

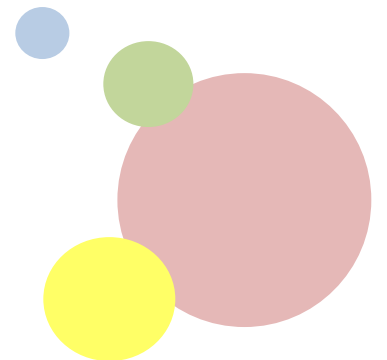


**FIRST 5**  
SAN MATEO COUNTY

# GRANTEE HANDBOOK

A Resource for Managing Your  
San Mateo County Prop 10 Funds

October 29, 2010 – December 31, 2012



This Grantee Handbook may be downloaded by visiting  
the First 5 San Mateo County website at [www.first5sanmateo.org](http://www.first5sanmateo.org)

## TABLE OF CONTENTS

---

---

<b>INTRODUCTION AND PURPOSE</b> .....	<b>1</b>
<b>FISCAL YEAR REPORTING CALENDAR</b> .....	<b>2</b>
<b>PROGRESS REPORTS SECTION</b> .....	<b>4</b>
REPORTING GUIDELINES .....	5
QUARTERLY SITE VISITS .....	6
MID-YEAR PROGRESS REPORT INSTRUCTIONS .....	7
ANNUAL REVIEW PROCESS GUIDELINES .....	12
YEAR-END PROGRESS REPORT INSTRUCTIONS .....	13
SUCCESS STORIES GUIDELINES .....	18
<b>FISCAL SECTION</b> .....	<b>22</b>
BUDGET REQUEST AND BUDGET NARRATIVE INSTRUCTIONS AND FORMS .....	23
AGREEMENT REVIEW MEETING .....	35
REIMBURSEMENT REQUEST INSTRUCTIONS AND FORM .....	36
BUDGET REVISION REQUEST INSTRUCTIONS AND FORM .....	45
GRANTEE SIGNATURE AUTHORIZATION FORM .....	51
OTHER FISCAL REQUIREMENTS .....	53
AGREEMENT CLOSEOUT PROCESS .....	54
<b>EVALUATION SECTION</b> .....	<b>55</b>
EVALUATION BACKGROUND .....	56
CROSS-PROGRAM DATA COLLECTION TOOLS .....	58
COMPREHENSIVE EVALUATION PLAN .....	61
EVALUATION REPORTING REQUIREMENTS .....	62
TECHNICAL ASSISTANCE FOR EVALUATION .....	64
DATA COLLECTION FORMS, GUIDELINES, AND FAQs .....	65
<b>F5SMC CONTRACTUAL REQUIREMENTS</b> .....	<b>66</b>
EXPECTATIONS AND ACCOUNTABILITY .....	67
COMPLIANCE STANDARDS .....	68
USE OF LOGO AND ACKNOWLEDGEMENT INFORMATION .....	69
TOBACCO EDUCATION AND CESSATION INFORMATION .....	70
COMMUNICATIONS AND SYSTEMS CHANGE ACTIVITIES .....	71
INTELLECTUAL PROPERTY AND DATA POLICY .....	72
<b>F5SMC CONTACTS: STAFF AND COMMISSIONERS</b> .....	<b>73</b>
<b>GRANT AGREEMENT SECTION</b> .....	<b>74</b>
GRANT APPLICATION .....	75
AGREEMENT .....	76
PROGRAM EVALUATION PLAN(S) .....	77
PROGRESS REPORTS .....	78

## INTRODUCTION AND PURPOSE

---

---

First 5 San Mateo County (F5SMC) is dedicated to ensuring that all of our community partners receive the resources and assistance needed to successfully plan, implement, and sustain programs. Each grant has been assigned a Program Specialist who is available to you to discuss program successes, challenges, lessons learned, milestones, and to provide needed technical assistance. Please feel free to contact your Program Specialist at any time if you have any questions, concerns, or recent developments regarding your project.

In order to ensure results-based accountability, partners are asked to complete various reports according to the reporting schedule. These reports enable F5SMC staff to acknowledge the tremendous contribution of each partner's work towards the F5SMC vision of "Success for Every Child" as articulated in our Strategic Plan. These reports also enable F5SMC staff to learn of any program challenges so that we can assist you in finding solutions or direct you to appropriate resources, and to build upon your successes as we move forward.

F5SMC is providing this Grantee Handbook as a resource to assist you in managing your grant funds and in reporting to the Commission on your progress. The Grantee Handbook includes procedures regarding program requirements, fiscal requirements, and evaluation requirements related to your F5SMC funded project. The Grantee Handbook contains instructions and forms for completing:

- Quarterly Site Visits
- Mid-Year Progress Reports
- Annual Review Process
- Year-End Progress Reports
- Success Stories
- Budget Request and Budget Narratives
- Agreement Review Meeting
- Reimbursement Requests
- Budget Revision Requests
- Grantee Signature Authorization
- Other Fiscal Requirements
- Agreement Closeout Process
- Evaluation Requirements
- Contractual Requirements

The F5SMC Grantee Handbook is also intended to serve as a tool for tracking your project. This Grantee Handbook contains sections where you can place your original grant proposal and your approved Agreement<sup>1</sup>, including the Exhibit A, Exhibit B, and Scope of Work (SOW) approved for your Agreement each year; your approved project budgets for the term of your grant; your yearly program evaluation plans; and copies of your sub-contractor agreements.

The Grantee Handbook provides information that will be critical to the successful implementation of your grant. In addition, following the instructions outlined in this Grantee Handbook will facilitate timely grant payments. Therefore, Grantees should consult the Grantee Handbook in advance of completing any reports or other F5SMC administrative requirements.

On behalf of the F5SMC staff, we look forward to a productive working relationship. Thank you for your dedication to improving the lives of San Mateo County's youngest children, their caregivers, and their families.

---

<sup>1</sup> Your F5SMC Agreement is the signed contract related to your grant along with all the contract attachments, (i.e. Exhibits, SOW, Budget, etc.).

## FISCAL YEAR REPORTING CALENDAR

(F5SMC's Fiscal Year is July 1<sup>st</sup> through June 30<sup>th</sup>)

<b>By when:</b>	<b>What:</b>	<b>Notes:</b>
Within 45 days of contract execution	Agreement Review Meeting	✓ Review of all contractual obligations
August	Quarterly Site Visit	✓ Program Specialist to provide instructions
August 30	<ul style="list-style-type: none"> <li>✓ Reimbursement Request Form for the month of July (if reporting monthly)</li> <li>✓ Evaluation Plan</li> </ul>	<ul style="list-style-type: none"> <li>✓ Payment released after review and approval of request</li> <li>✓ Submit completed Evaluation Plan to the F5SMC Program Specialist</li> </ul>
September 30	Reimbursement Request Form for the month of August (if reporting monthly)	✓ Payment released after review and approval of request
October 30	Reimbursement Request Form for the month of September (if reporting monthly) or for the quarter ending September (if reporting quarterly)	✓ Payment released after review and approval of request
October - November	Annual Financial Review of Previous Fiscal Year Completed by F5SMC Staff or Auditors from San Mateo County Controller's Office	✓ F5SMC Fiscal Staff will notify those Grantees in writing of any Financial Reviews to be completed
November	Quarterly Site Visit	✓ Program Specialist to provide instructions
November 30	Reimbursement Request Form for the month of October (if reporting monthly)	✓ Payment released after review and approval of request
December 30	Reimbursement Request Form for the month of November (if reporting monthly)	✓ Payment released after review and approval of request
January 30	<p><b>Mid-Year Progress Report</b> (covers July 1<sup>st</sup> through December 31<sup>st</sup> regardless of Agreement start date) includes:</p> <ul style="list-style-type: none"> <li>✓ Cover Sheet</li> <li>✓ Progress Narrative</li> <li>✓ Scope of Work Progress Update</li> <li>✓ Success Stories</li> <li>✓ Additional Attachments</li> <li>✓ Reimbursement Form for the month of December (if reporting monthly) or for the quarter ending December (if reporting quarterly)</li> <li>✓ Evaluation Information/Client Data (scannable forms/exports)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Submit 1 hard copy and 1 email copy to your F5SMC Program Specialist</li> <li>✓ Submit password protected client data</li> <li>✓ Payment released after review and approval of request</li> </ul>
February	Quarterly Site Visit	✓ Program Specialist to provide instructions
February 28	Reimbursement Request Form for the month of January (if reporting monthly)	✓ Payment released after review and approval of request
March 30	Reimbursement Request Form for the month of February (if reporting monthly)	✓ Payment released after review and approval of request
March – May	<p><b>Annual Review Process includes:</b></p> <ul style="list-style-type: none"> <li>✓ Meeting to discuss project progress</li> <li>✓ Scope of Work (SOW) for upcoming grant period</li> <li>✓ Budget, Budget Narrative and Grantee Signature</li> </ul>	✓ Updated Budget, Scope of Work and Grantee Signature Authorization due two weeks after meeting

	<p>Authorization Forms for upcoming grant period</p> <ul style="list-style-type: none"> <li>✓ Evaluation and data collection update</li> </ul>	
<b>April 30</b>	<b>Reimbursement Request Form for the month of March (if reporting monthly) or for the quarter ending March (if reporting quarterly).</b>	✓ Payment released after review and approval of request
<b>May</b>	<b>Quarterly Site Visit</b>	✓ Program Specialist to provide instructions
<b>May 30</b>	<b>Reimbursement Request Form for the month of April (if reporting monthly)</b>	✓ Payment released after review and approval of request
<b>June 30</b>	<b>Reimbursement Request Form for the month of May (if reporting monthly)</b>	✓ Payment released after review and approval of request
<b>July 15</b>	<b>Reimbursement Request Form (FINAL if no accruals/encumbrances) for the fiscal year and for the month of June (if reporting monthly) or for the quarter ending June (if reporting quarterly).</b>	✓ Payment released after review and approval of request and fiscal year end reconciliation is completed
<b>July 30</b>	<p><b>Year-End Progress Report</b> (covers July 1<sup>st</sup> through June 30<sup>th</sup> regardless of Agreement start date) includes:</p> <ul style="list-style-type: none"> <li>✓ Cover Sheet</li> <li>✓ Progress Narrative</li> <li>✓ Scope of Work Progress Update</li> <li>✓ Success Stories</li> <li>✓ Additional Attachments</li> <li>✓ Reimbursement Form (includes payment of accruals/encumbrances noted on the June report submitted on July 15<sup>th</sup> )</li> <li>✓ Reimbursement Form for the month of July (if reporting monthly) or for new fiscal year if Agreement continues</li> <li>✓ Evaluation Information /Client Data (scannable forms/exports)</li> <li>✓ Most Recent Annual, Independent Audit Report (of financial statements, prepared by a certified public accountant)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Submit 1 hard copy and 1 email copy to your F5SMC Program Specialist</li> <li>✓ Payment released after review and approval of request</li> </ul>
<b>July 30</b>	<b>Reimbursement Request Form (if funds were encumbered in 4<sup>th</sup> quarter)</b>	<ul style="list-style-type: none"> <li>✓ Submit 1 hard copy and 1 emailed copy to your F5SMC Program Specialist</li> <li>✓ Payment released after review and approval of request</li> </ul>

**Note: When a deadline falls on a Saturday, Sunday, or holiday, the due date becomes the prior business day.**

## **PROGRESS REPORTS SECTION**

---

---

- Reporting Guidelines
- Quarterly Site Visits
- Mid-Year Progress Report Instructions
- Annual Review Process Guidelines
- Year-End Progress Report Instructions
- Success Stories Guidelines

# REPORTING GUIDELINES

---

Mid-Year and Year-End Progress Reports are required of all Grantees and must be completed and submitted by the Grantee Lead/Fiscal Agent funded by First 5 San Mateo County (F5SMC). After review of the Mid-Year and Year-End Progress Reports the F5SMC Program Specialist will contact the Grantee to give feedback on the report and discuss any questions. In addition, Grantees must participate in Quarterly Site Visits. These reports and site visits provide each Grantee with the opportunity to update F5SMC on how their funded project is impacting the lives of children 0-5 and their caregivers in San Mateo County.

First 5 San Mateo County's fiscal year is July 1<sup>st</sup> through June 30<sup>th</sup>. The Mid-Year report will cover the time period of July 1<sup>st</sup> through December 31<sup>st</sup> and is due by January 30<sup>th</sup> each year (or the prior business day if the 30<sup>th</sup> falls on a weekend or holiday). The Year-End report will cover the time period of July 1<sup>st</sup> through June 30<sup>th</sup> and is due by July 30<sup>th</sup> each year (or the prior business day if the 30<sup>th</sup> falls on a weekend or holiday).

Please use the electronic report forms provided to you by your Program Specialist. You may also download forms from our website: [www.first5sanmateo.org](http://www.first5sanmateo.org).

## **Who to Contact with Questions:**

Your assigned Program Specialist is available to help you with questions or direct you to an appropriate F5SMC staff member. For program or fiscal questions, contact your Program Specialist. For evaluation or communications-related questions you may call your Program Specialist or call the Evaluation Specialist or the Communications and Operations Liaison directly (see staff listing on page 73).

## **Mid-Year and Year-End Report Submission:**

- 1) Submit the original **with no bindings** (binder clips are fine) to:

### **First 5 San Mateo County**

Attn: Program Specialist assigned to your grant  
1700 S. El Camino Real, Suite 405  
San Mateo, CA 94402

Note: Be sure to send original, signed copies of *Reimbursement Request Forms* and *Budget Revision Forms*.

- 2) Please also submit your reports by **EMAIL** to your Program Specialist

We understand that you may not have electronic copies of all attachments to your report. If this is the case, please let us know which attachments are being sent as hard copies only.

## **Quarterly Site Visits**

As a means of keeping connected to our funded partners, Program Specialists will conduct quarterly site visits. The purpose of these visits is to ensure ongoing communication about progress and challenges of the project, and to provide technical assistance, if needed. Your Program Specialist will contact you to coordinate the site visit dates.

## **Evaluation Information/Client Data**

If your individualized evaluation plan calls for submitting database exports, please send them with your Mid-Year and Year-End reports in an email that is password protected. Send a separate email that contains the password.

## QUARTERLY SITE VISITS

---

The purpose of Quarterly Site Visits is to ensure ongoing communication about the progress and challenges of the project, and to provide technical assistance, if needed.

Your Program Specialist will initiate each site visit on a quarterly basis to observe service-delivery for Grantees whose program allows such contact and/or conduct an administrative site visit. For Grantees with confidentiality or other programmatic constraints, the Program Specialist will contact the Grantee in another, more appropriate manner (e.g., a site visit without clients present [an administrative site visit], a phone call, email, or other means of contact).

Some program structures may allow the Program Specialist to observe certain service delivery, but not all (e.g., it may be possible for a Program Specialist to sit in on a training or visit a preschool classroom, but not sit in on a one-on-one client counseling session.)

Please work with your Program Specialist to establish and maintain appropriate, quarterly contact. Additional site visits may be necessary depending on program development assistance that is requested/required.

At each Quarterly Site Visit you will be asked:

- If your project is on track with the deliverables as outlined in your SOW
- If spending is on track according to your approved budget
- What success you are experiencing
- What challenges you are facing
- If your evaluation activities are on track (data collection, scannable forms)
- If F5SMC can provide technical assistance to help ensure your success
- About specific program development issues/opportunities, if they exist



# MID-YEAR PROGRESS REPORT INSTRUCTIONS

---

## MID-YEAR PROGRESS REPORT

The Mid-Year Progress Report covers the first six months (July 1<sup>st</sup> through December 31<sup>st</sup>) of each fiscal year the grant is funded. **Regardless of the start date of the Grantee's Agreement, the Grantee must submit a Mid-Year Progress Report by January 30<sup>th</sup> (or the prior business day if the 30<sup>th</sup> falls on a holiday or weekend) consisting of the following items:**

- Cover Sheet
- Progress Narrative
- Scope of Work Progress Update
- Success Stories
- Additional Attachments
- Reimbursement Request Form
- Evaluation Information/Client Data

Instructions for completing Mid-Year Progress Report components are provided on the following page. If you have questions, please consult your First 5 Program Specialist for assistance.

## MID-YEAR PROGRESS REPORT COMPONENTS

### Cover Sheet

Complete the Mid-Year Progress Report Cover Sheet found in this section, attach each reporting element, and check the associated boxes to ensure your packet is complete.

### Progress Narrative

In 1-3 pages, please provide information complementary to the Scope of Work update that addresses your progress during the period of July 1<sup>st</sup> through December 31<sup>st</sup> in the following areas:

#### 1) Achievements

- a) Provide a brief summary of progress, including successes and accomplishments for the reporting period.

#### 2) Challenges

- a) Provide a brief summary of any challenges or unusual developments; this includes activities that are behind schedule or that have not been completed as planned. Significant changes to your SOW require pre-approval by the assigned F5SMC Program Specialist.
- b) Describe the barriers you have encountered and how you will address them or modify the activities to address them.
- c) If you will not meet the target numbers established in your SOW, please describe why and how you will address this.
- d) Identify any major staffing changes you have experienced during the period of July 1<sup>st</sup> through December 31<sup>st</sup>, or those that you anticipate in the next six months, and how these changes have impacted or will impact the program.

#### 3) Expenditures

- a) Provide an explanation for budget line item variances in the "Notes" section of the *Reimbursement Request Form*. (Please see the Fiscal Section of this Grantee Handbook for details.)
- b) Describe any budget changes you would like to make or that you anticipate in the next six months.

#### 4) Evaluation

- a) Are you on track for collecting your evaluation information? If not, explain why and what changes need to be made.
- b) You must submit your evaluation information as part of your Mid-Year Report (Please see the Evaluation Section of this Grantee Handbook for details).

#### 5) Other Sources of Support

- a) Describe any other sources of funding that support this project.
- b) Describe your current plan for sustaining the project beyond F5SMC's investment.

#### 6) Overall Summary

- a) Provide an overall summary of the project for the reporting period and include a description of major activities that you intend to accomplish over the next six months (e.g., hiring staff and activities to be conducted).
- b) Identify any changes you anticipate to the Scope of Work over the next six months.
- c) Identify any technical assistance needed to support the success of this project.

### **Scope of Work Progress Update**

Utilizing your most recent, approved Scope of Work (SOW); please insert a “Progress-to-Date” column to the far right. In this column provide an update on each objective and activity for the reporting period (July 1<sup>st</sup> – December 31<sup>st</sup>). Also indicate your progress in meeting **target numbers** established in your SOW. For example, if your SOW states you will provide 30 families with 12 home visits each per year, please tell us how many home visits you provided to each family and the total number of families served. Be sure to report duplicated and unduplicated numbers, as established in your Scope of Work. A Sample SOW report with progress column is provided at the end of this section for your reference.

### **Success Stories**

Please submit one or two Success Stories with your Mid-Year Progress Report on the *Parents as Story Tellers Form* (additional pages may be added as necessary). Submission of a Family/Child Success Story is mandatory. Submission of a Grantee/Provider Success Story is highly encouraged. Please follow the instructions in the Success Stories Guidelines section of this Grantee Handbook.

### **Additional Attachments**

Please provide copies of relevant documents referenced in the Progress Narrative and *Scope of Work Progress Update Form*. For example, if you developed a brochure as a deliverable, please include a copy as an attachment.

### **Reimbursement Request Form**

Complete and submit your monthly or quarterly *Reimbursement Request Form* for the month of December or the quarter ending December (October – December), depending on whether you have chosen to be reimbursed on a monthly or quarterly basis. In certain circumstances, you may be asked to provide backup invoices for subcontractors. Please see the Fiscal Section of this Grantee Handbook for details.

### **Evaluation Information/Client Data**

You must submit information about the clients you serve as part of your Mid-Year Report. Please see explanation and instructions for submission of this information in the Evaluation Section of this Grantee Handbook.



## Mid-Year Progress Report Cover Sheet

<b>Lead/Fiscal Agent:</b>			
<b>Project Name:</b>			
<b>Reporting Period:</b>			
<b>Address:</b>			
<b>Tel:</b>		<b>Email:</b>	
<b>Report Prepared By:</b>			<b>Date Submitted:</b>

---

The following are attached:

- Cover Sheet
- Progress Narrative
- Scope of Work Progress Update
- Success Stories
- Additional Attachments
- Reimbursement Request Form
- Evaluation Information/Client Data

## SAMPLE MID-YEAR SCOPE OF WORK WITH UPDATE COLUMN



Mid-Year Progress Update: July-December 2010

**Lead Agency Name: Sisters for a Smoke Free Society (SSFS)**

**Project Name: Smoke No More!**

**Goal: Reduce the number of children 0-5 in San Mateo County with tobacco exposure**

**Measurable Objective #1: By June 30, 2011 at least 500 parents of children 0-5 will participate in tobacco education and cessation activities.**

**Total Unduplicated Clients Served Under This Objective:**

Children 0-5:	Families of 0-5s: 500	Providers of 0-5s:	Other:
Describe:	Describe:	Describe:	Describe:
Major activities and timelines (Timeline Ongoing Unless Otherwise Indicated)	Staff or Agency Responsible	Documentation Instruments	Progress To Date – Duplicated Numbers (July –December 2010)
1. Develop educational flyers in culturally appropriate languages (Q1-Q2).	Program Assistant (PA) Administrative Assistant (AA)	Sample Flyers	<b>Flyers were developed for parent education seminars and smoking cessation groups. (See Attachments)</b>
2. Provide “The Dangers of Smoking” parent education seminar.	Community Worker (CW)	Sign in Sheet	<b>200 parents attended 4, one-day seminars (50 @ each). (Sign in Sheets Attached)</b>
3. Provide “Smoke No More!” Smoking cessation support groups	CW	Sign in Sheets	<b>50 parents attended one 8-week smoking cessation support group. (See Progress Narrative for more info.)</b>

# ANNUAL REVIEW PROCESS GUIDELINES

---

All Grantees funded for more than one year are required to complete an Annual Review Process, which includes participating in an Annual Review Meeting and providing the necessary follow-up information. Funding for the subsequent year is contingent upon successful completion of the Annual Review Process. The Annual Review Process serves as an opportunity for each Grantee to discuss with F5SMC staff how the project is progressing and whether objectives are being met. In addition, this process serves as an opportunity to look ahead to the new grant year and incorporate lessons learned into the Scope of Work and/or Budget.

The Annual Review Process will take place between March and May and will focus on accomplishing the following objectives:

- Evaluate the project's progress toward meeting objectives and activities delineated in the Scope of Work (SOW).
- Identify the barriers and facilitators to implementing project activities, and discuss how to modify the program in view of these factors over the next contract year.
- Determine whether line-item expenditures have been over or under the budgeted amounts approved for the project's Agreement, and whether there is likely to be an over- or under-spend.
- Discuss the project's progress in meeting evaluation requirements and to explore ideas for strengthening the evaluation effort in the next contract year.
- Discuss changes that should be made to the Scope of Work and/or budget in light of the above.

At your Annual Review Meeting with F5SMC staff, please be prepared to provide a verbal report on the progress you have made meeting project objectives, including data collection activities established in your Evaluation Plan. Prior to the meeting, F5SMC will send you a list of questions that you should be prepared to answer at the Annual Review Meeting. If it helps, you may prepare a written statement, but it is not required.

Within two weeks of the Annual Review Meeting, the Grantee Lead/Fiscal Agent must submit the following documents to F5SMC:

- *A Scope of Work Form* for the upcoming fiscal year
- *A Budget Request Form, Budget Narrative Form* and the *Grantee Signature Authorization Form* for the upcoming fiscal year (see the Budget Request, Budget Narrative and Signature Authorization Form Instructions included in the Fiscal Section of this Grantee Handbook)

Grantees must be prepared to submit these documents within two weeks. **Receipt of the required Annual Review Process documents more than two weeks after the meeting or receipt of incomplete documents may delay the completion of your Annual Review Process and, consequently, may delay grant payments for the following year.**

Project managers and project staff should allocate time during the appropriate months of each year of the Agreement to focus on preparing Annual Review Process documents.

# YEAR-END PROGRESS REPORT INSTRUCTIONS

---

## YEAR-END PROGRESS REPORT

The Year-End Progress Report covers the entire fiscal year (July 1<sup>st</sup> through June 30<sup>th</sup>).

**Regardless of the start date of the Grantee's Agreement, the Grantee must submit a Year-End Progress Report by July 30<sup>th</sup> (or the prior business day if the 30<sup>th</sup> falls on a holiday or weekend) consisting of the following items:**

- Cover Sheet
- Progress Narrative
- Scope of Work Progress Update
- Success Stories
- Additional Attachments
- Reimbursement Request Form
- Evaluation Information/Client Data
- Most Recent Independent Audit Report (government agencies exempt)

Instructions for completing Year-End Progress Report components are provided on the following page. If you have questions, please consult your First 5 Program Specialist for assistance.

## YEAR-END PROGRESS REPORT COMPONENTS

### Cover Sheet

Complete the Year-End Progress Report Cover Sheet found in this section, attach each reporting element, and check the associated boxes to ensure your packet is complete.

### Progress Narrative

In 3-5 pages, please provide information complementary to the Scope of Work update that addresses progress you have made during the period of July 1<sup>st</sup> through June 30<sup>th</sup> in the following areas:

#### 1) Achievements

- a) In one or two paragraphs, recap the progress reported in the Mid-Year Report.
- b) Provide a brief summary of progress for the last six months, including successes and accomplishments for the reporting period.

#### 2) Challenges

- a) Provide a brief summary of any challenges or unusual developments; this includes activities that are behind schedule or that have not been completed as planned. Significant changes to your SOW require pre-approval by the assigned F5SMC Program Specialist.
- b) Describe the barriers you have encountered and how you will address them or modify the activities to address them. Significant changes to your SOW require pre-approval by the assigned F5SMC Program Specialist.
- c) If you will not meet the target numbers established in your SOW, please describe why and how you will address them.
- d) Identify any major staffing changes you have experienced in the last six months or ones that you anticipate in the next six months and how these changes have, or will, impact the program.
- e) Provide a summary of lessons learned during the year.

#### 3) Expenditures

- a) Provide an explanation for budget line item variances in the “Notes” section of the *Reimbursement Request Form*. (Please see the Fiscal Section of this Grantee Handbook for details.)

#### 4) Evaluation

- a) Are you on track for collecting your evaluation data? If not, please explain why and what changes need to be made.
- b) You must submit your evaluation information as part of your Year-End Report (Please see the Evaluation Section of this Grantee Handbook for details).

#### 5) Other Sources of Support

- a) Describe any other sources of funding that support this project.
- b) Describe your current plan for sustaining the project beyond F5SMC’s investment.

#### 6) Overall Summary

- a) Provide an overall summary of the project for the reporting period and include a description of major activities that you intend to accomplish over the next six months that



were not discussed during your Annual Review Meeting (e.g., hiring staff and activities to be conducted).

- b) Identify any changes you anticipate to the Scope of Work over the next six months that have not been addressed during your Annual Review Meeting.
- c) Identify any technical assistance needed to support the success of this project.

### **Scope of Work Progress Update**

Utilizing your original approved Scope of Work; please insert a “Progress-to-Date” column to the far right. In this column provide an update on each objective and activity for the reporting period (July 1<sup>st</sup> through June 30<sup>th</sup>). Also indicate your progress in meeting **target numbers** established in your SOW. For example, if your SOW states you will provide 30 families with 12 home visits each per year, please tell us how many home visits you provided to each family and the total number of families served. Be sure to report both duplicated and unduplicated numbers, as established in your Scope of Work. A Sample SOW report with an update column is provided at the end of this section for your reference.

### **Success Stories**

Please submit one or two Success Stories with your Year-End Progress Report on the *Parents as Story Tellers Form* (additional pages may be added as necessary). Submission of a Family/Child Success Story is mandatory. Submission of a Grantee/Provider Success Story is highly encouraged. Please follow the instructions in the Success Stories Guidelines section of this Grantee Handbook.

### **Additional Attachments**

Please provide copies of relevant documents referenced in the Progress Narrative and *Scope of Work Progress Update Form*. For example, if you developed a brochure as a deliverable, please include a copy as an attachment.

### **Reimbursement Request Form**

Complete and submit your monthly or quarterly *Reimbursement Request Form* for the month of June or the quarter ending June (April – June), depending on whether you have chosen to be reimbursed on a monthly or quarterly basis. In certain circumstances, you may be asked to provide backup invoices for subcontractors. Please see the Fiscal Section of this Grantee Handbook for details. If you encumbered funds in your fourth-quarter Reimbursement Request, you must submit a final *Reimbursement Request Form* with actual expenditures incurred no later than July 30<sup>th</sup>.

### **Evaluation Information/Client Data**

You must submit information about the clients you serve as part of your Year-End Report. Please see explanation and instructions for submission of this information in the Evaluation Section of this Grantee Handbook.

### **Independent Audit Report** (government agencies exempt)

Submit your agency’s most recent independent audit of financial statements, prepared by a certified public accountant. If, with your audit your agency received a management letter containing recommendations for improvements in the financial operations of your organization, please include a copy of the management letter and your agency’s response to those recommendations. If your agency does not have an independent audit completed annually, please provide a statement explaining why, and provide a copy of the most recent audit. If your audit is available electronically, please email it to your Program Specialist along with your other reporting materials.



**Year-End Progress Report Cover Sheet**

<b>Lead/Fiscal Agent:</b>					
<b>Project Name:</b>					
<b>Reporting Period:</b>					
<b>Address:</b>					
<b>Tel:</b>		<b>Email:</b>			
<b>Report Prepared By:</b>				<b>Date Submitted:</b>	

The following are attached:

- Cover Sheet
- Progress Narrative
- Scope of Work Progress Update
- Success Stories
- Additional Attachments
- Reimbursement Request Form
- Evaluation Information/Client Data
- Independent Audit Report (of Financial Statements - government entities exempt)

## SAMPLE YEAR-END SCOPE OF WORK WITH UPDATE COLUMN



Year-End Progress Update: July 2010 through June 2011

<b>Lead Agency Name: Sisters for a Smoke Free Society (SSFS)</b>			
<b>Project Name: Smoke No More!</b>			
<b>Goal: Reduce the number of children 0-5 in San Mateo County with tobacco exposure</b>			
<b>Measurable Objective #1: By June 30, 2011 at least 500 parents of children 0-5 will participate in tobacco education and cessation activities.</b>			
<b>Total Unduplicated Clients Served Under This Objective:</b>			
<b>Children 0-5:</b>	<b>Families of 0-5s: 500</b>	<b>Providers of 0-5s:</b>	<b>Other:</b>
<b>Describe:</b>	<b>Describe:</b>	<b>Describe:</b>	<b>Describe:</b>
<b>Major activities and timelines (Timeline Ongoing Unless Otherwise Indicated)</b>	<b>Staff or Agency Responsible</b>	<b>Documentation Instruments</b>	<b>Progress To Date – Duplicated Numbers (July 2010 –June 2011)</b>
1. Develop educational flyers in culturally appropriate languages (Q1-Q2).	Program Assistant (PA) Administrative Assistant (AA)	Sample Flyers	Flyers were developed for parent education seminars and smoking cessation groups during the first 2 quarters.
2. Provide “The Dangers of Smoking” parent education seminar	Community Worker (CW)	Sign in Sheet	500 parents attended 10, one-day seminars (50 @ each). 6 seminars were held in the second half of the reporting period. (Sign in Sheets Attached).
3. Provide “Smoke No More!” smoking cessation support groups	CW	Sign in Sheets	150 parents attended 3, 8-week smoking cessation support groups (2 groups conducted in the second half of the reporting period). (See Progress Narrative for more info.)

# SUCCESS STORIES GUIDELINES

---

## PURPOSE

As part of both your Mid-Year and Year-End Reports, you are required to submit 1-2 Success Stories that demonstrate the impact of your F5SMC-funded work through real-life examples.

The purpose of obtaining Success Stories is to communicate the impact of your work -- via F5SMC's funding -- on the healthy development and well-being of young children and their families. We will utilize Success Stories to highlight your program, tie its service delivery methods to F5SMC's Strategic Plan, and educate the general public about the important use of Prop 10 funds. Obtaining Success Stories also helps position F5SMC to make the most of public relations and press opportunities that may arise over the course of the year.

## SUBMISSION GUIDELINES

Please provide one Family/Child Success Story and one Grantee/Provider Success Story (if possible) with your Mid-Year and Year-End Progress Reports.

Family/Child Success Stories: It is mandatory that you provide one Family/Child Success Story with each Progress Report. These are stories about positive outcomes told from the parent's perspective. Stories told by actual service recipients are very powerful and help bring to life the depth and meaning of your work. **Whenever possible Family/Child Success Stories should be crafted by the parents themselves.** In order to encourage your clients to be the tellers of their own stories, please ask them to complete the *Parents as Story Tellers Form*. (*The Parents as Story Tellers Form* is provided at the end of this section for your convenience).

In the event you want to tell a Family/Child Success Story and the parents are not willing to complete the Parents as Story Tellers Form, you may tell the story from your (the Grantee's) perspective. In doing so, please utilize the questions provided below in the Success Story Questions section.

Grantee/Provider Success Story: We strongly encourage you to provide a Grantee/Provider Success Story with each Progress Report, but it is not mandatory. These are stories told from the Grantee's or Service Provider's perspective and focus on the staff efforts that supported the client's success.

When working with clients you often go above and beyond to give them the best services possible. Because of these "behind the scenes" efforts, programs are more effective, service barriers are eliminated or reduced, and the systems that serve clients are improved. We are interested in hearing these often-untold stories about how your staff members are making a difference -- not only in the lives of your clients -- but in the lives of their co-workers, and in the systems that serve children 0-5 and their families.

The Grantee/Provider Success story you tell will most likely include the basic client story in order to make sense, but it mainly focuses on YOUR efforts to provide quality services -- efforts that may or may not be visible to your clients.

To help you tell your Grantee/Provider Success Story, please utilize the questions provided below in the Success Story Questions section.

## **REQUIRED SUCCESS STORY ELEMENTS:**

- For Family/Child Success Stories focus on recipients of F5SMC funds whose situations were significantly, positively impacted by your F5SMC-funded services/program. Examples of service recipients include, but are not limited to: families or children you serve, Early Education Providers, Mental Health workers, Home Visitors.
- For Grantee/Provider Success Stories, focus on staff efforts that enabled the client to succeed, such as how staff work improved the service delivery, better coordinated care, or overcame barriers, etc.
- Whenever possible have the family tell their own story.
- Include a quote from the service recipient or staff member whenever possible to strengthen the story.
- Utilize the Success Story Questions provided below to create an effective story with impact.
- Change the name/s of the clients in your story if confidentiality is of concern to you or your client.

## **SUCCESS STORY QUESTIONS**

The following questions are designed to help you tell Success Stories in a compelling and interesting way that also helps readers understand the impact of your work, and understand the importance of F5SMC's investment. You do not have to answer all the questions; they are meant to be thought provoking and help frame your story.

1. What was the family's/client's crisis or problem?
2. What challenges were present that exacerbated the situation/what barriers did your client face?
3. What actions did your client take prior to contacting you that still didn't yield results?
4. What services did you provide to your client and how did they make a difference?
5. How did your program respect the client's culture, customs, language, and strengths?
6. What agencies did you collaborate with in order to provide the best services possible?
7. As a service provider, how do you feel when your services have a positive effect?
8. What systemic issues did you face and how did you overcome them?
9. What was the final outcome for your client/what ended up happening as a result of your help?

If you have a compelling Success Story to tell and the questions above do not help you with its construction, please feel free to call F5SMC's Communication and Operations Liaison for technical assistance.



## **PARENTS AS STORY TELLERS CONSENT FORM**

You have received services through a program that is funded by First 5 San Mateo County (F5SMC). F5SMC is very interested in hearing about your experience and learning how the services we fund have helped you.

Because F5SMC revenue comes from tobacco taxes (e.g., public funds), it is important to show the public how their money is spent and the importance of the services you and your family have received. The best way to do this is for you to tell your story in your own words. A story told from your perspective is very convincing and will help to ensure continued funding for services supporting the healthy development and well being of young children and their families.

Your story might be featured in the F5SMC newsletter, website, brochures, community reports, or it may even be provided to a reporter who wants to know about our programs and the children and families we are helping. We respect your confidentiality, so you do not have to tell us your name or your child(s) name unless you would like to. If you choose not to provide us with your or your child(s) name and your story is featured as stated above, your story would be revised using made-up names to protect your privacy. If you choose to give us your name and your child(s) name to use in telling your story, please sign the Consent Form located the end of this document.

Please answer the questions below to help frame your story. Feel free to provide additional information if you like. Once you are finished, please return this form to your service provider.

Thank you very much for helping First 5 San Mateo County to continue supporting important programs like the one in which you have participated. Thanks for sharing your story!

1. What programs and/or services did your child/family receive?
  
  
  
  
  
  
  
  
  
  
2. Describe why your child/family needed the programs and/or services?
  
  
  
  
  
  
  
  
  
  
3. How did the programs and/or services help your child/family?

4. Is your child/family still using the programs and/or services?

5. Please provide a few sentences describing how the programs and/or services made a difference for your child/family.

6. How did you hear about the programs and/or services?

7. How did programs and/or services you received increase your parental knowledge about the importance of your child's first five years?

**PARENTS AS STORY TELLERS CONSENT FORM (Optional - for use of official names)**

I give my permission to First 5 San Mateo County (F5SMC) and/or their designee(s) to use official names for myself, child(s) and family members in any written stories, comments and information that I provide to them for use in public relations/community relations purposes in promoting F5SMC Commission activities revolving around young children 0-5 and their families.

\_\_\_\_\_  
Name of Parent or Guardian (print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Age of Child

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Age of Child

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Age of Child

## **FISCAL SECTION**

---

---

- Budget Request & Budget Narrative Instructions And Forms
- Agreement Review Meeting
- Reimbursement Request Instructions And Form
- Budget Revision Request Instructions And Form
- Grantee Signature Authorization Instructions And Form
- Other Fiscal Requirements
- Agreement Closeout Process



# BUDGET REQUEST & BUDGET NARRATIVE INSTRUCTIONS AND FORMS

---

## BACKGROUND

A *Budget Request Form*, *Budget Narrative Form* and *Grantee Signature Authorization Form* must be submitted as part of the Grantee's Initial Agreement, and re-submitted annually via the Annual Review Process as a F5SMC funding condition (see Annual Review Process Guidelines section of this Grantee Handbook for information on the Annual Review Process - Page 12). Sample *Budget Request* and *Budget Narrative Forms* are provided at the end of this section.

For electronic copies of the forms please contact your F5SMC Program Specialist or go to our website: [www.First5sanmateo.org](http://www.First5sanmateo.org).

## BUDGET REQUEST AND BUDGET NARRATIVE INSTRUCTIONS

Please submit a Budget Request and Budget Narrative that describes the costs of fulfilling your Scope of Work requirements for the upcoming fiscal year. Refer to the sample *Budget Request Form* and *Budget Narrative Form* included in this section when developing your budget. Grantees will receive notification via email that your budget was approved or notification of any additional information or modifications that will be needed in order to approve your budget.

### Complete the columns of the *Budget Request Form* as follows:

- Column A. Amount Requested: Insert the amount you are requesting for each line item.
- Column B. Leveraged Amount Available: Indicate funds you are using from other sources to help pay for each of the line items in your budget. Leveraged funds refer to the amount of additional funds secured to support the project.
- Column C. Total Program Budget (A+B): A formula that automatically adds the total amount of each line item (Amount Requested plus Leveraged Amount Available).

### Complete the line items of the *Budget Request Form* and *Budget Narrative Form* as follows:

Provide a *Budget Narrative Form* that addresses the amount requested for each line item on the *Budget Request Form*. Do not include leveraged funds in your Budget Narrative.

#### I. Personnel

Personnel refers to individuals directly employed by the fiscal agent for this project. Any project staff or individuals hired through subcontract or consultant agreements should be included under the Consultants or Subcontractors budget subcategories, not under Personnel.

Positions: For each position, include the annual salary range for a 100% Full Time Equivalent (FTE) and the actual FTE percent that will be charged to your F5SMC grant. List the FTE percent that will be paid for by your F5SMC grant only. Multiple personnel performing the same classification of duties may be combined into one line item (i.e. two full-time and one half-time community outreach workers would be itemized as 2.5 FTE community outreach worker positions). The actual number of staff should be identified on the *Budget Narrative Form*.

In the *Budget Narrative Form*, list the job title, salary range, and percent FTE to be charged to your F5SMC grant for each position. Briefly describe the job responsibilities of each funded individual.

**Benefits:** Express the benefits as a percentage of the total amount being requested for Personnel salaries. Indicate the benefit rate (%) being used by your agency. If different rates are used for different positions, please itemize as necessary. Include a list of each fringe benefit (i.e., retirement, health insurance) and payroll tax (e.g., Medicare, Social Security) to be paid.

## II. Operating Expenses

These are project expenses necessary to perform the services described in Exhibit A of your Agreement and your Scope of Work. **Grantees must show how each line item is calculated in the *Budget Narrative Form*.**

- A. **Rent and Utilities:** The costs of office rental or lease necessary for completion of the project. In the *Budget Narrative Form* identify how this cost was calculated (i.e., calculating the cost per square foot per FTE and multiplying by the number of FTEs for this project).
- B. **Office Supplies and Materials:** General office supplies and materials necessary for completion of the project. In the *Budget Narrative Form* identify how this cost was calculated (i.e., average cost per FTE based on actual expenditures from the previous year plus an inflation factor). Please provide estimated monthly costs and describe supplies being used.
- C. **Telephone/Communications:** Telephone and communication costs necessary for completion of the project. In the *Budget Narrative Form*, identify how this cost was calculated.
- D. **Postage/Mailing:** Postage and Mailing necessary for project (i.e., mailing brochures, applications, general correspondence). In the *Budget Narrative Form*, identify how this cost was calculated.
- E. **Printing/Copying:** Printing and Copying costs necessary for project (i.e., printing of flyers/brochures/ business cards, etc.) In the *Budget Narrative Form*, identify how this cost was calculated.
- F. **Equipment Lease:** Equipment lease and rentals necessary for the project. In the *Budget Narrative Form*, identify all items included in this line item. Leased items must be relevant and justified for inclusion.
- G. **Travel:** Travel costs associated with the completion of project activities by staff (i.e., travel to collaborative meetings, travel to provide case management to clients). You may also include travel costs for program participants where appropriate. In the *Budget Narrative Form*, please use the current mileage reimbursement rate provided by the County of San Mateo Controller's Office. The mileage reimbursement rate effective January 1, 2010 is fifty cents (\$0.50) per mile This rate changes periodically, so please make sure you are using the most current rate. This rate may be updated annually by the Internal Revenue Service (IRS). The updated mileage reimbursement rate will be provided at the Grantee's Annual Review meeting. Please contact F5SMC fiscal staff with any questions related to the current mileage reimbursement rate.
- H. **Training/Conference:** Training and/or conference costs for staff or program clients to attend learning opportunities that are relevant to the project. In the *Budget Narrative*

*Form*, indicate the cost per person for each training and/or conference and indicate if attendees are staff or clients.

- I. **Consultants:** Consulting services are defined as professional or highly technical services provided on a contractual basis over a relatively short period of time by individuals who are not employees of F5SMC or the Grantee. In the *Budget Narrative Form*, list each consultant and the expertise and services he/she will contribute to the project. Reference the specific objective(s) from the Scope of Work that the consultant will be responsible for completing. All consultants shall be subject to the same terms and conditions applicable under the Grantee's Agreement with F5SMC. The rate of pay for consultants must be included in the Budget Narrative. **Please note that any consultant charging more than \$100/hr must be approved by F5SMC staff prior to contracting.**
  
- J. **Subcontractors:** Subcontractors are defined as individuals or entities who will perform work on the project who are not employees of F5SMC or the Grantee. Subcontractors provide services, on a contractual basis, and serve a vital function to support the program's Scope of Work, goals, and objectives, as outlined in the Grantee's Agreement with F5SMC. The duration of these services is dependent on the program's Scope of Work. All subcontractors shall be subject to the same terms and conditions applicable under the Grantee's Agreement with F5SMC.  
  
In the *Budget Narrative Form*, please identify the name of each subcontracting individual/entity and the services to be provided (make reference to specific objective(s) from your Scope of Work). If subcontractors will employ additional staff for the project, include the job title, salary range, % FTE charged to the grant, and a summary of job responsibilities for each position. **Please note that F5SMC might request a copy of the Subcontractor's Budget and Budget Narrative.**
  
- K. **Other (please specify):** All costs that are necessary for the operation of the project and that are not identified under any of the other line items (i.e., stipends, food/refreshments). If stipends are included, please state the dollar amount per client in the *Budget Narrative Form*.

### III. Capital Expenditures

Any capital expenditures necessary for the completion of the project. All items should be itemized and include a justification in the *Budget Narrative Form* (i.e., cost to upgrade assets such as computers, furniture, and/or other office equipment).

### IV. Indirect Costs

Indirect Costs represents the expenses of doing business that are not readily identified with a particular contract, program or project; however are necessary for the general operation of the organization and the conduct of activities it performs. These costs are often referred to as an organization's overhead that needs to be allocated across specific projects utilizing an "indirect cost rate". Looking at it another way, indirect costs are those costs that are not classified as "direct costs".

Here are two common examples of indirect costs incurred by agencies:

- Information technology (IT) support is necessary for the functioning of most agencies, and although it is utilized by individual programs, it is not easily allocated as a direct cost of any particular program. Therefore the cost of IT support is often covered "indirectly". Through the indirect costs that are included in each program's budget, the IT costs of the entire agency are covered.

- Another common example is the cost of the lease of a postage meter. Though each program incurs direct costs to mail items, the cost of the lease of a postage meter cannot be directly assigned to any individual program. Therefore, by billing a portion of this cost to each program (via an Indirect Cost Rate, see next section); the cost of the postage meter lease is covered.

Direct Costs and Indirect Cost Rate:

Direct Costs are the expenses of doing business that are specific costs related to a grant, contract, project function or activity (for example, Salaries & Benefits, Travel, Materials, Supplies and Equipment, etc.).

Indirect Cost Rate is used to determine the proportion of an organization’s administrative costs that each contract, program, or project will bear. An indirect cost rate is applied to the direct costs of the fiscal year of the project after excluding **unallowable costs and extraordinary or distorting expenditures** (for example, excluding capital expenditures, subcontractors, and pass-through costs such as student stipends).

F5SMC allows a **maximum amount for indirect costs of 12% of total direct costs.**

If an organization has applied for, received, and wants to utilize an approved U.S. Department of Labor indirect cost rate, the organization must provide this information to F5SMC for consideration. Guidance for how to apply for this indirect cost rate may be obtained from the U.S. Department of Labor or other approved Federal Agency. Indirect Cost Rate Determination Guide found at the following website:

<http://www.dol.gov/oasam/programs/boc/costdeterminationguide/cdg.pdf>

**V. Total Program Costs**

Total Program Costs are automatically calculated and include Personnel, Operating, Capital and Indirect Costs.

**VI. In-Kind Support**

At the bottom of the *Budget Request Form*, please itemize all in-kind contributions (these are non-cash contributions (such as volunteer hours, use of rooms, etc.)). Do not assign monetary values to In-kind support, and do not report this in the “Leveraged Amount Available” column of the *Budget Request Form*.

**VII. Leveraged Funds**

In Coloumn B please list all non-F5SMC funding sources and amounts that support the project . Also indicate which leveraged funds are not yet secured.

**BUDGET REQUEST AND BUDGET NARRATIVE FORMS SUBMISSION**

- 1) Submit the original **with no bindings** (Binder Clips are fine) to:

**First 5 San Mateo County**

Attn: Program Specialist assigned to your grant  
1700 S. El Camino Real, Suite 405  
San Mateo, CA 94402

Note: be sure to send an original, signed copy of *Budget Request Forms*.

- 2) Please also submit your reports by **EMAIL** to your Program Specialist  
We understand that you may not have electronic copies of all attachments to your report. If this is the case, please let us know which attachments are being sent as hard copies only.



## First 5 San Mateo County BUDGET REQUEST FORM

Complete this form to show the budget for the **entire** project for the fiscal year. If there are subcontractors or collaborative agency budgets involved, please complete an additional budget request form for each and identify the subcontractor.

Agency Name:	
Program/Project Name:	
Amount of Request:	
Budget Period:	
Submission Date:	

\*\* List Leveraged Amount Available-Non F5SMC funds available to support the project, excluding the amount being requested from the Commission. At the bottom of the form under section VII, please list the funding source for all funds included in this column and any amounts from this column that are not yet secured.

I. PERSONNEL			A. Amount Requested	B. Leveraged Amount Available**	C. Total Program Budget (A+B)
<u>Position Title</u>	<u>Salary Range</u>	<u># FTEs</u>			
A.			\$ -		\$ -
B.			\$ -		\$ -
C.			\$ -		\$ -
D.			\$ -		\$ -
E.			\$ -		\$ -
F.			\$ -		\$ -
Benefits @ ___%			\$ -		\$ -
<b>Subtotal - Personnel</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

II. OPERATING EXPENSES		A. Amount Requested	B. Leveraged Amount Available**	C. Total Program Budget (A+B)
A.	Rent and Utilities	\$ -		\$ -
B.	Office Supplies and Materials	\$ -		\$ -
C.	Telephone/Communications	\$ -		\$ -
D.	Postage/Mailing	\$ -		\$ -
E.	Printing/Copying	\$ -		\$ -
F.	Equipment Lease	\$ -		\$ -
G.	Travel	\$ -		\$ -
H.	Training/Conference	\$ -		\$ -
I.	Consultants (itemize):	\$ -		\$ -
		\$ -		\$ -
		\$ -		\$ -

J. Subcontractors (itemize):	\$ -		\$ -
	\$ -		\$ -
	\$ -		\$ -
K. Other (itemize):	\$ -		\$ -
	\$ -		\$ -
	\$ -		\$ -
	\$ -		\$ -
<b>Subtotal - Operating Expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

III. CAPITAL EXPENDITURES	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
Itemize and describe items requested. Competitive bids may be requested by the Commission prior to contract. This section can be left blank if no capital requests are being made.			
A.	\$ -		\$ -
B.	\$ -		\$ -
C.	\$ -		\$ -
D.	\$ -		\$ -
E.	\$ -		\$ -
<b>Subtotal - Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

IV. INDIRECT COSTS	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
_____ %	\$ -		\$ -
(Attach copy of approved indirect cost rate proposal if percentage exceeds 12%, or submit a proposal for approval)			
<b>Subtotal - Indirect Costs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

V. TOTAL PROGRAM COSTS	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
<b>Total of sections I - IV</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

VI. IN KIND SUPPORT: Please identify any in-kind support that is available to this project (example: volunteer hours, donated office space or equipment). If volunteer hours are listed, please indicate the role(s) of volunteers in the project.

VII. LEVERAGED FUNDS ARE FROM: Please list the funding sources and their amounts for funds identified in Column B. Also indicate which leveraged funds are not yet secured.

<b>Date Prepared:</b>		<b>Prepared By:</b>	
-----------------------	--	---------------------	--

First 5 San Mateo County Use Only			
<b>Date Approved:</b>		<b>Approved By:</b>	



**First 5 San Mateo County  
BUDGET NARRATIVE FORM**

Agency Name:	
Program/Project Name:	
Amount of Request:	
Budget period:	
Submission Date:	

I. PERSONNEL	A. Amount Requested	Description / Explanation
<u>Position Title</u>		
A.	\$ -	
B.	\$ -	
C.	\$ -	
D.	\$ -	
E.	\$ -	
F.	\$ -	
Benefits @ _%	\$ -	
<b>Subtotal - Personnel</b>	<b>\$ -</b>	

II. OPERATING EXPENSES	A. Amount Requested	Description / Explanation
A. Rent and Utilities	\$ -	
B. Office Supplies and Materials	\$ -	
C. Telephone/Communications	\$ -	
D. Postage/Mailing	\$ -	
E. Printing/Copying	\$ -	
F. Equipment Lease	\$ -	
G. Travel	\$ -	
H. Training/Conference	\$ -	
I. Consultants (itemize):	\$ -	
	\$ -	
	\$ -	
J. Subcontractors (itemize):	\$ -	
	\$ -	
	\$ -	
K. Other (itemize):	\$ -	
	\$ -	
	\$ -	
<b>Subtotal - Operating Expenses</b>	<b>\$ -</b>	

III. CAPITAL EXPENDITURES	A. Amount Requested	Description / Explanation
A.	\$ -	
B.	\$ -	
C.	\$ -	
D.	\$ -	
E.	\$ -	
Subtotal - Capital Expenditures	\$ -	

IV. INDIRECT COSTS	A. Amount Requested	Allocation Method / Formula Used
_____ %	\$ -	
Subtotal - Indirect Costs	\$ -	

V. TOTAL PROGRAM COSTS	A. Amount Requested
Total of sections I - IV	\$ -

VI. IN KIND SUPPORT: Please identify any in-kind support that is available to this project (example: volunteer hours, donated office space or equipment). If volunteer hours are listed, please indicate the role(s) of volunteers in the project.

VII. LEVERAGED FUNDS ARE FROM: Please list the funding sources and their amounts for funds identified in Column B. Also indicate which leveraged funds are not yet secured.

*Mail signed First 5 San Mateo County Budget Request and Budget Narrative Forms to :*

**First 5 San Mateo County  
Attn: F5SMC program Specialist  
1700 S. El Camino Real, Suite 405  
San Mateo, CA 94402 – 3050**

*Electronic copy must also be submitted to:*  
**F5SMC Program Specialist**





## First 5 San Mateo County BUDGET REQUEST FORM

**SAMPLE FORM**

Complete this form to show the budget for the **entire** project for the fiscal year in question. If there are subcontractor or collaborative agency budget involved, please complete an additional form for each and identify the subcontractor.

Agency Name:	<b>XXXXXX</b>
Program/Project Name:	<b>XXXXXX</b>
Amount of Request:	<b>\$878,860</b>
Budget Period:	<b>July 1, 2011 - June 30, 2012</b>
Submission Date:	<b>April 30th, 2011</b>

\*\* List in this column all other agency funds available to support the project, excluding the amount being requested from the Commission. At the bottom of the form under section VII, please list the funding source for all funds included in this column an

I. PERSONNEL			A. Amount Requested	B. Leveraged Amount Available**	C. Total Program Budget (A+B)
Position Title	Salary Range	# FTEs			
A. Program Director	60,000 to 70,000	1.00	\$ 62,243		\$ 62,243
B. Parent Advocate	43,000 to 46,000	1.00	\$ 45,163		\$ 45,163
C. Early Learning Educator	41,000 to 44,500	5.50	\$ 233,399		\$ 233,399
D. Nurse Clinician	45,000 to 55,000	3.00	\$ 159,262		\$ 159,262
E. Clinical Supervisor	66,000 to 70,000	0.10	\$ 6,890		\$ 6,890
F. Associate Director	85,000 to 100,00	0.125	\$ 17,067		\$ 17,067
G. Clinical Director	115,000 to 125,000	0.0250	\$ 3,012		\$ 3,012
Benefits @ <u>Approximately 28.7 %</u>			\$ 151,650		\$ 151,650
<b>Subtotal - Personnel</b>			<b>\$ 678,686</b>	<b>\$ -</b>	<b>\$ 678,686</b>

II. OPERATING EXPENSES			A. Amount Requested	B. Leverage Amount Available **	C. Total Program Budget (A+B)
A. Rent and Utilities			\$ 4,969		\$ 4,969
B. Office Supplies and Materials			\$ 3,000		\$ 3,000
C. Telephone/Communications			\$ 5,000		\$ 5,000
D. Postage/Mailing					\$ -
E. Printing/Copying			\$ 50		\$ 50
F. Equipment Lease			\$ 2,500		\$ 2,500
G. Travel			\$ 20,000		\$ 20,000
H. Training/Conference			\$ 3,000		\$ 3,000
I. Consultants (itemize):					\$ -
Life Foundation			\$ 5,200		\$ 5,200
J. Subcontractors (itemize):					\$ -
XXXX School District			\$ 68,878		\$ 68,878
K. Other (itemize):					\$ -
Food Costs for Meetings			\$ 1,350		\$ 1,350
<b>Subtotal - Operating Expenses</b>			<b>\$ 113,947</b>	<b>\$ -</b>	<b>\$ 113,947</b>

III. CAPITAL EXPENDITURES	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
Itemize and describe items requested. Competitive bids may be requested by the Commission prior to contract. This section can be left blank if no capital requests are being made.			
A.			\$ -
B.			\$ -
C.			\$ -
D.			\$ -
E.			\$ -
<b>Subtotal - Capital Expenditures</b>	\$ -	\$ -	\$ -

IV. INDIRECT COSTS	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
12% of direct costs less amount to Sub-Contractors			\$ -
(describe allocation method in narrative)	\$ 86,227		\$ 86,227
<b>Subtotal - Indirect Costs</b>	\$ 86,227	\$ -	\$ 86,227

V. TOTAL PROGRAM COSTS	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
<b>Total of sections I - IV</b>	\$ 878,860	\$ -	\$ 878,860

IV. INDIRECT COSTS: For the purposes of this budget the formula is 12% of direct costs. However, our actual indirect expenses are 15.5% of the direct costs.

VI. IN KIND SUPPORT:

\$25,149 in indirect costs is being provided via In-Kind Support  
our normal indirect costs is 15.5% of total expenses

**\*\* Additional In-Kind Support Details on Attached Sheet**

VII. LEVERAGED FUNDS ARE FROM: N/A

<b>Date Prepared:</b>		<b>Prepared By:</b>	
-----------------------	--	---------------------	--

First 5 San Mateo County Use Only			
<b>Date Approved:</b>		<b>Approved By:</b>	



**First 5 San Mateo County  
BUDGET NARRATIVE FORM**

**SAMPLE FORM**

Agency Name:	<b>xxxxx</b>
Program/Project Name:	<b>xxxxx</b>
Amount of Request:	<b>\$878,860</b>
Budget Period:	<b>July 1, 2011 - June 30, 2011</b>
Submission Date:	<b>April 30th, 2011</b>

I. PERSONNEL	A. Amount Requested	Description / Explanation
<u>Position Title</u>		
A. Program Director	\$ 62,243	1.0 FTE to manage program operations, SOW activities, train and supervise staff
B. Parent Advocate	\$ 45,163	1.0 FTE to coordinate referrals into program and to provide community outreach
C. Early Learning Educator	\$ 233,399	5.5 FTE to provide PAT, RAR, Groups and other services
D. Nurse Clinician	\$ 159,262	3.0 FTE to provide health treatment
E. Clinical Supervisor	\$ 6,890	.10 FTE to provide group and individual clinical supervision to nurse staff
F. Associate Director	\$ 17,067	.13 FTE supervises PD - staff support - represents programs at community meetings
G. Clinical Director	\$ 3,012	.03 FTE provides mental health program oversight
Benefits @ Approximately 28.7_%	\$ 151,650	
<b>Subtotal - Personnel</b>	<b>\$ 678,686</b>	

II. OPERATING EXPENSES	A. Amount Requested	Description / Explanation
A. Rent and Utilities	\$ 4,969	\$1.80sf x 230sf x12months. Office space covers 11.03 FTE
B. Office Supplies and Materials	\$ 3,000	desk supplies, program materials, operating supplies, etc. @250 per month (11.03 FTE)
C. Telephone/Communications	\$ 5,000	cell phones, land lines, internet, voicemail 10 staff and interns
D. Postage/Mailing	\$ -	
E. Printing/Copying	\$ 50	outreach flyers/program brochures, business cards
F. Equipment Lease	\$ 2,500	copy machine lease x 12months
G. Travel	\$ 20,000	mileage @ County of San Mateo rate of .50 for 10 staff/interns @ approx 500 miles per month with additional travel cost for 2 out of town conferences
H. Training/Conference	\$ 3,000	professional conferences and training for workforce development for PM and staff
I. Consultants (itemize):	\$ -	
Lifesteps Foundation	\$ 5,200	Co-Facilitation of four 10 week groups @\$1,300 per group
J. Subcontractors (itemize):	\$ -	
XXXXX School District	\$ 68,878	1.0 FTE plus benefits. Parent Educator to PAT, RAR, Groups and other BTS Services
K. Other (itemize):	\$ -	
Food Costs for Meetings	\$ 1,350	Snacks for PAT groups and trainings
<b>Subtotal - Operating Expenses</b>	<b>\$ 113,947</b>	

III. CAPITAL EXPENDITURES	A. Amount Requested	Description / Explanation
A.	\$ -	
B.	\$ -	
Subtotal - Capital Expenditures	\$ -	

IV. INDIRECT COSTS	A. Amount Requested	Allocation Method / Formula Used
12% of direct costs less amount to Sub-Contractors	\$ 86,227	12% of Diect Costs less subcontractors
Subtotal - Indirect Costs	\$ 86,227	

V. TOTAL PROGRAM COSTS	A. Amount Requested
Total of sections I - IV	\$ 878,860

VI. IN KIND SUPPORT:

\$25,149 in indirect costs is being provided via In-Kind Support  
our normal indirect costs is 15.5% of total expenses  
**\*\* Additional In-Kind Support Details on Attached Sheet**

VII. LEVERAGED FUNDS ARE FROM: N/A

*Mail signed First 5 San Mateo County Budget Request and Budget Narrative Forms to :*  
**First 5 San Mateo County**  
**Attn: F5SMC program Specialist**  
**1700 S. El Camino Real, Suite 405**  
**San Mateo, CA 94402 – 3050**

*Electronic copy must also be submitted to:*  
**F5SMC Program Specialist**

## **AGREEMENT REVIEW MEETING**

---

Once the Grantee's Agreement has been executed, F5SMC staff will set up a meeting within 45 days of execution of the Agreement to provide an overview of the contract and all exhibits. The purpose of this meeting is to ensure the Grantee understands the terms of the contract, the Scope of Work, reporting requirements, forms, and to provide any needed technical assistance needed. At a minimum, a F5SMC fiscal staff member and program staff member will attend the meeting. The Grantee should ensure that appropriate program and fiscal staff attend the meeting to represent the Grantee organization.

# REIMBURSEMENT REQUEST INSTRUCTIONS AND FORM

---

Grantee expenditures will be paid on a reimbursement basis only. Grantees have the choice of requesting reimbursement of expenditures on a monthly or quarterly basis. *The Reimbursement Request Form* must be submitted either monthly or quarterly within 30 days from the end of the month or quarter for which the Grantee is requesting reimbursement. Grant payments will be released to the Fiscal Agent responsible for the project according to the fiscal year approved budget.

The *Reimbursement Request Form* is required of all Grantees and reflects line-item detail for actual expenditures for the month or quarter being reported, along with cumulative expenditures and the budget remaining. The *Reimbursement Request Form* must be completed and signed by the Grantee's authorized fiscal and program staff. Only agency authorized staff included on the *Grantee Signature Authorization Form* may sign the *F5SMC Reimbursement Request Form*.

## REIMBURSEMENT REQUEST INSTRUCTIONS

**The Grantee must complete include the following information on the Reimbursement Request Form:**

- Agency/Grantee Name
- Program/Project Name
- Agreement Number: - can be found on the first page of the Agreement/Contract
- Fiscal Year - based on the F5SMC's fiscal year which is July 1<sup>st</sup> through June 30<sup>th</sup> for example, fiscal year 2010 - 2011 is July 1, 2010 through June 30, 2011
- Reporting Monthly/Quarterly – check the appropriate box indicating the reporting interval (monthly or quarterly)
- Advance Received - to be completed only if and Advance was approved and received (see "Advances" section on Page 37)
- Current Reporting Period -
  - Monthly Reporting: indicate the month for which you are reporting expenditures (for example, if reporting for the month of August, circle "August")
  - Quarterly Reporting: if reporting quarterly, check the appropriate quarter for which you are reporting
- Final Fiscal Year Report - check this box when you have determined that all expenditures for the fiscal year are final (see Fiscal Year-End Closeout instructions below)
- Budget Category - include the line items from the approved fiscal year budget
- Approved FY Budget - include the amount from the approved fiscal year budget
- Current Expenditures - include expenditures for the current reporting period noted at the top of the form (for example: if you are reporting for the month of August, you would only include actual expenditures for the month of August)
  - Enter whole dollar amounts only. Do not enter decimal points. All dollar amounts should be rounded to the nearest dollar
- Past Expenditures - include all past expenditures for the current fiscal year that were previously reported to F5SMC (for example, if you are currently reporting for the month of August, the Past Expenditures column would only include the expenditures for the month of August)

July. If you are reporting second quarter expenditures, the past expenditures column would include expenses incurred during the first quarter.)

- Total YTD Expenditures - a formula that automatically adds the Current Expenditures and Past Expenditures columns
- Percent Expended YTD (%) - a formula that automatically provides the percentage expended Year To Date
- Balance Remaining - a formula that automatically takes the Approved FY Budget column and subtracts the Total YTD Expenditures column to get the balance remaining for the FY
- Narrative - all line items overspends or underspends must be explained in the Narrative column, or as an attachment to the *Reimbursement Request Form*
- Notes - use this section to provide additional information and/or to indicate total accrual for Fiscal Year End (See Fiscal Year-End Closeout instructions below)
- Signatures - two signatures are required by the Grantee. Both the agency authorized fiscal staff and program staff must sign the *Reimbursement Request Form* certifying that the expenditures reported are correct and in accordance with the approved contract and current, approved budget. Only agency authorized staff included on the *Grantee Signature Authorization Form* may sign the *Reimbursement Request Form*

Signed *Reimbursement Request Forms* will be processed within 30 days from the date received by the F5SMC office. Incomplete forms will be returned, which could cause a delay in reimbursement. Grantee contacts will receive notification by email indicating information needed before reimbursement can be approved and processed.

**NOTE: F5SMC reserves the right to withhold payment if there is a question and/or concern about the Grantee's Mid-Year Progress Report, Year-End Progress Report, or the Monthly/Quarterly Reimbursement Requests.**

### **Advances**

Advances will only be considered under special circumstances and will be considered if submitted to F5SMC within 30 days of the start of each fiscal year. If a Grantee can demonstrate that a financial hardship will occur without receipt of an advance, a written request must be submitted to your F5SMC Program Specialist. The request must include a justification as to why an advance is needed and the implications if an advance is not received. F5SMC staff will notify Grantee of decision within two weeks of receipt of written request. Grantees approved for advances will receive up to 10% of the approved budget for the fiscal year.

Approved advances will be paid within 30 days after the Advance request has been approved. The advance can be kept until the end of each fiscal year at which time the total of actual expenditures versus payments made (including the advance) will be reconciled. The Grantee must return any overpayments as a result of the advance when the reconciliation is completed.

If the term of the Grantee's contract is for more than one year, a new advance may be requested by the Grantee at the beginning of each fiscal year based on the same methodology noted above.

### **Fiscal Year-End Closeout Instructions**

In order to comply with F5SMC's annual external audit, and to meet County of San Mateo deadlines for fiscal year accruals, a *Reimbursement Request Form* for the month or the quarter ending June 30<sup>th</sup> must be submitted no later than July 15<sup>th</sup>. **The amount reported in the Current Expenses column should only include those expenditures that have been paid by the Grantee for the month or the quarter ending June 30th. If Grantees have unpaid**

**expenses as of July 15<sup>th</sup> for the FY being reported, that they expect to pay by July 30<sup>th</sup>, the amount of those expenses must be reported as an accrual. (See instructions below for details on how to report accruals.)**

### **Accrual(s)**

In the event the Grantee has outstanding invoices for services provided through June 30<sup>th</sup> which have not been paid by July 15<sup>th</sup>, the Grantee must indicate this amount as an accrual in the Narrative column for each applicable line item. The total of all accruals should be indicated in the Notes section of the *Reimbursement Request Form* for the month or quarter ending June 30<sup>th</sup>. If the Grantee is reporting accruals on the July 15<sup>th</sup> *Reimbursement Request Form*, the form should not be checked "Final".

If the *Reimbursement Request Form* submitted on July 15<sup>th</sup> is not marked "Final," the Grantee is then required to submit the "Final" *Reimbursement Request Form* by July 30<sup>th</sup>. In this case, the *Reimbursement Request Form* would include expenses that were paid during the month of July for the quarter ending June 30<sup>th</sup>, that were reported in the July 15<sup>th</sup> *Reimbursement Request Form* as accruals.

### **Grant Reconciliation**

At the end of each fiscal year, F5SMC staff will conduct a reconciliation of payments made and Grantee's actual expenditures. A letter summarizing reconciliation will be mailed to the Fiscal Agent. The Fiscal Agent will be asked to review information provided and note discrepancies, if any. The letter must be signed by the Fiscal Agent and returned to F5SMC. No changes to the final reconciliation will be accepted after reconciliation is verified, signed, and returned by the Fiscal Agent to F5SMC.

**Note: It is the Grantee's responsibility to inform F5SMC of any corrections to their *Reimbursement Request Form* after submission. (For all Reimbursement Request Forms submitted July 15<sup>th</sup> or prior). F5SMC will assume that the expenditures reported are accurate and final unless informed otherwise.**

### **REIMBURSEMENT REQUEST FORM SUBMISSION**

- 1) Submit the original **with no bindings** (Binder Clips are fine) to:

**First 5 San Mateo County**

Attn: Program Specialist assigned to your grant  
1700 S. El Camino Real, Suite 405  
San Mateo, CA 94402

Note: be sure to send an original, signed copy of the *Reimbursement Request Form*.

- 2) Please also submit your reports by **EMAIL** to your Program Specialist  
We understand that you may not have electronic copies of all attachments to your report. If this is the case, please let us know which attachments are being sent as hard copies only.





## First 5 San Mateo County Reimbursement Request Form

(For instructions on how to complete Reimbursement Request Form, see your F5SMC Grantee Handbook)

<b>Agency Name:</b>		(Circle)	<b>Month</b>	<b>Quarter</b>
<b>Program/Project Name:</b>			Jul - Aug - Sep	<input type="checkbox"/> 1st Qtr.
<b>Agreement No.</b>			Oct - Nov - Dec	<input type="checkbox"/> 2nd Qtr.
<b>Fiscal Year:</b>			Jan - Feb - Mar	<input type="checkbox"/> 3rd Qtr.
<b>Reporting Monthly/Quarterly:</b>	<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY		Apr - May - Jun	<input type="checkbox"/> 4th Qtr.
<b>Advance Received:</b>	If yes, how much:		Final Report: <input type="checkbox"/>	
<b>Current Reporting Period:</b>	From: _____ To: _____		(Check if Final Report for the Fiscal Year)	

BUDGET CATEGORY	Approved FY Budget	Current Expenditures	Past Expenditures	Total YTD Expenditures	Percent Expended YTD (%)	Balance Remaining	Narrative <i>Explanation for all overspend and underspend. Attach separate sheet if needed</i>
I. PERSONNEL							
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
Benefits @ _____ %	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
<b>Subtotal - Personnel</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	

II. OPERATING EXPENSES	Approved FY Budget	Current Expenditures	Past Expenditures	Total YTD Expenditures	Percent Expended YTD (%)	Balance Remaining	Narrative <i>Explanation for all overspend and underspend. Attach separate sheet if needed</i>
A. Rent and Utilities	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
B. Office Supplies and Materials	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
C. Telephone/Communications	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	

D. Postage/Mailing	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
E. Printing/Copying	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
F. Equipment Lease	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
G. Travel	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
H. Training/Conference	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
I. Consultants (itemize):	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
J. Subcontractors (itemize):	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
K. Other (itemize):	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
<b>Subtotal - Operating Expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	

III. CAPITAL EXPENDITURES	Approved FY Budget	Current Expenditures	Past Expenditures	Total YTD Expenditures	Percent Expended YTD (%)	Balance Remaining	Narrative <i>Explanation for all overspend and underspend. Attach separate sheet if needed</i>
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
<b>Subtotal - Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	

IV. INDIRECT COSTS	Approved FY Budget	Current Expenditures	Past Expenditures	Total YTD Expenditures	Percent Expended YTD (%)	Balance Remaining	Narrative <i>Explanation for all overspend and underspend. Attach separate sheet if needed</i>
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
<b>Subtotal - Indirect Costs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	

V. TOTAL PROGRAM COSTS	Approved FY Budget	Current Expenditures	Past Expenditures	Total YTD Expenditures	Percent Expended YTD (%)	Balance Remaining	Narrative: <i>Explanation for all overspend and underspend. Attach separate sheet if needed</i>
Total of sections I - IV	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	

I, a duly authorized signatory for the applicant, certify that the data reported above is correct and all spending is in accordance with the approved contract and that the amount of the request is not in excess either of current needs, or cumulatively for the total approved contract

<hr/> Agency Fiscal Staff Name (please print)	<hr/> Signature	<hr/> Date
<hr/> Agency Program Staff Name (please print)	<hr/> Signature	<hr/> Date

**NOTES:**

*Mail signed Reimbursement Form to:*  
**First 5 San Mateo County**  
**Attn: F5SMC Program Specialist**  
**1700 S. El Camino Real, Suite 405**  
**San Mateo, CA 94402 - 3050**

*Electronic Copy must also be submitted to:*  
**First 5 San Mateo County Program Specialist**



## First 5 San Mateo County Reimbursement Request Form

**SAMPLE FORM**

(For instructions on how to complete Reimbursement Request Form, see your F5SMC Grantee Handbook)

<b>Agency Name:</b>	XXXX	(Circle)	<b>Month</b>	<b>Quarter</b>
<b>Program/Project Name:</b>	XXXX		Jul - Aug - Sep	<input type="checkbox"/> 1st Qtr.
<b>Agreement No.</b>	XXXX		Oct - Nov - Dec	<input checked="" type="checkbox"/> 2nd Qtr.
<b>Fiscal Year:</b>	2011/2012		Jan - Feb - Mar	<input type="checkbox"/> 3rd Qtr.
<b>Reporting Monthly/Quarterly:</b>	<input type="checkbox"/> MONTHLY <input checked="" type="checkbox"/> QUARTERLY		Apr - May - Jun	<input type="checkbox"/> 4th Qtr.
<b>Advance Received:</b>	If yes, how much: \$5,000	Final Report: <input type="checkbox"/>		
<b>Current Reporting Period:</b>	From: 10/1/2011 To: 12/31/2011	(Check if Final Report for the Fiscal Year)		

BUDGET CATEGORY	Approved FY Budget	Current Expenditures	Past Expenditures	Total YTD Expenditures	Percent Expended YTD (%)	Balance Remaining	Narrative <i>Explanation for all overspend and underspend. Attach separate sheet if needed</i>
<b>I. PERSONNEL</b>							
C. Early Educator	\$ 233,399	\$ 44,012	\$ 45,222	\$ 89,234	38%	\$ 144,165	Lower than expected group enrollment
D. Clinicians	\$ 159,262	\$ 48,012	\$ 42,353	\$ 90,365	57%	\$ 68,897	Additional home visits conducted
E. Clinical Supervisor	\$ 6,890	\$ 1,685	\$ 1,583	\$ 3,268	47%	\$ 3,622	
F. Director	\$ 17,067	\$ 3,342	\$ 3,582	\$ 6,924	41%	\$ 10,143	
G. Clinical Director	\$ 3,012	\$ 600	\$ 522	\$ 1,122	37%	\$ 1,890	
Benefits @ ___28 %	\$ 117,496	\$ 29,374	\$ 29,374	\$ 58,748	50%	\$ 58,748	
				\$ -	#DIV/0!	\$ -	
<b>Subtotal - Personnel</b>	<b>\$ 537,126</b>	<b>\$ 127,025</b>	<b>\$ 122,636</b>	<b>\$ 249,661</b>	<b>46%</b>	<b>\$ 287,465</b>	

II. OPERATING EXPENSES	Approved FY Budget	Current Expenditures	Past Expenditures	Total YTD Expenditures	Percent Expended YTD (%)	Balance Remaining	Narrative <i>Explanation for all overspend and underspend. Attach separate sheet if needed</i>
A. Rent and Utilities	\$ 4,969	\$ 1,220	\$ 1,220	\$ 2,440	49%	\$ 2,529	
B. Office Supplies and Materials	\$ 3,000	\$ 475	\$ 425	\$ 900	30%	\$ 2,100	
C. Telephone/Communications	\$ 5,000	\$ 1,500	\$ 1,000	\$ 2,500	50%	\$ 2,500	
D. Postage/Mailing	\$ -			\$ -	#DIV/0!	\$ -	

E. Printing/Copying	\$ 50	\$ 18	\$ 5	\$ 23	46%	\$ 27	
F. Equipment Lease	\$ 2,500	\$ 422	\$ 400	\$ 822	33%	\$ 1,678	
G. Travel	\$ 3,000		\$ -	\$ -	0%	\$ 3,000	Travel scheduled for 3rd/4thQ
H. Training/Conference	\$ 15,000	\$ 655	\$ 500	\$ 1,155	8%	\$ 13,845	Conferences scheduled for 3rd/4thQ
I. Consultants (itemize):				\$ -	#DIV/0!	\$ -	
<i>Life Foundation</i>	\$ 5,200	\$ -	\$ 2,000	\$ 2,000	38%	\$ 3,200	
				\$ -	#DIV/0!	\$ -	
				\$ -	#DIV/0!	\$ -	
J. Subcontractors (itemize):				\$ -	#DIV/0!	\$ -	
<i>XXX School District</i>	\$ 68,878	\$ 14,765	\$ 15,650	\$ 30,415	44%	\$ 38,463	
				\$ -	#DIV/0!	\$ -	
				\$ -	#DIV/0!	\$ -	
K. Other (itemize):				\$ -	#DIV/0!	\$ -	
<i>Food for meetings</i>	\$ 1,350	\$ 325	\$ 250	\$ 575	43%	\$ 775	
				\$ -	#DIV/0!	\$ -	
				\$ -	#DIV/0!	\$ -	
<b>Subtotal - Operating Expenses</b>	<b>\$ 108,947</b>	<b>\$ 19,380</b>	<b>\$ 21,450</b>	<b>\$ 40,830</b>	<b>37%</b>	<b>\$ 68,117</b>	

III. CAPITAL EXPENDITURES	Approved FY Budget	Current Expenditures	Past Expenditures	Total YTD Expenditures	Percent Expended YTD (%)	Balance Remaining	Narrative <i>Explanation for all overspend and underspend. Attach separate sheet if needed</i>
				\$ -	#DIV/0!	\$ -	
				\$ -	#DIV/0!	\$ -	
<b>Subtotal - Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	

IV. INDIRECT COSTS	Approved FY Budget	Current Expenditures	Past Expenditures	Total YTD Expenditures	Percent Expended YTD (%)	Balance Remaining	Narrative <i>Explanation for all overspend and underspend. Attach separate sheet if needed</i>
12% of Direct Cost less unallowable cost	\$ 68,639	\$ 15,285	\$ 16,296	\$ 31,581	46%	\$ 37,058	
				\$ -	#DIV/0!	\$ -	
				\$ -	#DIV/0!	\$ -	
<b>Subtotal - Indirect Costs</b>	<b>\$ 68,639</b>	<b>\$ 15,285</b>	<b>\$ 16,296</b>	<b>\$ 31,581</b>	<b>46%</b>	<b>\$ 37,058</b>	

V. TOTAL PROGRAM COSTS	Approved FY Budget	Current Expenditures	Past Expenditures	Total YTD Expenditures	Percent Expended YTD (%)	Balance Remaining	Narrative: <i>Explanation for all overspend and underspend. Attach separate sheet if needed</i>
Total of sections I - IV	\$ 714,712	\$ 161,690	\$ 160,382	\$ 322,072	45%	\$ 392,640	

I, a duly authorized signatory for the applicant, certify that the data reported above is correct and all spending is in accordance with the approved contract and that the amount of the request is not in excess either of current needs, or cumulatively for the total approved contract

Agency Fiscal Staff Name (please print)	Signature	Date
Agency Program Staff Name (please print)	Signature	Date

**NOTES:**

*Mail signed Reimbursement Form to:*  
**First 5 San Mateo County**  
**Attn: F5SMC Program Specialist**  
**1700 S. El Camino Real, Suite 405**  
**San Mateo, CA 94402 - 3050**

*Electronic Copy must also be submitted to:*  
**First 5 San Mateo County Program Specialist**

# BUDGET REVISION REQUEST INSTRUCTIONS AND FORM

---

A *Budget Revision Request Form* must be completed anytime there are desired changes to the approved fiscal year budget. Requests must be submitted as soon as a budget revision is anticipated and before funds are expended.

## BUDGET REVISION APPROVAL PROCESS

The F5SMC Budget categories are **Personnel, Operating Expenses, Capital Expenditures, and Indirect Costs**. Grantees are able to transfer funds within and between Budget categories.

### I. Transfer Funds within a Category

Examples of transferring funds within a category includes transferring funds from one Personnel line item to another Personnel line item or from one Operating Expense line item to another Operating Expense line item.

- a. A budget revision to transfer funds between line items in the same category, and the line item change amount that is less than or equal to \$5,000, does not require F5SMC approval. The Grantee Authorized Official can approve the budget revision.

The *Budget Revision Request Form* must be submitted to your F5SMC Program Specialist. No reimbursements will be processed on the revised budget if F5SMC does not receive the approved *Budget Revision Request Form* from the Grantee.

- b. A budget revision to transfer funds between line items in the same category, and the line item change amount is more than \$5,000, requires F5SMC approval. A *Budget Revision Request Form* must be submitted to your F5SMC Program Specialist for review and approval by F5SMC.

No reimbursements will be processed on the revised budget until F5SMC approves the *Budget Revision Request Form*.

### II. Transfer Funds between Categories

Examples of transferring funds between categories include transferring funds from a Personnel line item to an Operating Expense line item.

- a. A budget revision to transfer funds between categories, regardless of the amount, requires F5SMC approval. A *Budget Revision Request Form* must be submitted to your F5SMC Program Specialist for review and approval.

No reimbursements will be processed on the revised budget until F5SMC approves the *Budget Revision Request Form*.

## BUDGET REVISION INSTRUCTIONS

- Budget revisions that only require the approval of the Grantee Authorized Official can be attached to the *Reimbursement Request Form* when submitted to F5SMC.
- Budget Revisions that require F5SMC approval must be submitted to your F5SMC Program Specialist prior to making any changes to your approved budget. Major changes to the budget, especially those that require altering the Scope of Work, may require a meeting with F5SMC staff and/or review at a F5SMC Commission meeting.

- F5SMC Staff will review the budget revision request and make a recommendation for approval or disapproval within 30 days of receipt. Grantees will be notified in writing of this decision. F5SMC may, at any time, submit Budget Revisions to the F5SMC Commission for approval (Commission approval could take up to 60 days).

**The Grantee must complete the following information on the Budget Revision Request Form:**

- Agency/Grantee Name
- Program/Project Name
- Fiscal Year
- Agreement Number
- Date Revision Requested
- Revision Request Number – Circle One
- Required Approval - per the above guidelines, check whether or not the budget revision will require prior approval by F5SMC
- Budget Category - include the line items from the approved fiscal year budget
- Approved FY Budget - include the amount from the approved fiscal year budget
- Revisions - include increases/decreases to line items in the appropriate column
- Total Revised Budget - a formula that automatically adds the original Approved FY Budget column to the Revision column(s).
- Line Item/Category Change % - a formula that calculates the percentage increase/decrease from the Approved Budget column.
- Narrative - the “Explanation for Budget Revision” column MUST be completed for all line items for which you are requesting a budget revision. Include the reason for the revision and how the revised amount was calculated. Also include the impact if the requested revision is not approved. If the space is insufficient, attach a separate sheet.

The Budget Revision Request must be signed by an Authorized Grantee Official included on the *Grantee Signature Authorization Form*.

**BUDGET REVISION FORM SUBMISSION**

- 1) Submit the original **with no bindings** (Binder Clips are fine) to:

**First 5 San Mateo County**

Attn: Program Specialist assigned to your grant  
1700 S. El Camino Real, Suite 405  
San Mateo, CA 94402

Note: be sure to send an original, signed copy of *Budget Revision Form*.

- 2) Please also submit your reports by **EMAIL** to your Program Specialist  
We understand that you may not have electronic copies of all attachments to your report. If this is the case, please let us know which attachments are being sent as hard copies only.





## First 5 San Mateo County Budget Revision Request

<b>Agency Name:</b>		<b>Agreement Number:</b>	
<b>Program/Project Name:</b>		<b>Date Revision Requested:</b>	
<b>Fiscal Year:</b>		<b>Revision Request Number (Circle One):</b>	1st   2nd   3rd   4th   5th   6th

<b>Does Budget Revision Request Require Prior Approval by the First 5 San Mateo County (see guidelines in the Grantee Handbook)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
---	------------------------------	-----------------------------	--

Budget Category	Approved FY Budget	Revisions		Total Revised Budget	Line Item/Category Change (%)	Narrative <small>Explanation for all changes to line items. Attach separate sheet if needed</small>
		(+)	(-)			
<b>I. PERSONNEL (itemize)</b>		(+)	(-)			
A.	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
B.	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
C.	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
D.	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
E.	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
F.	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
Benefits @ %	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
<b>Subtotal - Personnel</b>	\$ -	\$ -	\$ -	\$ -	#DIV/0!	

<b>II. OPERATING EXPENSES</b>		(+)	(-)			
A. Rent and Utilities	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
B. Office Supplies and Materials	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
C. Telephone/Communications	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
D. Postage/Mailing	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
E. Printing/Copying	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
F. Equipment Lease	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
G. Travel	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
H. Training/Conference	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
M.	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
<b>Subtotal - Operating Expenses</b>	\$ -	\$ -	\$ -	\$ -	#DIV/0!	

III. CAPITAL EXPENDITURES		(+)	(-)			
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
<b>Subtotal - Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	

IV. INDIRECT COSTS		(+)	(-)			
Indirect Costs	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
<b>Subtotal - Indirect Cost</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	

<b>V. TOTAL PROGRAM COST</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	
------------------------------	-------------	-------------	-------------	-------------	----------------	--

<b>Name of Authorized Grantee Official</b>	<b>Signature</b>	<b>Date</b>	
--	------------------	-------------	--

**NOTE: The Budget Request Form must be signed by an Agency Authorized Official listed on the Grantee Signature Authorization Form**

**For First 5 San Mateo County Use Only: Budget Revision Approval**

Approved

Not Approved

_____	_____	_____
Date	F5SMC Program Staff	Signature
_____	_____	_____
Date	Name/Title	Signature
_____	_____	_____
Date	Name/Title	Signature

*Mail signed Reimbursement Form to:*

**First 5 San Mateo  
Attn: F5SMC Program Specialist  
1700 S. El Camino Real, Suite 405  
San Mateo, CA 94402 - 3050**

*Electronic Copy must also be submitted to:*

**First 5 San Mateo County Program Specialist**



# First 5 San Mateo County Budget Revision Request

SAMPLE FORM

<b>Agency Name:</b> XXXX	<b>Agreement Number:</b> 19500-19-D001
<b>Program/Project Name:</b> XXXX	<b>Date Revision Requested:</b> 12/15/11
<b>Fiscal Year:</b> 2011/2012	<b>Revision Request Number (Circle One):</b> 1st 2nd 3rd 4th 5th 6th

<b>Does Budget Revision Request Require Prior Approval by the First 5 San Mateo County (see guidelines in the Grantee Handbook)</b>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
---	------------------------------	--	--

Budget Category	Approved FY Budget	Revisions		Total Revised Budget	Line Item/Category Change (%)	Narrative Explanation for all changes to line items . Attach separate sheet if needed
<b>I. PERSONNEL (itemize)</b>		(+)	(-)			
A. Program Director	\$ 62,243		\$ (4,980)	\$ 57,263	-8.0%	Program Director will be out on Medical leave for 1-month
B. Parent Advocate	\$ 45,163	\$ -	\$ -	\$ 45,163	0.0%	
C. Early Learning Educator	\$ 233,399	\$ -	\$ -	\$ 233,399	0.0%	
D. Nurse Clinician	\$ 159,262	\$ -	\$ -	\$ 159,262	0.0%	
E. Clinical Supervisor	\$ 6,890	\$ -	\$ -	\$ 6,890	0.0%	
F. Associate Director	\$ 17,067	\$ 4,000		\$ 21,067	23.4%	Associate Director taking on additional responsibilities while Program Director out on medical leave
G. Clinical Director	\$ 3,012	\$ 980		\$ 3,992	32.5%	Clinical Director taking on additional responsibilities while Program Director out on medical leave
Benefits @ %	\$ 151,650	\$ -	\$ -	\$ 151,650	0.0%	
<b>Subtotal - Personnel</b>	<b>\$ 678,686</b>	<b>\$ 4,980</b>	<b>\$ (4,980)</b>	<b>\$ 678,686</b>	<b>0.0%</b>	

II. OPERATING EXPENSES		(+)	(-)			
A. Rent and Utilities	\$ 4,969	\$ -	\$ -	\$ 4,969	0.0%	
B. Office Supplies and Materials	\$ 3,000	\$ -	\$ -	\$ 3,000	0.0%	
C. Telephone/Communications	\$ 5,000	\$ -	\$ -	\$ 5,000	0.0%	
D. Postage/Mailing	\$ -	\$ -	\$ -	\$ -		
E. Printing/Copying	\$ 50	\$ -	\$ -	\$ 50	0.0%	
F. Equipment Lease	\$ 2,500	\$ -	\$ -	\$ 2,500	0.0%	
G. Travel	\$ 20,000	\$ -	\$ -	\$ 20,000	0.0%	
H. Training/Conference	\$ 3,000	\$ -	\$ -	\$ 3,000	0.0%	

L. Life Foundation	\$ 5,200	\$ -	\$ -	\$ 5,200	0.0%	
J. XXXX School District	\$ 68,878	\$ -	\$ -	\$ 68,878	0.0%	
K. Food Cost for Meetings	\$ 1,350	\$ -	\$ -	\$ 1,350	0.0%	
<b>Subtotal - Operating Expenses</b>	<b>\$ 113,947</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 113,947</b>	<b>0.0%</b>	

<b>III. CAPITAL EXPENDITURES</b>		(+)	(-)			
	\$ -	\$ -	\$ -	\$ -		
<b>Subtotal - Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		

<b>IV. INDIRECT COSTS</b>		(+)	(-)			
Indirect Costs	\$ 86,227	\$ -	\$ -	\$ 86,227	0.0%	
<b>Subtotal - Indirect Cost</b>	<b>\$ 86,227</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 86,227</b>	<b>0.0%</b>	

<b>V. TOTAL PROGRAM COST</b>	<b>\$ 878,860</b>	<b>\$ 4,980</b>	<b>\$ (4,980)</b>	<b>\$ 878,860</b>	<b>0.0%</b>	
------------------------------	-------------------	-----------------	-------------------	-------------------	-------------	--

<b>Name of Authorized Grantee Official</b>	<b>Signature</b>		<b>Date</b>			

**NOTE: The Budget Request Form must be signed by an Agency Authorized Official listed on the Grantee Signature Authorization Form**

**For First 5 San Mateo County Use Only: Budget Revision Approval**

Approved

Not Approved

_____	_____	_____
Date	F5SMC Program Staff	Signature
_____	_____	_____
Date	Name/Title	Signature
_____	_____	_____
Date	Name/Title	Signature

*Mail signed Reimbursement Form to:*

**First 5 San Mateo  
Attn: F5SMC Program Specialist  
1700 S. El Camino Real, Suite 405  
San Mateo, CA 94402 - 3050**

*Electronic Copy must also be submitted to:*

**First 5 San Mateo County Program Specialist**

# GRANTEE SIGNATURE AUTHORIZATION FORM

---

The *Grantee Signature Authorization Form* is required for each project/program. This form must be submitted with the *Budget Request and Budget Narrative Forms* as part of the package for the first year of an Agreement and for each year thereafter as part of the Annual Review Process for the entire Agreement term. The *Grantee Signature Authorization Form* must be maintained and updated as necessary so that F5SMC always has an accurate and current Form on file.

The *Grantee Signature Authorization Form* lists individuals approved by the agency Executive Director or member of the Board of Directors who are authorized to sign the *Reimbursement Request Form* and/or the *Budget Revision Request Form*. The *Grantee Authorization Form* must include both fiscal and program representatives. F5SMC will only accept the signatures/approvals of persons indicated on this Form. Forms will be returned if the proper signatures are not provided. The *Reimbursement Request Form* must be signed by both an authorized program and fiscal person.

## The Grantee must include the following:

- Agency/Grantee Name, Address, Date
- Fiscal Year
- Program/Project Name
- Agency Program Contact - include the Agency Program Contact and phone number
- Agency Fiscal Contact - include the Agency Fiscal Contact and phone number
- For each person listed, check appropriate box(es) if they are authorized to sign the *Reimbursement Request Form* and/or the *Budget Revision Request Form*
- Print person's name
- Print person's title
- Each Authorized Individual must sign the form (must be original signature(s))
- The Agency's Authorized Official must sign and date the *Grantee Signature Authorization Form*. The Agency's Authorized Official is also authorized to sign any F5SMC Forms including the above mentioned Forms
- Print the name of the Agency's Authorized Official and their title

## GRANTEE SIGNATURE AUTHORIZATION FORM SUBMISSION

- 1) Submit the original **with no bindings** (binder clips are fine) to:

**First 5 San Mateo County**  
Attn: Program Specialist assigned to your grant  
1700 S. El Camino Real, Suite 405  
San Mateo, CA 94402



## FIRST 5 SAN MATEO COUNTY GRANTEE SIGNATURE AUTHORIZATION FORM

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Agency Address: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_  
 Program/Project Name: \_\_\_\_\_  
 Agency Program Contact (print name): \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Agency Fiscal Contact (print name): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reimbursement Request Form (check if applicable)	Budget Revision Request Form (check if applicable)	Name (Typed or printed)	Title	Signature

I hereby authorized the above named individuals to sign the noted form(s) on my behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Agency Authorized Representative (print name): \_\_\_\_\_ Title: \_\_\_\_\_

**NOTE: This form is required for each program/project. It lists individuals approved by the agency Executive Director or member of the Board of Directors who are authorized to sign the *Reimbursement Request Form* and/or *the Budget Revision Request Form*. The Grantee Authorization Form must include fiscal and program representatives. F5SMC will only accept the signatures/approvals of persons indicated on this Form.**

## OTHER FISCAL REQUIREMENTS

---

### **Insurance Requirements**

As outlined in the signed Grantee Agreement, Grantees are responsible for maintaining the required insurance during the term of the Agreement. The Grantee shall not commence work under the Agreement until all required insurance has been obtained. The Grantee must submit Certificates of Insurance evidencing the required coverage for the entire term of the contract. If the Certificates of Insurance do not include coverage for the entire term of the contract, the Grantee is responsible for submitting new Certificates of Insurance 30 days prior to the expiration date of the original (or current) Insurance Certificates on file as F5SMC. Reimbursements will not be processed, and the Grantee shall stop all work under the agreement, until such time as valid Insurance Certificates are received.

### **Financial Review**

F5SMC Fiscal staff and or F5SMC External Auditor may conduct a financial review of Grantee's supporting documentation required for expenditures reported during the fiscal year. F5SMC Fiscal staff may also review other areas, such as the Grantees' approved plan for their indirect cost rate, if applicable; the methodology used in allocating cost for support staff (i.e., time studies or other tracking systems); review consultant/sub-contractor's Budget and Budget Narrative (as applicable). Each Grantee will be notified, in writing, of any upcoming financial monitoring visits.

Upon completion of the financial review, the Grantee will receive a preliminary report that indicates compliance and or/adverse findings, if any. If no findings were noted, and if the Grantee is in agreement with the preliminary report, it will be considered the Final Report. If findings were noted, recommendations and a deadline for responding to the financial review will be included in the preliminary report.

The Grantee must respond in writing, and within the time frame specified in the preliminary report, regarding any disagreement of adverse findings. Adverse findings may include lack of adequate records; administrative findings that represent weaknesses in the internal accounting and administrative controls; questionable costs, etc. If adverse findings are found, and the Grantee disagrees with any of those findings, the Grantee must submit a listing of each point of disagreement and justification for each disagreement. F5SMC will review the justifications and consider the points of disagreement and make any corrections and/or adjustments to the report and issue an amended report within approximately 60 days. If actions are required to address the adverse findings, F5SMC will send written notification with instructions and a timeframe for taking those actions (see General Compliance section on Page 68).

### **Records Retention**

All records for Grantee's contract Agreement must be maintained for 3 years after the end of the contract term.

## **AGREEMENT CLOSEOUT PROCESS**

---

At the end of the Agreement term, the F5SMC staff and the Grantee will participate in an “Agreement Closeout Process” which includes a reconciliation of all Commission payments and Grantee expenditures. Any balance due to the Grantee will be paid by the Commission upon completion of the Agreement Closeout Process. In the event the reconciliation reveals that the Grantee was paid an amount in excess of the amount owed by the Commission, the Grantee will refund this amount upon notification from the Commission.

At the same time, a final accounting must be made covering all elements of the contract Agreement at the end of the Agreement term. In addition to a fiscal review of disbursements and expenditures, an appraisal of the outcomes of the Grantee’s project must be completed. A meeting with fiscal, program, and evaluation staff from F5SMC and the Grantee is usually held to ensure accountability of all moneys paid out and to ensure compliance with the goals and objectives outlines in the Scope of Work and the overall terms of the Agreement. F5SMC staff will contact Grantee to schedule an Agreement Closeout meeting.



## **EVALUATION SECTION**

---

- Evaluation Background
- Cross-Program Data Collection Tools
- Comprehensive Evaluation Plan
- Evaluation Reporting Requirements
- Technical Assistance for Evaluation
- Data Collection Forms, Guidelines, And FAQs

## EVALUATION BACKGROUND

---

First 5 San Mateo County (F5SMC) is committed to fund strategies that will make strides toward achieving the desired outcomes outlined in its 2009-2015 Strategic Plan. To help measure our progress, the Commission has updated its overall evaluation approach. Rather than fund individual organizations to conduct program-level evaluations, the new approach uses a single external evaluator, SRI International that works with all Grantees. A comprehensive evaluation of all First 5 San Mateo County efforts, based on common outcomes and indicators, enhances the Commission's ability to track progress and investment impact as well as to identify the most effective strategies for achieving desired outcomes.

F5SMC's desired outcomes are organized by four focus areas: Early Learning, Child Health and Development, Family Support and Engagement, and Communication and Systems Change. The F5SMC Commission selected a small set of cross-cutting, system-level and participant-level indicators that are known from research to be (1) indicators of the health and well-being of children and families, (2) indicators of high-quality and culturally competent care, and (3) highly reliable and valid as measures of progress toward desired outcomes.

The Comprehensive Evaluation of funded programs and initiatives serves several purposes:

- To provide accountability for funds spent:
  - Who is served through F5SMC projects and initiatives?
  - What types and frequency of services are provided to these individuals?
- To monitor the status of families, children, and service providers who participate in F5SMC funded programs:
  - How do indicators of child, family, and service provider well-being compare to previous years, to other comparable counties, and to the State?
  - What are the critical needs of families with children 0-5 and those who work with them in San Mateo County?
  - Are the Commission's resources effectively directed towards these needs?
- To measure the overall impact of F5SMC's investments and progress toward the desired outcomes in our Strategic Plan:
  - Do the Commission's investments result in improvements in key indicators of well-being for targeted populations, over time or compared to the County population?
  - To what extent do funded services achieve the outcomes identified in the Strategic Plan?

The *methods* used to achieve these objectives include the following:

- The use of common data collection tools across all programs to gather demographic information on clients served, as well as information on key indicators from the Strategic Plan
- Individualized evaluation plans for each funded program, outlining the specific data collection and reporting requirements for each program component
- In-depth evaluation of selected programs
- Systems-level evaluation of relationships between programs and agencies serving children 0-5, their families, and service providers
- Data analysis and reporting completed by SRI International

The *timeline* for key evaluation activities include the following:

- Development and/or review of your program-level evaluation plan to establish appropriate data collection requirements for each program activity, conducted in partnership with F5SMC and SRI on an annual basis.
- Submission of your evaluation data twice yearly, on January 30<sup>st</sup> and July 30<sup>st</sup> of each Agreement year along with your Mid-Year and Year-End Progress Reports.

# CROSS-PROGRAM DATA COLLECTION TOOLS

---

All F5SMC funded programs are required to implement common data collection tools with the clients they serve. For detailed instructions regarding how to use each tool, **please see the Tool Guidelines and FAQs** included at the end of the Evaluation Section of this Grantee Handbook.

The specific tools that your program is required to implement will vary depending on the services you provide. **Please refer to your program-specific F5SMC Comprehensive Evaluation Plan for your data collection requirements.** This Grantee Handbook includes a tab behind which you can insert your program-specific evaluation plan. (See the Program Evaluation Plan(s) tab of the Grant Agreement section of this Grantee Handbook).

Comprehensive Evaluation tools include tools that collect information about children and families, and tools that collect information about service providers. Scannable forms are printed on colored paper to help differentiate between them:

## Child and Family Data Collection Forms

- *Intake and Follow-up Interviews:*
  - Used with families who receive individualized services such as home visiting or care coordination over a longer time period (approximately 4 months or more).
  - Administered with clients individually as an interview.
  - Includes information on the family's needs, referrals, service receipt, and barriers to services.
  - Intake completed within the first 3-4 weeks of service provision; follow-up completed every six months thereafter and/or at case closure.
  - The Intake Interview is **white**, the Follow-up Interview is **ivory**.
- *Demographics+ (Demo+) and Parent Surveys:*
  - Used with families who participate in group-based or shorter-term (less than 4 months) services such as multi-session workshops or support groups.
  - Can be administered individually, as an interview, or in a group setting.
  - Demographics portion can be completed either at the beginning or end of services; skills and knowledge survey completed at the end of services.
  - The combined Demo+ and Parent Survey is **yellow**, the Demo+ only is **pink**, and the Parent Survey only is **green**.
- *One-Time Workshop Survey*
  - Used with parents who attend single-session workshops.
  - Does not collect personal information and does not require consent.
  - Printed on **lavender** paper.
- *ASQ Screening Data*
  - Used to record the results of children screened with the ASQ or ASQ:SE.
  - Printed on **grey** paper.

- *Case Closure/Agency Transfer Form*
  - Used when a case is closed and a Follow-up Interview will not be completed. This can happen for the following reasons:
    - You can no longer locate the family or the family refuses services.
    - The family is referred to services more appropriate to their needs, and it has been less than three months since the last Intake or Follow-up interview was completed.
    - The family successfully completes your services, and it has been less than 3 months since the last Intake or Follow-up interview was completed.
  - This form is not scannable, and can be photocopied or printed as needed.

#### Service Provider Data Collection Tools

- *Early Childhood Education (ECE) Provider Survey*
  - Used with current or potential child care providers, preschool teachers, and kindergarten teachers who receive services such as professional development and quality supports.
  - Printed on **tan** paper.
- *General Provider Survey*
  - Used with providers who receive training or technical assistance and who do not work in the ECE field for example home visitors or medical professionals.
  - Uses a subset of the items that appear on the ECE Provider Survey that are relevant to non-ECE providers. Directions for these items can be found in the ECE Provider Survey Guidelines.
  - Printed on **blue** paper.

#### General Data Collection Forms (Not Scannable; Can be printed or photocopied)

- *Data Collection Coversheet*
  - Used when submitting scannable forms to SRI or F5SMC.
  - Identify the program submitting the tools, the type and number of tools being submitted, and any other relevant information about the data included in the submission packet (for example, workshop topic).
- *Request to Remove Confidential Information*
  - Used when a client wishes to withdraw consent to participate in the evaluation.
  - Will result in the deletion of client's identifying information (name, address, and date of birth) from the F5SMC database.

#### Important Note Regarding Evaluation Tools

Most of the comprehensive evaluation tools now in use are scannable forms. This means that you must complete and submit an **original** form each time you collect data. **DO NOT SUBMIT PHOTOCOPIED FORMS TO F5SMC OR SRI unless specifically noted above.** Photocopied forms cannot be scanned into the database.

There are three forms that you can print or photocopy as you need them. These forms are not Scanned; information recorded on these forms is entered into the database by hand. Electronic copies of these forms are available for download on the F5SMC website.

- *Data Collection Coversheet*
- *Case Closure/Agency Transfer Form*
- *Request to Remove Confidential Information*

# COMPREHENSIVE EVALUATION PLAN

---

Together with F5SMC and SRI International, each Grantee develops a program-specific plan for collecting and submitting its required Comprehensive Evaluation information. F5SMC Evaluation staff and/or SRI staff will meet individually with Grantees shortly after the start of their Agreement term and annually thereafter to develop and review the evaluation plan. Each program-specific plan does the following:

- Outlines which of the F5SMC Strategic Plan indicators are relevant to the work of the funded program.
- Identifies which Comprehensive Evaluation tools are required for collecting client information, based on the type, duration, and intensity of the services provided.
- Lists additional information relevant to the comprehensive evaluation that should be included in your twice-yearly Progress Narrative and/or Scope of Work Progress Update (as part of your Mid-Year and Year-End Progress Reports).
- Specifies how the required evaluation data should be submitted (e.g., on scannable forms; via database export; and/or included in the Progress Narrative of Mid-Year and Year-End Progress Reports).

The Grantee Agreement and Scope of Work for your F5SMC grant stipulates that your funded program must fulfill the requirements outlined in your evaluation plan. If you are encountering challenges in implementing the required activities, please contact F5SMC or SRI staff for technical assistance. Each program will have the opportunity to revise its evaluation plan at the start of each Agreement year.

## EVALUATION REPORTING REQUIREMENTS

---

Funded programs are responsible for submitting evaluation data to F5SMC or SRI International as outlined in their evaluation plan. Evaluation information is due at the same time as your Mid-Year and Year-End Reports (January 30<sup>th</sup> and July 30<sup>th</sup>, respectively). Methods of submission are specified in your evaluation plan, and may include scannable forms, database exports, or information included in your Program Narrative. Due to the confidential nature of the information you will be submitting, it is critical that every effort is made to safeguard the data during transmission. Please see the following bullets for instructions.

- Scannable forms may be hand delivered to evaluation staff at F5SMC or SRI, or shipped via certified mail.
  - Each batch of forms should be submitted with a Data Submission Coversheet indicating the type of form(s) being submitted and, if relevant, the name and/or topic of the workshop(s) attended by the clients whose forms are included. The Data Submission Coversheet is not scannable, and thus may be printed or photocopied as needed.
  - If you would like the information you submit to be analyzed according to a particular program or service component (for example, by preschool classroom, training topic, or service provider), you must submit the forms in the relevant batches, using the Data Submission Coversheet to indicate how the forms should be categorized in the database.
  - You can retain photocopies of the scannable forms in your client files for record-keeping or service delivery purposes.
- Electronic files containing names, birthdates, or zip codes (e.g., exported from your program's database) can be submitted via email **only if they are password-protected**. Please submit the password in a separate email to maintain security. If you cannot password protect your data file, you must submit it on disk or portable drive. Disk or portable drives can be hand-delivered or sent via certified mail to F5SMC.
- Narrative information should be included in your regular Mid-Year and Year-End Progress Reports (See Mid-Year and Year-End Progress Report sections of the Grantee Handbook).
- The Systems Change Evaluation is conducted annually via an online survey. This survey is targeted towards the program or agency level, and thus will be completed by one or two representatives from each funded program. The Systems Change Survey will be distributed by email in October or November of each year.
- If your program is participating in an in-depth evaluation, you will be working closely with F5SMC and SRI to identify and explore the impact that your services have on your clients.
  - Programs and service strategies that have been selected for in-depth evaluation include the following:
    - Healthy Homes
    - Early Childhood Mental Health Consultation
    - Care Coordination
    - ECE Provider Professional Development and Quality Supports
  - Required data collection and submission procedures for in-depth evaluations are described in the program-specific In-Depth Evaluation Plan developed in partnership



with SRI. **Please store your In-Depth Evaluation Plan in this Grantee Handbook.** (See the Program Evaluation Plan(s) tab of the Grant Agreement section).

### **CLIENT CONFIDENTIALITY**

The client information you provide to F5SMC and SRI staff will remain confidential. With the exception of the *One-Time Workshop Parent Survey*, all individual-level data collection tools include a form to record the client's consent to share information for evaluation purposes. This appears on the first page of each tool. **Please see the Tool Guidelines and FAQs included in this Grantee Handbook for more detailed instructions on obtaining informed consent.** It is your legal responsibility to ensure that you have appropriate consents in place for every client prior to submitting their data to F5SMC and SRI.

If a client who has previously consented to participate in F5SMC evaluation activities changes his or her mind and would like his or her family's information deleted from the database, please have the client complete a *Request to Remove Confidential Information Form*. Once you submit this form to F5SMC, the client's identifying information will be deleted from the evaluation database. The *Request to Remove Confidential Information Form* is available on the F5SMC website, and may be printed or photocopied as needed.

## TECHNICAL ASSISTANCE FOR EVALUATION

---

If you have questions or are experiencing challenges implementing the comprehensive evaluation, please contact your F5SMC Program Specialist, the F5SMC Evaluation Specialist, or SRI for training or technical assistance.

Jenifer Clark  
F5SMC Evaluation Specialist  
(650) 372-9500 x221  
[jdclark@co.sanmateo.ca.us](mailto:jdclark@co.sanmateo.ca.us)

Dana Petersen  
SRI International  
(650) 859-4518  
[dana.petersen@sri.com](mailto:dana.petersen@sri.com)

Kristen Rouspil  
SRI International  
(650) 859-2218  
[kristen.rouspil@sri.com](mailto:kristen.rouspil@sri.com)

Michelle Woodbridge  
SRI International  
(650) 859-6923  
[michelle.woodbridge@sri.com](mailto:michelle.woodbridge@sri.com)

### **Evaluation Office Hours**

SRI staff hold office hours at F5SMC from 9:30-11:30 a.m. every other Tuesday. If you would like to schedule an in-person meeting with SRI staff to discuss evaluation questions or concerns, please contact Kristen Rouspil to reserve a time during office hours. Please note that evaluation staff at SRI and F5SMC are always available by phone and email—there is no need to wait for office hours if a phone call or email exchange can answer your questions!

### **Requesting Data Collection Forms**

If you need to request more scannable data collection forms, please email the following information to both Jenifer Clark and Kristen Rouspil:

- Which type of form you need
- How many you need in English and Spanish
- The date by which you need the forms
- Whether you would prefer to pick them up from the F5SMC offices, from SRI's offices in Menlo Park, or have an F5SMC staff member drop them off at your program
- The Data Collection Coversheet and Case Closure Form are not scannable, and thus can be photocopied or printed as needed

**Important Note:** Printing and delivering a large order of forms (e.g., 25 or more) requires approximately two weeks of lead time. If you have an urgent need for forms in under two weeks, you can check with Jenifer Clark or Kristen Rosily to see if there is adequate stock available at F5SMC or SRI without printing a new batch.

## DATA COLLECTION FORMS, GUIDELINES, and FAQs

---

There are more than 50 evaluation tools that might be used by a Grantee to perform the functions required by their Comprehensive Evaluation Plan and/or their Individual Evaluation Plan. Included in this section, for your convenience, are some of the more commonly used forms that are referenced in the above Evaluation section. By category they are:

### Forms

*Data Collection Cover Sheet*

*Case Closure/Agency Transfer Form*

*Request to Remove Confidential Information Form*

### Guidelines

Intake and Follow-Up Interview Guidelines

Demo+ Survey Guidelines

Parent Survey Guidelines

One Time Parent Workshop Survey Guidelines

Provider Survey (General and ECE) Guidelines

### FAQs

Comprehensive Evaluation Frequently Asked Questions



## First 5 San Mateo County Data Submission Coversheet

Contact person: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Program component or staff (if applicable): \_\_\_\_\_

Check the data collection tool(s) attached and indicate the number of forms submitted:

Form	Number Submitted	If submitting <b>Provider/Parent Surveys</b> from workshop activity, answer below:
<input type="checkbox"/> Demo+ Survey		
<input type="checkbox"/> Intake Interview		
<input type="checkbox"/> ASQ / ASQ:SE		
<input type="checkbox"/> Follow-up Interview		
<input type="checkbox"/> ECE Provider Survey		<input type="checkbox"/> One-time class <input type="checkbox"/> Multi-series # in series: _____ Topic of workshop(s):
<input type="checkbox"/> General Provider Survey		<input type="checkbox"/> One-time class <input type="checkbox"/> Multi-series # in series: _____ Topic of workshop(s):
<input type="checkbox"/> Parent Survey		<input type="checkbox"/> One-time class <input type="checkbox"/> Multi-series # in series: _____ Topic of workshop(s):
<input type="checkbox"/> Demo+ & Parent Survey		<input type="checkbox"/> One-time class <input type="checkbox"/> Multi-series # in series: _____ Topic of workshop(s):
<input type="checkbox"/> Quality Rating Scales		
<input type="checkbox"/> Other		Describe:

Note: Additional copies of this form are available on the First 5 San Mateo County website.

--	--	--

--	--	--	--	--



## Case Closure / Agency Transfer Form

(Note: use this form **only** when a follow-up interview cannot be / is not completed.)

**Date** (MM/DD/YYYY): \_\_\_\_\_ **Participant's ID** (if applicable): \_\_\_\_\_

<b>Name of Parent/Caregiver:</b>		
Last	First	Middle
<b>Date of Birth</b> (MM/DD/YYYY):	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Home Zip Code:</b>

<b>Name of Child (age 0–5)</b> —child who received services.		
Last	First	Middle
<b>Date of Birth</b> (MM/DD/YYYY):	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Home Zip Code:</b>

**(A) Complete below when services end (or the family is transferred to a non F5SMC agency) and a follow-up interview cannot be /is not completed.**

(Note: if family is referred to another F5SMC funded agency, that agency will assume responsibility for conducting the follow-up interview at the appropriate time.)

<b>Services open date</b> (MM/DD/YYYY): _____
<b>Services closed date</b> (MM/DD/YYYY): _____
<b>Case closures:</b> <i>(Mark one only)</i>
<input type="checkbox"/> Service completed/child aged out
<input type="checkbox"/> Lost to follow-up
<input type="checkbox"/> Transferred/referred out to another F5SMC funded agency ( <b>complete B below</b> )
<input type="checkbox"/> Transferred/referred out to non F5SMC agency ( <b>complete B below</b> )

**(B) Complete below when family is transferred to another agency for services.**

<b>From:</b> _____ Agency 1	<b>To:</b> _____ Agency 2
<b>Provider contact information:</b>	
<b>Agency 1</b>	<b>Agency 2</b>
Name: _____	Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____



## Request to Remove Information from Evaluation Database

Please remove all information about me and my family from the First 5 San Mateo County (F5SMC) Comprehensive Evaluation database.

Do not use information about me or my family in future F5SMC reports. I understand that some information about me and my family may already have been used in the study. This request does not apply to previously released reports.

I understand that I can still receive services funded by F5SMC.

Send a copy of this form to:

Jenifer Clark, Evaluation Specialist  
First 5 San Mateo County  
1700 S. El Camino Real, Suite 405  
San Mateo, CA 94402

**Please fill out the form below to delete your information.**

Child's Name:		
_____	_____	_____
First	Middle	Last
Child's Date of Birth <small>(mm/dd/yy):</small>	Child's Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Parent/Guardian Name:		
_____	_____	_____
First	Middle	Last
Other Parent/Guardian:		
<small>(if applicable)</small>	_____	_____
First	Middle	Last

Signature

Date

Please print name clearly

Relationship to Child

Address

Phone Number

### Office Use Only

Person Accepting Petition:

Date Removal Completed:



## Intake and Follow-up Interview Guidelines

### I. PURPOSE

The purpose of the First 5 San Mateo County (F5SMC) Comprehensive Evaluation is to describe the impact of F5SMC investments on the development and well-being of young children and their families. To gauge how F5SMC programs are meeting the needs of the county's population and to understand ways we can improve access to services across the county, F5SMC requests that families who receive a sustained amount of F5SMC services participate in interviews that provide an important set of demographic and indicator information. Intake Interviews will be administered by F5SMC service providers with families served at program entry. Follow-up Interviews will be administered after every 6 months of active service participation, and/or at case closure.

Information collected during Intake and Follow-up Interviews will allow F5SMC to examine the characteristics and outcomes of participants receiving F5SMC services. This information will be combined into countywide and program-specific data reports. Reports will not include individual level information, ensuring an individual participant's identity is kept confidential.

### II. PROCESS & TIMELINE

In general, the following timeline should be followed:

- Step 1: Explain the purpose of the interview/data collection.**
- Step 2: Obtain consent to participate in the evaluation.**
- Step 3: Administer the Intake Interview within 4 weeks of service inception.**
- Step 4: Administer the Follow-up Interview after every 6 months of service delivery (i.e., 6 months, 12 months, and 18 months after intake), and/or at case closure.**
- Step 5: Submit completed interview forms to your agency supervisor.**

Use the talking points provided in the section below (III. Consent) to help you explain the purpose of the interviews and the consent process.

### III. CONSENT

F5SMC programs must use the *Consent to Participate in the First 5 San Mateo Evaluation* form on page 1 of the Intake and Follow-up Interview forms in order to collect, use, or share participants' personal information with F5SMC and its evaluators.

The consent form provides parents and guardians with information regarding the purposes and limits of data sharing. It outlines the specific information for which the participant is authorizing release. It is the service provider's responsibility to ensure that the parent/guardian understands the consent form. Parents can provide permission to authorize release of confidential information if their child/children are participants. Parents also authorize consent for themselves. If the parent/guardian cannot read in the languages in which the form is available (English or Spanish), the service provider should explore other options such as explaining the form aloud or using an interpreter.

#### Talking Points

Follow the steps below and use the talking points provided to explain the interviews and consent.

- Step 1: Explain the purpose of the interview/data collection.** We suggest you include the following points:
  - ❖ The purpose of the data collection is to describe the children and families participating in F5SMC services, to gauge how F5SMC programs are serving families in the county, and to understand ways F5SMC can improve services across the county.
  - ❖ By completing the interview, parents are helping F5SMC learn more about how First 5 California dollars are being spent and helping to ensure that F5SMC will be able to continue to provide services in the future.

**Step 2: Explain the consent form and how confidentiality of data will be assured.** We suggest you include the following points:

- ❖ All participants have the right to confidentiality.
  - It is against the law to share information without the participant's authorization.
  - Reports will never include personal information.
  - Only authorized program and evaluation staff will see the participant's information.
  - Program staff will not share the participant's information with government agencies unless the law requires it. (This might be required if program staff believe that someone is in danger.)
- ❖ Participants do not have to share their information if they do not want to.
- ❖ Participants can receive services even if they do not consent to participate in the evaluation.
- ❖ Even if they initially agree to provide and share information, participants can always change their minds and have their information removed from the evaluation database.

**Step 3: Explain the participant's right to revoke consent and how to request removal of information from the evaluation.**

- ❖ A signed consent form will remain in effect for 10 years.
- ❖ All identifying information can be removed from the evaluation database at the request of a parent/guardian at any time.
- ❖ Written consent/authorization may be revoked anytime by (1) the parent/guardian or other legally authorized person, or (2) the participant, once the participant is legally able to do so (usually 18 years of age).
- ❖ To revoke the consent/authorization and to remove participant information from the evaluation database, the participant or parent/guardian should submit a letter to:

First 5 San Mateo County / Attn: Jenifer Clarke  
1700 S. El Camino Real, Suite 405  
San Mateo, CA 94402

- ❖ A form letter requesting the removal of participation information can be obtained by calling F5SMC at (650) 372-8621.

**Step 4: Ensure that the participant signs the topmost box on the consent form.**

- ❖ Only the child's legal guardians (or emancipated minors) can sign the consent form.
- ❖ If the service provider is uncertain of the parents'/guardians' ability to adequately understand and make decisions about their families' participation in the F5SMC evaluation, the service provider should not ask the parent/guardian to sign any forms.
- ❖ Offer to provide a copy of the signed consent form page to the participant (or his or her parent/guardian).

Some parents may decline consent to share their information or may decline to participate in an Intake or Follow-up Interview. In these cases, please ask parents to complete the box at the **bottom** of the consent page. This box asks parents to tell us some basic information about themselves and their young children. We request this information so that we may provide accurate information to F5SMC and First 5 California on the total number of parents and children served, regardless of whether they consented to participate in the evaluation.



### Important Note:



- ❖ Participants should sign either the topmost portion of the consent box indicating their consent OR complete the bottom section. Participants should not complete both sections.
- ❖ Participants may sign a photocopy of the consent page (if you prefer they not handle the 16-page document). This copy must be kept on file. On the first page of the original copy, document the date and write “*consent on file.*”

## IV. COMPLETING THE INTAKE INTERVIEW

The Intake Interview contains multiple sections including a consent form (page 1), demographic information (page 3), developmental screening scores (page 4), information on family concerns and referrals (pages 5–7), and family interview questions (pages 8–16).


The service provider should complete an Intake Interview with each family served within the first 4 weeks of service initiation. If information about the client and family is available, **service providers are strongly encouraged to complete as much of page 3 as possible prior to administering the interview with the parent.** Additionally, if the service provider completed a developmental screening on the focus child, ASQ and ASQ:SE scores should be recorded on page 4. Family concerns and referral information (pages 5–7) should also be completed by the service provider.

The service provider should individually administer the interview questions (on pages 8–16) verbally and in person with the parent/guardian of the child. **Intake Interview forms should not be handed out to parents/guardians to complete on their own.** When conducting the interview, the service provider should read each question aloud, wait for the participant to respond, and mark the correct response on form. Item-by-item directions are provided in Section VI of this document.

When completing the Intake Interview, parents should think about their child (age birth to 5) that will benefit most from your program’s services. If more than one child will benefit, parents should think about their child (age birth to 5) whose birthday is coming up next. Intake Interviews should be completed for only **one** child per family.

If the participant receiving services is a prenatal mother who has no other young children (ages 5 and under) in the family benefitting from the services, the service provider should complete the parent demographic information only (page 3) and maintain the incomplete form in the mother’s case file until the child is born. If the mother continues to receive F5SMC service after the child is born, complete the rest of the Intake Interview form when the child is about 4 weeks old. If the mother does not continue to receive F5SMC services after the child is born, the service provider should complete only the family concerns and referrals section (pages 5–7) and then submit to his/her agency supervisor.

The service provider should remind participants that completing the Intake Interview is voluntary. F5SMC is requesting that participants complete the entire interview, but participants can decline to answer any question. The service provider should remind the participant that the information will be shared only with authorized program staff, and no identifying information will be presented in reports.

When completing the form, please remember to use black pen, to use block printing when completing any text responses, and to mark responses by making an "X" through the box. If a participant wishes to change a response, the service provider should mark and circle the correct response like this .

### Important Notes:



- ❖ Only one Intake Interview should be completed per family.
- ❖ If the service is benefiting more than one child in the family, then the parent should think about the child (age birth to 5) in the family whose birthday will be celebrated next when completing the Intake Interview. This child is "Child 1."

- ❖ **Family concerns and referral information (pages 5–7) may be updated at any time up until the Intake Interview form is submitted.**
- ❖ **Family concerns include all concerns identified for the family unit.**

## **V. COMPLETING THE FOLLOW-UP INTERVIEW**

The Follow-up Interview contains multiple sections including a consent form (page 1), demographic information (page 3), service delivery information (page 3), developmental screening scores (page 4), and family interview questions (pages 5–12).

The service provider should complete a Follow-up Interview with each family served 6 months after the Intake Interview is completed, and again after every six months that the family continues to receive F5SMC services (i.e., after 12 months, 18 months, and 24 months, as applicable) and at the close of services.

At the top of the consent form (page 1), items intended for the service provider to complete prior to administering the Follow-Up Interview are shaded in grey. These items are included to help plan for completion of the next Follow-Up Interview. Service providers should check whether an Intake Interview was completed, and based on the date of administration of the last interview, should calculate when the next Follow-Up Interview should be administered. For example, if you completed an intake interview on July 22, you should indicate a target due date for the 6-month Follow-Up Interview as January 22. Similarly, if you just completed a 6-month Follow-Up Interview on January 22, you could pre-fill the next follow-up form with a target date of July 22. The name of the parent/guardian who signed the consent at intake should be noted so that if a different caregiver will complete the Follow-Up Interview, the service provider knows that a new consent form must be signed.

If at all possible, the service provider should administer the interview to the same parent/guardian who completed the Intake Interview and should follow the guidelines as described in Section IV above. The service provider has an 8-week window of opportunity to complete each Follow-up Interview, based on the date that the Intake Interview or previous Follow-up Interview was completed. If a Follow-up Interview is not completed within the allotted 8-week window, the service provider cannot submit data for that 6-month period, but should complete a Follow-up Interview for the next 6-month period at the proper time (if the family is still receiving services).

We have established “rules of thumb” for when to complete Follow-up Interviews with families who terminate services before 6 months, who cannot be located when the interview is due, and who were service recipients prior to the implementation of the Comprehensive Evaluation. See the *Comprehensive Evaluation Frequently Asked Questions (FAQ)* document for details. A copy of the FAQ document can be obtained by calling F5SMC at (650) 372-9500.

### **Important Notes:**



- ❖ **As a rule of thumb, the Follow-Up Interview should be conducted at case closure if at least 3 months has passed since the last interview (Intake or Follow-Up) was completed.**
- ❖ **If the same parent/guardian who completed the Intake Interview also completes the Follow-up Interview, the parent is not required to sign another consent form. This form is included on the Follow-up Interview only for use in those cases where a different parent/guardian completes the Follow-Up Interview.**

## **VI. ITEM-BY-ITEM INSTRUCTIONS**

The next section provides item-by-item instructions and clarifications. Where appropriate, additional information is provided should a participant request further explanation of a particular item.

**Intake and Follow-up Interview Instructions**

<b>Parent and Caregiver Demographic Information: This section should be pre-filled by service provider, if possible</b>	
<b>Today's Date:</b> MM/DD/YYYY	<b>Instructions:</b> Enter date that the interview was conducted, including month, day, and four-digit year
<b>Participant ID (if applicable):</b>  □□□□□□	<b>Instructions:</b> Enter the participant's program identification number, if applicable.  <b>Question Clarification:</b> This is an optional item. Programs can record their own internal client identifiers if they would like to receive interview data back and link it to other program-maintained record keeping systems.
<b>Name of Parent/Caregiver:</b> Last	<b>Instructions:</b> Enter the parent/caregiver's last name.  <b>Question Clarification:</b> If the parent/caregiver uses a hyphenated last name, print both names with the hyphen. If the child uses more than one last name and it is NOT hyphenated, enter only the last name in the sequence (e.g., Julio Rodriguez Sanchez's last name would be entered as "Sanchez"). If the parent/caregiver's last name is longer than 14 characters, enter the first 14 characters only.
<b>Name of Parent/Caregiver:</b> First	<b>Instructions:</b> Enter the parent/caregiver's first name.  <b>Question Clarification:</b> The parent/caregiver's complete first legal name (e.g., Guadalupe or Thomas) should be used, as opposed to a partial first name or nickname (e.g., Lupe or Tom). If the parent/caregiver's first name is longer than 11 characters, enter the first 11 characters only.
<b>Name of Parent/Caregiver:</b> Middle	<b>Instructions:</b> Enter the parent/caregiver middle name.  <b>Question Clarification:</b> This question is optional and may be left unanswered. If the parent/caregiver middle name is longer than 8 characters, enter the first 8 characters only.
<b>Date of Birth:</b> MM/DD/YYYY	<b>Instructions:</b> Enter the parent/caregiver's date of birth, including month, day, and four-digit year, in that order, on both the English and Spanish forms.
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Instructions:</b> Mark the appropriate box indicating the gender as perceived by the parent/caregiver.
<b>Home Zip Code:</b>	<b>Instructions:</b> Enter zip code of parent/caregiver's primary home address.  <b>Question Clarification:</b> If a parent/caregiver is homeless, indicate the zip code as 99999.
<b>Prenatal Participant:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Instructions:</b> Mark Yes if the respondent is a pregnant woman receiving services primarily focused on her prenatal health and her unborn child. If you are unsure if the parent is pregnant or not, leave this section blank.  <b>Question Clarification:</b> This allows programs providing prenatal services to indicate why they may have completed only some portions of the Intake or Follow-up Interviews.

<p><b>Primary Language:</b> <i>(Mark (X) only one.)</i></p> <p><input type="checkbox"/> English    <input type="checkbox"/> Spanish    <input type="checkbox"/> Cantonese  <input type="checkbox"/> Mandarin    <input type="checkbox"/> Vietnamese    <input type="checkbox"/> Korean  <input type="checkbox"/> Other: _____</p>	<p><b>INTAKE ONLY</b></p> <p><b>Instructions:</b> Mark the appropriate box indicating the parent's primary language spoken at home. If the parent uses two languages equally in the home, mark two boxes.</p> <p><b>Question Clarification:</b> If the participant identifies with a language not provided on the list, mark "Other" and write the participant's primary language in the space provided.</p>
<p><b>Race/Ethnicity:</b> <i>(Mark (X) all that apply.)</i></p> <p><input type="checkbox"/> Asian                      <input type="checkbox"/> Hispanic/Latino  <input type="checkbox"/> Alaskan Native or  American Indian  <input type="checkbox"/> Multiracial              <input type="checkbox"/> White  <input type="checkbox"/> Pacific Islander    <input type="checkbox"/> Black/African American  <input type="checkbox"/> Other: _____</p>	<p><b>INTAKE ONLY</b></p> <p><b>Instructions:</b> Mark the appropriate box(es) indicating the race/ethnicity of the parent/caregiver. Mark all that apply.</p> <p><b>Question Clarification:</b> If the participant identifies with an ethnicity not provided, mark "Other" and write the participant's race/ethnicity in the space provided.</p>
<p><b>Child 1 Information: This section should be pre-filled by service provider, if possible</b></p>	
<p><b>Name of Child 1 (age 0–5):</b> Last</p>	<p><b>Instructions:</b> Enter the last name of the child who will benefit from the services.</p> <p><b>Note:</b> Child 1 is the child upon whom the Intake Interview should focus. The interview should focus on the child (age 0-5) who will benefit from the services. If services will benefit more than one child in the family, then "Child 1 (age 0-5)" is the child in the family whose birthday will be celebrated next.</p> <p><b>Question Clarification:</b> If the child uses a hyphenated last name, print both names with the hyphen. If the child uses more than one last name and it is NOT hyphenated, enter only the last name in the sequence (e.g., Julio Rodriguez Sanchez's last name would be entered as "Sanchez"). If the child's last name is longer than 14 characters, enter the first 14 characters only.</p>
<p><b>Name of Child 1 (age 0–5):</b> First</p>	<p><b>Instructions:</b> Enter the child's first name.</p> <p><b>Question Clarification:</b> The child's first name (e.g., Guadalupe or Thomas) should be used, as opposed to a partial first name or nickname (e.g., Lupe or Tom). If the child's first name is longer than 11 characters, enter the first 11 characters only.</p>
<p><b>Name of Child 1 (age 0–5):</b> Middle</p>	<p><b>Instructions:</b> Enter the child's middle name.</p> <p><b>Question Clarification:</b> This question is optional and may be left unanswered. If the child's middle name is longer than 8 characters, enter the first 8 characters only.</p>
<p><b>Date of Birth:</b> MM/DD/YYYY</p>	<p><b>Instructions:</b> Enter the child's date of birth, including month, day, and four-digit year, in that order, on both the English and Spanish forms.</p>
<p><b>Gender:</b> <input type="checkbox"/> Male    <input type="checkbox"/> Female</p>	<p><b>Instructions:</b> Mark the appropriate box indicating the gender as perceived by the parent/caregiver.</p>
<p><b>Home Zip Code:</b></p>	<p><b>Instructions:</b> Enter zip code of child's primary home address.</p> <p><b>Question Clarification:</b> If a child is homeless, indicate the zip code as 99999. If two parents have joint custody of the child, use zip code of the interviewee.</p>

<p><b>Child's Primary Language:</b> <i>(Mark (X) only one.)</i></p> <p><input type="checkbox"/> English    <input type="checkbox"/> Spanish    <input type="checkbox"/> Cantonese  <input type="checkbox"/> Mandarin    <input type="checkbox"/> Vietnamese    <input type="checkbox"/> Korean  <input type="checkbox"/> Other: _____</p>	<p><b>INTAKE ONLY</b></p> <p><b>Instructions:</b> Mark the appropriate box indicating the family's primary language spoken at home. If the parent uses two languages equally in the home, mark two boxes.</p> <p><b>Question Clarification:</b> If the participant identifies with a language not provided on the list, mark "Other" and write the participant's language in the space provided. Note, if the child is too young to have determined his/her primary language, check the "Other" box and write in "pre-verbal."</p>
<p><b>Child's Race/Ethnicity:</b> <i>(Mark (X) all that apply.)</i></p> <p><input type="checkbox"/> Asian                      <input type="checkbox"/> Hispanic/Latino  <input type="checkbox"/> Alaskan Native or  American Indian  <input type="checkbox"/> Multiracial                <input type="checkbox"/> White  <input type="checkbox"/> Pacific Islander        <input type="checkbox"/> Black/African American  <input type="checkbox"/> Other: _____</p>	<p><b>INTAKE ONLY</b></p> <p><b>Instructions:</b> Mark the appropriate box(es) indicating the ethnicity of the child. Mark all that apply.</p> <p><b>Question Clarification:</b> If the participant identifies with an ethnicity not provided, mark "Other" and write the participant's race/ethnicity in the space provided.</p>
<p><b>Other children (0-5) in the household:</b></p> <p>Name 2: __ Date of Birth: __ <input type="checkbox"/> Male <input type="checkbox"/> Female  Name 3: __ Date of Birth: __ <input type="checkbox"/> Male <input type="checkbox"/> Female  Name 4: __ Date of Birth: __ <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><b>INTAKE ONLY</b></p> <p><b>Instructions:</b> Enter the name, date of birth, and gender for each additional child in the household ages 5 or younger. Follow the directions provided above for parents' and guardians' information when completing the form.</p> <p><b>Question Clarification:</b> If there are more than 4 children under the age of 5 living in the home, write the name, date of birth, and gender of each additional child in the margins.</p>
<p><b>Follow-up Interview (page 3) Instructions: This section is to be completed by the service provider</b></p>	
<p><b>Follow-up interval</b> <i>(Mark (X) one only, if applicable.)</i></p> <p><input type="checkbox"/> 6 mos.  <input type="checkbox"/> 12 mos.  <input type="checkbox"/> 18 mos.  <input type="checkbox"/> 24 mos.  <input type="checkbox"/> Other</p>	<p><b>FOLLOWUP ONLY</b></p> <p><b>Instructions:</b> Mark the box that indicates when you are completing this Follow-up Interview with the family. Use since initial provision of service as the zero point in time.</p> <p><b>Question clarification:</b> If the client received F5SMC-funded services prior to the Comprehensive Evaluation, the initial provision of services date should count as the zero point in time, even if no Intake Interview was completed. If the client has received services for more than 24 months, check "Other" and write the number of months the family has been served on the form as a note to the evaluation staff.</p>
<p><b>Follow-up (final interview) and Case closures:</b> <i>(Mark (X) one only, if applicable.)</i></p> <p><input type="checkbox"/> Case closure (service completed)  (indicate # of months since opening: <input type="checkbox"/><input type="checkbox"/>  <input type="checkbox"/> Case closure (referred out)  (indicate # of months since opening: <input type="checkbox"/><input type="checkbox"/>  <b>Agency referred to:</b> _____  <input type="checkbox"/> (Mark (X) if F5SMC-funded partner).</p>	<p><b>FOLLOWUP ONLY</b></p> <p><b>Instructions:</b> Mark the box that indicates the primary reason for terminating services with the family (e.g., service completed/aged out or referred out). If the case is closed and this is the final Follow-up Interview to be completed, enter the number of months since services initially began. If you are referring the case to another agency, please write in the name of this agency and check the box if this agency is a F5SMC-funded partner. <b>Note:</b> a <i>Follow-up Interview and Case Closure form should never both be completed at the same time. If case is "lost to follow-up," complete a Case Closure form only.</i></p>

Below, summarize your service delivery since the data of last data collection (i.e., Intake or last Follow-up).	
<p><b>Average frequency of service contact:</b> <i>(Mark (X) one only.)</i>  <i>Consider both the instances you spend working directly with the family as well as instances working with other service providers on behalf of family.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Daily</li> <li><input type="checkbox"/> 2-3 times a week</li> <li><input type="checkbox"/> Weekly</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> Less than once a month</li> </ul>	<p><b>FOLLOWUP ONLY</b></p> <p><b>Instructions:</b> Mark only one box indicating the average frequency of services during the past 6 months (or since last Intake or Follow-up Interview was completed).</p> <p><b>Question Clarification:</b> Some participants require high intensity support (e.g., daily visits or phone calls), and others require low intensity support (e.g., weekly or monthly check-ins). Report the <i>average</i> frequency of services provided to the family for the time period you are reporting. Use your best judgment and mark the <i>average</i> frequency.</p>
<p><b>Average time per service contact:</b> <i>(Mark (X) one only.)</i>  <i>Consider both the time you spend working directly with the family as well as time working with other service providers on behalf of family.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 0-29 minutes</li> <li><input type="checkbox"/> 30-59 minutes</li> <li><input type="checkbox"/> 60-89 minutes</li> <li><input type="checkbox"/> 90-119 minutes</li> <li><input type="checkbox"/> 120+ minutes</li> </ul>	<p><b>FOLLOWUP ONLY</b></p> <p><b>Instructions:</b> Mark only one box indicating the average session length during the past 6 months.</p> <p><b>Question Clarification:</b> Session time includes the time spent directly with the participant each time you met with him/her, either in person or on the phone. It should not include travel time. We understand that the duration of each service contact may vary. Use your best judgment and mark the <i>average</i> duration.</p>
<p>Please rate the <b>level of family engagement</b> in services/care coordination: <i>(Mark (X) one only.)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Very low and sporadic:</b> Enrolled and completed initial visit, but involvement was sporadic.</li> <li><input type="checkbox"/> <b>Low, but consistent:</b> Kept appointments and steady involvement, with some motivation displayed.</li> <li><input type="checkbox"/> <b>Average/active:</b> Active involvement in services. Attention paid to provider (and other family members as relevant). Engaged in discussion, responded to questions, and asked for advice.</li> <li><input type="checkbox"/> <b>High:</b> Used program information and ideas between sessions. Completed all activities and followed up on recommendations.</li> <li><input type="checkbox"/> <b>Very high/reaching beyond program:</b> Sought information about or support for issues beyond services provision.</li> </ul>	<p><b>FOLLOWUP ONLY</b></p> <p><b>Instructions:</b> Mark only one box indicating the family's level of engagement (as perceived by you, the service provider).</p> <p><b>Question Clarification:</b> Participant's engagement levels will vary. Use your best judgment to report the <i>average</i> level of engagement of the participant for the time period you are reporting.</p>



**Only for those programs conducting ASQ and ASQ:SE screenings**

**This section is to be completed by service provider only if a developmental screening was conducted in the past 6 months for Child 1.**

**If you did conduct ASQ and/or ASQ:SE screenings, then leave this section blank.**

*Note: If additional children in the family also received developmental screenings, complete one F5SMC ASQ Screening Data form per additional child.*

<b>Date of most recent ASQ administration:</b> MM/DD/YYYY	<b>Instructions:</b> Enter the date of the most recent administration of the ASQ, including month, day, and four-digit year.
<b>Version of ASQ:</b> (check one only): <input type="checkbox"/> ASQ-1 <input type="checkbox"/> ASQ-2 <input type="checkbox"/> ASQ-3 (2009 version)	<b>Instructions:</b> Mark the box indicating the version of the ASQ used.
<b>Interval of ASQ</b> (check one only): <input type="checkbox"/> 2 months <input type="checkbox"/> 4 months <input type="checkbox"/> 6 months <input type="checkbox"/> 8 months <input type="checkbox"/> 9 months <input type="checkbox"/> 10 months <input type="checkbox"/> 12 months <input type="checkbox"/> 14 months <input type="checkbox"/> 16 months <input type="checkbox"/> 18 months <input type="checkbox"/> 20 months <input type="checkbox"/> 22 months <input type="checkbox"/> 24 months <input type="checkbox"/> 27 months <input type="checkbox"/> 30 months <input type="checkbox"/> 33 months <input type="checkbox"/> 36 months <input type="checkbox"/> 42 months <input type="checkbox"/> 48 months <input type="checkbox"/> 54 months <input type="checkbox"/> 60 months <input type="checkbox"/> Unknown	<b>Instructions:</b> Mark the appropriate box indicating the age version of the ASQ administered (check only one).
<b>ASQ Subscale Scores:</b> Communication <input type="checkbox"/> <input type="checkbox"/> Gross Motor <input type="checkbox"/> <input type="checkbox"/> Fine Motor <input type="checkbox"/> <input type="checkbox"/> Problem-solving <input type="checkbox"/> <input type="checkbox"/> Personal-Social <input type="checkbox"/> <input type="checkbox"/>	<b>Instructions:</b> Enter the ASQ subscale scores for each subscale, based on the age version completed.
<b>Date of most recent ASQ:SE administration:</b> MM/DD/YYYY	<b>Instructions:</b> Enter the date of the most recent administration of the ASQ-SE, including month, day, and four-digit year.
<b>Version of ASQ:E</b> (Mark (X) one only): <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> 30 months <input type="checkbox"/> 36 months <input type="checkbox"/> 48 months <input type="checkbox"/> 60 months <input type="checkbox"/> Unknown	<b>Instructions:</b> Mark the appropriate box indicating the age version of the ASQ-SE administered (mark only one).
<b>ASQ:SE Total Score:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Instructions:</b> Enter the ASQ-SE total score, based on the age version completed.

**Family Concerns and Referrals: This section is to be completed by service provider soon after completion of Intake Interview. Note: information entered in this section of the Intake Interview can be updated (if so desired by the service provider) until submission of the form to F5SMC.**

**INTAKE ONLY**

**Family Concerns.** Families have unique strengths and challenges. In your work with this family to date, which of the following concerns or service needs have you identified for the family? (Mark (X) all that apply.)

**NOTE:** This section of the form should be completed with reference to the entire family. Please note all concerns identified at time of intake for Child 1 and his or her family, including parents, siblings, and other involved caretakers. Concerns include those self-identified by the family, as well as those identified by the service provider.

<input type="checkbox"/> Dental services	<b>Definition:</b> Dental services include oral health treatment, screenings, checkups, oral hygiene, and intervention as needed (extractions, pit and fissure sealants, and fluoride treatment).
<input type="checkbox"/> Developmental concern - Adaptive <input type="checkbox"/> Developmental concern - Cognitive <input type="checkbox"/> Developmental concern - Communication <input type="checkbox"/> Developmental concern - Physical <input type="checkbox"/> Developmental concern - Social or emotional <input type="checkbox"/> Developmental concern - Other (specify):	<b>Definitions:</b> <ul style="list-style-type: none"> <li>• Adaptive developmental delay: A delay in self-help skills, such as feeding difficulties.</li> <li>• Cognitive developmental delay: Limited interest in the environment or in play and learning.</li> <li>• Communication developmental delay: Limited language and communication skills.</li> <li>• Physical developmental delay (including hearing and vision): Hypertonia (i.e., tightness of muscle tone), dystonia (i.e., slow, twisting, involuntary movements), asymmetry (i.e., half of body develops differently from other half), and other orthopedic impairments (i.e., affecting muscles, bones, joints).</li> <li>• Social or emotional developmental delay: Unusual responses to interactions, impaired attachment, and/or self injurious behavior.</li> <li>• Other developmental concern: Write in other developmental concern identified by parent/guardian.</li> </ul>
<input type="checkbox"/> Early care and education / child care	<b>Definition:</b> Early care and education are intensive educational activities and experiences intended to foster social, emotional, and intellectual growth to prepare children for further formal learning.
<input type="checkbox"/> Family planning / prenatal care	<b>Definition:</b> Prenatal care refers to the medical care recommended for women before and during pregnancy. Family planning assists in regulating the number and spacing of children in a family through the practice of contraception or other methods of birth control.
<input type="checkbox"/> Family support (social worker / care coordinator)	<b>Definition:</b> Family support programs are comprehensive services to promote the well-being of children and families, including activities such as parent education, care referral and coordination, and family-centered direct services (e.g., home visitation, therapeutic services, respite).
<input type="checkbox"/> Family violence support	<b>Definition:</b> Family violence is a situation in which one family member causes physical or emotional harm to another. Family violence support programs help prevent or remediate these situations.
<input type="checkbox"/> Health insurance	<b>Definition:</b> Health insurance refers to any type of assistance received to help pay for the family member's medical care.
<input type="checkbox"/> Health/medical services	<b>Definition:</b> Health/medical services are preventive, diagnostic, and therapeutic care by a licensed healthcare professional.



<input type="checkbox"/> Housing assistance	<b>Definition:</b> Housing assistance provides housing and support services that create opportunities for homeless families and individuals to return to permanent homes of their own.
<input type="checkbox"/> Legal assistance	<b>Definition:</b> Legal assistance provides free, quality civil legal services to low-income residents.
<input type="checkbox"/> Mental health services	<b>Definition:</b> Mental health services can include crisis intervention, assessment/evaluation, family and individual counseling, medication, and residential or outpatient treatment to support emotional and behavioral health.
<input type="checkbox"/> Nutrition / food assistance	<b>Definition:</b> Nutrition/food assistance programs provide supplements to low-income individuals and families in purchasing food. Eligibility usually depends on the financial situation of the household.
<input type="checkbox"/> Parent education / family literacy	<b>Definition:</b> Parent education/family literacy refers to parent education programs to improve parenting skills and increase knowledge of activities that promote children's school readiness.
<input type="checkbox"/> Recreation / fitness	<b>Definition:</b> Recreation and fitness refers to activities that promote overall health and wellness.
<input type="checkbox"/> Substance use / abuse	<b>Definition:</b> Substance use/abuse services can include family or individual counseling, residential drug or alcohol rehabilitation, participation in self-help groups (e.g., Alcoholics Anonymous, Al-Anon), detoxification, or any treatment for medical problems associated with alcohol or drug use.
<input type="checkbox"/> Transportation	<b>Definition:</b> Transportation assistance provides reimbursement to cover the fare of public transit trips and paratransit service for individuals who are not able to access public transportation.
<input type="checkbox"/> Vocational / educational	<b>Definition:</b> Vocational/education programs educate adults so they will have the academic, English language, and basic life skills necessary to function successfully in our society.
<input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Other (specify): _____	<b>Definition:</b> Check the box and write (in block letters) the types of any additional concerns you have identified for the family.
<b>INTAKE ONLY</b>	
<b>Family Referrals:</b> In your work with this family to date, to which of the following agencies have you made referrals? <i>(Mark (X) all that apply.)</i>	
<b>Instructions:</b> First identify the service type for the referral made (e.g., Dental, Developmental, Family Support). Then, check the box next to the specific agency to where you referred the family. If the agency is not listed on the form, write (in block letters) the name of the agency in the "Other" box under the relevant service category.	
<b>NOTE:</b> This section of the form should be completed with reference to the entire family. Please mark all referrals made for Child 1 and his or her family, including parents, siblings and other involved caretakers.	

<p><b>Interview Questions:</b></p> <p><b>This section is to be completed by the service provider while interviewing the parent/caregiver.</b></p> <p><i>Note: When conducting the interviews, read questions aloud to the parent/caregiver. Do NOT read probes or response options that are in italics.</i></p> <p><b>Remember: all questions refer to Child 1.</b></p>	
<p><b>To answer the questions below, think about your child &lt;Child 1&gt; who will benefit from this program's services. If more than one child will benefit, think about your child age 0-5 whose birthday is coming up next.</b></p>	
<p><b>1. Please ask only biological mother: How many months pregnant were you when you first saw a doctor?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 0-4 months pregnant</li> <li><input type="checkbox"/> More than 4 months pregnant</li> <li><input type="checkbox"/> I did not see a doctor during this pregnancy</li> <li><input type="checkbox"/> <i>Don't know/Declined/Not applicable</i></li> </ul>	<p><b>INTAKE ONLY</b></p> <p><b>Instructions:</b> <b>Read question only (not the portion in italics).</b> Ask question <u>only</u> of biological mothers. Do not ask question of fathers or other guardians. If father/other guardian is the respondent, mark "Don't know/Declined/Not applicable."</p> <p><b>Question Clarification:</b> Interviewers should categorize answers appropriately based on the mother's response. For example, if a mother responds "4 and one half months," check the box next to "More than 4 months pregnant."</p> <p><b>Rationale:</b> Getting late or no prenatal care is associated with a greater likelihood of having a baby who is born at low birth weight, is stillborn, or dies in the first year of life.</p>
<p><b>2. Please ask only biological mother. Did you ever breastfeed your child &lt;Child 1&gt;?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No (Skip to Question 3)</li> <li><input type="checkbox"/> <i>Declined/Not applicable</i> (Skip to Question 3)</li> </ul>	<p><b>Instructions:</b> <b>Read question only (not the portion in italics).</b> Ask question <u>only</u> of biological mothers. Do not ask question of fathers or other guardians. If father/other guardian is the respondent, mark "Declined/Not Applicable" and skip ahead to question 3. If mother responds "No," skip ahead to question 3.</p> <p><b>Question Clarification:</b> To breastfeed means to feed the child with mother's milk, either from the breast or pumped and given with a bottle.</p> <p><b>Rationale:</b> The American Academy of Pediatrics recommends that infants be exclusively breastfed for about the first 6 months of life, continuing through 1 year with the addition of appropriate foods. Despite this recommendation, studies show that by the time infants reach 6 months of age, the number of mothers breastfeeding has dropped by half, with this decline starting as early as the first or second month.</p>
<p><b>2a. If yes, how old was your child &lt;Child 1&gt; when breastfeeding ended?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> <i>Number of months when ended</i></li> <li><input type="checkbox"/> <i>Still breast feeding</i></li> <li><input type="checkbox"/> <i>Don't know/Declined/Not applicable</i></li> </ul>	<p><b>Instructions:</b> <b>Read question only</b> Ask question <u>only</u> of biological mothers who answered "Yes" to question 2.</p> <p><b>Question Clarification:</b> Round answers up to the nearest whole number. For example, if a mother responds "4 and one half months," enter into the box "5" months.</p> <p><b>Rationale:</b> See rationale above for 2.</p>

**3. What type of health insurance does your child <Child 1> have now?**

- Uninsured
- Insurance purchased directly by parent/guardian (including COBRA)
- Insurance provided by employer
- Medi-Cal (full scope/comprehensive)
- Medi-Cal (emergency)
- Healthy Families
- Healthy Kids/California Kids/ or similar program
- Application Pending (specify type): \_\_\_\_\_
- Other (specify): \_\_\_\_\_
- Don't know/Declined*

**Instructions: Read question only.** Definitions are provided for reference only. Based on participant's response, mark the appropriate box. If the parent doesn't know, ask for permission to see their insurance card. If the parent doesn't have an insurance card, mark "Don't know/Declined."

**Question Clarification:** Health insurance refers to any type of assistance received to help pay for the child's medical care.

**Rationale:** Health insurance facilitates access to health care. Children not covered by health insurance are more likely to have gone without needed medical care. Lack of access of health care services may lead to the development of preventable conditions or the worsening of existing conditions. Children who are uninsured are more likely to have health problems that routine health care could either prevent or help to manage.

**Definitions:**

- **Uninsured:** No health insurance.
- **Insurance purchased directly by the parent/guardian:** Private health insurance purchased by child's parent/guardian. This also includes COBRA (Consolidated Omnibus Budget Reconciliation Act) temporary insurance coverage purchased by the parent/guardian.
- **Insurance provided by employer:** Health insurance through parent's/guardian's employer.
- **Medi-Cal (full scope/comprehensive):** Pays the cost of medical care for low-income persons, such as the elderly, disabled, and those receiving public assistance and others with limited resources. Medi-Cal eligibility depends primarily on the income and resources a person has.
- **Medi-Cal (emergency):** Medical insurance for undocumented immigrants and pregnancy-related services for emergency care only.
- **Healthy Families:** Low-cost insurance for children and teens provided by the State Children's Health Insurance Program (SCHIP). It provides health, dental and vision coverage to children who do not have insurance and do not qualify for free Medi-Cal.
- **Healthy Kids/California Kids or similar program:** Provides health insurance to eligible children under the age of 19 covering hospital care, doctor visits, immunizations, prescription drugs, dental care, vision care, mental health benefits, and other services.
- **Application Pending:** If parents/guardians have applied for insurance coverage but are not yet fully covered, write in the type of coverage to which they have an application submitted.
- **Other:** If a child is covered by an insurance type not listed on the survey form, write in the type of insurance coverage s/he has.

<p><b>4. How many times in the last year did your child &lt;Child 1&gt; see a doctor for a “well-child” check-up? A “well-child: check-up is a general check-up when your child is <u>not</u> sick or hurt.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 0 times</li> <li><input type="checkbox"/> 1 time</li> <li><input type="checkbox"/> 2-3 times</li> <li><input type="checkbox"/> 4-5 times</li> <li><input type="checkbox"/> 6 times or more</li> <li><input type="checkbox"/> <i>Don't know/Declined</i></li> </ul>	<p><b>Instructions:</b> <b>Read question only.</b> Based on participant’s response, mark the appropriate box.</p> <p><b>Question Clarification:</b> “Well-child check-up” is visiting a health care provider when your child is not sick. These visits are sometimes referred to as a general checkup and include a complete health history and a physical exam. They are routine visits. By last year we mean within a year from the date the survey is completed.</p> <p><b>Rationale:</b> Lack of access to a regular medical home or provider for preventive care, such as immunizations, may foster delayed diagnosis of health problems, the development of preventable conditions, or the worsening of existing conditions.</p>
<p><b>5. Please ask only for child over 12 months of age: When did your child &lt;Child 1&gt; last see a dentist for a routine check-up?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Not applicable - Child under 12 months of age</i></li> <li><input type="checkbox"/> Less than a year ago</li> <li><input type="checkbox"/> Between 1 to 2 years ago</li> <li><input type="checkbox"/> 2 years ago or more</li> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> <i>Don't know/Declined</i></li> </ul>	<p><b>Instructions:</b> <b>Read question only (not the portion in italics).</b> Based on participant’s response, mark the appropriate box. If the child is younger than 12 months of age mark “Not applicable - Child under 12 months of age” and do not ask the question.</p> <p><b>Question Clarification:</b> This includes routine dental care when the child was not experiencing a specific oral health problem. Routine dental check-ups can include cleanings, X-rays, and fluoride treatments.</p> <p><b>Rationale:</b> Annual dental exams provide preventive care and facilitate early diagnosis and treatment of oral problems.</p>
<p><b>6. Please answer only for child age 3-5: Since your child &lt;Child 1&gt; turned 3, has he or she <u>ever</u> gone to preschool regularly? Preschool could be Head Start, pre-kindergarten, or a child care center. By regularly, we mean at least two times a week and for at least 6 months.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Not applicable (Child under 3 years of age.)</i></li> <li><input type="checkbox"/> Recently enrolled (Regularly attended less than 6 months.)</li> <li><input type="checkbox"/> Yes (Regularly attended 6 months or more.)</li> <li><input type="checkbox"/> No (Has never attended regularly.)</li> <li><input type="checkbox"/> <i>Don't know/Declined</i></li> </ul>	<p><b>Instructions:</b> <b>Read question only (not the portion in italics).</b> Ask only of children ages 3 and older.</p> <p><b>Question Clarification:</b> This question refers to center-based preschool programs or child care that the child attends on a regular basis and that have the overall goal of increasing school readiness. This question does <u>not</u> refer to home-based child care.</p> <p><b>Rationale:</b> Participation in early education programs can help low- and middle-income children prepare for school. Children who participate in preschool or child care the year before entering kindergarten are more successful in kindergarten, first grade, and second grade. Children are more likely to score above average on national standardized tests, less likely to be retained, and less likely to be placed in programs that provide extra services for educationally disadvantaged children.</p>

**7. In a usual week, how often does your family do these things with your child <Child 1>?**

	Not at All	1 or 2 Days	3 to 4 Days	5 to 6 Days	Every Day	Don't know / Declined
a) Read stories or look at picture books?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Play music or sing songs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Instructions:** Read questions only.

**Question Clarification:** Item (a) refers to activities conducted with the child by anyone in the family that involve using a book. It does not include stories or singing songs without using a book. In item (b), songs can include nursery rhymes, songs from the radio, folk songs, or any type of music with words.

**Rationale:** Children who are exposed to reading early in their development achieve greater success in school. Recent studies suggest that singing songs with children develops literacy skills, and may be particularly important for families and cultures that do not regularly use written materials. Parent-child activities build positive parent-child relationships and reduce isolation.

**8. How much does your child <Child 1> watch TV or play videos or computer games in a day?**

- Not at all
- Less than 1 hour a day
- 1 hour
- 2 hours
- 3 hours
- 4 hour or more hours
- Don't know/Declined*

**Instructions:** Read question only. Based on participant's response, mark the appropriate box.

**Question Clarification:** This question refers to time the child spends in front of a video screening including television, videos, computer, and video games.

**Rationale:** The American Academy of Pediatrics recommends that children under 2 not watch *any* TV and that those older than 2 watch no more than 1 to 2 hours a day of quality programming. The first 2 years of life are considered a critical time for brain development. TV and other electronic media can get in the way of exploring, playing, and interacting with parents and others, which encourages learning and healthy physical and social development.

**9. Sometimes parents have concerns about how their child is developing. For these next questions, rate you level of concern for your child <Child 1> as: Not concerned, Concerned, or A Little Concerned.**

	Are you...?		
	Not Concerned	Concerned	A Little Concerned
a) Do you have any concerns about how your child is behind others or can't do what other kids can?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Do you have any concerns about how your child talks and makes speech sounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Do you have any concerns about how your child understands what you say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Do you have any concerns about how your child uses his or her hands and fingers to do things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Do you have any concerns about how your child uses his or her arms and legs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Do you have any concerns about how your child behaves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Do you have any concerns about how your child gets along with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Do you have any concerns about how your child is learning to do things for himself or herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Do you have any concerns about how your child is learning preschool or school skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Do you have any concerns about how your child sees or hears?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Instructions:** Read questions 9a-j, row by row, and all response options. Mark the box indicating the response for each question. If the parent declines to answer a question, they can leave the item blank. If the parent feels that the question is not applicable to their child due to the child's age, mark "Not Concerned." [Note: Laminated response cards are available to help prompt respondents (English and Spanish) with the 3 options of "Not Concerned", "Concerned", or "A Little Concerned."]

**Question Clarification:** Difficulty with these activities *may* indicate developmental delays or other special needs.

**Rationale:** Research suggests that there is a strong relationship between parents' concerns and children's developmental status. These items are derived from the Parents' Evaluation of Developmental Status (PEDS) screening test (Glascoe, 2009).

**10. Has a doctor or other professional ever told you that your child <Child 1> has a developmental delay or disability?**

- No (*Skip to Question 11*)
- Yes
- Don't know/Declined (Skip to Question 11)*

**Instructions:** Read question only. Based on the participant's response, mark the appropriate box. If parent/guardian responds "No" or "Don't know/Declined," skip ahead to question 11.

**Question Clarification:** Identification of a developmental delay or disability can be made by a doctor, other health professional, or qualified school district and regional center staff. If the respondent does not seem to understand the question, say: "Usually if a child has a problem like this, the doctor will tell you. If you haven't heard anything like this from your doctor, I will mark 'No' and we'll go to the next question." If you have *ever* been told about a delay or disability, even if the child has now overcome the issue, mark "yes" and answer Q10a.

**Rationale:** Early intervention for children with special needs is important for enhancing development. Several studies document the positive effects of early interventions for infants, toddlers, and preschoolers with or at risk for disabilities.



**10a. What developmental delay or disability does your child <Child 1> have?**

**For child younger than 3 years old:**  
(Mark all that apply)

- Cognitive developmental delay
- Physical developmental delay (including hearing and vision)
- Communication developmental delay
- Social or emotional developmental delay
- Adaptive developmental delay
- Don't know/Declined*

**For child age 3-5 years old:**  
(Mark all that apply)

- Autism
- Deaf-blindness
- Developmental delay
- Emotional disturbance
- Hearing impairment (including deafness)
- Mental retardation
- Multiple disabilities
- Orthopedic impairment
- Other health impairment
- Specific learning disability
- Speech or language impairment
- Traumatic brain injury
- Visual impairment (including blindness)
- Don't know/Declined*

**Instructions:** **Read question and all response options except *Don't know/Declined*.** Read question and all response options, except "Don't know/Declined." Wait after reading each response option for the parent/guardian to respond "Yes" or "No". Check all the responses that apply. Definitions are provided for program staff reference and should be read aloud only if the parent/guardian expresses confusion or requests a definition.

**Question Clarification:** If the respondent does not seem to understand the question, say: "Usually if a child has a problem like this, the doctor will tell you. If you haven't heard anything like this from your doctor, we'll go to the next question."

If the respondent is still wondering whether the problem the child is experiencing qualifies as a disability or special need, ask, "Has this been an ongoing and serious problem that makes it hard for your child to learn new things. Or do things, or stay alert?"

**Rationale:** See rationale above for question 10.

**Definitions of development delay (for children younger than 3)** (read only if parent/guardian requests explanation):

- Cognitive developmental delay: Limited interest in the environment or in play and learning. Use this category for children under 3 years of age who have received a diagnosis of Down Syndrome.
- Physical developmental delay (including hearing and vision): Hypertonia (i.e., tightness of muscle tone), dystonia (i.e., slow, twisting, involuntary movements), asymmetry (i.e., half of body develops differently from other half), and other orthopedic impairments (i.e., those affecting muscles, bones, joints).
- Communication developmental delay: Limited language and communication skills.
- Social or emotional developmental delay: Unusual responses to interactions, impaired attachment, and/or self injurious behavior. Use this category for children under 3 years of age who have received a diagnosis of Autism.
- Adaptive developmental delay: A delay in self-help skills, such as feeding difficulties.

**Definitions of disabilities (for children ages 3-5)** (read only if parent requests additional explanation):

- Autism: Child exhibits poor or limited social relationships, underdeveloped communication skills, and repetitive behaviors. They may also exhibit self-injurious or self-stimulating behaviors. The diagnosis must have been made by a doctor or other health professional.
- Deaf-blindness: A combination of both hearing and visual impairments.
- Developmental Delay: The learning capacity of the child (3-9 years old) is significantly limited or delayed in one or more of the following areas: receptive and/or expressive language; cognitive abilities; physical functioning; social, emotional, or adaptive functioning; and/or self-help skills.
- Emotional disturbance: Child shows one or more of the following characteristics to a significant and noticeable degree: (1) an inability to learn which cannot be explained by other health problems; (2) an inability to get along with others; (3) display of inappropriate feelings or actions in normal circumstances; (4) depression; and (5) unreasonable fears. This term includes youth who are schizophrenic.
- Hearing impairment (including deafness): Child is impaired in processing language through hearing, with or without amplification, which adversely affects his/her educational performance.
- Mental retardation: Significant deficits in intellectual functioning and adaptive behavior, which adversely affects a child's educational performance.

(Continued)

- Multiple disabilities: A combination of impairments (such as mental retardation-orthopedic impairment). Use this category for children older than 3 years of age with Down Syndrome since it includes both cognitive and physical disabilities.
- Orthopedic impairment: A severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).
- Other health impairment: Having limited strength, vitality, or alertness that is (a) is due to chronic or acute health problems such as asthma, ADHD, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and (b) adversely affects a child's educational performance.
- Specific learning disability: A disorder in one or more of the basic processes involved in understanding or in using language, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as dyslexia, and developmental aphasia. This does not include problems that are primarily the result of visual, hearing, or motor disabilities, mental retardation, emotional disturbance, or environmental/cultural disadvantage.
- Speech or language impairment: Difficulty in talking that negatively affects the child's educational performance (e.g., severe stuttering).
- Traumatic brain injury: An acquired injury to the brain resulting in impairments in one or more areas of cognition, language, memory, attention and motor abilities, psychosocial behavior, physical functions, and speech. The term does not apply to brain injuries that are congenital, degenerative, or due to occurrences such as strokes or aneurysms.
- Visual impairment (including blindness): Impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.



**11. In the last 6 months, has anyone referred your child <Child 1> or family to these services?**

- a) *Please ask only for child over 12 months of age:* **Dental services for your child**
- b) **Basic needs for your family** (e.g., emergency shelter, food, clothing)
- c) **Developmental service** (e.g., speech, language, hearing, occupational or physical therapy)
- d) *Please answer only for child age 3-5:* **Child care or preschool**
- e) **Medical, surgical, or specialty health services for your child**
- f) **Child mental/behavioral health services** (e.g., behaviorist, psychologist, psychiatrist)
- g) **Adult mental/behavioral health services** (e.g., family therapist, psychologist, psychiatrist)
- h) **Substance use/abuse treatment services for a family member**
- i) **Other child or family service** (specify; e.g., legal services): \_\_\_\_\_
  - No
  - Yes; → If yes, **did your child/family receive this needed service?**
    - Yes
    - No; → If no, **what was the main reason your family did not receive this service?**
      - Not interested/not needed/refused
      - Previous negative experience with provider
      - Service is too expensive
      - Transportation issues
      - Could not find the service or a provider
      - Service is not available in preferred language or suitable to culture
      - Inconvenient location or hours
      - On waiting list/waiting for appointment/pending
      - Service could not accommodate for a special need of child/family member
      - Not eligible for services
      - Other (please specify): \_\_\_\_\_

**Instructions: Read questions only.**

Read questions 11a–i one at a time, allowing the parent/guardian to answer each one before proceeding. Use examples as noted if necessary. If parent says “No” (they have not received a referral), move on to next item. If parent says “Yes,” then continue by asking whether or not they received the service. If parent says “Yes” (they received service), move on to next item. If parent says “No,” ask them why. Do not read response options. Listen to parent’s response, and mark the box next to the appropriate reason for not receiving service. Please prompt the parent to describe any additional referrals or barriers to services they have experienced and note these under item 11i) “Other children or family service.”

*Note: If a parent has received a referral for a services that is not listed on this form (e.g., adult health service), please write in this information for item 11i) “Other child or family service”.*

*Note: Laminated response cards are available to help prompt respondents (English and Spanish) with the response options.*

**Question Clarification:** This question requests parents to report specialty services or development programs they have been referred to in the past 6 months, as well as the reasons for not receiving services they were referred to.

**Rationale:** Making services more accessible increases the opportunities for families to receive health, education, and social services, leading to better outcomes for children and their families. Accessibility and utilization is influenced by the availability of services, transportation, cultural competence of providers, accommodations for people with special needs, and affordability.

<p><b>12. How many family members live with you?</b></p> <p>Number of children ages 0-5: _____</p> <p>Number of children ages 6-18: _____</p> <p>Number of adults (including yourself): _____</p>	<p><b>INTAKE ONLY</b></p> <p><b>Instructions:</b> <b>Read question only.</b> Enter the number of children in the household between the ages of 0-5 and 6-18, and the number of adults in the household (including interviewee). This question refers only to children and adults living in the household of the interviewee.</p> <p><b>Question Clarification:</b> Family members in the household are those who are related to the parent/caregiver by birth, marriage, or adoption. If the family shares the home with non-family members, do <b>not</b> include those people in the count. This is the definition of family used by the U.S. Census.</p> <p><b>Rationale:</b> Data on the median household income combined with the number of people living in the household are used to calculate whether families are living below, at, or above the federal poverty level. Poverty and its associated conditions can have significant negative effects on children’s development and well-being, particularly in early childhood.</p>
<p><b>13. What is closest to your family’s total income last year?</b></p> <p><input type="checkbox"/> \$10,000 or less</p> <p><input type="checkbox"/> \$10,001 - \$20,000</p> <p><input type="checkbox"/> \$20,001 - \$30,000</p> <p><input type="checkbox"/> \$30,001 - \$40,000</p> <p><input type="checkbox"/> \$40,001 - \$50,000</p> <p><input type="checkbox"/> \$50,001 - \$60,000</p> <p><input type="checkbox"/> \$60,001 - \$70,000</p> <p><input type="checkbox"/> \$70,001 - \$80,000</p> <p><input type="checkbox"/> \$80,001 – or above</p> <p><input type="checkbox"/> <i>Don’t know/Declined</i></p>	<p><b>INTAKE ONLY</b></p> <p><b>Instructions:</b> <b>Read question only.</b> Based on participant’s response, mark the appropriate box indicating the family <b>pre-taxed income</b> level for the last 12 months. <i>Note: if the participant has trouble estimating for the past 12 months, it is acceptable for the participant to report income from their last tax return.</i></p> <p><b>Question Clarification:</b> Include the income of all household family members, including those who are related to the parent/caregiver by birth, marriage, or adoption. If the family shares the home with non-family members, do <b>not</b> include those members’ wages. Include in the total wage or salary income (before taxes); self-employment income; interest/dividends, net rental or royalty income; income from estates/trusts; Social Security income; Supplemental Security Income; public assistance or welfare payments; retirement, survivor, or disability pensions; and all other income. This is the definition of family used by the U.S. Census.</p> <p><b>Rationale:</b> Data on the median household income combined with the number of people living in the household are used to calculate whether families are living below, at, or above the federal poverty level. Poverty and its associated conditions can have significant negative effects on children’s development and well-being, particularly in early childhood. This data will be used in combination with the number of family members from Question 12 to calculate poverty status using the methodology from the U.S. Census.</p>
<p><b>14. What is the highest grade or year of school that you completed?</b></p> <p><input type="checkbox"/> No formal schooling</p> <p><input type="checkbox"/> Less than 9th grade</p> <p><input type="checkbox"/> Some high school</p> <p><input type="checkbox"/> High school diploma/GED</p> <p><input type="checkbox"/> Some college or technical school</p> <p><input type="checkbox"/> Associate’s or technical degree</p> <p><input type="checkbox"/> Bachelor’s degree</p> <p><input type="checkbox"/> Graduate or professional degree (e.g., MA, PhD, JD, MD)</p> <p><input type="checkbox"/> <i>Don’t know/Declined</i></p>	<p><b>INTAKE ONLY</b></p> <p><b>Instructions:</b> <b>Read question only.</b> Based on participant’s response, mark the appropriate box.</p> <p><b>Question Clarification:</b> Request the highest level of schooling completed by the interviewee.</p> <p><b>Rationale:</b> Children with more highly educated parents are more likely to have access to a greater amount of resources. In addition, parental educational attainment is strongly associated with children’s increased school readiness and improved educational achievement. Higher levels of parent education are also strongly associated with improved health and health-related behaviors for both parents and children.</p>

Service providers can choose to either read Question 15a-n to parent in an interview format and complete for parent, or ask parent to complete these items on their own. The service provider should be available to answer any questions the parent may have.

15. Please read each item below carefully. Then rate how often the statements are true for you, from “Almost Always” to “Never.” If you do not want to answer a question, leave it blank. (Mark (X) one for each row.)

How often are these things true for you?	Almost always	Most of the time	Some times	Hardly ever	Never
a) I know how to keep my child healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I know how to guide my child’s behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I know how to meet my child’s needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I know what my child should be able to do at this age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I can get the services my family needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I follow regular schedules and routines for my child (e.g., bedtimes, mealtimes).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I know how to help my child learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I know how to be a good parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I have enough food to feed my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I have friends and family to turn to for support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) I am worried about our housing (e.g., it needs fixing, is too crowded, and is too expensive).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) I worry about someone in my close family has a drug or alcohol problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) I feel like I need help with my sadness or depression.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Someone in my life makes me feel threatened or unsafe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Instructions:** Read each question and all response options. Read questions 15a–n one at a time, allowing the parent/guardian to answer each one before proceeding. Mark the box indicating the appropriate response for each question.

*Note: if a parent declines to answer any of items 15a–n, leave the item blank and write “no answer” next to the specific item.*

**Question Clarification:** This question requests the parent’s opinion of his/her parenting skills and about concerns they may have for themselves of their family. If the parent declines to answer a question, leave the item blank.

**Rationale: (Items a-h)** Parenting skills reduce parenting stress and build positive parent-child relationships, which foster positive child outcomes.

**(Items i-n)** Parental (e.g., substance abuse, mental health problems, domestic violence) and environmental risk factors (e.g., poverty, homelessness, isolation) can have significant negative effects on children’s development, health, behavior, and well-being. Having an untreated mental health or substance abuse issue increases the likelihood that parents will have poor parenting skills, such as less frequent cognitively-stimulating and supportive interactions with their children.



## Demo+ Survey Guidelines

### I. PURPOSE

The purpose of the First 5 San Mateo County (F5SMC) Comprehensive Evaluation is to describe the impact of F5SMC investments on the development and well-being of young children and their families. To gauge how F5SMC programs are meeting the needs of the county's population and to understand ways we can improve access to services across the county, F5SMC requests that families who receive even a small amount of F5SMC services complete surveys that provide a limited but important set of demographic and indicator information at program entry.

This information will be combined into countywide and program-specific data reports. Reports will not include individual level information, ensuring that an individual participant's identity is kept confidential.

### II. PROCESS & TIMELINE

In general, the following steps should be followed:

- Step 1: Explain the purpose of the survey/data collection.**
- Step 2: Obtain consent to participate in the evaluation.**
- Step 3: Administer the Demo+ Survey at the initial meeting with the family.**
- Step 4: Submit completed surveys to your agency supervisor.**

Use the talking points provided in the section below (III. Consent) to help you explain the purpose of the survey and the consent process.

### III. CONSENT

F5SMC programs must use the *Consent to Participate in the First 5 San Mateo County Evaluation* form on page 1 of the form in order to collect, use, or share participants' personal information with F5SMC and its evaluators.

The consent form provides parents and guardians with information regarding the purposes and limits of data sharing. It outlines the specific information for which the participant is authorizing release. It is the service provider's responsibility to ensure that the parent/guardian understands the consent form. Parents can provide permission to authorize release of confidential information if their child/children are participants. Parents also authorize consent for themselves. If the parent/guardian cannot read in the languages in which the form is available (English or Spanish), the service provider should explore other options such as explaining the form aloud or using an interpreter.

#### Talking Points

Follow the steps below and use the talking points provided to explain the survey and consent.

- Step 1: Explain the purpose of the survey/data collection.** We suggest you include the following points:
  - ❖ The purpose of the data collection is to describe the children and families participating in F5SMC services, to gauge how F5SMC programs are meeting the needs of families in the county, and to understand ways F5SMC can improve services across the county.
  - ❖ By completing the survey, parents are helping F5SMC learn more about how First 5 California dollars are being spent and helping to ensure that F5SMC will be able to continue to provide services in the future.

**Step 2: Explain the consent form and how confidentiality of data will be assured.** We suggest you include the following points:

- ❖ All participants have the right to confidentiality.
  - It is against the law to share information without the participant's authorization.
  - Reports will never include personal information.
  - Only authorized program and evaluation staff will see the participant's information.
  - Program staff will not share the participant's information with government agencies unless the law requires it. (This might be required if program staff believe that someone is in danger.)
- ❖ Participants do not have to share their information if they do not want to.
- ❖ Participants can receive services even if they do not consent to participate in the evaluation.
- ❖ Even if they initially agree to provide and share information, participants can always change their minds and have their information removed from the evaluation database.

**Step 3: Explain the participant's right to revoke consent and how to request removal of information from the evaluation.**

- ❖ A signed consent form will remain in effect for 10 years.
- ❖ All identifying information can be removed from the evaluation database at the request of a parent/guardian at any time.
- ❖ Written consent/authorization may be revoked anytime by (1) the parent/guardian or other legally authorized person, or (2) the participant, once the participant is legally able to do so (usually 18 years of age).
- ❖ To revoke the consent/authorization and to remove participant information from the evaluation database, the participant or parent/guardian should submit a letter to:

Jenifer Clark  
First 5 San Mateo County  
1700 S. El Camino Real, Suite 405  
San Mateo, CA 94402

- ❖ A form letter requesting the removal of participation information can be obtained by calling F5SMC at (650) 372-8621.

**Step 4: Ensure that the participant signs the topmost box on the consent form.**

- ❖ Only the child's legal guardians (or emancipated minors) can sign the consent form.
- ❖ If the service provider is uncertain of the parent's/guardian's ability to adequately understand and make decisions about his/her family's participation in the F5SMC evaluation, the service provider should not ask the parent/guardian to sign any forms.
- ❖ Offer to provide a copy of the signed consent form to the participant (or his or her parent/guardian).

Some parents may decline consent to share their information or may decline to participate in the Demo+ Survey. In these cases, please ask parents to complete the box at the **bottom** of the consent page. This box asks parents to tell us some basic information about themselves and their young children. We request this information so that we may provide accurate information to F5SMC and First 5 California on the total number of parents and children served, regardless of whether they consented to participate in the evaluation.

#### Important Note:



- ❖ If a participant is a prenatal mother who has no other young children (ages 5 and under), please have her complete the bottom of the consent form only. Prenatal mothers are not required to complete the Demo+ Survey.
- ❖ Participants should sign either the topmost portion of the consent box indicating their consent OR complete the bottom section. Participants should not complete both sections.

#### IV. COMPLETING THE DEMO+ SURVEY

This survey is most often used with parents attending multi-session parent education programs. It is also used with parents receiving less intensive/triage type services. The service provider should administer the Demo+ Survey with participants at the initiation of services, generally during the first or second session. Please encourage participants to use black pen, to use block printing when completing any text responses, and to mark responses by making an "X" through the box. If a participant wishes to change a response, s/he should mark and circle the correct response.

The Demo+ Survey can be administered at the individual or group level. Participants should mark their own answers on the form. If the service provider chooses to administer the survey to participants individually, s/he may hand out the form and ask parents to read each question and complete the survey on their own.

If the service provider chooses to administer the survey to parents as a group, s/he should read each question aloud to the group, giving adequate time for parents to complete their answers on the form, before proceeding to the next question. In both cases, the service provider should be available and able to answer questions and clarify the meaning of any item (see V. Item-by-Item Instructions below).

When completing the Demo+ Survey, parents should think about their child (age birth to 5) that will benefit most from your program's services. If more than one child will benefit, parents should think about their child (age birth to 5) whose birthday is coming up next.

The service provider should remind parents that completing the Demo+ Survey is voluntary. F5SMC is requesting that parents complete the entire survey, but participants can decline to answer any question. The service provider should remind parents that the information will be shared only with authorized program staff, and no identifying information will be presented in evaluation reports.

#### Important Notes:



- ❖ Only one Demo+ Survey should be completed per family.
- ❖ If the service is benefiting more than one child in the family, the parent should think about the child (age birth to 5) in the family whose birthday will be celebrated next when completing the Demo+ Survey.
- ❖ The Demo+ Survey is most often used with parents attending multi-session parent education programs and is often completed during the first or second session.

#### V. ITEM-BY-ITEM INSTRUCTIONS

The next section provides item-by-item instructions and clarifications. Where appropriate, additional information is provided should a participant request further explanation of a particular item.



**Demo+ Survey Instructions**

**The Demo+ Survey can be handed out to parents to complete on their own, or administered verbally with parents individually or in a group. If administering verbally, do NOT read probes or response options that are in *italics*. Special instructions for verbal administration are provided in **red font** below.**

<b>Today's Date:</b> MM/DD/YYYY	Enter the date that the survey was completed, including month, day, and four-digit year.
---------------------------------	--

<b>Participant ID (if applicable):</b> □□□□□□	<b>Instructions:</b> Enter the participant's program identification number, if applicable. <b>Question Clarification:</b> This is an optional item. Programs can record their own internal client identifiers if they would like to receive Demo+ data back and link it to other program-maintained record keeping systems.
--	--

<b>If you are at this program because you are expecting a child, check here:</b> <input type="checkbox"/> <b>If so, start at Question #6 (skip Questions #1-5).</b>	<b>Instructions:</b> If prenatal participants are attending the multi-session workshop or service on behalf of their unborn child, then they should check the box, and complete only some parts of the Demo+ Survey. As the directions on the form indicate (see left column), prenatal participants skip questions 1 to 5, and begin completing the survey at question 6. However, if the prenatal participant is attending the multi-session workshop or service on behalf of another child age 0-5, then the participant should <b>not</b> check this box, and should complete the <b>entire</b> survey with the other child serving as the focus child.
--	---

**Instructions for parents: To answer the question below, think about your child who will benefit from this program's services. If more than one child will benefit, think about your child age 0-5 whose birthday is coming up next.**

<p><b>1. What type of health insurance does this child have now?</b></p> <p><input type="checkbox"/> <b>Uninsured</b></p> <p><input type="checkbox"/> Insurance purchased directly by parent/guardian (including COBRA)</p> <p><input type="checkbox"/> Insurance provided by employer</p> <p><input type="checkbox"/> Medi-Cal (full scope/comprehensive)</p> <p><input type="checkbox"/> Medi-Cal (emergency)</p> <p><input type="checkbox"/> Healthy Families</p> <p><input type="checkbox"/> Healthy Kids/California Kids/ or similar program</p> <p><input type="checkbox"/> Application pending, specify type: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> <i>Don't know/Declined</i></p>	<p><b>Instructions:</b> <b>Read question only.</b> Definitions are provided for reference only. Based on participant's response, mark the appropriate box. If the parent doesn't know, ask for permission to see their insurance card. If the parent doesn't have an insurance card, mark "Don't know/Declined."</p> <p><b>Question Clarification:</b> Health insurance refers to any type of assistance received to help pay for the child's medical care.</p> <p><b>Rationale:</b> Health insurance facilitates access to health care. Children not covered by health insurance are more likely to have gone without needed medical care. Lack of access to health care services may lead to the development of preventable conditions or the worsening of existing conditions. Children who are uninsured are more likely to have health problems that routine health care could either prevent or help to manage.</p> <p><b>Definitions:</b></p> <ul style="list-style-type: none"> <li>• <b>Uninsured:</b> No health insurance.</li> <li>• <b>Insurance purchased directly by the parent/guardian:</b> Private health insurance purchased by child's parent/guardian. This also includes COBRA (Consolidated Omnibus Budget Reconciliation Act) temporary insurance coverage purchased by the parent/guardian.</li> <li>• <b>Insurance provided by employer:</b> Health insurance through parent's/guardian's employer.</li> <li>• <b>Medi-Cal (full scope/comprehensive):</b> Pays the cost of medical care for low-income persons, such as the elderly, disabled, and those receiving public assistance and others with limited resources. Medi-Cal eligibility depends primarily on the income and resources a person has.</li> <li>• <b>Medi-Cal (emergency):</b> Medical insurance for undocumented immigrants and pregnancy-related services for emergency care only.</li> <li>• <b>Healthy Families:</b> Low-cost insurance for children and teens provided by the State Children's Health Insurance Program (SCHIP). It provides health, dental and vision coverage to children who do not have insurance and do not qualify for free Medi-Cal.</li> <li>• <b>Healthy Kids/California Kids or similar program:</b> Provides health insurance to eligible children under the</li> </ul>
--	---

age of 19 covering hospital care, doctor visits, immunizations, prescription drugs, dental care, vision care, mental health benefits, and other services.

- **Application pending:** If parents/guardians have applied for insurance coverage but are not yet fully covered, write in the type of coverage to which they have an application submitted.
- **Other:** If a child is covered by an insurance type not listed on the survey form, write in the type of insurance coverage s/he has.

**2. Please answer only if this child is 3 or older: Since this child turned 3, has he or she ever gone to preschool regularly? Preschool could be Head Start, pre-kindergarten, or a child care center. By regularly, we mean at least two times a week and for at least 6 months.**

*Not applicable (This child is under 3 years of age.)*

Recently enrolled (This child has regularly attended preschool less than 6 months.)

Yes (This child has regularly attended preschool for 6 months or more.)

No (This child has never attended preschool regularly.)

*Don't know/Declined*

**Instructions:** **Read question only (not the portion in italics).** Ask only of children ages 3 and older.

**Question Clarification:** This question refers to center-based preschool programs or child care that the child attends on a regular basis and that have the overall goal of increasing school readiness. This question does not refer to home-based child care.

**Rationale:** Participation in early education programs can help low- and middle-income children prepare for school. Children who participate in preschool the year before entering kindergarten are more successful in elementary school. Children are more likely to score above average on national standardized tests, less likely to be retained, and less likely to be placed in programs that provide extra services for educationally disadvantaged children.

**3. In a usual week, how often does your family read or look at picture books with this child?**

Not at all

1 or 2 days

3 to 4 days

5 to 6 days

Every day

*Don't know/Declined*

**Instructions:** **Read question only.**

**Question Clarification:** This question refers to activities conducted with the child by anyone in the family that involve using a book. It does not include telling stories or singing songs without using a book.

**Rationale:** Children who are exposed to reading early in their development achieve greater success in school.

**4. Sometimes parents have concerns about how their child is developing. For these next questions, rate your level of concern for this child as: Not Concerned, Concerned, or a Little Concerned.**

	Are you...?		
	Not Concerned	Concerned	A Little Concerned
a) Do you have any concerns about how this child talks and makes speech sounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Do you have any concerns about how this child understands what you say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Do you have any concerns about how this child uses his or her arms and legs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Do you have any concerns about how this child gets along with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Instructions:** **Read questions 4a–d, row by row, and all response options.** Mark the box indicating the response for each question. If the parent declines to answer a question, they can leave the item blank. If the parent feels that the question is not applicable to their child due to the child's age, mark "Not Concerned." [Note: Laminated response cards are available to help prompt respondents (English and Spanish) with the 3 options of "Not Concerned", "Concerned", or "A Little Concerned."]

**Question Clarification:** Difficulty with these activities *may* indicate developmental delays or other special needs.

**Rationale:** Research suggests that there is a strong relationship between parents' concerns and children's developmental status. These items are derived from the Parents' Evaluation of Developmental Status (PEDS) screening test (Glascoe, 2009).



<p><b>5. Has a doctor or other professional ever told you that this child has a developmental delay or disability?</b></p> <p><input type="checkbox"/> No (<i>Skip to Question 6</i>)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> <i>Don't know/Declined (Skip to Question 6)</i></p>	<p><b>Instructions:</b> <b>Read question only.</b> Based on the participant's response, mark the appropriate box. If parent/guardian responds "No" or "Don't know/Declined," skip ahead to question 6.</p> <p><b>Question Clarification:</b> Identification of a developmental delay or disability can be made by a doctor, other health professional, or qualified school district and regional center staff. If the respondent does not seem to understand the question, say: "Usually if a child has a problem like this, the doctor will tell you. If you haven't heard anything like this from your doctor, I will mark 'No' and we'll go to the next question." If you have <i>ever</i> been told about a delay or disability, even if they child has now overcome the issue, mark "yes" and answer Q10a.</p> <p><b>Rationale:</b> Early intervention for children with special needs is important for enhancing development. Several studies document the positive effects of early interventions for infants, toddlers, and preschoolers with or at risk for disabilities.</p>
<p><b>5a.What developmental delay or disability does this child have?</b></p> <p><b>For child younger than 3 years old:</b> (<i>Mark all that apply</i>)</p> <p><input type="checkbox"/> Cognitive developmental delay</p> <p><input type="checkbox"/> Physical developmental delay (including hearing and vision)</p> <p><input type="checkbox"/> Communication developmental delay</p> <p><input type="checkbox"/> Social or emotional developmental delay</p> <p><input type="checkbox"/> Adaptive developmental delay</p> <p><input type="checkbox"/> <i>Don't know/Declined</i></p> <p><b>For child age 3- 5 years old:</b> (<i>Mark all that apply</i>)</p> <p><input type="checkbox"/> Autism</p> <p><input type="checkbox"/> Deaf-blindness</p> <p><input type="checkbox"/> Developmental delay</p> <p><input type="checkbox"/> Emotional disturbance</p> <p><input type="checkbox"/> Hearing impairment (including deafness)</p> <p><input type="checkbox"/> Mental retardation</p> <p><input type="checkbox"/> Multiple disabilities</p> <p><input type="checkbox"/> Orthopedic impairment</p> <p><input type="checkbox"/> Other health impairment</p> <p><input type="checkbox"/> Specific learning disability</p> <p><input type="checkbox"/> Speech or language impairment</p> <p><input type="checkbox"/> Traumatic brain injury</p> <p><input type="checkbox"/> Visual impairment (including blindness)</p>	<p><b>Instructions:</b> <b>Read question and all response options except <i>Don't know/Declined.</i></b> Read question and all response options, except "Don't know/Declined." Wait after reading each response option for the parent/guardian to respond Yes or No. Check all the responses that apply. Definitions are provided for program staff reference and should be read aloud only if the parent/guardian expresses confusion or requests a definition.</p> <p><b>Question Clarification:</b> If the respondent does not seem to understand the question, say: "Usually if a child has a problem like this, the doctor will tell you. If you haven't heard anything like this from your doctor, we'll go to the next question."</p> <p>If the respondent is still wondering whether the problem the child is experiencing qualifies as a disability or special need, ask, "Has this been an ongoing and serious problem that makes it hard for your child to learn new things, do things, or stay alert?"</p> <p><b>Rationale:</b> See rationale above for question 10.</p> <p><b>Definitions of developmental delay (for children younger than 3)</b> (read only if parent/guardian requests explanation):</p> <ul style="list-style-type: none"> <li>• Cognitive developmental delay: Limited interest in the environment or in play and learning. Use this category for children under 3 years of age who have received a diagnosis of Down Syndrome.</li> <li>• Physical developmental delay (including hearing and vision): Hypertonia (i.e., tightness of muscle tone), dystonia (i.e., slow, twisting, involuntary movements), asymmetry (i.e., half of body develops differently from other half), and other orthopedic impairments (i.e., those affecting muscles, bones, joints).</li> <li>• Communication developmental delay: Limited language and communication skills.</li> <li>• Social or emotional developmental delay: Unusual responses to interactions, impaired attachment, and/or self injurious behavior. Use this category for children under 3 years of age who have received a diagnosis of Autism.</li> <li>• Adaptive developmental delay: A delay in self-help skills, such as feeding difficulties.</li> </ul> <p><b>Definitions of disabilities (for children ages 3-5)</b> (read only if parent requests additional explanation):</p> <ul style="list-style-type: none"> <li>• Autism: Child exhibits poor or limited social relationships, underdeveloped communication skills, and repetitive behaviors. They may also exhibit self-injurious or self-stimulating behaviors. The diagnosis must have been made by a doctor or other health professional.</li> <li>• Deaf-blindness: A combination of both hearing and visual impairments.</li> <li>• Developmental Delay: The learning capacity of the child (3-9 years old) is significantly limited or delayed in one or more of the following areas: receptive and/or expressive language; cognitive abilities; physical functioning; social, emotional, or adaptive functioning; and/or self-help skills.</li> </ul>

Don't know/Declined

(Continued)

- Emotional disturbance: Child shows one or more of the following characteristics to a significant and noticeable degree: (1) an inability to learn which cannot be explained by other health problems; (2) an inability to get along with others; (3) display of inappropriate feelings or actions in normal circumstances; (4) depression; and (5) unreasonable fears. This term includes youth who are schizophrenic.
- Hearing impairment (including deafness): Child is impaired in processing language through hearing, with or without amplification, which adversely affects his/her educational performance.
- Mental retardation: Significant deficits in intellectual functioning and adaptive behavior, which adversely affects a child's educational performance.
- Multiple disabilities: A combination of impairments (such as mental retardation-orthopedic impairment). Use this category for children older than 3 years of age with Down Syndrome since it includes both cognitive and physical disabilities.
- Orthopedic impairment: A severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).
- Other health impairment: Having limited strength, vitality, or alertness that is (a) is due to chronic or acute health problems such as asthma, ADHD, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and (b) adversely affects a child's educational performance.
- Specific learning disability: A disorder in one or more of the basic processes involved in understanding or in using language that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as dyslexia, and developmental aphasia. This does not include problems that are primarily the result of visual, hearing, or motor disabilities, mental retardation, emotional disturbance, or environmental/cultural disadvantage.
- Speech or language impairment: Difficulty in talking that negatively affects the child's educational performance (e.g., severe stuttering).
- Traumatic brain injury: An acquired injury to the brain resulting in impairments in one or more areas of cognition, language, memory, attention and motor abilities, psychosocial behavior, physical functions, and speech. The term does not apply to brain injuries that are congenital, degenerative, or due to occurrences such as strokes or aneurysms.
- Visual impairment (including blindness): Impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

**6. How many family members live with you?**

Number of children age 0-5: \_\_\_\_\_

Number of children age 6-18: \_\_\_\_\_

Number of adults (including yourself): \_\_\_\_\_

**Instructions:** Enter the number of children in the household between the ages of 0-5 and 6-18, and the number of adults in the household (including respondent). This question refers only to children and adults living in the home of the respondent.

**Question Clarification:** Family members in the household are those who are related to the parent/caregiver by birth, marriage, or adoption. If the family shares the home with non-family members, do **not** include those people in the count. This is the definition of family used by the U.S. Census.

**Rationale:** Data on the median household income combined with the number of people living in the household are used to calculate whether families are living below, at, or above the federal poverty level. Poverty and its associated conditions can have significant negative effects on children's development and well-being, particularly in early childhood.

<p><b>7. Which is the closest to your family's total income last year?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$10,000 or less</li> <li><input type="checkbox"/> \$10,001 - \$20,000</li> <li><input type="checkbox"/> \$20,001 - \$30,000</li> <li><input type="checkbox"/> \$30,001 - \$40,000</li> <li><input type="checkbox"/> \$40,001 - \$50,000</li> <li><input type="checkbox"/> \$50,001 - \$60,000</li> <li><input type="checkbox"/> \$60,001 - \$70,000</li> <li><input type="checkbox"/> \$70,001 - \$80,000</li> <li><input type="checkbox"/> \$80,001 – or above</li> <li><input type="checkbox"/> <i>Don't know/Declined</i></li> </ul>	<p><b>Instructions: Read question only.</b> Based on participant's response, mark the appropriate box indicating the family <b>pre-taxed income</b> level for the last 12 months. <i>Note: if the participant has trouble estimating for the past 12 months, it is acceptable for the participant to report income from their last tax return.</i></p> <p><b>Question Clarification:</b> Include the income of all household family members, including those who are related to the parent/caregiver by birth, marriage, or adoption. If the family shares the home with non-family members, do <b>not</b> include those members' wages. Include in the total wage or salary income (before taxes); self-employment income; interest/dividends, net rental or royalty income; income from estates/trusts; Social Security income; Supplemental Security Income; public assistance or welfare payments; retirement, survivor, or disability pensions; and all other income. This is the definition of family used by the U.S. Census.</p> <p><b>Rationale:</b> Data on the median household income combined with the number of people living in the household are used to calculate whether families are living below, at, or above the federal poverty level. Poverty and its associated conditions can have significant negative effects on children's development and well-being, particularly in early childhood. This data will be used in combination with the number of family members from Question 6 to calculate poverty status using the methodology from the U.S. Census.</p>
<p><b>8. What is the highest grade or year of school that you completed?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No formal schooling</li> <li><input type="checkbox"/> Less than 9th grade</li> <li><input type="checkbox"/> Some high school</li> <li><input type="checkbox"/> High school diploma/GED</li> <li><input type="checkbox"/> Some college or technical school</li> <li><input type="checkbox"/> Associate's or technical degree</li> <li><input type="checkbox"/> Bachelor's degree</li> <li><input type="checkbox"/> Graduate or professional degree (MA, PhD, JD, MD)</li> <li><input type="checkbox"/> <i>Don't know/Declined</i></li> </ul>	<p><b>Instructions: Read question only.</b> Based on participant's response, mark the appropriate box.</p> <p><b>Question Clarification:</b> Request the highest level of schooling completed by the respondent.</p> <p><b>Rationale:</b> Children with more highly educated parents are more likely to have access to a greater amount of resources. In addition, parental educational attainment is strongly associated with children's increased school readiness and improved educational achievement. Higher levels of parent education are also strongly associated with improved health and health-related behaviors for both parents and children.</p>

**Parent and Caregiver Information: Pre-fill if possible**

**Directions to parent: Please tell us about yourself and your family.**

<p><b>Your Name:</b> Last</p>	<p><b>Instructions:</b> Enter the last name. <b>Question Clarification:</b> If the individual uses a hyphenated last name, print both names with the hyphen. If the individual uses more than one last name and it is NOT hyphenated, enter only the last name in the sequence (e.g., Julio Rodriguez Sanchez's last name would be entered as "Sanchez"). If the last name is longer than 14 characters, enter the first 14 characters only.</p>
<p><b>Your Name:</b> First</p>	<p><b>Instructions:</b> Enter the first name. <b>Question Clarification:</b> The individual's complete (legal) first name (e.g., Guadalupe or Thomas) should be used, as opposed to a partial first name or nickname (e.g., Lupe or Tom). If the first name is longer than 11 characters, enter the first 11 characters only.</p>
<p><b>Your Name:</b> Middle</p>	<p><b>Instructions:</b> Enter the middle name. This question is optional and may be left unanswered. If the middle name is longer than 8 characters, enter the first 8 characters only.</p>
<p><b>Date of Birth:</b> mm / dd / yyyy</p>	<p><b>Instructions:</b> Enter the child's date of birth, including month, day, and four-digit year in that order, on both the English and Spanish forms.</p>
<p><b>Gender:</b>   <input type="checkbox"/> Male   <input type="checkbox"/> Female</p>	<p><b>Instructions:</b> Mark the appropriate box indicating the gender as perceived by the parent/caregiver.</p>
<p><b>Home Zip Code:</b></p>	<p><b>Instructions:</b> Enter zip code of primary home address for the person completing the survey. <b>Question Clarification:</b> If a parent/caregiver is homeless, indicate the zip code as 99999.</p>
<p><b>What language do you speak most often at home?</b> <i>(Mark (X) only one.)</i>  <input type="checkbox"/> English   <input type="checkbox"/> Spanish   <input type="checkbox"/> Cantonese  <input type="checkbox"/> Mandarin   <input type="checkbox"/> Vietnamese   <input type="checkbox"/> Korean  <input type="checkbox"/> Other (specify): _____</p>	<p><b>Instructions:</b> Mark the appropriate box indicating the primary language spoken at home. If the parent uses two languages equally in the home, mark two boxes. <b>Question Clarification:</b> If the participant identifies with a language not provided on the list, mark "Other" and write the participant's primary language in the space provided.</p>
<p><b>What is your race/ethnicity?</b> <i>(Mark (X) all that apply.)</i>  <input type="checkbox"/> Asian   <input type="checkbox"/> Hispanic/Latino  <input type="checkbox"/> Alaskan Native  or American Indian  <input type="checkbox"/> Multiracial   <input type="checkbox"/> White  <input type="checkbox"/> Pacific Islander   <input type="checkbox"/> Black/African American  <input type="checkbox"/> Other (specify): _____</p>	<p><b>Instructions:</b> Mark the appropriate box(es) indicating the race/ethnicity. Mark all that apply. <b>Question Clarification:</b> If the participant identifies with a race or ethnicity not provided, mark "Other" and write the participant's race/ethnicity in the space provided.</p>

**Additional Family Information: Pre-fill if possible**

**Directions to parent:** Tell us about your child for whom you answered the questions on the survey.  
*See instructions above on how to complete this section.*

**Directions to parent:** Tell us about your other young children (ages 0-5) that live with you.  
*See instructions above on how to complete this section. If there are more than four children ages 5 and under living in the home, write the name, date of birth, and gender of each additional child in the margins of the form.*



## Parent Survey Guidelines

### I. PURPOSE

The purpose of the First 5 San Mateo County (F5SMC) Comprehensive Evaluation is to describe the impact of F5SMC investments on the healthy development and well-being of young children and their families. To gauge how F5SMC programs are meeting the needs of the county's population and to understand ways we can improve access to services across the county, F5SMC requests that parents who attend trainings or workshops complete a brief Parent Survey. The survey assesses participants' perspectives about their parenting knowledge and skills (e.g., understanding children's needs, guiding children's behavior, understanding child development, accessing needed services).

This information will help F5SMC and funded programs to assess whether parents and other caregivers improved their knowledge and skills after participation in F5SMC-funded parenting education services.

### II. PROCESS & TIMELINE

In general, the following steps should be followed:

- Step 1: Explain the purpose of the survey/data collection.**
- Step 2: Obtain consent to participate in the evaluation.**
- Step 3: Administer the Parent Survey at the end of the multi-session training or workshop.**
- Step 4: Submit completed surveys to your agency supervisor.**

Use the talking points provided in the section below (III. Consent) to help you explain the purpose of the survey and the consent process.

### III. CONSENT

F5SMC programs must use the *Consent to Participate in the First 5 San Mateo County Evaluation* form on page 1 of the form in order to collect, use, or share participants' personal information with F5SMC and its evaluators.

The consent form provides parents and guardians with information regarding the purposes and limits of data sharing. It outlines the specific information for which the participant is authorizing release. It is the service provider's responsibility to ensure that the parent/guardian understands the consent form. If the parent/guardian cannot read in the languages in which the form is available (English or Spanish), the service provider should explore other options such as explaining the form aloud or using an interpreter.

#### Talking Points

Follow the steps below and use the talking points provided to explain the survey and consent.

- Step 1: Explain the purpose of the survey/data collection.** We suggest you include the following points:
  - ❖ The purpose of the data collection is to describe the usefulness of parent trainings, to gauge how F5SMC programs are meeting the needs of families in the county, and to understand ways F5SMC can improve services across the county.
  - ❖ The survey asks parents to tell a little about themselves, so that F5SMC will know who they are serving. It also asks parents to rate their level of knowledge and skills.
  - ❖ By completing the survey, parents are helping F5SMC learn more about how First 5 California dollars are being spent and helping to ensure that F5SMC will be able to continue to provide parent trainings in the future.

**Step 2: Explain the consent form and how confidentiality of data will be assured.** We suggest you include the following points:

- ❖ All participants have the right to confidentiality.
  - It is against the law to share information without the participant's authorization.
  - Reports will never include personal information.
  - Only authorized program and evaluation staff will see the participant's information.
  - Program staff will not share the participant's information with government agencies unless the law requires it. (This might be required if program staff believe that someone is in danger.)
- ❖ Participants do not have to share their information if they do not want to.
- ❖ Participants can receive services even if they do not consent to participate in the evaluation.
- ❖ Even if they initially agree to provide and share information, participants can always change their minds and remove their information from the evaluation database.

**Step 3: Explain the participant's right to revoke consent and how to request removal of information from the evaluation.**

- ❖ A signed consent form will remain in effect for 10 years.
- ❖ All identifying information can be removed from the evaluation database at the request of a parent/guardian at any time.
- ❖ Written consent/authorization may be revoked any time by (1) the parent/guardian or other legally authorized person, or (2) the participant, once the participant is legally able to do so (usually 18 years of age).
- ❖ To revoke the consent/authorization and to remove information from the evaluation database, the participant or parent/guardian should submit a letter to:

Jenifer Clark  
First 5 San Mateo County  
1700 S. El Camino Real, Suite 405  
San Mateo, CA 94402
- ❖ A form letter requesting the removal of participation information can be obtained by calling F5SMC at (650) 372-8621.

**Step 4: Ensure that the participant signs the topmost box on the consent form.**

- ❖ Only adults who are legal guardians (or emancipated minors) can sign the consent form.
- ❖ If the service provider is uncertain of the parent's/guardian's ability to adequately understand and make decisions about his/her family's participation in the F5SMC evaluation, the service provider should not ask the parent/guardian to sign any forms.
- ❖ Offer to provide a copy of the signed consent form to the participant.

Some parents may decline to share their information or may decline to complete the Parent Survey. In these cases, please ask parents to complete the box at the **bottom** of the consent form. This box asks parents to tell us some basic information about themselves and their young children. We request this information so that we may provide accurate information to F5SMC and First 5 California on the total number of parents and children served, regardless of whether they consented to participate in the evaluation.

**Important Note:**



- ❖ **Participants should sign either the topmost portion of the consent box indicating their consent OR complete the bottom section. Participants should not complete both sections.**

- ❖ **If prenatal parents attend a workshop on behalf of their unborn child, we ask that they try to complete the survey. The items on the survey are designed to measure participants' self-reported knowledge and skills. Whether the child is born or not, these items are applicable and will help us to assess whether the workshop impacted the participants' competencies.**

**If prenatal parents attend a workshop on behalf of one of their other children (ages 0-5), we ask that they try to complete the survey thinking about the older child.**

#### **IV. COMPLETING THE PARENT SURVEY**

The Parent Survey is for use during longer, multi-session parent education workshops and is commonly used in combination with the Demo+ Survey. (Note, a different form, the One-time Parent Workshop Survey, is for use during single session workshops or "drop in" trainings.) The service provider should administer the Parent Survey with all training participants at the end of the multi-session workshop. Please encourage participants to use black pen, to use block printing when completing any text responses, and to mark responses by making an "X" through the box. If a participant wishes to change a response, s/he should mark and circle the correct response.

The Parent Survey can be administered at the individual or group level. Parents should mark their own answers on the form. If the service provider chooses to administer the survey to parents individually, s/he may hand out the forms and ask parents to read each question and complete the survey on their own. If the service provider chooses to administer the survey to the parents as a group, s/he should read each question aloud to the group, giving adequate time for parents to complete their answers on the form, before proceeding to the next question. In both cases, the service provider should be available and able to answer questions or clarify the meaning of any item (see V. Item-by-Item Instructions below).

The service provider should remind participants that completing the Parent Survey is voluntary. F5SMC is requesting that participants complete the entire survey, but participants can decline to answer any question. The service provider should remind the participant that the information will be shared only with authorized program staff, and no identifying information will be presented in evaluation reports.

**Important Note:**



- ❖ **The Parent Survey measures changes in parents' skills and knowledge across all F5SMC-funded parent workshops. All parent trainings use the same survey, even if some of the questions do not relate to the specific training.**
- ❖ **The Parent Survey is for use during longer, multi-session parent education workshops and is commonly used in combination with the Demo+ Survey.**
- ❖ **A different form, the One-time Parent Workshop Survey, is for use during single session workshops or "drop in" trainings.**

#### **V. ITEM-BY-ITEM INSTRUCTIONS**

The next section provides item-by-item instructions and clarifications. Where appropriate, additional information is provided should a participant request further explanation of a particular item.

**Step 1: Explain the directions.**

When explaining the survey to parents, we suggest you include the following points:



- ❖ The survey asks parents to rate their knowledge and skills *NOW* and *BEFORE* participating in the workshop.
- ❖ Parents should use the picture of the ladder to help them understand how to rate their knowledge. The lower rungs of the ladder represent lower levels of knowledge, and the higher rungs on the ladder represent higher levels of knowledge.
- ❖ When completing the survey, parents should think about their child (age birth to 5) that will benefit most from what they learned at the training. If more than one child will benefit, parents should think about their child (age birth to 5) whose birthday is coming up next.
- ❖ For each question, parents should first rate how much they know *NOW*, after participating in the training. Then, parents should rate how much they knew *BEFORE* participating in the training.
- ❖ Some parents may find it difficult to reflect back and rate their knowledge *BEFORE* participating in the training. It may be helpful for these parents to try to imagine how many steps they may have climbed or descended on the ladder since participating in the training. It is less important for providers to remember the exact level of the knowledge they had than it is to think about whether or not their knowledge and skills related to each question has decreased, stayed the same, or increased over time.
- ❖ Some of the questions may not be related to the training that was provided. Assure parents that this is OK. In these cases, the parents may have the same rating for *NOW* and *BEFORE*.
- ❖ Remind parents that their answers will be kept confidential and that their names will never appear in reports.

**Important Note:**



- ❖ **If two parents of the same child participated in the workshop or training, both parents should complete a survey.**

**Step 2: Be ready to respond to parents' questions and clarify survey items.**

The table lists each item on the Parent Survey, and we provide notes to assist service providers in clarifying the items and responding to parents' questions. These notes are not intended to be read to parents verbatim. They are provided as background rationale and explanations to support service providers in administering the survey. If a parent declines to answer a question, they may leave the item blank.

Question	Notes
1. I know how to keep my child healthy.	Refers to parents' knowledge about how to maintain their children's optimal physical health. This could include parents' knowledge of practices at home, as well as knowledge of resources in the community.
2. I know how to guide my child's behavior.	Refers to parents' knowledge of positive discipline techniques, such as setting rules and consequences, praising children for good behavior, and setting consistent expectations.
3. I know how to meet my child's needs.	Refers to parents' overall knowledge and ability to understand and satisfy their children's emotional, social, and physical needs. This could include, for example, responding to cues, comforting children when they are upset, feeding children when they are hungry.
4. I know what my child should be able to do at this age.	Refers to parent's knowledge about child development. This also includes parents' ability to have realistic expectations for their children at their particular ages and stages of development.



Question	Notes
5. I can get the services my family needs.	Refers to parents' ability to know how and where to access the services they need to meet their family's needs. This could include services for their children and other family members.
6. I know how to help my child learn.	Refers to parents' ability to support their children's early literacy development and school readiness skills.
7. I know how to be a good parent.	Refers to parents' overall sense of confidence and competence in their role as a parent. We do not suppose a particular definition of a "good" parent. We want parents to interpret this question based on their own sense of self and parenting style.

**Step 3: Collect surveys from parents.**

Service providers should collect all surveys from all attendees, even if a parent declined consent or did not complete the survey.

**Step 4: Submit surveys to your agency supervisor.**

Service providers should submit surveys to their agency supervisor. Supervisors submit surveys with a completed cover sheet, batched by training content, to F5SMC on January 30 and July 30, annually.



## One-Time Parent Workshop Survey Guidelines

### I. PURPOSE

The purpose of the First 5 San Mateo County (F5SMC) Comprehensive Evaluation is to describe the impact of F5SMC investments on the healthy development and well-being of young children and their families. To gauge how F5SMC programs are meeting the needs of the county's population and to understand ways we can improve access to services across the county, F5SMC requests that parents who attend one-time workshops complete a brief Parent Survey. The survey assesses participants' perspectives about their parenting knowledge and skills (e.g., understanding children's needs, guiding children's behavior, understanding child development, accessing needed services).

This information will help F5SMC and funded programs to assess whether parents and other caregivers improved their knowledge and skills after participation in F5SMC-funded parenting education services.

### II. PROCESS & TIMELINE

In general, the following steps should be followed:

**Step 1: Administer the Parent Survey at the end of the single-session workshop.**

**Step 2: Submit completed surveys to your agency supervisor.**

### III. COMPLETING THE ON-TIME PARENT WORKSHOP SURVEY

The One-time Parent Workshop Survey is for use during single session workshops or "drop in" trainings. (Note: another form, the Parent Survey, is for use during longer, multi-session parent education workshops.) The service provider should administer the Parent Survey with all training participants at the end of the single-session workshop. Please encourage participants to use black pen, to use block printing when completing any text responses, and to mark responses by making an "X" through the box. If a participant wishes to change a response, s/he should mark and circle the correct response.

The Parent Survey can be administered at the individual or group level. Parents should mark their own answers on the form. If the service provider chooses to administer the survey to parents individually, s/he may hand out the forms and ask parents to read each question and complete the survey on their own. If the service provider chooses to administer the survey to the parents as a group, s/he should read each question aloud to the group, giving adequate time for parents to complete their answers on the form, before proceeding to the next question. In both cases, the service provider should be available and able to answer questions or clarify the meaning of any item (see V. Item-by-Item Instructions below).

The service provider should remind participants that completing the Parent Survey is voluntary. F5SMC is requesting that participants complete the entire survey, but participants can decline to answer any question.

#### Important Note:



- ❖ **The Parent Survey measures changes in parents' skills and knowledge across all F5SMC-funded parent workshops. All parent trainings use the same survey, even if some of the questions do not relate to the specific training.**
- ❖ **The One-time Parent Workshop Survey is for use during single session workshops or "drop in" trainings.**
- ❖ **Another form, the Parent Survey, is for use during longer, multi-session parent education workshops.**

## V. ITEM-BY-ITEM INSTRUCTIONS

The next section provides item-by-item instructions and clarifications. Where appropriate, additional information is provided should a participant request further explanation of a particular item.

### Step 1: Explain the directions.

When explaining the survey to parents, we suggest you include the following points:

- ❖ The survey asks parents to rate their knowledge and skills NOW and BEFORE participating in the workshop.
- ❖ Parent should use the picture of the ladder to help them understand how to rate their knowledge. The lower rungs of the ladder represent lower levels of knowledge, and the higher rungs on the ladder represent higher levels of knowledge.
- ❖ When completing the survey, parents should think about their child (age birth to 5) that will benefit most from what they learned at the training. If more than one child will benefit, parents should think about their child (age birth to 5) whose birthday is coming up next.
- ❖ For each question, parents should first rate how much they know NOW, after participating in the training. Then, parents should rate how much they knew BEFORE participating in the training.
- ❖ Some parents may find it difficult to reflect back and rate their knowledge BEFORE participating in the training. It may be helpful for these parents to try to imagine how many steps they may have climbed or descended on the ladder since participating in the training. It is less important for providers to remember the exact level of the knowledge they had than it is to think about whether or not their knowledge and skills related to each question has decreased, stayed the same, or increased over time.
- ❖ Some of the questions may not be related to the training that was provided. Assure parents that this is OK. In these cases, the parents may have the same rating for NOW and BEFORE.
- ❖ Remind parents that their answers will be kept confidential and that their names will never appear in reports.

#### Important Note:



- ❖ **If two parents of the same child participated in the workshop or training, both parents should complete a survey.**
- ❖ **If prenatal parents attend a one-time workshop on behalf of their unborn child, we ask that they try to complete the survey. The items on the survey are designed to measure participants' self-reported knowledge and skills. Whether the child is born or not, these items are applicable and will help us to assess whether the workshop impacted the participants' competencies.**
- ❖ **If prenatal parents attend a workshop on behalf of one of their other children (ages 0-5), we ask that they try to complete the survey thinking about the older child.**

**Step 2: Be ready to respond to parents' questions and clarify survey items.**

The table lists each item on the Parent Survey, and we provide notes to assist service providers in clarifying the items and responding to parents' questions. These notes are not intended to be read to parents verbatim. They are provided as background rationale and explanations to support service providers in administering the survey. If a parent declines to answer a question, they may leave the item blank.

Question	Notes
1. I know how to keep my child healthy.	Refers to parents' knowledge about how to maintain their children's optimal physical health. This could include parents' knowledge of practices at home, as well as knowledge of resources in the community.
2. I know how to guide my child's behavior.	Refers to parents' knowledge of positive discipline techniques, such as setting rules and consequences, praising children for good behavior, and setting consistent expectations.
3. I know how to meet my child's needs.	Refers to parents' overall knowledge and ability to understand and satisfy their children's emotional, social, and physical needs. This could include, for example, responding to cues, comforting children when they are upset, feeding children when they are hungry.
4. I know what my child should be able to do at this age.	Refers to parent's knowledge about child development. This also includes parents' ability to have realistic expectations for their children at their particular ages and stages of development.
5. I can get the services my family needs.	Refers to parents' ability to know how and where to access the services they need to meet their family's needs. This could include services for their children and other family members.
6. I know how to help my child learn.	Refers to parents' ability to support their children's early literacy development and school readiness skills.
7. I know how to be a good parent.	Refers to parents' overall sense of confidence and competence in their role as a parent. We do not suppose a particular definition of a "good" parent. We want parents to interpret this question based on their own sense of self and parenting style.

**Caregiver information**

<p>8. What language do you speak most often at home?</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Cantonese</p> <p><input type="checkbox"/> Mandarin</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>Instructions:</b> Mark the appropriate box indicating the primary language spoken at home. If the parent uses two languages equally in the home, mark two boxes.</p> <p><b>Question Clarification:</b> If the participant identifies with a language not provided on the list, mark "Other" and write the participant's primary language in the space provided.</p>
--	---

<p>What is your race/ethnicity?</p> <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Alaskan Native or American Indian <input type="checkbox"/> Multiracial <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Other: _____	<p><b>Instructions:</b> Mark the appropriate box(es) indicating the race/ethnicity. Mark all that apply.</p> <p><b>Question Clarification:</b> If the participant identifies with a race or ethnicity not provided, mark "Other" and write the participant's race/ethnicity in the space provided.</p>
<p>How many children in your family benefit from this workshop?</p> <p>Number of children younger than 3:  Number of children ages 3-5</p>	<p><b>Instructions:</b> Enter the number of children in the household between the ages of 0-2 and 3-5 who will benefit from the parent/caregiver taking this workshop.</p>

**Step 3: Collect surveys from parents.**

Service providers should collect all surveys from all attendees, even those that are incomplete.

**Step 4: Submit surveys to your agency supervisor.**

Service providers should submit surveys to their agency supervisor. Supervisors submit surveys with a completed cover sheet, batched by training content, to F5SMC on January 30 and July 30, annually.



## Provider Survey (General and ECE) Guidelines

### I. PURPOSE

The purpose of the First 5 San Mateo County (F5SMC) Comprehensive Evaluation is to describe the impact of F5SMC investments on the development and well-being of young children and their families. To gauge how F5SMC programs are meeting the needs of the county's population, and to understand ways we can improve access to services across the county, F5SMC requests that service providers who attend F5SMC-funded trainings and other professional development activities complete a brief survey. There are two survey versions—The General Provider Survey and the ECE Provider Survey. The surveys assess providers' perspectives about their knowledge and skills (e.g., understanding child development, administering developmental screenings, working effectively with children with special needs, preventing and redirecting challenging behaviors.)

This information will help F5SMC and funded programs to assess whether providers increased their knowledge and skills after participation in F5SMC-funded professional development activities.

### II. PROCESS OVERVIEW

In general, the following steps should be followed:

- Step 1: Explain the purpose of the survey/data collection.**
- Step 2: Obtain consent to participate in the evaluation.**
- Step 3: Administer the Provider Survey (General or ECE) at the end of the training or workshop.**
- Step 4: Submit completed surveys to you agency supervisor.**

Use the talking points provided in the section below (III. Consent) to help you explain the purpose of the survey and the consent process.

### III. CONSENT

F5SMC programs must use the *Consent to Participate in the First 5 San Mateo County Evaluation* on page 1 of the form in order to collect, use, or share participants' personal information with F5SMC and its evaluators.

The consent form provides participants with information regarding the purposes and limits of data sharing. It outlines the specific information for which the participant is authorizing release. It is the survey administrator's responsibility to ensure that participants understand the consent form. If a participant cannot read in the languages in which the form is available (English or Spanish), the survey administrator should explore other options such as explaining the form aloud or using an interpreter.

#### Talking Points

Follow the steps below and use the talking points provided to explain the survey and consent.

- Step 1: Explain the purpose of the survey/data collection.** We suggest you include the following points:
  - ❖ The purpose of the data collection is to describe the usefulness of the professional development activities, to gauge how F5SMC-funded programs are meeting the needs of the county's population, and to understand ways F5SMC can improve services across the county.
  - ❖ The survey asks providers to tell a little bit about themselves, so that F5SMC will know who they are serving. It also asks providers to rate their level of knowledge and skills.

- ❖ By completing the survey, participants are helping F5SMC learn more about how First 5 California dollars are being spent and helping to ensure that F5SMC will be able to continue to provide trainings in the future.

**Step 2: Explain the consent form and how confidentiality of data will be assured.** We suggest you include the following points:

- ❖ All participants have the right to confidentiality.
  - It is against the law to share information without the participant's authorization.
  - Reports will never include personal information.
  - Only authorized program and evaluation staff will see the participant's information.
- ❖ Participants do not have to share their information if they do not want to.
- ❖ Participants can receive services even if they do not consent to participate in the evaluation.
- ❖ Even if they initially agree to provide and share information, participants can always change their minds and remove their information from the evaluation database.

**Step 3: Explain the participant's right to revoke consent and how to request removal of information from the evaluation.**

- ❖ A signed consent form will remain in effect for 10 years.
- ❖ All identifying information can be removed from the evaluation database at the request of a parent/guardian at any time.
- ❖ To revoke the consent/authorization and to remove information from the evaluation database, the participant should submit a letter to:

Jenifer Clark  
First 5 San Mateo County  
1700 S. El Camino Real, Suite 405  
San Mateo, CA 94402

- ❖ A form letter requesting the removal of participation information can be obtained by calling F5SMC at (650) 372-8621.

**Step 4: Ensure that the participant signs the topmost box on the consent form.**

- ❖ Only adults can sign the consent form.
- ❖ If the survey administrator is uncertain of the participant's ability to adequately understand and make decisions about his/her participation in the F5SMC evaluation, the survey administrator should not ask the participant to sign any forms.
- ❖ Offer to provide a copy of the signed consent form to the participant.

Some providers may decline consent to share their information or may decline to complete a survey. In these cases, please ask participants to complete the box at the **bottom** of the consent page. This box asks participants to tell us some basic information about themselves and their professional background. We request this information so that we may provide accurate information to F5SMC and First 5 California on the number of providers served through capacity building activities, regardless of whether they consented to participate in the evaluation.

**Important Note:**



- ❖ **Participants should sign either the topmost portion of the consent box indicating their consent OR complete the bottom section. Participants should not complete both sections.**

#### **IV. COMPLETING THE PROVIDER SURVEYS**

##### **Using the Correct Provider Survey**

The General Provider Survey should be used after professional development activities with providers who do not work daily in early care and education settings. This could include, for example, health professionals, social workers, care coordinators, home visitors, kindergarten teachers, and other child and family support providers.

The ECE Provider Survey should be used after professional development activities with providers who generally work in early care and education (ECE) settings or are in training to become ECE providers. This could include, for example, ECE community college students and child care/ECE workers in family day care homes, child care centers, preschools, Early Head Start, Head Start and State preschool programs.

##### **Administering the Surveys**

The survey administrator should administer the Provider Survey with all professional development participants at the end of the workshop or training(s) (or the end of an academic period, if applicable). Please encourage participants to use black pen, to use block printing when completing any text responses, and to mark responses by making an "X" through the box. If a participant wishes to change a response, s/he should mark and circle the correct response.

The provider surveys can be administered at the individual or group level. Participants should mark their own answers on the forms. If the survey administrator chooses to administer the survey to participants individually, s/he may hand out the forms and ask participants to read each question and complete the survey on their own. If the survey administrator chooses to administer the survey to the participants as a group, s/he should read each question aloud to the group, giving adequate time for participants to complete their answers on the form before moving on to the next question. In both cases, the survey administrator should be available and able to answer questions and clarify the meaning of any item (see V. Item-by-Item Instructions below).

The survey administrator should remind participants that completing the survey is voluntary. F5SMC is requesting that participants complete the entire survey, but participants can decline to answer any question. The survey administrator should remind the participant that the information will be shared only with authorized program staff, and no identifying information will be presented in evaluation reports.

**Important Note:**



- ❖ **The Provider Surveys measure changes in participants' knowledge and skills across all F5SMC-funded professional development activities. All professional development activities use the same survey, even if some of the questions do not relate to the specific activity.**

#### **V. ITEM-BY-ITEM INSTRUCTIONS**

The next section provides item-by-item instructions and clarifications. Where appropriate, additional information is provided should a participant request further explanation of a particular item.



**Step 1: Explain the directions.**

When explaining the survey to participants, we suggest you include the following points:

- ❖ The provider surveys ask participants to rate their knowledge and skills NOW and BEFORE participating in professional development activities.
- ❖ For each question, participants should first rate how much they know NOW, after participating in the professional development activity. Then, participants should rate how much they knew BEFORE participating in the activity.
- ❖ Some providers may find it difficult to reflect back and think about their knowledge before they participated in professional development. It is less important for providers to remember the exact level of the knowledge they had than it is to think about whether or not their knowledge and skills related to each question has decreased, stayed the same, or increased over time.
- ❖ Some of the questions may not be related to the activity that was provided. Assure participants that this is OK. In these cases, the participants may have the same rating for NOW and BEFORE.
- ❖ Remind participants that their answers will be kept confidential and that their names will never appear in reports.

**Step 2: Be ready to respond to participants' questions and clarify survey items.**

The table lists each item on the Provider Surveys, and we provide notes to assist survey administrators in clarifying the items and responding to participants' questions. These notes are not intended to be read to participants verbatim. They are provided only as background rationale and explanations to support the survey administrator.

Survey	Question	Notes
General & ECE	1. How children usually develop in the first five years of life.	Refers to providers' knowledge about child development, including having appropriate developmental expectations for children at their particular ages.
General & ECE	2. How to tailor services to meet the needs of people of different cultures.	Refers to providers' ability to provide culturally competent services and to recognize the unique strengths of service recipients from diverse cultures and backgrounds.
General & ECE	3. How to use tools to screen children for developmental concerns (e.g., Ages and Stages Questionnaire).	Refers to provider's knowledge about developmental screening tools, including knowing how and when to use tools, how to score, and how to share results with parents.
General & ECE	4. How to help families get the services they need for their young children.	Refers to providers' knowledge of community resources, the ability to share information about resources with families, and the ability to make appropriate referrals.
General & ECE	5. How to share concerns with parents about their child's development.	Refers to providers' ability and level of comfort communicating with parents, and in particular, sharing information about concerns they might have for children's health or development.
General & ECE	6. How to decide with parents what services are best for their children.	Refers to providers' ability and level of comfort in including parents in decision making and asking for their opinions.

Survey	Question	Notes
General & ECE	7. How to fully include young children with disabilities in our services.	Refers to providers' knowledge about inclusive services and their ability to adapt their service or program to meet the needs of children with disabilities and other special needs.
General & ECE	8. Children's legal rights about early intervention and special education services.	Refers to providers' knowledge of the legal rights of families with children with disabilities and other special needs, including providers' knowledge of where to refer families who need legal support.
ECE	9. How to use tools to rate the quality of an ECE program (e.g., ECERS, ITERS, FCCERS).	Refers to provider's knowledge about classroom environmental rating tools, including knowing how to use and interpret tools.
ECE	10. How to use many different teaching methods to help children learn.	Refers to providers' ability to use a variety of strategies and materials to enhance student learning in their classrooms or programs, as well as providers' ability to adapt teaching methods to match children's learning style.
ECE	11. How to talk with children to increase their learning and language skills.	Refers to providers' knowledge and skills related to early language development; for example, extending children's learning through conversations and use of open-ended questions.
ECE	12. How to prevent and manage child behavior problems.	Refers to providers' knowledge of positive discipline techniques, such as setting rules and consequences, praising children for good behavior, and setting consistent expectations.
ECE	13. How to set up an ECE class or program so it is safe and engaging.	Refers to providers' ability to create classroom and program environments that are safe, secure, and interesting for children.
ECE	14. How to develop children's interest in letters, words, and books.	Refers to providers' ability to use a variety of early literacy strategies and materials to enhance students' print awareness and interest in words and books.
ECE	15. How to transition smoothly from one activity to another.	Refers to providers' ability to prepare children for new activities and for moving from one activity to another with minimal disruption.
ECE	16. How to help families get special medical, early intervention, or special education services for their young children.	Refers to providers' knowledge of specialty service resources, the ability to share information about resources with families, and the ability to make appropriate referrals.
ECE	17. How to manage the ECE workplace according to the current budget, policies, and practices.	Refers to providers' knowledge and ability to manage effectively a classroom or program and to meet legal, procedural, and financial expectations.

### **Step 3: Collect surveys from participants.**

Collect surveys from all participants. We require that survey administrators collect all surveys from all attendees, even if providers declined consent or did not complete the survey.

### **Step 4: Submit surveys to you agency supervisor.**

Survey administrators should submit surveys to their agency supervisors. Supervisors submit these surveys with a completed cover sheet, batched by training content, to F5SMC on January 30 and July 30, annually.



## Comprehensive Evaluation Frequently Asked Questions

### SRI staff and contact information:

Kristen Rouspil [kristen.rouspil@sri.com](mailto:kristen.rouspil@sri.com) 650-859-2218

Michelle Woodbridge [michelle.woodbridge@sri.com](mailto:michelle.woodbridge@sri.com) 650-859-6923

Dana Petersen [dana.petersen@sri.com](mailto:dana.petersen@sri.com) 650-859-4518

### Topic: Informed Consent

- 1. If a parent/guardian signs the consent page during the Intake Interview, does this same parent need to sign the consent page again when s/he completes the Follow-up Interview?**

No, the parent only needs to sign the consent page once.

- 2. What if one parent/guardian signs the consent on the Intake Interview, and a different caregiver is to complete the Follow-up Interview?**

Each adult who participates in the evaluation must provide consent. We encourage you to interview the same parent/guardian at both intake and follow-up. If this is not possible, the second parent/guardian must sign a new consent form. A consent form is attached to the Follow-up Interview for this purpose. *Note: If the same parent is participating in the Intake and Follow-up Interviews, he/she **does not** need to sign the second consent included on the Follow-up Interview form. Instead, you can simply write "Consent signed at intake" in the upper most box on page 1.*

- 3. Who is allowed to provide consent for foster children's (e.g., children not in the custody of their parents) participation in the comprehensive evaluation?**

Parents/guardians should not give consent for children not in their custody. If the adult you are interviewing is a parent who has lost custody of his/her child, a foster parent, or a relative who is not a legal guardian, we ask that you politely request that they complete the "I do not want to participate" section at the bottom of the consent form and terminate the interview. Similarly, babysitters and other non-legal guardian caretakers are not allowed to provide consent for the children in their care.

While we are greatly concerned about the welfare of this needy population, we strongly recommend not including families of foster children or parents who have lost custody of their children in the Intake and Follow-up Interviews of the comprehensive evaluation. There are many issues that inhibit their full participation in the evaluation, including legal issues concerning consent as well as the sufficiency of caregivers' knowledge to respond to questions on the Intake and Follow-up Interviews.

#### **4. Are the consent forms and interview forms HIPAA compliant?**

Nearly, but they are not required to be HIPAA compliant. HIPAA standards do not apply to private businesses or to scientists conducting research.

Under HIPAA:

- “Covered entities” such as health care plans or providers can use or disclose protected health information for research purposes when a research participant authorizes the use or disclosure of the information.
- Researchers may obtain, use, and/or disclose individually identifiable health information for research purposes.
- For more information, see:  
<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/research.html>

Research involving human subjects operates under federal human subject protection regulations governed by Institutional Review Boards (IRBs). These regulations include protections to ensure privacy and confidentiality. All projects at SRI are reviewed and approved by an IRB to ensure that they strictly abide by human subjects protection regulations.

#### **5. If the parent/guardian has checked both the “I consent” and “I do not consent” box do we need to correct the form?**

If you are the interviewer with immediate access to the parent/guardian, please clarify with him/her whether consent is given and then cross out the box that was incorrectly filled in. If the interview took place in the past and you do not have immediate access to the respondents, submit the form as is. SRI will be responsible for reviewing the completed forms and cleaning the data/making corrections as appropriate.

#### **6. What if the parent/guardian cannot write and therefore cannot sign his or her name on the consent form?**

It is acceptable for parents to initial their consent, or to write their name in print, rather than signing.

### **Topic: Intake and Follow-up Interviews Timing and Responsibility**

#### **7. If a family’s services are completed within a month or two, do I have to collect an intake on a family I won’t even have the opportunity to do a follow-up with?**

Yes, please complete an Intake Interview. It is important for us to identify the children and families who are being served by First 5 San Mateo County so that we can follow their service and outcome data longitudinally across programs countywide.

In addition, the intake information helps program staff to identify areas that they may need to target for individuals or groups served. For example, if you learn that many of your clients are not currently enrolled in health insurance programs, you may focus on that area to assist in meeting their health needs.

Intakes can also be used as trend data to see if families entering programs look different over time. So we ask that all programs administer an Intake Interview on their clients even if they anticipate not being able to administer a Follow-up Interview in 6 months.

**8. If I complete an Intake Interview, but the family completes services before 6 months, do I have to complete a Follow-up Interview?**

Yes, if the services lasted three months or more. Since we do not anticipate that we will see a change in outcomes after only a short time, we have set a minimum amount of 3 months as the timeline for completion of a Follow-up Interview. So if you have provided services to the child and/or family for at least 3 months and are still in contact with them before they terminate services, we ask that you complete a final Follow-up Interview with them, indicating on the form (page 3) “Case closure (service completed)” and noting the months since opening the case. Also, be sure to check the "6 mos." Follow-up interval box in the line above.

This section is to be completed by the service provider

Follow-up interval: (Mark (X) one only, if applicable.)  6 mos.  12 mos.  18 mos.  24 mos.  Other

Follow-up (final interview) and Case closures: (Mark (X) one only, if applicable.)

Case closure (service completed) ► indicate number of months since opening:

Case closure (referred out) ► indicate number of months since opening:   Agency referred to:

(If case is closed and participant is not available for interview, use case closure form only.)  (Mark (X) if FSSMC-funded partner.)

If you have provided services for less than three months since the Intake Interview was completed, then you do not have to complete a Follow-up Interview at case close. Instead, we ask that you complete the Case Closure/Agency Transfer Form, indicating the dates the case was opened and closed and mark “Service completed/child aged out.”

If you have lost contact with the family and are unable to complete the Follow-up Interview, we request that you complete a Case Closure/Agency Transfer Form, indicating the dates the case was opened and closed and marking “Lost to follow-up.”

**9. What is the timeline for administering Follow-up Interviews at case closure? How many months have to pass for a Follow-up to be warranted?**

As a rule of thumb, the Follow-up Interview should be conducted at case closure if at least 3 months has passed since the last interview (Intake or Follow-up) was completed. So, if you have provided services to the child and/or family for at least 3 months and are still in contact with them before they terminate services, we ask that you complete a final Follow-up Interview with them, indicating on the form (page 3) “Case closure (service completed)” and marking the total number of months passed since opening services (see example above). Be sure to also check the correct Follow-up interval box (e.g., 6 mos., 12 mos., 18 mos., 24 mos., other).

If you have only provided services to the child and/or family for less than 3 months since the interview was completed (Intake or Follow-up), we ask that you complete a Case Closure/Agency Transfer Form

(rather than a Follow-up Interview). Please indicate the dates the case was opened and closed and mark "Service completed/child aged out."

If you have lost contact with the family and are unable to complete the Follow-up Interview, we request that you complete a Case Closure/Agency Transfer Form (rather than a Follow-up Interview). Please indicate the dates the case was opened and closed and mark "Lost to follow-up."

**10. What do I do when I am transferring/referring a family for which I have completed the Intake or Follow-up Interview to another agency?**

The answer to this question depends on whether the agency to which are you are referring is F5SMC-funded, and the length of time that has passed since you completed the interview (Intake or Follow-up).

**A. Referring to a F5SMC-funded program**

If the family is transferring to another F5SMC-funded agency, a Follow-up Interview should be completed as close to the target due date as possible.

- If you are in the window of 5 to 7 months since the last interview (Intake or Follow-up) was completed, you should complete a Follow-up Interview before the family transfers. Indicate on the form (page 3) "Case closure (referred out)." Document the total number of months passed since opening services, provide the name of the F5SMC-funded agency to which you are making the referral, and check the box indicating that the program you are referring to is F5SMC-funded partner. Also, be sure to also check the correct Follow-up interval box (e.g., 6 mos., 12 mos., 18 mos., 24 mos., other).

This section is to be completed by the service provider

Follow-up interval: (Mark (X) one only, if applicable.)  6 mos.  12 mos.  18 mos.  24 mos.  Other

Follow-up (final interview) and Case closures: (Mark (X) one only, if applicable.)

Case closure (service completed) ▶ indicate number of months since opening:

Case closure (referred out) ▶ indicate number of months since opening:   Agency referred to:

(If case is closed and participant is not available for interview, use case closure form only.)  (Mark (X) if F5SMC-funded partner.)

- If less than 5 months have passed since the last interview (Intake or Follow-up) was completed, staff at the new F5SMC-funded agency should complete the next Follow-up Interview at the appropriate time. Before referring the family, complete *only* a Case Closure/Agency Transfer Form, indicate the dates the case was opened and closed, mark "Transferred/referred out to another F5SMC agency," and complete section B on that form.

Regardless of the timing, please provide staff at the receiving program with copies of the Intake and Follow-up Interviews you have completed to date, and inform them of the "due date" for the next Follow-up Interview.

**B. Referring to a non-F5SMC funded program**

If you are referring to a non-F5SMC funded agency, a Follow-up Interview should only be completed *only* if sufficient time has passed (at least 3 months) since the last interview (Intake or Follow-up).

- If 3 months or more has passed since the last interview was completed, complete a Follow-up Interview indicating “Case closure (referred out).” Document the total number of months passed since opening services, and write in the name of the agency to which you are making the referral (see example above). Be sure to also check the correct Follow-up interval box (e.g., 6 mos., 12 mos., 18 mos., 24 mos., other).
- If less than 3 months have passed since the last interview was completed, complete *only* a Case Closure/Agency Transfer Form. Indicate the dates the case was opened and closed, mark “Transferred/referred out to non F5SMC agency,” and complete section B.

**11. What about children who age out (turn 6 years old) by the time the follow-up is due? Do we complete the Follow-up Interview when they turn 6 and consider the case closed?**

Yes. If you have provided services to the child and/or family for at least 3 months since the last interview (Intake or Follow-up) was completed and are still in contact with the family before they child aged-out of services, we ask that you complete a final Follow-up Interview with them, indicating “Case closure (service completed)” and marking the total number of months passed since opening services (see example above). Be sure to also check the correct Follow-up interval box (e.g., 6 mos., 12 mos., 18 mos., 24 mos., other).

If you have only provided services to the child and/or family for less than 3 months since the last interview (Intake or Follow-up) was completed, we ask that you complete *only* a Case Closure/Agency Transfer Form (rather than a Follow-up Interview). Please indicate the dates the case was opened and closed and mark “Service completed/child aged out.”

If you have lost contact with the family and are unable to complete the Follow-up Interview, we request that you complete a Case Closure/Agency Transfer Form (rather than a Follow-up Interview). Please indicate the dates the case was opened and closed and mark “Lost to follow-up.”

**12. What about families who come in and out of the system? That is, what if we terminate services and then 6 months (or 2 months or 1 year) later, the family re-enters services? Do we complete another Intake or a Follow-up Interview?**

If a family re-enters services after a substantial gap or case closure (i.e., 6 months or more has passed), we ask that you complete a new Intake Interview. The reason behind this is that the Follow-up Interview is intended to measure outcomes associated with the delivery of services. If services have not been delivered, the strengths and needs of the family should be newly documented on an Intake Interview.

Similarly, if a family arrives again at services (after a substantial gap in services or case closure) with a new child as the target of services, complete a new Intake Interview focused on that new child.

**13. How does a program initiate families into the Comprehensive Evaluation if they have been served prior to the kickoff of the new evaluation framework? When is a family considered “new” versus too “old” to administer an Intake Interview vs. a Follow-up Interview?**

It depends. It is important to consider the amount, duration, and intensity of the intervention to answer this question. Please call an SRI evaluation staff person to discuss how much of the intervention has

already taken place with individual families- and how many more services your program anticipates providing to specific families.

We have set some “rules of thumb” to determine what to do with continuing families.

- If a continuing family has received no more than about 4-6 weeks or about 20% of the intervention—and the majority of the service delivery is still yet to come—complete an Intake Interview.
- If a continuing family has received 2 or more months of services, complete a 6 month Follow-up Interview (and no Intake) at the appropriate time (about 5-7 months after their “start” date in services).
- If a continuing family has received services for 8 or more months of services, complete a 12 month Follow-up Interview (and no Intake) at the appropriate time (about 11-12 months after their “start” date in services).

In all cases when conducting a Follow-up Interview with a family that has not completed an Intake Interview, parents/guardians must consent to participate. Check the box on the top of the first page of the Follow-up Interview form indicating that no Intake Interview was completed, have the parent sign the consent form, check the appropriate follow-up interval box (on page 3), and complete the entire interview with the family.

<p style="text-align: center;"><b>Topic: Intake and Follow-up Interviews</b> <b>Identifying Child 1—the focus of the Interview</b></p>
--

**14. How do I identify Child 1 (the focus of the interview)?**

If there is one child who is receiving services or is the primary beneficiary of services provided to the parent, that child should be the focus of the interview (i.e., Child 1). If more than one child (age 0-5) will benefit equally from the services, select the child (age 0-5) whose birthday is coming up next.

**15. What if I am working with a parent with twins? Which one is “Child 1” – the focus of the Intake and Follow-up Interviews?**

If only one of the twins is receiving services, that child is “Child 1.” If both twins are benefitting equally from services, select the child who was born first.

**16. What do I do if I am working with a woman who is pregnant and has a 2 year old? Which one is “Child 1” – the focus of the Intake and Follow-up Interviews?**

“Child 1” is always the child who is the primary beneficiary of services. So, if you are providing services to this woman as part of a prenatal home visiting program or other services related to a prenatal child, the unborn child is “Child 1.” [Please see Topic below on Prenatal Mothers for additional information on how



to complete forms.] If you are providing services that are related to the older child (e.g., care coordination or home visitation related to school readiness), then the older child is "Child 1."

**17. What do I do if I am working with a child who turns 6 years old and "ages out" of F5SMC services, when there is another younger child in the family? Does the younger child automatically become "Child 1" – the focus of a new Intake and Follow-up Interviews?**

It depends on the situation. Please contact SRI staff identified on the first page of this document to discuss the specific circumstances surrounding the family and services in question.

**Topic: Intake and Follow-up Interviews  
Duplication Across Programs**

**18. What if a family is served by two separate F5SMC-funded programs and the parents claim to have already completed a form? How do we account for services provided by each program without having them complete two separate sets of interviews?**

When a parent/guardian indicates that they have already completed an interview, please terminate the interview and ask that the parent complete the "I do not want to participate" section at the bottom of the consent form. This section will provide the data we need to account for their receipt of services from your program. (It would be helpful to the evaluation staff if you placed a "post-it" note on the form indicating that this parent told you that they had previously completed the Intake at another F5SMC program and indicating that program's name.)

If the same family proceeds to another program requiring the shorter Demo+ survey to be completed, we ask that the client complete *at least* the final page of the Demo+ Survey in its entirety (i.e., the page with questions about their and their children's names, DOBs, genders)—so that we can link their information with existing intake data gathered by the first program. In these cases, parents should also complete any accompanying survey (e.g., Parent Survey) that is a component of the second program's evaluation.

From past F5SMC evaluation data, we anticipate that about 10% of clients will "overlap" across programs. As F5SMC works to implement an integrated management information system, we will create a process to identify these overlapping clients so that data collection will not be duplicated.

**19. Can the Follow-up Interview be completed by phone?**

If your program typically follows-up with clients over the phone, the Follow-up Interview can be conducted in that manner. We strongly encourage in-person interviews, but we understand if that would put undue burden on your staff or families.

**Topic: Intake and Follow-up Interviews**  
**Prenatal Mothers**

**20. Many of the items on the Intake and Follow-up interview do not seem relevant to pregnant mothers and newborns. Do I have to ask all of the questions?**

For **pregnant mothers**—If the mother consents to participate in the evaluation, ask her to complete only the consent (page 1). Then, the service provider should complete the demographic information and other pertinent concerns/referral information (pages 3–7) on the Intake Interview form. The service provider should then maintain the incomplete Intake Interview in the family’s case file until the child is born (no matter the length of time). After the birth of the child (when the child is approximately 4 weeks of age), complete the rest of the Intake Interview and add any additional concerns and referrals as warranted. If the family terminates services after the birth of the child and the Intake Interview cannot be fully completed, submit the partially-completed intake form indicating “prenatal parent” on page 2 of the intake.

When conducting the Intake Interview with parents/guardians of **newborns** –conduct the interview when the child is 4 weeks of age, and ask all questions unless the prompt directs you not to ask it (i.e., says “*Please ask only for child over 12 months of age*”). If after birth, the baby remains in the hospital (e.g., premature and in the NICU), conduct the intake interview approximately 4 weeks after hospital discharge. Although particular items do not seem relevant, (e.g., items asking about parent’s concerns about their child’s development or learning), these items are standardized for this population, and we are instructed to ask them for all children.

**21. What if I am working with a prenatal mother who leaves our program after her child is born?**

As stated above, if the mother consented to participate in the evaluation, the service provider should have completed the demographic information and the concerns/referral information (pages 3–7) on the Intake Interview form prior to the child’s birth. If the mother then leaves the program before the child is born, please complete a Case Closure/Agency Transfer Form, indicating the dates the case was opened and closed and marking the appropriate reason for case closure.

**22. What if I am working with prenatal mother and she is pregnant for more than 6 months during the course of our service with her?**

As stated above, Intake Interview forms used with prenatal mothers should remain in case files (and not submitted to F5SMC) until after the child is born. This will allow for the service provider to update the information on the concerns/referral portion of the Intake Interview form as relevant (pages 3–7) during your course of services. Only after the birth of the child (when the child is 4 weeks of age) should you complete the rest of the Intake Interview. The Follow-up Interview should be completed 6 months after the date the Intake Interview was completed. If the mother does not continue services, see above.

### **23. What if I am not sure if the caregiver/parent is pregnant?**

The service provider can leave the prenatal participant box blank on the Intake and Follow-up forms if he/she is unsure of the participant's prenatal status.

<h3><b>Topic: Demo+ Survey and combined Demo+ &amp; Parent Survey</b></h3>
--

### **24. What is the difference between the One-time Parent Workshop (purple) Survey and the Parent Survey (green)?**

The One-time Parent Workshop Survey is for use during single session workshops or “drop in” trainings. The One-time Parent Workshop Survey does not ask for individual level information and therefore does not require that the parent provide consent to participate in the evaluation. In contrast, the Parent Survey is for use during longer, multi-session workshops and is commonly used in combination with the Demo+ Survey.

### **25. When is it appropriate to use the Demo+ Survey (pink) alone versus the Demo+ Parent Survey (combined - yellow) form?**

The choice between using the Demo+ Survey and the combined Demo+ and Parent Survey is up to the specific provider.

For providers presenting a **multi-class** workshop or training, it may be preferable to administer the Demo+ alone at the first or second session and the Parent Survey upon completion of the series. This will require less data collection time at one sitting and the opportunity to divvy up the burden.

However, some providers may prefer to use the combined form, either asking parents to complete the entire form at the end of the last session **or** asking parents to complete the Demo+ section of the combined form during the first or second session and then saving the form until the final session and asking parents to complete the final page (Parent Survey information) at the last session.

### **26. What if a prenatal participant (with no other children ages 0-5) attends a one-time workshop – do they need to complete the One-time Workshop Parent survey?**

Yes. The items on the One-time Workshop Parent Survey are designed to measure a participant's self-reported parenting knowledge and skills. Whether the child is born or not, these items are applicable and will help us to assess whether the workshop impacted the participant's competencies.

### **27. What if a prenatal participant attends a multi-session workshop – do they need to complete the Demo+ and/or the Parent survey?**

If the prenatal participant is attending the multi-session workshop on behalf of her unborn child:

- The prenatal participant completes some parts of the Demo+ Survey. As the directions on the form indicate, participants skip questions 1 to 5, and begin completing the survey at question 6.
- The prenatal participant should complete the entire Parent Survey.

- If the prenatal participant is completing the combined Demo+ Parent Survey (yellow), ask the participant to skip questions 1 to 5 (on pages 3 -4) of the Demo+ section.

If the prenatal participant is attending the multi-session workshop on behalf of one of her other children, the participant should complete the entire Demo+ and the Parent Survey using the other child as “Child 1.”

**28. What if a multi-session parent workshop participant only has children over the age six? Do they need to complete the Demo+ and/or the Parent Survey?**

No, the participant does not need to complete the Demo+ or the Parent Survey. The service provider should ask the participant to complete the “I do not want to participate” section at the bottom of the consent form. This section will provide the data we need to account for their receipt of services from the program providing the workshop.

**Topic: ECE and General Provider Survey**

**29. If an ECE provider is a participant in a workshop/training with a number of other general (non ECE) providers, do we use the ECE Provider Survey or the General Provider Survey or both?**

In this case, you should use the General Provider Survey. In future cases, you should consider the makeup of the audience and the content of the workshop/training to select the proper tool.

The ECE Provider Survey is intended to be used after professional development activities with a group of early care and education (ECE) providers and when the training/workshop focuses on topics related to the provision of high quality ECE services. ECE provider trainings generally concern some aspect of increasing the quality of the ECE setting, management, and/or curriculum. Topics could also include the use appropriate teaching techniques for young children and how to manage the behavior of children in ECE classrooms.

The General Provider Survey is intended to be used after professional development activities when participants are general providers (e.g., health professionals, social workers, care coordinators, home visitors, kindergarten teachers, and other child and family support providers) or a mix of general and ECE providers, and when the workshop/training is not focused on early care and education topics. General provider training topics could include, for example, the use of developmental screenings, community services and referral procedures, legal rights for families with young children with disabilities, and the effects of exposure to domestic violence.

**Topic: General Administration and Logistics**

**30. Can we use white-out (correction fluid) on the forms?**

If you need to change a response to a check-box item, you should **mark (X) and circle** the correct response like this:



If you need to correct a mistake made in text/print boxes (e.g., child name or date of birth), you can use white-out if the correction can be made legibly. If it is not possible to keep the text legible, you should cross out the mistake(s) and write in the correct data above or below the boxes or in the margins of the form. We have data monitors at SRI who will hand-key any corrected responses into the database as needed—so the most important thing is for the correction to be *legible*.

### **31. What do we do with completed forms?**

F5SMC requires that funded programs submit their data on a twice-annual basis, so we ask that programs check that all data are complete as possible, compile all forms that are completed during the time span under a completed cover sheet, and submit to their F5SMC project officer on **January 30** (Round 1) and **July 30** (Round 2).

Programs were provided with a few copies of the cover sheet for data submission (and the cover sheet can be photocopied as needed). Some programs are organizing forms under multiple cover sheets based on (1) the staff submitting the forms, (2) the location of the service provision, and/or (if applicable) (3) the topic of the Parent/Provider Workshop provided. If you would like to organize forms in this way, SRI will be able to code the information in the data files by staff and/or topic, and your program can receive that data back upon request. If staff and topic are consistent across all forms, you can compile them together and complete just one cover sheet for data submission.

### **32. Earlier versions of the forms have different date formats (English (mm/dd/yyyy) and Spanish (dd/mm/yyyy)). If the respondent does not follow the format on the form correctly do we need to make corrections?**

No. Submit the form as is. Program staff should not be concerned if the client did not use the correct date format on the form. SRI will be responsible for cleaning the data. (*Note: this was corrected in late fall 2009 and all forms should now use the same format – dd/mm/yyyy*)

### **33. What do I do if I cannot find a black pen to complete the forms?**

We prefer that forms are filled out using black pens because this is the easiest for our scanners to read. However, in extreme cases where you only have access to a pencil or other colored ink pen, it is OK. SRI will be responsible for cleaning the data.

## **F5SMC CONTRACTUAL REQUIREMENTS**

---

- Expectations and Accountability
- Compliance Standards
- Use of Logo and Acknowledgement Information
- Tobacco Education and Cessation Information
- Communications and Systems Change Activities
  - Distribute First 5's Kit for New Parents
  - Distribute First 5's Monthly Education Materials
  - Participate in F5SMC's Grantee Learning Circles
- Intellectual Property and Data Policy

# EXPECTATIONS AND ACCOUNTABILITY

---

F5SMC strives toward its vision of “Success for Every Child” by embracing several roles: Funder, Community Partner, Systems Change Agent, and Steward of Funds. In each of these capacities we have responsibilities to those we fund, expectations of those we fund, as well as responsibilities to the public whose tax dollars make our work possible.

This section of the Grantee Handbook is meant to explicitly outline the supports and services F5SMC Grantees can expect from F5SMC, and in turn, enumerate the expectations F5SMC has of our Grantees. The information below is meant to provide a full picture of expectations and accountability, but should not be construed as an exhaustive list of all possible circumstances or situations.

## What You Can Expect from F5SMC as a ...

### Funder:

- Identify the most critical needs of children 0-5
- Target investments to serve children and caregivers with the highest need
- Fund services that are most likely to produce long lasting, positive outcomes
- Provide program development and other technical assistance when needed
- Ensure program compliance and support its success
- Provide timely responses to Grantee inquiries and needs
- Approach the Grantee/Grantor relationship with respect at all times

### Community Partner:

- Foster open communication with community partners
- Provide leadership regarding issues that face children 0-5
- Convene partners to jointly identify solutions to unmet needs, participate in existing efforts, and advocate on behalf of young children
- Provide forums to disseminate best-practice and helpful programmatic information

### Systems Change Agent:

- Coordinate with other countywide efforts to identify how practices can be improved
- Promote policies that support high-quality and easily accessible services
- Collaborate to identify systemic barriers and mitigate their impact
- Identify areas of synergy across funded projects and connect them to one another
- Strategize how to sustain critical project strategies

### Steward of Funds:

- Invest in strategies that have the highest likelihood of resulting in the best outcomes for children
- Ensure that there is strong internal fiscal accountability and that all funded organizations are held accountable for the dollars that they receive
- Monitor project expenditures and provide fiscal technical assistance as needed
- Collect evaluation data to assess the impact of services and inform future investments

## COMPLIANCE STANDARDS

---

**In addition to providing fiscal/programmatic technical assistance and support, F5SMC staff must also monitor compliance with F5SMC's and First 5 California's requirements, in order to account for how Proposition 10 public tax dollars are being spent.**

In cases of non-compliance or if F5SMC is notified by the general public about concerns about the quality/effectiveness of a project or program, F5SMC reserves the right to withhold payments, and/or increase monitoring activities, which may include additional site visits and/or partial or full audits of the project, including placing the Grantee on probation. If performance issues are not rectified to F5SMC's satisfaction, F5SMC holds the right to terminate the project as outlined in the Grantee Agreement.

Please also note that according to each Grantee Agreement, F5SMC holds the right to request any information relevant to the funded project/organization, including things that are not explicitly outlined in this Grantee Handbook, regardless of the status of the project (e.g., Sub-contractor Scopes of Work and Invoices).

### **Examples of Grantee Non-Compliance include, but are not limited to:**

- The Grantee does not complete and submit Mid-Year and Year-End Progress Reports, and/or does not submit these reports in a timely and complete manner.(See the Progress Report Section of the Grantee Handbook).
- The Grantee does not cooperate in arranging and participating in site visits as requested by F5SMC.
- The Annual Review Process indicates that the project is not making reasonable progress toward achieving the activities and measurable outcomes (including evaluation requirements) established in the comprehensive evaluation plan and or individualized evaluation plan.
- The Grantee does not fulfill the requirements of the Annual Review Process, including submission of a Scope of Work, Budget, and Budget Narrative for the next Fiscal Year within two weeks of the Annual Review Process meeting.
- The Grantee does not submit complete evaluation information in accordance with their evaluation plan and the F5SMC comprehensive evaluation plan.(See Evaluation Section of the Grantee Handbook).
- There are significant discrepancies between actual project expenditures and the approved project budget, and the fiscal agent has not submitted the necessary documentation requesting budget revision changes to F5SMC staff.
- The Grantee does not complete and/or submit a Reimbursement Request Form at least on a quarterly basis, by the due dates outlined in the Grantee Handbook.(See Fiscal Section of the Grantee Handbook).
- The Grantee does not submit accurate, complete, proofread documents.
- The Grantee is unresponsive to phone, email or other inquiries by F5SMC and/or takes an inappropriate amount of time to respond to such inquiries.
- The Grantee fails to participate in F5SMC's Learning Circles, Systems Change Activities, and Smoking Cessation Activities.
- The Grantee fails to distribute First 5 Monthly Materials and/or Kit for New Parents, as appropriate for their program.
- The Grantee fails to properly acknowledge F5SMC in printed materials and during interactions with media.
- The Grantee fails to comply with F5SMC's Intellectual Property and Data Policy.



# USE OF LOGO AND ACKNOWLEDGEMENTS INFORMATION

---

## ACKNOWLEDGEMENT GUIDELINES

First 5 San Mateo County (F5SMC) is charged with ensuring that the general public is aware of the benefit of Proposition 10 tax dollars in our community. The following is a list of guidelines required for all Grantees. These guidelines will help keep the public informed of how and where public funds are invested in San Mateo County.

- **Place acknowledgement (placard) announcing funding by First 5 San Mateo County in a prominent area within your agency's physical facilities.** We will distribute these placards to you.
- **Recognize F5SMC by using the phrase "Funding provided by First 5 San Mateo County"** in all materials produced with Proposition 10 funding. These materials include, but are not limited to, brochures, flyers, broadcast interviews, radio and print ads, public service announcements, and presentations.

**and/or**

- **Place the F5SMC logo on all agency public education and outreach materials.** Any questions regarding the appropriateness of use of logo should be directed to your F5SMC Program Specialist. The F5SMC logo must be used in its exact form without any changes to size proportions, colors, or design. F5SMC will provide logos for both digital and print use.

## PUBLICITY GUIDELINES

First 5 San Mateo County may utilize statewide resources to assist you in publicizing your projects and/or events funded by F5SMC. Below are the procedures that you should follow in order to receive publicity assistance from F5SMC:

- Call the Communications and Operations Liaison within an hour of receiving a media call that is related to projects funded by F5SMC.
- Mention F5SMC in any media communication regarding programs funded by F5SMC. Notify the Communications and Operations Liaison within one hour of such communication.
- Inform the F5SMC Communications and Operations Liaison of any special community events or project launches as soon as a date is set so the events can be placed on the F5SMC website. (F5SMC Commissioners and team members will be happy to attend, if scheduling allows).
- Provide the F5SMC Communications and Operations Liaison with any flyers, brochures, etc., announcing upcoming events. Copies of such items are included in the F5SMC Newsletter as appropriate, placed in your Agreement file, and are distributed to Commissioners when appropriate.

## TOBACCO EDUCATION AND CESSATION INFORMATION

---

The Proposition 10 Statute requires each First 5 Commission to promote smoking cessation activities and help educate the public about the ill effects of tobacco use. F5SMC is mandated to help educate our community about the dangers of smoking, second-hand smoke, and the effects of smoking during pregnancy. F5SMC actively promotes smoke-free environments and smoking cessation activities by requiring Grantees to:

- **Place a F5SMC tobacco-free premises placard in a prominent area where funded services take place** (F5FMC will provide the placard).
- **Make tobacco education and cessation resources readily available to those served by the agency and to the staff of the agency** (F5SMC will provide the resources e.g., the F5SMC Grantee Newsletter).

In addition, as a F5SMC Grantee, you are further required to:

- **Prohibit smoking on your premises.** “Premises” is defined in your Grantee Agreement as, “all property owned, leased, or occupied by Grantee, including its offices and day care centers...”
- **Require all F5SMC-related subcontractors to prohibit smoking on their premises and post the placards noted above.**

## COMMUNICATIONS AND SYSTEMS CHANGE ACTIVITIES

---

Part of the intent of the Proposition 10 Statute is to “facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services...” The act further dictates that each First 5 Commission work toward creating and funding services that foster an integrated, consumer-oriented and easily accessible system.

In response to this charge, F5SMC intentionally designed its Strategic Plan to include a Communications and Systems Change focus area through which we strive to improve the availability and quality of services for young children and their families, as well as improve the system serving them.

In order to accomplish the above, F5SMC requires each Grantee to:

- **Distribute F5SMC’s Kit for New Parents** – First 5 California provides the Kit for New Parent (Kits) to each local First 5 Commission for dissemination to families of children 0-5. The Kits contain helpful information on many aspects of child development and family support, including child safety, nutrition, children’s health insurance, etc. The Kits are available in six languages: English, Spanish, Mandarin, Cantonese, Vietnamese, and Korean. F5SMC’s goal is to provide a Kit to all clients touched by F5SMC funds. Grantees should contact F5SMC to order Kits for distribution.
- **Distribute F5SMC’s Monthly Educational Materials** – First 5 California produces “Monthly Materials” for use by local Commissions. Each month a themed set of materials is produced in the form of flyers, handouts, brochures, etc. for dissemination to the clients of F5SMC-funded agencies. Each Grantee is expected to disseminate the Monthly Materials in a manner that is appropriate to their clientele. F5SMC will provide the materials via the Grantee Newsletter.
- **Participate in F5SMC’s Grantee Learning Circles** – Learning Circles provide an opportunity for F5SMC to train Grantees on important Agreement-related information, create a platform for Grantees to give feedback to F5SMC on the issues they face, and create a venue for Grantees to network with other F5SMC-funded partners. Because of their importance, Learning Circles are mandatory. In addition, we also encourage Grantees to attend the Prenatal to 5 Partnership meetings and F5SMC-hosted Brown Bag lunches and trainings (although the latter meetings are not mandatory).

## INTELLECTUAL PROPERTY and DATA POLICY

---

The Commission recognizes that, at times, Grantees may wish to share their findings and analysis for the benefit of the community through publication, teaching and other methods of dissemination. These activities can be viewed as beneficial to the community; therefore the Commission generally encourages them. As long as the Grantee does not receive any financial consideration for the dissemination and takes steps to protect the confidentiality of any individual that provided information, the Grantee may do so without approval from the Commission; however, any dissemination will include an acknowledgment of First 5 San Mateo County.

However, this Agreement shall otherwise preclude Grantees from using or marketing products developed or originated for the Commission hereunder commercially or in any manner that generates revenue unless and until the parties execute a marketing agreement.

All products, concepts, inventions, discoveries and improvements, however recorded, prepared or generated by the Grantee in the performance of this Agreement shall be the exclusive property of the Commission and the Commission reserves all rights, including but not limited to the copyrights. It is the parties' intention that any product or concept created by the Grantee under this agreement be a work for hire. The phrase "products, concepts, inventions, discoveries and improvements" as used in the Agreement shall include, but will not be limited to, documentation, findings, designs, reports, forms, evaluations, analyses, methods of analysis, videos, images, diagrams, brochures, manuals, books, curricula, presentations, other writings, systems and software developed related to the work under this Agreement.

It shall be further presumed that any product, concepts, inventions, discoveries and improvements recorded, prepared or generated by the Grantee during the term of this Agreement and related to this Agreement were recorded prepared or generated in the performance of this Agreement unless Grantee is able to show by documented proof that such product, invention, discovery or improvement was developed solely with Grantee's facilities or resources and is unrelated to this Agreement. If any product, invention, discovery or improvement related to this Agreement shall be determined to be the property of Grantee, the F5SMC Commission shall be granted a nonexclusive, irrevocable, royalty free license to use said product, invention, discovery or improvement.

Failure to comply with the obligations of this provision shall constitute a Material Breach of the Agreement. Because Grantee and the Commission agree that damages for violation of this provision would likely be difficult to ascertain and calculate, Grantee agrees to pay the Commission liquidated damages in the amount of \$15,000 for each violation of this provision. In addition, the Grantee and the Commission agree that a violation of this provision would result in irreparable harm to the Commission.

Intellectual Property and Data Policy Approved by F5SMC Commission at a Public Hearing on June 28, 2010
---

**F5SMC CONTACTS: STAFF & COMMISSIONERS**

First 5 San Mateo County  
 1700 S. El Camino Real, Suite 405, San Mateo, CA 94402  
[www.first5sanmateo.org](http://www.first5sanmateo.org)  
 Phone (650) 372-9500  
 FAX (650) 372-9588

<b>STAFF (AS OF 10-29-10)</b>	
<b>Cynthia Alvarez</b> , Administrative Services Specialist Phone: (650) 372-9500 x 229 Email: <a href="mailto:calvarez@co.sanmateo.ca.us">calvarez@co.sanmateo.ca.us</a>	<b>Karen Pisani</b> , Family Support Program Specialist Phone: (650) 327-9500 x 224 Email: <a href="mailto:kpisani@co.sanmateo.ca.us">kpisani@co.sanmateo.ca.us</a>
<b>Debby Armstrong</b> , Executive Director Phone: (650) 372-9500 x 222 Email: <a href="mailto:darmstrong@co.sanmateo.ca.us">darmstrong@co.sanmateo.ca.us</a>	<b>Emily Roberts</b> , Health Program Specialist Phone: (650) 327-9500 x 225 Email: <a href="mailto:eroberts@co.sanmateo.ca.us">eroberts@co.sanmateo.ca.us</a>
<b>Michelle Blakely</b> , Program and Planning Director Phone: (650) 372-9500 x 227 Email: <a href="mailto:mblakely@co.sanmateo.ca.us">mblakely@co.sanmateo.ca.us</a>	<b>Chonne Sherman</b> , Communication and Operations Liaison Phone: (650) 327-9500 x 232 Email: <a href="mailto:csheerman@co.sanmateo.ca.us">csheerman@co.sanmateo.ca.us</a>
<b>Jenifer Clark</b> , Evaluation Program Specialist Phone: (650) 372-9500 x 221 Email: <a href="mailto:jdclark@co.sanmateo.ca.us">jdclark@co.sanmateo.ca.us</a>	<b>Maricela Watt</b> , Finance and Administration Manager Phone: (650) 372-9500 x 223 Email: <a href="mailto:mwatt@co.sanmateo.ca.us">mwatt@co.sanmateo.ca.us</a>
<b>David Fleishman</b> , Early Care and Education Program Specialist Phone: (650) 372-9500 x 230 Email: <a href="mailto:dfleishman@co.sanmateo.ca.us">dfleishman@co.sanmateo.ca.us</a>	<b>Mey Winata</b> , Fiscal Analyst Phone: (650) 372-9500 x 228 Email: <a href="mailto:mwinata@co.sanmateo.ca.us">mwinata@co.sanmateo.ca.us</a>
<b>Jason Gordon</b> , Fiscal Analyst Phone: (650) 372-9500 x 236 Email: <a href="mailto:jgordon@co.sanmateo.ca.us">jgordon@co.sanmateo.ca.us</a>	

<b>COMMISSIONERS (AS OF 10-29-10)</b>	
<b>Angel Barrios</b> Executive/Program Director, Institute for Human and Social Development, Inc.	<b>Harvey Kaplan, M.D.</b> Public Member
<b>Beverly Beasley Johnson, J.D.</b> Director, San Mateo County Human Services Agency	<b>Laura Walker</b> Public Member
<b>Anne Campbell</b> , Superintendent of Schools, San Mateo County Office of Education	<b>Vacant Seat</b>
<b>Jean Fraser</b> Chief, San Mateo County Health System	<b>Sylvia Chen</b> Youth Commissioner
<b>Jorge Glascock</b> Senior Director of Compensation and Benefits, Genentech	<b>Jacqueline Cortez</b> Youth Commissioner
<b>Richard Gordon</b> Supervisor, San Mateo County Board of Supervisors	

## **GRANT AGREEMENT SECTION**

---

- Grant Application (if applicable)
- Agreement
- Program Evaluation Plan(s)
  - Comprehensive Evaluation Plan
  - In-Depth Evaluation Plan (if applicable)
- Progress Reports

**GRANT APPLICATION**  
**(If applicable)**

If you participated in the RFP or ITN process related to Cycle I funding please remove this page and insert a copy of your F5SMC grant application here for your records.

## **AGREEMENT**

For your records, please remove this page and insert  
A copy of your signed F5SMC Agreement here, including your:

- Exhibit A
- Exhibit B
- Scope of Work (SOW)
- Budget Request Form
- Budget Narrative Form
- Subcontractor(s) Budgets (if applicable)
- Grantee Signature Authorization Form

NOTE: each subsequently funded year, at the completion of the annual review process, you will receive an updated and approved SOW, Budget, and Budget Narrative for the upcoming fiscal year. Please place copies of these documents in this section.



## **PROGRAM EVALUATION PLAN(S)**

Please remove this page and  
insert a copy of your approved  
F5SMC Comprehensive Evaluation Plan.

Please also insert a copy of your  
approved In-Depth Evaluation Plan (if applicable)

## **PROGRESS REPORTS**

Please remove this page and insert  
A copy of your submitted progress reports and  
Reimbursement Request Forms for your records.