



Contract #1415-90063-34-611
#076-F1511

Children and Families Commission

GROWING CHILDREN...ONE BY ONE
Campaign for Kids

**DIRECT SERVICE CONTRACT
Children's Health Initiative
#1415-90063-34-611**

This Direct Service Contract #1415-90063-34-611, is made and entered into by and between First 5 El Dorado Children and Families Commission, whose principal place of business is 2776 Ray Lawyer Drive, Placerville, CA 95667 (hereinafter referred to as "Commission"), and the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as ("County" or "Grantee").

RECITALS

WHEREAS, Grantee has been engaged to implement strategies that support the goals and objectives of the Strategic Plan of the Commission.

NOW, THEREFORE, in consideration of the mutual covenants and promises described below and in order to assure that County acts in accord with the Commission's program goals and objectives and to enable County to accomplish its purposes in the most efficient manner, the Commission and the County agree as follows:

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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 review progress on scope of work monthly.

- 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 15th of the fiscal year. The Commission will not compensate Grantee for unauthorized services

rendered by the Grantee, nor for claimed services which Commission contract monitoring shows have not been provided as authorized. If Commission has advanced funds for services later determined not to have been provided, Grantee shall refund requested amounts within five (5) days of demand by Commission. The Commission has the option of offsetting such amounts against future payments due to Grantee.

- D. Indirect costs charged to this grant shall not exceed the approved indirect cost rate of the El Dorado County Superintendent established by the California Department of Education's School Fiscal Services Division. For fiscal year 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:** This Agreement is effective July 1, 2014. All work required by this Contract shall be completed no later than June 30, 2015. Grantee shall have until July 17, 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 \$170,000.
6. **STATE REQUIREMENTS:** This Contract is funded by a First 5 Grant with monies from the California Children and Families Trust Fund (Health & Safety Code 130100-130155). Funding is guaranteed by the State of California First 5 sources. If the State of California's First 5 funds are no longer distributed, the contract shall be null and void within sixty (60) days of a written notice by certified mail to the contractor. The State of California, may, through First 5, enact requirements that affect the performance of the Grantee. If the State does impose new obligations affecting the performance of this Contract, Commission reserves the right to amend the Contract as necessary to comply with state requirements. Grantee will be notified at least thirty (30) days in advance if new requirements are to be imposed. No funds provided by the Commission shall be used for any political activity or political collaborations. All documents generated by this contract are subject to disclosure pursuant to the California Public Records Act.

7. **INSURANCE:** The Grantee shall maintain a commercial general liability insurance policy in the amount of one million dollars (\$1,000,000). Where the services to be provided under this Contract involve or require the use of any type of vehicle by the grantee in order to perform said services, the Grantee shall also provide comprehensive business or commercial automobile liability coverage including non owned and hired automobile liability in the amount of \$300,000.

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

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

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

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

8. **WORKER’S COMPENSATION:** The Grantee acknowledges that it is aware of the provisions of the Labor Code of the State of California which requires every employer to be insured against liability for worker’s compensation or to undertake self insurance in accordance with the provisions of that Code and it certifies that it will comply with such provisions before commencing the performance of the work of this Contract. (Statutory or \$1,000,000. Employers Liability-minimum \$100,000)
9. **NONDISCRIMINATORY EMPLOYMENT:** In connection with the execution of this Contract, the Grantee shall not discriminate against any employee or applicant for employment because of race, color, religion, age, sex, national origin, political affiliation, ancestry, marital status or disability. This policy does not require the employment of unqualified persons.
10. **SUBCONTRACTING:** The grantee shall not subcontract nor assign any portion of the work required by this Contract without prior written approval of the Commission except for any subcontract work identified herein.
11. **ASSIGNMENT:** The rights, responsibilities and duties under this Contract are personal to the Grantee and may not be transferred or assigned without the express prior written consent of the Commission.

12. **BOOKS OF RECORD AND AUDIT PROVISION:** Grantee shall maintain on a current basis, complete books and records relating to this Contract. Such records shall include, but not be limited to, documents supporting all bids, all income and all expenditures. These documents and records shall be retained for at least three years from the completion of this Contract. Grantee will permit Commission to audit all books, accounts or records relating to this Contract or all books, accounts or records of any business entities controlled by Grantee who participated in this Contract in any way.
13. **CONTRACT TERMINATION:** Time is of the essence with respect to this Contract. Grantee agrees to commence and to complete the work within the time schedules outlined within this Contract.
- A. If the Grantee fails to provide in any manner the services required under this Contract, or otherwise fails to comply with the terms of this Contract or violates any ordinance, regulation or other law which applies to its performance herein, the Commission may terminate this Contract by giving thirty (30) calendar days written notice to the Grantee. Grantee shall be provided an opportunity to cure any breach of this Contract identified by the Commission in a notice of contract termination during the thirty (30) day termination notice period.
 - B. Failure of the Grantee to secure or obtain funding from other sources, which are needed by the Grantee to completely carry out the programs provided in this Contract may be grounds for termination of this Contract, at the discretion of the Commission.
 - C. Either party may terminate this Contract for any reason by giving thirty (30) calendar days written notice to the other parties. Notice of termination shall be by written notice to the other parties and be sent by registered mail.
 - D. In the event of termination the Grantee shall be paid for services performed to the date of termination in accordance with the terms of this Contract. Grantee shall refund to the Commission any advanced funds issued in accordance with this Contract.
14. **RELATIONSHIP BETWEEN THE PARTIES:** It is expressly understood that in performance of the work under this Contract, the Grantee, and the agents and employees thereof, shall act as an independent contractor and not as officers, employees or agents of the Commission.
15. **TITLE TO PROPERTY:** Title to Property on any single item valued at \$500 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 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 Health and Human Services Agency
Christy White, Supervising Health Education Coordinator
931 Spring Street
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.
26. **DATA COLLECTION:** Grantee agrees to collect data and report to the Commission for the purposes of program planning and evaluation. Grantee agrees to provide the commission a registrar of children, parents/guardians, other family members and early care and education providers served through this grant for the purposes of reporting unduplicated counts.
- A. The registrar shall be submitted to the Commission within 2 weeks of service provided via Provider and Parent Registration Forms (Attachment III, Registration Forms 1 and 2). The data shall include, but is not limited to:
1. Unduplicated count of the number children less than 3 years of age, and 3 through 5 years of age by ethnicity and primary language that receive services through this First 5 El Dorado grant (see Attachment III, Registration Forms 1 and 2).
 2. Unduplicated count of the number of parents/guardians/other family members of children 0-5 years of age by ethnicity and primary language that receive services through this First 5 El Dorado grant (see Attachment III, Registration Forms 1 and 2).
 3. Unduplicated count of the number of early care and education providers of children 0-5 years of age that receive services through this First 5 El Dorado grant (see Attachment III, Registration Forms 1 and 2)..
- B. First 5 El Dorado Client Satisfaction Survey and Community Partner Survey (Attachment V, Survey Tools 1 and 2) shall be offered to each family that receives services through this First 5 El Dorado grant upon agreed assessment period documented in the Scope Of Work (Attachment I).

27. CONFIDENTIALITY AND INFORMATION SECURITY PROVISIONS:

A. The Commission and Grantee (“Parties”) shall both comply with applicable laws and regulations, including but not limited to The Code of Federal Regulations, Title CFR45, parts 160-164, regarding the confidentiality and security of personal identifiable information (PII).

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

employment, employment history, bank account number, credit card number, or any other financial information.

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

(1) Permitted Uses and Disclosures. The Parties hereto shall each develop and maintain an information privacy and security program that includes the implementation of administrative, technical, and physical safeguards appropriate to the size and complexity of its operations and the nature and scope of its activities. The information privacy and security programs must reasonably and appropriately protect the confidentiality, integrity, and availability of the PII that it creates, receives, maintains, or transmits; and prevent the use or disclosure of PII other than as provided for in this Agreement. Except as otherwise provided in this Agreement, the Parties may use or disclose PII to perform functions, activities or services identified in this Agreement provided that such use or disclosure would not violate Federal or State laws or regulations.

(2) Specific Uses and Disclosures provisions. Except as otherwise indicated in the Agreement, the Parties will:

(a) Use and disclose PII for the proper management and administration of the Scope of Work (Item 1) or to carry out the legal responsibilities of the Parties, provided that such use and disclosures are permitted by law.

(b) Take all reasonable steps to destroy, or arrange for the destruction of a customer's records within its custody or control containing personal information which is no longer to be retained in the performance of this Agreement by (1) shredding, (2) erasing, or (3) otherwise modifying the personal information in those records to make it unreadable or undecipherable through any means.

C. Responsibilities of the Parties.

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

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

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

The Parties shall:

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

- (a) Network based firewall and/or personal firewall
- (b) Continuously updated anti-virus software
- (c) Patch-management process including installation of all operating system/software vendor security patches.

D. Mitigation of Harmful Effects. To mitigate, to the extent practicable, any harmful effect that is known due to the use or disclosure of PII by each Party or its subcontractors in violation of the requirements of this Agreement.

E. Agents and Subcontractors of the Consultant. To ensure that any agent, including a subcontractor that receives PII for the purposes of this contract shall comply with the same restrictions and conditions that apply through this Agreement to both Parties with respect to such information.

F. Notification of Electronic Breach or Improper Disclosure. During the term of this Agreement, either Party shall notify the other immediately upon discovery of any breach of PII and/or data, where the information and/or data are reasonably believed to have been acquired by an unauthorized person. Immediate notification shall be made to the County Privacy Officer, or to First 5 El Dorado Children and Families Commission at (530) 622-5787, as appropriate within two business days of discovery. Prompt corrective action shall be taken to cure any deficiencies and any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations. The Party in breach shall investigate such breach and provide a written report of the investigation to the County Privacy Officer and/or First 5 as appropriate, postmarked within thirty (30) working days of the discovery of the breach.

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

- A. Based on the principles of First 5 El Dorado to maximize opportunities for screening children aged 0-5 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.
 - (2) Ensure all children 0 through 5 year of age and their families are referred to appropriate health care services.
 - (3) Assist partners to ensure children 0 through 5 years of age and their families are informed of and screened for eligibility for Medi-Cal
- B. Staff supported through this agreement shall spend 100% of the funding from this contract to provide Medi-Cal Outreach and linkages to services that support beneficiaries and potential beneficiaries to gain access to Medi-Cal and other public behavioral health, health and other services that improve their wellbeing and health outcomes. Activities will include:
 - (1) Medi-Cal Outreach - 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.

- (2) MAA Referral, Coordination, and Monitoring of Medi-Cal Services - Making referrals, coordinating and/or monitoring the delivery of Medi-Cal services.
- (3) Facilitating Medi-Cal Applications - Time spent explaining Medi-Cal eligibility rules and processes, assisting with the completion of a Medi-Cal application, gathering information related to the application, and providing proper Medi-Cal Forms.
- (4) Program Planning and Policy Development (A) for Medi-Cal Services for Medi-Cal Clients: Performing activities around and developing strategies to increase interagency coordination to improve delivery of Medi-Cal services.

C. 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 100% of quarterly expenditures reflected in the monthly Budget Reports submitted by the Grantee.

29. **WAIVERS**: A failure of Commission to enforce strictly a provision of this Agreement shall in no event be considered a waiver of any part of such provision. No waiver by Commission of any breach or default by Grantee shall operate as a waiver of any succeeding breach of the same terms in the Agreement or other default or breach of any of Grantee's obligations under the Agreement. No waiver shall have any effect unless it is specific, irrevocable, and in writing.
30. **NO THIRD PARTY BENEFICIARIES**: Nothing in this Agreement is intended, nor will be deemed, to confer rights or remedies upon any person or legal entity not a party to this agreement.
31. **PARTIAL INVALIDITY**: If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions will continue in full force and effect without being impaired or invalidated in any way.
32. **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.

ADMINISTRATOR: The County Officer or employee with responsibility for administering this Agreement is Christy White, Supervising Health Education Coordinator, or successor.

IN WITNESS WHEREOF, the parties hereto have executed this Direct Service Contract #1415-90063-34-611 on the dates indicated below.

**APPROVED BY:
CHILDREN AND FAMILIES COMMISSION OF EL DORADO COUNTY**

Commissioner Date: _____

Commissioner Date: _____

Managing Director Date: _____

**GRANTEE:
COUNTY OF EL DORADO**

Dated: _____

By: _____

Norma Santiago, Chair
Board of Supervisors
"County"

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

By: _____ Dated: _____
Deputy Clerk

Grantee: El Dorado County Health and Human Services Agency
 Initiative: Children's Health Initiative
 Contract Amount: \$170,000

Objectives: By 2017, 97% of Children 0-5 have timely well-visits
 Indicators: # and % of children receiving timely well-child visits
 # and % of program parents report taking their child (ages 1 through 5) to the dentist every six months.

Strategy	Goal	Action Steps	Timeline	Annual Target	Quantity Data (AR)	Quality Data (Survey)	Program Level Data
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.	Through the use of KSEP, First 5 El Dorado will identify priority school districts. In collaboration with First 5 staff, TWG and RR@YL, and local school district partners: • Identify priority neighborhoods. • Identify outreach strategies. • Engage parents on a weekly basis. • Develop outreach plan indicating the dates, times and frequency of services between February and October of each year. • Meet on a monthly basis with First 5 staff, TWG and RR@YL, and local school district partners to review progress.	• Quarterly meetings with local outreach team As needed Weekly over nine months Meet monthly with school district teams	4 Feb-Oct 9 months x 4 weeks = 36 in Tahoe Basin 9 months x 4 weeks = 36 in Western Slope 72 total CHI Leads	Event Registration Forms: submitted to FS within 2 weeks after event occurs ___ Total number of events Event Type List: <u>KSEP Facilitated Group Learning</u> 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		monthly progress report to review plan
	Increase social connections.	Within the outreach plan, the CHI staff will facilitate 9 group learning opportunities to assist families in the priority neighborhoods to: • Understand the importance of well child visits. • Assess family interest in other health and wellness topics that may include obtaining a medical home, managing their health care, scheduling an appointment, hearing and vision screens. • Provide group learning activities to assist families in identifying resources and how to access them.	July 1, 2014 - June 30, 2015 9 mo: Feb-Oct	9 in Western Slope 9 in Tahoe	Event Registration Form (parent) <Event Type>-Activities- submitted to FS within 2 weeks after event occurs ___ Total number of events Event Type List: <u>KSEP Facilitated Group Learning</u> Activities include: <u>importance of regular wellness visits</u> <u>library use and dental</u> Total Number of: ___ Parents/Guardians ___ Other Family ___ Provider ___ Ethnicity ___ Language Total Number of Children: ___ Less than 8 Years of Age ___ 3 through 5 Years of Age ___ Siblings ___ Ethnicity ___ Language	Client Satisfaction Survey: Contractor staff will email survey link to event registration roster within 2 weeks after event to be assessed CSS Q1 - Isolation: Results of parents /guardians reporting: "I have someone to talk to when I have questions about my child."	
	Increase the knowledge of early childhood health.	CHI will assist families to understand well child visits by using the periodicity scale used by the American Academy of Pediatrics. CHI will assist families to: • Use a Toolkit to increase their knowledge of parenting and child development. • Identify barriers to accessing well child services that may include: • Obtain a medical home and schedule a well-child appointment. • A checklist of questions to ask their provider during their well child visits. • Use a checklist of questions to ask their provider during their well child visits. • Manage their health care information. • Identify resources and how to access them. • Support follow-up contact as needed. • Link with services and opportunities to meet their child's needs that may include the Library, child care providers, Social Services, parenting classes. Activities will be designed to: • Include all family members during the social group learning experiences. • Encourage and facilitate peer-to-peer parent/family support networks.	July 1, 2014 - June 30, 2015 9 mo: Feb-Oct	9 in Western Slope 9 in Tahoe	Event Registration Form (parent) <Early Childhood Topics>- submitted to FS within 2 weeks after event occurs ___ Total number of events Event Type List: <u>KSEP Facilitated Group Learning</u> Topics include: <u>Utilization of Medical and Dental Home</u> <u>Utilization of Periodicity Schedule</u> _____ _____ _____ _____ notes: engaging topics, i.e. applying Periodicity Schedule and regular parent initiated screens	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."	

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.	<p>CHI Staff will meet nine times with a minimum of four selected parent groups for the purposes of increasing knowledge of the importance of well child visits and other early childhood health issues.</p> <p>Parents will be identified through existing groups, such as Human/Social Services, PTA's, collaboratives, mom's groups, churches, Family Resource Center, WIC, perinatal groups (hospital), apartment complexes (Bijou, White Rock Village, Cimarron), mobile home parks (Camino/Pollock Pines).</p> <p>Check-ins with parents about their well child visits and dental visits, including: did the provider answer their questions; is their child reaching developmental milestones; any family concerns/needs, etc.</p> <p>Demonstrate the importance of families building a relationship with their provider can lead to good health care habits; familiarize child with provider office.</p>	July 1, 2014 - June 30, 2015	meet 9 times with 4 parent groups = 36	<p>Event Registration Forms (parent): submitted to FS within 2 weeks after event occurs</p> <p>Event Type List: <u>Parent Group Learning</u></p> <p>___ Total number of events</p> <p>Total Number of: ___ Parents/Guardians ___ Other Family ___ Providers ___ Ethnicity ___ Language</p> <p>Total Number of Children: ___ Less than 3 Years of Age ___ 3 through 5 Years of Age ___ Siblings ___ Ethnicity ___ Language</p>		monthly progress report
	Increase parent resilience	<p>CHI Staff will engage parents in the group with activities designed to assist families to:</p> <ul style="list-style-type: none"> • Become advocates for their children. • Schedule in-person appointments with CHI. • Provide follow-up and support as needed. • Refer to appropriate resources/activities /events that support families with children 0-5 years. • Identify challenging behaviors or delayed development early. • Use problem solving strategies. 	July 1, 2014 - June 30, 2015	meet 9 times with 4 parent groups = 36	<p>Event Registration Form (parent) <Event Type>-<Activities>: submitted to FS within 2 weeks after event occurs</p> <p>Event Type List: <u>Parent Group Learning</u></p> <p>Activities Include: <u>Importance of regular wellness visits (physician and dental)</u> <u>Utilization of Medical and Dental Home</u> <u>Utilization of Periodicity Schedule</u></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>Parent resilience is defined as:</p> <p>Isolation: CSS Q1: Results of parents /guardians reporting "I have someone to talk to when I have questions about my child."</p> <p>Service Knowledge: CSS Q10: Results of parents/ guardians reporting "I know what community services are available for my family and my child."</p> <p>Service Access: CSS Q11: Results of parents/ guardians reporting "I can access community services for my family and child if I need them."</p>	
	Increase the knowledge of children's health	<p>CHI Staff will develop a Toolkit for use in group education for the purposes of increasing a parent's knowledge of the importance well child visits and other early childhood health issues:</p> <ul style="list-style-type: none"> • Linking families to services and opportunities that support families with children 0-5 years. • Including and linking all family members to services and opportunities. • Encouraging and facilitating peer-to-peer parent/family support networks. • Assisting families to identify opportunities that support their needs and how to access them. 	July 1, 2014 - June 30, 2015	meet 9 times with 4 parent groups = 36	<p>Event Registration Form (parent) <Early Childhood Toolkit>: submitted to FS within 2 weeks after event occurs</p> <p>Topics Include: <u>Applying Periodicity Schedule</u> <u>Utilizing Services</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</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:</p> <p>Parenting: CSS Q2: Increased percentage of parents/ guardians reporting "I know of positive ways to guide and teach my child."</p> <p>Child Development: CSS Q3: Increased percentage of parents/guardians reporting "I know normal behavior for my child's age level."</p> <p>Behavior Change: CSS Q4: Increased percentage of parents/guardians reporting "After working with Children's Health Initiative I am more likely to attend regular well child visits with the doctor and dentist."</p>	

Strategy	Goal	Action Steps	Timeline	Annual Target	Quantity Data (AR)	Quality Data (Survey)	Program Level Data
<p>3. Support</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 health services.</p>	<p>CHI staff will assist families on an individual basis through 1-3 visits to address barriers to accessing well child visits and other early childhood health related issues by:</p> <ul style="list-style-type: none"> Utilizing the periodicity schedule with the families to understand the importance of well child visits and where their child(ren) are on this schedule. Identifying barriers to having their child(ren) receiving timely well child visits including: <ul style="list-style-type: none"> - obtaining a medical/dental home - obtaining a medical/dental insurance. - utilizing the medical/dental home. Empowering families to connect with services to address the barriers. Families with a need for intense services will be referred to appropriate services within three visits. 	<p>July 1, 2014 - June 30, 2015</p>	<p>60</p>	<p>Event Registration Form (Parent): submitted to PS 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 <Event Type>:</p> <p>Event Type List:</p> <p><u>CHI Parent Support</u></p> <p>Event Registration Form <Early Childhood Topics>:</p> <p>Topics Include:</p> <p><u>Utilizing Medical and Dental Home</u></p> <p><u>Utilizing Services</u></p> <p>Event Registration Form <email>:</p> <p>___</p> <p>(count not to exceed 3 per parent or child)</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>Successful access is defined as:</p> <p>Success:</p> <p>CSS Q15: Results of parents/guardians reporting "Did you receive the information you needed from the referral?"</p> <p>Identify Barriers:</p> <p>CSS Q13: Results of parents/guardians reporting "Did you have any challenges?"</p> <p>Identify Referrals:</p> <p>CSS Q14: Results of parents/guardians reporting "Were you connected to another agency for assistance, information or support?"</p>	<p>monthly progress report</p> <p>What are the barriers?</p> <p>What agencies were referred?</p>

SAMPLE

Strategy	Goal	Action Steps	Timeline	Annual Target	Quantity Data (AR)	Quality Data (Survey)	Program Level Data
4. Refer / Capacity Building Build capacity among providers and agencies in understanding and referring expectant parents and families with children 0-5 to community services.	Increase the learning opportunities for community agencies.	CHI Staff will coordinate with Medical Champion to facilitate at least 6 learning opportunities for medical providers conducting well child visits in the 3 regions of the county. CHI Staff will: <ul style="list-style-type: none"> Assist in identifying medical partners Assist in prioritizing topics: well child visits, maternal depression, immunizations and developmental milestone monitoring. Assist in developing a schedule, curriculum and materials Follow-up with medical staff to reinforce information 	July 1, 2014 - June 30, 2015	6 times in 3 regions = 18	Event Registration Form (Provider): submitted to PS within 2 weeks after event occurs ___ Total number of events Total Number of: ___ Providers ___ Agencies Event Registration Form <Event Type>: Event Type List: <u>Community Agency Support</u> Event Registration Form <Early Childhood Topics>: Topics include: <u>Well child visits</u> <u>Milestone monitoring</u> <u>Maternal depression</u> <u>Immunizations</u> <u>Utilization of resources</u>	Community Partner Survey: Contractor staff will email survey link to event registration roster within 2 weeks after event to be assessed Increased knowledge is defined as: CPS Q2: Results of community partners reporting : I know how to help families learn about health CPS Q7: Results of community partners reporting : I know what early childhood services are available for expectant parents and families with children ages 0-5 in the county. CPS Q8: Results of community partners reporting : I know how to refer expectant parents and families with children ages 0-5 to services in the county.	Monthly Progress Report Health Topics (list): _____ _____ _____
	Increase the knowledge of early childhood community services	CHI Staff will attend at least 10 community strengthening group meetings in the 3 regions of the county and regularly report: <ul style="list-style-type: none"> Increase awareness of the importance of and barriers to accessing well child visits Report to the community barriers of families accessing well child visits Present at least twice a year to reinforce the importance of well child visits 	July 1, 2014 - June 30, 2015	10 CSG /yr in 3 regions = 30	Event Registration Form (Provider): submitted by CSG to PS within 2 weeks after event occurs ___ Total number of events attended Event Registration Form (Provider) <Event Type>: Event Type List: <u>Community Strengthening Group</u> Event Registration Form (Provider) <Location>: Event Registration Form (Provider) <Site Name>:	Community Partner Survey: CSG will email survey link to event registration roster annually in the spring CPS Q2 - Results of community partners reporting : "I know how to help families learn about health." CPS Q7: Results of community partners reporting "I know what early childhood services are available for parents/guardians with children ages 0-5 in the county." CPS Q8: Results of community partners reporting : I know how to refer expectant parents and families with children ages 0-5 to services in the county. CPS Q9: Results of community partners reporting "What are the barriers to accessing support services for parents/guardians with children 0-5 years of age?" CSS Q13: Results of parents/guardians reporting "Were you connected to another agency for assistance, information or support?" CSS Q14: Results of parents/guardians reporting "Did you receive the information you needed from the referral?"	PS will aggregate attendance from CSG partner registration forms and content from meeting minutes
	Increase the knowledge of referral processes among agencies.	CHI Staff will meet at least 4 times a year with health partners, such as Barton Health, Marshall Medical and Community Health Center to address barriers that may impede families from accessing resources/services.	July 1, 2014 - June 30, 2015	4	Event Registration Form (Provider): submitted to PS within 2 weeks after event occurs ___ Total number of events Total Number of: ___ Providers Event Registration Form <Event Type>: Event Type List: <u>Services Utilization Support</u>	Community Partner Survey: Contractor staff will email survey link to event registration roster within 2 weeks after event to be assessed Results of community partners reporting CPS QB: " I know how to refer parents/guardians with children ages 0-5 to services in the county." Results of parents/guardians reporting CSS Q13: "Were you connected to another agency for assistance, information or support?"	

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 6, 7 Community Partners Survey Question 2	
		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 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



Grantee Name: El Dorado County Public Health	
Project Name: Children's Health Initiative	
Contract Number: 1415-90063-34-611	
Contact Name & Title: Christy White, Supervising HEC	
Budget Period: 2014-2015	
Proposed Effective Date:	
Budget Item	Approved Budget Amount
Personnel:	
1) .20 FTE Sup. Health Ed. Coordinator (White)	\$21,255
2) 1.0 FTE Program Assistant (Bernal-Strauss)	\$63,266
3) .85 FTE Program Assistant (Smart)	\$47,164
4)	\$0
5)	\$0
6)	\$0
7)	\$0
8) Retiree Health Defined Contrib. & Woker's Comp.	\$2,930
Subtotal Personnel:	\$134,615
Operating Expenses:	
9) Rent and Utilities	\$500
10) Office Supplies/Materials	\$2,164
11) Telephone and Telephone Equipment Phone Charge	\$3,825
12) Postage/Mailing	\$196
13) Printing	\$600
14) Equipment Lease	\$3,400
15) Travel & Mileage	\$5,453
16) Insurance	\$700
17) Interfund County Charges (including mainfrm & nt)	\$4,327
18) Maintenance Service Contracts (including security s	\$327
19) Computers	\$0
20)	\$0
21)	\$0
22)	\$0
Subtotal Operating:	\$21,492
Indirect Expenses:	
Indirect Cost (8.97% max)	\$13,893
TOTAL COSTS	\$170,000



Monthly Invoice Form

Due Monthly by the 2nd Friday of the Month

Grantee Name: El Dorado County Public Health						
Project Name: Children's Health Initiative						
Contract Number: 1415-90063-34-611						
Contact Name & Title: Christy White, Supervising HEC						
Fiscal Year: 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
	Salary	Benefits				
Personnel:						
1) .20 FTE Sup. Health Ed. Coordinator	\$ 14,608	\$ 6,647	\$ 21,255			
2) 1.0 FTE Program Assistant (Bernal-S)	\$ 50,613	\$ 12,653	\$ 63,266			
3) .85 FTE Program Assistant (Smart)	\$ 36,638	\$ 10,526	\$ 47,164			
4)			\$ 0			
5)			\$ 0			
6)			\$ 0			
7)			\$ 0			
8) Retiree Health Defined Contrib. & W	\$ -	\$ 2,930	\$ 2,930			
Subtotal Personnel	\$101,859	\$32,756	\$134,615	\$0	\$0	
Operating Expenses:						
9) Rent and Utilities			\$ 500			
10) Office Supplies/Materials			\$ 2,164			
11) Telephone and Telephone Equipment Phone Charges			\$ 3,825			
12) Postage/Mailing			\$ 196			
13) Printing			\$ 600			
14) Equipment Lease			\$ 3,400			
15) Travel & Mileage			\$ 5,453			
16) Insurance			\$ 700			
17) Interfund County Charges (including mainfrm & ntwrk spprt)			\$ 4,327			
18) Maintenance Service Contracts (including security system)			\$ 327			
19) Computers			\$ -			
20)			\$ -			
21)			\$ -			
22)			\$ -			
Subtotal Operating:			\$21,492	\$0		
Indirect Expenses:						
	Indirect Cost (8.97% Max)		\$ 13,893	\$0		
TOTAL COSTS			\$170,000	\$0		

MAA Claim: 100% of Expenditures

Estimated Annual	This Month	Previous Month YTD	Total YTD

MAA Summary:

Q1	Q2	Q3	Q4	Total Annual

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

Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative

For Commission Use Only-Do Not Fill In Shaded Area			
		TOTAL REIMBURSEMENT APPROVED	
Date Received			
Signature of 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 Public Health				
Project Name: Children's Health Initiative				
Contract Number: 1415-90063-34-611				
Contact Name & Title: Christy White, Supervising HEC				
Budget Period: 2014-2015				
Proposed Effective Date:				
Budget Item	Approved Budget Amount	Proposed Budget Adjustment *Amount to increase (+) or	Proposed Local Budget	% Change
Personnel:				
1) .20 FTE Sup. Health Ed. Coordinator (White)	\$21,255			
2) 1.0 FTE Program Assistant (Bernal-Strauss)	\$63,266			
3) .85 FTE Program Assistant (Smart)	\$47,164			
4)	\$0			
5)	\$0			
6)	\$0			
7)	\$0			
8) Retiree Health Defined Contrib. & Woker's Comp.	\$2,930			
Subtotal Personnel:	\$134,615			
Operating Expenses:				
9) Rent and Utilities	\$500			
10) Office Supplies/Materials	\$2,164			
11) Telephone and Telephone Equipment Phone Charge	\$3,825			
12) Postage/Mailing	\$196			
13) Printing	\$600			
14) Equipment Lease	\$3,400			
15) Travel & Mileage	\$5,453			
16) Insurance	\$700			
17) Interfund County Charges (including mainfrm & nt	\$4,327			
18) Maintenance Service Contracts (including security	\$327			
19) Computers	\$0			
20)	\$0			
21)	\$0			
22)	\$0			
Subtotal Operating:	\$21,492			
Indirect Expenses:				
Indirect Cost (8.97% max)	\$13,893			
TOTAL COSTS	\$170,000			

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

Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative

DATE

For Commission Use Only - Do Not Fill In Shaded Area



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: _____

Form with fields: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form with fields: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form with fields: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form with fields: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form with fields: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form with fields: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form with fields: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form with fields: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form with fields: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form with fields: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form with fields: NAME, SITE NAME / AGENCY, EMAIL ADDRESS, LOCATION ZIP CODE, BUSINESS PHONE #

Form with fields: 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			
email address: _____		(select one.) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanio/Latino, Pacific Islander, White, Multiracial, Other/Unknown
Select One: Parent / Guardian, or Other Family Member			
email address: _____		(select one.) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanio/Latino, Pacific Islander, White, Multiracial, Other/Unknown
Enter each child's birthdate:			
birthdate mo/yr		(select one.) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanio/Latino, Pacific Islander, White, Multiracial, Other/Unknown
birthdate mo/yr		(select one.) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanio/Latino, Pacific Islander, White, Multiracial, Other/Unknown
birthdate mo/yr		(select one.) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanio/Latino, Pacific Islander, White, Multiracial, Other/Unknown
birthdate mo/yr		(select one.) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanio/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			
email address: _____		(select one.) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanio/Latino, Pacific Islander, White, Multiracial, Other/Unknown
Select One: Parent / Guardian, or Other Family Member			
email address: _____		(select one.) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanio/Latino, Pacific Islander, White, Multiracial, Other/Unknown
Enter each child's birthdate:			
birthdate mo/yr		(select one.) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanio/Latino, Pacific Islander, White, Multiracial, Other/Unknown
birthdate mo/yr		(select one.) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanio/Latino, Pacific Islander, White, Multiracial, Other/Unknown
birthdate mo/yr		(select one.) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanio/Latino, Pacific Islander, White, Multiracial, Other/Unknown
birthdate mo/yr		(select one.) English Spanish Other _____	Alaska Native /American Indian, Asian, Black/African-American, Hispanio/Latino, Pacific Islander, White, Multiracial, Other/Unknown



MONTHLY PROGRESS REPORT

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

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

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



SEMI-ANNUAL PROGRESS REPORT

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

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

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

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 Today's Date: prepopulated
 Month and Year of Child's Birth: _____
 Home Zip Code: _____

What services did you receive from INITIATIVE: If Shared Event, Then Use Multiple Selection Options

- | | | | | |
|--|---|---|---|---|
| Best Beginnings: | Children's Health: | Together We Grow: | Ready to Read: | H5Q: |
| <input type="checkbox"/> Kit for New Parents | <input type="checkbox"/> Parent Group | <input type="checkbox"/> Parent Group | <input type="checkbox"/> We have a library card | <input type="checkbox"/> Parent Group |
| <input type="checkbox"/> Child Health Record | <input type="checkbox"/> One on One Meeting | <input type="checkbox"/> One on One Meeting | <input type="checkbox"/> We check out books | |
| <input type="checkbox"/> Phone Call from Nurse | <input type="checkbox"/> Phone Call | <input type="checkbox"/> Phone Call | <input type="checkbox"/> We attend Storytimes | <input type="checkbox"/> One on One Meeting |
| <input type="checkbox"/> Home Visit from Nurse | <input type="checkbox"/> Home Visit | <input type="checkbox"/> Home Visit | <input type="checkbox"/> We attend Play to Grow | <input type="checkbox"/> Phone Call |
| <input type="checkbox"/> Group / Event | | | <input type="checkbox"/> We use Early Learning Kits | |
| | | | <input type="checkbox"/> We visited the Playmobile | |
| | | | <input type="checkbox"/> We use Storytime Kits | |

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: | Children's Health / Children's Dental Van | Together We Grow: | Ready to Read: | H5Q: |
| I am more confident in caring for your child? | I am more likely to attend regular well child visits with the doctor and dentist? | I am more likely to monitor your child's development? | I am more likely to read to your child on a daily basis? | 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 preventative 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 /
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.)

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?

<input type="checkbox"/> Library <input type="checkbox"/> WIC (Women, infants and children) <input type="checkbox"/> Public Health <input type="checkbox"/> Hospital or Doctor's Office <input type="checkbox"/> Elementary School <input type="checkbox"/> Public Early Care and Education (Head Start, State Preschool) <input type="checkbox"/> Private Early Care and Education (center or family child care)	<input type="checkbox"/> Family Support Agency <input type="checkbox"/> Education <input type="checkbox"/> Other Health or Medical <input type="checkbox"/> Local Community Agency <input type="checkbox"/> Other: _____
---	--

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 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?

<input type="checkbox"/> transportation <input type="checkbox"/> language barriers <input type="checkbox"/> cost <input type="checkbox"/> fear / uncertainty <input type="checkbox"/> knowledge of services <input type="checkbox"/> time	<input type="checkbox"/> lack of services: Describe _____ <input type="checkbox"/> Other: Describe _____
--	---

10. Which First 5 Initiatives has your agency worked with?	<input type="checkbox"/> Children's Health Initiative <input type="checkbox"/> Best Beginnings <input type="checkbox"/> Together We Grow <input type="checkbox"/> High 5 for Quality <input type="checkbox"/> Ready to Read @ Your Library <input type="checkbox"/> Children's Dental Van <input type="checkbox"/> 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:

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 & 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: _____