FIRST 5 HUMBOLDT
Humboldt County Children & Families Commission

THE PLAYGROUP INITIATIVE

Our Time Together

Building relationships for young children and families in their communities
FOREWORD

In response to feedback from families as to what would be most helpful in raising their children, First 5 Humboldt established local playgroups throughout the county. Playgroups arose in an effort to help communities create family friendly places that provide safe and enriching experiences for children, as well as opportunities for parents/caregivers to develop social and support networks. Playgroups are offered on an open-door policy to all children ages 5 and under and their parents, regardless of ability, socio-economic status, or ethnic background. Each playgroup exhibits its own character consistent with the culture of the community. For over a decade, First 5 Humboldt has continued to fine tune this important playgroup work based on many years of evaluation, research and technical expertise.

Child and Family Support Specialists funded through First 5 have been successful in identifying and addressing the various needs of children and families who participate in playgroup in a non-threatening manner which has led to early intervention services for these families. Working with Child and Family Support Specialists, Bottom Line and Best Practice Standards for Playgroups were established. These Standards were integrated with the Family Strengthening Movement related to the 5 Protective Factors. Development and training of playgroup staff and community partners have greatly contributed to enhancing the quality of the playgroups.

The purpose of this initiative is to strengthen and protect the playgroup movement in our community for the future, to provide protocols for community partners in implementing quality playgroups, and to engage community partners as to how they can support families with young children in their community.

A further aim of this initiative is to highlight the value of community building as a way to increase the capacity of a community to provide a sustainable play environment for children. First 5 Humboldt has demonstrated that with strong community support and modest funding, local playgroups can support families and deliver high quality programs that give families of young children positive social interactions and opportunities which serve to encourage school readiness.

Jessica Callahan  
FIRST 5 HUMBOLDT Commissioner  
June 2015
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Section I: Introduction

Wendy Rowan

What are Playgroups?

Playgroups for young children age 0-5 are family friendly places within communities providing enrichment opportunities and parent support. They are welcoming places which recognize that parents with young children need mutual support from other parents, guidance, and connections to other resources in the community to strengthen their parenting. For young children, playgroups provide social and emotional stimulation through interaction with their peers. They also provide educational enrichment through the provision of developmentally appropriate toys and activities. Playgroups encourage reading, singing, and art making. They offer healthy snacks and active play, and they help to establish friendships for children and nurture relationships among families.

Why Playgroups?

First 5 Humboldt has invested in playgroups over the years as a direct response to what parents of young children tell us would be most helpful in raising their children. The role of parents and caregivers is recognized as a significant influence in how a child will develop and function in life. When the Commission began its work, it was fundamental for us to listen to parents to determine how to allocate resources for the greatest impact.

Since the early days to the current evolution of playgroups 15 years later—we continue to hear the same message from parents:

We want safe, family friendly places to gather with the parents of other young children for mutual support, we want good information and guidance when needed for our parenting, and we want social/emotional and enrichment opportunities for our children.

First 5 Humboldt funds playgroups throughout the diverse communities of Humboldt County. Regardless of socio-economic status, ethnicity, or geography—playgroup parents and caregivers consistently affirm the need for and value of playgroups. They have been an effective strategy to address the Commission’s Strategic Goal 2:

Strengthen connections among parents, families, and communities.
Playgroups as Strategy to Attain First 5 Humboldt’s Vision

Over the years we have come to understand that playgroups are the most strategic work we fund to realize Our Vision:

All Humboldt County children thrive in healthy, supportive, nurturing families and neighborhoods, enter school ready to learn and become active participants of their communities.

The number of playgroups available for parents with children age 0-5 is a primary indicator of the extent to which we are helping strengthen connections among parents, families and communities. Per our annual evaluation reports, parent satisfaction with playgroups is consistently high. Some parent voices:

- “Gives my infant/toddler the opportunity to interact with other kids her age…”
- “Room indoors to run, educational toys, opportunity for teachable moments…”
- “Playgroup is such a wonderful resource, my child gets the social interaction she needs and I get to spend time with nice respectful parents. It’s the highlight of our week.”

Enrichment and School Readiness

Results of screening of incoming kindergartners for school readiness over the past three years indicate the average score for those that attended playgroup is higher than for those that did not. The structure of playgroups promotes the engagement of parents with their children in a variety of ways such as talking, reading, singing, imaginative play, and art making. We know from reputable brain science that brains are built in an interactive and use dependent way, ideally via healthy attachments with caregivers. Playgroups provide an enriching environment for parents and children to interact. See our handout “Playgroup Parents as Brain Builders” in Appendix 1.

Promoting Health through Community Building

Per our Strategic Plan, “We believe in primary prevention and early intervention,” with an understanding of how the health of a community contributes to the development of children residing there. As a result, First 5 Humboldt promotes community building in its funded programs, and the playgroups are a successful example of considering the opinions of local citizens as well as respected scholars on “what works” to improve the health and well-being of young children and their families. Community building has been shown to improve health and well-being.

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1 Humboldt County Office of Education. 2014. Kindergarten Screening Tool. Eureka, CA.
2 Perry, Bruce, M.D., P.H.D. May 2013. The Impact of Trauma and Neglect on the Developing Child (Presentation). Humboldt State University, Arcata, CA.
The Commission’s definition of health is:

… the extent to which an individual or group is able, on the one hand, to develop their potential, realize their aspirations and satisfy needs, and on the other hand to develop capacities that allow them to change and respond to their environment. Health is therefore seen as a resource for everyday life, not the objective of living; it is a positive, integrative and developmental concept, emphasizing the development and maintenance of optimal social and personal resources, as well as the development and maintenance of optimal physical capacities.  

Community building means activities, ways of doing things and policies that support and encourage helpful connections among individuals, groups, organizations, neighborhoods and communities. It is guided by the shared values and vision of a community. Community building includes helping individuals and groups develop skills they need to plan and act on ideas that will create changes for the better. Programs and projects that “build community” place a high value on helping community residents gain skills, focus on what is special in that particular community, and rely on the community’s resources to improve community conditions. Programs and projects grounded in community building principles:

- Are designed for the place they will happen and culture of the community
- Are built on the assets of a community
- Value public participation
- Ask community residents to make decisions
- Encourage residents to take cooperative action
- Encourage relationship building
- Encourage a comprehensive and integrated approach

Playgroups have been established in Humboldt County through partnerships with local institutions, community leaders, and parents. First 5 Humboldt resources have been used to enhance community capacity to support parents and nurture children. While all playgroups have common practices in place to assure quality for families with young children—each exhibits its own character consistent with the culture of the community. Essentially, each playgroup is a way the community fosters the health and well-being of its young children and their families.

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4 Id.
First 5 Humboldt’s Playgroup Initiative

We have been funding playgroups and their development for over a decade. Our evaluation of them, research, and the technical expertise we have applied have brought us to a point where it is appropriate to strengthen and protect the playgroup movement for the county’s young children and their families into the future.

This Playgroup Initiative seeks to:

- Reaffirm bottom-line and best practices and integrate Family Strengthening Standards within playgroups
- Articulate the role of evaluation for playgroups
- Identify the desired environment for playgroups
- Expand enrichment options for playgroups
- Establish desired qualifications for playgroup leaders
- Identify protocols for community partners offering playgroups
- Identify processes for starting and discontinuing playgroups
- Establish a funding formula for playgroups over time
- Provide a playgroup literature review

Per our Strategic Plan, it is understood that First 5 Humboldt is part of a social movement that invests in young children and their families to promote human dignity, human relationships, and engaged communities. Recognizing that it is the capacity of humans to care for one another that determines the health and well-being of children, our work is based upon the following fundamental beliefs:

1. We believe that people are experts about themselves, their families, and their communities.

2. We believe that empathy, respect and mutual support are crucial to quality relationships, and that quality relationships at all levels are key to fulfilling the greatest potential for all people.

3. We believe that all children and families have strengths and assets because of their ethnicity, culture, language, socioeconomic level, religion, family constellation, physical or mental ability and other characteristics.

4. We believe that systems that respond to family and community needs are based on strengths, accessibility, inclusiveness, collaboration, and build on community capacity.

5. We believe in primary prevention and early intervention.
Playgroups are the context in which these beliefs are acted out on a daily basis throughout the county. In visiting a playgroup, one can easily bear witness to parents consoling each other about their lack of sleep, or see the attachment between parent and child as they complete a puzzle together, or see the relief on a parent’s face as Omi (Children & Family Support Specialist) explains normal child development.

One can see our beliefs in action when parents recognize changes at playgroup as a result of their input on a parent survey. It is a point of pride that communities’ unique cultures and strengths are reflected in qualities unique to each playgroup. Foremost, playgroups are clearly a primary prevention and early intervention strategy arising from the fundamental purpose of the Commission.

As we move forward to implement the Playgroup Initiative, we look forward to working with community partners and parents to foster secure, healthy and loving children eager to learn and develop their full potential.

Because we cannot afford child care this program provides us with a place to socialize, learn and play. We appreciate the resource and consider it a major part of our development.

Parent Voice
Section II: Playgroup Quality - Drawing on the Family Strengthening Movement

Meg Walkley & Beth Heavilin

Bottom Line and Best Practices

Because they are the cornerstone of First 5 Humboldt’s work, playgroup quality is a top priority. Results of playgroup and participant surveys and site visits indicate that quality varies among the programs. One might be warm and welcoming to families, have an established snack and circle time routine, and have plenty of equipment and activities for the range of ages of children participating. Another might be trying to make do in a tiny space, with very little for the children and parents to do because all of the supplies need to be transported from another location to the site.

To address this variation in quality and support quality improvement efforts, First 5 Humboldt’s Parent and Family Support Subcommittee developed a Bottom Line and Best Practices Framework. Bottom line practices are the minimum standard of quality expected for a program to receive and maintain funding support. Best practices are offered as suggestions for programs wanting to further increase their program quality.

Playgroup work in New Zealand6 informed the development of the Framework. New Zealand has had government funded playgroups for many years. In 2011, the Family Support Specialist, on a trip to visit family, met with representatives from the Early Childhood Education Department and received valuable information about the type of support provided to playgroups there.

Based on review of evaluation data and playgroup observations, the first phase of our Bottom Line and Best Practice Framework roll-out addressed two areas: Health and Safety and Enrichment. Phase Two addressed Welcoming and Supporting Practices.

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Our resulting Bottom Line and Best Practices Framework (Appendix 2) includes the following five content areas:

1. **Health Practices**
   - Hygiene
   - Illness prevention/policies

2. **Safety Practices**
   - Play and activity safety
   - Space set up
   - Supervision practices/policies
   - First aid
   - Fingerprinting

3. **Enrichment Practices**

4. **Supporting Practices**

5. **Welcoming Practices**

**Family Strengthening Standards and Protective Factors**

In its parent and family support work, First 5 Humboldt draws from the Strengthening Families movement and its five, evidence-based protective factors. Protective factors are family and community strengths that protect children and promote their healthy development and well-being. The five key protective factors are:

- Parental resilience
- Concrete support in times of need
- Knowledge of parenting and child development
- Social connections
- Social and emotional competence of children

In 2012 we conducted a self-assessment regarding the standards and decided to link our quality improvement efforts more explicitly to the standards and protective factors. In 2013 we developed a crosswalk between the Family Strengthening Standards and our own bottom line practices (Appendix 3). This illuminated where our practices already reflected the standards as well as areas that needed further development.
We have also made more explicit the connection between the Infant-Family and Early Childhood Mental Health Support provided to playgroups and the Family Strengthening Five Protective Factors (Appendix 4). To view the entire Playgroup Connection to Protective Factors Framework chart see Appendix 3.

The 5 Protective Factors

1. Parental Resilience

“Parents are more likely to achieve healthy, favorable outcomes if they are resilient. Resilience is the process of managing stress and functioning well even when faced with challenges, adversity and trauma.”

### What it looks like:
- Hope and optimism
- Problem solving skills
- Ability to maintain/restore calm
- Self-care
- Help seeking
- Future orientation
- Not allowing stress to interfere with nurturing
- Positive attitude about parenting

### How do we build it in playgroups?
- Show parents:
  - They are valued
  - Staff have genuine concern for them
  - Help is available
  - Trust through relationship building
  - Extra support for those who need it

### How are we doing?

100% of 250 playgroup parents/caregivers say staff are welcoming and respectful

(2014 Program Participant Survey, results filtered for playgroup attendees only; n=250)

![Pie chart showing 13.5% strongly agree and 86.5% agree]

### Moving forward

- Build stronger cultural awareness and responsiveness
- Increase Parent and Family Support leader education on historical and childhood trauma
- Increase partnerships with those currently serving teen parents, homeless families, and ethnically diverse families to improve outreach

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*Helped relieve some of the stress of being a stay at home dad when my child was an infant.*

*Parent Voice*
2. Concrete Support in Times of Need

“Assisting parents to identify, find and receive concrete support in times of need helps to ensure they and their family receive the basic necessities everyone deserves in order to grow (e.g., healthy food, a safe environment), as well as specialized medical, mental health, social, educational or legal services.”

<table>
<thead>
<tr>
<th>What it looks like:</th>
<th>How do we build it in playgroups?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Seeking and receiving support when needed</td>
<td>• Organize clothing and toy exchanges</td>
</tr>
<tr>
<td>• Knowing what services are available and how to access them</td>
<td>• Partner to have WIC, Public Health and others do presentations</td>
</tr>
<tr>
<td>• Adequate financial security; basic needs being met</td>
<td>• Encourage parents to exchange child care</td>
</tr>
<tr>
<td>• Persistence</td>
<td>• Share helpful resources with families</td>
</tr>
<tr>
<td>• Advocating effectively for self and child to receive necessary help</td>
<td></td>
</tr>
</tbody>
</table>

**How are we doing?**

**Types of Services Received in Playgroup** (2014 Participant Survey results filtered for Playgroup Participants only; n=250)

<table>
<thead>
<tr>
<th>Description of Service</th>
<th>% of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information about available services</td>
<td>52%</td>
</tr>
<tr>
<td>Parenting Support and/or advice</td>
<td>50%</td>
</tr>
<tr>
<td>Received a copy of the HumKids newsletter</td>
<td>33%</td>
</tr>
<tr>
<td>Help with getting food</td>
<td>14%</td>
</tr>
<tr>
<td>Help with getting clothes, diapers</td>
<td>13%</td>
</tr>
<tr>
<td>Help with finding preschool</td>
<td>10%</td>
</tr>
<tr>
<td>Help with applying for public programs</td>
<td>7%</td>
</tr>
<tr>
<td>Help with getting health insurance for my child</td>
<td>7%</td>
</tr>
<tr>
<td>Help with finding services for my child’s special needs or disabilities</td>
<td>6%</td>
</tr>
</tbody>
</table>

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8 Id.
**Moving forward**

- Increase playgroup leader education regarding resources available
- Increase playgroup visits by service providers (Food Bank, Family Resource Centers, etc.)
- Create a structure to facilitate peer support such as Parent Cafés
- Identify resources for non-English speakers and advocate for increased resources

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**3. Knowledge of Parenting and Child Development**

“Scientists … have provided much evidence of the critical importance of early childhood as the period in which the foundation for intellectual, social, emotional and moral development is established. … numerous research studies show this foundation is determined by the nature of the young child’s environments and experiences that shape early brain development.”

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**What it looks like:**

- Knowledge of the normal range of development
- Understanding how parenting impacts development
- Understanding of their child’s particular developmental needs
- Understanding how to set limits and provide routines
- Understanding how to help a child develop self-regulation

**How do we build it in playgroups?**

- Playgroups partner to host Parenting Counts
- Infant-Family Early Childhood Support provided on site and/or by phone/email
- Support Specialists and Playgroup Leaders model good strategies
- Playgroup Leaders connect families with Support Specialists
- Playgroup Leaders share their own experiences regarding raising and/or nurturing children
- Playgroup Leaders check in with families and provide them with positive feedback

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9 Id.

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We use positive reinforcement and encouraging words more. I’m more aware of age appropriate behavior and my expectations are more realistic.  
*Parent Voice*
How are we doing?

85% of 205 playgroup parents/caregivers say they have learned more about their child’s development stages at playgroup (2014 Playgroup Survey; n=205)

Moving forward

- Develop infrastructure and curriculum for Playgroup Leader training that leads to certification
- Mentor parents to co-lead Parenting Counts with Support Specialists
- Promote web-based parenting resources available in multiple languages
- Bi-lingual consultant is mentored by Support Specialists in IFECMH work
- Bilingual consultant mentors Support Specialists regarding increased cultural responsiveness
- Spread awareness of playgroups through natural points of contact (children’s stores, preschools, elementary schools, and media sites specifically targeting parents)
- Increase awareness about the importance of play

4. Social Connections

“Parents need people who care about them and their children, who can be good listeners, who they can turn to for well-informed advice and who they can call on for help in solving problems. Thus, the availability and quality of social connections are important considerations in the lives of parents.”

Parent Voice

This program has helped me have more patience with my children and my kids are so well socialized. It has also introduced me to my closest friends & an amazing support group.

10 Id.
What it looks like:
Social networks infused with:
• Positive emotional support
• Positive parenting norms
• Resource sharing and mutual help

How do we build it in playgroups?
• Introduce parents and other caregivers with like interests to each other
• Organize field trips and dinners
• Connect families to Beth and Omi and other resources

How are we doing?
Almost 90% of 250 playgroup parents/caregivers say they are somewhat or a lot more connected to other parents in their community as a result of playgroup services and activities (2014 Program Participant Survey, results filtered for playgroup attendees only; n=250)

Moving forward
• Empower playgroup participants to create opportunities for connection beyond playgroups
• Strengthen opportunities to share music, stories, etc. from the participants’ cultures
• Build in parent/caregiver self-care experiences i.e. yoga, mindfulness, and hot topics such as “talks within the playgroup”
5. Social and Emotional Competence of Children

“…a growing body of research has demonstrated the strong link between young children’s social-emotional competence and their cognitive development, language skills, mental health and school success.”

<table>
<thead>
<tr>
<th>What it looks like:</th>
<th>How do we build it in playgroups?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Parents know how to help their children identify and regulate emotions</td>
<td>• Provide a safe and positive place to play</td>
</tr>
<tr>
<td>• Children make strong social connections which builds their resilience</td>
<td>• Provide and promote positive social interactions</td>
</tr>
<tr>
<td>• Families are less stressed and have more fun</td>
<td>• Model empathy for emotional outbursts- normalize “flip the lid” moments</td>
</tr>
<tr>
<td></td>
<td>• Partner to provide “Parenting Counts” series with focus on Emotion Coaching</td>
</tr>
</tbody>
</table>

How are we doing?

98.5% of playgroup parents/caregivers strongly agreed or agreed that playgroup is a place their child learns about getting along with other children (Playgroup Survey 2014)

Moving forward

• Parent Cafés and “Parenting Counts” series “Hot Topics” focused on this protective factor
• Increase use of social media to provide information and resources in English and Spanish
• Provide more training for playgroup leaders in promoting social and emotional well being of children and families
• Increase incorporation of reflective practice in all levels of work

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11 Id.
Training & Technical Assistance

All First 5 Humboldt funded playgroups receive on-site support from Children and Family Support Specialists. This ranges from technical assistance visits to intensive infant-family and early childhood mental health support. Frequency of technical assistance varies from weekly to quarterly depending on the size of the playgroup. See Appendix 5 for our decision making tree that guides what level of support to provide.

Specialists provide technical assistance on bottom line practices and the five protective factors to ensure consistency in health, safety, environmental enrichment, supporting, and welcoming practices. They meet annually with staff to review bottom line and protective factor practices and develop an action plan to improve the quality of the playgroup. This also happens when a new playgroup leader is hired.

Other triggers for technical assistance include:

- Site visit and survey results that indicate areas where training is needed to help programs implement bottom line practices
- Program leader request
- Concerns raised by other stakeholders (Commissioners, First 5 Humboldt Executive Director, etc)
- Need for assistance in improving service to non-English speaking families

Infant Mental Health

Playgroup sites that have large enrollment patterns and offer services multiple days a week receive more intensive infant-family and early childhood mental health support. Specialists attend these playgroups on a regular basis developing relationships with the children and families. They provide support around inclusion, mental health, child development and parenting practices.

Specialists are well grounded in the principles of Infant-Family and Early Childhood Mental Health as outlined by the California Center for Infant-Family and Early
Childhood Mental Health. These principles, listed below, are consistent with the five protective factors:

- Mentoring must be culturally responsive, family-centered, relationship-based and developmentally appropriate. Specialists are mindful that parents/caregivers are the experts in their lives, and they use reflective practice principles to explore issues.

- Specialists are equipped with knowledge regarding community resources in case a family needs a referral for issues outside the scope of the specialists’ work.

- Specialists support inclusive practices in the playgroup setting.

- Specialists observe children’s developmental progress and when there is a concern, work with the parent/caregiver to increase developmental growth (recommended activities, parenting strategies or referral to Regional Center or Special Education services).

- Child Development and parenting information is available at playgroups:
  - Specialists are available to process parenting and child development questions with parents and caregivers on a one to one basis.
  - Parenting classes are offered which highlight the importance of social and emotional growth and wellbeing.
  - Printed materials are available to support parent knowledge of child development and parenting practices.

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Regional Specialists

It is First 5 Humboldt’s mission to provide playgroups in the communities in which people live. Given the county’s rural landscape, playgroup sites may be long distances from each other. We also believe that families should be served in ways that communities see fit which means each playgroup has a unique culture. In addition, relationship-based support for playgroup leaders is key to providing quality orientation, training and support over time.

For these reasons, we intend to hire regional support specialists for more rural playgroups to assist with program planning, hiring, supervising, reflective coaching, parent education and quality improvement practices for all playgroups in their region. As members of the local community, they would be equipped to advocate knowledgeably for their community.

Multi-Cultural Responsiveness

Humboldt County’s families are diverse. First 5 Humboldt is working to make all playgroups welcoming and inclusive of all families with young children. We want tribal families, immigrant families, families with children with special needs, families with gay or lesbian parents, and families of all socio-economic backgrounds to feel welcome at playgroups. This is a work in progress, and it will never end as we all continue to learn, and as our community continues to grow and change.

Multi-cultural responsiveness includes, but is not limited to:

- Playgroups are inclusive spaces where all young children and their caregivers feel welcome
- Parents and caregivers are considered experts in their family’s culture
- ALL caregivers of young children (nannies, grandparents, aunts, and friends) feel valued
- Playgroups are spaces that are welcoming to families with children with special needs
- Parents and caregivers are comfortable and encouraged to share music, songs, dance, stories, and art from their cultural traditions
• Books, printed materials, and playgroup activities reflect the cultures of the members of the group
• Families speaking in their primary language and/or multiple languages are a normal occurrence at playgroups. Multilingualism is considered a community asset
• Playgroup leaders are bilingual and/or comfortable engaging with families whose primary language is not English

Next steps for accomplishing this goal:

• Continue to evaluate playgroups using Participant Surveys, Playgroup Surveys, focus groups, bottom line practices reviews, etc.
• Continue to LISTEN closely to parents and caregivers, the experts in the lives of the children
• Parent Cafés
• Cultivate leaders (formal and informal) that reflect the diversity of the community
• Explore the possibility of linguistic and/or culturally specific playgroups
• Continue to provide technical assistance and training to playgroup leaders to increase their knowledge and skills around being multi-culturally responsive

We welcome playgroup families to join us as we learn how to continue to improve the playgroup environment. We welcome and celebrate all of the diversity in our community at playgroups.

Laura Power, MSW
Section III: Evaluation of First 5 Humboldt Playgroups

Kim Puckett

What is Program Evaluation?

Program evaluation can be described as “the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development.”\(^\text{13}\)

Evaluation at its simplest is answering the following questions:

- Does the program work?
- Are we getting the results we want?
- How can we make the program better?
- Are our investments paying off?

First 5 Humboldt uses program evaluation to inform our work. Our evaluation of playgroups is on-going and used to determine if we are reaching our goals, to make decisions about how playgroups are being implemented, and to improve program quality and effectiveness. We are committed to working in partnership with our programs to provide the best playgroups possible for children and families in Humboldt County, and evaluation helps ensure that this is happening.

Playgroup Goals

First 5 Humboldt has two main goals for playgroups, both of which are based on research.

1. To strengthen connections among parents, families, and communities

Research from both Australia and New Zealand shows that social support networks and other informal supports can reduce social isolation and are associated with improved parenting skills, greater knowledge of child development, and improved family relations.\(^\text{14,15}\) Australia’s Longitudinal Study of Australian Children reveals “that mothers

of 4 to 5-year-olds who participated in playgroups when their child was 0 to 3-years old were more likely to have consistently good support from friends, or to have improved support from friends, than mothers who had not participated in playgroups. These results provide some evidence to associate playgroups with improved social networks over time and that socially isolated parents may find playgroups a useful resource to build their social networks.”16 As discussed later in this section, First 5 Humboldt evaluation results support these findings.

2. Children are ready for school
The Longitudinal Study of Australian Children17 also provides evidence for the association of playgroup participation with improved school readiness outcomes. The study found that boys and girls ages 4 to 5 years, from disadvantaged families, scored 3 to 4% higher on learning competence if they attended playgroup from birth to 3 years than those that did not attend. It also found that the girls who attended playgroup scored close to 5% higher on social and emotional functioning than those who did not.

First 5 Humboldt’s data also support the association of playgroup participation and improved school readiness.

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Playgroup Indicators

We use quantifiable measures, called indicators, to track whether playgroups are on track in achieving these two goals. Indicators provide evidence about whether results have been achieved. They enable decision-makers to assess progress towards the achievement of intended outputs, outcomes, goals, and objectives, and are therefore integral to a results-based accountability system.18

Indicators related to playgroups are identified in First 5 Humboldt’s evaluation framework and our Playgroup Logic Model (Appendix 6). They fall into two categories: 1) Effects on children, parents/caregivers, and communities and 2) Program quality and/or implementation.

Indicators of playgroup effects on children, parents/caregivers, and communities:

- Number of playgroups available for parents and children 0-5
- Parents are more aware of their children’s developmental stages/ are more knowledgeable about what skills/behaviors are appropriate for their child’s age
- # of parents of children needing assistance in reaching developmental potentials reporting that they have social support
- #/% children entering kindergarten ready to learn
- Parents are more informed about how to be better parents
- Parents deal better with parenting issues
- Frequency with which parents/caregivers play music/sing songs with their 0-5 age children
- Frequency with which parents/caregivers read to/with their 0-5 age children
- % of parents reporting increasing the amount of time they engage in play with their 0-5 age children
- More families connected to supportive networks and needed services
- Parents are more connected to other parents in their community
- # of parents/caregivers reporting they are doing things differently as a family as a result of playgroup
- Communities/neighborhoods foster social ties among residents
- # children screened (formally or informally) for appropriate developmental level

Indicators of playgroup program quality/implementation:

- # of playgroups meeting bottom line practices
- # programs that include families in the development, implementation & evaluation of services
- # programs that provide culturally and linguistically proficient services that respect family traditions and serve the whole family

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• # programs provided as natural access points for families
• # programs providing family-friendly services
• Parents being more connected to services and help they need
• # of unduplicated attendees
• # of visits to playgroups (duplicated counts of attendees)
• Number of playgroup sessions held each year
• Number of visits by Specialists to playgroups

Tracking Playgroup Indicators

We track our progress toward reaching our goals in a variety of ways described below. We gather both qualitative and quantitative data. Qualitative data focuses on describing meaning, the “how and the why,” providing a richer understanding of people’s underlying attitudes, opinions, feelings, behaviors, and reasons. Quantitative data focuses on numbers and provides information on the “what and the how much.”

The Scopes of Work (SOW) are framed by the Executive Director each fiscal year and are used as the basis for the work. The Evaluation Plans are developed each fiscal year by First 5 Evaluators with input from program staff, Specialists, and First 5 staff and are used to outline the evaluation activities for each playgroup. Sample SOW and Evaluation Plan are included in Appendices 7 and 8.

Reports are submitted by playgroups every six months (in January and July) and include unduplicated count forms. Guidelines for reports along with samples of data forms and instructions for completing them are in Appendices 9-14.

Playgroup Survey is conducted every year from April-June with a sample of parents/caregivers attending playgroups. The 2015 Playgroup Survey is available in Spanish and in English and is included in Appendix 15.

Participant Survey (available in both Spanish and English) is conducted annually in fall (September-December) with all playgroups and other First 5 Humboldt funded programs. The 2014 version of the survey is included in Appendix 16.

Bottom Line Practices are reviewed every year with the Specialists and are discussed in detail in Section II.

Site visits are conducted regularly by Specialists and First 5 staff, Commissioners, and sub-committee members. A site visit form (Appendix 17) is filled out by the person conducting the site visit.

Kindergarten Screening Tool: In 2012, the Humboldt County Office of Education (HCOE) developed the Kindergarten Screening Tool (KST) to assess incoming kindergartners’ readiness for school. The KST measures children’s readiness in four domains: Language/Literacy, Mathematics, Social Emotional, and Self-Portrait. First 5
Humboldt has worked with HCOE to gather data on playgroup attendance history for all incoming kindergarteners. This allows us to compare KST results for children that attended playgroup pre-kindergarten with those that did not.

**Training and Technical Assistance Plans** are developed by Specialists, evaluators, and First 5 staff based on evaluation results. They are updated at least twice per year. A sample of a few pages from the Training and Technical Assistance Plan is included in Appendix 18. A copy of this plan is available from First 5 Humboldt upon request.

**Focus groups** with participants and facilitators are done on an as-needed basis.

**Interviews** (formal and informal; with caregivers, teachers, and others) are done on an as-needed basis.

**Review of data from other sources** (California Health Interview Survey [CHIS], State and County Health data, etc) allows us to see how parents/caregivers in our funded programs are doing in comparison to parents/caregivers in the county as a whole and over time.

**Program Evaluation Team (PET) process**: In February of each year, First 5 Humboldt staff and evaluators review data from playgroups and prepare an analysis of progress achieved towards pertinent indicators. In March or early April this analysis is presented to the First 5 Program Evaluation Team (PET), which prepares recommendations on each playgroup for the Commission. The Commission uses the recommendations to provide guidance for program improvements (which will be incorporated into that program’s SOW and Evaluation Plan), to identify requirements for continued funding (also included in the SOW and Evaluation Plan), and to determine funding allocations (including discontinuation of funding, funding increases, and funding decreases.) A sample of a completed PET form is included in Appendix 19.

See Appendices 20 and 21 for our “What’s Due When” handout and a sample playgroup sign-in sheet (bilingual).

**Results of Playgroup Evaluation**

Results of our evaluation efforts indicate that playgroups are having a positive effect on children, families, and communities in Humboldt County. In this section, we provide the results of nine key indicators that point to progress in meeting our playgroup goals. Complete evaluation results for playgroups and other First 5 programs are presented annually in our Local Evaluation Report located on our web site at www.humkids.org.
1. Number of playgroups available for parents and children 0-5

In 2014, there were 18 First 5 Humboldt funded playgroups located throughout Humboldt County. They provide free/low cost play opportunities for children ages 0-5 and their families, including activities for fine and gross motor skill development; learning opportunities such as literacy activities, music, arts and crafts; parent/caregiver support and social connections with other parents; and information about other available supports and services.

2. Number of visits to playgroups (duplicated counts of attendees)

In 2014, the number of visits to playgroups increased from the prior year and was the highest since tracking began in 2011.

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td># of children 0-5</td>
<td>12,400</td>
<td>13,696</td>
<td>12,775</td>
<td>14,252</td>
</tr>
<tr>
<td># parents/caregivers</td>
<td>10,050</td>
<td>11,380</td>
<td>10,437</td>
<td>11,684</td>
</tr>
</tbody>
</table>

3. Number of parents of children needing assistance in reaching developmental potentials reporting that they have social support

About six percent of parents/caregivers responding to the 2014 Playgroup Survey reported that their child has special needs. Most of these parents/caregivers reported that playgroup has provided them with a place where they feel supported. They agreed or strongly agreed (a score of 4 or 5 on a 5-point scale) with the following statements about playgroups.

**The playgroup is a place where…**

<table>
<thead>
<tr>
<th>Statement</th>
<th>2014 mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have learned more about parenting</td>
<td>4.2</td>
</tr>
<tr>
<td>Parents support each other</td>
<td>4.8</td>
</tr>
<tr>
<td>I have met new friends</td>
<td>4.8</td>
</tr>
<tr>
<td>I have learned new things about my child’s strengths and/or needs</td>
<td>4.5</td>
</tr>
<tr>
<td>I have learned more about my child’s developmental stages</td>
<td>4.5</td>
</tr>
<tr>
<td>I have learned more about play activities I can do with my child</td>
<td>4.6</td>
</tr>
<tr>
<td>Information is shared that is useful to me as a parent</td>
<td>4.7</td>
</tr>
</tbody>
</table>
Parent/caregiver comments:

• My son was tongue-tied and now after surgery is language delayed. Playgroup is a great social outlet for him as well as good role modeling of language. Plus we received some help with materials from the Inclusion Specialist
• I think this is a wonderful program and I love the addition of the Inclusion Specialist as she was very helpful
• J has mild cerebral palsy but he's doing OK. People have told me some important things at playgroup regarding his neurological ailment that have helped him to get better
• Was nervous about him getting hurt but this group is full of awesome kids and parents
• We actually have become more aware of her needs and have services she needs helping us

4. Number/% of children entering kindergarten ready to learn

In 2014, 80% of Humboldt County kindergartners were screened with HCOE’s Kindergarten Screening Tool (KST) to assess their readiness for school. Of these, kindergarten teachers estimated that 18% had previously attended a playgroup. As shown in the following table, it appears that children who attended a playgroup scored higher on the KST than those who did not.

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of kindergartners screened</td>
<td>89%</td>
<td>88%</td>
<td>80%</td>
</tr>
<tr>
<td>Estimated % of screened kindergartners that attended playgroup (as reported by teacher)</td>
<td>59%</td>
<td>20%</td>
<td>18%</td>
</tr>
<tr>
<td>KST score of playgroup attendees</td>
<td>77%</td>
<td>80%</td>
<td>77%</td>
</tr>
<tr>
<td>KST score of non-playgroup attendees</td>
<td>70%</td>
<td>72%</td>
<td>72%</td>
</tr>
</tbody>
</table>

The following table presents a comparison of 2014 KST scores for children that attended playgroup vs. those that did not. Playgroup attendees scored higher across the 4 KST domains of language/literature, math, social/emotional, and self-portrait.
Parent/caregiver comments:

- I was so happy for playgroup last year because my son never got to go to preschool. Playgroup was the only thing he had to get ready for school. Thank you, playgroup.
- Playgroup has helped both of my kids excel in their social behavior and helped prepare them for school.
- It is so wonderful to have this play time. I cannot afford to send my children to preschool. Playtime provides time out of the house, social interaction, learning toys, songs, circle time; so many of the things the girls would have at preschool. They are learning and having fun, and I am enjoying the parents and staff.

5. As a result of the services/activities here I deal better with parenting issues:

In 2014, close to 70% of parents/caregivers reported agreeing somewhat or a lot that they deal better with parenting issues as a result of playgroup services/activities.
Parent/caregiver comments:

- Crucial! Talking with other parents is so important! Learn so much, kids have fun and learn from each other. Modern society keeps us apart
- Ideas for dealing with problems at home such as sleep issues, games, mealtimes, routines. Support and advice from parents and staff.
- I love the fact that I meet parents here and can talk about any problems
6. Frequency with which parents/caregivers read to/with their 0-5 age children

In 2014, after seeing a decline for two years in a row in the percentage of parents in First 5 Humboldt programs that reported reading to their children daily, we made a concerted effort, through trainings and technical assistance, to emphasize reading and literacy activities in playgroups and other programs.

As presented in the chart below, 80% of playgroup parent respondents to the 2014 Participant Survey reported reading to their children daily. In 2011-2012, the California Health Interview Survey found that only 58% of Humboldt County parents with children ages 0-5 reported reading to their child daily (the result was 62% statewide.)

In a usual week, how often do you or any other family members read stories or look at picture books with your child?

![Pie chart showing frequency of reading]

We also found that as families increased their participation in playgroup, there was a corresponding increase in the number of days they or another family member read stories or looked at picture books with their child. This was a statistically significant positive correlation ($r_s (354) = .269, p < .01$) as measured using Spearman's Rank Order correlation test.19

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19 The Spearman’s Rank Order Correlation test was selected since both of the variables were measured on an ordinal scale in which the rank order of the variable values matter. The differences between the values of ordinal variables are not the same. For example, the difference between the values “1-2 Days” and “3-6 Days” is not the same as the difference between “3-6 Days” and “Every Day.” The Spearman’s Rank Order Correlation Coefficient value will be between -1 and +1. A positive coefficient value indicates that an increase in one variable is related to an increase in the other variable. A negative coefficient value indicates that an increase in one variable is related to a decrease in the other variable. A coefficient value close to 0 indicates that there is no relationship between the variables.
7. Percent of parents reporting increasing the amount of time they engage in play with their 0-5 age children

As seen in the chart below, 85% of parents report that they engage in play more frequently with their child since they started attending playgroup.

Since we started coming to playgroup, my child and I engage in play together more often

8. Number of parents/caregivers reporting they are doing things differently as a family as a result of participating in playgroup

In 2014, almost half of Playgroup Survey respondents said that they are doing things differently as a family because of playgroup participation. The following table presents results by playgroup:

**Are you doing anything differently as a family because of your participation in playgroup?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>All groups combined</td>
<td>48%</td>
</tr>
</tbody>
</table>
them more of my time
• We've learned songs, we focus on behaviors we should be developing (sharing, group play, etc)
• Calmer, better parent. Playgroup really saved me (among other things) when I had post-partum depression
• We use positive reinforcement and encouraging words more. I'm more aware of age appropriate behavior and my expectations are more realistic
• We are getting together with more people, being more social
• Helps me as a parent think of fun things that help learning process, numbers, caring for others, etc
• Playgroup helps me see what my son likes, what he's good at, what he needs support on, and what he does not care for. The rest of our week is catered by the information we learn in playgroup
• We have been to neighbors houses in town and are making friends outside of regular playgroup hours

9. Number of visits by Specialists to playgroups

Children and Family Support Specialists provide direct assistance to playgroups, including parenting education/support, information about developmental stages in young children, typical and atypical behavior in young children, and resource referrals to other services and supports. In 2014, our Specialists made well over 200 visits to playgroups and provided early intervention services to over 30 children and their families.

Parents/caregivers are reporting greater impact of these services since they were implemented in 2009. In 2014, when asked by survey whether they agree with the following statements about the impact of the Specialist services/activities, the average response for each item was above 3 on a 4 point scale, where 3 means “somewhat” and 4 means a “lot.”

As a result of the services/activities I have taken part in here...
Scoring: 1= not really, 2= a little, 3=somewhat, 4= a lot

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>I deal better with parenting issues</td>
<td>2.3</td>
<td>3.2</td>
<td>3.2</td>
</tr>
<tr>
<td>I have learned more about my child’s developmental stages/have learned more about what skills/behaviors are appropriate for my child’s age</td>
<td>2.6</td>
<td>3.2</td>
<td>3.3</td>
</tr>
<tr>
<td>I am more informed about how to be a better parent</td>
<td>2.4</td>
<td>3.2</td>
<td>3.2</td>
</tr>
<tr>
<td>I am more connected to services and help I need</td>
<td>2.5</td>
<td>3.3</td>
<td>3.4</td>
</tr>
</tbody>
</table>

A story from one of our funded programs that illustrates the effect of the work of the Specialists on a family is provided in the box below.
Provider Voice about the work of Specialists:

Prior to starting to attend a First 5 Humboldt playgroup, a caregiver had been noticing that their young child “Tam” did not seem to relate well to other children and that in social situations even some parents would steer their children away from playing with Tam. The caregiver and Tam began attending a First 5 playgroup and found themselves warmly welcomed by staff and other parents, something that they hadn’t experienced in any other setting with children and families. Tam’s caregiver and playgroup staff talked about the caregiver’s concern that Tam did not seem to be developing typically. Staff at playgroup told Tam’s caregiver about the Children and Family Mental Health and Inclusion Specialist (“Specialist”) that comes to playgroups and arranged for the caregiver and the Specialist to meet. The caregiver began to develop a relationship with the Specialist and talked at length about the concerns over Tam. The Specialist provided Tam’s caregiver with information and assistance and eventually Tam was referred to Redwood Coast Regional Center. Because of this, Tam is now getting the help for Tam’s special needs. Tam and the family are continuing to get support and friendship through the playgroup. The family is grateful that Tam got the help Tam needed early on because of going to playgroup.
One more way the work of the Specialists with Playgroups has been evaluated is through a focus group conducted with playgroup facilitators. This was done in September 2012 with eleven playgroup leaders/facilitators taking part. Here is an excerpt from the focus group results.

Focus group comments from Playgroup Leaders about Specialists:

The entire group thought that the Specialists (referred to as the “CFS” and “IS”) were very helpful to them in their efforts to connect and work with playgroup families. The direct family assistance and playgroup staff guidance, provided during playgroup visits plus e-mail and phone correspondences, were the most beneficial services offered by the CFS and IS. Several playgroup leaders/facilitators described how the CFS and IS provided direct family assistance at their site.

- Two playgroup leaders/facilitators described how the CFS or IS who visits their playgroups has a way of eliciting information from parents in a non-threatening way. They “disarm” parents and are able to get information that playgroup staff do not know. This leads to providing more appropriate services to the parents. The CFS and IS have their own unique connections with the parents. One playgroup leader/facilitator states, “She is a huge asset not just because of the information she has but also her own capacity and the way that she is and the way she approaches it.” The other playgroup leader/facilitator states, “We would not be able to function as well without their support.”
- One playgroup leader/facilitator described how the IS would visit a playgroup, play with each child and assess them during the visit. She was also very good with parents who just had babies.
- One playgroup leader/facilitator referred playgroup parents to the CFS in order to get new ideas about disciplining their children.
- One playgroup leader/facilitator stated that the connection between the IS and the families has been so beneficial that they get inquiries from parents who have children who have outgrown playgroup. Parents will ask to speak to the IS and get advice about family issues. The playgroup leader/facilitator values that the families know where to get needed information.

With regard to providing guidance to playgroup staff, playgroup leaders said the CFS and IS have:

- Offered training and modeling opportunities for staff on how to work with parents on disciplining their children.
- Provided information/materials on community resources, such as dental care, to all the playgroups.
- Referred children with special needs to one playgroup which has an effective environment for special needs children. The integration with typical developing children has been smooth and the special needs children have modeling opportunities.
Section IV: Developing Playgroups - Considerations for the Physical Environment

Meg Walkley

When selecting a space for a playgroup, the following are important considerations. Each is discussed in turn.

• Safety
• Family needs
• Resource area
• Stages of play
• Activity centers
• Outside play

Safety

First and foremost, the space being considered for a playgroup should be made as safe as possible. Here are a few important considerations:

1. The space should be completely "childproofed" or able to be made so, so that anything within possible reach is safe for 0 to 5 year olds. Storage needs to be available to lock up items that are not suitable for young children. Plug covers need to be on all accessible outlets.

2. Any piece of furniture or equipment that is freestanding needs to be durable and sturdy enough for a child to pull herself up holding on to it. Tall cabinets that might topple or from which items might fall if there is an earthquake should be avoided. Many public spaces have restrictions limiting the size of items, so rules must be checked before acquiring furniture for the playgroup.

3. All areas of the room should be visible at all times. Mirrors can be used to see "blind spots."

4. There needs to be a safe place for parents to place diaper bags, backpacks, purses and other items. Often there are things unknowingly left in diaper bags (infant Tylenol, Ambesol, etc) that a curious toddler could get into if within reach.

5. The diaper changing area needs to be positioned so that parents who have more than one child can face out toward the main play space to keep an eye on their other child(ren).
6. The set-up of the space should be strategically arranged to eliminate runways. Long, straight aisles and paths encourage running, crashing and falling. If the space is large enough for riding toys, there needs to be an area that is sectioned off from the floor play space.

7. The doors leading to outside, kitchen or other areas that are not child proofed should be kept closed and the exit areas closely supervised. One playgroup has a cowbell attached to their exit door to provide an extra alert.

8. The various areas of the playgroup should be well signed (“Place Bags on Stage”, “Quiet and Infant Play Area”, etc.)

9. Illness and health and safety (including supervision) policies should be created and placed in strategic locations to remind adults to follow and reinforce safe behavior.

**Family Needs**

Playgroups need to accommodate people of various physical abilities and needs at different points in time. The lithe, spry mom of a preschooler will be far less able to get up and down off the floor when she is 8 months pregnant with her second child. Great-Grandpa might want to visit playgroup, and he will need a place to sit. A nursing mom might appreciate a rocking chair which offers arm support.

Playgroups need to have some “grown-up” sized chairs around for those who need them. This is especially important at group activity areas like the snack and/or art table and circle time space. On the other hand, too many accommodations for the adults will take away from the child-focused feel of a playgroup. The desired environment is one that encourages a balance between parents and other caregivers interacting with their children and visiting with each other.

Water should always be available for both the adults and children.

**Resource Area**

Some playgroups might be the only place families attend where they can access information about parenting, child development, community activities and resources. A bulletin board, table or other designated area to provide information is part of a responsive playgroup.
Play and its Stages

For children to exercise all parts of their brains and bodies, they need opportunities to play in a lot of different ways. Here are some things to consider:

- How can the space be used to provide large motor play, which allows children to use the bigger muscles in their bodies to run, jump, climb etc., and still keep things safe for all ages?

- Where can there be opportunities for small motor play, which helps children develop their finger muscles and hand-eye coordination? Examples of small motor play activities include puzzles, blocks, finger plays and most art activities.

- How can the space be set up in a way that allows for both loud and quiet play, individual, small group and larger group activities?

- Where can children do messier activities such as cooking and painting?

- How can the space be set up to provide opportunities for children at different stages of play development? See “Stages of Play” below.

Stages of Play

Although playgroups provide opportunities for children and their families to interact with others, it is important to know how those interactions might look depending on a child’s age and developmental stage of play. The following chart is adapted from Learning Ladder Preschool and Childcare, a good resource if you want to read more.

---

<table>
<thead>
<tr>
<th>Solitary Play</th>
<th>Parallel Play</th>
</tr>
</thead>
<tbody>
<tr>
<td>The <em>youngest children</em> attending playgroup will be in this stage, which can continue well into a child’s second year. A child can be in a room full of other children, but he/she is playing alone, rarely paying attention to anyone.</td>
<td>This stage is when children are playing with the same materials. They are playing next to each other, but they are not talking or doing the same activity. Most <em>toddlers</em> are in this stage, hence “sharing” toys is not part of their social understanding.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Associative Play</th>
<th>Cooperative Play</th>
</tr>
</thead>
<tbody>
<tr>
<td>As some children <em>near three</em>, they become interested in playing games and interacting with other children, but they don’t yet work together to create new games or stories. For example, two children might be playing in the dramatic play area, but their “pretend” roles aren’t related.</td>
<td>Only the <em>oldest preschool children</em> at playgroup will consistently be interested in cooperative play. This is when children work together to play a game, build the same block building and share imaginative role plays like playing house.</td>
</tr>
</tbody>
</table>
Activity Centers

One of the best ways to make sure a playgroup setting is responsive to children at all stages of play is to think about activity “centers”. These are often used in early childhood settings to encourage the entire range of play and other appropriate activities.

Dramatic Play Center: Research shows that dramatic play helps children develop physically, cognitively and social/emotionally. Dramatic play areas can be easily created with “found” objects and other inexpensive materials.

Quiet Play Center: Some children are ready to “jump right in” to activities while others need a quiet space to watch and listen. Each playgroup needs a space with a rug and pillows, beanbag chairs or other soft surfaces. A small cabinet or bookshelf with books, puzzles and other quiet activities can be included in this area.

Snack/Art Center: Young children burn energy and need to refuel. A place near a sink is ideal to set up child sized tables. Chairs for adults to provide supervision are also important. The floor surface should be washable, or a plastic mat can be placed under the tables for easy cleaning. This space will be useful for art, cooking, science and other “messy” activities.

Active Play Center: As far away from the Quiet Play Center as possible, is the best place to set up the space where children can build with blocks, push trucks, pound on pegs, etc. This should be a corner of the space which is out of the flow of traffic to reduce the chances of anyone accidentally tripping on misplaced blocks or other items.

Physical Play Center: If a space allows for it, a gym mat, a small scale slide, crawl through tunnels, etc. can be set up to encourage play that develops large motor skills. Activities are best reserved for outside time, group time or special playgroup meetings when you don’t set up the other centers and just focus on physical play like “gymnastics day” or “ball play day”. See the Outside Play section below for more considerations.

Group Play Center: Brain development research confirms that children benefit greatly from interactions with other children and adults. Group play encourages the development of a playgroup “community”. A rug or other physical object can be used to designate the gathering place for circle time and other group activities. This need not be space set aside for the entire playgroup. For example, the Quiet Play Center can become the Group Play Center at the end of the playgroup session. Circle time routines have the added bonuses of helping with transitions for children and adults of all temperaments and are a great way to develop language and other pre-reading skills.
Outside Play

Often, playgroups are held in facilities that do not have ready access to age-appropriate playgrounds. For example, most elementary school climbing structures are designed for ages five and older, and the insurance carrier will not cover claims if younger children are injured on the equipment.

However, many playgroups plan activities that encourage families to go outside. Field trips to nature walks, farms, pumpkin patches and other free to low-cost activities can be organized by the playgroup leaders. If a playgroup is fortunate enough to have an opportunity to develop an outside space, here are some considerations:

• The space should be fully fenced in with a child-proof latch.

• Any play structures installed should be suitable for 0 to 5 year olds. As an alternative to permanent structures, the large, lightweight plastic slides, rocking toys and playhouses made by Little Tykes and other companies insure that the equipment is scaled to the playgroup ages. This type of equipment has the advantage of being portable and easier to store and clean.

• Sandboxes, water tables and other sensory experiences are perfect for playgroup. The equipment should be easily emptied or covered when not being used.

• An outside area should be large enough to allow plenty of space for running.

• Schools, recreational programs and other organizations often are under specific regulations in regards to outside play space. Playgroups will need to work with their hosting facilities to insure they are in compliance. For example, the type of surface that is to go under any climbing equipment might be stipulated.
Section V: Enrichment - Options for Enhancing the Playgroup Experience

Wendy Rowan

From the very beginning, playgroups have offered enrichment opportunities for children. Parents/caregivers consistently appreciate this element of playgroup, and over the years we have come to understand that they particularly value music, visual art, healthy eating and active play. With this Initiative, First 5 Humboldt hopes to increase the enrichment capacity of playgroups with opportunities for enhancements in those three areas. Each playgroup can pursue the enhancements that fit their program based on their community and the interests of parents and skills of leaders.

Nurturing the Arts in Playgroups

Destructiveness and creativity are opposed forces in the life of the mind. To create is to construct, and to construct cooperatively is to lay the foundations of a peaceful community.

- Herbert Read

Art and music are widely used in early childhood education as a way of facilitating learning for young children. Within the playgroup setting, art and music experiences are another way for a parent and child to interact. Like talking and reading—making art and music together is a universal way that parents can nurture their child’s development. Engagement with the arts stimulates cognitive skills, and some research shows the arts may further a child’s readiness for school.21

The arts play a significant role in all the world’s cultures. Each child has an arts heritage that is a rich mix of history, culture, family life, and contemporary time. Playgroups can provide opportunities for children and their parents to explore their connection to the arts. As children express themselves creatively with their parents and other children—their capacities and what they can do in the world expands. With this understanding, the Commission seeks to strengthen arts offerings within playgroups.

**Visual Art**

Our first records of human history are in the form of visual images beginning with little figurines and drawings, and later, paintings on stone. In the early years of a child’s life, developing abilities to look, examine, and take pleasure in the visual objects within the environment is the foundation for future visual art skills. Perceptual growth can be encouraged by drawing attention to the colors in a garden, sharing an interesting object, or providing opportunities for a child to feel different textures. Within playgroups, a variety of materials and art activities is essential to assure optimal art experiences for young children and their parents/caregivers. To provide this requires preparation on the part of the playgroup leader as well as some guidance for parents/caregivers.

In earlier years of our work, seasonal arts and crafts activities lessons and suggested art supplies were provided to playgroup leaders in the Playgroup Manual.²² The Playgroup Initiative seeks to increase the engagement of parents/caregivers with their children in the making of art and increase the quality and variety of visual arts experiences offered with the following efforts:

- An annual training for playgroup leaders to support them in providing quality visual arts experiences
- An art supplies kit provided to playgroup leaders that attend the annual training
- A collection of books on the art of various cultures provided to playgroup leaders that attend the annual training
- Follow-up technical assistance for playgroup leaders who require further help

²² FIRST 5 HUMBOLDT. 2009. *Growing a Playgroup or Playcenter*. Eureka, CA.
implementing quality visual arts experiences

- Take home tips for parents to provide art-making experiences in the home

Forms of representation available in a culture contribute to the development of a human being.\textsuperscript{23} Throughout the years, playgroup parents/caregivers have consistently expressed the desire for more art opportunities with their children. This Initiative seeks to respond to this interest and provide a context for children to develop their creativity.

\begin{quote}
Human history has the potential to reinvent itself within each child, beginning with little figurines and drawings at first.
\end{quote}

**Music**

From the time of birth, infants are able to engage musically with parents and caregivers. Born with little control over their bodies and limited visual acuity, their sense of hearing is well developed. They begin to hear and respond to sound in the womb from about 19 weeks gestation\textsuperscript{24} and are alert to the sounds of music and speech as soon as they are born. Music can be used to calm and arouse, as an opportunity for performance and for sharing. Using music, young children explore movement, emotions and thoughts, with others or alone.

Music experiences in playgroups have varied over the years. At circle time, children and parents routinely sing a collection of popular songs for young children before going home. Often singing integrates movement and clapping to provide a more engaging experience. Sometimes percussion instruments are used as well. Music CDs are played regularly in many playgroups, and most have a good collection. Most popular, however, is a visit from a local musician offering a musical experience. Sometimes this takes the form of a folksinger performing or leading children in song. Sometimes the musician will integrate music with storytelling.

Young children benefit greatly when music and movement are integrated, especially when a parent/caregiver is actively involved. Music makers who can lead parents and children together in singing, chanting, and dancing with percussion instruments are highly desired.


Established beliefs about the musical learning of young children include:  

- All children have musical potential
- Children bring their own unique interests and abilities to the music learning environment
- Very young children are capable of developing critical thinking skills through musical ideas
- Children come to early-childhood music experiences from diverse backgrounds
- Children should experience exemplary musical sounds, activities, and materials
- Children should not be encumbered with the need to meet performance goals
- Children’s play is their work
- Children learn best in pleasant physical and social environments
- Diverse learning environments are needed to serve the developmental needs of many individual children
- Children need effective adult models

Because very young children learn primarily through play, music experiences should be provided in a fun, relaxed environment with a non-formal teaching approach. Playgroups are ideal for this. The Playgroup Initiative seeks to increase the engagement of parents/caregivers with their children in the making of music and increase the quality and variety of musical experiences offered with the following efforts:

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• Initiation of a process to contract with local musicians to provide musical experiences at playgroups
• Identification of local assets to strengthen musical offerings at playgroups
• Training and technical assistance for playgroup leaders in providing a variety of quality musical experiences
• A collection of CDs with music from various cultures provided to playgroups
• Take home resources for parents to provide music experiences in the home

The joy that young children and their parents/caregivers experience when they share musical moments strengthens their attachment. Connecting with children through music comes naturally, and it is something that every parent/caregiver can do. Parents/caregivers consistently express their desire for, and appreciation of, musical offerings at playgroup. The Playgroup Initiative seeks to respond to this desire by providing opportunities for young children to develop their musicality.

*Where words fail, music speaks.* -Hans Christian Andersen

**Healthy Eating and Active Play in Playgroups**

**Healthy Eating**

Per the Commission’s Strategic Plan, our first goal is to *Increase the number of children and pregnant women in good health*. Good nutrition is fundamental to this goal. Playgroups provide a snack time, and practices have been established in playgroups to ensure safe and healthy snack time. At the same time, increased understanding of childhood obesity contributes to the desire to improve the quality of food and drink that is provided to young children. Preventing overweight in young children is important for their development and future health and well-being.

For the past five years, the Commission has drawn upon Potter the Otter books and resources to promote the drinking of water and the avoidance of sugar sweetened beverages in all of our funded programs, including playgroups. Potter has been a popular figure to educate children, parents, and the public about the value of drinking water and the harm of sugar consumption. All playgroups provide fresh water, and we can see that after just a few years, drinking water versus drinking sugar sweetened beverages is becoming more normalized.

*Drink water for thirst, And you should know, Water is healthy, It helps you grow!*  
-Potter the Otter
Recently a few playgroup leaders attended a *Preschools SHINE Nutrition and Physical Activity Forum* provided by West Ed. Preschools SHINE (Shaping Healthy Impressions through Nutrition and Exercise) is a statewide program through the California Department of Education that promotes eating healthy foods and engaging in physical activity every day. Through technical assistance and training, we hope that playgroups will begin to incorporate some of the following Preschools SHINE elements to support children’s health and readiness to learn.

- Meal quality, including healthy beverages, fruits and vegetables, whole grains, protein foods, and healthy oils
- Mealtime environment which emphasizes serving meals and snacks family style
- Nutrition education, providing healthy nutrition experiences and resources
- Garden enhanced nutrition education as an option
- Physical activity, providing unstructured and structured physical activity every day
- Professional development for program leaders
- Wellness policies to assure standards of nutrition and physical activity practices
- Partnerships with families and communities to support healthy eating and physical activity

Within the Playgroup Initiative, we will be working on improving the foods that are offered at snack time and increasing awareness about the value of regular physical activity. Over the years we have partnered with the Nutrition Education Specialist at the Humboldt County Office of Education and the Community Alliance with Family Farmers to provide nutrition activities in selected playgroups. We have learned a great deal from these two partnerships, and parents positively appreciated the food sampling and activities provided. The use of local and seasonal produce was emphasized, creating an understanding for children of where their food comes from. For parents, tips on how to prepare new foods for their family were helpful.

For the Playgroup Initiative, we hope to increase the engagement of parents/caregivers with their children in tasting nutritious food and participating in physical activity. To improve the quality of nutrition at snack time, we will contract with the Nutrition Education Specialist from the Humboldt County Office of Education to:

- Assist with the development and implementation of Bottom Line Practices in the area of nutrition
- Provide technical assistance and conduct site visits to support playgroups in providing quality snacks that are developmentally appropriate
- Provide take home recipes and tips for parents to facilitate healthy eating in the home
Active Play

Playgroups are a natural place for physical activity. Parents frequently tell us how the indoor and outdoor spaces provided give their children opportunities for active play that are hard to find elsewhere. With our often wet north coast weather, dry spaces to run freely, ride a tricycle or pull a friend in a wagon are appreciated by parents. To promote physical activity within playgroups, we plan to:

- Assess the capacity of playgroup sites for active play and make appropriate recommendations
- Provide annual training for playgroup leaders to support them in providing structured and unstructured physical activity
- Offer new equipment to playgroup leaders participating in the training
- Provide tips and resources for parents to encourage active play at home.

Healthy eating and active play are essential for a happy childhood. Playgroups are a natural gathering place where children can have stimulating and safe experiences, and parents can receive good information. The Playgroup Initiative seeks to use the context of playgroups to promote child health and family well-being.
Opportunities for High Quality Early Childhood Learning: Adult Mediation of Meaning and Skills

The love of a caregiver certainly opens the door for healthy development; however, the quality of interactions between a caregiver and child accounts for the variation in the development of cognitive structures in children. Pnina Klein provides a model to help caregivers achieve this level of quality in their interactions with their children.

These interactions facilitate the development of a critical developmental state: flexibility of mind. A foundation of early childhood mental health, flexibility of mind allows children to learn from new experiences, self-regulate emotional states, be more sensitive to others and be socially adjusted. This developmental state depends on the mediation of a child’s experience by an adult.

Allowing for cultural variation of expression, caregivers mediate meaning for infants and young children through:

- **Focusing:** Any adult act or sequence of acts that appears to be directed toward achieving a change in a child’s perception or response.
- **Affecting:** An adult’s behavior expresses verbal or non-verbal appreciation in relation to objects, animals, concepts.
- **Expanding:** Broadening a child’s cognitive awareness beyond the needs of the present moment; creating meaning by providing a larger context.
- **Rewarding:** Verbal or non-verbal behavior of an adult that expresses satisfaction with a child’s behavior or identifies specific components of that behavior that are valued by the caregiver.
- **Regulation:** Fostering the cultivation of self-regulation skills and planning behavior by modeling healthy responses to stress.

First 5 Humboldt intends to teach this mediational model in Parent and Family Support workshops so that parent leaders may model these methods in playgroup.

Culture

Klein asserts the role of community is to mediate a framework of skills in which shared cultural conceptions of the world are expressed so human relationships and individual coping become worthwhile. Klein expresses concern about the loss of these structures.

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27 *Id.*
of meaning, and she notes some researchers attribute this cultural erosion to a rise in violence and suicide.

Language is a basic structural unit of meaning. The language we use shapes how we perceive our responsibilities, role in life, and how we relate to others. Indigenous language acquisition for caregivers and children age 0-5 has been studied extensively by Dr. Teresa McCarty of UCLA. McCarty’s research has shown that Indigenous language acquisition work in families with young children increases school success, shapes a child’s development and plays a large role in building the future culture of a community. Language acquisition does not simply build skills for a family; it lays the framework that supports healthy cultural development.

First 5 Humboldt works to support the cultural priorities of families with young children as they strive to create high quality opportunities for early childhood education and secure healthier futures for their community.

Rebecca Lowry
FIRST 5 HUMBOLDT Commissioner

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Section VI: Playgroup Workforce Development

Beth Heavilin

Building Capacity for Qualified Playgroup Leaders

First 5 Humboldt partners with a wide range of community service entities to deliver playgroups, and those entities hire the playgroup leaders. To date, playgroup leaders have generally been interested parents or staff from the greater agency interested in additional hours working with children and families. Site supervisors are agency staff responsible for hiring, training and ongoing supervision of playgroup leaders. First 5 Specialists provide ongoing guidance, mentorship and two full-day trainings per year to support the leaders and their supervisors.

In order to strengthen playgroup quality and promote best practices, First 5 Humboldt is developing and implementing playgroup leader training and support standards. As Christie Lampro, one of our playgroup initiative parent advisors says “the vitality of a program depends on well trained leadership.” A good leader is informed, resourceful and well supported by their organization. It is important to hire leaders who have natural abilities to connect with other parents and are eager to learn.

We believe that leader training begins by giving clear instructions about roles and responsibilities through a comprehensive orientation program that sets the stage for a positive working relationship. Additional training affords playgroup leaders--who come to the work with a variety of educational and experiential backgrounds--knowledge of best practices in the early childhood field and shared professional knowledge in playgroup work.

I really appreciate the personal connection the facilitators make with each family and child…

Parent Voice
By supporting playgroup leaders with ongoing training and technical support, we aim to create an environment of self-reflection and program enrichment. Ideally, playgroup leaders are natural community leaders who carry essential knowledge in child development, program leadership and family support.

**Playgroup Leader Hiring and Orientation**

Playgroup leaders are hired by the entity funded to deliver the playgroup (Family Resource Center, School District, Parks and Recreation Department, etc) and according to their hiring practices. A prospective playgroup leader ideally has prior experience working with young children and families. A job description is included in Appendix 22. The description may be modified to meet the site and community specific needs.

First 5 Humboldt plans to create a Head Playgroup Leader job description for larger playgroups that require more than one leader. This job description would specify the administrative and leadership duties required of the head leader.

At the time of the interview, the playgroup leader applicant should review the job description. Interview questions should explore the applicant’s capacity to build relationships, support diversity and communicate effectively. See Appendix 23 for a sample list of playgroup specific interview questions.

Once hired, a playgroup leader should receive orientation by the site supervisor that includes the following information:

**Office procedures/job expectations**
- Review “Playgroup Leader Job Description”
- Paperwork Expectations
- Daily work schedule
- Responding to crisis

**Description of Training Required**
- Playgroup Leader Certification (Web-based)
- First Aid/CPR
- Parent and Family Support bi-annual workshops
- Annual technical assistance training

A detailed orientation checklist sample is available in Appendix 24.
Training

Training for playgroup leaders focuses on bottom line practices (as discussed in Section II), basic child development, the principles of working with families, and community referral processes. Playgroup leaders should complete the following trainings: Playgroup Leader Certification, First Aid/ CPR Certification, an initial coaching session with the Specialist, and two First 5 provided Parent and Family Support Workshops per year.

Playgroup Leader Certification

It is First 5 Humboldt’s intention that playgroup leaders receive certification. We will be developing a series of web-based trainings, available to playgroup leaders and supervisors that complement our “Growing a Playgroup or Play Center Manual”. Incentives to complete the series will be offered.

Certification Modules:
- Bottom line and best practices
- 5 protective factors
- Importance of early childhood development
- Temperament
- Key learning strategy – play
- Stages of play
- Age appropriate expectations and problem solving strategies
- Developmental red flags
- Reflective practice
  - Working in partnership with families
  - Supporting families with grief and loss
- Community resources and referrals
  - Mandated reporting

First Aid/CPR Certification

Playgroup leaders must have First Aid/CPR certification which must be arranged by their employer agency. In the future, First 5 Humboldt will provide this training every other year.

Parent and Family Support Workshops (spring and fall)

Playgroup leaders and site supervisors are expected to attend bi-annual full-day trainings delivered by First 5 Humboldt. These workshops are intended to maintain and build the quality of playgroup programs. The content of these workshops is designed to be responsive to:
- First 5 evaluation results
• Technical Assistance Action Plans
• Bottom line practices
• New or relevant community resources
• Observations by playgroup leaders, supervisors and Specialists

Targeted training is provided for the roles and responsibilities of site supervisors. It is the goal of First 5 Humboldt to provide additional trainings to enhance offerings at playgroups. Planned program enhancement trainings include visual art, music, healthy eating and active play. Playgroups will be offered incentives for participation in these trainings. Please see more information in Section V of this document.

Ongoing Training and Technical Assistance

As discussed in Section II, playgroup leaders receive ongoing support from Specialists as issues/needs arise. Specialists attend playgroup regularly to provide reflective coaching in the moment and post-playgroup sessions. They are available for phone and web-based consultation as needed by the community.

Each month, Specialists provide playgroup leaders with a parent education “hot topic” to support child development/parent education. These may include:
  • Question of the day/conversation starters with families
  • Informational resources (paper and web-based)
  • Community resources
  • Social media links

Once a year, each site’s playgroup leaders, supervisor and Specialist gather to review the site’s evaluation results and bottom line practices and to create an Action Plan to improve services for the upcoming year. This information is also used by First 5 Humboldt’s Program Evaluation Team during their “PET Process” (described on page 26) which includes making recommendations regarding the site’s funding allocation.
Section VII: Community Partners - Relationships Based Upon Community Assets

Wendy Rowan

Asset-Based Community Development

First 5 Humboldt is committed to helping Humboldt County’s youngest children to thrive. However, we are just one of many that share this commitment and the vision of a place where young children and families are supported in reaching their highest potential. Partnerships with families, public and private institutions, school districts, faith-based organizations and community groups will be what bring ultimate success.

In the early years of the Commission’s work a primary objective was to “Increase the number of organizations, associations, and individuals who positively affect the number of children living in healthy environments.” We learned that to achieve this, we needed to focus on supporting activities and programs for families and children that increase a sense of community and belonging. Essential to providing such programs and activities was identifying organizations and community leaders throughout our diverse county with the capacity to partner with us in doing this work.

To assist with engaging partners, the Commission’s work has been informed by an approach referred to as Asset-Based Community Development. Codified by John P. Kretzmann and John L. McKnight, this approach is based upon the belief that communities are more effectively built by focusing on the capacities of citizens and the strengths of communities rather than needs or problems. Asset-Based Community Development works from the premise of the ‘glass half-full versus the glass half-empty.’

This approach to community development:

• Helps local residents internalize available assets and see themselves and their community as capable
• Promotes local relationships
• Expands categories of funding
• Focuses on community members who build local capacities
• Rewards personal endeavor and contribution; engenders individual independence and strong local networks
• Creates self-esteem and hopefulness
• Builds on assets, connections, and contributions; believes people are the answer

**Playgroups as Community Development**

Playgroups arose throughout the county as the Commission built relationships with community partners with the capacity to help provide playgroups for families with young children in their communities. From the very beginning, this effort was understood as the Commission’s way of helping communities provide healthy environments for their young children.

Within each community, local assets were identified and mobilized to establish and maintain playgroups. Assets that are helpful to establishing playgroups can take the form of a local organization, association, or individual.

**Playgroup Oversight**

Playgroups require an oversight organization to receive funding and ensure that the programs are provided safely and appropriately for young children. Oversight of playgroups is provided by a variety of organizations in Humboldt. In some communities it is a school, or a Parks and Recreation Program, or a community services district. In others it may be a church or a family resource center. Each organization needs to provide an appropriate environment, oversight of playgroup leaders, and manage funding for expenditures.

In some of our remote communities we have drawn upon unique assets to enable adequate community support. In Orleans for example, we contract with the Mid Klamath Watershed Council for use of the community center they own to provide space for the playgroup to meet.

Organizations positioned to provide oversight for playgroups need to consider their capacity to:

- Provide an appropriate and consistent space to meet
- Secure and retain skilled leaders
- Provide fiscal management
- Complete evaluation and financial reports
- Communicate with the public

**Playgroup Support**

Aside from organizations that can provide oversight, each community has associations and individuals with interests and talents that can contribute to a thriving playgroup experience for families. Service clubs are well represented throughout our county and can help support playgroups in a variety of ways such as:
• Assist with building an outside play area appropriate for young children
• Sponsor healthy snacks
• Host a fundraiser to purchase art materials
• Support a visiting puppet show or musician
• Help to clean and repair furniture and equipment

All of our communities have individuals seeking opportunities to give back to their community and improve the quality of life for residents. Local citizens can offer their skills to enhance a playgroup by:

• Volunteering to assist the leader with activities
• Visiting to be a resource and support for parents
• Making items that are needed
• Sharing a skill with parents
• Reading stories to children

Examples of Community Partners Providing Playgroups

McKinleyville Community Services District: McKinleyville Parks & Recreation Division

In 2006, a McKinleyville parent of a young child contacted the Commission expressing the desire for a playgroup in her community. She had been attending a playgroup in a neighboring community, but felt it was time for her community to offer one for the families with young children that reside there. The first step to determine if it was possible for the Commission to support a playgroup in McKinleyville was to assess the interest of local parents. The parent who had contacted the Commission spoke with other parents in her community, and shortly thereafter a petition with signatures from parents was submitted to the Commission.

The next step was to identify a site for the playgroup to meet and an appropriate oversight organization for the playgroup. The McKinleyville Community Services District: McKinleyville Parks and Recreation Division was approached with the idea of partnering with the Commission to initiate the playgroup as one of their programs for the community. Leadership at Parks and Recreation was very responsive and worked with parents and Commission staff to plan for the playgroup.

A proposal was submitted to the Commission requesting funding to launch the playgroup, and it was approved. Parks and Recreation agreed to provide space, staffing, and oversight of the program. The Commission agreed to provide funding for playgroup staff, program supplies, and equipment. In 2007 the McKinleyville Play Center opened, and it has been a popular spot for parents with young children in the community to gather ever since. Currently, the Play Center is available for families three mornings a week. It is staffed by trained playgroup leaders, and feedback from parents about the value of the Play Center in their lives is consistently positive.
Arcata United Methodist Church

In 2007, leaders from the Arcata United Methodist Church approached the Commission for funding and assistance with developing a playgroup at the church for low-income families. They had observed that some families with young children in Arcata experiencing challenges such as homelessness or unemployment were not comfortable attending the existing local playgroup. They wanted to provide a safe and supportive environment for these families.

Technical assistance was provided to help plan for the playgroup, and a budget was developed. The Commission approved funding for supplies, toys, books, furniture and equipment. Church volunteers were organized to serve as playgroup facilitators and provide snacks and outreach to the community.

The name ‘Tiny Tots’ was selected for this playgroup, and it soon developed a reputation for being an intimate and calm environment for families with young children to gather. Tiny Tots has been very attentive to best practices over the years and consistently makes improvements to the program. Their funding was increased in 2013 in order to pay facilitators, but there is still a high level of volunteerism evident in the success of this playgroup.

*Through playgroup, we have been able to meet friends and become much more involved in community activities. Playgroup has opened so many doors for us!*  
*Parent Voice*
Section VIII: Protocols for Opening and Closing Playgroups

Wendy Rowan, Andrea Sousa & Meg Walkley

First 5 Humboldt currently supports 18 playgroups throughout the county. The Commission’s capacity to continue this support is dependent on available tobacco tax revenue (Proposition 10 passed by California voters in 1998) and the strength of our partnerships in communities. Since we began this work in 2001, First 5 Humboldt has expended close to 3.5 million dollars on playgroups in the county. As anticipated, Prop 10 tobacco tax revenue is declining. As we look to the future, communities need to reflect upon the value of supporting parents and nurturing children. To bring playgroup development to scale in the county will require communities to draw upon their assets and strategically use available First 5 Humboldt funding.

The Commission is interested in continuing to support playgroups which meet standards of quality, have engaged families, and where community support is in place. Entities providing on-going playgroups need to continue to address their Scopes of Work and Evaluation Plans and adhere to their budgets per executed Agreements. We consider each playgroup’s needs and capacities for funding annually through our Program Evaluation Team Review Process (See Evaluation Policy for Continuation of Existing Programs, Appendix 25).

Opening New Playgroups

The opening of new playgroups beyond the 18 the Commission currently funds is limited given available funding; however, it may be possible if the following conditions are in place:

• A local organization has the desire and capacity to provide oversight for a playgroup within a community that does not currently have one
• An appropriate and safe space is secured for the playgroup to meet regularly
• Available community assets to support the playgroup have been identified and committed
• A qualified playgroup leader or leaders have been secured
• There is evidence of a viable number of families with young children who would participate
• A commitment to implement standards of quality (Refer to Section II)

Proposal

For the Commission to consider funding for a playgroup, the oversight organization must submit a proposal. Commission staff can provide guidance in the development of a proposal, which will need to address how conditions are in place to warrant establishing the playgroup and include a detailed budget.

Agreement

If the Commission approves funding for a new playgroup, the next step is executing an agreement between the oversight organization and the Commission. Tobacco tax revenue is public funds, and the Commission is the steward of this resource.

We have a standard agreement that we execute with all our grantees for the release of our funds. Our agreements are reviewed and approved by our attorney. Beyond the terms and conditions, each agreement includes a detailed Scope of Work, Evaluation Plan, and Budget (see examples in Appendices 7, 8, 26 and 27). Agreements between the Commission and organizations implementing funded programs assure mutual understanding, accountability for public funds, and provide a structure to help the funded program succeed.

The terms and conditions of our standard agreement include:

• The rationale for Commission funding support
• A description of the purpose for which the funding will be used
• The length of time funding will be available
• The total amount of funds available
• How payments will be made
• Reporting requirements
• How records must be maintained
• Compliance with First 5 Humboldt requirements
• Requirement for certificates of insurance
• Nondiscriminatory employment
• Termination stipulations
Insurance Requirements for Grant Agreements with First 5 Humboldt:

*If you receive funding from First 5 Humboldt, your agency/group will be required to enter into a legal Agreement with First 5 Humboldt. You must provide copies of the required insurance certificates and original endorsement to First 5 Humboldt before the Agreement can be signed and the project can move forward. Insurance certificates must be in effect during the term of the Agreement, or the Agreement will be terminated by First 5 Humboldt. All insurance carriers should be licensed and admitted to do business in California, and must be acceptable to the Commission. Insurance certificates must be renewed each Fiscal Year and submitted to First 5 Humboldt. *Endorsement: All insurance certificates must endorse First 5 Humboldt, its Commissioners and employees as an additional insured for liability arising out of the operations or services performed for the term of the Agreement.*

- Comprehensive or Commercial General Liability Insurance (at least as broad as Insurance Services Office Commercial General Liability coverage – occurrence form CG 0001) – minimum of $1,000,000.00 per occurrence
- Automobile Insurance – minimum of $1,000,000.00 – only if vehicles are used in carrying out the project
- Workers’ Compensation and Employer’s Liability Insurance – only if playgroup has employees. The policy must be endorsed to include a “waiver of subrogation” against First 5 Humboldt

Technical Assistance

To assist with the launch of a new playgroup, training and technical assistance will be provided to ensure the leader/leaders are prepared, the environment is appropriate, and standards of practice are in place. Outreach in the community to inform families with young children that a playgroup is available for them is very important. For a successful start, all families need to feel welcome and included to benefit from the playgroup experience.

Establishing a Budget

The following are detailed considerations for basic budgetary needs for playgroups. See Appendices 26 and 27 for sample budgets.

Toys and Equipment

A playgroup budget needs to include initial start-up equipment and supplies. Because they are heavily used, playgroup toys should be of high quality, and budgets should include funding for toys that need replacing. One of the primary considerations for all equipment should be safety. A tall, lightweight storage cabinet might be able to be toppled by rambunctious preschoolers. Children can fall off of climbing equipment, so
gym mats are needed for underneath. Puzzle pieces for toddlers should not be small enough to swallow.

Sometimes funding assistance for toys and equipment is available from community partners like faith communities, philanthropic organizations, individual or business donors or from donations made by playgroup participants.

The following are lists of suggested inventory for playgroup sites. Inventory may be built over several years, and some items might not be appropriate given the size of the space.

<table>
<thead>
<tr>
<th>Children’s Toys:</th>
<th>Equipment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Small climbing structure</td>
<td>• Duplo table</td>
</tr>
<tr>
<td>• Slide</td>
<td>• Large area rug</td>
</tr>
<tr>
<td>• Play phones</td>
<td>• Child-sized tables &amp; chairs or picnic tables</td>
</tr>
<tr>
<td>• Play tools</td>
<td>with built in benches</td>
</tr>
<tr>
<td>• Fire trucks</td>
<td>• Play pen/porta crib</td>
</tr>
<tr>
<td>• Dump trucks</td>
<td>• Shelving units/storage cabinets</td>
</tr>
<tr>
<td>• Brio train or similar wooden track train</td>
<td>• Folding arm chairs</td>
</tr>
<tr>
<td>• Dollhouses with people</td>
<td>• Rocking chair</td>
</tr>
<tr>
<td>• Toy animals</td>
<td>• Book display case or book shelves</td>
</tr>
<tr>
<td>• Music toys</td>
<td>• Changing table(s)</td>
</tr>
<tr>
<td>• Ride-on toys/trikes</td>
<td>• Gymnastic mats</td>
</tr>
<tr>
<td>• Play kitchen</td>
<td>• Painting easels</td>
</tr>
<tr>
<td>• Play tool bench</td>
<td></td>
</tr>
<tr>
<td>• Dolls &amp; stroller</td>
<td></td>
</tr>
<tr>
<td>• Pretend shopping cart</td>
<td></td>
</tr>
</tbody>
</table>
• Busy box
• Rattles
• Mobile
• Children’s Board Books
• Knob and other puzzles
• Play Dough & Tools
• Large container of duplos
• Dramatic Play items

Craft Supplies:
• Stickers
• Markers
• Paper of many sizes and colors
• Non-toxic paint
• Tape
• Glue sticks
• Scissors (including children’s)
• Paint brushes
• Paint containers

Household Supplies:
• Baby wipes
• Water containers if water isn’t easily available.
• Water pitchers
• Sippee and other children sized cups
• Coffee pot
• Tea kettle
• Storage containers for food
• Coffee filters
• Paper towels
• Cleaning supplies - sponges, disinfectant wipes, dishwashing soap

Food Supplies

Young children need to eat frequently so snack time items should be a planned expense, including the food, storage containers, dishes and utensils. See the discussion of Healthy Eating in Section 5, pages 45/46 for further considerations. In sites where there is not high quality water readily available, large water containers will be needed. Pitchers and cups should be available at all times for children and adults to access water.

Rent

Many groups in Humboldt County have partnered with community organizations to obtain free space to hold playgroups. Faith-based organizations, Grange Halls, Early Head Starts, Community Resource Centers and schools are good places to start when searching for a space partnership. Other playgroups budget for rent and utilize recreation facilities or other community buildings for a negotiated rent.

Staffing

Staff costs are often the biggest budget line item. In addition to on-floor time, the following should be included in estimated staff time:
• Set up and take down of activities and snack
• Planning and preparation outside of hours of operation
• Transportation of equipment and supplies
• Staff training, including commute time

Staff costs will vary by playgroup size. One playgroup leader per 8-12 families is usually adequate. Larger groups will require another leader and more preparation time. It may be appropriate to have a Head Playgroup Leader who supervises other leaders. This position would be at a higher pay scale than a regular leader.

**Administrative Costs**

Most grants restrict the following kinds of administrative costs to no more than 10% of the budget.

• Overhead (utilities, computers, other equipment, etc.)
• Fingerprinting
• First Aid/CPR training

**Closing Established Playgroups**

Playgroups close for a variety of reasons. In some of our smaller communities, it may simply occur because there are no longer a viable number of families with young children to attend. Given the importance of oversight organizations for playgroups, if an organization no longer has the capacity to provide adequate fiscal control, supervise playgroup leaders, or meet the terms of the agreement—these are reasons a playgroup could close.

Central to the success of every playgroup is the skill set of the leaders. In some communities when a skilled leader leaves, they can be hard to replace and the playgroup may need to close for a while until a new leader is secured. Loss of an appropriate place to meet may result in closure until a new place can be secured.

We assess which programs to continue to fund through our annual Program Evaluation Team Review Process. When there are concerns and we discontinue funding, a playgroup will close. Oversight organizations may not meet the terms and conditions of our agreements and given the Commission’s responsibility for public funds—we may no longer be able to justify providing funding. Our practice is to support the success of playgroups by providing technical assistance, but sometimes difficulties persist, and the Commission is obligated to discontinue funding.

The Commission’s desire is to fund stable playgroups within our diverse communities over time as a primary prevention strategy contributing to healthy child development. Whenever the Commission discontinues funding for a playgroup, it is always as a result of thoughtful deliberation coupled with a commitment to use our funds wisely.
Commission Policies and Tools

Visit our website at www.humkids.org to review the following relevant policies and tools:

- Evaluation Policy for Continuation of Existing Programs
- Fiscal Toolkit
- Sample Tobacco-free Policy for Organizations and Groups
- Social Media Policy
- Supplantation Policy
- Healthy Beverage Policy

The Play Center and programs like it are a vital resource for our communities. It’s refreshing, educational, helpful and very accommodating. Lifelong friendships and connections are made by common goals on parenting and development. Positive impact for children and ultimately community.

Parent Voice
Section IX: Funding Formula - Securing Playgroups for Humboldt’s Children and Families into the Future

Wendy Rowan & Nancy Howatt

Goal 5 of the Commission’s Strategic Plan is to Build a stable funding base to sustain core programs over time. Because they have become our core program, First 5 Humboldt has endeavored to build a stable funding base to protect playgroups for young children and their families into the future.

From the very beginning, Commissioners recognized that revenues would decline over time as the Proposition 10 tobacco tax had the desired effect of reducing smoking rates. Commissioners agreed they did not want to establish services and supports for Humboldt County’s youngest children and their families, and then see these supports disappear because the revenue source was gone. To ensure on-going support for services and activities for the 0-5 population, the Commission set aside funds for future sustainability in the form of a Sustainability Fund which is maintained in the County Treasury. How these monies are used to sustain programs overtime is clearly presented in our Ten Year Forecast, which is updated annually. The funding formula for playgroups, which has been added to our Ten Year Forecast (Appendix 28) and is shown on the following page, was determined by the following considerations:

- Analysis of funding allocations to playgroups over the years
- Estimated future salary and benefit increases for Specialists
- Estimated increased costs for enrichment
- Estimated increased costs for training

As presented, the Playgroup Initiative is secured for the next ten years, through fiscal year 2023/2024. When the Commission next updates their Strategic Plan, they can consider the extent to which the Playgroup Initiative could be sustained beyond fiscal year 2023/2024.

Initially, the Commission hoped the interest generated by the Sustainability Fund would be adequate to compensate for the decline in tobacco tax revenue. Given that low interest rates persist, we have been forced to start drawing on the fund itself. If economic conditions improve, that would benefit the Sustainability Fund and the Commission’s capacity to preserve programs.

Aside from Commission dollars, however, we are interested in securing long-term funding partners for our work. Currently, the Commission supports 18 playgroups throughout the county and could likely support up to 20. Beyond that, other resources will be needed if the demand for playgroups increases. Local funders who understand the value of investment in the early years are encouraged to consider partnering with us to support playgroups in the county.
# Ten Year Forecast Sustainability Fund

## Playgroup Initiative Shown

### Comments

- In 2015-16 amount estimated at 49.92% of Dec 2014, the following years are .291% of state projection, state projection is a decline of 4.5% per year.

- Assuming .75% on $1.1M in 2015-16; 1% thru 17-18 and 1.6% following.

- $9375 added each year until 2024-25.

- Playgroup work is broken out from the $1M per year for Programs thru 2021-22. Total drops to $670,625 $600,000 $563,767

- $9375 is added to playgroup initiatives after 2015-16.

- Beginning in 2018-19 ED and Admin Secty are reduced to .80 FTE to accommodate declining revenue.

- Salaries are assumed to increase 2.5% and Health Insurance at 5% annually. Appropriate step movement included. All other expenses are flat.

- Beginning in 2018-19 Evaluation is reduced to $50,000 and $5,000 each year following.

## Budget

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## Sustainability Fund

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<td>Ending Fund Balance</td>
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## Core Programs and Playgroup Initiative Total

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<td>$1,000,000</td>
<td>$670,625</td>
<td>$600,000</td>
<td>$563,767</td>
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</table>
Finally, from the very beginning, Parent and Family Support programs have been the priority for the Commission’s funding. Founding Commissioners understood that strengthening families was a fundamental primary prevention strategy to secure the health and well-being of our young children—and their future success. Playgroups have become the way that we can best support family strengthening throughout the county, and the funding formula assures this good work will continue.

*It has always been important to me to help my children socialize and have every chance to learn at a young age. Having a regular activity, at no cost, and conveniently located has been a godsend.*

*Parent Voice*
Section X: Literature Review - the Learning Community for Playgroup Development

Wendy Rowan & Kim Puckett

Our knowledge about playgroups, their quality, and impact on young children and their families has been informed by many sources over the years. For the purposes of the Playgroup Initiative, relevant literature is found within:

- Our playgroup Logic Model (Appendix 6) researched and developed by Kim Puckett, the primary evaluator for First 5 Humboldt from its inception. The Logic Model interfaces with the Commission’s Strategic Plan and Evaluation Framework and is updated regularly.

- Best Practices in Playgroups: Research Review and Quality Enhancement Framework for First 5 Monterey County Playgroups Serving Children 0-3 Years Old. This valuable resource was a project made possible through a collaboration of First 5 Monterey County and a grant from the David and Lucille Packard Foundation. The report was produced by Social Entrepreneurs, Inc. and released in January 2011. First 5 Humboldt plans to partner with First 5 Monterey County to update the comprehensive Bibliography contained in this report.

- Citations referenced in this document and listed in the Bibliography which follows. Relevant literature for playgroups is multi-disciplinary. Key sources are found within child development, child health, family strengthening, community development, neuroscience, early childhood mental health, early childhood education, and school readiness.

First 5 Commissions commonly think of themselves as ‘learning communities.’ We actively engage with local stakeholders, are attentive to emerging research and thinking pertinent to young children, and convene workgroups and conversations to improve services and practices for young children and their families. We also understand the importance of asking good questions, use on-going evaluation to measure impact, and reflect upon our work in a way that strives to clearly keep the focus of effort on ‘the kids.’

Continued ‘active learning’ is essential for maintaining quality and future development of playgroups in the county. We are also very interested in connecting with others outside Humboldt County with an interest in playgroup development. Visit our website at www.humkids.org for contact information and resources we are happy to share.
Bibliography

Community Building/Engaging Partners

FIRST 5 HUMBOLDT Policy Brief: Building Communities to Build Healthy Families. www.humkids.org

FIRST 5 HUMBOLDT. Working with Faith Based Organizations. www.humkids.org


Family Strengthening


First 5 Humboldt

FIRST 5 HUMBOLDT. Strategic Plan Update. 2012. Eureka, CA.

Early Childhood


Humboldt County Office of Education. 2014. *Kindergarten Screening Tool.* Eureka, CA.


Perry, Bruce, M.D., P.H.D. May 2013. *The Impact of Trauma and Neglect on the Developing Child* (Presentation). Humboldt State University, Arcata, CA.

Enrichment

Visual Art


Music


Nutrition Education & Active Play


**Playgroup Specific**


FIRST 5 HUMBOLDT. 2009. *Growing a Playgroup or Playcenter.* Eureka, CA.


Hancock, K, Lawrence, D, Mitrou, F, Zarb, D, Berthelsen, D, Nicholson, JM & Zubrick, SR. 2012. The association between playgroup participation, learning competence, and


**Program Evaluation**


Author Biographies

Beth Heavilin works as a Children and Family Mental Health & Inclusion Specialist in a collaborative effort between First 5 Humboldt and the Humboldt County Office of Education. Her educational background is in Child Development, Education and Infant-Family and Early Childhood Mental Health (IFECMH). Beth has been endorsed by the state of California as an Advanced Transdisciplinary IFECMH practitioner. She supports local First 5 Playgroups with their inclusive environment and provides families with an array of support. Beth co-coordinates the 0 to 8 Mental Health Collaborative and facilitates trainings that enrich the local work force with IFECMH concepts.

Nancy Howatt has been the fiscal consultant to First 5 Humboldt since 2007. She assisted in creating financial documents that provide a transparent and clear picture of fiscal aspects to the Commission and the public. She continues to advise staff on fiscal policy and planning to help insure sound financial practices and program sustainability. She worked in government and school business operations from 1984 to 2006. Since that time she has worked with non-profits and school food service programs developing fiscal accountability standards.

Kim Puckett is in her 25th year working as an independent evaluator in far Northern California. She has worked with First 5 Humboldt since 2000. Kim helped to create First 5 Humboldt’s evaluation framework and the tools that measure First 5 Humboldt’s impact on children, families, and providers in the community. Kim has conducted evaluations for numerous other organizations in Humboldt County and Northern California including United Indian Health Services, California Center for Rural Policy, Humboldt County Department of Health and Human Services, and the California Endowment. She received her BA from University of Florida and her MPH from University of Alabama Birmingham.

Wendy Rowan has been the Executive Director of First 5 Humboldt since 2001 and assisted the Commission establishing policies and practices to implement Proposition 10 in Humboldt County. Wendy was born and raised in Humboldt County and began her career in 1975 as a kindergarten teacher. She earned her Master’s Degree in Education Administration from St. Mary’s College and has worked as the director of the Children’s Art Academy at Humboldt State University and as a family resource center coordinator in a remote area of the county. Wendy considers herself an advocate for rural children.

Beth Shipley has a master’s degree in Public Health and over 20 years of program coordination, needs assessment and program evaluation experience. She applies her analytical skills in work to improve community health and wellness. Locally, she has worked for Humboldt County Public Health, with the California Center for Rural Policy at HSU and with First 5 Humboldt. She has worked on consulting projects for California’s WIC Program; the California Family Health Council; First 5 strategic plans in El Dorado, San Mateo and Tulare Counties; Lake and Napa County Health Collaboratives; and the Fremont-Rideout Health Group for Sutter and Yuba Counties.
Her work has addressed topics including health outcomes, healthy communities, childhood injury prevention, teen pregnancy, and health care reform.

Andrea Sousa has been the Administrative Assistant for the Commission since its inception. She attends to administrative and fiscal tasks for the Commission as well as maintaining effective relationships with partners and representatives of funded programs. In serving a rural county Commission—Andrea has cultivated a wide range of skills, and she is respected for the consistent quality of her work. Supporting the evolution of the playgroups in Humboldt County has been an important activity for her. Andrea is relied upon by Commission staff and consultants to help with their work, and for her good humor.

Meg Walkley is a Children and Family Support Specialist in a partnered effort between First 5 Humboldt and Humboldt County Office of Education. She has degrees in child development and social work and is a credentialed school social worker. She is endorsed by the State of California as an Infant-Family and Early Childhood Mental Health Specialist. She serves as co-coordinator and trainer for the 0 to 8 Mental Health Collaborative. She also provides staff and program development support to First 5 Humboldt’s Parent and Family Support programs and direct support to families attending those programs.
APPENDICES
# APPENDICES

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<td>The 1, 2, 3s of Playgroup Parents as Brain Builders</td>
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<td>FIRST 5 HUMBOLDT Parent &amp; Family Support Programs Bottom Line Practices - All Areas</td>
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<td>3</td>
<td>Playgroup Initiative Bottom Line Practices (BLP) and The Standards for Quality Family Support and Strengthening (SQFSS)</td>
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<td>Strong Families Safe Kids</td>
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Appendix 1
The 1, 2, 3’s of Playgroup Parents as Brain Builders

1) You are focused on nurturing and interacting with young children during the time brain growth and development is most impacted, ages 0 to 5.

2) You are providing young children with experiences rich in sights, sounds, touch, tastes and movement

3) You are providing young children with opportunities to develop relationships with other adults and children.

Why are these things so important? Dr. Bruce Perry, a neuroscientist and internationally recognized authority on children and their developing brains tells us:

• By age three, the brain is 90 percent adult size and foundation for all future development is in place. By age five the brain is even closer to full size and weight.

• For children to grow into healthy, caring and creative adults, children need experiences that are consistent, nurturing, and enriched. By having your children come to playgroup for fun and interesting activities, you are actually stimulating brain growth during the most crucial time of their development.

• Children need to have experiences that stimulate different parts of the brain. This means they need activities that require touch, sight, sound, smell and movement.

• Just the very act of gathering together provides rich brain development opportunities. Young children not only need a strong connection with their families, they need connections with other children and adults.

## Health Practices

### 1. Hygiene
a. Children and adults wash their hands before eating.

b. Food is eaten at a designated eating area.

c. Children and adults wash their hands after diapering, toileting, or cleaning up messes.

### 2. Illness Prevention/Policies
a. Policies are established (see Binder) and parents sign off on them as part of playgroup “sign up” procedure.

b. PFS Leaders reinforce illness policies, including sending children and caregivers home if attendees are too ill.

## Safety Practices

### 1. Play and Activity Safety
a. Food is age appropriate and is consistent with the choke safety guidelines in the Playcenter Binder.

b. All toys meet standard safety codes for age, size, and construction.

c. Activities such as cutting with scissors, cooking, arts, crafts, texture table, etc. that could potentially create a hazard are supervised by an assigned adult at all times.

d. Diaper bags, purses, and other items are stored out of reach of children.

### 2. Space Set Up
a. Pre-walkers have a space that is kept clear of riding toys and other forms of active preschooler play.

b. All doors leading to areas outside of the playgroup space are made secure enough that children cannot exit without the help of an adult.
### 3. Supervision Practices/Policies

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<th>Policies are established (see Binder) and parents sign off on them as part of the playgroup &quot;sign up&quot; procedure. Policies include what to do if a parent needs to go to the restroom, take a phone call, etc.</th>
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### 4. First Aid

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<th>A First Aid kit is readily available at each site and leaders have been trained in basic First Aid</th>
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### 5. Fingerprinting

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<th>Leaders have been fingerprinted and have received criminal clearance</th>
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### Enrichment practices

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<th>1. All Area One Health and Safety Bottom Line practices are in place</th>
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<tr>
<th>2. There are a variety of toys available that stimulate sight, sound and touch and are appropriate for the ages of children attending playgroup</th>
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<th>3. There is enough to do at playgroup that children have choices and don't have to &quot;make trouble&quot; to keep themselves entertained</th>
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<th>4. There are opportunities for both quiet and active play</th>
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### Welcoming practices

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<th>A PFS leader provides each new family with an overview of the playgroup schedule i.e. snack time, circle time, clean up, etc. and explains any &quot;off limits&quot; or other special areas.</th>
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<tr>
<th>A PFS leader checks with each new family to see if there are any special considerations/needs for the family members i.e. allergies, environmental sensitivities, etc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>A PFS leader introduces each new family to some of the other parents, other caregivers and children.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>In sites where there are multiple leaders, the leaders are spread throughout the room.</th>
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</table>

<table>
<thead>
<tr>
<th>Leaders are mindful of safety issues such as doors, active play areas and larger groups of children and place themselves to help supervise these areas.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PFS leaders are mindful of caregivers and children who are more shy or reserved and make an extra effort to reach out to them and connect them with others.</th>
</tr>
</thead>
</table>
7. The pictures, books, toys and décor represent images of many types of families including older and younger caregivers, gay and lesbian parents, families with a variety of incomes, lifestyles and cultural backgrounds and families with members who are differently-abled.

8. The pictures, books, toys and décor represent images of both "mothering" and "fathering" and posted information and leaders use terms that are inclusive of mothers, fathers and other caregivers.

9. The activities encourage children to participate without limitations regarding gender, temperament, or ability and use categories other than gender to separate into groups (for example use “Everyone with blue pants stand up” instead of “All of the boys stand up”.

<table>
<thead>
<tr>
<th>Supporting Practices</th>
<th>Not yet started</th>
<th>In Process</th>
<th>In Place</th>
<th>Need TA?</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Families/Caregivers know who the PFS leaders are within the first hour of entering the program and at least one leader has spoken with the family and shown interest in learning about them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. All PFS Leaders know how to recognize developmental red or yellow flags and are comfortable asking the parents or other caregivers about what they notice if it is impacting the child's ability to be successful in the group.</td>
<td></td>
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</tr>
<tr>
<td>3. All PFS Leaders refrain from trying to diagnose children.</td>
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</tr>
<tr>
<td>4. All PFS Leaders know who to contact if they and/or the caregiver have concerns about a child.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. All PFS Leaders know who to contact if they need assistance with supporting a family whose primary language isn't English.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. All PFS Leaders refrain from talking about their concerns about a child or caregiver in front of other parents, caregivers, and children.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7. Routines such as snack time and circle time are consistent and children and caregivers are given advance notice if changes will be made.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. All PFS Leaders have participated in First 5 Humboldt's training regarding supporting families through grief and loss and know who to contact to access further support for the family.</td>
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</table>
Appendix 3
Playgroup Initiative Bottom Line Practices (BLP) and
The Standards for Quality Family Support and Strengthening (SQFSS)

In order to enrich the current playgroup practices with the work of the Standards for Quality Family Support and Strengthening (SQFSS) this document takes an in-depth look at the current technical assistance evaluation tool the Bottom Line Practices (BLP).

Below is a chart illustrating the correlation between the current Playgroup BLP document in relationship to the SQFSS as well as a list of recommendations to enhance playgroup work with Support Specialists and community partners/umbrella organizations.

Correlation of BLP & SQFSS:

<table>
<thead>
<tr>
<th>Bottom Line Practices</th>
<th>Standards for Quality Family Support and Strengthening</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Welcoming Practices</strong></td>
<td></td>
</tr>
<tr>
<td>1. A PFS leader provides each new family with an overview of the playgroup schedule i.e. snack time, circle time, clean up, etc. and explains any “off limits” or other special areas.</td>
<td>A.2 Program is accessible and welcoming to families.</td>
</tr>
<tr>
<td>2. A PFS leader checks with each new family to see if there are any special considerations/needs for the family members i.e. allergies, environmental sensitivities, etc.</td>
<td>A.2 Program is accessible and welcoming to families. A.3 Program conducts outreach to families and sustains constructive relationships with them.</td>
</tr>
<tr>
<td>3. A PFS leader introduces each new family to some of the other parents, other caregivers and children.</td>
<td>B.3. Program recognizes families as significant resources for their own members and each other.</td>
</tr>
<tr>
<td>4. In sites where there are multiple leaders, the leaders are spread throughout the room.</td>
<td>A.2 Program is accessible and welcoming to families.</td>
</tr>
<tr>
<td>5. Leaders are mindful of safety issues such as doors, active play areas and larger groups of children and place themselves to help supervise these areas.</td>
<td>A.2 Program is accessible and welcoming to families.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
| 6. PFS leaders are mindful of caregivers and children who are more shy or reserved and make an extra effort to reach out to them and connect them with others. | A.3 Program conducts outreach to families and sustains constructive relationships with them.  
B. 2. Program enhances families Capacity to support healthy social, emotional and physical development of their family members. |
| 7. The pictures, books, toys and décor represent images of many types of families including older and younger caregivers, gay and lesbian parents, families with a variety of incomes, lifestyles and cultural backgrounds and families with members who are differently-abled. | C.1. Program acknowledges and respects the diversity of families, including their cultural traditions, languages, values, socio-economic status, family structures, sexual orientation, religion, individual abilities and other aspects.  
C. 3. Program engages in ongoing learning and adaptation of its practices to address diversity. |
| 8. The pictures, books, toys and décor represent images of both “mothering” and “fathering” and posted information and leaders use terms that are inclusive of mothers, fathers and other caregivers. | C.1. Program acknowledges and respects the diversity of families, including their cultural traditions, languages, values, socio-economic status, family structures, sexual orientation, religion, individual abilities and other aspects. |
| 9. The activities encourage children to participate without limitations regarding gender, temperament, or ability and use categories other than gender to separate into groups (for example use “Everyone with blue pants stand up” instead of “All of the boys stand up”). | C. 3. Program engages in ongoing learning and adaptation of its practices to address diversity. |
10) The pictures, books, toys and décor represent images of both “mothering” and “fathering” and posted information and leaders use terms that are inclusive of mothers, fathers and other caregivers.

<table>
<thead>
<tr>
<th>Bottom Line Practices</th>
<th>Standards for Quality Family Support and Strengthening</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C.1.</strong> Program acknowledges and respects the diversity of families, including their cultural traditions, languages, values, socio-economic status, family structures, sexual orientation, religion, individual abilities and other aspects.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supporting Practices</th>
<th>Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Families/Caregivers know who the PFS leaders are within the first hour of entering the program and at least one leader has spoken with the family and shown interest in learning about them.</td>
<td>A.2 Program is accessible and welcoming to families.</td>
</tr>
<tr>
<td><strong>2.</strong> All PFS Leaders understand development for children 0-5 and are comfortable asking the parents or other caregivers about what they notice if it is impacting the child’s ability to be successful in the group.</td>
<td>B. 2. Program enhances families capacity to support healthy social, emotional and physical development of their family members.</td>
</tr>
<tr>
<td><strong>3.</strong> All PFS Leaders refrain from trying to diagnose children.</td>
<td>B.1. Program recognizes and affirms families’ strengths and resilience and is responsive to their priorities and concerns.</td>
</tr>
<tr>
<td><strong>4.</strong> All PFS Leaders know who to contact if they and/or the caregiver have concerns about a child.</td>
<td>B. 2. Program enhances families capacity to support healthy social, emotional and physical development of their family members.</td>
</tr>
<tr>
<td></td>
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<tr>
<td>---</td>
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</tr>
<tr>
<td>5) All PFS Leaders know who to contact if they need assistance with supporting a family whose primary language isn’t English.</td>
<td>C.1. Program acknowledges and respects the diversity of families, including their cultural traditions, languages, values, socio-economic status, family structures, sexual orientation, religion, individual abilities and other aspects</td>
</tr>
<tr>
<td>6) All PFS Leaders refrain from talking about their concerns about a child or caregiver in front of other parents, caregivers, and children.</td>
<td>B.1. Program recognizes and affirms families’ strengths and resilience and is responsive to their priorities and concerns.</td>
</tr>
<tr>
<td>7) Routines such as snack time and circle time are consistent and children and caregivers are given advance notice if changes will be made.</td>
<td>A.2 Program is accessible and welcoming to families.</td>
</tr>
<tr>
<td>8) All PFS Leaders have participated in First 5 Humboldt’s training regarding supporting families through grief and loss and know who to contact to access further support for the family.</td>
<td>B. 2. Program enhances families capacity to support healthy social, emotional and physical development of their family members.</td>
</tr>
</tbody>
</table>

**Recommendations for enhancing the Playgroup work with the SQFSS:**

1. The Bottom Line Practices will be reviewed and expanded to incorporate Standards not yet reflected in the crosswalk.
2. The job descriptions of the Playgroup “Support Specialists” will include more details that will reflect the Standards.
3. A formal structure will be created to support the playgroup community partners/umbrella organizations to be more responsive to the Standards and their indicators. Assessments will be utilized to help programs identify areas that need extra support to move from minimum quality to high quality indicators.
Strong Families Safe Kids
Every person & family needs protective factors!

The **Strengthening Families Protective Factors** are strengths within families & communities that serve to protect children & promote their healthy development & well-being.

![Parental Resilience](Image)
Caregivers show inner strength, flexibility & courage to manage stress during challenges, adversity & trauma.

![Knowledge of Parenting & Child Development](Image)
Parenting is part natural & part learned. Kids thrive when caregivers understand timely child growth & are responsive to kids' needs, which foster secure attachments & brain development.

![Social Connections](Image)
People need people. Parents need & value friends, family, neighbors, co-workers & others in the community who care about them & their children.

![Concrete Supports in Times of Need](Image)
Everyone needs help sometimes; it's ok to ask. Resilience is gained when parents know to whom & where to go for help & basic needs.

![Social & Emotional Competence](Image)
Through relationships with consistent, caring & attuned adults, children feel loved, have the ability to get along with others & have a sense of belonging.

All children need quality **Nurturing, Attachment & Stimulation** from compassionate adults, who also provide love & respect to encourage optimal health & development.

For additional information, visit [ctfalliance.org/onlinetraining](http://ctfalliance.org/onlinetraining).

**Children's Trust Fund**
Missouri's Foundation For Child Abuse Prevention

[ctf4kids.org](http://ctf4kids.org)
Upon discretion of First 5 Humboldt, some of the PFS services, such as the PFS workshops, might be offered to non-PFS programs.

In addition to the TA, **Family Support- Level I Services** are available to this program:
- Parent Education and Child Development Information
- Referrals to resources and activities
- Parenting Counts Series

In addition to the TA, **Family Support- Level III Services** are available to this program:
- All Family Support Level I Services
- Intensive Infant-Family & Early Childhood Mental Health Services - 1 to 2 visits per week

Is this PFS program receiving funding from First 5 Humboldt?

Is this a Play Group or Playcenter?

Is this PFS program within 30 minutes of the HCOE Office located at 901 Myrtle Ave?

Does this program meet more than once per week?

Does this program serve more than 10 families per session on a regular basis?

All PFS programs are offered the following TA:
- Bi-Annual PFS Training Workshops
- Individualized TA and staff development as needed
- Site visits as per TA schedule

In addition to the TA, **Family Support-Level II Services** are available to this program:
- All Family Support Level I Services
- Infant-Family & Early Childhood Mental Health Services - 2 to 3 visits per month
## Playgroup Logic Model 2015

<table>
<thead>
<tr>
<th>Goals</th>
<th>Strategies/Activities</th>
<th>Target</th>
<th>Indicators</th>
<th>Long-term Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthen connections among parents, families and communities</td>
<td>Playgroups are available on a regular basis at low or no cost in all regions of the county</td>
<td>Families with children 0-5 in Humboldt County</td>
<td>More families connected to supportive networks and needed services</td>
<td>Families have strong connections with other families and with their community</td>
</tr>
<tr>
<td>Children ready for school</td>
<td>Free play opportunities for children are provided including developmentally appropriate activities for both fine and gross motor skill development</td>
<td></td>
<td>Parents are more connected to other parents in their community</td>
<td>Children enter kindergarten ready in the areas of cognitive, social, emotional, language, approaches to learning, and health/physical development</td>
</tr>
<tr>
<td></td>
<td>Developmentally appropriate structured activities and learning opportunities for children and parents/caregivers such as literacy activities, music, arts and crafts, circle time, etc.</td>
<td></td>
<td>Number of playgroups available for parents and children 0-5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parent/caregiver support and opportunities for interaction and increasing social connections between parents/caregivers</td>
<td></td>
<td>Communities/neighborhoods foster social ties among residents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provide information about other available supports and services for families with children 0-5</td>
<td></td>
<td># children screened (formally or informally) for appropriate developmental level</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Use of bottom line practices to ensure program quality and cultural responsiveness</td>
<td></td>
<td>Parents are more aware of their children’s developmental stages/ are more knowledgeable about what skills/behaviors are appropriate for their child’s age</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Use of Specialists (with IFECMH certification) to promote the five protective factors within playgroups and to ensure program quality/bottom lines practices are being met</td>
<td></td>
<td>Parents are more informed about how to be better parents</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Parents deal better with parenting issues</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Frequency with which parents/caregivers play music/sing songs with their 0-5 age children</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Frequency with which parents/caregivers read to/with their 0-5 age children</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Parents report increasing the amount of time they engage in play with their 0-5 age children</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>#/% of Playgroups meeting bottom line practices</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td># of parents/caregivers reporting they are doing</td>
<td></td>
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</tbody>
</table>
Research on Play, Playgroups, and protective factors
Considerable understanding has been gained of the particular developmental needs of children, in terms of attachment to a significant adult, the requirement for children to be free of ongoing severe stress and around ‘windows of opportunity’—the particularly formative times in a child’s life. Associated with increased knowledge about what children need for optimal well-being has been a developing knowledge base about the clear advantages in early intervention. The provision of resources for children, when they need it, is far more cost effective for both the child and society, than trying to make up for subsequent losses and to repair damage. Prevention is far better than cure. Playgroups, where parents and young children get together for fun and learning, have been found to be an important resource which improves the well-being of children and young families. Within the early childhood service system in Australia, playgroups have been operating since the 1960s and are a nationally recognized service which is increasingly understood as an important way of meeting children’s needs.iii

According to Dr. Bruce Perry, it is through play that we do much of our learning. Humans learn best when they are having fun. Play, more than any other activity, fuels healthy development of children - and the continued healthy development of adults. Play enhances every domain of a child’s development. Gross-motor skills, such as walking, kicking, or skipping, can be strengthened when a toddler pushes a toy grocery cart. When a young child kicks a ball across the room, she is practicing coordination by balancing on one foot to kick with the other. When throwing and catching a ball, a child practices hand-eye coordination and the ability to grasp. Children practice and develop language skills during play. A child’s play with words, including singsong games and rhymes that accompany games of tag, can help him master semantics, practice spontaneous rhyming, and foster word play. The child’s cognitive capacity is enhanced in games by trial and error, problem solving, and practice discriminating between relevant and irrelevant information. Play requires the child to make choices and direct activities and often involves strategy, or planning, to reach a goal. Interpersonal/social skills, ranging from communication to cooperation, develop in play. The child gains an understanding about those around him and may become more empathic and less egocentric. When playing with peers, children learn a system of social rules, including ways to control themselves and tolerate their frustrations in a social setting.ii

Children who regularly participate in playgroups are said to experience an improved sense of wellbeing, enhanced self-confidence, cognitive and/or behavioral development, a sense of acceptance and belongingness, increased access to human services, and have access to age appropriate stimulation.iii iv v The regular opportunity for play encourages learning and exploration, and development in children. It also
helps children build social and personal skills such as self-confidence, and offers fun and enjoyment. Play is also linked to language and literacy development.\textsuperscript{vi,vii}

Data from Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC) examined “the associations between playgroup participation and the outcomes for children aged four to five years. Controlling for a range of socio-economic and family characteristics, playgroup participation from birth to three years was used to predict learning competence and social-emotional functioning outcomes at age four–five years. For learning competence, both boys and girls from disadvantaged families scored three–four per cent higher if they attended playgroup at ages birth–one year and two–three years compared to boys and girls from disadvantaged families who did not attend playgroup. For social and emotional functioning, girls from disadvantaged families who attended playgroup at ages birth–one year and two–three years scored nearly five per cent higher than those who did not attend. Demographic characteristics also showed that disadvantaged families were the families least likely to access these services. Despite data limitations, this study provides evidence that continued participation in playgroups is associated with better outcomes for children from disadvantaged families.”\textsuperscript{viii}

The Australian Office for Children recognizes that there are benefits of playgroups for parents as well as for children. These benefits include opportunities to enhance parenting skills and understanding of children’s developmental needs, facilitation of friendships between parents/caregivers, encouragement of the social development of parents, providing a place to facilitate parent’s community connectedness, and creating links to other services.\textsuperscript{ix} Research from Australia’s Longitudinal Study of Australian Children indicates “that mothers of 4 to 5-year-olds who had participated in playgroups when their child was 0–1 and 2–3 years old were more likely to have consistently good support from friends, or to have improved support from friends, than mothers who had not earlier participated in playgroups with their study child. These results provide some evidence to associate playgroups with improved social networks over time and that socially isolated parents may find playgroups a useful resource to build their social networks.”\textsuperscript{x}

In the report \textit{Evaluation of the Playgroup Program} parents reported “increased confidence in parenting and learning new parenting skills” as a result of participation in playgroups. Additionally, “many parents ...also reflected social outcomes achieved through attending the playgroups, evidencing the role of playgroups in reducing social isolation.”\textsuperscript{xi}

According to the Center for the Study of Social Policy, the five protective factors are characteristics that have been shown to make positive outcomes more likely for young children and their families, and to reduce the likelihood of child abuse and neglect.\textsuperscript{xii} The five protective factors are:

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children

Additional information of the five protective factors is located on their website at: [http://www.cssp.org/reform/strengtheningfamilies/about#protective-factors-framework](http://www.cssp.org/reform/strengtheningfamilies/about#protective-factors-framework)


Hancock, KJ, Lawrence, D, Mitrou, F, Zarb, D, Berthelsen, D, Nicholson, JM & Zubrick, SR 2011, ‘Playgroups as sources of social support for mothers’, paper presented to the Australian Social Policy Conference, Sydney, 6–8 July


http://www.cssp.org
Appendix 7

Play Center “A”
Scope of Work
2014-2015

<table>
<thead>
<tr>
<th>Major Activities</th>
<th>Timeline</th>
<th>Responsible Person/Position</th>
<th>Documentation of work performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide playgroup for families with children ages 0-5 three times/week</td>
<td>7/14-6/15</td>
<td>Playgroup facilitators</td>
<td>Sign-in sheets, photos, Participant Surveys, Playgroup Surveys</td>
</tr>
<tr>
<td>2. Provide resource and referral assistance to families in playgroup as needed</td>
<td>7/14-6/15</td>
<td>Playgroup facilitators</td>
<td>First 5 data forms, Participant Surveys</td>
</tr>
<tr>
<td>3. Work with F5H to make sure additional training and support is provided for</td>
<td>7/14-6/15</td>
<td>Parks and Rec Supervisor (PRS), First 5,</td>
<td>Reports, survey results</td>
</tr>
<tr>
<td>leaders so leaders are better able to engage in a consistently supportive manner</td>
<td></td>
<td>playgroup facilitators</td>
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<tr>
<td>with families</td>
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</tr>
<tr>
<td>4. Work with Children and Family Services Specialist to develop a more</td>
<td>7/14-6/15</td>
<td>PRS</td>
<td>Reports</td>
</tr>
<tr>
<td>protected baby area to better serve the youngest ones attending this group.</td>
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<tr>
<td>5. Participate in technical assistance/other activities provided by First 5 and</td>
<td>7/14-6/15</td>
<td>PRS, playgroup facilitators</td>
<td>Notes, sign in sheets, list of technical assistance/other activities, First 5 data forms and survey results</td>
</tr>
<tr>
<td>or First 5 designees that will encourage/support:</td>
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<tr>
<td>• Ensuring “Bottom Line Practices” are in place</td>
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<tr>
<td>• Increasing program staff skills in providing outreach and a welcoming</td>
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<tr>
<td>environment to diverse families and caregivers including, but not limited to</td>
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<tr>
<td>those who reflect diversity of race, ethnicity, gender, age, sexual</td>
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<tr>
<td>orientation, income or ability.</td>
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<tr>
<td>• Ensuring that outreach, inclusion and program activities are culturally</td>
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<tr>
<td>proficient.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>• Work with Inclusion Specialist to facilitate inclusion</td>
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</tr>
</tbody>
</table>
of families with children with special needs into playgroup as appropriate
• Informing parents about services, programs and events in the community
• Work so that every child is covered by health insurance
• Reducing screen time for children
• Work on developmentally appropriate literacy-related activities, including daily reading, art and music
• Providing services and activities that facilitate resilience in children and families
• Identify ways to get the message out that the playgroup welcomes fathers

6. Staff will ensure that the temperature of the water in the restrooms is not over 120 degrees.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Staff will ensure that the temperature of the water in the restrooms is not over 120 degrees.</td>
<td>7/14-6/15</td>
</tr>
<tr>
<td>7.</td>
<td>Program leaders will inform First 5 Humboldt when a change in playgroup staff occurs to ensure that every new staff member is trained/oriented to Playgroup Binder, Bottom Line Practices, and are aware of TA available to them from First 5</td>
<td>7/14-6/15</td>
</tr>
<tr>
<td>8.</td>
<td>Participate in 2-3 county-wide and regional annual convenings of First 5 Humboldt Parent and Family Support Project grantees and other Technical Assistance activities as requested by First 5 Humboldt</td>
<td>7/14-6/15</td>
</tr>
<tr>
<td>9.</td>
<td>Conduct evaluation activities as stated in the Evaluation Plan</td>
<td>7/14-6/15</td>
</tr>
</tbody>
</table>
## Appendix 8
### Evaluation Plan 2014-15
#### Playgroup “A”

<table>
<thead>
<tr>
<th>Information/data to be gathered</th>
<th>How data will be gathered</th>
<th>When</th>
<th>Who will do tasks or provide data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Caregiver satisfaction and perceptions of playgroups</td>
<td>Playgroup survey</td>
<td>April/May</td>
<td>Playgroup staff; analysis done by First 5 evaluators</td>
</tr>
<tr>
<td>Duplicated counts of playgroup participants using signatures of parents/caregivers participating in every playgroup</td>
<td>First 5 Humboldt playgroup sign-in sheets</td>
<td>Submitted monthly (due at First 5 office by the 10th of the following month)</td>
<td>Playgroup staff</td>
</tr>
<tr>
<td>Unduplicated counts of program participants, including ethnicity and language and including health insurance data for children</td>
<td>Unduplicated Program Participant forms for 0-5 age children and for Parents/Caregivers.</td>
<td>Submitted with interim and final reports (July 30 and January 30)</td>
<td>Playgroup staff</td>
</tr>
<tr>
<td>Participant satisfaction and perceptions of Play Center activities and services</td>
<td>Participant surveys from ~35 Play Center participants (final number will be based on number of parent/caregiver participants in the 2013-2014 FY and will be sent with surveys in the fall)</td>
<td>September/October</td>
<td>Playgroup staff; analysis done by First 5 evaluators</td>
</tr>
<tr>
<td>Participate in other evaluation activities in conjunction with First 5 Humboldt Evaluators, which may include staff interviews, parent interviews/ focus groups, site visits, technical assistance, and other evaluation activities as requested</td>
<td>Data will be gathered through interviews/focus groups, observations, and other methods as appropriate</td>
<td>As requested</td>
<td>Playgroup staff, First 5 Humboldt Evaluators</td>
</tr>
<tr>
<td>Report of progress, challenges, successes, and stories</td>
<td>Interim and final reports</td>
<td>January 30 and July 30</td>
<td>Playgroup staff</td>
</tr>
</tbody>
</table>
Appendix 9

First 5 Humboldt
Interim Report Requirements
(July – December)

INSTRUCTIONS:

• Formatting:
  o Please use the underlined, bolded portion of each question below as a heading for each section of your report. Please put each heading in bold at the beginning of each section. The sample report shows how the headings are used. If you have questions, you can call Kim at 707-XXX-XXXX or Andrea at 707-XXX-XXXX.

• Attachment Submission:
  o Please label each attachment at the top of the page. Please submit only attachments that support information documented in the report.

I. Scope of Work:

Describe your activities during the period July - December in a narrative format by reporting progress on each numbered activity in your Scope of Work (SOW). You do not need to list any bulleted activities but can address them as a whole. If there was no work done on a particular numbered activity, still list the numbered activity and write “N/A for this reporting period.”

II A. Evaluation Activities:

Describe your evaluation activities during the period July – December. Use your Evaluation Plan as a guide for this narrative.

II B. Evaluation Documentation:

List and submit any new documentation of evaluation activities listed in your Evaluation Plan, including any monthly data forms or sign-in sheets that you have not yet submitted previously.

II C. Unduplicated Counts Forms:

Submit a COPY of the UNDUPPLICATED PROGRAM PARTICIPANTS form(s) for ONLY the six month period you are currently reporting on: July-December. The forms can be submitted as an attachment to the report. The original forms should be kept in your office.

III. Challenges:

Describe the challenges your program has faced during the six month period (July-December). Include how the program has resolved OR how the program plans to resolve these challenges.
IV. Successes:
   Describe your program’s successes during the six month period (July-December) and explain what contributed the most to the successes you listed.

V. Media/Materials Produced:
   Submit copies of media releases, informational materials and other items produced with First 5 Humboldt funding which support the information you are reporting on during the six month period (July-December). Also submit informational materials that references First 5 Humboldt (for example using the First 5 logo on materials).

VI. Financial Documentation:
   Submit the financial documentation, including copies of receipts, that is due to First 5 Humboldt on your billing schedule. If you work with an Administrative Department or Accounting Department who invoices First 5 Humboldt for your program on a regular basis, you do not need to submit the financial documentation.

VII. Story:
   Stories of how programs affect specific children and families are powerful tools for showing the importance of funding such activities. Please submit a positive story/description about a child and/or family who has benefited from your FIRST 5 funded program. You may respond to each question separately or provide a narrative that addresses these questions in a paragraph format.
   a. Is this a child, a family member child, or a family? Please include the ages of the children involved. What are the demographics of the participant(s) (i.e. gender, age, primary language, disabilities and other special needs)?
   b. What caused the child or family to become involved with the program? What needs were addressed by the program?
   c. Which services did the participant(s) receive and through which activities?
   d. What positive outcomes resulted from participation in the program? How did you find out about these positive outcomes? Please include quotes from participants or staff if possible.
Appendix 10

First 5 Humboldt
End of Year Report Requirements
(January – June)

INSTRUCTIONS:

• Formatting:
  o Please use the underlined, bolded portion of each question below as a heading for each section of your report. Please put each heading in bold at the beginning of each section. The sample report shows how the headings are used. If you have questions, you can call Kim at 707-XXX-XXXX or Andrea at 707-XXX-XXXX.

• Attachment Submission:
  o Please label each attachment at the top of the page. Please submit only attachments that support information documented in the report.

I. Scope of Work:
  Describe your activities during the months of January - June in a narrative format by reporting progress on each numbered activity in your Scope of Work (SOW). You do not need to list the bulleted activities. If there was no work done on a particular numbered activity, still list the numbered activity and write “N/A for this reporting period.”

II A. Evaluation Activities:
  Describe your evaluation activities during the period January - June. Use your Evaluation Plan as a guide for this narrative.

II B. Evaluation Documentation:
  List and submit any new documentation of evaluation activities listed in your Evaluation Plan, including any monthly data forms or sign-in sheets that you have not yet submitted previously.

II C. Unduplicated Counts Forms:
  Submit a COPY of the UNDUPPLICATED PROGRAM PARTICIPANTS form(s) for ONLY the six month period you are currently reporting on: January-June. The forms can be submitted as an attachment to the report. Please do not submit copies of forms from the previous reporting period. The original forms should be kept in your office.

III. Challenges:
  Describe the challenges your program has faced during the six month period (January-June). Include how the program has resolved OR how the program plans to resolve these challenges.
IV. Successes:
Describe your program’s successes during the six month period (January-June) and explain what contributed the most to the successes you listed.

V. Media/Materials Produced:
Submit copies of media releases, informational materials and other items produced with First 5 Humboldt funding which support the information you are reporting on during the six month period (January-June). Also submit information materials that references First 5 Humboldt (for example using the First 5 logo on materials).

VI. Financial Documentation:
Submit the financial documentation, including copies of receipts, that is due to First 5 Humboldt on your billing schedule. If you work with an Administrative Department or Accounting Department who invoices First 5 Humboldt for your program on a regular basis, you do not need to submit the financial documentation.

VII. Story:
Stories of how programs affect specific children and families are powerful tools for showing the importance of funding such activities. Please submit a positive story/description about a child and/or family who has benefited from your FIRST 5 funded program. You may respond to each question separately or provide a narrative that addresses these questions in a paragraph format.

a. Is this a child, a family member child, or a family? Please include the ages of the children involved. What are the demographics of the participant(s) (i.e. gender, age, primary language, disabilities and other special needs)?
b. What caused the child or family to become involved with the program? What needs were addressed by the program?
c. Which services did the participant(s) receive and through which activities?
d. What positive outcomes resulted from participation in the program? How did you find out about these positive outcomes? Please include quotes from participants or staff if possible.
Appendix 11 - FIRST 5 HUMBOLDT UNDUPLICATED PROGRAM PARTICIPANTS: 0-5 age Children Only
Date (please check appropriate box): ☐ July-December 2014 ☐ January-June 2015

Organization: ______________________  Signature: ______________________
I certify that this information is true and accurate to the best of my knowledge

<table>
<thead>
<tr>
<th>0-5 age Children’s Names</th>
<th>Language Spoken At Home Most Often by child</th>
<th>Racial/Ethnic Group of Child</th>
<th>Health Insurance—children only:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Names will NOT be disclosed)</td>
<td>Age of child served</td>
<td></td>
<td>If yes, list kind:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Private</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• MediCal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Covered California</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• California Kids</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If none, list None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>0-2</th>
<th>3-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>Spanish</td>
</tr>
<tr>
<td>Hmong</td>
<td>Other</td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>African Am.</td>
<td>Am. Indian</td>
</tr>
<tr>
<td>Asian</td>
<td>Latino</td>
</tr>
<tr>
<td>Multi-racial</td>
<td>Pacific Islander</td>
</tr>
<tr>
<td>White</td>
<td>Other</td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

Special needs? Yes

0-3-5

List each name individually (only one child’s name/row!)
Appendix 12
Complete the First 5 Humboldt Program Participants (Unduplicated Counts) Form for Children Ages 0-2 and 3-5

Background:
First 5 California requires all counties to provide information on individual participants who are served by First 5 funds. The required information is:
1. Number of children age 0-2
   a. Their ethnicity
   b. The primary language spoken in their home
   c. Whether or not they are Special Needs children
2. Number of children age 3-5
   a. Their ethnicity
   b. The primary language spoken in their home
   c. Whether or not they are Special Needs children
3. Number of parents/caregivers
   a. Their ethnicity
   b. The primary language spoken in the home
4. First 5 Humboldt has added the requirement of providing health insurance information on each 0-5 child served by your program. It is not needed for adults.

The First 5 Humboldt Program Participants Forms are designed to capture this required information on children, families and other family members.

When to record individual children on the 0-5 Child form:
This form is intended for use with individuals in the target population (children ages 0-5 only) to whom you provide a specific service funded by First 5 Humboldt. For example, children in a playgroup; a school readiness activity for 0-5 age children; providing basic needs such as food and clothes. The key questions to ask are:
1. Is this a specific, direct service provided to a child that I can identify by name?
2. Is the service I’m providing funded by First 5 Humboldt?

If it is NOT a direct service you are providing, but instead is a one-time community event such as a dance, dinner, picnic, etc. do not use this form. Information about community events should be recorded on the Community Strengthening Form. If the Community Strengthening form pertains to your program, you will get a copy of it along with instructions.

If the service you are providing for someone (or your time for working with that person) is NOT funded by First 5 Humboldt do not record that person on these forms.

Instructions for completing the form:
1. July 1, 2014 starts a new fiscal year which means that you will need to “re-start” your Program Participant forms. This means that all 0-5 age children should be listed, even those that were listed on your July 2013-June 2014 forms. You will list each individual only once for this next fiscal year (July 1, 2014-June 30, 2015)
2. Put your organization name at the top
Fill in one participant’s (and only one) name on one row. PLEASE do not list all family members on one line. **If this is done, we will need you to re-do all your forms.** You do not have to fill in the full name of the participant. You can use their first name and last initial, first initial and last name, or even their initials as long as there is no other participant with those unique initials. **No part of any participant’s name is submitted to First 5 California.** No one other than First 5 Humboldt staff and consultants see the names, and all staff and consultants have signed confidentiality agreements that prohibit revealing these names to any source.

3. Check whether the child is age 0-2 or is age 3-5.
4. For every child participant, check the appropriate box for the language spoken at home most often. If it is a language other than English, Spanish, or Hmong please put that language in the box under Other. If you do not know the language spoken most often at home, check Unknown. If you think you have a good idea of the language spoken, even if you have not confirmed it with the parent, please indicate that. Checking Unknown is the least preferred option.
5. For every child participant, check the appropriate box for the racial/ethnic group. If the racial/ethnic group is something other than the choices listed, please indicate what the group is under Other. If you do not know the racial/ethnic group, check Unknown. Checking Unknown is the least preferred option.
6. If the 0-5 child has special needs, check the box. If the child does not have special needs, leave the box blank.
7. For each child participant, please write in the type of health insurance that child has. You will need to ask the parent/caregiver about their child’s health insurance coverage. If the child does not have health insurance, please write in “none.”
8. At the top of the page is a certification stating that the information you are providing is true and accurate to the best of your knowledge. Because most of you will be submitting several pages of information, your full signature should appear on the first page. On subsequent pages you can use your initials instead of a full signature if you want.

**Submission of the forms:**

1. Submit a copy of the forms that show all of your program participants for the period **July 1, 2014-December 31, 2014** at the same time as you submit your Interim Report to First 5 Humboldt. For most of you this will be January 31, 2015. Please be sure to mark the appropriate date box at the top of the form. Keep the original forms. Be sure that the copies you submit show your signature and/or initials on each form.
2. **From January 2015 to June 30, 2015** add only new program participants to the forms. Be sure to mark the appropriate date box at the top of the form.
3. Submit a copy of the forms that show your new program participants for the period **January 1, 2015-June 30, 2015** at the same time that you submit your Final Report to First 5 Humboldt. For most of you this will be July 30, 2014. Be sure the copies you submit show your signature and/or initials on each form and have the correct date box checked at the top of each form. Please keep the originals in your files until the end of the next fiscal year in case we have questions and need to review the original forms.
4. At the start of the next fiscal year (July 1, 2015) you will start the process all over again with new forms.

If you have any questions, please call Kim by phone at 707-XXX-XXXX or via email at ####@evaluation.com
## Appendix 13 - FIRST 5 HUMBOLDT PROGRAM PARTICIPANTS - Parents/Caregivers only

**Date (please check appropriate box):**
- [ ] July-December 2014
- [ ] January-June 2015

Organization__________________________________________                     ________________________________________

I certify that this information is true and accurate to the best of my knowledge

<table>
<thead>
<tr>
<th>Parent/Caregiver of 0-5 child Name</th>
<th>Language Spoken At Home Most Often</th>
<th>Racial/Ethnic Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Names will NOT be disclosed)</td>
<td>English</td>
<td>Spanish</td>
</tr>
<tr>
<td>List each name individually</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(only one parent/caregiver’s name/row!)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 14

Completing the First 5 Humboldt Program Participants (Unduplicated Counts) Form for Parents/Caregivers of Children ages 0-5

Background:
First 5 California requires all counties to provide information on individual participants who are served by First 5 funds. The required information is:

1. Number of children age 0-2
   a. Their ethnicity
   b. The primary language spoken in their home
   c. Whether or not they are Special Needs children
2. Number of children age 3-5
   a. Their ethnicity
   b. The primary language spoken in their home
   c. Whether or not they are Special Needs children
3. Number of parents/caregivers
   a. Their ethnicity
   b. The primary language spoken in the home
4. First 5 Humboldt has added the requirement of providing health insurance information on each 0-5 child served by your program. It is not needed for adults.

The First 5 Humboldt Program Participants Forms for are designed to capture this required information on children, families and other family members.

When to record individual participants on the Parent/Caregiver form:
This form is intended for use with individuals in the target population (parents/caregivers of children ages 0-5 ONLY) to whom you provide a specific service funded by First 5 Humboldt. For example, parents/caregivers in a playgroup; a parenting class for parents of children 0-5; a school readiness activity that a parent/caregiver is involved in; providing basic needs such as food and clothes. The key questions to ask are:

1. Is this a specific, direct service provided to an individual that I can identify by name?
2. Is the service I’m providing funded by First 5 Humboldt?

If it is NOT a direct service you are providing, but instead is a one-time community event such as a dance, dinner, picnic, etc. do not use this form. Information about community events should be recorded on the Community Strengthening Form. If the Community Strengthening form pertains to your program, you will get a copy of it along with instructions.

If the service you are providing is NOT funded by First 5 Humboldt, such as working with a family under differential response, do not record that on these forms.

Instructions for completing the form:
1. July 1, 2014 starts a new fiscal year which means that you will need to “re-start” your Unduplicated Program Participant forms. This means that all Participants should be listed, even those that were listed on your July 2014-June 2015 forms. You will list each individual only once for the next fiscal year (July 1, 2014-June 30, 2015)
2. Put your organization name at the top
Fill in one participant’s (and only one) name on one row. PLEASE do not list all family members on one line. If this is done, we will need you to re-do all your forms. You do not have to fill in the full name of the participant. You can use their first name and last initial, first initial and last name, or even their initials as long as there is no other participant with those unique initials. No part of any participant’s name is submitted to First 5 California. No one other than First 5 Humboldt staff and consultants see the names, and all staff and consultants have signed confidentiality agreements that prohibit revealing these names to any source.

3. For every parent/caregiver participant (with 0-5 age children ONLY), check the appropriate box for the language spoken at home most often. If it is a language other than English, Spanish, or Hmong please put that language in the box under Other. If you do not know the language spoken most often at home, check Unknown. If you think you have a good idea of the language spoken, please indicate that. Checking Unknown is the least preferred option.

4. For every parent/caregiver (with 0-5 age children ONLY) participant, check the appropriate box for the racial/ethnic group. If the racial/ethnic group is something other than the choices listed, please indicate what the group is under Other. If you do not know the racial/ethnic group, check Unknown. Checking Unknown is the least preferred option.

5. At the top of the page is a certification stating that the information you are providing is true and accurate to the best of your knowledge. Because most of you will be submitting several pages of information, your full signature should appear on the first page. On subsequent pages you can use your initials instead of a full signature if you want.

Submission of the forms:
1. Submit a copy of the forms that show all of your program participants for the period July 1, 2014-December 31, 2015 at the same time as you submit your Interim Report to First 5 Humboldt. For most of you this will be January 31, 2015. Please be sure to mark the appropriate date box at the top of the form. Keep the original forms. Be sure that the copies you submit show your signature and/or initials on each form.

2. From January 2015 to June 30, 2015 add only new program participants to the forms. Be sure to mark the appropriate date box at the top of the form.

3. Submit a copy of the forms that show your new program participants for the period January 1, 2015-June 30, 2015 at the same time that you submit your Final Report to First 5 Humboldt. For most of you this will be July 30, 2015. Be sure the copies you submit show your signature and/or initials on each form and have the correct date box checked at the top of each form. Please keep the originals in your files until the end of the next fiscal year in case we have questions and need to review the original forms.

4. At the start of the next fiscal year (July 1, 2015) you will start the process all over again with new forms.

If you have any questions, please call Kim by phone at 707-XXX-XXXX or via email at ######@evaluation.com
Appendix 15

2015 Playgroup Survey

Playgroup Location: ________________  Town you live in or closest to: ________________

Please check the box of the response that best describes your feelings about this playgroup:

<table>
<thead>
<tr>
<th>This playgroup is a place…</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have learned more about parenting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Parents support each other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. My child has learned to feel more comfortable around other children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I have met new friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. My child learns new things</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Information is shared that is useful to me as a parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. My child learns about getting along with other children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I have learned more about play activities I can do with my child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I have learned new things about my child’s strengths and/or needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I have learned more about what skills/behaviors are appropriate for my child’s age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For the multiple choice questions below, please check the answer that best describes you/your feelings:

11. Since we started coming to playgroup, my child and I engage in play together more often.
   □ Strongly agree  □ Agree  □ Disagree  □ Strongly disagree  □ Not applicable

12. How long have you been coming to the playgroup?
   □ 1-3 months  □ 4-6 months  □ 7-9 months  □ 10-12 months  □ 1-2 years  □ more than 2 years

13. How often do you come to playgroup?
   □ 1 or more times per week  □ 2-3 times per month  □ Once a month  □ Less than once a month

14. How often do you get together with parents in playgroup at times other than playgroup?
   □ Once a week or more  □ 2-3 times/month  □ Once a month  □ A few times a year or less  □ Never

15. Does your child have any kind of health insurance now, such as insurance through an HMO, a private insurance company, Medi-Cal, “Covered California,” or California Kids?
   □ Yes: what kind__________________________  □ No  □ Not sure

16. Do you have a child with special needs that attends this playgroup?  □ Yes  □ No
   If yes, what, if any, concerns have you had/do you have about bringing this child to playgroup? What has helped or would help?

Please turn this page over and complete the other side
17. Do you have any health or safety concerns about this playgroup? □ Yes □ No
*If yes, please explain:*

18. What do you as a parent/caregiver enjoy most about playgroup?

19. What does your child enjoy most about playgroup?

20. Are you doing anything differently as a family because of your participation in playgroup? □ Yes □ No
*If yes, please tell us what you are doing differently:*

21. How old is your child/are your children that attend this playgroup? (Please check all that apply)
   □ 0-6 months □ 6-12 months □ 13-24 months □ 2-3 years □ 3-4 years □ 4-5 years □ 5 years

22. In your opinion, what would improve this playgroup? Please include any ideas for activities or education.
Appendix 16 - 2014 Survey for Participants in First 5 Programs

Program: _______________________    Date: __________________

1. **What are all the types of services/activities you have received from this program? (Check all that apply)**
   - Parenting support, advice, &/or classes
   - Information about available services/activities for children/families
   - Help with getting health insurance for my child
   - Help with getting food
   - Help with applying for public programs e.g. WIC
   - Received a copy of the HumKids Newsletter
   - Other (please describe): ______________

2. **About how many times have you received services from this program (Please check one box)**
   - This is my first time
   - 2-3 times
   - 4-5 times
   - 6 or more times

3. **On average, about how many times each month do you take part in activities/services here?**
   _______ times/month

4. **Please rate how much you agree or disagree with the following statements about this program by checking the answer that best fits your feelings about each statement**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Services and activities are offered at a convenient location</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Services and activities are offered at convenient times</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Staff members are welcoming and respectful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Staff members have asked me about my family’s strengths, needs, and interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Staff members help me to understand healthy development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Staff members have invited other people in my family to participate in services and activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. I have opportunities to meet and get to know other families through this program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Staff members speak my language</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Staff members understand my cultural traditions and values</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. I have opportunities to learn about families that are different from mine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Staff members have helped me to learn about services, resources, and opportunities that are available in the community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. I have opportunities to share my opinion and ideas about the program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Overall, this program has provided valuable support for me and my family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. I would recommend this program to a friend</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. In general, how much positive effect have the services/activities here had on you, your child, or your family (for example, did your, or your child’s, ideas or behaviors change for the better)? (Please check one answer)
A lot     Some     A little     None     Does not apply

Please add any comments you have about the effect the services/activities here have had on you/your child/your family:

6. How satisfied are you with the services/activities provided here? (Please check one answer)
Very satisfied    Mostly satisfied    Somewhat satisfied    Somewhat dissatisfied    Very dissatisfied

In your opinion, how could services/activities here be improved?

7. As a result of the services/activities I have taken part in at this program, I…(Please check one box on each line that best fits your feelings)

<table>
<thead>
<tr>
<th></th>
<th>A lot</th>
<th>Somewhat</th>
<th>A little</th>
<th>Not really</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>deal better with parenting issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>have learned more about what skills/behaviors are appropriate for my child’s age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>am more connected to other parents in my community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>am more informed about how to be a better parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>am more connected to services and help I/my child/my family need(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Does your child have any kind of health insurance now, such as insurance through an HMO, a private insurance company, Medi-Cal, Healthy Families, or California Kids?
No    Not sure    Yes: if yes, what kind:    Medi-Cal    Covered California    Private (through a job, through a spouse’s job, etc)    Other: ______________

9.A. In general, would you say your 0-2 age child’s health is… (if you have more than one child this age and they have different levels of health, please mark all that apply)
I don’t have children age 0-2    Excellent    Very good    Good    Fair    Poor

9.B. In general, would you say your 3-5 age child’s health is… (if you have more than one child this age and they have different levels of health, please mark all that apply)
I don’t have children age 3-5    Excellent    Very good    Good    Fair    Poor

10. When did your child last see a dentist or dental hygienist?
Less than one year ago    More than one year ago but less than two years ago
More than two years ago    Never

11. How often do you and your child take part in a playgroup with other children and parents?
Once a week or more    2-3 times/month    Once a month    A few times a year or less
12. **In a usual week, about how many days do you or any other family members read stories or look at picture books with your child?**
   - Every day
   - 3-6 days
   - 1-2 days
   - Never

13. **In a usual week, about how many days do you or any other family member play music or sing songs with your child?**
   - Every day
   - 3-6 days
   - 1-2 days
   - Never

14A. **On average, how much time each day does your 0-2 year old child(ren) usually watch TV, (including videos and DVDs) and/or play computer or “smart phone” games?**
   - I don’t have children age 0-2
   - None
   - Less than one hour
   - 1-2 hours
   - 2-3 hours
   - 3-5 hours
   - More than five hours

14B. **On average, how much time each day does your 3-5 year old child(ren) usually watch TV, (including videos and DVDs) and/or play computer or “smart phone” games?**
   - I don’t have children age 3-5
   - None
   - Less than one hour
   - 1-2 hours
   - 2-3 hours
   - 3-5 hours
   - More than five hours

15. **How often do you and your child go to the library or book mobile?**
   - Once a week or more
   - 2-3 times/month
   - Once a month
   - A few times a year or less

16. **How often do you and your child attend “Share a Story/Story Hour” at the library?**
   - Once a week or more
   - 2-3 times/month
   - Once a month
   - A few times a year or less

17. **How comfortable do you feel going to the library with your young child?**
   - Very comfortable
   - Somewhat comfortable
   - Somewhat uncomfortable
   - Not at all comfortable

18. **The library is a “family friendly” place for families with young children.**
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

19. **The library is a good place to get information about parenting.**
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

   Please add any comments you have about children’s services/activities/materials at the library:

20. **In the last 12 months were you or anyone in your family ever hungry because you couldn’t afford enough food?**
   - Yes
   - No
   - Don’t know
21A. How many children ages 0-5 do you have? ____

21B. How old are these 0-5 age children? (Please check all that apply-if you have twins/triplets etc., please write in the number of children rather than just checking the box)

- 0-6 months old
- 7-12 months old
- 13-18 months old
- 19 months-24 months old
- between 2 & 3 years old
- between 3 & 4 years old
- between 4 & 5 years old
- 5 years old

How many children do you have ages 6-11? ______

How many children do you have age 12 or older?_____

Are you or your partner pregnant?  Yes  No  Not applicable

22. What language do you speak most of the time when you are at home? (Please check one box)

- English
- Spanish
- Other (please specify): _______________________

23. What is your ethnic background? (Please check all boxes that apply)

- American Indian or Alaska Native
- Hispanic/Latino
- White/Caucasian
- Pacific Islander
- Asian/Asian American
- Black/ African American
- Other (please specify) _____________

24. What is your gender?

- Female
- Male

25. How old are you? _____

26. What town do you live in or closest to? ______________

27. What is your zip code at home?______________

28. Please add any comments you would like to make about the services and activities provided by this program (use the back of the page if needed):
Appendix 17

SITE VISIT CHART
For First 5 funded Programs

<table>
<thead>
<tr>
<th>Name of Program/Site:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Visit:</td>
<td></td>
</tr>
<tr>
<td>Name of Visitor:</td>
<td></td>
</tr>
</tbody>
</table>

Infant-Family Early Childhood Mental Health Contacts:

<table>
<thead>
<tr>
<th>IFECMH Stats:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
</tr>
<tr>
<td>Typical Development</td>
</tr>
<tr>
<td>Family Functioning</td>
</tr>
<tr>
<td>Atypical Developmental Concerns/ Referral</td>
</tr>
<tr>
<td>Medical Concern/ Referral</td>
</tr>
<tr>
<td>Resources</td>
</tr>
</tbody>
</table>

Site Technical Assistance:

Program Supports

Follow up:
Appendix 18

HCOE/First 5 Humboldt Partnership PFS Program Support Services Explanations:

**Program Support: Provided to all PFS Programs served by the Partnership staff**
PFS Training Workshops twice per year
Technical Assistance meetings as needed
Individualized staff development as needed
Site visits as per TA schedule

**Family Support is provided at Playgroups. There are three levels of Family Support:**

**Family Support- Level I**
Parent Education and Child Development Information
Referrals to resources and activities
Parenting Counts Series (as mutually agreed upon and based on availability)

**Family Support- Level II**
All Family Support Level I services
Infant-Family and Early Childhood Mental Health Services- 2 to 3 visits per month

**Family Support- Level III**
All Family Support Level I services
Intensive Infant-Family and Early Childhood Mental Health Services-1 to 2 visits per week

**Note:** A Decision Making Tree was used to determine which level of support each PFS program receiving HCOE/First 5 Humboldt Partnership services will be provided. Programs can be moved from one level of support to another as necessary, so this TA plan reflects our initial thoughts. We are in the process of creating a graphic of the tree, but these are the considerations used to determine initial support that will be provided:

- Geographic Location- programs farther than 30 minutes from Eureka will, by necessity, receive less intensive services. This could be revised if a regional IFECMH Support person is identified and funded at some point in the future.
- Staff Development Needs- Programs with new staff, explicit staff development needs and/or concerns in regards to the staff may need more intensive program support than other programs at any given point in time. We may need to designate levels of program support and this could be discussed via the Playgroup Initiative process.
- Number of children and parents/caregivers served and number of events as per the Duplicated Counts numbers.
- Number of children 0 to 3 being served.
- Number of children with special needs/challenging behaviors.
1. Provide Level III Family Support
2. Provide Program Support including reviewing bottom line and best practices Areas 1, 2, & 3, create an action plan as needed, follow-up on action plan in spring
3. Provide information on Screen Time to leaders and to parents
4. Provide training/information on music, art, literacy
5. Provide targeted staff development with Parks and Rec supervisors
6. Support the training and transition of new playgroup facilitators
7. Provide training/TA for evaluation forms/activities including Unduplicated data forms-ethnicity and health insurance info
8. Health Insurance information/enrollment

PET recommendations from 2014 include:
- Work with F5H to make sure additional training and support is provided for leaders so leaders are better able to engage in a consistently supportive manner with families (see #2 above)
- The art table and circle time could be utilized to explore a more culturally rich sampling of songs, books and other activities. Story time could also be utilized this way. (see #2 and #4 above)
- Staff will ensure that the temperature of the water in the restrooms is not over 120 degrees. (see #2 above; also included in the SOW)

Unduplicated counts

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 age children</td>
<td>128</td>
<td>132</td>
<td>120</td>
<td>88</td>
</tr>
<tr>
<td>3-5 age children</td>
<td>46</td>
<td>32</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>Parents/Caregivers</td>
<td>139</td>
<td>136</td>
<td>129</td>
<td>98</td>
</tr>
<tr>
<td>Children with special needs</td>
<td>7</td>
<td>1</td>
<td>None listed</td>
<td>1</td>
</tr>
</tbody>
</table>

Duplicated Counts for playgroup attendance

<table>
<thead>
<tr>
<th></th>
<th># Children</th>
<th># Children</th>
<th># Parents and/or</th>
<th>Number of</th>
<th>Avg #</th>
<th>Avg #</th>
</tr>
</thead>
</table>

1. TA visits F5/HCOE, LP
   Fall, Spring
2. TA visits, PFS trainings
   FY
3. WR, FY
4. TA visits, F5/HCOE
   TBD; FY
5. Workshop, TA visits
   FY
6. F5/HCOE
   FY
7. KP/MV, PFS trainings
   FY
8. HKH, F5/HCOE
### Ages of children:
According to playgroup sign-in sheets, for the 2013 calendar year ~79% of children were ages 0-2 and ~21% were ages 3-5. Unduplicated Counts for last fiscal year showed ~74% ages 0-2 and ~26% ages 3-5.

<table>
<thead>
<tr>
<th>Ages</th>
<th>2013 Playgroup survey</th>
<th>Participant survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages</td>
<td>2013</td>
<td>2013</td>
</tr>
<tr>
<td>0-6 months</td>
<td>3.4%</td>
<td>9.5%</td>
</tr>
<tr>
<td>7-12 months</td>
<td>13.8%</td>
<td>4.8%</td>
</tr>
<tr>
<td>1 year</td>
<td>20.7%</td>
<td>14.3%</td>
</tr>
<tr>
<td>2 years</td>
<td>44.8%</td>
<td>7.1%</td>
</tr>
<tr>
<td>3 years</td>
<td>10.3%</td>
<td>40.5%</td>
</tr>
<tr>
<td>4 years</td>
<td>6.9%</td>
<td>14.3%</td>
</tr>
<tr>
<td>5 years</td>
<td>0</td>
<td>7.1%</td>
</tr>
<tr>
<td>5 years old</td>
<td>2.4%</td>
<td>2.6%</td>
</tr>
</tbody>
</table>
### Playgroup “B”

1. Provide Level II Family Support
2. Provide Program Support including reviewing bottom line and best practices Areas 1, 2, & 3, create an action plan as needed, follow-up on action plan in spring
3. Provide information on Screen Time to leaders and to parents
4. Provide training/information on music, art, literacy
5. Provide targeted staff development with FRC supervisors
6. Support the training and transition of new playgroup facilitators
7. Provide training/TA for evaluation forms/activities including Unduplicated data forms-ethnicity and health insurance info
8. Health Insurance information/enrollment
9. Work with FRC Coordinator to further program development for 0-5

**2014 PET recommendations include:**
- Create guidelines to ensure outside play space is adequately supervised during playgroup time (see #2 above; also included in the SOW)
- Work to better integrate activities and staffs of the playgroup and the FRC (see #9 above)

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 age children</td>
<td>35</td>
<td>77</td>
<td>66</td>
<td>79</td>
<td>113</td>
</tr>
<tr>
<td>3-5 age children</td>
<td>40</td>
<td>52</td>
<td>54</td>
<td>51</td>
<td>42</td>
</tr>
<tr>
<td>Parents/Caregivers</td>
<td>60</td>
<td>55</td>
<td>83</td>
<td>85</td>
<td>122</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Duplicated Counts for playgroup attendance</th>
<th># Children ages 0-2</th>
<th># Children ages 3-5</th>
<th># Parents and/or Caregivers</th>
<th>Number of events</th>
<th>Avg # children/event</th>
<th>Avg # Adults/event</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-11 FY</td>
<td>281</td>
<td>219</td>
<td>500</td>
<td>78</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>11-12 FY</td>
<td>288</td>
<td>240</td>
<td>440</td>
<td>86</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>12-13 FY</td>
<td>176</td>
<td>171</td>
<td>256</td>
<td>49</td>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>

**Ages of children:** Playgroup sign-in sheets for 2013 show that 52% of children were 0-2 years of age and 48% were ages 3-5. Unduplicated counts for the last fiscal year show ~47% ages 0-2 and ~53% ages 3-5
### 2013 Playgroup survey

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 months</td>
<td>7.7%</td>
</tr>
<tr>
<td>7-12 months</td>
<td>3.8%</td>
</tr>
<tr>
<td>1 year</td>
<td>11.5%</td>
</tr>
<tr>
<td>2 years</td>
<td>23.1%</td>
</tr>
<tr>
<td>3 years</td>
<td>23.1%</td>
</tr>
<tr>
<td>4 years</td>
<td>15.4%</td>
</tr>
<tr>
<td>5 years</td>
<td>15.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participant survey</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 months</td>
<td>0</td>
<td>4%</td>
</tr>
<tr>
<td>7-12 months</td>
<td>8.3%</td>
<td>8%</td>
</tr>
<tr>
<td>13-18 months</td>
<td>4.2%</td>
<td>12%</td>
</tr>
<tr>
<td>19-24 months</td>
<td>4.2%</td>
<td>4%</td>
</tr>
<tr>
<td>2-3 years</td>
<td>16.7%</td>
<td>16%</td>
</tr>
<tr>
<td>3-4 years</td>
<td>33.3%</td>
<td>32%</td>
</tr>
<tr>
<td>4-5 years</td>
<td>16.7%</td>
<td>8%</td>
</tr>
<tr>
<td>5 years</td>
<td>16.7%</td>
<td>16%</td>
</tr>
</tbody>
</table>

---

**Playgroup “C”**

1. **Provide Level I Family Support**
2. **Provide Program Support** including reviewing bottom line and best practices Areas 1, 2, & 3, create an action plan as needed, follow-up on action plan in spring
3. **Provide information on Screen Time** to leaders and to parents
4. **Provide training/information on music, art, literacy**
5. **Provide targeted staff development** with supervisors
6. **Support the training and transition of new playgroup facilitators**
7. **Provide training/TA for evaluation forms/activities** including Unduplicated data forms-ethnicity and health insurance info
8. **Health Insurance information/enrollment**

**PET recommendations and parent comments include:**

- **Have a focused meeting with the Museum Director, the IS, the CFS, the Spanish Speaking Specialist to develop/expand TA plan for continuing outreach to and inclusion of Spanish speakers in programs (see #2 above; also included in the SOW)**
- **A number of parents commented on playgroup and participant surveys (for the past few years) that they would like it if the Playgroup A and Playgroup B could coordinate playgroup schedules so that they do not have playgroup the same day and time**
- **Work with CFS/IS to incorporate circle time into playgroup (this will happen via TA visits-it is a best practice**

**FY**
1. **TA visits**
   - F5/HCOE, LP
2. **TA visits, PFS trainings**
3. **WR, F5/HCOE**
4. **TA visits, F5/HCOE, LP**
5. **Workshop, TA visits**
6. **F5/HCOE**
7. **KP/MV, PFS trainings**
8. **HKH, F5/HCOE**
### Unduplicated Counts

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 age children</td>
<td>233</td>
<td>321</td>
<td>132</td>
<td>119</td>
<td>97</td>
</tr>
<tr>
<td>3-5 age children</td>
<td>232</td>
<td>304</td>
<td>210</td>
<td>168</td>
<td>79</td>
</tr>
<tr>
<td>Parents/Caregivers</td>
<td>473</td>
<td>406</td>
<td>257</td>
<td>148</td>
<td>131</td>
</tr>
<tr>
<td>Children with special needs</td>
<td>20</td>
<td>6</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

### Duplicated Counts for playgroup attendance:

<table>
<thead>
<tr>
<th></th>
<th># Children ages 0-2</th>
<th># Children ages 3-5</th>
<th># Parents and/or Caregivers</th>
<th>Number of events</th>
<th>Avg # children/event</th>
<th>Avg # Adults/event</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-11 FY</td>
<td>554</td>
<td>485</td>
<td>715</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
</tr>
<tr>
<td>11-12 FY</td>
<td>811</td>
<td>565</td>
<td>1,079</td>
<td>69</td>
<td>20</td>
<td>16</td>
</tr>
<tr>
<td>12-13 FY</td>
<td>783</td>
<td>456</td>
<td>950</td>
<td>51</td>
<td>24</td>
<td>19</td>
</tr>
</tbody>
</table>

### Ages of children:

*Playgroup sign-in sheets show that in 2013, ~62% of children were ages 0-2 and ~38% were ages 3-5. Unduplicated counts for the fiscal year show ~50% ages 0-2 and ~50% ages 3-5.*

#### 2013 Playgroup survey

<table>
<thead>
<tr>
<th>Age</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 months</td>
<td>0</td>
</tr>
<tr>
<td>7-12 months</td>
<td>0</td>
</tr>
<tr>
<td>1 year</td>
<td>16.7%</td>
</tr>
<tr>
<td>2 years</td>
<td>20.8%</td>
</tr>
<tr>
<td>3 years</td>
<td>25%</td>
</tr>
<tr>
<td>4 years</td>
<td>29.2%</td>
</tr>
<tr>
<td>5 years</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

#### Participant survey

<table>
<thead>
<tr>
<th>Age</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 months</td>
<td>5.5%</td>
<td>4%</td>
</tr>
<tr>
<td>7-12 months</td>
<td>5.5%</td>
<td>6%</td>
</tr>
<tr>
<td>13-18 months</td>
<td>5.5%</td>
<td>10%</td>
</tr>
<tr>
<td>19-24 months</td>
<td>16.4%</td>
<td>4%</td>
</tr>
<tr>
<td>2-3 years</td>
<td>29.1%</td>
<td>28%</td>
</tr>
<tr>
<td>3-4 years</td>
<td>23.5%</td>
<td>26%</td>
</tr>
<tr>
<td>4-5 years</td>
<td>9.1%</td>
<td>12%</td>
</tr>
<tr>
<td>5 years</td>
<td>5.5%</td>
<td>10%</td>
</tr>
</tbody>
</table>
### Participant survey results (40 in 2014, 33 in 2013 and in 2012, 30 in 2011, 30 in 2010)

#### Satisfied with services

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied (5)</td>
<td>82.5%</td>
<td>93.9%</td>
<td>84.4%</td>
<td>71.8%</td>
<td>90%</td>
</tr>
<tr>
<td>Mostly satisfied (4)</td>
<td>17.5%</td>
<td>6.1%</td>
<td>15.6%</td>
<td>25.6%</td>
<td>7%</td>
</tr>
<tr>
<td>Somewhat satisfied (3)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Somewhat dissatisfied (2)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Very dissatisfied (1)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mean (5H-1L)</td>
<td>4.83</td>
<td>4.94</td>
<td>4.8</td>
<td>4.7</td>
<td>4.9</td>
</tr>
</tbody>
</table>

#### How much positive effect on their families

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lot</td>
<td>67.5%</td>
<td>75.8%</td>
<td>75.8%</td>
<td>75%</td>
<td>76.7%</td>
</tr>
<tr>
<td>Some</td>
<td>30%</td>
<td>24.2%</td>
<td>24.2%</td>
<td>17.5%</td>
<td>16.7%</td>
</tr>
<tr>
<td>A little</td>
<td>2.5%</td>
<td>0</td>
<td>0</td>
<td>2.5%</td>
<td>3.3%</td>
</tr>
<tr>
<td>None</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>N/A</td>
<td>0</td>
<td>0</td>
<td>5%</td>
<td>3.3%</td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>3.7</td>
<td>3.8</td>
<td>3.8</td>
<td>3.76</td>
<td>3.76</td>
</tr>
</tbody>
</table>

#### Deal better with parenting issues

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lot</td>
<td>42.5%</td>
<td>46.9%</td>
<td>31.3%</td>
<td>28.2%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Some</td>
<td>42.5%</td>
<td>31.1%</td>
<td>46.9%</td>
<td>33.3%</td>
<td>30.0%</td>
</tr>
<tr>
<td>A little</td>
<td>7.5%</td>
<td>9.4%</td>
<td>6.3%</td>
<td>17.9%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Not really</td>
<td>2.5%</td>
<td>0</td>
<td>9.4%</td>
<td>7.7%</td>
<td>6.7%</td>
</tr>
<tr>
<td>N/A</td>
<td>5.0%</td>
<td>12.5%</td>
<td>6.3%</td>
<td>12.8%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Mean</td>
<td>3.36</td>
<td>3.43</td>
<td>3.07</td>
<td>2.94</td>
<td>2.91</td>
</tr>
</tbody>
</table>

#### Connected to needed services and help

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lot</td>
<td>47.5%</td>
<td>50%</td>
<td>28.1%</td>
<td>41%</td>
<td>43.3%</td>
</tr>
<tr>
<td>Somewhat</td>
<td>25%</td>
<td>28.1%</td>
<td>43.8%</td>
<td>23.1%</td>
<td>20.0%</td>
</tr>
<tr>
<td>A little</td>
<td>15%</td>
<td>9.4%</td>
<td>15.6%</td>
<td>20.5%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Not really</td>
<td>2.5%</td>
<td>0</td>
<td>3.1%</td>
<td>10.3%</td>
<td>6.7%</td>
</tr>
<tr>
<td>N/A</td>
<td>10%</td>
<td>12.5%</td>
<td>9.4%</td>
<td>5.1%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Mean</td>
<td>3.31</td>
<td>3.46</td>
<td>3.07</td>
<td>3.0</td>
<td>3.11</td>
</tr>
</tbody>
</table>

#### Child’s medical insurance status

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>93.9%</td>
<td>93.8%</td>
<td>94.9%</td>
<td>96.7%</td>
<td>96.3%</td>
</tr>
<tr>
<td>No</td>
<td>3.0%</td>
<td>3.1%</td>
<td>5.1%</td>
<td>3.3%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Not sure</td>
<td>3.0%</td>
<td>3.1%</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Read/look at picture books

<table>
<thead>
<tr>
<th></th>
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<th>2013</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every day</td>
<td>85%</td>
<td>84.8%</td>
<td>90.6%</td>
<td>87.2%</td>
<td>96.7%</td>
</tr>
<tr>
<td>3-6 days</td>
<td>15%</td>
<td>12.1%</td>
<td>6.3%</td>
<td>10.3%</td>
<td>3.3%</td>
</tr>
<tr>
<td>1-2 days</td>
<td>0</td>
<td>3.0%</td>
<td>3.1%</td>
<td>2.6%</td>
<td>0</td>
</tr>
<tr>
<td>Never</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mean</td>
<td>3.85</td>
<td>3.82</td>
<td>3.88</td>
<td>3.85</td>
<td>3.97</td>
</tr>
</tbody>
</table>

### Play music/sing

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every day</td>
<td>70%</td>
<td>81.8%</td>
<td>81.3%</td>
<td>75%</td>
<td>80%</td>
</tr>
<tr>
<td>3-6 days</td>
<td>25%</td>
<td>15.2%</td>
<td>15.6%</td>
<td>22.5%</td>
<td>13%</td>
</tr>
<tr>
<td>1-2 days</td>
<td>5%</td>
<td>3.0%</td>
<td>3.1%</td>
<td>2.5%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Never</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mean</td>
<td>3.65</td>
<td>3.79</td>
<td>3.78</td>
<td>3.7</td>
<td>3.7</td>
</tr>
</tbody>
</table>

### Screen time ages 0-2

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>26.9%</td>
<td>40.7%</td>
<td>36.7%</td>
<td>34.3%</td>
<td>35.7%</td>
</tr>
<tr>
<td>&lt; 1 hour</td>
<td>38.5%</td>
<td>37.0%</td>
<td>30%</td>
<td>34.3%</td>
<td>35.7%</td>
</tr>
<tr>
<td>1-2 hours</td>
<td>23.1%</td>
<td>14.8%</td>
<td>13.3%</td>
<td>22.9%</td>
<td>21.4%</td>
</tr>
<tr>
<td>2-3 hours</td>
<td>7.7%</td>
<td>3.7%</td>
<td>16.7%</td>
<td>8.6%</td>
<td>7.1%</td>
</tr>
<tr>
<td>3-5 hours</td>
<td>3.8%</td>
<td>3.7%</td>
<td>3.3%</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Screen time ages 3-5

<table>
<thead>
<tr>
<th></th>
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<th>2013</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0</td>
<td>7.7%</td>
<td>11.1%</td>
<td>10%</td>
<td>22.2%</td>
</tr>
<tr>
<td>&lt; 1 hour</td>
<td>42.9%</td>
<td>23.1%</td>
<td>44.4%</td>
<td>50%</td>
<td>11.1%</td>
</tr>
<tr>
<td>1-2 hours</td>
<td>38.1%</td>
<td>61.5%</td>
<td>44.4%</td>
<td>30%</td>
<td>55.5%</td>
</tr>
<tr>
<td>2-3 hours</td>
<td>14.3%</td>
<td>0</td>
<td>0</td>
<td>20%</td>
<td>11.1%</td>
</tr>
<tr>
<td>3-5 hours</td>
<td>4.8%</td>
<td>7.7%</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Rate your agreement level with these statements about this program (mean 4=strongly agree, 1=strongly disagree)

<table>
<thead>
<tr>
<th>Statement</th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Services and activities are offered at a convenient location</td>
<td>85%</td>
<td>15%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3.85</td>
</tr>
<tr>
<td>b. Services and activities are offered at convenient times</td>
<td>75%</td>
<td>25%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3.75</td>
</tr>
<tr>
<td>c. Staff members are welcoming and respectful</td>
<td>95%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3.95</td>
</tr>
<tr>
<td>d. Staff members have asked me about my family’s strengths, needs, and interests</td>
<td>45%</td>
<td>40%</td>
<td>7.5%</td>
<td>0</td>
<td>7.5%</td>
<td>3.41</td>
</tr>
<tr>
<td>e. Staff members help me to understand healthy development</td>
<td>33.3%</td>
<td>51.3%</td>
<td>2.6%</td>
<td>0</td>
<td>12.8%</td>
<td>3.35</td>
</tr>
<tr>
<td>f. Staff members have invited other people in my family to participate in services and activities</td>
<td>32.5%</td>
<td>25%</td>
<td>17.5%</td>
<td>0</td>
<td>25%</td>
<td>3.2</td>
</tr>
<tr>
<td>g. I have opportunities to meet and get to know other families through this program</td>
<td>77.5%</td>
<td>20%</td>
<td>2.5%</td>
<td>0</td>
<td>0</td>
<td>3.75</td>
</tr>
<tr>
<td>h. Staff members speak my language</td>
<td>87.5%</td>
<td>12.5%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3.88</td>
</tr>
<tr>
<td>i. Staff members understand my cultural traditions and values</td>
<td>55%</td>
<td>30%</td>
<td>2.5%</td>
<td>0</td>
<td>12.5%</td>
<td>3.60</td>
</tr>
<tr>
<td>j. I have opportunities to learn about families that are different from mine</td>
<td>62.5%</td>
<td>35%</td>
<td>0</td>
<td>0</td>
<td>2.5%</td>
<td>3.64</td>
</tr>
<tr>
<td>k. Staff members have helped me to learn about services, resources, and opportunities that are available in the community</td>
<td>57.5%</td>
<td>32.5%</td>
<td>7.5%</td>
<td>0</td>
<td>2.5%</td>
<td>3.51</td>
</tr>
<tr>
<td>l. I have opportunities to share my opinion and ideas about the program</td>
<td>52.5%</td>
<td>35%</td>
<td>10%</td>
<td>0</td>
<td>2.5%</td>
<td>3.44</td>
</tr>
<tr>
<td>m. Overall, this program has provided valuable support for me and my family</td>
<td>75%</td>
<td>25%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3.75</td>
</tr>
<tr>
<td>n. I would recommend this program to a friend</td>
<td>92.5%</td>
<td>7.5%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3.93</td>
</tr>
</tbody>
</table>
## Playgroup Survey

### This playgroup is a place...

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have learned more about parenting</td>
<td>4.2</td>
<td>4.2</td>
<td>4.0</td>
</tr>
<tr>
<td>Parents support each other</td>
<td>4.6</td>
<td>4.6</td>
<td>4.3</td>
</tr>
<tr>
<td>My child has learned to feel more comfortable around other children</td>
<td>4.8</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>I have met new friends</td>
<td>4.5</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>My child learns new things</td>
<td>4.8</td>
<td>4.6</td>
<td>4.4</td>
</tr>
<tr>
<td>Information is shared that is useful to me as a parent</td>
<td>4.4</td>
<td>4.4</td>
<td>4.4</td>
</tr>
<tr>
<td>My child learns about getting along with other children</td>
<td>4.6</td>
<td>4.9</td>
<td>4.5</td>
</tr>
<tr>
<td>I have learned more about play activities I can do with my child</td>
<td>4.4</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>I have learned new things about my child’s strengths and/or needs</td>
<td>4.3</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>I have learned more about my child’s developmental stages</td>
<td>4.3</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Since we started coming to playgroup, my child and I engage in play together more often...

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>28%</td>
</tr>
<tr>
<td>Agree</td>
<td>52%</td>
</tr>
<tr>
<td>Disagree</td>
<td>4%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>0</td>
</tr>
<tr>
<td>Not applicable</td>
<td>16%</td>
</tr>
<tr>
<td>Mean (1=strongly disagree, 4=strongly agree)</td>
<td>3.3</td>
</tr>
</tbody>
</table>

### Are you doing anything differently as a family because of your participation in playgroup?

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>48%</td>
</tr>
<tr>
<td>No</td>
<td>48%</td>
</tr>
<tr>
<td>No answer</td>
<td>4%</td>
</tr>
</tbody>
</table>

## Additional Data

### Unduplicated Counts: (by fiscal year)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 age children</td>
<td>245</td>
<td>128</td>
<td>132</td>
<td>120</td>
<td>88</td>
<td>37</td>
</tr>
<tr>
<td>3-5 age children</td>
<td>82</td>
<td>46</td>
<td>32</td>
<td>29</td>
<td>29</td>
<td>10</td>
</tr>
<tr>
<td>Parents/Caregivers</td>
<td>281</td>
<td>139</td>
<td>136</td>
<td>129</td>
<td>98</td>
<td>40</td>
</tr>
<tr>
<td>Children with special needs</td>
<td>3</td>
<td>7</td>
<td>1</td>
<td>None listed</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>
### Duplicated Counts for playgroup attendance

<table>
<thead>
<tr>
<th></th>
<th># Children ages 0-2</th>
<th># Children ages 3-5</th>
<th># Parents/Caregivers</th>
<th>Number of events</th>
<th>Avg # children/event</th>
<th>Avg # Adults/event</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10-11 FY total</strong></td>
<td>2,328</td>
<td>386</td>
<td>2,314</td>
<td>149</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td><strong>11-12 FY total</strong></td>
<td>2,485</td>
<td>541</td>
<td>2,744</td>
<td>148</td>
<td>21</td>
<td>19</td>
</tr>
<tr>
<td><strong>12-13 FY total</strong></td>
<td>2,232</td>
<td>665</td>
<td>2,585</td>
<td>151</td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td><strong>13-14 FY total</strong></td>
<td>2,950</td>
<td>870</td>
<td>3,236</td>
<td>156</td>
<td>24</td>
<td>21</td>
</tr>
</tbody>
</table>

### Ethnicity of children (from unduplicated counts)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>1.2%</td>
<td>5.2%</td>
<td>0.6%</td>
<td>4%</td>
<td>3.4%</td>
<td>12.8%</td>
<td>0.6%</td>
<td></td>
</tr>
<tr>
<td>Asian/Asian American</td>
<td>0.6%</td>
<td>1.2%</td>
<td>0.6%</td>
<td>3.4%</td>
<td>0.9%</td>
<td>0</td>
<td>0.6%</td>
<td></td>
</tr>
<tr>
<td>African American/Black</td>
<td>0.9%</td>
<td>2.3%</td>
<td>0.6%</td>
<td>2.7%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>3.6%</td>
<td>4.0%</td>
<td>2.4%</td>
<td>5.4%</td>
<td>4.3%</td>
<td>2.1%</td>
<td>1.1%</td>
<td></td>
</tr>
<tr>
<td>Caucasian/White</td>
<td>74.1%</td>
<td>67.2%</td>
<td>57%</td>
<td>71.1%</td>
<td>61.5%</td>
<td>61.7%</td>
<td>62.4%</td>
<td></td>
</tr>
<tr>
<td>Multi-ethnic</td>
<td>14.9%</td>
<td>8.6%</td>
<td>17.5%</td>
<td>6%</td>
<td>7.7%</td>
<td>6.4%</td>
<td>2.5%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0.6%</td>
<td>2.9%</td>
<td>2.4%</td>
<td>0</td>
<td>0</td>
<td>2.1%</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>4%</td>
<td>8.6%</td>
<td>18.3%</td>
<td>7.4%</td>
<td>22.2%</td>
<td>14.9%</td>
<td>32.9%</td>
<td></td>
</tr>
</tbody>
</table>

### Ethnicity of Parents from Participant Surveys

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>10.3%</td>
<td>3.1%</td>
<td>9.4%</td>
<td>13.2%</td>
<td>10.0%</td>
<td>11.1%</td>
<td>2%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>7.7%</td>
<td>12.5%</td>
<td>9.4%</td>
<td>5.3%</td>
<td>13.3%</td>
<td>3.7%</td>
<td>2%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Asian/Asian American</td>
<td>5.1%</td>
<td>0</td>
<td>3.1%</td>
<td>5.3%</td>
<td>0</td>
<td>0</td>
<td>9%</td>
<td>5.6%</td>
</tr>
<tr>
<td>White</td>
<td>66.7%</td>
<td>78.1%</td>
<td>71.9%</td>
<td>71.1%</td>
<td>66.7%</td>
<td>77.8%</td>
<td>84%</td>
<td>77.8%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>7.7%</td>
<td>0</td>
<td>0</td>
<td>2.6%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Multi-racial</td>
<td>2.6%</td>
<td>6.3%</td>
<td>0</td>
<td>0</td>
<td>6.7%</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>6.3%</td>
<td>2.6%</td>
<td>3.3%</td>
<td>7.4%</td>
<td>1%</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

### Primary language spoken at home (Participant survey)

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>92.5%</td>
<td>93.8%</td>
<td>93.8%</td>
<td>97.5%</td>
<td>86.7%</td>
<td>92.6%</td>
<td>95%</td>
<td>100%</td>
<td>94.1%</td>
</tr>
<tr>
<td>Spanish</td>
<td>5.0%</td>
<td>3.1%</td>
<td>3.1%</td>
<td>2.5%</td>
<td>13.3%</td>
<td>3.7%</td>
<td>2.5%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>German</td>
<td>2.5%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3.7%</td>
<td>2.5%</td>
<td>0</td>
<td>0</td>
<td>5.9%</td>
</tr>
<tr>
<td>Mandarin</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5.9%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>3.1%</td>
<td>3.1%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### How many children do you have younger than 6 years old?

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>75%</td>
<td>65.6%</td>
<td>78.1%</td>
<td>77.5%</td>
<td>66.7%</td>
<td>51.9%</td>
<td>56%</td>
<td>77.8%</td>
<td>82.4%</td>
</tr>
<tr>
<td>2</td>
<td>22.5%</td>
<td>31.3%</td>
<td>15.6%</td>
<td>20%</td>
<td>30.0%</td>
<td>44.4%</td>
<td>42%</td>
<td>22.2%</td>
<td>11.8%</td>
</tr>
<tr>
<td>3</td>
<td>2.5%</td>
<td>3.1%</td>
<td>6.3%</td>
<td>2.5%</td>
<td>3.3%</td>
<td>3.7%</td>
<td>2%</td>
<td>0</td>
<td>5.9%</td>
</tr>
<tr>
<td>Pregnant</td>
<td>22.5%</td>
<td>9.4%</td>
<td>9.4%</td>
<td>2.7%</td>
<td>6.7%</td>
<td>4.2%</td>
<td>5%</td>
<td>5.6%</td>
<td>0</td>
</tr>
</tbody>
</table>
How old are these children?

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 months</td>
<td>2%</td>
<td>9.5%</td>
<td>5.1%</td>
</tr>
<tr>
<td>7-12 months</td>
<td>2%</td>
<td>4.8%</td>
<td>2.6%</td>
</tr>
<tr>
<td>13-18 months</td>
<td>7.8%</td>
<td>14.3%</td>
<td>28.2%</td>
</tr>
<tr>
<td>19-24 months</td>
<td>17.6%</td>
<td>7.1%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Between 2 and 3 years old</td>
<td>25.5%</td>
<td>40.5%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Between 3 and 4 years old</td>
<td>27.5%</td>
<td>14.3%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Between 4 and 5 years old</td>
<td>13.7%</td>
<td>7.1%</td>
<td>10.3%</td>
</tr>
<tr>
<td>5 years old</td>
<td>3.9%</td>
<td>2.4%</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

Health Insurance coverage for children from unduplicated counts forms

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% of children with health insurance</td>
<td>88.1%</td>
<td>97%</td>
<td>93.3%</td>
<td>94.6%</td>
<td>89.7%</td>
<td>91.5%</td>
</tr>
</tbody>
</table>

Site Visit Information

This year, the MHIS has been the primary TA provider for this site. She met with the staff and the supervisor of this site in the fall and created an action plan. (Please see attached TA Action Plan.) The MHIS visits this site approximately four times per month, on a consistent basis providing ongoing technical assistance to playgroup leaders and infant-family and early childhood mental health support to families. This program recently had a change in supervision. The MHIS met with the new supervisor to review the TA Action Plan and discuss the Bottom Line Practices. There have been two consistent leaders and a few new hires of playgroup leaders this year.

Bottom Line and Best Practices Results

The results of the TA Action Plan for this site reflect the need for the staff to increase their capacity to provide consistent “Welcoming Practices” to all families who are new to the playgroup. A plan has been developed to create a check list of topics to share with new families on their first day at playgroup. This playgroup has had a significant increase in participants. Therefore, the staff is going to encourage families to wear name tags to help build relationships between families. The leaders are also going to remind and encourage families to clean up the environment as they go so the playgroup environment stays safe and uncluttered. The MHIS is planning to do a “mini-training” for this group on developmental red and yellow flags as per their request.
### Playgroup “A” 2015

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Concerns</th>
<th>Follow up to 2014 Recommendations</th>
<th>2015 Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of attendees has increased (almost doubled for children and for caregivers)</td>
<td>Playgroup leaders need to increase their efforts to welcome new families in a consistent manner.</td>
<td>Programmatic Recommendations: Playcenter staff need to inform First 5 Humboldt when a change in staff occurs to ensure that every new staff member is trained/oriented to Playgroup Binder, Bottom Line Practices, and are aware of TA available to them from First 5. Status: Two of the playgroup leaders have been consistent, but two new leaders have recently been hired. The MHIS was not informed prior to the hiring.</td>
<td>Programmatic Recommendations: Playcenter staff need to inform First 5 Humboldt when a change in staff occurs to ensure that every new staff member is trained/oriented to Playgroup Binder, Bottom Line Practices, and are aware of TA available to them from First 5.</td>
</tr>
<tr>
<td>Parent comments on surveys are very positive</td>
<td>Due to increase in participants, leaders need to be diligent about getting to know new families and supporting them to connect with other families.</td>
<td>Participate in technical assistance/other activities provided by First 5 and/or First 5 designees that will encourage/support: • Ensure Bottom line practices are standard in all funded programs Status: The MHIS regularly checks in with leaders about Bottom Line Practices. Due to the increase in participation and the new leaders being hired, more focused visits need to happen around the BLPs. A training needs to happen to support staff around developmental red and yellow flags. • Increasing program staff skills in providing outreach and a welcoming environment to diverse families and caregivers including, but not limited to those who reflect diversity of race, ethnicity, gender, age, sexual orientation, income or ability. Status: Fathers, mothers, grandparents, nannies and other caregivers regularly attend this group. The ethnicity seems to be reflective of the predominately white community. The group has become more socio-economically diverse. Several single parents attend with their children. • Ensuring that outreach, inclusion and program activities are culturally proficient. The art table and circle time could be utilized to explore a more culturally rich sampling of songs, books and other activities. Story time could also be utilized this way. • Work with Inclusion Specialist to facilitate inclusion of families with children with special needs into playgroup as appropriate Status: This is occurring. This group has a handful of children who are being supported in the environment attending on a regular basis. • Informing parents about services, programs and events in the community Status: Continues to be good, although down slightly from last year. Social media is being utilized to improve parent communication. The MHIS is creating a resource box for the staff to help them provide families with more information about community resources.</td>
<td>Participate in technical assistance/other activities provided by First 5 and/or First 5 designees that will encourage/support: • Ensure “Bottom Line Practices” are standard in all funded programs • Increasing program staff skills in providing outreach and a welcoming environment to diverse families and caregivers including, but not limited to those who reflect diversity of race, ethnicity, gender, age, sexual orientation, income or ability. • Ensuring that outreach, inclusion and program activities are culturally proficient. • Work with Inclusion Specialist to facilitate inclusion of families with children with special needs into playgroup as appropriate</td>
</tr>
<tr>
<td>This site stays open consistently throughout the year.</td>
<td>Due to numbers of participants, leaders need to be aware of the environment and support families to clean up throughout the playgroup time to keep the environment safe.</td>
<td>Status: Two of the playgroup leaders have been consistent, but two new leaders have recently been hired. The MHIS was not informed prior to the hiring.</td>
<td>Status: Two of the playgroup leaders have been consistent, but two new leaders have recently been hired. The MHIS was not informed prior to the hiring.</td>
</tr>
</tbody>
</table>
• Work so that every child is covered by health insurance  
  Status: Doing well

• Reducing screen time for children  
  Status: Slightly worse for 0-2 and slightly worse for 3-5.  
  MHIS will give the group a poster on the 5 Myths About Young Children and Screen Media developed by Zero to Three to share with families.

• Work on developmentally appropriate literacy-related activities, including daily reading, art and music  
  Status: According to Participant Survey, daily reading has increased slightly, music has decreased. This group has implemented a reading time opportunity during playgroup. This group would benefit from more training on facilitating circle time music activities and age-appropriate art activities.

• Providing services and activities that facilitate resilience in children and families  
  Status: Survey results are mixed in these areas. The PFS training in the Fall worked with playgroup staff to understand more about the Five Protective Factors. Ongoing conversations will continue throughout the year to support the information that was shared at the workshop. These Protective Factors are intended to facilitate resilience in children and families.

• Identify ways to get the message out that the playgroup welcomes fathers  
  Status: There are many fathers that regularly attend this group.

• Work with F5H to make sure additional training and support is provided for leaders so leaders are better able to engage in a consistently supportive manner with families  
  Status: The MHIS regularly talks to leaders about ensuring welcoming practices are in place. A checklist will be developed to ensure that families feel welcomed and supported when they first attend group. The MHIS will increase attention to coaching leaders to engage consistently with families in the environment. The new supervisor will be made aware that this is an important issue that needs attention at the playgroup.

F5H Recommendations:  
Continue to fund in the amount of $14,000  
Status: Done

• Informing parents about services, programs and events in the community  
• Work so that every child is covered by health insurance  
• Reducing screen time for children  
• Work on developmentally appropriate literacy-related activities, including daily reading, art and music  
• Providing services and activities that promote/integrate the five protective factors: parental resilience, concrete support in times of need, knowledge of parenting and child development, social connections, and social & emotional competence of children  
• Identify ways to get the message out that the playgroup welcomes fathers  
• Work with F5H to make sure additional training and support is provided for leaders so leaders are better able to engage in a consistently supportive manner with families

F5H RECS:  
• Continue to fund in the amount of $14,000
Appendix 20

“What’s Due When”
for Playgroups

1. **Reports**: These are due in January and July of each year. We will send you a reminder about your reports about a month prior to the due date.

2. **Unduplicated Counts/Program Participant forms**: These are due with your reports every six months in January and July. There are three different versions of this form: one for Children 0-5, one for Parents/caregivers, and one for Other Family Members. Those submitted with the January report cover the time period July-December and those submitted with the July report cover the time period January-June.

3. **Program Participant Surveys**: These are distributed to programs in mid-September and are due back in December. The exact date varies, but will usually be around the first of the month. The exact due date will be given to you when the surveys are sent to your program.

4. **Playgroup Surveys**: These are distributed in the Spring, usually in late April and are due mid-June. The exact due date varies somewhat but will be given to you when the surveys are sent to your program.

5. **Playgroup sign-in sheets**: These are due on the 10th of the following month. This means that November’s sign-in sheets would be due December 10th.

6. **First time attendee form**: This is an optional form that you can use to help you track participant data. If you choose to use this form, we do NOT need you to turn these forms in to the First 5 office. These are for your in-house use only. If you would like additional information about how to make use of these form, please contact Kim via phone at 707-XXX-XXXX or via email at ###@evaluation.com
Appendix 21

Playgroup Name: ________________________________        Date: ____________      Time: ___________

<table>
<thead>
<tr>
<th>Parent/Caregiver Name</th>
<th># of children age 0-2 attending with parent/caregiver</th>
<th># of children age 3-5 attending with parent/caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># de niños edad 0-2 asistiendo con padres/encargado</td>
<td># de niños edad 3-5 asistiendo con padres/encargado</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Caregiver Name</th>
<th># of children age 0-2 attending with parent/caregiver</th>
<th># of children age 3-5 attending with parent/caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># de niños edad 0-2 asistiendo con padres/encargado</td>
<td># de niños edad 3-5 asistiendo con padres/encargado</td>
</tr>
</tbody>
</table>

Total:                        Total:                        Total:
This position is a (temporary School District stipend position). It is funded through a grant from First 5 Humboldt. This Playgroup Leader is responsible to First 5 Specialist and/or SHUSD grant coordinator.

**Job Purpose**- The playgroup Facilitator will be responsible for the playgroup sessions to ensure:

- A warm, welcoming and culturally respectful environment for all involved.
- Safe, stimulating play opportunities for the ages of children attending.
- A timely response to First 5 Humboldt’s paperwork and evaluation requirements.

**Principal Responsibilities**-

**Utilize the “Bottom-line Practices” to:**

- Plan age-appropriate activities and (when applicable) nutritious snacks for each playgroup session.
- Set up the playgroup space and activities to insure safe and stimulating play opportunities designed to meet the developmental needs of all ages of children attending playgroup and are reflective of “best practices” in playgroup
- Ensure that health practices are in place. Toys are cleaned on a regular and ongoing basis. Staff members practice and promote hand washing practices.
- Welcome and orient families to playgroup. Make a concerted effort to learn the names of parents/caregivers and children who regularly attend. Welcome other members of the community to playgroup (such as Head Start Outreach) and facilitate their participation as appropriate.
- Greet each family every day as they arrive and screen for signs of concerns explained in the illness policy.
- Ensure that each parent has signed an illness policy and has a copy and a group policy form to take home.
- Keep records: a) participants in each playgroup meeting (sign in sheets), b) illness policy has been read and agreed to by parent signatures, c) parents agree to all other established policies  c) parents get a copy of policies
- Select and prepare activities, decorations, materials and other resources that take into account the interests, languages and cultural backgrounds of our wider community.
- Post a playgroup schedule, including time for circle time, free time, snack time, and whatever parents would like to add.
- Supply a healthy snack (buy, prepare, serve or help children serve themselves, and clean up), unless a different process is otherwise agreed upon by parents
• 11.) Encourage parent participation in taking on a job for each playgroup session (such as read a story, help prepare tables for snack, prepare snack, clean up snack, help put toys away, etc.)

• Provide directions and leadership during snack time, special speaker time, circle time and clean up time to insure all participants know what is happening at playgroup.

• Work with families to establish playgroup safety guidelines. Ensure that parents supervise their children and refer to the guidelines as necessary.

• Establish constructive relationships with parents/caregivers and facilitate their support for their child’s participation in playgroup activities.

• Encourage and facilitate parent/caregiver involvement in the group, including their involvement in play activities.

• Provide parents and other caregivers with information regarding community resources, parent education and child development.

• Promote community awareness of the playgroup and provide outreach in order to insure families in the community know it is available.

• Serve as the liaison for the playgroup to the host site and to the community in general.

• Complete the required forms and facilitate the completion of parent/caregiver information, registration and evaluation materials.

• Utilize the Technical Assistance available from First 5 Humboldt.

Knowledge and Skills-

• Ability to communicate and maintain friendly relationships with children, parents, other caregivers and community members.

• Ability to work on own initiative, to provide leadership and to cope with a busy playgroup setting.

• Ability to seek support and guidance when necessary

• Ability and skills to manage safely the physical space and activities.

• The understanding of basic infant, toddler and preschooler child development and the importance of the 0 to 5 period of development or the commitment to learn.

• Knowledge of community resources appropriate to families with young children or the commitment to learn.

• An understanding of the signs of child abuse and the role of the facilitator as a mandated reporter or the commitment to learn.

• The ability to complete necessary paperwork in a timely manner.

Training required-

• First 5 training regarding the “Bottom Line Practice” evaluation

• Bi-annual First 5 Training

• Annual Technical Assistance meeting

• Webinar Series: Growing a Playcenter
Appendix 23

INTERVIEW QUESTIONS – PLAYGROUP

♦ Describe your background and experience working with children and parents.

♦ What interests you most about this opportunity?

♦ How would you handle discipline, accidents, and emergencies?

♦ Describe your personality. How would others who work with you describe your personality?

♦ What three characteristics are important to display while working with kids?

♦ You will be required to lift and move furniture, toys, and children (are you able to lift 50 lbs)?

♦ How would you handle a situation where a child’s behavior in Play Group is creating tension among other participants? For example, a 2 year-old has bitten several other children, and a parent of one of the children who was bitten tells you she is going to leave the group and tell all of her friends not to come to Play Center.

♦ A parent consistently yells at her 3 year-old child during Play Center and it makes the other parents and kids uncomfortable. How would you handle this?

INTERVIEW CLOSING QUESTIONS

♦ Are you First Aid / CPR certified and have a negative TB Test?
♦ Are you available to start training soon? What is your availability (M/T/W)?
♦ Is there anything else that you would like to share with us about your qualifications that perhaps our questions we did not address?
Playgroup Leader Orientation Checklist

Schedule:
- Work day schedule: M, T, W, TH, F, S, Su
- Shift times: Arrival _______ / Departure _______
- Sick days and time off procedure:
  - Contact Supervisor to notify: _______ (insert supervisor’s name & phone number)
  - Call substitutes to cover your shift.
- Copy of the annual playgroup schedule.

Supervision:
- Site supervisor: _______ (insert supervisor’s name & phone number)
- Additional site supervisor information: _______ (insert supervisor’s name & phone number)
- Supervision meetings/check-in scheduling: ____________________________
- Handling emergencies or serious family concerns

Office Procedures:
- Site phone number: ____________________________
- Filling in your time sheet (See time sheet example in Growing a Playgroup Manual)
- Payday schedule (See annual calendar)
- Review agreement for use for office space and equipment
- Review procedure for purchase of materials and supplies
- Discuss ongoing paperwork duties
- Work site expectations (dress code, formalities…)

Training Expectations:
- Review partnership with First 5
- Overview job description (See GPM)
- First Aid/CPR Training
- Playgroup Manual/web-based training series
- Bi-annual attendance at First 5 Parent and Family Support Workshops
- Coaching with Specialists from First 5

Paperwork Expectations:
- Submit all media, newspaper articles, radio, and flyers to be reviewed by the First 5 Office and Regional Specialist before posting.
- Notify the First 5 Office and Regional Specialist about any changes in the time or day and that the playgroup meets
- Submit time sheets by
- Review Playgroup specific paperwork expectations

Responding to Crisis:
- Review and sign Confidentiality Agreement
- Review procedures for mandated reporting of child abuse
- Location of emergency supplies
- Review procedure for handling a crisis while families are attending (See Growing Playgroup Manual)
- Emergency Response (school site drills, fire, earthquake, lockdown, 911 when on campus during a drill playgroup will follow schools procedures)

We have reviewed this checklist and addressed any questions or concerns.

Site: ________________________________________________
Supervisor(s) Signature: _______________________________ Date: __________
Staff Signature: _______________________________ Date: __________
Background. FIRST 5 HUMBOLDT invests in young children and their families to promote human dignity, human relationships, and engaged communities. Its work is based on community building. Community building is a process that takes place over time. FIRST 5 HUMBOLDT recognizes the programs it funds will also take time to achieve desired results. To ensure that funded programs are making real progress towards achieving desired results, program evaluation will be an integral and necessary component of all funding.

Program evaluation is two pronged: 1) To gain direction for improvement as programs are implemented, and 2) To determine program effectiveness over time. In the Strategic Plan 2005-2008, the Commission’s approach to evaluation termed Pathways Actions was outlined and described. Pathways Actions is a progressive system of measurement that examines results over time. It is based on the Pathways Mapping Initiative established in January 2000 as part of the Project on Effective Interventions at Harvard University and developed in partnership with the Technical Resource Center of the Annie E. Casey Foundation. This system of results-based accountability enables FIRST 5 HUMBOLDT to both allow funded programs the time needed to achieve desired results and ensure they are making adequate progress. In 2009, Pathways Actions was renamed The Evaluation Framework.

Policy. It is the policy of FIRST 5 HUMBOLDT to evaluate programs it funds in the goal areas relating to health; parent, family and community connection; and quality child care and education using a system of results-based accountability. FIRST 5 HUMBOLDT will determine progress towards achieving desired results through an analysis of the evaluation data submitted by programs. This data will include interim and final reports as well as input from: survey, focus group and interview results; service contacts; participant numbers; site visits; state or local data; and other data as determined by the individual program. Data to be submitted by each funded program is detailed in the evaluation plan and/or evaluation section of the legal agreement executed by the program and FIRST 5 HUMBOLDT.

Analysis will include a comparison of program data to the appropriate indicators of the Evaluation Framework.
The Review Process is:

1. In February of each year, FIRST 5 HUMBOLDT staff and evaluators will review all data from funded programs and prepare an analysis of progress achieved towards the indicators since the program began or since the prior program review.

2. In March of each year, the analysis will be presented to the FIRST 5 HUMBOLDT Program Evaluation Team and the Program Evaluation Team will prepare recommendations for the Commission. The Program Evaluation Team will include Commissioners, representatives from Commission Subcommittees including representation from the Evaluation Action Team and the Fiscal Subcommittee, and FIRST 5 HUMBOLDT staff. Recommendations from the Program Evaluation Team may include:
   - Recognition of success and results
   - Concerns about program effectiveness
   - Suggestions for program improvements
   - Requirements for continued funding
   - Conduct an in-depth review
   - Funding allocations

3. In April of each year, the Program Evaluation Team’s recommendations will be presented to FIRST 5 HUMBOLDT at a regularly scheduled Commission meeting.

4. The Commission will use the recommendations to:
   - Acknowledge program leaders, partners, and communities for their achievements.
   - Provide guidance for improvements to existing programs.
   - Identify requirements for continued funding of existing programs as needed.
   - Determine funding allocations for existing programs within the budget decision-making process.
   - Determine funding decreases for existing programs, and the elimination of funding for existing programs.

5. No later than June 30th of each year, funding allocations including funding decreases/increases, and/or the elimination of funding for existing programs will be acted upon by the Commission at a regularly scheduled meeting. Guidance for program improvements and requirements for continued funding will be attached to each funding award as needed.

6. Annually, the Commission will recognize program results and successes by acknowledgement of program leaders, partners, and communities.

###
### Appendix 26
Arcata Play Center - Projected Budget
July 1, 2014 - June 30, 2015

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Weeks per year</th>
<th>Days per week</th>
<th>Suggested Donation</th>
<th>Participants that Donate</th>
<th>Sub Totals**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation Donations</td>
<td>50</td>
<td>3</td>
<td>$3 / day</td>
<td>6 / day</td>
<td>$2,700.00</td>
</tr>
<tr>
<td><strong>Total Donation Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$2,700.00</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Personnel Expenses</th>
<th>Pay Rate</th>
<th>Number of staff</th>
<th>Hrs. Per Week</th>
<th>Number of weeks</th>
<th>Employee Pay</th>
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<tr>
<td>Staff</td>
<td>$13.80</td>
<td>2</td>
<td>10.5</td>
<td>50</td>
<td>$14,490.00</td>
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<tr>
<td>Administrative Support</td>
<td>$43.75</td>
<td>1</td>
<td>2</td>
<td>50</td>
<td>$4,375.00</td>
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<tr>
<td>Recreation Coordinator Support</td>
<td>$40.20</td>
<td>1</td>
<td>7</td>
<td>50</td>
<td>$14,070.00</td>
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<tr>
<td><strong>Total Personnel Expense</strong></td>
<td>4</td>
<td>19.5</td>
<td>50</td>
<td>$32,935.00</td>
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</table>

<table>
<thead>
<tr>
<th>Expenses/year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fingerprinting</td>
<td>$196.00</td>
</tr>
<tr>
<td>Supplies / Equipment / Services</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Facility Use</td>
<td>$24,150.00</td>
</tr>
<tr>
<td>Personnel Expenses</td>
<td>$32,935.00</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$59,281.00</td>
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</tbody>
</table>

| Total Donation Revenue | $2,700.00 |

**Total Program Expense** $56,581.00

**Total Requested** $14,000.00

** The calculation of $2,700.00 takes into account that not all families can pay the daily participant donation.
## Appendix 27

### Arcata United Methodist Church (AUMC) – Tiny Tots Playgroup - Budget

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Budget Amount</th>
</tr>
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<tbody>
<tr>
<td><strong>Total Personnel</strong></td>
<td>$1,656.00</td>
</tr>
<tr>
<td><em>Playgroup Leader 1 – Stipend (46 days x $36 = $1,656)</em></td>
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<tr>
<td><em>Playgroup Leader 2 – Stipend (AUMC paid)</em></td>
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<tr>
<td><strong>Total Consumables</strong></td>
<td>$440.00</td>
</tr>
<tr>
<td><em>Snacks (11 months x $20 = $220)</em></td>
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</tr>
<tr>
<td><em>Art &amp; Craft materials (11 months x $20 = $220)</em></td>
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</tr>
<tr>
<td><strong>Toys &amp; Equipment</strong></td>
<td>$724.00</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>$180.00</td>
</tr>
<tr>
<td><em>Arcata Community Pool - $180</em></td>
<td></td>
</tr>
<tr>
<td><em>Fingerprinting (AUMC paid)</em></td>
<td></td>
</tr>
<tr>
<td><em>Music Together (AUMC paid)</em></td>
<td></td>
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<tr>
<td><strong>TOTAL:</strong></td>
<td>$3,000.00</td>
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</table>
## Appendix 28

### First 5 Humboldt

#### Ten Year Forecast Sustainability Fund

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Prop 10 Revenue Earned Prior Year</td>
<td>$1,021,425</td>
<td>$917,988</td>
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<td>$729,212</td>
<td>$696,397</td>
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<td>Committed Prior Year</td>
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<td>Prior Year Unspent</td>
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<td>First 5 CA</td>
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<tr>
<td>Other Local Income</td>
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<tr>
<td>Interest-General Fund Local</td>
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<td>$11,000</td>
<td>$17,600</td>
<td>$17,600</td>
<td>$17,600</td>
<td>$17,600</td>
<td>$17,600</td>
<td>$17,600</td>
<td>$17,600</td>
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<tr>
<td>Transfer from Sustainability Fund</td>
<td>$428,090</td>
<td>$512,294</td>
<td>$564,485</td>
<td>$559,514</td>
<td>$599,789</td>
<td>$638,609</td>
<td>$676,057</td>
<td>$382,841</td>
<td>$347,163</td>
<td>$378,324</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$1,625,765</td>
<td>$1,441,282</td>
<td>$1,452,163</td>
<td>$1,416,942</td>
<td>$1,439,782</td>
<td>$1,422,869</td>
<td>$1,096,838</td>
<td>$1,029,823</td>
<td>$1,002,475</td>
<td>$1,002,475</td>
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<tr>
<td>Administration</td>
<td>$215,471</td>
<td>$179,027</td>
<td>$181,764</td>
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<td>Evaluation</td>
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<td>$60,000</td>
<td>$50,000</td>
<td>$45,000</td>
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<td>$35,000</td>
<td>$30,000</td>
<td>$25,000</td>
<td>$25,000</td>
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<tr>
<td>Program Services</td>
<td>$184,151</td>
<td>$202,255</td>
<td>$210,399</td>
<td>$198,174</td>
<td>$203,313</td>
<td>$208,652</td>
<td>$214,141</td>
<td>$219,806</td>
<td>$225,652</td>
<td>$231,686</td>
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<tr>
<td>Total Revenue</td>
<td>$1,625,765</td>
<td>$1,441,282</td>
<td>$1,452,163</td>
<td>$1,416,942</td>
<td>$1,439,782</td>
<td>$1,422,869</td>
<td>$1,096,838</td>
<td>$1,029,823</td>
<td>$1,002,475</td>
<td>$1,002,475</td>
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<tr>
<td>Core Programs</td>
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<td>$556,250</td>
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<td>$537,500</td>
<td>$528,125</td>
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<td>Playgroup Initiative</td>
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<td>$443,750</td>
<td>$453,125</td>
<td>$462,500</td>
<td>$471,875</td>
<td>$481,250</td>
<td>$490,625</td>
<td>$500,000</td>
<td>$500,000 $9375 Added Each Year Until 2024-25</td>
</tr>
<tr>
<td>Total Expenditures</td>
<td>$1,625,765</td>
<td>$1,441,282</td>
<td>$1,452,163</td>
<td>$1,416,942</td>
<td>$1,439,782</td>
<td>$1,422,869</td>
<td>$1,096,838</td>
<td>$1,029,823</td>
<td>$1,002,475</td>
<td>$1,002,475</td>
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</thead>
<tbody>
<tr>
<td>Beginning Fund Balance</td>
<td>$4,774,440</td>
<td>$4,382,158</td>
<td>$3,913,686</td>
<td>$3,388,338</td>
<td>$2,883,037</td>
<td>$2,329,377</td>
<td>$1,728,038</td>
<td>$1,079,629</td>
<td>$714,062</td>
<td>$378,324</td>
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<tr>
<td>Interest</td>
<td>$35,808</td>
<td>$43,822</td>
<td>$39,137</td>
<td>$54,213</td>
<td>$46,129</td>
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<tr>
<td>Transfer to General Fund</td>
<td>$428,090</td>
<td>$512,294</td>
<td>$564,485</td>
<td>$559,514</td>
<td>$599,789</td>
<td>$638,609</td>
<td>$676,057</td>
<td>$382,841</td>
<td>$347,163</td>
<td>$378,324</td>
</tr>
<tr>
<td>Ending Fund Balance</td>
<td>$4,382,158</td>
<td>$3,913,686</td>
<td>$3,388,338</td>
<td>$2,883,037</td>
<td>$2,329,377</td>
<td>$1,728,038</td>
<td>$1,079,629</td>
<td>$714,062</td>
<td>$378,324</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Core Programs and Playgroup Initiative

- Total $1,000,000
- Playgroup Initiative $9375 Added Each Year Until 2024-25

#### Note on Assumptions for Playgroup Initiative

- Playgroup work is broken out from the $1M per year for Programs thru 2021-22. Total drops to $670,625 $600,000 $563,767
- $9375 is added to playgroup initiatives after 2015-16.
- Beginning in 2018-19 ED and Admin Secty are reduced to .80 FTE to accommodate declining revenue
- Salaries are assumed to increase 2.5% and Health Insurance at 5% annually. Appropriate step movement included. All other expenses are flat.
- Beginning in 2018-19 Evaluation is reduced to $50,000 and $5,000 each year following.