

Contract #1617-73010 - Amendment 4
Addendum to the First 5 El Dorado Children's Health Contract

This Amendment 4 to the Contract #1617-73010 is made by and between First 5 El Dorado and the County of El Dorado is agreed upon according to:

Contract #1617-73010, Section 6. *Amendments.*

This contract may be amended or modified only by written agreement of all the parties. Contractor agrees to provide immediate written notice to the Commission if significant changes or events occur during the term of this contract which could potentially impact the progress or outcome of the grant including, but not limited to, changes in the Contractor's management personnel, loss of funding, revocation or suspension of the grant recipient's tax exempt status (if applicable) or license.

Modification 1

Replace Section 2: Scope of Work in its entirety as follows:

2. SCOPE OF WORK

CONTRACTOR agrees to take all steps and do all things reasonable and necessary to perform and complete in a good and workmanlike manner the project work of:

CHILDREN'S HEALTH

The CONTRACTOR shall work in partnership with and based on the guidance of the Commission to fulfill the deliverables and benchmarks identified in Scope of Work, Amendment 4 (Attachment I).

Modification 2

Replace Section 3: Fiscal Provisions in its entirety as follows:

3. FISCAL PROVISIONS:

- A. Notwithstanding any other provision of this contract; in no event will the cost to the Commission for the work to be provided herein exceed the maximum sum of **\$278,129** for FY 20-21 as recorded in the Annual Budget, Amendment 4 (Attachment II, Budget Form 1).

- B. Commission shall pay Contractor 10% of the total annual budget amount in accordance with the fiscal year. The basis for this Agreement shall be cost reimbursement quarterly (September 30, December 31, March 31 and June 30). Actual expenses to be billed in arrears, due to the Commission by the second Friday after each quarter. Contractor shall submit Quarterly Invoices, Amendment 4 (Attachment II, Budget Form 2) with supporting backup documentation for all reported expenditures (that may include, but is not limited to timesheets, receipts, paid invoices, travel expense claims). Final quarter expenses will be billed at fiscal year-end and the 10% advance will be applied as a credit to the amount due.

Should the application of the credit result in an overpayment by the Commission, it will be refunded by the first Friday in August, annually.

- C. Contractor is permitted a budget variation of up to fifteen percent (15%) for each budget line item for the fiscal year but shall not exceed the total approved annual budget amount. Any larger budget variation must be submitted in writing using the Budget Revision Request Form and Narrative, Amendment 4 (Attachment II, Budget Forms 3 and 4), and receive written Commission approval. All Budget Revision Requests must be received by the Commission by April 15th, annually.

Modification 3

Replace Attachments: Attachments will be replaced in their entirety as follows:

ATTACHMENTS

- I. Scope of Work**
- II. Budget Forms:**
 - Annual Budget (Budget Form 1)
 - Quarterly Invoice (Budget Form 2)
 - Budget Revision Request (Budget Form 3)
 - Budget Revision Narrative (Budget Form 4)
- III. Parent Registration Form**
- IV. Progress Reports:** Semi-Annual (Progress Report Form 1)
- VI. Family Survey**

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Except as herein amended, all other parts and sections of this Contract #1617-73010 shall remain unchanged and in full force and effect.

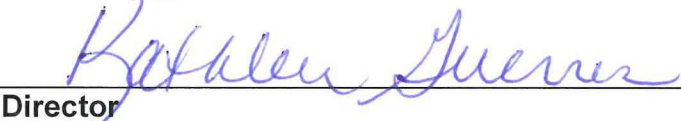
In Witness whereof, the parties have executed this Agreement Amendment 4 to be effective starting July 1, 2020.

Approved by:


FIRST 5 EL DORADO CHILDREN AND FAMILIES COMMISSION

 Date: 7/2/20

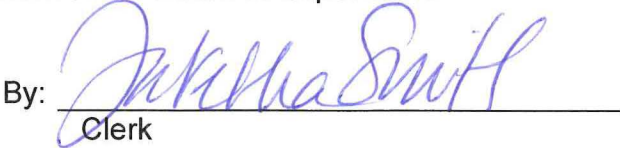
 Date: 7/2/20

 Date: 5/14/2020

COUNTY OF EL DORADO
HEALTH AND HUMAN SERVICES AGENCY

 Date: 6/9/20

ATTEST:
Kim Dawson
Clerk of the Board of Supervisors

By:  Dated: 6/9/20

HEALTH AND HUMAN SERVICES AGENCY COMMUNITY HEALTH ADVOCATES

Goal 1: Children birth through 5 have timely well child visits and semi-annual dental visits

Objectives: (1) 97% of children 0-5 have timely well-child visits, (2) 85% of children 1-5 have semi-annual dental visits

Lead Agency: El Dorado County Health and Human Services Agency. Primary strategies are implemented utilizing research based, best practices including (nurturingparenting.com/; zerotothree.org/resources/657-caring-conversations-cafe-model-facilitator-guide (Cafecitos); brightfutures.aap.org.)

1A. TARGET POPULATION (WHO)	1B. PRIMARY STRATEGY (WHAT)	2. ANNUAL ACTIVITIES (HOW)	3. ANNUAL LOCATION(S) (WHERE)	4. ANNUAL DOSAGE (HOW OFTEN)	5. ANNUAL TARGET (HOW MANY)	6. ANNUAL PERFORMANCE INDICATORS (HOW WELL DID WE DO)
EXPECTANT PARENTS AND FAMILIES WITH CHILDREN BIRTH THROUGH 18 YEARS OF AGE	<ul style="list-style-type: none"> ● Promote routine wellness visits ● Promote early and consistent routine dental visits ● Promote and connect to prenatal care in first trimester ● Increase family health literacy ● Educate providers on Hub services 	1. Community Health Advocate connects /links clients/families to: <ul style="list-style-type: none"> a) Health insurance b) Medical providers c) Community services and/or resources to support basic needs (WIC, HEAP, etc.) 	All Hubs	As requested by client to attain goal(s)	At least # individuals connected: Hub 1: 30 Hub 2: 60 Hub 3: 75 Hub 4: 70 Hub 5: 70	Maternal Child Adolescent Health (MCAH) Linkage logs will demonstrate the number of linkage requests and results
		2. Community Health Advocates refer to Public Health Nurse for care coordination/case management	All Hubs	Ongoing as needed	At least # families connected Hub 1: 6 Hub 2: 18 Hub 3: 18 Hub 4: 12 Hub 5: 12	MCAH Referral logs will demonstrate the number of accepted referrals
		3. Community Health Advocate presents Health Tips (and incorporate Child Development and Resiliency) – specific topics per Hub each Month (Examples: Dental, Screen free month, Immunizations, Flu and illness prevention, Nutrition, Routine Preventive Health)	Libraries and school site	A monthly health tip distributed among all SOW areas per Hub	8 of 12 health tips focused on Health/Dental per Hub	MCAH outreach logs will demonstrate the topic of health tips provided and number of attendees.

HEALTH AND HUMAN SERVICES AGENCY COMMUNITY HEALTH ADVOCATES

		4. Promotion of Dental Van and connect expectant mothers and pre-K (0-5) children/families to Dental Van and/or other local dental providers' services by Community Health Advocates	School sites, libraries, childcare sites and community events in All Hubs	At least twice per FY per Hub	At least 10 individuals connected per Hub.	MCAH Linkage logs will demonstrate the number of individuals connected to dental services.
		5. Health outreach/program promotion by Community Health Advocates	Schools, childcare sites and community events	At least twice per FY per Hub for Hubs 1, 2, 3, and 5. Hub 4 at least once per quarter.	At least 2 events attended for Hubs 1, 2, 3, and 5. Hub 4 at least 4 events.	MCAH outreach logs will demonstrate the number of community events attended and number of attendees
		6. Outreach to local medical and dental providers by Public Health Nursing team for the purpose of connecting families to Hubs	Providers offices	At least twice per FY per Hub	At least 2 provider visits per Hub. Only 1 visit per FY in Hub 4.	MCAH provider outreach log will demonstrate the number of providers.
		7. Community Health Advocate presence at evening/weekend Hub activities to promote access to routine health & dental care	Libraries, parks and recreation	At least twice per FY per Hub	At least 2 evening/weekend Hub activities per Hub	MCAH outreach logs will demonstrate the number of evening/weekend Hub activities attended.
		8. Post resources, program information, key messages, coordinated monthly tips and local events to Hub Facebook and Instagram pages	All Hubs	Post at least 1-2 times per week per Hub	104 social media posts per Hub	Monthly Social Media Analytics

HEALTH AND HUMAN SERVICES AGENCY COMMUNITY HEALTH ADVOCATES

Goal 2: Children birth through 5 have early screening and intervention for developmental delays and other special needs.

Objective: 50% of children participating in First 5 services have received a developmental screening.

Lead Agency: El Dorado County Health and Human Services Agency. Primary strategies are implemented utilizing research based, best practices including (agesandstages.com/; asqonline.com/family/757-screening-family-accessopen-asq-3-english/start; asqonline.com/family/1a667a)

1A. TARGET POPULATION (WHO)	1B. PRIMARY STRATEGY (WHAT)	2. ANNUAL ACTIVITIES (HOW)	3. ANNUAL LOCATION(S) (WHERE)	4. ANNUAL DOSAGE (HOW OFTEN)	5. ANNUAL TARGET (HOW MANY)	6. ANNUAL PERFORMANCE INDICATORS (HOW WELL DID WE DO)
FAMILIES WITH CHILDREN BIRTH THROUGH 5 YEARS OF AGE	Implement a countywide, universal developmental screening system modeled after Help Me Grow including four key elements: centralized access point, data collection and analysis, and child health provider outreach	1. EDCHHSA will maintain Hub “800” number as a warm-line for community access to health team and Hub 1 CHA will provide coverage of new Hub toll free line for incoming community referrals to Hub teams with ongoing assessment /evaluation of number of calls received and potential support needed from partners.	Coverage for all Hub areas - Hub 1 CHA will serve as lead for incoming calls to Hub toll free line.	Ongoing as needed	As needed	MCAH Linkage logs will demonstrate the number of calls.
		2. EDCHHSA will provide voluntary case management, including further assessment and referral assistance to families whose children have developmental or parental/caregiver concerns based on ASQ results.	All Hubs	Ongoing as needed	As needed	Referral logs will demonstrate the number of accepted referrals for Public Health Nursing follow-up.
		3. Ongoing implementation of developmental assessment tool for public health nurse use with care coordination/case management.	All Hubs	Ongoing as appropriate	Ongoing implementation	MCAH Field Contact Log will demonstrate number of completed developmental assessments
	Promote regular developmental screening using the ASQ and ASQ SE in all Hub Communities.	4. EDCHHSA will maintain access as a “provider” in the Brookes Enterprise database system through Family Engagement (FE) partners. a) New health team members will be trained in using the database b) The database will be organized to ensure appropriate consents, HIPAA compliance and family communication.	All Hubs	Ongoing as needed	As needed	MCAH Referral logs will demonstrate the number of accepted referrals

HEALTH AND HUMAN SERVICES AGENCY COMMUNITY HEALTH ADVOCATES

	<ul style="list-style-type: none"> ▪ Increase developmental screening and early intervention ▪ Increase parent/caregiver knowledge of child development 	<ul style="list-style-type: none"> c) Community Health Advocates will be responsible for encouraging families receiving services to complete an ASQ and ASQ:SE in either paper form or through web link provided by FE partners. d) Health team will be responsible for entering ASQ data into the database during course of case management for clients. e) EDCHHSA will maintain infrastructure to equip staff to score ASQ and ASQ:SE completed by health team as a “provider” and refer for follow up as appropriate. 				
		<p>5. Training – All new Hub Staff will be trained with support from FE staff on ASQ:3 and ASQ SE2 developmental screens and referral process and roles/responsibilities of team members on an as needed basis.</p> <ul style="list-style-type: none"> a) Families whose children do not have developmental or parental concerns (White scoring area on ASQ) are recommended to connect with Library classes or other appropriate resource for child enrichment. b) Families whose children have parental concerns or are in Monitoring area on ASQ are recommended to connect with the Family Engagement Specialist or other appropriate resource for parental support. c) Families whose children have developmental or parental concerns (below cutoff/black scoring area of ASQ) that need case management are recommended to connect with the EDCHHSA or other appropriate resource(s) for family support. d) Hub partners ensure a warm handoff by communicating with the referring agency to 	<p>Hub team meetings, Contractor’s meetings, and/or online webinar format</p>	<p>As needed</p>	<p>As needed</p>	<p>Monthly Hub team meeting or Contractor’s meeting agenda with Professional Development training</p>

HEALTH AND HUMAN SERVICES AGENCY COMMUNITY HEALTH ADVOCATES

		confirm whether a referral was accepted and a case was opened.				
		<p>6. Child health provider outreach:</p> <p>a) EDCHHSA Outreach and education to local medical providers to promote routine developmental and behavioral health screenings completed by public health nursing team</p> <p>b) EDCHHSA will support/facilitate local medical providers (Barton) in exploring access to Brooke’s database through FE partners to administer and score routine developmental screening in pediatric patients per Bright Futures/AAP guidelines.</p>	Provider offices	Refer to Goal 1: Activity 7.	10 providers	<p>MCAH outreach log will demonstrate the number of providers reached.</p> <p>Intent to change practice will be measured by post education MCAH evaluation and follow-up.</p>

HEALTH AND HUMAN SERVICES AGENCY COMMUNITY HEALTH ADVOCATES

Goal 4: Parents of children birth through 5 use positive strategies to guide and teach their child.

Objectives: (1) Increases in Family Survey Protective Factor Scales

Lead Agency: El Dorado County Health and Human Services Agency. Primary strategies are implemented utilizing research based, best practices including nurturingparenting.com/; zerotothree.org/resources/657-caring-conversations-cafe-model-facilitator-guide Cafecitos.

1A. TARGET POPULATION (WHO)	1B. PRIMARY STRATEGY (WHAT)	2. ANNUAL ACTIVITIES (HOW)	3. ANNUAL LOCATION(S) (WHERE)	4. ANNUAL DOSAGE (HOW OFTEN)	5. ANNUAL TARGET (HOW MANY)	6. ANNUAL PERFORMANCE INDICATORS (HOW WELL DID WE DO)
<p>EXPECTANT PARENTS AND FAMILIES WITH CHILDREN BIRTH THROUGH 18 YEARS OF AGE</p>	<ul style="list-style-type: none"> ● Promote resiliency and other protective factors ● Increase parenting knowledge ● Enhance social connections ● Promote social and emotional competence ● Promote concrete support 	<p>1. Health Education for parents: a) Preventative health classes with topics such as: Bright Futures Toolkit, importance of well visits, dental hygiene, immunizations, physical activity, nutrition, safety, lead poisoning prevention, including at locations/populations in the community as identified in the Community Needs Assessments</p> <p>Hub 1: Isolated groups (i.e. Rescue), Hub 2: Latino/Hispanic families, Socially/geographically isolated – South County areas Hub 3: Latino/Hispanic families, Geographically isolated locations, such as Camino and Pollock Pines. Hub 4: Individualized based on need Hub 5: Latino/Hispanic families (socially-isolated), Geographically isolated locations, such as Pollock Pines</p>	<p>Libraries, schools, churches, and/or community centers, Community Service Districts, parks and other recreation activities, mobile home communities, low income housing, isolated or rural communities, child care sites, and community based organizations</p>	<p>1-Six hour series per Hub</p>	<p>10 unduplicated families per series per Hub</p>	<p>MCAH outreach logs will demonstrate the number of health education sessions provided, number of attendees and pre/post evaluation</p> <p>Family Survey increases in all Protective Factor Scales:</p> <ul style="list-style-type: none"> ● Family Functioning/Resiliency ● Knowledge of Parenting and Child Development ● Social Emotional Support ● Concrete Support

HEALTH AND HUMAN SERVICES AGENCY COMMUNITY HEALTH ADVOCATES

Goal 5: Community Hubs will collaboratively provide services and resources for families with children birth to 5 years.

Objectives: One Community Hub will be located in each Supervisorial District and each primary Hub will be based at an El Dorado County Library: Hub 1 (El Dorado Hills Library), Hub 2 (Cameron Park Library), Hub 3, (Placerville Library), Hub 4 (Georgetown Library) and Hub 5 (South Lake Tahoe Library).

Lead Agencies: El Dorado County Health and Human Services Agency. Primary strategies are implemented by the Lead Partners, implementing research based, best practices.

1A. TARGET POPULATION (WHO)	1B. PRIMARY STRATEGY (WHAT)	2. ACTIVITIES (HOW)	3. LOCATION(S) (WHERE)	4. FREQUENCY (HOW OFTEN)	5. TARGET (HOW MANY)	6. PERFORMANCE INDICATORS (HOW WELL DID WE DO)
<p>EXPECTANT PARENTS AND FAMILIES WITH CHILDREN BIRTH THROUGH 18 YEARS OF AGE</p>	<p>Facilitate alignment of Hub services collaboratively with Hub partners</p>	<p>1. The Library Branch Manager and/or Public Health Nurse will facilitate monthly Hub meetings with the Community Health Advocate, Early Literacy Childhood Specialist, and Family Engagement Specialist and other Hub staff as appropriate. Together they will:</p> <ul style="list-style-type: none"> a) Set an annual meeting calendar b) Plan, coordinate, administer, and evaluate Hub services/activities either in person or virtually c) Submit agenda minutes electronically after each meeting 	<p>All Hubs</p>	<p>Two hours monthly (Either monthly 2 hour meeting or biweekly, 1 hour meeting) per Hub</p>	<p>60 Hub Team meetings (12 Hub Team meetings per Hub)</p>	<p>Annual meeting calendar Monthly Hub Team meeting agenda with minutes</p>
		<p>2. Develop a collaborative plan to identify, promote, and provide support to target population that are isolated/high-impact including, but not limited to, grandparents, foster families, families whose children have special needs, Spanish speaking, those experiencing homelessness and other families experiencing adverse childhood experiences.</p> <ul style="list-style-type: none"> a) Each quarter, Hub Teams will identify a target population guided by evaluation 	<p>All Hubs</p>	<p>Ongoing</p>	<p>1 targeted audience identified per Hub, per quarter</p>	<p>Monthly Hub Team meeting agenda with minutes</p>

HEALTH AND HUMAN SERVICES AGENCY COMMUNITY HEALTH ADVOCATES

		<p>results. Populations may be continued to a second quarter.</p> <ul style="list-style-type: none">b) Hub Teams will identify collaborative outreach strategies to engage the target population. These strategies should consider:<ul style="list-style-type: none">i. All partners will participate (EDCOE, HHS and EDC Library)ii. Partners will cross-promote Hub events, services and messaging in print and electronically. Promotion includes, but is not limited to, posting on social media pages, partner websites and calendars.iii. Partners will promote Hub events in the community including but not limited to public and private organizations, schools, child care and other local associations.c) Hub Teams will identify collaborative engagement strategies to build resiliency in the target population. These strategies should consider:<ul style="list-style-type: none">i. In person or virtuallyii. Any time or dayiii. Evenings and/or weekendiv. Alternate locations from libraryv. Active delivery of services/classes for all partnersvi. No minimum or maximum number of activitiesd) Hub Teams review strategies for continuous improvement at monthly meetings				
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HEALTH AND HUMAN SERVICES AGENCY COMMUNITY HEALTH ADVOCATES

		3. Promote all Health, Parenting and Child Development, Literacy, and Child Care Hub activities with key messages to families in the community: CA Surgeon General's Playbook: Stress Relief during COVID 19 (https://covid19.ca.gov/img/wp/california-surgeon-general_stress-busting-playbook_draft-v2clean_ada-04072020.pdf)	All Hubs	February 2020	TBD	Monthly Hub Team meeting agenda with minutes
		4. Promote current Hub events, contact information, and staff hours in print and electronically	All Hubs	Ongoing	As needed	Monthly Hub Team meeting agenda with minutes
		5. Participate in contract monitoring site visits for the purposes of assessing progress on contract milestones in person or virtually	All Hubs	As requested by First 5	As needed	Monthly Hub Team meeting agenda with minutes
		6. Participate in contractors' meetings either in person or virtually	All Hubs	Quarterly	6 2-hr contractors' meetings	Monthly Hub Team meeting agenda with minutes
		7. Distribute, promote and collect Family Survey, both in print and electronically	All Hubs All partners	Ongoing, after 6 hours of service	TBD in progress reports	Number of family surveys entered in First 5 Database
		8. Use the STARS database to register families and track participation at events	All Hubs	Per event	All participants	Number of registrations made by username/login
		9. Food may be served as budgeted and in compliance with First 5 El Dorado Food Policy	All Hubs	As approved	As approved	Invoicing back-ups
		10. Assist with translation of materials into Spanish and review of documents translated into Spanish for First 5 and/or Hub activities.	All Hubs All partners	Ongoing	Registration form, Family Survey, and other documents/communications needed	Email requests made by First 5 staff

HEALTH AND HUMAN SERVICES AGENCY COMMUNITY HEALTH ADVOCATES

Signature

Signatures are binding contractors to the assurances agreement:

Health and Human Services
Administrator Name:

Signature:

Date:



FY 20-21 Budget (Proposal)

Grantee Name: El Dorado County Health & Human Services Agency			
Project Name: Children's Health			
Contract Number: 1617-73010			
Lynnann Svensson, Public Health Nursing Program Manager/MCAH			
Contact Name & Title: Program Director			
Fiscal Year: 2020-2021			
Staff	Total Approved Budget Amount		\$278,129
Personnel:	Salary	Benefits	
1) Vacant (.61 FTE)	\$30,426	\$21,650	\$52,076
2) Allison Jilbert (.61 FTE)	\$26,454	\$12,577	\$39,031
3) Jessica Mahnken (.61 FTE)	\$26,454	\$18,039	\$44,493
4) Naomie Harris (.61 FTE)	\$30,981	\$24,512	\$55,493
5) Juana Anthenien (.61 FTE)	\$32,256	\$10,592	\$42,848
Subtotal Personnel	\$146,571	\$87,370	\$233,941
Operating Expenses:			
6) Rent and Utilities			
7) Office Supplies/Materials			\$1,000
8) Telephone and Telephone Equipment Phone Charges			\$2,800
9) Postage/Mailing			
10) Printing			
11) Equipment Lease			\$480
12) Travel & Mileage			\$8,654
13) Insurance			
14) Computers			
15) Staff Development			\$1,500
16) Computers			
17) Medical Provider Outreach and Education			\$500
18) ASQ Enterprise Annual Subscription and Quarterly Usage Fees			\$4,476
19) ASQ Family Access Annual Subscription			\$2,165
Subtotal Operating:			\$21,575
Indirect Expenses:			
	Max Indirect Cost (Calculated at 8.85%)		\$22,613
TOTAL COSTS			\$278,129

**ATTACHMENT II Budget Forms (Contract # 1617-73010) Budget Form 2
Quarterly Invoice Form**

First 5 El Dorado
2776 Ray Lawyer Drive
Placerville, CA 95667

Q1 due: October 21, 2020
Q2 due: January 20, 2021
Q3 due: April 21, 2021
Q4 due: July 21, 2021

Grantee Name: El Dorado County Health & Human Services Agency								
Project Name: Children's Health								
Contract Number: 1617-73010								
Contact Name & Title: Lynnann Svensson, Public Health Nursing Program Manager/MCAH Program Director								
Fiscal Year: 2020-2021								
Reporting Period (Select One): <input type="checkbox"/> Q1 Jul-Sep <input type="checkbox"/> Q2 Oct-Dec <input type="checkbox"/> Q3 Jan-Mar <input type="checkbox"/> Q4 Apr-Jun								
			Total Approved Budget Amount	Billed this Period		Previous Statement YTD	Total YTD Billed	Unexpended Balance
Staff				Salary	Benefits			
Personnel:	Salary	Benefits		Salary	Benefits			
1) Vacant (.61 FTE)	\$30,426	\$21,650	\$52,076			\$0.00	\$0.00	\$52,076.00
2) Allison Jilbert (.61 FTE)	\$26,454	\$12,577	\$39,031			\$0.00	\$0.00	\$39,031.00
3) Jessica Mahnken (.61 FTE)	\$26,454	\$18,039	\$44,493			\$0.00	\$0.00	\$44,493.00
4) Naomie Harris (.61 FTE)	\$30,981	\$24,512	\$55,493			\$0.00	\$0.00	\$55,493.00
5) Juana Anthenien (.61 FTE)	\$32,256	\$10,592	\$42,848			\$0.00	\$0.00	\$42,848.00
Subtotal Personnel	\$146,571	\$87,370	\$233,941	\$0.00	\$0.00	\$0.00	\$0.00	\$233,941.00
Operating Expenses:								
6) Rent and Utilities						\$0.00	\$0.00	\$0.00
7) Office Supplies/Materials			1,000			\$0.00	\$0.00	\$1,000.00
8) Telephone and Telephone Equipment Phone Charges			2,800			\$0.00	\$0.00	\$2,800.00
9) Postage/Mailing						\$0.00	\$0.00	\$0.00
10) Printing						\$0.00	\$0.00	\$0.00
11) Equipment Lease			480			\$0.00	\$0.00	\$480.00
12) Travel & Mileage			8,654			\$0.00	\$0.00	\$8,654.00
13) Insurance						\$0.00	\$0.00	\$0.00
14) Computers						\$0.00	\$0.00	\$0.00
15) Staff Development			1,500			\$0.00	\$0.00	\$1,500.00
16) Computers						\$0.00	\$0.00	\$0.00
17) Medical Provider Outreach and Education			500			\$0.00	\$0.00	\$500.00
18) ASQ Enterprise Annual Subscription and Quarterly Usage Fees			4,476			\$0.00	\$0.00	\$4,476.00
19) ASQ Family Access Annual Subscription			2,165			\$0.00	\$0.00	\$2,165.00
Subtotal Operating:			\$21,575		\$0.00	\$0.00	\$0.00	\$21,575.00
Indirect Expenses:								
	Max Indirect Cost (Calculated at 8.85%)		\$22,613		\$0.00	\$0.00	\$0.00	\$22,613.17
TOTAL COSTS			\$278,129		\$0.00	\$0.00	\$0.00	\$278,129.00

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 First 5 Program Assistant _____	Date _____	Signature of First 5 Program Coordinator _____	Date _____
Signature - First 5 Director _____		Date _____	



Budget Revision Request Form

Grantee Name:		El Dorado County Health & Human Services Agency				
Project Name:		Children's Health				
Contract Number:		1617-73010				
Contact Name & Title:		Lynnann Svensson, Public Health Nursing Program Manager/MCAH Program Director				
Budget Period:		2020-2021				
Proposed Effective Date:						
Budget Item	Total Approved Budget Amount		Proposed Budget Adjustment *Amount to increase (+) or decrease (-)		Proposed Local Budget	% Change
	Salary	Benefits	Salary	Benefits		
Personnel:						
1) Vacant (.61 FTE)	\$ 30,426	\$ 21,650			\$52,076	0%
2) Allison Jilbert (.61 FTE)	\$ 26,454	\$ 12,577			\$39,031	0%
3) Jessica Mahnken (.61 FTE)	\$ 26,454	\$ 18,039			\$44,493	0%
4) Naomie Harris (.61 FTE)	\$ 30,981	\$ 24,512			\$55,493	0%
5) Juana Anthenien (.61 FTE)	\$ 32,256	\$ 10,592			\$42,848	0%
Subtotal Personnel:	\$146,571	\$87,370	\$0	\$0	\$233,941	0%
Operating Expenses:						
6) Rent and Utilities		0				
7) Office Supplies/Materials		1,000			\$1,000	0%
8) Telephone and Telephone Equipment Phone Charges		2,800			\$2,800	0%
9) Postage/Mailing		0				
10) Printing		0				
11) Equipment Lease		480			\$480	0%
12) Travel & Mileage		8,654			\$8,654	0%
13) Insurance		0				
14) Computers		0				
15) Staff Development		1,500			\$1,500	0%
16) Computers		0				
17) Medical Provider Outreach and Education		500			\$500	0%
18) ASQ Enterprise Annual Subscription and Quarterly Usage Fees		4,476			\$4,476	0%
19) ASQ Family Access Annual Subscription		2,165			\$2,165	0%
Subtotal Operating:		\$21,575	\$0		\$21,575	0%
Indirect Expenses:						
Max Indirect Cost (Calculated at 8.85%)		\$22,613	\$0		\$22,613	0%
TOTAL COSTS		\$278,129	\$0		\$278,129	0%

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

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

First 5 Program Assistant

Date

First 5 Program Coordinator

Date

First 5 Direct

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

El Dorado County [Contractor]/First 5 Registration Form

*Thank you for attending today. We appreciate you coming. The El Dorado County [Contractor] and First 5 El Dorado Commission want to provide the best possible programs for our clients. We are requesting the information below only to determine the number of participants, primary language and ethnicity of the children and adults who use our programs and how frequently they use the services. No identifying information such as names or birthdates will be provided to anyone outside of this program. **If you do not wish to provide the information, you are still welcome to attend the events.** However, if you do register, you will receive a free children's book after every 10 visits as our thanks for helping to improve our services.*

PLEASE REGISTER THE PARENT OR LEGAL GUARDIAN:

Email Address: _____

NAME	DATE OF BIRTH	PRIMARY LANGUAGE	ETHNICITY
First: _____ Last: _____	__ / __ / ____	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____ <input type="radio"/> Decline to state	<input type="radio"/> Alaska Native/American Indian <input type="radio"/> Asian <input type="radio"/> Black/African-American <input type="radio"/> Hispanic/Latino <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races <input type="radio"/> Other: _____ <input type="radio"/> Decline to state

PLEASE REGISTER UP TO FOUR CHILDREN.

CHILD'S NAME	DATE OF BIRTH	PRIMARY LANGUAGE	ETHNICITY
First: _____ Last: _____	__ / __ / ____	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____ <input type="radio"/> Decline to state	<input type="radio"/> Alaska Native/American Indian <input type="radio"/> Asian <input type="radio"/> Black/African-American <input type="radio"/> Hispanic/Latino <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races <input type="radio"/> Other: _____ <input type="radio"/> Decline to state
First: _____ Last: _____	__ / __ / ____	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____ <input type="radio"/> Decline to state	<input type="radio"/> Alaska Native/American Indian <input type="radio"/> Asian <input type="radio"/> Black/African-American <input type="radio"/> Hispanic/Latino <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races <input type="radio"/> Other: _____ <input type="radio"/> Decline to state
First: _____ Last: _____	__ / __ / ____	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____ <input type="radio"/> Decline to state	<input type="radio"/> Alaska Native/American Indian <input type="radio"/> Asian <input type="radio"/> Black/African-American <input type="radio"/> Hispanic/Latino <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races <input type="radio"/> Other: _____ <input type="radio"/> Decline to state
First: _____ Last: _____	__ / __ / ____	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____ <input type="radio"/> Decline to state	<input type="radio"/> Alaska Native/American Indian <input type="radio"/> Asian <input type="radio"/> Black/African-American <input type="radio"/> Hispanic/Latino <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races <input type="radio"/> Other: _____ <input type="radio"/> Decline to state

Parent or Legal Guardian Signature: _____

Date: _____



FY 2020-2021 Semi-Annual Report

First 5 El Dorado – Children’s Health Program

2020-2021

Report Period: Mid-Year Report (Jul-Dec) Year-End Report (Jan-Dec)

Person Completing Report:		Date:	
Telephone:		Email:	

Technical Assistance

Please indicate by checking one of the boxes below, whether technical assistance is needed at this time.

No Yes (if you checked this box, please describe below what your TA needs are)

For Internal Use Only

Warm-Line: Services Provided to Children and Families

Commission Objective	Activity	Unduplicated Quantity of Individuals Served		Number of Services Provided		Family Surveys Collected
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Goal: N/A
Children receive early screening and intervention for developmental delays.	Families are provided information about developmental screenings and community resources through calls made to the warm-line. (number of calls made)	-		-		Achievement N/A
	Families are referred to community resources through calls made to the warm-line. (number of referrals provided)	-		-		

Hub 1: Demographics of Individuals Served (Unduplicated Count)				
Age		Total		
Children Less Than 3 years old				
Children from 3 rd to 6 th Birthday				
Children Age Unknown (birth – 6 th Birthday)				
Primary Caregivers				
Other Family Members				
Providers				
Total Population Served				
Race/Ethnicity	Children Birth – 6th Birthday	Primary Caregivers	Other Family Members	Providers
Alaska Native/American Indian				
Asian				
Black/African-American				
Hispanic/Latino				
Native Hawaiian or Other Pacific Islander				
White				
Two or More Races				
Other (Specify)				
Unknown				
Decline to State				
Total				
Primary Language	Children Birth – 6th Birthday	Primary Caregivers	Other Family Members	Providers
English				
Spanish				
Cantonese				
Mandarin				
Vietnamese				
Korean				
Other (Specify)				
Unknown				
Decline to State				
Total				

Hub 1: Services Provided to Qualifying* Families (*qualifying families include children age 0-5)

Commission Objective	Activity	Unduplicated Quantity of Individuals Served		(Duplicated) Number of Service Contacts Made		Family Surveys
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Hub Target: 247 Number Collected:
Children birth through 5 have well child visits and preventive dental care.	CHA's connect/link clients/families to health insurance.	30		-		
	CHA's connect/link clients/families to medical <i>and/or</i> dental providers			-		
	CHA's connect/link clients/families to community services.					
	CHA's refer to Public Health Nurse for care coordination/case management.	6		-		
	CHA's Connect children to dental van and/or other dental providers.	10		-		
		Unduplicated Quantity of Families Served		Number of Classes Offered (To Date)		
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	
Provide health education series to families of young children.	10		6			

Hub 1: Outreach Conducted (This includes outreach to community members and providers)

Please describe the outreach that has been conducted to promote program services within the Hub during this reporting period.

Outreach Event Description <small>(include target population – community members/providers)</small>	Date of Event	Estimated Number of Individuals Reached through Event

Hub 1: Evening/Weekend Activities

Please describe the evening/weekend activities that were supported to promote access to routine health and dental care during this reporting period.

Evening/Weekend Event Description	Date of Event	Estimated Number of Individuals Reached through Event

Hub 1: Challenges and Solutions

Please describe any challenges or delays experienced in implementing the program, and what solutions the program has identified to address the challenge.

Hub 1: Priority Populations

Please define the isolated or underserved populations you targeted each quarter and describe the strategies you used to reach them.

Quarter	1 st Quarter (Jul-Sep)	2 nd Quarter (Aug-Dec)	3 rd Quarter (Jan-Mar)	4 th Quarter (Apr-Jun)
Target Population				
Strategy				

Hub 1: Compelling Success Story

Please describe a compelling hub story to highlight the impact Hub services has on families served. Please provide a description of the family make-up, the service or intervention that was provided and the impact or benefits that the family experienced.

Hub 2: Demographics of Individuals Served (Unduplicated Count)				
Age		Total		
Children Less Than 3 years old				
Children from 3 rd to 6 th Birthday				
Children Age Unknown (birth – 6 th Birthday)				
Primary Caregivers				
Other Family Members				
Providers				
Total Population Served				
Race/Ethnicity	Children Birth – 6th Birthday	Primary Caregivers	Other Family Members	Providers
Alaska Native/American Indian				
Asian				
Black/African-American				
Hispanic/Latino				
Native Hawaiian or Other Pacific Islander				
White				
Two or More Races				
Other (Specify)				
Unknown				
Decline to State				
Total				
Primary Language	Children Birth – 6th Birthday	Primary Caregivers	Other Family Members	Providers
English				
Spanish				
Cantonese				
Mandarin				
Vietnamese				
Korean				
Other (Specify)				
Unknown				
Decline to State				
Total				

Hub 2: Services Provided to Qualifying* Families (*qualifying families include children age 0-5)

Commission Objective	Activity	Unduplicated Quantity of Individuals Served		(Duplicated) Number of Service Contacts Made		Family Surveys
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Hub Target: 177 Number Collected:
Children birth through 5 have well child visits and preventive dental care.	CHA's connect/link clients/families to health insurance.	60		-		
	CHA's connect/link clients/families to medical and/or dental providers.			-		
	CHA's connect/link clients/families to community services.					
	CHA's refer to Public Health Nurse for care coordination/case management.	18		-		
	CHA's Connect children to dental van and/or other dental providers.	10		-		
		Unduplicated Quantity of Families Served		Number of Classes Offered (To Date)		
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	
	Provide health education series to families of young children.	10		6		

Hub 2: Outreach Conducted (This includes outreach to community members and providers)

Please describe the outreach that has been conducted to promote program services within the Hub during this reporting period.

Outreach Event Description <small>(include target population – community members/providers)</small>	Date of Event	Estimated Number of Individuals Reached through Event

Hub 2: Evening/Weekend Activities

Please describe the evening/weekend activities that were supported to promote access to routine health and dental care during this reporting period.

Evening/Weekend Event Description	Date of Event	Estimated Number of Individuals Reached through Event

Hub 2: Challenges and Solutions

Please describe any challenges or delays experienced in implementing the program, and what solutions the program has identified to address the challenge.

Hub 2: Priority Populations

Please define the isolated or underserved populations you targeted each quarter and describe the strategies you used to reach them.

Quarter	1 st Quarter (Jul-Sep)	2 nd Quarter (Aug-Dec)	3 rd Quarter (Jan-Mar)	4 th Quarter (Apr-Jun)
Target Population				
Strategy				

Hub 2: Compelling Success Story

Please describe a compelling hub story to highlight the impact Hub services has on families served. Please provide a description of the family make-up, the service or intervention that was provided and the impact or benefits that the family experienced.

Hub 3: Demographics of Individuals Served (Unduplicated Count)				
Age		Total		
Children Less Than 3 years old				
Children from 3 rd to 6 th Birthday				
Children Age Unknown (birth – 6 th Birthday)				
Primary Caregivers				
Other Family Members				
Providers				
Total Population Served				
Race/Ethnicity	Children Birth – 6th Birthday	Primary Caregivers	Other Family Members	Providers
Alaska Native/American Indian				
Asian				
Black/African-American				
Hispanic/Latino				
Native Hawaiian or Other Pacific Islander				
White				
Two or More Races				
Other (Specify)				
Unknown				
Decline to State				
Total				
Primary Language	Children Birth – 6th Birthday	Primary Caregivers	Other Family Members	Providers
English				
Spanish				
Cantonese				
Mandarin				
Vietnamese				
Korean				
Other (Specify)				
Unknown				
Decline to State				
Total				

Hub 3: Services Provided to Qualifying* Families (*qualifying families include children age 0-5)

Commission Objective	Activity	Unduplicated Quantity of Individuals Served		(Duplicated) Number of Service Contacts Made		Family Surveys
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Hub Target: 238 Number Collected:
Children birth through 5 have well child visits and preventive dental care.	CHA's connect/link clients/families to health insurance.	75		-		
	CHA's connect/link clients/families to medical and/or dental providers.			-		
	CHA's connect/link clients/families to community services.					
	CHA's refer to Public Health Nurse for care coordination/case management.	18		-		
	CHA's Connect children to dental van and/or other dental providers.	10		-		
		Unduplicated Quantity of Families Served		Number of Classes Offered (To Date)		
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	
Provide health education series to families of young children.	10		6			

Hub 3: Outreach Conducted (This includes outreach to community members and providers)

Please describe the outreach that has been conducted to promote program services within the Hub during this reporting period.

Outreach Event Description <small>(include target population – community members/providers)</small>	Date of Event	Estimated Number of Individuals Reached through Event

Hub 3: Evening/Weekend Activities

Please describe the evening/weekend activities that were supported to promote access to routine health and dental care during this reporting period.

Evening/Weekend Event Description	Date of Event	Estimated Number of Individuals Reached through Event

Hub 3: Challenges and Solutions

Please describe any challenges or delays experienced in implementing the program, and what solutions the program has identified to address the challenge.

Hub 3: Priority Populations

Please define the isolated or underserved populations you targeted each quarter and describe the strategies you used to reach them.

Quarter	1 st Quarter (Jul-Sep)	2 nd Quarter (Aug-Dec)	3 rd Quarter (Jan-Mar)	4 th Quarter (Apr-Jun)
Target Population				
Strategy				

Hub 3: Compelling Success Story

Please describe a compelling hub story to highlight the impact Hub services has on families served. Please provide a description of the family make-up, the service or intervention that was provided and the impact or benefits that the family experienced.

Hub 4: Demographics of Individuals Served (Unduplicated Count)				
Age		Total		
Children Less Than 3 years old				
Children from 3 rd to 6 th Birthday				
Children Age Unknown (birth – 6 th Birthday)				
Primary Caregivers				
Other Family Members				
Providers				
Total Population Served				
Race/Ethnicity	Children Birth – 6th Birthday	Primary Caregivers	Other Family Members	Providers
Alaska Native/American Indian				
Asian				
Black/African-American				
Hispanic/Latino				
Native Hawaiian or Other Pacific Islander				
White				
Two or More Races				
Other (Specify)				
Unknown				
Decline to State				
Total				
Primary Language	Children Birth – 6th Birthday	Primary Caregivers	Other Family Members	Providers
English				
Spanish				
Cantonese				
Mandarin				
Vietnamese				
Korean				
Other (Specify)				
Unknown				
Decline to State				
Total				

Hub 4: Services Provided to Qualifying* Families (*qualifying families include children age 0-5)

Commission Objective	Activity	Unduplicated Quantity of Individuals Served		(Duplicated) Number of Service Contacts Made		Family Surveys
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Hub Target: 191 Number Collected:
Children birth through 5 have well child visits and preventive dental care.	CHA's connect/link clients/families to health insurance.	70		-		
	CHA's connect/link clients/families to medical and/or dental providers.			-		
	CHA's connect/link clients/families to community services.					
	CHA's refer to Public Health Nurse for care coordination/case management.	12		-		
	CHA's Connect children to dental van and/or other dental providers.	10		-		
		Unduplicated Quantity of Families Served		Number of Classes Offered (To Date)		
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	
Provide health education series to families of young children.	10		6			

Hub 4: Outreach Conducted (This includes outreach to community members and providers)

Please describe the outreach that has been conducted to promote program services within the Hub during this reporting period.

Outreach Event Description <small>(include target population – community members/providers)</small>	Date of Event	Estimated Number of Individuals Reached through Event

Hub 4: Evening/Weekend Activities

Please describe the evening/weekend activities that were supported to promote access to routine health and dental care during this reporting period.

Evening/Weekend Event Description	Date of Event	Estimated Number of Individuals Reached through Event

Hub 4: Challenges and Solutions

Please describe any challenges or delays experienced in implementing the program, and what solutions the program has identified to address the challenge.

Hub 4: Priority Populations

Please define the isolated or underserved populations you targeted each quarter and describe the strategies you used to reach them.

Quarter	1 st Quarter (Jul-Sep)	2 nd Quarter (Aug-Dec)	3 rd Quarter (Jan-Mar)	4 th Quarter (Apr-Jun)
Target Population				
Strategy				

Hub 4: Compelling Success Story

Please describe a compelling hub story to highlight the impact Hub services has on families served. Please provide a description of the family make-up, the service or intervention that was provided and the impact or benefits that the family experienced.

Hub 5: Demographics of Individuals Served (Unduplicated Count)				
Age		Total		
Children Less Than 3 years old				
Children from 3 rd to 6 th Birthday				
Children Age Unknown (birth – 6 th Birthday)				
Primary Caregivers				
Other Family Members				
Providers				
Total Population Served				
Race/Ethnicity	Children Birth – 6th Birthday	Primary Caregivers	Other Family Members	Providers
Alaska Native/American Indian				
Asian				
Black/African-American				
Hispanic/Latino				
Native Hawaiian or Other Pacific Islander				
White				
Two or More Races				
Other (Specify)				
Unknown				
Decline to State				
Total				
Primary Language	Children Birth – 6th Birthday	Primary Caregivers	Other Family Members	Providers
English				
Spanish				
Cantonese				
Mandarin				
Vietnamese				
Korean				
Other (Specify)				
Unknown				
Decline to State				
Total				

Hub 5: Services Provided to Qualifying* Families (*qualifying families include children age 0-5)

Commission Objective	Activity	Unduplicated Quantity of Individuals Served		(Duplicated) Number of Service Contacts Made		Family Surveys
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Hub Target: 209 Number Collected:
Children birth through 5 have well child visits and preventive dental care.	CHA's connect/link clients/families to health insurance.	70		-		
	CHA's connect/link clients/families to medical and/or dental providers.			-		
	CHA's connect/link clients/families to community services.					
	CHA's refer to Public Health Nurse for care coordination/case management.	12		-		
	CHA's Connect children to dental van and/or other dental providers.	10		-		
		Unduplicated Quantity of Families Served		Number of Classes Offered (To Date)		
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	
Provide health education series to families of young children.	10		6			

Hub 5: Outreach Conducted (This includes outreach to community members and providers)

Please describe the outreach that has been conducted to promote program services within the Hub during this reporting period.

Outreach Event Description <small>(include target population – community members/providers)</small>	Date of Event	Estimated Number of Individuals Reached through Event

Hub 5: Evening/Weekend Activities

Please describe the evening/weekend activities that were supported to promote access to routine health and dental care during this reporting period.

Evening/Weekend Event Description	Date of Event	Estimated Number of Individuals Reached through Event

Hub 5: Challenges and Solutions

Please describe any challenges or delays experienced in implementing the program, and what solutions the program has identified to address the challenge.

Hub 5: Priority Populations

Please define the isolated or underserved populations you targeted each quarter and describe the strategies you used to reach them.

Quarter	1 st Quarter (Jul-Sep)	2 nd Quarter (Aug-Dec)	3 rd Quarter (Jan-Mar)	4 th Quarter (Apr-Jun)
Target Population				
Strategy				

Hub 5: Compelling Success Story

Please describe a compelling hub story to highlight the impact Hub services has on families served. Please provide a description of the family make-up, the service or intervention that was provided and the impact or benefits that the family experienced.



Family Survey Cover Sheet

Please indicate how many times have you or your child participated in or received services from each of the following programs **since July 1, 2020**. If you are unsure whether or not you or your child have participated in a program, a list of activities associated with each program is provided below.

How many times have you participated in Early Childhood Literacy Programs ? _____	How many times have you participated or received services from Family Engagement Programs ? _____	How many times have you received services from the Community Health Advocate or Public Health Nurse ? _____
---	---	---

Early Childhood Literacy Program Activities	Family Engagement Program Description	Health Program Description
<ul style="list-style-type: none"> ▪ Storytime activities at the library, including: <ul style="list-style-type: none"> ○ Everything Spanish Storytime ○ Let’s Read Together ○ Evening Story Time ○ Mother Goose on the Loose ○ Mama Gansa Anda Suelta ○ STEAM Storytime ○ Early Literacy Preschool Storytime ○ 2’s & 3’s on the Go ▪ Referrals to other resources for Adult Literacy 	<ul style="list-style-type: none"> ▪ Play & Learn ▪ Parenting classes ▪ Play groups ▪ School Readiness Resources ▪ Developmental screening ▪ ASQ Kits ▪ Referrals for developmental check-up, delay or other services ▪ Referrals to other family support resources ▪ Raising Readers ▪ Parenting Resources and Information 	<ul style="list-style-type: none"> ▪ Assistance with health insurance or applications, including Medi-Cal, Covered CA, or other ▪ Help finding a doctor or dentist ▪ Connection to transportation for medical or dental appointment(s) ▪ Connection to community resources such as Food, Energy/HEAP, Clothing, Housing, WIC, and Cash Aid ▪ Connection to a medical specialist (for example: cardiology, endocrinology, orthopedics, etc.) ▪ Hub parenting workshops ▪ Health assessments ▪ Home visits (count the number of visits) ▪ Breastfeeding support ▪ Health education on pregnancy, infant/child care, nutrition, safety issues or learning about new diagnosis ▪ Resources for mental health concerns ▪ Developmental assessment (DAYC-2) and/or referral

For internal use only: *Minimum dosage requirements? Yes/No*



FAMILY SURVEY

Program Affiliation: Ready to Read @ Your Library Together We Grow Children's Health

Thank you for your recent participation in Community Hubs activities. This survey helps us to better understand the families we serve and improve our programs. The survey is voluntary and will take about 10 minutes. If you have more than one child participating in this program, please answer the question for the child that **participates the most** in First 5 funded services. The First 5 El Dorado Commission evaluation team will be able to see the information you provide. All information is kept private. No identifying personal information will be released in any way. If you have any questions about the survey, you may contact Alice Alk at (530) 622-5787.

Today's Date:		Zip Code:	
Participating Child's Birth Month:		Participating Child's Birth Year:	
Library Nearest to your Home:	<input type="checkbox"/> Cameron Park <input type="checkbox"/> Placerville	<input type="checkbox"/> El Dorado Hills <input type="checkbox"/> Pollock Pines	<input type="checkbox"/> Georgetown <input type="checkbox"/> South Lake Tahoe

Please tell us a little bit about your family.

The first set of questions are designed to help us understand a little bit about your child and their growth and development.

Please indicate how often the following occur.	Never	1-2 days per week	3-4 days per week	5-6 days per week	Every day
In a usual week, how often do you or any other family members read stories or look at picture books with your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a usual week, how often do you or any other family members' practice counting or doing activities that involve numbers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a usual week, how often do you play with your child (sing songs, play games, build things, play dress-up, or use his/her toys)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a usual week, how often do you or another family member take your child outdoors to participate in activities like sports, bicycle riding, or playing at the park?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a usual week, how often does your child follow a regular routine like getting up and going to bed at the same time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please indicate when your child last accessed health or dental care.	Never	More than 2 years ago	Between 1 and 2 years ago	6 months to 1 year ago	Less than 6 months ago
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.)	or only when sick <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how long has it been since your child last visited a dentist or dental clinic for preventive care? (Preventive care is a cleaning, fluoride, exam, etc.)	only when in pain <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The questions on the following page are designed to help us understand a little bit about your family both before you began participating in this program, and after.

This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation.

Please think back to when you started this program. For each of the following items, mark the first row based on how you felt or what you experienced **BEFORE** you started the program. On the second row, respond based on how you feel or what you experience **NOW**.

Please indicate your response to each statement twice.		A. Not at all like my life	B. Not much like my life	C. Somewhat like my life	D. Quite a lot like my life	E. Just like my life
The future looks good for our family.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Today	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my family, we take time to listen to each other.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Today	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are things we do as a family that are special to just us.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Today	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child misbehaves just to upset me.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Today	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I'm always telling my kids "no" or "stop."	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Today	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have frequent power struggles with my kids.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Today	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How I respond to my child depends on how I'm feeling.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Today	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have people who believe in me.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Today	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone in my life who gives me advice, even when it's hard to hear.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Today	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am trying to work on achieving a goal, I have friends who will support me.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Today	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I need someone to look after my kids on short notice, I can find someone I trust.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Today	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have people I trust to ask for advice about (check all that apply):						
Before	Now					
<input type="radio"/>	<input type="radio"/>	A. Money/Bills/Budgeting				
<input type="radio"/>	<input type="radio"/>	B. Relationships and/or My Love Life				
<input type="radio"/>	<input type="radio"/>	C. Food/Nutrition				
<input type="radio"/>	<input type="radio"/>	D. Stress, Anxiety, and/or Depression				
<input type="radio"/>	<input type="radio"/>	E. Parenting/My Kids				
<input type="radio"/>	<input type="radio"/>	F. None of the above				

Sometimes it's hard for families to afford everything they need. For each of the following, please check at least one answer, answering all that apply.

In the past month, were you unable to pay for:							
<input type="radio"/> A. Rent or mortgage	<input type="radio"/> D. Child care/daycare	<input type="radio"/> G. Transportation (including gas, bus passes, shared rides)					
<input type="radio"/> B. Utilities or bills (electricity/gas/heat, cell phone, etc.)	<input type="radio"/> E. Medicine, medical expenses, or co-pays	<input type="radio"/> H. DOES NOT APPLY - I was able to pay for all of these					
<input type="radio"/> C. Groceries/food (including baby formula, diapers)	<input type="radio"/> F. Basic household or personal hygiene items						
In the past year, have you:							
<input type="radio"/> A. Delayed or not gotten medical or dental care	<input type="radio"/> C. Lived in a shelter, in a hotel/motel, in an abandoned building or in a vehicle	<input type="radio"/> E. Lost access to your regular transportation (e.g. vehicle totaled or repossessed)					
<input type="radio"/> B. Been evicted from your home or apartment	<input type="radio"/> D. Moved in with other people, even temporarily, because you could not afford to pay rent, mortgage or bills	<input type="radio"/> F. Been unemployed when you really needed and wanted a job					
		<input type="radio"/> G. NONE OF THESE APPLY TO ME					
			A. Never	B. Rarely	C. Sometimes	D. Often	E. Almost Always
I have trouble affording what I need each month.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to afford the food I want to feed my family.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The last set of questions in this section are designed to help us understand a little bit more about your family configuration.

What is your annual household income?

- | | | | |
|---|---|---|---|
| <input type="radio"/> \$0 - \$12,760 per year | <input type="radio"/> \$21,720 - \$26,200 | <input type="radio"/> \$35,160 - \$39,640 | <input type="radio"/> \$49,720 - \$55,320 |
| <input type="radio"/> \$12,760 - \$17,240 | <input type="radio"/> \$26,200 - \$30,680 | <input type="radio"/> \$39,640 - \$44,120 | <input type="radio"/> \$55,320 - \$60,920 |
| <input type="radio"/> \$17,240 - \$21,720 | <input type="radio"/> \$30,680 - \$35,160 | <input type="radio"/> \$44,120 - \$49,720 | <input type="radio"/> More than \$60,920 |

Please tell us how many people live in your household? _____

Please provide your highest level of education completed:

- | | |
|---|---|
| <input type="radio"/> Primary School | <input type="radio"/> Some College |
| <input type="radio"/> Some High School | <input type="radio"/> 2-year college degree/certificate (A.A, etc.) |
| <input type="radio"/> High School Diploma/GED | <input type="radio"/> 4-year college degree/certificate (B.A, B.S, etc.) |
| | <input type="radio"/> Post-Graduate or Professional Degree (M.S., M.A., J.D., etc.) |

Please describe which ONE of the following categories best describes your race/ethnicity:

- | | |
|--|---|
| <input type="radio"/> Alaskan Native/Native American | <input type="radio"/> Native Hawaiian/ Other Pacific Islander |
| <input type="radio"/> Asian | <input type="radio"/> White |
| <input type="radio"/> Black/African American | <input type="radio"/> Two or more races |
| <input type="radio"/> Hispanic/Latino | <input type="radio"/> Other (Please specify): |
| | <input type="radio"/> Decline to answer |

Please indicate which ONE of the following categories describes your primary language:

- | | |
|-------------------------------|---|
| <input type="radio"/> English | <input type="radio"/> Other (Please specify): |
| <input type="radio"/> Spanish | <input type="radio"/> Decline to answer |

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 05/18/2020

Need Date: 06/05/2020

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Zhana Mc Cullough
Phone: Ext. 7154
Department Head Signature: Yvonne Kollings, CFO
Digitally signed by Yvonne Kollings, CFO
DN: cn=Yvonne Kollings, CFO, o=El Dorado County, ou=HHS, email=yvonne.kollings@edcgov.us, c=US
Date: 2020.05.22 08:22:53 -0700
Yvonne Kollings, CFO

CONTRACTOR:

Name: First 5 El Dorado Children and Family
Address: 2776 Ray Lawyer Drive
Placerville, CA 95667
Phone: _____
Org Code: 5430
Project String (if applicable): _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review of Amendment 4

Description: Amendment 4 changes/updates the Fiscal Provisions and the Attachments.

Contract Term: 07/01/2016 - 06/30/21 (unchanged) Contract Value: \$1,187,500 (unchanged)

COUNTY COUNSEL: (must approve all contracts and MOU's)

Approved: Disapproved: Date: 05/27/2020 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2020.05.27 15:03:44 -0700
Approved: Disapproved: Date: _____ By: _____

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: Lauren Montalvo
Digitally signed by Lauren Montalvo
Date: 2020.06.04 10:31:27 -0700

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: Disapproved: Date: 06/02/2020 By: SCHROEDER.ROBE
Digitally signed by SCHROEDER.ROBE
RT.R.1188050227
Date: 2020.06.02 15:52:29 -0700
Approved: Disapproved: Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments:
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!



County of El Dorado

Board of Supervisors
Department
330 Fair Lane, Building A
Placerville, California
530-621-5390
FAX 530-622-3645
www.edcgov.us/bos

Minute Order

Board of Supervisors

Shiva Frentzen, Chair, District II
Michael Ranalli, Vice-Chair, District IV
Sue Novasel, Second Vice-Chair, District V
John Hidahl, District I
Brian K. Veerkamp, District III

James S. Mitrison, Clerk of the Board of Supervisors
Don Ashton, Chief Administrative Officer
Michael J. Ciccozzi, County Counsel

Tuesday, June 20, 2017

8:00 AM

330 Fair Lane, Placerville, CA

10. 12-1068

Health and Human Services Agency recommending the Board:

- 1) Accept additional funding from First 5 El Dorado Children and Families Commission in the amount of \$1,000,000;
- 2) Approve and authorize the Chair to sign the Amendment 1 to Contract 1617-73010 (County Agreement 066-F1711) that extends the termination date for a total term that began July 1, 2016 and now extends to June 30, 2021 and increases the maximum dollar amount to \$1,187,500;
- 3) Approve and authorize the Chair to sign further amendments, if any, contingent upon approval by County Counsel and Risk Management; and
- 4) Authorize the Health and Human Services Assistant Director of Administration and Finance or the Chief Fiscal Officer to execute any fiscal and programmatic reports required for said Agreement and amendments.

FUNDING: First 5 El Dorado Children and Families Commission.

This matter was Approved on the Consent Calendar.

I CERTIFY THAT:

THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE.

Attest: James S. Mitrison, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By: _____

Kim Dawson, Sr. Deputy Clerk

Date: _____

6/22/2017