



ORIGINAL

EDC Contract #036-F1611

Contract #1516-90004-15-708

Children and Families Commission

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Campaign for Kids

Direct Service Contract

Contract #1516-90004-15-708

Ready to Read @ Your Library

THIS AGREEMENT is made this 1st day of July, 2015, by and between First 5 El Dorado Children and Families Commission and

El Dorado County Library
Jeanne Amos, Director
345 Fair Lane
Placerville, CA 95667
Phone: (530) 621-5546
Fax: (530) 622-3911

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Direct Service Contract 15-16

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Email: apowers@edcoe.org
www.first5eldorado.com



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THIS AGREEMENT is made by and between First 5 El Dorado Children and Families Commission ("Commission") and El Dorado County Library ("Grantee").

Entire Agreement: This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties and they incorporate or supersede all prior written or oral Agreements or understandings.

RECITALS:

WHEREAS, Grantee has agreed to implement strategies that support the Goals and Objectives of the STRATEGIC PLAN of the Commission,

NOW, THEREFORE, for and in consideration of the agreement made, and the payments to be made by Commission, the parties agree to the following:

1. **SCOPE OF WORK:** Grantee agrees to provide all of the work described in the Scope of Work (Attachment I) attached hereto, and by this reference made a part hereof.
2. **REPORTING REQUIREMENTS:**

A. Grantee shall submit the following upon identified schedule:

- (1) Budget Forms: Monthly Invoices (Attachment II, Budget Form 2): due to the Commission with back-up documentation for all expenses by the second Friday of each month. Such documentation may include but are not limited to: timesheets, receipts, travel expense claims, paid invoices and copies of fiscal ledger transactions.
- (2) Semi-Annual Progress Reports (Attachment IV, Progress Report Form 2): due in original and electronic copy to the Commission no later than the final Friday of the month following December 31 and June 30 of each year.
- (3) Data Collection: Grantee shall also collect, record and report required data for program evaluation to the Commission per section 26 of this contract. If the Grantee is unable to submit complete and accurate Registration data in the First 5 Database than the original and soft copy Population Served Report (Attachment IV, Progress Report Form 3) shall be due to the Commission no later than the final Friday of the month following December 31 and June 30 of each year.

B. If the due date for submission of a report falls on a standard holiday, the report will be due on the following regularly scheduled workday.

C. Substandard performance as determined by Commission staff will constitute noncompliance with this Contract. If action to correct such substandard performance is

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not taken by Grantee within a reasonable period of time, which may be 30 days after notification by Commission staff, the Commission may initiate a formal Corrective Action Plan, contract suspension or termination procedures. Program evaluation components may not be modified by Grantee without prior written approval from Commission staff.

- D. Commission Staff will review progress on scope of work monthly.
 - E. Monthly Progress Report (Attachment IV, Progress Report Form 1) shall be completed with Commission Staff to review progress on the scope of work. This report may include but is not limited to; program fiscal and evaluation, strengths, barriers, and opportunities.
 - F. Corrective Action Plan (Attachment VI) may be implemented and reviewed as a result of substandard performance.
 - G. Grantee shall use funds derived from this Contract as outlined in the Budget (Attachment II, Budget Form 1) submitted to and approved by the Commission.
3. **PAYMENT & BUDGET:** All professional, technical documents and information developed under this contract, which may include but is not limited to; writings, worksheets, reports and related data and materials shall become the property of the Commission. Information obtained by this contract is made available to the Commission without restriction or limitation of use, and no charges can be made for any of the foregoing. All payments of funds to the Grantee shall be made by and through the Office of the El Dorado County Auditor/Controller, upon approval by the Commission, in accordance with the following schedule: 10% of the contract total upon signing and approval of the contract, and monthly invoices to be paid according to the terms outlined below.
- A. Monthly Invoices (Attachment II, Budget Form 2), shall be submitted to the Commission along with detailed records, which may include but are not limited to; timesheets, receipts, paid invoices, travel expense claims and all reported expenditures. These records will serve as invoices that will be payable upon review and approval by Commission staff.
 - B. The Commission shall forward payment request to the County Auditor/Controller within fifteen (15) business days of approving Monthly Invoices.
 - C. Grantee agrees to expend allocated Commission funds as outlined in the Contract Budget (Attachment II, Budget Form 1). Grantee is permitted a budget variation of up to fifteen percent (15%) for each budget line item for the contract period but shall not exceed the total approved budget amount. Any larger budget variation must be submitted in writing using the Budget Revision Request Form and Narrative (Attachment II, Budget Forms 3 and 4), and receive prior Commission approval. All Budget Revision Requests must be received by the Commission by April 15th of the fiscal year. The Commission will not compensate Grantee for unauthorized services rendered by the Grantee, nor for claimed services which Commission contract monitoring shows have not been provided as



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authorized. If Commission has advanced funds for services later determined not to have been provided, Grantee shall refund requested amounts within five (5) days of demand by Commission. The Commission has the option of offsetting such amounts against future payments due to Grantee.

- D. Indirect costs charged to this grant shall not exceed the approved indirect cost rate of the El Dorado County Superintendent established by the California Department of Education's School Fiscal Services Division. For fiscal year 2015-2016 this rate has been set at 8.95% (rounded to nearest tenth).
- E. Monthly Invoices shall be submitted to the Commission per Attachment II, Budget Form 2 along with detailed records supporting all reported expenditures. Copies of such records will be available to the Commission for review upon request at Grantee's place of business. Any Subcontractor paid by the Grantee as authorized by the Commission, shall be required by Grantee to maintain detailed records for all amounts paid and will be required to provide Commission access to those records if necessary.
- F. At the discretion of the Commission, any unspent funds that remain at the end of the contract year shall be returned to First 5 El Dorado when the contract period has been completed.
- G. The Commission shall have sole discretion to determine if a Grantee is eligible to carry over unspent funds into the following fiscal year. The unspent funds carried over may be deducted from the following fiscal year contract at Commission discretion.
- H. The Commission shall have the right to reduce the amount of this grant to offset Commission expenditures incurred in support of activities related to this grant.

- 4. **CONTRACT PERFORMANCE TIME:** All work required by this Contract shall be completed no later than June 30, 2016. Grantee shall have until July 15, 2016 to complete and submit the final reports required by this contract.
- 5. **MAXIMUM COST TO COMMISSION:** 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 \$212,500.



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6. **STATE REQUIREMENTS:** This Contract is funded by a First 5 Grant with monies from the California Children and Families Trust Fund (Health & Safety Code 130100-130155). Funding is guaranteed by the State of California First 5 sources. If the State of California's First 5 funds are no longer distributed, the contract shall be null and void within sixty (60) days of a written notice by certified mail to the contractor. The State of California, may, through First 5, enact requirements that affect the performance of the Grantee. If the State does impose new obligations affecting the performance of this Contract, Commission reserves the right to amend the Contract as necessary to comply with state requirements. Grantee will be notified at least thirty (30) days in advance if new requirements are to be imposed. No funds provided by the Commission shall be used for any political activity or political collaborations. All documents generated by this contract are subject to disclosure pursuant to the California Public Records Act.
7. **INSURANCE:** The Grantee shall maintain a commercial general liability insurance policy in the amount of one million dollars (\$1,000,000). Where the services to be provided under this Contract involve or require the use of any type of vehicle by the grantee in order to perform said services, the Grantee shall also provide comprehensive business or commercial automobile liability coverage including non owned and hired automobile liability in the amount of \$300,000.

Said policies shall remain in force throughout the life of this Contract, and shall be payable on a "per occurrence" basis unless the Commission specifically consents to a "claims made" basis. If the Commission consents to "claims made" coverage, the Grantee shall purchase "tail" coverage in the event that the Grantee changes insurance carriers during the term of this Contract or for one year thereafter. Proof of such "tail" coverage shall be required prior to receipt of any payments due any time the Grantee changes to a new carrier during the term of this Contract.

The Commission shall be named as an additional insured on the commercial general liability policy. The insurer shall supply certificates of insurance and endorsements signed by the insurer evidencing such insurance to the Commission prior to commencement of work, and said certificates and endorsements shall provide for a minimum ten (10) day advance notice by the Commission of any termination or reduction in coverage.

Failure to provide and maintain the insurance required by this Contract will constitute a material breach of the contract. In addition to any other available remedies, the Commission may suspend or recover payments to the Grantee for any work conducted during any time that insurance was not in effect and until such time as the Grantee provides adequate evidence that Grantee has obtained the required coverage.

"Public agencies" (County Departments, cities, school districts, etc.) are exempt from the requirements of this section.

8. **WORKER'S COMPENSATION:** The Grantee acknowledges that it is aware of the provisions of the Labor Code of the State of California which requires every employer to be insured against liability for worker's compensation or to undertake self insurance in accordance with the provisions of that Code and it certifies that it will comply with such provisions before commencing the performance of the work of this Contract. (Statutory or \$1,000,000. Employers Liability-minimum \$100,000).
9. **NONDISCRIMINATORY EMPLOYMENT:** In connection with the execution of this Contract, the Grantee shall not discriminate against any employee or applicant for employment because of race, color, religion, age, sex, national origin, political affiliation, ancestry, marital status or disability. This policy does not require the employment of unqualified persons.
10. **SUBCONTRACTING:** The grantee shall not subcontract nor assign any portion of the work required by this Contract without prior written approval of the Commission except for any subcontract work identified herein.
11. **ASSIGNMENT:** The rights, responsibilities and duties under this Contract are personal to the Grantee and may not be transferred or assigned without the express prior written consent of the Commission.
12. **BOOKS OF RECORD AND AUDIT PROVISION:** Grantee shall maintain on a current basis, complete books and records relating to this Contract. Such records shall include, but not be limited to, documents supporting all bids, all income and all expenditures. These documents and records shall be retained for at least three years from the completion of this Contract. Grantee will permit Commission to audit all books, accounts or records relating to this Contract or all books, accounts or records of any business entities controlled by Grantee who participated in this Contract in any way.
13. **CONTRACT TERMINATION:** Time is of the essence with respect to this Contract. Grantee agrees to commence and to complete the work within the time schedules outlined within this Contract.
 - A. If the Grantee fails to provide in any manner the services required under this Contract, or otherwise fails to comply with the terms of this Contract or violates any ordinance, regulation or other law which applies to its performance herein, the Commission may terminate this Contract by giving thirty (30) calendar days written notice to the Grantee. Grantee shall be provided an opportunity to cure any breach of this Contract identified by the Commission in a notice of contract termination during the thirty (30) day termination notice period.
 - B. Failure of the Grantee to secure or obtain funding from other sources, which are needed by the Grantee to completely carry out the programs provided in this Contract may be grounds for termination of this Contract, at the discretion of the Commission.



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- C. Either party may terminate this Contract for any reason by giving thirty (30) calendar days written notice to the other parties. Notice of termination shall be by written notice to the other parties and be sent by registered mail.
- D. In the event of termination the Grantee shall be paid for services performed to the date of termination in accordance with the terms of this Contract. Grantee shall refund to the Commission any advanced funds issued in accordance with this Contract.
14. **RELATIONSHIP BETWEEN THE PARTIES:** It is expressly understood that in performance of the work under this Contract, the Grantee, and the agents and employees thereof, shall act as an independent contractor and not as officers, employees or agents of the Commission.
15. **TITLE TO PROPERTY:** Title to Property on any single item valued at \$1000 or more shall remain with First 5 El Dorado for the first two years after purchase, thereafter Title to Property shall transfer to grantee unless otherwise agreed upon in writing.
16. **AMENDMENT:** This Contract may be amended or modified only by written agreement of all the parties. Grantee 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 Grantees management personnel, loss of funding, revocation or suspension of the Grant Recipient's tax-exempt status (if applicable) or license.
17. **AUTHORITY TO CONTRACT:** The undersigned person, if signing on behalf of an organization, warrants that he or she has the authority to enter into this Contract on behalf of the Grantee organization.
18. **JURISDICTION AND VENUE:** This Contract shall be construed in accordance with the laws of the State of California and the parties hereto agree that venue shall be in El Dorado County, California.
19. **INDEMNIFICATION:** To the fullest extent allowed by law, Grantee shall defend, indemnify and hold Commission harmless against and from any and all claims, suits, losses, demands, and liability for damages including attorneys-fees and other costs of defense brought for or on account of injuries to or death of any person, or damage to any property, or any economic, consequential or special damages which are claimed or which shall in any way arise out of or be connected with services, operations or performance hereunder, caused by Grantee's negligence. This duty of Grantee to indemnify and save Commission harmless expressly includes the duties to defend set forth in California Civil Code section 2778. Commission shall give Grantee prompt written notice of any such demand, claim or suit against it, and Commission shall have the right to compromise or defend the same to the extent of his own interest.



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To the fullest extent allowed by law, the Commission shall defend, indemnify, and hold the Grantee, and their officers, employee's agents, and representatives harmless against and from any and all claims, suites, losses, demands, and liability for damages, including attorney's fees and other costs of defense brought for or on account of damage to any property, or any economic, consequential or special damages which are claimed or which shall in any way arise out of or be connected with services, operations or performance hereunder, caused by Commission's negligence. This duty of Commission to indemnify and save Grantee harmless expressly includes the duties to defend set forth in California Civil Code section 2778. Grantee shall give Commission prompt written notice of any such demand, claim or suit against it, and Commission shall have the right to compromise or defend the same to the extent of his own interest.

20. **COMPLIANCE WITH APPLICABLE LAWS:** The Grantee shall comply with any and all state and local laws affecting the services covered by this Contract.

21. **RELIGIOUS ACTIVITIES:** If the Grantee is a religious organization, then Grantee shall not, when conducting work funded by this Contract:

- A. Discriminate against anyone in employment or hiring based on religion;
- B. Discriminate against any persons served based on religion; and
- C. Provide any religious instruction, worship or counseling.

22. **NOTICES:** Notices shall be given to Commission at the following location:

First 5 El Dorado
Children and Families Commission
Kathleen Guerrero, Director
2776 Ray Lawyer Drive
Placerville, CA 95667

Notices shall be given to Grantee at the following address(es):

El Dorado County Library
Jeanne Amos, Director
345 Fair Lane
Placerville, CA 95667

23. **TAX STATUS:** A Grantee which is a nonprofit organization shall possess a "Letter of Good Standing" from the Secretary of State's Office and covenants that it will keep such status in effect during the full term of this contract.



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24. **ADVERTISEMENT:** The Grantee agrees to use the First 5 - El Dorado logo on all documents related to this contract.
25. **COLLABORATION:** Grantee agrees to participate in periodic trainings and meetings scheduled by the Commission. Based on the principles of First 5 El Dorado to maximize existing community resources serving children ages five and under and their families, Grantee agrees to integrate the promotion of Commission Initiatives into this grant (See Attachment VIII First 5 Commission Brochure).
26. **DATA COLLECTION:** Grantee agrees to collect data and report to the Commission for the purposes of program planning and evaluation. Grantee agrees to provide the commission a registrar of children, parents/guardians, other family members and early care and education providers served through this grant for the purposes of reporting unduplicated counts.
- A. The registrar shall be submitted to the Commission within 2 weeks of service provided via Provider and Parent Registration Forms (Attachment III, Registration Forms 1 and 2). The data shall include, but is not limited to:
 - (1) Unduplicated count of the number children less than 3 years of age, and 3 through 5 years of age by ethnicity and primary language that receive services through this First 5 El Dorado grant (see Attachment III, Registration Forms 1 and 2).
 - (2) Unduplicated count of the number of parents/guardians/other family members of children 0-5 years of age by ethnicity and primary language that receive services through this First 5 El Dorado grant (see Attachment III, Registration Forms 1 and 2).
 - (3) Unduplicated count of the number of early care and education providers of children 0-5 years of age that receive services through this First 5 El Dorado grant (see Attachment III, Registration Forms 1 and 2).
 - B. First 5 El Dorado Client Satisfaction Survey and Community Partner Survey (Attachment V, Survey Tools 1 and 2) shall be offered to each family that receives services through this First 5 El Dorado grant upon agreed assessment period documented in the Scope Of Work (Attachment I).

27. CONFIDENTIALITY AND INFORMATION SECURITY PROVISIONS:

- A. The Commission and Grantee ("Parties") shall both comply with applicable laws and regulations, including but not limited to The Code of Federal Regulations, Title CFR45,

parts 160-164, regarding the confidentiality and security of personal identifiable information (PII).

Personal identifiable information (PII) means any information that identifies, relates to, describes, or is capable of being associated with, a particular individual, including but not limited to, his or her name, signature, social security number, passport number, driver's license or state identification card number, insurance policy number, education, employment, employment history, bank account number, credit card number, or any other financial information.

B. Permitted Uses and Disclosures of PII by the Commission and Grantee:

- (1) **Permitted Uses and Disclosures.** The Parties hereto shall each develop and maintain an information privacy and security program that includes the implementation of administrative, technical, and physical safeguards appropriate to the size and complexity of its operations and the nature and scope of its activities. The information privacy and security programs must reasonably and appropriately protect the confidentiality, integrity, and availability of the PII that it creates, receives, maintains, or transmits; and prevent the use or disclosure of PII other than as provided for in this Agreement. Except as otherwise provided in this Agreement, the Parties may use or disclose PII to perform functions, activities or services identified in this Agreement provided that such use or disclosure would not violate Federal or State laws or regulations.
- (2) **Specific Uses and Disclosures provisions.** Except as otherwise indicated in the Agreement, the Parties will:
 - (a) Use and disclose PII for the proper management and administration of the Scope of Work (Item 1) or to carry out the legal responsibilities of the Parties, provided that such use and disclosures are permitted by law.
 - (b) Take all reasonable steps to destroy, or arrange for the destruction of a customer's records within its custody or control containing personal information which is no longer to be retained in the performance of this Agreement by (1) shredding, (2) erasing, or (3) otherwise modifying the personal information in those records to make it unreadable or undecipherable through any means.

C. Responsibilities of the Parties.

Safeguards: To prevent use or disclosure of PII other than as provided for by this Agreement. Each party shall provide the other with information concerning such safeguards as may be reasonably requested from time to time.



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The Parties shall restrict logical and physical access to confidential, personal (e.g., PII) or sensitive data to authorized users only.

The Parties shall implement appropriate user authentication and authorization procedures. If passwords are used in user authentication (e.g., username/password combination), strong password controls shall be implemented on all compatible computing systems that are consistent with the National Institute of Standards and Technology (NIST) Special Publication 800-86 and SANS Institute Password Protection Policy.

The Parties shall:

Implement the following security controls on each server, workstation, or portable (e.g. laptop computer) computing device that processes or stores confidential, personal, or sensitive data:

- (a) Network based firewall and/or personal firewall
 - (b) Continuously updated anti-virus software
 - (c) Patch-management process including installation of all operating system/software vendor security patches.
- D. Mitigation of Harmful Effects. To mitigate, to the extent practicable, any harmful effect that is known due to the use or disclosure of PII by each Party or its subcontractors in violation of the requirements of this Agreement.
- E. Agents and Subcontractors of the Consultant. To ensure that any agent, including a subcontractor that receives PII for the purposes of this contract shall comply with the same restrictions and conditions that apply through this Agreement to both Parties with respect to such information.
- F. Notification of Electronic Breach or Improper Disclosure. During the term of this Agreement, either Party shall notify the other immediately upon discovery of any breach of PII and/or data, where the information and/or data are reasonably believed to have been acquired by an unauthorized person. Immediate notification shall be made to the County Privacy Officer, or to First 5 El Dorado Children and Families Commission at (530) 622-5787, as appropriate within two business days of discovery. Prompt corrective action shall be taken to cure any deficiencies and any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations. The Party in breach shall investigate such breach and provide a written report of the investigation to the County Privacy Officer and/or First 5 as appropriate, postmarked within thirty (30) working days of the discovery of the breach.



28. MEDI-CAL OUTREACH & MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA) FUNDING

- A. Based on the principles of First 5 El Dorado to maximize opportunities for screening children aged 0 through 5 for health insurance, staff supported through this agreement shall:
- (1) Ensure children 0 through 5 years of age and their families are informed of and screened for eligibility for Medi-Cal and other health insurance programs.
 - (2) Assist individuals in determining their eligibility for Medi-Cal and other health insurance programs.
 - (3) Ensure all children 0 through 5 years of age and their families are referred to appropriate health care services.
- B. Staff supported by this Agreement shall conduct MAA activities as outlined in the Scope of Work. Based on those activities, staff will provide Medi-Cal Outreach and linkages to services that support beneficiaries and potential beneficiaries to gain access to Medi-Cal and other public behavioral health, health and other services that improve their wellbeing and health outcomes. Medi-Cal Outreach activities shall be provided in a manner prescribed by the laws of California and in accord with the applicable laws, titles, rules and regulations, including quality improvement requirements of the Medi-Cal Program. As a tool for Medi-Cal Outreach, staff will promote the Children's Health Initiative Guide (See Attachment VII. Children's Health Flyer).
- C. The Commission shall review the Scope of Work and Budget on an annual basis to identify expenditures eligible to be included in MAA Direct Charge Invoices submitted through the County of El Dorado. For FY 2015-2016, the amount to be submitted by the Commission through MAA Direct Charge Invoices shall be a percentage of expenditures reflected in the monthly Invoice submitted by the Grantee.



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IN WITNESS WHEREOF, The parties have executed this Contract on the date written

APPROVED BY:

FIRST 5 EL DORADO CHILDREN AND FAMILIES COMMISSION

Patricia Charles - Heath
Commissioner

7/22/15
Date

Earl R Washburn MP
Commissioner

7/22/15
Date

Kathleen Murren
Director

7/20/15
Date

GRANTEE:

By: Brian R. Veerkamp
Brian R. Veerkamp, Chair

Date: 7-14-15

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

By: Kathryn Tyler
Kathryn Tyler, Deputy Clerk

FY 15-16 Scope of Work

Initiative: Ready to Ready @ Your Library

Contractor: El Dorado County Library

Evaluation Objective: By 2017, 85% of children 0-5 are read to on a daily basis

Program Indicators: # and % of parents report that they or another family member reads with the child each day

| Vision: Collaborate with First 5 California for four (4) .4 FTE to do RTT Library contract | | | | | | | | |
|--|---|--|---|--|---|--|--|---|
| Best Practice | | Impact | Strategy | FY 15-16 Activity Recommendations | Events/ Sites | Quantity Data (AR) | Quality Data (Survey) | Program Level Data |
| Tool | Service Delivery | | | | | | | |
| | Identify and Engage Target Population | Outreach Short Term Outcome - Reduce isolation | ECLS will support the Play Mobile at library outreach events. | Funding will support PlayMobile at Outreach events in the amount of \$3,875 for mileage and materials. (3 hours of planning for one staff for each event) (May be used for staff to operate, refuel and replenish supplies/materials relevant to First 5 collaborative mobile outreach.) | 36 | | | Monthly Progress Report |
| Love 2 Play: Mobile Outreach, Literacy Engagement Model | Offer child centered, group learning for families. | Education Short Term Outcomes - Increase Knowledge and Increased Caregiver Resilience | ECLS will engage families with young children in isolated communities in early literacy activities and encourage library attendance. | ECLS will: 1. Assess and identify the Early Literacy needs for families with children 0-5 in prioritized target areas in Georgetown, South Lake Tahoe, Camino / Pollock Pines and South County including Sommerset. 2. Co-plan collaborative, place based visits to increase positive family engagement with children and encourage access to support services based on prioritized needs. 3. Develop key messaging to educate families using a best practice curriculum to address the prioritized needs. 4. Create a lesson plan with activities to engage families in early childhood literacy based on priority needs assessed (4 weekly sessions over 9 months, 4 hours planning, travel and set up per session) 5. Co-facilitate events and model engagement activities with families and their children 6. Provide families Medi-Cal Outreach and linkages to providers for supports to gain access to Medi-Cal and other health services. (36 two hour sessions) | 36 | Event Registration Form (Parent) Entered in FS Databases: within 2 weeks after event occurs Total number of events Event Type List: Community Outreach (Parents) Topic/Activities Include: Utilizing Storytime Kits Utilizing Early Learning Kits Other Literacy Activities Total Number of: Parents/Guardians Other Family Providers Ethnicity Language Total Number of Children: Less than 3 Years of Age 3 through 5 Years of Age Siblings Ethnicity Language | Client Satisfaction Survey: Contractor staff will email survey link to event registration roster within 2 weeks after event to be assessed Parent resilience is defined as: Isolation: CSS Q1: Results of parents /guardians reporting: "I have someone to talk to when I have questions about my child." | Monthly Progress Report |
| Early Literacy MGOL MGOL/ SP Toddler STEAM PJ ST PJ ST/ SP Sensory | Offer Parent centered, group learning for families. | Mentor Mid Term Outcome - Understand Social and Emotional Development and Increased Caregiver Resilience | ECLS will provide literacy programming for target populations and encourage peer support by modeling and engaging families to participate in best practice curriculum at Library Storytimes (Library staff will support the role of males, teens and grandparents as active caregivers in children's learning.) | Early Literacy (Preschool) (1 time a week, 10 months, 6 libraries) including Father engagement storytimes at 6 libraries. MGOL (babies) (PV 3 sessions, once a week, 10 months) (CP 2 sessions, once a week, 10 months) (EDH 2 sessions, once a week, 10 months) (SLT 1 session, once a week, 10 months) MGOL SP (babies) (1 time a week, 10 months, 1 library) Toddler (1 time a week, 10 months, 4 libraries) STEAM (Preschool) (1 time a week, 10 months, 2 libraries) PJ ST (Preschool) (1 time a month, 10 months, 2 libraries) PJ ST/ SP (Preschool) (1 time a month, 10 months, 1 library) which may include a pilot weekly Spanish Storytime with TWG collaborative partners facilitating subsequent support groups Sensory (Mixed age) (1 time a week, 10 months, 1 library) which may include a pilot with TWG collaborative partners facilitating subsequent support groups | 240 320 40 160 80 20 10 40 | Event Registration Form (Parent) Entered in FS Databases: within 2 weeks after event occurs Total number of events Event Type List: Parent Group Learning Topic/Activities Include: Early Literacy (Preschool) MGOL (babies) MGOL SP (babies) Toddler STEAM PJ ST (Preschool) PJ ST / SP (Preschool) Sensory (Mixed Age) Total Number of: Parents/Guardians Other Family Providers Ethnicity Language Total Number of Children: Less than 3 Years of Age 3 through 5 Years of Age Siblings Ethnicity Language | Client Satisfaction Survey: Contractor staff will email survey link to event registration roster within 2 weeks after event to be assessed Knowledge of parenting and child development is defined as: CSS Q2 - Parenting: Increased percentage of parents/ guardians reporting "I know of positive ways to guide and teach my child." CSS Q3 - Child Development: Increased percentage of parents /guardians reporting "I know normal behavior for my child's age level." CSS Q4 - Behavior Change: Increased percentage of parents /guardians reporting "After working with RR@YL I am more likely to read to my child on a daily basis." | Monthly Progress Report |
| Play to Grow | Individualized, Short Term Support and Referral | Service Short Term Outcome - Provide Concrete Support in Times of Need and Increased Caregiver Resilience | ECLS will offer "Play to Grow" Workshops to foster parent/child interactions and support social emotional learning in a group setting. (A total of 8 events consisting of 4 weeks=32 programs in 4 libraries PV, EDH, SLT, CP) | ECLS will: 1. Assess and identify the early literacy needs in the community. 2. Develop a lesson plan with best practice curriculum activities to address the prioritized needs. 3. Conduct facilitated Play to Grow support groups for families which include targeted activities. 4. Community partners will provide resource and referral information and caregiver feedback. 5. Deliver Medi-Cal Outreach at the 1st of the 4 sessions: Providing Medi-Cal information to potentially Medi-Cal eligible people and encouraging potentially eligible people to apply for Medi-Cal. <use MAA Code 4> (8 eight - 4 week sessions, suggested group size of 12-15 people) | 32 | Event Registration Form (Parent) Entered in FS Databases: within 2 weeks after event occurs Total number of events Event Type List: Parent Support Topic/Activities Include: Utilizing Storytime Kits Utilizing Early Learning Kits Applying ROR Other Literacy Activities Total Number of: Parents/Guardians Other Family Providers Ethnicity Language Total Number of Children: Less than 3 Years of Age 3 through 5 Years of Age Siblings Ethnicity Language | Client Satisfaction Survey: Contractor staff will email survey link to event registration roster within 2 weeks after event to be assessed Successful access is defined as: Success: CSS Q15: Results of parents/guardians reporting "Did you receive the information you needed from the referral?" Identify Barriers: CSS Q13: Results of parents/guardians reporting "Did you have any challenges?" Identify Referrals: CSS Q14: Results of parents/guardians reporting "Were you connected to another agency for assistance, information or support?" CSS Q4 - Behavior Change: Increased percentage of parents /guardians reporting "After working with RR@YL I am more likely to read to my child on a daily basis." | monthly progress report What are the barriers? What agencies were referred? |

| Best Practice | | Impact | Strategy | FY 15-16 Activity Recommendations | Events/ Sites | Quantity Data (AR) | Quality Data (Survey) | Program Level Data |
|--|--|---|---|---|---------------|--|--|--|
| Tool | Service Delivery | | | | | | | |
| STEAM Stations ASQ Stations ROR Stations Pre K Models Talking is Teaching Dual Language | Building capacity with families and community partners | Sustain Long Term Outcome - Increased Caregiver Resilience | ECLS will establish locations at each library for family "open play", to engage in self directed play and | Open play, self directed activities at Early Literacy Learning Centers (Ongoing, available during all open library hours) Materials in the early literacy centers will be rotated quarterly between 4 libraries that engage parent\child interaction and content may be developed with TWG collaborative partners. | 16 | Event Entered in FS Databases: within 2 weeks after event occurs ____ Total number of events Event Type List: Resource Service Utilization and Support Topics/Activities Include: Insert Quarterly Theme | | Monthly Progress Report |
| | Collaboration | Community Engagement Outcome - Increased Partner Knowledge | ECLS will engage partners in the importance of Early Literacy and communicate key messaging. | ECLS's will: 1. Develop key messaging 2. Attend Community Strengthening Groups to develop collaborative relationships, identify and address local need (2 hours over 9 months in 3 regions) 3. Participate in regular reflective supervision with Family Engagement Coordinators to address local needs (4 hours monthly). | 12 | Event Registration Form (Provider): Entered by CSG in the FS Database within 2 weeks after event occurs ____ Total number of events attended Event Registration Form (Provider) Event Type List: Community Strengthening Group Event Registration Form (Provider) <Hosted by>: _____ Event Registration Form (Provider) <Last Name>: _____ | Community Partner Survey: Contractor staff will email survey link to event registration roster within 2 weeks after event to be assessed Increased knowledge is defined as: CPS Q5 - Results of community partners reporting : I know how to help families learn about early literacy skills such as reading, story telling and singing. CPS Q7 - Results of community partners reporting : I know what early childhood services are available for expectant parents and families with children ages 0-5 in the county. CPS Q8 -Results of community partners reporting : I know how to refer expectant parents and families with children ages 0-5 to services in the county. | Monthly Progress Report |
| | | Contract Monitoring | Increased compliance with contract requirements and collaboration among contractors. | 8 - three (3) hour contractors meetings (includes training and Professional Development) Four (4) hours monthly contract reporting Two (2) hours monthly contract monitoring meeting. | 8 12 | | | Monthly Progress Report Monthly Progress Report |

*Activities and time estimates may evolve and will be communicated through First 5 contract monitoring meeting documentation

| | |
|--|--|
| On behalf of the Contractor, I will support integration of Commission Initiatives. On behalf of the Contractor, I will support parent, guardian, and community partners satisfaction with Commission Initiatives. On behalf of the Contractor, I will provide Commission Initiative updates at community meetings. On behalf of the Contractor, I will promote the Commission through by introducing the Initiative as "a funded partner of First 5 El Dorado Commission", and on printed materials using the Commission logo and indicating "funded by First 5 El Dorado Commission." On behalf of the Contractor, I will attend monthly contract monitoring meetings for the purposes of assessing progress on contract milestones and targets. On behalf of the Contractor, I will attend contractor's meetings for the purposes of professional development. On behalf of the Contractor, I will commit to providing programs services that respect diversity. On behalf of the Contractor, I will participate in training for the Commission's database. On behalf of the Contractor, I will meet all reporting requirements including but not limited to recording and submitting contract targets, semi-annual report data, monthly invoices, progress reports, Strategic Plan program level data, registration form data, and emailing surveys. On behalf of the Contractor, I will conduct a self assessment utilizing the Family Strengthening Support Program Self Assessment Tool as part of the Semiannual Reporting On behalf of the Contractor, I will implement all required reporting tools. On behalf of the Contractor, I will implement all required reporting tools. | _____ initial for consent to all contract agreements listed |
|--|--|

Brian K. Veerkamp, Chair
 Print Name of Authorized Representative for Applicant

Signature: BKV Date: 7-14-15
 Signature of Authorized Representative for Applicant

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

By Kathryn Tyler
 Kathryn Tyler, Deputy Clerk



| | | | |
|--|----------------------------------|-----------------|-------------------------------------|
| Grantee Name: El Dorado County Library | | | |
| Project Name: Ready to Read @ Your Library | | | |
| Contract Number: 1516-90004-15-708 | | | |
| Contact Name & Title: Jeanne Amos | | | |
| Fiscal Year: 2015-16 | | | |
| Budget Item | | | Total Approved Budget Amount |
| Personnel: | Salary | Benefits | |
| 1) ECLS (4 - .6 FTEs) + Additional Staff | \$ 192,500 | \$ - | \$ 192,500 |
| | | | |
| | | | |
| Subtotal Personnel | \$ 192,500 | \$ - | \$ 192,500 |
| Operating Expenses: | | | |
| 5) Rent and Utilities | | | |
| 6) Supplies/Materials | | | \$ 9,500 |
| 7) Telephone | | | |
| 8) Postage/Mailing | | | |
| 9) Reproduction/Copying/Publicity | | | |
| 10) Equipment Lease | | | |
| 11) Travel & Mileage | | | \$ 2,000 |
| 12) Training & Conferences | | | \$ 1,500 |
| 13) Consultants | | | |
| 14) Books | | | \$ 6,500 |
| 15) Playmobile Gas | | | \$ 500 |
| 16) | | | |
| 17) | | | |
| 18) | | | |
| | Subtotal Operating: | \$ | 20,000 |
| Indirect Expenses: | | | |
| | Indirect Cost (8.95% Max) | \$ | - |
| | TOTAL COSTS | \$ | 212,500 |



Monthly Invoice Form

Due Monthly by the 2nd Friday of the Month

| Grantee Name: El Dorado County Library | | | | | | | | |
|--|------------------------------|-------------|---------------------------|-------------|------------------------|------------------|----------------------|--|
| Project Name: Ready to Read @ Your Library | | | | | | | | |
| Contract Number: 1516-90004-15-708 | | | | | | | | |
| Contact Name & Title: Jeanne Amos | | | | | | | | |
| Fiscal Year: 2015-16 | | | | | | | | |
| Reporting Period: July 2015 | | | | | | | | |
| Budget Item | Total Approved Budget Amount | | Billed this Period | | Previous Statement YTD | Total YTD Billed | Unexpended Balance | |
| | Salary | Benefits | Salary | Benefits | | | | |
| Personnel: | | | | | | | | |
| 1) ECLS (4 - .6 FTEs) + Additional Staff | \$ 192,500 | \$ - | \$ 192,500 | | \$ - | \$ - | \$ 192,500.00 | |
| | | | | | | | | |
| | | | | | | | | |
| Subtotal Personnel | \$ 192,500 | \$ - | \$ 192,500 | \$ - | \$ - | \$ - | \$ 192,500.00 | |
| Operating Expenses: | | | | | | | | |
| 5) Rent and Utilities | | | | | \$ - | \$ - | \$ - | |
| 6) Supplies/Materials | | | \$ 9,500 | | \$ - | \$ - | \$ 9,500 | |
| 7) Telephone | | | | | \$ - | \$ - | \$ - | |
| 8) Postage/Mailing | | | | | \$ - | \$ - | \$ - | |
| 9) Reproduction/Copying/Publicity | | | | | \$ - | \$ - | \$ - | |
| 10) Equipment Lease | | | | | \$ - | \$ - | \$ - | |
| 11) Travel & Mileage | | | \$ 2,000 | | \$ - | \$ - | \$ 2,000 | |
| 12) Training & Conferences | | | \$ 1,500 | | \$ - | \$ - | \$ 1,500 | |
| 13) Consultants | | | | | \$ - | \$ - | \$ - | |
| 14) Books | | | \$ 6,500 | | \$ - | \$ - | \$ 6,500 | |
| 15) Playmobile Gas | | | \$ 500 | | \$ - | \$ - | \$ 500 | |
| 16) | | | | | \$ - | \$ - | \$ - | |
| 17) | | | | | \$ - | \$ - | \$ - | |
| 18) | | | | | \$ - | \$ - | \$ - | |
| Subtotal Operating: | \$ | \$ | \$ 20,000 | \$ | \$ - | \$ - | \$ 20,000 | |
| Indirect Expenses: | | | | | | | | |
| | | | Indirect Cost (8.95% Max) | \$ - | \$ - | \$ - | \$ - | |
| TOTAL COSTS | \$ | \$ | \$ 212,500 | \$ | \$ - | \$ - | \$ 212,500 | |

| | | | | |
|--|------------------|------------|--------------------|-----------|
| MAA Claim: Personnel | Estimated Annual | This Month | Previous Month YTD | Total YTD |
| Based on time spent in Medi-Cal Outreach Activities per SOW 2% | \$ 3,850 | \$ - | \$ - | \$ - |

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 | |



Attachment II: Budget Revision Request (Budget Form 3)

| Grantee Name: El Dorado County Library | | | | |
|--|------------------------|---|-----------------------|-----------|
| Project Name: Ready to Read @ Your Library | | | | |
| Contract Number: 1516-90004-15-708 | | | | |
| Contact Name & Title: Jeanne Amos | | | | |
| Budget Period: FY 2015-16 | | | | |
| Proposed Effective Date: | | | | |
| Budget Item | Approved Budget Amount | Proposed Budget Adjustment * Amount to increase (+) or decrease (-) | Proposed Local Budget | % Change |
| Personnel: | | | | |
| 1) ECLS (4 - .6 FTEs) + Additional Staff | \$192,500 | | \$192,500 | 0% |
| 0 | \$0 | | \$0 | |
| 0 | \$0 | | \$0 | |
| 0 | \$0 | | \$0 | |
| Subtotal Personnel: | \$192,500 | \$0.00 | \$192,500 | 0% |
| Operating Expenses: | | | | |
| 5) Rent and Utilities | \$0 | | \$0 | |
| 6) Supplies/Materials | \$9,500 | | \$9,500 | 0% |
| 7) Telephone | \$0 | | \$0 | |
| 8) Postage/Mailing | \$0 | | \$0 | |
| 9) Reproduction/Copying/Publicity | \$0 | | \$0 | |
| 10) Equipment Lease | \$0 | | \$0 | |
| 11) Travel & Mileage | \$2,000 | | \$2,000 | 0% |
| 12) Training & Conferences | \$1,500 | | \$1,500 | |
| 13) Consultants | \$0 | | \$0 | |
| 14) Books | \$6,500 | | \$6,500 | 0% |
| 15) Playmobile Gas | \$500 | | \$500 | |
| 16) | \$0 | | \$0 | |
| 17) | \$0 | | \$0 | |
| 18) | \$0 | | \$0 | |
| Subtotal Operating: | \$20,000 | \$0.00 | \$20,000 | 0% |
| Indirect Expenses: | | | | |
| Indirect Cost (8.95% max) | \$0 | \$0.00 | \$0 | |
| TOTAL COSTS | \$212,500 | \$0.00 | \$212,500 | 0% |

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

Jeanne Amos, Library Director

Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative

DATE

For Commission Use Only - Do Not Fill In Shaded Area

First 5 Program Assistant

Date

First 5 Program Coordinator

Date

First 5 Director

Date



Budget Revision Narrative

Please explain each budget revision requested by line item.

Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative



Event Registration Form (Parent)

ATTACHMENT III. Registration (Registrar) Forms:
Parent (Registration Form 2),

The First 5 El Dorado Children and Families Commission provides many programs within the county aimed at improving the lives of children birth through age 5. First 5 evaluates these programs to understand whether they are helpful and effective, and to guide program improvements. This survey is a part of the evaluation process. You are not required to participate and, should you decide not to you can still receive First 5 services. This survey asks for identifying information including your name and phone number. Should you provide this information your responses will remain confidential. If you are uncomfortable with any of the aspects of the survey, it is okay for you to skip those questions. The survey takes most people less than 10 minutes to complete. Thank you for your time and assistance with this important process!

Event Name: **Event Date:** **Event Type:** **Hosted by:**

Early Childhood Topic: **Location:** **Activities:**

- Initiative(s):** Best Beginnings - Barton Best Beginnings - Marshall Children's Dental Van Children's Health Initiative Divide Ready by 5
 High 5 for Quality Lake Tahoe Collaborative Ready to Read @ Your Library Together We Grow Western Slope Community Strengthening
 Library - Race to the Top

Please register each family member individually:

First Name: **Last Name:** **Primary Language:** English Spanish Other: _____ **Ethnicity (please select one):** Alaska Native/American Indian Black/African-American Pacific Islander Multiracial Asian Hispanic/Latino White Other/Unknown

E-mail Address: Parent/Guardian Other Family Member

First Name: **Last Name:** **Primary Language:** English Spanish Other: _____ **Ethnicity (please select one):** Alaska Native/American Indian Black/African-American Pacific Islander Multiracial Asian Hispanic/Latino White Other/Unknown

E-mail Address: Parent/Guardian Other Family Member

Please enter each child's birth month/year:

| Birth Mo | Birth Yr | Ethnicity: | Birth Mo | Birth Yr | Ethnicity: | Birth Mo | Birth Yr | Ethnicity: | Birth Mo | Birth Yr | Ethnicity: |
|-------------------------------|----------------------|---|-------------------------------|----------------------|---|-------------------------------|----------------------|---|-------------------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="radio"/> Alaska Native/American Indian | <input type="text"/> | <input type="text"/> | <input type="radio"/> Alaska Native/American Indian | <input type="text"/> | <input type="text"/> | <input type="radio"/> Alaska Native/American Indian | <input type="text"/> | <input type="text"/> | <input type="radio"/> Alaska Native/American Indian |
| | | <input type="radio"/> Asian | | | <input type="radio"/> Asian | | | <input type="radio"/> Asian | | | <input type="radio"/> Asian |
| | | <input type="radio"/> Black/African-American | | | <input type="radio"/> Black/African-American | | | <input type="radio"/> Black/African-American | | | <input type="radio"/> Black/African-American |
| | | <input type="radio"/> Hispanic/Latino | | | <input type="radio"/> Hispanic/Latino | | | <input type="radio"/> Hispanic/Latino | | | <input type="radio"/> Hispanic/Latino |
| | | <input type="radio"/> Pacific Islander | | | <input type="radio"/> Pacific Islander | | | <input type="radio"/> Pacific Islander | | | <input type="radio"/> Pacific Islander |
| | | <input type="radio"/> White | | | <input type="radio"/> White | | | <input type="radio"/> White | | | <input type="radio"/> White |
| | | <input type="radio"/> Multiracial | | | <input type="radio"/> Multiracial | | | <input type="radio"/> Multiracial | | | <input type="radio"/> Multiracial |
| | | <input type="radio"/> Other/Unknown | | | <input type="radio"/> Other/Unknown | | | <input type="radio"/> Other/Unknown | | | <input type="radio"/> Other/Unknown |
| Primary Language: | | | Primary Language: | | | Primary Language: | | | Primary Language: | | |
| <input type="radio"/> English | | | <input type="radio"/> English | | | <input type="radio"/> English | | | <input type="radio"/> English | | |
| <input type="radio"/> Spanish | | | <input type="radio"/> Spanish | | | <input type="radio"/> Spanish | | | <input type="radio"/> Spanish | | |
| <input type="radio"/> Other: | | | <input type="radio"/> Other: | | | <input type="radio"/> Other: | | | <input type="radio"/> Other: | | |



PROGRESS REPORT

To be filled out with the First 5 Program Coordinator and Contractor at interval agreed upon by both parties in plan.

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

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



SEMI-ANNUAL PROGRESS REPORT

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

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

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



Population Served Report

Population Served Report (Progress Report Form 3)

Submit along with Semi-Annual Scope of Work Reports

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

Project Name
Contract #

Grantee Name & Contact Person
Grantee Address
Grantee Phone

| Population Served (Unduplicated Yearly Counts) | Q1 & Q2 | Q3 & Q4 | YTD Total |
|---|---------|---------|--------------|
| Children Less than 3 Years of Age | | | 0 |
| Children 3 through Five Years of Age | | | 0 |
| Children 0-5 (Ages Unknown) | | | 0 |
| Total Children 0-5 | 0 | 0 | 0 |
| Parents/Guardians | | | 0 |
| Other Family Members | | | 0 |
| Providers | | | 0 |

| Ethnic Breakdown of Population Served | Children Ages Unknown | | | Children 0-3 | | | Children 3-5 | | | Parents/Guardians | | | Other Family Members | | |
|---------------------------------------|-----------------------|---------|-----------|--------------|---------|-----------|--------------|---------|-----------|-------------------|---------|-----------|----------------------|---------|-----------|
| | Q1 & Q2 | Q3 & Q4 | YTD Total | Q1 & Q2 | Q3 & Q4 | YTD Total | Q1 & Q2 | Q3 & Q4 | YTD Total | Q1 & Q2 | Q3 & Q4 | YTD Total | Q1 & Q2 | Q3 & Q4 | YTD Total |
| Alaska Native/American Indian | | | 0 | | | 0 | | | 0 | | | 0 | | | 0 |
| Asian | | | 0 | | | 0 | | | 0 | | | 0 | | | 0 |
| Black/African-American | | | 0 | | | 0 | | | 0 | | | 0 | | | 0 |
| Hispanic/Latino | | | 0 | | | 0 | | | 0 | | | 0 | | | 0 |
| Pacific Islander | | | 0 | | | 0 | | | 0 | | | 0 | | | 0 |
| White | | | 0 | | | 0 | | | 0 | | | 0 | | | 0 |
| Multiracial | | | 0 | | | 0 | | | 0 | | | 0 | | | 0 |
| Other/Unknown | | | 0 | | | 0 | | | 0 | | | 0 | | | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Primary Language (Spoken in the Home) | Children | | | Parents/Guardians | | | Other Family Members | | |
|--|----------|---------|-----------|-------------------|---------|-----------|----------------------|---------|-----------|
| | Q1 & Q2 | Q3 & Q4 | YTD Total | Q1 & Q2 | Q3 & Q4 | YTD Total | Q1 & Q2 | Q3 & Q4 | YTD Total |
| English | | | 0 | | | 0 | | | 0 |
| Spanish | | | 0 | | | 0 | | | 0 |
| Other (Please Specify): | | | 0 | | | 0 | | | 0 |
| Other (Please Specify): | | | 0 | | | 0 | | | 0 |
| Unknown | | | 0 | | | 0 | | | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative

Date Received Signature of First 5 Program Coordinator Date



Client Satisfaction Survey English | Spanish

(ParentSpanish?id=434)

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

Date:

Home Zip Code:

Child's Birth Month (2-digits):

Child's Birth Year (4-digits):

Initiative(s) associated with this Event (read-only):

- Best Beginnings - Barton
- Best Beginnings - Marshall
- Children's Dental Van
- Children's Health Initiative
- Divide Ready by 5
- High 5 for Quality
- Lake Tahoe Collaborative
- Library - Race to the Top
- Ready to Read @ Your Library
- Together We Grow
- Western Slope Community Strengthening

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

| <p>Show where you were BEFORE participating in this program. Where are you NOW that you have participated?</p> | <p style="text-align: center;">Before? Low High</p> | <p style="text-align: center;">Now? Low High</p> |
|--|--|--|
| <p>I have someone to talk to when I have questions about my child.</p> | <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> | <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> |
| <p>I know of positive ways to guide and teach my child.</p> | <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> | <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> |
| <p>I know normal behavior for my child's age level.</p> | <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> | <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> |
| <p>In a usual week, how often do you or any other family members read stories or look at picture books with your child?</p> <p><input type="radio"/> Never <input type="radio"/> 1-2 Days <input type="radio"/> 3-4 Days <input type="radio"/> 5-6 Days per Week <input type="radio"/> Every Day</p> | | |
| <p>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.</p> <p><input type="radio"/> Never (only when child is sick) <input type="radio"/> More than 2 Years Ago <input type="radio"/> Between 1 and 2 Years Ago <input type="radio"/> 6 Months to 1 Year Ago <input type="radio"/> 6 Months Ago or Less</p> | | |
| <p>About how long has it been since your child last visited a dentist or dental clinic for preventative care? Preventive care is a cleaning, fluoride, exam, etc.</p> <p><input type="radio"/> Never visited for preventative care <input type="radio"/> More than 2 Years Ago <input type="radio"/> Between 1 and 2 Years Ago <input type="radio"/> 6 Months to 1 Year Ago <input type="radio"/> 6 Months Ago or Less</p> | | |

About how long has it been since you monitored your child's development through a screening tool such as Ages and Stages Questionnaire?

| | | | | |
|--|---|---|--|--|
| <input type="radio"/> I've never screened my child's development | <input type="radio"/> More than 2 Years Ago | <input type="radio"/> Between 1 and 2 Years Ago | <input type="radio"/> 6 Months to 1 Year Ago | <input type="radio"/> 6 Months Ago or Less |
|--|---|---|--|--|

The early childhood education program where my child attends regularly shares information about quality (such as child and program assessments, curriculum, staff education and training).

| | | | | |
|---------------------------------------|-----------------------------------|--|---|--|
| <input type="radio"/> Seldom or Never | <input type="radio"/> Once a Year | <input type="radio"/> A few times a year | <input type="radio"/> At least each month | <input type="radio"/> My child does not attend child care or ? |
|---------------------------------------|-----------------------------------|--|---|--|

I know what community services are available for my family and my child.

| | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

I can access community services for my family and child if I need them.

| | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

Did you have any challenges accessing services?

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

Were you connected to another agency for assistance, information or support?

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

Did you receive the information you needed from the referral?

Yes No, Please explain:

Which First 5 Programs have your family participated in?

| | |
|---|--|
| <input type="checkbox"/> Best Beginnings - Barton (<i>Welcome your new baby</i>) | <input type="checkbox"/> Lake Tahoe Collaborative (<i>Collaboration with community resources</i>) |
| <input type="checkbox"/> Best Beginnings - Marshall (<i>Welcome your new baby</i>) | <input type="checkbox"/> Library - Race to the Top (<i>Early Literacy visits to your child's preschool</i>) |
| <input type="checkbox"/> Children's Dental Van (<i>Take your child to the dentist by the first tooth or first birthday</i>) | <input type="checkbox"/> Ready to Read @ Your Library (<i>Read with your child each day</i>) |
| <input type="checkbox"/> Children's Health Initiative (<i>Take your child to all wellness visits</i>) | <input type="checkbox"/> Together We Grow (<i>Make sure your child is developing on track</i>) |
| <input type="checkbox"/> Divide Ready by 5 (<i>Collaboration with community resources</i>) | <input type="checkbox"/> Western Slope Community Strengthening (<i>Collaboration with community resources</i>) |
| <input type="checkbox"/> High 5 for Quality (<i>Choose high quality early care and education programs</i>) | |

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

Very Dissatisfied
 Dissatisfied
 Satisfied
 Very Satisfied
 Extremely Satisfied

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

Optional: please provide your highest education level completed:

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

Submit



Encuesta de Satisfaccion English (Parent?id=434)

| Spanish

Gracias por su reciente participacion en los programas Primeros 5 el Dorado. Estamos interesados en conocer sus perspectivas y las formas en que este programa hizo una diferencia para su familia. La encuesta le tomará aproximadamente 5 minutos para responder. Tenga en cuenta que esta información se recoge con fines de evaluación. Si usted tiene más de un niño que participa en este programa, por favor responda con la informacion de su hijo menor.

Fecha:

5/15/2015

Codigo Postal:

Mes que Nacio el Niño (2-dígitos):

Año que Nacio el Niño (4 dígitos):

Iniciativa(s) asociado a este evento (sólo lectura):

- | | |
|---|--|
| <input type="checkbox"/> Colaborativo de South Lake Tahoe | <input type="checkbox"/> Listos para leer en la biblioteca |
| <input type="checkbox"/> Divide Ready by 5 | <input type="checkbox"/> Mejores Empiezos - Barton |
| <input type="checkbox"/> High 5 for Quality | <input type="checkbox"/> Mejores Empiezos - Marshall |
| <input type="checkbox"/> Inicativo de Salud para Niños | <input type="checkbox"/> Van Dental De Niños |
| <input type="checkbox"/> Juntos Creemos | <input type="checkbox"/> Western Slope Community Strengthening |
| <input type="checkbox"/> Library - Race to the Top | |

Para cada pregunta, por favor marque con un círculo el número que mejor describa dónde te ves en la escala. Esta escala tiene 5 niveles, desde 1 = "Baja" a 5 = "Alta". Por favor, complete todos los artículos en la columna "ANTES" primera columna, y luego completar el "AHORA".

| <p>Muestra dónde estabas antes de participar en este programa. ¿Dónde estás ahora que has participado?</p> | <p style="text-align: center;">Antes? Bajo Alto</p> | <p style="text-align: center;">Ahora? Bajo Alto</p> |
|--|--|--|
| <p>Tengo a alguien con quien hablar cuando tengo preguntas sobre mi hijo.</p> | <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> | <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> |
| <p>Sé de una manera positiva para guiar y enseñar a mi hijo.</p> | <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> | <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> |
| <p>Sé el comportamiento normal para el nivel de edad de mi hijo.</p> | <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> | <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> |
| <p>En una semana normal, ¿con qué frecuencia usted o cualquier otro miembro de la familia le lee historias o ve libros ilustrados con su hijo?</p> <p><input type="radio"/> Nunca <input type="radio"/> 1-2 Dias <input type="radio"/> 3-4 Dias <input type="radio"/> 5-6 Dias por Semana <input type="radio"/> Diario</p> | | |
| <p>Aproximadamente cuando fue la ultima vez que su hijo(a) tuvo una visita medica donde le hicieron un chequeo general y vacunas?</p> <p><input type="radio"/> Nunca (Solo cuando el niño(a) esta enfermo(a)) <input type="radio"/> Mas de 2 año <input type="radio"/> Entre 1 y 2 Años <input type="radio"/> 6 Meses a 1 año <input type="radio"/> 6 Meses o Menos</p> | | |
| <p>Aproximadamente hace cuánto tiempo ha pasado desde su último hijo visitado a un dentista o una clínica dental para la atención preventiva? La atención preventiva es una limpieza, fluoruro, examen, etc</p> <p><input type="radio"/> Nunca Ha tenido una visita de cuidado preventivo <input type="radio"/> Mas de 2 año <input type="radio"/> Entre 1 y 2 Años <input type="radio"/> 6 Meses a 1 año <input type="radio"/> 6 Meses o Menos</p> | | |

Aproximadamente cuanto tiempo ha pasado desde que monitoreó el desarrollo de su hijo a través de una herramienta de evaluación, tales como Edades y Etapas?

- Nunca he monitoreado el desarrollo de mi hijo Mas de 2 años Entre 1 y 2 Años 6 Meses a 1 año 6 Meses o Menos

El programa de educación de la primera infancia, donde mi hijo asiste regularmente comparte información sobre la calidad (por ejemplo, las evaluaciones de los programas infantiles, currículo de educación y formación del personal).

- Rara vez o Nunca Una vez al Año Algunas Veces al Año Al menos una vez al mes Mi hijo no asiste a la guardería

Yo sé de los servicios comunitarios que están disponibles para mi familia y mi hijo.

- Si No

Puedo tener acceso a los servicios comunitarios para mi familia y el niño si los necesito.

- Si No

¿Tuvo problemas para recibir los servicios?

| Mejores Comienzos: #Comunidad | Salud Infantil: #Salud | Juntos Crecemos: #Desarrollo Infantil | Listos Para Leer: #Lectura | H5Q: #Cuidado de Calidad |
|---|--|---|--|--|
| <input type="checkbox"/> No estoy seguro de cuando llamar | <input type="checkbox"/> No tengo seguro | <input type="checkbox"/> No estoy seguro de cuando llamar | <input type="checkbox"/> Necesito mas libros en casa | <input type="checkbox"/> No sé lo que un cuidado de alta calidad es |
| <input type="checkbox"/> No estoy seguro de cuando llamar | <input type="checkbox"/> No tengo Doctor | <input type="checkbox"/> No estoy seguro de cuando llamar | <input type="checkbox"/> No tengo tiempo de leerle ami hijo (a) | <input type="checkbox"/> No sé cómo encontrar un cuidado de alta calidad |
| <input type="checkbox"/> No tengo Transporte | <input type="checkbox"/> No tengo Dentista | <input type="checkbox"/> No tengo Transporte | <input type="checkbox"/> mi hijo(a) no esta interesado(a) | <input type="checkbox"/> No tengo dinero para atención de alta calidad |
| <input type="checkbox"/> Otro | <input type="checkbox"/> No tengo Transporte | <input type="checkbox"/> No tengo Transporte | <input type="checkbox"/> El horario de la Hora de contar Historias no es muy conveniente | <input type="checkbox"/> Otro |
| <input type="checkbox"/> Otro | <input type="checkbox"/> Otro | <input type="checkbox"/> Otro | <input type="checkbox"/> No se leer | <input type="checkbox"/> Otro |
| <input type="checkbox"/> Otro | <input type="checkbox"/> Otro | <input type="checkbox"/> Otro | <input type="checkbox"/> Otro | <input type="checkbox"/> Otro |

¿Le conectaron con otra agencia para asistencia, información o apoyo?

| Mejores Comienzos: | Salud Infantil: | H5Q o Juntos Crecemos: | Listos para Leer: |
|--|--|--|--|
| <input type="checkbox"/> Hospital para recibir asistencia de lactancia | <input type="checkbox"/> Servicios Humanos para Medical | <input type="checkbox"/> Head Start or Early Head Start Para mi hijo | <input type="checkbox"/> Iniciativa de Salud infantil para visitas medicas |
| <input type="checkbox"/> Salud Publica por ayuda de un Enfermera | <input type="checkbox"/> Covered California Para seguro Medico | <input type="checkbox"/> Servicios de Asesoramiento | <input type="checkbox"/> Los Mejores Comienzos para una visita a la casa del recién nacido |
| <input type="checkbox"/> Centro de asesoramiento a Padres de Infantes | <input type="checkbox"/> Pediatra/ Doctor Familiar | <input type="checkbox"/> Distrito Escolar para una evaluación | <input type="checkbox"/> Juntos Crecemos, para un grupo de juego o Consejos |
| <input type="checkbox"/> Early Head Start Para mi Hijo | <input type="checkbox"/> Dentista | <input type="checkbox"/> Ayuda Local Para Educacion Especial | <input type="checkbox"/> High 5 para la Calidad de Cuidado Infantil de Calidad |
| <input type="checkbox"/> Otro | <input type="checkbox"/> Cuestionario del Desarrollo | <input type="checkbox"/> Centro de Desarrollo Infantil | <input type="checkbox"/> Cuestionario del Desarrollo |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Alta centro Regional | <input type="checkbox"/> Otro |
| | | <input type="checkbox"/> Opciones para los niños | |
| | | <input type="checkbox"/> Clases de Apoyo para Padres | |
| | | <input type="checkbox"/> Libreria | |
| | | <input type="checkbox"/> Padres/Grupos de Juego | |
| | | <input type="checkbox"/> WIC | |
| | | <input type="checkbox"/> Iniciativa de salud Infantil | |
| | | <input type="checkbox"/> Mejores Comienzos | |
| | | <input type="checkbox"/> Otro | |
| | | <input type="text"/> | |

¿Recivio la información que necesitaba de la conexión medica?

Si No, Porfavor explique:

¿En qué Programas de los Primeros 5 su familia ha participado?

| | |
|---|---|
| <input type="checkbox"/> Colaborativo de South Lake Tahoe (<i>Collaboration with community resources</i>) | <input type="checkbox"/> Listos para leer en la biblioteca (<i>Read with your child each day</i>) |
| <input type="checkbox"/> Divide Ready by 5 (<i>Collaboration with community resources</i>) | <input type="checkbox"/> Mejores Empiezos - Barton (<i>Welcome your new baby</i>) |
| <input type="checkbox"/> High 5 for Quality (<i>Choose high quality early care and education programs</i>) | <input type="checkbox"/> Mejores Empiezos - Marshall (<i>Welcome your new baby</i>) |
| <input type="checkbox"/> Iniciativo de Salud para Niños (<i>Take your child to all wellness visits</i>) | <input type="checkbox"/> Van Dental De Niños (<i>Take your child to the dentist by the first tooth or first birthday</i>) |
| <input type="checkbox"/> Juntos Creemos (<i>Make sure your child is developing on track</i>) | <input type="checkbox"/> Western Slope Community Strengthening (<i>Collaboration with community resources</i>) |
| <input type="checkbox"/> Library - Race to the Top (<i>Early Literacy visits to your child's preschool</i>) | |

¿Qué tan satisfecho está usted con los sevicios que ha recibido de los Primeros 5?

- Muy Insatisfecho
 Insatisfecho
 Satisfecho
 Muy Satisfecho
 Extremadamente Satisfecho

Por favor comparta cualquier comentario adicional sobre este programa o sugerencias de mejora:

Opcional: indique su nivel de educación más alto completado:

- Escuela Primaria

No complete la Preparatoria

Preparatoria

Certificado Vocacional/Completacion de Programa De Entrnamiento

No complete La Universidad

2-Años de Universidad/Escuela Tecnica

4-Años de Universidad (Licenciatura)

Titulo Profesional

Submit



Contract Number
Date Issued

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

Attachment VI. Corrective Action Plan

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

By: _____

Contractor Name, Title

Contractor

Date: _____

By: _____

Kathi Guerrero, Executive Director

Date: _____

By: _____

Andrea Powers, Program Coordinator

Date: _____

First 5 El Dorado Children and Families Commission

Is your child Ready?



5 ways to maximize your child's learning

- ✓ Take your child to all well-child visits and see a dentist by your child's first birthday.
- ✓ Schedule a home visit for your newborn.
- ✓ Make sure your child is developing on track.
- ✓ Read with your child each day.
- ✓ Choose quality child care programs.



Healthy

Caring

Growing

Learning

Connected

www.first5eldorado.com (530) 622-5787

Growing Children, One by One...

First 5 El Dorado can help

How do I find a doctor, dentist or get health insurance?
Contact the Children's Health Initiative to start your child's path to a healthy life.

Children's Health Initiative

(800) 388-8690

S Lake Tahoe (530) 573-3155

Children's Dental Van/Tooth Travelers **(530) 626-8626**

Who can I talk to about caring for my newborn?

Marshall Medical and Barton Hospital nurses visit families with newborn children by appointment.

Best Beginnings

(530) 626-2770 x2315

S Lake Tahoe (530) 543-5547

Is my child developing like other children their age?

Call for a development questionnaire and personalized support for every day parenting.

Together We Grow

(530) 295-2403

Where do I go for books and fun literacy activities?

Visit your local library for books, story times, and make and take activities.

Ready to Read @ Your Library

Placerville (530) 621-5540

S Lake Tahoe (530) 573-3185

Cameron Park (530) 621-5500

El Dorado Hills (916) 358-3500

Pollock Pines (530) 644-2498

Georgetown (530) 333-4724

What is a quality child care program?

What to look for when choosing quality child care.

High 5 For Quality

(530) 295-2403

Get connected

What is First 5 El Dorado Children and Families Commission?

First 5 El Dorado is funded by tobacco tax revenues (Prop 10). The Commission is committed to developing a comprehensive early childhood system to promote nurturing, stable and loving family environments so that all children enter school physically and emotionally healthy, ready to learn.

What is Ready?

According to the research, an early childhood system provides access to health insurance and medical homes, family support services, developmental screenings, parent education, family literacy, and expanding access to high quality early care and education programs.

Is my community Ready?

First 5 El Dorado funds five research based, early childhood services in each community: Children's Health Initiative, Best Beginnings, Together We Grow, Ready to Read @ Your Library and High 5 for Quality.

How can I help my community get Ready?

Contact the Commission to help children in your community get Ready: Divide Ready by 5, Georgetown Divide; Lake Tahoe Collaborative, South Lake Tahoe; Western Slope Ready by 5, Western Slope

Contact the Commission

2776 Ray Lawyer Drive, Placerville, CA 95667

Phone: (530) 622-5787 Fax: (530) 622-6761

www.first5eldorado.com



¿Está preparado su niño?



Sanos

Cariñosos

Creciendo

Aprendiendo

Conectados

www.first5eldorado.com (530) 622-5787

Criando a los Niños, Uno por Uno...

Primeros 5 El Dorado Ofrece Ayuda

¿Cómo puedo encontrar un médico, dentista o conseguir seguro médico para mi niño? Contacte La Iniciativa de La Salud Infantil para empezar el camino hacia una vida sana para su niño.

La Iniciativa de La Salud Infantil

(800) 388-8690

S Lake Tahoe (530) 573-3155

Children's Dental Van

(530) 626-8626

¿Con quién puedo hablar sobre cómo cuidar a mi recién nacido? Las enfermeras de los hospitales de Marshall y Barton hacen visitas a las casas de familias con recién nacidos.

Mejores Comienzos

(530) 626-2770 x2315

S Lake Tahoe (530) 543-5547

¿Está desarrollándose mi niño como debería?

Llame para pedir un cuestionario de desarrollo de "Edades y Etapas" y para recibir apoyo personalizado.

Juntos Crecemos

(530) 295-2403

¿Adonde puedo ir para libros y actividades divertidas que apoyan la lectura en familia?

Visite la biblioteca en su comunidad para libros, horas de cuentos, y actividades divertidas para los niños y sus padres.

Listos para Leer @ Su Biblioteca

Placerville

(530) 621-5540

S Lake Tahoe

(530) 573-3185

Cameron Park

(530) 621-5500

El Dorado Hills

(916) 358-3500

Pollock Pines

(530) 644-2498

Georgetown

(530) 333-4724

¿Cómo puedo encontrar un programa pre-escolar de alta calidad? Aprenda sobre las características de un programa pre-escolar de alta calidad.

"High 5" por La Calidad

(530) 295-2403

5 maneras de apoyar el desarrollo sano de su niño

- ✓ Lleve a su niño a todos sus chequeos médicos y al dentista antes de cumplir 1 año.
- ✓ Reciba una visita en casa de las enfermeras de Mejores Comienzos para su recién nacido.
- ✓ Asegúrese de que su niño está desarrollándose como debería.
- ✓ Lee con su niño cada día.
- ✓ Elija guarderías y programas pre-escolares de alta calidad.

Conéctense

¿Qué es la Comisión?

Primeros 5 El Dorado recibe fondos por medio de los impuestos estatales en el tabaco (Proposición 10). La Comisión se enfoca en establecer un sistema de servicios para niños menores de 6 años que apoya a familias para que sean estables y cariñosas, y para que todos los niños entren a la escuela físicamente y emocionalmente sanos, y preparados para aprender.

¿Qué servicios preparan a los niños para aprender?

La investigación científica indica que un sistema de servicios para niños debería proveer: acceso a seguros y servicios médicos, servicios de apoyo para familias, chequeos de desarrollo e información sobre cómo apoyar el desarrollo sano en los niños, actividades que apoyan la lectura en familia, y acceso a guarderías y programas pre-escolares de alta calidad.

¿Está preparada mi comunidad?

Primeros 5 El Dorado patrocina cinco servicios que preparan a los niños y apoyan a sus familias en cada comunidad del condado: La Iniciativa de La Salud Infantil, Mejores Comienzos, Juntos Crecemos, Listos para Leer @ Su Biblioteca y "High 5" por La Calidad.

¿Cómo puedo ayudar a mi comunidad?

Contacte la Comisión para ayudar a los niños en su comunidad a estar preparados. Hay un grupo en cada región del condado: Divide Ready by 5: Georgetown Divide; Lake Tahoe Collaborative: South Lake Tahoe; Western Slope Ready by 5: Western Slope

Contacte la Comisión

2776 Ray Lawyer Drive, Placerville, CA 95667

Phone: (530) 622-5787 Fax: (530) 622-6761

www.first5eldorado.com

