



Children and Families Commission

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Direct Service Contract

Contract #1213-90063-36-411
"Children's Health Initiative"

THIS AGREEMENT is effective July 1, 2012 and is by and between First 5 El Dorado Children and Families Commission and

El Dorado County Health & Human Services Agency

Daniel Nielson, Director
3057 Briw Road, Suite A
Placerville, CA 95667
(530) 642-7275

Table of Contents

| | | | |
|--|---|--|-----|
| Informational Page | 1 | 22. Notices | 8 |
| Recitals | 2 | 23. Tax Status | 8 |
| 1. Scope of Work | 2 | 24. Advertisement | 8 |
| 2. Reporting Requirements | 2 | 25. Collaboration | 8 |
| 3. Payment & Budget | 3 | 26. Data Collection | 8-9 |
| 4. Contract Performance Time | 4 | 27. Confidentiality and Information Security Provisions | 9 |
| 5. Maximum Cost to Commission | 4 | 28. Waivers | 11 |
| 6. State Requirements | 4 | 29. No Third Part Beneficiaries | 11 |
| 7. Insurance | 5 | 30. Partial Invalidity | 11 |
| 8. Worker's Compensation | 5 | 31. Entire Agreement | 11 |
| 9. Nondiscriminatory Employment | 6 | Signature Page | 12 |
| 10. Subcontracting | 6 | | |
| 11. Assignment | 6 | | |
| 12. Books of Record and Audit Provisions | 6 | <u>Attachments:</u> | |
| 13. Contract Termination | 6 | I. Scope of Work & Scope of Work Report Form | |
| 14. Relationship between parties | 6 | II. Budget & Monthly Invoice/Budget Report Form | |
| 15. Title to Property | 7 | III. Population Served Report Form | |
| 16. Amendment | 7 | IV. Progress Report Form | |
| 17. Authority to Contract | 7 | V. Budget Revision Request Form | |
| 18. Jurisdiction and Venue | 7 | VI. First 5 El Dorado Parent Survey | |
| 19. Indemnification | 7 | | |
| 20. Compliance with applicable laws | 7 | | |
| 21. Religious activities | 8 | | |



Children and Families Commission

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THIS AGREEMENT is effective July 1, 2012 and is by and between First 5 El Dorado Children and Families Commission ("Commission") and El Dorado County Health & Human Services Agency ("County" or "Grantee").

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

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

RECITALS:

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

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

1. **SCOPE OF WORK:** Grantee agrees to provide all of the work described in the Scope of Work (Attachment I) attached hereto, and by this reference made a part hereof.
2. **REPORTING REQUIREMENT:** Grantee shall submit Monthly Budget/Invoice Reports (Attachment II) and Semi-Annual Scope of Work (Attachment I), Population Served (Attachment III) and Progress Reports (Attachment IV). 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, including but not limited to: timesheets, receipts, paid invoices supporting all reported expenditures are due to the Commission by the second Friday of each month. Semi-Annual Reports are due to the Commission no later than the final Friday of the month following the end of each semi-annual period. Semi-annual periods end on the following dates of each year: December 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 thirty (30) days after notification by Commission staff, 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.



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

3. **PAYMENT & BUDGET.** All professional, technical documents and information developed under this contract; including but not limited to: writings, worksheets, reports and related data and materials shall be deemed work for hire and shall at all times be the property of the Commission. All payments of funds to the Grantee shall be made by and through the Office of the El Dorado County Auditor/Controller, upon approval by the Commission, in accordance with the following schedule: 10% of the contract total upon signing and approval of the contract, and monthly invoices to be paid in arrears according to the terms outlined below.
- A. Monthly Invoice/Budget Reports shall be submitted to the Commission along with detailed records including but not limited to: timesheets, receipts, and paid invoices 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 II). 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 V), 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 2012-2013 this rate has been set at 8.7% (rounded to nearest tenth).
 - E. Monthly Invoice/Budget reports to the Commission shall be submitted per Attachment II along with detailed records supporting all reported expenditures. Copies of such records will be available to the Commission for review upon request at Grantee's place of business. Any Subcontractor paid by the Grantee as authorized by the Commission, shall be required by Grantee to maintain detailed records for all amounts paid and will be required to provide Commission access to those records if necessary.



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- 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 within thirty (30) days of termination.
 - 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, 2013; provided however, Grantee shall have until July 26, 2013 to complete and submit the final reports required by this contract.
5. **MAXIMUM COST TO COMMISSION:** Notwithstanding any other provision of this contract; in no event will the cost to the Commission for the work to be provided herein exceed the maximum sum of \$170,000.
6. **STATE REQUIREMENTS:** This Contract is funded by a First 5 Grant with monies from the California Children and Families Trust Fund (Health & Safety Code 130100-130155). If the State of California's First 5 funds are no longer distributed, the contract shall be null and void within thirty (30) 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 and Grantee agrees to abide by such amendments. 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). 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.

Said policies shall remain in force throughout the life of this Contract, and shall be payable on a “per occurrence” basis unless the Commission specifically consents to a “claims made” basis. If the Commission 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.

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

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

8. **WORKER’S COMPENSATION:** The Grantee acknowledges that it is aware of the provisions of the Labor Code of the State of California which requires every employer to be insured against liability for worker’s compensation or to undertake self insurance in accordance with the provisions of that Code and it certifies that it will comply with such provisions before commencing the performance of the work of this Contract. (Statutory or \$1,000,000. Employers Liability-minimum \$100,000)
9. **NONDISCRIMINATORY EMPLOYMENT:** In connection with the execution of this Contract, the Grantee shall not discriminate against any employee or applicant for employment because of race, color, religion, age, sex, national origin, political affiliation, ancestry, marital status or disability. This policy does not require the employment of unqualified persons.

10. **SUBCONTRACTING:** The grantee shall not subcontract nor assign any portion of the work required by this Contract without prior written approval of the Commission except for any subcontract work identified herein.
11. **ASSIGNMENT:** The rights, responsibilities and duties under this Contract are personal to the Grantee and may not be transferred or assigned without the express prior written consent of the Commission. Notwithstanding the foregoing, all rights and obligations of this agreement shall apply to any successor or assignee.
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, during normal business hours with twenty-four hours (24) notice, 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 the party involved.
 - B. Failure of the Grantee to secure or obtain funding from other sources, which are needed by the Grantee to completely carry out the programs provided in this Contract may be grounds for termination of this Contract, at the discretion of the Commission.
 - C. Either party may terminate this Contract for any reason by giving thirty (30) calendar days written notice to the other parties. Notice of termination shall be by written notice to the other parties and be sent by registered mail.
 - D. In the event of termination the Grantee shall be paid for services performed to the date of termination in accordance with the terms of this Contract. Grantee shall refund any advanced funds, which were not used in accordance with this Contract.



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14. **RELATIONSHIP BETWEEN THE PARTIES:** It is expressly understood that in performance of the work under this Contract, the Grantee, and the agents and employees thereof, shall act as an independent contractor and not as officers, employees or agents of the Commission.
15. **TITLE TO PROPERTY:** Title to property on any single item valued at \$1,000.00 or more purchased by Grantee utilizing grant funds as outlined in the attached Budget (Attachment II) shall remain with First 5 El Dorado for the first two years after purchase, thereafter title to property shall transfer to Grantee unless otherwise agreed upon in writing.
16. **AMENDMENT:** This Contract may be amended or modified only by written agreement of all the parties. Grantee agrees to provide immediate written notice to the Commission if significant changes or events occur during the term of this contract which could potentially impact the progress or outcome of the grant including, but not limited to, changes in the Grantees management personnel, loss of funding, revocation or suspension of the Grant Recipient's tax-exempt status (if applicable) or license.
17. **AUTHORITY TO CONTRACT:** The undersigned person, if signing on behalf of an organization, warrants that he or she has the authority to enter into this Contract on behalf of the Grantee organization.
18. **JURISDICTION AND VENUE:** This Contract shall be construed in accordance with the laws of the State of California and the parties hereto agree that venue shall be in El Dorado County, California.
19. **INDEMNIFICATION:** To the fullest extent allowed by law, Grantee shall defend, indemnify and hold Commission harmless against and from any and all claims, suits, losses, demands, and liability for damages including attorneys-fees and other costs of defense brought for or on account of injuries to or death of any person, or damage to any property, or any economic, consequential or special damages which are claimed or which shall in any way arise out of or be connected with services, operations or performance hereunder, caused by Grantee's negligence. This duty of Grantee to indemnify and save Commission harmless expressly includes the duties to defend set forth in California Civil Code section 2778. Commission shall give Grantee prompt written notice of any such demand, claim or suit against it, and Commission shall have the right to compromise or defend the same to the extent of his own interest.

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



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connected with services, operations or performance hereunder, caused by Commission's negligence. This duty of Commission to indemnify and save Grantee harmless expressly includes the duties to defend set forth in California Civil Code section 2778. Grantee shall give Commission prompt written notice of any such demand, claim or suit against it, and Commission shall have the right to compromise or defend the same to the extent of his own interest.

20. **COMPLIANCE WITH APPLICABLE LAWS:** The Grantee shall comply with any and all state and local laws affecting the services covered by this Contract.
21. **RELIGIOUS ACTIVITIES:** If the Grantee is a religious organization, then Grantee shall not, when conducting work funded by this Contract:
- A. Discriminate against anyone in employment or hiring based on religion;
 - B. Discriminate against any persons served based on religion; and
 - C. Provide any religious instruction, worship or counseling.
22. **NOTICES:** Notices shall be given to Commission at the following location:
- First 5 El Dorado
Children and Families Commission
Kathleen Walker, Executive Director
2776 Ray Lawyer Drive
Placerville, CA 95667
- Notices shall be given to Grantee at the following address(es):
- El Dorado County Health and Human Services Agency
Christy White, Supervising Health Education Coordinator
670 Placerville Dr, Suite 1B
Placerville, CA 95667
23. **TAX STATUS:** A Grantee which is a nonprofit organization shall possess a "Letter of Good Standing" from the Secretary of State's Office and covenants that it will keep such status in effect during the full term of this contract.
24. **ADVERTISEMENT:** Grantee agrees to use the First 5 El Dorado logo on all documents related to this contract. All rights and ownership in the First 5 El Dorado logo and any other Commission intellectual property shall remain solely with the Commission.
25. **COLLABORATION:** Grantee agrees to participate in periodic trainings and meetings scheduled by the Commission. Based on the principles of First 5 El Dorado to maximize existing

community resources serving children ages five and under and their families, Grantee agrees to integrate the promotion of Commission Initiatives into this grant.

26. **DATA COLLECTION:** Grantee agrees to collect data and report to the Commission for the purposes of program planning and evaluation. Grantee agrees to 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 of age, and 3 through 5 years of age by ethnicity and primary language that receive services through this First 5 El Dorado grant (see Attachment III).
 - 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 III).
 - 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 III).
 - D. First 5 El Dorado Parent Surveys (Attachment VI) to be offered to each family that receives services through this First 5 El Dorado grant.

27. **CONFIDENTIALITY AND INFORMATION SECURITY PROVISIONS:**

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

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

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

- (1) Permitted Uses and Disclosures. The Parties hereto shall each develop and maintain an information privacy and security program that includes the implementation of administrative, technical, and physical safeguards appropriate to the size and complexity of its operations and the nature and scope of its activities. The information privacy and security programs must reasonably and appropriately protect the confidentiality, integrity, and availability of the PII that it

creates, receives, maintains, or transmits; and prevent the use or disclosure of PII other than as provided for in this Agreement. Except as otherwise provided in this Agreement, the Parties may use or disclose PII to perform functions, activities or services identified in this Agreement provided that such use or disclosure would not violate Federal or State laws or regulations.

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

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

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

C. Responsibilities of the Parties.

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

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

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

The Parties shall:

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

(a) Network based firewall and/or personal firewall

(b) Continuously updated anti-virus software

(c) Patch-management process including installation of all operating system/software vendor security patches.

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

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

F. Notification of Electronic Breach or Improper Disclosure. During the term of this Agreement, either Party shall notify the other immediately upon discovery of any breach of PII and/or data, where the information and/or data are reasonably believed to have been acquired by an unauthorized person. Immediate notification shall be made to the County Privacy Officer, within two business days of discovery, at (530) 621-5572, or to First 5 El Dorado Children and Families Commission at (530) 622-5787, as appropriate. Prompt corrective action shall be taken to cure any deficiencies and any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations. The Party in breach shall investigate such breach and provide a written report of the investigation to the County Privacy Officer and/or First 5 as appropriate, postmarked within thirty (30) working days of the discovery of the breach.

32. Waivers: A failure of Commission to enforce strictly a provision of this Agreement shall in no event be considered a waiver of any part of such provision. No waiver by Commission of any breach or default by Grantee shall operate as a waiver of any succeeding breach of the same terms in the Agreement or other default or breach of any of Grantee's obligations under the Agreement. No waiver shall have any effect unless it is specific, irrevocable, and in writing.

33. No Third Party Beneficiaries: Nothing in this Agreement is intended, nor will be deemed, to confer rights or remedies upon any person or legal entity not a party to this agreement.

34. Partial Invalidity: If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions will continue in full force and effect without being impaired or invalidated in any way.

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



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

APPROVED BY:

CHILDREN AND FAMILIES COMMISSION OF EL DORADO COUNTY

Commissioner

Date

Commissioner

Date

Assistant Director

Date

GRANTEE:

COUNTY OF EL DORADO

By: _____
John Knight, Chair
El Dorado County Board of Supervisors

Date: _____

ATTEST:

Terri Daly, Acting Clerk

By: _____ Date: _____

FY 12-13 Children's Health Initiative Scope of Work Scope of Work Reporting Form

| Healthy | | | | | |
|---|--|--|-------------------------|--|--|
| Commission Goals & Objectives by 2017 | | Baseline & Previous Year's Data from First 5 El Dorado Parent Surveys | | Rationale for Objective | |
| Maintain the % of children ages 0-5 that have annual health exams at <u>97%</u> . | | In FY 09-10, <u>97%</u> of parents reported that their child had a well child exam in the last 12 months on the F5ED Parent Survey. This indicator remained at <u>97%</u> in FY 10-11. | | Through the 2012-2017 Strategic Plan, the Commission will continue to make significant investments in the Children's Health Initiative to ensure children 0-5 have access to medical and dental services, and will continue to collaborate with community partners to reinforce the message that children should have a regular doctor and dentist that they see for preventive care at least once a year. | |
| Increase the % of children ages 0-5 that have annual dental exams to <u>95%</u> . | | In FY 09-10, <u>54%</u> of parents reported on the F5ED Parent Survey that their child had a dental exam in the last 12 months. This indicator increased to <u>58%</u> in FY 10-11. | | | |
| Project | Contractor | FY 12-13 Budget | Expended thru Dec. 2012 | Projected total FY 12-13 Expenditures | |
| Children's Health Initiative | EDC HHS Agency: Public Health Division | \$ 170,000 | | | |
| Contact Name & Title | Email | Phone | Contract # | Project Staff Phone & Email | Fiscal Staff Phone & Email |
| Christy White, Supervising HEC | christy.white@edcgov.us | (530) 621-6142 | 1213-90063-36-411 | Veronica Bernal-Strauss, (530)621-6105, veronica.strauss@edcgov.us Penny Smart, (530)621-6194, penny.smart@edcgov.us | Nicole Drago, (530) 621-6354, nicole.drago@edcgov.us Yvonne Kollings, (530) 621-6175, yvonne.kollings@edcgov.us |

| Strategies | Process Measures | FY 10-11 Data and FY 11-12 Semi-Annual Update | FY 12-13 Q1 & Q2 | FY 12-13 Q3 & Q4 | Activities | Progress |
|----------------------|--|--|------------------|------------------|---|----------|
| Outreach | <p>At least 10 community partners in each Region (Divide, WS, Tahoe) will display information promoting the toll free access line in their waiting/reception areas.</p> <p>At least 30 ECE Sites will have a process in place to regularly screen children for health & dental insurance, medical & dental homes, well-child health and oral health exams and connect children/families to the CHI for assistance.</p> | <p>Western Slope: CHC, EDC Library (4 branches), St. Patrick's Church, WIC, EDCOE TWG, EDCOE Child Development Programs, Marshall BB, Marshall ER</p> <p>Divide: WIC, Marshall DWC, EDCOE Child Development, BOMIUSD Schools</p> <p>Tahoe: EDCOE TWG, EDC Library, EDCOE Child Development...</p> <p>Who are the targeted community partners in each region? # of agencies, organizations & sites that promote CHI to clients and refer directly to CHI for health insurance eligibility screening, application assistance, utilization of medical & dental homes # of partners in each region: Community Agencies & Organizations, ECE sites, Elementary Schools</p> | | | Participate in at least 4 Community Dental Van Partner meetings to provide updates, problem solve issues and discuss program planning | |
| | | | | | Develop annual CHI outreach plan in concert with the Children's Dental Van Calendar: Outreach plan should include outreach to specific regions/communities and partners in within those regions/communities (ECE sites, Elementary Schools, and Community Organizations and Agencies). Outreach should be scheduled 2-4 weeks prior to the arrival of the CDV in that community. | |
| | | | | | Maintain and promote a toll free phone line to offer assistance to families needing access to health services for their children | |
| | | | | | Meet and communicate with Commission Initiative and Early Childhood System partners on a regular basis to integrate the CHI objectives and collaborate with partners to achieve their objectives. | |
| | | | | | Provide Spanish interpretation services for Best Beginnings clients. Accompany Marshall Hospital nurses on home visits to provide Spanish interpretation services. Complete all follow-up calls with Spanish speaking mothers on behalf of the Marshall Nurses | |
| | | | | | Provide Spanish interpretation services for Together We Grow clients. Assist Early Childhood Specialists in communicating with Spanish speaking parents | |
| | | | | | Plan, promote and participate in car seat safety events coordinated with Community Strengthening partners in each region. | |
| Enrollment | <p>During FY 12-13, CHI staff will assist at least 130 children under 6 years of age to obtain health insurance (medical, dental & vision).</p> | <p>FY 10-11: 133 Securing Health Care Coverage Pathways were successfully completed</p> | | | Assist families to determine their eligibility for Medi-Cal and other health insurance programs: Provide Medi-Cal outreach and linkages to services that support beneficiaries and potential beneficiaries to gain access to Medi-Cal and other public behavioral health, health and other services that improve their wellbeing and health outcomes. | |
| | | | | | | |
| Utilization: Medical | <p>During FY 12-13, CHI staff will assist at least 150 children under 6 years of age to establish a Medical Home.</p> | <p>FY 10-11: 27 UMH pathways and 24 OMH pathways were successfully completed - 51 children successfully established a medical home (kept their first appointment) # that utilized their Medical Home for a well-child exam</p> | | | Provide parents of children 0-5 with "Obtaining A Medical Home"(OMH) pathway services – assist families who access emergency room care for non urgent needs to obtain health insurance and a medical home for their child(ren) | |
| | | | | | Provide parents of newborns at Marshall Hospital a "Utilizing a Medical Home" (UAMH) pathway to assist first time mothers with Medi-Cal to find a medical home and help them overcome any barriers to attending the baby's well-child and immunization visits through the first four months of life | |
| Utilization: Dental | <p>During FY 12-13, CHI staff will assist at least 80 children under 6 years of age to establish a Dental Home.</p> | <p>During FY 11-12 (July-Dec 2011), the CHI staff assisted 258 children 0-5 to receive oral health services through the El Dorado Children's Dental Van.</p> | | | Coordinate with community partners to screen and identify children in need of dental insurance and/or dental services: ECE Sites, Elementary Schools, Community Agencies and Organizations | |
| | | | | | Assist families to complete and submit patient consent, dental health history and registration forms | |
| | | | | | Assist families to overcome barriers to keeping their appointments on the CDV | |

FY 12-13 Children's Health Initiative Scope of Work Scope of Work Reporting Form

| Healthy | | | | | | |
|--|--|---|-------------------------|--|---|--|
| Commission Goals & Objectives by 2017 | | Baseline & Previous Year's Data from First 5 El Dorado Parent Surveys | | Rationale for Objective | | FY 12-13 Notes |
| Maintain the % of children ages 0-5 that have annual health exams at 97% . Increase the % of children ages 0-5 that have annual dental exams to 95% . | | In FY 09-10, 97% of parents reported that their child had a well child exam in the last 12 months on the F5ED Parent Survey. This indicator remained at 97% in FY 10-11. In FY 09-10, 54% of parents reported on the F5ED Parent Survey that their child had a dental exam in the last 12 months. This indicator increased to 58% in FY 10-11. | | Through the 2012-2017 Strategic Plan, the Commission will continue to make significant investments in the Children's Health Initiative to ensure children 0-5 have access to medical and dental services, and will continue to collaborate with community partners to reinforce the message that children should have a regular doctor and dentist that they see for preventive care at least once a year. | | |
| Project | Contractor | FY 12-13 Budget | Expended thru Dec. 2012 | Projected total FY 12-13 Expenditures | | |
| Children's Health Initiative | EDC HHS Agency: Public Health Division | \$ 170,000 | | | | |
| Contact Name & Title | Email | Phone | Contract # | Project Staff Phone & Email | | Fiscal Staff Phone & Email |
| Christy White, Supervising HEC | christy.white@edcgov.us | (530) 621-6142 | 1213-90063-36-411 | Veronica Bernal-Strauss, (530)621-6105, veronica.strauss@edcgov.us Penny Smart, (530)621-6194, penny.smart@edcgov.us | | Nicole Drago, (530) 621-6354, nicole.drago@edcgov.us Yvonne Kollings, (530) 621-6175, yvonne.kollings@edcgov.us |
| Strategies | Process Measures | FY 10-11 Data and FY 11-12 Semi-Annual Update | FY 12-13 Q1 & Q2 | FY 12-13 Q3 & Q4 | Activities | Progress |
| Retention | During FY 12-13, CHI staff will assist at least 80 , children 0-5 to maintain insurance coverage, a medical home and a dental home. | FY 10-11: 59 children successfully completed an Annual Eligibility Review (AER) pathway, signifying that they successfully maintained their insurance beyond 1 year Follow up is conducted at 3, 6, 9 and 12 months. | | | Provide parents of children aged 0-5 with "Annual Eligibility" (AER) pathway services to ensure that families reenroll their children for health insurance annually | |
| | Program Retention Goal: At least 85% of children 0-5 enrolled in an insurance program through the CHI will still be enrolled in an insurance program after 10 months. | Of the families that the CHI is able to contact after assisting them to obtain insurance, a medical home and/or a dental home, 85% will report that they have maintained insurance a medical home and/or a dental home for their child beyond 1 year. | | | Provide parents of children aged 0-5 with "Retention and Utilization" (RU) pathway services to ensure that families are accessing primary care and dental providers for their child(ren)'s preventative and routine health and oral health services | |
| CHI Administration & Reporting | Operate the Children's Health Initiative as a part of the El Dorado County Health & Human Services Department's Public Health Division | Semi-Annual Reports: Scope of Work, Progress and Population Served | | | Evaluate performance of PHD (CHI) staff | |
| | | | | | Review program objectives and outcomes. Submit progress reports | |
| | | | | | Collect data and provide data analysis for evaluation | |



Budget/Invoice Form

Due Monthly by the 2nd Friday of the Month

| Grantee Name: El Dorado County Public Health | | | | | | | | | | |
|--|-----------------|-----------------|---------------------------------|--------------------|------------|------------------------|------------------|--------------------|--|--|
| Project Name: Children's Health Initiative | | | | | | | | | | |
| Contract Number: 1213-90063-36-411 | | | | | | | | | | |
| Contact Name & Title: Christy White, Supervising HEC | | | | | | | | | | |
| Fiscal Year: 2012-2013 | | | | | | | | | | |
| Reporting Period: July 2012 | | | | | | | | | | |
| Budget Item | | | Total Approved Budget Amount | Billed this Period | | Previous Statement YTD | Total YTD Billed | Unexpended Balance | | |
| | Salary | Benefits | | Salary | Benefits | | | | | |
| Personnel: | | | | | | | | | | |
| 1) .20 FTE Sup. Health Ed. Coordinator (White) | \$ 14,608 | \$ 6,531 | \$21,139 | | | \$0 | \$0 | \$21,139 | | |
| 2) 1.0 FTE Program Assistant (Bernal-Strauss) | \$ 41,051 | \$ 11,594 | \$52,645 | | | \$0 | \$0 | \$52,645 | | |
| 3) .85 FTE Program Assistant (Smart) | \$ 34,887 | \$ 10,276 | \$45,163 | | | \$0 | \$0 | \$45,163 | | |
| 4) | | | \$0 | | | \$0 | \$0 | \$0 | | |
| 5) | | | \$0 | | | \$0 | \$0 | \$0 | | |
| 6) | | | \$0 | | | \$0 | \$0 | \$0 | | |
| 7) | | | \$0 | | | \$0 | \$0 | \$0 | | |
| 8) Retiree Health Defined Contrib. & Woker's Comp. | \$ - | \$ 2,930 | \$2,930 | | | \$0 | \$0 | \$2,930 | | |
| Subtotal Personnel | \$90,546 | \$31,331 | \$121,877 | \$0 | \$0 | \$0 | \$0 | \$121,877 | | |
| Operating Expenses: | | | | | | | | | | |
| 9) Rent and Utilities | \$ 13,889 | | \$13,889 | | | \$0 | \$0 | \$13,889 | | |
| 10) Office Supplies/Materials | \$ 1,944 | | \$1,944 | | | \$0 | \$0 | \$1,944 | | |
| 11) Telephone and Telephone Equipment Phone Charges | \$ 3,825 | | \$3,825 | | | \$0 | \$0 | \$3,825 | | |
| 12) Postage/Mailing | \$ 200 | | \$200 | | | \$0 | \$0 | \$200 | | |
| 13) Printing | \$ 100 | | \$100 | | | \$0 | \$0 | \$100 | | |
| 14) Equipment Lease | \$ 1,650 | | \$1,650 | | | \$0 | \$0 | \$1,650 | | |
| 15) Travel & Mileage | \$ 3,650 | | \$3,650 | | | \$0 | \$0 | \$3,650 | | |
| 16) Insurance | \$ 1,984 | | \$1,984 | | | \$0 | \$0 | \$1,984 | | |
| 17) Software Licenses | \$ 420 | | \$420 | | | \$0 | \$0 | \$420 | | |
| 18) Interfund County Charges (including mainfrm & ntwrk spprt) | \$ 6,636 | | \$6,636 | | | \$0 | \$0 | \$6,636 | | |
| 19) Maintenance Service Contracts (including security system) | \$ 219 | | \$219 | | | \$0 | \$0 | \$219 | | |
| 20) | \$ - | | \$- | | | \$0 | \$0 | \$0 | | |
| 21) | \$ - | | \$- | | | \$0 | \$0 | \$0 | | |
| 22) | \$ - | | \$- | | | \$0 | \$0 | \$0 | | |
| 23) | \$ - | | \$- | | | \$0 | \$0 | \$0 | | |
| Subtotal Operating: | | | \$34,517 | \$0 | \$0 | \$0 | \$0 | \$34,517 | | |
| Indirect Expenses: | | | | | | | | | | |
| | | | Indirect Cost (8.7% Max) | \$ 13,606 | | \$0 | \$0 | \$13,606 | | |
| TOTAL COSTS | | | \$170,000 | \$0 | \$0 | \$0 | \$0 | \$170,000 | | |

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 | | |



Population Served Report

Submit along with Semi-Annual Reports

FY: 2012-2013

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

| |
|---------------------|
| Project Name |
| |
| Contract # |
| |

| |
|--|
| Grantee Name & Contact Person |
| |
| Grantee Address |
| |
| Grantee Phone |
| |
| Grantee Email |
| |

| 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 0-5 | | | 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 |
| | 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 |
| | 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 Authorized First 5 Staff | _____ Date |
|------------------------|--|---------------|



Semi-Annual PROGRESS REPORT

Reporting Period (Check One):

Q1 & Q2: July – Dec.

Q3 & Q4: Jan – June

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

1. Did you experience any noteworthy successes? Identify and list possible contributing factors.

2. Did you encounter any unexpected difficulties or barriers? Identify and explain how they were/are being addressed.



**Budget Revision Request Form
Attachment V**

| Grantee Name: El Dorado County Public Health | | | | |
|---|------------------------|---|-----------------------|-----------|
| Project Name: Children's Health Initiative | | | | |
| Contract Number: 1213-90063-36-411 | | | | |
| Contact Name & Title: Christy White, Supervising HEC | | | | |
| Budget Period: 2012-2013 | | | | |
| Proposed Effective Date: | | | | |
| Budget Item | Approved Budget Amount | Proposed Budget Adjustment <i>* Amount to increase (+) or decrease (-)</i> | Proposed Local Budget | % Change |
| Personnel: | | | | |
| 1) .20 FTE Sup. Health Ed. Coordinator (White) | \$21,139 | | \$21,139 | 0% |
| 2) 1.0 FTE Program Assistant (Bernal-Strauss) | \$52,645 | | \$52,645 | 0% |
| 3) .85 FTE Program Assistant (Smart) | \$45,163 | | \$45,163 | 0% |
| 4) | \$0 | | \$0 | #DIV/0! |
| 5) | \$0 | | \$0 | |
| 6) | \$0 | | \$0 | |
| 7) | \$0 | | \$0 | |
| 8) Retiree Health Defined Contrib. & Woker's Comp. | \$2,930 | | \$2,930 | 0% |
| Subtotal Personnel: | \$121,877 | \$0 | \$121,877 | 0% |
| Operating Expenses: | | | | |
| 9) Rent and Utilities | \$13,889 | | \$13,889 | 0% |
| 10) Office Supplies/Materials | \$1,944 | | \$1,944 | 0% |
| 11) Telephone and Telephone Equipment Phone Charges | \$3,825 | | \$3,825 | 0% |
| 12) Postage/Mailing | \$200 | | \$200 | 0% |
| 13) Printing | \$100 | | \$100 | 0% |
| 14) Equipment Lease | \$1,650 | | \$1,650 | 0% |
| 15) Travel & Mileage | \$3,650 | | \$3,650 | 0% |
| 16) Insurance | \$1,984 | | \$1,984 | 0% |
| 17) Software Licenses | \$420 | | \$420 | 0% |
| 18) Interfund County Charges (including mainfrm & ntwrk spprt) | \$6,636 | | \$6,636 | 0% |
| 19) Maintenance Service Contracts (including security system) | \$219 | | \$219 | 0% |
| 20) | \$0 | | \$0 | #DIV/0! |
| 21) | \$0 | | \$0 | #DIV/0! |
| 22) | \$0 | | \$0 | #DIV/0! |
| 23) | \$0 | | \$0 | #DIV/0! |
| Subtotal Operating: | \$34,517 | \$0 | \$34,517 | 0% |
| Indirect Expenses: | | | | |
| Indirect Cost (8.8% max) | \$13,606 | \$0 | \$13,606 | 0% |
| TOTAL COSTS | \$170,000 | \$0 | \$170,000 | 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 | | | |
| Coordinator | Date | Executive Director | Date |

First 5 El Dorado Parent Survey

Program name: _____ Date: _____

Zip Code: _____

Please check here if you have been involved with this program or service for less than one month.

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:

0-11 months # _____ 1 year # _____ 2 years # _____ 3 years # _____

4 years # _____ 5 years # _____ 6+ years # _____

- 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 <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. | 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"/> 1 to 3 times a week <input type="checkbox"/> 3 to 5 times a week <input type="checkbox"/> 6 to 7 times a week <input type="checkbox"/> Don't know/Declined |
| 4. | 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 |
| 5. | First 5 El Dorado works with local hospitals to provide a home visiting program called "Best Beginnings." All new mothers are offered a home visit and receive information on community resources. Did you utilize this service? | <input type="checkbox"/> Yes <input type="checkbox"/> No – I declined the home visit <input type="checkbox"/> No – It was not offered to me <input type="checkbox"/> Child not born in El Dorado County <input type="checkbox"/> Don't know/Declined |
| 6. | Has your child ever gone to a state preschool, 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 |

| | | | | | | |
|-----|--|---|--------------------------|--------------------------|--------------------------|---------------------------|
| 7. | If your child is currently cared for while you or another family member works or goes to school, please select the choice that best describes the care situation. | <input type="checkbox"/> <i>At our home with a relative or another caregiver (babysitter or nanny)</i> <input type="checkbox"/> <i>At someone else's home under someone else's care (a friend or relative that is not a licensed childcare provider)</i> <input type="checkbox"/> <i>In a family childcare home (licensed childcare provider)</i> <input type="checkbox"/> <i>Preschool, State preschool, Head Start or childcare center</i> <input type="checkbox"/> <i>Other: _____</i> <input type="checkbox"/> <i>Don't know/Declined</i> <input type="checkbox"/> <i>Child not cared for by others</i> | | | | |
| 8. | Is the childcare center or home a High 5 for Quality site? | <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Don't know/Declined</i> <input type="checkbox"/> <i>Child not cared for by others</i> | | | | |
| 9. | 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"/> |
| 10. | Has your child had a developmental screening (other than a general health screening) such as the ages and stages questionnaire in the last 12 months? | <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Never</i> <input type="checkbox"/> <i>Don't know/Declined</i> | | | | |
| 11. | If the screening revealed any areas for concern, were you able to access services and supports to meet your child's needs? | <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> | | | | |

¹ Note: The items in question 9 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).

| | | | | | | |
|-----|--|--|----------------------------|--------------------------|------------------------------|-----------------------------------|
| 12. | Which of the following health insurance(s) does your child have? | <input type="checkbox"/> HMO <input type="checkbox"/> Private or Employer Sponsored Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families <input type="checkbox"/> My child does not have health insurance <input type="checkbox"/> Don't know/Declined | | | | |
| 13. | Is there a doctor or other health care provider that you usually take your child to for well-child care? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Declined | | | | |
| 14. | Has your child received a general well-child checkup in the last 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Declined <input type="checkbox"/> Never | | | | |
| 15. | Which of the following dental insurance(s) does your child have? | <input type="checkbox"/> HMO <input type="checkbox"/> Private or Employer Sponsored Insurance <input type="checkbox"/> Denti-Cal <input type="checkbox"/> Healthy Families <input type="checkbox"/> My child does not have dental insurance | | | | |
| 16. | Do you have a dentist that you usually take your child to for oral health care? | <input type="checkbox"/> Child under 12 months of age <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Declined | | | | |
| 17. | Has your child had a cleaning or oral health exam in the last 12 months? | <input type="checkbox"/> Child under 12 months of age <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Declined <input type="checkbox"/> Never | | | | |
| 18. | Which of the following First 5 services have you or your child received? (check all that apply) | <input type="checkbox"/> Children's Health Initiative <input type="checkbox"/> Best Beginnings <input type="checkbox"/> Children's Dental Van <input type="checkbox"/> Ready to Read at the Library <input type="checkbox"/> Together We Grow | | | | |
| 19. | How satisfied are you with the First 5 services that you have received? | <i>Very Dissatisfied</i> (1) | <i>Dissatisfied</i> (2) | <i>Satisfied</i> (3) | <i>Very Satisfied</i> (4) | <i>Extremely Satisfied</i> (5) |
| | Children's Health Initiative <input type="checkbox"/> Did not receive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Best Beginnings <input type="checkbox"/> Did not receive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Children's Dental Van <input type="checkbox"/> Did not receive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Ready to Read at the Library <input type="checkbox"/> Did not receive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Together We Grow <input type="checkbox"/> Did not receive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | When visiting a First 5 service, were you told about other services available to you? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Declined | | | | |

Thank you for your participation in this important survey!