



In compliance with the Americans with Disabilities Act, if you require a modification or accommodation to participate in this meeting, including the availability of assistive listening devices or agendas in alternative formats, please contact the First 5 Kings County Children and Families Commission's office at (559) 585-0814 (California Relay 711) at least 48 business hours prior to the start of this meeting.

Meeting Agenda

June 4, 2024

3:00PM

Kings County Human Services Agency – Main Training Room
1400 W. Lacey Blvd. Bldg. 8 Hanford, CA 93230

Call to Order & Welcome

Commissioners Roll Call

Review and Modification to Agenda

Opportunity for Public Comment

This portion of the meeting is reserved for persons to address the Commission on any matter not on this agenda but under the jurisdiction of the Commission. Commissioners may respond to statements made or questions posed. They may ask a question for clarification; make a referral to staff for factual information or request staff to report back to the Commission at a later meeting. Also, the Commission may take action to direct staff to place a matter of business on a future agenda.

Speakers are limited to two minutes. Please state your name before making your presentation.

Consent Calendar

All items listed under the consent calendar are considered to be routine and will be enacted by one motion if no member of the Commission or audience wishes to comment or ask questions. If comment or discussion is desired by anyone, the item will be removed from the consent agenda and will be considered in the listed sequence with an opportunity for any member of the public to address the Commission concerning the item before action is taken.

- P. 003 **2024-06-154 Consent Calendar**
April 2, 2024 Commission Meeting Minutes
April 2024 Fiscal Report

Action Items

- P. 013 **2024-06-155 Commission Meeting Schedule for FY 2024/2025:** Commission to review, discuss and consider approving the FY 24/25 schedule and location.

P. 016 **2024-06-156 2020-2025 Strategic Plan Update:** Commission to review, discuss and approve the 2020-2025 First 5 Kings County Strategic Plan update, for submission to First 5 California

Informational Agenda Items

P. 064 **County Certification of Compliance:** Commission to review and discuss ASD-035 County Certification of Compliance Fiscal Year 2024-2025 Funding

P. 068 **Regional Central Valley Help Me Grow status update:** Commission to review and discuss staff update on Regional Central Valley Help Me Grow.

P. 088 **3rd Quarter Grantee Achievement Report:** Commission to review and discuss the progress of funded projects for FY 23/24.

P. 112 **Spotlight on Service:** Staff from Kings United Way will present an overview of the funded project, Get Connected!

P. 122 **Staff Report:** April and May 2024

Future Agenda Items

August 2024

- Minutes from June 4, 2024 Commission Meeting
- June 2024 Fiscal Report
- Final Grantee Achievement Report
- Spotlight on Service: Recreation Association of Corcoran’s Family Resource Center program
- Staff Report – June-July 2024

Commissioner Comments

Review Next Meeting Date & Adjournment

- August 6, 2024 at 3:00 PM

Public Comment is Taken on Each Agenda Item

Please note that the order in which the agenda items are considered may be subject to change.

Agenda backup information and any public records provided to the Commission after the posting of the agenda for this meeting will be available for public review at the First 5 office: 330 Campus Drive, Hanford, CA 93230. Upon a timely request, reasonable efforts will be made to provide such information or records in alternative formats.



Date of Meeting: June 4, 2024

2024-06-154

Consent Calendar

- April 2024 Meeting Minutes
- April 2024 Fiscal Report



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Meeting Minutes

April 2, 2024

3:00 PM

Kings County Department of Public Health
330 Campus Drive Hanford, CA 93230

Call to Order & Welcome Meeting called to order at 3:05pm by Chairperson Lewis.

Commissioners Roll Call 5 out 5 commissioners present.

Commissioner	Present	Absent	Joined Meeting After Roll Call
Joe Neves	X		
Dr. Milton Teske	X		
Wendy Osikafo	X		
Todd Barlow	X		
Dr. Lisa Lewis	X		

Review and Modification to Agenda

Discussion: None

Opportunity for Public Comment

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Speakers are limited to two minutes. Please state your name before making your presentation.

Public Comment: None

Consent Calendar

All items listed under the consent calendar are considered to be routine and will be enacted by one motion if no member of the Commission or audience wishes to comment or ask questions. If comment or discussion is desired by anyone, the item will be removed from the consent agenda and will be considered in the listed sequence with an opportunity for any member of the public to address the Commission concerning the item before action is taken.

P. 003 **2024-04-146 Consent Calendar**
February 13, 2024 Commission Meeting Minutes
February 2024 Fiscal Report

No discussion noted.

2024-04-146 Consent Calendar				
Motion Made by:	Commissioner Neves			
2 nd Motion by:	Commissioner Barlow			
Motion (Pass/Fail)	PASS			
Commissioner	Aye	Nay	Abstain	Absent
Joe Neves	X			
Dr. Milton Teske	X			
Wendy Osikafo	X			
Todd Barlow	X			
Dr. Lisa Lewis	X			

Action Items

P. 012 **2024-04-147 First 5 California Annual Report:** Commission to review and discuss the First 5 California 2022-2023 Annual Report.

Program Officer Clarissa Ravelo introduced the item, describing that First 5 California has made its FY 2022-2023 Annual Report available. The report provides an update on First 5 California’s strategic plan, Annal Report data and highlights from local Commissions. First 5 Kings County is featured on page 36 of the report.

No comments noted.

2024-04-147 First 5 California Annual Report				
Motion Made by:	Commissioner Barlow			
2 nd Motion by:	Commissioner Neves			
Motion (Pass/Fail)	PASS			
Commissioner	Aye	Nay	Abstain	Absent
Joe Neves	X			
Dr. Milton Teske	X			
Wendy Osikafo	X			
Todd Barlow	X			
Dr. Lisa Lewis	X			

P. 076 **2024-04-148 Child Passenger Safety Technician Training Funding Support:** Commission to review, discuss and consider authorizing funding support of a Child Passenger Safety Technician Training in Kings County.

Ms. Ravelo introduced the item, describing the opportunity to bring Child Passenger Safety Training to Kings County. There are local community organizations such as the Family Resource Centers and home visitation programs that provide car seat safety checks and education to the public. However, there is a lack of training available locally. The certification occurs over 5 consecutive days and travel costs may be high depending on where the training is held. Sit Right Child Passenger Safety, Inc. has provided a quote for this training for up to 15 people, in the amount of \$3,000. Sit Right will provide 40 hours of in-person classroom instruction, practicum test, and materials.

Discussion: Commissioner Osikafo inquired if this training can be filled up with other staff if spots cannot be filled up, specifically social services. Ms. Ravelo agreed that it can be opened up to other staff if there are slots available.

2024-04-148 Child Passenger Safety Technician Training Funding Support				
Motion Made by:	Commissioner Neves			
2 nd Motion by:	Commissioner Teske			
Motion (Pass/Fail)	PASS			
Commissioner	Aye	Nay	Abstain	Absent
Joe Neves	X			
Dr. Milton Teske	X			
Wendy Osikafo	X			
Todd Barlow	X			
Dr. Lisa Lewis	X			

P. 083 **2024-04-149 Universal Pre-Kindergarten Family-Decision Making Survey:** Commission to review, discuss and approve participation in promotion of the Universal Pre-Kindergarten Family-Decision Making Survey.

Ms. Ravelo presented the item, describing the request for First 5 Kings to assist in recruitment of families in completing a survey regarding the decision-making process that parents and caregivers undergo when choosing early care and education services for their children. That includes Transitional Kindergarten, Preschool, Family Childcare homes, Family Friend, and Neighbor homes, also before and after-school services. There are no additional costs with this project and any costs to print flyers for posting are within existing budget limits.

Discussion: Commissioner Barlow commented that the information collected is very much needed.

2024-04-149 Universal Pre-Kindergarten Family-Decision Making Survey				
Motion Made by:	Commissioner Neves			
2 nd Motion by:	Commissioner Teske			
Motion (Pass/Fail)	PASS			
Commissioner	Aye	Nay	Abstain	Absent
Joe Neves	X			
Dr. Milton Teske	X			
Wendy Osikafo	X			
Todd Barlow	X			
Dr. Lisa Lewis	X			

P. 087 **2024-04-150 Election for FY 2024-2025 Chair Elect:** Commission to review, discuss and vote on a Chair-elect for FY 2024-2025.

Ms. Ravelo introduced the item and advised the Commission that the nominating committee (Commissioner Osikafo and Barlow) nominated Commissioner Milton Teske for chair-elect in FY 2024-2025. Dr. Teske was advised of this nomination, and he is willing to and able to serve as Chair-elect.

2024-04-150 Election for FY 2024-2025 Chair Elect				
Motion Made by:	Commissioner Neves			
2 nd Motion by:	Commissioner Barlow			
Motion (Pass/Fail)	PASS			
Commissioner	Aye	Nay	Abstain	Absent
Joe Neves	X			
Dr. Milton Teske	X			
Wendy Osikafo	X			
Todd Barlow	X			
Dr. Lisa Lewis	X			

P. 089 **2024-04-151 First 5 Association Annual Dues:** Commission to review, discuss and consider increasing its contribution to the First 5 Association annual dues.

Ms. Ravelo presented the item, describing the First 5 Association Annual Dues are \$4,000, of which \$3,624 are for member dues and \$375 for Policy Fund contributions. Commission staff are recommending at minimum to maintain \$4,000 for the annual dues, along with any additional contributions to the Policy Fund.

Discussion: Commissioner Osikafo inquired about there being an amount or limit of money they need to contribute. Ms. Ravelo stated that there is no limit. Commissioners came to an agreement to stay at the same amount.

2024-04-151 First 5 Association Annual Dues				
Motion Made by:	Commissioner Osikafo			
2 nd Motion by:	Commissioner Neves			
Motion (Pass/Fail)	PASS			
Commissioner	Aye	Nay	Abstain	Absent
Joe Neves	X			
Dr. Milton Teske	X			
Wendy Osikafo	X			
Todd Barlow	X			
Dr. Lisa Lewis	X			

P. 094/002 **2024-04-152 Proposed Budget for FY 2024-2025:** Commission to review, discuss and consider approving the 2024-2025 Budget.

Ms. Ravelo indicated that the proposed budget is \$1,510,629, with funding to the grantees remaining the same as previously approved by the Commission. Anticipated revenues will be \$1,177, 231. The Commission will also receive Proposition 56 Backfill and the new e-cigarette tax revenue, but those amounts are unknown at this time. It should be noted that the average amount of Prop 56 Backfill the last 4 years has been \$351,123. Ms. Ravelo reported that most of the increases to the budget expenditures are related to the Regional Home Visiting Collaborative grant, but that grant will cover all of its costs.

No discussion noted.

2024-04-152 Proposed Budget for FY 2024-2025				
Motion Made by:	Commissioner Neves			
2 nd Motion by:	Commissioner Osikafo			
Motion (Pass/Fail)	PASS			
Commissioner	<i>Aye</i>	<i>Nay</i>	<i>Abstain</i>	<i>Absent</i>
Joe Neves	X			
Dr. Milton Teske	X			
Wendy Osikafo	X			
Todd Barlow	X			
Dr. Lisa Lewis	X			

P. 094 **2024-04-153 Administrative Cost Limit for FY 2024-2025:** Commission to review, discuss and consider approving the administrative cost limit for FY 2024-2025.

Ms. Ravelo reported that the Commission policy requires that an upper limit be established for Administrative Costs. The current budget anticipates a 4.21% administrative cost. Commission staff are recommending adopting an administrative cost limit not to exceed 10% in anticipation of redistribution of costs once the County overall budget is balanced and approved, as well as agreements the Commission enters into the course of the fiscal year.

No discussion ensued.

2024-04-153 Administrative Cost Limit for FY 2024-2025				
Motion Made by:	Commissioner Neves			
2 nd Motion by:	Commissioner Teske			
Motion (Pass/Fail)	PASS			
Commissioner	<i>Aye</i>	<i>Nay</i>	<i>Abstain</i>	<i>Absent</i>
Joe Neves	X			
Dr. Milton Teske	X			
Wendy Osikafo	X			
Todd Barlow	X			
Dr. Lisa Lewis	X			

Informational Agenda Items

P. 095 **Spotlight on Service:** Staff from Kings County Office of Education will present an overview of the funded projects, CARES and the Hanford and Lemoore Family Connection Centers.

KCOE presentation summary: CARES and Family Connections Staff presented a PowerPoint presentation to the group. The presentation included information regarding services provided to the community at the Hanford and Lemoore Family Resource Centers and through the CARES program, and pictures of activities they have hosted.

Comments: Commissioner Barlow and Lewis thanked the presenters for everything they do for the community!

P. 064 **Staff Report:** February- March 2024

Program Officer Ravelo provided updates on a variety of activities Commission staff have been involved in since the last Commission meeting. These activities include the Regional Home Visting Collaborative grant activities and Regional Help Me Grow. Commission staff also attended H.S.A.'s Comprehensive Prevention Planning convening along with other First 5 grantees. Commission staff and KCAO, KCOE & KCDPH's Home Visitation program staff, also attended the 2024 First 5 California Child health, Education & Care Summit. The Summit marked the 25th anniversary of First 5. Some speakers included Tony Thurmond, California State Superintendent of Schools, Fiona Ma, California State Treasurer and Joshua Sparrow, and Dr. Diana E. Ramos, California Surgeon General. Ms. Ravelo also stated that one of the Commission's vehicles (Scion) would need to be decommissioned. A part for the brake system was no longer working, and it was no longer available for purchase. The other Commission vehicle (F150 Truck) is still operational, and Commission staff will have access to Health Department vehicles if needed.

No comments.

Chairperson Lewis listed the **Future Agenda Items** for the upcoming Commission meeting:

June 4, 2024

- Minutes from April 2, 2024 Commission Meeting
- April 2024 Fiscal Report
- Commission Budget Modification/Augmentation for FY 2023/2024 (if necessary)
- Commission Schedule for FY 2024/2025
- 2020-2025 Strategic Plan update
- 3rd Quarter Grantee Achievement Report
- Spotlight on Service: Kings United Way's Get Connected! program
- Staff Report: April-May 2024

Commissioner Comments

Dr. Lewis commented on how impressive it is to see the programs available now because when she had three kids at home back then, none of these programs were available.

Commissioner Osikafo briefly stated that there are some state and federal resources available in relation to Comprehensive Prevention Planning. The Deputy Director is looking into expansion of the PAT program and there is additional revenue to support these efforts.

Review Next Meeting Date & Adjournment

- June 4, 2024 at 3:00 PM at the Kings County Department of Public Health, Room 505. The meeting was adjourned at 3:52pm (time).

Public Comment is Taken on Each Agenda Item

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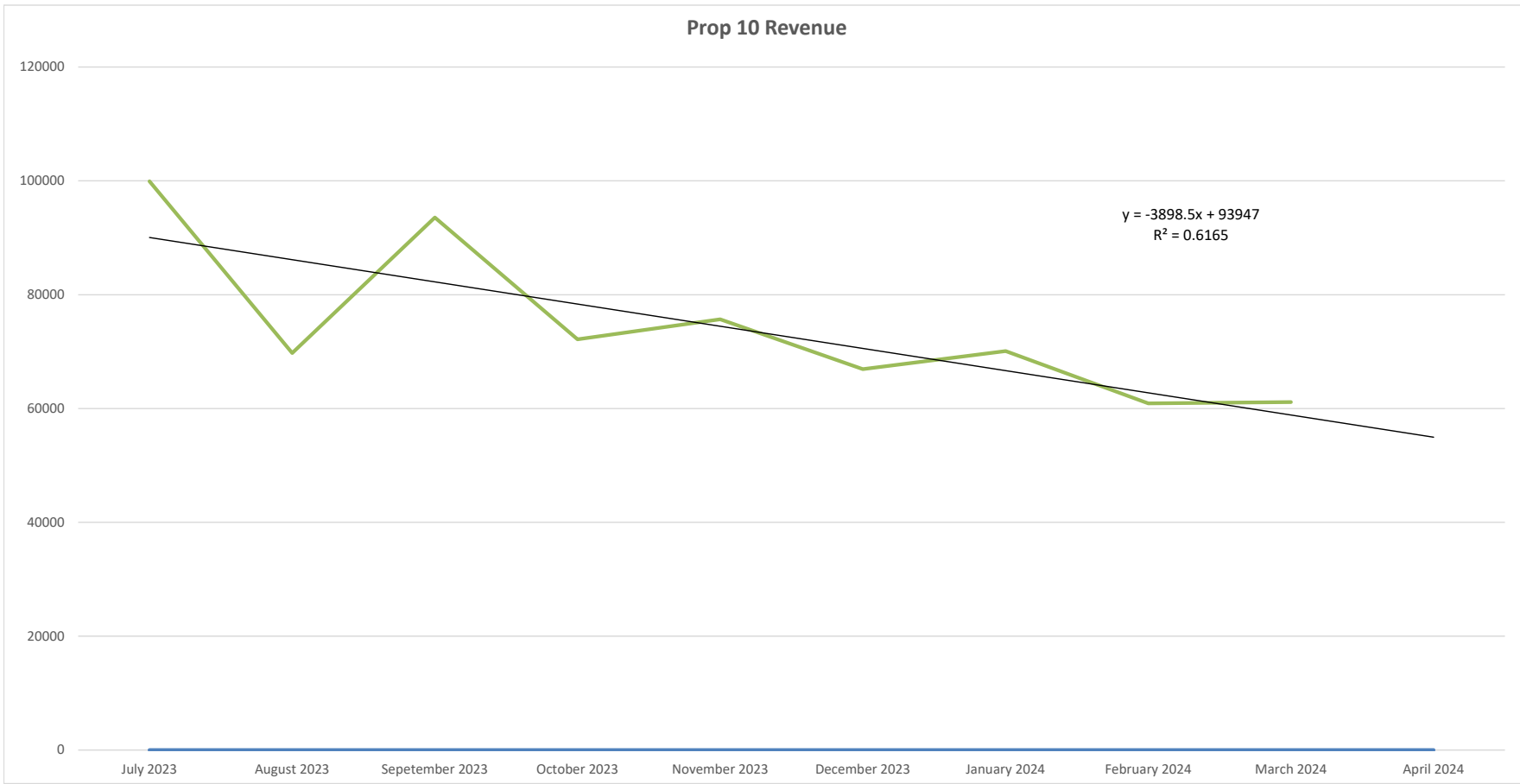
FY 23/24
April 2024 Fiscal Report
First 5 Operations

SALARY SUMMARY		\$ 191,437	\$ 150,716	\$ 40,721	78.73%
SERVICES & SUPPLIES		BUDGET	YTD	BALANCE	%
Communications	92006	\$ 2,316	\$ 2,349	\$ (33)	101.42%
Office Equipment	92018	\$ 1,600	\$ 1,196	\$ 404	74.73%
Maintenance SIG	92021	\$ 4,109	\$ 961	\$ 3,148	23.40%
Memberships	92027	\$ 4,000	\$ 4,000	\$ -	100.00%
Postage & Freight	92033	\$ 201	\$ 36	\$ 165	17.84%
Offset Printing	92035	\$ 500	\$ -	\$ 500	0.00%
Legal Services	92038	\$ 1,500	\$ 1,143	\$ 357	76.20%
Community Outreach	92045	\$ 1,500	\$ 1,500	\$ -	100.00%
Auditing & Accounting	92046	\$ 10,600	\$ -	\$ 10,600	0.00%
Contractual Services	92047	\$ 25,000	\$ 12,500	\$ 12,500	50.00%
Publications & Legal Notices	92056	\$ 250	\$ -	\$ 250	0.00%
Special Dept Expense	92063	\$ 30,000	\$ 2,916	\$ 27,084	9.72%
Purchasing Charges	92068	\$ 642	\$ 550	\$ 92	85.61%
Brd. & Comm. Meeting Expense	92069	\$ 500	\$ -	\$ 500	0.00%
Public Education Material	92075	\$ 1,500	\$ 1,500	\$ -	100.00%
Motor Pool	92089	\$ 2,000	\$ 1,900	\$ 100	95.00%
Travel Expenses	92090	\$ 10,000	\$ 2,420	\$ 7,580	24.20%
Utilities	92094	\$ 2,201	\$ 1,606	\$ 595	72.97%
Electronic Hardware	92103	\$ -	\$ 2,882	\$ (2,882)	#DIV/0!
Liability Claim	93041	\$ 1,186	\$ 1,177	\$ 9	99.24%
Information & Technology	93048	\$ 4,631	\$ 3,659	\$ 972	79.01%
IT Managed Contracts	93051	\$ 3,660	\$ 3,098	\$ 562	84.64%
Admin Allocation	93057	\$ 27,365	\$ 6,491	\$ 20,874	23.72%
TOTAL SERVICES & SUPPLIES		\$ 135,261	\$ 51,884	\$ 62,504	38.36%
TOTAL OPERATIONS COSTS		\$ 326,698	\$ 202,599	\$ 103,225	62.01%

First 5 Contracted Programs		BUDGET	YTD	BALANCE	%
FRC Initiative	93033	\$ 648,911	\$ 402,930	\$ 245,981	62.09%
Avenal Family Connection		\$ 81,000	\$ -	\$ 81,000	
Corcoran Family Resource Center		\$ 104,400	\$ 85,724	\$ 18,676	
Kettleman City Family Resource Center		\$ 81,000	\$ 61,963	\$ 19,037	
KCOE: Hanford & Lemoore Family Connection		\$ 382,511	\$ 255,243	\$ 127,268	
E3 Initiative	93034	\$ 81,317	\$ 61,266	\$ 20,051	75.34%
Kings County Office of Education CARES		\$ 81,317	\$ 61,266	\$ 20,051	
School Readiness	93035	\$ 395,820	\$ 284,064	\$ 111,756	71.77%
UCP Parent & Me Program		\$ 314,820	\$ 221,110	\$ 93,710	
Special Needs Project		\$ 81,000	\$ 62,954	\$ 18,046	
New Project	93053	\$ 36,000	\$ 21,808	\$ 14,192	60.58%
Kings United Way		\$ 36,000	\$ 21,808	\$ 14,192	
TOTAL CONTRACT COSTS		\$ 1,162,048	\$ 770,068	\$ 391,980	66.27%
TOTAL EXPENDITURES		\$ 1,488,746	\$ 972,667	\$ 495,205	65.33%
RESERVE FUNDS (25% of Operations and Contracts)		\$ 372,187	Trust Balance	\$ 1,358,255	

FY 23/24
April 2024 Fiscal Report
Revenue

Revenue FY 2023/2024								
Month	Estimated Prop 10	Actual Prop 10 Revenue	Prop 56 Backfill	Interest	Home Visitation (KCHSA)	Prop 10/ E-cigarette tax	Total	Revenue Received (% of Prop 10 Estimate)
July 2023	\$ 98,686	\$ 99,922			\$ 1,461		\$ 101,383	101%
August 2023	\$ 98,685	\$ 69,755			\$ 2,253		\$ 72,008	71%
September 2023	\$ 98,686	\$ 93,549			\$ 1,551	\$ 5,895	\$ 100,995	101%
October 2023	\$ 98,686	\$ 72,151		\$ 6,482	\$ 2,056		\$ 80,689	73%
November 2023	\$ 98,685	\$ 75,672			\$ 1,971		\$ 77,644	77%
December 2023	\$ 98,686	\$ 66,933			\$ 1,656		\$ 68,589	68%
January 2024	\$ 98,686	\$ 70,089		\$ 6,946	\$ 2,159		\$ 79,195	71%
February 2024	\$ 98,685	\$ 60,903			\$ 1,735		\$ 62,638	62%
March 2024	\$ 98,686	\$ 61,118	\$ 348,643		\$ 3,618		\$ 413,378	415%
April 2024	\$ 98,685				\$ 2,824		\$ 2,824	0%
May 2024	\$ 98,686						\$ -	0%
June 2024	\$ 98,685						\$ -	0%
TOTAL REVENUE	\$ 1,184,227	\$ 670,092	\$ 348,643	\$ 13,428	\$ 21,285	\$ 5,895	\$ 1,059,343	86.52%





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Date of Meeting: June 4, 2024

2024-06-155

**Commission Meeting
Schedule for
FY 2024/2025**

AGENDA ITEM: FY 2024-2025 Commission Meeting Schedule

A. Background/History:

At the June 2015 meeting the First 5 Children and Families Commission modified the bylaws so that an annual calendar will be adopted by the commission at the June meeting each year. The Commission is being presented the annual calendar at this meeting.

B. Summary of Request, Description of Project and/or Primary Goals of Agenda Item:

Staff requests that the commission review, discuss, and consider approving the First 5 Kings Commission Meeting Schedule. The meetings will take place at the regular date and time (first Tuesday of even months at 3:00pm).

C. Timeframe:

If approved the Commission Meeting Schedule will go into effect immediately.

D. Costs:

No costs associated with this item.

E. Staff Recommendation:

Staff recommends the commission review, discuss and consider approving the First 5 Kings County Commission Meeting Schedule as presented.

F. Attachments:

- First 5 Kings FY 2024-2025 Commission Meeting Schedule



Commission Meeting Schedule FY 2024-2025

August 6, 2024

October 1, 2024

December 3, 2024

February 4, 2025

April 1, 2025

June 3, 2025

All First 5 Kings County Commission Meetings are held on the first Tuesday of even-numbered months, at 3:00 pm at the Kings County Department of Public Health, located at 330 Campus Drive in Hanford, CA 93230, unless otherwise posted.



330 Campus Drive • Hanford • CA • 93230 • (559) 585-0814

Date of Meeting: June 4, 2024

2024-06-156

**2020-2025 Strategic Plan
Draft Update June 2024**

AGENDA ITEM: First 5 Kings County 2020-2025 Strategic Plan – Draft Update June 2024

A. Background/History:

Proposition 10 Statutes require all county commissions to “adopt an adequate and complete County Strategic Plan for the support and improvement of early childhood development within the county. The strategic plan must include a description of the goals and objectives proposed to be attained, a description of the programs, services, and projects proposed to be provided, sponsored or facilitated; and a description of how measurable outcomes of such programs, services, and projects will be determined by the County Commission using appropriate and reliable indicators.”

It is a legislative requirement that the Commission review its strategic plan on an annual basis and makes modifications if necessary.

B. Summary of Request, Description of Project and/or Primary Goals of Agenda Item:

Commission staff requests the Commission review, discuss and approve the 2020-2025 Strategic Plan Draft Update, providing direction for future implementation.

C. Timeframe:

The Commission approved the 2020-2025 Strategic Plan on June 2, 2020. The plan is due for an annual review/update.

D. Costs:

The Strategic Plan would allocate \$7,146,878 over the 5 years course of the plan (FY 20/21 through FY 24/25).

E. Staff Recommendation:

Staff recommends the commission approve the Draft Strategic Plan Update as presented.

F. Attachments:

- First 5 Commission 2020-2025 Strategic Plan Update June 2024 (Draft)

First 5 Kings County Strategic Plan

2020-2025

Updated June 2024



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Introduction

The Kings County Children and Families Commission (First 5 Kings) was established in 1998 when California voters passed Proposition 10 – The California Children and Families Act – which levied a 50-cent tax on each pack of cigarettes and other tobacco products sold. Revenue generated from the tobacco tax are distributed to all counties in California to fund local programs that promote early childhood development for children ages 0 to 5 years of age in the areas of health and wellness, early child care and education, parent education and support services and integration of services.

First 5 Kings has established, as mandated by law, this Strategic Plan in order to effectively guide the Commission in its efforts to make a significant impact in the lives of children age 0-5 residing in Kings County. This document outlines the Commission’s strategic focus, implementation, financial plan and evaluation processes. It shall be used as a living document requiring action, reflection, and revision in an ongoing effort for quality improvement.

Vision of First 5 Kings County

First 5 Kings envisions that all Kings County families receive access to the tools, knowledge and quality care necessary to encourage each child to develop to their fullest potential.

Mission of First 5 Kings County

First 5 Kings, in partnership with the community, will strengthen families, communities and systems of care for children prenatal to 5 years of age.

Guiding Principles of First 5 Kings County

- (1) Recognize and promote services and support for children ages 0-5 as the foundation for a lifetime of growth and success.
- (2) Support access and encourage outreach to geographically and socially isolated families
- (3) Provide appropriate services and support to children with disabilities and other special needs and their families
- (4) Support and encourage collaboration and leveraging opportunities among grantees
- (5) Support promising practices and evidenced-based models

Background

For more than 25 years, First 5 Kings has been working collaboratively across Kings County to ensure that every child enters kindergarten ready to succeed in school and life. First 5 Kings is a public organization charged with directing Proposition 10 tobacco tax revenues in Kings County toward issues relating to children from prenatal to age 5 and their families. Since its inception, First 5 Kings has invested more than \$30 million to improve the health, safety, and school readiness of children prenatal to age 5 by supporting multiple programs, research, partnerships, public education, and other policy and systems change efforts throughout the county.

Beginning January 2014, First 5 Kings County merged with Kings County Department of Public Health to better serve the children of Kings County. The new partnership allows for First 5 Kings to leverage synergies and expand collaboration opportunities with Public Health Department programs expanding the reach and access to children aged 0 to 5.

First 5 Kings is poised to undergo a significant transition in its role and function, to increase its ability to make lasting impact for the greatest number of children. This transition is informed by a much clearer understanding of how to maximize First 5 Kings' impact given changing needs within Kings County, shifts in the early care and development and health systems for children, and declining tobacco tax revenues that have supported its work to date. Built on a robust foundation of data, analysis, consultation with the community and First 5 Kings' stakeholders, and deliberation amongst the Commission and staff, the strategies presented in this plan provide a road map for navigating the transition and increasing First 5 Kings' contribution to improving conditions for families, the communities they live in and the systems that support them.

In Fiscal Year 2023-2024, Commission staff were involved in a number of projects to continue to strengthen the systems that serve the First 5 population, including Families First Prevention Services Act-related activities, Local Childcare Planning Council, Regional First 5 Executive Director meetings, First 5 Association Leadership Cohort, Early Childhood Home Visiting Collaborative, Regional Help Me Grow planning, Regional Home Visiting Coordination Technical Assistance, and Community Health Work Benefit Collaborative discussions. Commission staff also applied for the Children and Youth Behavioral Health Initiative Wraparound Services Request for Proposal to bring additional home visitation services to the community, as well as infant and early childhood mental health consultation.

The Strategic Plan

The First 5 Kings County Strategic Plan serves as a roadmap to focus the Commission's investments over the next five years toward achieving key results that best promote early childhood development in Kings County. The plan guides funding decisions at a strategic level and establishes a framework to assist the Commission in measuring progress towards meeting its goals and holding it accountable in the work that it does. The Implementation Initiatives, Evaluation Framework, the 5-Year Financial Plan align with the Strategic Plan, and together these documents specify a detailed strategy for how the Commission will target its investments and the type of outcomes it seeks to achieve.

Strategic Results Sought by Proposition 10

Activities sponsored with Proposition 10 funds are expected to focus specifically on children 0-5 and their families. Further, according to established state level guidelines, four strategic results should be pursued:

1. Improved Child Health: Healthy Children.
2. Improved Child Development: Children Learning and Ready for School.
3. Improved Family Functioning: Strong Families.
4. Improved Systems: Integrated, Consumer-Oriented, Accessible Services.

These four strategic results served as the initial basis for strategic plans that are developed at both the state and county levels and drive the data reporting structure to First 5 CA by the counties.

Focus Areas, Goal, and Objectives

Result We Seek – Children develop to their potential

Focus Area 1 - Early Child Care and Education – Quality early childcare and education services will be accessible.

- Quality programs through research and best practices, including promoting higher education for teachers and provision of higher quality programs
- Capacity through availability of quality childcare slots appropriate for all skills and ages (infant, toddler, special needs)
- Parent education with emphasis on child development, parenting skills and parent/family stability
- Advocacy efforts for greater public investment in quality care and education

Focus Area 2 - Parent Education and Support - All parents/guardians and caregivers will be knowledgeable about early childhood development, effective parents and community resources.

- Evidence-based parent education that is culturally relevant
- Focus on language and literacy promotion within the family
- Promote and ensure child safety through exploration and implementation of healthy living models

Focus Area 3 - Healthy Children - All children will have an early start toward good health.

- Engagement of women from preconception to birth
- Early identification, developmental assessment and supportive referrals for children
- Support families develop life-long healthy habits

Focus Area 4 - Systems Integration & Alignment – A cohesive system of services for children and families will exist.

- Demonstrate integration through identifiable measures, including blended funding, MOUs, participation and joint work plans
- Leveraging Family Resource Centers as focal point for community access, incorporate Healthy Children, Parent Education and Support, and Early Childcare and Education as part of the RFP process
- Community-wide shared vision around early childhood
- Replicable and sustainable

All focus areas and goals contribute toward:

- Children prenatal to age 5 reach their maximum physical health potential
- Children prenatal to age 5 achieve their maximum socio-emotional health potential
- Children prenatal to age 5 attain their maximum cognitive development potential

Results Matrix

Focus Area 1 – Early Childhood Education	
Goal: Quality early childcare and education services will be accessible	
Objectives	Result Indicators
Quality and affordable early childhood education and childcare services will be supported to allow for retention and expansion	Increase in the number of children who participate in quality early childhood programs.
	Increase in the number of children who participate in First 5 funded projects.
	Increase in resources to support early care and education for Kings County.
	Increase in availability of high quality, affordable childcare programs/slots.
Strong professional development system will be in place that improves the quality of Early Childhood Education services	Increase in advocacy efforts for greater public investment in quality early care and education.
	Increase in skill development and mastery in the Kings County early care and education workforce.
	Increase of Kings County early care and education workforce in the knowledge necessary to help young children and their families prepare for success in school.
	Increase in Kings County early care and education workforce job retention.
	Increase in career development plans for Kings County early care and education workforce, including post-secondary units completed, attainment of certifications, permits and degrees.

Focus Area 2 – Parent Education and Support

Goal: All parents/guardians and caregivers will be knowledgeable about early childhood development, effective parenting, and community resources.

Objectives	Result Indicators
Parents/guardians and caregivers will have access to linguistically, culturally-relevant parenting education and family-strengthening support	Increase in the number of parents/guardians who receive general parenting education.
	Increase in the number of parents/guardian who participate in educational workshops.
	Increase in the number of parents/guardian who receive supportive services.
Parents/guardians and caregivers will have access to educational services to increase family reading/literacy and school readiness	Increase the number of parents/guardian who participate in school readiness events and activities.
	Increase the number of parents/guardian who access school readiness resources.
	Parents report that their children birth to 5 years of age are read to five hours per week.

Focus Area 3 – Healthy Children	
Goal: All children will have an early start toward good health.	
Objectives	Result Indicators
Pregnant women will be linked to early and continuous care	Increase the number of pregnant women who are referred to services.
	Increase the number of pregnant women and mothers provided information and/or education on the importance of prenatal care.
	Increase the number of pregnant women and mothers provided information and/or education on the importance of breastfeeding.
	Increase in the rate of mothers who report they are breastfeeding for the first six months of a child's life.
	Increase the number of pregnant women and mothers provided information and/or education on fetal alcohol syndrome.
	Increase the number of pregnant women and mothers provided information and/or education on the importance of smoking cessation.
	Increase the number of pregnant women and mothers provided prenatal and/or postnatal home visits.
Children will be provided medical, dental, mental health, developmental and vision screenings and/or preventive services	Increase the number of children who receive developmental screenings.
	Increase the number of children who receive health screenings.
	Increase the number of children who receive dental screenings.
	Increase the number of children who receive a social-emotional screening (ASQ-SE).
Children with identified special needs will be referred and linked to appropriate services	Increase the number of children who receive developmental screenings prior to 3rd birthday.
	Increase the number of identified special needs children who receive special needs services.
Children will develop early healthy habits	Increase the number of children who receive nutrition and/or fitness education.
	Increase the number of parents/guardians who receive nutrition and/or fitness education.
	Increase the number of children who receive a health profile assessment.

Focus Area 4 – Systems Integration & Alignment

Goal: A cohesive system of services for children and families will exist.

Objectives	Result Indicators
Community members will have a shared vision and act collectively to improve the policies, access to services and environments that impact families	Increase the number of community members and other stakeholders who attend educational events on early childhood.
	Increase the number of community members and providers who attend Commission-led trainings, workshops or meetings.
	Increase the opportunity for community members to support advocacy efforts on behalf of early care and education.
Early childhood education and health-related supports will be established to reflect desires of the community and needs of the families	Increase the number of new partnerships within Family Resource Centers.
	Increase the number of parents and community members who participate in process to design FRC services offered.
	Increase in the depth and breadth of services offered within Family Resource Centers.
Communities will have physical places and spaces that promote early childhood education, support health and encourage interaction while leveraging resources to sustain	Increase community awareness of the value of the FRC model.
	Increase the number of new collaborations among parents/caregivers, organizations and institutions across multiple sectors to work together to achieve results through the FRC model.
	Increase the percentage of new leveraged resources that support FRC operations.

Financial Overview

The First 5 Kings County Children & Families Commission (Commission) has completed a financial plan as a means to determine funding allocations to support the Strategic Plan. This plan will be the guideline for future funding of programs and projects.

The 5 year projection takes into account the Proposition 10 sales tax revenues, which are predicted to decline regularly each year as the new federal tobacco tax takes affect and as efforts to curtail smoking among adults and teens continue to be an effective deterrent. This plan does not authorize or appropriate funding. This plan is a tool for the Commission to guide its actions and community investments given that its revenue is declining with program costs increasing.

This plan will be reviewed annually and updated if necessary to reflect actual revenue and expenditures at the end of each fiscal year. The assumptions used in development of this plan will be consistently reviewed to ensure there have been no changes to invalidate or change their effectiveness. The remaining sections of the plan will detail goals and objectives for the plan, outline the assumptions used to assemble the data, and present the spreadsheet view of the results.

Background

One of the purposes of this plan was to acknowledge the declining balance of funds and indicate how they will be used over the course of the 5-year strategic plan. It is anticipated that annual budgets will flow from this plan.

Concurrently, the Commission is encouraged to continue to pursue additional funding sources in partnership with their funded contractors. Federal, State, foundation or private grants should be researched as a means to build sustainability for the funding investments of the commission.

Financial Plan Goals

The main goal of the financial plan is to provide the guiding financial framework for appropriate funding decisions and encouraging long-term sustainability to the most successful and effective programs developed and supported with Prop 10 funds.

Additionally, the plan reflects the acknowledgement that revenues are declining, and that adjustments are necessary for long-term impact. The plan outlines the Commission's ability to fund its targeted initiatives and associated projects at approximately \$7.1 million over 5 years.

This funding commitment spends down the commission fund balance, but still attempting to maintain at least 25% of the projected budget each year. In November 2022, SB 793 (flavored tobacco ban) was upheld, resulting in a decline in revenues, beginning in the 3rd quarter of Fiscal Year 2022-2023. The Commission revisited the Fiscal Plan at the February 7, 2023, Commission meeting, and decided to continue with the current committed projects, with the intent to review periodically to ensure continued ability to fund said projects.

The current rate of spending will result in the commission ending the 5-year term with a reserve account of approximately \$638,157. Cost savings due to a vacant position and Commission Staff's diligence in monitoring operational expenses have contributed to the Fund Balance remaining untouched.

The current multi-year contracts will end on June 30, 2025, and a new round of procurement will be initiated in Fiscal Year 2024-2025. The Commission will continue to consider its options for obtaining additional revenue, as well as consider the need to reduce funding support as needed.

Financial Plan Objectives

The objective of the plan is planned actions to achieve the above stated goals.

- Provide stable funding over 5 years to select programs in an effort to achieve long-term results.
- Spend down the fund balance in an effort to provide services to children 0 through 5 and their families.
- Maintain a fund balance of no less than 25% of annual operational costs in an effort to meet financial obligations.

Financial Plan Principles

The financial plan provides the following guidelines and procedures.

- **Timeframe** – For operational purposes, the financial plan projects revenue and expenditure estimates for a 5-year period of time.
- **Annual Budget** - The annual budget will be based on guidelines approved in the 5-year financial plan.
- **Monitoring** – Commission Staff shall update the financial plan each year to reflect the actual expenditures and revenues for the fiscal year and prepare a report to the Commission. The Staff will also validate that the assumptions used in the preparation of the plan are still appropriate. If any assumptions require modifications, they will be included as part of the annual update.
- **Changes to Plan** – Changes can only be made to the financial plan with Commission approval. Request for changes to the plan will be accompanied by a financial projection spreadsheet reflecting the suggested modifications.
- **Surplus Budget Funds** – If the revenues and expenditures in the annual budget result in a surplus of funds, these funds will be placed in the operating fund.
- **Annual Review** - The Commission will evaluate the goals, objectives and principles of the financial plan on an annual basis.

Plan Assumptions and Funding Strategies

Economic Assumptions

- Revenue projections are based on figures provided by First 5 California and/or California Department of Finance for FY 24/25, FY 25/26, FY 26/27 and FY 27/28.
- .5% interest earnings.
- Fund Balance not to fall below 25% of annual operational costs per year.

Funding Strategies

- FRC Initiative Allocation:
 - Consistent funding level for FY 2020/2021, with a 2% decrease in FY 2021/2022, 5% decrease in FY 2022/2023, and a 10% decrease in FY 2023/2024 through FY 2024/2025.
- School Readiness Initiative Allocation:
 - Consistent funding level for FY 2020/2021, with a 2% decrease in FY 2021/2022, 5% decrease in FY 2022/2023, and a 10% decrease in FY 2023/2024 through FY 2024/2025.
- E3 Initiative Allocation:
 - Consistent funding level for FY 2020/2021, with a 2% decrease in FY 2021/2022, 5% decrease in FY 2022/2023, and a 10% decrease in FY 2023/2024 through FY 2024/2025.
- New Projects Initiative Allocation:
 - Consistent funding level for FY 2020/2021, with a 2% decrease in FY 2021/2022, 5% decrease in FY 2022/2023, and a 10% decrease in FY 2023/2024 through FY 2024/2025.

A new round of procurement will occur in FY 2024/2025. The projections for FY 2025/2026 through FY 2027/2028 are estimates and not a commitment to fund listed projects.

Results

- Funding to the community to support outcomes through services for children ages 0-5 and their families over the time period of the plan.

Implementation

The financial plan was initially approved by the Commission on June 2, 2020. It was the guideline for the preparation of the annual budget for FY 21/22, FY 22/23, FY 23/24 and FY 24/25. The plan was reviewed annually and updated as new projections were received from First 5 California, including the impact of the Flavor Ban as upheld in November 2022.

First 5 Kings County Fiscal Plan FY23/24 through FY27/28

	FY21/22	FY22/23	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28
	Actual	Actual	Budgeted	Projected	Projected	Projected	Projected
Revenue							
General Allocation Revenues	\$1,449,281	\$1,332,532	\$1,184,227	\$1,116,772	\$1,137,819	\$1,083,206	\$1,039,014
Interest	\$8,217	\$18,669	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000
Miscellaneous Income	\$53,929	\$20,041	\$46,951	\$54,459	\$47,608	\$47,608	\$47,608
Total Revenue	\$1,511,427	\$1,371,242	\$1,237,178	\$1,177,231	\$1,191,427	\$1,136,814	\$1,092,622
Expenditures							
Salaries & Benefits	\$135,431	\$131,513	\$191,437	\$196,843	\$196,843	\$196,843	\$196,843
Services & Supplies	\$126,638	\$90,752	\$139,539	\$151,738	\$151,738	\$151,738	\$151,738
Contributions to Agents	\$1,174,248	\$1,120,059	\$1,081,048	\$1,162,048	\$1,162,048	\$1,162,048	\$1,162,048
FRC Initiative	\$618,392	\$589,182	\$567,911	\$648,911	\$648,911	\$648,911	\$648,911
Avenal	\$0	\$0	\$0	\$81,000	\$81,000	\$81,000	\$81,000
Corcoran	\$113,680	\$110,200	\$104,400	\$104,400	\$104,400	\$104,400	\$104,400
Kettleman City	\$88,200	\$75,221	\$81,000	\$81,000	\$81,000	\$81,000	\$81,000
Hanford & Lemoore	\$416,512	\$403,761	\$382,511	\$382,511	\$382,511	\$382,511	\$382,511
School Readiness Initiative	\$431,004	\$407,042	\$395,820	\$395,820	\$395,820	\$395,820	\$395,820
Parent & Me	\$342,804	\$332,310	\$314,820	\$314,820	\$314,820	\$314,820	\$314,820
Special Needs	\$88,200	\$74,732	\$81,000	\$81,000	\$81,000	\$81,000	\$81,000
E3 Initiative	\$88,545	\$85,834	\$81,317	\$81,317	\$81,317	\$81,317	\$81,317
CARES	\$88,545	\$85,834	\$81,317	\$81,317	\$81,317	\$81,317	\$81,317
New Projects	\$36,307	\$38,000	\$36,000	\$36,000	\$36,000	\$36,000	\$36,000
United Way	\$36,307	\$38,000	\$36,000	\$36,000	\$36,000	\$36,000	\$36,000
Total Expenditures	\$1,436,317	\$1,342,324	\$1,412,024	\$1,510,629	\$1,510,629	\$1,510,629	\$1,510,629
Excess of Revenues or Expenditures	\$75,110	\$28,918	-\$174,846	-\$333,398	-\$319,202	-\$373,815	-\$418,007
Fund Balance	\$1,446,183	\$1,521,293	\$1,550,211	\$1,375,365	\$1,041,967	\$668,152	\$638,157
Fund Balance % of Revenues (25% floor)	100.65%	113.05%	111.17%	88.51%	88.65%	58.77%	58.41%

Assumptions

- Fund balance minimum is currently set at 25% of annual budget by First 5 Policy Manual

Funding Plan

The Commission has committed to continue the following three Initiatives as a mechanism to fulfill the goals and objectives of the strategic plan. This strategic plan will be reviewed annually, and a new strategic planning cycle will be initiated in Fiscal Year 2024/2025:

- to ensure that the initiatives and programs are addressing the Goals and Objectives of this five year plan,
- to identify the appropriateness of the initiatives identified,
- to address the ever-changing needs of the community, including any adjustments post-pandemic, and
- to ensure the Commission’s ability to fund the initiatives, considering the continued dwindling of Proposition 10 revenue

Due to the unique services/programming provided through the Family Resource Center Initiative, School Readiness Initiative and Elevating Early Care and Education Initiatives, the Commission was able to pursue sole source justification for these projects. The entities that were funded under these Initiatives are uniquely suited to provide the services and program requirements of Proposition 10 statutes. These organizations have provided these services for numerous years, continue to be in good standing with the Commission, and are trusted resources within their respective communities. Multi-year agreements through FY 2024/2025 are currently in place with the agencies listed below.

Funding Policy: **FAMILY RESOURCE CENTER INITIATIVE**
Total Funding: **\$721,012/Year 1; \$2,689,375/Year 2-5**

The First 5 funded Family Resource Centers employ various models constructed to support the delivery of health, education, childcare, and other support services to children and families. Additionally, FRC’s have the additional impact of building communities and systems that support these families.

Programs funded by the Family Resource Center Initiative:

- Corcoran Community Foundation – Corcoran Family Resource Center
- Kings County Office of Education– Hanford Family Connection
- Kings County Office of Education – Lemoore Family Connection
- Kings Community Action Organization – Kettleman City Family Resource Center

Funding was set aside to support a Family Resource Center in the city of Avenal; however, a contract was not executed in FY 2020-2024. The Commission will diligently seek ways to provide sources covered by this initiative for the remaining years of this strategic plan.

Funding Policy: **SCHOOL READINESS INITIATIVE**
Total Funding: **\$439,800/Year 1; \$1,640,454/Year 2-5**

The School Readiness Initiative is designed to develop and sustain a system of collaborative school-based or school-linked services/supports that are based on research and promising

practices to improve “school readiness” for children, families, communities and schools.

Programs funded by the School Readiness Initiative:

- UCP - Parent & Me Program
- UCP - Special Needs Program

**Funding Policy: ELEVATING EARLY CARE & EDUCATION
(E3) INITIATIVE**

Total Funding: \$90,352/Year 1; \$337,013/Year 2-5

The Elevating Early Care & Education (E3) Initiative provides a comprehensive approach to increasing childcare quality at family day care centers, Head Start, State and Private preschool programs, as well as support for Family, Friend and Neighbor homes and Home Visitors. This is accomplished by conducting Quality Rating Improvement System (QRIS), developing Quality Improvement Plans and by providing the necessary supports such as technical assistance, material supports, and professional growth services that are responsive to site specific needs.

Programs funded by the E3 Initiative:

- Kings County Office of Education CARES Program

Additionally, the Commission has committed to set aside funding to support systemic coordination of services for children and families through the New Projects Initiative.

Funding Policy: NEW PROJECTS INITIATIVE

Total Funding: \$40,000/Year 1; \$149,200/Year 2-5

A cohesive system of services for children and their families, that is easily available and accessible to families, will promote the physical, educational, and social-emotional needs of the children in our community.

Programs funded by the New Projects Initiative during Year 1:

- Kings United Way 211 Intellifull Translation

Programs funded by the New Projects Initiative during Year 2-5:

- Kings United Way – Kings County Referral Exchange System (Unite Us)
- Kings United Way – Get Connected!

First 5 Backpack and Kindergarten Entry Support

First 5 Kings County supported programming related to Kindergarten registration and orientation during the 1st two years of this plan. The Commission originally committed to

support the backpack program throughout the entirety of this plan. Every year First 5 Kings County provided all registering Kindergartners the opportunity to prepare for their transition to kindergarten by providing them with basic tools such as crayons, pencil, sharpener, ruler, and magnetic letters and numbers, all packaged in an attractive and age-appropriate backpack. The backpack also included information for parents to assist in their child's transition by offering practical and home-based activities that can help children develop the core competencies expected of children upon kindergarten entry. Commission staff were unable to submit the order for the backpacks by the deadline of January 2023, as the Commission had yet to make a decision about the impact of the Flavor Ban on the fiscal plan. Fortunately, other community groups stepped up to coordinate donation and distribution of school supplies and continue to coordinate the school supply distribution project.

Commission staff will continue to identify ways to support children's transition to elementary school, regardless of participation in early care and education setting prior to entering Transitional Kindergarten or Kindergarten.

Evaluation Plan

The Children and Families Act of 1998 mandates the collection of data for the purpose of demonstrating results. The results-based accountability model as adopted by the state First 5 Commission requires the collection of data, the analysis of data, and the reporting of findings in order to evaluate the effectiveness of programs. Ultimately the goal of evaluation is to demonstrate best practices in order to build a "road map" for continued development of programs to serve the needs of all children. The Commission is committed to basing its funding decisions on the results achieved by funded programs. Because the Commission believes that program evaluation is an ongoing feedback process, it will provide technical assistance and support to funded providers for purposes of data collection and evaluation.

The purpose of program evaluation is to understand, through tangible results, the relative importance of service program impact toward achieving the goals and objectives as outlined in the Strategic Plan. The process of program evaluation involves analysis of planning and outreach to underrepresented groups, the performance of programs, as well as the successes and challenges at improving the health and school readiness of Kings County's youngest children.

First 5 Kings' approach to monitoring, evaluation and learning will reflect the organization's commitment to using data to advance strategies that change policies and systems for the benefit of children from prenatal to age 5 and their families, as well as for learning how to continuously improve the efforts the organization participates in and supports. Evaluation activities during the life of this strategic plan, will include, but not be limited to:

- Increased project management activities and closer collaboration with the Evaluation Consultant,
- Technical consultation/assistance to enhance data system infrastructure and outcome measurement,
- Data collection and analysis activities, and

- Supplemental data collection and analysis activities.

The above-mentioned concentrated activities will also assist Commission staff in completing a cost effective analysis, with the help of the external Evaluation Consultant. Currently outcomes are measured primarily quantitatively; the hope is that qualitative measurements will also be developed, to truly measure the effectiveness of First 5-funded initiatives/programs. Commission staff and the Evaluation Consultant are reviewing the current Results Matrix, and the Scope of Work of the funded programs, to ensure that the goals and objectives of this Plan are addressed throughout the funded programs, and to identify areas of the Plan that may have service gaps.

Implementation

First 5 Kings staff will continue to develop and refine the initial strategies identified by the Commission. Focus areas, goals, objectives and result indicators identified during this strategic planning process served as the basis for providing the Commission with examples of how to deploy the strategies; ongoing strategy refinement may result in the identification of additional activities that will effectively advance the desired outcomes and areas of focus contained in this Plan. This strategy refinement work will include the following key steps:

1. Identifying key implementation details associated with each activity, including responsible personnel, time frames, and variables that could affect implementation.
2. Refining the estimated cost of implementation for each activity.
3. Developing a comprehensive policy, data development, and communications agenda across the strategies.
4. Identifying timely partnership opportunities that will accelerate the achievement of impact.
5. Updating the financial projections presented as released by First 5 California, First 5 Association and/or California Department of Tax and Fee Administration.

Appendices

Appendix A	Family Resource Center (FRC) Initiative
Appendix B	School Readiness Initiative
Appendix C	Elevating Early Care and Education Initiative
Appendix D	Strategic Planning Timeline
Appendix E	Focus Group Results
Appendix F	Community Survey Results
Appendix G	Kindergarten Transition Survey Results
Appendix H	Kindergarten Parent Survey Results

Appendix A



Family Resource Center Initiative

DESCRIPTION

The First 5 funded Family Resource Centers (FRC's) within Kings County; employ various models constructed to support the delivery of health, education, childcare, and other support services to children and families. FRC's have the additional impact of building communities and systems that support these families.

INTENT

It is the intent of the Commission to provide through either direct service or coordinated efforts a comprehensive system of support to children 0-5 and their families through the Family Resource Center model of service delivery. It is the goal of the Commission that all Kings County early childhood education services coordinated through Family Resource Centers will be delivered in a fully integrated manner, with an emphasis on quality, cultural competency, best practice and collaboration.

EXPECTED OUTCOMES

Strategic Plan Result Area I: Early Childcare and Education

Result/Outcome Indicators

- Increase in the number of children who participate in quality early childhood programs.
- Increase in the number of children who participate in First 5 funded projects.

Strategic Plan Result Area II: Parent Education and Support

Result/Outcome Indicators

- Increase in the number of parents/guardians who receive general parenting education.
- Increase in the number of parents/guardian who participate in educational workshops.
- Increase in the number of parents/guardian who receive supportive services.
- Increase the number of parents/guardian who participate in school readiness events and activities.
- Increase the number of parents/guardian who access school readiness resources.
- Parents report that their children birth to 5 years of age are read to up to five hours per week.

Strategic Plan Result Area III: Healthy Children

Result/Outcome Indicators (e.g.,)

- Increase the number of pregnant women who are referred to services.
- Increase the number of pregnant women and mothers provided information and/or education on the importance of prenatal care.
- Increase the number of pregnant women and mothers provided information and/or education on the importance of breastfeeding.

- Increase in the rate of mothers who report they are breastfeeding for the first six months of a child's life.
- Increase the number of pregnant women and mothers provided information and/or education on fetal alcohol syndrome.
- Increase the number of pregnant women and mothers provided information and/or education on the importance of smoking cessation.
- Increase the number of pregnant women and mothers provided prenatal and/or postnatal home visits.
- Increase the number of children who receive developmental screenings.
- Increase the number of children who receive a social-emotional screening (ASQ-SE).
- Increase the number of children who receive developmental screenings prior to 3rd birthday.
- Increase the number of children who receive nutrition and/or fitness education.
- Increase the number of parents/guardians who receive nutrition and/or fitness education.

Strategic Plan Result Area IV: Systems Integration & Alignment

Result/Outcome Indicators (e.g.,)

- Increase the number of new partnerships within Family Resource Centers.
- Increase the number of parents and community members who participate in process to design FRC services offered.
- Increase in the depth and breadth of services offered within Family Resource Centers.
- Increase community awareness of the value of the FRC model.
- Increase the number of new collaborations among parents/caregivers, organizations and institutions across multiple sectors to work together to achieve results through the FRC model.
- Increase the percentage of new leveraged resources that support FRC operations.

BACKGROUND

Providing funding and support for Family Resource Centers (FRC's) throughout Kings County remains a key strategy of the Kings County Children and Families Commission (Commission). FRC's were established to be a single point of access for multiple services for children 0-5 and their families. They are designed to be community driven and coordinated services should be responsive to the needs of the community they serve. The goals of each FRC are specific to the local community with an overarching goal of increasing children's readiness for school. Integral to their success is their ability to foster relationships with community and local leaders. FRC's are meant to coordinate services and ensure that they are delivered in an integrated and culturally competent manner.

The Family Resource Center Initiative dates back to FY 2001/2002 when initial planning grants were offered by First 5 Kings County to entities representing each Kings County community to include Armona, Avenal, Corcoran, Hanford, Home Garden, Kettleman City, Lemoore, and Stratford. In March 2006, a new Family Resource Center Initiative was adopted, representing a shift from a planning to implementation stage of development. In 2008, the Commission was presented with the results of the 2006-2008 Evaluation that explored the effectiveness of the Family Resource Center strategy. While the results of the evaluation indicated that overall, "the FRC's are offering a number of useful services to families of children birth to five years of age", it also made a number of findings and recommendations in an effort to strengthen the approach. One of the findings of the evaluation was that the demographics being served by FRC's support the assumption that the strategy is targeting low income populations. While the FRC strategy was not originally intended to serve only low-income populations, it was apparent that by its original design it did just that.

FISCAL ALLOCATIONS

The Commission has allocated a total of \$721,012 to support the Family Resource Center Initiative during the 1st year of this plan. \$2,689,375 is tentatively allocated for this initiative for Year 2-5.

Future funding for this initiative will be distributed through the RFA process and once awarded, funding is contingent upon the successful completion of the previous year's Scope of Work. It is the intention of the Commission to continue to provide ongoing funding, if available, so long as this initiative continues to be an identified needed community resource.

It should be noted that the California Children and Families First Act of 1998, (HSC 130100) states that, "There is hereby created a program in the state for the purposes of promoting, supporting, and improving the early development of children from the prenatal stage to five years of age." Therefore, as the Commission's mandate is to serve children ages 0-5, the grantees must identify other funding resources for services in which there is not a direct link to children 0-5.

CERTIFICATION

As Commissioners of the Kings County Children and Families Commission, each certified their support and commitment to the above Initiative for an additional year, as adopted by the Commission on February 11, 2020.

Appendix B



School Readiness Initiative

DESCRIPTION

School Readiness as defined by the National Education Goals Panel includes children’s readiness for school, schools’ readiness for children, and family as well as community supports and services that contribute to children’s readiness for school success. The School Readiness Initiative is designed to develop and sustain a system of collaborative school-based or school-linked services/supports that are based on research and promising practices to improve “school readiness” for children, families, communities and schools.

INTENT

It is the intent of the Commission to work collaboratively with early education service providers in Kings County to improve the ability of families, schools and communities to prepare children to enter school ready to succeed.

EXPECTED OUTCOMES

Strategic Plan Result Area I: Early Childcare and Education

Result/Outcome Indicators

- Increase in the number of children who participate in quality early childhood programs.
- Increase in the number of children who participate in First 5 funded projects.

Strategic Plan Result Area II: Parent Education and Support

Result/Outcome Indicators

- Increase in the number of parents/guardians who receive general parenting education.
- Increase in the number of parents/guardian who participate in educational workshops.
- Increase in the number of parents/guardian who receive supportive services.
- Increase the number of parents/guardian who participate in school readiness events and activities.
- Increase the number of parents/guardian who access school readiness resources.
- Parents report that their children birth to 5 years of age are reading up to five hours per week.

Strategic Plan Result Area III: Healthy Children

Result/Outcome Indicators (e.g.)

- Increase the number of children who receive developmental screenings.
- Increase the number of children who receive health screenings.
- Increase the number of children who receive dental screenings.
- Increase the number of children who receive developmental screenings prior to 3rd birthday.
- Increase the number of identified special needs children who received special needs services.
- Increase the number of children who receive nutrition and/or fitness education.

- Increase the number of parents/guardians who receive nutrition and/or fitness education.

Strategic Plan Result Area IV: Systems Integration & Alignment
Result/Outcome Indicators (e.g.,)

- Increase the number of community members and other stakeholders who attend educational events on early childhood.
- Increase the number of community members and providers who attend Commission-led trainings, workshops or meetings.

BACKGROUND

When children start school without certain skills, they are at a disadvantage that is difficult, if not impossible, to overcome – often resulting in poor school performance throughout their school experience. Children who come from low-income households or live in poverty are at greatest risk for school failure. Kings County is a community with both high ethnic diversity and high levels of poverty.

SCHOOL READINESS PROGRAM APPROACH

United Cerebral Palsy – Parent & Me Programs

The goal of the Parent & Me program is to provide a community-based, inclusive child development program for parents to attend with their children 0-5 for an interactive early childhood learning experience. The emphasis is on birth to three and services focus on prevention and early intervention strategies. Children age 3-5 who do not have other early learning opportunities are also offered support through this program approach. The program is designed to support and strengthen the parent as their child's first teacher. Teachers model developmentally appropriate practices as well as parenting practices and support parents to see their child's unique strengths and needs. The program provides resources and a hands-on growth experience for parent and child which can be repeated at home during the week through take-home materials. Additionally, comprehensive and periodic screening captures delays and concerns early so that early intervention may occur either through the special needs project and/or referral to another resource. All services provided through the Parent & Me program center around service integration, are provided in a culturally competent fashion, and encourage parent peer support. A sense of belonging and parent buy-in are achieved by providing service in a culturally competent environment and activities that encourage peer parent support and long-term relationships.

Special Needs Project

The Special Needs project seeks to provide services to children identified as having or being at risk for developing a special need. This is a gap funding strategy to provide intervention to a population of children that because of stringent qualification standards, would otherwise not qualify for services under typical funding streams. Services provided through this project include conducting child development assessments, developing and providing interventions based on such assessments, and providing support services for children identified as having a special need for their inclusion into the Parent & Me program. Additionally, this project provides capacity building support to ensure providers are delivering services to children with special needs in an appropriate and inclusive fashion. This funding stream also supports the infrastructure of the Armona Parent & Me inclusion site.

FISCAL ALLOCATIONS

The Commission has allocated a total of \$439,800 to support the School Readiness Initiative during the first year of this plan. \$1,640,454 is tentatively allocated for this initiative for Year 2-5.

Future funding for this initiative will be distributed through the RFA process and once awarded, funding is contingent upon the successful completion of the previous year's Scope of Work. It is the intention of the Commission to continue to provide ongoing funding, if available, so long as this initiative continues to be an identified needed community resource.

CERTIFICATION

As Commissioners of the Kings County Children and Families Commission each certified their support and commitment to the above Initiative for an additional year, as adopted by the Commission on February 11, 2020.

Appendix C



Elevating Early Care & Education (E3) Initiative

DESCRIPTION

Improving the quality of child care is a key strategy of the Kings County Children and Families Commission (Commission) targeted at improving child development and school readiness of Kings County's children. The E3 Initiative is charged with facilitating and supporting Quality Rating Improvement System (QRIS) and related quality improvement activities identified for Family Childcare Providers, Kings County Head Start, State and Private Preschool centers.

INTENT

It is the intent of the Commission to work collaboratively with individuals, organizations, and community agencies to see that all Kings County children ages 0 – 5 will have access to high quality preschool, child care, early learning opportunities and be ready for school. The Commission plans to do so by funding a mechanism which will identify the quality enhancement needs of child development settings and provides the necessary supports to increase the quality of care provided.

EXPECTED OUTCOMES:

Strategic Plan Result Area I: Early Childcare and Education

Result/Outcome Indicators

- Increase in resources to support early care and education for Kings County.
- Increase in availability of high quality, affordable childcare programs/slots.
- Increase in advocacy efforts for greater public investment in quality early care and education.
- Increase in skill development and mastery in the Kings County early care and education workforce.
- Increase of Kings County early care and education workforce in the knowledge necessary to help young children and their families prepare for success in school.
- Increase in Kings County early care and education workforce job retention.
- Increase in wage earnings of Kings County early care and education workforce.
- Increase in career development plans for Kings County early care and education workforce, including post-secondary units completed, attainment of certifications, permits and degrees.
- Continued implementation of QRIS for Kings County.
- Increase in awareness of parents and other stakeholders of QRIS (i.e., attend information session, read literature, view website).
- Increase in resource investment informed by QRIS.

BACKGROUND

Approximately 200 licensed family child care providers in Kings County have the capacity to care for and educate over 1600 children. Forty-seven licensed childcare centers have the capacity to serve an

additional 2,178 children. Fourteen licensed-exempt centers serve approximately 242 children. The programs which provide care and education to children prior to kindergarten entry are found in many different settings under various names: child care centers, Head Start programs, family child care homes, and preschools. No matter what the name or the setting, it is crucial that children be safe and that their development and learning be enhanced in these environments. We know that the experiences children have and the skills they develop in these programs can help or hinder their development, not just during childhood, but throughout their lifetime. A child's development is multifaceted, with development occurring in multiple domains simultaneously (physical well-being and motor development, social and emotional development, approaches to learning, language development, cognition and general knowledge). Appropriate child development programs promote a smooth transition from child care to school, preparing children to be ready to learn.

Numerous recent studies suggest that many programs for preschool children in centers and homes fail to provide a level of care that enhances or maximizes a child's early development and learning. There are many contributing factors which hinder the delivery of high quality education in these settings. Many programs rely heavily on parent fees for program revenue (even programs associated with public schools), and many parents are unable to afford the cost of high-quality care.

Given the inadequate funding and financing that characterize the delivery of many early childhood services, the costs associated with making improvements to meet and maintain professional development standards can be a burden. High-quality program costs are significant and include facility improvement, ongoing consumables and staff professional development activities. Therefore, to alleviate this concern in part, the Commission has dedicated funding for the cost of a quality enhancement program through the E3 Initiative.

E3 INITIATIVE APPROACH

The E3 Initiative has identified three systems which are intended to work collaboratively to increase the quality of care provided to preschool aged children in Family Childcare Centers, Head Start, State and Private Preschool settings. Investments have been divided based on the centers being served and the funding stream supporting such efforts, however the approach is meant to be streamlined.

The activities which will be supported through the E3 Initiative include:

- Enrollment and program orientation to new sites
- Provision of technical assistance, trainings and materials supports
- Provision of coaching to FCC providers
- Collaboration with local Resource and Referral program to provide trainings
- Establishment and distribution of a county-wide training calendar for ECE professionals

CARES Project

The CARES Project is funded partially by First 5 Kings County and will offer concurrent services as that provided through the Early Learning Quality Enhancement Project to Family Childcare Homes, non-KCAO State funded Preschool Centers, and Private Preschool Centers.

FISCAL ALLOCATIONS

The Commission has allocated a total of \$90,352 to support the E3 Initiative during the first year of this plan. \$337,013 is tentatively allocated for this initiative for Year 2-5.

Future funding for this initiative will be distributed through the RFA process and once awarded, funding is contingent upon the successful completion of the previous year's Scope of Work. It is the intention of the Commission to continue to provide ongoing funding, if available, so long as this initiative continues to be an identified needed community resource.

CERTIFICATION

As Commissioners of the Kings County Children and Families Commission each certified their support and commitment to the above Initiative for an additional year, as adopted by the Commission on February 11, 2020.

Appendix D

Timeline for Development of 2020-2025 Strategic Plan

- At the April 2019 Commission meeting, the Commission discussed the process to develop a new Strategic Plan. As a result, the commission requested that staff host a convening of funded partners to discuss the impact of static funding.
- A convening of the funded partners occurred on May 13, 2019. The grantees brought up challenges related to the increase in minimum wage, which will affect all grantees and programs.
- At the October 2019 Commission meeting, staff presented a draft Strategic Plan Timeline; however, the Commission requested that a special meeting be held, to conduct an inventory of community services first, in order to inform the Strategic Plan. Staff were tasked with gathering information on community services from various agencies, and to compile the information gathered into a single document.
- At the December 2019 Commission meeting, staff presented an Inventory of Community Services to the Commission, as well as an updated Strategic Plan Timeline. The Commission agreed that staff could continue with the process and begin gathering community input.
- At the February 2020 Commission meeting, the Commission voted to extend the current contracts for one year, to allow for continued services to the community while staff finalized the Strategic Plan.
- Focus groups took place January 21, 2020 to February 18, 2020, throughout the county with parents, caregivers and other interested parties. Community input surveys were conducted between February 14, 2020 to February 28, 2020. A survey for parents of Kindergarten students, and Kindergarten teachers was conducted between March 2, 2020 to March 15, 2020.

Appendix E

COMMUNITY CONVERSATIONS/FOCUS GROUPS:

First 5 staff facilitated community conversations at each of the FRC's currently funded by First 5 Kings County between January-February 2020. The areas explored covered Early Childhood Well-being, Health, Early Childhood Care and Education, and Strong Families. A set group of questions were used for each community conversation; however, additional or clarifying questions were also asked, based on the participants' responses.

At each of the events, the participants emphasized the importance of their local FRC to their children and family, as well as to their community. The participants also shared the value of the relationship that they have built with FRC staff, and how they have learned to trust FRC staff. They relayed how the FRC's are central hubs in their community, where community members are able to learn about various resources available, and are connected with existing services. Many told stories about the importance of the socialization activities for the children, and the parents. A number of participants expressed concern about their local FRC being 'shut down' or losing funding.

Each community was able to identify existing resources, as well as resources needed. Some of the common barriers to resource access identified were community members' lack of knowledge of resources, lack of outreach/education to the community of available resources, lack of transportation, and costs of services. Each community also listed unique barriers in their community:

- Corcoran - a lack of an obstetrician was noted. Pregnant mothers have to seek prenatal care in Hanford or Visalia. This is a huge issue especially for those that lack transportation.
- Hanford & Lemoore – participants identified a lack of services overall due to limited slots available for early childhood education programs, or the high costs of programs.
- Kettleman City – participants identified a lack of programming available that is convenient for working families. They identified a need for more health-related activities (i.e., exercise classes, gym). Kettleman City does not have a grocery store either, so community members have to travel to purchase groceries or pay higher prices at neighborhood stores.
- Avenal – Participants identified a need for advocacy on their behalf to communicate with the local clinics, to improve services. Community members are unable to engage in walking as a form of exercise after work, due to the number of loose dogs in the community after hours.

	Existing Resources	Resources Needed	Barriers to Access to Resources	Potential Resources
Early Childhood Well-being	Safety/ Car seat classes	Transportation	Not as many classes (Exercise/Dance)	Family
	Parent-child bonding classes	Attention	Parent and Me	Friends
	Child age activities	Education	New residents unaware of programs	Teachers
Health	Food bank/ farmers market	Pediatrician in Corcoran	Emergency room (30 minutes)	Nothing noted
	Community booths	Need an OBGYN in Corcoran	No doctors at the clinics	
	Community festivals (cotton fest, Spring fest)		Childcare for self care/ health appointments	
Early Childhood Care & Education	KCAO		Lots of planning ahead of time	Sister
	Home Licensed Childcare		Late to appointments	Close Friend
	After School Programs		Ask for a ride	Mom
Strong Families	Nothing noted	Nothing noted	Health	Independence
			College- commute	Gym- affordable
			Teens- no transportation	High school- Provides after school

	Existing Resources	Resources Needed	Barriers to Access to Resources	Potential Resources
Early Childhood Well-being	Parent and me	Healthy	On a waitlist at parent and me	None noted
	Library	Stability	Not aware of any other services on the community	
	Preschools	Dedicate time to our children	KCAO has a waitlist with childcare	
Health	FRC's	More veteran services	Childcare for self care/ health appointments	Bilingual classes for children
	Socialization for children (FRC)	More female providers	Trying to get counseling	More art classes
	Schools who provide bilingual classes for children	After school programs- extending to all children and not just to select grades	Obtaining health insurance	More ESL classes for children
Early Childhood Care & Education	Counseling	Friends	Have nobody	Speak to the children in other languages
	Kings River- grade status check	Field trips	Having counselor's at the schools- discuss child's future, career.	Family member
	Hug bug program- how to express emotions	Reading program	Focus more on cultures	Certified referral
Strong Families	Nothing noted	Nothing noted	Learn to communicate with the children	More daycare/childcare
			Emotional support for parents	Teach children CPR
			Have more seminars for parents	Safety programs for children

Lemoore FRC:

	Existing Resources	Resources Needed	Barriers to Access to Resources	Potential Resources
Early Childhood Well-being	FRC's	Safe Environment	Parenting levels are different for each child.	How to be playful and not to always be serious as a parent.
	UCP	Social and Emotional needs met	Age of the internet. Not knowing what to trust.	Other adults to help out.
	La Leche League	Routines and boundaries	Hard to find affordable programs with children their age	Coming to the FRC helps parents to help the children.
Health	WIC	Nothing noted	Asthma- wildfires, air quality	Nothing noted
	Medi-cal		Wait times to be seen by a doctor	
	Food banks		Environment- community wellness	
Early Childhood Care & Education	Rec center	Childcare centers at the base for doctor appointments	Liability	Babysitter
	Storybook- Hanford	The First 5 years of the child's life is important for the children.	Availability	Siblings
	The FRC helps prepare the children for school	Children are prepared and ready for school (knowing ABC's, numbers, Name, etc.)	Certified Childcare	Family
Strong Families	KCAO- lending library	More Parks	Nothing noted	Girl scouts
	Bright by text	Mommy and me classes		Safety programs for children
		More of a community Involvement		

Kettleman City FRC:

	Existing Resources	Resources Needed	Barriers to Access to Resources	Potential Resources
Early Childhood Well-being	KCAO	Healthy food	Fast food vs Healthy food	Nothing noted
	Home visiting program	Play more	Hard about giving the children nutritious food	
	Food program	Good family	Picky eaters	
Health	Church	Nothing noted	Having to wait for a referral	Farmer's market
	Clinic to see a therapist		Lack of access to exercise/workout	Play outside with the children
	Family		More stores	Timing their screen time
Early Childhood Care & Education	Nothing noted	Asking around	Work	Bring in a professional teacher
		Finding licensed childcare providers	Doctor's appointments	Challenging a provider who would raise their voice with the children. It's important to know who you leave your child with.
		FRC	Clean environment	Providers from KCAO get professional development that helps with materials.
Strong Families	Food	Parenting classes	Hours- classes are too early and parents have to work.	Recognition of attendance
	More resources	More of a community involvement		Free food/ refreshments
	Activities for all ages	Providing activities for parents to learn and take home.		Safety programs

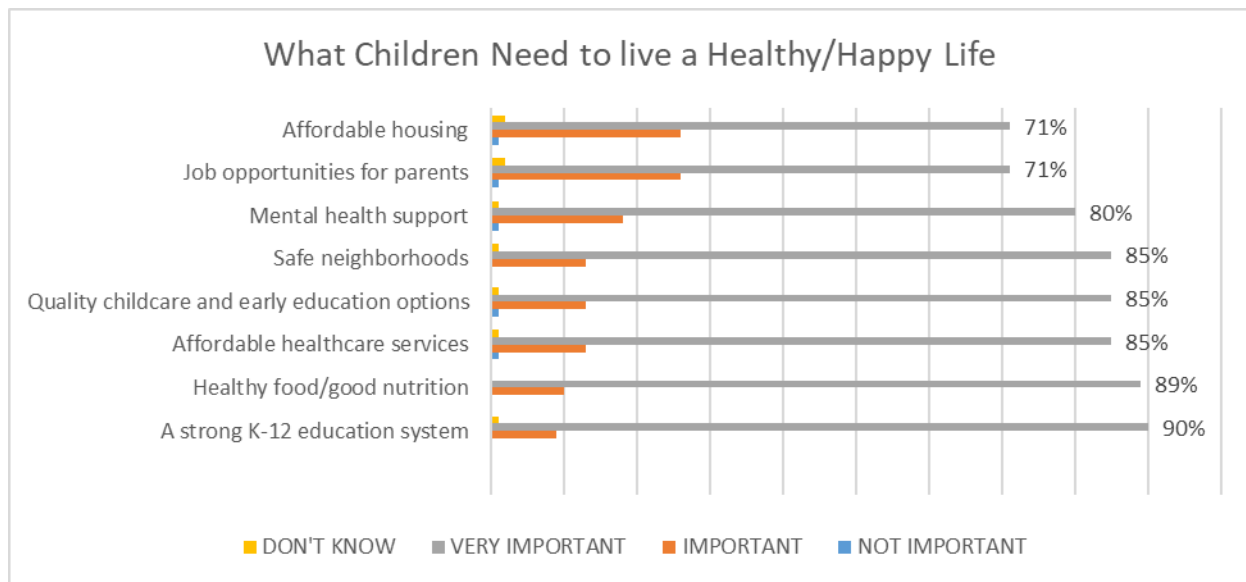
Avenal FRC:

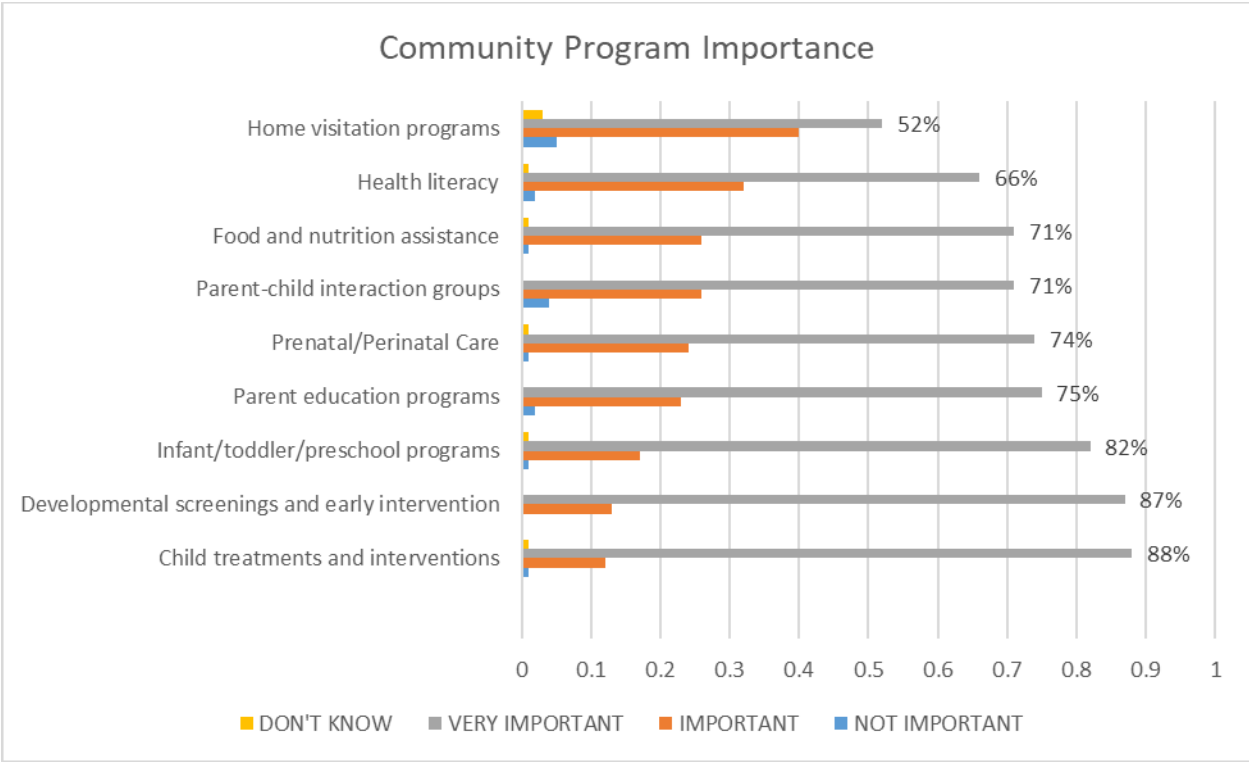
	Existing Resources	Resources Needed	Barriers to Access to Resources	Potential Resources
Early Childhood Well-being	Different programs- but focus on different themes such as immigration program.	Dedicate your time to the children when they need it physically, emotionally and socially	Taking the bus you lose lots of time in your day.	A parent learned about the FRC and Mrs. Dulce through her sister.
	Afterschool program (k-8)	Healthy food	There's 2-3 buses but all come at certain hours	A parent's sister in law introduced the parent to the FRC and Mrs. Dulce.
	Parent and Me	To be ready for school	No childcare for parents who work late	Mrs. Dulce introduced a parent to the FRC and the different programs.
Health	Zumba- you have to pay	Nothing noted	Adult school	Reading books to the children at the FRC and at home.
	Sports- for children		Walk-in clinics won't see you even when the lobby is empty.	
	Sports for children- but hard for parents to register more than 1 child because it's expensive.		If it's an emergency, the clinic will tell you to go to the emergency room.	
Early Childhood Care & Education	Parents		Waitlist	Transportation to school
	Providers		Only two preschools	House has all requirements to watch children.
	Friends		Child could only miss so many days before being dropped.	Teach responsibilities- how to be clean
Strong Families				Educate parents- better vocabulary
				Parents to be responsible and have quality time with the children so there aren't a lot of children walking the streets.
				More Programs to be offered for parents.

Appendix F

COMMUNITY SURVEY RESULTS

First 5 Kings County conducted a survey to obtain community input on the importance of a variety of community services. The survey was offered online or hard copy, in English and Spanish. Three hundred sixty-three surveys were completed between February 15, 2020 and February 28, 2020. Almost $\frac{3}{4}$ of the respondents resided in Hanford and Lemoore (50% and 21% respectively). Over half of the respondents were Hispanic or Latino (61%). The majority of respondents were female (87%). The tables below summarize the respondents' thoughts on what children need, which community programs are important to have, and barriers to accessing services/programs in the community.





BARRIERS TO ACCESS TO PROGRAMS/SERVICES	% OF RESPONSES
Financial (not having enough money and/or high costs)	74%
Lack of information	63%
Limited transportation	50%
Language or other communication barriers	47%
Concerns about privacy or safety	20%
Lack of services offered in the community	55%
Don't know	3%
Other	7%

Appendix G

KINDERGARTEN TEACHER SURVEY RESULTS:

Thirty-one Kindergarten teachers throughout Kings County responded to our survey. At the time of the survey, the teachers reported that their average class size was 22 students, with class size ranging from 17-28 students. Six hundred seventy-five students were represented in the survey results, with 5% (42 students) having an Individualized Education Plan (IEP), 2% (15 students) having a Section 504 Accommodation, and 27% (180 students) being English Language Learners (ELL). Students whose primary language is Spanish represented 94% of the ELL population.

A variety of questions were asked in the survey, including inquiries about:

- Student transition to Kindergarten experience
- Skills indicating Kindergarten readiness
 - Activities/practices to facilitate children's transition into Kindergarten
- Barriers to successful transition into Kindergarten
 - Kindergarten teacher's relationship with preschool or early childhood professionals

Some highlights of the survey can be found below:

STUDENTS' TRANSITION TO KINDERGARTEN EXPERIENCE

Survey responses regarding students' experiences transitioning into Kindergarten and their overall adjustment, indicates that 55% of students successfully entered Kindergarten, having virtually none to some problems (Graph G-1). Identification of practices and activities to increase students' successful entry shall be a priority during the upcoming fiscal year. Further inquiry into commonalities or best practices that contributed to their success level should also be studied.

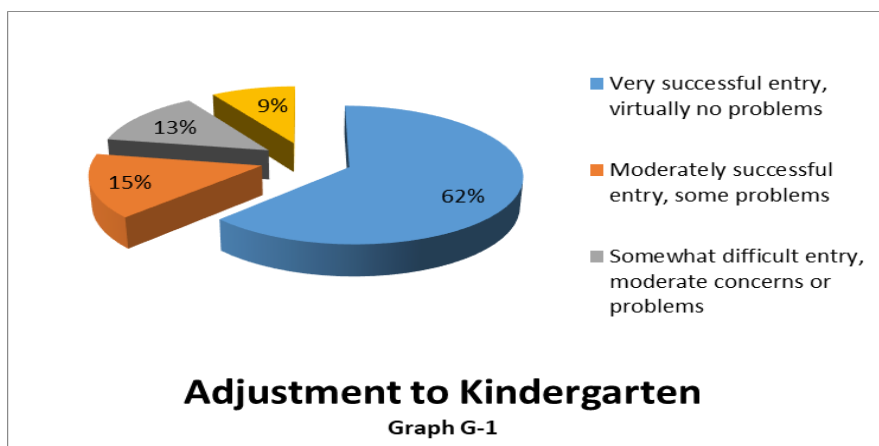


Table G-2 below represents further review of successful transition to kindergarten by special populations. It shows that the majority of children from diverse cultural and ethnic backgrounds (51%) and low-income families (58%) transitioned successfully to kindergarten. The highest percentage of children who did not attend any preschool fell into the 'Some' successfully

transitioned category (42%). English Language Learners was a mixed representation, primarily students identified as ‘Most or all’ having a successful transition (39%) and students identified as ‘A Few’ having a successful transition (36%). Students who entered late in the school year, who had disabilities and other special needs primarily showed only ‘A Few’ of these students transitioning successfully, 35% and 29% respectively.

Special Populations	Most or all	Some	A Few	None	Group not present	Don't know
Children from low-income families	58%	29%	13%	0%	0%	0%
Children who are English learners	39%	19%	36%	3%	3%	0%
Children who did not attend any preschool program	26%	42%	29%	0%	0%	3%
Children with disabilities and other special needs	16%	16%	29%	10%	16%	13%
Children who entered late in the school year	19%	23%	35%	10%	10%	3%
Children from diverse cultural and ethnic backgrounds	51%	29%	10%	10%	0%	0%

Table G-2 Targeted Activities by Special Population

Closer study of the reasons why students who had higher percentages in the ‘Most or all’ category would be highly recommended, to identify best practices, and the ability to replicate said practices, to increase the number of children falling into the ‘Most or all’ category.

IMPORTANCE OF ACADEMIC AND EMOTIONAL SKILLS

Survey respondents categorized the importance of 13 academic and emotional skills for incoming Kindergarteners as follows:

ACADEMIC AND EMOTIONAL SKILL IMPORTANCE				
Not Important	Not Very Important	Somewhat Important	Very Important	Essential
		Can count to 20 or more	Finishes tasks	Takes turns and shares
		Has good problem-solving skills	Takes turns and shares	Participates without disrupting activities
		Knows most of the letters of the alphabet	Is able to use pencils and paintbrushes	Can follow directions
		Identifies primary colors and shapes	Is sensitive to other children's feelings	Communicates needs, wants, and thoughts verbally in child's primary

				language
			Sits still and pays attention	
			Communicates needs, wants, and thoughts verbally in English	

Table G-3

Although basic academic skills are important, the respondents consider emotional skills far more important. First 5 programming related to school readiness should consider increasing activities related to acquiring emotional skills, as well as targeted community education on the importance of soft skills and emotional regulation. It should also be noted that the respondents placed greater emphasis on a child’s ability to communicate verbally in their primary language (49% of the respondents) compared to their ability to do the same in English (26% of the respondents).

Early learning education comes in a number of forms, including childcare, preschools and informal education by parents/caregivers. Regardless of the early educational setting that children experience, each child should receive exposure to a variety of educational experiences to ensure their future success in school. University of Missouri’s College of Education published a study in October 2019, indicating that a school readiness test can predict kindergartener’s success in school after 18 months. The study emphasizes the importance of early assessment of student academic and emotional readiness to provide support as early as possible.

PRACTICES TO FACILITATE KINDERGARTEN TRANSITION

Survey respondents were asked a series of questions related to practices used to facilitate children’s transition into kindergarten. The practices could have been completed by the responding teacher or anyone at their school site, prior to or shortly after kindergarten started this school year (2019-2020). Responses indicated that the majority of the teachers and/or school sites had opportunities for parents and children to visit the classroom and school before school started, sent information to the parents related to contacting school personnel, or communicated one-on-one with the parents. It should be noted that only a small percentage of activities concentrated on assessing children’s skills prior to entering kindergarten, communication with childcare or preschool teachers, or inquiring about the student’s home environment.

Table G-4 below shows the percentage of the activities that occurred for the current kindergarten class.

FACILITATION OF KINDERGARTEN ENTRY	
Invited parents and children to visit the classroom and school before the school year began (e.g., open house)	94%
Sent home information on how to get in touch with the teacher or school staff to discuss any concerns or questions about children	87%
Had one-on-one conversations with parents (either by telephone or face to face)	74%
Reviewed information about children's home experiences from a parent survey or checklist (e.g., bedtime, being read to by parent, use of library)	32%
Communicated with child care or preschool teachers about children	23%
Screened children for developmental delays by using a formal instrument	23%
Reviewed written records of children's past experiences or status	19%
Facilitated parent-to-parent contact	16%
Other	6%
Interviewed parents to screen children for developmental or learning delays	6%
No practices or strategies were used.	0%
Visited children's homes	0%

Table G-4

The survey also asked the kindergarten teachers to recall if they or anyone at their school did any special activities or practices to facilitate entry into kindergarten, for specific populations. Based on their answers, over half of the teachers and/or school personnel currently have targeted activities or practices with low-income families and English Learners. Approximately one-third of the school sites had targeted activities to facilitate entry for the other special populations. A third of the school sites also did not have any activities for the special populations mentioned in Table G-5 below.

FACILITATION OF KINDERGARTEN ENTRY BY SPECIAL POPULATION	
Children from low-income families	52%
Children who are English learners	58%
Children from diverse cultural and ethnic backgrounds	35%
Children who did not attend any preschool program	35%
No activities for special populations occurred	35%
Children with disabilities and other special needs	29%
Children who entered late in the school year	23%
Other	6%

Table G-5

BARRIERS TO SUCCESSFUL TRANSITION TO KINDERGARTEN

First 5 Kings County also wanted to identify potential barriers to a successful kindergarten transition. Respondents were given a list of barriers, and were asked to mark all that applied to their school site. The main reason that stood out as a barrier to successful transition was parents not bringing children in for registration or open house (48%). Almost one-third of the respondents indicated that no barriers were present. Additional barriers were identified; however, they were at fairly low percentages. Table G-6 below provides a full listing of the survey results:

BARRIERS TO SUCCESSFUL TRANSITION	
Parents did not bring children in for registration or open house.	48%
No barriers to successful transition were present.	32%
Parents cannot read letters, etc. sent home.	19%
I could not reach most of the parents who needed help transitioning.	16%
Parents were not interested.	16%
Class lists were generated too late.	13%
Work was required in summer but was not supported by salary	13%
Information from childcare or preschool teachers was incomplete.	10%
The school/district does not provide teachers with a transition plan or suggested activities/practices.	6%
The school or district does not support transition activities.	6%
Contacts with parents before the start of school were discouraged.	3%
Funds were not available.	3%
Transition activities take too much time.	3%
Creating negative expectations with parents was a concern.	0%
Materials were not available.	0%
Childcare or preschool teachers were not interested.	0%
It was dangerous to visit students' homes.	0%
Other	0%

Table G-6

Strategies to overcome the above-mentioned barriers should be explored, including but not limited to increased outreach to parents about the importance of early registration and orientation attendance. Examining relationships between Kindergarten teachers and early childhood or preschool professionals, and involvement in First 5 School Readiness Initiative activities as potential solutions to remove these barriers should also be taken into consideration. Table G-7 and G-8 below provide further information on the aforementioned topics:

RELATIONSHIPS WITH EARLY CHILDHOOD OR PRESCHOOL PROFESSIONALS IN THE PAST 12 MONTHS	% of Respondents
Invited preschool teachers(s) to bring this year's children to your classroom	48%
I do not have a relationship with early childhood or preschool professionals	45%
Attended regular meetings of elementary school, early childhood, and preschool staff in the community	13%
Participated in joint workshops with school staff on issues of interest with early childhood or preschool staff in the community	6%
Made contacts to develop a coordinated curriculum with preschool programs	6%
Other (please specify)	10%

TABLE G-7

Respondents were able to mark all scenarios listed in Table G-7. Almost half of the respondents invited preschool teacher(s) and their class to a Meet and Greet; however, almost half of the respondents also indicated that they did not have a relationship with early childhood or preschool professionals. First 5 could continue to assist in engaging early childhood educators and kindergarten teachers to ensure readiness of children for transition to kindergarten.

INVOLVEMENT IN FIRST 5 SCHOOL READINESS INITIATIVE ACTIVITIES	% of Respondents
Working on school readiness issues with your First 5 County Commission or Linkages 2 Learning Coordinator	84%
Working with programs or organizations in your community to promote school readiness (e.g., preschools, social service agencies)	32%
Establishing school readiness programs and/or activities that take place in your school	61%
I am not involved in any school readiness activities	0%
Other (please specify)	3%

TABLE G-8

Survey respondents indicated that aside from participating in First 5 School Readiness Initiative activities, they also work with other programs and organizations in the community, as well as have programs and activities taking place at their school site (Table G-8). First 5 Kings County should explore increased coordination of community-wide school readiness programs and activities, to avoid duplication of programs, and to maximize funding to ensure the future educational success of young children.

Appendix H

KINDER PARENT SURVEY RESULTS:

One hundred forty-six parents of current kindergarten students completed a reflection survey. The table below represents the parents' answers regarding transition activities that parents may have/may not have participated in prior to their child entering kindergarten. The last 3 questions only applied to children who attended preschool.

Transition Activity	Participated?		Very Useful	Somewhat Useful	Not Useful
	YES	NO			
1. My child and I visited their Kindergarten classroom prior to the start of school.	85%	15%	91%	5%	0%
2. My child and I attended a spring (April-June) Kindergarten Orientation.	57%	43%	94%	5%	1%
3. My child and I attended a fall (July-August) Kindergarten Orientation.	60%	40%	91%	6%	1%
4. At Kindergarten Registration, I was provided with information about preparing my child for Kindergarten.	84%	16%	88%	7%	1%
5. At Kindergarten Registration, my child was provided with a free school readiness backpack.	74%	26%	87%	8%	2%
6. My child received a kindergarten assessment prior to the beginning of school.	65%	35%	93%	3%	0%
7. My child and I met their Kindergarten Teacher prior to the first day of Kindergarten.	81%	19%	93%	2%	1%
8. My child and I received a tour of the school prior to the first day of Kindergarten.	54%	46%	94%	8%	1%
9. My child received a postcard from his/her school prior to the first day of school.	50%	45%	88%	7%	4%
Only complete the following (10-12) questions, if your child attended preschool.					
10. My child attended a preschool, and they visited a Kindergarten Classroom.	50%	50%	81%	6%	6%
11. My child attended preschool, and a Kindergarten Teacher visited their preschool classroom.	30%	70%	73%	10%	10%
12. My child attended preschool, and I was provided with information about preparing my child for Kindergarten.	80%	20%	70%	6%	1%

TABLE 6-9

The parents' responses indicate that the majority of families had an opportunity to visit the kindergarten classroom and meet the teacher, attended an orientation and were provided information related to preparing their child for kindergarten, as well as a free school readiness backpack. For those children who attended preschool, 80% indicated that they were provided kindergarten preparation information, half visited a kindergarten classroom, and one-third of the children were visited by a kindergarten teacher at preschool.



Date of Meeting: June 4, 2024

Information only:

**ASD-035 Annual County
Certification of Compliance**

FY 2024-2025 Funding



330 Campus Drive • Hanford • CA • 93230 • (559) 585-0814

Date of Meeting:
Agenda Item Type:

June 4, 2024
Informational Item

AGENDA ITEM: Annual County Certification of Compliance

A. Background/History:

Proposition 10 statutes state that on or before July 1 of each fiscal year, county commissions must demonstrate compliance with Health and Safe Code (H&S) § 130140(d) to remain eligible to receive tax revenue.

For county commissions to remain eligible for tax disbursements beginning with July 2024 tax revenue, AD-035 Certification of Compliance along with supporting documentation must be completed to satisfy the requirements outlined in H&S § 130140(d) and be submitted to First 5 California on or before July 1, 2024.

The requirements and corresponding Commission Meeting minutes when the requirements were completed are identified in the ASD-035 form and will be submitted along with the completed form.

B. Summary of Request, Description of Project and/or Primary Goals of Agenda Item:

Staff are advising the Commission of the Certification of Compliance for continued Proposition 10 funding and the requirements to remain eligible to receive said tax revenue. At this time, the Commission has conducted the tasks required to demonstrate compliance, and Commission staff will submit the form, as well as the Commission Meeting Minutes as supporting documentation.

C. Timeframe:

The Certification of Compliance and supporting documentation are due to First 5 California by July 1, 2024.

D. Costs:

There are no costs associated with this item.

E. Staff Recommendation:

Staff recommends the commission review and discuss the information provided.

F. Attachments:

- ASD-035 County Certification of Compliance – FY 2024-2025 Funding

County Certification of Compliance

Fiscal Year 2024–2025 Funding

I attest that I am duly authorized to certify to First 5 California that the county cited on page 2 has satisfied all requirements of Health and Safety Code Section 130140 to remain eligible to receive tax revenue as of July 1, 2024. [The Certification of Compliance is due by July 1, 2024.](#)

Each of the following checked boxes confirms the stated requirement has been satisfied. Additionally, the required county commission action information is included/attached for reference.

The county commission has reviewed its current county strategic plan, or adopted either a new or revised county strategic plan. [Please check only one of the two boxes below.](#)

The county commission has reviewed its county strategic plan, pursuant to the requirements of Health and Safety Code Section 130140 (a)(1)(C)(iii).

The county commission has adopted either a new or revised county strategic plan, conducted the required public hearing, and submitted the adopted plan and any revisions to the state commission, pursuant to Health and Safety Code Section 130140 (a)(1)(D), (E) and (F).

Reference Commission Minutes dated:

Agenda Item Number:

The county commission has conducted the required public hearing on its [FY 2022–23](#) annual audit, pursuant to Health and Safety Code Section 130140(d)(2).

Reference Commission Minutes dated:

Agenda Item Number:

The county commission has conducted the required public hearing on its [FY 2022–23](#) annual report (e.g., data submitted through First 5 California’s Annual Report Web-based Reporting System), pursuant to Health and Safety Code Section 130140(d)(2).

Reference Commission Minutes dated:

Agenda Item Number:

The county commission has conducted the required public hearing on the State Commission's [FY 2022–23](#) annual report, pursuant to Health and Safety Code Section 130140(d)(3).

Reference Commission Minutes dated:

Agenda Item Number:

Date:

Executive Director (Signature)

Executive Director:

County Commission Name:

[Please return the Certification of Compliance and supporting documents to](#)

statutorydocuments@first5.ca.gov. If you have questions, please contact Monica Roy at

mroy@ccfc.ca.gov or call and leave a message at 916-263-1050.

Thank you!





330 Campus Drive • Hanford • CA • 93230 • (559) 585-0814

Date of Meeting: June 4, 2024

Information only:

Regional Central Valley
Help Me Grow
Update



330 Campus Drive • Hanford • CA • 93230 • (559) 585-0814

Date of Meeting:
Agenda Item Type:

June 4, 2024
Informational Item

AGENDA ITEM: Regional Central Valley Help Me Grow Update

A. Background/History:

The Central Valley First 5's along with Children's Hospital of Central California (CHCC) have collaborated on a project to evaluate the benefits of and developing a plan for the create of a region affiliate of the Help Me Grow (HMG) Initiative in the Central Valley. With the aid of an independent consultant, a Development Plan was created to outline the potential collaboration.

First 5 Madera, First 5 Merced, First 5 Kings and First 5 Fresno continue to explore the feasibility of a regional HMG. First 5 Kern and First 5 Tulare were a part of the initial plan development, but have indicated that they would not be able to join the collaborative at this time.

CHCC has agreed to be the Organizing Entity for the project, with the Leadership Team consisting of the Executive Directors of the participating First 5's. A draft budget for the project has been developed, with each First 5 contributing based on Birth Rates. Continued exploration of additional partners in this endeavor, including the Medi-cal Managed Care Plans will continue, to ensure that the project can be sustained.

B. Summary of Request, Description of Project and/or Primary Goals of Agenda Item:

Staff are presenting the HMG Development Plan and current updates on this project. A regional HMG will promote a comprehensive, coordinated system for early identification of developmental delays and referral to service by partnering with health care, early care and education and family support systems.

C. Timeframe:

The proposed project will encompass a three year period.

D. Costs:

The proposed share of First 5 Kings is approximately \$20,000 per year.

E. Staff Recommendation:

Staff recommends the commission review and discuss the information provided.

F. Attachments:

- Regional Help Me Grow Development Plan
- Central Valley HMG Draft Budget
- Help Me Grow Central Valley Program Coordinator Job Description

**Help Me Grow Central Valley
Development Plan**

November 2023

I. Introduction

Help Me Grow (HMG) promotes the development, learning and social-emotional health of children. It is a comprehensive, evidence-based, coordinated system for early identification of delays in child development and a referral source to ensure that children have access to developmental and behavioral services and resources. Currently, the Central Valley has three HMG agencies: HMG Fresno, HMG Kern and HMG Merced. The goal of this study is to evaluate the benefits of and develop a plan for the creation of a regional of a Help Me Grow Initiative in the Central Valley that promotes collaboration, capacity building, enhanced screening levels, and improved systems of care for all children.

This study has involved three primary activities. First, we conducted an environmental scan of stakeholders involved in providing support to children (and their families) who are at risk of developmental delays. This scan included a review of the impact of the existing HMG programs, the use and availability of developmental screenings in the region, and the availability of early intervention services. Second, we conducted a peer review of other HMG agencies to identify potential benefits of regionalization, with a particular focus on HMG Inland Empire, California's first regional HMG. Third, we worked with an advisory committee that included representatives of participating First 5 agencies throughout the Central Valley and the three existing HMG agencies to evaluate the potential benefits of regionalization. This advisory committee was responsible for reviewing the feedback from the environmental scan and the peer review, detailing the benefits of a centralized HMG, and evaluating potential organizational and operational scenarios of a regional agency.

Set forth below is a summary of our findings and a recommended scenario for the creation of a regional HMG initiative in the Central Valley.

II. The Help Me Grow Model

HMG provides supports to families with young children at-risk for or experiencing developmental delays and disabilities. HMG connects children at risk to a comprehensive, coordinated system for early identification and referral to services by partnering with health care, early care and education and family support system. HMG service delivery model includes a series of programs and initiatives in four core areas:



Centralized Access Point

A Centralized Access Point assists families and professionals in connecting children to community resources that address developmental delays. This access point serves as the “go to” place for families, caregivers, early care educators and community-based organizations to assist in identifying developmental delays in children and referring them to appropriate intervention and supports.

Child Health Provider Outreach

Child Health Provider Outreach supports early detection and interventions efforts by encouraging healthcare providers to conduct periodic developmental screenings and providing them a centralized access point that can offer families with care coordination and assist in providing referrals.

Family & Community Outreach

Family and Community Outreach builds parent and community understanding of health child development, of how to assess a child’s developmental progress, and the availability of supportive services available to families.

Data Collection & Analysis

Data Collection & Analysis ensures the system is working effectively by conducting evaluations of the existing resource grid, identifying gaps in services and participating in advocacy efforts to improve early identification and intervention of at-risk children.

III. Why a Regional Help Me Grow in the Central Valley

According to HMG California, approximately 25% of children 0-5 are at risk for developmental delays and approximately seventy percent (70%) of those with delays go undetected until they reach Kindergarten. Undetected and untreated behavioral and developmental problems in children can have profound impacts. If these issues go without intervention, children have a greater risk of underperforming in educational outcomes as well as experiencing greater risk of social emotional issues.

Developmental delays, however, can be difficult to identify and may not be detected by a single screening. The American Academy of Pediatrics (AAP) maintains that early detection and intervention is a critical component of well-child visits and recommends that all children be screened during well child visits using a validated screening tool at the ages of 9, 18 and 24/30-months.

As part of this study, we reviewed current data from the California Department of Health Care Services (DHCS) related to developmental screenings. According to a 2022 report from DHCS, the percentage of children served by managed care plans that were formally screened in the prior 12 months for developmental, behavioral, and social delays ranged between 1% and 30% throughout the Central Valley. This data suggests that a significant majority of children within the region are not being screened with a periodicity consistent with the AAP guidelines and, therefore, it is even more critical to promote a coordinated system of developmental screenings and early intervention within the Central Valley.

As part of this study, we conducted interviews with stakeholders and providers in the region. Several consistent challenges and opportunities emerged related to addressing the developmental needs of children in the Central Valley:

- **Access to HMG Services** – Children 0 to 5 and their families in the Central Valley have limited access to HMG services (only available in Fresno, Kern and Merced counties). A regional HMG would provide HMG services across the Central Valley for all children at risk for developmental delays.

- **Use of Formal Screenings** – As referenced above, children in the Central Valley (as well as throughout California) do not appear to receive formal developmental screenings at regular intervals from their medical providers. With an enhanced focus on child health provider outreach, a regional HMG could focus on increasing the number and periodicity of developmental screenings.
- **Participation by the Child Health Community** – While each county works independently with their child health community to increase access to services, there are a limited number of coordinated efforts, especially as it relates to developmental screenings of children. A centralized HMG would focus its influence and the scale of its operations to increase participation and coordination by regional agencies that serve multiple counties within the Central Valley (e.g., health plans, regional centers, children’s hospital, etc.).
- **Centralized Database of Community Resources** – Counties often struggle to develop wide-ranging databases that identify existing resources within their communities, especially when those referrals would require seeking services in an adjoining county. These databases are critical to offer meaningful referrals to children and their families. A regional organization would have the opportunity to develop or consolidate existing databases to create a more comprehensive resource directory.
- **Shared Learning and Resources** – Given the regional nature of many agencies that serve children in the Central Valley (e.g., Valley Children’s Healthcare, Central Valley Regional Center, health plans, etc.), a centralized HMG in the valley would have a unique opportunity to benefit from economies of scale in providing services. From the creation of shared outreach and marketing materials to a “no wrong door” centralized access point, a regional HMG would have the opportunity to increase overall productivity and promote greater efficiencies.
- **Ensuring Local Outreach and Care Coordination** – The existing HMG agencies within the Central Valley (Fresno, Kern and Merced) have had success in their local outreach efforts and providing tailored care coordination for at-risk families. To that end, while a regional HMG may offer opportunities to create more effective valley-wide services, some outreach and care coordination could remain local to ensure they address the unique needs of the communities.

Based on the foregoing challenges and opportunities, the advisory committee identified five key outcomes associated with a proposed regional HMG agency:

Key Outcomes for a Regional HMG

Expanded Access to HMG Services—expanded access to HMG services to all children within the Central Valley.

Increase in Developmental Screenings -- increased use of formal developmental screenings of children 0 to 5 through an enhanced focus on Child Health Provider outreach and working with local health plans.

Higher Profile of HMG and its Services – heightened awareness of HMG and its services through consistent and more expansive marketing and outreach efforts.

Local Community Outreach and Care Coordination – preservation of local community outreach and care coordination to ensure a tailored approach to addressing community needs for those counties currently providing those services.

Improved Productivity and Efficiencies – improved economies of scale through shared costs for leadership operations, marketing, and administration.

IV. Proposed Infrastructure for HMG Central Valley

Based on the outcomes and priorities outlined above, the advisory committee evaluated several organizational and operational scenarios for a regional HMG within the Central Valley. The following represents a summary of the preferred scenario as it relates to establishing a leadership infrastructure.

HMG organizations generally include the following collaborative infrastructure: an Organizing Entity, a Leadership Team, and a Program Manager. In the paragraphs below, we provide an overview of a proposed governance structure for HMG Central Valley.

A. Organizing Entity

The Organizing Entity facilitates the planning and implementation of the Help Me Grow Model. The primary roles include selecting a Program Manager, recruiting a Leadership Team, and providing high-level oversight of HMG Central Valley's administrative and fiscal conditions.

In California, HMG agencies have generally been organized by an individual county's First 5 organization. This structure works in part because First 5s are countywide and have relationships with strategic partners that serve the target population. Ideally, an Organizing Entity for HMG Central Valley would be an agency that serves a significant portion of the Central Valley and has extensive relationships with potential strategic partners.

The first role for the Organizing Entity is to designate a Program Manager and recruit a Leadership Team. These two parties would serve as the leadership and management for the HMG model within the Central Valley. Once these tasks have been accomplished, the role of the Organizing Entity will shift to providing high-level oversight to ensure the model is being developed and operated in a fiscally responsible manner and ensuring the model is consistent with the overall purpose of HMG.

B. Program Manager

The role of the Program Manager to develop and operate the HMG model. This includes the design and implementation of strategies within each of the four core areas identified in the model: Centralized Access Point, Child Health Provider Outreach, Family & Community Outreach and Data Collection & Analysis. These functions can be provided directly by the Program Manager or individual functions or strategies can be contracted out to outside agencies.

As will be discussed more fully below in Section V, this study recommends that the Program Manager be responsible for all aspects of the implementation of the core functions but would delegate responsibility to local First 5s certain tasks associated with community outreach and care coordination. The purpose of this delegation of responsibilities is to allow select First 5s the ability to tailor these functions to the needs of their local community.

C. Leadership Team

The mission of the Leadership Team within the HMG Model is to facilitate the building of the HMG system and ensuring its sustainability. As part of their role,

they are tasked with developing the strategic vision and mission. This can include providing strategic direction to the Program Manager, assisting in developing strategic partnerships within the different communities and tracking operational progress.

For HMG Central Valley, the Leadership Team would be selected by the Organizing Entity. It is anticipated that the Leadership Team would include some or all the participating First 5s. Additional members could include key strategic partners ranging from health plans, community-based organizations, and clinical providers. Once established, a formal governance structure should be developed to establish membership criteria, regular meeting schedule, voting rights, and working committees to ensure adequate programmatic oversight.

V. Implementation of HMG Central Valley Core Functions

The primary responsibility for the implementation of HMG's core functions resides with the Program Manager. The Program Manager designs and implements the core components using the strategic directions provided by the Leadership Team and the Organizing Entity. The Program Manager may directly perform each of the core functions or may delegate one or more of those functions to other agencies.

Using the priorities established by the advisory committee, set forth below are the proposed roles and responsibilities of the Program Manager and the individual First 5s and / or other designated community partners with respect to the implementation of each of the four core HMG elements. The Program Manager for the proposed HMG Central Valley will be responsible for the overall design and implementation of each of the four core elements of the HMG Model. However, in several instances highlighted below, local First 5s may opt to provide key functions themselves to tailor services to their unique communities. Below is a summary each core component and the assigned roles and responsibilities for implementation.

1. Centralized Access Point

A Centralized Access Point assists families and professionals in connecting children to community resources that provide early intervention services. The Centralized Access Point typically consists of a call center that connects children and their families to care coordinators. These care coordinators can provide education and information about developmental milestones, offer access to developmental screenings, and may refer families to resources to address developmental or behavioral concerns. Care coordinators can also assist

families in overcoming barriers to services and provide follow up to make sure linkages are successful and all of the needs of the child have been addressed.

The Centralized Access Point has three primary activities. For each of these activities, we have identified the partner(s) whose role and responsibility it is for implementation:

- a) *Establish a Specialized Child Development Line (Program Manager)* -- The Program Manager will develop and staff a centralized call center with access to the residents of the Central Valley. The call center should be staffed with care coordinators trained in telephone casework, who are culturally proficient, and ideally have backgrounds in child development. Families, caregivers or professionals who contact this child development line will receive a preliminary assessment of the caller's needs.
- b) *Compile and Maintain a Resource Directory (Program Manager/First 5s)* – The Program Manager will develop and maintain a centralized resource database to be used by care coordinators to provide referrals to children and their families. This directory may be compiled by working with local agencies (e.g., First 5s, local 211s, etc.) or private agencies (e.g., Unite Us, etc.) to identify community resources that serve children with developmental delays. In addition to this centralized database developed by the Program Manager, First 5 agencies or designated community partners that opt to provide local referrals and care coordinate will also be required to maintain a resource database.
- c) *Research and Linkages to Services for Families (Program Manager/First 5s)* - The Program Manager will be responsible for receiving all initial calls to the HMG Central Valley telephone line. Centralized care coordinators will conduct an assessment of all first-time callers to evaluate the nature of caller's needs. These care coordinators will handle all routine issues such as providing educational information, information on how to conduct a developmental screening, and referrals for developmental services in non-complex cases. They will also handle more complex referrals for counties where those counties have not opted to provide care coordination services in such cases. Where a county has opted to offer care coordination for complex cases or cases involving referrals not accessible from the centralized database, the centralized call center will refer these families to their local First 5s or designated community partners. Follow-up care coordination will be performed by the agency providing the referral.

2. Child Health Provider Outreach

Child Health Provider Outreach supports early detection and intervention of children at risk for developmental delays by (1) promoting the use of formal developmental screening tools and (2) connecting families referred by medical providers to appropriate community resources. The Program Manager will be responsible for implementation of this core element. Best practices suggest that some or all of the following tasks be conducted as part of this process:

- a) *Understand the Medical Community* – learn about the medical community and build relationships with practice groups, health plans and clinics who serve children.
- b) *Identify a Physician or Institutional Champion* –use trusted partners to help influence the health provider community to be more proactive in conducting developmental screenings and taking action through early intervention.
- c) *Involve Providers and Health Plans in HMG Planning and Leadership* – giving providers and health plans a planning and leadership role in HMG will allow them to provide critical input regarding communication strategies with medical providers as well as developing an effective referral process from clinicians to HMG care coordinators.

3. Family and Community Outreach

Family and Community Outreach builds parent and community understanding of healthy child development, supportive services available to families in the community, and how both are important to improving children’s outcomes. The implementation of this element will be shared by the Program Manager and local First 5 agencies or designated community partners.

Family and Community Outreach traditionally involves three core activities. The following is a summary of each activity and what organization will be responsible for implementation:

- a) *Identify and Recruit Community Champions (First 5s or Designated Community Partners)* -- Identify, recruit and train community champions to both promote the understanding of development milestones and issues, and to encourage the use of HMG as a resource to families within the community.
- b) *Customizable Community Outreach Marketing Materials (Program Manager)* – Develop customizable marketing materials for the use in the different

communities. These materials will include information on developmental milestones, the benefits of developmental screenings and the use of HMG as an informational and referral resource.

- c) *Community Outreach and Marketing (First 5s or Designated Community Partners)* – Conduct community outreach to families and local community-based organizations. The goal of these outreach efforts is to promote early identification and intervention as well as create awareness of HMG and its services.

4. Data Collection and Analysis

Data Collection and Analysis supports evaluation, helps to identify systemic gaps, bolsters advocacy efforts, and guides quality improvement. Having a data collection and measurement platform is essential to gather data, conduct analysis and achieve collective impact. The Program Manager will be responsible for procuring and maintaining a database of key performance indicators, conducting continuous performance improvement analyses, and reporting to HMG National.

VI. Initial Implementation Process

This plan outlines the initial steps necessary to implement an HMG Central Valley.

A. Formalize an Organizing Entity for an HMG Central Valley

Identify an Organizing Entity for an HMG Central Valley. This organization should have an expertise in serving the health needs of the target population in the Central Valley and have relationships with potential strategic partners. In addition to the identification of an Organizing Entity, participating counties and First 5 agencies would need to develop an initial funding commitment to ensure the successful development and sustainability of the HMG model within the Central Valley. This funding commitment should help fund the initial start-up costs associated with the model and maintain the operations of the model for a set number of years. This will allow the Organizing Entity an opportunity to develop each of the core functions, establish relationships with key stakeholders and strategic partners, and begin to identify long-term financial sustainability options.

B. Select a Program Manager

Using the process set forth in the MOU, the Organizing Entity will identify and contract with a Program Manager. The selection of the Program Manager is critical to the success of the model, especially given the complexity of implementation across multiple counties.

The qualifications of a Program Manager should include some or all of the following characteristics:

- Knowledge of and experience in children's health issues with particular emphasis in children with developmental delays.
- Experience in collaborating with health providers, health plans and medical clinics that serve children.
- Experience in community outreach especially efforts targeting children and their families.
- Experience in care coordination services and providing resource and referrals.
- Experience in managing collaboratives and/or advisory groups.
- Understanding of the early childhood services available within the Central Valley.

C. Recruit a Leadership Team and Develop a Governance Structure

Working with the Program Manager, the Organizing Entity should recruit members to be a part of the Leadership Team. The Leadership Team can be made up of representatives from agencies, community partners and individuals who have experience in early childhood services. The Leadership Team would also include members of the Organizing Entity. Members of the Leadership Team should be committed to working in their field to promote HMG as a resource and referral system.

As an initial task, the Leadership Team – with the advice of and consent of the Organizing Entity -- should develop a governance structure for itself to ensure a regular meeting structure, clear roles and responsibilities, work groups that will oversee the operations of the HMG and the Program Manager, and the process for adding or releasing Leadership Team members. Leadership Team meetings will generally be planned for and organized by the Program Manager.

D. Prepare for an HMG National Site Visit and Community Meeting

As part of the process for becoming an HMG affiliate, HMG National conducts a three-day site visit followed by a community-wide meeting. During this process, staff from HMG National will help introduce the HMG Model to the community and better understand the needs of the community. At the conclusion of the site visit, HMG Central Valley will hold a community meeting by inviting participants who may have an interest in or involvement with the early identification and intervention system. The community meeting will focus on educating the participants about HMG, creating discussions and discussion groups around early care and intervention, and developing strategic partnerships.

E. Define the Strategic Direction for HMG Central Valley

The Leadership Team should develop the core principles of HMG Central Valley including the values, vision, and mission. These core principles can be encompassed in a strategic plan or other document that provides the Program Manager with sufficient direction to implement the HMG Model consistent with the needs of the residents of the Central Valley. The Leadership Team, in conjunction with the Program Manager, will also develop a communication strategy for informing the region about the HMG system.

VII. Conclusion

This study was commissioned by Valley Children's Hospital, First 5 Fresno, First 5 Kern and First 5 Merced to evaluate the value of a regional HMG within the Central Valley and develop initial strategies for its proposed implementation. The study included the participation of an advisory committee comprised of representatives from several First 5 agencies within the Central Valley and some of the Program Managers from the existing HMG agencies. This advisory committee assisted in evaluating the benefits of a potential regional HMG, the recommended priorities of a regional agency, and a preferred scenario detailing the roles and responsibilities for the Organizing Entity, Leadership Team, and Program Manager of HMG Central Valley. The foregoing report details the findings and recommendations of the advisory committee.

CENTRAL VALLEY REGIONAL HELP ME GROW INITIATIVE - Draft Budget

	Year #1	Year #2	Year #3	Total	Notes			
Personnel								
Program Coord 1.0 FTE)	\$82,280.00	\$86,394.00	\$90,713.70	\$259,387.70				
Admin Support (.5 FTE)	\$30,000.00	\$31,500.00	\$33,075.00	\$94,575.00				
Subtotal Salaries	\$112,280.00	\$117,894.00	\$123,788.70	\$353,962.70				
Benefits 43%	\$48,280.40	\$50,694.42	\$53,229.14	\$152,203.96				
Total Personnel	\$160,560.40	\$168,588.42	\$177,017.84	\$506,166.66				
Operations								
Office Space	DRAFT							
Utilities								
office expense								
travel and training								
audit costs					\$48,168.12	\$50,576.53	\$53,105.35	\$151,850.00
insurance								
communication								
other operating								
program expense								
Total Operations					\$48,168.12	\$50,576.53	\$53,105.35	\$151,850.00
Sub-Contracts								
subcontracts	\$25,000.00	\$25,000.00	\$25,000.00	\$75,000.00				
Total Sub-Contracts	\$25,000.00	\$25,000.00	\$25,000.00	\$75,000.00				
Grant Sub-Total Direct Costs	\$233,728.52	\$244,164.95	\$255,123.19	\$733,016.66				
Indirect	\$23,372.85	\$24,416.49	\$25,512.32	\$73,301.67				
Total	\$257,101.37	\$268,581.44	\$280,635.51	\$806,318.33				

	2022 Birth Rate	FY 22/23 Allocation	% Screened - KidsData.org	0-18 Medi-Cal Rate	Birth Rate x MediCAL %		Based on Prop 10 Allocation		Blended, did not Work	
Merced	3922	\$1,721,746	59.6	71.70%	1584.488	\$25,645.22	13.31%	\$33,280.25	1136.078	26,476.79
Mariposa	171	\$60,536	0	57.40%	171	\$2,767.67	0.47%	\$1,170.11	98.154	2,287.52
Madera	2056	\$922,019	62	77.80%	781.28	\$12,645.15	7.13%	\$17,822.03	607.8358	14,165.88
Fresno	13884	\$6,266,494	45.8	68.00%	7525.128	\$121,795.52	48.45%	\$121,127.35	5117.087	119,255.92
Kings	2164	\$941,698	47.5	54.20%	1136.1	\$18,387.98	7.28%	\$18,202.42	615.7662	14,350.70
Tulare	6819	\$3,021,198	37.7	74.20%	4248.237	\$68,758.46	23.36%	\$58,397.83	3152.192	73,463.19
	29016	\$12,933,690			15446.233	\$250,000.00		\$250,000.00	10727.11	250,000.00

	2022 Birth Rate	FY 22/23 Allocation	% Screened - KidsData.org	0-18 Medi-Cal Rate	Birth Rate x MediCAL %		Based on Prop 10 Allocation		Birth Rate Only	
Merced	3922	\$1,721,746	59.6	71.70%	1584.488	\$28,738.34	17.48%	\$34,952.37	1136.078	\$35,612.46
Madera	2056	\$922,019	62	77.80%	781.28	\$14,170.31	9.36%	\$18,717.47	607.8358	\$18,668.85
Fresno	13884	\$6,266,494	45.8	68.00%	7525.128	\$136,485.55	63.61%	\$127,213.19	5117.087	\$126,069.19
Kings	2164	\$941,698	47.5	54.20%	1136.1	\$20,605.79	9.56%	\$19,116.97	615.7662	\$19,649.51
Valley Childrens @ 20%						\$50,000.00		\$50,000.00		\$50,000.00
	22026	\$9,851,957			11026.996	\$250,000.00		\$250,000.00	7476.767	\$250,000.00

DRAFT

HELP ME GROW CENTRAL VALLEY

Program Coordinator Position Description

Draft

Title

Program Coordinator, Help Me Grow Central Valley

Position Overview

Valley Children’s Healthcare, First 5 Fresno County, First 5 Kings County, First 5 Madera County, and First 5 Merced County, have partnered together to create Help Me Grow Central Valley to strengthen our community’s early developmental screening and intervention system so families with young children receive the resources they deserve.

According to Children Now’s 2024 California Children’s Report Card, only 26% of children ages 0 - 3 are receiving appropriate screenings for developmental delays. If delays are not identified and addressed early, children have a greater risk of underperforming in educational outcomes and experiencing social emotional challenges.

By promoting greater collaboration and coordinating of resources, Help Me Grow Central Valley promises to increase the number of young children screened and linked to early intervention services, promoting the overall health and wellbeing of children across the region.

Help Me Grow Central Valley is based on the national Help Me Grow early childhood system-building model. According to [Help Me Grow National](#), Help Me Grow is not a stand-alone program, but rather a system model that utilizes and builds on existing resources in order to develop and enhance a comprehensive approach to early childhood system-building in any given community. While Help Me Grow Central Valley is just beginning, the Help Me Grow model has been implemented by counties and states across the country for nearly twenty years. In this position, the Program Coordinator will facilitate and lead the full implementation of Help Me Grow Central Valley, with the support of an advisory committee and national Help Me Grow network. In the first year, one of the key responsibilities of the Program Coordinator will be to establish Help Me Grow Central Valley as a formal affiliate of the national Help Me Grow program.

Position Summary

Working with the Help Me Grow Central Valley Advisory Committee, the Program Coordinator will facilitate all aspects of Help Me Grow Central Valley using the “collective impact” model as a framework for success.

The partnering organizations have agreed to fund Help Me Grow Central Valley for an initial three-year term with future funding to be determined at a later date.

Position Qualifications

- Minimum of a bachelor's degree in special education, early childhood development, or related health or human services field.
- Minimum three years' experience working with children and families and preferred experience working with children with special needs, their families and the systems of care that support them.
- Familiarity with early childhood programs and services available in the region.
- Experience with community outreach, referral processes, and care coordination for children with special needs.
- Experience managing collaborative, multi-organizational initiatives built on the collective impact model or other similar frameworks.
- Strong interpersonal skills and demonstrated ability to work and communicate effectively with families, including families in crisis.
- Bilingual, English/Spanish, highly desirable.
- Experience working with ethnically and linguistically diverse children, families, and professionals.
- Experience with developing and managing budgets and with marketing programs and services.
- Ability to work independently.

Position Accountabilities

- Coordinate the development and management of all aspects of Help Me Grow Central Valley including hiring and supervising staff and designing and overseeing the key components of the Help Me Grow model including a centralized access point, outreach to providers and families, data collection and analysis, and successful affiliation with national Help Me Grow.
- Develop and maintain relationships with early childhood partners, health care providers, Central Valley Regional Center, health plans, and other key stakeholders.
- Represent Help Me Grow Central Valley on relevant community-based committees, maintain relationships with key stakeholders, and serve as a liaison between state and national Help Me Grow organizations.
- Manage and help facilitate the effective operations of the Help Me Grow Central Valley Advisory Committee.
- Administer all necessary agreements, including agreements amongst the partnership organizations as well as agreements with any outside vendors or consultants.
- Develop and implement a strategy for promoting participation in Help Me Grow Central Valley amongst families, providers, community-based organizations, and other key stakeholders.
- Develop a long-term strategic plan for Help Me Grow Central Valley's operational and financial sustainability beyond the initial three-year period.
- Other accountabilities as needed.



330 Campus Drive • Hanford • CA • 93230 • (559) 585-0814

Date of Meeting: June 4, 2024

Study Session

3rd Quarter Grantee Achievement Report



330 Campus Drive • Hanford • CA • 93230 • (559) 585-0814

Date of Meeting:
Agenda Item Type:

June 4, 2024
Informational Item

AGENDA ITEM: 2023-2024 Third Quarter Achievement Report for First 5 Funded Projects

A. Background/History:

The Commission has transitioned from a formative evaluation framework into a summative evaluation framework; therefore, the reporting of program status reports and evaluation results are now two separate items for the Commission to consider. Staff is providing the Commission, on a quarterly basis, a progress report regarding the status of programs attaining contracted goals and deliverables.

B. Summary of Request, Description of Project and/or Primary Goals of Agenda Item:

Staff is requesting the Commission review and discuss the program status report representing activities and number of clients served January through March of FY 2023-2024.

C. Timeframe:

Reports will be provided to the Commission on a quarterly basis, on the following schedule:

- 1st Quarter Report: December 2023
- 2nd Quarter Report: February 2024
- 3rd Quarter Report: June 2024
- Year End Report: August 2024

D. Costs:

No costs associated with this item.


E. Staff Recommendation:

Staff recommends the commission review and discuss the program reports as provided.

F. Attachments:

- FY 2023-2024 Third Quarter Project Achievement Report

FY 2023-2024 Quarter 3 Progress Update

	Unduplicated Participant Count (Cumulative Year-to-Date)						Objectives to be Achieved	Objectives Met (Q3)		Objectives Not Met (Q3)	
	Children 0-2	Children 3-5	Children Unk	Children	Parents/Caregivers	Providers		Count	Percent ²	Count	Percent
Family Resource Center Initiative											
Corcoran FRC	53	60	0	113	105	0	21	18	86%	3	14%
Hanford FRC	196	128	0	324	271	0	37	25	84%	12	32%
Lemoore FRC ¹							36	25	69%	11	31%
Kettleman City FRC	19	39	0	58	51	0	16	10	63%	6	38%
School Readiness Initiative											
UCP Parent & Me	154	43	0	197	169	0	15	13	87%	2	13%
UCP Special Needs Program	124	0	0	124	97	49	5	2	40%	3	60%
E3 Initiative											
KCOE CARES	---	---	---	---	---	202	10	9	90%	1	10%
New Project Initiative											
United Way 211	---	---	---	---	273	---	4	2	50%	2	50%

¹ Unduplicated participant counts for Lemoore are included in Hanford reporting.

² The Objectives Met percentage is based on an adjusted annual target based on the project timeline (e.g., an annual target of 100 would have an adjusted target of 50 by the end of Q2).

Lemoore Family Connections - Family Resource Center

Program Specific Strategies				Quarterly Unduplicated Count					YTD Unduplicated Count (Cumulative)				YTD % On Track to Meet Objectives			
				Annual Goal	Q1	Q2	Q3	Q4	YTD (Q1)	YTD (Q2)	YTD (Q3)	YTD (Q4)	Q1	Q2	Q3	Q4
Early Childcare and Education	Provide Baby & Me Early Care & Education Activities to infants and their parents.	0-12 m	Child	20	6	3	5	---	6	9	14	---	120%	90%	93%	---
	Provide Baby & Me Early Care & Education Activities to infants and their parents.	0-12 m	Adult	20	6	2	5	---	6	8	13	---	120%	80%	87%	---
	Provide Sing & Play Early Care & Education Activities to toddlers and their parents.	1-2 yrs	Child	72	43	14	10	---	43	57	67	---	239%	158%	124%	---
	Provide Sing & Play Early Care & Education Activities to toddlers and their parents.	1-2 yrs	Adult	72	42	14	11	---	42	56	67	---	233%	156%	124%	---
	Provide Art Explosion Early Care and Education Activities to toddlers.	1-2 yrs	Child	72	39	13	16	---	39	52	68	---	217%	144%	126%	---
	Provide Art Explosion Early Care and Education Activities to toddlers.	1-2 yrs	Adult	72	38	14	14	---	38	52	66	---	211%	144%	122%	---
	Provide My 5 Senses Early Care and Education Activities to toddlers.	1-2 yrs	Child	72	43	7	16	---	43	50	66	---	239%	139%	122%	---
	Provide My 5 Senses Early Care and Education Activities to toddlers.	1-2 yrs	Adult	72	43	6	16	---	43	49	65	---	239%	136%	120%	---
	Provide Explore & Learn Early Care and Education Activities to toddlers.	1-2 yrs	Child	72	45	12	15	---	45	57	72	---	250%	158%	133%	---
	Provide Explore & Learn Early Care and Education Activities to toddlers.	1-2 yrs	Adult	72	44	12	15	---	44	56	71	---	244%	156%	131%	---
	Provide Smart Art Education to preschool age children.	3-5 years	Child	46	28	8	7	---	28	36	43	---	243%	157%	125%	---
	Provide Compu Kids Early Care and Education activities to preschool age children.	3-5 years	Child	65	34	4	7	---	34	38	45	---	209%	117%	92%	---
	Provide Playing to Learn activities to preschool age children.	3-5 years	Child	70	33	3	7	---	33	36	43	---	189%	103%	82%	---
	Provide Playing to Learn activities to preschool age children.	3-5 years	Adult	70	33	3	7	---	33	36	43	---	189%	103%	82%	---
	Provide Learn with Me Early Care and Education Services to preschool age children.	3-5 years	Child	80	34	4	4	---	34	38	42	---	170%	95%	70%	---
	Provide Tool Time to parents of/and children (3-5 years).	3-5 years	Child	46	31	5	7	---	31	36	43	---	270%	157%	125%	---
	Provide Tool Time to parents of/and children (3-5 years).	3-5 years	Adult	46	30	5	7	---	30	35	42	---	261%	152%	122%	---
	Provide Hands on Science to families of/and children 0-5.	0-5 years	Child	50	33	5	7	---	33	38	45	---	264%	152%	120%	---
	Provide Hands on Science to families of/and children 0-5.	0-5 years	Adult	50	32	6	6	---	32	38	44	---	256%	152%	117%	---
	Parent Education and Support	Provide Car Seat Safety Training and Installation to Parents of Children 0-5.	0-5 years	Adult	15	0	3	0	---	0	3	3	---	0%	40%	27%
Provide Story Time early literacy activities to preschool age children.		0-5 years	Child	50	29	7	9	---	29	36	45	---	232%	144%	120%	---
Provide Family Literacy Events to families of/and children age 0-5.		0-5 years	Child	50	0	68	19	---	0	68	87	---	0%	272%	232%	---
Provide Family Literacy Events to families of/and children age 0-5.		0-5 years	Adult	45	0	68	19	---	0	68	87	---	0%	302%	258%	---
Provide Family socialization events with self directed activities to families of children age 0-5.		0-5 years	Child	30	36	5	7	---	36	41	48	---	480%	273%	213%	---
Provide Family socialization events with self directed activities to families of children age 0-5.		0-5 years	Adult	30	35	6	6	---	35	41	47	---	467%	273%	209%	---
The FRC will provide referral information to parents/caregivers of/and children 0-5.		0-5 years	Child	10	3	2	0	---	3	5	5	---	120%	100%	67%	---
The FRC will provide referral information to parents/caregivers of/and children 0-5.		0-5 years	Adult	15	0	21	2	---	0	21	23	---	0%	280%	204%	---
Coordinate with local provider(s) to provide Community Resource presentations for parents of/and children age 0-5.		0-5 years	Child	20	11	0	4	---	11	11	15	---	220%	110%	100%	---
Coordinate with local provider(s) to provide Community Resource presentations for parents of/and children age 0-5.		0-5 years	Adult	30	12	0	4	---	12	12	16	---	160%	80%	71%	---
Coordinate with Joe Neves to provide Pictures with Santa to children age 0-5.		0-5 years	Child	30	0	58	0	---	0	58	58	---	---	193%	193%	---
Coordinate with Kings View to provide Parent Education to parents of children age 0-5.		0-5 years	Adult	20	13	1	0	---	13	14	14	---	260%	140%	93%	---
Coordinate with Cal Viva to provide Parent Education to parents of children age 0-5.	0-5 years	Adult	15	17	0	3	---	17	17	20	---	453%	227%	178%	---	
Healthy Children	Provide ASQ Developmental Screenings to children age 0-5.	0-5 years	Child	120	58	11	26	---	58	69	95	---	193%	115%	106%	---
	Provide physical fitness activities "Motor Movements" to children age 3-5.	3-5 years	Child	70	35	5	13	---	35	40	53	---	200%	114%	101%	---
	Provide Snack Attack Early Care and Education activities to preschool age children.	3-5 years	Child	49	34	6	7	---	34	40	47	---	278%	163%	128%	---
	Provide Car Seats to Children age 0-5, for the parents who attend Car Seat Safety Training and Installation.	0-5 years	Child	15	0	4	0	---	0	4	4	---	0%	53%	36%	---

**Objectives Met
Total Objectives**

**30 30 25
35 36 36
86% 83% 69%**

Quarterly Unduplicated Count = Count of first time participants per quarter (excludes counts of continuing clients)
 Annual Goal = Annual Target for unduplicated participants
 YTD Unduplicated Count (Cumulative) = Unduplicated count of clients served through the quarter end
 YTD % On Track to Meet Objectives = Unduplicated count of clients served through the quarter end relative to the adjusted quarter target

Lemoore Family Resource Center - Targets

Program Specific Strategies		Annual	Adjusted Target				
			Q1	Q2	Q3	Q4	
Early Childcare and Education	Provide Baby & Me Early Care & Education Activities to infants (0-12 months) and their parents.	Child	20	5	10	15	20
	Provide Baby & Me Early Care & Education Activities to infants (0-12 months) and their parents.	Adult	20	5	10	15	20
	Provide Sing & Play Early Care & Education Activities to toddlers (1-2 years) and their parents.	Child	72	18	36	54	72
	Provide Sing & Play Early Care & Education Activities to toddlers (1-2 years) and their parents.	Adult	72	18	36	54	72
	Provide Art Explosion Early Care and Education Activities to toddlers (1-2 years).	Child	72	18	36	54	72
	Provide Art Explosion Early Care and Education Activities to toddlers (1-2 years).	Adult	72	18	36	54	72
	Provide My 5 Senses Early Care and Education Activities to toddlers (1-2 years).	Child	72	18	36	54	72
	Provide My 5 Senses Early Care and Education Activities to toddlers (1-2 years).	Adult	72	18	36	54	72
	Provide Explore & Learn Early Care and Education Activities to toddlers (1-2 years).	Child	72	18	36	54	72
	Provide Explore & Learn Early Care and Education Activities to toddlers (1-2 years).	Adult	72	18	36	54	72
	Provide Smart Art Education to preschool age children (3-5 years).	Child	46	11.5	23	34.5	46
	Provide Compu Kids Early Care and Education activities to preschool age children (3-5 years).	Child	65	16.25	32.5	48.75	65
	Provide Playing to Learn activities to preschool age children (3-5 years).	Child	70	17.5	35	52.5	70
	Provide Playing to Learn activities to preschool age children (3-5 years).	Adult	70	17.5	35	52.5	70
	Provide Learn with Me Early Care and Education Services to preschool age children (3-5 years).	Child	80	20	40	60	80
	Provide Tool Time to parents of/and children (3-5 years).	Child	46	11.5	23	34.5	46
	Provide Tool Time to parents of/and children (3-5 years).	Adult	46	11.5	23	34.5	46
	Provide Hands on Science to families of/and children 0-5.	Child	50	12.5	25	37.5	50
	Provide Hands on Science to families of/and children 0-5.	Adult	50	12.5	25	37.5	50
	Provide Car Seat Safety Training and Installation to Parents of Children 0-5.	Adult	15	3.75	7.5	11.25	15
Provide Story Time early literacy activities to preschool age children.	Child	50	12.5	25	37.5	50	
Provide Family Literacy Events to families of/and children age 0-5.	Child	50	12.5	25	37.5	50	
Provide Family Literacy Events to families of/and children age 0-5.	Adult	45	11.25	22.5	33.75	45	

Parent Education and Support	Provide Family socialization events with self directed activities to families of children age 0-5.	Child	30	7.5	15	22.5	30
	Provide Family socialization events with self directed activities to families of children age 0-5.	Adult	30	7.5	15	22.5	30
	The FRC will provide referral information to parents/caregivers of/and children 0-5.	Child	10	2.5	5	7.5	10
	The FRC will provide referral information to parents/caregivers of/and children 0-5.	Adult	15	3.75	7.5	11.25	15
	Coordinate with local provider(s) to provide Community Resource presentations for parents of/and children age 0-5.	Child	20	5	10	15	20
	Coordinate with local provider(s) to provide Community Resource presentations for parents of/and children age 0-5.	Adult	30	7.5	15	22.5	30
	Coordinate with Joe Neves to provide Pictures with Santa to children age 0-5.	Child	30	0	30	30	30
	Coordinate with Kings View to provide Parent Education to parents of children age 0-5.	Adult	20	5	10	15	20
	Coordinate with Cal Viva to provide Parent Education to parents of children age 0-5.	Adult	15	3.75	7.5	11.25	15
Healthy Children	Provide ASQ Developmental Screenings to children age 0-5.	Child	120	30	60	90	120
	Provide physical fitness activities "Motor Movements" to children age 3-5.	Child	70	17.5	35	52.5	70
	Provide Snack Attack Early Care and Education activities to preschool age children (3-5 years).	Child	49	12.25	24.5	36.75	49
	Provide Car Seats to Children age 0-5, for the parents who attend Car Seat Safety Training and Installation.	Child	15	3.75	7.5	11.25	15

Hanford Family Connections - Family Resource Center

Program Specific Strategies				Quarterly Unduplicated Count				YTD Unduplicated Count (Cumulative)				YTD % On Track to Meet Objectives				
				Annual Goal	Q1	Q2	Q3	Q4	YTD (Q1)	YTD (Q2)	YTD (Q3)	YTD (Q4)	Q1	Q2	Q3	Q4
Early Childcare and Education	Provide Baby & Me Early Care & Education Activities to infants and their parents.	0-12 m	Child	25	14	2	2	---	14	16	18	---	224%	128%	96%	---
	Provide Baby & Me Early Care & Education Activities to infants and their parents.	0-12 m	Adult	25	13	2	3	---	13	15	18	---	208%	120%	96%	---
	Provide Sing & Play Early Care & Education Activities to toddlers and their parents.	1-2 yrs	Child	100	45	16	10	---	45	61	71	---	180%	122%	95%	---
	Provide Sing & Play Early Care & Education Activities to toddlers and their parents.	1-2 yrs	Adult	100	44	16	11	---	44	60	71	---	176%	120%	95%	---
	Provide Art Explosion Early Care and Education Activities to toddlers.	1-2 yrs	Child	100	47	17	17	---	47	64	81	---	188%	128%	108%	---
	Provide Art Explosion Early Care and Education Activities to toddlers.	1-2 yrs	Adult	100	46	18	17	---	46	64	81	---	184%	128%	108%	---
	Provide My 5 Senses Early Care and Education Activities to toddlers.	1-2 yrs	Child	100	48	17	16	---	48	65	81	---	192%	130%	108%	---
	Provide My 5 Senses Early Care and Education Activities to toddlers.	1-2 yrs	Adult	100	47	17	16	---	47	64	80	---	188%	128%	107%	---
	Provide Explore & Learn Early Care and Education Activities to toddlers.	1-2 yrs	Child	100	51	13	19	---	51	64	83	---	204%	128%	111%	---
	Provide Explore & Learn Early Care and Education Activities to toddlers.	1-2 yrs	Adult	100	50	13	19	---	50	63	82	---	200%	126%	109%	---
	Provide Smart Art Education to preschool age children.	3-5 years	Child	46	28	8	14	---	28	36	50	---	243%	157%	145%	---
	Provide Compu Kids Early Care and Education activities to preschool age children.	3-5 years	Child	80	34	4	17	---	34	38	55	---	170%	95%	92%	---
	Provide Playing to Learn activities to preschool age children.	3-5 years	Child	80	33	3	23	---	33	36	59	---	165%	90%	98%	---
	Provide Playing to Learn activities to preschool age children.	3-5 years	Adult	80	33	3	23	---	33	36	59	---	165%	90%	98%	---
	Provide Learn with Me Early Care and Education Services to preschool age children.	3-5 years	Child	80	34	4	16	---	34	38	54	---	170%	95%	90%	---
	Provide Tool Time to parents of/and children (3-5 years).	3-5 years	Child	46	31	5	19	---	31	36	55	---	270%	157%	159%	---
	Provide Tool Time to parents of/and children (3-5 years).	3-5 years	Adult	46	30	5	20	---	30	35	55	---	261%	152%	159%	---
	Provide Hands on Science to families of/and children 0-5.	0-5 years	Child	60	33	5	16	---	33	38	54	---	220%	127%	120%	---
Provide Hands on Science to families of/and children 0-5.	0-5 years	Adult	60	32	6	15	---	32	38	53	---	213%	127%	118%	---	
Parent Education and Support	Provide Car Seat Safety Training and Installation to Parents of Children 0-5.	0-5 years	Adult	15	3	5	1	---	3	8	9	---	80%	107%	80%	---
	Provide Story Time early literacy activities to preschool age children.	0-5 years	Child	60	33	6	18	---	33	39	57	---	220%	130%	127%	---
	Provide Family Literacy Events to families of/and children age 0-5.	0-5 years	Child	65	0	90	11	---	0	90	101	---	0%	277%	207%	---
	Provide Family Literacy Events to families of/and children age 0-5.	0-5 years	Adult	55	0	89	11	---	0	89	100	---	0%	324%	242%	---
	Provide Family socialization events with self directed activities to families of children age 0-5.	0-5 years	Child	30	35	10	14	---	35	45	59	---	467%	300%	262%	---
	Provide Family socialization events with self directed activities to families of children age 0-5.	0-5 years	Adult	30	34	11	14	---	34	45	59	---	453%	300%	262%	---
	The FRC will provide referral information to parents/caregivers of/and children 0-5.	0-5 years	Child	10	7	3	5	---	7	10	15	---	280%	200%	200%	---
	The FRC will provide referral information to parents/caregivers of/and children 0-5.	0-5 years	Adult	20	1	42	0	---	1	43	43	---	20%	430%	287%	---
	Coordinate with local provider(s) to provide Community Resource presentations for parents of/and children age 0-5.	0-5 years	Child	20	0	15	7	---	0	15	22	---	0%	150%	147%	---
	Coordinate with local provider(s) to provide Community Resource presentations for parents of/and children age 0-5.	0-5 years	Adult	30	0	15	6	---	0	15	21	---	0%	100%	93%	---
	Coordinate with Joe Neves to provide Pictures with Santa to children age 0-5.	0-5 years	Child	30	0	69	0	---	0	69	69	---	---	460%	307%	---
	Coordinate with Kings View to provide Parent Education to parents of children age 0-5.	0-5 years	Adult	20	25	0	5	---	25	25	30	---	500%	250%	200%	---
Coordinate with Cal Viva to provide Parent Education to parents of children age 0-5.	0-5 years	Adult	15	5	0	12	---	5	5	17	---	133%	67%	151%	---	
Coordinate with La Leche League to provide lactation support to parents of infants/toddlers.			10	5	3	6	---	5	8	14	---	200%	160%	187%	---	
Healthy Children	Provide ASQ Developmental Screenings to children age 0-5.	0-5 years	Child	150	62	16	17	---	62	78	95	---	165%	104%	84%	---
	Provide physical fitness activities "Motor Movements" to children age 3-5.	3-5 years	Child	90	34	6	15	---	34	40	55	---	151%	89%	81%	---
	Provide Snack Attack Early Care and Education activities to preschool age children.	3-5 years	Child	56	36	6	18	---	36	42	60	---	257%	150%	143%	---
	Provide Car Seats to Children age 0-5, for the parents who attend Car Seat Safety Training and Installation.	0-5 years	Child	15	4	7	1	---	4	11	12	---	107%	147%	107%	---

Objectives Met	30	31	25
Total Objectives	36	37	37
	83%	84%	68%

Quarterly Unduplicated Count = Count of first-time participants per quarter (excludes counts of continuing clients)

Annual Goal = Annual Target for unduplicated participants

YTD Unduplicated Count (Cumulative) = Unduplicated count of clients served through the quarter end

YTD % On Track to Meet Objectives = Unduplicated count of clients served through the quarter end relative to the adjusted quarter target

Hanford Family Resource Center - Targets

Program Specific Strategies		Adjusted Target					
		Annual	Q1	Q2	Q3	Q4	
Early Childcare and Education	Provide Baby & Me Early Care & Education Activities to infants (0-12 months) and their parents.	Child	25	6.25	12.5	18.75	25
	Provide Baby & Me Early Care & Education Activities to infants (0-12 months) and their parents.	Adult	25	6.25	12.5	18.75	25
	Provide Sing & Play Early Care & Education Activities to toddlers (1-2 years) and their parents.	Child	100	25	50	75	100
	Provide Sing & Play Early Care & Education Activities to toddlers (1-2 years) and their parents.	Adult	100	25	50	75	100
	Provide Art Explosion Early Care and Education Activities to toddlers (1-2 years).	Child	100	25	50	75	100
	Provide Art Explosion Early Care and Education Activities to toddlers (1-2 years).	Adult	100	25	50	75	100
	Provide My 5 Senses Early Care and Education Activities to toddlers (1-2 years).	Child	100	25	50	75	100
	Provide My 5 Senses Early Care and Education Activities to toddlers (1-2 years).	Adult	100	25	50	75	100
	Provide Explore & Learn Early Care and Education Activities to toddlers (1-2 years).	Child	100	25	50	75	100
	Provide Explore & Learn Early Care and Education Activities to toddlers (1-2 years).	Adult	100	25	50	75	100
	Provide Smart Art Education to preschool age children (3-5 years).	Child	46	11.5	23	34.5	46
	Provide Compu Kids Early Care and Education activities to preschool age children (3-5 years).	Child	80	20	40	60	80
	Provide Playing to Learn activities to preschool age children (3-5 years).	Child	80	20	40	60	80
	Provide Playing to Learn activities to preschool age children (3-5 years).	Adult	80	20	40	60	80
	Provide Learn with Me Early Care and Education Services to preschool age children (3-5 years).	Child	80	20	40	60	80
	Provide Tool Time to parents of/and children (3-5 years).	Child	46	11.5	23	34.5	46
	Provide Tool Time to parents of/and children (3-5 years).	Adult	46	11.5	23	34.5	46
	Provide Hands on Science to families of/and children 0-5.	Child	60	15	30	45	60
	Provide Hands on Science to families of/and children 0-5.	Adult	60	15	30	45	60
	Provide Car Seat Safety Training and Installation to Parents of Children 0-5.	Adult	15	3.75	7.5	11.25	15
Provide Story Time early literacy activities to preschool age children.	Child	60	15	30	45	60	
Provide Family Literacy Events to families of/and children age 0-5.	Child	65	16.25	32.5	48.75	65	
Provide Family Literacy Events to families of/and children age 0-5.	Adult	55	13.75	27.5	41.25	55	

Parent Education and Support	Provide Family socialization events with self directed activities to families of children age 0-5.	Child	30	7.5	15	22.5	30
	Provide Family socialization events with self directed activities to families of children age 0-5.	Adult	30	7.5	15	22.5	30
	The FRC will provide referral information to parents/caregivers of/and children 0-5.	Child	10	2.5	5	7.5	10
	The FRC will provide referral information to parents/caregivers of/and children 0-5.	Adult	20	5	10	15	20
	Coordinate with local provider(s) to provide Community Resource presentations for parents of/and children age 0-5.	Child	20	5	10	15	20
	Coordinate with local provider(s) to provide Community Resource presentations for parents of/and children age 0-5.	Adult	30	7.5	15	22.5	30
	Coordinate with Joe Neves to provide Pictures with Santa to children age 0-5.	Child	30	7.5	15	22.5	30
	Coordinate with Kings View to provide Parent Education to parents of children age 0-5.	Adult	20	5	10	15	20
	Coordinate with Cal Viva to provide Parent Education to parents of children age 0-5.	Adult	15	3.75	7.5	11.25	15
	Coordinate with La Leche League to provide lactation support to parents of infants/toddlers.		10	2.5	5	7.5	10
Healthy Children	Provide ASQ Developmental Screenings to children age 0-5.	Child	150	37.5	75	112.5	150
	Provide physical fitness activities "Motor Movements" to children age 3-5.	Child	90	22.5	45	67.5	90
	Provide Snack Attack Early Care and Education activities to preschool age children (3-5 years).	Child	56	14	28	42	56
	Provide Car Seats to Children age 0-5, for the parents who attend Car Seat Safety Training and Installation.	Child	15	3.75	7.5	11.25	15

Corcoran Family Resource Center

Program Specific Strategies				Annual Goal	Quarterly Unduplicated Count				YTD Unduplicated Count (Cumulative)				YTD % On Track to Meet Objectives			
EOE					Q1	Q2	Q3	Q4	YTD (Q1)	YTD (Q2)	YTD (Q3)	YTD (Q4)	Q1	Q2	Q3	Q4
	The FRC Staff will provide Pottery & Painting (Time 4 Art) classes to children 2 to 5 years old.	2 - 5 years	Child	35	46	4	8	---	46	50	58	---	526%	286%	221%	---
	The FRC Staff will provide (Dramatic Play) classes to children 2 to 5 years old.	2 - 5 years	Child	20	32	6	8	---	32	38	46	---	640%	380%	307%	---
Parent Education and Support	The FRC Staff will provide Tummy Play Time classes for children 0-6 months of age and their parents.	0-6 m	Child	8	5	0	1	---	5	5	6	---	250%	125%	100%	---
	The FRC Staff will provide Tummy Play Time classes for children 0-6 months of age and their parents.	0-6 m	Adult	8	5	0	1	---	5	5	6	---	250%	125%	100%	---
	The FRC Staff will provide child development instruction to children age 0-5 in tandem with Parent Education Workshop.	0-5 years	Child	15	3	4	4	---	3	7	11	---	80%	93%	98%	---
	The FRC Staff will provide early childhood activities (Time 2 Finger Paint) and literacy skills to children 6 months old to 24 months old.	6 - 24 m	Child	10	12	3	10	---	12	15	25	---	480%	300%	333%	---
	The FRC Staff will provide early childhood activities (Time 2 Finger Paint) and literacy skills to children 6 months old to 24 months old. (PARENT)	6 - 24 m	Adult	10	13	4	1	---	13	17	18	---	520%	340%	240%	---
	The FRC will provide referral information to parents/caregivers of/and children 0-5.	0-5 yrs	Child	30	15	9	4	---	15	24	28	---	200%	160%	124%	---
	The FRC will provide referral information to parents/caregivers of/and children 0-5.	0-5 years	Adult	40	10	13	5	---	10	23	28	---	100%	115%	93%	---
	The FRC will provide resource assistance to parents/caregivers of/and children 0-5.	0-5 years	Child	40	44	26	21	---	44	70	91	---	440%	350%	303%	---
	The FRC will provide resource assistance to parents/caregivers of/and children 0-5.	0-5 years	Adult	45	22	18	12	---	22	40	52	---	196%	178%	154%	---
	Coordinate with UCP to provide Parent & Me to children 0-5.	0-5 years	Child	40	21	20	5	---	21	41	46	---	210%	205%	153%	---
	Coordinate with local provider to provide car seat installation and education services to parents of children 0-5.	0-5 years	Adult	10	3	2	2	---	3	5	7	---	120%	100%	23%	---
	Coordinate with local provider to provide Parent Education Workshops to parents of children 0-5.	0-5 years	Adult	10	0	0	15	---	0	0	15	---	0%	0%	200%	---
Healthy Children	The FRC Staff will provide Little Chef's Kitchen cooking healthy snack classes for children 2 to 5 years of age.	2-5 years	Child	20	31	4	12	---	31	35	47	---	620%	350%	313%	---
	The FRC Staff will provide Little Chef's Kitchen cooking healthy snack classes for children 2 to 5 years of age.	2-5 years	Adult	20	27	6	11	---	27	33	44	---	540%	330%	293%	---
	The FRC Staff will provide Let's Move & Play dance classes for children 2 to 5 years old.	2-5 years	Child	35	43	4	9	---	43	47	56	---	491%	269%	213%	---
	The FRC will provide ASQ Developmental Screening to children age 0-5.	0-5 years	Child	20	4	7	5	---	4	11	16	---	80%	110%	107%	---
	Coordinate with local provider to provide community Baby Shower for expectant mothers.		Adult	10	0	5	10	---	0	5	15	---	0%	100%	200%	---
	Coordinate with local agencies to provide Health and Nutrition Awareness trainings and workshops to children 0-5 and their parents.	0-5 years	Child	10	13	0	0	---	13	13	13	---	520%	260%	173%	---
	Coordinate with local agencies to provide Health and Nutrition Awareness trainings and workshops to children 0-5 and their parents.	0-5 years	Adult	10	16	6	3	---	16	22	25	---	640%	440%	333%	---
Objectives Met												17	19	18		
Total Objectives												21	21	21		
												81%	90%	86%		

Quarterly Unduplicated Count = Count of first time participants per quarter (excludes counts of continuing clients)
 Annual Goal = Annual Target for unduplicated participants
 YTD Unduplicated Count (Cumulative) = Unduplicated count of clients served through the quarter end
 YTD % On Track to Meet Objectives = Unduplicated count of clients served through the quarter end relative to the adjusted quarter target

Corcoran Family Resource Center - Targets

Program Specific Strategies			Annual	Adjusted Target			
				Q1	Q2	Q3	Q4
Early Childcare	The FRC Staff will provide Pottery & Painting (Time 4 Art) classes to children 2 to 5 years old.	Child	35	8.75	17.5	26.25	35
	The FRC Staff will provide (Dramatic Play) classes to children 2 to 5 years old.	Child	20	5	10	15	20
Parent Education and Support	The FRC Staff will provide Tummy Play Time classes for children 0-6 months of age and their parents.	Child	8	2	4	6	8
	The FRC Staff will provide Tummy Play Time classes for children 0-6 months of age and their parents.	Adult	8	2	4	6	8
	The FRC Staff will provide child development instruction to children age 0-5 in tandem with Parent Education Workshop.	Child	15	3.75	7.5	11.25	15
	The FRC Staff will provide early childhood activities (Time 2 Finger Paint) and literacy skills to children 6 months old to 24 months old.	Child	10	2.5	5	7.5	10
	The FRC Staff will provide early childhood activities (Time 2 Finger Paint) and literacy skills to children 6 months old to 24 months old. (PARENT)	Adult	10	2.5	5	7.5	10
	The FRC will provide referral information to parents/caregivers of/and children 0-5.	Child	30	7.5	15	22.5	30
	The FRC will provide referral information to parents/caregivers of/and children 0-5.	Adult	40	10	20	30	40
	The FRC will provide resource assistance to parents/caregivers of/and children 0-5.	Child	40	10	20	30	40
	The FRC will provide resource assistance to parents/caregivers of/and children 0-5.	Adult	45	11.25	22.5	33.75	45
	Coordinate with UCP to provide Parent & Me to children 0-5.	Child	40	10	20	30	40
	Coordinate with local provider to provide car seat installation and education services to parents of children 0-5.	Adult	10	0	30	30	10
	Coordinate with local provider to provide Parent Education Workshops to parents of children 0-5.	Adult	10	2.5	5	7.5	10
by Children	The FRC Staff will provide Little Chef's Kitchen cooking healthy snack classes for children 2 to 5 years of age.	Child	20	5	10	15	20
	The FRC Staff will provide Little Chef's Kitchen cooking healthy snack classes for children 2 to 5 years of age.	Adult	20	5	10	15	20
	The FRC Staff will provide Let's Move & Play dance classes for children 2 to 5 years old.	Child	35	8.75	17.5	26.25	35
	The FRC will provide ASQ Developmental Screening to children age 0-5.	Child	20	5	10	15	20

Heatl	Coordinate with local provider to provide community Baby Shower for expectant mothers.	Adult	10	2.5	5	7.5	10
	Coordinate with local agencies to provide Health and Nutrition Awareness trainings and workshops to children 0-5 and their parents.	Child	10	2.5	5	7.5	10
	Coordinate with local agencies to provide Health and Nutrition Awareness trainings and workshops to children 0-5 and their parents.	Adult	10	2.5	5	7.5	10

Kettleman City Family Resource Center

Program Specific Strategies				Quarterly Unduplicated Count					YTD Unduplicated Count (Cumulative)				YTD % On Track to Meet Objectives			
			Annual Goal	Q1	Q2	Q3	Q4	YTD (Q1)	YTD (Q2)	YTD (Q3)	YTD (Q4)	Q1	Q2	Q3	Q4	
Parent Education and Support	Provide home visitation services to children 0 to 5 and their parents using Identified curriculum.	0-5 years	Child	10	4	2	2	---	4	6	8	---	160%	120%	107%	---
	Provide home visitation services to children 0 to 5 and their parents using Identified curriculum.	0-5 years	Adult	7	4	3	2	---	4	7	9	---	229%	200%	171%	---
	Provide socialization events to children 0 to 5 enrolled in the home visitation program and other interested community members.	0-5 years	Child	20	24	13	4	---	24	37	41	---	480%	370%	273%	---
	Provide socialization events to children 0 to 5 enrolled in the home visitation program and other interested community members.	0-5 years	Adult	15	21	11	5	---	21	32	37	---	560%	427%	329%	---
	Provide Raising a Reader book bag rotation literacy program to children 0 to 5 enrolled at home visits and socialization events.	0-5 years		10	5	3	4	---	5	8	12	---	200%	160%	160%	---
	The FRC will provide referral information to parents/caregivers of/and children 0-5.	0-5 years	Child	30	1	2	13	---	1	3	16	---	13%	20%	71%	---
	The FRC will provide referral information to parents/caregivers of/and children 0-5.	0-5 years	Adult	20	3	1	21	---	3	4	25	---	60%	40%	167%	---
	The FRC will provide resource assistance to parents/caregivers of/and children 0-5.	0-5 years	Child	35	10	11	7	---	10	21	28	---	114%	120%	107%	---
	The FRC will provide resource assistance to parents/caregivers of/and children 0-5.	0-5 years	Adult	35	32	11	3	---	32	43	46	---	366%	246%	175%	---
	Coordinate with local providers to provide parent workshops to parents of children 0-5.	0-5 years	Adult	15	5	1	0	---	5	6	6	---	133%	80%	53%	---
Coordinate with local providers to provide counseling services to parents of children 0 to 5.	0-5 years	Adult	5	3	1	0	---	3	4	4	---	240%	160%	13%	---	
Coordinate to provide Parent Cafes to parents and caregivers of children 0 to 5.	0-5 years	Adult	10	6	1	0	---	6	7	7	---	240%	140%	93%	---	
Healthy Children	Provide developmental screening using ASQ/NIPPISING tool for children 0 to 5.	0-5 years		30	1	6	14	---	1	7	21	---	13%	47%	93%	---
	Coordinate with SNAP ED to provide nutrition education to parents and caregivers of children 0-5.	0-5 years	Adult	10	4	0	9	---	4	4	13	---	160%	80%	173%	---
	Coordinate with local providers to provide food distributions to parents of children 0 to 5.	0-5 years	Adult	50	32	5	8	---	32	37	45	---	256%	148%	120%	---
	Coordinate with local providers to distribute items for Thanksgiving and Christmas holidays.	0-5 years	Adult	25	0	13	0	---	---	13	13	---	---	104%	69%	---
Objectives Met												12	11	10		
Total Objectives												15	16	16		
												80%	69%	63%		

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 YTD % On Track to Meet Objectives = Unduplicated count of clients served through the quarter end relative to the adjusted quarter target

Kettleman City Family Resource Center - Targets

Program Specific Strategies		Annual	Adjusted Target				
			Q1	Q2	Q3	Q4	
Parent Education and Support	Provide home visitation services to children 0 to 5 and their parents using Identified curriculum.	Child	10	2.5	5	7.5	10
	Provide home visitation services to children 0 to 5 and their parents using Identified curriculum.	Adult	7	1.75	3.5	5.25	7
	Provide socialization events to children 0 to 5 enrolled in the home visitation program and other interested community members.	Child	20	5	10	15	20
	Provide socialization events to children 0 to 5 enrolled in the home visitation program and other interested community members.	Adult	15	3.75	7.5	11.25	15
	Provide Raising a Reader book bag rotation literacy program to children 0 to 5 enrolled at home visits and socialization events.		10	2.5	5	7.5	10
	The FRC will provide referral information to parents/caregivers of/and children 0-5.	Child	30	7.5	15	22.5	30
	The FRC will provide referral information to parents/caregivers of/and children 0-5.	Adult	20	5	10	15	20
	The FRC will provide resource assistance to parents/caregivers of/and children 0-5.	Child	35	8.75	17.5	26.25	35
	The FRC will provide resource assistance to parents/caregivers of/and children 0-5.	Adult	35	8.75	17.5	26.25	35
	Coordinate with local providers to provide parent workshops to parents of children 0-5.	Adult	15	3.75	7.5	11.25	15
Healthy Children	Coordinate with local providers to provide counseling services to parents of children 0 to 5.	Adult	5	0	30	30	5
	Coordinate to provide Parent Cafes to parents and caregivers of children 0 to 5.	Adult	10	2.5	5	7.5	10
	Provide developmental screening using ASQ/NIPPISING tool for children 0 to 5.		30	7.5	15	22.5	30
	Coordinate with SNAP ED to provide nutrition education to parents and caregivers of children 0-5.	Adult	10	2.5	5	7.5	10
	Coordinate with local providers to provide food distributions to parents of children 0 to 5.	Adult	50	12.5	25	37.5	50
	Coordinate with local providers to distribute items for Thanksgiving and Christmas holidays.	Adult	25	6.25	12.5	18.75	25

CARES Family Resource Center

Program Specific Strategies		Annual Goal	Quarterly Unduplicated Count				YTD Unduplicated Count (Cumulative)				YTD % On Track to Meet Objectives			
			Q1	Q2	Q3	Q4	YTD (Q1)	YTD (Q2)	YTD (Q3)	YTD (Q4)	Q1	Q2	Q3	Q4
Early Childcare and Education	Provide Technical assistance to CARES participants to include; reviewing PGP, assistance with permit application, access to higher education, and or coaching and mentoring (if participant does not have access to these services through their employer)	30	29	61	87	---	29	90	177	---	387%	600%	787%	---
	Provide Resource assistance to CARES participants to include classroom assessment implementation materials, check-out materials, computer access, etc.	75	62	144	78	---	62	206	284	---	331%	549%	505%	---
	Provide trainings in collaboration with KCAO's R & R program that will align with the QRIS elements for FCC sites	15	0	0	5	---	0	0	5	---	0%	0%	44%	---
	Establish and Distribute a county-wide training calendar for ECE professionals by publishing to the CARES and First 5 website and sending link to partners and participants.	200	830	1067	1186	---	830	1897	3083	---	1660%	1897%	2055%	---
	Provide Technical Assistance, professional growth trainings and material supports in response to the needs identified through assessment process.	19	3	3	130	---	3	6	136	---	63%	63%	954%	---
	Provide Coaching by KCCAQ staff to FCC providers via in person visits, telephone contact, email, texting or other forms of electronic contact	25	13	29	25	---	13	42	67	---	208%	336%	357%	---
	Provide stipends and materials to participants	35	925	1071	1462	---	925	1996	3458	---	10571%	11406%	13173%	---
	Purchase data system for QRIS system that tracks DRDP, ERS, CLASS and Matrix scores	1	1	0	0	---	1	1	1	---	400%	200%	133%	---
	Facilitate a Leadership Team Network that will increase capacity, provide support on latest trends, and assist with analyzing data and developing training for site staff	15	22	24	25	---	22	46	71	---	587%	613%	631%	---
	Facilitate Alternative Sites' Learning Group that will increase staff capacity, provide support with curriculum and resources for families and children in these programs	8	19	20	18	---	19	39	57	---	950%	975%	950%	---

Objectives Met	8	8	9
Total Objectives	10	10	10
	80%	80%	90%

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CARES Family Resource Center - Targets

Program Specific Strategies		Annual	Adjusted Target			
			Q1	Q2	Q3	Q4
Early Childcare and Education	Provide Technical assistance to CARES participants to include; reviewing PGP, assistance with permit application, access to higher education, and or coaching and mentoring (if participant does not have access to these services through	30	7.5	15	22.5	30
	Provide Resource assistance to CARES participants to include classroom assessment implementation materials, check-out materials, computer access, etc.	75	18.75	37.5	56.25	75
	Provide trainings in collaboration with KCAO's R & R program that will align with the QRIS elements for FCC sites	15	3.75	7.5	11.25	15
	Establish and Distribute a county-wide training calendar for ECE professionals by publishing to the CARES and First 5 website and sending link to partners and participants.	200	50	100	150	200
	Provide Technical Assistance, professional growth trainings and material supports in response to the needs identified through assessment process.	19	4.75	9.5	14.25	19
	Provide Coaching by KCCAQ staff to FCC providers via in person visits, telephone contact, email, texting or other forms of electronic contact	25	6.25	12.5	18.75	25
	Provide stipends and materials to participants	35	8.75	17.5	26.25	35
	Purchase data system for QRIS system that tracks DRDP, ERS, CLASS and Matrix scores	1	0.25	0.5	0.75	1
	Facilitate a Leadership Team Network that will increase capacity, provide support on latest trends, and assist with analyzing data and developing training for site staff	15	3.75	7.5	11.25	15
	Facilitate Alternative Sites' Learning Group that will increase staff capacity, provide support with curriculum and resources for families and children in these programs	8	2	4	6	8

Parent & Me Services

Hanford

Program Specific Strategies		Annual Goal	Quarterly Unduplicated Count				YTD Unduplicated Count (Cumulative)				YTD % On Track to Meet Objectives				
			Q1	Q2	Q3	Q4	YTD (Q1)	YTD (Q2)	YTD (Q3)	YTD (Q4)	Q1	Q2	Q3	Q4	
Healthy Children	Provide developmental screenings to children 0-5 in COVID appropriate format, scheduled according to age: 0-3: every 6 months; 3-5: every 12 months	0 - 5 years	42	33	10	9	---	33	43	52	---	314%	205%	165%	---
ECE	Provide children 0-5* with early childhood education and school readiness instruction COVID appropriate format through Parent & Me classes.	0 - 5 years	42	49	4	7	---	49	53	60	---	467%	252%	190%	---
	Provide modeling parenting and school readiness instruction COVID appropriate format to parents attending Parent & Me.		34	42	2	6	---	42	44	50	---	494%	259%	196%	---
Objectives Met											3	3	3		
Total Objectives											3	3	3		
											100%	100%	100%		

Corcoran

Program Specific Strategies		Annual Goal	Quarterly Unduplicated Count				YTD Unduplicated Count (Cumulative)				YTD % On Track to Meet Objectives				
			Q1	Q2	Q3	Q4	YTD (Q1)	YTD (Q2)	YTD (Q3)	YTD (Q4)	Q1	Q2	Q3	Q4	
Healthy Children	Provide developmental screenings to children 0-5 in COVID appropriate format, scheduled according to age: •0-3: every 6 months •3-5: every 12 months	0 - 5 years	35	37	12	6	---	37	49	55	---	423%	280%	210%	---
ECE	Provide children 0-5* with early childhood education and school readiness instruction COVID appropriate format through Parent & Me classes.	0 - 5 years	35	51	2	3	---	51	53	56	---	583%	303%	213%	---
	Provide modeling parenting and school readiness instruction COVID appropriate format to parents attending Parent & Me.		28	41	1	2	---	41	42	44	---	586%	300%	210%	---
Objectives Met											3	3	3		
Total Objectives											3	3	3		
											100%	100%	100%		

Lemoore

Program Specific Strategies		Annual Goal	Quarterly Unduplicated Count				YTD Unduplicated Count (Cumulative)				YTD % On Track to Meet Objectives				
			Q1	Q2	Q3	Q4	YTD (Q1)	YTD (Q2)	YTD (Q3)	YTD (Q4)	Q1	Q2	Q3	Q4	
Healthy Children	Provide developmental screenings to children 0-5 in COVID appropriate format, scheduled according to age: •0-3: every 6 months •3-5: every 12 months	0 - 5 years	35	19	13	7	---	19	32	39	---	217%	183%	149%	---
ECE	Provide children 0-5* with early childhood education and school readiness instruction COVID appropriate format through Parent & Me classes.	0 - 5 years	35	21	16	6	---	21	37	43	---	240%	211%	164%	---
	Provide modeling parenting and school readiness instruction COVID appropriate format to parents attending Parent & Me.		28	19	15	6	---	19	34	40	---	271%	243%	190%	---
Objectives Met											3	3	3		
Total Objectives											3	3	3		
											100%	100%	100%		

Avenal

Program Specific Strategies		Annual Goal	Quarterly Unduplicated Count				YTD Unduplicated Count (Cumulative)				YTD % On Track to Meet Objectives				
			Q1	Q2	Q3	Q4	YTD (Q1)	YTD (Q2)	YTD (Q3)	YTD (Q4)	Q1	Q2	Q3	Q4	
Healthy Children	Provide developmental screenings to children 0-5 in COVID appropriate format, scheduled according to age: •0-3: every 6 months •3-5: every 12 months	0 - 5 years	20	16	7	0	---	16	23	23	---	320%	230%	153%	---
ECE	Provide children 0-5* with early childhood education and school readiness instruction COVID appropriate format through Parent & Me classes.	0 - 5 years	20	24	5	0	---	24	29	29	---	480%	290%	193%	---
	Provide modeling parenting and school readiness instruction COVID appropriate format to parents attending Parent & Me.		16	24	4	0	---	24	28	28	---	600%	350%	233%	---
Objectives Met											3	3	3		
Total Objectives											3	3	3		

Kettleman City

Program Specific Strategies		Annual Goal	Quarterly Unduplicated Count				YTD Unduplicated Count (Cumulative)				YTD % On Track to Meet Objectives					
			Q1	Q2	Q3	Q4	YTD (Q1)	YTD (Q2)	YTD (Q3)	YTD (Q4)	Q1	Q2	Q3	Q4		
Healthy Children	Provide developmental screenings to children 0-5 in COVID appropriate format, scheduled according to age: •0-3: every 6 months •3-5: every 12 months	0 - 5 years	10	1	0	5	---	1	1	6	---	40%	20%	80%	---	
	Provide children 0-5* with early childhood education and school readiness instruction COVID appropriate format through Parent & Me classes.	0 - 5 years	10	6	0	0	---	6	6	6	---	240%	120%	80%	---	
ECE	Provide modeling parenting and school readiness instruction COVID appropriate format to parents attending Parent & Me.		8	6	0	0	---	6	6	6	---	300%	150%	100%	---	
											Objectives Met			2	2	1
											Total Objectives			3	3	3
														67%	67%	33%

Quarterly Unduplicated Count = Count of first time participants per quarter (excludes counts of continuing clients)
 Annual Goal = Annual Target for unduplicated participants
 YTD Unduplicated Count (Cumulative) = Unduplicated count of clients served through the quarter end
 YTD % On Track to Meet Objectives = Unduplicated count of clients served through the quarter end relative to the adjusted quarter target

Parent & Me Services - Targets

Hanford

Program Specific Strategies		Annual	Adjusted Target			
			Q1	Q2	Q3	Q4
Healthy Children	Provide developmental screenings to children 0-5 in COVID appropriate format, scheduled according to age: •0-3: every 6 months •3-5: every 12 months	42	10.5	21	31.5	42
ECE	Provide children 0-5* with early childhood education and school readiness instruction COVID appropriate format through Parent & Me classes.	42	10.5	21	31.5	42
	Provide modeling parenting and school readiness instruction COVID appropriate format to parents attending Parent & Me.	34	8.5	17	25.5	34

Corcoran

Program Specific Strategies		Annual	Adjusted Target			
			Q1	Q2	Q3	Q4
Healthy Children	Provide developmental screenings to children 0-5 in COVID appropriate format, scheduled according to age: •0-3: every 6 months •3-5: every 12 months	35	8.75	17.5	26.25	35
ECE	Provide children 0-5* with early childhood education and school readiness instruction COVID appropriate format through Parent & Me classes.	35	8.75	17.5	26.25	35
	Provide modeling parenting and school readiness instruction COVID appropriate format to parents attending Parent & Me.	28	7	14	21	28

Lemoore

Program Specific Strategies		Annual	Adjusted Target			
			Q1	Q2	Q3	Q4
Healthy Children	Provide developmental screenings to children 0-5 in COVID appropriate format, scheduled according to age: •0-3: every 6 months •3-5: every 12 months	35	8.75	17.5	26.25	35
ECE	Provide children 0-5* with early childhood education and school readiness instruction COVID appropriate format through Parent & Me classes.	35	8.75	17.5	26.25	35
	Provide modeling parenting and school readiness instruction COVID appropriate format to parents attending Parent & Me.	28	7	14	21	28

Avenal

Program Specific Strategies		Annual	Q1	Adjusted Target		
				Q2	Q3	Q4
Healthy Children	Provide developmental screenings to children 0-5 in COVID appropriate format, scheduled according to age: •0-3: every 6 months •3-5: every 12 months	20	5	10	15	20
ECE	Provide children 0-5* with early childhood education and school readiness instruction COVID appropriate format through Parent & Me classes.	20	5	10	15	20
	Provide modeling parenting and school readiness instruction COVID appropriate format to parents attending Parent & Me.	16	4	8	12	16

Kettleman City

Program Specific Strategies		Annual	Q1	Adjusted Target		
				Q2	Q3	Q4
Healthy Children	Provide developmental screenings to children 0-5 in COVID appropriate format, scheduled according to age: •0-3: every 6 months •3-5: every 12 months	10	2.5	5	7.5	10
ECE	Provide children 0-5* with early childhood education and school readiness instruction COVID appropriate format through Parent & Me classes.	10	2.5	5	7.5	10
	Provide modeling parenting and school readiness instruction COVID appropriate format to parents attending Parent & Me.	8	2	4	6	8

UCP Special Needs Services

Program Specific Strategies		Annual Goal	Quarterly Unduplicated Count				YTD Unduplicated Count (Cumulative)				YTD % On Track to Meet Objectives			
			Q1	Q2	Q3	Q4	YTD (Q1)	YTD (Q2)	YTD (Q3)	YTD (Q4)	Q1	Q2	Q3	Q4
Early Childcare and Education	Provide inclusion opportunities for families in the Parent & Me Program. (In COVID-19 appropriate format.)	78	0	101	0	---	0	101	101	---	0%	259%	173%	---
	Provide parent mentorship support and education at Parent & Me Programs	150	67	18	12	---	67	85	97	---	179%	113%	86%	---
	Provide Special Needs In-service Training to Early Care & Education Providers to support services in an integrated fashion. (In COVID-19 appropriate format.)	45	29	0	20	---	29	29	49	---	258%	129%	145%	---
Healthy Children	Provide screenings of children 0-5 for referral to appropriate services. (In COVID-19 appropriate format.)	32	12	5	6	---	12	17	23	---	150%	106%	96%	---
	Provide follow-up screenings for children 0-5 who do not qualify under IDEA funding to determine if qualifiers are now met. (In COVID-19 appropriate format.)	20	1	0	0	---	1	1	1	---	20%	10%	7%	---

Objectives Met	3	4	2
Total Objectives	5	5	5
	60%	80%	40%

Quarterly Unduplicated Count = Count of first time participants per quarter (excludes counts of continuing clients)
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 YTD % On Track to Meet Objectives = Unduplicated count of clients served through the quarter end relative to the adjusted quarter target

UCP Special Needs Services - Targets

Program Specific Strategies		Annual	Adjusted Target			
			Q1	Q2	Q3	Q4
Early Childcare and Education	Provide inclusion opportunities for families in the Parent & Me Program. (In COVID-19 appropriate format.)	78	19.5	39	58.5	78
	Provide parent mentorship support and education at Parent & Me Programs	150	37.5	75	112.5	150
	Provide Special Needs In-service Training to Early Care & Education Providers to support services in an integrated fashion. (In COVID-19 appropriate format.)	45	11.25	22.5	33.75	45
Healthy Children	Provide screenings of children 0-5 for referral to appropriate services. (In COVID-19 appropriate format.)	32	8	16	24	32
	Provide follow-up screenings for children 0-5 who do not qualify under IDEA funding to determine if qualifiers are now met. (In COVID-19 appropriate format.)	20	5	10	15	20

UCP Special Needs Services

Program Specific Strategies		Annual Goal	Quarterly Unduplicated Count				YTD Unduplicated Count (Cumulative)				YTD % On Track to Meet Objectives				
			Q1	Q2	Q3	Q4	YTD (Q1)	YTD (Q2)	YTD (Q3)	YTD (Q4)	Q1	Q2	Q3	Q4	
Systems Integrations & Alignment	Screen all 211 callers to determine which callers have a child 0-5 years in their household.	900			273	---			273	---			61%	---	
	Conduct follow-up calls with families that include a child 0-5 years of age to determine whether the family received services requested during initial 211 call and determine if additional community resource information is needed.	60			273	---			273	---			910%	---	
	Provide additional referrals to households with children 0-5 years to ensure families have access and linkage to community services to meet basic needs and promote wellness.	125			85	---			85	---			136%	---	
	Provide referrals and linkage to services that specifically cater to children 0-5 years, with an emphasis on Family Resource Centers and other programs that prepare children to succeed.	45			9	---			9	---			40%	---	
												Objectives Met		2	
												Total Objectives		4	
														50%	

Quarterly Unduplicated Count = Count of first time participants per quarter (excludes counts of continuing clients)
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 YTD % On Track to Meet Objectives = Unduplicated count of clients served through the quarter end relative to the adjusted quarter target

Kings United Way - Targets

Program Specific Strategies		Adjusted Target				
		Annual	Q1	Q2	Q3	Q4
Systems Integrations & Alignment	Screen all 211 callers to determine which callers have a child 0-5 years in their household.	900			450	900
	Conduct follow-up calls with families that include a child 0-5 years of age to determine whether the family received services requested during initial 211 call and determine if additional community resource information is needed.	60			30	60
	Provide additional referrals to households with children 0-5 years to ensure families have access and linkage to community services to meet basic needs and promote wellness.	125			62.5	125
	Provide referrals and linkage to services that specifically cater to children 0-5 years, with an emphasis on Family Resource Centers and other programs that prepare children to succeed.	45			22.5	45



330 Campus Drive • Hanford • CA • 93230 • (559) 585-0814

Date of Meeting: June 4, 2024

Study Session

Spotlight On Service:

Kings United Way

Get Connected!



330 Campus Drive • Hanford • CA • 93230 • (559) 585-0814

Date of Meeting:
Agenda Item Type:

June 4, 2024
Informational

AGENDA ITEM: Spotlight on Service: Kings United Way – Get Connected!

A. Background/History:

The First 5 Commission has scheduled annual program presentations by funded programs. This offers grantees the opportunity to share their successes, achievements, and progress from the last year.

B. Summary of Request, Description of Project and/or Primary Goals of Agenda Item:

Kings United Way's 211 platform has been a resource for Kings County for a number of years, allowing community providers and members to identify a variety of resources to help the families and children of Kings County meet their needs. With the Get Connected! project, KUW seeks to identify households with a child 0-5, providing referrals and linkages to services, as well as information on their nearest Family Resource Center. The Get Connected! Database Specialist will also follow up on referrals to ensure that families are connected to the needed services.

C. Timeframe:

Kings United Way has been a component of the First 5 Kings County strategic plan since FY 2017-2018.

D. Costs:

There is no cost associated with this agenda item.

E. Staff Recommendation:

Staff recommends that the commission review the information provided by Kings United Way regarding the Get Connected! Project.

F. Attachments:


- Kings United Way – Get Connected! – PowerPoint Presentation



Get Connected

Presenters: Yvette Moreno & Alma Mora

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Alma Mora

211 Database Specialist

Some of my tasks include:

- 211 Outreach/Presentations
- Communication with agencies about their programs
- Updates/adding new resources into our 211
- Follow up with 211 callers to ensure they are being connected to the resources they may need.



2



Yvette Moreno


211 Coordinator

Some of my tasks include:

- Serving as the link between the I&R organization and the community.
- Generating reports and products according to organizational and community needs.
- Oversee daily operations for the resource database.




3



2-1-1


Kings County

- 24/7
- Free
- Confidential
- Access to community health and social services




Dial

Dial 211 to speak with a live call specialist.




Text

Text your zip code to 898211



Live Chat


Chat with a Call Specialist when you visit www.211kingscounty.org



Download

Download 211 Intellifit™

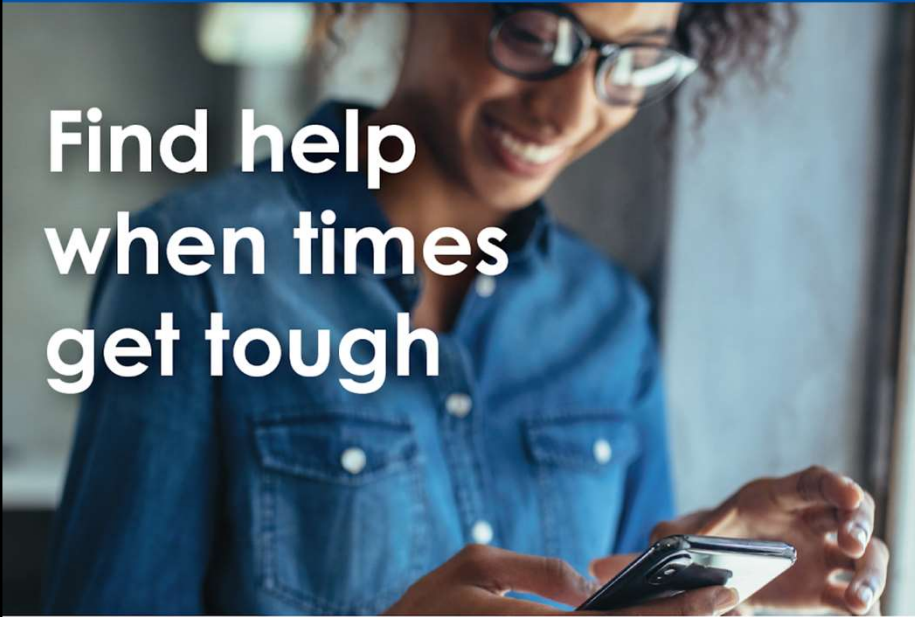
Download on the **App Store** | **GET IT ON Google Play**



Visit

Search the database. Visit 211kingscounty.org

4



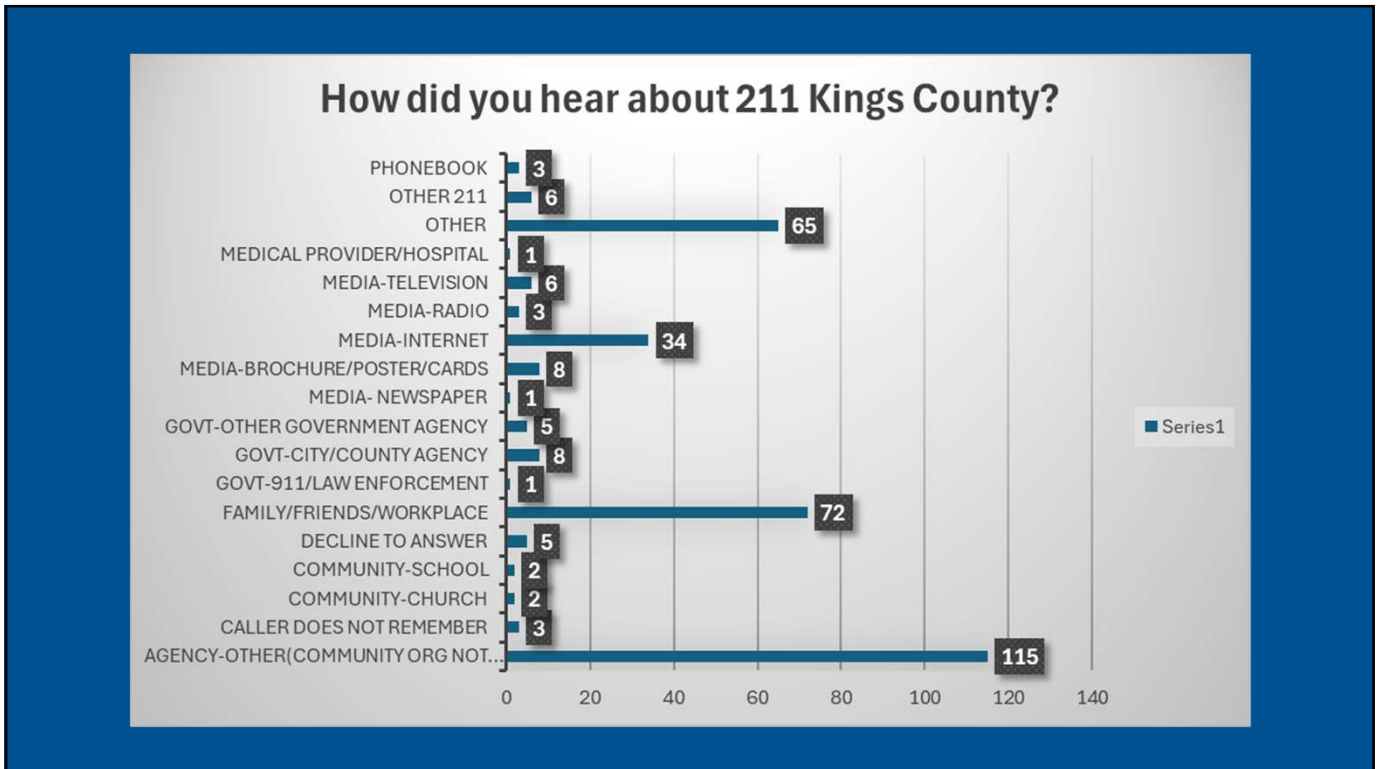
Find help when times get tough

2.1.1

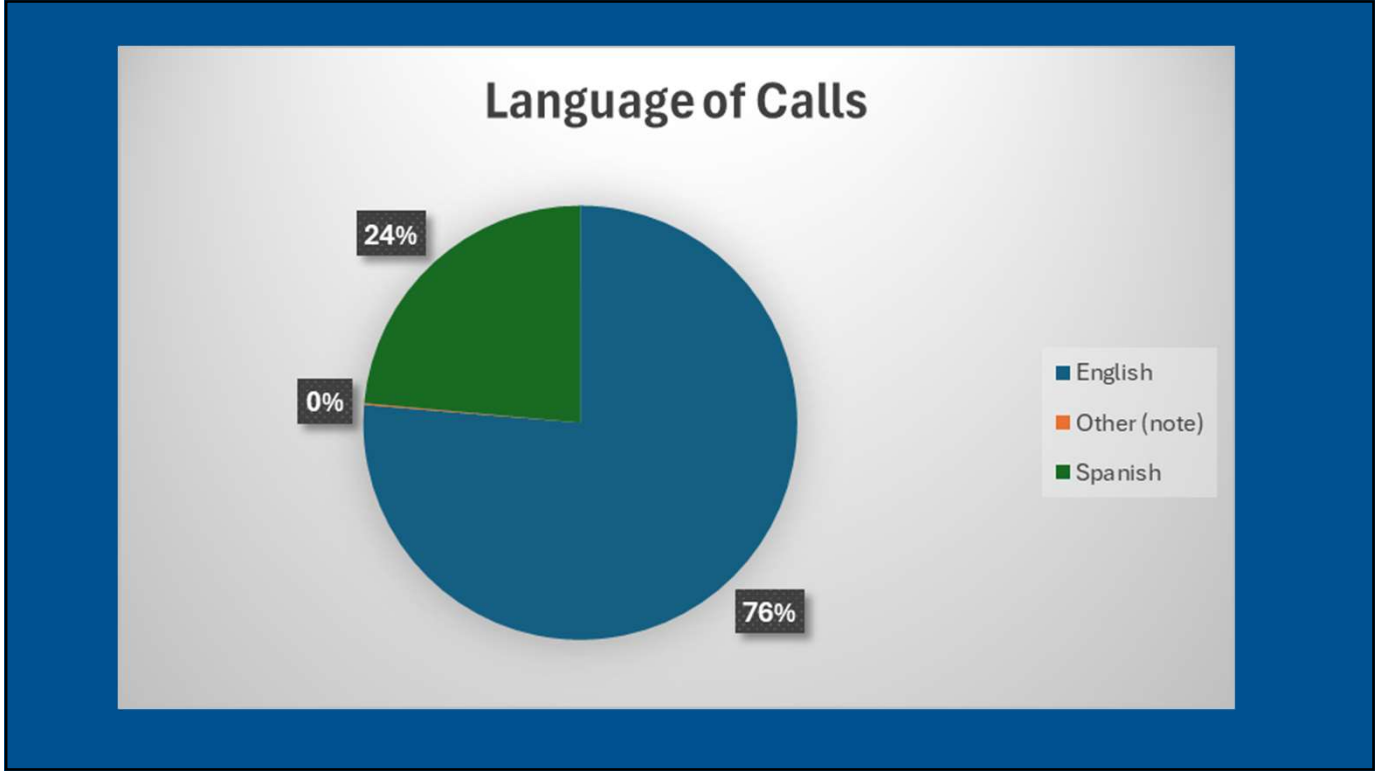
Kings County

- 24/7
- Free
- Confidential
- Access to community, health and social services

5



6

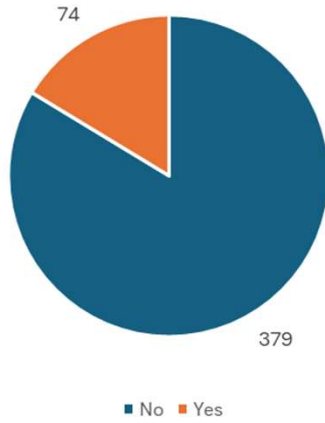


7



8

Do you have any children in your household ages 0-5?




9

Promoting 0-5 Programs at Community Events



10

Insight of what FRC's are



ARE YOU CONNECTED TO AN FRC?

The First 5 funded Family Resource Centers (FRC's) within Kings County to employ various models constructed to support the delivery of health, education, childcare, and other support services to children and families. FRC's have the additional impact of building communities and systems that support families.



Corcoran - Hanford - Lemoore - Kettleman City

INTERESTED IN CONNECTING TO AN FRC OR OTHER 0-5 RESOURCES FOR YOUR CHILD?

Connect to 211 for information navigation in Kings County. If interested, a follow up call will be done to ensure your child is taken care of.

Ways to connect with 211:

- Dial the three digit number, 2-1-1
- Navigate or live chat with us through our website 211kingscounty.org
- Text your zip code to 2-1-1
- Download our 211 Intelliful App™

Kings County FRC Locations


First 5 Kings County FRC's

Corcoran Family Resource Center
800 Dairy Avenue, Corcoran CA
Phone (559)992-5171 Ext. 15
Note: you must call directly for operating hours and to be added.

Hanford Family Connection
400 N Dauty St, Hanford CA
Phone (559)589-2689
Open M-F from 9 AM-5 PM
Note: Families will be served by appointment only.


Lemoore Family Connection
124 C Street, Lemoore CA
Phone (559)589-2685
Open M-F from 9 AM-5 PM
Note: Families will be served by appointment only.

Kettleman City Family Resource Center
75 Fifth St, Kettleman City, CA
Phone (559)386-1693
Open T-Thursday from 9 AM-3:30 PM



Note: Avenal does not have an FRC, but they do have a Family Engagement Center that we connect callers to.

How to connect to 0-5 resources using 211



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Connecting Families

- Follow ups: 41 follow up calls
- Referrals: 65 referrals
- Linkages: 56 linkages

12

Diapers for the Community through 211



When picking up their diapers, callers are also provided with a personalized packet of resources. This packet includes their preferred FRC's calendar, 211 Food Calendar, Medical information, and other information they may have requested during their follow up call. Every packet is unique.

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Some Linkages

- Family Engagement Center (Avenal, CA)
- Utility Assistance: Salvation Army, KCAO, and Proteus
- Legal Assistance: Central California Legal Services
- KCAO's Child Care Eligibility
- KCAO's Early Head Start Program
- Summer Community Events for Children
- Food Pantries/ Food Distributions

14

QUESTIONS?

Yvette Moreno

211 Coordinator

yvetteo@kingsunitedway.org

Alma Mora

211 Database Specialist

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330 Campus Drive • Hanford • CA • 93230 • (559) 585-0814

Date of Meeting: June 4, 2024

Study Session

Staff Report

April-May 2024



Staff Report April-May 2024

Program Officer Report

- **Administrative Activities**
 - Home Visitation oversight & transition planning
 - 3rd Quarter Progress & Expenditure Reports
 - KCDPH Accreditation, Senior Leadership, Policy & Procedure Workgroup
 - Reflective Supervision for another First 5 Home Visitation Program
 - CMSP/LICN grant

- **Meetings, Webinars and Conferences:**
 - First 5 Central Region ED Meeting – April 11
 - Early Childhood Home Visiting Collaborative -April 11
 - Central CA Home Visiting and NIH/ENRICH – April 12
 - HOV Training Workgroup – April 15
 - HOV Shared Outcomes Workgroup – April 15
 - HOV Regional Collaborative Meeting – April 16
 - HOV Workforce Pathways Workgroup – April 16
 - HOV Screening & Intake Workgroup – April 18
 - HOV Fiscal Mapping Workgroup – April 18
 - WIC Community Baby Shower planning – April 29
 - Local Childcare Planning Council & Kings Early Education Program – May 1
 - Project Food Box Informational Meeting – May 2
 - WHC Lemoore site visit – Car Seat Tech training – May 9
 - Valley Childrens/F5 Center/Central Valley First 5s Check-in – May 16
 - Universal Pre-Kindergarten Family Survey Input webinar – May 16
 - HOV Screening & Intake Workgroup – May 16
 - HOV Fiscal Mapping Workgroup – May 16
 - Help Me Grow Central Valley Advisory Group – May 16
 - HOV Training Workgroup – May 20
 - HOV Shared Outcomes Workgroup – May 20
 - HOV Regional Collaborative Meeting – May 21
 - HOV Workforce Pathways Workgroup – May 21
 - KCOE Community Connect – May 22
 - First 5 California Commission Meeting – May 23
 - First 5 Central Region ED Meeting – May 24
 - Current State of CHWs in the Central Valley webinar – May 24
 - Help Me Grow Central Valley Advisory Group – May 28