.

*Proper backup documentation sufficient to support all reported expenditures must be attached to this form. (timesheets, receipts, paid invoices, etc.)

Print Name of Program Contact Person or Authorized Representative _____

Signature: Program Contact Person or Authorized Representative _____

For Commission Use Only-Do Not Fill In Shaded Area			
		TOTAL REIMBURSEMENT APPROVED	<input type="text"/>
Date Received _____			
Signature of Authorized Fiscal Staff	Date	Signature of Authorized First 5 Staff	Date
Signature -Executive Director	Date		



Attachment II Budget Revision Request: Budget Form 3

Grantee Name: El Dorado County Library				
Project Name: Ready to Read @ Your Library				
Contract Number: 1415-90004-15-608				
Contact Name & Title: Jeanne Amos				
Budget Period: FY 2014-2015				
Proposed Effective Date:				
Budget Item	Approved Budget Amount	Proposed Budget Adjustment * Amount to increase (+) or decrease (-)	Proposed Local Budget	% Change
Personnel:				
1) ECLS (4 - .6 FTEs) + Additional Staff	\$201,924.00		\$201,924.00	0%
0	\$0.00		\$0.00	#DIV/0!
0	\$0.00		\$0.00	#DIV/0!
0	\$0.00		\$0.00	
Subtotal Personnel:	\$201,924.00	\$0.00	\$201,924.00	0%
Operating Expenses:				
5) Rent and Utilities	\$0.00		\$0.00	
6) Supplies/Materials	\$1,143.00		\$1,143.00	0%
7) Telephone	\$0.00		\$0.00	
8) Postage/Mailing	\$0.00		\$0.00	
9) Reproduction/Copying/Publicity	\$0.00		\$0.00	
10) Equipment Lease	\$0.00		\$0.00	
11) Travel & Mileage	\$2,000.00		\$2,000.00	0%
12) Training & Conferences	\$433.00		\$433.00	
13) Consultants	\$0.00		\$0.00	
14) Books	\$6,500.00		\$6,500.00	0%
15) Playmobile	\$500.00		\$500.00	
16)	\$0.00		\$0.00	
17)	\$0.00		\$0.00	
18)	\$0.00		\$0.00	
Subtotal Operating:	\$10,576.00	\$0.00	\$10,576.00	0%
Indirect Expenses:				
Indirect Cost (8.97% max)	\$0.00	\$0.00	\$0.00	
TOTAL COSTS	\$212,500.00	\$0.00	\$212,500.00	0%

**Please attach a Budget Revision Request Narrative explaining each budget revision requested by line item.*

Jeanne Amos, Library Director

Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative

DATE

For Commission Use Only - Do Not Fill In Shaded Area

Program Coordinator

Date

Executive Director

Date



Budget Revision Narrative

Please explain each budget revision requested by line item.

Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative



Event Registration Form (Provider)

To better serve you, we request that you complete this form. Our funding sources require this demographic information. By sharing your e-mail, you will receive a survey to help us improve our services. Your cooperation in completing all of the items is appreciated.

Event Name: _____ Date: _____ Event Type: (dropdown)
Early Childhood Topic: _____ Location: _____ Initiative: (dropdown)
Activities: _____

Form 1: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form 2: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form 3: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form 4: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form 5: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form 6: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form 7: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form 8: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form 9: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form 10: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form 11: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form 12: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #



Event Registration Form (Parent)

Attachment III, Registration Form 2

To better serve you, we request that you complete this form. Our funding sources require this demographic information.
 By sharing your e-mail, you will receive a survey to help us improve our services.
 Your cooperation in completing all of the items is appreciated.

Event Name: _____
 Early Childhood Topic: _____
 Activities: _____

Date: _____
 Location: _____

Event Type: (dropdown)
 Initiative: (dropdown)

Please register each family member individually:		Primary Language	Ethnicity (Please select one)
Select One: Parent / Guardian, or Other Family Member		(select one) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanic/Latino, Pacific Islander, White, Multiracial, Other/Unknown
email address: _____			
Select One: Parent / Guardian, or Other Family Member		(select one) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanic/Latino, Pacific Islander, White, Multiracial, Other/Unknown
email address: _____			
Enter each child's birthdate:			
birthdate mo/yr		(select one) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanic/Latino, Pacific Islander, White, Multiracial, Other/Unknown
birthdate mo/yr		(select one) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanic/Latino, Pacific Islander, White, Multiracial, Other/Unknown
birthdate mo/yr		(select one) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanic/Latino, Pacific Islander, White, Multiracial, Other/Unknown
birthdate mo/yr		(select one) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanic/Latino, Pacific Islander, White, Multiracial, Other/Unknown

Please register each family member individually:		Primary Language	Ethnicity (Please select one)
Select One: Parent / Guardian, or Other Family Member		(select one) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanic/Latino, Pacific Islander, White, Multiracial, Other/Unknown
email address: _____			
Select One: Parent / Guardian, or Other Family Member		(select one) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanic/Latino, Pacific Islander, White, Multiracial, Other/Unknown
email address: _____			
Enter each child's birthdate:			
birthdate mo/yr		(select one) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanic/Latino, Pacific Islander, White, Multiracial, Other/Unknown
birthdate mo/yr		(select one) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanic/Latino, Pacific Islander, White, Multiracial, Other/Unknown
birthdate mo/yr		(select one) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanic/Latino, Pacific Islander, White, Multiracial, Other/Unknown
birthdate mo/yr		(select one) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanic/Latino, Pacific Islander, White, Multiracial, Other/Unknown



MONTHLY PROGRESS REPORT

To be filled out with the First 5 Program Coordinator and Contractor monthly.

Agency Name:
Project Title:
Contact Name & Title:
Email Address:
Phone:

<p>1. Did you experience any noteworthy successes? Identify and list possible contributing factors.</p>
<p>2. Did you encounter any difficulties or barriers? Identify and explain how they were/are being addressed.</p> <p><u>How this issue can be prevented:</u></p>
<p>3. Top 3 focus areas</p> <p>1. Approach / Strategy: Status:</p> <p>2. Approach / Strategy: Status:</p> <p>3. Approach / Strategy: Status:</p>



SEMI-ANNUAL PROGRESS REPORT

To be filled out with the First 5 Program Coordinator and Contractor by Dec 31 and June 30.

Agency Name:
Project Title:
Contact Name & Title:
Email Address:
Phone:

<p>1. Did you experience any noteworthy successes? Identify and list possible contributing factors.</p>
<p>2. Did you encounter any difficulties or barriers? Identify and explain how they were/are being addressed.</p> <p><u>How this issue can be prevented:</u></p>
<p>3. Top 3 challenges or areas of focus</p> <p>1. Approach / Strategy: Status:</p> <p>2. Approach / Strategy: Status:</p> <p>3. Approach / Strategy: Status:</p>

Community Partner Survey



Attachment V, Survey Tool 2

On behalf of First 5 El Dorado, we appreciate your work to serve children in our county. This brief survey administered annually helps us to understand and measure our impacts, as well as determine opportunities for improvement.

Thank you for your time and assistance with this effort.

Please tell us about yourself:

Name: _____ Title: _____
 Date: _____ Email: _____
 Organization: _____

Initiative: <multi-select dropdown> H5Q (provider), DRB5, WSCS, LTC, R2R@YL, TWG, CHI, BB, CDV

What organization, agency or business do you represent?

Library Family Support Agency
 WIC (Women, infants and children) Education
 Public Health Other Health or Medical
 Hospital or Doctor's Office Local Community Agency
 Elementary School Other: _____
 Public Early Care and Education (Head Start, State Preschool)
 Private Early Care and Education (center or family child care)

Show where you were BEFORE participating in this program. Where are you NOW that you have participated?	BEFORE?					NOW?				
	Low	2	3	4	High	Low	2	3	4	High
1. I know how to help families learn how to care for themselves and their newborn child.	1	2	3	4	5	1	2	3	4	5
2. I know how to help families learn about health.	1	2	3	4	5	1	2	3	4	5
3. I know how to help families learn about parenting.	1	2	3	4	5	1	2	3	4	5
4. I know how to help families learn about child development.	1	2	3	4	5	1	2	3	4	5
5. I know how to help families learn about early literacy skills such as reading, story telling and singing.	1	2	3	4	5	1	2	3	4	5
6. I regularly share information with families in my program about quality early care and education (such as child and program assessments, curriculum, staff education and training)	1	2	3	4	5	1	2	3	4	5
6A I use Screenings, Assessments and Site Improvement Plans to provide high quality early care and education services.	1	2	3	4	5	1	2	3	4	5
7. I know what early childhood services are available for expectant parents and families with children ages 0-5 in the county.	1	2	3	4	5	1	2	3	4	5

Community Partner Survey

8. I know how to refer expectant parents and families with children ages 0-5 to services in the county.	1	2	3	4	5	1	2	3	4	5
---	---	---	---	---	---	---	---	---	---	---

9. What are the barriers to accessing support services for expectant parents and families with children 0-5 years of age?

<input type="checkbox"/> transportation <input type="checkbox"/> language barriers <input type="checkbox"/> cost <input type="checkbox"/> fear / uncertainty <input type="checkbox"/> knowledge of services <input type="checkbox"/> time	<input type="checkbox"/> lack of services: Describe _____ <input type="checkbox"/> Other: Describe _____
--	---

10. Which First 5 Initiatives has your agency worked with?	<input type="checkbox"/> Children's Health Initiative <input type="checkbox"/> Best Beginnings <input type="checkbox"/> Together We Grow <input type="checkbox"/> High 5 for Quality <input type="checkbox"/> Ready to Read @ Your Library <input type="checkbox"/> Children's Dental Van <input type="checkbox"/> Community Strengthening Group
--	--

11. How satisfied are you with the First 5 services your organization or business has received?

Extremely Satisfied
 Very Satisfied
 Satisfied
 Dissatisfied
 Very Dissatisfied

12. Please list any early childhood topics your agency would like additional information on:

13. Please share any additional comments or suggestions for improvement:

Client Satisfaction Survey



Attachment V, Survey Tool 1

Thank you for your recent participation in First 5 El Dorado programs. We are interested in learning your perspectives and the ways in which this program made a difference for your family. The survey will take about 5 minutes to answer. Please note that this information is collected for evaluation purposes. If you have more than one child participating in this program, please answer the question for your youngest child.

Initiative: prepopulated from reg form or contractor Today's Date: prepopulated
 Month and Year of Child's Birth: _____
 Home Zip Code: _____

What services did you receive from INITIATIVE: If Shared Event, Then Use Multiple Selection Options

- | | | | | |
|---|---|--|--|--|
| Best Beginnings:
<input type="checkbox"/> Kit for New Parents
<input type="checkbox"/> Child Health Record
<input type="checkbox"/> Phone Call from Nurse
<input type="checkbox"/> Home Visit from Nurse
<input type="checkbox"/> Group / Event | Children's Health:
<input type="checkbox"/> Parent Group
<input type="checkbox"/> One on One Meeting
<input type="checkbox"/> Phone Call
<input type="checkbox"/> Home Visit | Together We Grow:
<input type="checkbox"/> Parent Group
<input type="checkbox"/> One on One Meeting
<input type="checkbox"/> Phone Call
<input type="checkbox"/> Home Visit | Ready to Read:
<input type="checkbox"/> We have a library card
<input type="checkbox"/> We check out books
<input type="checkbox"/> We attend Storytimes
<input type="checkbox"/> We attend Play to Grow
<input type="checkbox"/> We use Early Learning Kits
<input type="checkbox"/> We visited the Playmobile
<input type="checkbox"/> We use Storytime Kits | H5Q:
<input type="checkbox"/> Parent Group
<input type="checkbox"/> One on One Meeting
<input type="checkbox"/> Phone Call |
|---|---|--|--|--|

For each question below, please circle the number that best describes where you see yourself on the scale. This scale has 5 levels from 1 = "Low" to 5 = "High". Please complete all items in the "BEFORE" column first, then complete the "NOW" column.

Show where you were BEFORE participating in this program. Where are you NOW that you have participated?	BEFORE?					NOW?				
	Low				High	Low				High
1. I have someone to talk to when I have questions about my child. (social isolation)	1	2	3	4	5	1	2	3	4	5
2. I know of positive ways to guide and teach my child. (parenting)	1	2	3	4	5	1	2	3	4	5
3. I know normal behavior for my child's age level. (child development)	1	2	3	4	5	1	2	3	4	5
4. After working with (Initiative),	1	2	3	4	5	1	2	3	4	5

- | | | | | |
|--|---|---|---|--|
| Best Beginnings:
I am more confident in caring for your child? | Children's Health / Children's Dental Van
I am more likely to attend regular well child visits with the doctor and dentist? | Together We Grow:
I am more likely to monitor your child's development? | Ready to Read:
I am more likely to read to your child on a daily basis? | H5Q:
I am more likely to choose high quality child care? |
|--|---|---|---|--|

5. In a usual week, how often do you or any other family members read stories or look at picture books with your child? (RR@YL indicator)	<input type="checkbox"/> Never <input type="checkbox"/> 1-2 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 5-6 days per week <input type="checkbox"/> Every day
---	--

Client Satisfaction Survey

6. About how long has it been since your child last visited a doctor or medical clinic for well child care? Well-child care is a visit for a general checkup, vaccinations, etc.(CHI Indicator)	<input type="checkbox"/> Never (Only when child is sick) <input type="checkbox"/> More than 2 Years Ago <input type="checkbox"/> Between 1 and 2 Years Ago <input type="checkbox"/> 6 Months to 1 Year Ago <input type="checkbox"/> 6 Months Ago or Less
---	--

7. About how long has it been since your child last visited a dentist or dental clinic for preventative care? Preventive care is a cleaning, fluoride, exam, etc.(CHI Indicator)	<input type="checkbox"/> Never visited for preventative care <input type="checkbox"/> More than 2 Years Ago <input type="checkbox"/> Between 1 and 2 Years Ago <input type="checkbox"/> 6 Months to 1 Year Ago <input type="checkbox"/> 6 Months Ago or Less
--	--

8. About how long has it been since you monitored your child's development through a screening tool such as Ages and Stages Questionnaire? (TWG Primary Indicator)	<input type="checkbox"/> I've never screened my child's development <input type="checkbox"/> More than 2 Years Ago <input type="checkbox"/> Between 1 and 2 Years Ago <input type="checkbox"/> 6 Months to 1 Year Ago <input type="checkbox"/> 6 Months Ago or Less
--	---

9. The early childhood education program where my child attends regularly shares information about quality (such as child and program assessments, curriculum, staff education and training) (H5Q Indicator)	<input type="checkbox"/> Seldom or Never <input type="checkbox"/> Once a Year <input type="checkbox"/> A few times a year <input type="checkbox"/> At least each month <input type="checkbox"/> My child does not attend child care or
--	--

10. I know what community services are available for my family and my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

11. I can access community services for my family and child if I need them.	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

12. Did you have any challenges accessing services? (pre-populate)

H5Q:	Children's Health / Children's Dental Van	Together We Grow:	Ready to Read:	Best Beginnings:
#Quality Care	#Health	#Child Development	#Literacy	#Community
<input type="checkbox"/> I don't know what high quality care is <input type="checkbox"/> I don't know how to find high quality care <input type="checkbox"/> I can't afford high quality care <input type="checkbox"/> Other: _____	<input type="checkbox"/> I don't have insurance <input type="checkbox"/> I don't have a doctor <input type="checkbox"/> I don't have a dentist <input type="checkbox"/> I don't have transportation <input type="checkbox"/> Other: _____	<input type="checkbox"/> I'm not sure when to call <input type="checkbox"/> I'm not sure who to call <input type="checkbox"/> I don't have transportation <input type="checkbox"/> Other: _____	<input type="checkbox"/> I need more books at home <input type="checkbox"/> I don't have time to read to my child <input type="checkbox"/> My child isn't interested <input type="checkbox"/> Storytimes are not at convenient times <input type="checkbox"/> I don't know how to read <input type="checkbox"/> Other: _____	<input type="checkbox"/> I'm not sure when to call <input type="checkbox"/> I'm not sure who to call <input type="checkbox"/> I don't have transportation <input type="checkbox"/> Other: _____

Client Satisfaction Survey

13. Were you connected to another agency for assistance, information or support? (pre-populate)

- | | | | |
|---|--|--|---|
| Best Beginnings: | Children's Health /
Children's Dental Van | H5Q -or- Together We Grow: | Ready to Read: |
| <input type="checkbox"/> Hospital for breastfeeding assistance | <input type="checkbox"/> Human Services for MediCal | <input type="checkbox"/> Head Start or Early Head Start for my child | <input type="checkbox"/> Children's Health Initiative for well child visits |
| <input type="checkbox"/> Public Health for support from a nurse | <input type="checkbox"/> Covered California for health insurance | <input type="checkbox"/> Counseling Services | <input type="checkbox"/> Best Beginnings for a newborn home visit |
| <input type="checkbox"/> Infant Parent Center for counseling | <input type="checkbox"/> Pediatrician / Family Doctor | <input type="checkbox"/> School District for assessment | <input type="checkbox"/> Together We Grow for a Playgroup or Advice |
| <input type="checkbox"/> Early Head Start for my child | <input type="checkbox"/> Dentist | <input type="checkbox"/> Special Education Local Plan Area (SELPA) for support | <input type="checkbox"/> High 5 for Quality for Quality Child Care |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Developmental | <input type="checkbox"/> Infant Development Center | <input type="checkbox"/> Developmental Questionnaire |
| | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Alta Regional Center | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Choices for Children | |
| | | <input type="checkbox"/> Parenting Support Classes | |
| | | <input type="checkbox"/> Library | |
| | | <input type="checkbox"/> Playgroups / Parent | |
| | | <input type="checkbox"/> WIC | |
| | | <input type="checkbox"/> Children's Health Initiative | |
| | | <input type="checkbox"/> Best Beginnings | |
| | | <input type="checkbox"/> Other: _____ | |

14. Did you receive the information you needed from the referral? Yes
 No, Please explain: _____

15. Which First 5 Programs have your family participated in?	<input type="checkbox"/> Children's Health Initiative:
	<input type="checkbox"/> Best Beginnings:
	<input type="checkbox"/> Together We Grow: Help understanding my child's development
	<input type="checkbox"/> High 5 for Quality: My child attends a H5Q program
	<input type="checkbox"/> Ready to Read @ Your Library: Library storytimes or Playmobile
	<input type="checkbox"/> Children's Dental Van: Seeing the dentist

16. How satisfied are you with the First 5 services you have received?

Extremely Satisfied	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
<input type="checkbox"/>				

Client Satisfaction Survey

17. Please share any additional comments about this program or suggestions for improvement:

18. Optional: Please provide your highest education level completed:

- Primary School
- Some High School
- High School Diploma/GED
- Vocational/Certification/Training Programs completed
- Some College
- 2-year College Degree/Certificate (A.A, etc.)
- 4-year College Degree (B.S., B.A., etc.)
- Post-Graduate or Professional Degree (M.S., M.A., J.D., etc.)

Corrective Action Plan
Contractor
Effective from xx/xx/xx to xx/xx/xx

Attachment VI

Findings <i>(notice for non-compliance or substandard performance)</i>	Corrective Action Steps <i>(ID root cause, assign owner, document response plan, follow-up process, and preventative actions)</i>	Goal	Documentation Required	Timeline	Status
Quantity/Quality of Work:	Resolution Procedures	Desired Results & Outcomes	Proof of Action	Completed By	Current Review (date)

By: _____

Contractor Name, Title

Contractor

Date: _____

By: _____

Kathi Guerrero, Executive Director

First 5 El Dorado Children and Families Commission

Date: _____

By: _____

Andrea Powers, Program Coordinator

Date: _____