



Children and Families Commission

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

Direct Service Contract

Contract #0809-90051-63-931

“Oral Health Access”

THIS AGREEMENT is made this 1st day of July, 2008, by and between First 5 El Dorado Children and Families Commission and

El Dorado County Public Health

Neda West, Acting Director

931 Spring Street

Placerville, CA 95667

(530) 621-6191

(530) 626-4713

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THIS AGREEMENT is made July 1, 2008, by and between First 5 El Dorado Children and Families Commission ("Commission") and **El Dorado County Public Health** ("Grantee").

RECITALS:

WHEREAS, Grantee has agreed to implement strategies that support the Goals and Objectives of the 2006-2011 STRATEGIC PLAN of the Commission,

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

1. **SCOPE OF WORK:** Grantee agrees to provide all of the work described in the Scope of Work (Attachment I) attached hereto, and by this reference made a part hereof. Grantee also agrees to fulfill the requirements of the attached Evaluation Plan (Attachment II).
2. **REPORTING REQUIREMENT:** Grantee shall submit Monthly Invoice/Budget Reports (Attachment III) and Quarterly Scope of Work Reports (Attachment IV) along with Quarterly Population Served Reports (Attachment V) to the Commission according to the due dates detailed in this contract. Grantee also agrees to provide the Commission with a quarterly Community Strengthening Report (Attachment VI). Grantee shall also collect, record and report required data for program evaluation to the Commission per section 26 of this contract.

Monthly Invoice/Budgets Reports along with detailed records (timesheets, receipts, paid invoices, etc...) supporting all reported expenditures are due to the Commission by the second Friday of each month. Quarterly Reports are due to the Commission no later than the final Friday of the month following the end of each quarter. Quarters end on the following dates of each year: September 30, December 31, March 31, and June 30. If the due date for submission of a report falls on a standard holiday, the report will be due on the following regularly scheduled workday.

Substandard performance as determined by Commission staff will constitute noncompliance with this Contract. If action to correct such substandard performance is not taken by Grantee within a reasonable period of time after notification by Commission staff (usually within 30 days), the Commission may initiate contract suspension or termination procedures. Program evaluation components may not be modified by Grantee without prior written approval from Commission staff.

Grantee shall use funds derived from this Contract as outlined in the Budget (Attachment III) submitted to and approved by the Commission.

3. **PAYMENT & BUDGET.** All professional, technical documents and information developed under this agreement; writings, worksheets, reports and related data and materials shall become the property of the Commission. Basic data or information obtained by this agreement is made available to the commission without restriction or limitation of use, and no charges can be made for any of the foregoing. All payments of funds to the Grantee shall be made by and through the Office of the El Dorado County Auditor/Controller, upon approval by the Commission, in accordance with the following schedule (In the case of a multi-year contract, payments will be made yearly on the same schedule).
- A. Monthly Invoice/Budget Reports shall be submitted to the Commission along with detailed records (timesheets, receipts, paid invoices, etc...) supporting all reported expenditures. These reports will serve as invoices that will be payable upon review and approval by Commission staff.
 - B. The Commission shall forward payment request to the County Auditor/Controller within fifteen (15) business days of approving monthly Invoice/Budget Reports.
 - C. Grantee agrees to expend allocated Commission funds as outlined in the Contract Budget (Attachment III). Grantee is permitted a budget variation of up to fifteen percent (15%) for each budget line item for the contract period. Any larger budget variation must be submitted in writing using the Budget Revision Request Form (Attachment VII), and receive prior Commission approval. The Commission will not compensate Grantee for unauthorized services rendered by the Grantee, nor for claimed services which Commission contract monitoring shows have not been provided as authorized. If Commission has advanced funds for services later determined not to have been provided, Grantee shall refund requested amounts within five (5) days of demand by Commission. The Commission has the option of offsetting such amounts against future payments due to Grantee.
 - D. Indirect costs charged to this grant shall not exceed the approved indirect cost rate of the El Dorado County Superintendent established by the California Department of Education's School Fiscal Services Division. For fiscal year 2008-2009 this rate has been set at 9.2% (rounded to nearest tenth).
 - E. Monthly Invoice/Budget reports to the Commission shall be submitted per Attachment III along with detailed records supporting all reported expenditures. Copies of such records will be available to the Commission for review upon request at Grantee's place of business. Any Subcontractor paid by the Grantee as authorized by the



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Commission, shall be required by Grantee to maintain detailed records for all amounts paid and will be required to provide Commission access to those records if necessary.

- F. At the discretion of the Commission, any unspent funds that remain at the end of the contract year shall be returned to First 5 El Dorado when the contract period has been completed.
 - G. The Commission shall have sole discretion to determine if a Grantee is eligible to carry over unspent funds into the following fiscal year. The unspent funds carried over may be deducted from the following fiscal year contract at Commission discretion.
 - H. The Commission shall have the right to reduce the amount of this grant to offset Commission expenditures incurred in support of activities related to this grant.
4. **CONTRACT PERFORMANCE TIME:** All work required by this Contract shall be completed no later than (June 30, 2009). Grantee shall have until July 24, 2009 to complete and submit all final reports required by this contract.
5. **MAXIMUM COST TO COMMISSION:** Notwithstanding any other provision of this contract; in no event will the cost to the Commission for the work to be provided herein exceed the maximum sum of \$35,000.
6. **STATE REQUIREMENTS:** This Contract is funded by a First 5 Grant with monies from the California Children and Families Trust Fund (Health & Safety Code 130100-130155). Funding is guaranteed by the State of California First 5 sources. If the State of California's First 5 funds are no longer distributed, the contract shall be null and void within ninety (90) days of a written notice by certified mail to the contractor. The State of California, may, through First 5, enact requirements that affect the performance of the Grantee. If the State does impose new obligations affecting the performance of this Contract, Commission reserves the right to amend the Contract as necessary to comply with state requirements. Grantee will be notified at least thirty (30) days in advance if new requirements are to be imposed. No funds provided by the Commission shall be used for any political activity or political collaborations. All documents generated by this contract are subject to disclosure pursuant to the California Public Records Act.
7. **INSURANCE:** The Grantee shall maintain a commercial general liability insurance policy in the amount of one million dollars (\$1,000,000.00) or alternative coverage satisfactory to Commission. Where the services to be provided under this Contract involve or require the use of any type of vehicle by the grantee in order to perform said services, the Grantee shall also provide comprehensive business or commercial automobile liability coverage including non owned and hired automobile liability in the amount of \$300,000.00 or alternative coverage satisfactory to Commission.

Said policies or alternative coverage shall remain in force throughout the life of this Contract, and shall be payable on a “per occurrence” basis unless the Commission specifically consents to a “claims made” basis. If the Commission does not consent to “claims made” coverage, the Grantee shall purchase “tail” coverage in the event that the Grantee changes insurance carriers during the term of this Contract or for one year thereafter. Proof of such “tail” coverage shall be required at any time during the term of this Contract that the Grantee changes to a new carrier prior to receipt of any payments due.

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

Failure to provide and maintain the insurance required by this Contract or an approved alternate form of coverage, will constitute a material breach of the agreement. In addition to any other available remedies, the Commission may suspend or recover payments to the Grantee for any work conducted during any time that insurance was not in effect and until such time as the Grantee provides adequate evidence that Grantee has obtained the required coverage. “Public agencies” (County Departments, cities, school districts, etc.) are exempt from this requirement.

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

11. **ASSIGNMENT:** The rights, responsibilities and duties under this Contract are personal to the Grantee and may not be transferred or assigned without the express prior written consent of the Commission.
12. **BOOKS OF RECORD AND AUDIT PROVISION:** Grantee shall maintain on a current basis, complete books and records relating to this Contract. Such records shall include, but not be limited to, documents supporting all bids, all income and all expenditures. These documents and records shall be retained for at least three years from the completion of this Contract. Grantee will permit Commission to audit all books, accounts or records relating to this Contract or all books, accounts or records of any business entities controlled by Grantee who participated in this Contract in any way.
13. **CONTRACT TERMINATION:** Time is of the essence with respect to this Contract. Grantee agrees to commence and to complete the work within the time schedules outlined within this Contract.
 - A. If the Grantee fails to provide in any manner the services required under this Contract, or otherwise fails to comply with the terms of this Contract or violates any ordinance, regulation or other law which applies to its performance herein, the Commission may terminate this Contract by giving five (5) calendar days written notice to Grantee as identified in Section 22 below.
 - B. Failure of the Grantee to secure or obtain funding from other sources, which are needed by the Grantee to completely carry out the programs provided in this Contract may be grounds for termination of this Contract, at the discretion of the Commission.
 - C. Either party may terminate this Contract for any reason by giving thirty (30) calendar days written notice to the other parties. Notice of termination shall be by written notice to the other parties as identified in Section 22 below and be sent by registered mail.
 - D. In the event of termination for reasons deemed by the Commission not to be the fault of the Grantee, the Grantee shall be paid for services performed to the date of termination in accordance with the terms of this Contract. Grantees shall refund any advanced funds, which were not used in accordance with this Contract.
14. **RELATIONSHIP BETWEEN THE PARTIES:** It is expressly understood that in performance of the work under this Contract, the Grantee, and the agents and employees thereof, shall act as an independent contractor and not as officers, employees or agents of the Commission.

15. **TITLE TO PROPERTY:** At the conclusion of this Contract, title to all expendable and nonexpendable personal or real property purchased with Commission funds shall vest with the Grantee if written certification is made to the Commission that the property will continue to be used for grant-related purposes and the Commission approves such certification in writing.
- If the above-noted certification is not made or the Commission disapproves such certification, title to all property with an aggregate or individual value of \$500 or more shall vest with the Commission, and the grantee must await specific written instructions from the Commission regarding transfer of title or disposition.
16. **AMENDMENT:** This Contract may be amended or modified only by written agreement of all the parties.
17. **AUTHORITY TO CONTRACT:** The undersigned person, if signing on behalf of an organization, warrants that he or she has the authority to enter into this Contract on behalf of the Grantee organization.
18. **JURISDICTION AND VENUE:** This Contract shall be construed in accordance with the laws of the State of California and the parties hereto agree that venue shall be in El Dorado County, California.
19. **INDEMNIFICATION:** To the fullest extent allowed by law, Grantee shall defend, indemnify and hold Commission harmless against and from any and all claims, suits, losses, demands, and liability for damages including attorneys-fees and other costs of defense brought for or on account of injuries to or death of any person, or damage to any property, or any economic, consequential or special damages which are claimed or which shall in any way arise out of or be connected with services, operations or performance hereunder, caused by Grantee's negligence. This duty of Grantee to indemnify and save Commission harmless expressly includes the duties to defend set forth in California Civil Code section 2775. Commission shall give Grantee prompt written notice of any such demand, claim or suit against it, and Commission shall have the right to compromise or defend the same to the extent of his own interest.

To the fullest extent allowed by law, the Commission shall defend, indemnify, and hold the Grantee, and their officers, employee's agents, and representatives harmless against and from any and all claims, suites, losses, demands, and liability for damages, including attorney's fees and other costs of defense brought for or on account of damage to any property, or any economic, consequential or special damages which are claimed or which shall in any way arise out of or be connected with services, operations or performance hereunder, caused by Commission's negligence. This duty of Commission to indemnify and



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save Grantee harmless expressly includes the duties to defend set forth in California Civil Code section 2775. Grantee shall give Commission prompt written notice of any such demand, claim or suit against it, and Grantee shall have the right to compromise or defend the same to the extent of its own interest.

20. **COMPLIANCE WITH APPLICABLE LAWS:** The Grantee shall comply with any and all state and local laws affecting the services covered by this Contract.
21. **RELIGIOUS ACTIVITIES:** If the Grantee is a religious organization, then Grantee shall not, when conducting work funded by this Contract:
- A. Discriminate against anyone in employment or hiring based on religion;
 - B. Discriminate against any persons served based on religion; and
 - C. Provide any religious instruction, worship or counseling.
22. **NOTICES:** Notices shall be given to Commission at the following location:
- First 5 El Dorado
Children and Families Commission
Steven M. Thaxton, Executive Director
4111 Creekside Drive, Suite B
Shingle Springs, CA 95682
- Notices shall be given to Grantee at the following address:
El Dorado County Public Health
Neda West, Acting Director, Contract Administrator
931 Spring Street
Placerville, CA 95667
23. **TAX STATUS:** A Grantee which is a nonprofit organization shall possess a "Letter of Good Standing" from the Secretary of State's Office and covenants that it will keep such status in effect during the full term of this agreement and will provide the Commission with proof of such status.
24. **ADVERTISEMENT:** The Grantee agrees to use the First 5 - El Dorado logo on all documents related to this contract.

25. **COLLABORATION:** The Grantee agrees to participate in periodic trainings and meetings scheduled by the Commission. Based on the principles of First 5 El Dorado to maximize existing community resources serving children age five and under and their families, Grantee agrees to integrate the promotion of the following services into the activities of this grant:
- A. Kits for New Parents: Books, DVD and pamphlets with important information for parents of newborn children
 - B. Access El Dorado Children's Health Insurance Program (ACCEL): Health insurance programs and medical homes for children
 - C. Special Needs Project: Periodic developmental screenings for children five and under
 - D. School Readiness Programs: Community-based early education activities and kindergarten transition programs
26. **DATA COLLECTION:** Grantee agrees to collect data and report to the Commission for the purposes of program planning and evaluation. Grantee agrees to maintain a roster of children, parents/guardians, other family members and early care and education providers served through this grant for the purposes of reporting unduplicated counts. Data collection shall include, but is not limited to:
- A. Unduplicated count of the number children less than 3 years, and 3 through 5 years of age by ethnicity and primary language that receive services through this First 5 El Dorado grant (see Attachment V).
 - B. Unduplicated count of the number of parents/guardians/other family members of children 0-5 years of age by ethnicity and primary language that receive services through this First 5 El Dorado grant (see Attachment V).
 - C. Unduplicated count of the number of early care and education providers of children 0-5 years of age that receive services through this First 5 El Dorado grant (see Attachment V).
 - D. First 5 El Dorado Parent Surveys (Attachment VIII) to be conducted with each family that receives services through this First 5 El Dorado grant.



Scope of Work

Grantee: El Dorado County Public Health Department	Contract Number: 0809-90051-63-931
Project Name: Oral Health Access	
Contract Period: July 1, 2008 – June 30, 2009	
First 5 Result Area: Children Are Healthy (3)	
Service Area: Oral Health Access	

Program Goal: Assist families with a child aged 0-5, who has been enrolled into Health Insurance through the ACCEL Initiative, with access to oral health care.	
Strategy: Increase Capacity: Support the El Dorado County Children’s Health Initiative and Oral Health Subcommittee; develop and maintain direct contact with local dental providers and practices.	
Major Activities	Timeline
Continue to recruit dentists, safety net providers, health plans and other appropriate community agencies to participate in coalition.	Ongoing
Develop meeting agenda and materials; facilitate quarterly meetings; facilitate Oral Health Subcommittee quarterly.	Ongoing
Confer with and support dental champions to take lead in community access issues.	Ongoing
Continue to gain commitments from additional dentists to accept additional health care plans, including Denti-Cal, Healthy Families, CaliforniaKids and Healthy Kids.	Ongoing
Work with Sacramento Dental Society to have the El Dorado County Children’s Health Initiative take a lead role in the annual Smiles for Kids Day in El Dorado County.	Ongoing



Scope of Work

Grantee: El Dorado County Public Health Department	Contract Number: 0809-90051-63-931
Project Name: Oral Health Access	
Contract Period: July 1, 2008 – June 30, 2009	
First 5 Result Area: Children Are Healthy (3)	
Service Area: Oral Health Access	

Strategy: <u>Oral Health Education:</u> Provide parents of 0-5 year olds with face-to-face, oral health education.	
Major Activities	Timeline
Update and produce health education packet pertaining to the oral health needs of children aged 0-5.	Ongoing
Provide parents with face-to-face education at the time of their health insurance application appointment.	Ongoing



Scope of Work

Grantee: El Dorado County Public Health Department	Contract Number: 0809-90051-63-931
Project Name: Oral Health Access	
Contract Period: July 1, 2008 – June 30, 2009	
First 5 Result Area: Children Are Healthy (3)	
Service Area: Oral Health Access	

Strategy: Dental Home Placement – Assist parents of 0-5 year olds in finding a Dental Home where their child can receive regular, ongoing oral health care.

Major Activities	Timeline
Provide parents with updated list of dental care providers in El Dorado County that accept their child's insurance plan.	Ongoing
Assist parents with making initial appointments for their child with dental providers.	Ongoing



Scope of Work

Grantee: _El Dorado County Public Health Department	Contract Number: 0809-90051-63-931
Project Name: Oral Health Access	
Contract Period: July 1, 2008 – June 30, 2009	
First 5 Result Area: Children Are Healthy (3)	
Service Area: Oral Health Access	
Strategy: <u>Utilization</u> – Ensure that parents are utilizing the oral health care benefits in the health insurance plan in which their child has been enrolled in.	
Major Activities	Timeline
Provide one-on-one case management to families who have barriers to accessing services for their child’s oral health care needs.	Ongoing
ACCEL Care Pathways “Retention and Utilization” (RU) pathway - the RU pathway ensures that families are accessing oral health providers for their children for preventative and routine services. Once a child receives health care coverage, families are contacted at 3 months, 6 months and 10 months for assistance in resolving barriers to care and maintaining health plan enrollment.	Ongoing



Evaluation Plan

Attachment II

Agency Name: El Dorado County Public Health		Contract Number: #0809-90051-63-931
Contact Name & Title: Kirsten Rogers		Phone: (530) 621-6143
Fiscal Year: 2008-2009		
First 5 Result Area: Healthy Children		Service Area: Oral Health Access
Outcome		
Increase access to local dental providers for children enrolled into health insurance through the ACCEL Initiative		
Performance Measure (Identify measurable objectives that can be used to indicate progress towards the program goal.)		Evaluation Method (Identify the specific evaluation tool and/or data source to be used for the performance measure.)
During FY 08-09, at least 2 El Dorado County Dentist will participate in the Smile for Kids Day.		Grantee Quarterly Reports



Evaluation Plan

Attachment II

Agency Name: El Dorado County Public Health		Contract Number: #0809-90051-63-931
Contact Name & Title: Kirsten Rogers		Phone: (530) 621-6143
Fiscal Year: 2008-2009		
First 5 Result Area: Healthy Children		Service Area: Oral Health Access

Outcome	
Increase the # & % of children 1-5 that have a dental home and have seen a dentist in the past 12 months.	
Performance Measure (Identify measurable objectives that can be used to indicate progress towards the program goal.)	Evaluation Method (Identify the specific evaluation tool and/or data source to be used for the performance measure.)
During FY 08-09, at least 150 parents/guardians of children 0-5 will receive oral health education.	Grantee Quarterly Reports First 5 El Dorado Parent Surveys
During FY 08-09, at least 50 children will establish a dental home with the assistance of the EDCPH Oral Health Access Project	Grantee Quarterly Reports First 5 El Dorado Parent Surveys



Budget/Invoice Form

Due Monthly by the 2nd Friday of the Month

Grantee Name: El Dorado County Public Health								
Project Name: Oral Health Access								
Contract Number: 0809-90051-63-931								
Contact Name & Title: Kirsten Rogers, Supervising HEC								
Fiscal Year: 2008-2009								
Reporting Period: July 2008								
Budget Item			Total Approved Budget Amount	Billed this Period		Previous Statement YTD	Total YTD Billed	Unexpended Balance
				Salary	Benefits			
Personnel:								
1) .38 FTE Health Ed. Coordinator	Salary	Benefits	\$30,726			\$0	\$0	\$30,726
2)			\$0			\$0	\$0	\$0
3)			\$0			\$0	\$0	\$0
4)			\$0			\$0	\$0	\$0
5) Retiree Health & Workers Comp Costs			\$1,325			\$0	\$0	\$1,325
Subtotal Personnel			\$32,051	\$0	\$0	\$0	\$0	\$32,051
Operating Expenses:								
5) Rent and Utilities						\$0	\$0	\$0
6) Office Supplies/Materials						\$0	\$0	\$0
7) Telephone						\$0	\$0	\$0
8) Postage/Mailing						\$0	\$0	\$0
9) Reproduction/Copying						\$0	\$0	\$0
10) Equipment Lease						\$0	\$0	\$0
11) Travel & Mileage						\$0	\$0	\$0
12) Training/Conferences						\$0	\$0	\$0
13) Consultants						\$0	\$0	\$0
14)						\$0	\$0	\$0
15)						\$0	\$0	\$0
16)						\$0	\$0	\$0
17)						\$0	\$0	\$0
18)						\$0	\$0	\$0
Subtotal Operating:			\$0	\$0	\$0	\$0	\$0	\$0
Indirect Expenses:								
Indirect Cost (9.2% Max)			\$2,949			\$0	\$0	\$2,949
TOTAL COSTS			\$35,000	\$0	\$0	\$0	\$0	\$35,000

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	<input type="text"/>
Signature of Authorized Fiscal Staff	Date	Signature of Authorized First 5 Staff	Date
Signature -Executive Director	Date		



Scope of Work Quarterly Progress Report

Grantee: El Dorado County Public Health		Contract Number: #0809-90051-63-931
Project Name: Oral Health Access		
Contract Period: July 1, 2008 – June 30, 2009	Reporting Period (Circle One): Q1 Q2 Q3 Q4	
First 5 Result Area: Healthy Children	Service Area: Oral Health Access	
Program Goal: Assist families with a child aged 0-5, who has been enrolled into Health Insurance through the ACCEL Initiative, with access to oral health care.		
Strategy: <u>Increase Capacity:</u> Support the El Dorado County Children’s Health Initiative and Oral Health Subcommittee; develop and maintain direct contact with local dental providers and practices.		
Major Activities	Timeline	Progress
Continue to recruit dentists, safety net providers, health plans and other appropriate community agencies to participate in coalition.	Ongoing	
Develop meeting agenda and materials; facilitate quarterly meetings; facilitate Oral Health Subcommittee quarterly.	Ongoing	
Confer with and support dental champions to take lead in community access issues.	Ongoing	
Continue to gain commitments from additional dentists to accept additional health care plans, including Denti-Cal, Healthy Families, CaliforniaKids and Healthy Kids.	Ongoing	
Work with Sacramento Dental Society to have the El Dorado County Children’s Health Initiative take a lead role in the annual Smiles for Kids Day in El Dorado County.	Ongoing	



Scope of Work Quarterly Progress Report

Grantee: El Dorado County Public Health		Contract Number: #0809-90051-63-931	
Project Name: Oral Health Access			
Contract Period: July 1, 2008 – June 30, 2009		Reporting Period (Circle One): Q1 Q2 Q3 Q4	
First 5 Result Area: Healthy Children		Service Area: Oral Health Access	

Outcome: Increase the # & % of children 1-5 that have a dental home and have seen a dentist in the past 12 months.

Strategy: Oral Health Education: Provide parents of 0-5 year olds with face-to-face, oral health education.

Major Activities	Timeline	Progress
Update and produce health education packet pertaining to the oral health needs of children aged 0-5.	Ongoing	
Provide parents with face-to-face education at the time of their health insurance application appointment.	Ongoing	



Scope of Work Quarterly Progress Report

Grantee: El Dorado County Public Health		Contract Number: #0809-90051-63-931	
Project Name: Oral Health Access			
Contract Period: July 1, 2008 – June 30, 2009		Reporting Period (Circle One): Q1 Q2 Q3 Q4	
First 5 Result Area: Healthy Children		Service Area: Oral Health Access	

Strategy: Dental Home Placement – Assist parents of 0-5 year olds in finding a Dental Home where their child can receive regular, ongoing oral health care.

Major Activities	Timeline	Progress
Provide parents with updated list of dental care providers in El Dorado County that accept their child's insurance plan.	Ongoing	
Assist parents with making initial appointments for their child with dental providers.	Ongoing	



Scope of Work Quarterly Progress Report

Grantee: El Dorado County Public Health		Contract Number: #0809-90051-63-931	
Project Name: Oral Health Access			
Contract Period: July 1, 2008 – June 30, 2009		Reporting Period (Circle One): Q1 Q2 Q3 Q4	
First 5 Result Area: Healthy Children		Service Area: Oral Health Access	

Strategy: Utilization – Ensure that parents are utilizing the oral health care benefits in the health insurance plan their child has been enrolled in.

Major Activities	Timeline	Progress
Provide one-on-one case management to families who have barriers to accessing services for their child’s oral health care needs.	Ongoing	
ACCEL Care Pathways “Retention and Utilization” (RU) pathway - the RU pathway ensures that families are accessing oral health providers for their children for preventative and routine services. Once a child receives health care coverage, families are contacted at 3 months, 6 months and 10 months for assistance in resolving barriers to care and maintaining health plan enrollment.	Ongoing	



Population Served Report

Attachment V

Submit along with quarterly Scope of Work Reports

FY: 2008-2009

First 5 El Dorado
4111 Creekside Dr., Suite B
Shingle Springs, CA 95682

Grantee Name
Grantee Address
Grantee Phone

Contract #

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 (Ages Unknown)					0
Parents/Guardians					0
Providers					0

Ethnic Breakdown of Population Served	Children					Parents/Guardians					Other Family Members				
	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
Asian					0					0					0
Black/African-American					0					0					0
Hispanic/Latino					0					0					0
Pacific Islander					0					0					0
White					0					0					0
Multiracial					0					0					0
Other/Unknown					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

_____ Date Received	_____ Signature of Authorized First 5 Staff	_____ Date
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**Budget Revision Request Form
Attachment VII**

Grantee Name: El Dorado County Public Health				
Project Name: Oral Health Access				
Contract Number: 0809-90051-63-931				
Contact Name & Title: Kirsten Rogers, Supervising HEC				
Budget Period: 2008-2009				
Proposed Effective Date:				
Budget Item	Approved Budget Amount	Proposed Budget Adjustment * Amount to increase (+) or decrease (-)	Proposed Local Budget	% Change
Personnel:				
1) .38 FTE Health Ed. Coordinator	\$30,726		\$30,726	0%
2)	\$0		\$0	#DIV/0!
3)	\$0		\$0	#DIV/0!
4)	\$0		\$0	#DIV/0!
5) Retiree Health & Workers Comp Costs	\$1,325		\$1,325	0%
Subtotal Personnel:	\$32,051	\$0	\$32,051	0%
Operating Expenses:				
5) Rent and Utilities	\$0		\$0	#DIV/0!
6) Office Supplies/Materials	\$0		\$0	#DIV/0!
7) Telephone	\$0		\$0	#DIV/0!
8) Postage/Mailing	\$0		\$0	#DIV/0!
9) Reproduction/Copying	\$0		\$0	#DIV/0!
10) Equipment Lease	\$0		\$0	#DIV/0!
11) Travel & Mileage	\$0		\$0	#DIV/0!
12) Training/Conferences	\$0		\$0	#DIV/0!
13) Consultants	\$0		\$0	#DIV/0!
14)	\$0		\$0	#DIV/0!
15)	\$0		\$0	#DIV/0!
16)	\$0		\$0	#DIV/0!
17)	\$0		\$0	#DIV/0!
18)	\$0		\$0	#DIV/0!
Subtotal Operating:	\$0	\$0	\$0	#DIV/0!
Indirect Expenses:				
Indirect Cost (9.2% max)	\$2,949	\$0	\$2,949	0%
TOTAL COSTS	\$35,000	\$0	\$35,000	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

Program Coordinator

Date

Executive Director

Date

Program name: _____ Date: _____

Zip Code:

If your child(ren) were to enter Elementary School this year, where would he/she/they attend Kindergarten:
Name of School: _____

Please indicate the number of children in your family by age group:
0-2 years _____ 3-5 years _____ 6 years and older _____

I am willing to participate in periodic surveys conducted by First 5 El Dorado to see how the services they sponsor in my community contribute to the health and well being of children 0-5.

Please contact me by (select one or more):

- Phone: () _____
 Email: _____

Please mark (X or ✓) as indicated for each question.

1. Did you live in El Dorado County when your youngest child was born?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Skip 1a <input type="checkbox"/> Don't know/Declined – Skip 1a
1a. Did you learn about local community resources available to support you and your newborn child from any of the following sources? Examples of community information include a Kit for New Parents with books & videos, and brochures/pamphlets with local information on services for children & families. (Please check all that apply)	<input type="checkbox"/> New Parent Kit & Brochures given in Hospital <input type="checkbox"/> Home Visit within 30 days of going home from hospital <input type="checkbox"/> Television/Radio/Newspaper <input type="checkbox"/> Internet Websites (first5eldorado.com, beehive.org, others) <input type="checkbox"/> First 5 El Dorado Community Services Directory <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know/Declined
2. Please indicate your highest level of education completed:	<input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2-year College Degree/Certificate (A.A., etc.) <input type="checkbox"/> 4-year College Degree (B.S., B.A., etc.) <input type="checkbox"/> Post-Graduate Degree (M.S., M.A., J.D., etc.) <input type="checkbox"/> Don't know/Declined
3. Are you currently attending classes at any of the following places:	<input type="checkbox"/> ESL/Adult Education (GED) <input type="checkbox"/> Community College <input type="checkbox"/> Technical Training <input type="checkbox"/> 4-year College/University <input type="checkbox"/> Other: _____ <input type="checkbox"/> None <input type="checkbox"/> Don't know/Declined
4. In a typical week, how often do you or another family member read to or show picture books to your child(ren).	<input type="checkbox"/> Not at all <input type="checkbox"/> Once or twice a week <input type="checkbox"/> 3-6 times a week <input type="checkbox"/> Every Day <input type="checkbox"/> Don't know/Declined
5. Have you ever taken a class in high school, college, or another community setting that focused on the developmental stages of a young child 0-5 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Declined

6. Do you participate in any activities (parent group or play group, etc..) where you are able to connect with and share ideas with other parents of young children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Declined				
7. Have you and your child ever received services from a home visiting program that gave you ideas and examples of activities to do at home with your child, and connected you to community resources (child care, health care, etc..)?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip 7a <input type="checkbox"/> Don't know/Declined - Skip 7a				
7a. If yes, which of the following most closely matches the focus of the home visiting program?	<input type="checkbox"/> Health <input type="checkbox"/> Social Services <input type="checkbox"/> Faith-based <input type="checkbox"/> Preschool – Early Education <input type="checkbox"/> Community-based <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know/Declined				
8. Has your child ever gone to a nursery school, preschool, pre-kindergarten, a Head Start program, or a child care center, on a regular basis? (By a regular basis, we mean at least three times a week for at least 6 months.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Declined				
9. Last year, where did your child spend most of his/her day?	<input type="checkbox"/> At home with parent(s) or other relative <input type="checkbox"/> At someone else's home under someone else's care (a friend or relative, not a licensed childcare provider) <input type="checkbox"/> In a family childcare home <input type="checkbox"/> Preschool, Head Start or childcare center <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know/Declined				
10. Sometimes parents have concerns about the way their children are developing in the following areas. Are you concerned <i>a lot</i> , <i>a little</i> , or <i>not at all</i> about ¹ :	<i>A lot</i>	<i>A little</i>	<i>Not at all</i>	<i>N/A</i>	<i>Don't Know/Decline</i>
a) How your child talks or makes speech sounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) How your child sees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) How your child hears?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) How your child understands what you say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) How your child uses his or her hands and fingers to do things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) How your child uses his or her arms and legs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) How your child is learning preschool or school skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) How your child gets along with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) How your child behaves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) How your child is learning to do things for himself or herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Whether your child can do what other children his or her age can do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Your child's emotional well-being?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Note: The items in question 10 are drawn from the survey edition of Parents' Evaluation of Developmental Status (PEDS) and do not have an immediate clinical application. Users interested in early detection will need to purchase the actual test (www.pedstest.com). The survey version items are copyrighted and may not be used without express permission from the author (Frances.P.Glascoe@Vanderbilt.edu).

First 5 El Dorado Parent Survey

Attachment VIII

<p>11. When was the last time your child had a developmental screening (other than a general health screening)?</p>	<p><input type="checkbox"/> <i>Never - Skip 11a</i> <input type="checkbox"/> <i>In the last 6 months</i> <input type="checkbox"/> <i>6-12 months ago</i> <input type="checkbox"/> <i>More than a year ago</i> <input type="checkbox"/> <i>Don't know/Declined - Skip 11a</i></p>
<p>11a. If the screening revealed any areas for concern, were you able to access services and supports to meet your child's needs?</p>	<p><input type="checkbox"/> <i>No concerns</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Don't know/Declined</i></p>
<p>12. Has a doctor or other health, school district, or regional center professional ever told you that your child was developmentally delayed? A developmental delay means the child is somewhat slower physically or mentally than other children the same age.</p>	<p><input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No - Skip 12a</i> <input type="checkbox"/> <i>Don't know/Declined - Skip 12a</i></p>
<p>12a. Does your child currently have or has your child ever had an Individualized Family Service Plan (sometimes called an "IFSP") or an Individualized Education Plan (sometimes called an "IEP")?</p>	<p><input type="checkbox"/> <i>Yes—Currently</i> <input type="checkbox"/> <i>Yes—In the past, but not currently</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Don't know/Declined</i></p>
<p>13. Does your child have any kind of health insurance now, such as insurance through an HMO, a private insurance company, Medi-Cal, Healthy Families, or something else?</p>	<p><input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Don't know/Declined</i></p>
<p>14. Is there a doctor or other health care provider that you usually take your child to for well-child care?</p>	<p><input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Don't know/Declined</i></p>
<p>15. Are your child's immunization records recorded in the electronic immunization registry for this county (El Dorado County)?</p>	<p><input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Don't know/Declined</i></p>
<p>16. When was the last time your child received a general well-child checkup?</p>	<p><input type="checkbox"/> <i>In the last 6 months</i> <input type="checkbox"/> <i>Never</i> <input type="checkbox"/> <i>6-12 months ago</i> <input type="checkbox"/> <i>Don't know/Declined</i> <input type="checkbox"/> <i>More than a year ago</i></p>
<p>17. Does your child have dental insurance?</p>	<p><input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Don't know/Declined</i></p>
<p>18. Do you have a dentist that you usually take your child to for oral health care?</p>	<p><input type="checkbox"/> <i>Child under 12 months of age</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Don't know/Declined</i></p>
<p>19. When did your child last see a dentist or dental hygienist for dental care?</p>	<p><input type="checkbox"/> <i>Child under 12 months of age</i> <input type="checkbox"/> <i>2 years ago or more</i> <input type="checkbox"/> <i>Less than a year ago</i> <input type="checkbox"/> <i>Never</i> <input type="checkbox"/> <i>1 year ago, but less than 2 years ago</i> <input type="checkbox"/> <i>Don't know/Declined</i></p>