



April 28, 2016

<p>SUBJECT</p> <p>ANNUAL REPORT GUIDELINES FOR FISCAL YEAR 2106–17</p> <p>Strategic Priority Area 3. Public Will and Investment Build public engagement in, investment in, and support of the optimal wellbeing and development of children prenatal through age 5, their families, and communities.</p> <p>Goal 3.1. Communications Build public will in investing in early childhood by communicating the potential for positive outcomes for children and families, and the importance of prevention and early intervention.</p>	<p><input checked="" type="checkbox"/> Action</p> <p><input type="checkbox"/> Information</p>
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SUMMARY OF THE ISSUE

Staff have updated the Annual Report Guidelines for FY 2016–17 in preparation for the upcoming fiscal year.

RECOMMENDATION

First 5 California staff recommends the Commission approve the proposed Annual Report Guidelines for FY 2016–17.

BACKGROUND OF KEY ISSUES

The California Children and Families Act of 1998 states:

On or before November 1 of each year, each county commission shall submit its audit and report to the state commission for inclusion in the state commission's consolidated report required in subdivision (b). Each commission shall submit its report in a format prescribed by the state commission if the state commission approves that format in a public meeting prior to the fiscal year during which it is to be used by the county commissions. The state commission shall develop the format in consultation with the county commissions.

The purpose of the Annual Report Guidelines is to assist county commissions with fiscal and program data entered into the Annual Report System. The forms in the Annual Report System (County Revenue and Expenditure Summary [AR-1], County Demographic Worksheet [AR-2], and County Evaluation Summary [AR-3]) collect relevant fiscal and program information to provide the Commission and the public with an understanding of the spectrum of health and education resources provided to California's youngest children and their families. The data provided via the Annual Report System are analyzed and summarized for the First 5 California Annual Report.

The current Annual Report Guidelines reflect collaboration between First 5 California and the First 5 Association on service definitions within Result Areas. The three Results Areas are Improved Family Functioning, Improved Child Functioning, and Improved Child Health. While the three Results Areas are defined in the California Children and Families Act, service definitions are not explicitly defined by the Act. In 2013, First 5 California and the First 5 Association drafted guidelines piloted by the First 5 Association with the 58 First 5 county commissions. In April 2014, the Commission approved Annual Report Guidelines for FY 2013–14 and FY 2014–15 based on revised service definitions. The proposed Annual Report Guidelines for FY 2016–17 follow the same service definitions defined by prior collaboration. First 5 California will continue to collaborate with the First 5 Association on future Annual Report Guidelines revisions.

The Annual Report Guidelines for FY 2016–17 have been updated from the FY 2015–16 versions by removing three programs from the revenue detail section of the AR-1 form:

- CARES Plus, Round 2
- Child Signature Program, RFA 1, Extension
- Child Signature Program, RFA 3, Extension

Each of these First 5 California programs sunset during FY 2015–16.

ATTACHMENTS

- A. Annual Report Guidelines for FY 2016–17
- B. Annual Report Appendix for FY 2016–17



Annual Report Guidelines

Fiscal Year 2016–17

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County Revenue and Expenditure Summary (AR-1) Overview

Purpose

The County Revenue and Expenditure Summary form (AR-1) captures county commission fiscal data that accurately and clearly shows the relationship between financial resources and services. The fiscal data must be consistent with Generally Accepted Accounting Principles (GAAP) and each commission's audited financial statements. The following outlines the requirements for completing the AR-1:

- All Fiscal Year (FY) 2016–17 funds received by the commission and recognized as revenue in the audited financial statements
- All FY 2016–17 expenditures or encumbrances, regardless of funding source, for a commission-run program or an externally-run program

Standards

The Annual Report format is consistent with the Governmental Accounting Standards Board's (GASB) national standards for governmental financial reporting and the First 5 Financial Management Guide, maintained by the First 5 Association of California.

Resources

The following resources should be used to complete the AR-1:

- First 5 Financial Management Guide
- The State Controller's Office Standards and Procedures for Audits of Local Entities Administering the California Children and Families Act (First 5)
- Prior year county commission audited financial statements
- GASB Codification of Governmental Accounting and Financial Reporting Standards

Technical Assistance Contact

All technical assistance questions should be directed to the following:

- First 5 California's main line: 916-263-1050
- E-mail: annualreport@ccfc.ca.gov

Deadline

All forms are due to First 5 California by 11:59 p.m. on October 31, 2017.

County Revenue and Expenditure Summary (AR-1) Instructions

Purpose

This section provides a list of the auto-generated information and instructions on how to complete the following sections of the AR-1:

- Revenue Detail
- Results and Services – Expenditure Detail
- Expenditure Details
- Other Financing Sources
- Net Change in Fund Balance
- FY 2016–17 Fund Balance

Form Auto-Generated Information

All forms populate the county name, date, and some totals automatically. The date is updated each time the form is accessed before final submission. Once the form is submitted it may be edited and resubmitted, up to the deadline submission date.

Revenue Detail

The Revenue Detail section must include total revenue from tobacco tax, First 5 California funds, other state and federal funds, and other revenue. The following specifies what must be inserted into each cell to complete the Revenue Detail:

Title	Description
Tobacco Tax Funds	Total Proposition 10 tobacco tax revenue
IMPACT Program	Total Improve and Maximize Programs so All Children Thrive (F5 IMPACT) program and hub funds received from First 5 California and other sources
Small Population County Augmentation Funds	Small Population County Fund Augmentation received from First 5 California

Title	Description
Other Funds	Provide a brief description of other funds (source and/or use) received in the three available text boxes
Grants	Provide grant title and a brief description of grant revenue received from other sources in the three available text boxes
Donations	Total donations received by county commission
Revenue from Interest Earned	Amount of county interest earned in all Children and Families Trust Fund revenue accounts during FY 16-17, including Surplus Money Investment Funds (SMIF)
Total Revenue	Automatically generated Note: Must match audited financial statements

Results and Services – Expenditure Details

First 5 California defines four Result Areas that counties must strive to achieve: Improved Family Functioning, Improved Child Development, Improved Child Health, and Improved Systems of Care. This section requires county commissions to specify total expenditures related to services under each Result Area. Consult Result Area and Service Definitions in the Appendix for additional information.

The table on the next page specifies what must be inserted into each cell to complete the Results and Services – Expenditure Details.

Title	Description
Result Area 1: Improved Family Functioning	
Community Resource and Referral	Expenditures for each service
Distribution of Kit for New Parents	
Adult and Family Literacy Programs	
Targeted Intensive Family Support Services	
General Parenting Education and Family Support Programs	
Quality Family Functioning Systems Improvement	Use corresponding text box to enter a description of service provided
Total	Automatically generated
Result Area 2: Improved Child Development	
Preschool Programs for 3- and 4-Year Olds	Expenditures for each service
Infants, Toddlers, and All-Age Early Learning Programs	
Early Education Provider Programs	
Kindergarten Transition Services	
Quality ECE Investments	Use corresponding text box to enter a description of the service provided
Total	Automatically generated

Title	Description
Result Area 3: Improved Child Health	
Nutrition and Fitness	Expenditures for each service
Health Access	
Maternal and Child Health Care	
Oral Health	
Primary and Specialty Medical Services	
Comprehensive Screening and Assessments	
Targeted Intensive Intervention for Identified Special Needs	
Safety Education and Injury Prevention	
Tobacco Education and Outreach	
Quality Health Systems Improvement	Use corresponding text box to enter a description of the service provided
Total	Automatically generated
Result Area 4: Improved Systems of Care	
Policy and Broad Systems-Change Efforts	Expenditures for each service
Organizational Support	
Public Education and Information	
Total	Automatically generated

Expenditure Detail

The Expenditure Detail section provides a summary of program, administrative, and evaluation expenditures. Refer to the First 5 Financial Management Guide for detailed expenditure specifications. The table on the next page specifies what must be inserted into each cell to complete the Expenditure Detail section.

Title	Description
FY 2016–17 Program Expenditures	Automatically generated after Results and Services – Expenditure Detail section is completed. Use Expenditure Notes section at end of the AR-1 to explain significant differences from FY 2015–16 (e.g., capital expenditures)
FY 2016–17 Administrative Expenditures	Total Administrative Expenditures for FY 2016–17; <u>do not include</u> : <ul style="list-style-type: none"> • Direct program costs (outreach, education, or technical assistance) • Direct evaluation costs (education or technical assistance) • Other grantee capacity building
FY 2016–17 Evaluation Expenditures	Total Evaluation Expenditures for FY 2016–17; <u>do not include</u> : <ul style="list-style-type: none"> • Administrative costs • Direct program costs (outreach, education, or technical assistance) • Other grantee capacity building
Total Expenditures	Automatically generated Note: Must match audited financial statements
Excess (Deficiency) of Revenues over (Under) Expenses	Automatically generated

Other Financing Sources

The Other Financing Sources section captures transactions that do not fall into one of the pre-defined categories. The following table specifies what must be inserted into each cell to complete the Other Financing Sources section:

Title	Description
Sale(s) of Capital Assets	Enter the amount received in FY 2016–17 from any sale of capital assets
Other: Specify Source	Enter other financing activities, such as general issuance of debt, underwriter’s fees, debt-financed capital grants, etc. and describe source of funds in text box
Total Other Financing Sources	Automatically generated

Net Change in Fund Balance

The Net Change in Fund Balance section captures year-to-year changes in county commission fund balances and must agree with the governmental fund financial statements. The following table specifies what must be inserted into each cell to complete the Net Change in Fund Balance section:

Title	Description
Fund Balance – Beginning July 1, 2016	Enter end of year fund balance from FY 2015–16 financial statements, with adjustments if applicable
Fund Balance – Ending June 30, 2017	Automatically generated
Net Change in Fund Balance	Automatically generated

FY 2016–17 Fund Balance

This section collects data related to FY 2016–17 county commission fund balances and must match the audited financial statements. Refer to the First 5 Financial Management Guide for detailed fund balance specifications. The following table specifies what must be inserted into each cell to complete the FY 2016–17 Fund Balance section:

Title	Description
Nonspendable	Amounts not in spendable form (inventory, prepaid items, etc.) or legally or contractually required to be maintained intact
Restricted	Amounts subject to externally enforceable legal restrictions on use. Restrictions can be further defined as either 1) externally imposed by creditors, grantors, contributors, or laws and regulations of other governments, or 2) imposed by law through constitutional provisions or enabling legislation
Committed	Limitation imposed at the highest level of decision making, requiring formal action at the same level to modify or remove
Assigned	Portion of fund balance reflecting the commission’s intended use of resources, which is established by the highest level of decision making, or body or an official designated for that purpose
Unassigned	Spendable amounts not contained in other fund balance classifications
Total Fund Balance	Automatically generated

Expenditure Notes

The Expenditure Notes section provides 1,000 characters of text space for county commissions to document issues pertinent to expenditure data reported in the AR-1.

Supplemental Schedule of First 5 California Funding

County commissions shall report audited financial information for any First 5 California funds received for programs or projects. The audited financial information shall include the following:

1. Program/Project Title
2. Beginning program/project balance as of July 1, should equal ending balance of Program/Project funds, or "Net Assets – End of FY," from prior year schedule
3. F5CA revenue for each program/project
4. Expenditures for each program/project, broken down by First 5 California-funded and county/local funds (cash match)
5. Ending program/project balance as of June 30

Attachment 1 provides an example format of the Supplemental Schedule of First 5 California Funding.

Expenditures to Include

The AR-1 should reflect the following:

- Total expenditures related to each service category for FY 2016–17
- All expenditures, regardless of funding source, for a commission-run or an externally-run program

Expenditures Not to Include

The following expenditures should not be included:

- In-kind funds
- Any funds that do not flow directly through county accounts
- Non-cash matches

County Demographic Worksheet (AR-2) Overview

Purpose

The purpose of the County Demographic Worksheet (AR-2) is to capture service, outcome, and demographic data about the population county commission programs serve. The AR-2 is an important element in the statewide Annual Report because it provides demographic information within the common structure of Results and Services, enabling stakeholders to clearly see how resources are allocated and spent. Refer to the Annual Report Appendix for additional information.

Accurate Demographic Data

To ensure submission of accurate demographic data in the AR-2:

- Provide demographic information on individuals who received services for Improved Family Functioning, Improved Child Development, and Improved Child Health only
- Prepare one Demographic Worksheet for each service category displayed in the AR-1, Results and Services – Expenditure Detail section
- Provide unduplicated counts of populations served, including breakdowns by ethnicity and primary language spoken in the home
- Document in the Expenditure Notes of AR-1 if county reports expenditures, but has no service data

Note: Zero is an allowed entry for service data during the implementation phase of a program.

How to Report Demographic Data

The following table provides guidance on reporting demographic data under the proper Result and Service areas:

Type	Report	Examples/Notes
Mini-Grant	In applicable Result Area and Service category, depending on the type of program and level of participant data available	Note: If county reports expenditures, but has no service data, enter zero for service data and document in the Expenditure Notes section of the AR-1

Type	Report	Examples/Notes
Provider Training	<p>In applicable Result Area and Service category if training is linked to the provision of a direct service specified in a Result Area</p> <p>In Result – Improved Systems of Care if general purpose training, general education training to multiple types of providers, or presenting in a large venue where participant data is difficult to obtain</p>	Example: Report public health nurse training on oral screening under Result – Improved Child Health, Service – Oral Health
CARES Training for Providers	Under Result – Improved Child Development, Service – Early Education Provider Programs	
County has two health programs, one for breastfeeding assistance, and one for oral health services	Report these services separately using two County Demographic Worksheets, both under Result – Improved Child Health, one under Service – Maternal and Child Health Care and one under Service – Oral Health	
Children’s playgroups	Under Result – Improved Child Development, Service – Infants, Toddlers, and All-Age Early Learning Programs	

Technical Assistance Contact

All technical assistance questions pertaining to the AR-2 should be directed to the following:

- First 5 California’s main line: 916-263-1050
- E-mail: annualreport@ccfc.ca.gov

Deadline

All forms are due to First 5 California by 11:59 pm, October 31, 2017.

County Demographic Worksheet (AR-2) Instructions

Purpose

All counties must complete one County Demographic Worksheet for each service category reported in AR-1, Results and Services – Expenditure Detail section. This section provides a list of the auto-generated information and instructions on how to complete the following sections of the AR-2:

- Result/Service
- Most Recent Compelling Service Outcome
- Benchmark/Baseline Data
- Outcome Measurement Tool
- Population Served
- Ethnic Breakdown of Population Served
- Primary Language Spoken in the Home
- Improved Systems of Care

Form Auto-Generated Information

All forms automatically populate the county name, date, and some totals. The date is updated each time the form is accessed before final submission. Once the form is submitted it may be edited and resubmitted, up to the deadline submission date.

Result/Service Choices

When creating a new AR-2 form, county commissions must use the drop-down menu to select one of the four Result Areas and the appropriate Service for the selected result. See Result Area and Service Definition in the Appendix for Service definitions. After selecting the Result Area and Service, the rest of the form will open. Counties may only submit one AR-2 for each Result/Service combination.

Complete demographic information in the Improved Family Functioning, Improved Child Development, and Improved Child Health Result Areas only. The Improved Systems of Care Result Area requires completion of three narrative questions, in lieu of demographic information.

First 5 California is aware that some participants may be reported in multiple Service categories, but requests counties make every reasonable effort to report unduplicated counts of individuals in each Service category.

Most Recent Compelling Service Outcome

Choosing from your county commission annual evaluation findings, provide the most recent compelling service outcome available (1,000 characters maximum) for at least two services from any of the four Result Areas. Concisely describe the outcome in the

text box and include the time period in which these data were collected (may include previous fiscal year data, if analyzed during current fiscal year). For outcomes that cover more than one service category, choose the service most closely associated with the outcome. See General Definitions in the Appendix for definition of “Compelling Outcome.”

Benchmark/Baseline Data

In the Benchmark/Baseline Data text box, provide the comparison data used (1,000 characters maximum) to determine whether the service outcome was an improvement and specify the origin of the data (see Outcome examples A and B). These data could include already observed data, such as data in the California Health Interview Survey, or it could be baseline data observed in the first year of the program.

If you are using baseline data to measure improvement and it is the first year of the program, enter N/A and use these data for benchmark/baseline data for comparison in future reports (see Outcome example C).

If the outcome data are not based on a comparison, enter N/A (see Outcome example D).

See General Definitions in the Appendix for definition of “Benchmark/Baseline Data.”

Outcome Measurement Tool

In the text box, describe the measurement tool (300 characters maximum) used in the evaluation to measure the outcome. Tools may include surveys, assessment tool scores, case management data, etc.

Outcome Examples

The following table provides examples of outcomes, benchmark/baseline data, and outcome measurement tools:

Compelling Outcome	Benchmark/Baseline Data	Outcome Measurement Tool
<p>Example A</p> <p>In March 20XX, 40% of preschoolers in the ABC Program received a fluoride treatment within six months of entry into preschool.</p>	<p>In March 20XX, 20% of preschoolers in the ABC Program received a fluoride treatment within six months of entry into preschool.</p>	<p>Parent Survey</p>

Compelling Outcome	Benchmark/Baseline Data	Outcome Measurement Tool
Example B		
As a result of the Home Visitation Program for Newborns, 90% of newborns were still being breastfed six months after birth (data from FY XX/XX).	A county-wide survey administered in September 20XX reported that only 50% of newborns were still being breastfed six months after birth.	A survey of 27 program participants administered on the 6-month anniversary of their first home visit.
Example C		
75% of children assessed improved on 50% or more of DRDP-R domains. Assessments were given in Sept. 20XX and May 20XX.	N/A	Modified Desired Results Developmental Profile (DRDP-R)
Example D		
A FY XX/XX community event survey found 85% of persons answered, "Yes, I made a new and strong connection to a neighbor."	N/A	Community Event Exit Survey

Population Served

The Population Served section captures unduplicated counts of persons who participated in activities or received services directly from program staff or volunteers. For guidance on reporting children and/or adults, see Population Reporting by Result Area in the Appendix. The following table specifies what must be inserted into each cell to complete the Population Served section of the AR-2:

Title	Insert
Children Less than 3 Years Old	Unduplicated counts of persons who participated in activities or received services directly from program staff or volunteers for each category
Children from 3 rd to 6 th Birthday	
Children – Ages Unknown (birth to 6 th Birthday)	
Parents/Guardians/Primary Caregivers	
Other Family Members	
Providers	
Total Population Served	Automatically Generated

Ethnic Breakdown of Population Served

The Ethnic Breakdown of Population Served section captures unduplicated counts of persons by ethnic or racial category that best describes the program participant. These categories are consistent with U.S. Census definitions, with the addition of the “Hispanic/Latino” category. The following table specifies what must be inserted into each cell to complete the Ethnic Breakdown of Population Served section of the AR-2:

Title	Insert
Alaska Native/American Indian	Unduplicated counts of persons who participated in activities or received services directly from program staff or volunteers for each category
Asian	
Black/African-American	
Hispanic/Latino	
Pacific Islander	
White	
Multiracial	
Other – Specify	Unduplicated counts of persons who participated in activities or received services directly from program staff or volunteers for the most prevalent other ethnic/racial group for which there is no category; specify the category in the text box
Unknown	Unduplicated counts of persons who participated in activities or received services directly from program staff or volunteers if the data was not collected, or if the participant does not identify with the other ethnic categories and is not included in the count for “other”
Subtotals	Automatically generated Note: The subtotal of the Children and Parents/Guardians/ Primary Caregivers columns must match the corresponding totals in the Population Served section.
Total Population Served	Automatically generated

Primary Language Spoken in the Home

The Primary Language Spoken in the Home section captures the primary language predominantly or exclusively spoken at home for the population served. If the participant is considered bilingual, counties must enter the language that is most likely the dominant language in the home. Refer to Population Definitions in the Appendix for definition of “Bilingual.” The following table specifies what must be inserted into each cell to complete the Primary Language Spoken in the Home section of the AR-2:

Title	Insert
English	Unduplicated counts of persons who participated in activities or received services directly from program staff or volunteers for each category
Spanish	
Cantonese	
Mandarin	
Vietnamese	
Korean	
Other – Specify	Unduplicated counts of persons who participated in activities or received services directly from program staff or volunteers for up to three of the most prevalent other languages for which there is no category; specify the category in the text box
Unknown	Unduplicated counts of persons who participated in activities or received services directly from program staff or volunteers if the data was not collected or if the participant does not identify with the other language categories and is not included in the counts for “other”
Subtotals	Automatically generated Note: The subtotal of the Children and Parents/Guardians/ Primary Caregivers columns must match the corresponding totals in the Population Served section.
Total Population Served	Automatically generated

Improved Systems of Care

For each Service category reported, answer the **additional** questions below to complete the Improved Systems of Care narrative.

Question	Examples
Who was the primary audience for the service? (500 characters maximum)	<ul style="list-style-type: none"> • Dental technicians • Preschool teachers, assistants, and parents of preschool children • Faith-based community leaders
What were the types of services provided? (500 characters maximum)	<ul style="list-style-type: none"> • Instructions on preparing young children for a dental examination • Discussions on the best way for teachers and parents to communicate about a child's progress • Speech about the importance of early childhood education (ECE) and the importance of community support for parents and young children
What was the intended result of the service? What was the community impact of the service? (1,000 characters maximum)	<ul style="list-style-type: none"> • Parents have a user-friendly resource directory at hand for community services • Spanish-speaking families have improved access to ECE services and supports • Parents and caregivers spend more time interacting with young children and less time watching television

County Evaluation Summary (AR-3) Overview

Purpose

This section provides a standardized format for county commissions to submit information about their evaluation activities and their Local Evaluation Reports.

Submitting Local Evaluation Report

County commissions must submit their Local Evaluation Report in Adobe Acrobat format to statutorydocuments@ccfc.ca.gov, subject line: <county name> Local Evaluation Report. Counties must submit all Local Evaluation Reports completed or updated during the prior fiscal year.

Technical Assistance Contact

All technical assistance questions pertaining to the AR-3 should be directed to the following:

- First 5 California's main line: 916-263-1050
- E-mail: annualreport@ccfc.ca.gov

Deadline

All forms are due to First 5 California by 11:59 pm, October 31, 2017.

County Evaluation Summary (AR-3) Instructions

Purpose

This section provides instructions on how to complete the following sections of the County Evaluation Summary (AR-3):

- Evaluation activities completed
- Evaluation findings reported
- Policy impact of evaluation results

Evaluation Activities Completed

Describe an overview of the county commission directed evaluation activities during the fiscal year (4,000 characters maximum). Include evaluations of prior year programs conducted during the current fiscal year. Examples include:

- Evaluation of specific programs or initiatives
- Collection of participant and outcome data for populations served
- Comparison of results from similar programs/initiatives
- Design of future evaluation studies

Evaluation Findings Reported

Describe evaluation findings related to programs during or prior to the fiscal year (4,000 characters maximum). Examples include:

- Evaluation findings or conclusions
- Intervention outcomes
- Differences between actual and expected results
- Child and family outcomes
- Process outcomes
- Other compelling outcomes not already reported in the AR-2

Note: Provide full citation information, including web links if available online. If findings are not published, indicate the source as unpublished.

Policy Impact of Evaluation Results

Describe how the county commission used the activities and findings described in Evaluation Activities Completed and Evaluation Findings Reported (3,000 characters maximum). Examples include:

- How the results were communicated to the county commission
- What decisions were made based on the evaluation results

- What funding strategy changes were made or anticipated to be made
- Lessons learned
- How the information will be used to update the county strategic plan

Mapping Services to Programs

Purpose

The Annual Report provides a summary of statewide expenditures and services. Counties must submit expenditure information and assign persons served to a Service category within a Result Area. This provides financial and demographic information within the common structure of Results and Services, allowing stakeholders to clearly see how resources are allocated and spent. Some programs provide multiple services supporting one or more Result Area(s). This document provides two options to help counties determine the best method for reporting expenditures and persons served:

1. Allocate to the Service category that represents the primary Result Area of the program
2. Allocate to multiple Service categories that represent the array of program Results Areas

Option 1: Primary Result Criteria

Use the following criteria to determine whether to use the Primary Result option to capture persons served and expenditure data:

- The assignment of funds or individuals does not significantly change the picture of funded services statewide
- The program is a proportionately small percentage of county expenditures and/or relatively small in comparison to other programs
- The effort associated with allocating expenditures across multiple services is not reasonable considering the size of the program in relation to other county programs
- The program's reporting capacity or the data collection system does not reasonably allow for allocation of expenditures or persons served between Result Areas or services for that specific program
- Accounting or contract systems do not allow for effective distribution of program costs

Option 1: Primary Result Examples

The table on the next page provides examples of programs that fit the criteria for distributing persons served and expenditures based on the Primary Result option, and specifies how to report the data.

Program	Report
Example 1	
County commission expends funds for one program that provides oral health screening and fluoride treatments; it expends funds for a separate program that provides medical referrals to uninsured children	Report data for both programs under Result – Improved Child Health, Service – Oral Health
Example 2	
County commission expends funds for a home visiting program that provides intensive support to families at risk of child abuse; the families receive instruction in parenting, preventative health care, prevention of injury, and provision of basic family needs; program analysis shows that all families receive the intensive parenting component and the other components are not the main focus of the program	Report all data under Result – Improved Family Functioning, Service – Targeted Intensive Family Support Services

Option 2: Multiple Results Criteria

Use the following criteria to determine whether to use the Multiple Results option to capture persons served and expenditure data:

- The contract breaks out total expenditures by specific services
- The contract assigns a level of effort through percentages for work on various services
- Sufficient expenditure and service detail are part of a financial report
- Providers can provide estimates of percentages of time and resources dedicated to different services

Option 2: Multiple Results Examples

The table on the next page provides examples of programs that fit the criteria for distributing persons served and expenditures based on the Multiple Results option, and specifies how to report the data.

Program	Report
Example 1	
County commission expends funds for a collaborative partnership (a family resource center and multiple service providers) for family support services; the contract indicates the dollar amount provided to each service provider; the service providers report the individuals served by their agency	Each provider's cost and persons served to the appropriate Result Area and Service category
Example 2	
County commission expends funds for a family resource center that provides a variety of programs; three programs collect service-level data on parenting classes, substance abuse services, and health insurance enrollment	Proportionally allocate expenditures and persons served based on number of services under: <ul style="list-style-type: none"> • Result – Improved Family Functioning, Service – General Parenting Education and Family Support Programs. • Result – Improved Family Functioning, Service – Targeted Intensive Family Support Services • Result – Improved Child Health, Service – Health Access

Document Your Methodology

First 5 California highly recommends documenting your methodology for distributing program persons served and expenditures. Documentation provides the following benefits to county commissions and First 5 California:

- Ensures reporting consistency, allowing counties to use the same approach in future years
- Improves accuracy of data
- Provides an audit trail

First 5 California recommends keeping the following documentation:

- List of programs mapped to each Result/Service
- Criteria used to determine how each program is mapped
- Ratio of allocations across multiple Results/Services
- Resources used for allocation

Note: DO NOT send documentation to First 5 California.

First 5 California Supplemental Schedule of First 5 California (F5CA) Funding Fiscal Year 2016-17					
Program/Project Title		Beginning Program/Project Balance (As of July 1)	Revenue	Expenditures ¹	Ending Program/Project Balance (As of June 30)
IMPACT	F5CA Funds	\$0.00	\$0.00	\$0.00	\$0.00
	County, Local Funds				
Small Population County Funding Augmentation	F5CA Funds	-	-	-	-
Other (List)	F5CA Funds	-	-	-	-
		-			
Other (List)	F5CA Funds	-	-	-	-
Other (List)	F5CA Funds	-	-	-	-
TOTAL F5CA FUNDS		\$0.00	\$0.00	\$0.00	\$0.00
TOTAL COUNTY FUNDS		\$0.00	\$0.00	\$0.00	\$0.00
¹ Expenditures reported must meet or exceed state match requirements, if applicable.					



Annual Report Appendix

Fiscal Year 2016–17

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Population Reporting by Result Area

	Children 0-5	Parents	Providers	Any
Improved Family Functioning				
Community Resource and Referral		X	X	
Distribution of Kit for New Parents		X	X	
Adult and Family Literacy Programs	X	X	X	
Targeted Intensive Family Support Services				X
General Parenting Education and Family Support Programs				X
Quality Family Functioning Systems Improvement			X	
Improved Child Development				
Preschool Programs for 3- and 4-Year-Olds	X			
Infants, Toddlers, and All-Age Early Learning Programs	X			
Early Education Provider Programs			X	
Kindergarten Transition Services				X
Quality ECE Investments	X		X	
Improved Child Health				
Nutrition and Fitness				X
Health Access	X			
Maternal and Child Health Care		X	X	
Oral Health				X
Primary and Specialty Medical Services	X			
Comprehensive Screening and Assessments	X			
Targeted Intensive Intervention for Identified Special Needs	X			
Safety Education and Injury Prevention				X
Tobacco Education and Outreach		X	X	
Quality Health Systems Improvement			X	

Improved Family Functioning – Result Area and Service Definitions

Community Resource and Referral

Programs providing referrals or service information about various community resources, such as medical facilities, counseling programs, family resource centers, and other supports for families with young children. This includes 2-1-1 services or other general helplines. This category should reflect services that are designed as a broad strategy for linking families with community services.

Note: If the major emphasis is on referrals to a specific service(s), please use a more specific category if possible. For example, Help Me Grow is included under “Comprehensive Screening and Assessments” (Result Area 3).

Note: To the extent possible, report the number of parents of children birth to five who call in to 2-1-1. Do not report website hits or referrals.

Distribution of Kit for New Parents

Programs providing and/or augmenting the First 5 California Kit for New Parents to new and expectant parents.

Adult and Family Literacy Programs

Programs designed to increase the amount of reading that parents do with their children, as well as educate parents about the benefits of reading or looking at books together (e.g. Even Start, Reach Out and Read, Raising a Reader). Family literacy may include adult education programs that provide English as a Second Language (ESL) and literacy classes, and/or a General Equivalence Diploma (GED).

Note: Adult parenting education classes should be reported in “Targeted Intensive Family Support Services” or “General Parenting Education and Family Support Programs,” depending on level of intensity.

Note: If literacy education is a component of a broader effort, the cost and services should be reported elsewhere (e.g., Infants, Toddlers, and All-Age Early Learning Programs, Result Area 2).

Targeted Intensive Family Support Services

Programs providing intensive and/or clinical services by a paraprofessional and/or professional, as well as one-to-one services in family support settings. Programs are generally evidence-based, and are designed to support at-risk expectant parents and families with young children to increase knowledge and skills related to parenting and improved family functioning (e.g., home visiting, counseling, family therapy, parent-child interaction approaches, and long-term classes or groups). This also is the category for reporting comprehensive and/or intensive services to homeless populations.

Note: Counties with Family Resource Centers (FRCs) that offer a mix of intensive and less intense support services and classes can either:

- Report all FRC investments in the category in which the majority of services are delivered OR
- Split services as needed between categories

General Parenting Education and Family Support Programs

Programs providing short-term, non-intensive instruction on general parenting topics, and/or support for basic family needs and related case management (e.g., meals, groceries, clothing, emergency funding or household goods acquisition assistance, and temporary or permanent housing acquisition assistance). Fatherhood programs also should be included here.

In general, these programs are designed to provide less intense and shorter term (“lighter touch”) support services and classes for families by non-clinical staff (e.g., FRCs).

Note: Counties with FRCs that offer a mix of intensive and less intense support services and classes can either:

- Report all FRC investments in the category in which the majority of services are delivered OR
- Split services as needed between categories

Quality Family Functioning Systems Improvement

Family functioning system efforts are designed to support the implementation and integration of services primarily in Result Area 1. This may include use of the Family Strengthening approach, Protective Factors planning or implementation, service outreach, planning and management, interagency collaboration, support services to diverse populations, database management and development, technical assistance, and provider capacity building. Provider loan forgiveness programs for which child or provider counts are not measured should be included here.

Improved Child Development – Result Area and Service Definitions

Preschool Programs for 3- and 4-Year-Olds

Programs providing preschool services, preschool spaces, and comprehensive preschool initiatives primarily targeting three and four year-olds. Child Signature Programs (CSP) 1 and 3 should be reported here, as well as county programs which mirror the quality and intensity of the CSP.

Note: Programs may be funded solely by First 5 or by “blended-funding” approaches.

Note: The key difference between this and the “Infants, Toddlers, and All-Age Early Learning Programs” category is this category focuses on 3- and 4-year-olds.

Infants, Toddlers, and All-Age Early Learning Programs

Programmatic investments in early learning programs for infants and toddlers, as well as all-age programs. Examples of all-age programs that might be included here are child related early literacy and Science, Technology, Engineering, and Math programs; programs for homeless children; migrant programs; and similar investments.

Note: This category does not include drop-in or other short-term programs, which should be reported in either “Kindergarten Transition Services” (Result Area 2), or “General Parenting Education and Family Support Programs” (Result Area 1).

Early Education Provider Programs

Programs providing training and educational services, supports, and funding to improve the quality of care. This includes CARES Plus and workforce development programs.

Note: This category will have provider counts only.

Kindergarten Transition Services

Programs of all types (e.g., classes, home visits, summer bridge programs) that are designed to support the kindergarten transition for children and families.

Note: This category includes drop-in or other short-term programs.

Quality Early Childhood Education (ECE) Investments

Improvement efforts designed to support the implementation and integration of services primarily in Result Area 2. This may include First 5 Improve and Maximize Programs so All Children Thrive (F5 IMPACT) and other Quality Rating and Improvement System investments.

This category includes early literacy and STEM systems-building projects. This also could include interagency collaboration, facility grants and supply grants to providers, support services to diverse populations, and database management and development.

Note: In general, this category will not have parent counts, but may have provider or child counts.

Improved Child Health – Result Area and Service Definitions

Nutrition and Fitness

Programs providing strategies to promote children’s healthy development through nutrition and fitness, including programs to teach the facts about healthy weight, basic principles of healthy eating, safe food handling and preparation, and tools to help organizations incorporate physical activity and nutrition. Recognized strategies include “Let’s Move” Campaign, MyPyramid for Preschoolers, and sugar-sweetened beverage initiatives.

Health Access

Programs designed to increase access to health/dental/vision insurance coverage and connection to services, such as health insurance enrollment and retention assistance, programs that ensure use of a health home, and investments in local “Children’s Health Initiative” partnerships. Providers might be participating in Medi-Cal Administrative Activities to generate reimbursements.

Note: This does not include health care prevention or treatment programs.

Maternal and Child Health Care

Programs designed to improve the health and well-being of women to achieve healthy pregnancies and improve their child’s life course. Voluntary strategies may include prenatal care/education to promote healthy pregnancies, breastfeeding assistance to ensure that the experience is positive, screening for maternal depression, and home visiting to promote and monitor the development of children from prenatal to two years of age. Providers might be participating in Medi-Cal Administrative Activities to generate reimbursements.

Note: To the extent possible, report the count of parents served, not children served.

Oral Health

Programs providing an array of services that can include dental screening, assessment, cleaning and preventive care, treatment, fluoride varnish, and parent education on the importance of oral health care. This may include provider training and care coordination of services.

Note: Loan forgiveness programs specific to oral health, and other broad systems investments, for which child or provider counts aren’t the best measure of impact, should be reported in “Quality Health Systems Improvement.”

Primary and Specialty Medical Services

Programs designed to expand and enhance primary and specialty care in the community to ensure the capacity to serve children. Services include preventive, diagnostic, therapeutic, and specialty medical care provided by licensed healthcare professionals/organizations. Services may include immunizations, well child check-ups, care coordination, asthma services, vision services, services for autism/attention-deficit hyperactivity disorder, other neurodevelopmental disorders, and other specialty care.

Comprehensive Screening and Assessments

Programs providing screening, assessment, and diagnostic services, including developmental, behavioral, mental health, physical health, body mass index, and vision. Screening may be performed in a medical, education, or community setting.

These services determine the nature and extent of a problem and recommend a course of treatment and care. This may include strategies to connect children to services which promote health development, such as Help Me Grow.

Targeted Intensive Intervention for Identified Special Needs

Programs providing early intervention or intensive services to children with disabilities and other special needs, or at-risk for special needs. May include strategies targeting language and communication skills, social and emotional development, developmental delays, and related parent education. Mental Health Consultations in ECE settings should be included here. "Special Needs" refers to those children who are between birth and five years of age and meet the definition of "Special Needs" provided in the General Definitions this Appendix. (See page 14.)

Safety Education and Injury Prevention

Programs disseminating information about child passenger and car safety; safe sleep; fire, water, and home (childproofing) safety; and the dangers of shaking babies. Includes education on when and how to dial 911, domestic violence prevention, and intentional injury prevention. Referrals to community resources that specifically focus on these issues also may be included.

Tobacco Education and Outreach

Education on tobacco-related issues and abstinence support for people using tobacco products. Includes providing information on reducing young children's exposure to tobacco smoke.

Quality Health Systems Improvement

Efforts designed to support the implementation and integration of services primarily in Result Area 3. This may include Service Outreach, planning and management (general planning and coordination activities, interagency collaboration, support services to diverse populations, database management and development, technical assistance and support, contracts administration, and oversight activities), and provider capacity building (provider training and support, contractor workshops, educational events, and large community conferences). Provider loan forgiveness programs for which child or provider counts are not measured should be included here.

Includes Baby Friendly Hospital investments, projects for cross-sector data integration, and designing a community-endorsed developmental screening framework.

Note: In general, this category will not have child or adult counts, but may have provider counts.

Improved Systems of Care – Result Area and Service Definitions

Policy and Broad Systems-Change Efforts

Investments in broad systems-change efforts, including inter-agency collaboration, work with local and statewide stakeholders, policy development, and related efforts. Counties working with The Children’s Movement and/or on grassroots advocacy efforts should report those investments here.

Organizational Support

Training and support provided to organizations that does not apply to one of the three programmatic Result Areas, but instead has a more general impact. Other examples of organizational support include business planning, grant writing workshops, sustainability workshops, and assistance in planning and promoting large community conferences or forums. Database management and other cross-agency systems evaluation support should be reported here. General First 5 program staff time should be reported here.

Public Education and Information

Investments in community awareness and educational events on a specific early childhood topic that does not apply to one of the three programmatic Result Areas, or promoting broad awareness of the importance of early childhood development.

Population Definitions

Children Less than Three Years Old

Children ages zero up to their third birthday.

Children from Third to Sixth Birthday

Children from the day of their third birthday up to the day of their sixth birthday.

Children - Ages Unknown

Any child whose age is not known from age zero up to their sixth birthday.

Parents/Guardians/Primary Caregivers

Adults acting as the primary caregivers for a child age zero to their sixth birthday who receive direct services from a commission program. Includes parents, legal guardians, foster parents, grandparents, or other family members.

Other Family Members

Family members who are not primary caregivers who participate with children in First 5 activities. Includes siblings age six or older.

Providers

Includes health, social service, child care and education providers, or other persons who provide services to pregnant women and/or children ages zero to their sixth birthday, or who participate in First 5 training or support programs.

Bilingual

A person who speaks two languages equally well and uses one or both languages in any number of settings.

Note: To report the primary language spoken in the home on the AR-2, select language predominantly spoken in the home. If the primary language spoken in the home is unknown, enter the best choice.

Ethnicity

The heritage, nationality, group, lineage, or country of birth of a person or the person's parents or ancestors. The Framework categories are consistent with those in the U.S. Census, including the ethnic category "Hispanic/Latino."

Note: To report the ethnic breakdown of population served on the AR-2, select the ethnicity that best describes the program participant. Report Filipinos under the Asian category.

General Definitions

Program

A specific service with a common objective funded and/or provided by a commission and/or public or private agency, or California Children and Families Act (Proposition 10) dollars. Programs are mapped to one or more of the results and services.

Program Expenditures

Funds expended under the established definition of program costs: "Costs incurred by local First 5 commissions readily assignable to a program, grantee, contractor, or service provider (other than evaluation activities) and/or in the execution of direct service provision." Refer to the First 5 Financial Management Guide for additional guidance.

Compelling Outcome

Outcomes are changes to beliefs, attitudes, knowledge, or actions produced by the program and directly linked to the program goals. Compelling outcomes are those that demonstrate the most significant shifts in beliefs, attitudes, knowledge, and action. They make the biggest differences for the program's target population.

Benchmark/Baseline Data

A benchmark is a point of reference by which something can be measured. Baseline data is basic information gathered before a program begins and used later to provide a comparison for assessing program impact. Both are directly linked to the program's goals or objectives.

Special Needs

Children with special needs includes those identified with disabilities, health, or mental health conditions requiring early intervention, special education services, or other specialized services and supports. Special needs children include those:

- Who are protected by the Americans with Disabilities Act (ADA)
- Who have, or are at-risk for, a developmental disability as defined by the Individuals with Disabilities Education Act (IDEA) Part C (Early Start 0 to 3 years old), or have a specific diagnosis as defined by IDEA Part B (3 years and above)
- Who meet the Diagnostic and Statistical Manual of Mental Disorders [American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing]/ZERO to THREE/California Infant, Preschool, and Family Mental Health Initiative definition, or the Federal Maternal and Child Health Bureau at the U.S. Department of Health and Human Services Special Needs definition

In addition, children with special needs includes those without identified conditions, but requiring specialized services, supports, or monitoring. These children may not have a specific diagnosis, but are children whose behavior, development and/or health affect their family's ability to find and maintain services.

Reporting Requirements by Cost Component

