

**Standard Agreement
for Professional Services between
El Dorado County Office of Education
and
El Dorado County Library**

EDCOE # 5147

EDC #281-F1811

January 1, 2018 through June 30, 2020

This agreement for professional services is made and entered into by and between the El Dorado County Office of Education (EDCOE) having its principal office at 6767 Green Valley Road, Placerville, California 95667 and the County of El Dorado, hereinafter referred to as "CONTRACTOR", having its principal office at Library 345 Fair Lane, Placerville, CA 95667, each being a "Party" and collectively the "Parties".

RECITALS

Whereas, the terms "El Dorado County Office of Education", "County Office", or "EDCOE" shall mean both the Superintendent and the El Dorado County Board of Education, their officers, employees, representatives, and agents in their respective employment and oversight capacities for the El Dorado County Office of Education.

Whereas, EDCOE is the Fiscal Agent for the First 5 CA IMPACT Grant which supports High 5 for Quality and requires professional services of providing the "Early Literacy on the Move" (ELOM) program for child care providers and Alternative Sites consistent with First 5 CA IMPACT guidelines,

Whereas, CONTRACTOR is qualified and desires to provide the "Early Literacy on the Move" program,

Whereas, EDCOE desires CONTRACTOR to provide such services.

Whereas, the Parties warrant that they have had the opportunity to obtain advice of counsel throughout the negotiations leading to the preparations and execution of this Agreement, and have read it carefully and understand its terms and consequences.

AGREEMENT

NOW, THEREFORE, in consideration of the acts and promises contained herein the Parties agree as follows:

A. SCOPE OF WORK:

1. CONTRACTOR agrees to take all steps and do all things reasonable and necessary to perform and complete in a good and workmanlike manner the project work consistent with the 17-18 Scope of Work in Attachment 1. Annual revisions of Scope of Work will be developed by June 1 of 2018 and June 1 of 2019 by mutual agreement.

The CONTRACTOR shall work in partnership with and based on the guidance of EDCOE to fulfill the deliverables, data collection and benchmarks identified in the 17-18 Scope of Work, Attachment 1

a) Timeline for deliverables;

- i) Completion of all annual ELOM services outlined in the 17-18 Scope of Work prior to June 30, 2018.
 - ii) Data collection including site visit information must be completed during the month of the service provision.
- b) Reporting due dates;
Semi – Annual report (Attachment 3) due to EDCOE on the second Friday of January and July.
- c) Rate of Pay;
- i) 17-18 Annual budget amount not to exceed budget of \$48,000 consistent with the the budget in Attachment 2, less the expenses incurred and invoiced to First 5 El Dorado between July 1, 2017 and December 31, 2017 as documented by six month (July 1, 2017-December 31, 2017) budget expenditure document verified by First 5 El Dorado. A three year budget not to exceed \$144,000 less the expenses incurred and invoiced to First 5 El Dorado between July 1 2017 and December 31, 2017
 - ii) Quarterly invoicing due the second Friday of October, January, April, and July of each year.
- d) Appendix I, invoice and expenditure reporting format to follow.
- e) Appendix II, W-9 Form;

B. CONTRACT PERIOD:

The contract period will be January 1, 2018 through June 30, 2020 or upon the completion of obligations stated herein whichever occurs first. This contract can be terminated by either party with 30 days written notice. EDCOE and the CONTRACTOR may extend or amend this contract by mutual written consent. CONTRACTOR acknowledges that this agreement is made possible by First 5 California IMPACT funding to EDCOE. EDCOE reserves the right to terminate or amend the contract at any time based on funding changes.

C. FISCAL REQUIREMENTS: FEE SCHEDULE:

For services outlined above, EDCOE agrees to pay the CONTRACTOR up to \$144,000 over the contract period. Fee is not to exceed this Agreement amount. A completed W-9 Form per format in Appendix II shall be completed and delivered to EDCOE prior to any payment made. Payment shall be made per schedule in Rate of Pay upon delivery of an invoice in the name of EDCOE using the prescribed expenditure reporting format in Appendix I. EDCOE shall require confirmation of the work completed and approval of the invoice by EDCOE prior to payment. Payment is due to CONTRACTOR no later than 60 days after receipt of invoice submitted to EDCOE, at 6767 Green Valley Road, Placerville, California 95667 as funding allows. CONTRACTOR acknowledges that this agreement is made possible by First 5 California IMPACT grant funding to EDCOE and payments may be delayed if funding is not received in a timely manner.

In the event of termination for reasons other than cause, EDCOE will pay Contractor for work done up to the time of termination. In the event of termination for cause, Contractor need be compensated only to the extent required by law.

Supplantation: First 5 California IMPACT funds shall be used exclusively to develop new projects, expand existing programs and/or services or to enhance existing programs and services. First 5 California 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 First 5 California determines that supplantation has occurred, Contractor shall be required to reimburse the EDCOE for all First 5 California IMPACT funds that were used in violation of this Section. Use of First 5 California IMPACT funds in violation of this Section shall be grounds for termination of this Agreement.

Allowable Expenses: EDCOE will not compensate Contractor for unauthorized services rendered by the Contractor, nor for claimed services which EDCOE 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 First 5 California and cost associated for fundraisers. This list is not all-inclusive. A complete list of First 5 California IMPACT non-Reimbursable costs can be found on page 39 of IMPACT RFA on the First 5 CA website. If a program realizes a need for any expense that is not specifically budgeted, prior EDCOE approval should be obtained before proceeding.

Contractor is permitted a budget variation of up to fifteen percent (15%) for each budget line item for the fiscal year but shall not exceed the total approved annual budget amount. Any larger budget variation must be submitted in writing and receive written EDCOE approval. All Budget Revision Requests must be received by the EDCOE by April 15th, annually.

D. EXPENSES/INCIDENTALS/TRAVEL REIMBURSEMENTS

Expenses related to travel and mileage outlined in this contract shall be reimbursed according to IRS state rates and First 5 California Travel Policies. Out of state travel requires pre-approval with First 5 California. Each travel/trip documented shall be accompanied by a map of the travel and submitted with the invoice. Expenses/incidentals/travel may not exceed the annually approved Travel and Conference budget line items.

E. INDEPENDENT CONTRACTOR:

This is an independent contractor agreement. EDCOE shall bear no responsibility for the payment of wages and benefits to any person providing services under this Agreement. It shall be the sole responsibility of the CONTRACTOR to pay wages or salary and employee benefits and to withhold taxes unemployment insurance or pay other insurance premiums, including workers' compensation insurance.

F. OWNERSHIP:

First 5 California, as the funding source, shall own all rights, title, and interest to all information, documents, data, content, software, or other intellectual property developed in accordance with this Agreement. All materials and publications developed under this Agreement will be attributed to First 5 California .

G. INDEMNIFICATION AND HOLD HARMLESS/INSURANCE:

EDCOE agrees to indemnify, defend and hold harmless the CONTRACTOR and his officers, agents and employees against all liability, loss and costs arising from actions, suits, claims or demands attributable solely and exclusively to acts or omissions of EDCOE, and EDCOE's officers, agents and employees, in performance of this contract.

The CONTRACTOR agrees to indemnify, defend and hold harmless EDCOE and its officers, agents and employees against all liability, loss and costs arising from actions, suits, claims or demands attributable

solely and exclusively to acts or omissions of the CONTRACTOR, and the CONTRACTOR's officers, agents and employees, in performance of this contract.

Both parties agree to purchase and/or maintain through the duration of this agreement insurance or liability coverage (such as liability coverage provided by a Joint Powers Agency) ensuring their ability to meet their respective defense and indemnity obligations set forth above. Such insurance or liability coverage shall have a limit of liability of no less than \$1,000,000.00 per claim/occurrence, and \$2,000,000.00 in the aggregate. The insurance or coverage shall include, as may be reasonable and appropriate given the acts and activities contemplated by this Agreement, commercial general liability, premises liability, automobile liability (owned, non-owned, and hired), professional liability/errors and omissions, employer's liability, product liability, completed operations, and/or educator's legal liability coverages. To the full extent of the parties' respective indemnity obligations, but only up to the agreed limit of liability set forth above, the parties' insurance or liability coverage agreements shall also be endorsed to extend "additional insured" or "additional covered party" status to all proposed indemnitees, with such coverage to be provided on a "primary" basis. With respect to such coverage[s], each party shall provide evidence of such coverage by way of a Certificate of Insurance or Certificate of Coverage.

The parties' indemnity and coverage obligations shall survive the termination of this agreement with respect to any claim arising from the parties' actual or alleged performance or non-performance of or their respective rights, privileges, or obligations existing under this Agreement.

H. DISCRIMINATION

With respect to all issues associated with this Agreement, the parties and their directors, officers, employees, agents, volunteers and guests shall not discriminate on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran.

I. 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.

J. WAIVER:

No delay or omission by EDCOE 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.

K. GOVERNING LAW:

This Agreement shall be construed in accordance with, and the rights and duties of the parties hereto shall be governed in all respects by, the laws of the State of California.

L. ENTIRE AGREEMENT:

This Agreement supersedes all prior agreements, understandings, and communications between the EDCOE and the CONTRACTOR, whether written or oral, express or implied, relating to the subject matter of this Agreement and is intended as a complete and final expression of the terms of the agreement between

EDCOE and the CONTRACTOR and shall not be changed or subject to change orally. The parties further agree and acknowledge that neither of them, nor anyone acting on their behalf, made any inducements, agreements, promises, or representations other than those set forth in this Agreement.

M. CONFLICT:

In the event of a dispute arising under this Agreement, the CONTRACTOR and EDCOE Superintendent, or their jointly agreed representatives, shall meet to resolve the conflict. If they are unsuccessful in their attempt to resolve the dispute, the matter shall be submitted to binding arbitrator, of the parties' choosing or upon appointment by a Court, with the arbitrator directed to resolve the dispute in the most efficient and cost effective manner. In addition to any damages properly awarded to the prevailing party, attorneys' fees and costs shall also be awarded upon a finding by the arbitrator that the losing party's position was not made or continued in good faith and with reasonable cause or justification.

N. NOTICES

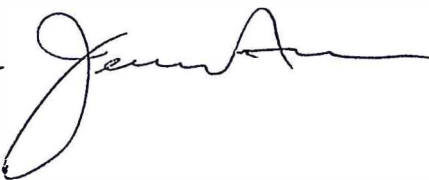
Any notice required or permitted to be given under this Agreement shall be in writing and delivered to the other party at the following respective addresses:

For EDCOE:

Attn: Robbie Montalbano
El Dorado County Office of Education
6767 Green Valley Road
Placerville, CA 95667

For CONTRACTOR:

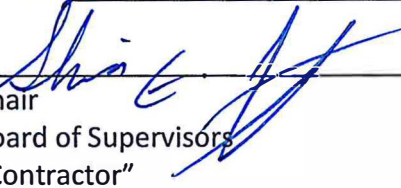
Jeanne Amos, Library Director
El Dorado County Library 345 Fair Lane Placerville, CA 95667

Concurrence
11/16/2017


IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the dates indicated below

-- COUNTY OF EL DORADO --

Dated: 12/5/2017


By: 
Chair
Board of Supervisors
"Contractor"

ATTEST:

James S. Mitrising
Clerk of the Board of Supervisors

By: 
Deputy Clerk

Dated: 12/5/2017

By:  Dated: 11.13.17
Robbie Montalbano
Deputy Superintendent

El Dorado County Library – EDCOE
SCOPE OF WORK

1 STRATEGIES (WHAT)	2 ACTIVITIES (HOW)		3 Numbers	4 TARGET	5 PERFORMANCE INDICATORS (HOW WELL DID WE DO)
<p>Ensure Hub services are aligned and coordinated through monthly Team Meetings.</p>	<p>Library Director will develop an annual meeting calendar for ECLS Meetings (August)</p>	<p>ECLS meetings</p>	<p>Monthly</p>	<p>12 times a year</p>	<p>Meeting calendar</p>
	<p>Each meeting will reserve 30 minutes for First 5 Activities including (1) ECLS will demonstrate ELOM activity for the month, (2) FE will integrate a CLASS Concept, (3) F5 will update on SOW progress (August – June). SOW progress may include:</p>				<p>Meeting agenda and notes.</p>
	<p>Library and FE will participate in at least 2 evening and/or weekend family engagement events per Hub Community.</p>				<p>Number of library card applications accepted, developmental screens completed, and health/dental screens completed.</p>
	<p>Ensure Team professional development needs are addressed to improve family satisfaction.</p>				<p>Number/Percent of families in Hub participating in parenting and child development activities by satisfaction (FS Q13).</p>
	<p>Ensure families are better off after services to increase protective factors including family resiliency.</p>				<p>Number/Percent of families in Hub participating reporting increase in Protective Factors Scales (FS Q12)</p>
	<p>Ensure barriers to services are addressed to increase family access to services.</p>				<p>Number/Percent of families participating in parenting and child development activities by barriers (FS Q9d)</p>
	<p>Ensure unserved or underserved families are reached to increase family access to Hub Services.</p> <ol style="list-style-type: none"> 1. Library and FE staff will identify isolated families within each Hub (Unconnected neighborhoods, Spanish speaking communities, Faith based organizations, Home school populations, Remote or isolated groups) 2. Library and FE staff will identify best practices to promote Hub Services for isolated families in each community. <ol style="list-style-type: none"> a. Existing Community Events b. Existing Community Groups 3. Library, FE and PHN staff will facilitate sessions at identified locations for identified populations (Spring) 				<p>Monthly</p>

El Dorado County Library – EDCOE
SCOPE OF WORK

Agreements and Tools
Assurances


Contractor agrees to:

YESNO <input type="checkbox"/> <input type="checkbox"/>	Promote all Health, Parenting and Child Development, Literacy, and Child Care hub activities with key messages to families in the community. Each partner shall: <ul style="list-style-type: none"> ✓ Post to each Hub Facebook Page 1-3 times per week with resources, program information and local events for families with children 0-18 related to Health, Parenting and Child Development, Literacy, and Child Care ✓ Promote hub events, contact information and staff hours ✓ Maintain current event information, contact information, and staff hours to be easily accessed and located by the public
YESNO <input type="checkbox"/> <input type="checkbox"/>	Grantee agrees to comply with all First 5 CA Commission IMPACT RFA grant requirements located at http://www.cafc.ca.gov/programs/programs_impact.html .
YESNO <input type="checkbox"/> <input type="checkbox"/>	Participate in contract monitoring site visits for the purposes of assessing progress on contract milestones including monthly hub team meetings.
YESNO <input type="checkbox"/> <input type="checkbox"/>	Participate in contractor's meetings for the purposes of training and professional development.
YESNO <input type="checkbox"/> <input type="checkbox"/>	Commit to providing program services that respect diversity and meet the needs of families . Engage and communicate directly with families creating awareness and knowledge of key messages that build strengths in protective factors scales and aligned developmentally, linguistically and culturally appropriate for families in the community.
YESNO <input type="checkbox"/> <input type="checkbox"/>	Assure timely delivery of program service and commit to continuous quality improvement necessary to meet the local needs of children and families.

References

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

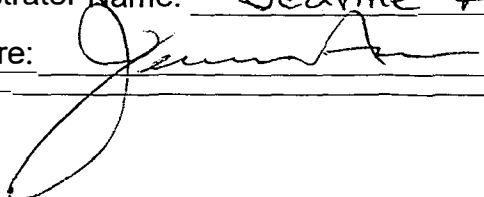
El Dorado County Library – EDCOE
SCOPE OF WORK

<u>First 5 El Dorado Database</u>	http://first5.edcoe.org Database Maintenance: https://edcoe.sharepoint.com/sites/first5/contractors/layouts/15/WopiFrame.aspx?sourcedoc=%7B13E7FA9E-5839-40EA-87C2-C01C72469E97%7D&file=F5EDC%20-%20Database%20Training%20Materials%20(step-by-step%20instructions).docx&action=default															
 <u>SharePoint</u>	https://edcoe.sharepoint.com/sites/first5/contractors access to registration form, family survey and progress report <table border="1" data-bbox="792 422 1666 682"> <thead> <tr> <th>Initiative</th> <th>Username</th> <th>Original Set-up Password</th> </tr> </thead> <tbody> <tr> <td>Children's Health</td> <td>chi@partner.edcoe.org</td> <td>changeme</td> </tr> <tr> <td>High 5 for Quality</td> <td>high5a@partner.edcoe.org</td> <td>changeme</td> </tr> <tr> <td>Family Literacy / IMPACT</td> <td>ravi@partner.edcoe.org</td> <td>changeme</td> </tr> <tr> <td>Together We Grow</td> <td>twg@partner.edcoe.org</td> <td>changeme</td> </tr> </tbody> </table>	Initiative	Username	Original Set-up Password	Children's Health	chi@partner.edcoe.org	changeme	High 5 for Quality	high5a@partner.edcoe.org	changeme	Family Literacy / IMPACT	ravi@partner.edcoe.org	changeme	Together We Grow	twg@partner.edcoe.org	changeme
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Together We Grow	twg@partner.edcoe.org	changeme														
 <u>Face Book Promotions</u> https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Ffirst5%2Fcontractors%2FShared%20Documents%2FProfessional%20Development%2FSocial%20Media	EDC Community Hub 1: https://www.facebook.com/EDC-Community-Hub-1-176446449470278/ EDC Community Hub 2: https://www.facebook.com/EDC-Community-Hub-2-561380630737856/?fref=ts EDC Community Hub 3: https://www.facebook.com/EDC-Community-Hub-3-1002519596541302/ EDC Community Hub 4: https://www.facebook.com/EDC-Community-Hub-4-560988810754908/ EDC Community Hub 5: https://www.facebook.com/EDC-Community-Hub-5-1058020160963107/															
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<u>Professional Development</u>	https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Ffirst5%2Fcontractors%2FShared%20Documents%2FProfessional%20Development															

Signature

Signatures are binding contractors to the assurances agreement:

Administrator Name: Jeanne Anos

Signature: 

Date: 11/16/2017

El Dorado County Library – EDCOE
SCOPE OF WORK

1 STRATEGIES (WHAT)	2 ANNUAL ACTIVITIES (HOW)	3 Numbers served	4 Target of services	5 ANNUAL PERFORMANCE INDICATORS (HOW WELL DID WE DO)															
<p>Enroll child care providers in High 5 for Quality.</p>	<p>Early Literacy on the Move (ELOM) with Family Child Care Providers:</p> <ol style="list-style-type: none"> 1. Early Childhood Literacy Specialists (ECLS) will collaborate with H5Q and Choices for Children to identify and contact potential sites (ongoing) 2. ECLS support 41 Sites receiving 12 visits <ol style="list-style-type: none"> a. ECLS will provide an introduction at the first visit that will enroll at least 36 providers in H5Q in iPinwheel including completion of a site improvement plan with two primary strategies: CA Preschool Foundations and Frameworks and Developmental Screens. An additional 5 providers will be encouraged to engage in CLASS training. FE staff will provide technical assistance to providers as necessary. b. ECLS will provide curriculum support and mentoring using 5 skill sets = 10 visits <ol style="list-style-type: none"> (1) to introduce the topic and model implementation and (2) to observe provider’s use of skill and provide constructive feedback. c. ECLS will provide a final visit to assess progress on the SIP and encourage continued work in H5Q. 	<p>41 providers</p>	<p>FCCH</p>	<p>Number/Percent of licensed early care and education programs are tier 3 and above on the quality rating matrix. (Program Performance Tables, QRIS iPinwheel Datasystem)</p> <p>Aligned with CA Preschool Foundations and Frameworks.</p>															
<p>Adapt and facilitate parent early literacy sessions based upon ELOM curriculum to meet cultural and linguistic needs and increase the number of parents or family members reading with their child each day.</p>	<p>Early Literacy on the Move (ELOM) with Alternative or FFN:</p> <ol style="list-style-type: none"> 1. ECLS will collaborate with H5Q to identify and contact potential groups and locations (ongoing) 2. ECLS will facilitate 4 workshops for Family, Friend and Neighbor groups (legally licensed exempt) or alternative settings (parents and caregivers organized by location) based upon ELOM (ongoing) 	<table border="1"> <tr> <td data-bbox="1623 894 1876 954">10 children</td> <td data-bbox="1876 894 2118 954">Children 0-3</td> </tr> <tr> <td data-bbox="1623 954 1876 1015">10 children</td> <td data-bbox="1876 954 2118 1015">Children 3-6</td> </tr> <tr> <td data-bbox="1623 1015 1876 1117">20 adult caregivers</td> <td data-bbox="1876 1015 2118 1117">Parents/ Guardians</td> </tr> <tr> <td data-bbox="1623 1117 1876 1198"></td> <td data-bbox="1876 1117 2118 1198">Other Family Members</td> </tr> <tr> <td data-bbox="1623 1198 1876 1302">4</td> <td data-bbox="1876 1198 2118 1302">FFN or Alternative Site Grous</td> </tr> </table>	10 children	Children 0-3	10 children	Children 3-6	20 adult caregivers	Parents/ Guardians		Other Family Members	4	FFN or Alternative Site Grous	<table border="1"> <tr> <td data-bbox="1876 894 2118 954">Children 0-3</td> </tr> <tr> <td data-bbox="1876 954 2118 1015">Children 3-6</td> </tr> <tr> <td data-bbox="1876 1015 2118 1117">Parents/ Guardians</td> </tr> <tr> <td data-bbox="1876 1117 2118 1198">Other Family Members</td> </tr> <tr> <td data-bbox="1876 1198 2118 1302">FFN or Alternative Site Grous</td> </tr> </table>	Children 0-3	Children 3-6	Parents/ Guardians	Other Family Members	FFN or Alternative Site Grous	<p>QRIS iPinwheel Database</p>
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**El Dorado County Library – EDCOE
SCOPE OF WORK**

1 STRATEGIES (WHAT)	2 ACTIVITIES (HOW)	3 Numbers to be Served	4 Target	5 PERFORMANCE INDICATORS (HOW WELL DID WE DO)
Promote family engagement through ELOM.	Assemble, manage and distribute Boom Book collection (41sitesx5exchanges) Library and FE will collaboratively develop parent guidance for reading daily, child development and family engagement on one page of paper for distribution to parents (September – June):	41provider locations	Parents/ Guardians	Hub team meetings
		5 documents aligned with 5 of study	Providers and families	
Promote family engagement through Community Hubs.	Encourage FCC families access to Community Hub resources Library and FE will participate in at least 2 evening and/or weekend family engagement events per Hub Community.	164 children	Children 0-3	Hub team meetings
		164 children	Children 3-6	
		328 adults	Parents/ Guardians	
			Other Family Members	
		41	Providers	
Ensure the children’s library environment promoting reading with their child each day.	Explore: developing and maintaining self directed STEAM activities in the library	4	Quarterly	Hub team meetings
Promote regular developmental screening using the ASQ and ASQ SE in all Hub Communities.	Library and FE will promote and collect paper ASQ:3 and ASQ SE2 developmental screens by language (September – June): <ul style="list-style-type: none"> Library will assist providers to facilitate developmental screens. FE will enter and score developmental screens. 	25 children screened	Children 0-3	Number of children who received developmental screenings. (FS Q7, Brookes DB ASQ Report)
		50 children screened 65 adults	Children 3-6 Parents and Guardians	Number of children who received social emotional developmental screenings. (FS Q7, Brookes DB ASQ SE Report)
	15 adults		Other Family Members	
	Library and FE will refer families scoring outside the norm to PHN for additional assessment and case management (September – June).	10 adults	Providers	Number of children who scored outside the norm ASQ/ASQ:SE that received a referral for Regional Services or Early Intervention Services. (Brookes DB Outside Norm & Referral Report)

2017-2018 Annual Budget

Grantee Name: El Dorado County Library			
Project Name: Family Literacy IMPACT			
Contract Number:			
Contact Name & Title: Jeanne Amos, El Dorado County Library Director			
Total Contracted Amount: \$144,000			
Term: FY 2017-2020			
Staff	Total Approved Annual Budget Amount		\$ 48,000
Personnel:	Salary	Benefits	
1) 9% of 4 FTE ECLS	\$22,500		\$22,500
2) 9% of Librarian Assistants	\$7,620		\$7,620
3) 9% of 1 FTE Supervising Librarian	\$10,880		\$10,880
4)			\$0
5)			\$0
Subtotal Personnel	\$41,000	\$0	\$41,000
Operating Expenses:			
6) Office Supplies and Materials			\$3,000
7) Travel and Mileage			\$2,000
8) Training and Conferences			\$2,000
9) Rent and Utilities			
10) Equipment Lease			
11) Printing and Copying			
12) Telephone			
13) Postage and Mailing			
14) Computers and Equipment			
15)			
16)			
17)			
18)			
19)			
20)			
Subtotal Operating:			\$7,000
Indirect Expenses:			
	Max Indirect Cost (8.89%)		
TOTAL COSTS			\$48,000

PROGRESS REPORT

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

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

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

How this issue can be prevented:

3. Top 3 challenges or areas of focus

1.
Approach / Strategy:
Status:

2.
Approach / Strategy:
Status:

3.
Approach / Strategy:
Status:

4.

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

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number																
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					-	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					-	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number																
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					-	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					-	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Contract # 1617-72040 - Amendment 1

Addendum to the First 5 El Dorado Family Literacy IMPACT Contract

This Amendment 1 to the Contract #1617-72040 made by and between First 5 El Dorado and El Dorado County Library is agreed upon according to:

Contract #1617-72040, Section 6. *Amendments.*

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

Modification 1

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

1. **CONTRACT TERM:** The term of this Agreement is from **July 1, 2016** to **June 30, 2020**. Nothing in this Agreement shall be interpreted as requiring either party to renew or extend this Agreement. All work required by this contract shall be completed no later than September 30, 2020.

Modification 2

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

2. **SCOPE OF WORK**
CONTRACTOR agrees to take all steps and do all things reasonable and necessary to perform and complete in a good and workmanlike manner the project work of:

FAMILY LITERACY IMPACT

The CONTRACTOR shall work in partnership with and based on the guidance of the Commission to fulfill the deliverables and benchmarks identified in Scope of Work, Amendment 1 (Attachment I). Contract attachments may be modified by written agreement of all parties so long as the modification is consistent with the Commission's Evaluation and Strategic Plans.

Modification 3

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

3. **FISCAL PROVISIONS:**
 - A. Notwithstanding any other provision of this contract; in no event will the cost to the Commission for the work to be provided herein exceed the maximum sum of **\$192,000**. The Commission shall approve an annual budget as recorded in the Annual Budget, Amendment 1 (Attachment II, Budget Form 1).

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

Modification 4

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

Section 5: CONTRACTOR RESPONSIBILITIES

- A. Fiscal: Contractor agrees to comply with the Commission's fiscal policies and procedures for the purposes of planning and monitoring.
- i. **Reporting:** The Commission shall forward payment request to the County Auditor/Controller within fifteen (15) business days of approving quarterly invoices. Final invoices are due to the Commission no later than the second Friday of July for the reporting fiscal year. If the due date for submission of a report falls on a standard holiday, the report will be due on the following regularly scheduled business day.
 - ii. **Allowable Expenses:** The Commission will not compensate Contractor for unauthorized services rendered by the Contractor, nor for claimed services which Commission contract monitoring shows have not been provided as authorized. The following types of expenses will be disallowed: alcoholic beverages, firearms, purchasing of motor vehicles, capital assets, late fees/finance charges, termination fees, fees for missed conferences or trainings, out-of-country travel, out-of-state travel if not expressly pre-approved by the Commission and cost associated for fundraisers. This list is not all-inclusive. If a program realizes a need for any expense that is not specifically budgeted, prior Commission approval should be obtained before proceeding. Per Commission policies and procedures, all costs are subject to review and audit and if appropriate, may be disallowed. If Commission has advanced funds for services later determined not to have been provided, Contractor shall refund requested amounts within five (5) days of demand by Commission. The Commission has the option of offsetting such amounts against future payments due to Contractor.
 - iii. **Indirect Costs:** Indirect costs charged to this grant shall not exceed the approved indirect cost rate of the El Dorado County Superintendent of Schools established by the California Department of Education's School Fiscal Services Division.

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

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

- B. **Data Collection:** Contractor agrees to collect and report data quarterly to the Commission for the purposes of program planning and evaluation.

Contractor agrees to provide the Commission a registrar of children, parents/guardians, other family members and early care and education providers served through this grant for the purposes of reporting unduplicated annual counts. The registrar shall be submitted quarterly via Parent Registration Form, Amendment 1 (Attachment III) entered electronically into the Commission's database.

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

The data shall include, but is not limited to:

- i. Unduplicated count of the number children less than 3 years of age, and 3 through 5 years of age by ethnicity and primary language that receive services through this First 5 El Dorado grant.
- ii. Unduplicated count of the number of parents/guardians/other family members of children birth through 5 years of age by ethnicity and primary language that receive services through this First 5 El Dorado grant.
- iii. Unduplicated count of the number of early care and education providers of children birth through 5 years of age that receive services through this First 5 El Dorado grant.

First 5 El Dorado Family Survey, Amendment 1 (Attachment VI) shall be offered to each family that receives services through this First 5 El Dorado grant upon agreed assessment period documented in the Scope Of Work, Amendment 1 (Attachment I).

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

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

- D. Substandard performance as determined by Commission staff will constitute noncompliance with this Contract. If action to correct such substandard performance is not taken by Contractor within a reasonable period of time, which may be 30 days after notification by Commission staff, the Commission may initiate a formal Corrective Action Plan, Amendment 1 (Attachment V), contract suspension or termination procedures.

Modification 5

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

ATTACHMENTS

I. Scope of Work

II. Budget Forms:

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

III. Parent Registration Form

IV. Progress Reports:

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

V. Corrective Action Plan

VI. Family Survey

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

Except as herein amended, all other parts and sections of this Contract #1617-72040 shall remain unchanged and in full force and effect.

In Witness whereof, the parties have executed this Contract Amendment on the date written.

Approved by:

FIRST 5 EL DORADO CHILDREN AND FAMILIES COMMISSION

Commissioner Date:

Commissioner Date:

Director Date:

EL DORADO COUNTY LIBRARY DEPARTMENT

Date:

CONTRACTOR: El Dorado County Library

IMPACT Annual Approved Budget Amount: \$48,000

COMMISSION GOALS: (1) Children birth through 5 are cared for in high quality environments, (2) Children receive early screening and intervention for developmental delays and other special needs.

INDICATORS: (1) 50% of licensed early care and education providers in the High 5 for Quality Program are tier 3 or above, (2) 50% of children participating in First 5 services have received a developmental screening

1 STRATEGIES (WHAT)	2 ANNUAL ACTIVITIES (HOW)	3 ANNUAL DOSAGE (HOW OFTEN)	4 ANNUAL TARGET (HOW MANY)	5 ANNUAL PERFORMANCE INDICATORS (HOW WELL DID WE DO)
<p>Enroll child care providers in High 5 for Quality.</p>	<p>Early Literacy on the Move (ELOM) with Family Child Care Providers:</p> <ol style="list-style-type: none"> 1. ECLS will collaborate with H5Q and Choices for Children to identify and contact potential sites (ongoing) 2. ECLS support 41 Sites receiving 12 visits <ol style="list-style-type: none"> a. ECLS will provide an introduction at the first visit that will enroll at least 36 providers in H5Q in iPinwheel including completion of a site improvement plan with two primary strategies: CA Preschool Foundations and Frameworks and Developmental Screens. An additional 5 providers will be encouraged to engage in CLASS training. FE staff will provide technical assistance to providers as necessary. b. ECLS will provide curriculum support and mentoring using 5 skill sets = 10 visits <ol style="list-style-type: none"> (1) to introduce the topic and model implementation and (2) to observe provider's use of skill and provide constructive feedback. c. ECLS will provide a final visit to assess progress on the SIP and encourage continued work in H5Q. 	<p>41</p>	<p>FCCH</p>	<p>Number/Percent of licensed early care and education programs are tier 3 and above on the quality rating matrix. (Program Performance Tables, QRIS iPinwheel DB)</p> <p>Aligned with CA Preschool Foundations and Frameworks.</p>
<p>Adapt and facilitate parent early literacy sessions based upon ELOM curriculum to meet cultural and linguistic needs and increase the number of parents or family members reading with their child each day.</p>	<p>Early Literacy on the Move (ELOM) with Alternative or FFN:</p> <ol style="list-style-type: none"> 1. ECLS will collaborate with H5Q to identify and contact potential groups and locations (ongoing) 2. ECLS will facilitate 4 workshops for Family, Friend and Neighbor groups (legally licensed exempt) or alternative settings (parents and caregivers organized by location) based upon ELOM (ongoing) 	<p>10</p> <hr/> <p>10</p> <hr/> <p>20</p> <hr/> <p>2</p>	<p>Children 0-3</p> <hr/> <p>Children 3-6</p> <hr/> <p>Parents/ Guardians</p> <hr/> <p>Other Family Members</p> <hr/> <p>Providers</p>	<p>QRIS iPinwheel DB</p>

1 STRATEGIES (WHAT)	2 ACTIVITIES (HOW)	3 DOSAGE (HOW OFTEN)	4 TARGET (HOW MANY)	5 PERFORMANCE INDICATORS (HOW WELL DID WE DO)
Promote family engagement through ELOM.	Assemble, manage and distribute Boom Book collection (41sitesx5exchanges)	41	Parents/ Guardians	Hub team meetings
	Library and FE will collaboratively develop parent guidance for reading daily, child development and family engagement on one page of paper for distribution to parents (September – June):	328	Providers	
Promote family engagement through Community Hubs.	Encourage FCCP access to Community Hub resources	164	Children 0-3	Hub team meetings
	Library and FE will participate in at least 2 evening and/or weekend family engagement events per Hub Community.	164	Children 3-6	
		328	Parents/ Guardians	
		41	Other Family Members Providers	
Ensure the children's library environment promoting reading with their child each day.	Explore developing and maintaining self directed STEAM activities in the library	4	Quarterly	Hub team meetings
Promote regular developmental screening using the ASQ and ASQ SE in all Hub Communities.	Library and FE will promote and collect paper ASQ:3 and ASQ SE2 developmental screens by language (September – June): <ul style="list-style-type: none"> • Library will assist providers to facilitate developmental screens. • FE will enter and score developmental screens. 	25	Children 0-3	Number of children who received developmental screenings. (FS Q7, Brookes DB ASQ Report)
	Library and FE will collaboratively develop parent guidance for reading daily, child development and family engagement on one page of paper for distribution to parents (September – June):	50	Children 3-6	Number of children who received social emotional developmental screenings. (FS Q7, Brookes DB ASQ SE Report)
	FE will connect families with community partners based upon developmental screening results (September – June).	65	Parents and Guardians	
	Library and FE will refer families scoring outside the norm to PHN for additional assessment and case management (September – June).	15	Other Family Members	Number of children who scored outside the norm ASQ/ASQ:SE that received a referral for Regional Services or Early Intervention Services. (Brookes DB Outside Norm & Referral Report)
	10	Providers		

1 STRATEGIES (WHAT)	2 ACTIVITIES (HOW)		3 DOSAGE (HOW OFTEN)	4 TARGET (HOW MANY)	5 PERFORMANCE INDICATORS (HOW WELL DID WE DO)
<p>Ensure Hub services are aligned and coordinated through monthly Team Meetings.</p>	<p>Library Director will develop an annual meeting calendar for ECLS Meetings (August)</p>	<p>ECLS meetings</p>	<p>Monthly</p>	<p>12 times a year</p>	<p>Meeting calendar</p>
	<p>Each meeting will reserve 30 for First 5 Activities including (1) ECLS will demonstrate ELOM activity for the month, (2) FE will integrate a CLASS Concept, (3) F5 will update on SOW progress (August – June). SOW progress may include:</p>				<p>Meeting agenda and notes.</p>
	<p>Library and FE will participate in at least 2 evening and/or weekend family engagement events per Hub Community.</p>				<p>Number of library card applications accepted, developmental screens completed, and health/dental screens completed.</p>
	<p>Ensure Team professional development needs are addressed to improve family satisfaction.</p>				<p>Number/Percent of families in Hub participating in parenting and child development activities by satisfaction (FS Q13).</p>
	<p>Ensure families are better off after services to increase protective factors including family resiliency.</p>				<p>Number/Percent of families in Hub participating reporting increase in Protective Factors Scales (FS Q12)</p>
	<p>Ensure barriers to services are addressed to increase family access to services.</p>				<p>Number/Percent of families participating in parenting and child development activities by barriers (FS Q9d)</p>
		<p>Ensure unserved or underserved families are reached to increase family access to Hub Services.</p> <ol style="list-style-type: none"> 1. Library and FE staff will identify isolated families within each Hub (Unconnected neighborhoods, Spanish speaking communities, Faith based organizations, Home school populations, Remote or isolated groups) 2. Library and FE staff will identify best practices to promote Hub Services for isolated families in each community. <ol style="list-style-type: none"> a. Existing Community Events b. Existing Community Groups 3. Library, FE and PHN staff will facilitate sessions at identified locations for identified populations (Spring) 		<p>Monthly</p>	<p>12 times a year at 5 locations = 60</p>



Agreements and Tools Assurances

Contractor agrees to:

YES <input type="checkbox"/> NO <input type="checkbox"/>	Promote all Health, Parenting and Child Development, Literacy, and Child Care hub activities with key messages to families in the community. Each partner shall: <ul style="list-style-type: none"> ✓ Post to each Hub Facebook Page 1-3 times per week with resources, program information and local events for families with children 0-18 related to Health, Parenting and Child Development, Literacy, and Child Care ✓ Promote hub events, contact information and staff hours ✓ Maintain current event information, contact information, and staff hours to be easily accessed and located by the public
YES <input type="checkbox"/> NO <input type="checkbox"/>	Grantee agrees to comply with all First 5 CA Commission IMPACT RFA grant requirements located at http://www.cafc.ca.gov/programs/programs_impact.html .
YES <input type="checkbox"/> NO <input type="checkbox"/>	Participate in contract monitoring site visits for the purposes of assessing progress on contract milestones including monthly hub team meetings.
YES <input type="checkbox"/> NO <input type="checkbox"/>	Participate in contractor's meetings for the purposes of training and professional development.
YES <input type="checkbox"/> NO <input type="checkbox"/>	Commit to providing program services that respect diversity and meet the needs of families . Engage and communicate directly with families creating awareness and knowledge of key messages that build strengths in protective factors scales and aligned developmentally, linguistically and culturally appropriate for families in the community.
YES <input type="checkbox"/> NO <input type="checkbox"/>	Assure timely delivery of program service and commit to continuous quality improvement necessary to meet the local needs of children and families.

References

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

<p>First 5 El Dorado Database</p>	<p>http://first5.edcoe.org Database Maintenance: https://edcoe.sharepoint.com/sites/first5/contractors/layouts/15/WopiFrame.aspx?sourcedoc=%7B13E7FA9E-5839-40EA-87C2-C01C72469E97%7D&file=F5EDC%20-%20Database%20Training%20Materials%20(step-by-step%20instructions).docx&action=default</p>															
<p> SharePoint</p>	<p>https://edcoe.sharepoint.com/sites/first5/contractors access to registration form, family survey and progress report</p> <table border="1" data-bbox="1190 516 1857 711"> <thead> <tr> <th>Initiative</th> <th>Username</th> <th>Original Set-up Password</th> </tr> </thead> <tbody> <tr> <td>Children's Health</td> <td>chh@partner.edcoe.org</td> <td>changeme</td> </tr> <tr> <td>High 5 for Quality</td> <td>h5q@partner.edcoe.org</td> <td>changeme</td> </tr> <tr> <td>Family Literacy / IMPACT</td> <td>fl@partner.edcoe.org</td> <td>changeme</td> </tr> <tr> <td>Together We Grow</td> <td>twg@partner.edcoe.org</td> <td>changeme</td> </tr> </tbody> </table>	Initiative	Username	Original Set-up Password	Children's Health	chh@partner.edcoe.org	changeme	High 5 for Quality	h5q@partner.edcoe.org	changeme	Family Literacy / IMPACT	fl@partner.edcoe.org	changeme	Together We Grow	twg@partner.edcoe.org	changeme
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Family Literacy / IMPACT	fl@partner.edcoe.org	changeme														
Together We Grow	twg@partner.edcoe.org	changeme														
<p> Face Book Promotions https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Ffirst5%2Fcontractors%2FShared%20Documents%2FProfessional%20Development%2FSocial%20Media</p>	<p>EDC Community Hub 1: https://www.facebook.com/EDC-Community-Hub-1-176446449470278/ EDC Community Hub 2: https://www.facebook.com/EDC-Community-Hub-2-561380630737856/?fref=ts EDC Community Hub 3: https://www.facebook.com/EDC-Community-Hub-3-1002519596541302/ EDC Community Hub 4: https://www.facebook.com/EDC-Community-Hub-4-560988810754908/ EDC Community Hub 5: https://www.facebook.com/EDC-Community-Hub-5-1058020160963107/</p>															
<p>Communications Tools</p>	<p>https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Ffirst5%2Fcontractors%2FShared%20Documents%2FCommunications</p>															
<p>Professional Development</p>	<p>https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Ffirst5%2Fcontractors%2FShared%20Documents%2FProfessional%20Development</p>															

Signature

Signatures are binding contractors to the assurances agreement:

Administrator Name: _____

Signature: _____ Date: _____



Annual Budget

Grantee Name: El Dorado County Library			
Project Name: Family Literacy IMPACT			
Contract Number: 1617-72040			
Contact Name & Title: Jeanne Amos, El Dorado County Library Director			
Total Contracted Amount \$192,000			
Term FY 2016-20			
Staff	Total Approved Annual Budget Amount		\$ 48,000
Personnel:	Salary	Benefits	
1) 9% of 4 FTE ECLS	\$22,500		\$22,500
2) 9% of Librarian Assistants	\$7,620		\$7,620
3) 9% of 1 FTE Supervising Librarian	\$10,880		\$10,880
4)			\$0
5)			\$0
Subtotal Personnel	\$41,000	\$0	\$41,000
Operating Expenses:			
6) Office Supplies and Materials			\$3,000
7) Travel and Mileage			\$2,000
8) Training and Conferences			\$2,000
9) Rent and Utilities			
10) Equipment Lease			
11) Printing and Copying			
12) Telephone			
13) Postage and Mailing			
14) Computers and Equipment			
15)			
16)			
17)			
18)			
19)			
20)			
Subtotal Operating:			\$7,000
Indirect Expenses:			
	Max Indirect Cost (8.89%)		
TOTAL COSTS			\$48,000



Quarterly Invoice Form

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

Grantee Name: El Dorado County Library								
Project Name: Family Literacy IMPACT								
Contract Number: 1617-72040								
Contact Name & Title: Jeanne Amos, El Dorado County Library Director								
Fiscal Year:								
Reporting Period:								
Staff			Total Approved Budget Amount	Billed this Period		Previous Statement YTD	Total YTD Billed	Unexpended Balance
				Salary	Benefits			
Personnel:								
1) 9% of 4 FTE ECLS	Salary	\$22,500	\$22,500			\$0.00	\$0.00	\$22,500.00
2) 9% of Librarian Assistants		\$7,620	\$7,620			\$0.00	\$0.00	\$7,620.00
3) 9% of 1 FTE Supervising Librarian		\$10,880	\$10,880			\$0.00	\$0.00	\$10,880.00
4)			\$0			\$0.00	\$0.00	\$0.00
5)			\$0			\$0.00	\$0.00	\$0.00
Subtotal Personnel			\$41,000	\$0	\$41,000	\$0.00	\$0.00	\$41,000.00
Operating Expenses:								
6) Office Supplies and Materials			\$3,000			\$0.00	\$0.00	\$3,000.00
7) Travel and Mileage			\$2,000			\$0.00	\$0.00	\$2,000.00
8) Training and Conferences			\$2,000			\$0.00	\$0.00	\$2,000.00
9) Rent and Utilities						\$0.00	\$0.00	\$0.00
10) Equipment Lease						\$0.00	\$0.00	\$0.00
11) Printing and Copying						\$0.00	\$0.00	\$0.00
12) Telephone						\$0.00	\$0.00	\$0.00
13) Postage and Mailing						\$0.00	\$0.00	\$0.00
14) Computers and Equipment						\$0.00	\$0.00	\$0.00
15)						\$0.00	\$0.00	\$0.00
16)						\$0.00	\$0.00	\$0.00
17)						\$0.00	\$0.00	\$0.00
18)						\$0.00	\$0.00	\$0.00
19)						\$0.00	\$0.00	\$0.00
20)						\$0.00	\$0.00	\$0.00
Subtotal Operating:			\$7,000	\$0.00	\$7,000	\$0.00	\$0.00	\$7,000.00
Indirect Expenses:								
Max Indirect Cost (8.89%)						\$0.00	\$0.00	\$0.00
TOTAL COSTS			\$48,000	\$0.00	\$48,000	\$0.00	\$0.00	\$48,000.00

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

Print Name of Program Contact Person or Authorized Representative _____

Signature: Program Contact Person or Authorized Representative _____

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



Budget Revision Request Form

Grantee Name: El Dorado County Library				
Project Name: Family Literacy IMPACT				
Contract Number: 1617-72040				
Contact Name & Title: Jeanne Amos, El Dorado County Library Director				
Budget Period:				
Proposed Effective Date:				
Budget Item	Total Approved Budget Amount	Proposed Budget Adjustment * Amount to increase (+) or decrease (-)	Proposed Local Budget	% Change
Personnel:				
1) 9% of 4 FTE ECLS	\$22,500		\$22,500	0%
2) 9% of Librarian Assistants	\$7,620		\$7,620	0%
3) 9% of 1 FTE Supervising Librarian	\$10,880		\$10,880	0%
4)			\$0	#DIV/0!
5)			\$0	#DIV/0!
Subtotal Personnel:	\$41,000	\$0	\$41,000	0%
Operating Expenses:				
6) Office Supplies and Materials	\$3,000		\$3,000	
7) Travel and Mileage	\$2,000		\$2,000	0%
8) Training and Conferences	\$2,000		\$2,000	0%
9) Rent and Utilities			\$0	
10) Equipment Lease (IT Support) Computer Support Charge (EDCOE) (x @ \$_____)			\$0	
11) Printing and Copying			\$0	
12) Telephone			\$0	
13) Postage and Mailing			\$0	
14) Computers and Equipment			\$0	
15)			\$0	
16)			\$0	
17)			\$0	
18)			\$0	
19)			\$0	
20)			\$0	
Subtotal Operating:	\$7,000	\$0	\$7,000	0%
Indirect Expenses:				
Indirect Cost (8.89% max)			\$0	#DIV/0!
TOTAL COSTS	\$48,000	\$0	\$48,000	0%

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

Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative

DATE

For Commission Use Only - Do Not Fill In Shaded Area			
First 5 Program Assistant	Date		
First 5 Program Coordinator	Date	First 5 Director	Date



Budget Revision Narrative

Please explain each budget revision requested by line item.

--

Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative

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

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

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

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

Initiative(s):

- | | | |
|---|---|---|
| <input type="checkbox"/> High 5 for Quality | <input type="checkbox"/> Ready to Read @ Your Library | <input type="checkbox"/> Together We Grow |
| <input type="checkbox"/> Library - IMPACT | <input type="checkbox"/> Children's Health | |

Please register each family member individually:

First Name: <input style="width: 95%;" type="text"/>	Last Name: <input style="width: 95%;" type="text"/>	Primary Language:	Ethnicity (please select one):
E-mail Address: <input style="width: 95%;" type="text"/>	<input type="radio"/> Parent/Guardian <input type="radio"/> Other Family Member	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____	<input type="radio"/> Alaska Native/American Indian <input type="radio"/> Black/African-American <input type="radio"/> Pacific Islander <input type="radio"/> Multiracial <input type="radio"/> Asian <input type="radio"/> Hispanic/Latino <input type="radio"/> White <input type="radio"/> Other/Unknown

First Name: <input style="width: 95%;" type="text"/>	Last Name: <input style="width: 95%;" type="text"/>	Primary Language:	Ethnicity (please select one):
E-mail Address: <input style="width: 95%;" type="text"/>	<input type="radio"/> Parent/Guardian <input type="radio"/> Other Family Member	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____	<input type="radio"/> Alaska Native/American Indian <input type="radio"/> Black/African-American <input type="radio"/> Pacific Islander <input type="radio"/> Multiracial <input type="radio"/> Asian <input type="radio"/> Hispanic/Latino <input type="radio"/> White <input type="radio"/> Other/Unknown

Please enter each child's birth month/year:

<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">Birth Mo <input style="width: 20px; height: 20px;" type="text"/></td> <td style="width: 15%;">Birth Yr <input style="width: 20px; height: 20px;" type="text"/></td> <td style="width: 70%;">Ethnicity:</td> </tr> <tr> <td colspan="2"></td> <td><input type="radio"/> Alaska Native/ American Indian</td> </tr> <tr> <td colspan="2"></td> <td><input type="radio"/> Asian</td> </tr> <tr> <td colspan="2">Primary Language:</td> <td><input type="radio"/> Black/ African-American</td> </tr> <tr> <td colspan="2"><input type="radio"/> English</td> <td><input type="radio"/> Hispanic/Latino</td> </tr> <tr> <td colspan="2"><input type="radio"/> Spanish</td> <td><input type="radio"/> Pacific Islander</td> </tr> <tr> <td colspan="2"><input type="radio"/> Other: _____</td> <td><input type="radio"/> White</td> </tr> <tr> <td colspan="2"></td> <td><input type="radio"/> Multiracial</td> </tr> <tr> <td colspan="2"></td> <td><input type="radio"/> Other/Unknown</td> </tr> </table>	Birth Mo <input style="width: 20px; 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Which library location is closest to your home? _____



PROGRESS REPORT by hub

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

<p>1. Did you experience any noteworthy successes? Identify and list possible contributing factors. <i>List most compelling in 3rd person omitting names of people. (prioritize two per contractor)</i></p>																								
<p>2. Did you encounter any difficulties or barriers? Identify and explain how they were/are being addressed. <i>List most compelling in 3rd person omitting names of people. (prioritize two per contractor)</i></p> <p><u>How this issue can be prevented:</u></p>																								
<p>3. Top 3 challenges or areas of focus</p> <p>1. Approach / Strategy: Status:</p> <p>2. Approach / Strategy: Status:</p> <p>3. Approach / Strategy: Status:</p>																								
<p>4.</p> <table border="1"> <thead> <tr> <th>SOW Strategy Activities (What and How)</th> <th>Location (Where)</th> <th>Dosage, Duration (How Often / Long)</th> <th>Target (How Many)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	SOW Strategy Activities (What and How)	Location (Where)	Dosage, Duration (How Often / Long)	Target (How Many)																				
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First 5 El Dorado
2776 Ray Lawyer Drive
Placerville, CA 95667

Population Served Report by Hub

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

Project Name
Contract #
Grantee Name & Contact Person
Grantee Address
Grantee Phone
Hub Location

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

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

Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative

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

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

By: _____

Contractor Name, Title

Contractor

Date: _____

By: _____

Kathi Guerrero, Executive Director

First 5 El Dorado Children and Families Commission

Date: _____

By: _____

Andrea Powers, Program Coordinator

Date: _____

Family Survey English | Spanish

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

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

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

Preschool / Program Name: _____

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

Family literacy including storytimes at libraries or schools

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

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

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

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

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

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

<p>Children's Health:</p> <input type="checkbox"/> I don't have insurance <input type="checkbox"/> I don't have a doctor <input type="checkbox"/> I don't have a dentist <input type="checkbox"/> I don't have transportation <input type="checkbox"/> It's not affordable <input type="checkbox"/> Other: _____	<p>Family Literacy:</p> <input type="checkbox"/> I need more books at home <input type="checkbox"/> I don't have time to read to my child <input type="checkbox"/> My child isn't interested <input type="checkbox"/> Storytimes are not at convenient times <input type="checkbox"/> I don't know how to read <input type="checkbox"/> Other: _____
<p>Parenting and Child Development:</p> <input type="checkbox"/> I'm not sure how to find a playgroup <input type="checkbox"/> I'm not sure how to find a parent group <input type="checkbox"/> I'm not sure how to monitor my child's development <input type="checkbox"/> I don't have transportation <input type="checkbox"/> Other: _____	<p>Quality Child Care:</p> <input type="checkbox"/> I don't know what high quality care is <input type="checkbox"/> I don't know how to find high quality care <input type="checkbox"/> I can't afford high quality care <input type="checkbox"/> There is not high quality care in my area <input type="checkbox"/> Other: _____

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

a. In my family, we talk about problems.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
b. When we argue, my family listens to "both sides of the story."	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
c. In my family, we take time to listen to each other.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
d. My family pulls together when things are stressful.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
e. My family is able to solve our problems.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	

f. I have others who will listen when I need to talk about my problems.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
g. When I am lonely, there are several people I can talk to.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
h. I would know where to turn if my family needed food or housing.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
i. I would know where to go for help if I had trouble making ends meet.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
j. If there is a crisis, I have others I can talk to.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
k. I would know where to go if I needed help finding a job.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	

This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation.

l. There are many times when I don't know what to do as a parent.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
m. I know how to help my child learn.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
n. My child misbehaves just to upset me.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	

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

o. I praise my child when he/she behaves well.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
p. When I discipline my child, I lose control.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
q. I am happy being with my child.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
r. My child and I are very close to each other.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
s. I am able to soothe my child when he/she is upset.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
t. I spend time with my child doing what he/she likes to do.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	

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

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

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

13. What is your annual household income?

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

14. Please provide your highest education level completed:

- Primary school
- Some college
- Some high school
- 2-year college degree/certificate (A.A., etc.)
- High school diploma/GED
- 4-year college degree (B.S., B.A., etc.)
- Vocational/certification/training programs completed
- Post-graduate or professional degree (M.S., M.A., J.D., etc.)

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

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

16. Do you speak a language other than English at home? If "Yes", please specify:

- Yes
- Spanish
- No
- Other: _____