



Early Childhood Evaluation Advisory Subcommittee Meeting

June 19, 2017
3:30-5:00 p.m.

First 5 San Mateo County
1700 S. El Camino Real, #405
San Mateo, CA 94402

Committee Members/F5SMC Commissioners: Pam Frisella (Chair), Michael Garb, Neel Patel,
Louise Rogers

Grantee Representatives: Heather Cleary, Peninsula Family Service; Tracey Fecher, Community Gatepath

Staff: Kitty Lopez, Michelle Blakely, Jenifer Clark

Minutes: Jenifer Clark

AGENDA

	Item	Presenter
1.	Agenda Review & Announcements	Frisella
2.	Approval of the April 17, 2017 Early Childhood Evaluation Advisory Subcommittee Meeting Minutes (Attachment 2)	Frisella/All
3.	Discussion: Individual-Level Client Data in Persimmony (Attachment 3A, 3B)	Clark
4.	Follow-Up Discussion: Strategic Plan Indicator Dashboard (Attachment 4)	Clark
5.	Updates: Ongoing Research & Evaluation Activities <ul style="list-style-type: none">• Big Data Pilot Project• Persimmony Implementation	Clark
6.	Next Steps	Frisella/All
7.	Adjourn	Frisella
Next Meeting Date(s): <i>August 21st</i> <i>October 16th</i>		

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FIRST 5 SAN MATEO COUNTY**Early Childhood Evaluation Advisory Subcommittee****Meeting Minutes****April 17, 2017**

Commissioners Present: Pam Frisella, Michael Garb
Commissioners Absent: Neel Patel, Louise Rogers
Grantee Representatives: Heather Cleary, Tracey Fecher
Staff: Michelle Blakely, Jenifer Clark, Kitty Lopez

1. Agenda Review & Announcements

The agenda was approved with no changes.

2. Approval of the October 2016 Early Childhood Evaluation Advisory Subcommittee Minutes

Minutes were approved with no changes.

3. Welcome: Grantee Representatives to the ECEA Subcommittee

Members welcomed the new grantee representatives to the Committee, Heather Cleary (Peninsula Family Service) and Tracey Fecher (Community Gatepath). Heather Cleary was invited to serve on the committee after Sarah Kinahan resigned her position at San Mateo County Office of Education and thus was no longer eligible to be a grantee representative. The Subcommittee is pleased to add the grantee perspective on data collection, relevant indicators, and program evaluation to its ongoing work.

4. Discussion: Strategic Plan Indicator Dashboard

The group discussed the outcomes and indicators in the current F5SMC Strategic Plan and reviewed a draft Indicator Dashboard presenting information on the Population-Level indicators. There was rich conversation about the purpose of tracking these particular indicators at a population level, and which types of data will best support that purpose. Topics of discussion included:

- The purpose of tracking population-level indicators versus program-specific indicators (i.e. the former allows the Commission to examine trends over time that are relevant to the population we serve and the long term goals we are working to achieve in partnership with other stakeholders; the latter provides information about the effectiveness of our investments and activities.
- The importance of leveraging other large-scale data collection and aggregation efforts to track population-based indicators, such as the California Health Interview Survey, the American Community Survey, Children Now's County Scorecards, and Kidsdata.org.
- The timeframe over which indicators should be collected and reported upon: for example, many population-level indicators are collected at the state and county level every two years; some are collected even less frequently.

The group provided feedback on the draft indicator dashboard; staff will update the dashboard accordingly and bring it to the next meeting.

5. Updates: Ongoing Research & Evaluation Activities

Members received updates on Persimmony Implementation and the Big Data Pilot Project.

- Mid-year fiscal and program reports were submitted through Persimmony for the first time this past reporting cycle. Jenifer Clark is in the process of meeting with grantees to gather their feedback about the system and the process. In general, grantees report that the fiscal reporting module (including invoicing and budget revision requests) was intuitive to use and worked well. They report that the Program Reporting module (Scope of Work deliverables updates, narrative about program successes and challenges, client success stories) was more challenging to navigate and felt overwhelming, although there was no change to the amount or content of the information being collected. This seems to be due to the change in format—the way the information is presented and entered on the computer screen may require that staff work with grantees to simplify and streamline the information that is held within the electronic scopes of work.
- The Big Data Pilot Project is proceeding, albeit slowly. Jenifer Clark has been fielding calls from various grantees with more detailed questions about what the project entails, the relevance of regulations such as HIPAA and FERPA, and how they can work with F5SMC to transfer data. This work will continue.

6. Next Steps:

Next Scheduled Meeting: June 19th and August 21st, from 3:30-5pm at the F5SMC offices.

Consent to Participate in the First 5 San Mateo County Evaluation

I agree to share my answers on this interview with First 5 San Mateo County (F5SMC), its evaluators, and the program I am working with today < _____ >.
Enter Program Name

This information will help F5SMC learn about the families they serve. I understand that:

- This interview asks for my name, my children's names, our birthdays, zip code, ethnicity, and language spoken.
- It also asks about my child's health, our family's well-being, and services we have received.
- I will be asked to complete this interview at the beginning and end of this program, or every six months.
- The interview should take 15 to 20 minutes to complete.
- I can skip any question that I do not want to answer.
- If my children got developmental screenings, the results will be shared with F5SMC and its evaluators.
- Only a few F5SMC staff and its evaluators will be able to see my answers, and reports will not include my private information.
- Program staff from < _____ > are not allowed to share my private information with anyone, unless they think I, or my child, is in danger.
- There are no known risks to completing this interview. My answers might help to improve services for families in San Mateo County.
- It is very important to F5SMC that my information is safe, so it will be protected as required by law.
- If I do not complete this interview, my family can still receive services from this program.
- My consent to share my answers will end 10 years from today. I can always change my mind and have my information erased. To do this I send a written request to: **Jenifer Clark, First 5 San Mateo County, 1700 S. El Camino Real, Suite 405, San Mateo, CA 94402.**
- I can ask for a copy of this page to take home with me.

<input type="checkbox"/> I consent to complete this interview and share my information. Please print your name, sign and date below, and begin interview on next page	

Parent/Guardian's printed name	
_____	_____
Signature	Date Signed

Intake Interview

Today's Date (MM/DD/YYYY): □□/□□/□□□□

Participant's ID (if applicable) □□□□□□

Name of Parent/Caregiver:			
Last		First	Middle
Date of Birth (MM/DD/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Zip Code:	Prenatal Participant: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Language: (Mark one only.) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other			
Race/Ethnicity: (Mark all that apply.) <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Alaska Native or American Indian <input type="checkbox"/> Multiracial <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Other			

Name of Child 1 (age 0–5) —Child who will benefit from services or whose birthday is coming up next			
Last		First	Middle
Date of Birth (MM/DD/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Zip Code:	
Child's Primary Language: (Mark one only.) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other			
Child's Race/Ethnicity: (Mark all that apply.) <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Alaska Native or American Indian <input type="checkbox"/> Multiracial <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Other:			

This section is to be completed by the service provider.**Date of most recent ASQ administration:** (MM/DD/YYYY) ___/___/_____**Interval of ASQ:** (Mark one only.)

- | | | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> 2 months | <input type="checkbox"/> 4 months | <input type="checkbox"/> 6 months | <input type="checkbox"/> 8 months | <input type="checkbox"/> 9 months |
| <input type="checkbox"/> 10 months | <input type="checkbox"/> 12 months | <input type="checkbox"/> 14 months | <input type="checkbox"/> 16 months | <input type="checkbox"/> 18 months |
| <input type="checkbox"/> 20 months | <input type="checkbox"/> 22 months | <input type="checkbox"/> 24 months | <input type="checkbox"/> 27 months | <input type="checkbox"/> 30 months |
| <input type="checkbox"/> 33 months | <input type="checkbox"/> 36 months | <input type="checkbox"/> 42 months | <input type="checkbox"/> 48 months | <input type="checkbox"/> 54 months |
| <input type="checkbox"/> 60 months | <input type="checkbox"/> Unknown | | | |

ASQ Subscale Scores:

Communication: □□ Gross Motor: □□ Fine Motor: □□ Problem-solving: □□ Personal-social: □□

Date of most recent ASQ:SE administration: ___/___/_____**Interval of ASQ:SE:** (Mark one only.)

- | | | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> 6 months | <input type="checkbox"/> 12 months | <input type="checkbox"/> 18 months | <input type="checkbox"/> 24 months | <input type="checkbox"/> 30 months |
| <input type="checkbox"/> 36 months | <input type="checkbox"/> 48 months | <input type="checkbox"/> 60 months | <input type="checkbox"/> Unknown | |

ASQ:SE Total Score: □□□

This section is to be completed by the service provider while interviewing the parent/caregiver.

To answer the questions below, think about your child <Child 1: _____> who will benefit from this program's services. If more than one child will benefit, think about your child age 0-5 whose birthday is coming up next.

1. What type of health insurance does your child <Child 1: _____> have now? *(Mark all that apply.)*
 - Uninsured
 - Insurance purchased directly by parent/guardian (including COBRA)
 - Insurance provided by employer
 - Medi-Cal (full scope or emergency)
 - Healthy Kids/California Kids/ or similar program
 - Application pending (please specify type): _____
 - Other (please specify): _____
 - Don't know/Declined

2. How many times last year did your child <Child 1: _____> see a doctor for a "well-child" check-up? A well-child check-up is a general check-up when your child is not sick or hurt. *(Mark one only.)*
 - 0 times
 - 1 time
 - 2-3 times
 - 4-5 times
 - 6 times or more
 - Don't know/Declined

3. **Please ask only for child over 12 months of age:** When did your child <Child 1: _____> last see a dentist for a routine check-up? *(Mark one only.)*
 - Not applicable - Child under 12 months of age
 - Less than a year ago
 - Between 1 to 2 years ago
 - 2 years ago or more
 - Never
 - Don't know/Declined

4. **Please ask only for child age 3-5:** Since your child <Child 1: _____> turned 3, has he or she ever gone to preschool regularly? Preschool could be Head Start, pre-kindergarten, or a child care center. By regularly, we mean at least two times a week and for at least 6 months. *(Mark one only.)*
 - Not Applicable (Child under 3 years of age)
 - Recently enrolled (Regularly attended less than 6 months.)
 - Yes (Regularly attended 6 months or more.)
 - No (Has never attended regularly.)
 - Don't know/Declined

4b. If "Recently enrolled" or "Yes" above, **what is the name of your child's preschool?**

5: In a usual week, how often does your family do these things with your child <Child 1: _____>?
(Mark one only for each row.)

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

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

- No
- Yes
- Don't know/Declined

6b. Does your child have an IFSP (Individual Family Service Plan) or IEP?

- No
- Yes
- In progress
- Don't know/Declined

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

Services	Referred for services?	If you were referred, did you receive services?	If you were referred but didn't get services, Why?
a. Dental services (only if child is over 1 year of age)	<input type="checkbox"/> NA – Child under 1 <input type="checkbox"/> No <input type="checkbox"/> Yes; If yes , answer if you received the service. _____→	<input type="checkbox"/> Yes <input type="checkbox"/> No; If no , answer the main reason services were not received. _____→	<input type="checkbox"/> Not interested <input type="checkbox"/> On waiting list <input type="checkbox"/> Could not find provider who could meet my needs <input type="checkbox"/> Too expensive <input type="checkbox"/> Transportation issues <input type="checkbox"/> Not eligible for service <input type="checkbox"/> Other
b. Developmental service (e.g., assessments, speech, language, hearing, occupational or physical therapy)	<input type="checkbox"/> No <input type="checkbox"/> Yes; If yes , answer if you received the service. _____→	<input type="checkbox"/> Yes <input type="checkbox"/> No; If no , answer the main reason services were not received. _____→	<input type="checkbox"/> Not interested <input type="checkbox"/> On waiting list <input type="checkbox"/> Could not find provider who could meet my needs <input type="checkbox"/> Too expensive <input type="checkbox"/> Transportation issues <input type="checkbox"/> Not eligible for service <input type="checkbox"/> Other
c. Child care or preschool	<input type="checkbox"/> No <input type="checkbox"/> Yes; If yes , answer if you received the service. _____→	<input type="checkbox"/> Yes <input type="checkbox"/> No; If no , answer the main reason services were not received. _____→	<input type="checkbox"/> Not interested <input type="checkbox"/> On waiting list <input type="checkbox"/> Could not find provider who could meet my needs <input type="checkbox"/> Too expensive <input type="checkbox"/> Transportation issues <input type="checkbox"/> Not eligible for service <input type="checkbox"/> Other
d. Child mental/ behavioral health services (e.g., behaviorist, psychologist, psychiatrist)	<input type="checkbox"/> No <input type="checkbox"/> Yes; If yes , answer if you received the service. _____→	<input type="checkbox"/> Yes <input type="checkbox"/> No; If no , answer the main reason services were not received. _____→	<input type="checkbox"/> Not interested <input type="checkbox"/> On waiting list <input type="checkbox"/> Could not find provider who could meet my needs <input type="checkbox"/> Too expensive

			<input type="checkbox"/> Transportation issues <input type="checkbox"/> Not eligible for service <input type="checkbox"/> Other
e. Adult mental/ behavioral health services (e.g., family therapist, psychologist, psychiatrist)	<input type="checkbox"/> No <input type="checkbox"/> Yes; If yes , answer if you received the service. →	<input type="checkbox"/> Yes <input type="checkbox"/> No; If no , answer the main reason services were not received. →	<input type="checkbox"/> Not interested <input type="checkbox"/> On waiting list <input type="checkbox"/> Could not find provider who could meet my needs <input type="checkbox"/> Too expensive <input type="checkbox"/> Transportation issues <input type="checkbox"/> Not eligible for service <input type="checkbox"/> Other

8. How many family members live with you?

Number of children age 0-5: ____ Number of children age 6-18: ____ Number of adults (including yourself): ____

9. Which is closest to your family's total income last year? (Mark one only.)

- \$10,000 or less
- \$10,001 – \$20,000
- \$20,001 – \$30,000
- \$30,001 – \$40,000
- \$40,001 – \$50,000
- \$50,001 – \$60,000
- \$60,001 – \$70,000
- \$70,001 – \$80,000
- \$80,001 – and above
- Don't know/Declined*

10. What is the highest grade or year of school that you completed? (Mark one only.)

- No formal schooling
- Less than 9th grade
- Some high school
- High school diploma/GED
- Some college or technical school
- Associate or technical degree
- Bachelor's degree
- Graduate or professional degree (e.g, MA, PhD, JD, MD)
- Don't know/Declined*

NOTE TO SERVICE PROVIDERS: You can choose to either read Question 11 (a-j) to parent in an interview format and complete for parent, or ask parent to complete these items on their own. The service provider should be available to answer any questions the parent may have.

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

	Always	Most of the time	Sometimes	Hardly ever	Never
a) I know how to guide my child's behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I know what my child should be able to do at this age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I can get the services my family needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I know how to help my child learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I have enough food to feed my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I have friends and family to turn to for support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I am worried about our housing (e.g., needs fixing, too crowded, too expensive).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I worry that someone in my close family has a drug or alcohol problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I feel like I need help with my sadness or depression.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Someone in my life makes me feel threatened or unsafe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Intake Interview completed? Yes No
 Follow-up Interview Target Due Date: _____
 Name of Parent/Guardian who signed consent: _____
NOTE: If person completing the Follow-up Interview is different than the person who signed the Intake Interview Consent Form, complete Follow-up Consent below.

Consent to Participate in the First 5 San Mateo County Evaluation

I agree to share my answers on this interview with First 5 San Mateo County (F5SMC), its evaluators, and the program I am working with today < _____ >.
Enter Program Name

This information will help F5SMC learn about the families they serve. I understand that:

- This interview asks for my name, my children's names, our birthdays, zip code, ethnicity, and language spoken.
- It also asks about my child's health, our family's well-being, and services we have received.
- I will be asked to complete this interview at the beginning and end of this program, or every six months.
- The interview should take 15 to 20 minutes to complete.
- I can skip any question that I do not want to answer.
- If my children got developmental screenings, the results will be shared with F5SMC and its evaluators.
- Only a few F5SMC staff and its evaluators will be able to see my answers, and reports will not include my private information.
- Program staff from < _____ > are not allowed to share my private information with anyone, unless they think I, or my child, is in danger.
- There are no known risks to completing this interview. My answers might help to improve services for families in San Mateo County.
- It is very important to F5SMC that my information is safe, so it will be protected as required by law.
- If I do not complete this interview, my family can still receive services from this program.
- My consent to share my answers will end 10 years from today. I can always change my mind and have my information erased. To do this I send a written request to: **Jenifer Clark, First 5 San Mateo County, 1700 S. El Camino Real, Suite 405, San Mateo, CA 94402.**
- I can ask for a copy of this page to take home with me.

I consent to complete this interview and share my information.
 Please print your name, sign and date below, and begin interview on next page

Parent/Guardian's **printed name**

Signature _____
Date Signed

Follow-Up Interview

Today's Date (MM/DD/YYYY): / /

Participant's ID (if applicable)

Name of Parent/Caregiver:		
Last	First	Middle
Name of Child 1 (age 0–5) —Child who will benefit from services or whose birthday is coming up next		
Last	First	Middle

This section is to be completed by the service provider

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

Case closures: (Mark one only, if applicable.)
 Case closure (service completed) → indicate number of months since opening:
 Case closure (referred out) → indicate number of months since opening:

Lost to follow-up: (If applicable.)
 Unable to locate (no Follow-up Interview completed)

Below, summarize your service delivery since the date of last data collection (i.e., Intake or last Follow-up).

<p>Average frequency of service contact: (Mark (X) one only.) Consider both the instances you spend working directly with the family as well as instances working with other service providers on behalf of the family.</p> <input type="checkbox"/> Daily <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> 2-3 times a week <input type="checkbox"/> Once a month <input type="checkbox"/> Weekly <input type="checkbox"/> Less than once a month	<p>Average time per service contact: (Mark (X) one only.) Consider both the time you spend working directly with the family as well as time working with other service providers on behalf of the family.</p> <input type="checkbox"/> 0-29 minutes <input type="checkbox"/> 90-119 minutes <input type="checkbox"/> 30-59 minutes <input type="checkbox"/> 120+ minutes <input type="checkbox"/> 60-89 minutes
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Date of most recent ASQ administration: (MM/DD/YYYY) ___/___/_____

Interval of ASQ: (Mark one only.)

<input type="checkbox"/> 2 months	<input type="checkbox"/> 4 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 8 months	<input type="checkbox"/> 9 months
<input type="checkbox"/> 10 months	<input type="checkbox"/> 12 months	<input type="checkbox"/> 14 months	<input type="checkbox"/> 16 months	<input type="checkbox"/> 18 months
<input type="checkbox"/> 20 months	<input type="checkbox"/> 22 months	<input type="checkbox"/> 24 months	<input type="checkbox"/> 27 months	<input type="checkbox"/> 30 months
<input type="checkbox"/> 33 months	<input type="checkbox"/> 36 months	<input type="checkbox"/> 42 months	<input type="checkbox"/> 48 months	<input type="checkbox"/> 54 months
<input type="checkbox"/> 60 months	<input type="checkbox"/> Unknown			

ASQ Subscale Scores:

Communication: Gross Motor: Fine Motor: Problem-solving: Personal-social:

Date of most recent ASQ:SE administration: ___/___/_____

Interval of ASQ:SE: (Mark one only.)

<input type="checkbox"/> 6 months	<input type="checkbox"/> 12 months	<input type="checkbox"/> 18 months	<input type="checkbox"/> 24 months	<input type="checkbox"/> 30 months
<input type="checkbox"/> 36 months	<input type="checkbox"/> 48 months	<input type="checkbox"/> 60 months	<input type="checkbox"/> Unknown	

ASQ:SE Total Score:

This section is to be completed by the service provider while interviewing the parent/caregiver.

To answer the questions below, think about your child <Child 1: _____> who will benefit from this program's services. If more than one child will benefit, think about your child age 0-5 whose birthday is coming up next.

1. What type of health insurance does your child <Child 1: _____> have now? *(Mark all that apply.)*
 - Uninsured
 - Insurance purchased directly by parent/guardian (including COBRA)
 - Insurance provided by employer
 - Medi-Cal (full scope or emergency)
 - Healthy Kids/California Kids/ or similar program
 - Application pending (please specify type): _____
 - Other (please specify): _____
 - Don't know/Declined

2. How many times last year did your child <Child 1: _____> see a doctor for a "well-child" check-up? A well-child check-up is a general check-up when your child is not sick or hurt. *(Mark one only.)*
 - 0 times
 - 1 time
 - 2-3 times
 - 4-5 times
 - 6 times or more
 - Don't know/Declined

3. **Please ask only for child over 12 months of age:** When did your child <Child 1: _____> last see a dentist for a routine check-up? *(Mark one only.)*
 - Not applicable - Child under 12 months of age
 - Less than a year ago
 - Between 1 to 2 years ago
 - 2 years ago or more
 - Never
 - Don't know/Declined

4. **Please ask only for child age 3-5:** Since your child <Child 1: _____> turned 3, has he or she ever gone to preschool regularly? Preschool could be Head Start, pre-kindergarten, or a child care center. By regularly, we mean at least two times a week and for at least 6 months. *(Mark one only.)*
 - Not Applicable (Child under 3 years of age)
 - Recently enrolled (Regularly attended less than 6 months.)
 - Yes (Regularly attended 6 months or more.)
 - No (Has never attended regularly.)
 - Don't know/Declined

4b. If "Recently enrolled" or "Yes" above, **what is the name of your child's preschool?**

5: In a usual week, how often does your family do these things with your child <Child 1: _____>?
(Mark one only for each row.)

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

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

- No
- Yes
- Don't know/Declined

6b. Does your child have an IFSP (Individual Family Service Plan) or IEP?

- No
- Yes
- In progress
- Don't know/Declined

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

Services	Referred for services?	If you were referred, did you receive services?	If you were referred but didn't get services, Why?
a. Dental services (only if child is over 1 year of age)	<input type="checkbox"/> NA – Child under 1 <input type="checkbox"/> No <input type="checkbox"/> Yes; If yes , answer if you received the service. _____→	<input type="checkbox"/> Yes <input type="checkbox"/> No; If no , answer the main reason services were not received. _____→	<input type="checkbox"/> Not interested <input type="checkbox"/> On waiting list <input type="checkbox"/> Could not find provider who could meet my needs <input type="checkbox"/> Too expensive <input type="checkbox"/> Transportation issues <input type="checkbox"/> Not eligible for service <input type="checkbox"/> Other
b. Developmental service (e.g., assessments, speech, language, hearing, occupational or physical therapy)	<input type="checkbox"/> No <input type="checkbox"/> Yes; If yes , answer if you received the service. _____→	<input type="checkbox"/> Yes <input type="checkbox"/> No; If no , answer the main reason services were not received. _____→	<input type="checkbox"/> Not interested <input type="checkbox"/> On waiting list <input type="checkbox"/> Could not find provider who could meet my needs <input type="checkbox"/> Too expensive <input type="checkbox"/> Transportation issues <input type="checkbox"/> Not eligible for service <input type="checkbox"/> Other
c. Child care or preschool	<input type="checkbox"/> No <input type="checkbox"/> Yes; If yes , answer if you received the service. _____→	<input type="checkbox"/> Yes <input type="checkbox"/> No; If no , answer the main reason services were not received. _____→	<input type="checkbox"/> Not interested <input type="checkbox"/> On waiting list <input type="checkbox"/> Could not find provider who could meet my needs <input type="checkbox"/> Too expensive <input type="checkbox"/> Transportation issues <input type="checkbox"/> Not eligible for service <input type="checkbox"/> Other
d. Child mental/ behavioral health services (e.g., behaviorist, psychologist, psychiatrist)	<input type="checkbox"/> No <input type="checkbox"/> Yes; If yes , answer if you received the service. _____→	<input type="checkbox"/> Yes <input type="checkbox"/> No; If no , answer the main reason services were not received. _____→	<input type="checkbox"/> Not interested <input type="checkbox"/> On waiting list <input type="checkbox"/> Could not find provider who could meet my needs <input type="checkbox"/> Too expensive

			<input type="checkbox"/> Transportation issues <input type="checkbox"/> Not eligible for service <input type="checkbox"/> Other
e. Adult mental/ behavioral health services (e.g., family therapist, psychologist, psychiatrist)	<input type="checkbox"/> No <input type="checkbox"/> Yes; If yes , answer if you received the service. →	<input type="checkbox"/> Yes <input type="checkbox"/> No; If no , answer the main reason services were not received. →	<input type="checkbox"/> Not interested <input type="checkbox"/> On waiting list <input type="checkbox"/> Could not find provider who could meet my needs <input type="checkbox"/> Too expensive <input type="checkbox"/> Transportation issues <input type="checkbox"/> Not eligible for service <input type="checkbox"/> Other

NOTE TO SERVICE PROVIDERS: You can choose to either read Question 8 (a-j) to parent in an interview format and complete for parent, or ask parent to complete these items on their own. The service provider should be available to answer any questions the parent may have.

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

	Always	Most of the time	Sometimes	Hardly ever	Never
a) I know how to guide my child's behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I know what my child should be able to do at this age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I can get the services my family needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I know how to help my child learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I have enough food to feed my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I have friends and family to turn to for support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I am worried about our housing (e.g., needs fixing, too crowded, too expensive).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I worry that someone in my close family has a drug or alcohol problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I feel like I need help with my sadness or depression.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Someone in my life makes me feel threatened or unsafe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Population-Level Indicators	San Mateo Data	CA Comparison	Source	Notes
EARLY LEARNING	Increase in the percentage of children ages 3-5 who are enrolled in preschool prior to TK/K entry	2011: 60% 2015: 65%	2011: 50% 2015: 49%	Source: ACS five year estimates, 2007-2011 and 2011-2015	5 year reports provide more stable estimates. 1 or 3 year estimates are more volatile.
	Increase in the available supply of infant and toddler care relative to the need	2010: 56% 2015: 56%	2010: 56% 2015: 50%	Source: San Mateo County Child Care Needs Assessment; California Child Care Resource & Referral Network 2010 and 2015 Child Care Portfolios	For CA numbers: Assume 44% of FCCH spaces are filled by infants/toddlers; assume 36% of infants/toddlers need licensed care
	Increase in the number/percent of early learning programs that enroll and maintain children 0-5 with special needs				
	Increase in the percentage of all early learning programs participating in the QRIS	2015: 5.9% (55/930) 2016: 8.9% (83/930) 2017: 10% (93/930)		Source: San Mateo County 2015 Child Care Needs Assessment; SMC Child Care Partnership Council	
Participant-Level Indicators					
	Increase in the percentage of children ages 3-5 who are enrolled in quality preschool prior to TK/K entry			F5SMC Intake and Follow-Up: Questions 4 and 4b	
	Increase in the percentage of early learning programs rated at 3 or above on the QRIS	FY14-15: 89% FY 15-16: 83%		SMC Child Care Partnership Council	
	Increase in the percentage of families of children with special needs and of infants/toddlers reporting ability to access appropriate early care for their children			F5SMC Intake and Follow-Up: Questions 4, 6, 6b, and 7c	

Population-Level Indicators		San Mateo Data	CA Comparison	Source	Notes
CHILD HEALTH & DEVELOPMENT	The percentage of children ages 0-5 exposed to high levels of community violence, who live in neighborhoods that are safe for walking and bicycling, and who have access to fresh, affordable, and healthy food				
	Participation by early learning programs in efforts to improve the nutritional and physical activity offerings for children				
	Maintenance of universal or near-universal health insurance rates for children ages 0-5 (at or above 98.5% insured)	2014: 100% 2015: 100%	2014: 94% 2015: 94%	California Health Interview Survey	
	Increase in the number or capacity of dental providers who serve children on public insurance				
	Increase in the number of pediatric health providers who provide access to developmental screening as a part of routine well-child visits	LNE	2016: 73%	Early Developmental Screening & Surveillance Survey of California Pediatricians	Survey funded by F5SMC through SVCF: CEL. Only 12 pediatricians from San Mateo County responded. Statewide, N=192. Percentage is those who responded that they use an evidence-based screening tool with at least 95% of children seen.
Participant-Level Indicators					
	Increase in the percentage of children with the appropriate number of well-child visits for their age in the past 12 months, calculated using the Academy of Pediatrics schedule			F5SMC Intake and Follow-Up, Question 2	
	Increase the percentage of children ages 1-5 who have seen the dentist for a routine check-up in the past year			F5SMC Intake and Follow-Up, Question 3	
	Reductions in the percentage of parents reporting difficulty accessing services for mental health, developmental, or behavioral concerns			F5SMC Intake and Follow-Up, Questions 7b, 7d, 7e	

Population-Level Indicators		San Mateo Data	CA Comparison	Source	Notes
FAMILY ENGAGEMENT	Increase in the percentage of children reunified with their families within 12 months of entering out of home care	2013: 46.4% (77/166) 2014: 42.4% (72/170) 2015: 50% (81/162)	2013: 33.2% 2014: 33.3% 2015: 32.2%	California Child Welfare Indicators Project	
	Decrease in the percentage of children ages 0-5 re-entering the child welfare system	FY1213: 9.5% (16/169) FY 1314: 5.8% (9/155) FY1415: 10.3% (16/155)	FY 1213: 11.1% FY 1314: 10.7% FY 1415: 10.1%	California Child Welfare Indicators Project	For children with a substantiated allegation, occurrence of another substantiated allegations within 12 months.
	Increase in the percentage of parents who regularly read, sing, and/or count with their children ages 0-5	2014: 67% (every day) 2016: 72% (every day)	2014: 62% 2016: 62%	California Health Interview Survey: Pooled data for Reading Every Day, 2011-2014 and 2012-2015	Estimates are unstable unless 4 years of data are pooled. Results in a rolling average.
	Increase in percentage of parents who report feeling connected to a support network				
Participant-Level Indicators					
	Reductions in the number and/or severity of risk factors reported by parents, such as inadequate food, inadequate housing, depression, domestic violence, and substance abuse			F5SMC Intake and Follow-Up, Questions 11e, g, h, i, and j	
	Increase in percentage of parents reporting that they are able to access the services their family needs			F5SMC Intake and Follow-Up, Questions 7a-e and 11c	
	Increase in percentage of parents who report feeling connected to a support network			F5SMC Intake and Follow-Up, Question 11f	
	Increase in percentage of parents reporting confidence in their ability to nurture their children and support their development			F5SMC Intake and Follow-Up, Questions 11a, b, and d.	
	Increase in the percentage of parents who regularly read, sing, and/or count with their children ages 0-5			F5SMC Intake and Follow-Up, Questions 5a, b, and c.	