



Direct Service Contract  
Contract #1617-73010  
El Dorado County Health and Human Services  
CHILDREN'S HEALTH

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## **ATTACHMENTS**

### **I. Scope of Work**

### **II. Budget Forms:**

Approved FY Budget (Budget Form 1),  
Monthly Invoices (Budget Form 2),  
Budget Revision Request (Budget Form 3),  
Budget Revision Narrative (Budget Form 4)

### **III. Parent Registration Form**

### **IV. Progress Reports:**

Semi-Annual (Progress Report Form 1)  
Population Served Report (Progress Report Form 2)

### **V. Corrective Action Plan**

### **VI. Family Survey**

**THIS AGREEMENT** is made this 1<sup>st</sup> day of July, 2016, by and between First 5 El Dorado Children and Families Commission (hereinafter 'Commission') and El Dorado County Health and Human Services (hereinafter 'Contractor') whose principal place of business is at 941 Spring Street, Suite 4, Placerville, CA 95667.

## RECITALS

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

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

## AGREEMENT

### 1. CONTRACT TERM

The term of this Agreement is from July 1, 2016 to June 30, 2017. 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 June 30, 2017.

### 2. SCOPE OF WORK

Contractor shall provide services in the amount, type, and manner described in Attachment I, Scope of Work, attached hereto and by this reference made a part hereof. In cases of ambiguity, the Commission Executive Director may interpret the Scope of Work by using the Contractor's proposal and letters of clarification, copies of which are on file with the Executive Director.

### 3. FISCAL PROVISIONS

- A. Commission shall pay Contractor an amount not to exceed **\$187,500** as recorded in the Contract Budget (Attachment II, Budget Form 1).
- B. Commission shall pay Contractor 10% of the total contract upon approval of Agreement. The basis for this Agreement shall be cost reimbursement. Actual expenses to be billed in arrears, monthly, due to the Commission by the second Friday of each month. Contractor shall submit Monthly Invoices (Attachment II, Budget Form 2) with supporting backup documentation for all reported expenditures (timesheets, receipts, paid invoices, travel expense claims). Final two months 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 within 30 days of fiscal year end.
- C. Contractor 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 written Commission approval. All Budget Revision Requests must be received by the Commission by April 15<sup>th</sup>, 2017.

#### **4. INDEPENDENT CONTRACTOR**

It is expressly understood that in performance of the work under this contract, the Contractor, and the agents and employees thereof, shall act as an independent contractor and not as officers, employees or agents of the Commission. The Contractor 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. The rights, responsibilities and duties under this contract are personal to the Contractor and may not be transferred or assigned without the express prior written consent of the Commission.

#### **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 Monthly Invoices. Final invoices are due to the Commission no later than the second Friday of August 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/ approved, 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. For fiscal year 2016-2017 this rate has been set at 8.5% (rounded to nearest hundredth).
- iv) **Unspent Funds:** 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 by the first Friday in August following the completion of the contacting period.

- 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 data and report to the Commission for the purposes of program planning and evaluation.

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 to the Commission within 2 weeks of service provided via Parent Registration Form (Attachment III).

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 (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 (Attachment I).

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 (Attachment IV, Progress Report Form 2) shall be due to the Commission no later than the final Friday of the month following December 31 and June 30 of each year.

- 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.

Semi-Annual Progress Reports (Attachment IV, Progress Report Form 1) are due in original and editable electronic copy to the Commission no later than the final Friday of the month following December 31 and June 30 of each year.

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 (Attachment V), contract suspension or termination procedures. Program evaluation components may not be modified by Contractor without prior written approval from Commission staff.

## **6. AMENDMENTS**

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

## **7. DISCRIMINATION**

With respect to all issues associated with this Agreement, the parties and their directors, officers, employees, agents, volunteers and guests shall not illegally discriminate on any basis.

## **8. TERMINATION**

Contractor agrees to commence and to complete the work within the time schedules outlined within this contract and contained in the Scope of Work.

- A. If the Contractor 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 Contractor. Contractor 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 Contractor to secure or obtain funding from other sources, which are needed by the Contractor 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 in writing to the other parties and be sent by registered mail.

D. In the event of termination the Contractor shall be paid for services performed to the date of termination in accordance with the terms of this Contract. Contractor shall refund to the Commission any advanced funds issued in accordance with this Contract.

#### **9. 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 Contractor. 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. Contractor 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.

#### **10. GOVERNING LAW**

The Contractor shall comply with any and all state and local laws affecting the services covered by this contract.

#### **11. 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.

#### **12. INDEMNIFICATION**

To the fullest extent allowed by law, Contractor 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 Contractor's negligence. This duty of Contractor to indemnify and save Commission harmless expressly includes the duties to defend set forth in California civil code section 2778. Commission shall give Contractor 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 Contractor, 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 Contractor harmless expressly includes the duties to defend set forth in California Civil Code section 2778. Contractor 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.

**13. INSURANCE**

Contractor shall provide proof of a policy of insurance satisfactory to the Commission and documentation evidencing that Contractor maintains insurance that meets the following requirements:

- A. Full Worker's Compensation and Employer's Liability Insurance covering all employees of Contractor as required by law in the State of California.
- A. Commercial General Liability Insurance of not less than \$1,000,000.00 combined single limit per occurrence for bodily injury and property damage.
- B. Automobile Liability Insurance of not less than \$1,000,000.00 is required in the event motor vehicles are used by the Contractor in the performance of the Agreement.
- C. In the event Contractor is a licensed professional or professional consultant, and is performing professional services under this Agreement, professional liability is required with a limit of liability of not less than \$1,000,000.00 per occurrence.
- D. Contractor shall furnish a certificate of insurance satisfactory to the Commission as evidence that the insurance required above is being maintained.
- E. The insurance will be issued by an insurance company acceptable to the County of El Dorado Risk Management, or be provided through partial or total self-insurance likewise acceptable to the County of El Dorado Risk Management.
- F. Contractor agrees that the insurance required above shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, Contractor agrees to provide at least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of term of the Agreement, or for a period of not less than one (1) year. New certificates of insurance are subject to the approval of the Commission and Contractor agrees that no work or services shall be performed prior to the giving of such approval. In the event the Contractor fails to keep in effect at all times insurance coverage as herein provided, the Commission may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.
- G. The certificate of insurance must include the following provisions stating that:
  - i. The insurer will not cancel the insured's coverage without prior written notice to Commission, and;
  - ii. The Commission, its officers, officials, employees and volunteers are included as additional insured on an additional insured endorsement, but only insofar as the operations under this Agreement are concerned. This provision shall apply to the general liability policy.



- H. The Contractor's insurance coverage shall be primary insurance as respects the Commission, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the Commission, its officers, officials, employees or volunteers shall be in excess of the Contractor's insurance and shall not contribute with it.
- I. Any deductibles or self-insured retentions must be declared to and approved by the Commission, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the Commission, its officers, officials, employees and volunteers; or the Contractor shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.
- J. Any failure to comply with the reporting provisions of the policies shall not affect coverage provided to the Commission, its officers, officials, employees or volunteers.
- K. The insurance companies shall have no recourse against the Commission, its officers and employees or any of them for payment of any premiums or assessments under any policy issued by any insurance company.
- L. Contractor's obligations shall not be limited by the foregoing insurance requirements and shall survive expiration of this Agreement.
- M. In the event Contractor cannot provide an occurrence policy, Contractor shall provide insurance covering claims made as a result of performance of this Agreement for not less than three (3) years following completion of performance of this Agreement.
- N. Certificate of insurance shall meet such additional standards as may be determined by the Commission.

#### **14. WORKER'S COMPENSATION**

The Contractor 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)

#### **15. SEVERABILITY**

The provisions of this Agreement are divisible. If any such provision shall be deemed invalid or unenforceable, such provision shall be deemed limited to the extent necessary to render it valid and enforceable and the remaining provisions of this Agreement shall continue in full force and effect without being impaired or invalidated in any way.

#### **16. WAIVER**

No delay or omission by the Commission or the Contractor in exercising any right under this Agreement shall operate as a waiver of that or any other right. No waiver of any provision of this Agreement, or consent to any departure by either party from any provision of this Agreement, shall be effective in any event unless it is in writing, designated a waiver, and signed by the party waiving the breach. Such a waiver shall be effective only in the specific instance and for the purpose for which it is given.

**17. AUDIT**

Contractor 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 5 years from the completion of this contract. Contractor will permit the Commission to audit all books, accounts or records relating to this contract or all books, accounts or records of any business entities controlled by Contractor who participated in this contract in any way. Any Subcontractor paid by the Contractor as authorized by the Commission, shall be required by Contractor to maintain detailed records for all amounts paid and will be required to provide Commission access to those records, if necessary, for the contracted auditing period.

**18. OWNERSHIP**

The Commission shall own all rights, title, and interest to all information, documents, data, content, software, or other intellectual property developed in accordance with this Agreement. Title to property on any single item valued at \$1000 or more shall remain with the Commission for the first two years after purchase, thereafter title to property shall transfer to Contractor unless otherwise agreed upon in writing. All materials and publications developed under this Agreement will be attributed to the Commission and will include the Commission's logo and other identification as agreed upon by the parties.

**19. CONFIDENTIALITY AND INFORMATION SECURITY PROVISIONS**

- A. The Commission and Contractor ("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 Contractor:

- (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 (Attachment 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:

- (1) 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.
  - (2) The Parties shall restrict logical and physical access to confidential, personal (e.g., PII) or sensitive data to authorized users only.
  - (3) 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.
  - (4) 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.

## **20. CONFLICT OF INTEREST**

Contractor shall comply with all Commission conflict of interest requirements in the same manner and to the same extent as if Contractor was a Commission employee including but not necessarily limited to those set forth in the Commission policies, Government Code Sections 1090 et seq., Gov. C. §§ 1126 et seq., Gov. C. §§ 87100 et seq., Education Code Section 35230 and common law.

## **21. ENTIRE AGREEMENT**

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

## **22. CONTRACTOR WARRANTIES**

Contractor warrants that Contractor:

- (1) is fully licensed, experienced and qualified, and otherwise meets all Federal, State and local requirements as a condition of or necessary to carry out the work;
- (2) has carefully reviewed the scope of work, understands it and has had a full opportunity to ask questions, and voice any concerns about Contractor's understanding about the scope of work;
- (3) has thoroughly reviewed all Commission and other policies, procedures and documents that relate to the scope of work;
- (4) has disclosed to the Commission any filed claims and lawsuits in which Contractor has been a party regarding similar work performed by Contractor.

**23. NOTICES**

Any notice required or permitted to be given under this Agreement shall be in writing and delivered to the other Parties at the following respective addresses:

First 5 El Dorado Children and Families Commission  
Kathleen Guerrero, Executive Director  
2776 Ray Lawyer Drive, Placerville, CA 95667  
Email: kguerrero@edco.org

El Dorado County Health and Human Services  
Lynnan Svensson, RN, PHN, Nursing Program Manager  
941 Spring Street, Suite 4, Placerville, CA 95667  
Email: lynnan.svensson@edcgov.us

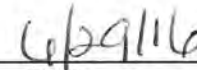
**ADMINISTRATOR:** The County Officer or employee with responsibility for administering this Agreement is Lynnan Svensson, RN, PHN, Nursing Program Manager, Health and Human Services Agency, or successor.

**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 Contractor organization and shall pass on responsibility to successor.

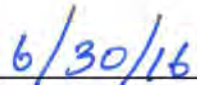
**IN WITNESS WHEREOF,** The parties have executed this Contract on the date written

**APPROVED BY:**  
FIRST 5 EL DORADO CHILDREN AND FAMILIES COMMISSION

  
\_\_\_\_\_  
Commissioner

  
\_\_\_\_\_  
Date


  
\_\_\_\_\_  
Commissioner

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Director

  
\_\_\_\_\_  
Date

**CONTRACTOR:**

By:   
\_\_\_\_\_  
Don Ashton, MPA, Director  
Health and Human Services Agency  
County of El Dorado

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



**First 5 El Dorado**  
Children and Families Commission

**FY16-17 Child Health | Scope of Work**

**\$187,500**

**Contract Administrator Information**

Administrator  
Name: Lynnan Svensson

Administrator  
Title: Nursing Program Manager Date: April 29, 2016

Address: 941 Spring Street 3  
*Street Address* *Suite/Unit #*

Placerville CA 95667  
*City* *State* *ZIP Code*

Phone: 530-621-6185 Email lynnan.svensson.edcgov.us

**Assurances**

Contractor agrees to:

YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	<b>Support Hub</b> implementation by promoting activities within the community.
YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	<b>Promote the Commission</b> through introduction where appropriate as "a funded partner of First 5 El Dorado Commission", and on printed materials indicating "funded by First 5 El Dorado Commission" using the <a href="#">Commission logo</a> found in assurance tools. Ensure each communication is an acceptable use of public funds.
YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	<b>Attend contract monitoring site visits</b> for the purposes of assessing progress on contract milestones.
YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	<b>Attend contractor's meetings</b> for the purposes of training and professional development.
YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Commit to providing programs services that <b>respect diversity and meet the needs of families</b> .
YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Meet all <b>evaluation requirements</b> including, but not limited to <a href="#">database maintenance</a> , survey distribution and data collection.
YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Meet all <b>reporting requirements</b> including but not limited to contract milestones, Annual Report data, invoicing, progress reporting, program level data, registration form data, and promoting surveys.
YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	<b>Assess program quality</b> utilizing the <a href="#">Family Strengthening Support Program Self-Assessment Tool</a> as part of the Annual Reporting process.
YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Assure <b>timely delivery</b> of program service and commit to continuous quality improvement necessary to meet the local needs of children and families.

**Signature**

Signatures are binding contractors to the following scope of work agreement:

Administrator  
Name: Lynnan Svensson, RN, PHN, Nursing Program Manager

Signature:  Date: 6/21/14

## References

Assurance Tools	Links				
<a href="#">Family Strengthening Support Program Self-Assessment Tool</a>	<a href="http://www.cssp.org/reform/strengtheningfamilies/2014/COMMUNITY-BASED-PROGRAM-SELF-ASSESSMENT.pdf">http://www.cssp.org/reform/strengtheningfamilies/2014/COMMUNITY-BASED-PROGRAM-SELF-ASSESSMENT.pdf</a>				
<a href="#">First 5 El Dorado Logo</a> 	<a href="https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/F5EDC%20First%205%20EI%20Dorado%20Logo%20-%20PDF.pdf">https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/F5EDC%20First%205%20EI%20Dorado%20Logo%20-%20PDF.pdf</a>  Scan this QR code with your phone or tablet to open				
<a href="#">First 5 El Dorado Plane Logo</a> 	<a href="https://edcoe.sharepoint.com/sites/first5/contractors/_layouts/15/Lightbox.aspx?url=https%3A%2F%2Fedcoe.sharepoint.com%2Fsites%2Ffirst5%2Fcontractors%2FShared%2520Documents%2FF5EDC%2520First%25205%2520EI%2520Dorado%2520Plane%2520Logo%2520-%2520PNG.png">https://edcoe.sharepoint.com/sites/first5/contractors/_layouts/15/Lightbox.aspx?url=https%3A%2F%2Fedcoe.sharepoint.com%2Fsites%2Ffirst5%2Fcontractors%2FShared%2520Documents%2FF5EDC%2520First%25205%2520EI%2520Dorado%2520Plane%2520Logo%2520-%2520PNG.png</a>  Scan this QR code with your phone or tablet to open				
<a href="#">First 5 El Dorado Flyer Template</a>	<a href="https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/F5EDC%202016-17%20Flyer%20Template.pub">https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/F5EDC%202016-17%20Flyer%20Template.pub</a>  Scan this QR code with your phone or tablet to open				
<a href="#">First 5 El Dorado Poster Template</a>	<a href="https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/F5EDC%202016-17%20Poster%20Template%20(basic).pub">https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/F5EDC%202016-17%20Poster%20Template%20(basic).pub</a>  Scan this QR code with your phone or tablet to open				
<a href="#">First 5 El Dorado Database</a>	<a href="http://first5.edcoe.org">http://first5.edcoe.org</a> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Username</td> <td style="border: none;">Password</td> </tr> <tr> <td style="border: none;">chi</td> <td style="border: none;">changeme</td> </tr> </table>	Username	Password	chi	changeme
Username	Password				
chi	changeme				
 <a href="#">SharePoint</a>	<a href="https://edcoe.sharepoint.com/sites/first5/contractors">https://edcoe.sharepoint.com/sites/first5/contractors</a> access to registration form, family survey and progress report <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Username</td> <td style="border: none;">Password</td> </tr> <tr> <td style="border: none;">chi@partner.edcoe.org</td> <td style="border: none;">changeme</td> </tr> </table>	Username	Password	chi@partner.edcoe.org	changeme
Username	Password				
chi@partner.edcoe.org	changeme				
 <a href="#">Face Book Promotions</a>	<a href="https://www.facebook.com/first5eldoradocounty">https://www.facebook.com/first5eldoradocounty</a>				
<a href="#">TRS Guidelines</a>	<a href="https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/F5EDC%20TRS-GUIDELINES-07-14-15.pdf">https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/F5EDC%20TRS-GUIDELINES-07-14-15.pdf</a>  Scan this QR code with your phone or tablet to open				

## Result Area 3: Improved Child Health

**Commission Goal** (Preventive Health): Children birth through 5 have timely well child visits.

**Headline Measure:**

# and % of children receiving timely well-child visits

**Additional Measures:**

# and % of program parents report taking their child (ages 1 through 5) to the dentist every six months and # and % of parents that regularly monitor child's development through a screening tool such as Ages and Stages Questionnaire (past 12 months)

Recommended Family Engagement Practices and Assessment Tools	Promotoras Child Health Toolkit <a href="#">Learn the Signs Act Early</a> <a href="#">Barton Health Baby Blues &amp; Postpartum Depression Questionnaire</a> <a href="#">Back to School Checklist</a> <a href="#">American Academy of Pediatrics Periodic Schedule</a>
	Family Place Library <a href="#">ASQ:3</a> and <a href="#">ASQ SE2</a>

**Summary: Funding is assigned for 5 0.5 FTE Community Health Advocates to outreach and support families with children birth through 5 at each hub getting connected to health care and utilizing their medical home according to the periodicity schedule. 0.5 Supervising PHN will coordinate Hub Partners and planning will begin on July 1, 2016 when the contract commences and activities will begin on October 1, 2016.**

**Community Outreach:** How will Community Health Advocates (1) Engage expectant parents and families with children birth through five in isolated and underserved neighborhoods within Hub Communities (2) Ensure outreach activities chosen increases the number of children receiving timely well child visits (3) Encourage families to participate in Community and School Hub activities (4) Ensure cultural and linguistic needs are met?

**Strategy 1.** *Please describe best or promising practice and if not using one recommended, please justify.*

CHAs will develop an annual outreach plan for each Hub Community in collaboration with Hub PHNs, identifying isolated, underserved and low income neighborhoods for engagement. CHAs will build relationships in these communities using the Promotora model inviting families to participate in hub activities.

Outreach strategies will meet individual neighborhood needs and may include strategic placement of flyers within the community, attending community events, partnering with school communication systems, and visiting target neighborhoods. All families will be encouraged to sign up for and receive monthly email newsletters. Communication materials will reflect the cultural and linguistic needs of neighborhoods.

Key messaging will align with the Child Health Toolkit, encouraging families to secure health insurance, choose primary doctors/dentists and utilize the AAP Periodicity Schedule and Bright Futures Toolkit.

CHAs will encourage families to participate in Hub activities by increasing their knowledge of calendar, ensuring activities meet need and addressing barriers to engagement. Survey data will be used to identify priority topics and barriers to access.

<b>How will you administer the First 5 Survey?</b>	50%	After an outreach event
	<b># of Parent Surveys to collect</b>	<b>When they will be distributed</b>

<b>How many people will you serve annually?</b>				
75	75	150	50	
<b># Children &gt;3</b>	<b># Children 3&gt;6</b>	<b># Parents / Guardians</b>	<b># Other Family Members</b>	<b># Providers</b>

<b>List of Activities:</b>	<b># of Activities</b>	<b>hrs. per Activity</b>
<b>Train CHAs on Trauma Informed Care, Home Visit Safety, Substance Abuse, Court Mandated Reporting, Mental Health 1<sup>st</sup> Aid, and others as necessary</b>		
<b>Meet with relevant participants including Schools, Parents and Community to engage in hub activities (i.e. Head Start Parent Meetings, PTA)</b>		
<b>Develop an outreach plan with PHNs to form and carry out Implementation and Communication strategies that include:</b> <ul style="list-style-type: none"> <li>Identify target neighborhoods and populations (isolated, vulnerable)</li> <li>Partner and family convening</li> <li>Door to door Promotoras</li> <li>Social media promotions on the hub Facebook and feed the community hub calendar</li> </ul>		
<b>Engage at least 5 families a month at each of the 5 hubs for 6 months</b>	25	



**Health Promotions:** How will Community Health Advocates (1) Engage expectant parents and families with children birth through five in Foster Care, CalWorks, Relative Care, WIC, Teen Parents, Homeless Families (2) Ensure outreach activities chosen increases the number of children receiving timely well child visits (3) Encourage families to participate in Community and School Hub activities (4) Ensure cultural and linguistic needs are met?

**Strategy 2.** *Please describe best or promising practice and if not using one recommended, please justify.*

CHAs will develop an annual outreach plan for each Hub Community in collaboration with Hub PHNs for vulnerable families including, but not limited to, families participating in El Dorado County Office of Education Child Development Programs, foster care, guardianship, CalWorks, Mt. Tallac Teenage Parenting Program, Women, Infants and Children (WIC) and shelters. CHAs will build relationships with programs and families using the Promotora model inviting families to participate in hub activities.

Outreach strategies will meet family needs and may include regular presentations, individualized materials and health and wellness activities. All families will be encouraged to sign up for and receive monthly email newsletters. Communication materials will reflect the cultural and linguistic needs of neighborhoods.

Key messaging will align with the Child Health Toolkit, encouraging families to secure health insurance, choose primary doctors/dentists and utilize the AAP Periodicity Schedule and Bright Futures Toolkit.

CHAs will encourage families to participate in Hub activities by increasing their knowledge of calendar, ensuring activities meet need and addressing barriers to engagement. Survey data will be used to identify priority topics and barriers to access.

In collaboration with the Early Childhood Literacy Specialist, the Family Engagement Specialist and the Hub Public Health Nurse, CHAs will coordinate activities at Library and School Based Hubs by offering health and wellness activities that promote a family monitoring their child's health in accordance with the Child Health Toolkit, the AAP Periodicity Schedule and Bright Futures Toolkit. Those activities will be designed to meet the community need as indicated by survey results. Activities may include, but are not limited to, dental, hearing, vision and developmental screens. All activities, materials and communications will reflect the community's culture and home language.

<b>How will you administer the First 5 Survey?</b>	50%	At each outreach event
	<b># of Parent Surveys to collect</b>	<b>When they will be distributed</b>

**How many people will you serve annually?**

75	75	150	50	
<b># Children &gt;3</b>	<b># Children 3&gt;6</b>	<b># Parents / Guardians</b>	<b># Other Family Members</b>	<b># Providers</b>

<b>List of Activities:</b>	<b># of Activities</b>	<b>hrs. per Activity</b>
<b>D1. El Dorado Hills Library / Green Valley School</b>	1) 6	1)
<b>D2. Cameron Park Library / Pioneer School</b>	2) 6	2)
<b>D3. Placerville Main Library / Camino School</b>	3) 6	3)
<b>D4. Georgetown Library / Sutter's Mill School</b>	4) 6	4)
<b>D5. South Lake Tahoe Library / Pinewood School</b>	5) 6	5)
<b>Work with Social Services, Families and Partners listed above and identified in the Outreach Plan to offer wellness activities at the Hubs based on local need</b>		
<b>Engage in 1 Community meeting a month at each Hub</b>	30	

**Super Saturdays:** How will Community Health Advocates (1) Coordinate “Super” Saturdays (or other health promotion activities) monthly, at each Library Hub (2) Offer health screenings and promote wellness activities that increase the number of children receiving timely well-child visits?

**Strategy 3.** *Please describe best or promising practice and if not using one recommended, please justify.*

CHAs will encourage families to participate in Hub activities by increasing their knowledge of calendar, ensuring activities meet need and addressing barriers to engagement. Survey data will be used to identify priority topics and barriers to access. One strategy is to offer health and wellness activities during non-traditional hours including evenings and weekends.

Each Community Hub will host a Super Saturday in collaboration with the Commission funded Family Engagement Specialist. CHAs will support Super Saturdays or evenings and weekends by offering health and wellness activities that promote a family monitoring their child’s health in accordance with the Child Health Toolkit and the AAP Periodicity Schedule and Bright Futures Toolkit. Those activities will be designed to meet the community need as indicated by survey results. Activities may include, but are not limited to, dental, hearing, vision and developmental screens. All activities, materials and communications will reflect the community’s culture and home language.

<b>How will you administer the First 5 Survey?</b>	50%	At each event
	<b># of Parent Surveys to collect</b>	<b>When they will be distributed</b>

**How many people will you serve annually?**

200	200	300	15	
<b># Children &gt;3</b>	<b># Children 3&gt;6</b>	<b># Parents / Guardians</b>	<b># Other Family Members</b>	<b># Providers</b>

<b>List of Activities:</b>	<b># of Activities</b>	<b>hrs. per Activity</b>
<b>D1. El Dorado Hills Library</b>	1) 4	1) 2-5
<b>D2. Cameron Park Library</b>	2) 4	2) 2-5
<b>D3. Placerville Main</b>	3) 4	3) 2-5
<b>D4. Georgetown Library</b>	4) 4	4) 2-5
<b>D5. South Lake Tahoe Library</b>	5) 4	5) 2-5
<b>1. In coordination with the Early Childhood Literacy Specialists and Family Support Specialists, prioritized services will be provided after 5pm weekdays or on weekends as needed.</b>		

**Engage Medical Partners:** How will Community Health Workers (1) Engage with hospitals in supporting families with newborns typically developing to increase the number of children receiving timely well child visits (2) Promote the use of child health toolkits and ASQs?

**Strategy 4.** *Please describe best or promising practice and if not using one recommended, please justify.*

<p>CHAs will partner with Marshall and Barton Hospital to greet new parents before discharge from the hospital. A calendar will be established to ensure CHAs visit at a frequency determined by partners Monday through Friday. A process will be identified to ensure the appropriate staff delivery information in the parents' home language. During the visit, the CHAs will engage parents providing the Kit for New Parents, the Child Health Tool Kit and Hub resources and requesting an email for future communication.</p> <p>By collecting an email at the visit, the CHAs will work with the Commission to send a monthly email offering early literacy, parenting and child development resources. This email will be timed to guide parents in regularly monitoring their child's development with the Brookes Publishing ASQ and ASQ:SE, online developmental screening tool. The PHN will provide an article to engage families in regularly monitoring their child's wellness using the Child Health Toolkit as a guide. Topics will include securing health insurance, choosing primary doctors/dentists and utilizing the AAP Periodicity Schedule and Bright Futures Toolkit.</p>			
<p>How many will you serve?</p> <table border="1"> <tr> <td></td> </tr> </table>			
Annual Target:	<b># of Providers</b>		
<b>List of Activities:</b>	<b># of Activities</b>	<b>hrs. per Activity</b>	
<b>Explore an MOU with each health system by December 30, 2016 for an agreement upon 1) Target Populations 2) Referral Processes 3) New Mom Visits 4) Health Education Materials.</b>	24		

**Supervision:** How will the Supervising Public Health Nurse support Community Health Advocates in Hub implementation?

**Strategy 5.** *Please describe best or promising practice and if not using one recommended, please justify.*

<p>Supervising PHN will act as the quality manager coordinating with hub staff, providing reflective supervision on a monthly basis and consultation as needed. In support of continuous quality improvement, the PHN will utilize process measure data to guide strategy implementation, provide the first level of client data reporting, and training to staff as needed.</p>		
<b>List of Activities:</b>	<b># of Activities</b>	<b>hrs. per Activity</b>
<b>Monthly staff meeting and 15 minute team huddles to communicate with partners</b>	30	



<b>Grantee Name:</b> El Dorado County Health and Human Services Agency			
<b>Project Name:</b> Children's Health			
<b>Contract Number:</b> 1617-73010			
<b>Contact Name &amp; Title:</b> Lynnann Svensson, Nursing Program Manager			
<b>Fiscal Year:</b> 2016-17			
<b>Reporting Period:</b> July 2016 - June 2017			
<b>Budget Item</b>			<b>Total Approved Budget Amount</b>
<b>Personnel:</b>	Salary	Benefits	
1) 2.0 FTE Community Health Advocate	\$ 94,640	\$ 54,891	\$ 149,531
2) 0.3 FTE Supervising PHN	\$ 24,299	\$ 13,670	\$ 37,969
3)			\$ -
4)			\$ -
5)			\$ -
6)			\$ -
7)			\$ -
8)	\$ -	\$ -	\$ -
<b>Subtotal Personnel</b>	<b>\$118,939</b>	<b>\$68,561</b>	<b>\$187,500</b>
<b>Operating Expenses:</b>			
9) Rent and Utilities			\$ -
10) Office Supplies/Materials			\$ -
11) Telephone and Telephone Equipment Phone Charges			\$ -
12) Postage/Mailing			\$ -
13) Printing			\$ -
14) Equipment Lease			\$ -
15) Travel & Mileage			\$ -
16) Insurance			\$ -
17) Computers			\$ -
18) Staff Development			\$ -
19) Computers			\$ -
20)			
21)			
22)			
<b>Subtotal Operating:</b>			<b>\$0</b>
<b>Indirect Expenses:</b>			
	<b>Indirect Cost (8.5% Max)</b>	\$	-
<b>TOTAL COSTS</b>			<b>\$187,500</b>



Monthly Invoice Form

Due Monthly by the 2nd Friday of the Month

Grantee Name: El Dorado County Health and Human Services Agency								
Project Name: Children's Health								
Contract Number: 1617-73010								
Contact Name & Title: Lynnna Svensson, Nursing Program Manager								
Fiscal Year: 2016-17								
Reporting Period: July 2016 - June 2017								
Budget Item			Total Approved Budget Amount	Billed this Period		Previous Statement YTD	Total YTD Billed	Unexpended Balance
	Salary	Benefits		Salary	Benefits			
Personnel:								
1) 2.0 FTE Community Health Advocate	\$ 94,640	\$ 54,891	\$ 149,531			\$0.00	\$0.00	\$149,531.00
2) 0.3 FTE Supervising PHN	\$ 24,299	\$ 13,670	\$ 37,969			\$0.00	\$0.00	\$37,969.00
3)			\$ -			\$0.00	\$0.00	\$0.00
4)			\$ -			\$0.00	\$0.00	\$0.00
5)			\$ -			\$0.00	\$0.00	\$0.00
6)			\$ -			\$0.00	\$0.00	\$0.00
7)			\$ -			\$0.00	\$0.00	\$0.00
8)	\$ -	\$ -	\$ -			\$0.00	\$0.00	\$0.00
<b>Subtotal Personnel</b>	<b>\$118,939</b>	<b>\$68,561</b>	<b>\$187,500</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$187,500.00</b>
<b>Operating Expenses:</b>								
9) Rent and Utilities						\$0.00	\$0.00	\$0.00
10) Office Supplies/Materials						\$0.00	\$0.00	\$0.00
11) Telephone and Telephone Equipment Phone Charges						\$0.00	\$0.00	\$0.00
12) Postage/Mailing						\$0.00	\$0.00	\$0.00
13) Printing						\$0.00	\$0.00	\$0.00
14) Equipment Lease						\$0.00	\$0.00	\$0.00
15) Travel & Mileage						\$0.00	\$0.00	\$0.00
16) Insurance						\$0.00	\$0.00	\$0.00
17) Computers						\$0.00	\$0.00	\$0.00
18) Staff Development						\$0.00	\$0.00	\$0.00
19) Computers						\$0.00	\$0.00	\$0.00
20)						\$0.00	\$0.00	\$0.00
21)						\$0.00	\$0.00	\$0.00
22)						\$0.00	\$0.00	\$0.00
<b>Subtotal Operating:</b>			<b>\$0</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Indirect Expenses:</b>								
		Indirect Cost (8.5% Max)	\$ -			\$0.00	\$0.00	\$0.00
<b>TOTAL COSTS</b>			<b>\$187,500</b>			<b>\$0.00</b>	<b>\$187,500.00</b>	<b>\$0.00</b>

I hereby state that the budget items requested do not supplant any existing revenue sources, or any existing program. I certify that all statements in this report are true and correct.

\*Proper backup documentation sufficient to support all reported expenditures must be attached to this form. (timesheets, receipts, paid invoices, etc.)

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

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

For Commission Use Only-Do Not Fill In Shaded Area			
Date Received _____		TOTAL REIMBURSEMENT APPROVED <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>	
Signature of First 5 Program Assistant _____	Date _____	Signature of First 5 Program Coordinator _____	Date _____
Signature - First 5 Director _____	Date _____		



Attachment II: Budget Revision Request (Budget Form 3)

Table with columns: Budget Item, Approved Budget Amount, Proposed Budget Adjustment, Proposed Local Budget, % Change. Rows include Personnel (1) 2.0 FTE Community Health Advocate, Operating Expenses (9) Rent and Utilities, Indirect Expenses (Indirect Cost 8.5% max), and TOTAL COSTS.

\*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!

<b>Event Name:</b>	<b>Event Date:</b>	<b>Event Type:</b>	<b>Hosted by:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Early Childhood Topic:</b>	<b>Location:</b>	<b>Activities:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

**Please register each family member individually:**

<b>First Name:</b>	<b>Last Name:</b>	<b>Primary Language:</b>	<b>Ethnicity (please select one):</b>
<input type="text"/>	<input 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
<b>E-mail Address:</b>	<input type="radio"/> Parent/Guardian <input type="radio"/> Other Family Member		
<input type="text"/>			

<b>First Name:</b>	<b>Last Name:</b>	<b>Primary Language:</b>	<b>Ethnicity (please select one):</b>
<input type="text"/>	<input 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
<b>E-mail Address:</b>	<input type="radio"/> Parent/Guardian <input type="radio"/> Other Family Member		
<input type="text"/>			

**Please enter each child's birth month/year:**

<b>Birth Mo</b> <input type="text"/> <b>Birth Yr</b> <input type="text"/> <b>Ethnicity:</b> <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	<b>Birth Mo</b> <input type="text"/> <b>Birth Yr</b> <input type="text"/> <b>Ethnicity:</b> <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	<b>Birth Mo</b> <input type="text"/> <b>Birth Yr</b> <input type="text"/> <b>Ethnicity:</b> <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	<b>Birth Mo</b> <input type="text"/> <b>Birth Yr</b> <input type="text"/> <b>Ethnicity:</b> <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
<b>Primary Language:</b>	<b>Primary Language:</b>	<b>Primary Language:</b>	<b>Primary Language:</b>
<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: _____	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____





**SEMI-ANNUAL PROGRESS REPORT**

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

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

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



### Population Served Report

Submit along with Semi-Annual Scope of Work Reports

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

Project Name

Contract #

Grantee Name & Contact Person

Grantee Address

Grantee Phone

Population Served (Unduplicated Yearly Counts)	Q1 & Q2	Q3 & Q4	YTD Total
Children Less than 3 Years of Age			0
Children 3 through Five Years of Age			0
Children 0-5 (Ages Unknown)			0
<b>Total Children 0-5</b>	<b>0</b>	<b>0</b>	<b>0</b>
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
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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
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Contract Number  
Date Issued

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

Attachment V. Corrective Action Plan

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



Contract Number  
Date Issued

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

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

Contractor Name, Title

**Contractor**

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

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

Kathi Guerrero, Executive Director

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

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

Andrea Powers, Program Coordinator

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

**First 5 El Dorado Children and Families Commission**



# 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 10 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, Main 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 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. The child care or preschool program where my child attends regularly shares information about quality (such as child and program assessments, curriculum, staff education and training).
  - Seldom or never
  - Once a year
  - A few times a year
  - At least each month
  - My child does not attend an child care or preschool

9. 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 playgroup? If yes, please describe briefly. This information helps us to understand and plan to address community needs.

<b>Children's Health:</b> <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: _____	<b>Family Literacy:</b> <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: _____
<b>Family Support:</b> <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: _____	<b>Quality Child Care:</b> <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: _____

10. Which First 5 activities have your family participated in?

- Family literacy including storytimes at libraries or schools
- Children's health including assistance from a health worker or wellness fair
- Family support including playgroups, parent groups or developmental questionnaires
- Quality child care including information about the program and activities to do at home

11. About how long have you been participating with First 5 activities?

- 0-3 months
- 4-7 months
- 8-11 months
- 1 Or More Years
- 2 Or More Years
- 3 Or More Years

12. In looking back from when you first started participating in First 5 El Dorado activities, have you experienced any changes?

**Part I. Please circle the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time. Please complete both BEFORE and NOW.**

1 NEVER      2 VERY RARELY      3 RARELY      4 ABOUT HALF THE TIME      5 FREQUENTLY      6 VERY FREQUENTLY      7 ALWAYS

BEFORE								NOW						
1	2	3	4	5	6	7	In my family, we talk about problems.	1	2	3	4	5	6	7
1	2	3	4	5	6	7	When we argue, my family listens to "both sides of the story."	1	2	3	4	5	6	7
1	2	3	4	5	6	7	In my family, we take time to listen to each other.	1	2	3	4	5	6	7
1	2	3	4	5	6	7	My family pulls together when things are stressful.	1	2	3	4	5	6	7
1	2	3	4	5	6	7	My family is able to solve our problems.	1	2	3	4	5	6	7

**Part II. Please circle the number that best describes how much you agree or disagree with the statement.**

1 STRONGLY DISAGREE    2 MOSTLY DISAGREE    3 SLIGHTLY DISAGREE    4 NEUTRAL    5 SLIGHTLY AGREE    6 MOSTLY AGREE    7 STRONGLY AGREE

BEFORE								NOW						
1	2	3	4	5	6	7	I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
1	2	3	4	5	6	7	When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
1	2	3	4	5	6	7	I would know where to turn if my family needed food or housing.	1	2	3	4	5	6	7
1	2	3	4	5	6	7	I would know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
1	2	3	4	5	6	7	If there is a crisis, I have others I can talk to.	1	2	3	4	5	6	7
1	2	3	4	5	6	7	I would know where to go if I needed help finding a job.	1	2	3	4	5	6	7

**Part III. 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 in our services.**

1 STRONGLY DISAGREE    2 MOSTLY DISAGREE    3 SLIGHTLY DISAGREE    4 NEUTRAL    5 SLIGHTLY AGREE    6 MOSTLY AGREE    7 STRONGLY AGREE

BEFORE								NOW						
1	2	3	4	5	6	7	There are many times when I don't know what to do as a parent.	1	2	3	4	5	6	7
1	2	3	4	5	6	7	I know how to help my child learn.	1	2	3	4	5	6	7
1	2	3	4	5	6	7	My child misbehaves just to upset me.	1	2	3	4	5	6	7

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

1 NEVER    2 VERY RARELY    3 RARELY    4 ABOUT HALF THE TIME    5 FREQUENTLY    6 VERY FREQUENTLY    7 ALWAYS

BEFORE								NOW						
1	2	3	4	5	6	7	I praise my child when he/she behaves well.	1	2	3	4	5	6	7
1	2	3	4	5	6	7	When I discipline my child, I lose control.	1	2	3	4	5	6	7
1	2	3	4	5	6	7	I am happy being with my child.	1	2	3	4	5	6	7
1	2	3	4	5	6	7	My child and I are very close to each other.	1	2	3	4	5	6	7
1	2	3	4	5	6	7	I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
1	2	3	4	5	6	7	I spend time with my child doing what he/she likes to do.	1	2	3	4	5	6	7

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

- Very Dissatisfied
- Dissatisfied
- Satisfied
- Very Satisfied
- Extremely Satisfied

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

14. 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

15. 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.)

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

- Asian
- African American / Black
- White (Non-Hispanic)
- Native American or Alaskan Native
- Hispanic or Latino
- Native Hawaiian/Pacific Islander
- Multi-Racial
- Other: \_\_\_\_\_

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

- Yes
  - No
- If Yes, Please Specify \_\_\_\_\_