

Contract # 1617-73010 - Amendment 1
Addendum to the First 5 El Dorado Children's Health Contract

This Amendment 1 to the Contract #1617-73010 made by and between First 5 El Dorado and El Dorado County Health and Human Services is agreed upon according to:

Contract #1617-73010, 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 Contractors management personnel, loss of funding, revocation or suspension of the grant recipient's tax-exempt status (if applicable) or license.

Modification 1

Replace Section 1: Contract Term in its entirety as follows:

1. CONTRACT TERM: The term of this Agreement is from **July 1, 2016** to **June 30, 2021**. Nothing in this Agreement shall be interpreted as requiring either party to renew or extend this Agreement. All work required by this contract shall be completed no later than September 30, 2021.

Modification 2

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:

CHILDREN'S HEALTH

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). Contract attachments may be modified by written agreement of all parties so long as the modification is consistent with the Commission's Evaluation and Strategic Plans.

Modification 3

Replace Section 3: Fiscal Provisions in its entirety as follows:

3. FISCAL PROVISIONS:
 - A. Notwithstanding any other provision of this contract; in no event will the cost to the Commission for the work to be provided herein exceed the maximum sum of **\$1,000,000** for fiscal years 17-18 through 20-21. The Commission shall pay Contractor an annual amount not to exceed **\$250,000** as recorded in the Annual Budget, Amendment 1 (Attachment II, Budget Form 1). The compensation for the contract term may total and not exceed **\$1,187,500**.

- B. Commission shall pay Contractor 10% of the total annual budget amount in accordance with the fiscal year. The basis for this Agreement shall be cost reimbursement quarterly (September 30, December 31, March 31 and June 30). Actual expenses to be billed in arrears, due to the Commission by the second Friday after each quarter. Contractor shall submit Quarterly Invoices, Amendment 1 (Attachment II, Budget Form 2) with supporting backup documentation for all reported expenditures (that may include, but is not limited to timesheets, receipts, paid invoices, travel expense claims). Final quarter expenses will be billed at fiscal year-end and the 10% advance will be applied as a credit to the amount due. Should the application of the credit result in an overpayment by the Commission, it will be refunded by the first Friday in August, annually.
- C. Contractor is permitted a budget variation of up to fifteen percent (15%) for each budget line item for the fiscal year but shall not exceed the total approved annual budget amount. Any larger budget variation must be submitted in writing using the Budget Revision Request Form and Narrative, Amendment 1 (Attachment II, Budget Forms 3 and 4), and receive written Commission approval. All Budget Revision Requests must be received by the Commission by April 15th, annually.

Modification 4

Replace Section 5: Contractor Responsibilities in its entirety as follows:

Section 5: CONTRACTOR RESPONSIBILITIES

- A. Fiscal: Contractor agrees to comply with the Commission's fiscal policies and procedures for the purposes of planning and monitoring.
- i. **Reporting:** The Commission shall forward payment request to the County Auditor/Controller within fifteen (15) business days of approving quarterly invoices. Final invoices are due to the Commission no later than the second Friday of July for the reporting fiscal year. If the due date for submission of a report falls on a standard holiday, the report will be due on the following regularly scheduled business day.
 - ii. **Allowable Expenses:** The Commission will not compensate Contractor for unauthorized services rendered by the Contractor, nor for claimed services which Commission contract monitoring shows have not been provided as authorized. The following types of expenses will be disallowed: alcoholic beverages, firearms, purchasing of motor vehicles, capital assets, late fees/finance charges, termination fees, fees for missed conferences or trainings, out-of-country travel, out-of-state travel if not expressly pre-approved by the Commission and cost associated for fundraisers. This list is not all-inclusive. If a program realizes a need for any expense that is not specifically budgeted, prior Commission approval should be obtained before proceeding. Per Commission policies and procedures, all costs are subject to review and audit and if appropriate, may be disallowed. If Commission has advanced funds for services later determined not to have been provided, Contractor 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 Contractor.
 - iii. **Indirect Costs:** Indirect costs charged to this grant shall not exceed the approved indirect cost rate of the El Dorado County Superintendent of Schools established by the California Department of Education's School Fiscal Services Division.

- iv. **Unspent Funds:** At the discretion of the Commission, any unspent funds that remain at the end of the fiscal year shall be returned to First 5 El Dorado by the first Friday in August annually.
- v. **Grant Reduction:** The Commission shall have the right to reduce the amount of this grant budget to offset Commission expenditures incurred in support of activities related to this grant.
- vi. **Fees:** Contractor shall not collect from participants any fees for services rendered pursuant to this agreement.
- vii. **Supplantation:** First 5 Proposition 10 funds shall be used exclusively to develop new projects, expand existing programs and/or services or to enhance existing programs and services. Proposition 10 funds shall not supplant state or local General Fund money for any purpose. If Contractor uses such funds to replace state or federal categorical funds, Contractor shall demonstrate to the Commission's satisfaction that such state or federal categorical funds have increased the level of services provided to children birth through 5 years of age.

If Commission determines that supplantation has occurred, Contractor shall be required to reimburse the Commission for all Proposition 10 funds that were used in violation of this Section. Use of Proposition 10 funds in violation of this Section shall be grounds for termination of this Agreement.

- B. **Data Collection:** Contractor agrees to collect and report data quarterly to the Commission for the purposes of program planning and evaluation. Contract attachments may be modified by written agreement of all parties so long as the modification is consistent with the Commission's Evaluation and Strategic Plans

Contractor 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 annual counts. The registrar shall be submitted quarterly via Parent Registration Form, Amendment 1 (Attachment III) entered electronically into the Commission's database.

If the Contractor is unable to submit complete and accurate registration data in the First 5 Database, than the original and editable electronic copy Population Served Report, Amendment 1 (Attachment IV, Progress Report Form 2) shall be due to the Commission no later than the second Friday after each quarter.

The data shall include, but is not limited to:

- i. 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.
- ii. Unduplicated count of the number of parents/guardians/other family members of children birth through 5 years of age by ethnicity and primary language that receive services through this First 5 El Dorado grant.

- iii. Unduplicated count of the number of early care and education providers of children birth through 5 years of age that receive services through this First 5 El Dorado grant.

First 5 El Dorado Family Survey, Amendment 1 (Attachment VI) 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, Amendment 1 (Attachment I).

- C. Evaluation: Contractor agrees to collect and report data to the Commission on a quarterly basis and agree to monthly contract monitoring for the purposes of program planning and evaluation.

Quarterly Progress Report, Amendment 1 (Attachment IV, Progress Report Form 1) are due in original and editable electronic copy to the Commission no later than the second Friday after each quarter.

- D. Substandard performance as determined by Commission staff will constitute noncompliance with this Contract. If action to correct such substandard performance is not taken by Contractor 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, Amendment 1 (Attachment V), contract suspension or termination procedures.

Modification 5

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

ATTACHMENTS

I. Scope of Work

II. Budget Forms:

- Annual Budget (Budget Form 1),
- Quarterly Invoices (Budget Form 2),
- Budget Revision Request (Budget Form 3),
- Budget Revision Narrative (Budget Form 4)

III. Parent Registration Form

IV. Progress Reports:

- Quarterly (Progress Report Form 1)
- Population Served Report (Progress Report Form 2)

V. Corrective Action Plan

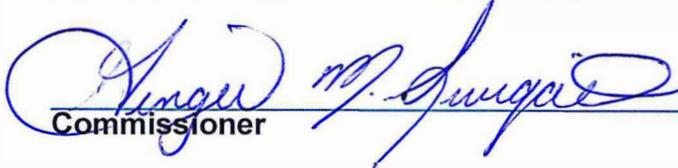
VI. Family Survey

Except as herein amended, all other parts and sections of this Contract #1617-73010 shall remain unchanged and in full force and effect.

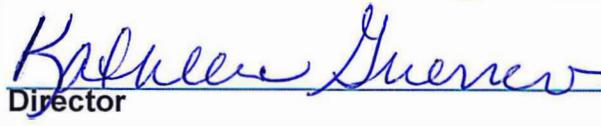
In Witness whereof, the parties have executed this Agreement Amendment 1 to be effective starting July 1, 2017.

Approved by:

FIRST 5 EL DORADO CHILDREN AND FAMILIES COMMISSION


Commissioner 6/22/17
Date:


Commissioner 6/22/17
Date:


Director 6/22/17
Date:

COUNTY OF EL DORADO
HEALTH AND HUMAN SERVICES AGENCY


Shiva Frentzen, Chair
Board of Supervisors 6/20/2017
Date:

ATTEST: James S. Mitrison
Clerk of the Board of Supervisors
By: 
Kim Dawson, Sr. Deputy Clerk

FIRST 5 EL DORADO COMMISSION
SCOPE OF WORK

CONTRACTOR: El Dorado County Health and Human Services, Public Health Nursing

Annual Approved Budget Amount: \$250,000

COMMISSION GOALS: (1) Children birth through 5 have timely well child visits, (2) Children birth through 5 have semi-annual dental visits, (3) Children receive early screening and intervention for developmental delays and other special needs

INDICATORS: (1) 97% of children 0-5 have timely well-child visits, (2) 85% of children 1-5 have semi-annual dental visits, (3) 50% of children participating in First 5 services have received a developmental screening.

1 STRATEGIES (WHAT)	2 ANNUAL ACTIVITIES (HOW)	3 ANNUAL LOCATION(S) (WHERE)	4 ANNUAL DOSAGE (HOW OFTEN)	5 ANNUAL TARGET (HOW MANY)	6 ANNUAL PERFORMANCE INDICATORS (HOW WELL DID WE DO)
Engage families in preventive health activities that promote wellness visits.	PHN team will conduct windshield surveys and share with each hub team by December as determined by staffing schedules.	All (5) Hubs	As needed	1 x 5 = 5	5 windshield surveys
	PHN team will develop community outreach plan including community needs assessments with key informants per Hub and share with each hub team by December as determined by staffing schedules.	All (5) Hubs	As needed	1 x 5 = 5	5 community outreach plans
	CHAs will provide one preventative health tip per month at outreach events and in library based on prioritized topics.	All (5) Hubs	Monthly at each Hub	1 x 12 = 12	MCAH Outreach Logs document health outreach activities.
	CHAs will connect Hub families to insurance and medical care providers.	All (5) Hubs	Daily as requested	250 Total Individuals Connected	CHA linkage logs will demonstrate the number of linkage requests.
	CHAs and other Hub partners will refer to Public Health Nurses for short-term case management as needed.	All (5) Hubs	As needed		PHN Field logs will demonstrate the % of patients successfully linked to insurance or medical care.
	CHAs will provide health literacy education, including, but not limited to, how to best utilize preventative health care, to parents, families and caregivers by using the Bright Futures Toolkit.	All (5) Hubs	Per Quarter	4 x 5 = 20 Sessions	Health literacy education sign-in sheets as appropriate. Number/Percent of children receiving timely well-child visits. (FAMILY SURVEY Q5)
	PHN team will coordinate with Hub partners to bring preventative health component to evening and weekend Hub events.	All (5) Hubs	2 per year per Hub	2 x 5 = 10 Events	Hub team Semi-annual SOW Progress Report
	PHN team will work with area medical providers to promote health and wellness among patients by participating in Hub activities.	All (5) Hubs	Per Quarter	4 x 5 = 20 Contacts	Hub team Semi-annual SOW Progress Report

FIRST 5 EL DORADO COMMISSION
SCOPE OF WORK

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<p>Engage families in preventive health activities that promote dental visits.</p>	<p>PHN team will conduct windshield surveys and share with each hub team by December as determined by staffing schedules.</p>	<p>All (5) Hubs</p>	<p>As needed</p>	<p>1 x 5 = 5</p>	<p>5 windshield surveys</p>
	<p>PHN team will develop community outreach plan including community needs assessments with key informants per Hub and share with each hub team by December as determined by staffing schedules.</p>	<p>All (5) Hubs</p>	<p>As needed</p>	<p>1 x 5 = 5</p>	<p>5 community outreach plans</p>
	<p>CHAs will provide one preventative health tip per month at outreach events and in library based on prioritized topics.</p>	<p>All (5) Hubs</p>	<p>Monthly at each Hub</p>	<p>1 x 12 = 12</p>	<p>MCAH Outreach Logs document health outreach activities.</p>
	<p>CHAs will connect Hub families to insurance and dental care providers</p>	<p>All (5) Hubs</p>	<p>Daily as requested</p>	<p>250 Total Individuals Connected</p>	<p>CHA linkage logs will demonstrate the number of linkage requests.</p>
	<p>CHAs and other Hub partners will refer to Public Health Nursing for short-term case management as needed</p>	<p>All (5) Hubs</p>	<p>As needed</p>		<p>PHN Field logs will demonstrate the % of patients successfully linked to insurance or dental care.</p>
	<p>PHN team will provide health literacy education, including, but not limited to, how to best utilize preventative dental care, to parents and caregivers by using the Bright Futures Toolkit</p>	<p>All (5) Hubs</p>	<p>Per Quarter</p>	<p>4 x 5 = 20 Sessions</p>	<p>Health literacy education sign-in sheets as appropriate. Number/Percent of program parents report taking their child (ages 1 through 5) to the dentist every six months. (FAMILY SURVEY Q6)</p>
	<p>PHN team will coordinate with Hub partners to bring preventative health component to evening and weekend Hub events</p>	<p>All (5) Hubs</p>	<p>2 per year per Hub</p>	<p>2 x 5 = 10 Events</p>	<p>Hub team Semi-annual SOW Progress Report</p>
	<p>PHN team will work with area dental providers to promote health and wellness among patients by participating in Hub activities including but not limited to Shingle Springs Tribal Health and the Dental Van.</p>	<p>All (5) Hubs</p>	<p>Semi-annual</p>	<p>2 x 5 = 10 Contacts</p>	<p>Hub team Semi-annual SOW Progress Report</p>

FIRST 5 EL DORADO COMMISSION
SCOPE OF WORK

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<p>Promote nurturing families through active skill building (Raising a Reader) in Hub Communities.</p>	<p>Library and FE will confirm Raising a Reader locations and language (July).</p>	<p>D1. Green Valley School D2. Pioneer School D3. Camino School D4. Sutter's Mill School D5. Pinewood School (explore Tahoe Valley)</p>	<p>2 / 8 week sessions in spring and fall</p>	<p>Average 10 families at each session = 10*5*2 100 unduplicated</p>	<p>Number/Percent of families in School Hub participating score high in Protective Factor Retrospective Scales (FS Q12) 6 or 7 on a seven point Likert scale</p> <p>Number/Percent of families reading daily. (FS Q4)</p>
	<p>Library and FE will confirm Raising a Reader sessions topics as informed by developmental screening results (August).</p>				
	<p>Library and FE will develop Raising a Reader schedules for each Hub with dates, locations and times (August).</p>				
	<p>Library and FE will coordinate with PHN and other community partners to participate in Raising a Reader as availability permits (September).</p>				
	<p>Library and FE will coordinate with PHN and other community partners to promote Raising a Reader with unserved and underserved populations. PHN staff will promote during health events and health activities as applicable (July through December and January through June).</p>				
	<p>Library and FE will facilitate events (July through December and January through June).</p>				
	<p>FE will facilitate the family survey at the end of the fall and spring sessions (October and May).</p>				

FIRST 5 EL DORADO COMMISSION SCOPE OF WORK

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<p>Promote regular developmental screening using the ASQ and ASQ SE in all Hub Communities.</p>	<p>FE will train Library and PHN staff ASQ:3 and ASQ SE2 developmental screens (July – August).</p>	<p>5 hub team meetings (PD)</p>	<p>As needed</p>	<p>5</p>	<p>Monthly hub team meeting agenda with Professional Development training</p>
	<p>Library, FE and PHN staff will incorporate developmental guidance in their work by language (July – June):</p> <ul style="list-style-type: none"> • Library will share the importance of understanding child development milestones through storytimes. • FE will share the importance of understanding child development milestones in Play and Learn and Raising a Reader groups. • PHN will share the importance of understanding child development milestones in health engagement activities 	<p>5 hub locations</p>	<p>Weekly = 50 weeks * 2 partners with weekly activities * 5 hubs</p>	<p>500 Child development discussions with parents</p>	<p>Monthly hub team meeting notes</p>
	<p>Library, FE and PHN staff will promote and collect ASQ:3 and ASQ SE2 developmental screens in the Brookes Data Base by language (July – June):</p> <ul style="list-style-type: none"> • Library will assist parents to complete developmental screens at storytimes and provide ASQ kits. • FE will incorporate developmental screens into Play and Learns and Raising a Reader sessions. • PHN staff will incorporate developmental screens into health engagement activities as applicable according to topic. 	<p>5 hub locations</p>	<p>Weekly = 50 weeks * 2 partners with weekly activities * 5 hubs</p>	<p>500 ASQ facilitations with parents</p>	<p>Number of ASQs facilitated by partner</p>
	<p>FE staff will score developmental screens (July – June).</p>	<p>5 hub locations</p>	<p>As needed</p>	<p>As needed</p>	<p>Number of children who received social emotional developmental screenings. (FS Q7, Brookes DB ASQ SE Report)</p>
	<p>FE staff will connect families with community partners based upon developmental screening results (July – June).</p>	<p>5 hub locations</p>	<p>As needed</p>	<p>As needed</p>	<p>Number of children who received developmental screenings. (FS Q7, Brookes DB ASQ Report)</p>
	<p>FE staff will refer families scoring outside the norm to PHN for additional assessment and case management (July – June).</p>	<p>5 hub locations</p>	<p>As needed</p>	<p>As needed</p>	<p>Number of children who scored outside the norm on ASQ/ASQ:SE that received a referral for Regional Services or Early Intervention Services. (Brookes DB Outside Norm & Referral Report)</p>

FIRST 5 EL DORADO COMMISSION SCOPE OF WORK

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<p>Ensure Hub services are aligned and coordinated through monthly Team Meetings.</p>	<p>Library Branch Manager and PHN will develop an annual meeting calendar by Hub (August)</p>	<p>Hub Team meetings</p>	<p>Monthly</p>	<p>12 times a year at 5 locations = 60</p>	<p>Meeting calendar</p>
	<p>Each meeting will: Have an agreed upon agenda, meeting notes and discuss any changes to the Hub Outreach Plan addressed by leadership. (August – June).</p>				<p>Meeting agenda and notes.</p>
	<p>Ensure Team professional development needs are addressed to improve family satisfaction.</p>				<p>Number/Percent of families in Hub participating in parenting and child development activities by satisfaction (FS Q13).</p>
	<p>Ensure families are better off after services to increase family resiliency with activities that increase resiliency and protective factors.</p>				<p>Number/Percent of families in Hub participating reporting increase in Family Functioning Resiliency Scale (FS Q12a-e)</p>
	<p>PHN will facilitate monthly meetings with Library, FE and PHN staff (Hub Team) utilizing the Hub Outreach Plan for the purposes of reflective practice, coordinating services and collaborative activities (August – June)</p>		<p>PHN Outreach Plan</p>		
	<p>This Hub Outreach Plan will include: At least 2 evening and weekend or after traditional work hours family engagement events per Hub Community.</p>		<p>Number of library card applications accepted, developmental screens completed, and health/dental screens completed.</p>		
	<p>Ensure barriers to services are addressed to increase family access to services.</p>		<p>Number/Percent of families participating in parenting and child development activities by barriers (FS Q9a)</p>		
	<p>Ensure unserved or underserved families are reached to increase family access to Hub Services.</p> <ol style="list-style-type: none"> 1. Library, FE and PHN staff identify isolated families within each Hub (Unconnected neighborhoods, Spanish speaking communities, Faith based organizations, Home school populations, Remote or isolated groups) 2. Library, FE and PHN staff identify best practices to promote Hub Services for isolated families in each community. <ol style="list-style-type: none"> a. Existing Community Events b. Existing Community Groups 3. Library, FE and PHN staff will facilitate sessions at identified locations for identified populations (Spring) 		<p>D1: D2: D3: D4: D5:</p>	<p>Monthly</p>	<p>3-4 times a year at 5 locations = 15</p>

FIRST 5 EL DORADO COMMISSION SCOPE OF WORK

Agreements and Tools
Assurances

Contractor agrees to:

YES <input type="checkbox"/>	NO <input type="checkbox"/>	Promote all Health, Parenting and Child Development, Literacy, and Child Care hub activities with key messages to families in the community. Each partner shall: <ul style="list-style-type: none"> ✓ Post to each Hub Facebook Page 1-3 times per week with resources, program information and local events for families with children 0-18 related to Health, Parenting and Child Development, Literacy, and Child Care ✓ Promote hub events, contact information and staff hours ✓ Maintain current event information, contact information, and staff hours to be easily accessed and located by the public
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Participate in contract monitoring site visits for the purposes of assessing progress on contract milestones including monthly hub team meetings.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Participate in contractor's meetings for the purposes of training and professional development.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Commit to providing program services that respect diversity and meet the needs of families . Engage and communicate directly with families creating awareness and knowledge of key messages that build strengths in protective factors scales and aligned developmentally, linguistically and culturally appropriate for families in the community.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Assure timely delivery of program service and commit to continuous quality improvement necessary to meet the local needs of children and families.

References

Assurance Tools	Links
<p>Evaluation Tools: https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Ffirst5%2Fcontractors%2FShared%20Documents%2FEvaluation%20Tools</p>	<p>Family Survey: https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Ffirst5%2Fcontractors%2FShared%20Documents%2FEvaluation%20Tools%2FFamily%20Survey</p> <p>Build Assessment Tool: https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Ffirst5%2Fcontractors%2FShared%20Documents%2FEvaluation%20Tools%2FBUILD%20Strengthening%20Families%20Assessment%20Tool%2Epdf&parent=%2Fsites%2Ffirst5%2Fcontractors%2FShared%20Documents%2FEvaluation%20Tools</p> <p>Strengthening Families Assessment Tool https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/Evaluation%20Tools/SF%20COMMUNITY-BASED%20PROGRAM%20SELF-ASSESSMENT.pdf</p>

FIRST 5 EL DORADO COMMISSION SCOPE OF WORK

<p>First 5 El Dorado Database</p>	<p>http://first5.edcoe.org Database Maintenance: https://edcoe.sharepoint.com/sites/first5/contractors/layouts/15/WopiFrame.aspx?sourcedoc=%7B13E7FA9E-5839-40EA-87C2-C01C72469E97%7D&file=F5EDC%20-%20Database%20Training%20Materials%20(step-by-step%20instructions).docx&action=default</p>															
<p> SharePoint</p>	<p>https://edcoe.sharepoint.com/sites/first5/contractors access to registration form, family survey and progress report</p> <table border="1" data-bbox="562 496 1226 695"> <thead> <tr> <th>Initiative</th> <th>Username</th> <th>Original Set-up Password</th> </tr> </thead> <tbody> <tr> <td>Children's Health</td> <td>chl@partner.edcoe.org</td> <td>changeme</td> </tr> <tr> <td>High 5 for Quality</td> <td>high5q@partner.edcoe.org</td> <td>changeme</td> </tr> <tr> <td>Family Literacy / IMPACT</td> <td>rlvl@partner.edcoe.org</td> <td>changeme</td> </tr> <tr> <td>Together We Grow</td> <td>twa@partner.edcoe.org</td> <td>changeme</td> </tr> </tbody> </table>	Initiative	Username	Original Set-up Password	Children's Health	chl@partner.edcoe.org	changeme	High 5 for Quality	high5q@partner.edcoe.org	changeme	Family Literacy / IMPACT	rlvl@partner.edcoe.org	changeme	Together We Grow	twa@partner.edcoe.org	changeme
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Children's Health	chl@partner.edcoe.org	changeme														
High 5 for Quality	high5q@partner.edcoe.org	changeme														
Family Literacy / IMPACT	rlvl@partner.edcoe.org	changeme														
Together We Grow	twa@partner.edcoe.org	changeme														
<p> Face Book Promotions https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Ffirst5%2Fcontractors%2FShared%20Documents%2FProfessional%20Development%2FSocial%20Media</p>	<p>EDC Community Hub 1: https://www.facebook.com/EDC-Community-Hub-1-176446449470278/ EDC Community Hub 2: https://www.facebook.com/EDC-Community-Hub-2-561380630737856/?fref=ts EDC Community Hub 3: https://www.facebook.com/EDC-Community-Hub-3-1002519596541302/ EDC Community Hub 4: https://www.facebook.com/EDC-Community-Hub-4-560988810754908/ EDC Community Hub 5: https://www.facebook.com/EDC-Community-Hub-5-1058020160963107/</p>															
<p>Communications Tools</p>	<p>https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Ffirst5%2Fcontractors%2FShared%20Documents%2FCommunications</p>															
<p>Professional Development</p>	<p>https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Ffirst5%2Fcontractors%2FShared%20Documents%2FProfessional%20Development</p>															

Signature

Signatures are binding contractors to the assurances agreement:

Administrator Name: _____

Signature: _____ Date: _____



Annual Budget

Grantee Name:		El Dorado County Health & Human Services Agency	
Project Name:		Children's Health	
Contract Number:		1617-73010	
Contact Name & Title:		Lynnann Svensson, Nursing Program Manager MCAH Program Director	
Total Contract Amount		1,000,000	
Term		FY2017-21	
Staff	Total Approved Annual Budget Amount		\$ 250,000
Personnel:	Salary	Benefits	
1) Melissa Cockrell (.50 FTE)	\$22,001	\$19,020	\$41,021
2) Jazmine Victoria (.50 FTE)	\$22,001	\$10,637	\$32,638
3) Maria Loera (.50 FTE)	\$22,001	\$16,917	\$38,918
4) Naomie Harris (.50 FTE)	\$24,843	\$17,201	\$42,044
5) Juana Anthenien (.50 FTE)	\$22,001	\$7,098	\$29,099
6) Amber Burget (.30 FTE)	\$23,522	\$13,114	\$36,636
Subtotal Personnel	\$136,369	\$83,987	\$220,356
Operating Expenses:			
7) Rent and Utilities			
8) Office Supplies/Materials			
9) Telephone and Telephone Equipment Phone Charges			\$1,554
10) Postage/Mailing			
11) Printing			
12) Equipment Lease			
13) Travel & Mileage			\$4,500
14) Insurance			
15) Computers			
16) Staff Development			\$4,000
17) Computers			
18)			
19)			
20)			
Subtotal Operating:			\$10,054
Indirect Expenses: Public Health Administration Indirect, HHS Administrative Indirect			
Annual Max Indirect Cost (8.89%)			\$19,590
TOTAL COSTS			\$250,000



Quarterly Invoice Form

Due: Second Friday in October, January, April & July

Grantee Name: El Dorado County Health & Human Services Agency								
Project Name: Children's Health								
Contract Number: 1617-73010								
Contact Name & Title: Lynnna Svensson, Nursing Program ManagerMCAH Program Director								
Fiscal Year:								
Reporting Period:								
Staff			Total Approved Budget Amount	Billed this Period		Previous Statement YTD	Total YTD Billed	Unexpended Balance
Personnel:	Salary	Benefits		Salary	Benefits			
1) Melissa Cockrell (.50 FTE)	\$22,001	\$19,020	\$41,021			\$0.00	\$0.00	\$41,021.00
2) Jazmine Victoria (.50 FTE)	\$22,001	\$10,637	\$32,638			\$0.00	\$0.00	\$32,638.00
3) Maria Loera (.50 FTE)	\$22,001	\$16,917	\$38,918			\$0.00	\$0.00	\$38,918.00
4) Naomie Harris (.50 FTE)	\$24,843	\$17,201	\$42,044			\$0.00	\$0.00	\$42,044.00
5) Juana Anthenien (.50 FTE)	\$22,001	\$7,098	\$29,099			\$0.00	\$0.00	\$29,099.00
6) Amber Burget (.30 FTE)	\$23,522	\$13,114	\$36,636			\$0.00	\$0.00	\$36,636.00
Subtotal Personnel	\$136,369	\$83,987	\$220,356	\$0.00	\$0.00	\$0.00	\$0.00	\$220,356.00
Operating Expenses:								
7) Rent and Utilities						\$0.00	\$0.00	\$0.00
8) Office Supplies/Materials						\$0.00	\$0.00	\$0.00
9) Telephone and Telephone Equipment Phone Charges			\$1,554			\$0.00	\$0.00	\$1,554.00
10) Postage/Mailing						\$0.00	\$0.00	\$0.00
11) Printing						\$0.00	\$0.00	\$0.00
12) Equipment Lease						\$0.00	\$0.00	\$0.00
13) Travel & Mileage			\$4,500			\$0.00	\$0.00	\$4,500.00
14) Insurance						\$0.00	\$0.00	\$0.00
15) Computers						\$0.00	\$0.00	\$0.00
16) Staff Development			\$4,000			\$0.00	\$0.00	\$4,000.00
17) Computers						\$0.00	\$0.00	\$0.00
18)						\$0.00	\$0.00	\$0.00
19)						\$0.00	\$0.00	\$0.00
20)						\$0.00	\$0.00	\$0.00
Subtotal Operating:			\$10,054		\$0.00	\$0.00	\$0.00	\$10,054.00
Indirect Expenses: Public Health Administration Indirect, HHS Administrative Ind								
			\$19,590			\$0.00	\$0.00	\$19,590.00
TOTAL COSTS			\$250,000			\$0.00	\$0.00	\$250,000.00

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

Print Name of Program Contact Person or Authorized Representative _____

Signature: Program Contact Person or Authorized Representative _____

For Commission Use Only-Do Not Fill In Shaded Area			
		TOTAL REIMBURSEMENT APPROVED	
Date Received			
Signature of First 5 Program Assistant	Date	Signature of First 5 Program Coordinator	Date
Signature - First 5 Director		Date	



Budget Revision Request Form

Grantee Name: El Dorado County Health & Human Services Agency				
Project Name: Children's Health				
Contract Number: 1617-73010				
Contact Name & Title: Lynnann Svensson, Nursing Program ManagerMCAH Program Director				
Budget Period:				
Proposed Effective Date:				
Budget Item	Total Approved Budget Amount	Proposed Budget Adjustment *Amount to increase (+) or decrease (-)	Proposed Local Budget	% Change
Personnel:				
1) Melissa Cockrell (.50 FTE)	\$41,021		\$41,021	0%
2) Jazmine Victoria (.50 FTE)	\$32,638		\$32,638	0%
3) Maria Loera (.50 FTE)	\$38,918		\$38,918	0%
4) Naomie Harris (.50 FTE)	\$42,044		\$42,044	0%
5) Juana Anthenien (.50 FTE)	\$29,099		\$29,099	0%
6) Amber Burget (.30 FTE)	\$36,636		\$36,636	0%
Subtotal Personnel:	\$220,356	\$0	\$220,356	0%
Operating Expenses:				
7) Rent and Utilities				
8) Office Supplies/Materials				
9) Telephone and Telephone Equipment Phone Charges	\$1,554		\$1,554	0%
10) Postage/Mailing			\$0	
11) Printing			\$0	
12) Equipment Lease			\$0	
13) Travel & Mileage	\$4,500		\$4,500	0%
14) Insurance			\$0	
15) Computers			\$0	
16) Staff Development	\$4,000		\$4,000	0%
17) Computers			\$0	
18)			\$0	
19)			\$0	
20)			\$0	
Subtotal Operating:	\$10,054	\$0	\$10,054	0%
Indirect Expenses: Public Health Administration Indirect, HHS Administrative Indirect				
Indirect Cost (8.89% max)	\$19,590	\$0	\$19,590	0%
TOTAL COSTS	\$250,000	\$0	\$250,000	0%

*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

First 5 Program Assistant Date

First 5 Program Coordinator Date

First 5 Director Date



Budget Revision Narrative

Please explain each budget revision requested by line item.

Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative

Event Registration Form (Parent) Attachment III, Parent Registration Form

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

Event Name:	Event Date:	Event Type:	Hosted by:
<input style="width: 95%;" type="text"/>			

Early Childhood Topic:	Location:	Activities:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Initiative(s):

- High 5 for Quality Ready to Read @ Your Library Together We Grow
 Library - IMPACT Children's Health

Please register each family member individually:

First Name:	Last Name:	Primary Language:	Ethnicity (please select one):
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<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"/> Pacific Islander <input type="radio"/> White <input type="radio"/> Multiracial <input type="radio"/> Other/Unknown
E-mail Address:	<input type="radio"/> Parent/Guardian <input type="radio"/> Other Family Member		
<input style="width: 95%;" type="text"/>			

First Name:	Last Name:	Primary Language:	Ethnicity (please select one):
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<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"/> Pacific Islander <input type="radio"/> White <input type="radio"/> Multiracial <input type="radio"/> Other/Unknown
E-mail Address:	<input type="radio"/> Parent/Guardian <input type="radio"/> Other Family Member		
<input style="width: 95%;" type="text"/>			

Please enter each child's birth month/year:

Birth Mo	Birth Yr	Ethnicity:	Birth Mo	Birth Yr	Ethnicity:	Birth Mo	Birth Yr	Ethnicity:
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<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"/> Pacific Islander <input type="radio"/> White <input type="radio"/> Multiracial <input type="radio"/> Other/Unknown	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<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"/> Pacific Islander <input type="radio"/> White <input type="radio"/> Multiracial <input type="radio"/> Other/Unknown	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<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"/> Pacific Islander <input type="radio"/> White <input type="radio"/> Multiracial <input type="radio"/> Other/Unknown
Primary Language:			Primary Language:			Primary Language:		
<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____			<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____			<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____		

Which library location is closest to your home? _____



PROGRESS REPORT by hub

Agency Name:
Project Title:
Contact Name & Title:
Email Address:
Phone:
HUB Location:
Report Time Period:

**1. Did you experience any noteworthy successes?
Identify and list possible contributing factors.**
List most compelling in 3rd person omitting names of people. (prioritize two per contractor)

**2. Did you encounter any difficulties or barriers?
Identify and explain how they were/are being addressed.**
List most compelling in 3rd person omitting names of people. (prioritize two per contractor)

How this issue can be prevented:

3. Top 3 challenges or areas of focus

1.
Approach / Strategy:
Status:

2.
Approach / Strategy:
Status:

3.
Approach / Strategy:
Status:

4.

SOW Strategy Activities (What and How)	Location (Where)	Dosage, Duration (How Often / Long)	Target (How Many)



Population Served Report by Hub

Please submit one form per hub location with unduplicated count of total population served.

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

Project Name
Contract #

Grantee Name & Contact Person
Grantee Address
Grantee Phone

Hub Location

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

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

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

Print Name of Program Contact Person or Authorized Representative _____

Signature: Program Contact Person or Authorized Representative _____

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



Contract Number
Date Issued

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

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>Quantities/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

Date: _____

By: _____

Kathi Guerrero, Executive Director

First 5 El Dorado Children and Families Commission

Date: _____

By: _____

Andrea Powers, Program Coordinator

Date: _____

Family Survey English | Spanish

Thank you for your recent participation in First 5 El Dorado programs. We are interested in better understanding the families we serve, as well as learning your perspectives about our services and programs. The survey will take about 15 minutes to answer. If you have more than one child participating in this program, please answer the question for your youngest child. Please note that this survey is anonymous.

1. Date: Zip Code: Nearest Elementary School:
2. Child's Birth Month (2-digits): Child's Birth Year (4-digits):
3. Below is a list of libraries in El Dorado County. Please select the library closest to your home.
 - Cameron Park Library, 2500 Country Club Dr. Cameron Park, CA 95682
 - Placerville Library, 345 Fair Lane Placerville, CA 95667
 - El Dorado Hills Library, 7455 Silva Valley Pkwy. El Dorado Hills, CA 95762
 - Georgetown Library, 6680 Orleans St, Georgetown, CA 95634
 - Pollock Pines Library, 6210 Pony Express Trail Pollock Pines, CA 95726
 - South Lake Tahoe Library, 1000 Rufus Allen Blvd. South Lake Tahoe, CA 96150
4. In a usual week, how often do you or any other family members read stories or look at picture books with your child?
 - Never
 - 1-2 days
 - 3-4 days
 - 5-6 days per week
 - Every day
5. 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.
 - Never (only when child is sick)
 - More than 2 years ago
 - Between 1 and 2 years ago
 - 6 Months to 1 year ago
 - 6 Months ago or less
6. 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.
 - Never visited for preventative care
 - More than 2 years ago
 - Between 1 and 2 years ago
 - 6 months to 1 year ago
 - 6 months ago or less
7. About how long has it been since you monitored your child's development through a screening tool such as the Ages and Stages Questionnaire?
 - I've never screened my child's development
 - More than 2 years ago
 - Between 1 and 2 years ago
 - 6 months to 1 year ago
 - 6 months ago or less
8. Has your child attended preschool? If so, how long? If yes, type of preschool attended? (select all that apply)

<ul style="list-style-type: none"> <input type="checkbox"/> Yes, 0-6 months <input type="checkbox"/> Yes, 7-12 months <input type="checkbox"/> Yes, 1+ years <input type="checkbox"/> No, my child has not attended preschool 	<ul style="list-style-type: none"> <input type="checkbox"/> Head Start <input type="checkbox"/> State Preschool <input type="checkbox"/> Preschool <input type="checkbox"/> Family Childcare Home
---	---

Preschool / Program Name: _____

9. About how long has your family participated in hub activities for children birth through 5?
(select all that apply)

Family literacy including storytimes at libraries or schools

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> 0-3 months | Total hours? |
| <input type="checkbox"/> 4-7 months | <input type="checkbox"/> 0-5 hours |
| <input type="checkbox"/> 8-11 months | <input type="checkbox"/> 6-10 hours |
| <input type="checkbox"/> 12 months to 24 months | <input type="checkbox"/> 10+ hours |
| <input type="checkbox"/> More than two years | |

Children's health including assistance from a health worker or health facilitated group

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> 0-3 months | Total hours? |
| <input type="checkbox"/> 4-7 months | <input type="checkbox"/> 0-5 hours |
| <input type="checkbox"/> 8-11 months | <input type="checkbox"/> 6-10 hours |
| <input type="checkbox"/> 12 months to 24 months | <input type="checkbox"/> 10+ hours |
| <input type="checkbox"/> More than two years | |

Parenting and child development workshops including playgroups, parent groups or developmental questionnaires

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> 0-3 months | Total hours? |
| <input type="checkbox"/> 4-7 months | <input type="checkbox"/> 0-5 hours |
| <input type="checkbox"/> 8-11 months | <input type="checkbox"/> 6-10 hours |
| <input type="checkbox"/> 12 months to 24 months | <input type="checkbox"/> 10+ hours |
| <input type="checkbox"/> More than two years | |

10. In the past 12 months, did you have any challenges accessing services for your child, for example related to going to the doctor or dentist, choosing child care, family reading, or attending a playgroup? If yes, please describe briefly. This information helps us to understand and plan to address community needs.
(select all that apply)

<p>Children's Health:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I don't have insurance <input type="checkbox"/> I don't have a doctor <input type="checkbox"/> I don't have a dentist <input type="checkbox"/> I don't have transportation <input type="checkbox"/> It's not affordable <input type="checkbox"/> Other: _____ 	<p>Family Literacy:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I need more books at home <input type="checkbox"/> I don't have time to read to my child <input type="checkbox"/> My child isn't interested <input type="checkbox"/> Storytimes are not at convenient times <input type="checkbox"/> I don't know how to read <input type="checkbox"/> Other: _____
<p>Parenting and Child Development:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I'm not sure how to find a playgroup <input type="checkbox"/> I'm not sure how to find a parent group <input type="checkbox"/> I'm not sure how to monitor my child's development <input type="checkbox"/> I don't have transportation <input type="checkbox"/> Other: _____ 	<p>Quality Child Care:</p> <ul style="list-style-type: none"> <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: _____

11. On a scale from 1-7, with 1 as 'strongly disagree' and 7 as 'strongly agree,' please rate how much you agree with the following statements. Rate each statement twice—how you felt before this program and how you feel today.

a. 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	
b. 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	
c. 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	
d. 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	
e. 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	
f. 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	
g. 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	
h. 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. 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	
j. 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	
k. 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	

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.

l. 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	
m. 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	
n. 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	

Please tell us how often each of the following happens in your family.

o. 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	
p. 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	
q. 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	
r. 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	
s. 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	
t. 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	

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

- Extremely satisfied
- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

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

13. What is your annual household income?

- \$0 - \$10,000 per year
- \$10,001 - \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- More than \$50,001

14. 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.)

15. Race/Ethnicity (please choose the ONE that best describes what you consider yourself to be):

- Alaskan Native / Native American
- Asian
- Black / African American
- Hispanic / Latino
- Pacific Islander / Native Hawaiian
- White (Non-Hispanic)
- Multiracial
- Other: _____

16. Do you speak a language other than English at home?

- Yes
- No

If "Yes", please specify:

- Spanish
- Other: _____