



## FIRST 5 EL DORADO CHILDREN AND FAMILIES COMMISSION

May 16, 2019

TO: Jeanne Amos, Library Director  
El Dorado County Library

FROM: Alice Alk, Program Coordinator  
First 5 El Dorado

CC: Kathleen Guerrero, Director  
First 5 El Dorado

RE: Contract #1617-71020 - Amendment 3

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Dear Jeanne,

On March 13, 2019, First 5 El Dorado Commissioners approved an amendment to your contract number 1617-71020 to provide Family Literacy services through June 30, 2021. This letter and its confirm the contract changes.

This amendment changes the following attachments to your contract:

- Scope of Work
- Budget
- Progress Reports
- Registration Forms
- Family Survey

Here is an original copy of the fully executed contract for your record.  
Should you have any questions, please call 530-622-5787.

Thank you,

Alice Alk



**COMMISSIONERS:**

Ginger Swigart, Chair  
*Community Representative*

Trey Washburn MD, Vice Chair  
*Medical Representative*

Patricia Charles-Heathers, PhD  
*EDC HHS Representative*

Ed Manansala, EdD  
*Education Representative*

Sue Novasel  
*EDC Board of Supervisors*

Sabrina Owen  
*EDC HHS Representative*

Janet Saitman  
*Community Representative*

Drew Woodall  
*Community Representative*

Connie Zelinsky  
*Community Representative*

**STAFF:**

Kathleen Guerrero, MA  
*Director*

Alice Alk  
*Program Coordinator*

**First 5 El Dorado  
Commission**

2776 Ray Lawyer Drive  
Placerville, CA 95667

530.622.5787 P

530.622.6761 F

[www.first5eldorado.com](http://www.first5eldorado.com)

**Contract #1617-71020 - Amendment 3  
Addendum to the First 5 El Dorado Family Literacy Contract**

This Amendment 3 to the Contract #1617-71020 is made by and between First 5 El Dorado and the County of El Dorado Library Department is agreed upon according to:

Contract #1617-71020, 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:

**FAMILY LITERACY**

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 3 (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 **\$437,500** for fiscal years 19-20 through 20-21. The Commission shall pay Contractor an annual amount not to exceed **\$218,750** as recorded in the Annual Budget, Amendment 3 (Attachment II, Budget Form 1). Compensation for the contract term may not total and not exceed **\$1,082,500**.

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 3 (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 1 (Attachment II, Budget Forms 3 and 4), and receive written Commission approval. All Budget Revision Requests must be received by the Commission by April 15<sup>th</sup>, 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 Invoices (Budget Form 2),
  - Budget Revision Request (Budget Form 3),
  - Budget Revision Narrative (Budget Form 4)
- III. Parent Registration Form**
- IV. Progress Reports: Quarterly (Progress Report Form 1)**
- VI. Family Survey**

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Except as herein amended, all other parts and sections of this Contract #1617-71020 shall remain unchanged and in full force and effect.

In Witness whereof, the parties have executed this Agreement Amendment 3 to be effective starting July 1, 2019.

Approved by:

FIRST 5 EL DORADO CHILDREN AND FAMILIES COMMISSION

*Christina Glindey* 7/2/19  
Commissioner Date:

*Janet Sattman* 7/11/19  
Commissioner Date:

*Rachel Murrin* 5/20/19  
Director Date:

COUNTY OF EL DORADO  
LIBRARY DEPARTMENT

*Sen Nowell* 6/25/2019  
Board of Supervisors Date:

ATTEST:  
James S. Mitrison  
Clerk of the Board of Supervisors

By: *JM* Dated: 6/25/2019  
Deputy Clerk

EL DORADO COUNTY LIBRARY DEPARTMENT

**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 Library.** Primary strategies are implemented research based, best practices including ([agesandstages.com/](http://agesandstages.com/); [asqonline.com//family/757-screening-family-accessopen-asq-3-english/start](http://asqonline.com//family/757-screening-family-accessopen-asq-3-english/start); [asqonline.com/family/1a667a](http://asqonline.com/family/1a667a))

1A. TARGET POPULATION (WHO)	1 ANNUAL STRATEGIES (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	Promote regular developmental screening using the ASQ and ASQ SE in all Hub Communities	1. Ongoing training with new team members on ASQ and SE developmental screening process, protocol, roles and responsibilities.	All Hub team meetings (PD)	As needed	As needed	Monthly Hub team meeting agenda with Professional Development training
		2. Library staff will incorporate developmental guidance in their work by language by sharing the importance of understanding child development milestones through storytimes.	All Hubs	Weekly activities at 5 hubs	800 Child development discussions with parents	Monthly Hub team meeting notes
		3. Library staff will promote and collect ASQ:3 and ASQ SE2 developmental screens by assisting parents to complete developmental screens at storytimes and provide ASQ kits.	All Hubs	One ASQ storytime per quarter per Hub	20 storytimes	Number of ASQs facilitated by partner; Number of ASQ checkouts

EL DORADO COUNTY LIBRARY DEPARTMENT

**Goal 3: Children birth through 5 are read to, or are reading, on a daily basis**

**Objectives:** (1) 85% of children 0-5 are read to on a daily basis

**Lead Agency:** El Dorado County Library. Primary strategies are implemented by the Lead Partner, implementing research based, best practices.

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)
<b>EXPECTANT PARENTS AND FAMILIES WITH CHILDREN BIRTH THROUGH 5 YEARS OF AGE</b>	<b>Engage families in interactive language enrichment classes that promote reading daily</b> <ul style="list-style-type: none"> <li>● <b>Mother Goose on the Loose</b></li> <li>● <b>2's &amp; 3's On the Go</b></li> <li>● <b>The Very Ready Reading Program</b></li> <li>● <b>Let's Read Together</b></li> <li>● <b>Touchpoints</b></li> <li>● <b>Family Place</b></li> <li>● <b>California State Preschool Foundations and Frameworks</b></li> <li>● <b>Early Literacy Storytime @ Your</b></li> </ul>	1. Libraries will provide targeted developmental level Early Literacy classes:	All Hubs	800* classes (800 hrs of direct contact) (Attachment 1)	2200 children 1500 adult caregivers (unduplicated)	Family Survey increases in all Protective Factor Scales: 1. Family Functioning/Resiliency 2. Nurturing and Attachment 3. Knowledge of Parenting and Child Development 4. Social Emotional Support 5. Concrete Support  Family Survey increases in the number of children who are read to an a daily basis  Increase in the number of library cards issued to families participating in Hub programs and services
		a) Share Early Literacy Tips at every class	All Hubs	Every class	800 Early Literacy Tips	
		b) Share Protective Factor Tips at every class	All Hubs	Every class	800 Protective Factors Tips	
		c) Provide free access to 20,000 picture books in English and Spanish for checkout to families	All Hubs	All Open Hours	90,000 books checked out	
		d) Provide targeted developmental level Early Literacy classes in Spanish	Hubs 2, 3 & 5	100 Classes (100 hours of direct contact)	TBD	
		e) Increase Early Literacy opportunities for working families by offering more weekend and evening programs.	Hubs 1,2,3 & 5	16 weeks x 4 = 64 programs	TBD	

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	<b>Library: Partnering with Caregivers for Success</b>	f) Library staff to attend 2 EDCOE Remote Site Playgroup sessions to promote literacy and connections to library.	Hub 1: Green Valley Elementary School area Hub 2: Pioneer School Hub 3: Camino School service area Hub 4: School or community site Hub 5: Tahoe Valley School	2 visits per Hub	10 unduplicated families per series, totaling 80 families	
		2. Promote classes with support materials (flyers, handouts, letters).	TBD per Hub	September 2019	1 universal template and 5 Hub-specific versions each	
		3. Provide Boom Books in English and/or Spanish with take-home bags	All Hubs	Fall 2019	6 Boom Basket with books and bags (1 per site)	
<b>FAMILIES WITH CHILDREN BIRTH THROUGH 5 YEARS OF AGE</b>	<b>Engage families and children in annual reading programs and classes that promote reading daily</b>	1. Libraries will provide targeted interactive programs and classes throughout the year:	All Hubs	Ongoing	TBD	Family Survey increases in the number of children who are read to on a daily basis
		a) Summer Reading Program	All Hubs	June 1 – August 31 2019	TBD	Increase in the number of library cards issued to families participating in Hub programs and services
		b) 1000 Books Before Kindergarten	All Hubs	Ongoing	TBD	

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**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)
<b>ALL FAMILIES WITH CHILDREN AGES 0-5 and/or Expectant parents.</b>	<b>Facilitate alignment of Hub services collaboratively with Hub partners</b>	1. Hub Teams will plan, coordinate, administer, and evaluate Hub services/activities	All Hubs	Monthly Meetings per Hub	60 Hub Team meetings (12 Hub Team meetings per Hub)	Annual meeting calendar
		2. 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
		3. Annual meeting calendar	All Hubs	August 2019	1 calendar, updated as necessary	Annual meeting calendar
		4. The Library Staff and Public Health Nurse will co-facilitate monthly Hub meetings with the Community Health Advocate and Family Engagement Specialist and other Hub staff as appropriate.	All Hubs	Two hours monthly (Either monthly 2 hour meeting or biweekly, 1 hour meeting) per Hub	60 Hub Team meetings (12 Hub Team meetings per Hub)	Annual meeting calendar
		5. Hub Teams will submit agenda minutes	All Hubs	Monthly per Hub	60 Hub Team meeting minutes submitted (12 sets of minutes per Hub)	Monthly Hub Team meeting agenda with minutes



EL DORADO COUNTY LIBRARY DEPARTMENT

		6. Curate Hub Scope of Work	All Hubs	Review monthly at Hub Meeting	60 Hub Team meetings (12 Hub Team meetings per Hub)	Monthly Hub Team meeting agenda with minutes
		7. Develop an outreach plan to serve targeted underserved families, aligning two Team Hub Programs and outreach events.	All Hubs	August 2019	1 targeted audience identified per Hub	Monthly Hub Team meeting agenda with minutes
		8. Design and facilitate two "Team Hub Programs": a) Evening or weekend b) All agency partners participating (EDCOE, HHSA and EDC Library) c) Library or outside location d) Active delivery of services/classes for all partners e) No minimum or maximum number of activities f) Completion of Hub Program Planform 4 weeks in advance of event (Attachment 3)	All Hubs	Fall 2019 and Spring 2020	At least 5 participants for each event per Hub	Monthly Hub Team meeting agenda with minutes
		9. Facilitate "Hub Outreach" events: a) Any time or day b) 1 or more agency partners participating (EDCOE, HHSA and EDC Library) c) Alternate location d) Promotion of services/classes/Hub e) Activities not necessary but can be determined by event setting and partner definition f) Distribution of Hub/partner materials	All Hubs	Ongoing	At least 5 participants for each event per Hub	Monthly Hub Team meeting agenda with minutes
		10. Promote all Health, Parenting and Child Development, Literacy, and Child Care Hub activities with key messages to	All Hubs	February 2020	TBD	Monthly Hub Team meeting agenda with minutes

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		families in the community: Oral Health Brush Book Bed				
		11 Post resources, program information, key messages, coordinated monthly tips and local events to Hub Facebook page and website calendar	All Hubs	Post at least 1 time per week per Hub	260 Facebook posts (52 posts per Hub)	Monthly Hub Team meeting agenda with minutes
		12. Promote current Hub events, contact information, and staff hours	All Hubs	Ongoing	As needed	Monthly Hub Team meeting agenda with minutes
		13. Participate in contract monitoring site visits for the purposes of assessing progress on contract milestones	All Hubs	As requested by First 5	As needed	Monthly Hub Team meeting agenda with minutes
		14. Contractors' meetings	All Hubs	Quarterly	4 contractors' meetings	Monthly Hub Team meeting agenda with minutes
		15. Distribute, promote and collect Family Survey	All Hubs All partners	Ongoing, after 6 hours of service	TBD in progress reports	Number of family surveys entered in First 5 Database
		16. 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
		17. 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

EL DORADO COUNTY LIBRARY DEPARTMENT

Signature

Signatures are binding contractors to the assurances agreement:

El Dorado County  
Library

Administrator Name: Jeanne Amos

Signature: Jeanne Amos

Date: 6/11/2019

Jeanne Amos



## Annual Budget

<b>Grantee Name:</b> El Dorado County Library			
<b>Project Name:</b> Family Literacy			
<b>Contract Number:</b> 1617-71020			
<b>Contact Name &amp; Title:</b> Jeanne Amos, El Dorado County Library Director			
<b>Fiscal Year:</b> 2019-2020			
<b>Staff</b>	<b>Total Approved Budget Amount</b>		<b>\$ 218,750</b>
<b>Personnel:</b>	<b>Salary</b>	<b>Benefits</b>	
1) 41% of 4 FTE ECLS	\$ 97,695		\$97,695
2) Library Assistants	\$ 55,000		\$55,000
3) 41% of Supervising Librarian	\$ 46,055		\$46,055
4)			\$0
5)			\$0
<b>Subtotal Personnel</b>	<b>\$198,750</b>	<b>\$0</b>	<b>\$198,750</b>
<b>Operating Expenses:</b>			
6) Office Supplies and Materials			9,000
7) Travel and Mileage			2,500
8) Training and Conferences			2,000
9) Rent and Utilities			
10) Equipment Lease			
11) Printing and Copying			
12) Telephone			
13) Postage and Mailing			
14) Computers and Equipment			
15) Books			6,500
16)			
17)			
18)			
19)			
20)			
<b>Subtotal Operating:</b>			<b>\$20,000</b>
<b>Indirect Expenses:</b>			
	<b>Max Indirect Cost (8.91%)</b>		
<b>TOTAL COSTS</b>			<b>\$218,750</b>



**Quarterly Invoice Form**

Due: October 11, 2019

Grantee Name: El Dorado County Library								
Project Name: Family Literacy								
Contract Number: 1617-71020								
Contact Name & Title: Jeanne Amos, El Dorado County Library Director								
Fiscal Year: 2019-2020								
Reporting Period: July - September 2019								
Staff			Total Approved Budget Amount	Billed this Period		Previous Statement YTD	Total YTD Billed	Unexpended Balance
Personnel:	Salary	Benefits		Salary	Benefits			
1) 41% of 4 FTE ECLS	\$ 97,695	\$ -	\$ 97,695			\$0.00	\$0.00	\$97,695.00
2) Library Assistants	\$ 55,000	\$ -	\$ 55,000			\$0.00	\$0.00	\$55,000.00
3) 41% of Supervising Librarian	\$ 46,055	\$ -	\$ 46,055			\$0.00	\$0.00	\$46,055.00
4)	\$ -	\$ -	\$ -			\$0.00	\$0.00	\$0.00
5)	\$ -	\$ -	\$ -			\$0.00	\$0.00	\$0.00
<b>Subtotal Personnel</b>	<b>\$198,750</b>	<b>\$0</b>	<b>\$198,750</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$198,750.00</b>
<b>Operating Expenses:</b>								
6) Office Supplies and Materials			9,000			\$0.00	\$0.00	\$9,000.00
7) Travel and Mileage			2,500			\$0.00	\$0.00	\$2,500.00
8) Training and Conferences			2,000			\$0.00	\$0.00	\$2,000.00
9) Rent and Utilities			0			\$0.00	\$0.00	\$0.00
10) Equipment Lease			0			\$0.00	\$0.00	\$0.00
11) Printing and Copying			0			\$0.00	\$0.00	\$0.00
12) Telephone			0			\$0.00	\$0.00	\$0.00
13) Postage and Mailing			0			\$0.00	\$0.00	\$0.00
14) Computers and Equipment			0			\$0.00	\$0.00	\$0.00
15) Books			6,500			\$0.00	\$0.00	\$6,500.00
16)			0			\$0.00	\$0.00	\$0.00
17)			0			\$0.00	\$0.00	\$0.00
18)			0			\$0.00	\$0.00	\$0.00
19)			0			\$0.00	\$0.00	\$0.00
20)			0			\$0.00	\$0.00	\$0.00
<b>Subtotal Operating:</b>			<b>\$20,000</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$20,000.00</b>
<b>Indirect Expenses:</b>								
			<b>Max Indirect Cost (8.91%)</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>TOTAL COSTS</b>			<b>\$218,750</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$218,750.00</b>

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
[ ]			
Date Received			
Signature of First 5 Program Assistant		Date	Signature of First 5 Program Coordinator
			Date
Signature - First 5 Director			
Date			



**Quarterly Invoice Form**

**Due: January 10, 2020**

Grantee Name: El Dorado County Library								
Project Name: Family Literacy								
Contract Number: 1617-71020								
Contact Name & Title: Jeanne Amos, El Dorado County Library Director								
Fiscal Year: 2019-2020								
Reporting Period: October - December 2019								
Staff			Total Approved Budget Amount	Billed this Period		Previous Statement YTD	Total YTD Billed	Unexpended Balance
	Salary	Benefits		Salary	Benefits			
Personnel:								
1) 41% of 4 FTE ECLS	\$ 97,695	\$ -	\$ 97,695			\$0.00	\$0.00	\$97,695.00
2) Library Assistants	\$ 55,000	\$ -	\$ 55,000			\$0.00	\$0.00	\$55,000.00
3) 41% of Supervising Librarian	\$ 46,055	\$ -	\$ 46,055			\$0.00	\$0.00	\$46,055.00
4)	\$ -	\$ -	\$ -					
5)	\$ -	\$ -	\$ -					
<b>Subtotal Personnel</b>	<b>\$198,750</b>	<b>\$0</b>	<b>\$198,750</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$198,750.00</b>
<b>Operating Expenses:</b>								
6) Office Supplies and Materials			9,000			\$0.00	\$0.00	\$9,000.00
7) Travel and Mileage			2,500			\$0.00	\$0.00	\$2,500.00
8) Training and Conferences			2,000			\$0.00	\$0.00	\$2,000.00
9) Rent and Utilities			0			\$0.00	\$0.00	\$0.00
10) Equipment Lease			0			\$0.00	\$0.00	\$0.00
11) Printing and Copying			0			\$0.00	\$0.00	\$0.00
12) Telephone			0			\$0.00	\$0.00	\$0.00
13) Postage and Mailing			0			\$0.00	\$0.00	\$0.00
14) Computers and Equipment			0			\$0.00	\$0.00	\$0.00
15) Books			6,500			\$0.00	\$0.00	\$6,500.00
16)			0			\$0.00	\$0.00	\$0.00
17)			0			\$0.00	\$0.00	\$0.00
18)			0			\$0.00	\$0.00	\$0.00
19)			0			\$0.00	\$0.00	\$0.00
20)			0			\$0.00	\$0.00	\$0.00
<b>Subtotal Operating:</b>			<b>\$20,000</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$20,000.00</b>
<b>Indirect Expenses:</b>								
		Max Indirect Cost (8.91%)				\$0.00	\$0.00	\$0.00
<b>TOTAL COSTS</b>			<b>\$218,750</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$218,750.00</b>

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



**Quarterly Invoice Form**

**Due: April 10, 2020**

Grantee Name: El Dorado County Library								
Project Name: Family Literacy								
Contract Number: 1617-71020								
Contact Name & Title: Jeanne Amos, El Dorado County Library Director								
Fiscal Year: 2019-2020								
Reporting Period: January - March 2020								
Staff			Total Approved Budget Amount	Billed this Period		Previous Statement YTD	Total YTD Billed	Unexpended Balance
Personnel:	Salary	Benefits		Salary	Benefits			
1) 41% of 4 FTE ECLS	\$ 97,695	\$ -	\$ 97,695			\$0.00	\$0.00	\$97,695.00
2) Library Assistants	\$ 55,000	\$ -	\$ 55,000			\$0.00	\$0.00	\$55,000.00
3) 41% of Supervising Librarian	\$ 46,055	\$ -	\$ 46,055			\$0.00	\$0.00	\$46,055.00
4)	\$ -	\$ -	\$ -					
5)	\$ -	\$ -	\$ -					
<b>Subtotal Personnel</b>	<b>\$198,750</b>	<b>\$0</b>	<b>\$198,750</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$198,750.00</b>
<b>Operating Expenses:</b>								
6) Office Supplies and Materials			9,000			\$0.00	\$0.00	\$9,000.00
7) Travel and Mileage			2,500			\$0.00	\$0.00	\$2,500.00
8) Training and Conferences			2,000			\$0.00	\$0.00	\$2,000.00
9) Rent and Utilities			0			\$0.00	\$0.00	\$0.00
10) Equipment Lease			0			\$0.00	\$0.00	\$0.00
11) Printing and Copying			0			\$0.00	\$0.00	\$0.00
12) Telephone			0			\$0.00	\$0.00	\$0.00
13) Postage and Mailing			0			\$0.00	\$0.00	\$0.00
14) Computers and Equipment			0			\$0.00	\$0.00	\$0.00
15) Books			6,500			\$0.00	\$0.00	\$6,500.00
16)			0			\$0.00	\$0.00	\$0.00
17)			0			\$0.00	\$0.00	\$0.00
18)			0			\$0.00	\$0.00	\$0.00
19)			0			\$0.00	\$0.00	\$0.00
20)			0			\$0.00	\$0.00	\$0.00
<b>Subtotal Operating:</b>			<b>\$20,000</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$20,000.00</b>
<b>Indirect Expenses:</b>								
	Max Indirect Cost (8.91%)					\$0.00	\$0.00	\$0.00
<b>TOTAL COSTS</b>			<b>\$218,750</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$218,750.00</b>

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



**Quarterly Invoice Form**

Due: July 10, 2020

Grantee Name: El Dorado County Library								
Project Name: Family Literacy								
Contract Number: 1617-71020								
Contact Name & Title: Jeanne Amos, El Dorado County Library Director								
Fiscal Year: 2019-2020								
Reporting Period: April - June 2020								
Staff			Total Approved Budget Amount	Billed this Period		Previous Statement YTD	Total YTD Billed	Unexpended Balance
Personnel:	Salary	Benefits		Salary	Benefits			
1) 41% of 4 FTE ECLS	\$ 97,695	\$ -	\$ 97,695			\$0.00	\$0.00	\$97,695.00
2) Library Assistants	\$ 55,000	\$ -	\$ 55,000			\$0.00	\$0.00	\$55,000.00
3) 41% of Supervising Librarian	\$ 46,055	\$ -	\$ 46,055			\$0.00	\$0.00	\$46,055.00
4)	\$ -	\$ -	\$ -			\$0.00	\$0.00	\$0.00
5)	\$ -	\$ -	\$ -			\$0.00	\$0.00	\$0.00
<b>Subtotal Personnel</b>	<b>\$198,750</b>	<b>\$0</b>	<b>\$198,750</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$198,750.00</b>
<b>Operating Expenses:</b>								
6) Office Supplies and Materials			9,000			\$0.00	\$0.00	\$9,000.00
7) Travel and Mileage			2,500			\$0.00	\$0.00	\$2,500.00
8) Training and Conferences			2,000			\$0.00	\$0.00	\$2,000.00
9) Rent and Utilities			0			\$0.00	\$0.00	\$0.00
10) Equipment Lease			0			\$0.00	\$0.00	\$0.00
11) Printing and Copying			0			\$0.00	\$0.00	\$0.00
12) Telephone			0			\$0.00	\$0.00	\$0.00
13) Postage and Mailing			0			\$0.00	\$0.00	\$0.00
14) Computers and Equipment			0			\$0.00	\$0.00	\$0.00
15) Books			6,500			\$0.00	\$0.00	\$6,500.00
16)			0			\$0.00	\$0.00	\$0.00
17)			0			\$0.00	\$0.00	\$0.00
18)			0			\$0.00	\$0.00	\$0.00
19)			0			\$0.00	\$0.00	\$0.00
20)			0			\$0.00	\$0.00	\$0.00
<b>Subtotal Operating:</b>			<b>\$20,000</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$20,000.00</b>
<b>Indirect Expenses:</b>								
		Max Indirect Cost (8.91%)				\$0.00	\$0.00	\$0.00
<b>TOTAL COSTS</b>			<b>\$218,750</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$218,750.00</b>

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		
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 Library				
Project Name: Family Literacy				
Contract Number: 1617-71020				
Contact Name & Title: Jeanne Amos, El Dorado County Library Director				
Budget Period:				
Proposed Effective Date:				
Budget Item	Total Approved Budget Amount	Proposed Budget Adjustment * Amount to Increase (+) or decrease (-)	Proposed Local Budget	% Change
<b>Personnel:</b>				
1) 41% of 4 FTE ECLS	\$97,695		\$97,695	0%
2) Library Assistants	\$55,000		\$55,000	0%
3) 41% of Supervising Librarian	\$46,055		\$46,055	0%
4)	\$0		\$0	#DIV/0!
5)	\$0		\$0	#DIV/0!
<b>Subtotal Personnel:</b>	<b>\$198,750</b>	<b>\$0</b>	<b>\$198,750</b>	<b>0%</b>
<b>Operating Expenses:</b>				
6) Office Supplies and Materials	9,000		\$9,000	0%
7) Travel and Mileage	2,500		\$2,500	0%
8) Training and Conferences	2,000		\$2,000	0%
9) Rent and Utilities	0		\$0	
10) Equipment Lease	0		\$0	
11) Printing and Copying	0		\$0	
12) Telephone	0		\$0	
13) Postage and Mailing	0		\$0	
14) Computers and Equipment	0		\$0	
15) Books	6,500		\$6,500	0%
<b>Subtotal Operating:</b>	<b>\$20,000</b>	<b>\$0</b>	<b>\$20,000</b>	<b>0%</b>
<b>Indirect Expenses:</b>				
Indirect Cost (8.91% max)		\$0	\$0	
<b>TOTAL COSTS</b>	<b>\$218,750</b>	<b>\$0</b>	<b>\$218,750</b>	<b>0%</b>

*\*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			
_____	Date	_____	Date
First 5 Program Assistant		First 5 Director	
_____	Date	_____	Date
First 5 Program Coordinator			



**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"/> 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: _____

**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"/> 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: _____
First: _____ Last: _____	__ / __ / ____	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____	<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: _____
First: _____ Last: _____	__ / __ / ____	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____	<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: _____
First: _____ Last: _____	__ / __ / ____	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____	<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: _____

Parent or Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# FY 2019-2020 Quarterly Report

## First 5 El Dorado – Ready to Read @ Your Library

**2019-2020**

Report Period:  1<sup>st</sup> Quarter (Jul-Sept)  2<sup>nd</sup> Quarter (Oct-Dec)  3<sup>rd</sup> Quarter (Jan-Mar)  4<sup>th</sup> Quarter (Apr-Jun)

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



## FY 2019-2020 Quarterly Report

### Hub 1: Demographics of Individuals Served (Unduplicated Count)

Age	Total
Children Less Than 3 years old	
Children from 3 <sup>rd</sup> to 6 <sup>th</sup> Birthday	
Children Age Unknown (birth – 6 <sup>th</sup> Birthday)	
Primary Caregivers	
Other Family Members	
Providers	
Total Population Served	

Race/Ethnicity	Children Birth – 6 <sup>th</sup> 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				
Total				

Primary Language	Children Birth – 6 <sup>th</sup> Birthday	Primary Caregivers	Other Family Members	Providers
English				
Spanish				
Cantonese				
Mandarin				
Vietnamese				
Korean				
Other (Specify)				
Unknown				
Total				

### Hub 1: Outreach Conducted

Please describe the outreach that has been conducted to promote program services within the Hub.

Outreach Event Description	Date of Event	Estimated Number of Individuals Reached through Event

## Hub 1: Services Provided to Qualifying\* Children and Families

Commission Objective	Activity	Unduplicated Quantity of Adults Served		Unduplicated Quantity of Children Served		Number of Classes Offered (To Date)		Family Surveys Collected
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Goal: 170
Children birth through 5 are read to on a daily basis.	Libraries will provide targeted developmental level Early Literacy Classes.	585		849		309		Achievement
	Provision of <b>Mother Goose on the Loose</b> ECD Classes.							
	Provision of <b>2's and 3's on the Go</b> ECD Classes.							
	Provision of <b>The Very Ready Reading Program</b> ECD Classes.							
	Provision of <b>The Let's Read Together</b> ECD Classes.							
	Provision of <b>Touchpoints</b> ECD Classes.							
	Provision of <b>Family Place</b> ECD Classes.							
	Provision of <b>CA Preschool Foundations</b> ECD Classes.							
	Provision of <b>Early Literacy Preschool Storytime</b> ECD Classes.							
	Provision of <b>Everything Spanish Storytime</b> ECD Classes.							
	Provision of <b>STEAM Storytime</b> ECD Classes.					-		
	Provision of <b>Mama Gansa Anda Suelta</b> ECD Classes.							
	Provision of <b>Evening English Storytime</b> ECD Classes.							
	Provision of <b>Magical Moments Storytime</b> ECD Classes.							
	Provision of <b>Let's Read Family Storytime</b> ECD Classes.							
	Provision of <b>Let's Read Family Storytime</b> ECD Classes.							
	Other (Insert Title):							
	Other (Insert Title):							
Other (Insert Title):								
Other (Insert Title):								

\*Qualifying individuals include children age 0-5 and their adult family members.

### 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 in the upcoming quarter.

### Hub 1: Priority Populations

Please describe the strategies you used to reach isolated or underserved families.

### 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.

<b>Hub 2: Demographics of Individuals Served (Unduplicated Count)</b>				
<b>Age</b>		<b>Total</b>		
Children Less Than 3 years old				
Children from 3 <sup>rd</sup> to 6 <sup>th</sup> Birthday				
Children Age Unknown (birth – 6 <sup>th</sup> Birthday)				
Primary Caregivers				
Other Family Members				
Providers				
Total Population Served				
<b>Race/Ethnicity</b>	<b>Children Birth – 6<sup>th</sup> Birthday</b>	<b>Primary Caregivers</b>	<b>Other Family Members</b>	<b>Providers</b>
Alaska Native/American Indian				
Asian				
Black/African-American				
Hispanic/Latino				
Native Hawaiian or Other Pacific Islander				
White				
Two or More Races				
Other (Specify)				
Unknown				
Total				
<b>Primary Language</b>	<b>Children Birth – 6<sup>th</sup> Birthday</b>	<b>Primary Caregivers</b>	<b>Other Family Members</b>	<b>Providers</b>
English				
Spanish				
Cantonese				
Mandarin				
Vietnamese				
Korean				
Other (Specify)				
Unknown				
Total				
<b>Hub 2: Outreach Conducted</b>				
Please describe the outreach that has been conducted to promote program services within the Hub.				
<b>Outreach Event Description</b>	<b>Date of Event</b>	<b>Estimated Number of Individuals Reached through Event</b>		



**Hub 2: Services Provided to Qualifying\* Children and Families**

Commission Objective	Activity	Unduplicated Quantity of Adults Served		Unduplicated Quantity of Children Served		Number of Classes Offered (To Date)		Family Surveys Collected
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Goal: <b>89</b>
Children birth through 5 are read to on a daily basis.	Libraries will provide targeted developmental level Early Literacy Classes.	<b>270</b>		<b>389</b>		<b>141</b>		Achievement
	Provision of <b>Mother Goose on the Loose</b> ECD Classes.							
	Provision of <b>2's and 3's on the Go</b> ECD Classes.							
	Provision of <b>The Very Ready Reading Program</b> ECD Classes.							
	Provision of <b>The Let's Read Together</b> ECD Classes.							
	Provision of <b>Touchpoints</b> ECD Classes.							
	Provision of <b>Family Place</b> ECD Classes.							
	Provision of <b>CA Preschool Foundations</b> ECD Classes.							
	Provision of <b>Early Literacy Preschool Storytime</b> ECD Classes.							
	Provision of <b>Everything Spanish Storytime</b> ECD Classes.							
	Provision of <b>STEAM Storytime</b> ECD Classes.					-		
	Provision of <b>Mama Gansa Anda Suelta</b> ECD Classes.							
	Provision of <b>Evening English Storytime</b> ECD Classes.							
	Provision of <b>Magical Moments Storytime</b> ECD Classes.							
	Provision of <b>Let's Read Family Storytime</b> ECD Classes.							
	Provision of <b>Let's Read Family Storytime</b> ECD Classes.							
	Other (Insert Title):							
	Other (Insert Title):							
	Other (Insert Title):							
Other (Insert Title):								

\*Qualifying individuals include children age 0-5 and their adult family members.

## 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 in the upcoming quarter.

## Hub 2: Priority Populations

Please describe the strategies you used to reach isolated or underserved families.

## 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.



## FY 2019-2020 Quarterly Report

<b>Hub 3: Demographics of Individuals Served (Unduplicated Count)</b>				
Age	Total			
Children Less Than 3 years old				
Children from 3 <sup>rd</sup> to 6 <sup>th</sup> Birthday				
Children Age Unknown (birth – 6 <sup>th</sup> Birthday)				
Primary Caregivers				
Other Family Members				
Providers				
Total Population Served				
Race/Ethnicity	Children Birth – 6 <sup>th</sup> 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				
Total				
Primary Language	Children Birth – 6 <sup>th</sup> Birthday	Primary Caregivers	Other Family Members	Providers
English				
Spanish				
Cantonese				
Mandarin				
Vietnamese				
Korean				
Other (Specify)				
Unknown				
Total				
<b>Hub 3: Outreach Conducted</b>				
Please describe the outreach that has been conducted to promote program services within the Hub.				
Outreach Event Description	Date of Event	Estimated Number of Individuals Reached through Event		

## Hub 3: Services Provided to Qualifying<sup>A</sup> Children and Families

Commission Objective	Activity	Unduplicated Quantity of Adults Served		Unduplicated Quantity of Children Served		Number of Classes Offered (To Date)		Family Surveys Collected
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Goal: 95
Children birth through 5 are read to on a daily basis.	Libraries will provide targeted developmental level Early Literacy Classes.	291		430		156		Achievement
	Provision of <b>Mother Goose on the Loose</b> ECD Classes.							
	Provision of <b>2's and 3's on the Go</b> ECD Classes.							
	Provision of <b>The Very Ready Reading Program</b> ECD Classes.							
	Provision of <b>The Let's Read Together</b> ECD Classes.							
	Provision of <b>Touchpoints</b> ECD Classes.							
	Provision of <b>Family Place</b> ECD Classes.							
	Provision of <b>CA Preschool Foundations</b> ECD Classes.							
	Provision of <b>Early Literacy Preschool Storytime</b> ECD Classes.							
	Provision of <b>Everything Spanish Storytime</b> ECD Classes.							
	Provision of <b>STEAM Storytime</b> ECD Classes.							
	Provision of <b>Mama Gansa Anda Suelta</b> ECD Classes.							
	Provision of <b>Evening English Storytime</b> ECD Classes.							
	Provision of <b>Magical Moments Storytime</b> ECD Classes.							
	Provision of <b>Let's Read Family Storytime</b> ECD Classes.							
	Provision of <b>Let's Read Family Storytime</b> ECD Classes.							
	Other (Insert Title):							
	Other (Insert Title):							
Other (Insert Title):								
Other (Insert Title):								

<sup>A</sup>Qualifying individuals include children age 0-5 and their adult family members.

### 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 in the upcoming quarter.

### Hub 3: Priority Populations

Please describe the strategies you used to reach isolated or underserved families.

### 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.

<b>Hub 4: Demographics of Individuals Served (Unduplicated Count)</b>				
<b>Age</b>		<b>Total</b>		
Children Less Than 3 years old				
Children from 3 <sup>rd</sup> to 6 <sup>th</sup> Birthday				
Children Age Unknown (birth – 6 <sup>th</sup> Birthday)				
Primary Caregivers				
Other Family Members				
Providers				
Total Population Served				
<b>Race/Ethnicity</b>	<b>Children Birth – 6<sup>th</sup> Birthday</b>	<b>Primary Caregivers</b>	<b>Other Family Members</b>	<b>Providers</b>
Alaska Native/American Indian				
Asian				
Black/African-American				
Hispanic/Latino				
Native Hawaiian or Other Pacific Islander				
White				
Two or More Races				
Other (Specify)				
Unknown				
Total				
<b>Primary Language</b>	<b>Children Birth – 6<sup>th</sup> Birthday</b>	<b>Primary Caregivers</b>	<b>Other Family Members</b>	<b>Providers</b>
English				
Spanish				
Cantonese				
Mandarin				
Vietnamese				
Korean				
Other (Specify)				
Unknown				
Total				
<b>Hub 4: Outreach Conducted</b>				
Please describe the outreach that has been conducted to promote program services within the Hub.				
<b>Outreach Event Description</b>	<b>Date of Event</b>	<b>Estimated Number of Individuals Reached through Event</b>		

**Hub 4: Services Provided to Qualifying\* Children and Families**

Commission Objective	Activity	Unduplicated Quantity of Adults Served		Unduplicated Quantity of Children Served		Number of Classes Offered (To Date)		Family Surveys Collected
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Goal: <b>53</b>
Children birth through 5 are read to on a daily basis.	Libraries will provide targeted developmental level Early Literacy Classes.	<b>93</b>		<b>155</b>		<b>56</b>		Achievement
	Provision of <b>Mother Goose on the Loose</b> ECD Classes.							
	Provision of <b>2's and 3's on the Go</b> ECD Classes.							
	Provision of <b>The Very Ready Reading Program</b> ECD Classes.							
	Provision of <b>The Let's Read Together</b> ECD Classes.							
	Provision of <b>Touchpoints</b> ECD Classes.							
	Provision of <b>Family Place</b> ECD Classes.							
	Provision of <b>CA Preschool Foundations</b> ECD Classes.							
	Provision of <b>Early Literacy Preschool Storytime</b> ECD Classes.							
	Provision of <b>Everything Spanish Storytime</b> ECD Classes.							
	Provision of <b>STEAM Storytime</b> ECD Classes.							
	Provision of <b>Mama Gansa Anda Suelta</b> ECD Classes.							
	Provision of <b>Evening English Storytime</b> ECD Classes.							
	Provision of <b>Magical Moments Storytime</b> ECD Classes.							
	Provision of <b>Let's Read Family Storytime</b> ECD Classes.							
	Provision of <b>Let's Read Family Storytime</b> ECD Classes.							
	Other (Insert Title):							
	Other (Insert Title):							
Other (Insert Title):								
Other (Insert Title):								

\*Qualifying individuals include children age 0-5 and their adult family members.

**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 in the upcoming quarter.

**Hub 4: Priority Populations**

Please describe the strategies you used to reach isolated or underserved families.

**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.



<b>Hub 5: Demographics of Individuals Served (Unduplicated Count)</b>				
<b>Age</b>		<b>Total</b>		
Children Less Than 3 years old				
Children from 3 <sup>rd</sup> to 6 <sup>th</sup> Birthday				
Children Age Unknown (birth – 6 <sup>th</sup> Birthday)				
Primary Caregivers				
Other Family Members				
Providers				
Total Population Served				
<b>Race/Ethnicity</b>	<b>Children Birth – 6<sup>th</sup> Birthday</b>	<b>Primary Caregivers</b>	<b>Other Family Members</b>	<b>Providers</b>
Alaska Native/American Indian				
Asian				
Black/African-American				
Hispanic/Latino				
Native Hawaiian or Other Pacific Islander				
White				
Two or More Races				
Other (Specify)				
Unknown				
Total				
<b>Primary Language</b>	<b>Children Birth – 6<sup>th</sup> Birthday</b>	<b>Primary Caregivers</b>	<b>Other Family Members</b>	<b>Providers</b>
English				
Spanish				
Cantonese				
Mandarin				
Vietnamese				
Korean				
Other (Specify)				
Unknown				
Total				
<b>Hub 5: Outreach Conducted</b>				
Please describe the outreach that has been conducted to promote program services within the Hub.				
<b>Outreach Event Description</b>	<b>Date of Event</b>	<b>Estimated Number of Individuals Reached through Event</b>		

**Hub 5: Services Provided to Qualifying\* Children and Families**

Commission Objective	Activity	Unduplicated Quantity of Adults Served		Unduplicated Quantity of Children Served		Number of Classes Offered (To Date)		Family Surveys Collected
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Goal: 85
Children birth through 5 are read to on a daily basis.	Libraries will provide targeted developmental level Early Literacy Classes.	261		376		137		Achievement
	Provision of <b>Mother Goose on the Loose</b> ECD Classes.							
	Provision of <b>2's and 3's on the Go</b> ECD Classes.							
	Provision of <b>The Very Ready Reading Program</b> ECD Classes.							
	Provision of <b>The Let's Read Together</b> ECD Classes.							
	Provision of <b>Touchpoints</b> ECD Classes.							
	Provision of <b>Family Place</b> ECD Classes.							
	Provision of <b>CA Preschool Foundations</b> ECD Classes.							
	Provision of <b>Early Literacy Preschool Storytime</b> ECD Classes.							
	Provision of <b>Everything Spanish Storytime</b> ECD Classes.							
	Provision of <b>STEAM Storytime</b> ECD Classes.					-		
	Provision of <b>Mama Gansa Anda Suelta</b> ECD Classes.							
	Provision of <b>Evening English Storytime</b> ECD Classes.							
	Provision of <b>Magical Moments Storytime</b> ECD Classes.							
	Provision of <b>Let's Read Family Storytime</b> ECD Classes.							
	Provision of <b>Let's Read Family Storytime</b> ECD Classes.							
	Other (Insert Title):							
	Other (Insert Title):							
Other (Insert Title):								
Other (Insert Title):								

\*Qualifying individuals include children age 0-5 and their adult family members.

### 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 in the upcoming quarter.

### Hub 5: Priority Populations

Please describe the strategies you used to reach isolated or underserved families.

### 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

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 your youngest child. 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:	
Youngest Child's Birth Month:		Youngest Child's Birth Year:	
Library Nearest to your Home:	<input type="checkbox"/> Cameron Park	<input type="checkbox"/> El Dorado Hills	<input type="checkbox"/> Georgetown
	<input type="checkbox"/> Placerville	<input type="checkbox"/> Pollock Pines	<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"/>
Do you have a place in your home where your child can read, do arts and crafts, or play with their toys?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Not Sure
Please indicate when your child last accessed health or dental care.	Never	More than 2 years ago	Between 1 and 2 years ago	More than 6 months, but less than a 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**.

<b>The future looks good for our family.</b>	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>Today</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>In my family, we take time to listen to each other.</b>	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>Today</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>There are things we do as a family that are special to just us.</b>	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>Today</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>My child misbehaves just to upset me.</b>	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>Today</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel like I'm always telling my kids "no" or "stop."</b>	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>Today</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I have frequent power struggles with my kids.</b>	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>Today</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>How I respond to my child depends on how I'm feeling.</b>	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>Today</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I have people who believe in me.</b>	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>Today</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I have someone in my life who gives me advice, even when it's hard to hear.</b>	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>Today</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>When I am trying to work on achieving a goal, I have friends who will support me.</b>	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>Today</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>When I need someone to look after my kids on short notice, I can find someone I trust.</b>	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>Today</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I have people I trust to ask for advice about (check all that apply):</b>						
Before	<b>Now</b>					
<input type="radio"/>	<input type="radio"/>	<b>Money/Bills/Budgeting</b>				
<input type="radio"/>	<input type="radio"/>	<b>Relationships and/or My Love Life</b>				
<input type="radio"/>	<input type="radio"/>	<b>Food/Nutrition</b>				
<input type="radio"/>	<input type="radio"/>	<b>Stress, Anxiety, and/or Depression</b>				
<input type="radio"/>	<input type="radio"/>	<b>Parenting/My Kids</b>				
<input type="radio"/>	<input type="radio"/>	<b>None of the above</b>				

Sometimes it's hard for families to afford everything they need. For each of the following, check all that apply.

<b>In the past month, were you unable to pay for:</b>				
<input type="radio"/> Rent or mortgage	<input type="radio"/> Child care/daycare	<input type="radio"/> Transportation (including gas, bus passes, shared rides)		
<input type="radio"/> Utilities or bills (electricity/gas/heat, cell phone, etc.)	<input type="radio"/> Medicine, medical expenses, or co-pays	<input type="radio"/> I was able to pay for all of these		
<input type="radio"/> Groceries/food (including baby formula, diapers)	<input type="radio"/> Basic household or personal hygiene items			
<b>In the past, have you:</b>				
<input type="radio"/> Delayed or not gotten medical or dental care	<input type="radio"/> Lived in a shelter, in a hotel/motel, in an abandoned building or in a vehicle	<input type="radio"/> Lost access to your regular transportation (e.g. vehicle totaled or repossessed)		
<input type="radio"/> Been evicted from your home or apartment	<input type="radio"/> Moved in with other people, even temporarily, because you could not afford to pay rent, mortgage or bills	<input type="radio"/> Been unemployed when you really needed and wanted a job		
		<input type="radio"/> None of these apply to me		
<b>I have trouble affording what I need each month.</b>				
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I am able to afford the food I want to feed my family.</b>				
	<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="checkbox"/> \$0 - \$12,140 per year | <input type="checkbox"/> \$20,780 - \$25,100 | <input type="checkbox"/> \$33,740 - \$38,060 | <input type="checkbox"/> \$72,586 - \$92,248  |
| <input type="checkbox"/> \$12,140 - \$16,460     | <input type="checkbox"/> \$25,100 - \$29,420 | <input type="checkbox"/> \$38,060 - \$42,380 | <input type="checkbox"/> \$92,248 - \$103,615 |
| <input type="checkbox"/> \$16,460 - \$20,780     | <input type="checkbox"/> \$29,420 - \$33,740 | <input type="checkbox"/> \$42,380 - \$72,586 | <input type="checkbox"/> More than \$103,615  |

**Please tell us how many people live in your household?** \_\_\_\_\_

**Please provide your highest level of education completed:**

- |  |  |
|--|--|
| <input type="checkbox"/> Primary School                            | <input type="checkbox"/> Some College  |
| <input type="checkbox"/> Some High School                          | <input type="checkbox"/> 2-year college degree/certificate (A.A, etc.)                 |
| <input type="checkbox"/> High School Diploma/GED                   | <input type="checkbox"/> 4-year college degree/certificate (B.A, B.S, etc.)            |
| <input type="checkbox"/> Vocational/Certification/Training Program | <input type="checkbox"/> 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="checkbox"/> Alaskan Native/Native American | <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander |
| <input type="checkbox"/> Asian                          | <input type="checkbox"/> White                                   |
| <input type="checkbox"/> Black/African American         | <input type="checkbox"/> Two or more races                       |
| <input type="checkbox"/> Hispanic/Latino                | <input type="checkbox"/> Other (Please specify):                 |

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

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Other (Please specify): |
| <input type="checkbox"/> Spanish |  |

**Please tell us a little bit about your satisfaction with services.**

This program has helped my child learn new skills that will help them when they enter kindergarten.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This program has helped me feel more confident as a parent/caregiver and knowledgeable about my child's growth and development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff that are associated with the program were kind and treated my family with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My overall satisfaction with services was good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>