



ATTACHMENT E - SCOPE OF WORK-EVALUATION PLAN INSTRUCTIONS

Organization:
Program Title:
Fiscal Years: 07/01/2020 to 06/30/2025

Program Officer: TBD
Finance Officer: TBD
Research Associate: TBD

FIRST 5 KERN FOCUS AREA: TBD

F5 CA Result Area: TBD **F5 CA Service Area: TBD**

EVALUATION					PROGRAM				
Strategic Plan			Service Category	Assessment	Funding Allocation <i>(must total 100%)</i>	Assigned Staff	Service Description	Performance Reporting	
Focus Area	Objective	Result Indicator						Client Type	Annual Target <i>(Unduplicated Count)</i>
1. Health and Wellness	1.3. Children will be provided health, dental, mental health, developmental and vision screenings and/or preventative services	1.3.1. Number of children who received developmental screenings		Ages and Stages Questionnaire-3	10%	Family Advocate (2) and Program Director	Children ages 0-5 referred to the center will receive a developmental screening.	Children	50
2. Parent Education and Support Services	2.1. Children and families will be provided with targeted intensive and/or clinical family support services	2.1.4. Number of parents/guardians who received general case management services, including home visits		Family Stability Rubric	90%	Family Advocate (2) and Program Director	Family Advocates will provide short-term case management support for basic family needs and related case management services to families with children ages 0-5.	Parents/Guardians	40

<p>Refer to the 2020-2025 Strategic Plan to complete. Identify and list the Focus Area, Objective, and Result Indicator(s) that correspond to the proposed service(s).</p>	<p>Leave blank. This column will be populated by First 5 Kern staff.</p>	<p>Enter the assessment that will be used to assess the effectiveness of the service. Refer to the Assessment Glossary (Attachment G) for required and approved assessments. Enter "N/A" if none.</p>	<p>Enter the percentage of your budget that will be used to support the service.</p>	<p>List title(s) of the responsible (both funded and in-kind) staff members, including the quantity of each position in parenthesis. The staff members listed must coincide with the staff members listed on the Budget Form.</p>	<p>Provide a brief summary of the proposed service. Describe who will be served, duration of services, dates and times of services (if applicable), and curriculum (if any).</p>	<p>Enter client type. The client type is listed in the body of the Result Indicator listed in the third column (e.g. families, children, parents, guardians, or providers).</p>	<p>Enter an unduplicated count of clients served each fiscal year.</p>