



## Children and Families Commission

*GROWING CHILDREN...ONE BY ONE  
Campaign for Kids*

### Direct Service Contract

Contract #1415-90004-15-608  
"Ready to Read @ Your Library"

**THIS AGREEMENT** is made this 1st day of July, 2014, 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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**THIS AGREEMENT** is made July 1, 2014, by and between First 5 El Dorado Children and Families Commission ("Commission") and Contractor/Agency ("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 REQUIREMENT:** Grantee shall submit the following upon identified schedule:
  - a. 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.
    - i. Such documentation may include but are not limited to: timesheets, receipts, travel expense claims, paid invoices and copies of fiscal ledger transactions.
  - b. Semi-Annual Progress Reports (Attachment IV, Progress Report Form 2): due to the Commission no later than the final Friday of the month following December 31 and June 30 of each year.
  - c. 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 due date for submission of a report falls on a standard holiday, the report will be due on the following regularly scheduled workday.

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

Commission Staff will reivev progress on scope of work monthly.



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- d. Monthly Progress Report (Attachment VI, 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.
- e. Corrective Action Plan (Attachment VI) may be implemented and reviewed as a result of substandard performance.

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 15<sup>th</sup> 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 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



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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 2014-2015 this rate has been set at 8.97% (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, 2015. Grantee shall have until July 25, 2015 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.
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



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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



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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.
  - 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.



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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 \$500.00 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.

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



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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, Executive 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.

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.





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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.



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### 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.

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.



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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 0-5 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.

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2. Assist individuals in determining their eligibility for Medi-Cal.
3. Ensure all children 0 through 5 years of age and their families are referred for Medi-Cal.

Staff supported through this agreement shall spend 2.5% of the time charged to this contract providing Medi-Cal information to potentially Medi-Cal eligible people and encouraging potentially eligible people to apply for Medi-Cal. Bringing potential eligible people into the Medi-Cal system for the purpose of determining Medi-Cal eligibility, and bringing Medi-Cal eligible people into Medi-Cal covered services.

- B. The Commission shall review the Scope of Work and Budget of this Agreement on an annual basis to identify expenditures under this Agreement eligible to be included in the Commission's MAA Direct Charge Invoices submitted through the County of El Dorado. For FY 14-15, the amount to be submitted by the Commission through MAA Direct Charge Invoices shall be 2.5% of quarterly personnel expenditures reflected in the monthly Budget Reports submitted by the Grantee. This amount shall be applied equally between Medi-Cal Outreach and Referral, Coordination, and Monitoring of Medi-Cal Services.



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

APPROVED BY: CHILDREN AND FAMILIES COMMISSION OF EL DORADO COUNTY

[Signature]  
Commissioner

7/30/14  
Date

[Signature]  
Commissioner

7/31/14  
Date

[Signature]  
Managing Director

7/30/14  
Date

GRANTEE: COUNTY OF EL DORADO

Dated: 7/22/14

By: [Signature]  
Norma Santiago, Chair  
Board of Supervisors  
"County"

ATTEST:  
Clerk of the Board of Supervisors  
[Signature]

By: [Signature] Dated: 7/22/14

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

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

Strategy	Goal	Action Steps	Timeline	Annual Target	Quantity Data (AR)	Quality Data (Survey)	Program Level Data
2. Engagement  Increase confidence of expectant parents and families caring for children 0-5 years of age by providing group learning opportunities.	Increase group learning opportunities.	RR@YL Staff will meet four times with a minimum of four selected parent groups for the purposes of increasing knowledge of reading with their child(ren) daily and other literacy issues.  All programs increase group learning opportunities. Attention getters such as: bulletin boards, handouts, story time talking points, social media (Pinterest, Facebook, State Library Early Learning Site), Playmobile, Early Learning and Storytime kits. Hosting community strengthening events. Encourage the use of our meeting rooms or attendance at our programs. Notes: engage at risk parents, teen moms, and incredible kids	July 1, 2014 - June 30, 2015	meet 4 times with 4 groups = 16	Event Registration Forms (parent): submitted to FS within 2 weeks after event occurs Event Type List: <u>Parent Group Learning</u> ___ Total number of events Total Number of: ___ Parents/Guardians ___ Other Family ___ Providers ___ Ethnicity ___ Language Total Number of Children: ___ Less than 3 Years of Age ___ 3 through 5 Years of Age ___ Siblings ___ Ethnicity ___ Language		
	Increase parent resilience	RR@YL Staff will engage parents in the group with activities designed to assist families to:  <ul style="list-style-type: none"> <li>• Become advocates for their children.</li> <li>• Provide follow-up and support as needed.</li> <li>• Refer to appropriate resources/activities /events that support families with children 0-5 years.</li> <li>• Identify challenging behaviors or delayed development early.</li> <li>• Use problem solving strategies.</li> </ul> Allowing opportunities to network during/after programming. Developing close relationships with families. Accessibility to community pamphlets/ informational sheets.	July 1, 2014 - June 30, 2015	meet 4 times with 4 groups = 16	Event Registration Form (parent) <Event Type><Activities>: submitted to FS within 2 weeks after event occurs  Event Type List: <u>Parent Group Learning</u>  Activities Include: <u>Utilizing Storytime Kits</u> <u>Utilizing Early Learning Kits</u> <u>Other Reading Activities</u>  notes: engaging activities, i.e. utilizing early learning or storytime kits	Client Satisfaction Survey: Contractor staff will email survey link to event registration roster within 2 weeks after event to be assessed Parent resilience is defined as:  CSS Q1 - Isolation: Results of parents /guardians reporting: "I have someone to talk to when I have questions about my child."  CSS Q10 - Service Knowledge: Results of parents/ guardians reporting "I know what community services are available for my family and my child."  CSS Q11 - Service Access: Results of parents/ guardians reporting "I can access community services for my family and child if I need them."	
	Increase the knowledge of early literacy	RR@YL Staff will utilize the ROR Milestones for the purposes of increasing a parent's knowledge of reading to your child on a daily basis and other literacy issues:  <ul style="list-style-type: none"> <li>• Linking families to services and opportunities that support families with children 0-5 years by encouraging weekly story time participation.</li> <li>• Including and linking all family members to services and opportunities including Play to Grow workshops, Early Literacy Play Centers, Story times, Stay and Play, as well as, evening and weekend programming will engage multiple family members while encouraging networking.</li> <li>• Encouraging and facilitating peer-to-peer parent/family support networks such as Story times allowing opportunities to connect with others as well as observe their child's interactions in social settings.</li> <li>• Assisting families to identify opportunities that support their needs and how to access them including: -Online resources such as: Early Literacy Pinterest Site and the California State Library Early Learning Site. -Attention getters such as: bulletin boards, handouts, story time talking points, social media, Playmobile, Early Learning and Storytime kits.</li> </ul>	July 1, 2014 - June 30, 2015	meet 4 times with 4 groups = 16	Event Registration Form (parent) <Early Childhood Topics>: submitted to FS within 2 weeks after event occurs Topics Include: <u>Applying ROR</u> <u>Utilize Services</u> _____ _____ _____ _____  notes: engaging topics, i.e. applying ROR Reach Out and Read) milestones and literacy development applications for the entire family	Client Satisfaction Survey: Contractor staff will email survey link to event registration roster within 2 weeks after event to be assessed Knowledge of parenting and child development is defined as: CSS Q2 - Parenting: Increased percentage of parents/ guardians reporting "I know of positive ways to guide and teach my child."  CSS Q3 - Child Development: Increased percentage of parents /guardians reporting "I know normal behavior for my child's age level."  CSS Q4 - Behavior Change: Increased percentage of parents /guardians reporting "After working with RR@YL I am more likely to read to my child on a daily basis."	

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



Strategy	Goal	Action Steps	Timeline	Annual Target	Quantity Data (AR)	Quality Data (Survey)	Program Level Data
<p><b>4. Refer / Capacity Building</b></p> <p>Build capacity among parents, providers and agencies in understanding and referring expectant parents and families with children 0-5 to community services.</p>	Increase the learning opportunities for community agencies.	<p>RR@YL Staff will facilitate at least 1 learning opportunity for community agencies in the 3 regions of the county. RR@YL Staff will:</p> <ul style="list-style-type: none"> <li>Identifying community partners</li> <li>Assist in prioritizing topics: importance of reading daily, developmental stages of literacy, strategies to assist parents in nurturing early literacy.</li> <li>Assist in developing a schedule, curriculum and materials that may include staff development (webinars, conferences) to provide staff with up to date research and knowledge thereby empowering agencies and families.</li> <li>Follow-up with community partners to reinforce information.</li> </ul> <p>Notes: i.e. Choices for Children hosts Network for Providers, LPC, New Morning, Adult Literacy, etc...</p>	July 1, 2014 - June 30, 2015	1 time in each 3 regions (WS, SLT, Divide) = 3	<p>Event Registration Form (Provider): submitted to FS within 2 weeks after event occurs            ___ Total number of events</p> <p>Total Number of:            ___ Providers            ___ Agencies</p> <p>Event Registration Form &lt;Event Type&gt;:            Event Type List:  <u>Community Agency Support</u></p> <p>Event Registration Form &lt;Early Childhood Topics&gt;:            Topics Include:  <u>Importance of reading daily</u>  <u>Developmental Stages of Literacy</u>  <u>Nurturing Early Literacy</u></p> <p>Event Registration Form &lt;location&gt;:  <u>divide</u>  <u>western slope</u>  <u>lake tahoe</u></p>	<p>Community Partner Survey: Contractor staff will email survey link to event registration roster within 2 weeks after event to be assessed</p> <p>Increased knowledge is defined as:</p> <p>CPS Q5 - Results of community partners reporting : I know how to help families learn about early literacy skills such as reading, story telling and singing.</p> <p>CPS Q7 - Results of community partners reporting : I know what early childhood services are available for expectant parents and families with children ages 0-5 in the county.</p> <p>CPS Q8 -Results of community partners reporting : I know how to refer expectant parents and families with children ages 0-5 to services in the county.</p>	
	Increase the knowledge of early childhood community services	<p>RR@YL Staff will attend at least 10 community strengthening group meetings in the 3 regions of the county and regularly report:</p> <ol style="list-style-type: none"> <li>Increase awareness of the importance of reading to your child on a daily basis and other early literacy issues.</li> <li>Report to the community barriers of early literacy development.</li> <li>Engage partners at least twice a year through presentations to reinforce the importance of reading to your child daily and other early literacy issues.</li> </ol>	July 1, 2014 - June 30, 2015	10 CSG /yr in 3 regions = 30	<p>Event Registration Form (Provider): submitted by CSG to FS within 2 weeks after event occurs            ___ Total number of events attended</p> <p>Event Registration Form (Provider) &lt;Event Type&gt;:            Event Type List:  <u>Community Strengthening Group</u></p> <p>Event Registration Form (Provider) &lt;Location&gt;:            _____</p> <p>Event Registration Form (Provider) &lt;Site Name&gt;:            _____</p>	<p>Community Partner Survey: CSG will email survey link to event registration roster annually in the spring</p> <p>Increased knowledge is defined as:</p> <p>CPS Q5 - Results of community partners reporting : I know how to help families learn about early literacy skills such as reading, story telling and singing.</p>	F5 will aggregate attendance from CSG partner registration forms and content from meeting minutes

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

\_\_\_\_\_

Print Name of Authorized Representative for Applicant

Signature: \_\_\_\_\_

Signature of Authorized Representative for Applicant

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

## Attachment II Approved FY Budget: Budget Form 1



## Approved FY Budget

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



Monthly Invoice Form

Due Monthly by the 2nd Friday of the Month

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

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

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

I hereby state that the budget items requested do not supplant any existing revenue sources, or any existing program. I certify that all statements in this report are true and correct.  
 \*Proper backup documentation sufficient to support all reported expenditures must be attached to this form. (timesheets, receipts, paid invoices, etc.)

Print Name of Program Contact Person or Authorized Representative \_\_\_\_\_

Signature: Program Contact Person or Authorized Representative \_\_\_\_\_

For Commission Use Only-Do Not Fill In Shaded Area			
Date Received	TOTAL REIMBURSEMENT APPROVED		
Signature of Authorized Fiscal Staff	Date	Signature of Authorized First 5 Staff	Date
Signature -Executive Director	Date		



Attachment II Budget Revision Request: Budget Form 3

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

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

Jeanne Amos, Library Director

Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative

DATE

For Commission Use Only - Do Not Fill In Shaded Area

Program Coordinator

Date

Executive Director

Date



**Budget Revision Narrative**

Please explain each budget revision requested by line item.

---

Print Name of Program Contact Person or Authorized Representative

---

Signature: Program Contact Person or Authorized Representative



### Event Registration Form (Provider)

To better serve you, we request that you complete this form. Our funding sources require this demographic information. By sharing your e-mail, you will receive a survey to help us improve our services.

Your cooperation in completing all of the items is appreciated.

Event Name: \_\_\_\_\_ Date: \_\_\_\_\_ Event Type: (dropdown)

Early Childhood Topic: \_\_\_\_\_ Location: \_\_\_\_\_ Initiative: (dropdown)

Activities: \_\_\_\_\_

NAME	SITE NAME / AGENCY
EMAIL ADDRESS	
LOCATION ZIP CODE	BUSINESS PHONE # ( ) -

NAME	SITE NAME / AGENCY
EMAIL ADDRESS	
LOCATION ZIP CODE	BUSINESS PHONE # ( ) -

NAME	SITE NAME / AGENCY
EMAIL ADDRESS	
LOCATION ZIP CODE	BUSINESS PHONE # ( ) -

NAME	SITE NAME / AGENCY
EMAIL ADDRESS	
LOCATION ZIP CODE	BUSINESS PHONE # ( ) -

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EMAIL ADDRESS	
LOCATION ZIP CODE	BUSINESS PHONE # ( ) -

NAME	SITE NAME / AGENCY
EMAIL ADDRESS	
LOCATION ZIP CODE	BUSINESS PHONE # ( ) -

NAME	SITE NAME / AGENCY
EMAIL ADDRESS	
LOCATION ZIP CODE	BUSINESS PHONE # ( ) -

NAME	SITE NAME / AGENCY
EMAIL ADDRESS	
LOCATION ZIP CODE	BUSINESS PHONE # ( ) -



Event Registration Form (Parent)

Attachment III, Registration Form 2

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

Event Name: \_\_\_\_\_  
 Early Childhood Topic: \_\_\_\_\_  
 Activities: \_\_\_\_\_

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

Event Type: (dropdown)  
 Initiative: (dropdown)

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

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





**MONTHLY PROGRESS REPORT**

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

<b>Agency Name:</b>
<b>Project Title:</b>
<b>Contact Name &amp; Title:</b>
<b>Email Address:</b>
<b>Phone:</b>

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

<b>Agency Name:</b>
<b>Project Title:</b>
<b>Contact Name &amp; Title:</b>
<b>Email Address:</b>
<b>Phone:</b>

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

# Community Partner Survey



Attachment V, Survey Tool 2

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

**Please tell us about yourself:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date: \_\_\_\_\_ Email: \_\_\_\_\_  
 Organization: \_\_\_\_\_

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

**What organization, agency or business do you represent?**

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

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

# Community Partner Survey

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

1 2 3 4 5

1 2 3 4 5

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

- transportation
- language barriers
- cost
- fear / uncertainty
- knowledge of services
- time

lack of services:  
Describe \_\_\_\_\_

Other:  
Describe \_\_\_\_\_

10. Which First 5 Initiatives has your agency worked with?

- Children's Health Initiative
- Best Beginnings
- Together We Grow
- High 5 for Quality
- Ready to Read @ Your Library
- Children's Dental Van
- Community Strengthening Group

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

- Extremely Satisfied     Very Satisfied     Satisfied     Dissatisfied     Very Dissatisfied

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

13 Please share any additional comments or suggestions for improvement:

# Client Satisfaction Survey



Attachment V, Survey Tool 1

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

Initiative: prepopulated from reg form or contractor  
 Month and Year of Child's Birth: \_\_\_\_\_  
 Home Zip Code: \_\_\_\_\_

Today's Date: prepopulated

What services did you receive from INITIATIVE:

If Shared Event, Then Use Multiple Selection Options

**Best Beginnings:**

- Kit for New Parents
- Child Health Record
- Phone Call from Nurse
- Home Visit from Nurse
- Group / Event

**Children's Health:**

- Parent Group
- One on One Meeting
- Phone Call
- Home Visit

**Together We Grow:**

- Parent Group
- One on One Meeting
- Phone Call
- Home Visit

**Ready to Read:**

- We have a library card
- We check out books
- We attend Storytimes
- We attend Play to Grow
- We use Early Learning Kits
- We visited the Playmobile
- We use Storytime Kits

**H5Q:**

- Parent Group
- One on One Meeting
- Phone Call

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

Show where you were BEFORE participating in this program. Where are you NOW that you have participated?

	BEFORE?					NOW?				
	Low				High	Low				High
1. I have someone to talk to when I have questions about my child. (social isolation)	1	2	3	4	5	1	2	3	4	5
2. I know of positive ways to guide and teach my child. (parenting)	1	2	3	4	5	1	2	3	4	5
3. I know normal behavior for my child's age level. (child development)	1	2	3	4	5	1	2	3	4	5
4. After working with (Initiative),	1	2	3	4	5	1	2	3	4	5

**Best Beginnings:**

I am more confident in caring for your child?

**Children's Health / Children's Dental Van**

I am more likely to attend regular well child visits with the doctor and dentist?

**Together We Grow:**

I am more likely to monitor your child's development?

**Ready to Read:**

I am more likely to read to your child on a daily basis?

**H5Q:**

I am more likely to choose high quality child care?

5. In a usual week, how often do you or any other family members read stories or look at picture books with your child? (RR@YL indicator)

- Never
- 1-2 Days
- 3-4 Days
- 5-6 days per week
- Every day

# Client Satisfaction Survey

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

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

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

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

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

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

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

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

# Client Satisfaction Survey

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

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

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

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

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

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

# Client Satisfaction Survey

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

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

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



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

Attachment VI

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

By: \_\_\_\_\_

Contractor Name, Title

Contractor

By: \_\_\_\_\_

Kathi Guerrero, Executive Director

By: \_\_\_\_\_

Andrea Powers, Program Coordinator

First 5 El Dorado Children and Families Commission

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

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

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