



Contract #1617-71020 - Amendment 2
Addendum to the First 5 El Dorado Family Literacy Contract

This Amendment 2 to the Contract #1617-71020 is made by and between First 5 El Dorado and the County of El Dorado Library Department is agreed upon according to:

Contract #1617-71020, Section 6. *Amendments.*

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

Modification 1

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

2. SCOPE OF WORK

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

FAMILY LITERACY

The CONTRACTOR shall work in partnership with and based on the guidance of the Commission to fulfill the deliverables and benchmarks identified in Scope of Work, Amendment 1 (Attachment I).

Modification 2

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

ATTACHMENTS

- I. Scope of Work
- III. Parent Registration Form
- IV. Progress Reports: Quarterly (Progress Report Form 1)
- VI. Family Survey

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

In Witness whereof, the parties have executed this Agreement Amendment 2 to be effective starting October 8, 2018.

Approved by:

FIRST 5 EL DORADO CHILDREN AND FAMILIES COMMISSION

Commissioner Date:

Commissioner Date:

Director Date:

**COUNTY OF EL DORADO
LIBRARY DEPARTMENT**

Michael Ranalli, Chair Date:
Board of Supervisors

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

By: _____ Dated: _____
Deputy Clerk

ATTACHMENT I Scope of Work (Contract # 1617-71020)

EL DORADO COUNTY LIBRARY DEPARTMENT

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

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

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

1A. TARGET POPULATION (WHO)	1 ANNUAL STRATEGIES (WHAT)	2 ANNUAL ACTIVITIES (HOW)	3 ANNUAL LOCATION (S) (WHERE)	4 ANUNAL DOSAGE (HOW OFTEN)	5 ANNUAL TARGET (HOW MANY)	6 ANNUAL PERFORMANCE INDICATORS (HOW WELL DID WE DO)
FAMILIES WITH CHILDREN BIRTH THROUGH 5 YEARS OF AGE	Promote regular developmental screening using the ASQ and ASQ SE in all Hub Communities	1. Hub Leadership will develop a universal developmental screening process identifying roles and responsibilities, survey collection, database management and referral system.	All Hubs			
		2. Training: FE staff will train all Hub Teams on ASQ:3 and ASQ SE2 developmental screens (August – September).	All Hub team meetings (PD)	As needed	5	Monthly hub team meeting agenda with Professional Development training
		3. Library staff will incorporate developmental guidance in their work by language (July – June) by sharing the importance of understanding child development milestones through storytimes.	All Hubs	Weekly activities at 5 hubs	800 Child development discussions with parents	Monthly hub team meeting notes
		4. Library staff will promote and collect ASQ:3 and ASQ SE2 developmental screens in the Brookes Data Base (July – June) by assisting parents to complete developmental screens at storytimes and provide ASQ kits.	All Hubs	5 ASQs per month for 10 months at all 5 hubs	250 ASQ facilitations with parents	Number of ASQs facilitated by partner

ATTACHMENT I Scope of Work (Contract # 1617-71020)

EL DORADO COUNTY LIBRARY DEPARTMENT

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

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

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

1A. TARGET POPULATION (WHO)	1B. PRIMARY STRATEGY (WHAT)	2. ANNUAL ACTIVITIES (HOW)	3. ANNUAL LOCATION(S) (WHERE)	4. ANNUAL DOSAGE (HOW OFTEN)	5. ANNUAL TARGET (HOW MANY)	6. ANNUAL PERFORMANCE INDICATORS (HOW WELL DID WE DO)
EXPECTANT PARENTS AND FAMILIES WITH CHILDREN BIRTH THROUGH 5 YEARS OF AGE	Engage families in interactive language enrichment classes that promote reading daily <ul style="list-style-type: none"> • Mother Goose on the Loose • 2's & 3's On the Go • The Very Ready Reading Program • Let's Read Together • Touchpoints • Family Place • California State Preschool Foundations and Frameworks • Early Literacy Storytime @ Your Library: Partnering with Caregivers for Success 	1. Libraries will provide targeted developmental level Early Literacy classes:	All Hubs	800* classes (800 hrs of direct contact) (Attachment 1)	2200 children 1500 adult caregivers (unduplicated)	Family Survey increases in all Protective Factor Scales: 1. Family Functioning/Resiliency 2. Nurturing and Attachment 3. Knowledge of Parenting and Child Development 4. Social Emotional Support 5. Concrete Support Family Survey increases in the number of children who are read to an a daily basis Increase in the number of library cards issued to families participating in Hub programs and services
		a) Share Early Literacy Tips at every class	All Hubs	Every class	800 Early Literacy Tips	
		b) Share Protective Factor Tips at every class	All Hubs	Every class	800 Protective Factors Tips	
		c) Provide free access to 20,000 picture books in English and Spanish for checkout to families	All Hubs	All Open Hours	90,000 books checked out	
		d) Provide targeted developmental level Early Literacy classes in Spanish	Hub 3 & Hub 5	88 Classes (88 hours of direct contact)	TBD	
		e) Distribute/collect/promote Family Survey	All Hubs	Yearly, Spring 2019	500 Family Surveys total between all 5 hubs	
		f) Explore options for providing Early Literacy opportunities for working families	All Hubs	Bimonthly discussions at ECLS meetings	5 Discussions	

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EL DORADO COUNTY LIBRARY DEPARTMENT

<p>EXPECTANT PARENTS AND FAMILIES WITH CHILDREN BIRTH THROUGH 5 YEARS OF AGE THAT HAVE BEEN IDENTIFIED BY THE COMMUNITY HEALTH NEEDS PLAN</p>	<p>Engage families in interactive language enrichment classes that promote reading daily</p> <ul style="list-style-type: none"> • The Very Ready Reading Program • Mother Goose on the Loose for Families • Touchpoints • California State Preschool Foundations and Frameworks 	<p>2. Libraries will provide targeted Early Literacy Raising Reader classes partnering with Family Engagement Specialists at school sites in Fall and Hub sites in Spring for identified underserved populations:</p>	<p>One school site per Hub (Fall 2018) Alternate site per Hub (Spring 2019)</p>	<p>One six-week series of one hour classes at school or Hub site (Fall 2018 & Spring 2019) 1-2 visits to school sites per Hub (Spring 2019)</p>	<p>10 unduplicated families per series</p>	<p>Family Survey increases in all Protective Factor Scales: 6. Family Functioning/Resiliency 7. Nurturing and Attachment 8. Knowledge of Parenting and Child Development 9. Social Emotional Support 10. Concrete Support</p> <p>Family Survey increases in the number of children who are read to on a daily basis</p>
		<p>a) Early Childhood Literacy Specialist and Family Engagement Specialist to determine locations, dates, times, language and curriculum based on social and emotional development.</p>	<p>TBD per Hub</p>	<p>August 2018</p>		
		<p>b) Promote classes with support materials (flyers, handouts, letters).</p>	<p>TBD per Hub</p>	<p>September 2018</p>	<p>1 universal template and 5 Hub-specific versions each</p>	
		<p>c) Provide Boom Books in English and/or Spanish with take-home bags (to be housed at school site).</p>	<p>School sites per Hub</p>	<p>Fall 2018</p>	<p>6 Boom Basket with books and bags (1 per school site)</p>	
<p>FAMILIES WITH CHILDREN BIRTH THROUGH 5 YEARS OF AGE</p>	<p>Engage families and children in annual reading programs and classes that promote reading daily</p>	<p>3. Libraries will provide targeted interactive programs and classes throughout the year:</p>	<p>All Hubs</p>	<p>Ongoing</p>		
		<p>a) Summer Reading Program</p>	<p>All Hubs</p>	<p>Daily - July 2018 & June 2019</p>		
		<p>b) 1000 Books Before Kindergarten</p>	<p>All Hubs</p>	<p>Ongoing</p>		

ATTACHMENT I Scope of Work (Contract # 1617-71020)

EL DORADO COUNTY LIBRARY DEPARTMENT

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

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

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

1A. TARGET POPULATION (WHO)	1B. PRIMARY STRATEGY (WHAT)	2. ACTIVITIES (HOW)	3. LOCATION(S) (WHERE)	4. FREQUENCY (HOW OFTEN)	5. TARGET (HOW MANY)	6. PERFORMANCE INDICATORS (HOW WELL DID WE DO)
ALL FAMILIES WITH CHILDREN AGES 0-5 and/or Expectant parents.	Facilitate alignment of Hub services collaboratively with Hub partners	1. Hub Teams will plan, coordinate, administer, and evaluate Hub services/activities	All Hubs	Monthly Meetings per Hub	60 Hub Team meetings (12 Hub Team meetings per Hub)	Annual meeting calendar
		2. Annual meeting calendar	All Hubs	August, 2018	1 calendar, updated as necessary	Annual meeting calendar
		3. The Library Staff and Public Health Nurse will co-facilitate monthly Hub meetings with the Community Health Advocate and Family Engagement Specialist and other Hub staff as appropriate.	All Hubs	Two hours monthly (Either monthly 2 hour meeting or biweekly, 1 hour meeting) per Hub	60 Hub Team meetings (12 Hub Team meetings per Hub)	Annual meeting calendar
		4. Hub Teams will submit agenda minutes	All Hubs	Monthly per Hub	60 Hub Team meeting minutes submitted (12 sets of minutes per Hub)	Monthly Hub Team meeting agenda with minutes

ATTACHMENT I Scope of Work (Contract # 1617-71020)

EL DORADO COUNTY LIBRARY DEPARTMENT

	5. Curate Hub Scope of Work:	All Hubs	Review monthly at Hub Meeting	60 Hub Team meetings (12 Hub Team meetings per Hub)	Monthly Hub Team meeting agenda with minutes
	6. Identify targeted isolated families	All Hubs	August 2018	1-2 targeted audiences identified per Hub	Monthly Hub Team meeting agenda with minutes
	7. Design and facilitate two "Team Hub Programs": a) Evening or weekend b) All agency partners participating (EDCOE, HHSA and EDC Library) c) Library or outside location d) Active delivery of services/classes for all partners e) No minimum or maximum number of activities f) Completion of Hub Program Proposal form 6-8 weeks in advance of event (Attachment 3)	All Hubs	Fall 2018 and Spring 2019	At least 5 participants for each event per Hub	Monthly Hub Team meeting agenda with minutes
	8. Facilitate "Hub Outreach" events: a) Any time or day b) 1 or more agency partners participating (EDCOE, HHSA and EDC Library) c) Library or outside location d) Promotion of services/classes/Hub e) Activities not necessary f) but can be determined by event setting and partner definition g) Distribution of Hub/partner materials	All Hubs	Ongoing	At least 5 participants for each event per Hub	Monthly Hub Team meeting agenda with minutes

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		9. Promote all Health, Parenting and Child Development, Literacy, and Child Care Hub activities with key messages to families in the community:	All Hubs			Monthly Hub Team meeting agenda with minutes
		10. Post resources, program information, key messages, coordinated monthly tips and local events to Hub Facebook page and website calendar	All Hubs	Post at least 1 time per week per Hub	260 Facebook posts (52 posts per Hub)	Monthly Hub Team meeting agenda with minutes
		11. Promote current Hub events, contact information, and staff hours	All Hubs	Ongoing	As needed	Monthly Hub Team meeting agenda with minutes
		12. Participate in contract monitoring site visits for the purposes of assessing progress on contract milestones:	All Hubs			Monthly Hub Team meeting agenda with minutes
		13. Contractors' meetings	All Hubs	Quarterly	4 contractors' meetings	Monthly Hub Team meeting agenda with minutes

EL DORADO COUNTY LIBRARY DEPARTMENT

Signature

Signatures are binding contractors to the assurances agreement:

El Dorado County

Library

Administrator Name: _____

Signature: _____

Date: _____

Increase in the Nurturing and Attachment (NA) Scale is calculated based on participants' responses to the following 4 statements:

- I am happy being with my child.
- My child and I are very close to each other.
- I am able to soothe my child when he/she is upset.
- I spend time with my child doing what he/she likes to do

Increase in the Concrete Support (CS) Scale is calculated based on participants' responses to the following 3 statements:

- I would know where to go for help if my family needed food or housing.
- I would know where to go for help if I had trouble making ends meet.
- If I needed help finding a job, I would know where to go for help.

Increase in the Family Functioning/Resiliency (FFR) Scale is calculated based on participants' responses to the following 5 statements:

- In my family, we talk about problems.
- When we argue, my family listens to "both sides of the story."
- In my family, we take time to listen to each other.
- My family pulls together when things are stressful.
- My family is able to solve our problems.

Increase in the Social Emotional Support Scale is calculated based on participants' responses to the following 3 statements:

- I have others who will listen when I need to talk about my problems.
- When I am lonely, there are several people I can talk to.
- If there is a crisis, I have others I can talk to.

Increase in the Knowledge of Parenting and Child Development Scale is calculated based on participants' responses to the following 4 statements:

- There are many times when I don't know what to do as a parent
- I know how to help my child learn.
- My child misbehaves just to upset me.
- I praise my child when he/she behaves well.
- When I discipline my child, I lose control.

Event Registration Form

First 5 El Dorado Commission want to make sure that all children and families get the best possible services. By registering for this Community Hub event, you agree to be a part of the evaluation of this program. The First 5 evaluation team will be able to see the information you provide. All information is kept private. No identifying personal information will be released in any way. You can choose not to register for this event if you do not want to be a part of evaluation. If you have any questions about evaluation, you may contact Alice Alk at (530) 622-5787.

PLEASE REGISTER AN ADULT: Parent/Guardian Other Family Member Caregiver Email Address: _____

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

PLEASE REGISTER UP TO FOUR CHILDREN.

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

Permission to Photography/Video Record: By participating in our event(s), you consent to any photography/video recording that may occur. Images or videos that contain you or your child may be used for promotional purposes and you waive all rights to any claims for payments.

FY 2018-2019 Quarterly Report



First 5 El Dorado – Ready to Read @ Your Library

2018-2019

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

Person Completing Report:

Date:

Telephone:

Email:

Technical Assistance

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

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

For Internal Use Only

FY 2018-2019 Quarterly Report



Hub 1: Demographics of Individuals Served (Unduplicated Count)

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

Hub 1: Services Provided to Qualifying* Children and Families

Commission Objective	Activity	Unduplicated Quantity of Children Served		Unduplicated Quantity of Adults Served		Number of Classes Offered (To Date)		Family Surveys Collected
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Goal: 150
Children birth through 5 are read to on a daily basis.	Libraries will provide targeted developmental level Early Literacy Classes.	849		585		150		Achievement

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

FY 2018-2019 Quarterly Report



Hub 1: Outreach Conducted

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

Outreach Event Description	Contract Goal	Date of Event(s)	Number of Individuals Reached through Event(s)
ASQ Facilitation	50		

Hub 1: Challenges and Solutions

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

Hub 1: Priority Populations

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

Hub 1: Compelling Success Story

Please describe a compelling hub story to highlight.

Impact Statement: How did program services effect the family served?

FY 2018-2019 Quarterly Report



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

Hub 2: Services Provided to Qualifying* Children and Families								
Commission Objective	Activity	Unduplicated Quantity of Children Served		Unduplicated Quantity of Adults Served		Number of Classes Offered (To Date)		Family Surveys Collected
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Goal: 100
Children birth through 5 are read to on a daily basis.	Libraries will provide targeted developmental level Early Literacy Classes.	389		270		175		Achievement

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

FY 2018-2019 Quarterly Report



Hub 2: Outreach Conducted

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

Outreach Event Description	Contract Goal	Date of Event(s)	Number of Individuals Reached through Event(s)
ASQ Facilitation	50		

Hub 2: Challenges and Solutions

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

Hub 2: Priority Populations

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

Hub 2: Compelling Success Story

Please describe a compelling hub story to highlight.

Impact Statement: How did program services effect the family served?

FY 2018-2019 Quarterly Report



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

Hub 3: Services Provided to Qualifying* Children and Families								
Commission Objective	Activity	Unduplicated Quantity of Children Served		Unduplicated Quantity of Adults Served		Number of Classes Offered (To Date)		Family Surveys Collected
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Goal: 150
Children birth through 5 are read to on a daily basis.	Libraries will provide targeted developmental level Early Literacy Classes.	430		291		200		Achievement

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



Hub 3: Outreach Conducted

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

Outreach Event Description	Contract Goal	Date of Event(s)	Number of Individuals Reached through Event(s)
ASQ Facilitation	50		

Hub 3: Challenges and Solutions

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

Hub 3: Priority Populations

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

Hub 3: Compelling Success Story

Please describe a compelling hub story to highlight.

Impact Statement: How did program services effect the family served?



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

Hub 4: Services Provided to Qualifying* Children and Families								
Commission Objective	Activity	Unduplicated Quantity of Children Served		Unduplicated Quantity of Adults Served		Number of Classes Offered (To Date)		Family Surveys Collected
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Goal: 25
Children birth through 5 are read to on a daily basis.	Libraries will provide targeted developmental level Early Literacy Classes.	155		93		75		Achievement

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

FY 2018-2019 Quarterly Report



Hub 4: Outreach Conducted

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

Outreach Event Description	Contract Goal	Date of Event(s)	Number of Individuals Reached through Event(s)
ASQ Facilitation	50		

Hub 4: Challenges and Solutions

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

Hub 4: Priority Populations

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

Hub 4: Compelling Success Story

Please describe a compelling hub story to highlight.

Impact Statement: How did program services effect the family served?

FY 2018-2019 Quarterly Report



Hub 5: Demographics of Individuals Served (Unduplicated Count)								
Age		Total						
Children Less Than 3 years old								
Children from 3 rd to 6 th Birthday								
Children Age Unknown (birth – 6 th Birthday)								
Primary Caregivers								
Other Family Members								
Providers								
Total Population Served								
Race/Ethnicity	Children Birth – 6th Birthday	Primary Caregivers	Other Family Members	Providers				
Alaska Native/American Indian								
Asian								
Black/African-American								
Hispanic/Latino								
Native Hawaiian or Other Pacific Islander								
White								
Two or More Races								
Other (Specify)								
Unknown								
Total								
Primary Language	Children Birth – 6th Birthday	Primary Caregivers	Other Family Members	Providers				
English								
Spanish								
Cantonese								
Mandarin								
Vietnamese								
Korean								
Other (Specify)								
Unknown								
Total								
Hub 5: Services Provided to Qualifying* Children and Families								
Commission Objective	Activity	Unduplicated Quantity of Children Served		Unduplicated Quantity of Adults Served		Number of Classes Offered (To Date)		Family Surveys Collected
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	Goal: 75 Achievement
Children birth through 5 are read to on a daily basis.	Libraries will provide targeted developmental level Early Literacy Classes.	376		261		200		

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



Hub 5: Outreach Conducted

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

Outreach Event Description	Contract Goal	Date of Event(s)	Number of Individuals Reached through Event(s)
ASQ Facilitation	50		

Hub 5: Challenges and Solutions

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

Hub 5: Priority Populations

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

Hub 5: Compelling Success Story

Please describe a compelling hub story to highlight.

Impact Statement: How did program services effect the family served?



FAMILY SURVEY

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

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

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

Please tell us a little bit about your family.

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

Please indicate how often the following occur.	Never	1-2 days per week	3-4 days per week	5-6 days per week	Every day
In a usual week, how often do you or any other family members read stories or look at picture books with your child?					
In a usual week, how often do you or any other family members' practice counting or doing activities that involve numbers?					
In a usual week, how often do you play with your child (sing songs, play games, build things, play dress-up, or use his/her toys)?					
In a usual week, how often do you or another family member take your child outdoors to participate in activities like sports, bicycle riding, or playing at the park?					
In a usual week, how often does your child follow a regular routine like getting up and going to bed at the same time?					
Do you have a place in your home where your child can read, do arts and crafts, or play with their toys?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure				
Please indicate when your child last accessed health or dental care.	Never	More than 2 years ago	Between 1 and 2 years ago	6 months to 1 year ago	6 months ago or less
About how long has it been since your child last visited a doctor or medical clinic for well child care? (Well child care is a visit for a general checkup, vaccinations, etc.)	or only when sick				
About how long has it been since your child last visited a dentist or dental clinic for preventive care? (Preventive care is a cleaning, fluoride, exam, etc.)	only when in pain				

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

On a scale from 1-7, with 1 as 'Strongly Disagree' and 7 as 'Strongly Agree,' please tell us how much you agree with the following statements, both **BEFORE** the program and **AFTER** the program. This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation.

Please CIRCLE your response to each statement twice.		Strongly Disagree			Neutral		Strongly Agree		
In my family, we talk about problems.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
When we argue, my family listens to "both sides of the story."	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
In my family, we take time to listen to each other.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
My family pulls together when things are stressful.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
My family is able to solve our problems.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
I have others who will listen when I need to talk about my problems.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
When I am lonely, there are several people I can talk to.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
I would know where to turn if my family needed food or housing.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
I would know where to go for help if I had trouble making ends meet.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
If there is a crisis, I have others I can talk to.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
I would know where to go if I needed help finding a job.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
There are many times when I don't know what to do as a parent.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
I know how to help my child learn.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
My child misbehaves just to upset me.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
I praise my child when he/she behaves well.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
When I discipline my child, I lose control.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
I am happy being with my child.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
My child and I are very close to each other.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
I am able to soothe my child when he/she is upset.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
I spend time with my child doing what he/she likes to do.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	

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

What is your annual household income?

- \$0 - \$12,140 per year \$20,780 - \$25,100 \$33,740 - \$38,060 \$72,586 – \$92,248
- \$12,140 - \$16,460 \$25,100 - \$29,420 \$38,060 - \$42,380 \$92,248 - \$103,615
- \$16,460 - \$20,780 \$29,420 - \$33,740 \$42,380 – \$72,586 More than \$103,615

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

Please provide your highest level of education completed:

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

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

- Alaskan Native/Native American Native Hawaiian/ Other Pacific Islander
- Asian White
- Black/African American Two or more races
- Hispanic/Latino Other (Please specify):

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

- English Other (Please specify):
- Spanish

Please tell us a little bit about your needs.

First 5 and its partner agencies want to understand how they can deliver programs and services that best meet the needs of families with young children. Please help us by identifying any challenges you may have encountered in supporting your child’s health, school readiness, growth and development. We are also interested in knowing if it has been difficult to secure quality early care and education for your child.

Please indicate with a checkmark any areas that describe your situation over the past 12 months. Please select all that apply.	
Children's Health: <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"/> Transportation is hard for me <input type="checkbox"/> I can't afford out-of-pocket costs <input type="checkbox"/> Other: _____	Family Literacy: <input type="checkbox"/> I don't have enough books at home <input type="checkbox"/> I don't have time to read to my child <input type="checkbox"/> I'm not sure how to get my child interested in reading <input type="checkbox"/> Storytimes are not at convenient times <input type="checkbox"/> My library fines are too high <input type="checkbox"/> Other: _____
Supporting My Child's Development: <input type="checkbox"/> I'm uncomfortable in a playgroup <input type="checkbox"/> I'm not sure how to connect with parents <input type="checkbox"/> I'm not sure how to monitor my child's development <input type="checkbox"/> Transportation is hard for me <input type="checkbox"/> Other: _____	Quality Child Care: <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"/> There is not high quality care in my area <input type="checkbox"/> Other: _____

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

Please tell us how much you agree with the following statements.	Strongly Disagree	Disagree	Agree	Strongly Agree
This program has helped my child learn new skills that will help them when they enter kindergarten.				
This program has helped me feel more confident as a parent/caregiver and knowledgeable about my child's growth and development.				
Staff that are associated with the program were kind and treated my family with respect.				
My overall satisfaction with services was good.				